**SURGICAL CARE DURING THE CORONAVIRUS (COVID-19) PANDEMIC**

**Patient / parental agreement to**

**investigation or treatment**

**Patient details (or pre-printed label)**

NHS number (or other identifier)

Patient’s surname/family name

Patient’s first name

Date of birth

Age

Male  Female

Special requirements

*(e.g. other language/other communication method)*

Responsible health professional

Job title

## Statement of health professional seeking consent

**Key Information for patients**

Guy’s and St Thomas’ is doing everything we can to continue to provide surgery at this time. However, the Coronavirus (COVID-19) pandemic has placed significant demands on the entire health service and will continue to do so for many months as we recover from its impact.

This form is to make you aware that your surgical care at this time may be affected in several ways, and to ask you to agree to follow the measures we have put in place for your safety and that of our other patients.

**You may be impacted in three key ways:**

* **DISRUPTION AND DELAYS:** We are taking every possible measure to resume services as soon as we can. However, your assessment and care may be disrupted, delayed or performed differently during the pandemic and as we recover from its impact on the health service. If your treatment plan is changed, you will always be informed of this and able to discuss any concerns with your clinician.
* **RISK OF CONTRACTING COVID-19: In addition to the normal risks and benefits of any treatment it is important that you are made aware of specific risks during the Coronavirus pandemic.** Guy’s and St Thomas’ have put in place measures to protect all our patients from the risk of COVID-19, before, during and after operation.
  + **Coming into hospital will require you to come into contact with staff who could unknowingly be carrying Coronavirus. Equally, you could be infected and not yet showing symptoms. It is important that you understand that you may already be carrying Coronavirus when you come in for your operation.**
  + **If coronavirus infection occurs when you have surgery or whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness, or death. Although we are still gathering evidence about this, there are reports stating that if you have an operation with Coronavirus in your system (even without symptoms) there is a significant risk that you could become ill enough with Covid-19 to need a ventilator on an intensive care unit.**
  + **As such, we ask you to take our requests seriously, and to commit to following the measures we have put in place in order to protect you and other patients from contracting COVID-19.**
* **IMPACT OF YOUR DECISIONS:** A senior clinician will assess the risks and benefits of undertaking your operation at the current time and we will only ask you to come in for your operation if we believe it is the right thing to do. In light of the information above, if you decide to delay treatment, your consultant will discuss alternative care options until the crisis has passed.

**Our commitment:**

**Guy’s and St Thomas’ will do everything we can to perform your operation, keep you safe, and to provide you with the information you require at all stages of your treatment with us.**

**Your commitment:**

**I will do everything I can to follow the instructions of my surgical team before and after my operation, which have been put in place to protect my health and that of other patients.**

**These are examples of the ways in which your surgical care may be different to normal**

**Before your operation**

* Most of your consultations will occur by telephone or by email and letter.
* We will arrange for you to have coronavirus testing before your operation, at home, or in a location closer to home. If your operation is an emergency procedure this test may take place in the hospital.
* Your operation would be likely to be postponed if you test positive or are unwell.
* We will ask you to go into strict isolation before a procedure unless it is an emergency. You will be given clear information about this by your surgical team.It is important that you observe this protocol: if you have been unable to comply there is a risk that your procedure may be cancelled.
* You will be asked to not take public transport to get to the hospital.

**Your operation**

* Your operation may not take place on the hospital site that you were expecting – we are working with partners across South East London to provide care to patients, and your care may be delivered in one of our partner hospitals.
* Circumstances will be very different in the hospital. Wards will be reorganised, and staff will be wearing protective equipment.
* We will be temperature screening all members of staff and patients on arrival to the hospital, and it is likely your operation would be postponed if your temperature is higher than expected.
* You may not meet your surgeons until the day of treatment, and they might not be the ones you expected. They will however be experienced and trained to perform your operation.
* It is likely you will not be able to have your family and friends attend with you or visit whilst in hospital.

**After your operation**

* You will be discharged from hospital when you are ready, and asked by your surgical team to continue to self-isolate to make sure your recovery is not impacted.
* We will check on you by telephone.

**Name and Signature of responsible clinician**

**Guy’s and St Thomas’ Hospital will do everything we can to keep you safe from impact of COVID-19 and to provide you with the information you require at all stages of your treatment with us**

Signed: …….…………………………………… Date ……....……………………………………..

Name (PRINT) ………………………..………. Job title ………………………………………….

**Statement of interpreter** (where appropriate)

**I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.**

Signed ……………….………………………………. Date…….………………………………

Name (PRINT) …………….…………………………………………………………………………..

## Statement of patient

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**I acknowledge the information above, which I have read together with my surgical consent form. I will do everything I can to follow the instructions of my surgical team before and after my operation, which have been put in place to protect my health and that of other patients.**

Signature ………………………………………. Date ……………………………..………………

Name (PRINT) ………………………………… Relationship to patient …………………………

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

**I have confirmed that the patient has no further questions and wishes the procedure to go ahead.**

Signed: …………………………………………… Date ……....…………………………….

Name (PRINT) ………………………..……….. Job title …………………………………