

## Refusal Treatments / Surgery

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Reference Number: F4639  
Date of Response: 13<sup>th</sup> June 2022

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

### **Royal Devon's Eastern FOI Office Response**

I am writing today to request a freedom of Information in regards to the following questions for the Year:

- 2020
- 2021
- 2022

- 1) Can Clinical Manager/Administrative personnel refuse a patient treatment/surgery under any reason? And who makes a decision for denying treatment/surgery?

**The Decision to Treat a patient is clinical and follows commissioning guidelines & policies, these set out which surgeries are permitted by the CCG. Administrative staff follow the Trust Access Policy for Patient Treatment but are not involved in 'refusing/denying' patients for surgery.**

- 2) Can the hospital refuse a patient treatment/surgery for refusing to do a PCR test?

**The Trust cannot refuse a patient treatment/surgery for refusing to do a PCR test.**

- 3) How many patients have been refused treatment or surgery for not doing a PCR test?

**Not applicable, please see the response to question 2.**

- 4) Can the hospital refuse a patient treatment or surgery for refusing to do a LFT test?

**The Trust cannot refuse a patient treatment/surgery for refusing to do a LFT test.**

- 5) How many patients have been refused treatment or surgery for not doing a LFT test?

**Not applicable, please see the response to question 4.**

- 6) Can the hospital refuse a patient treatment/surgery for refusing to wear a face mask?

**The Trust cannot refuse a patient treatment/surgery for refusing to wear a face mask.**

- 7) How many patients have been refused treatment or surgery for not wearing a face mask?

**Not applicable, please see the response to question 6.**

- 8) Can the hospital refuse a patient treatment or surgery for not wearing a visor?

**The Trust cannot refuse a patient treatment/surgery for refusing to wear a visor.**

- 9) How many patients have been refused treatment or surgery for not wearing a visor?

**Not applicable, please see the response to question 8.**

- 10) What is the difference between a face mask and a visor?

**Under Section 21 of the Freedom of Information Act, this information is readily available in the public domain. In a bid to assist, please refer to the following links:**

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own>

<https://www.gov.uk/guidance/regulatory-status-of-equipment-being-used-to-help-prevent-coronavirus-covid-19#face-masks-and-face-coverings>

- 11) Can the hospital refuse a patient denial for a chaperone? And if so, Why? What is the protocol for access for a chaperone?

**The following is taken from the Privacy, Dignity, Chaperone and Compassion Policy.**

**A chaperone should:**

- **Be present for all intimate examinations of children i.e. under 18 years.**
- **Be offered to adults.**
- **Be available at the request of the practitioner undertaking the examination or procedure.**

- An intimate procedure is defined as an examination of any area of the patient's body that they perceive as intimate e.g. breast, rectum, genitalia. It may also include examinations/procedures which require complete removal of outer clothing down to underwear or less. Any examination where it is necessary to touch or be close to the patient may be thought of as intimate by them.
- The practitioner should record in the notes whether a chaperone was offered, who undertook that role and any subsequent action (whether or not the examination continued).
- Where the patient is advised to have a chaperone and declines, the clinician can refuse to undertake the procedure. This should be documented in the patient's medical records. If the patient does not have capacity to consent to the examination then it would be carried out in their best interest (if needed). If the patient does have capacity then they have a right to decline treatment therefore we cannot ensure engagement.
- Staff who have not obtained specific permission to be present during an examination should not assume they have the right to be present.
- Wherever possible, patients are supported to carry out their own personal care and such clinical care as is appropriate.
- If a student (from any discipline) is undertaking the chaperoning role, they need to be made fully aware of what this entails and why they are being asked to undertake this role. In relation to medical students, further information is available re: guidance to doctors on intimate examinations and chaperones (General Medical Council, 2013) on the following website: [www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp)
- If no staff member is available to chaperone, the patient has the right to refuse a procedure unless they are not considered able to make a decision and by not having the procedure they would put their life, or someone else's, at risk.

In all cases, the purpose and nature of the examination should be explained beforehand to both the patient and the chaperone.

The chaperone should have clear sight of the examination at all times. The chaperone should be with the patient in the examination area as the examination takes place i.e. not behind a curtain.

- 12) If a patient is staying in hospital, can the hospital deny visitation for this patient? If so, Why? What is the protocol for a patient to seek visitation rights?

**The Trust cannot deny visitation for a patient unless national guidance supports this approach. This will be for safety reasons in relation to infection prevention and control.**

**Please see the attached restricted visiting policy.**

- 13) What are the protocols whereby the patient is refused treatment or surgery, who makes these decisions? And what happens next?

**The Trust follows Clinical Referral Guidelines for permissible surgery. There may be clinical reasons why a patient has a treatment delayed (in terms of clinical risk) and this decision would be clinical and usually taken in conjunction with the patient**

- 14) Every time a patient is referred to your hospital, how much money does the hospital receive for that patient?

**The Trust does not receive income based on referrals, the Trust receives its income for any activity/treatment that has been completed for each patient such as an Outpatient New, Follow up, Day case, elective and non-elective inpatient Procedure. The amount of income received for any treatment carried out would depend on what type of activity, what procedure was completed and under which Specialty, the amount of funding received is based on National tariffs.**

The questions above should include all Royal Devon University NHS Trust Hospitals. Would you also send the policies and procedures you have in place for face covering, visor, PCR testing, Lateral Flow Testing

**Please see the attached clinical guidance for COVID-19.**

<b>RDE Restricted visiting during COVID-19 pandemic</b>	
Post holder responsible for Procedural Document	██████████, Director of Nursing
Author of SOP	██████████, Assistant Director of Nursing
Division/ Department responsible for Procedural Document	Corporate Nursing
Contact details	07887 902299
Date of original policy	08/04/2021
Impact Assessment performed	<u>Yes</u> / No
Approving body	Clinical Effectiveness Committee: V1.6 08/04/2022
Ratifying body and date approved	Gold Command amendments approved version 1.2, 25 <sup>th</sup> August 2021, Gold Command approved version 1.3 Gold V1.5 10/01/2022 Gold V1.6 11/04/2022
Review date (and frequency of further reviews)	SOP will be reviewed in response to prevalence of COVID-19 locally, national COVID alert levels and national guidance
Expiry date	N/A see above
Date document becomes live	10.01.2022

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience	✓	Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute Services	
CQC Fundamental Standards Regulations No:		Delivery of Care Closer to Home	
		Infection Control	✓
Other (please specify):			
<b>Note:</b> This document has been assessed for any equality, diversity or human rights implications			

**Controlled document**

This document has been created following the Royal Devon and Exeter NHS Foundation Trust Policy on Procedural Documents. It should not be altered in any way without the express permission of the author or their representative.

Full History		Status: Final	
Version	Date	Author (Title not name)	Reason
1.0	08/04 2021	Assistant Director Nursing- Quality Projects	In response to reduced prevalence of COVID 19 and new national guidance issued March 2021.
1.1	17/5/2021	Assistant Director Nursing- Quality Projects	<p>Update in response to continued low prevalence &amp; next stage of roadmap out of restrictions for the wider public, feedback from patients, visitors, nurses &amp; ward clerks.</p> <p><b>No changes for outpatient settings.</b> Changes made for in-patient visiting. Except for COVID +ve, clinically +ve or COVID contacts, allow 1 visitor for 1 hour per day to be a different visitor each day if so desired. Visiting still by appointment.</p> <p>Period for allowing up to 4 visitors for patients at the end of life extended from last hours/days to 2 weeks. Contact details of each visitor will be recorded when the person makes an appointment to visit as this is a national requirement.</p> <p>Requirement for staff to carry out a written risk assessment/checklist for each visitor each time they visit is not a requirement in national guidance &amp; is unduly burdensome to ward staff. Posters will be put on every ward door to reinforce the need to be free of COVID symptoms with onus being on the visitor to comply.</p> <p>App 1-flowchart amended to reflect above</p>
1.2	25/8/2021	Assistant Director Nursing- Quality Projects	Number of visitors to in-patients reduced in response to increased prevalence in community.
1.3	29/9/2021	Assistant Director Nursing- Quality Projects	Number of visitors to in-patients increased in response to reduced alert level in the Trust.
1.4	10/11/2021	Assistant Director Nursing- Quality Projects	Addition to key points & S7 re visitors who are contacts
1.5	05/01/2022	RDE Director of Nursing	Addition at 7.6.1 of confirmatory negative LFD and at section 10 reference to NHSEI document

1.6	05/04/2022	RDE Director of Nursing	Removal of references to visitors undertaking test for COVID-19 prior to visiting following update to National Guidance 30/03/2022.
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<b>Associated Trust Policies/ Procedural documents:</b>	Infection Prevention and Control Policy
<b>Key Words:</b>	Visiting, Visitors, Restricted visiting, COVID-19
<b>In consultation with:</b> Various dates between 8/4/21 and 10/5/21 Chief Nurse, Director of Nursing, Joint DIPC, Facilities Manager, Lead Cancer Nurse, Lead paediatric Nurse, ED Matron, Comms Dept, Relevant Cluster Managers, Outpatient Manager and Head of Midwifery/ADN Specialist Services	
<b>Contact for Review:</b>	Assistant Director of Nursing- Quality Projects

## KEY POINTS OF THIS PROCEDURAL DOCUMENT:

As the COVID alert level within the Trust changes, restrictions on visiting will also be relaxed slightly with an increased number of visitors allowed for in-patients once again.

- For in-patients, a named person may visit for one hour daily between 11am and 7 pm, this will reduce to one person for the duration of a patient's stay in response to the latest guidance.

Visiting will continue to be arranged by appointment to enable ward staff to ensure social distancing whilst visiting.

- For patients who are COVID positive, clinically COVID or contacts of COVID the visitor should be the same person each day, wherever possible.
- Visiting to COVID wards remains at the discretion of the Nurse in Charge in exceptional circumstances only.
- More extensive visiting is allowed for patients with specific needs e.g. end of life, dementia, learning disability, women in labour etc.

Refer Appendix 1 – Flow chart

- For outpatients, the limitation on allowing out-patients to bring an accompanying person with them is entirely dependent on the space available within clinic rooms and, particularly, in waiting areas. Therefore, out-patients will continue to be advised to attend alone unless there are exceptional reasons.

Visitors who are close contacts of a positive case of COVID-19 must not attend for 7 days. In exceptional circumstances visitors may be able to attend at the discretion of the Nurse in Charge. They must wear a fluid resistant surgical face mask which will be provided.



## **1. INTRODUCTION**

- 1.1 A careful and COVID secure approach to facilitating visitors to inpatients and accompanying outpatients remains appropriate whilst COVID continues to circulate in the population. The health, safety and wellbeing of our patients, communities and staff remain the priority.
- 1.2 In line with national guidance, this local guidance for the Royal Devon and Exeter site, part of Royal Devon University Healthcare NHS Foundation Trust (hereafter referred to as the Trust) provides staff with information to facilitate patient contact/communication with families, nominated friend, somebody important. It does not cover other people attending our sites or external visitors not visiting patients, contractors or staff.

## **2. PURPOSE**

- 2.1 Visiting restrictions are currently still in place to reduce the risk of COVID transmission, however, a compassionate approach is essential in balancing the importance of close family visits and the need to manage infection risk and maintain the safety of the visitor, staff and other patients.

## **3. DEFINITIONS**

N/A

## **4. DUTIES AND RESPONSIBILITIES OF STAFF**

- 4.1 The Chief Nursing Officer, through the Director of Nursing, is responsible for commissioning, approving this document and ensuring it is reviewed in light of changes to local prevalence of COVID 19, national guidance and national alert levels.
- 4.2 The Consultant Nurse/Director for Infection Prevention and Control is responsible for ensuring that the SOP is consistent with infection control policy and guidance.
- 4.3 Assistant Directors of Nursing and Clinical Matrons are responsible for ensuring that their teams are aware of and implement the SOP.
- 4.4 Heads of Department and Clinical Nurse Managers are responsible for ensuring that the SOP is implemented within their wards and departments.

## **5. OUTPATIENT APPOINTMENTS AND DIAGNOSTIC ATTENDANCES**

- 5.1 Whilst many patients would prefer to have an accompanying person with them, the requirement for social distancing currently remains in place and therefore the limitation on the accompanying persons relates to space within clinic waiting rooms. Patients will continue to be advised that wherever possible, they should attend their appointment alone.
- 5.2 There are exceptions when the patient may be accompanied by one other person and these include:

- Children (under 18 years of age) – one parent or guardian
- Anyone with a learning disability or dementia can be accompanied by one family member/companion/carer
- Pregnant women attending antenatal clinic or scans (see Maternity specific guidance)
- Anyone with a disability who would not be able to access information or would require assistance during an examination – one family member/companion/carer
- Any patient who may need emotional support or help to understand complex information about diagnosis or treatment during an appointment may be accompanied (but this should be arranged in advance).
- Any patient who is receiving significant bad news or advance planning conversation should have someone in attendance

If a patient does not meet any of the above criteria but they feel it is essential for them to be accompanied to their appointment they are advised to contact the department at the top of their appointment letter in advance to confirm they are able to accommodate this.

## **6. EMERGENCY DEPARTMENT (ED) AND ADMISSION AREAS (E.G. STAUM/TU)**

6.1 The ED at the Royal Devon and Exeter Hospital is undergoing a major rebuild and, having reviewed the environment, it is clear that allowing a greater number of accompanying persons than is already permitted cannot be facilitated safely. Other admission environments also have limited waiting space and any significant increase in people accompanying patients will impede social distancing measures. Therefore, current arrangements will remain in place, namely:

- Children (under 18 years of age) – one parent or guardian
- Anyone with a learning disability or dementia can be accompanied by one family member/companion/carer
- Anyone with a disability who would not be able to access information or would require assistance during an examination – one family member/companion/carer
- Any patient who may need emotional support or help to understand complex information about diagnosis or treatment may be accompanied (at the discretion of the nurse in charge)
- Critically ill patients (at the discretion of the nurse in charge).

## **7. IN-PATIENT VISITING**

7.1 A return to pre-pandemic visiting policy is not yet possible, however, a compassionate approach continues to be essential in balancing the importance of close family visits and the need to manage infection risk and maintain the safety of the visitor, staff and other patients.

7.2 Every adult inpatient may receive one named visitor each day who may visit for 1 hour between 11am and 7 pm. This has been reduced to one person for the duration of a patient's stay.

Appointments to visit must be made by contacting the appropriate ward at least one day prior to visiting. Wards must ensure that social distancing is maintained and this should be considered when booking appointments.

7.3 Patients who are COVID positive or who are on a ward affected by an outbreak of

COVID (even if they have tested negative) will only be allowed visitors in exceptional circumstances which must be agreed with the Nurse in Charge.

#### **7.4 Exceptional circumstances for extended inpatient visiting (in terms of numbers of visitors and/or duration) include:**

- a familiar carer/relative may visit for extended periods if there are specific reasons of safety – dementia or learning disability where anxiety would be increased significantly
- up to four visitors for patients identified as receiving end-of-life care. Patients who are at the end of their life, where death is imminent will usually be in a single room and can be supported by up to four visitors in the period of 2-3 weeks prior to death. Although up to four visitors are allowed, the four designated visitors should be encouraged to stagger their visiting, where possible, and avoid visiting at one time.
- both parents/guardians of patient under 18 years of age.
- a relative/carer for patients who do not meet the above criteria but may require assistance with their communication and/or to meet their health, emotional, religious or spiritual care needs at the discretion of the nurse in charge
- partners/supporters of women during induction of labour, during labour, as well as in the postnatal period (see Maternity specific guidance).

#### **7.5 If staff require advice with regard to a relative visiting they should contact:**

- Infection Prevention and Control team during working hours
- Site Management team out of hours.

Where patients are moved to a different ward but have a visit booked, the staff of the ward who booked the visit should contact the designated visitor explaining that the receiving ward may not be able to accommodate the exact visit time, but will make every effort to accommodate.

7.6 If a face to face visit is not practical then Virtual Visiting and Patient Messages can be offered as an alternative.

#### **7.7 Preparation for an in-patient face to face visit**

7.7.1 The visitor MUST contact the ward prior to visiting to arrange the day/time. This will limit the number of visitors visiting at the same time and therefore allow social distancing to be maintained.

7.7.2 Staff should discuss the following with the visitor/representative before the visit takes place:

- Children will not normally be allowed to visit (any exceptions must be for the benefit of the patient and agreed with the nurse in charge)
- A face covering must be worn at all times, including when entering and moving through any part of the hospital, unless the person has an exemption to not to wear a mask
- Visitors to COVID positive or COVID contact patients will be provided with a fluid resistant surgical mask to replace their face covering
- Parents/guardians of children must always wear a face covering when entering and moving through the healthcare setting and when a healthcare professional is treating their child/young person. If they are with their child and/or young person in side rooms or physical environments that afford separation, they can remove their

face covering

- All visitors must clean their hands when entering and leaving the clinical area
- They **MUST NOT** visit before contacting the ward to discuss arrangements
- Visitors who are close contacts of a positive case of Covid-19 must not attend for 7-days. In exceptional circumstances visitors may be able to attend at the discretion of the Nurse in Charge. Visitors must wear a fluid resistant surgical face mask which will be provided. Visitors **MUST NOT** attend if they have been advised to self-isolate for another reason (eg travel from a country requiring quarantine)
- Anyone showing any symptoms of coronavirus (a new continuous cough, a high temperature or a loss of, or change in, your normal sense of smell or taste) should not visit even if these symptoms are mild or intermittent, due to the risk they pose to others. This is essential for infection prevention and control.

## **7.8 On the day of the visit**

7.8.1 Posters detailing expectations of visitors will be placed on all ward entrance doors. This will reinforce the reasons why they should not visit. This will replace the need for a documented risk assessment/safety checklist to be completed by a member of the ward staff when the visitor arrives on the ward.

7.8.2 If visitors display symptoms of coronavirus they should be asked to leave.

7.8.3 All visitors should be reminded of the information provided with regard to hand hygiene and face coverings and in addition:

- be informed about what to expect when they see the patient
- be advised on the requirement for any additional personal protective equipment
- remain on the ward during the visiting period unless they need to use the toilet facilities
- use toilet facilities that are provided for members of the public only and must keep their mask on
- refrain from sitting on the beds and must not visit other patients
- maintain the recommended social distancing requirements and refrain from having any physical contact with patients
- not bring in large food parcels, flowers, helium balloons or similar items
- enter and leave the hospital as quickly as possible using the most direct route
- avoid touching their eyes, nose and mouth with unwashed hands
- cover any coughs or sneezes with a tissue, and then throw the tissue in a bin
- follow 'stay at home' guidance if they become unwell.

## **8. ARCHIVING ARRANGEMENTS**

The original of this SOP will remain with the author. An electronic copy will be maintained on the Trust intranet, P – Policies – Restricted Visiting during COVID 19 Pandemic. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years.

## **9. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE STANDARD OPERATING PROCEDURE/ GUIDELINE**

To evidence compliance with this policy, the following elements will be monitored:

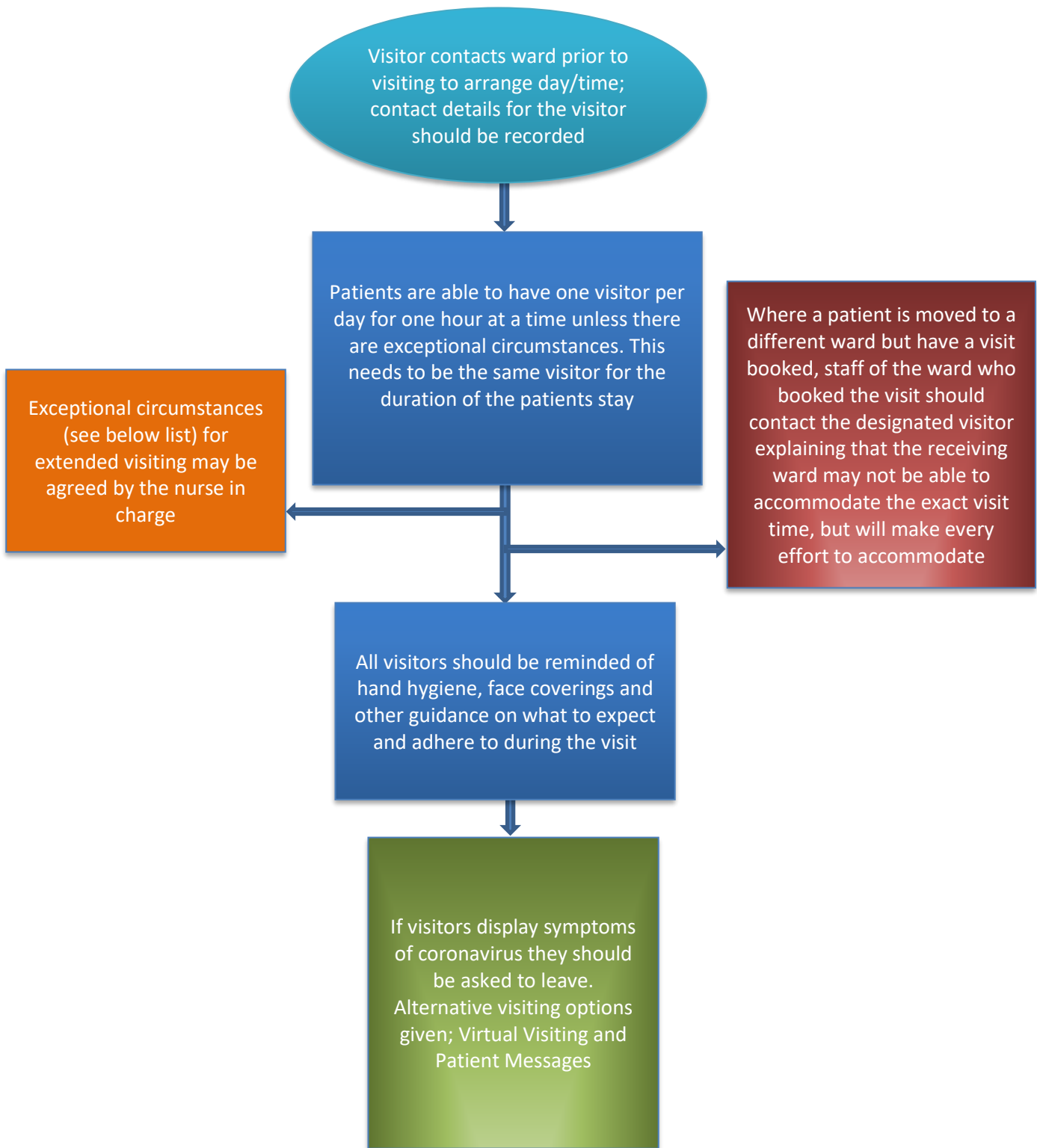
**N/A**

## **10. REFERENCES**

[Visiting healthcare inpatient settings while COVID-19 is in general circulation: principles](#)  
8 March 2022

[Visiting healthcare inpatient settings during the COVID-19 pandemic](#) 18 March 2022

# APPENDIX 1: PROCESS FLOWCHART: INPATIENT VISITORS



Summary of Exceptional Circumstances for allowing extended visiting
For specific reasons of safety e.g.dementia or learning disability where anxiety would be increased
Up to four visitors for patients identified as receiving end-of-life care.
Both parents/guardians of patient under 18 years of age
A relative/carer for patients who do not meet the above criteria but may require assistance with communication or health, emotional, religious or spiritual care needs at the discretion of the nurse in charge
Partners/supporters of women during induction of labour, during labour, as well as in the postnatal period (see Maternity specific guidance)

## APPENDIX 2: COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

<b>Staff groups that need to have knowledge of the SOP</b>	Clinical staff in inpatient and outpatient wards and departments, including clinical admin staff.
<b>The key changes if a revised document</b>	Removal of references to visitors undertaking test for COVID-19 prior to visiting following update to National Guidance 30/03/2022.
<b>The key objectives</b>	Visiting restrictions are currently still in place to reduce the risk COVID transmission, however, a compassionate approach is essential in balancing the importance of close family visits and the need to manage infection risk and maintain the safety of the visitor, staff and other patients.
<b>How new staff will be made aware of the SOP and manager action</b>	Cascade Gold Command Updates
<b>Specific Issues to be raised with staff</b>	Particular attention should be drawn to the requirement to arrange appointments for visitors to in-patient areas; requirement to maintain social distancing; where to seek further advice if clarity is required regarding special circumstances
<b>Training available to staff</b>	Advice can be sought from Infection Prevention and Control Team in normal working hours and Site Management Team outside normal working hours.
<b>Any other requirements</b>	
<b>Issues following Equality Impact Assessment (if any)</b>	No negative impacts.
<b>Location of hard / electronic copy of the document etc.</b>	Trust Intranet.

## APPENDIX 4: EQUALITY IMPACT ASSESSMENT TOOL

<b>Name of document</b>	Restricted visiting during COVID 19 pandemic
<b>Division/Directorate and service area</b>	Corporate Nursing
<b>Name, job title and contact details of person completing the assessment</b>	██████████ - ADN for Quality Projects
<b>Date completed:</b>	25/8/2021

### The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

### 1. What is the main purpose of this document?

Visiting restrictions are currently still in place to reduce the risk COVID transmission, however, a compassionate approach is essential in balancing the importance of close family visits and the need to manage infection risk and maintain the safety of the visitor, staff and other patients.

### 2. Who does it mainly affect? (Please insert an "x" as appropriate:)

Carers  Staff  Patients  Other (please specify) Visitors

### 3. Who might the policy have a 'differential' effect on, considering the "protected characteristics" below? (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

**Please insert an "x" in the appropriate box (x)**

Protected characteristic	Relevant	Not relevant
Age	x	<input type="checkbox"/>
Disability	x	<input type="checkbox"/>
Sex - including: Transgender, and Pregnancy / Maternity	x	<input type="checkbox"/>
Race	x	<input type="checkbox"/>
Religion / belief	x	<input type="checkbox"/>
Sexual orientation – including: Marriage / Civil Partnership	x	<input type="checkbox"/>



4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to...** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

Patients who are receiving end of life care  
Those with carers  
Birthing partners/maternity supporters

5. **Do you think the document meets our human rights obligations? Yes**  
*Feel free to expand on any human rights considerations in question 6 below.*

**A quick guide to human rights:**

- **Fairness** – how have you made sure it treats everyone justly?
- **Respect** – how have you made sure it respects everyone as a person?
- **Equality** – how does it give everyone an equal chance to get whatever it is offering?
- **Dignity** – have you made sure it treats everyone with dignity?
- **Autonomy** – Does it enable people to make decisions for themselves?

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

Involvement of key representatives of people with the relevant protected characteristics in the writing of this SOP. Refer front cover of SOP for those consulted.  
The aim of the SOP is to reduce risk of infection to our patients whilst facilitating visitors in hospital and provision of virtual visiting via phones/tablets

7. **If you have noted any ‘missed opportunities’, or perhaps noted that there remains some concern about a potentially negative impact please note this below and how this will be monitored/addressed.**

N/A

## COVID-19 CLINICAL GUIDANCE for: Patients who decline or are unable to tolerate a COVID-19 PCR Diagnostic Test

Some patients may decline COVID-19 PCR swab testing or lack capacity and refuse to undergo a swab. There may also be some patients who have learning difficulties or physical disabilities and unable to tolerate a test. This guidance is to support staff in making patient placement and clinical decisions associated with these patients.

<b>Point of Contact/author</b>	████████████████████
<b>COVID Testing Steering Group</b>	V2.3 Approved 30 <sup>th</sup> November 2021
<b>Clinical Effectiveness Committee</b>	V1.1 Approved 6 <sup>th</sup> August 2020 V2.3 Approved 10 <sup>th</sup> December 2021
<b>Date document becomes live:</b>	10 <sup>th</sup> December 2021

### 1. Background

- 1.1 Infection control precautions, including hand hygiene and appropriate personal protective equipment (PPE), are essential to help protect staff, patients and visitors during the COVID-19 pandemic regardless of their COVID-19 test status.  
Additional information from COVID PCR testing is recommended for some patients – the details of which patients needs PCR tests (and the timing of the test) is outlined in the Testing Strategy.
- 1.2 The most common test for COVID-19 is the naso and oro-pharyngeal swab test. This process is described as being slightly uncomfortable but not painful.
- 1.3 Patients who decline a nasopharyngeal swab can be offered a buccal saliva swab. This is less sensitive than nasopharyngeal and so is not the preferred route. It may be appropriate in patients with mental health issues who are unable to tolerate the N-Swab, and in young children. See Appendix 1 for method.

### 2. Guidance

- 2.1 COVID testing is recommended by NHSE/I and the UKHSA for several reasons including:
  - The risk to the patient of complications intra/post operatively if asymptotically positive.
  - The risk to vulnerable staff who have been risk assessed to work in ‘green’ pathways.
  - The risk to other patients, some of which are vulnerable and unable to have the vaccine.

- Ensuring appropriate patient placement.
- Reducing the risk of an outbreak.
- The potential risk to patients associated with admission/ out-patient procedures if they are unvaccinated.

- 2.2 Patients have the right to refuse a COVID-19 test. If patients do refuse they should be informed that a risk assessment will be required which considers the risks to themselves and to others
- 2.3 A senior clinician should be informed of the refusal and arrangements made for this refusal to be explored further. All discussions with the patient should be clearly documented in the clinical notes along with any actions deemed necessary.
- 2.4 Patients who decline or are unable to tolerate PCR swabbing should not be refused treatment if this is deemed urgent.  
Their COVID status should be treated as unknown (follow section 3 and 4 below).
- 2.5 If a patient is unable to give informed consent and resists undergoing a swab test an assessment of their mental capacity must be completed and recorded in the clinical notes. A person may lack capacity but be agreeable to a swab test, in which case it would be appropriate to proceed under best interests.
- 2.6. For patients having an elective procedure which has been assessed as non-urgent the decision to proceed should be on a case by case basis. Consideration is required of the risks associated with this decision to other patients, staff and the patient themselves. especially if the patient is unvaccinated due to the greater risk of being asymptomatic positive. If the risk is assessed as too high to any of these then it is the clinician's prerogative to cancel, postpone or make alternative arrangements for isolation etc. The clinician will also need to weigh up the risks of not performing elective procedure/surgery. This decision should be discussed with an AMD and DIPC.
- 2.7. If a patient refuses to be COVID tested before an intervention which is likely to increase their risk of severe illness associated with COVID infection seek advice from a DIPC or a consultant microbiologist.
- 2.8 Parents who do not agree to their child being COVID-19 tested or children who are unable to tolerate a COVID-19 test should be discussed with a consultant paediatrician in consultation with the IPC team. (see Section 5 alternatives).

### **3 In- Patient Placement**

- 3.1 Patients who do not consent, or are unable to consent to a COVID-19 test and refuse to undergo a swab, should be isolated in a single room (wherever possible) for the duration of their stay and until discharge or for 14 days, if their stay is longer.
- 3.2 If no isolation rooms available, patients can be placed in a bay with strict adherence to 2-metre social distancing. Do not put the patient in a bay where shielded or extremely vulnerable patients may be.
- 3.3 It should be documented in the clinical notes that a test is not been done and the patient should be asked again during their stay if they would agree to a test, following the testing policy for frequency of testing.

- 3.4 The patients should be cared for in an Amber pathway if they are asymptomatic but untested and Amber/Red pathway if clinically positive. The latter cases would be best discussed with IPC/Microbiology.

#### **4 Clinical Decisions and Interventions**

- 4.1 Patients whose COVID-19 status is unknown who require surgery or procedures should be placed last on the theatre list where possible.
- 4.2 Wherever possible manage patients on localised COVID-19 swab unknown pathways (i.e. Obstetrics). If patients are symptomatic and decline a COVID swab any operative intervention should be placed last on the theatre list to allow additional cleaning.

#### **5 Alternatives**

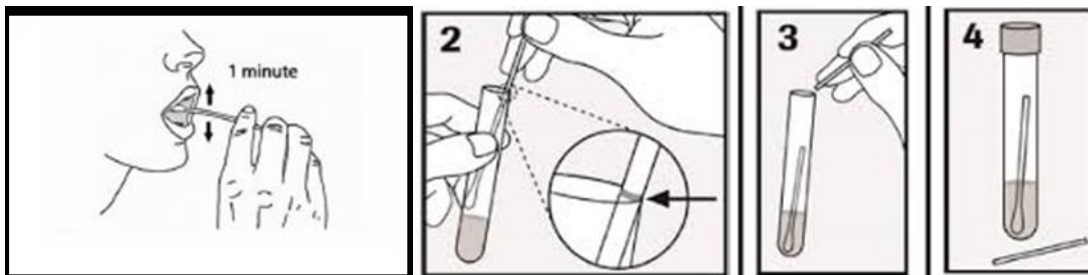
- 5.1 Patients who decline a nasopharyngeal swab can be offered a buccal saliva swab. This is less sensitive than nasopharyngeal and so is not the preferred route. It may be appropriate in patients with mental health issues who are unable to tolerate the N-P swab, and in young children. See Appendix 1 for method.
- 5.2 If a buccal saliva swab is refused or unable to be tolerated then their COVID status should be treated as unknown and Section 2, 3& 4 as above should be followed.

See below Appendix 1 – How to take a buccal saliva swab

## App 1

### How to take a COVID-19 buccal (saliva) swab

- Please ensure the sample containers, **YELLOW** topped COBAS tubes, are labelled with the **three patient identifiers**: forename, surname, date of birth and NHS number, and the **date** the sample is being taken.
  - Please ensure patient has **not eaten within 30 minutes** of performing swab.
  - Encourage patient to perform as a **self-swab** where possible.
1. Wash your hands with soap and water
  2. Remove swab from pouch
  3. Roll cotton bud around mouth (under tongue, over gums, over inside of cheeks) for 1 minute – aim to soak swab in saliva
  4. Place into the **YELLOW** COBAS tube and break off the shaft of the swab at the snap line
  5. Replace the lid of the COBAS tube securely and decontaminate the outside of the container
  6. Double bag the tube (One clear plastic bag inside a second plastic bag)
  7. Place the double bagged tube inside the rigid plastic container
  8. Ensure that all sections of the request form are completed
  9. Place the request form between the plastic container and the outside of the cardboard box
  10. Wash your hands with soap and water



#### Please ensure the following has been completed for each patient:

- Hand hygiene performed before and after taking the swab.
- The COBAS tubes are labelled with a minimum of three Patient Identifiers and the sample date.
- All containers are securely closed.
- Deliver to the Old Path Lab at Royal Devon and Exeter Hospital