

## **Informed Consent.**

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### ***Introduction***

Patients arriving for ultrasound examination may have little or no knowledge of the examination to be undertaken, the reasons why it has been requested, or the consequences of the results obtained.

Their arrival in the waiting room must not be construed as consent for examination; and it is paramount that all patients provide "Informed Consent" prior to commencement of the investigation.

To provide Informed Consent the patient must be given sufficient information on which to base their decision. The degree of information required to satisfy what would be considered 'informed' consent will vary for individual patients.

## ***Adult Patients with the capacity to provide personal consent***

Most patients attending for examination will fit into this category.

Once brought in to the privacy of the examination room, and after their identity has been positively confirmed, they will be given a brief explanation of the examination to be performed, of the requirements on them for such an investigation to be successful (such as position, state of undress and any other relevant detail) and of how the results of the examination will be provided. They will be given an opportunity to ask any questions.

They will then be asked to give their consent for the examination.

In most cases, verbal consent will be sufficient and it need not be recorded.

Exceptions.

At times, Verbal consent may not be sufficient and Written Consent will be required.

- When the examination includes intra-cavity investigation such as trans-vaginal and trans-rectal ultrasound.
- When the examination includes any invasive procedure, such as needle insertion.

In these cases, the written consent for examination will be recorded on the reverse of the examination request form, or with in the patient's notes. It will take the following form:

**"I .....(Full name of patient)..... Give consent for the ultrasound examination to be performed."**

The statement will be signed and dated by the patient.

It is obviously of great importance that the patient is given a full explanation of the procedure before they sign the declaration.

## ***Child Patients and those without the capacity to provide personal consent***

In the case of Minors; parental or Carer consent will generally be acceptable as consent for the patient; and again it need not be recorded.

However; - NO CHILD MAY BE FORCED TO UNDERGO TREATMENT.

In the case of adults with diminishes mental capacity, '**Southern Ultrasound**' will follow the guidelines of consent as outlined by the General Medical Council. Every effort will be made to obtain consent from the patients themselves. It is recognised that no adult can give consent for another adult and it is also recognised that patients who are not capable of giving positive consent are able to refuse treatment.

If the examination is causing the patient unreasonable distress then it should be terminated, even if this goes against the wishes of the patient's representative.

It is important that the explanation of what the investigation involves, is presented in sufficient details for the patient's representative to provide the informed consent, but also provided in a format and using vocabulary suitable for the patient's mental age.

## ***Refusal of Consent for Examination.***

Every staff member must understand that patients have every right to refuse treatment or examination.

Where a patient refuses to provide consent for examination, the refusal will be documented in the patient's notes and the Referring Clinician will be informed.

The patient shall not be coerced in to giving consent, and the overall standard of patient care shall not change as a result of the refusal.

## ***Policy Standards***

### **Equality Impact Assessment**

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race ?	No	
	Ethnic origins (inc. gypsies and travellers) ?	No	
	Nationality ?	No	
	Gender ?	No	
	Culture ?	No	
	Religion or belief ?	No	
	Sexual orientation including lesbian, gay and bisexual people ?	No	
	Age ?	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems ?	No	
2.	Is there any evidence that some groups are affected differently ?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable ?	NA	
4.	Is the impact of the policy/guidance likely to be negative ?	NA	
5.	If so can the impact be avoided ?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact ?	NA	
7.	Can we reduce the impact by taking different action ?	NA	

## **Distribution & Awareness Plan**

Promotion of this Policy is provided by Company Directors to Service Leads and clinical staff, for whom it has direct relevance.

Staff will be made aware of the policy as part of their induction training. If there are any significant changes to the plan that affect the way in which staff respond, these will be communicated to them directly.

A copy of the policy is available to all staff via their On-Line Policy and Procedure folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation and can be viewed or download from the company's website.

## **Training Requirements**

Training requirements as a result of this policy are assessed by the Directors and implemented accordingly.

Staff training and awareness of this and associated policies is undertaken at induction and discussed as part of annual appraisals.

## **References**

- Guidelines For Professional Working Standards Ultrasound Practice 2015 – SOR/BMUS
- Obtaining Valid Consent 2015 – RCOG

## **Policy Review**

This policy has been approved by the undersigned and will be reviewed annually and any time there is a material change in equipment or equipment suppliers

Policy Created: 18th Sept 2018

Date of Last Review: 15/03/19

Kevin Rendell Director & IG Lead

