## **About the document:**

COVID-19:

# **Emergency Hospital Passport**



### What is it?

Some of us need to make plans in case we become very ill and need to go to hospital.

There are many hospital passport templates available online. They do not all advocate for our equal right to healthcare.

This an equal rights based hospital passport that you can take with you.

It is brief and just includes the most urgent information, for a disabled person who has the Covid 19 virus and needs to go to hospital. It is for emergency triaging, when everything is happening fast.

Once admitted to a regular ward, or in the case of other treatment or admission, you could use a more detailed hospital passport, or support plan.

West of England Centre for Independent Living has a free support plan toolkit at: <a href="https://www.createmysupportplan.co.uk">https://www.createmysupportplan.co.uk</a>

This document was created by Liz Crow and adapted by GMCDP for our website. GMCDP and Liz Crow are issuing this information based on our best interpretation of the risks of this health emergency to disabled people.

### How do we use it?

To use the passport, you fill in your details and delete the instructions [in these brackets].

You can prepare one now, so it is ready if you need to go to hospital with Covid 19.

The passport includes the optional section with a photograph and brief information that shows your 'reasons for living', as well as including a clear anti-DNR message.

Make four copies (minimum), if possible: one for paramedics if travelling by ambulance; one tucked clearly into clothing for admissions/ward staff; one left with a family member; and one with an advocate who, where possible, does not live in your household.

Greater Manchester Coalition of Disabled People | COVID-19 Emergency Health Passport

Our equal rights to healthcare.

GMCDP is campaigning for hospitals to use their usual decision making rules, when treating all Covid 19 patients.

It is because new advice has been given by N.I.C.E., for deciding who will be offered some emergency treatments.

(N.I.C.E. - National Institute for Healthcare and Excellence - has issued 'rapid guidelines' to clinicians for managing COVID-19. These include guidelines for clinical decisions in allocating scarce resources during a health emergency.) **GMCDP opposes the N.I.C.E. guidelines.** 

These guidelines use a 'Clinical Frailty Scale' which is a direct threat to some disabled people's wellbeing. The C.F.S. grades impairment/s by number, to decide who will not automatically get certain emergency treatments.

Legal challenges are happening, and (as of 23/3/20) the guidelines were amended as not applying to healthy disabled people under the age of 65.

We cannot rely on that, and the guidance still discriminates against everyone else it covers.

We need to protect ourselves during this health crisis, especially those of us who are ill, or aged over 65.

You can use this health passport to tell the hospital you want to be treated fairly.

# Good luck and stay well!

We hope no-one will ever need to make use of this – but if we do, it might increase our chance of receiving the fair treatment we need.

#### **Please Note:**

GMCDP is issuing this information based on our best interpretation of the risks of this health emergency to disabled people.

Use at your own risk.

## **Emergency Hospital Passport**

Please keep this passport with my notes at the end of my bed.

| Name               |
|--------------------|
| like to be called  |
| Date of birth      |
| NHS number         |
| Preferred language |
| Date               |
| Signature          |
|                    |

<u>I DO NOT CONSENT</u> to a Do Not Resuscitate order (DNR, or DNACPR).

If i cannot be consulted about its use, Please DO consider me for ventilation i.e if needed during emergency treatment.

My family [and advocate] are aware of my wishes.

### **Assessment notice:**

The amended NICE Covid-19 guideline (NG159) states that the Clinical Frailty Scale should <u>not</u> be used to assess people under 65, or people with stable long-term impairment (such as cerebral palsy), learning difficulties or autism. **An individualised assessment is still recommended in all cases, based on an individual's current presentation.**Treatment decisions should **not** be made on the basis of the presence of impairment alone, or an individual's use of care or assistance.

| my medication  |
|--|
| [list medicines taken, including non-prescription – or no regular medication taken]  |
|  |
| Except where essential for emergency treatment, please don't make any changes to my medication without first talking to:   |
| Medicines that I am allergic to or must avoid:   |
|  |
|  |
| Next of kin/emergency contact  |
| Relationship   |
| Phone number   |
| Address  |
|  |
|  |
| Essential health information   |
| I have   |
|  |
| [Only include information that is absolutely essential . This might include communication, other access and personal assistance needs, distress triggers, etc. Write using first person: use 'l', 'me', 'my'.] |

| Other people who have information on my treatment and care  |
|---|
| [doctors]   |
| OR  |
| My advocate   |
| [Nominate someone who is well informed about your health and impairment needs, and preferably who lives outside your household, Select someone who will represent you.] |
|   |
| "Thank you for taking care of me and my equal right to healthcare." OR  |
| "Thank you for taking care of my mum/dad/sister/brother/partner/friend" and [her/his/their] equal right to healthcare."   |
| INSERT PHOTO  |
| [select one that illustrates you living your life]  |
|   |
|   |
|   |
|   |
|   |
|   |
| [Optional brief quote about who you are and what makes you tick.]   |
|   |