



Informed Consent Policy

A conversation, then a signature — never the other way round

Facility	
Policy owner (role) · approved by · date · review date	

Principle

Consent is a process of information and agreement, documented by a signature. Consent is valid only when the person has capacity, has been informed of the nature, benefits, risks and alternatives (including no treatment), and agrees voluntarily.

When written consent is required

Any operation or procedure under anaesthesia or sedation; any invasive procedure with material risk; blood transfusion; participation in research or teaching; photography. Verbal consent, documented, for examinations and minor procedures. Implied consent for routine low-risk care.

Who obtains it

The clinician performing the procedure, or a delegate trained to explain it. Never a receptionist. Never on the trolley outside theatre.

Capacity and representatives

Capacity is assumed for adults and assessed when in doubt. Children: parent or guardian, with the child's assent where able. Adults lacking capacity: legal representative; in an emergency, treatment in the person's best interests, documented.

Language and understanding

Interpreter for any patient who needs one (Toolkit 31). Teach-back to confirm understanding (Toolkit 13). The signed form in a language the patient reads, or read through with an interpreter, recorded.

Refusal and withdrawal

A patient may refuse or withdraw at any time; refusal is documented with the information given and the consequences explained. Nobody is treated worse for refusing.

Records and audit

Consent form in the record for every listed procedure; quarterly audit of 20 records: form present, signed before the procedure, by the right person, with risks listed. Target 100%.

Approved by (name, role)	Signature	Date

Template from the ASF Policy Starter Pack. Adapt to national law; keep the ASF block; note what you changed.

ASF standards: Universal Floor — informed consent; Standard 4 — surgical safety