

Coronavirus (COVID-19): getting tested (DHSC updated 29th April 2020).

DHSC announced testing for “social care workers and residents in care homes (with or without symptoms) both to investigate outbreaks and, following successful pilots, as part of a rolling programme to test all care homes”.

Both case scenarios (a/b) described below apply to all services users (under 16 /16 years old and over).

1. Protocol for decision making for testing service users who are 16 years of age and over

a) Suspected COVID 19- Service users showing symptoms or Confirmed case Covid 19 either service user or staff member.

Testing should be offered to all service users whether or not they are showing symptoms.

You need to follow MCA and assess capacity for making this “particular decision”, you should not use any other capacity assessments that are currently in place.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise. For contextual information including Gillick read section 2. Protocol for decision making for testing children under the age of 16.



The decision is “Being Tested for Covid 19”. For service users where you have currently identified the use of “accessible information” to aid their understanding you will need to be able to explain to service users:

1. The reasons why being tested is in their best interests, 2. How the test will be carried out , 3. Who will carry the test out, 4. Where the test will be carried out, 5. What will happen when the results of the test are known.



Once capacity has been assessed you will again need to follow MCA principles.



If a person (with or without symptoms) has been assessed as having capacity then they should be offered the option to have a test. If they decline, they are exercising their right to do so and cannot be forced/coerced into agreeing. You would however need to inform the person of the consequences of their decision i.e. need to self-isolate, potential changes to staffing arrangements, e.g. reduced numbers of staff able to work with individual, full PPE being worn when working with them as per PPE guidance related to either children's or adults services). Any decisions taken should be following risk assessments to keep staff and other service users safe and be within their best interests. Full records should be kept of the decision making process.



If tests completed affirm a positive result then the service would follow current guidance available.



If a person (with or without symptoms) has been assessed as lacking capacity you will need to follow MCA principles and hold best interest discussion (remote) Best interests should not only consider COVID 19 implications but all aspects of the person’s well-being e.g. distress at having swab taken, person taking swab wearing full PPE etc. . You need to consider a range of options – best place for testing, best person to carry out the test, to mitigate any distress.

b) Service has no confirmed cases and is symptom free

The service should continue to follow all current guidance (which is in line with government guidance)in regard to keeping safe – social distancing, infection control procedures etc. Any changes to guidance will be informed via policy portal Rezume (Caretech) and COVID microsite.



Where service users are assessed as having the capacity to make the decision in regard to testing, this should be offered to them and their choice respected.



If circumstances within the service change to either a or b guidance should be followed as above.

2. Protocol for decision making for testing young people who are under 16 years of age*

Parent/those with parental responsibility should have already provided consent to health services for each young person placed in our services, so this should be used to enable young people to access testing, which is part of the primary healthcare service's offer (e.g. accessing GP).



It must be noted that children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment, this is known as being Gillick competent. For more information about this please use the hyperlink at the end of this document . Otherwise, parents/those with parental responsibility can consent for them, so the consent to primary healthcare services will suffice (see above).



Where Gillick competency is assessed, it's up to the health professionals to decide whether the child has the maturity and intelligence to fully understand the nature of the investigations, treatment and the options, the risks involved and the benefits. An assessment of this should be carried out by a health professional or person nominated by them.



Steps should always be taken to explore with the young person reasons for any medical examinations, testing or medical treatments, so the young person can understand what's involved before they attend the procedure - this is regardless of the type of examinations, testing or medical treatment offered. In some situation this will be completed by health professionals, especially where significant medical procedures are being proposed, or by staff member where more simple procedures (e.g. tests) are proposed and where staff have been informed what's involved. To support such process, questions 1-5 (page 1) can be used to explore the process and to help the young person understand.



Young person declines testing - any decisions taken should be following risk assessments to keep staff and other young people safe and be within their best interests. Parents/those with parental responsibility and social worker should be informed of what is happening and the potential outcome - see the procedure (page 1) for 16 and over where a person declines testing. Full records should be kept of the decision making process.



Any other concerns should be reported to the management, so the medical guidance and where required - involvement of the young person's social worker can be sought.

All 5 years old and over in UK are now eligible for test. Enquiries should be directed to the Local Health Protection Team or testing locality directly, otherwise use Coronavirus testing helpdesk on 0300 303 2713 (opening hours - 7am to 5pm).

Please use address below for advice on testing

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#content>

More information about Gillick competency

[Gillick-competency-factsheet \(NSPCC\)](#)

For regional variations for testing in Wales: <https://gov.wales/coronavirus-covid-19-testing-process-html>

Service User Testing Protocol – Policy and Performance Team V1 (20/05/2020)