



Health & Safety Policy

POL002

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Document Change History

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Scope

This policy must be followed by all members of staff and contractor in all cases when any services and/or treatments are being provided to patients, except where separate consent procedures or requirements already exist for any NHS and/or private services, in which case those policies should be observed.

Definition of consent

The Oxford English Dictionary defines ‘consent’ as “to express willingness, give permission, agree”. For consent to be deemed valid and explicit, the following points are essential:

- Patients must voluntarily agree to the proposed service or treatment
- They must also have been appropriately informed i.e., given sufficient information about the service/treatment in question and
- Have the necessary capacity to understand the information about the proposed service/treatment

Policies

Consent Policy	Notes
1. Obtain consent from the patient, or person with parental responsibility, in all cases before the proposed service or treatment is initiated.	Only delegate obtaining consent to another member Ambulance Services 24 Ltd if they are suitably trained, qualified and competent with the necessary knowledge of the proposed service/treatment to provide the patient with the information required; inappropriate delegation may lead to invalid consent
2. To obtain consent, provide sufficient information to the patient.	✓ Use verbal communication in addition to written information ✓ Explain fully any warning, adverse effects and/or risks of the service/treatment to the patient ✓ Ensure that the patient has understood the nature and purpose of the service/ treatment and is able to make an informed decision
3. Ensure that the patient does not experience any undue influence; consent will be invalid if the patient is unable to consent of their own free will.	✓ Interview the patient alone to allow them to make an independent decision, unless a chaperone is required or has been requested

4. Ensure that the patient has sufficient capacity to understand and make an informed decision about the proposed service/ treatment in question.

A. Presume that the patient has capacity unless it has been established otherwise

1. A limited ability to communicate will not in itself indicate a lack of capacity
2. Take reasonable steps to ensure communication is facilitated (for example, through interpreters where English is not the first language or with the use of communication aids if appropriate)

B. Check whether the patient:

1. Understands the decision they need to make and why they need to do this
2. Understands the possible consequence(s) of making or not making this decision and what the potential consequence(s) of not making a decision would be
3. Understands, retains, and uses the relevant information to make/not make a decision
4. Can communicate their decision effectively

C. If the patient wishes to know as little as possible, provide information anyway to allow the patient to make an informed decision

5. If the patient is unable to make a decision for themselves because they are unable to understand and retain relevant information, they may lack capacity to consent.

- A patient will lack capacity if they are unable to make a decision “*in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain*”
- This can be permanent or temporary
- In such cases, use this information as part of the decision-making process to decide whether it is appropriate to proceed with the relevant service/treatment

6. Do not judge the patient’s capacity based on the patient’s age, appearance, condition, or behaviour; use professional judgement in all cases.

- Seek advice from other healthcare professionals, those involved in the patients care or legal advice where there is any uncertainty about the patient’s capacity to consent

7. Ensure that consent is obtained on each occasion where needed.

- Obtaining consent is an ongoing process between you and the patient
- Do not presume consent because it was given on a previous occasion

8. If consent is not given/obtained, the service/treatment must not be provided to the patient.

Without consent, the service or proposed treatment cannot take place.

9. Respect the patient’s right to refuse the service/ treatment.

Where an adult with capacity has been given appropriate information and voluntarily refuses the service/treatment:

- This must be respected
- If you believe that the refusal is not in the best interests of the patient, clearly explain the potential consequences of refusal to the patient. Record this and consider referral and/or legal advice if the patient may be at risk of serious harm.

10. If an adult patient lacks capacity, understanding or is unable to make their own decisions; they cannot give consent.

- Another individual can only consent on the patient’s behalf if they have a Lasting Power of Attorney or are appointed as a deputy by the Court (with authorisation to make service or treatment decisions on behalf of the patient)

11. Children aged 16-17 years Consent can be obtained directly from children/young people aged 16 or 17 years; use the same criterion that applies to adults to obtain consent for this age group.	• All patients aged 16 years of age or over are presumed to have the capacity to provide their own consent to a service/treatment, unless it is proved otherwise • Legally, it is not necessary to obtain consent from anyone with parental responsibility for this age group; however, it is good practice to involve the child's parent or guardian where possible • Children aged 16 or 17 years of age must freely agree to the proposed service/treatment and have the necessary capacity to give consent
12. Children under 16 years of age: with capacity Consent can be obtained from children aged under 16 years of age provided they can demonstrate capacity to consent; use the same criteria that applies to obtaining consent for this age group.	• Consent cannot be presumed • If the child can show sufficient understanding, maturity and intelligence to enable them to fully understand the benefits and consequences of the proposed service/treatment — i.e. they must fully understand the benefits and/or risks about the service/treatment that they are consenting to – provided the child can demonstrate this, they will be described as “Gillick competent” and may therefore provide consent • Ensure you are competent in assessing the capacity of a child under the age of 16 and are familiar with the concepts of Gillick competence
13. Children under 16 years of age: without capacity Consent can be obtained from an individual with parental responsibility; apply the same criterion that applies to obtaining consent for this age group. Be mindful – the proposed service/treatment must be in the best interest of the child.	• If a child under 16 years of age lacks the capacity to consent (i.e. they are not Gillick competent) parents or those with parental responsibility can consent to the treatment on the child's behalf • Those with parental responsibility can include: ○ The mother of the child ○ The father of the child if he was married to the mother at the time the child was born ○ Unmarried fathers – can acquire parental responsibility in certain circumstances ○ A legally appointed Guardian of the child ○ A local authority through a care order of the child ○ An individual for whom the court has made a residence order for the child

Record Keeping

Make a record of the following:

1. If the patient is offered a chaperone and accepts/declines the offer
2. Details of the service/treatment provided to the patient, including if a chaperone was present or not
3. Any concerns or uncertainties expressed by the patient about the service/treatment, or any information provided to allow the patient to give consent
4. If the patient declined any information about the proposed service and/or treatment
5. If the patient refused to give consent or refused the service/treatment, including any discussion of advice given
6. Where an adult with capacity has been given appropriate information and voluntarily refuses the service/treatment

Reporting Incidents

Report the any incidents/complaints in a thorough and accurate manner:

1. Follow the company SOP for dealing with and reporting incidents, if relevant
2. Inform the Line manager
3. Where an incident leads to a complaint, follow the SOP on dealing with complaints