



**College of  
Occupational Therapists  
of British Columbia**

**COTBC Practice Standards for Consent**

# **Risk Assessment and Management**

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## Practice Standards for Consent

### Risk Assessment and Management



Risk management is “nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm” (Health and Safety Executive, 1999, p. 1).

Obtaining consent is not always straightforward. The process requires that the occupational therapist use professional knowledge and critical thinking to ensure that the client or substitute decision maker make informed decisions. The occupational therapist can benefit from using a risk management approach to assist with the consent process.

## Practice Standards for Consent

### Risk Assessment and Management, continued



#### Step One: Identify Potential Risk Factors

Risk factors are circumstances and/or facts that influence the probability that valid consent will not be obtained and the impact if this occurs. Examples of relevant risk factors include the following.

##### Nature of the Referral

- Referral source's power to influence funding of services.
- Perception that client is under pressure, even coerced, to respond or behave in a certain way.
- Assessment consented to by client but refused by client's lawyer.
- Referral for specific services that are not appropriate for the client at the time.

##### Client's Presentation and Vulnerability

- Highly complex and/or unstable client condition.
- Cultural beliefs and lifestyle values.
- Fluctuating cognitive abilities due to fatigue, pain, medications, stress, distractions, or nature of illness.
- Communication challenges or barriers (e.g., language barriers, aphasia, dysarthria, visual impairments, hearing impairments, difficulty understanding or retaining complex information, difficulty writing or signing).

# Practice Standards for Consent

## Risk Assessment and Management, continued



### Step One: Identify Potential Risk Factors, continued

#### Practice Setting and Environmental Conditions

- Existing organizational policies that require only one consent to cover all services (i.e., blanket consent). However, consent for a team approach is inadequate to cover consent for occupational therapy services.
- Sharing a caseload with another occupational therapist.
- Pressures from others (e.g., family, other team members) for the client to refuse or accept services that the client may or may not want, and that may not be in the client's best interest.
- High workload demands, limiting time to obtain consent.

#### Occupational Therapist's Skills and Knowledge

- Difficulty identifying whether the client may have impaired capability to provide consent.
- Lack of knowledge of current, relevant legislation and consent language and requirements.
- Difficulty communicating with the client, client representative, or other stakeholders.
- Lack of knowledge of employer's policies and procedures.
- Lack of knowledge of various cultural and social norms.
- Lack of experience with documentation of consent process.

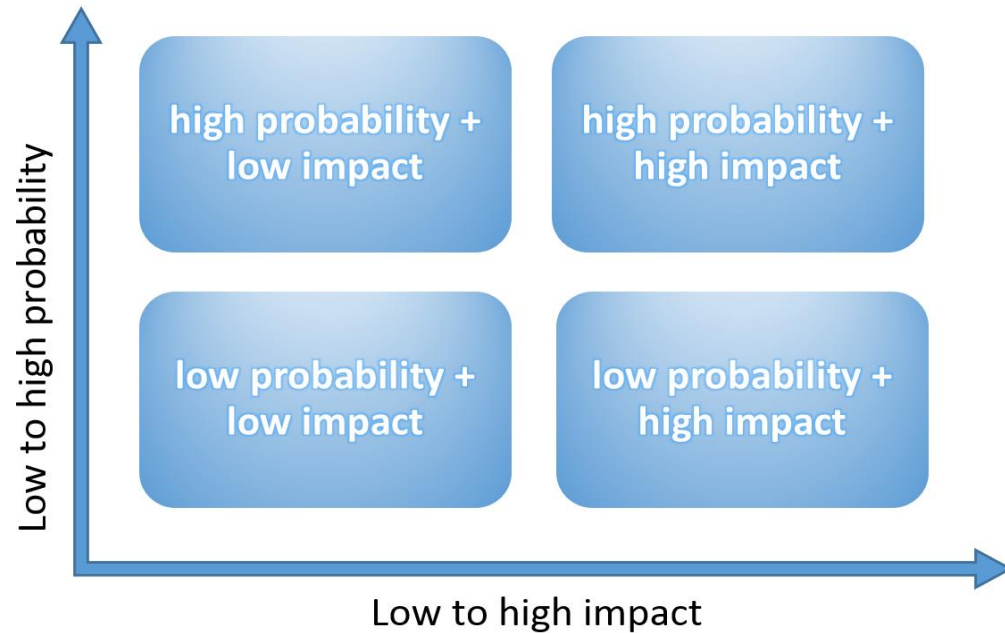
## Practice Standards for Consent

### Risk Assessment and Management, continued



### Step Two: Consider the Probability and Severity of Impact

Note that the *impact* of not obtaining consent is always high because a health care provider who provides treatment without consent may face legal consequences. The occupational therapist must ensure that consent is obtained consistent with legislative obligations.



## Practice Standards for Consent

### Risk Assessment and Management, continued



### Step Three: Take Action

It is the occupational therapist's legal and ethical responsibility to obtain consent. At times, this can be challenging, given the complexity of the situation. The goal is to choose actions or precautions that help to minimize the risks as much as possible.

#### **Actions could include but are not limited to the following:**

- Recommending the use of an interpreter or using communication aids to increase the likelihood that the client understands the information needed to make an informed decision.
- Assessing a client's capability at different times, using various approaches.
- Privately discussing with the client their preferences with respect to involving others in the decision making process or occupational therapy service.
- Strategizing various culturally and socially acceptable approaches to talking about consent.
- Requesting the client's written consent versus obtaining oral consent.
- Increasing the frequency with which consent is revisited.
- Collaborating with colleagues and leadership to develop or amend organizational consent policies.
- Reviewing related legislation and regulations.

## Practice Standards for Consent

### Risk Assessment and Management, continued



#### Step Four: Record Your Actions

The risk management process is dynamic and ongoing throughout the care continuum.

It is important to record the risk management actions taken, to demonstrate that precautions were taken to protect the client from harm and minimize risk; regardless of whether written or oral consent was obtained, consent must be documented.