Alder Hey Children's NHS
NHS Foundation Trust

Reference Number: FOI202223/051
From: Private Individual

Date: 29 April 2022

Subject: Policies and procedures around PCR testing, LFT testing, refusal of treatment due to non-compliance with covid-19 testing and visiting guidance

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

- 2020
- 2021
- 2022

Q1 Can Clinical Manager/Administrative personnel refuse a patient treatment/surgery under any reason? And who makes a decision for denying treatment/surgery?

A1 No. We do not refuse surgery; indications for and priority are clinically considered decisions in partnership with family and are not made by Manager or admin staff

Q2 Can the hospital refuse a patient treatment/surgery for refusing to do a PCR test?

A2 No, we use red/amber pathway for those cases in theatre (amber pathway = patients with no symptoms, red pathways= patient with symptoms)

Patients who consent to a swab would receive a PCR. We do not currently use LFTs as a way to test for covid-19

Q3 How many patients have been refused treatment or surgery for not doing a PCR test?

A3 Zero. Patients who do not want to have a PCR swab would follow the amber pathway. On this pathway the operation would be undertaken without a PCR.

Q4 Can the hospital refuse a patient treatment or surgery for refusing to do a LFT test?

A4 No. We are now doing the transition to LFD pre-op and will use same pathways as explained in question 2

Q5 How many patients have been refused treatment or surgery for not doing a LFT test?

A5 Zero. We do not currently use LFTs as a way to test for covid-19

Q6 Can the hospital refuse a patient treatment/surgery for refusing to wear a face mask?

A6 No, mask usage is not mandatory for any of our patients

Q7 How many patients have been refused treatment or surgery for not wearing a face mask?

A7 Zero

Q8 Can the hospital refuse a patient treatment or surgery for not wearing a visor?

A8 No, patients do not wear visors routinely in our hospital

Q9 How many patients have been refused treatment or surgery for not wearing a visor?

A9 Zero

Q10 What is the difference between a face mask and a visor?

A10 Face mask is used for respiratory protection and visors are used for eye protection

Q11 Can the hospital refuse a patient request for a chaperone? And if so, Why? What is the protocol for access for a chaperone?

A11 The Trust has a Chaperone Policy; the Trust supports requests for a Chaperone and does not "refuse"

Q12 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?

A12 The Trust has a Visiting policy; current visiting arrangements are in line with NHSE/I guidance due to the covid pandemic

Q13 What are the protocols whereby the patient is refused treatment or surgery, who makes these decisions? And what happens next?

A13 We do not refuse surgery; indications for and priority are clinically considered decisions in partnership with family

Q14 Every time a patient is referred to your hospital, how much money does the hospital receive for that patient?

A14 Information not held – The amount would vary due to several factors and for different types of referrals.

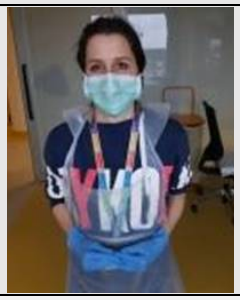
Q15 Would you also send the policies and procedures you have in place for face covering, visor, PCR testing, Lateral Flow Testing? What happens if a patient refuse these? Can you refuse treatment?

A15 Please see guidelines attached for *COVID-19 PPE Recommendations* and *Results Reporting.*

Information not held – Set guidelines or procedures do not cover refusals by patients/family to comply with testing or use of PPE and would be discussed on a case by case basis and in accordance with national measures in place at the time of treatment.

Alder Hey COVID-19 Quick Reference guides:
1. Personal Protective Equipment (PPE) requirements

This guidance is for Alder Hey patients, based on current Public Health England (PHE) guidance

Required PPE:	**COVID-19 not suspected** (no fever and no new continuous cough last 7d)		**Suspected COVID-19[1] *without* AGP[2]**	**Confirmed COVID-19[1]** OR **Suspected *with* AGP[2,6]**
	No AGP	**During AGP *only***		
Example				
Hand hygiene	Yes			
Plastic apron	No[6]	Yes		
Gloves	No[6]	Yes, short-cuffed (1 layer)	Yes, short-cuffed (1 layer)	Yes, long-cuffed (long, tight-fitting cuffs – 1 layer)
Mask	No[6]	Surgical (fluid resistant surgical mask[3])	Surgical (fluid resistant surgical mask[3])	FFP3
Long-sleeved disposable gown	No[6]	No	No	Yes[4]
Eye protection	No[6]	Yes	Risk assesement[5]	Yes (unless no risk[5])

1. Lower respiratory tract infection (LRTI) – clinical or radiological pneumonia; influenza like illness; acute respiratory distress syndrome – see PHE website for more precise definition
2. Aerosol generating procedures (AGP) should be in a single room with only essential staff present. Routine swabbing for COVID-19 is *not* an AGP. AGPs include:
    i. Nasopharyngeal aspirate (NPA) collection – *please use swabs instead of NPA for routine testing*
    ii. Intubation, extubation and related procedures such as manual ventilation and open suctioning
    iii. Tracheotomy and tracheostomy procedures (insertion/open suctioning/removal)
    iv. Bronchoscopy
    v. Sputum induction
    vi. Surgery and post-mortem procedures involving high-speed devices
    vii. Some dental procedures (such as high-speed drilling)
    viii. Non-invasive ventilation (NIV) such as Bi-level positive airway pressure (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
    ix. High-frequency oscillating ventilation (HFOV)
    x. High flow nasal oxygen (HFNO)
3. Surgical masks should
    i. Cover both nose and mouth
    ii. Not be allowed to dangle around the neck after or between each use
    iii. Not be touched once put on
    iv. Be changed when they become moist or damaged
    v. Be used once and then discarded as clinical waste – hand hygiene must be performed after disposal
4. Long-sleeved, fluid repellent disposable gown. Wear scrubs underneath
5. Eye protection should be worn as part of PPE when there is a risk of blood, body fluids, excretions or secretions splashing in the eyes. Individual risk assessment to be carried out at the time of providing care.
6. Unless another reason for using protection

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Alder Hey COVID-19 Quick Reference guides:

4. Results reporting

Current testing procedures
Respiratory viral samples are currently sent to Manchester on a daily basis for testing. Testing is carried out 7 days a week. Results may take 48-72 hours or even longer with current pressures. Tests that reach the Alder Hey microbiology laboratory by 22:00 will normally be processed in the next day's batch in the testing laboratory.

Reporting of results
Results are produced by the testing lab each evening, but often not until after 8pm. They will be reported back for clinical staff by:

- Telephone call to the ward where the patient is or sample was sent from. Results will not be phoned to parents if discharged
- Report on Meditech in the microbiology section – this may say 'preliminary report' which will need to be viewed to see the result

Please do not call the laboratory for results unless truly urgent. The laboratory is handling large volumes of samples currently and this will slow down testing and reporting.

Responsibility for feeding back results
It is the responsibility of the clinical team in charge to check test results and inform staff and parents of the result, including after discharge.

Advice at discharge
Please note that current advice on self-isolation in the community relies on symptoms, not test results. If a clear alternative diagnosis for respiratory symptoms has been established, it may be that isolation is not necessary in the community at discharge. However, if uncertainty remains, isolation should be recommended. Similarly, a positive test result toes not preclude discharge or care under community or OPAT.