



Trust Policy
Specialist Group
Care and Management of patients with Covid-19 Policy

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Author/Contact	Christine Fisher, Assistant Director of Infection Prevention and Control	
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1.0 Introduction

Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. They have also been detected in blood, faeces and urine and, under certain circumstances, airborne transmission is thought to have occurred from aerosolised respiratory secretions and faecal material.

As coronaviruses have a lipid envelope, a wide range of disinfectants are effective. Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

As COVID-2019 has only been recently identified, there is currently limited information about the precise routes of transmission. Therefore, this guidance is based on knowledge gained from experience in responding to coronaviruses with significant epidemic potential such as Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV).

Emerging information from these experiences has highlighted factors that could increase the risk of nosocomial transmission, such as delayed implementation of appropriate infection prevention and control measures combined persistence of coronavirus in the clinical setting (e.g. positive PCR detection of MERS-CoV RNA for up to five days after patients' last positive respiratory specimen).

Although a vaccine is available, control of this disease relies on the prompt identification, appropriate risk assessment, management and isolation of possible cases, and the investigation and follow up of close contacts to minimise potential onward transmission.

Effective infection prevention and control measures, including transmission-based precautions (airborne, droplet and contact precautions) with the recommended personal protective equipment (PPE) are essential to minimise these risks. Appropriate cleaning and decontamination of the environment is also essential in preventing the spread of this virus.

2.0 Objective

To ensure patients suspected or confirmed as having COVID-19 are cared for safely.

3.0 Scope of Policy

This policy applies to all areas within the Trust.

4.0 Policy

Case definition and definition of contacts

For the latest definition for possible cases and contacts please refer to the Public Health England website.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

4.1 Isolation (patient placement)

- A green barrier precautions sign should be placed on the cubicle/bay door
- Ensure treatment card, nursing documentation etc. kept outside the room
- Only essential staff should enter the isolation room
- The nature of the area adjoining the cubicle should be taken in to account to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable patient groups)
- If there is no en-suite toilet, a dedicated commode (which should be cleaned using Tristel) should be used with arrangements in place for the safe removal of the bedpan to the sluice.
- Showers or baths must be cleaned with Tristel or SoChlor following use.
- Avoid storing any extraneous equipment in the patient's room and anteroom.

4.2 Duration of precautions

- Patients must be isolated or remain in self-isolation on discharge for 14 days from their positive PCR test.
- Whilst in hospital, patients must be isolated with precautions for at least 14 days after onset of symptoms and should be 48 hours without fever or respiratory symptoms.
- The decision to 'stand down' precautions must be done in conjunction with the clinical team managing the patients care and the IPCT.
- For clinically suspected COVID-19 patients who have tested negative or not had a test, the 14-day isolation period should be measured from the day of admission.

4.3 Patient Placement

- Where at all possible, patients must remain on assessment wards – e.g. AMU, SAU until confirmation of the swab result.
- Positive patients must not be nursed in the same bay as negative or patients with pending results.
- Patients exposed to COVID-19 may be co-horted. Patients with positive or negative results must not be nursed with exposed patients. Unless in exceptional circumstances; exposed patients should not be moved to other wards to be co-horted. Patients should also be assessed regarding their date of exposure to prevent unnecessary increase in the period of isolation.

4.4 Respiratory and cough hygiene

Respiratory and cough hygiene will minimise the risk of cross-transmission of respiratory illness:

- The patient should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- All used tissues should be disposed of promptly into a waste bin
- Give the patient the opportunity to clean their hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions

4.5 Personal Protective Equipment (PPE)

For up to date guidance on PPE, please refer to the Public Health England website.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

- FFP3 masks must be worn when undertaking or in the immediate vicinity of aerosol generating procedures.
- Staff must be mask fit tested prior to using FFP3 masks.
- Risk assessments must be undertaken regarding wearing FFP3 masks when caring for heavily symptomatic patients or when caring for cohorted symptomatic patients.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Please refer to the COVID -19 Intranet page for donning of PPE training video or follow this link <https://www.youtube.com/watch?v=ozY50PPmsvE>

4.6 Putting on PPE

Before donning, healthcare workers should ensure hair is tied back securely and off the neck and collar, remove jewellery/pens, ensure they are hydrated, and perform hand hygiene. Staff should wear the following PPE, put on in the following order:

1. Gown
2. Fluid repellent surgical mask/FFP3 respirator and fit test – see *appendix D*.
3. Eye protection (goggles or face shield)
4. Disposable gloves

The order given above is practical but the order for putting on is less critical than the order of removal given below. During donning each item must be adjusted as required to ensure it fits correctly and interfaces well with other PPE items.

Please refer to the COVID -19 Intranet page for donning of PPE training video or follow this link <https://www.youtube.com/watch?v=ozY50PPmsvE>

4.7 Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination. Gloves, gown and eye protection should be removed (in that order, where worn) and disposed of as clinical waste. After leaving the area/patient, the respirator can be removed and disposed of as clinical waste.

The order of removal of PPE is suggested as follows, consistent with WHO guidance:

1. Peel off gloves and dispose in clinical waste.

2. Perform hand hygiene.
3. Remove gown by using a peeling motion, fold gown in on itself and place in clinical waste bin.
4. Remove goggles/visor only by the headband or sides and dispose in clinical waste
5. Remove respirator from behind and dispose in clinical waste
6. Perform hand hygiene.

Please see Appendix A

Please refer to the COVID -19 Intranet page for doffing of PPE training video or follow this link <https://www.youtube.com/watch?v=ozY50PPmsvE>

Please see Appendix B on how to put on and fit check a FFP3 respirator.

4.8 Patient Use of Masks

Patients in all care setting must be encouraged and supported to wear a face mask, providing it is tolerated and is not detrimental to their care needs.

- Patients must be advised on how to correctly wear and dispose of the mask.
- A risk assessment should be undertaken on those patients who are required to wear a mask, particularly if it is long periods of time.

4.9 Hand Hygiene

This is essential before and after all patient contact, removal of protective clothing and decontamination of the environment.

Use soap and water to wash hands or an alcohol-based hand rub if hands are visibly clean.

Rings (other than a plain smooth band), wrist watches and wrist jewellery must not be worn by staff.

4.10 Linen

- Bag linen inside patient isolation room.
- Place in an inner water-soluble bag and outer white plastic bag
- Do not overfill bags and ensure that the bag can be tied using the swab neck technique so that it is completely sealed.
- Linen can then be collected as per Trust Linen management policy.
- Staff should wear a clean uniform everyday
- Uniforms should be laundered separately from other household items in a load not more than half the machine capacity.
- Uniforms should be washed at least 65°C and ironed or tumble dried (can be tumble dried with other household laundry).

4.11 Waste Disposal

- Dispose of waste into an orange clinical waste bag. Do not overfill bags and ensure that the bag can be tied using the swab neck technique so that it is completely sealed.

- Sharps disposal as per Trust guidance.
- Non-clinical areas, where the risk of covid is low, face masks may be disposed of into domestic waste.

4.12 Equipment

- Re-useable equipment should be avoided if possible; if used, it should be decontaminated according to the manufacturer's instructions before removal from the room. For non-invasive care equipment a Clinell disinfectant (green) or PDI disinfectant (green) wipe may be used, a 60 second contact time must be adhered to. High risk equipment must be cleaned using a solution of SoChlor 1,000ppm available chlorine or Tristel.
- Use dedicated equipment in the isolation room/designated area. Avoid storing any extraneous equipment in the room or lobby.
- Dispose of single use equipment into an orange clinical waste bag.
- Ventilators should be protected with a high efficiency filter, such as BS EN13328-1
- Closed system suction should be used.

4.13 Mobile healthcare equipment

The following advice applies to devices that cannot be left in the isolation room/designated area, such as portable X-ray machines:

- Use of mobile healthcare equipment should be restricted to essential functions as far as possible to minimise the range of equipment taken into and later removed from the room.
- The operator of the device, if not routinely looking after the patient, must be trained and supervised in infection prevention and control procedures, including the use of PPE.
- The operator should wear PPE as described previously (4.6,4.7) when in the isolation room/designated area.
- Any equipment taken into the room and which must be subsequently removed, must be disinfected So-Chlor (1,000ppm available chlorine) or Tristel prior to leaving the anteroom/side room. Clinell disinfectant (green) or PDI disinfectant (green) wipes may be used, a 60 second contact time must be adhered to.
- Any additional items such as a digital detector or a cassette will also need to be disinfected with So-Chlor (1,000ppm available chlorine) or Tristel regardless of whether there has been direct contact with the patient or not. This is due to the risk of environmental contamination of the equipment within the isolation room/designated area.

4.14 Environmental decontamination

There is evidence for other coronaviruses of the potential for widespread contamination of patient rooms/environments, so effective cleaning and decontamination is vital.

- Cleaning and decontamination should only be performed by staff trained in the use of appropriate PPE.
- So-Chlor (1,000ppm available chlorine) or Tristel must be used.

- The main patient isolation room and anteroom/doffing areas where applicable should be cleaned at least twice a day and following aerosol generating procedures or other potential contamination.
- To ensure appropriate use of PPE and that an adequate level of cleaning is undertaken which is consistent with the recommendations in this document, cleaning of the isolation area should be undertaken separate to the cleaning of other clinical areas. Contact the Trust domestic supervisor on extension 2800 to arrange cleaning.
- Dedicated or disposable equipment must be used for environmental decontamination. Reusable equipment must be decontaminated after use with a chlorine-based disinfectant (So-Chlor) or Tristel as described above.
- If a suspected COVID-19 patient has spent time in an area, the immediate area will need to be cleaned with Tristel or So-Chlor (1,000ppm available chlorine).
- Cleaning of frequent touch points must be undertaken at least two hourly (see appendix XV).

4.15 Aerosol generating procedures

- Only the minimum number of required staff should be present, and they must all wear PPE as described below (see bold) Entry and exit from the room should be minimised during the procedure.
- If aerosol generating procedures are undertaken in the patient's own room, the room should be decontaminated 1 hour after the procedure has ended. For continuous aerosol generating procedures for example Continuous Positive Airway Pressure Ventilation (CPAP), cleaning frequency in the room should be increased as per IPC guidance.
- If a different room is used for a procedure it should be left for 1 hour, then cleaned and disinfected before being put back into use. If a room with frequent air changes (e.g. theatres), 1 hour fallow time is not required, please seek advice from the IPCT.

The agreed list of AGP is:

- Tracheal intubation, extubation
- Manual ventilation
- Tracheotomy/tracheostomy procedures (insertion or removal suctioning/removal)
- Bronchoscopy
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High flow nasal oxygen (HFNO)
- Upper ENT procedures that involve respiratory suctioning.

- Dental procedures (using highspeed devices for example ultrasonic scalers/high speed drills).
- Induction of sputum using nebulised saline.
- Respiratory tract suctioning.
- Upper ENT airway procedures that involve respiratory suctioning.
- High speed curing in surgery/post mortem procedures if respiratory tract/paranasal sinuses involved.

Where AGPs are medically necessary, they should be undertaken in a neutral/negative-pressure room, if available, or in a single room with the door closed.

For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present. **A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP3 respirator should be worn by those undertaking the procedure and those in the room.**

4.16 Swabbing patients for COVID-19

- All elective and non-elective patient admissions should be screened for COVID-19. See link for PHE guidance on swabbing for elective and un-planned admissions
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf>
- All patients where the decision has been made to admit must be swabbed for COVID-19 as soon as possible e.g. in the ED, SAU etc.
- All patients swabbing negative on admission for COVID-19 should be re-swabbed 3 and 5 days following their admission date, and all long stay patients must be swabbed weekly.
- Staff taking the swab should wear a fluid repellent surgical mask, visor, apron and disposable gloves.
- A single swab is required. Take a throat swab followed by swabbing of the nose, gently rotate the swab in both nostrils.
- Patients returning back to care homes (including learning disability premises must be swabbed 48 hours prior to the planned discharge date. The result must be given to the care home prior to discharge. The IPCT should be informed of discharges back to care homes.
- Patient contacts of covid should be screened following exposure and at day 3, 7 and 10 following exposure.

4.17 Critical care

- All respiratory equipment must be protected with a high efficiency filter (e.g. BS EN 13328-1). This filter must be disposed of after use.
- Disposable respiratory equipment should be used wherever possible. Re-usable equipment must, as a minimum, be decontaminated in accordance with the manufacturer's instructions.
- A closed suctioning system must be used.

- Ventilator circuits should not be broken unless necessary.
- Ventilators must be placed on standby when carrying out bagging.
- PPE must be worn.
- Water humidification should be avoided, and a heat and moisture exchanger should be used.

4.18 Staff considerations

Please refer to guidance COVID-19: Actions required when a case was not diagnosed on admission:

<https://www.gov.uk/government/publications/covid-19-guidance-for-healthcare-providers-who-have-diagnosed-a-case-within-their-facility/covid-19-actions-required-when-a-case-was-not-diagnosed-on-admission>

4.19 Visitors

- Visiting should be in line with current BHNFT visiting guidelines. Visitors should be permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks.
- The risk assessment must assess the risk of onward infection from the visitor to healthcare staff, or from the patient to the visitors. The risk assessment should include whether it would be feasible for the visitor to learn the correct usage of PPE (donning and doffing under supervision), and should determine whether a visitor, even if asymptomatic, may themselves be a potential infection risk when entering or exiting the unit. It must be clear, documented and reviewed. If correct use of PPE cannot be established then the visitor must **not** proceed in visiting.
- Visitors who have not worn PPE and have had contact with a positive patient must be instructed to self-isolate.
- Visitors must be provided with a fluid repellent surgical mask, and if visiting a patient with COVID must be provided with visor, plastic apron and gloves.
- Visitors must not visit other clinical and communal areas.
- When physical visiting is not possible, ensure the patient is offered virtual visiting (see BHNFT COVID visiting guidance).

4.20 Patients on home leave

Prior to home leave an assessment should be made as to where the patient is going, how many people they will be coming into contact with and assurance that contacts are asymptomatic. Home leave is defined as overnight or over 24 hours. However, if the patient is attending a large gathering or having contact with non-household members, the processes below are to be followed.

- Patient should have a rapid PCR test undertaken on return to the ward. Patient to be reminded on infection control precautions – wearing a face mask, no contact with other patients etc.
- Patients on regular home leave should be swabbed twice weekly

- If patients have overnight or protracted leave, they should be treated as a new admission and isolated until confirmation of a negative covid test is received.

4.21 Patient Property

Patients must have access to their personal belongings.

- Ensure PPE is worn when handling patient property.
- Follow WHO 6 step technique for hand hygiene.

4.22 Transfers to other departments

Where possible, all procedures and investigations should be carried out in the single room/designated area with a minimal number of staff present. Only if clinical need dictates, and in consultation with the infection control team, should patients be transferred to other departments. The following procedures then apply:

- The trolley used to transport the patient from the isolation room/designated area, should be disinfected as far as possible immediately before leaving the room by an individual wearing protective clothing and PPE as described previously.
- The department must be informed in advance of the patient's arrival
- Any extraneous equipment to be removed safely from the investigation/treatment room.
- The patient must be taken straight to and from the investigation/treatment room and must not wait in a communal area.
- The patient should wear a 'surgical' mask if this can be tolerated – this will prevent large respiratory droplets being expelled into the environment by the wearer.
- The treatment/procedure room, trolley/chair and all equipment should be decontaminated after use, as per the cleaning above.
- To enable appropriate decontamination after any procedure, patients should be scheduled at the end of a list, as far as possible. After the procedure, access to such spaces should be restricted and environmental decontamination implemented as above.
- During patient transfers a process to ensure that no individuals not wearing PPE come within 2 metres of the patient should be followed. Anyone in the vicinity of the patient (for example carrying out procedures, transferring the patient or standing within 2m of the patient) must wear the PPE as previously described.
- In some circumstances it may be necessary to temporarily close corridors and public areas to prevent accidental exposure to the virus.

4.23 Transfer to other hospitals

- Transfer of cases to another hospital should be avoided unless it is necessary for medical care.
- If transfer is essential, the IPCT at the receiving hospital and the ambulance staff must be advised in advance of the special circumstances of the transfer, so that appropriate infection control measures can be taken.

4.24 Discharge of a patient

- Patients must be asked to isolate for 14 days from the date of the positive COVID -19 PCR test (providing their symptoms resolve during this period)
- Patients should be informed that loss or change in, smell or taste may persist for several weeks and is not considered an indication of ongoing infection when other symptoms have resolved.
- It is highly advisable that patients should not be discharged home where extremely vulnerable individuals live in the same household are not currently infected. If this is not possible, the patient must be advised on infection prevention and control measures.
- Ensure the patient is provided with written discharge information (see appendix XVI, XVII, XVIII, XVX)
- Ambulance services must be informed of the infectious status of the individual.

4.25 Discharge to care homes (including learning disability)

- Patients must have a covid test and result 48 hours prior to discharge.
- Information regarding test results, remaining self-isolation period and any supporting care information must be communicated prior to transfer to the care facility.

4.26 Clinically extremely vulnerable patients

- Check alert on Medway/ask the patient if they have received a letter informing them that they are clinically extremely vulnerable
- Patients should be nursed in a cubicle. Follow escalation procedures if this is not possible.
- Protective/reverse barrier precautions may be required depending on the patient's medical condition/treatment.

4.27 Handling the deceased

- Standard Infection Control and Contact Precautions must be maintained when completing last offices.
- A body bag is not required.
- PHE has developed this advice in line with the principles set out in the HSE guidance for droplet transmission risk as set out in: ['Managing infection risks when handling the deceased: Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation'](#)

4.28 Samples required for initial diagnostic testing

Please refer to Public health England guidance regarding which samples should be taken:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories>

Important points about sample-labelling and request forms include:

- Label each sample with ID, date of birth and type of sample.
- Use the specific [request form for requesting Covid-19 screening \(E28\)](#) where instructed to do so.
- Do not place paperwork (request form) in the primary container for Category B transport.
- Request form must include a contact phone number for sharing of results, wherever possible this should be a mobile telephone number.
- Samples without appropriate paperwork will not be tested.
- All specimens and request forms should be labelled as danger of infection.
- The specimen should be double bagged by a staff member wearing the PPE as described above.
- COVID-19 specimens should be placed in the red leak-proof containers and hand delivered to the laboratory.
- Pneumatic tube systems must not be used to transport COVID-19 samples or routine specimens.
- If influenza is also suspected do not perform a point of care test in the clinical environment. All tests must be performed in a laboratory.

4.29 Swab results

- Swab results are available on ICE. It is the clinician's responsibility to check swab results and inform the patient of the result.
- Patients who have been discharged before the result will be informed by Rightcare Barnsley, following notification by the IPCT.
- Patients being discharged with a pending result must be instructed to self-isolate and that they will be contacted if the result is positive by the clinical team responsible for the patients care.

4.30 Ventilation

Where mechanical ventilation is not possible, improve ventilation in both clinical (including barrier rooms) and non-clinical areas by regularly opening windows.

4.31 Operating theatres.

It is recommended that ventilation in both laminar flow and conventionally ventilated theatres should remain fully on during surgical procedures where patients may have COVID-19 infection. Air can bypass filtration if a respirator is not fitted perfectly or becomes displaced during use. Those closest to aerosol generation procedures

are most at risk. The rapid dilution of these aerosols by operating theatre ventilation will protect operating room staff. Air passing from operating theatres to adjacent areas will be highly diluted and is not considered to be a risk.

- Theatres must be informed in advance of a patient transfer of a confirmed or possible COVID-19 positive case.
- The patient should be transported directly to the operating theatre and should wear a surgical mask if it can be tolerated.
- The patient should be anaesthetised and recovered in the theatre if the patient does not fulfil the low risk pathway criteria. Staff should wear protective clothing but only those within 2m of an aerosol generating procedure, e.g. performing intubation, need to wear FFP3 respirators, long sleeved gowns, gloves and eye protection if the patient is not on the low risk pathway
- Instruments and devices should be decontaminated in the normal manner in accordance with manufacturers' advice.
- Both laryngoscope handle and blade should either be single use or reprocessed by Barnsley Decontamination Services. Video laryngoscope blades should be single use and scope/handle decontaminated as per manufacture instructions.
- The theatre should be cleaned as per local policy for infected cases, paying particular attention to hand contact points on the anaesthetic machine.
- Possible or confirmed cases of COVID-19 should be placed at the end of the list where feasible.

4.32 Outpatients

All effort must be made to sure 2 metre social distancing is maintained. Patients should be triaged for symptoms and possible exposure to COVID-19 before admission to any waiting areas.

Patients should not attend if they have symptoms of COVID-19 or are isolating as a contact/exposure.

5.0 Roles and Responsibilities

5.1 The Chief Executive:

Is the Accountable Officer for implementation of the Health & Social Care Act 2008 (updated 2010) and is responsible for ensuring that effective infection prevention and control arrangements are in place and subject to regular review, and will;

- Ensure resources are sufficient to achieve infection prevention and control standards supporting the management of patients with COVID-19 throughout the Trust.

5.2 The Director of Infection Prevention and Control will:

- Report directly to the Chief Executive and the Board.
- Oversee local implementation of the policy, procedure and guidelines relating to COVID-19.
- Produce statistical information relating to COVID -19.

- Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions.
- Review audits of antibiotic prescribing and usage.
- Review relevant data including Datix reports.

5.3 The Director of Nursing and Quality will:

- Monitor and support the activities of the Infection Prevention and Control Team.
- Support the development of the *care and management of patients with COVID-19* policy and its implementation.
- Promote best practice related to IP&C within the organisation.
- Ensuring compliance with this policy with all matters related to nursing.

5.4 The Director of Operations will:

- Ensure Clinical Business Units deliver the Infection Prevention & Control strategy and annual programme.
- Review, monitor and act upon COVID 19 surveillance data.
- Ensure compliance with policies, procedures and guidance.

5.5 The Director of Barnsley Facilities Services (BFS) will:

- Ensure that the environment is fit for purpose, cleaned and maintained to promote, best practice in the management of CDI.
- Maintain adequate supplies of cleaning equipment and ensure equipment is in working order.
- Deliver the actions related to own sphere of responsibility.
- Ensure the cleanliness of the environment is monitored and reports are presented to the IPC Group and The Board.

5.6 The Director of Human Resources will:

- Ensure that records of training attendance are monitored and reported to clinical teams.
- Ensure the staff reporting line functions as long as it is required.

5.7 The Medical Director will:

- Support medical colleagues in the implementation of this policy.
- Ensure compliance with policies and procedures.

5.8 The Infection Prevention and Control Team will:

- Provide specialist infection control advice to managers, clinicians and practitioners.
- Advise on appropriate isolation measures for infected and symptomatic patients, correcting hazardous or ineffective procedures.
- Provide support to prevent and control hospital onset of COVID-19
- Participate and initiate audit to prevent and control COVID-19.
- Support, advise and provide information to the patient and relatives as appropriate.
- Liaise with appropriate agencies to facilitate the safe and effective discharge and transfer of patients with COVID-19.

5.9 The Clinical Directors will:

- Ensure that appropriate systems are in place to review reports and statistics.
- Provide assurance that standards of infection prevention and control are implemented within the CBU.

5.10 Deputy Directors of Operations/ Associate Directors of Nursing/ Heads of Departments will:

- Work with the Infection Prevention and Control team to prevent and control COVID -19
- Ensure the prompt isolation and correct management of patients with COVID-19
- Ensure there is suitable and sufficient PPE to control and prevent the transmission of COVID-19.
- Ensure the provision of adequate equipment to facilitate the maintenance of hygiene and cleanliness.
- Ensure that the environment and equipment is regularly monitored for cleanliness and is fit for purpose.

5.11 The Consultants will:

- Ensure that all policies and procedures related to the prevention and control of COVID-19 are implemented in their area.
- Ensure that junior medical staff are fully informed and adhere to current policies and procedures in relation to the prevention, control and management of COVID-19.

5.12 The Matrons will:

- Ensure that standards for the prevention and control of COVID-19 are met.
- Ensure that the policy, procedures and guidance are integrated into clinical practice.
- Undertaken monitoring, surveillance and audit to provide evidence of compliance and audit to provide evidence of compliance with the policy.
- Investigate each hospital onset case of COVID-19 using the Datix reporting system.
- Ensure a safe clean environment by a process of monitoring and liaison with BFS.
- Liaise and work closely with the IPCT to prevent and control COVID-19
- Ensure equipment is clean and fit for purpose.
- Assist the IPCT in carrying out a detailed investigation when 2 or more associated cases of COVID-19 are reported.

5.13 The Lead Nurses will:

- Adhere to and ensure compliance with the policies, procedures and guidance relating to the prevention and control of COVID -19.
- Ensure their area of responsibility provides a safe clean environment, and equipment that is clean and fit for purpose.
- Ensure effective communication with staff, domestics, patients and visitors, to control the transmission of COVID-19.

- Ensure strict adherence to the correct clinical care and management of patients with COVID-19.
- Ensure that staff are fully informed and adhere to current policies and procedures in relation to the prevention, control and management of COVID -19 and undertake training as appropriate.
- Ensure adequate supplies of PPE.
- Undertake audit/rapid improvement reviews.

5.14 The Site Matrons will:

- Ensure the prompt isolation of patients with confirmed or suspected COVID-19 following the patient pathway for patients suspected or confirmed patients with COVID-19 see appendix XIII.
- Liaise closely with the Infection Prevention and Control Team to prevent and control COVID-19.

5.15 The Employee (clinical) will:

- Adhere to the policies, procedures and guidelines on the prevention and control of COVID -19 including correct barrier precautions.
- Ensure the correct usage of PPE to prevent transmission of COVID-19
- Attend appropriate training as required.
- Report failure in protocol on the Datix system.
- Isolate patients with symptoms of COVID-19 promptly according to policy and escalate it the IPCT if unable to do so.
- Initiate appropriate environmental decontamination. Ensure that medical equipment is decontaminated using Tristel.
- Assist patients and relatives to undertake correct hand hygiene.
- Advise patients on respiratory hygiene measures.
- Advise patients on the correct use of face masks/face coverings

5.16 The Employee (non-clinical) will:

- Adhere to the policies, procedures and guidelines on the prevention and control of COVID -19 including correct barrier precautions.
- Ensure the correct usage of PPE to prevent transmission of COVID-19
- Attend appropriate training as required.
- Report failure in protocol on the Datix system.

6.0 Associated documentation and references

- [Decontamination policy](#)
- [Hand Hygiene Policy](#)
- [Standard Infection Control Precautions](#)
- [Isolation Policy](#)
- [Domestic Services Procedure](#)
- [A-Z for Care of Patients with Infectious Diseases](#)
- [Control of Infection Major Outbreak Plan](#)
- Visiting Guidance COVID-19
- Decontamination of linen for health and social care (HTM 01-04).
Department of Health

<https://www.gov.uk/government/publications/decontamination-of-linen-for-health-and-social-care>

- Royal College of Nursing. Uniform and workwear guidance. 04/02/2021
<https://www.rcn.org.uk/professional-development/publications/rcn-uniform-and-workwear-guidance-covid-19-uk-pub-009245>

For the latest definition for possible cases and contacts please refer to the Public Health England website.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

7.0 Training & Resources

Clinical staff must attend induction and mandatory IP&C training as specified in the training plan.

8.0 Monitoring and Audit

Monitoring compliance with the policy will be via auditing and reviewing practice, carrying out work place inspections, surveillance and monitoring trends of incidence or near misses, reporting via the assurance framework and the Datix incident system.

9.0 Equality and Diversity

Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

10.0 Appendix I – Equality Impact Analysis

Equality Impact Analysis

INITIAL ASSESSMENT STAGE 1 (part 1)

Department:	Infection Prevention and Control		Division:	Corporate
Title of Person(s) completing this form:	Christine Fisher		New or Existing Policy/Service	New
Title of Policy/Service/Strategy being assessed:	Care and Management of patients with COVID-19		Implementation Date:	August 2020
What is the main purpose (aims/objectives) of this policy/service?	To ensure patients, staff and visitors are protected against cross infection with covid-19.			
Will patients, carers, the public or staff be affected by this service? <small>Please tick as appropriate.</small>		Yes	No	If staff, how many individuals/which groups of staff are likely to be affected? <small>All staff</small>
	Patient s	x		
	Carers	x		
	Public	x		
	Staff	x		
Have patients, carers, the public or staff been involved in the development of this service? <small>Please tick as appropriate.</small>	Patient s		x	If yes, who did you engage with? Please state below:
	Carers		x	
	Public		x	
	Staff		x	
What consultation method(s) did you use?				

DATA COLLECTION AND CONSULTATION

1a In relation to this service/policy/procedure – Do you currently record/have any of the following patient data?

Protected Characteristic	Indicate yes or No	If Yes – State where Recorded
Age	Yes	IPC case management system Patient records
Sex	Yes	IPC case management system Patient records
Ethnicity	Yes	Local department risk assessment

		HR department
Religion or Belief	No	
Disability	No	
Sexual Orientation	No	
Gender Re-assignment	No	
Marriage & Civil Partnership	No	
Pregnancy & Maternity	Yes	IPC case management system
Carer Status	No	Patient records

Please indicate Yes or No

Equality Impact Assessment Stage 1 PART 2

What does this data tell you about each of the above protected characteristics? Are there any trends/inequalities?

Standard demographic details.

Ethnicity and pregnancy in order to undertake risk assessments

What other evidence have you considered? Such as a 'Process Map' of your service (assessment of patient's journey through service) / analysis of complaints/ analysis of patient satisfaction surveys and feedback from focus groups/consultations/national & local statistics and audits etc.

Equality Impact Assessment Stage 1 PART 3

ACCESS TO SERVICES

What are your standard methods of communication with service users?

Please tick as appropriate.

Communication Methods	Yes	No
Face to Face Verbal Communication	x	
Telephone	x	
Printed Information (E.g. leaflets/posters)	x	
Written Correspondence	x	
E-mail		x
Other (Please specify)		x

If you provide written correspondence is a statement included at the bottom of the letter acknowledging that other formats can be made available on request?

Please tick as appropriate.

Yes	No
x	

Are your staff aware how to access Interpreter and translation services?

Interpreter & Translation Services	Yes	No
Telephone Interpreters (Other Languages)	x	
Face to Face Interpreters (Other Languages)	x	
British Sign Language Interpreters	x	
Information/Letters translated into audio/braille/larger print/other languages?	x	

ACCESS N/A

Please tick as appropriate

Is the building where the service is located wheelchair accessible?	Yes	No
Does the reception area have a hearing loop system?		
Does the building where the service is located have a unisex wheelchair accessible 'disabled toilet'?		
Does the building have car parking space reserved for Blue Badge holders?		
Does the building have any additional facilities for disabled people such as a wheelchair, hoist, specialist bath etc?		
Does the building/hospital site where the service is provided have access to prayer and faith resources?		

EQUALITY IMPACT ASSESSMENT – STAGE 1 (PART 4)

Protected Characteristic	Positive Impact High Low None	Negative Impact High Low None	Reason/comments for positive Impact <u>Why it could benefit any/all of the protected characteristics</u>	Reason/Comments for Negative Impact <u>Why it could disadvantage any/all of the protected characteristics</u>	Resource Implication Yes / No
Men	None	None			
Women	None	None			
Younger People (17 – 25) and	None	None			

Children				
Older people (60+)	None	None		
Race or Ethnicity	None	None		
Learning Disabilities	None	None		
Hearing impairment	None	None		
Visual impairment	None	None		
Physical Disability	None	None		
Mental Health Need	None	None		
Gay/Lesbian/Bi sexual	None	None		
Trans	None	None		
Faith Groups (please specify)	None	None		
Marriage & Civil Partnership	None	None		
Pregnancy & Maternity	None	None		
Carer Status	None	None		
Other Group (please specify)	None	None		
Applies to ALL Groups	None	None		

INITIAL ASSESSMENT (PART 5)

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following protected groups?

IF 'NO IMPACT' IS IDENTIFIED Action: No further documentation is required.

IF 'HIGH YES IMPACT' IS IDENTIFIED Action: Full Equality Impact Assessment Stage 2 Form must be completed.

(a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

(b) How are you going to gather this information?

--

(c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary? No

Assessment Completed By: Date Completed:
.....

Line Manager Date.....

Head of Department
Date.....

When is the next review? Please note review should be immediately on any amendments to your policy/procedure/strategy/service.

1 Year	2 year	3Year
--------	--------	-------

Title of Service/Policy being assessed:	
Assessment Date:	
Is the service/policy aimed at a specific group of users?	

STAGE 2 – FULL ASSESSMENT & IMPROVEMENT PLAN

MUST be completed if any negative issues have been identified at stage 1

Protected Characteristic	What adverse (negative) impacts were identified in Stage 1 and which groups were affected?	What changes or actions do you recommend to improve the service to eradicate or minimise the negative impacts on the specific groups identified?	Lead	Time-scale
Men Younger People (17-25) and Children Older People (50+) Race or Ethnicity Learning Disability Hearing Impairment Visual Impairment Physical Disability Mental Health Need Gay/Lesbian/Bisexual Transgender Faith Groups (please specify) Marriage & Civil Partnership Pregnancy & Maternity Carers Other Group (please specify) Applies to ALL Groups				
How will actions and proposals be monitored to ensure their success? Which Committee will you report to? (i.e. Divisional DQEC / Governance Meeting).				
Who will be responsible for monitoring these actions?				

11.0 Appendix II - Glossary of Terms used within Policy

Aerosol-generating procedures (AGPs) - Certain medical and patient care activities that can result in the release of airborne particles (aerosols). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission.

Airborne transmission - The spread of infection from one person to another by airborne particles (aerosols) containing infectious agents.

Airborne particles - Very small particles that may contain infectious agents. They can remain in the air for long periods of time and can be carried over long distances by air currents. Airborne particles can be released when a person coughs or sneezes, and during aerosol generating procedures (AGPs). 'Droplet nuclei' are aerosols formed from the evaporation of larger droplet particles (see droplet transmission). Aerosols formed from droplet particles in this way behave as other aerosols.

Airborne precautions - Measures used to prevent and control infection spread without necessarily having close patient contact via aerosols (less than or equal to 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols can penetrate the respiratory system to the alveolar level.

BS/EN standards - Mandatory technical specifications created by either the British Standards Institute (BS) or European Standardisation Organisations (EN) in collaboration with government bodies, industry experts and trade associations. They aim to ensure the quality and safety of products, services and systems.

Cohort area -An area (room, bay, ward) in which 2 or more patients (a cohort) with the same confirmed infection are placed. A cohort area should be physically separate from other patients.

Contact precautions - Measures used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of infection transmission.

Contact transmission - Contact transmission is the most common route of transmission, and consists of 2 distinct types: direct contact and indirect contact. Direct transmission occurs when microorganisms are transmitted directly from an infectious individual to another individual without the involvement of another contaminated person or object (fomite). Indirect transmission occurs when microorganisms are transmitted from an infectious individual to another individual through a contaminated object or person (fomite) or person.

COVID-19 - COVID-19 is a highly infectious respiratory disease caused by a novel coronavirus. The disease was discovered in China in December 2019 and has since spread globally.

Droplet precautions - Measures used to prevent and control infections spread over short distances (at least 1 metre or 3 feet) via droplets (greater than 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

Droplet transmission - The spread of infection from one person to another by droplets containing infectious agents.

Eye or face protection - Worn when there is a risk from splashing of secretion (including respiratory secretions). Eye or face protection can be achieved by the use of any one of:

- a surgical mask with integrated visor
- a full face visor or shield
- polycarbonate safety spectacles or equivalent

Fluid-resistant (Type IIR) surgical face mask (FRSM) - A disposable fluid-resistant mask worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets. FRSMs can also be used to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask

Fluid-resistant - A term applied to fabrics that resist liquid penetration, often used interchangeably with 'fluid-repellent' when describing the properties of protective clothing or equipment. COVID-19: infection prevention and control guidance.

High-flow nasal cannula (HFNC) therapy - HFNC is an oxygen supply system capable of delivering up to 100% humidified and heated oxygen at a flow rate of up to 60 litres per minute.

Higher risk acute care area risk units - Intensive care units, intensive therapy units, high dependency units, emergency department resuscitation areas, wards with non-invasive ventilation; operating theatres; endoscopy units for upper Respiratory, ENT or upper GI endoscopy; and other clinical areas where AGPs are regularly performed.

Frequently touched surfaces - Surfaces of the environment which are commonly touched or come into contact with human hands.

Healthcare or clinical waste - Waste produced as a result of healthcare activities for example soiled dressings, sharps.

Incubation period - The period between the infection of an individual by a pathogen and the manifestation of the illness or disease it causes.

Induction of sputum - Induction of sputum typically involves the administration of nebulised saline to moisten and loosen respiratory secretions (this may be accompanied by chest physiotherapy (percussion and vibration)) to induce forceful coughing.

Infectious linen - Linen that has been used by a patient who is known or suspected to be infectious and or linen that is contaminated with blood and or other body fluids, for example faeces.

Long term health condition - This covers:

- Chronic obstructive pulmonary disease, bronchitis, emphysema or asthma
- Heart disease
- Kidney disease
- Liver disease
- Stroke or a transient ischaemic attack (TIA)
- Diabetes
- Lowered immunity as a result of disease or medical treatment, such as steroid medication or cancer treatment
- A neurological condition, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), cerebral palsy, or a learning disability
- Any problem with the spleen, including sickle cell disease, or had spleen removed
- A BMI of 40 or above (obese)

Personal Protective Equipment (PPE) - Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infection agents. The level of PPE required depends on the:

- Suspected or known infectious agent.
- Severity of the illness caused.
- Transmission route of the infectious agent.
- Procedure or task being undertaken.

Respiratory droplets - A small droplet, such as a particle of moisture released from the mouth during coughing, sneezing, or speaking.

Respiratory protective equipment - Respiratory protection that is worn over the nose and mouth designed to protect the wearer from inhaling hazardous substances, including airborne particles (aerosols). There are 2 types of respiratory protection that can be used, tight-fitting disposable FFP respirators and loose-fitting powered hoods (TH2).

FFP stands for filtering face piece. There are 3 categories of FFP respirator: FFP1, FFP2 and FFP3. FFP3 and loose fitting powered hoods provide the highest level of protection and are recommended when caring for patients in areas where high risk aerosol generating procedures (AGPs) are being performed. Where the risk assessment shows an FFP2 respirator is suitable, they are recommended as a safe alternative. N95 respirators are tested against different standards but are broadly equivalent to a FFP2

Respiratory symptoms - Respiratory symptoms include:

- Rhinorrhoea (runny nose)

- Sore throat
- Cough
- Difficulty breathing or shortness of breath

Segregation - Physically separating or isolating from other people. COVID-19: infection prevention and control guidance.

Uncontrolled if printed 46

SARS-CoV - Severe acute respiratory syndrome coronavirus, the virus responsible for the 2003 outbreak of human coronavirus disease.

SARS-CoV-2 - Severe acute respiratory syndrome coronavirus 2, the virus responsible for the 2019 outbreak of COVID-19 disease.

Single room - A room with space for one patient and usually contains (as a minimum) a bed, a locker or wardrobe and a clinical wash-hand basin.

Staff cohorting - When staff care for one specific group of patients and do not move between different patient cohorts. Patient cohorts may include for example 'symptomatic', 'asymptomatic and exposed', or 'asymptomatic and unexposed' patient groups.

Transmission based precautions - Additional precautions to be used in addition to SICPs when caring for patients with a known or suspected infection or colonisation.

12.0 Appendix III – Sequence for donning Personal Protective Equipment (PPE)

COVID-19



Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

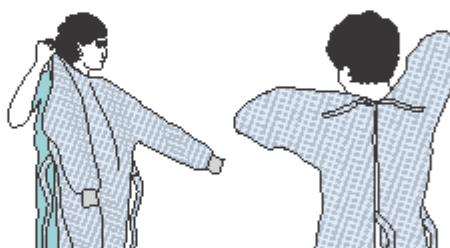
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

- 1** Put on the long-sleeved fluid repellent disposable gown - fasten neck ties and waist ties.



- 2** Respirator.

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility



Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

- 3** Eye protection - Place over face and eyes and adjust the headband to fit

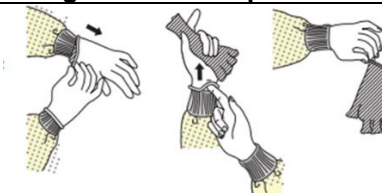


- 4** Gloves - select according to hand size. Ensure cuff of gown covered is covered by the glove.

13.0 Appendix IV – Sequence of removing Personal Protective Equipment (PPE)

Remove PPE at the doorway of the single room or in anteroom (lobby) of the room in the order shown below: gloves, apron, eye protection and respirator (FFP3 mask). After leaving the area and closing the door, the respirator (FFP3 mask) can be removed and disposed of as clinical waste.

1. Peel off gloves and dispose in clinical waste



2. Perform hand hygiene



3. Remove gown by using a peeling motion, fold gown in on itself and place in clinical waste bin



4. Remove goggles/visor only by the headband or sides and dispose in clinical waste



5. Remove respirator from behind and dispose in clinical waste



6. Perform hand hygiene



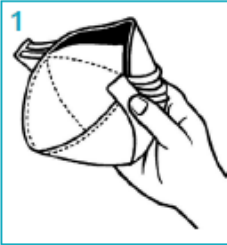
14.0 Appendix V - How to put on and fit check a FFP3 respirator

FFP3 respirators should be worn when carrying out potentially infectious aerosol-generating procedures on patients with symptoms of a viral respiratory infection, or where a patient is known/suspected to have an infection spread via the aerosol route or when caring for patients known/suspected to be infected with a newly identified respiratory virus.

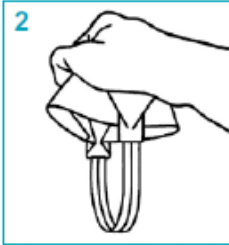
Follow these five steps to fit your respirator correctly

Tip: It may be helpful to look in the mirror when fitting your respirator


1




2




3



4



5



Hold the respirator in one hand and separate the edges to fully open it with the other hand. Bend the nose wire (where present) at the top of the respirator to form a gentle curve.


Turn the respirator upside down to expose the two headbands, and then separate them using your index finger and thumb. Hold the headbands with your index finger and thumb and cup the respirator under your chin.

Position the upper headband on the crown of your head, above the ears, not over them. Position the lower strap at the back of your head below your ears.

Ensure that the respirator is flat against your cheeks.

Mould the nosepiece across the bridge of your nose by firmly pressing down with your fingers until you have a good facial fit, if a good fit cannot be achieved, do not proceed.

Now perform a fit check



Cover the front of the respirator with both hands, being careful not to disturb the position of the respirator on the face.

For an unvalved product – exhale sharply; for a valved product – inhale sharply.

If air flows around the nose, readjust the nosepiece; if air flows around the edges of the respirator, readjust the headbands.

A successful fit check is when there is no air leaking from the edges of the respirator. Always perform a fit check before entering the work area.

If a successful fit check cannot be achieved, remove and refit the respirator.

If you still cannot obtain a successful fit check, do not enter the work area.

Remember

- Respirators must be used with other necessary personal protective equipment (PPE) such as gowns, gloves and compatible eye protection.
- Respirators should be discarded after each use.
- Respirators should be disposed of as healthcare waste.
- Hand hygiene must always be performed following removal and disposal of PPE.
- The fit check is not a substitute for fit testing

Fit testing should be carried out by a properly trained competent fit tester.

Reference: **NHS England (PHE)**

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15.0 Appendix VI – Audit of Personal Protective Equipment (PPE) relating to COVID-19

In order to protect staff and patients from transmission of COVID-19, PPE must be worn in accordance with the Trust's Infection Prevention and Control Policies and Public Health England guidance. This audit is based on guidance issued by PHE in response to COVID-19 (May 2020), standard infection control precautions and the Infection Prevention Society process improvement tools.

Action	<ul style="list-style-type: none">• Staff should carry out as a minimum weekly audits using this audit tool to assess compliance with current guidelines• In the event of non-compliance, action plans should be produced and reviewed regularly.• Completed audit tools should be kept locally for good practice assurance and as evidence for CQC/HSE requirements.
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Safe ways of working for staff

- Staff should be trained on donning and doffing PPE. Videos are available showing how to don and doff PPE for AGPs and how to don and doff PPE for non-AGPs.
- Staff should know what PPE they should wear for each setting and context; staff should have access to the PPE that protects them for the appropriate setting and context.
- Gloves and aprons are subject to single use as per Standard Infection control Precautions with disposal after each patient contact.
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact.
- Gowns or coveralls can be worn for a session of work in higher risk areas.
- Hand hygiene should be practiced and extended to exposed forearms after removing any element of PPE

In order to comply with Health and Safety legislation, staff wearing FFP3 masks must be mast fit tested.

For further information and guidance please refer to CIVID-19:infection prevention and control guidance, PHE https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Audit completed by: Job title:.....

Ward audited: Date:.....

Number of in-patients Number of patients having AGP's

Question	Yes	No	N/A	Comments
1. Staff are wearing PPE correctly				
E.g. <i>masks not under the chin or allowed to dangle</i>				
<i>masks cover both the mouth and nose</i>				
<i>masks are not reused once removed</i>				
2. Staff are using sessional PPE				
3. Staff decontaminate their hands before putting on PPE				
4. Staff are wearing PPE as per PHE guidelines				
5. Staff are changing apron and gloves between patients				
6. Staff removed PPE correctly				
E.g. <i>apron torn at the back of the neck, front allowed to fall forward</i>				
<i>gloves removed in such a way as not to contaminate hands</i>				
<i>masks removed without touching the front of the mask</i>				
7. Staff decontaminate their hands following glove removal				
8. Staff decontaminate their hands following mask removal				
9. PPE is disposed of directly into a clinical waste bin				
10. Staff wearing FFP3 masks are mask fit tested				
11. Staff know which mask they are fit tested to				
12. Correct PPE is available to all staff				

Infection Prevention and Control Team, Barnsley NHS Foundation Trust

Date: May 2020

Review date: May 2023

16.0 Appendix VII – Rapid Improvement Tool Audit Proforma COVID-19

In order to protect staff and patients from transmission of COVID-19, strict hand hygiene, environmental decontamination and correct use of PPE is imperative. This tool is based on guidance issued by PHE in response to COVID-19 (May 2020), the infection prevention and control COVID-19 management checklist (version 1.2), standard infection control precautions and the Infection Prevention Society process improvement tools.

Action	IPC to undertake the initial assessment using this rapid improvement tool to assess compliance with current guidelines
	Immediate action must be taken in the event of non-compliance.
	IPC team to escalate any noncompliance to ward manager /matron

Safe ways of working for staff

- Standard Infection Control Precautions apply to all staff, in all care settings, for all patients
- Patients, staff and visitors can minimise COVID-19 transmission through good hand hygiene and respiratory hygiene and social distancing
- Staff should be trained on donning and doffing PPE. Videos are available showing how to don and doff PPE
- Staff should know what PPE they should wear for each setting and context; staff should have access to the PPE that protects them for the appropriate setting and context.
- Gloves and aprons are subject to single use as per Standard Infection Control Precautions with disposal after each patient contact.
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact.
- Hand hygiene facilities must be available for staff and patients
- Hand hygiene should be practiced and extended to exposed forearms after removing any element of PPE

For further information and guidance please refer to COVID-19: infection prevention and control guidance, PHE
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Review completed by:

Job title:.....

Date:.....

Question		Yes	No	N/A	Comments
	Environment				
1	The area has access to the Outbreak Algorithm				
2	Ward SOPs are in place for cleaning frequent touch items- telephones, keyboards, bedside tables and rails				
3	The environment is clean and free from clutter				
4	Bed spaces are cleaned as per RAG guidelines on discharge and transfer of patients				
	Patients suspected or confirmed as having covid are isolated/cohorted				
	Cubicle priority given to patients who have an excessive cough with sputum production.				
5	Doors are closed in cohort bay's				
6	Appropriate barrier sign easily visible				
7	Signage regarding hand hygiene is displayed in toilets including staff toilets				
8	All areas are free from non-essential items and equipment				
9	Cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.				
10	Rooms once vacated by staff following AGP (clearance times in isolation room 10-12 ACH wait minimum 20 minutes or single room with 6 ACH wait minimum of 1hr) are cleaned.				
11	Isolation/cohort rooms, toilet, bathroom and staff areas including donning and doffing areas are cleaned twice daily				
	Equipment				
12	Single-use items are in use where possible				
13	Dedicated, reusable, non-invasive care equipment is decontaminated between each use and prior to use on another patient. equipment using a Clinell/PDI wipe or Tristel/SoChlor between patients				
	Hand Hygiene				
14	Hand hygiene is performed as per WHO 5 moments following donning/doffing of apron and gloves and mask if not sessional use				

15	Hand hygiene is performed as per WHO 5 moments when having contact with a patient and their surroundings				
16	Alcohol hand rub dispensers are situated appropriately around the clinical area facilitating decontamination at point of care.				
17	Soap, gel and hand cream dispensers are stocked				
18	How to wash and dry hands posters are clearly displayed in patient toilets and staff areas.				
	PPE				
19	PPE is readily available in the area				
20	PPE is stored appropriately				
21	All staff are wearing fluid resistant surgical face masks				
22	Staff providing direct care within 2 metres of a patient are wearing disposable aprons, gloves, FRSM and eye/face protection				
23	FFP3 masks are worn for AGP's				
24	Standard precautions are being adhered to on the ward				
25	Respiratory precautions are in place as per PHE guidelines				
	Social distancing				
26	All staff are adhering to social distancing when able and wearing face masks				
27	Social distancing signs are displayed in the bay for patients				
28	Patients are 2 metres apart				
29	If no have other measures been put in place to limit this risk le Curtains drawn between bed spaces? Patients given tissues to aid good cough etiquette encouraged? Is the patient able to tolerate wearing a surgical mask?				
	Waste/Linen				
30	Clinical waste is disposed of correctly				
31	Linen is disposed of correctly				
	Patient Movement				

32	Patients with possible/confirmed COVID are not moved to other wards/departments unless for essential care.				
33	Staff at the receiving destination are informed that the patient has possible or confirmed COVID-19.				
34	Patients wear a surgical mask during transfer				
35	Patients are taken straight to and returned from clinical departments				
	Staffing				
36	Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas for their entire shift.				
37	There is consistency in staff allocation, reducing movement of staff and the crossover of care pathways between planned and elective care pathways and urgent and emergency care pathways; reducing movement of staff between different areas.				

Author: Infection Prevention and Control Team

Date: July 2020

Review date: July 2023

17.0 Appendix VIII- Rapid improvement tool following identification of hospital onset case

In order to protect staff and patients from transmission of COVID-19, strict hand hygiene and environmental decontamination is imperative. PPE must be available and be worn in accordance with Infection Prevention and Control Policies and Public Health England guidance. This rapid improvement tool is designed to provide staff assurance that equipment is available and IPC policies are adhered to. This tool is based on guidance issued by PHE in response to COVID-19 (May 2020), standard infection control precautions and the Infection Prevention Society process improvement tools.

Action	<ul style="list-style-type: none">• Advise that staff undertake assessment using this rapid improvement tool daily to assess compliance with current guidelines• Immediate action must be taken by the ward/department team in the event of non-compliance. Please contact the Infection Prevention and Control Team for advice.• Escalate any on-going issues to the appropriate matron. Matron to escalate to the CBU as appropriate and as agreed by individual CBU's.• On-going issues/themes to be escalated to the Infection Prevention and Control Group.• Completed documents should be kept locally for good practice assurance and as evidence for CQC requirements.
--------	--

Safe ways of working for staff

- Staff should be trained on donning and doffing PPE. Videos are available showing how to don and doff PPE
- Staff should know what PPE they should wear for each setting and context; staff should have access to the PPE that protects them for the appropriate setting and context.
- Gloves and aprons are subject to single use as per Standard Infection Control Precautions with disposal after each patient contact.
- Hand hygiene facilities must be available for staff and patients.
- Hand hygiene should be practiced and extended to exposed forearms after removing any element of PPE
- Rooms used for isolation purposes must be clearly identified with a green barrier precautions sign.
- Linen and waste must be managed to reduce the risk of cross infection
- Tristel or SoChlor must be used to clean the environment. Tristel, SoChlor, PDI or Clinell wipes must be used to clean equipment.

For further information and guidance please refer to COVID-19: infection prevention and control guidance, PHE
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

For advice also please contact the Infection Prevention and Control Team; Monday – Friday 08:00-17:00 01226 432825. Out of hours please contact the Site Matron or the Consultant Microbiologist via switchboard.

Review completed by:

Job title:.....

Date:.....

WARD:

Question		Yes	No	N/A	Comments Immediate action, escalation required
1	Staff are observed to socially distance. <i>Challenge staff. Escalate to lead nurse, consultant etc.</i>				
2	Correct PPE is available to all staff. <i>Escalate to lead nurse, procurement if PPE not available</i>				
3	Staff are wearing and removing PPE correctly. <i>Challenge staff. Escalate to lead nurse, consultant etc.</i>				
4	Staff decontaminate their hands before putting on and after removing PPE <i>observe at least 3 members of staff from different discipline</i>				
5	Staff are changing apron and gloves between patients. <i>Challenge staff. Escalate to lead nurse, consultant etc. Ensure staff are aware of policy</i>				
6	Staff are washing hands as per WHO 5 Moments of Hand Hygiene. <i>Before and after patient contact, contact with the patients immediate surroundings, before undertaking an aseptic task and after contact with blood or other body fluids.</i>				
7	Hand wash basins are stocked with soap and disposable paper towels. <i>Escalate to domestic team</i>				
8	Signage on hand hygiene is visible, toilets and ward area. <i>Posters available in IPC HUB. Contact BFS for signage.</i>				
9	Patients have access to hand hygiene facilities, hand wipes.				
10	Symptomatic patients are isolated or cohorted. <i>Seek advice from the IPCT or Site Matrons if 'no'</i>				
11	Isolation/Cohort rooms have a green barrier precautions sign.				
12	Doors to barrier rooms are kept closed unless a risk assessment recommends otherwise.				
13	Patients are nursed 2 metres apart at all times. <i>Reposition bed, chair and lockers to facilitate correct distance</i>				
14	Where this isn't possible, curtains/screens are used to provide a barrier				
15	Patients are observed to socially distance. <i>Speak to patients, use posters to reinforce social distancing</i>				
16	<i>Patients with pending results are nursed separately from those with negative or positive results.</i> <i>Seek advice from the IPCT or Site Matrons if 'no'</i>				
17	Linen is treated as infectious				
	E.g. <i>placed directly into a dissolvable bag</i>				
	<i>placed into an outer plastic bag outside the room</i>				

	<i>used linen not placed on the floor or other surfaces</i>				
18	Single use equipment is used where possible. e.g. <i>blood pressure cuff, tourniquet</i>				
19	Equipment is decontaminated between uses.				
20	Staff are aware of how to access infection control guidance <i>randomly ask 3 members of staff</i>				
21	SOP is in place for high use equipment and surfaces, including phones, tablets, desktops and keyboards.				
22	Designated staff care for patients positive for covid -19 in isolation or cohort areas.				

Infection Prevention and Control Team, Barnsley NHS Foundation Trust

Date: June 2020

Review date: June 2023

**Barnsley Hospital NHS Foundation Trust
Hospital Onset COVID Infection**

Standard Operating Procedure

Document Name	Barnsley Hospital Onset COVID Infection Standard Operating Procedure		
Owner	Infection Prevention and Control Team		
Version	7.0	Date	23/09/2021
Review Date	30/06/2022		

Document management

Revision history

Version	Date	Summary of changes
1.0	09/07/2020	New Document
2.0	09/11/2020	Changes to when a RCA is completed
3.0	16/11/2020	Changes to the threshold for Duty of Candour
4.0	01/02/2021	Changes to the threshold for completing a Datix incident report
5.0	08/03/2021	Clarity regarding categorisation of hospital onset and community cases
6.0	05/07/2021	Updated regarding admission day for determining hospital onset category
7.0	23/09/2021	Updated regarding admission day for determining hospital onset category – follow PHE guidance

Approved by

The following groups must approve this document:

Name	Date	Version
Infection Prevention and Control Group		1.0
Patient Safety Panel	09/11/20	2.0
Patient Safety Panel	16/11/20	3.0
Patient Safety Panel	01/02/21	4.0
Patient Safety Panel	08/03/21	5.0
Infection Prevention and Control Group	20/07/21	6.0
Patient Safety Panel	27/09/21	7.0

Related documents

Title	Owner	Location
Infection Prevention and Control Guidance	PHE	https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-

		prevention-and-control
BHNFT Outbreak Policy	IPCT	BHNFT Policy warehouse
Minimising Nosocomial Infections in the NHS	IPC	PHE website

Document control

The controlled copy of this document is maintained by the Infection Prevention and Control Team. Any printed copies of this document are considered to have passed out of control and should be checked for currency and validity.

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1.0 Incident Management

2.0 Identification of a Hospital Onset COVID infection (HOCl)

There are three categories for determining hospital onset COVID infections:

- **Hospital-Onset Indeterminate Healthcare-Associated**
First positive specimen date 3-7 days after admission to the Trust
- **Hospital-Onset Probable Healthcare-Associated**
First positive specimen date 8-14 days after admission to the Trust
- **Hospital-Onset Definite Healthcare-Associated**
First positive specimen date 15 or more days after admission to the Trust.

* to calculate the number of days the date of admission is counted as day 1 (in line with PHE reporting guidance) and the first positive specimen date referred to above is the date the swab was taken.

* patients who have been discharged from BHNFT and readmitted >48 hours later are categorised as a community case

Probable and definite hospital onset (first positive specimen date 8 or more days after admission to the Trust require completion of a Datix.

Definite cases of hospital onset healthcare associated that occur on a ward where an outbreak has not been declared require a Root Cause Analysis (RCA), see appendix 2.

Probable cases of hospital onset healthcare associated that occur on a ward where an outbreak has not been declared require a local investigation to be completed on Datix.

The investigation of definite and probable cases of hospital onset healthcare associated that occur on a ward where an outbreak has been declared will be undertaken through the Trust Outbreak Policy.

3.0 Management and Investigation

A Datix will be initiated by the Infection Prevention and Control Team for all hospital onset probable and definite cases indicating a moderate level of harm for cases day 15 and over (definite). Cases day eight – fourteen (probable) will be logged as no harm. The investigation will be led by the Lead nurse with support from the matron and Infection Prevention and Control Team.

The Infection Prevention and Control Nurse (IPCN) will conduct a rapid improvement review (appendix 1) within one working day of notification of any hospital onset cases. Immediate feedback will be given to the Lead Nurse and the report provided within two working days to the Lead Nurse, Matron, Associate Director of Nursing (ADN), Clinical Lead and Clinical Director for that ward/CBU. The IPCN will upload the report to the documents section of the incident report on Datix.

Moderate harm will be confirmed by the Clinical Governance Team for Hospital-Onset Definite Healthcare-Associated infection (day 15 and over) where patients require transfer to a high dependency area (RCU or critical care) or where Covid-19 is

recorded under part 1 on a death certificate. Duty of Candour will be confirmed from the date of admission to the high dependency area or date of death. The Clinical Governance Team will inform the Matron for the ward where the Hospital-Onset Definite Healthcare-Associated infection occurred that verbal Duty of Candour is required. This will be completed by the Matron/Consultant for that ward supported by the Clinical Governance Facilitators (CGF's).

A root cause analysis will be undertaken on all cases fifteen days and over that occur on a ward where an outbreak has not been declared to establish how the transmission has occurred and whether there are any other linked cases that might indicate ongoing transmission in an area. The Matron will be the lead investigator supported by the Lead Nurse, IPCN, CGF and the patient's Consultant.

The harm will be reviewed and re-graded as appropriate following completion of the RCA by the Matron and CGF with advice and support from the IPCN.

Any actions identified from the investigation will be added to the Datix by the Lead Nurse or Matron. Where a RCA is completed this will be uploaded to the documents section on the incident report on Datix by the Lead Nurse or Matron.

Actions will be monitored through the CBU governance structure.

The CGF's will support the investigation lead to draft individual letters sharing the learning from the investigation with the patient.

The CGF's will ensure that final duty of candour letters for definite cases of hospital onset healthcare associated are reviewed by legal services prior to sending to the patients.

The Datix summary/RCA and actions will be fed through to the Infection Prevention and Control Group (IPCG) by the CBU and to the Quality and Governance Committee via the IPCG chairs log.

RCA's will also be presented to the Patient Safety Panel by the Lead Nurse with support from the Matron. Consideration will be given as to whether a serious incident (SI) is identified. If this is confirmed, the investigation will be undertaken in line with the Trust Serious Incident Policy

Findings will be disseminated more widely to other CBU's to facilitate shared learning.

If two or more hospital onset cases are identified on a ward within 14 days of each other, an outbreak will be declared and managed in line with the Trust Outbreak Policy.

2. References

- 2.1 Operating framework for urgent and planned services in hospital settings during COVID-19 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/Operating-framework-for-urgent-and-planned-services-within-hospitals.pdf>

- 2.2 Infection Prevention Guidance COVID 19
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- 2.3 The Health and Social Care Act 2008 (2015)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf
- 2.4 Health and Safety at Work Act 1974
<http://www.legislation.gov.uk/ukpga/1974/37/contents>
- 2.5 Infection Prevention and Control Board Assurance framework
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0542-IPC-Board-Assurance-Framework- v1-2.pdf>

3.0 Appendix I - Improvement Tool Audit Proforma COVID-19

In order to protect staff and patients from transmission of COVID-19, strict hand hygiene, environmental decontamination and correct use of PPE is imperative. This tool is based on guidance issued by PHE in response to COVID-19 (May 2020), the infection prevention and control COVID-19 management checklist (version 1.2), standard infection control precautions and the Infection Prevention Society process improvement tools.

Action	IPC to undertake the initial assessment using this rapid improvement tool to assess compliance with current guidelines
	Immediate action must be taken in the event of non-compliance.
	IPC team to escalate any noncompliance to ward manager /matron

Safe ways of working for staff

- Standard Infection Control Precautions apply to all staff, in all care settings, for all patients
- Patients, staff and visitors can minimise COVID-19 transmission through good hand hygiene and respiratory hygiene and social distancing
- Staff should be trained on donning and doffing PPE. Videos are available showing how to don and doff PPE
- Staff should know what PPE they should wear for each setting and context; staff should have access to the PPE that protects them for the appropriate setting and context.
- Gloves and aprons are subject to single use as per Standard Infection Control Precautions with disposal after each patient contact.
- Fluid repellent surgical mask and eye protection can be used for a session of work rather than a single patient contact.
- Hand hygiene facilities must be available for staff and patients
- Hand hygiene should be practiced and extended to exposed forearms after removing any element of PPE

For further information and guidance please refer to COVID-19: infection prevention and control guidance, PHE

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf

Review completed by:

Job title:.....

Date:.....

Question		Yes	No	N/A	Comments
	Environment				
1	The area has access to the Outbreak Algorithm				
2	Ward SOPs are in place for cleaning frequent touch items-telephones, keyboards, bedside tables and rails				
3	The environment is clean and free from clutter				
4	Bed spaces are cleaned as per RAG guidelines on discharge and transfer of patients				
	Patients suspected or confirmed as having covid are isolated/cohorted				
	Cubicle priority given to patients who have an excessive cough with sputum production.				
5	Doors are closed in cohort bay's				
6	Appropriate barrier sign easily visible				
7	Signage regarding hand hygiene is displayed in toilets including staff toilets				
8	All areas are free from non-essential items and equipment				
9	Cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.				
10	Rooms once vacated by staff following AGP (clearance times in isolation room 10-12 ACH wait minimum 20 minutes or single room with 6 ACH wait minimum of 1hr) are cleaned.				
11	Isolation/cohort rooms, toilet, bathroom and staff areas including donning and doffing areas are cleaned twice daily				
	Equipment				
12	Single-use items are in use where possible				
13	Dedicated, reusable, non-invasive care equipment is decontaminated between each use and prior to use on another patient. equipment using a Clinell/PDI wipe or Tristel/SoChlor between patients				
	Hand Hygiene				

14	Hand hygiene is performed as per WHO 5 moments following donning/doffing of apron and gloves and mask if not sessional use				
15	Hand hygiene is performed as per WHO 5 moments when having contact with a patient and their surroundings				
16	Alcohol hand rub dispensers are situated appropriately around the clinical area facilitating decontamination at point of care.				
17	Soap, gel and hand cream dispensers are stocked				
18	How to wash and dry hands posters are clearly displayed in patient toilets and staff areas.				
	PPE				
19	PPE is readily available in the area				
20	PPE is stored appropriately				
21	All staff are wearing fluid resistant surgical face masks				
22	Staff providing direct care within 2 metres of a patient are wearing disposable aprons, gloves, FRSM and eye/face protection				
23	FFP3 masks are worn for AGP's				
24	Standard precautions are being adhered to on the ward				
25	Respiratory precautions are in place as per PHE guidelines				
	Social distancing				
26	All staff are adhering to social distancing when able and wearing face masks				
27	Social distancing signs are displayed in the bay for patients				
28	Patients are 2 metres apart				
29	If no have other measures been put in place to limit this risk e.g. curtains drawn between bed spaces? Patients given tissues to aid good cough etiquette encouraged ? Is the patient able to tolerate wearing a surgical mask?				
	Waste/Linen				

30	Clinical waste is disposed of correctly				
31	Linen is disposed of correctly				
	Patient Movement				
32	Patients with possible/confirmed COVID are not moved to other wards/departments unless for essential care.				
33	Staff at the receiving destination are informed that the patient has possible or confirmed COVID-19.				
34	Patients wear a surgical mask during transfer				
35	Patients are taken straight to and returned from clinical departments				
	Staffing				
36	Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas for their entire shift.				
37	There is consistency in staff allocation, reducing movement of staff and the crossover of care pathways between planned and elective care pathways and urgent and emergency care pathways; reducing movement of staff between different areas.				

Author: Infection Prevention and Control Team

Date: July 2020

Review date: July 2021



COVID-19 Root Cause Analysis (RCA) and Duty of Candour Review Tool

This tool is to be completed if the patient has a positive COVID swab on Day 15+ of admission

1. Demographics			
Data Source:			
Staff Responsible for completion:			
Patient name			
Hospital number / NHS Number			
Date of birth			
Age			
Address			
		Post Code	
Ethnicity			
Gender			
Current consultant			
Datix Reference Number			
Recent hospital admissions: Ward, admission and discharge date, ward moves;		No	Yes (see below)
Admission date	Admitted from	Ward discharged from	Consultant
Date of death (if applicable)			
Cause of death as recorded on death certificate (if applicable)		1a 2a 1b	
HAC category (following the positive result), please tick the relevant category;			
Day 1-7 and had been on an outbreak ward or had contact with a positive case			
Day 8-14 probable hospital acquired			
Day 15+ hospital acquired			

2. Chronology

Data Source:

Staff Responsible for completion:

Patient journey in the past 14 days (please also identify where processes were not followed)

Date	Time	Ward	Bay	Bed	Consultant	Other

3. Patient Swabbing information

Data Source:

Staff Responsible for completion:

	Location	Date	Time	Reason for Swab	Negative / Positive	Date	Time
Swab 1							
Swab 2							
Swab 3							
Swab 4							
Swab 5							
Swab 6							
Swab 7							
Swab 8							

Was Day 3 Swab taken as per hospital policy: ☐ Yes☐ NoWas Day 5-7 Swab taken as per hospital policy: ☐ Yes☐ No**4. Other Patient Positive Swabbing information**

Data Source:

Staff Responsible for completion:								
Patient Name	Unit Number	Location	Date	Time	Symptomatic? (Y / N)		Date	Time
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		

5. Positive Staff Swabbing information

Data Source:

Staff Responsible for completion:

Any cases in staff in the preceding 14 days:

Yes

No

If yes, state staff name(s) and date(s) of positive swab(s), please see below table:

Staff Name	Staff Group	Location	Date	Time	Symptomatic? (Y / N)		Date	Time
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		
					Y	N		

6. Past Medical History			
Data Source:			
Staff Responsible for completion:			
Risk factors: (tick all that apply)	<input type="checkbox"/> Residential / Nursing Home Resident <input type="checkbox"/> Carers <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Other high risk occupation (if yes, state occupation: _____)		
Mobility	<input type="checkbox"/> Independent (no patient handling assistance required) <input type="checkbox"/> Minimal assistance (can weight bear/may require assistive devices) <input type="checkbox"/> Moderate assistance (can → sitting position but can't stand/transfer) <input type="checkbox"/> Dependent (unable to move or transfer self)		
Does the patient have dementia? (please tick yes or no)	Yes		No
Please list any co-morbidities e.g. cancer, cardiac disease, stroke, diabetes.			

7. Environmental Factors			
Staff Responsible for completion:			
		Date	Findings
PPE audit undertaken	Y N		
Ward rapid improvement review undertaken	Y N		
IPC rapid improvement review undertaken	Y N	Date:	Compliance issues:
Hand hygiene audit		Date:	
Isolation rooms clearly identified			
Patients nursed 2 metres apart			
Cleaning regime			

8. People Factors

Data Source:

Staff Responsible for completion:

IPC training compliance	
Staffing levels	
Suitable skill mix?	
Social distancing observed (staff and patients)	
PPE worn and removed correctly (staff and patients)	
Staff knowledge of covid precautions	
Patient factors	

9. Organisational Factors

Data Source:

Staff Responsible for completion:

PPE availability	
Correct placement of patient	
Bed capacity	
Staffing	

10. Verbal Duty of Candour

Staff Responsible for completion:

Date Completed	
Time Completed	
Completed By	Full Name:
	Job Title:

11. Lessons Learned

Staff Responsible for completion:

12. Recommendations

Staff Responsible for completion:

13. Action Plan

Staff Responsible for completion:

14. Outcome

Staff Responsible for completion:

	Unavoidable (No problems identified)
Tick Reason	Avoidable
	IPC / PPE Problem
	Transmission event
	Delay in swabbing
	Delay in lab handling
	Other:

15. Communication and Escalations

Staff Responsible for completion:

CBU	
IPCG	
PSG	

16. RCA Sign off

Staff Responsible for completion:

Name:	
Job Title:	
Date:	
Datix reference number:	

17. Duty of Candour Letter

Staff Responsible for completion:

Date Sent	
Completed By	Full Name:
	Job Title:

19.0 Appendix X - Flow chart for patient placement and if outbreak

Algorithm: Newly suspected or confirmed COVID-19 patient case in an open bay

- Clinical assessment of all other patients in the bay for COVID-19 symptoms/signs i.e. fever; respiratory symptoms; myalgia; headache; diarrhoea +/- abdominal pain; compatible radiology (CXR or CT findings)
- Assess for significant exposure

Significant exposure* (Patient symptomatic)

- Having Face to Face contact with a person less than 1 metre
- > 15 minutes within 2 metres of a person
- < 8hrs in bay - patient opposite
- > 8hrs in a bay – all patients

Other suspected case(s)/significant exposure identified*

Yes

No

Significant exposure* (Patient not symptomatic)

- Having Face to Face contact with a person less than 1 metre
- Spending more than 15 minutes within 2 metres of a person
- > 8hrs in a bay – patient opposite
- > 48hrs in a bay – all patients

- Do not move patient(s)
- Close Bay (Red/Hot area)
- If affected patients in > 1 bay - ward closure must be considered
- Screen all remaining inpatient contacts in affected bay(s) immediately.
- If initial negative results re-screen contacts at day 7 or if develop symptoms
- Discharge where possible with advice for 14 days self- isolation/IC precautions from date of last contact
- Where possible within 14 days, clear bay(s) by moving remaining contacts into single rooms on ward

If unable to clear bay then reopen once 14 days from latest positive case identification AND all patients/staff asymptomatic for 48h

Staff

- Cohort to affected bay where possible
- Assess for symptoms and swab/exclude from work if symptoms develop

*see staff risk assessment questionnaire

- Where cluster of new staff/patient cases are identified, in discussion with Gold Command, screen all ward based staff in order to pick up any new, asymptomatic or pre-symptomatic cases

- Isolate symptomatic case on ward or move to a cohort bay
- Close the affected bay if social distancing or face masks worn by patients has not been undertaken
- Screen all remaining patient contacts immediately

Yes

Additional cases identified on initial screening or newly symptomatic case(s)

No

- Active surveillance for new cases
- If initial negative results then re-screen remaining contacts at day 7 or if develop symptoms
- Discharge where possible with advice for 14 days self-isolation/IC precautions from date of last contact
- Where possible within 14 days: do not admit new patients; clear bay by moving remaining contacts into single rooms on ward
- If unable to clear bay then reopen once 14 days from latest positive case identification AND all patients/staff asymptomatic for 48h

IF unable to avoid admitting new cases to the bay within the quarantine period:

- Do not admit shielded patients
- Transfer asymptomatic exposed/recovered inpatients from other ward areas where possible
- If new admission from ED prioritise asymptomatic case with likely/known community contact or recovered cases for admission

20.0 Appendix XI - Patient pathway for patients suspected or confirmed patients with COVID- 19

Patient pathway for patients suspected or confirmed patients with COVID- 19

1. COVID 19 RNA Detected Positive Patient	2. COVID 19 RNA <u>Not Detected</u> BUT been in close contact with COVID 19 positive patients in cohorted bay	3. COVID 19 RNA <u>Not Detected</u> AND no close contact with any COVID 19 positive	4. Pending
<p>Move to a cubicle or cohort bay Isolate and take barrier precautions until:</p> <p>Apyrexial for 72hours</p> <p>Clinical improvement with at least some respiratory recovery</p> <p>14 days since first positive swab</p> <p>If the patient is immunocompromised or been admitted to ITU/HDU/CCU during this admission – isolate and take barrier precautions until:</p> <ul style="list-style-type: none"> • Complete resolution of symptoms • 14 days from first positive result. 	<p>Swab all contacts Move to a cubicle/ co-hort. Monitor for symptoms of COVID for 14 days with PPE precautions :-</p> <ul style="list-style-type: none"> • Swab again on day 7 or If shows symptoms . septic screen including blood cultures and procalcitonin • Please note patients can be discharged during the 14 day monitoring period with advice to complete 14 day isolation 	<p>Move to any bay in a non-COVID ward</p> <ul style="list-style-type: none"> • If develops new onset of pyrexia – re- swab and transfer to a cubicle with PPE precautions , send septic screen including blood culture and procalcitonin. 	<p>Transfer to cubicle / cohort similar patients.</p> <ul style="list-style-type: none"> • If one of the cohort patients becomes positive, isolate as pathway 1 and block the bed and monitor the patients as pathway 2

21.0 Appendix XII – Suspected 2019-nCoV cases – Which samples should be taken?



Public Health
England

Barnsley Hospital **NHS**
NHS Foundation Trust

Suspected 2019-nCoV cases

Which samples should be taken?

Diagnostic samples for suspected cases



1. Upper respiratory tract sample options:
 - combined nose and throat swab in one collection tube containing universal transport medium OR
 - single swab used for throat then nose OR
 - individual nose and throat swabs in separate collection tubes OR
 - nasopharyngeal aspirate.



2. Lower respiratory tract sample in universal container (sputum) if obtainable.

If the patient is admitted, take a sample for acute serology:

5mL in either serum tube or plain (no additive) tube.

For children <12 years, 1mL is acceptable.

- 3.1 label sample prior to sampling patient and confirm ID
- 3.2 once sample taken, place sample in bag & seal
- 3.4 place sample bag into additional bag with the sample forms and seal.
- 3.5 Place complete sample into transport box and send to pathology Lab who will then forward sample to regional testing lab

For how to
package samples,
see sample
packaging for
PHE poster

[www.gov.uk/government/publications/
wuhan-novel-coronavirus-guidance-
for-clinical-diagnostic-laboratories](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories)



22.0 Appendix XIII – What constitutes a COVID-19 exposure (staff)

What constitutes a COVID-19 Exposure?



AGPs are being performed

Spending any time with a COVID-19 positive patient at **any distance** within AGP zone without wearing appropriate PPE (**FFP3 Mask**, Gown, Gloves & Visor)

No AGPs are being performed

Spending **15 minutes** with a COVID + patient at a distance of less than **1m** without wearing appropriate PPE (**Visor** & Surgical mask & Apron & Gloves)

Spending **any time** with a **coughing** COVID-19 positive patient at a distance of less than **2m** without wearing appropriate PPE (**Visor** & Surgical mask & Apron & Gloves)



Spending **>15 minutes** with a COVID + staff member when you are **wearing a surgical mask** at a distance of **1m or less***

Spending **>1 minute** with a COVID + staff member when you are **not wearing a mask** at a distance of **1m or less**

Spending **>15 minutes** with a COVID positive staff member when you are **not wearing a mask** at a distance of 2m or less

Any **skin to skin contact**, or **being coughed on** by a COVID + staff member*

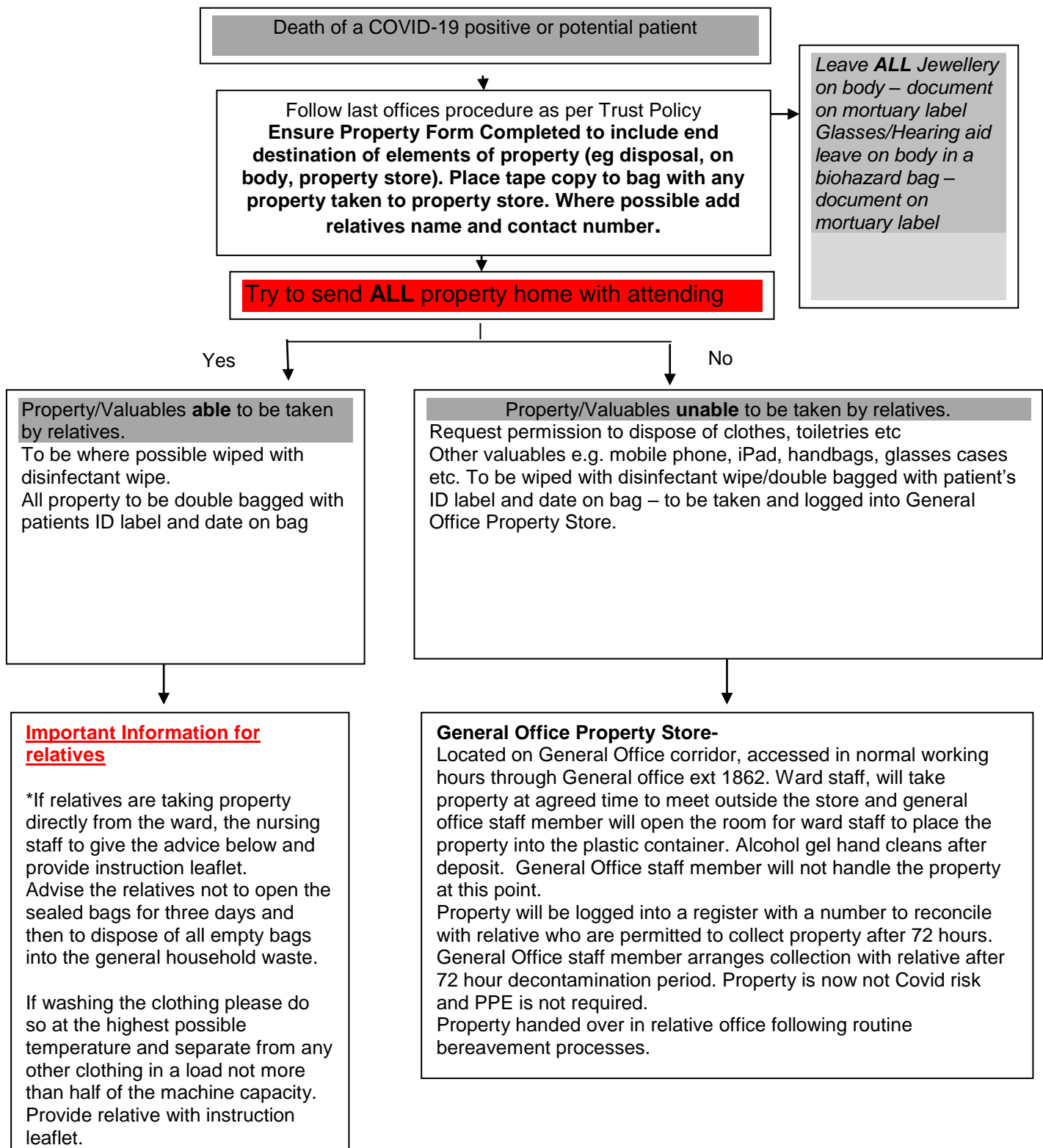
*Does not apply if wearing full droplet PPE (**Visor** & Surgical mask & Apron & Gloves) with appropriate doffing and handwashing



- Anyone who lives in the same household as someone with COVID-19. symptoms or who has tested positive for COVID-19
- Spending **any time within 1 metre** of someone who tests positive
- Spending more than **15 minutes within 2 metres** of someone who tests positive (either as a one-off contact, or added up together over one day)
- Travelled in the same vehicle or a plane with someone who tests positive (even on a short journey)

A contact is a person who has tested positive for COVID-19 with a PCR test. You can be a contact any time from 2 days before the person who tested positive developed symptoms, and up to 10 days after, as this is when the infection can be passed onto others.

23.0 Appendix XIV – Guidelines for the safe management of patient's property following death (positive and potential COVID-19 patients)



24.0 Appendix XV – High Touch point checklist

Frequent Touch Point Checklist – Generic List

These items are to be used as a guide, is not an exhaustive list and may not be applicable to all areas. There is room to add equipment appropriate for your area. Please note that this list does not include items that require cleaning following use, e.g. data monitoring equipment.

Please clean frequent touch points two hourly.

Item	Date	Time											
Drip stands													
Infusion pumps													
Top of drug locker													
Bed rails													
Bed controls													
Bedside tables													
Patient call buzzers													
Door handles/ Push plates													
Notes trolleys													
Hand rails													
TV remotes/ Hospicom													
Computers and keyboards													
Telephone													

Item	Date	Time											
All work surfaces													
Patient chair arms and seat													
Light switches/ Plastic pulls													
Dispensers – soap, alcohol gel Hand cream,													
Toilet flush handles													

Frequent Touch Point Checklist – reception/ward clerk/public areas

These items are to be used as a guide, is not an exhaustive list and may not be applicable to all areas. There is room to add equipment appropriate for your area. Please note that this list does not include items that require cleaning following use, e.g. data monitoring equipment.

Please clean frequent touch points two hourly.

[illegible]

Frequent Touch Point Checklist – outpatients

These items are to be used as a guide, is not an exhaustive list and may not be applicable to all areas. There is room to add equipment appropriate for your area. Please note that this list does not include items that require cleaning following use, e.g. data monitoring equipment.

Please clean frequent touch points two hourly.

Item	Date	Time											
Drip stands													
Infusion pumps													
Notes trolley													
Tables													
Door handles/ Push plates													
Chair seat and arms													
Hand rails													
Computers and keyboards													
Telephones													
Work surfaces													
TV remote													
Soap, hand cream and alcohol gel dispensers													
Toilet flush handles													

Your hospital discharge: going home



This leaflet explains why you are being discharged from hospital and what you might expect after your discharge.

Why am I being discharged from hospital?

You are being discharged from hospital as your health team have agreed that you are now able to return home.

Why can't I stay in hospital?

It is important that our hospitals are able to look after people that need hospital care. Due to this, once you no longer need care in hospital, as decided by the health team looking after you, you will be discharged. It is always our priority to discharge you to the best possible place to support your recovery.

You will not be able to remain in hospital if you choose not to accept the care that is being offered to you.

What can I expect?

Your health team will discuss discharge and transport arrangements with you (and a family member, friend or carer if you wish). If you require care and support when you get home, this will be arranged.

If you need more care now than when you came into hospital, this additional care will be provided free of charge for up to six weeks to support your recovery. After this time, you may be required to contribute towards the cost of your care.

Who can I contact?

After you have been discharged, if you have any concerns or need to speak to someone about your care, you can contact **<Insert locally agreed details e.g. team name and contact number>**



Your hospital discharge: another place of care



This leaflet explains why you are being discharged from hospital and what you might expect after your discharge.

Why am I being discharged from hospital?

You are being discharged as your health team have agreed that you are now able to continue your recovery in another care setting, outside of hospital.

Why can't I stay in hospital?

It is important that our hospitals are able to look after people that need hospital care. Due to this, once you no longer need care in hospital, as decided by the health team looking after you, you will be discharged. It is always our priority to discharge you to the best possible place to support your recovery. You will not be able to remain in hospital if you choose not to accept the care that is being offered to you.

What can I expect?

Your discharge and transport arrangements will be discussed with you (and a family member or carer if you wish) and you will be discharged with the care and support you need to a bed in the community.

If you need more care now than when you came into hospital, this additional care will be provided free of charge for up to six weeks to support your recovery. After this time, you may be required to contribute towards the cost of your care.

It is possible that you may be moved more than once after your discharge. This is because we will be trying to find the best place for your ongoing care. Your health team are here to answer any questions you might have.

Who can I contact?

After you have been discharged, if you have any concerns or need to speak to someone about your care, you can get in touch with **<Insert locally agreed details e.g. team name and contact number>**

www.nhs.uk

27.0 Appendix XVIII - Long-terms effects of coronavirus (Long COVID)

Long-term effects of coronavirus (long COVID)

For some people, coronavirus (COVID-19) can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID".

About long COVID:

How long it takes to recover from coronavirus is different for everybody.

Many people feel better in a few days or weeks and most will make a full recovery within 12 weeks. But for some people, symptoms can last longer.

The chances of having long-term symptoms does not seem to be linked to how ill you are when you first get coronavirus.

People who had mild symptoms at first can still have long-term problems.

Symptoms of long COVID:

There are lots of symptoms you can have after a coronavirus infection.

Common long COVID symptoms include:

extreme tiredness (fatigue)
shortness of breath
chest pain or tightness
problems with memory and concentration ("brain fog")
difficulty sleeping (insomnia)
heart palpitations
dizziness
pins and needles
joint pain
depression and anxiety
tinnitus, earaches
feeling sick, diarrhea, stomach aches, loss of appetite
a high temperature, cough, headaches, sore throat, changes to sense of smell or taste
rashes

Contact your GP if:

- you're worried about symptoms 4 weeks or more after having coronavirus

Treatment and support

Your doctor will talk to you about the care and support you might need.

You may be given advice about how to manage and monitor your symptoms at home.

If the symptoms are having a big impact on your life, you may be referred to a specialist rehabilitation service or a service that specialises in the specific symptoms you have.

These services can help manage your symptoms and help you recover

Visit the NHS 'Your Covid Recovery' website for more information:

<https://www.yourcovidrecovery.nhs.uk>

Exposure to COVID-19

You have been in contact with someone with COVID-19. This leaflet advises you on what precautions you should take following discharge. You should isolate 14 days from your contact, your medical team can advise you on the date this has commenced.

How to self-isolate.

You must not leave your home if you are self-isolating.

- Do not go to work, school or public places.
- Do not go onto public transport or use taxis.
- Do not go out to get food or medicine, order online or ask a relative/friend to pick them up
- Do not have visitors in your home, except for people providing essential care.
- Do not go out to exercise – exercise at home, or in your garden.



What other precautions should I take?

- Wash your hands frequently, with soap and water, for at least 20 seconds.
- Open windows regularly to improve ventilation.
- Maintain social distancing.
- Avoid touching your eyes, nose and mouth.
- If you cough or sneeze, cover your mouth and nose, with your bent elbow or tissue, immediately, wash your hands.
- Clean and disinfect surfaces frequently.

When to get a test.

Get a test as soon as possible, if you have any symptoms of coronavirus.

These symptoms include:

- A high temperature.
- A new, continuous cough.
- A loss or change to your sense of smell or taste.

The test needs to be done in the first 3 days of having symptoms. If you test positive, follow the governments Coronavirus (COVID-19) guidance.



If you have any queries please discuss with the nursing or medical team involved in your care.

29.0 Appendix XX – Version Control

Maintain a record of the documents history or reviews and key changes made, including versions and dates)

Version	Date	Comments	Author
1	Sept 2020	Minor amendments to bring in line with current guidance: Visiting guidance Disposal of PPE PPE guidance for AGP in low risk patients. Nursing documentation to be kept outside of the room.	CF
2	Dec 2020	Changes in line with current guidance	
3	Feb 2021	Additional Appendix – PPE audit	CF
	Feb 2021	Additional Appendix – Frequent touch points.	CF
	Feb 2021	Changes to swabbing frequencies	CF
	Feb 2021	Additional guidance relating to swab results	CF
	Feb 2021	Additional guidance relating to patient property	CF
	Feb 2021	Additional guidance relating to patient placement	CF
	Feb 2021	Additional guidance relating to patients wearing masks	CF
4	April 2021	Remove use of plastic curtains not moving exposed patients to other wards. Patients wearing masks. During of precautions amendments to AGP's. Visitors guidance regarding PPE. Section on outpatients swabbing changes.	CF
5	June 2021	Discharge information and advice regarding placement of clinically extremely vulnerable patients.	CF
	June 2021	Additions made to frequent touch points in line with National Standards of Healthcare Cleanliness 2021	CF
	June 2021	Guidance included re patients on home leave.	CF

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date
Infection Prevention & Control Group	July 2020
Quality & Governance Committee	July 2020

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Document type (policy, clinical guideline or procedure)	Policy
Document title	Care and Management of Patients with COVID-19
Document author (Job title and team)	Christine Fisher Assistant director of Infection Prevention and Control. Infection Prevention and Control
New or reviewed document	Review
List staff groups/departments consulted with during document development (including BFS, safeguarding & any other stakeholders)	Infection Prevention and Control Team Infection Prevention and Control Group members
If this document deviates from published national guidance please state the reasons for this and the impact this may have on patient safety (include relevant risk ID).	N/A
Approval recommended by (meeting and dates):	IPCG 21/09/21
Date of next review (maximum 3 years)	November 2021
Key words for search criteria on intranet (max 10 words)	COVID-19
Key messages for staff (consider changes from previous versions and any impact on patient safety)	Discharge information and advice regarding placement of clinically extremely vulnerable patients. Additions made to frequent touch points in line with National Standards of Healthcare Cleanliness 2021 Guidance included re patients on home leave.
I confirm that this is the <u>FINAL</u> version of this document	Christine Fisher ADIPC

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): Infection prevention control group Date approved: 21/09/2021 Date Clinical Governance Administrator informed of approval: 07/10/2021 Date uploaded to Trust Approved Documents page: 12/10/2021
