

Midland Oculoplastic Surgery Society Proforma for Additional COVID-19 informed consent for Elective Oculoplastic Surgery

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Additional Informed Consent Form for Patients Undergoing Elective Oculoplastic Surgery During COVID 19 Pandemic

This document is to help provide further information for you to make an informed choice about undergoing your planned surgery during the COVID 19 pandemic. It is to be used in conjunction with your normal consent processes and form(s).

| | |
|------------------------|--------------------------|
| Patient details | |
| Surname | Unit or NHS No. |
| Forename | |
| Address | DOB |
| | M F |
| Postcode | (or affix patient label) |

I know the consultant responsible for my care is
 (consultant's name) and the hospital facility where my treatment will take place
 is.....(hospital name).

I..... (patient name) understand that I am choosing to undergo
 an elective procedure:

.....

(Procedure name) and that this procedure is considered not urgent.

- At this present time I understand that COVID-19 is regarded as a novel illness and the World Health Organisation has declared it a global pandemic. I understand that COVID-19 is highly contagious¹, is caused by the severe acute respiratory syndrome coronavirus 2² (SARS-CoV-2) and is believed to be spread from person to person through respiratory droplets produced when an infected person coughs, sneezes or talks³. For this reason, I understand that social distancing has been advocated and that there is no definitive treatment for this disease at the time of writing.
- I understand that my responsible consultant and their team, as well as all the allied healthcare professionals at the above named hospital facility are closely monitoring this dynamic and rapidly evolving situation and have put in place multiple measures to reduce my risk of contracting COVID-19 infection. These include and are not limited to pre-operative testing, self-quarantining, personal protective equipment (PPE) wear, screening for symptoms and temperature testing. In addition, facility measures include staff testing, appropriate PPE as determined by NHS England⁴/ Royal College of Ophthalmologists⁵ and British Oculoplastic Surgical Society⁶ as of the present time of consent signing.
- Despite these measures, due to the very nature of this virus I understand and accept that there remains an inherent risk of becoming infected with COVID-19 by proceeding with this elective treatment.
- I hereby acknowledge and accept the risk of becoming infected with COVID-19 as a result of undertaking this treatment and I give my express permission for my responsible consultant and their team at the above named hospital to proceed with the procedure stated above.
- I understand that I will be tested for infection with the SARS-CoV-2 virus, but that sometimes testing may fail to detect the virus or that I may still go on to contract COVID-19 after this test was done; therefore a negative test result is not conclusive.
- I accept that I have an increased risk of getting infected with COVID-19 due to my need to break social distancing measures in order to attend the above named hospital. Consequently I accept that there is a risk of spreading COVID19 on to family, friends and colleagues by choosing to undertake treatment at this time and choosing not to defer my treatment.
- Furthermore, I understand that if I do develop COVID 19 infection prior, during or after this elective procedure proceeding with this elective treatment, I may have a higher risk of complication and death.
- Should I become exposed to COVID-19 before / during or after my treatment I understand that this may result in the following: a positive COVID-19 test result, an extended period of self isolating, additional investigations, possible admission to hospital, intensive care treatment, including but not limited to

possible intubation or ventilator support, short or long term ventilation, long-term life altering health impairments, impaired healing response, need for further treatment/ surgery.

- I understand that in the unlikely event of me developing a complication or adverse outcome related to my surgery, additional treatment may be recommended but this additional treatment may need to be delayed due to circumstances beyond my responsible teams' control.
- I accept that there may be a potential compromise in the responsible teams' ability to provide the required post operative care due to the COVID-19 pandemic.
- I acknowledge that a delay in my treatment may occur if my responsible consultant believes that the risk of developing an adverse outcome is too high, as a result of the COVID-19 pandemic.
- I understand that COVID-19 infection may result in additional complications, some of which are not currently known at the present time of writing due to the novelty of this disease.
- I confirm that I have been given the option to defer my treatment to a later date. I understand all the potential risks including but not limited to the potential short and longer-term risks associated with COVID-19. Having considered all of the above I would like to proceed with my treatment at this time.

In taking consent for this procedure, I confirm that I am sufficiently qualified to perform the procedure and or, have been trained and assessed as competent to take consent for the procedure described above

Signed..... Date.....

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

Contact details (if patient wishes to discuss options later).....

Informed consent for COVID-19 risk

I understand the above explanation and I have no further questions and consent to the proposed treatment.

Signed..... Date.....

Name (PRINT)

Statement of interpreter (where appropriate) – I have interpreted the information above to the patient to the best of my ability and in a way which I believe s/he can understand

Signed..... Date.....

Name (PRINT).....

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a person with parental responsibility to sign here.

Signed..... Date.....

Name (PRINT).....

Confirmation of consent (to be completed by a competent health care professional when the patient is admitted for the procedure). On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes to go ahead.

Signed..... Date.....

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

References

¹ <https://www.nhs.uk/conditions/coronavirus-covid-19>

² [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

⁴ <https://www.england.nhs.uk/coronavirus/secondary-care/>

⁵ <https://www.rcophth.ac.uk/about/rcophth-covid-19-response/>

⁶ <https://www.bopss.co.uk/covid/>