Northern Devon Healthcare NHS Trust

COVID-19 Clinical Guidance Front Sheet

COVID-19 CLINICAL GUIDANCE for: Patients who decline a COVID-19 diagnostic test

Some patients will be unable to consent or may decline COVID-19 testing. This guidance is to support staff in making patient placement and clinical decisions associated with these patients.

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Approved by:	Clinical Reference Group
Date approved:	06.08.20
Document Version:	
Date ratified by Gold Command:	Date
Date document becomes live:	Date

1. Background

The most common test for COVID-19 is the naso and oro-pharyngeal swab test. A long Q-tip-like swab is inserted into the back of the throat and one or both nostrils to collect a sample. The process is described as being slightly uncomfortable but not painful.
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.

This document describes the decision making process around the care of a patient who declines COVID-19 testing.

There is a group of patients in whom testing may not be possible (for example children with severe learning difficulties). These patients should be managed with reasonable adjustments as per document https://www.northdevonhealth.nhs.uk/wp-content/uploads/2020/06/Paediatric-Reasonable-Adjustments-Pathway-for-Day-Surgery-SOP-V1.0.pdf This guidance does not apply to them.

2. Guidance

Patients have the right to refuse a COVID-19 test. In this situation they should be reminded that testing is in the best interests of themselves, patients and staff. They should understand the psychological impacts on staff and have the risks and benefits fully explained.
It may be appropriate to advise senior clinician of the refusal to enable further exploration of the patient's reason to decline testing. If the patient continues to decline, this should be clearly documented in the nursing and clinical notes. A risk assessment of the likelihood of COVID-19 should be performed and documented. This should include temperature and symptom screening as well as questioning about contact with COVID-19.

Elective surgery/procedures –
Consideration needs to be given to the potential risks to the index patient, as well as those involved in their care and any potential consequences to the service as a whole.
COVID-19 infection within the peri-operative period is associated with higher morbidity and mortality. Where a patient would be high risk for poor outcomes then consideration should be made to delaying elective surgery until the risk of COVID-19 is minimal.
Risks to the operating team can be mitigated by using Airborne Precautions in theatre and using the RED pathway. This does, however, have a significant impact on the efficiency of the theater teams and list scheduling. It can lead to the operation having to be undertaken in a less familiar environment which can increase the risk of complications.

When deciding whether to go ahead with an elective operation in a patient who has declined testing these factors need to be taken into account. Where the urgency of the intervention is low, clinical benefit limited, or there are non-interventional treatments which could be considered then the default should be to postpone or cancel surgery. This decision should be made by a senior clinician (preferably the consultant who initially listed the patient), fully discussed with the patient, and clearly documented in the medical notes.

Emergency surgery/procedures –
If the balance of risk of Covid complications is thought to alter the balance of risk of different therapeutic options then it should be at the discretion of the senior clinician whether it is still appropriate to perform surgery.

If there is a decision being made that would have ethical implications the Clinical Ethics form should be completed and the ethics pathways should be evoked for rapid discussion.

3. PPE

Patients:

- Patients whose COVID-19 status is unknown should be given a Fluid Resistant Face Mask (FRSM) to wear at all times if they can tolerate it. Patients should be given an information leaflet on mask use to guide its safe use, including hand hygiene, storage and disposal.

Staff:

- Standard PPE should be used by staff caring for patients whose COVID-19 status is unknown. This currently includes
    - Fluid Resistant Surgical face Mask (FRSM)
    - Disposable apron
    - Clean, non-sterile gloves
    - Eye protection where there is risk of splash

- Airborne precautions should be used when performing Aerosol Generating Procedures (AGP) in patients whose COVID-19 status is unknown.
    - Filtering face piece respirator or powered air respirator
    - Long sleeved fluid resistant gown (disposable or reusable)
    - Gloves
    - Full face visor

4. Patient Placement

Patients who do not consent or are unable to consent to a COVID-19 test 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.

If no isolation rooms available, patients can be placed in a bay with strict adherence to 2 meter social distancing. Patients should not be placed in bays where there are vulnerable or high risk patients (identified through the shielded patient list).

5. Clinical decisions and interventions

Patients whose COVID-19 status is unknown who require surgery or interventions should be performed in the 'Red' theatre. In endoscopy they should be placed at the end of a list and when they can be cared for away from other services users.

Whilst swab unknown 'ED green' patients (ie low risk of COVID-19 infection) are being managed on main wards these patients should follow a green/Amber/Red emergency pathway in ward usage based on the ED green/Amber/Red definitions (for theatres see above). Patients being admitted for elective procedures with COVID-19 status unknown should be risk assessed for the possibility of COVID infection (temperature check, contact check and symptom questionnaire) and admitted to an appropriate clinical area. They should not be admitted to the elective Green Wards (currently Lundy Ward and Roborough Ward) under any circumstance.

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Version Control of Definition of hot and cold

Date	Revision No	Comments	Changed by
27.07.20	Version 1	Document created and went through CRG – Author needed	Lisa Vogwill/MarkCartmell
04.07.20	Version 2	GH created document into SOP	Georgina Hands