NATIONAL CONSENT POLICY

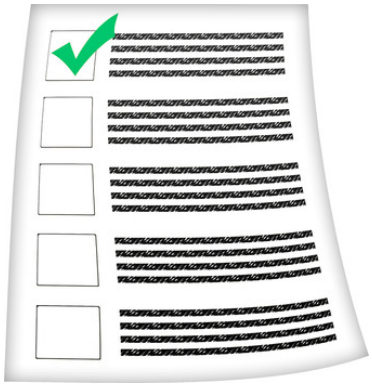
our **health** service

This is an Easy to Read version of the HSE National Consent Policy

The HSE National Consent Policy

	The HSE wrote the first National Consent Policy in 2013. A new policy was brought out in 2022.
	The HSE talked to people working in health and social care services. They talked to people using these services.
	In this Policy, if you give consent, it means you say yes to a medical treatment or test. You agree to have the treatment or test.
	Consent can also mean that you agree to use a health or social care service or support.

	A healthcare worker or researcher needs to ask for your consent if you take part in research or teaching.
	If you refuse consent, you say no. You do not agree to a test, treatment or service. You do not want to take part in research or teaching.
	The Policy sets out the rights of people that use health and social care services. It says how staff must respect these rights.
	The Policy says how staff should ask for consent every time.

	The Policy makes sure that staff know what to do if a person refuses consent or changes their mind.
3	There are 3 parts to the 2022 Policy. Parts 1 and 2 have been changed. Part 4 stays the same. Part 3 has been removed and is a new policy for consent in health and social care research.
	The Policy says that healthcare workers must start with the idea that each person is able to make their own decisions.
	Each person should be supported to make their own decisions wherever possible.

Where is the HSE National Consent Policy used?

	All healthcare workers must follow the HSE National Consent Policy.
	This means asking for consent from people in: • hospital • community • day, residential and respite services.
	Healthcare workers must ask for consent if you: • are having a test or treatment • are using a health or social care service • are taking part in research or teaching.
	Healthcare workers must ask for consent if you are getting a remote service, for example, online or over the phone.

Sharing information about the Policy.

	There is a communication plan to make sure that all staff know about the new Policy.
	The new Policy is on the HSE website.
	There will be learning events, meetings and webinars.
	There will be key messages in the media.

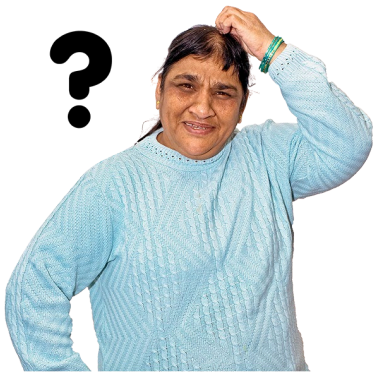
	There is an education programme for staff. There will be a record of the training that managers and staff do.
	The HSE National Office of Human Rights and Equality Policy gives advice on putting the Policy into action.
	Managers and staff are responsible for putting the Policy into action.

Part 1: Key Points

Part 1 – Key Points

	Adults have the right to control their own lives and decide what happens to their own bodies.
	Asking for consent should be a two-way conversation between you and the healthcare worker. This can happen over time.
	A healthcare worker should always ask for your consent before they do anything.
	The healthcare worker giving the test, treatment or service must make sure that you are asked for consent.

	The healthcare worker should explain what the test, treatment or service is for. They should say if there are other treatment choices or what would happen if you had no treatment.
	The healthcare worker should tell you what will happen during the test, treatment or service.
	The healthcare worker should explain how the test, treatment or service might help you. They should tell you about any risks.
	They should say if the test, treatment or service is urgent. Urgent means it needs to happen quickly.

	The healthcare worker should tell you if you have to pay for the test, treatment or service. They should say how much you will have to pay.
	The healthcare worker should give you the information you need to make a decision.
	You should have this information at the right time and in a way you can understand.
	The healthcare worker should check if you understand the information.

	The healthcare worker should give you enough time to think about the information, ask questions and decide.
	The healthcare worker should tell you if you are part of a research project or teaching programme.
	The healthcare worker must make sure you understand that you have a choice – you can say yes or no.
	You should be able to make a decision without any pressure.

	You can change your mind and take away consent at any time.
	You can give or refuse consent in different ways, for example, by speaking, nodding your head, writing or using a communication device.
	There must be a way for you to communicate if you change your mind and cannot use words. For example, put up your hand to say stop.
	Healthcare workers must respect your decision to give or refuse consent, or change your mind. They must respect the decision even if they think it is not wise.

	The healthcare worker must put information into the healthcare record. It should say what you talked about and agreed, and how you gave consent.
	The Policy has advice for healthcare workers if they think a person is not able to make their own decision.
	The Policy says that usually no-one can give consent for another adult.

	**Capacity assessments** If there is a good reason, after all supports have been tried, a person may need a capacity assessment.
	This looks at how a person makes the decision and how they are supported.
	Healthcare workers must follow the advice in the Policy on how to assess a person's capacity.
	**Emergency situations** The Policy explains that in an emergency situation, there may not be time to get consent.

	The healthcare worker can give treatment with no consent if this could save the person's life.
	**Advance Healthcare Directives** Some people want to plan ahead in case they are not able to make their own decisions in the future.
	There are many ways to plan for the future - one way is Advance Healthcare Directives.
	The Policy gives advice to healthcare workers on supporting these plans.

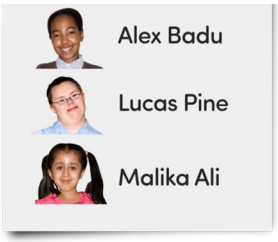
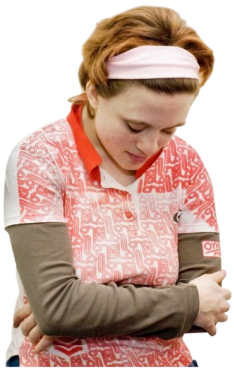
Part 2: Children and Young People

Part 2 – Children and Young People

	The HSE National Consent Policy respects the rights of children and young people. The key points in Part 1 are for children and young people too.
	The Policy respects the responsibilities of parents and legal guardians.
	The Policy uses the word ‘child’ for someone under 16 years of age.
	The Policy uses the words ‘young person’ for someone aged 16 or 17 years of age.

	Children and young people have the right to give their views, be part of decisions, and be heard.
	They can give their views through play, drawing, writing, talking and body language.
	The Policy says that a young person can give consent for themselves.
	Parents and legal guardians have the right to give consent for their child. They should make the best decision for the child.

	The Policy says how healthcare workers should ask for consent with children and young people.
	Children and young people should be given information in a way they can understand.
	Children and young people with disabilities have the same rights as other children.
	They may need extra support to understand information and communicate their views.

	All children and young people have the right to be as healthy as they can be.
	The Policy says how and when information about a child or young person should be shared.
TUSLA Ireland's Child & Family Agency	It tells healthcare workers how to ask for consent for a child who is in the care of Tusla.
	Part 2 of the Policy also gives advice on consent for children using mental health services.

	The Policy says what should happen in an emergency situation.
	In an emergency, healthcare workers, parents and legal guardians must do what is best for the child.

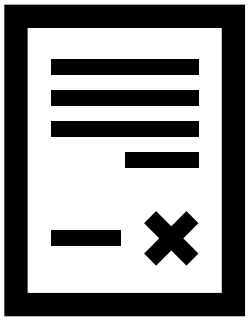
Part 3: Research

Part 3 – Research

	A person has to give separate consent to take part in health and social care research.
	There is now a separate policy for consent in health and social care research.
	Research can help make health services better. It can help us to cure illnesses and diseases, and find new tests, treatments and supports.
	There are different types of research.

	There are key points about how and when a researcher must ask for consent.
	There are rules to protect the rights and wellbeing of people that take part in research.
	You should be able to choose to take part in research or not. You can change your mind about taking part at any time.
	You should be given information about the research that you can understand.

	You should have time to think about taking part in the research and to ask questions.
	The information should say what the research is about, the good things about taking part, and the risks.
	It should say who is organising the research and how long it will last.
	You should be told how information will be stored and managed.

	You should be told if you will be paid to take part in research.
	Researchers must record consent on a form or online.
	Children can be supported to take part in research.
	A person who needs support to make decisions can be supported to take part in research.

Section 4: Do Not Attempt Resuscitation

Part 4 – Do Not Attempt Resuscitation

	Part 4 of the Policy looks at Do Not Attempt Resuscitation orders. These are also known as DNARs.
	The 2022 Policy does not change Part 4 of the 2013 Policy on DNARs. In time, there will be a new separate policy on DNARs.
	A DNAR is an important decision.
	This decision means if their heart or breathing stops, a healthcare team will not try start it again.

	The Policy wants to support you to talk about your wishes and decisions.
	The Policy explains that there are lots of important things to think about before a decision like this can be made.
	These include: • your wishes and health goals • the type of illness and treatment • your ability to make a decision • the supports available.
	You must be given the right information by a healthcare worker with the right skills and experience.

www.hse.ie/nationalconsentpolicy

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National Office for Human Rights and Equality Policy