

## Freedom of Information Request

---

**Reference Number:** [EPUT.FOI.22.2446](#)  
**Date Received:** [30 March 2022](#)

---

### Information Requested:

---

Please provide a copy of your hospital's full local guidelines on the following topics.

1. Current local guidelines for the treatment and management of Covid 19

Please see attached:

- [Basic Infection Control Guidance for inpatient and out patient settings April 2022- this document covers management of patients who are positive for COVID 19](#)
- [COVID 19 testing stay at home and return to work guidance for staff](#)
- [Flow chart for isolation of staff with COVID 19](#)

2. Current local infection control guidelines regarding testing and quarantining/isolation of Covid positive patients:

Please see attached:

- [Coronavirus patient testing flow chart- this document is under review as a result of the latest national guidelines for testing of inpatients](#)
  - [Inpatient diagnostic sampling for COVID 19 standard operating procedure April 2022](#)
- 

### Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk>

**COVID-19 Infection Control Guidance**  
**for INPATIENT and OUTPATIENT (MH and Community Services) Staff**

April 2022

The spread of COVID-19 is most likely to happen when there is close contact with an infected person or contact with contaminated surfaces.

1. Secretions containing the viral particles can be directly transferred into the mouths or noses of people who are nearby and could be inhaled into the lungs.
2. By touching a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face).

**Symptoms of respiratory illness including COVID-19**

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

**The latest national guidance has seen changes in the way in which we manage our staff and patients in relation to COVID-19.** Please ensure you read and understand all the information contained within this document for our current Policy.

**Best IPC Practices:**

2-metre distancing no longer applies across our EPUT sites with the exception of the following:

- All staff using indoor areas for their breaks must sit 2 metres apart
- Fluid resistant surgical masks are to be worn if in a room/ office with others
- All staff must replace their mask when they have finished eating/ drinking
- Use outdoor areas for breaks when the weather allows
- All staff using indoor spaces for their breaks must ensure the area is ventilated

If working alone in an office masks do not need to be worn.

Continue to safely ventilate working spaces and patient environments.

Clean your working space regularly including keyboards, telephones, desks, using a universal cleaning wipe.

Wash or sanitise your hands regularly throughout the day.

Appendices are included at the end of this document to help understand what the changes mean for you in your working environment.

## **Personal Protective Equipment:**

PPE must be put on (donned) in the following order, having performed hand hygiene first:

### **1. Disposable Plastic Apron**

- To protect uniform or clothes when contamination is anticipated or likely
- Worn when providing direct care for a patient who is known to be COVID-positive or is displaying symptoms
- Changed between patients and/ or after completing a procedure or task

### **2. Fluid Resistant Surgical Facemask (FRSM)**

- All staff working in a patient facing building are to wear a fluid resistant surgical face mask unless they are working in an office on their own. Individual risk assessments are to be carried out for any staff who have been issued with a mask exemption.
- Must be well fitting and fit for purpose, covering both nose and mouth at all times
- Must not be allowed to dangle around the neck or from an ear after or between each use
- Must not touched once put on
- Hand hygiene must be performed after disposal
- Extended/sessional use of facemasks by all staff in both clinical and non-clinical areas within the healthcare setting (max 4 hours to enable regular drinking etc.)
- Must be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through, or when taking a refreshment break

### **3. Eye Protection**

- To be risk assessed for use
- If you are providing care for a patient and you do not know their COVID-19 status, eye protection is to be worn
- If caring for a patient who is known or suspected as having COVID-19 must be worn
- **Must be worn in a ward where there is a current COVID-19 outbreak**
- **Must be worn if there is any risk of splashing of bodily fluids including respiratory droplets or if close personal care is being provided**
- May be used for a “session” of work
- If using sessional eye protection, ensure it is cleaned regularly using Medipal 3 in 1 Disinfectant Wipes - contact times needs to be for one minute and please ensure all parts are cleaned including hinges
- Always wear during aerosol generating procedures

### **4. Disposable Gloves**

- Worn when risk of exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- Changed immediately after each Patient and/ or after completing a procedure/task even on the same Patient
- To be followed by hand washing using soap and water or hand sanitiser
- Never decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use
- **N.B.** Double gloving is NOT recommended for routine clinical care of COVID-19 cases

PPE should be removed (Doffed) in the following order to reduce risk of contamination:

Before leaving the patient room:

**1. Gloves:**

- Grasp the outside of glove with the opposite gloved hand; peel off
- Hold the removed glove in the remaining gloved hand
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist
- Discard as clinical waste

**2. Apron:**

- Unfasten or break apron ties, pull the apron away from the neck and shoulders, touching the inside of the apron only
- Turn the apron inside out, fold or roll into a bundle and discard as clinical waste

**3. Wash hands:**

- Perform a clinical hand wash using soap and water if available. If not use hand sanitiser

**4. Fluid resistant face mask:**

- Should be removed last, outside of the room **OR** kept on if wearing for sessional use
- Untie or break bottom ties, followed by top ties or elastic, and remove by leaning forward slightly and remove away from face, by handling the ties only and discard as clinical waste and then wash hands.

**Head/Footwear:**

- Headwear is not routinely required in clinical areas (even if undertaking an AGP), unless part of theatre attire or to prevent contamination of the environment such as in clean rooms.
- Headwear worn for religious reasons (for example, turban, kippot veil, headscarves) are permitted provided patient safety is not compromised. These must be washed and/or changed between each shift or immediately if contaminated and comply with additional attire in, for example, theatres.
- Foot/shoe coverings are not required or recommended for the care of COVID-19 cases.

**For PPE use when carrying out Aerosol Generating Procedures (AGP):**

- An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.
- When performing a single aerosol generating procedure in any setting staff are required to wear all PPE as **single use**.
- This will include wearing a long sleeved disposal fluid-resistant gown, disposable gloves, eye/ face protection and a fit tested FFP3 mask.
- Please follow PHE putting on and taking off of personal protective equipment poster (see below) and PHE video guides on [donning](#) and [doffing](#) PPE for AGPs.

### **Aerosol Generating Procedures:**

- Tracheal intubation and extubation
- Manual ventilation
- Tracheotomy or tracheostomy procedures (insertion or removal)
- Bronchoscopy
- Dental procedures (using high speed devices, for example ultrasonic scalers/ high speed drills)
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous
- Positive Airway Pressure Ventilation (CPAP)
- High flow nasal oxygen (HFNO)
- High frequency oscillatory ventilation (HFOV)
- Induction of sputum using nebulised saline
- Respiratory tract suctioning
- Upper ENT airway procedures that involve respiratory suctioning
- Upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs
- High speed cutting in surgery/ post-mortem procedures if respiratory tract/ paranasal sinuses involved

Certain other procedures or equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk for COVID-19.

Procedures in this category include administration of humidified oxygen, administration of Entonox or medication via nebulisation.

Ensure you increase your hand hygiene activities in addition to the 5 moments of hand hygiene minimum standards, comply with 'bare below the elbows' and ensure that hand hygiene is extended to exposed forearms, after removing any elements of PPE. Avoid touching your mouth, eyes or nose, after having contact with the individual.

### **Action to take if a patient is awaiting swab results or is a known or suspected case of COVID-19 (amber and red areas).**

- Isolate in a side room preferably with ensuite facilities with strict barrier nursing precautions
- Place isolation signage on the door
- If no ensuite, ensure the patient either has an allocated bathroom for their use only or a patient specific commode
- If the patient needs to leave their room encourage the use of a fluid resistant face mask
- Contact the IPC team for further advice on individual cases

### **Clinical Waste:**

- If risk allows, orange waste bins to be placed in the isolation room as per usual barrier-nursing principles
- On mental health wards, if no bins available in the room, clinical waste to be double bagged in a second clean clinical waste bag at the door, on leaving, and carried to the nearest clinical waste bin for disposal
- Always wash hands after handling waste
-

### **Cleaning and Decontamination:**

- Cleaning frequencies of the care environment in COVID-19 care areas must be enhanced and single rooms, cohort areas and clinical rooms (including rooms where PPE is removed) cleaned at least twice daily
- Any clinical equipment used within this space will need to be cleaned with **chlorine wipes or a 1:1000 chlorine solution (chlorine tablets, Actichlor Plus) or Medipal 3 in 1 Disinfectant Wipes** before removing from the room
- All cleaning equipment must be disposable and disposed of immediately after use, into a clinical waste bin
- Reusable (mop handles, buckets etc.) must be decontaminated after use with a chlorine based disinfectant e.g. Actichlor plus or chlorine tablets. Cleaning trolley should not enter the room. Please ensure that cleaning trolleys are cleaned regularly, including the wheels
- After discharge/transfer/ lifting of barrier nursing precautions, **a deep clean** of the room will be required. Please follow Infection Control guidance (see link below)
- All multi patient use equipment is to be cleaned after each use by clinical staff
- Report any concerns in relation to environmental cleaning to the Estates and Facilities Lead for your area

### **Laundry:**

- All laundry from an isolation room or a ward with an outbreak to be treated as “infected linen” and placed into soluble plastic bags before being placed into an “infected linen” transport bag. Un-bagged linens must not be carried through the ward or other clinical areas

### **Crockery:**

- Items to be removed from isolation areas last and placed directly into the dishwasher on arrival in the kitchen

### **Ventilation:**

- Assessment of ventilation systems should be undertaken by an authorised engineer in all clinical departments

### **Visitors:**

- Local risk assessment and practical management should be considered, ensuring this is a pragmatic and proportionate response in line with the EPUT visiting guidelines
- All visitors should wear a face covering in healthcare settings
- Where visitors are unable to wear face coverings due to physical or mental health conditions or a disability, clinicians should consider what other IPC measures are in place, such as physical distancing, to ensure sufficient access depending on the patient’s condition and the care pathway
- All visitors entering a segregated/cohort area must be instructed on hand hygiene. They must not visit any other care area

## Best Practice: Putting on and removing PPE.

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

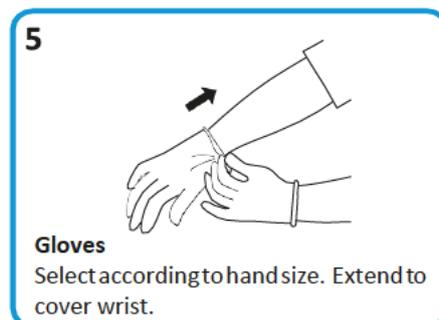
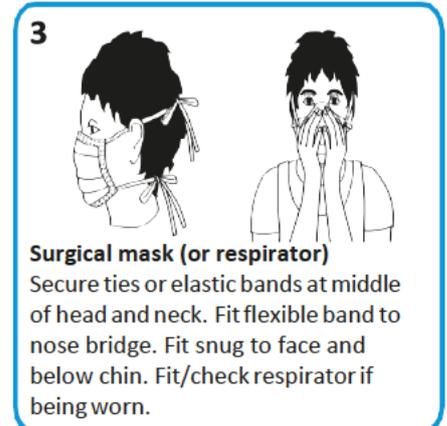
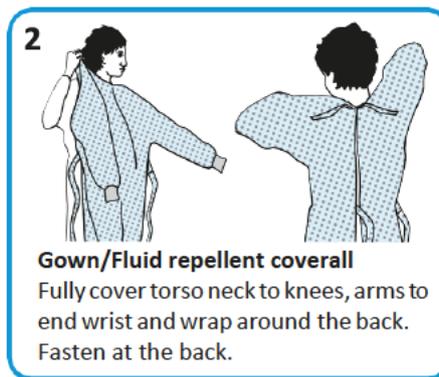
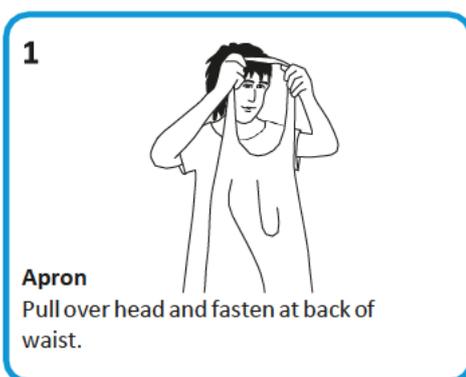
*NB. Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.*

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is: Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

The order for removing PPE is: Gloves, **Apron or Gown**, Eye Protection, Surgical Mask.

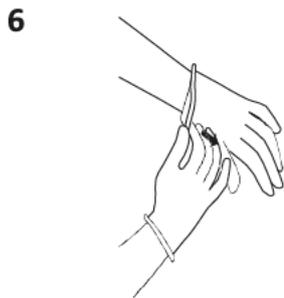
### 1. Putting on Personal Protective Equipment (PPE).

- Perform hand hygiene before putting on PPE



## 2. Removing Personal Protective Equipment (PPE).

- Perform hand hygiene immediately on removal
- All PPE should be removed before leaving the area and disposed of as healthcare waste



6  
Outside of gloves are contaminated. Grasp the outside of the glove with the opposite gloved hand; peel off.



7  
Hold the removed glove in the gloved hand. Slide the fingers of the un-gloved hand under the remained glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.



### Apron

Apron front is contaminated. Unfasten or break ties. Pull apron away from neck and shoulders touching inside only. Fold and roll into a bundle. Discard into an appropriate lined waste bin.



### Gown/Fluid repellent coverall

9  
Gown/Fluid repellent coverall front and sleeves are contaminated. Unfasten neck, then waist ties.



10

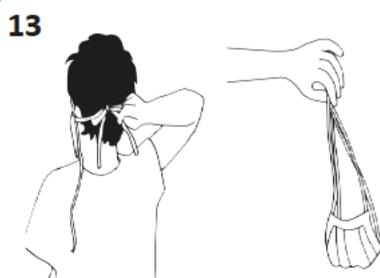
Remove using a peeling motion; pull gown/fluid repellent coverall from each shoulder towards the same hand.



12

### Eye Protection (Goggles/face shield)

Outside of goggles or face shield are contaminated. Handle only by the headband or the sides. Discard into a lined waste bin or place into a receptacle for reprocessing/decontamination.



13

### Surgical Mask (or respiratory)

Front of mask/respirator is contaminated - do not touch. Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask/respirator. Discard disposable items into an appropriate lined waste bin. For reusable respirator place in designated receptacle for processing/decontamination.

Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>. Produced by: Health Protection Scotland

COVID-19 - Basic Infection Control Guidance for INPATIENT and OUTPATIENT (MH and Community services) Staff v.10 April 2022 for review in June 2022

## Personal protective equipment (PPE) in Community Services settings

PPE REQUIRED BY TYPE OF TRANSMISSION/ EXPOSURE	DISPOSABLE GLOVES	DISPOSABLE APRON/GOWN	FACE MASKS *  (FRSM Type IIR)	EYE/FACE PROTECTION (VISOR)
<b>SUSPECTED/CONFIRMED COVID-19 PATIENT/INDIVIDUAL IN ISOLATION</b>				
<b>Droplet/Contact PPE for direct care/entering isolation area.</b>	Single use	Single use apron	FRSM Type IIR for direct patient care	Single use or re- usable
<b>Airborne PPE (When undertaking or if AGPs are likely)</b>	Single use	Single use gown	FFP3 or respirator /Hood for AGPs	Single use or re- usable
<b>PATIENTS NOT IN ISOLATION WITH ONGOING NEGATIVE SWABS/COMPLETED 14 DAY ISOLATION</b>				
<b>Droplet/Contact PPE for direct patient care within 2 metres</b>	Single use	Single use apron	FRSM Type IIR	Single use or re- usable – risk assess where anticipated blood/body fluids spraying/splashes
<b>Airborne PPE (When undertaking or if AGPs are likely)</b>	Single use	Single use gown	FFP3 or Respirator/ Hood for AGPs	Single use or re- usable
<b>IN PATIENT'S OWN HOME</b>				
<b>Droplet/Contact PPE for <u>direct</u> patient care within 2 metres</b>	Single use for direct personal care.  Risk assess for indirect care	Single use for direct personal care.  Risk assess for indirect care	FRSM Type IIR	Single use or re- usable – risk assess where anticipated blood/body fluids spraying/splashes

\*FRSM can be worn sessionally if providing care for COVID-19 cohorted patients/individuals

Maintain physical distancing of 2 metres at all times (unless the member of staff is wearing appropriate PPE to provide clinical care) and to advise other patients/visitors to comply.

COVID-19 - Basic Infection Control Guidance for INPATIENT and OUTPATIENT (MH and Community services) Staff  
v.10 April 2022 for review in June 2022

# Personal protective equipment (PPE) in mental health and learning disability settings

ACTIVITIES / TASKS	<b>HIGH RISK PATHWAY - TRANSMISSION BASED PRECAUTIONS</b>  <b>Peter Bruff and BMHU Assessment Unit</b>	<b>MEDIUM RISK PATHWAY -TRANSMISSION BASED PRECAUTIONS</b>  <b>All MH inpatient wards and Community settings.</b>	<b>LOW RISK PATHWAY - STANDARD INFECTION CONTROL PRECAUTIONS*</b>
Staff in patient areas with no direct patient contact and more than 2 metres away	Fluid resistant surgical facemask (FRSM Type IIR)	Fluid resistant surgical facemask (FRSM Type IIR)	Fluid resistant surgical facemask (FRSM Type IIR)
Physical restraint	Fluid resistant surgical facemask (FRSM Type IIR) Eye / Face protection** Disposable gloves risk assess the use of an apron	Fluid resistant surgical facemask (FRSM Type IIR) Risk assess the use of disposable gloves, apron and Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR)
Direct contact with patients <b>within 2 metres</b> , for example, patient transfer or in a patient's home or an emergency assessment centre	Fluid resistant surgical facemask (FRSM Type IIR) Disposable gloves and apron Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR) Risk assess the use of disposable gloves and apron Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR)
Direct personal care <b>within 2 metres</b> , for example, administration of depot medication, including rapid tranquillisation, NG feeding, taking blood	Fluid resistant surgical facemask (FRSM Type IIR) Disposable gloves, apron and Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR) Disposable gloves, apron and Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR) Disposable gloves and apron Eye / Face protection**
Direct patient care within 2 metres performing an AGP for example, intubation	FFP3 respirator Single use disposable gown / coverall, gloves Eye / Face protection**	FFP3 respirator Single use disposable gown / coverall, gloves Eye / Face protection**	Fluid resistant surgical facemask (FRSM Type IIR) Disposable gloves and apron Eye / Face protection

\* Aprons and gloves should always be worn if any contact with blood or body fluids is expected as part of Standard Infection Control Precautions

\*\* Eye/Face protection may be used for one session before disposal. The use may be risk assessed in the medium/low risk pathway.

If an infectious patient has an unexpected episode of violence and aggression where PPE has not been worn, the staff member should undertake a risk assessment to determine if they need to change their clothing. Organisations should put in place appropriate arrangements to facilitate this. This incident may require investigation.

### **References:**

<https://www.gov.uk/government/publications/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/COVID-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

<https://www.gov.uk/government/news/government-sets-out-next-steps-for-living-with-covid>

[Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

### **Appendix 1**

#### **What do the changes mean when working in an office environment?**

- If staff are returning to the office and wish to undertake lateral flow testing, the test kits can be accessed via the gov.uk website. All staff to ensure they register on gov.uk as an NHS worker. Results should be registered on the gov.uk portal
- Do not attend the office if you feel unwell or if you test positive for COVID-19
- Do call your line manager and the EPUT test and trace line if you test positive for COVID-19 on **01375 364631**
- **Do not contact EPUT test and trace if you are a known COVID-19 contact- inform your line manager who will advise you on the course of action to take**
- When working in an office on your own you do not need to wear a face mask
- Do clean your working equipment at the start and end of each working day using a universal wipe such as the green Clinell wipes
- Ensure you open windows in your office to assist with ventilation
- Do wear a face mask if you are moving around the building
- Do ensure that you continue to distance from others during break times when masks are removed
- Staff are encouraged to take breaks outside whenever possible
- If there is more than one person in your office you should all wear face masks
- Wash or sanitise your hands regularly during the day

#### **Holding face to face meetings:**

- Ensure the room used for meetings has room to ensure all staff feel comfortable with spacing between chairs
- All those attending to wear a face mask
- Ensure windows are opened to assist with ventilation
- Use universal wipes to clean down tables and chairs at the end of the meeting
- Wash or sanitise hands on arrival to the meeting and on leaving

## Appendix 2

### Training environments:

- Ensure the room used for training has room to ensure all staff feel comfortable with spacing between chairs
- Staff not to attend if they have any symptoms of respiratory illness even if mild
- All those attending to wear a face mask
- Ensure windows are opened to assist with ventilation
- Provision of spare masks for Staff to change them when required
- Staff to ensure distancing is maintained when taking breaks without mask on
- Staff are encouraged to take breaks outside when able –weather and suitable environment permitting
- Use universal wipes to clean down tables, and any equipment at the end of the meeting
- Wash or sanitise hands on arrival to the meeting and on leaving

## Appendix 3

### Inpatient areas:

- Staff in patient facing roles are encouraged to take a test twice weekly and report results on gov.uk. All staff re encouraged to register on gov.uk as an NHS worker
- Do not attend the department if you feel unwell or if you test positive for COVID-19
- Do call your line manager and the test and trace line if you test positive for COVID-19 on **01375 364631**
- **Do not contact EPUT test and trace if you are a known COVID-19 contact- inform your line manager who will advise you on the course of action to take.**
- Please refer to the document above for specific PPE information
- Fluid resistant surgical masks to be worn in clinical areas at all times
- Eye protection (visors/ goggles) to be risk assessed
- Eye protection must be worn if working in an area where there is an outbreak of COVID-19
- Staff must continue to distance when having their breaks as masks will be removed
- Clinical areas and break rooms must continue to be ventilated when safe to do so
- Staff are encouraged to take breaks outside weather and suitable environment permitting
- Staff must replace their mask with a clean one, when they have finished eating or drinking
- All Patients must have a COVID-19 risk assessment completed as part of the admission process
- Patients are to have Covid tests in accordance with the COVID-19 testing flow chart
- Patients should be cared for in isolation until a negative result is received from the PCR
- Patients returning from leave are to have a PCR on return from leave.
- If isolating on return from leave will cause detriment to the Patient mental health condition the requirement to isolate can be individually risk assessed

## Appendix 4

### **Outpatient departments:**

- Staff in patient facing roles are encouraged to take a lateral flow test twice weekly and report results on gov.uk. All staff are encouraged to register as an NHS worker
- Do not attend the department if you feel unwell or if you test positive for COVID-19
- Do call your line manager and the test and trace line if you test positive for COVID-19 on **01375 364631**
- **Do not contact EPUT test and trace if you are a known COVID-19 contact- inform your line manager who will advise you on the course of action to take**
- **Please refer to the document above for specific PPE information**
- Fluid resistant surgical masks to be worn in clinical areas at all times including reception spaces
- Eye protection (visors/ goggles) to be risk assessed
- Staff must continue to distance when having their breaks as masks will be removed
- Clinical areas and break rooms must continue to be ventilated when safe to do so
- Staff to be encouraged to take breaks outside when weather and environment allows
- Staff must replace their mask with a clean one, when they have finished eating or drinking
- Patients and anyone attending with them to wear a face mask unless exempt from doing so
- Distancing in waiting areas may be reduced with the caveat that if a Patient states they feel uncomfortable with being close to them, provision is made for increased distancing whenever possible
- Planned elective admissions (including those having ECT treatments) should be tested using LFDs, in advance of admission. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that they have a planned upcoming admission. Patients should inform their treating trust if they test positive, and should be asked to provide proof of testing (text or email from the gov.uk website) on admission.
- Time should be made to ensure all multi patient use equipment is cleaned in between each patient use when creating outpatient clinic appointments

## Appendix 5

### Community Services:

- Staff in patient facing roles are encouraged to take twice weekly lateral flow tests and report results on gov.uk. All staff are encouraged to register as an NHS worker
- If your work involves you visiting care homes you will be required to carry out a lateral flow test each day prior to working and register the results
- Do not attend work if you feel unwell or if you test positive for COVID-19
- Do call your line manager and the test and trace line if you test positive for COVID-19 on **01375 364631**
- **Do not contact EPUT test and trace if you are a known COVID-19 contact- inform your line manager who will advise you on the course of action to take**
- When based in the office on your own you do not need to wear a face mask
- Do clean your working equipment at the start and end of each working day using a universal wipe
- Ensure you open windows in your office to assist with ventilation
- Do wear a face mask if you are moving around the building
- **Please refer to the document above for specific PPE information**
- Fluid resistant surgical masks to be worn whilst seeing service users at all times
- Eye protection (visors/ goggles) to be risk assessed as per advise above
- Staff must continue to distance when having their breaks as masks will be removed
- Patient group work may resume. All patients to be encouraged to wear a face covering whilst attending
- Clinical areas and break rooms must continue to be ventilated when safe to do so
- Staff to be encouraged to take breaks outside when weather and environment allows
- Staff must replace their mask with a clean one, when they have finished eating or drinking

## COVID-19 testing, stay at home and return to work guidance from 1<sup>st</sup> April 2022

### 1. If you develop any COVID-19 symptoms, no matter how mild

- Follow the government's stay at home guidance – link on last page.
- Inform your manager that you are off sick with COVID-19 symptoms: this will enable your manager to update the electronic rostering system with your COVID-19 sickness status.
- Carry out a lateral flow test and report the result via the gov.uk portal
- If at work, inform your line manager and return home as soon as possible
- **Call the Trust's Test and Trace line on 01375 364631 to report symptoms.**

### 2. COVID-19 and respiratory illness symptoms include:

continuous cough

high temperature, fever or chills

loss of, or change in, your normal sense of taste or smell

shortness of breath

unexplained tiredness, lack of energy

muscle aches or pains that are not due to exercise

not wanting to eat or not feeling hungry

headache that is unusual or longer lasting than usual

sore throat, stuffy or runny nose

diarrhoea, feeling sick or being sick

- If you have any of the symptoms above take a lateral flow test if this is negative you may return to work when you are well enough to do so providing you do not have a raised temperature
- All patient facing staff should resume twice weekly lateral flow testing having completed one 48hrs after the LFD taken when symptoms first developed

### 3. If you have received a positive SARS-CoV-2 self-reported lateral flow device (LFD) antigen test result

- Following a positive test result – **Lateral Flow or PCR** - (whether you have symptoms or not), **do not come to work.**
- Inform your manager.
- **Call the Trust's Test and Trace line on 01375 364631 to report positive result.**
- If LFD positive – you must log your positive result on the Gov.UK portal and provide the return email proof to your manager.

### Ending isolation

- You may be able to end your self-isolation period before the end of the 10 full days by undertaking an LFD test on the 5<sup>th</sup> day and 6<sup>th</sup> day of your isolation period (24 hours apart).
- If both these LFD test results are negative, you may return to work on day 6, **under the following conditions only:**
  - If the staff member works with patients or residents who are especially vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment for the remainder of the 10 day isolation period.

- Your symptoms have resolved, or the only symptoms are cough or anosmia (loss of taste or smell) which can last for several weeks.
- You must continue to undertake daily LFD tests on day 7, 8, 9 and 10 of your isolation period.
- If any of these LFD test results are positive you must isolate and should wait 24 hours before taking the next LFD test
- If the LFD test is positive on the 10th day, AND you have NO symptoms, your manager should undertake a risk assessment with a view of you returning to work on day 11, depending on the work environment.
- If you are still positive on day 10 and you continue to have symptoms, you must continue to isolate and continue to daily lateral flow device (LFD) test until a negative result or until day 14. If still positive at that point it is considered unlikely that you will be infectious so you can return to work on day 15 providing you are medically fit.
- See **RISK ASSESSMENT – Staff return to work early following receiving a positive result** (available on intranet)
- On working days, the LFD test should be taken prior to beginning your shift, as close as possible to the start time
- You must continue to comply with all relevant infection control precautions and PPE must be worn properly throughout the day

**If you do not meet these criteria** and are therefore not eligible for early release from isolation, you must isolate for a minimum of 10 days, and may return to work on day 11 if well enough. No negative test result is required for this return.

After 10 days if you still feel unwell and have symptoms other than cough or loss/change of sense of smell/taste (these symptoms can last for several weeks after the infection has gone), you must continue to self-isolate until you feel better and have been without a temperature for at least 48 hours.

If you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 10-14 days, then contact your GP or use the [NHS 111 online](#) COVID-19 service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

#### **4. Action to take if you are contact of a COVID-19 positive case outside work**

- If you do not have symptoms you may continue to attend work
- Continue with twice weekly lateral flow testing- A PCR test is not required
- Do not attend work if you develop any symptoms however mild
- Do inform your line manager for information purposes only
- Do not inform the EPUT test and trace line
- If your contact is with a member of the same household who is positive please advise them to follow the national stay at home guidance
- Have discussion with your line manager with regards to reducing the risks of transmission when at work
- Consider working from home if non patient facing staff
- Staff must comply rigorously with all IPC policies

## **Additional links:**

**GOV.UK – Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result:** <https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection>

**GOV.UK – news story: Government sets out next steps for living with COVID:**  
<https://www.gov.uk/government/news/government-sets-out-next-steps-for-living-with-covid>

**GOV.UK – Stay at home guidance:** <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

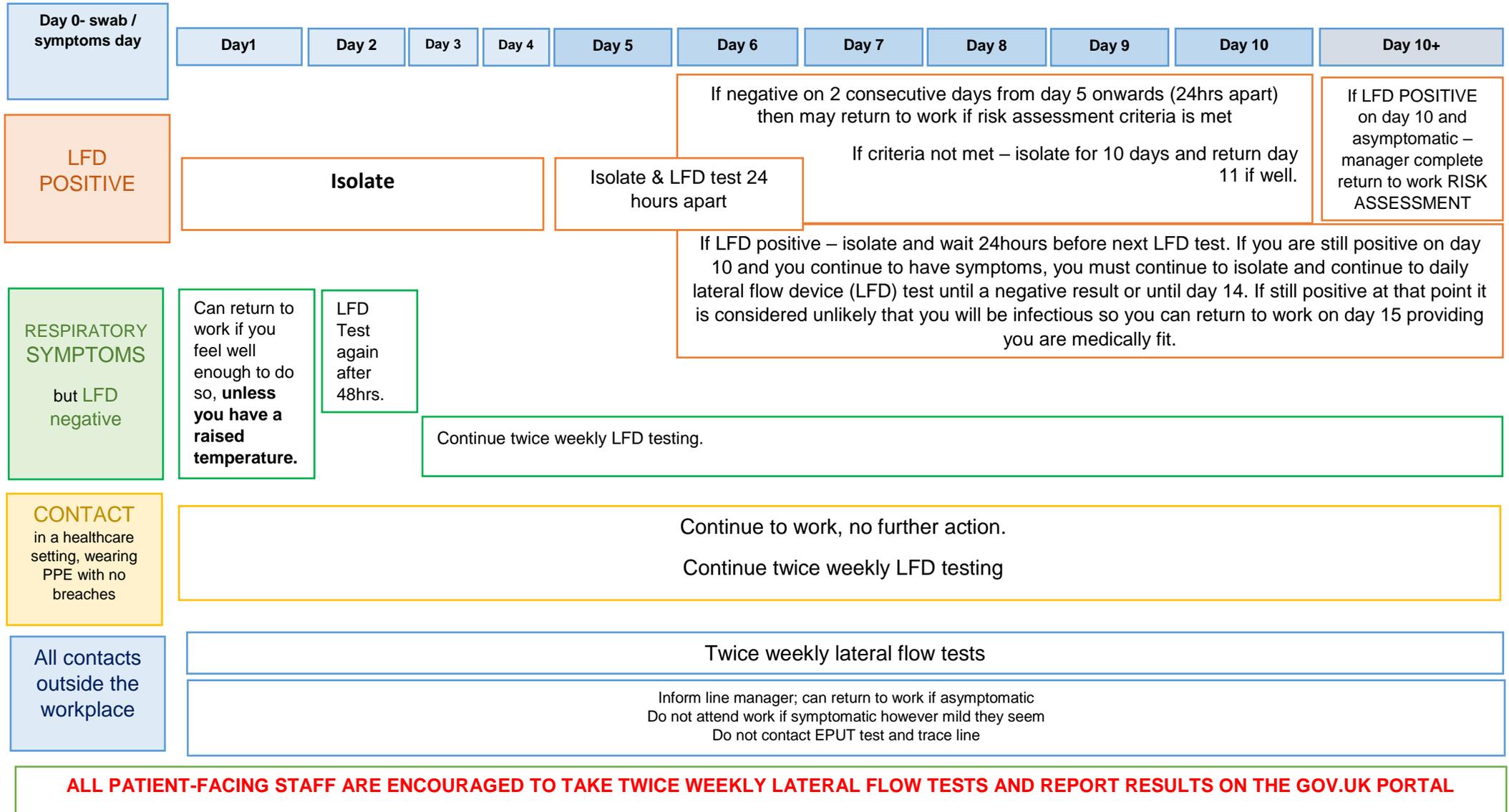
**NHS – Test results and what to do next:** <https://www.nhs.uk/conditions/coronavirus-covid-19/testing/test-results/>

**NHS – who is at high risk from coronavirus (COVID-19):**  
<https://www.nhs.uk/conditions/coronavirus-COVID-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/>

**GOV.UK – Management of staff and exposed patients or residents in health and social care settings:** <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

N.B. The emerging evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges  
01/04/2022 KH/ AW/ V3

**Guidance for Lateral Flow Device (LFD) POSITIVE staff members AND staff members who are identified as CONTACTS who have had a single contact with a positive case, including in a healthcare setting**

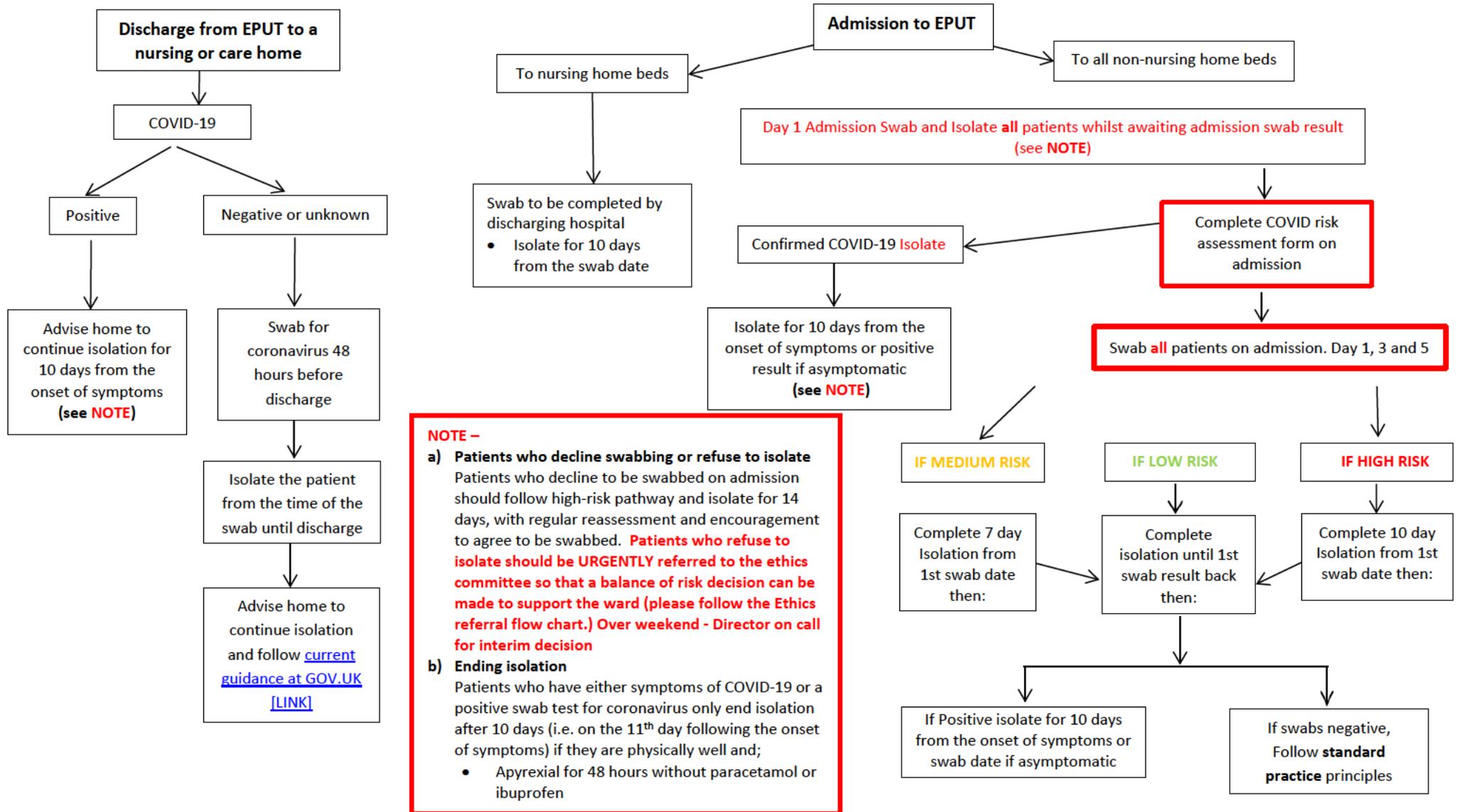


**LFD Note:** It is a legal requirement to submit the results on your LFD test via the gov.uk website <https://www.gov.uk/report-covid19-result> this will provide the email evidence required.

## Guidance on COVID-19 testing for EPUT patients on admission and discharge

### Standard practice for all EPUT inpatients:

- Ensure IPC and PPE standards are maintained – remember increased hand hygiene, correctly wear a facemask, maximise fresh air
- Routine physical health observations (MEWS/NEWS2) QDS
- Immediately isolate and swab test all patients with clinical symptoms or signs of COVID-19 **OR** any respiratory tract infections – sore throat, runny nose, headache, body aches, chills, abnormal fatigue however mild



## Inpatient diagnostic sampling for COVID-19 - standard operating procedure April 2022

*Please note: The emerging evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges*

### Scope of this guidance

This guidance gives details on the procedures and equipment required for inpatient sampling in those persons who have been identified as per the below case **definition** within the PHE guidance below:

### Patients who meet the following criteria (inpatient definition)

#### A. Existing inpatients

[Definition of a possible COVID-19 as of 28 September 2020 \(GOV.UK\) \[LINK\]](#)

- New continuous cough
- Temperature  $\geq 37.8$  °C
- Loss of, or change in normal sense of smell (anosmia) or taste (agesusia).
- In addition, staff must be alert to atypical presentations of COVID-19, especially in older or vulnerable people. COVID-19 may present as delirium, or as silent hypoxia (low oxygen saturation but few additional symptoms), or with a normal temperature.
- All new inpatient admissions are to have a negative PCR result within 48hrs of transfer to an EPUT unit
- All new inpatient admissions are to have a PCR test on admission followed by lateral flow tests on day 3 and 5 following admission

Please follow guidance as outlined in **Swabbing Flow Chart** on page 5.

#### B. New admissions/transfers/planned discharges

Please follow guidance as outlined in **Swabbing Flow Chart** on page 5.

### Swabbing preparation

To be carried out by two members of staff – buddy to wait outside the room with the second sample plastic bag.

- Fill in patient information on the swab label before entering the room.
- Download and complete the [Mid and South Essex COVID PCR test request form \[LINK\]](#)
- **NB:** Please ensure that site and ward details are included on the form so that the results can be returned swiftly.

### Swabbing procedure

Put on PPE, in this order:

1. Apron
  2. Fluid resistant surgical face mask (FRSM)
  3. Eye protection
  4. Disposable gloves - please double glove
- Taking the swab, disinfectant wipes and clinical waste bag, locate patient in their bedroom, close the door.
  - Take sample with door shut – **throat and nose swab – use 1 swab and swab throat first.**

- Wipe down the sealed swab container with disinfectant wipes and then wipe down gloved hands
- Wrap sample in absorbent sheet.
- Put samples in zip lock bag and seal
- Remove outer short gloves. Place contaminated gloves in clinical waste bag.
- Taking sample, wipes and clinical waste bag, leave room and shut door.
- Wipe down disinfectant wipe pack and dispose of wipes in clinical waste bag.
- Sampler to then remove PPE in this order, into clinical waste bag with first set of gloves:

### **The order and procedure of removal of PPE should be:**

1. Remove gloves:
  - grasp the outside of the glove with the opposite gloved hand; peel off
  - hold the removed glove in gloved hand
  - slide the fingers of the un-gloved hand under the remaining glove at the wrist
  - peel the remaining glove off over the first glove and discard
2. Perform hand hygiene
3. Remove apron:
  - Pull straps from behind waist and neck, roll from the inside and place in clinical waste
4. Remove eye protection:
  - only by the headband or sides and clean/wipe down well with disinfectant wipes.
5. Remove FRSM:
  - lean forward slightly,
  - reach to the back of the head with both hands to untie straps,
  - let the mask fall away from your face and dispose in clinical waste. Seal waste bag and dispose into a clinical waste bin.

Perform hand hygiene.

Place the completed request form into the form slot of the transport bag, with the sample.

### **Recording**

1. Document in patient's notes that a sample has been collected and sent off to the lab.
2. Complete a Datix report that swab has been taken.

### **Courier collection of samples**

#### **Admission PCR swabs:**

**The following sites would not need to request a collection, but must ensure that all swabs are ready by the scheduled collection time. Swab collections will be scheduled as follows;**

- 9.15am - Thurrock Community Hospital
- 10.00am – Rochford Hospital (all wards)
- 10.30am – Basildon MHU (Reception)
- 11.00am – St Margaret's Hospital (Poplar Ward)
- Midday – Kingswood Unit (Peter Bruff Unit)
- 1.30pm – Linden Centre (Reception)

**The following sites are still required to submit requests from Swab collections via email addressed to: [epunft.c19swab@nhs.net](mailto:epunft.c19swab@nhs.net).**

**These must be submitted by 10am**

- Brockfield House
- Byron Court
- St Aubyn Centre (Larkwood & Longview)
- 439 Ipswich Road



## COVID-19 Nasal/throat swab procedure

If only one swab then swab throat first, then the nose with the same swab.

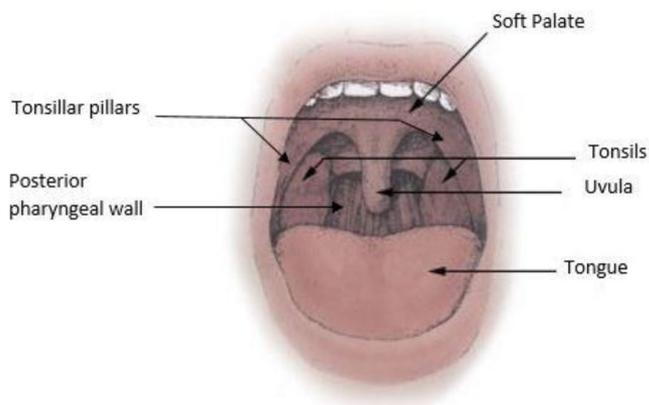
### Nasal swab

- Using a viral medium swab
- Tilt patient's head back 70 degrees
- While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinates)
- Rotate the swab several times against nasal wall and repeat in other nostril using the same swab



Place tip of the swab into sterile viral transport **throat swab**

- Take a viral medium swab, insert into mouth, and swab the posterior pharynx and tonsillar areas (avoid the tongue)
- Place tip of swab into sterile viral transport media tube and cut off the applicator stick and seal

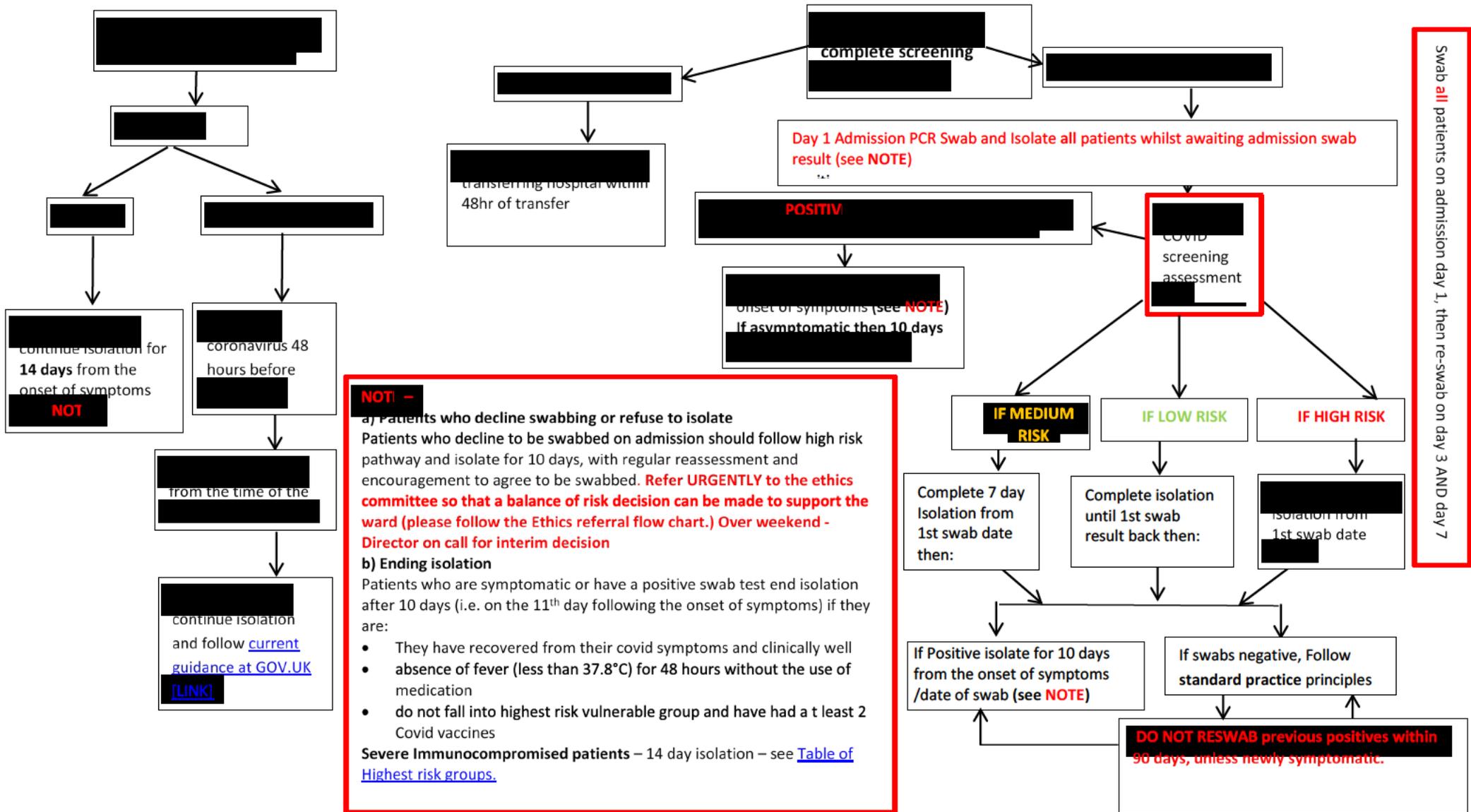




Ensure IPC and PPE standards are maintained – remember increased hand hygiene, correctly wear a face mask, keep 2 metre distancing, maximise fresh air

Routine physical health observations (MEWS/NEWS2) in accordance with patient’s risk status (see COVID-19 Risk assessment)

Immediately isolate and swab test all patients with clinical symptoms or signs of COVID-19 OR any respiratory tract infections – sore throat, runny nose, headache, body aches,





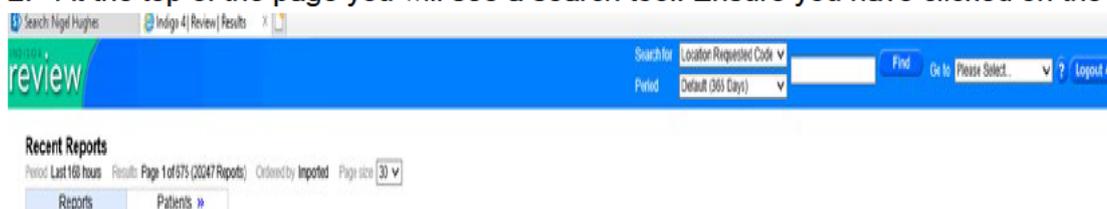
## Step by step process to access the COVID-19 swab results on MEHT Review

1. <https://review.meht.nhs.uk/review/login.aspx>

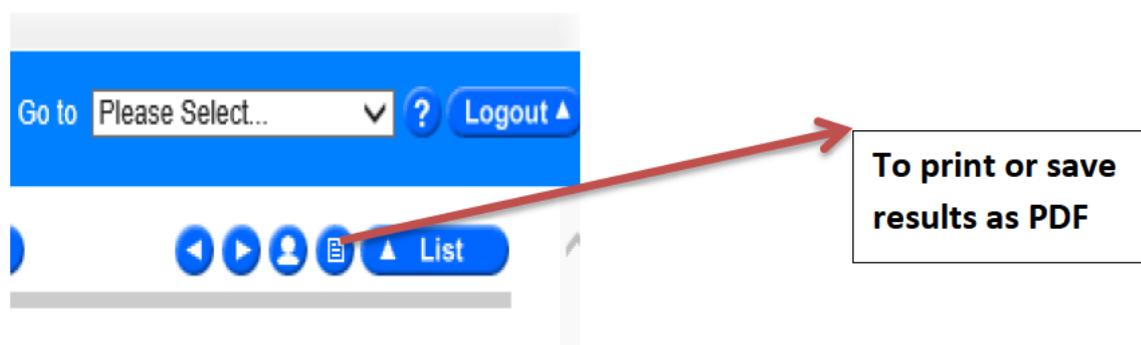
Login using the Login Name & temporary password you will have been emailed to your NHS account from [Jason.Chapman@meht.nhs.uk](mailto:Jason.Chapman@meht.nhs.uk) (**This is for search purposes only. Do not contact Jason**). Please search your inbox & junk mail for these details.

If you need access to access the COVID results please email your request to [victoria.reeves2@nhs.net](mailto:victoria.reeves2@nhs.net)

2. At the top of the page you will see a search tool. Ensure you have clicked on the reports tab



3. Under Search For selected Location Requested Code  
Example: EPUTGRAN for the Grangewater
4. There will then be a list of Patients who have had Swabs sent to the Lab. If they have a tick on the right hand side they have been viewed. A cross means they have not been viewed
5. COVID swab results will have a [CVPA](#) code against them. If it states [ONON](#) this result is either inadequate or not labelled or bottled properly so please ensure this is a red top Vial and labelled with the correct location code
6. To view the results click on the View button on the left hand side. This will take you into the result.
7. To print of this result go to the top tab, next to List there is a paper symbol, Click this and either save as PDF or print



8. To exit the result Click on the List button and this will return to the list of patient under the location code in the search tab.
9. Please be reminded to update Electronic Patient Records & Datix.

Please see below the location codes for each ward

Assessment Unit	EPUTASSE
Hadleigh Unit	EPUTHADL
Grangewater	EPUTGRAN

Chelmer, Derwent	EPUTCHEL
Stort	EPUTSTORT
Byron Court	EPUTBYRON

Thorpe	EPUTTHOR
Causeway	EPUTCAUS
Dune	EPUTDUNE
Alpine	EPUTALPI
Aurora	EPUTAURO
Forest	EPUTFORE
Fuji	EPUTFUJI
Lagoon	EPUTLAGO
439 Ipswich Road	EPUT439
Ruby ward	EPUTRUBY
Topaz ward	
Rawreth Court	
Cedar	EPUTCEDAR
Willow	EPUTWILL
Beech (Rochford)	EPUTBEECH
Poplar Unit (Rochford)	EPUTPAU
CICC	EPUTCICC
Avocet	EPUTAVO
Poplar (St Margaret's)	EPUTMPOP
Plane (St Margaret's)	EPUTPLANE
Beech (St Margaret's)	EPUTMBEEC

Peter Bruff (ass unit)	EPUTBRUF
Henneage	EPUTHENN
Ardleigh	EPUTARD
Gosfield	EPUTGOS
The Lakes ECT Suite	EPUTLAKE
Tower	EPUTTOWER
Bernard	
Edward House	EPUTEDWA
Rainbow	EPUTRAIN
Finchingfield	EPUTFINC
Galleywood	EPUTGALL
The Christopher Unit	EPUTCHRIS
Robin Pinto	EPUTPINTO
Clifton Lodge	
Larkswood	EPUTLARK
Longview Ward	EPUTLONG
Kitwood, St Mgt's	EPUTKIT
RODING	EPUTROD
Gloucester	EPUTGLOU
Meadowview	EPUTMEAD
Woodlea Unit	EPUTWOOD

We have been notified by MSE that swab results will not be processed unless they are in the red topped M4RT swab vial.

Also please ensure the patient's details including name, DOB, NHS number, ward name, ward location and test code are on the label when collected so these can be processed correctly in a timely manner.

