

Respiratory Infections including Covid-19 Standard Operating Procedure (SOP) v2.1 06/04/2023

COVID-19 amongst other viral respiratory infections remain in general circulation. The trust continues to support safe systems of working, including hand hygiene, the use of personal protective equipment (PPE), cleaning the environment and equipment, and improving ventilation.

This SOP provides information for staff on those key measures that support a reduction in the risk of viral respiratory infections being transmitted from person to person.

The trust continues to adopt national guidance and the information and advice for health and care professionals can be accessed below and on SharePoint.

[COVID-19: information and advice for health and care professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/covid-19-information-and-advice-for-health-and-care-professionals)

[Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result)

It is important to note that this national guidance is supported by the national infection prevention and control manual for England that can be accessed here:

[National-infection-prevention-and-control-manual-v2-4-250123.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/national-infection-prevention-and-control-manual-v2-4-250123.pdf)

Which includes guidance on both standard and transmission-based precautions.

The following sections provide information and useful resources for staff on how this national guidance is to be implemented in the trust.

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1. Testing for patients

There is no routine asymptomatic testing in any setting except for the NHS, where testing of patients prior to discharge into an adult social care setting or hospice will remain. If any inpatient develops signs or symptoms of Covid 19 they should be supported to isolate and collect a LFD test. All LFD test results are entered into the patient's record (as instructions below for RiO).

If the patient declines a COVID 19 test for any reason, continue to attempt testing if safe to do so.

1.1 How to record a Lateral Flow Device (LFD) Test result within RiO

All LFD test results (positive, negative or void/invalid) must be recorded in patient's electronic record unless advised otherwise by the Infection Prevention and Control Team.

The 'COVID Routine Testing Form' within RiO has been updated to include LFD test results in order to meet national reporting requirements.

An additional Field has been added to specify if the test is 'Lateral Flow/PCR':

Type of Test Please Select

Lateral Flow/PCR Please Select

If 'Lateral Flow' is selected and the patient consents to the test then three new fields will be shown as below:

Lateral Flow Device Specimen ID

Lateral Flow Test Specimen Type Please Select

Lateral Flow Test Result Please Select

Lateral Flow Device Specimen ID' should capture the Serial Number from the lateral flow device:



Lateral Flow Test Specimen Type' captures if the specimen was 'Nose' 'Throat' or 'Nose & Throat'.

Lateral Flow Test Result' captures if the specimen was 'Positive', 'Negative', or 'Void'.

Safeguarding | CAMHS & CPS | Seclusion | MHA/Legal Framework | **Physical Health** | Medication Monitoring

Covid-19 PCR Test Results
The panel has no data to display.

Covid-19 LFD Test Results

Date/Time Test Offered	Test Type	Patient Consent	Result of Test or Reason for No Consent
28 Jun 2022 13:37	3 Day Follow Up (Admission)	Yes	Positive
17 Jun 2022 09:02	3 Day Follow Up (Admission)	Yes	Positive
14 Jun 2022 11:49	Admission	Yes	Negative

2. COVID-19 isolation and stepdown guidance

1. If any patient develops COVID-19 symptoms, ensure a LFD test is completed where possible.
2. Ensure decisions for stepdown are supported by a documented clinician review.
3. Information leaflets are available – please see Appendix A.
4. Patients should be supported to isolate till Day 6 where at all possible, with an associated care plan and medical review.
5. There is no need for any further testing if patient is asymptomatic and well on Day 6.
6. First Day of positive or symptomology is classed as Day 0.

1 st April	2 nd April	3 rd April	4 th April	5 th April	6 th April	7 th April
Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Symptoms/Positive LFD - Infectious						Unlikely to be infectious

2.1 Contacts

1. Patients may be identified as a COVID-19 contact individually, or as a cohort or 'contact bubble', as part of any incidence or as part of outbreak management.
2. Inpatients identified as contacts are no longer required to isolate if they are asymptomatic or be regularly tested anymore. If there are any areas where there is a higher risk due to Covid-19 infection, the IPC team with the DIPC will agree a contact screening regime. i.e. Older Peoples Wards and Longridge.
3. It is important to ensure that patients within any cohort or 'contact bubble' maintain similar COVID-19 exposure risks/timelines i.e. 10 days when transferring between wards/departments. This is not recommended unless it is for essential clinical need.

3. COVID-19 care plan

This care plan is to be completed as soon as a patient develops symptoms or tests positive for COVID 19 infection/viral respiratory infection, even if they are asymptomatic.

PATIENT INFORMATION						
First Name:			Location/Ward:			
Surname:			Date of Birth:			
			NHS Number:			
Symptomatic	Yes	No	Date of admission:			
Asymptomatic	Yes	No				
Describe symptoms:			Patient admitted from:			
Date of discharge:			Date Lateral Flow Device (LFD) Test collected if applicable:			
Date IPC Team informed:			LFD test result (positive/negative/inconclusive/void):			
Patient isolated in single room	Yes	No	Patient Leaflet given	Yes	No	
Other patients on the ward with symptoms	Yes	No	Post incident review (PIR) not routinely required for individual cases of COVID-19 unless as part of an outbreak – has a PIR been requested?	Yes	No	
Number of patient contacts			Patient on leave in preceding 2 weeks, including grounds leave/AWOL:	Yes	No	
Enhanced cleaning implemented Full ward twice daily and touch point cleaning	Yes	No	If yes give details _____			

Notes – include any useful information regarding patient care and treatment:

Section 1 - Risk Assessment: Has the patient any of the following;		Yes	No	If Yes give details:
1	Been admitted to any inpatient care area where COVID-19 has been suspected or confirmed?			
2	Known respiratory disease?			
3	Recently treated for a chest infection?			
Had any of the following COVID-19 like symptoms:		Yes	No	If Yes give details
4	Fever			
5	Coughing			
6	Lack of taste and smell			
7	Difficulty in breathing			
8	General weakness / Fatigue			
9	Pain / Headache			
Suspect that the patient may have COVID-19 Infection Prevention - Immediate actions:-				Completed (sign) or (variance code)
1	Inform the medical team for clinical review			
2	Isolate the patient into a single room immediately and ensure well / adequately ventilated if possible			
2	PPE Gloves, aprons, masks and visors for all care (keep room door closed if possible)			
3	NEWS 2 score to be completed at least 12 hourly and escalate as per Physical Health in Mental Health/Learning Disabilities Policy			
4	Hand decontamination			
5	LFD Test	Time/Date:		RESULT
6	Comfort - ensure that the patient understands the need to isolate and is supported throughout the isolation, i.e. OT input, ensure patient can call staff (nurse call), electronic equipment, iPad/TV/phone, risk assess patient PPE (FRSM) use, nicotine replacement therapy (if appropriate)			
7	Hydration & Nutrition:- <ul style="list-style-type: none"> access to a choice of fluids in the patients room and monitoring in place food choices given and snacks made available in the patients room 			
8	Cleaning – introduce Tristel cleaning twice daily (book with Domestic helpdesk) and ensure increased cleaning frequency of high touch points and associated equipment is maintained			
9	Waste - is the correct waste stream in use = orange bag for infection			

4. COVID-19 actions including outbreak management

AN OUTBREAK IS WHEN TWO OR MORE PATIENTS ARE IDENTIFIED AS COVID-19 POSITIVE WHO ARE LINKED IN TIME/PLACE

- a) Commence COVID-19 Care Plan for all patients who test positive

- b) Email IPC@lscft.nhs.uk to report all patients and identified contacts, including ward/department and NHS numbers
- c) Complete an IRIS once any COVID-19 outbreak has been confirmed
- d) Complete a post incident review (PIR) for confirmed COVID-19 outbreak and email to IPC@lscft.nhs.uk
- e) Asymptomatic contact screening will be based on risk assessment and agreed with the DIPC – continue to closely monitor all identified contacts for signs/symptoms of respiratory infection and complete a LFD test if symptoms develop.
- f) Complete the COVID-19 checklist daily and hold at ward/department level.
- g) Commence an outbreak log to maintain accurate records
- h) Maintain compliance with IPC standards, including 'bare below the elbows'.
- i) Allocate dedicated staff and equipment for COVID-19 positive patients where at all possible.
- j) Maintain good ventilation and escalate if ventilation appears reduced.
- k) Use orange waste stream for clinical waste disposal.
- l) Log a task for twice daily cleaning (full ward/department) using Tristel.
- m) Ward/department staff to also clean all touch points frequently throughout each day using Tristel.
- n) Use red alginate linen bags for laundry if patient is COVID-19 positive and launder at 60° if able, otherwise to the highest temperature items will tolerate.
- o) Ensure adequate supplies of all consumables are maintained.
- p) Ensure correct signage is displayed.
- q) Follow visiting guidance for all visitors to the ward/department.
- r) Risk assess visiting for all outbreak spaces via OCT.
- s) If admissions to the ward/department are being considered, ensure associated risk assessments are completed

5. Guidance for mask wearing

The following table provides guidance on which mask needs to be worn when, and is for the most common locations/activity and is not exhaustive.

Key:

- FRSM Fluid resistant surgical mask
- AGP Aerosol generating procedure
- PPE Personal protective equipment

It is important to note that this guidance makes reference to mask wearing only and it is essential that staff continue to follow IPC guidance for PPE when caring for a patient with suspected/confirmed COVID-19 infection, or a patient who has symptoms of a respiratory infection if no AGPs. Mask wearing also applies to any respiratory outbreak area.

Staff members who are unable to wear Trust approved face masks must not work in clinical environments where masks are required. Consider temporary redeployment to another ward/team where masks are not required, if mask wearing becomes a requirement in any area.

Level 2 PPE: FFP3 mask, long sleeved fluid repellent gown, gloves and goggles or visor must be worn when caring for any patient with suspected/confirmed COVID-19 infection, or a patient who has symptoms of a respiratory infection **and is undergoing an AGP.**

This guidance is supplemental to the national guidance for personal protective equipment (PPE), including the correct methods for donning and doffing PPE, that is included within the national infection prevention and control manual.

Who is affected?	Location	Assessment	Mask Required
All staff, patients and visitors	Outbreak ward	All areas of the ward	FRSM (if no AGPs)

All staff	Non-outbreak ward	When caring for a patient with suspected/confirmed COVID-19 infection or symptoms of a respiratory infection – within 2 metres	FRSM (if no AGPs)
All staff	Emergency Assessment	When caring for a patient with suspected/confirmed COVID-19 infection or symptoms of a respiratory infection – within 2 metres	FRSM (if no AGPs)
All staff	Community settings	When caring for a patient with suspected/confirmed COVID-19 infection or symptoms of a respiratory infection – within 2 metres	FRSM (if no AGPs)
All staff	All clinical settings	When caring for any patient with severe immunosuppression ¹ – within 2 metres	FRSM
All staff	All clinical settings	When caring for a patient with suspected/confirmed COVID-19 infection or symptoms of a respiratory infection who is undergoing an AGP (not resuscitation)	FFP3 standard respiratory protection
Any patient with suspected/confirmed COVID-19 or respiratory symptoms	Shared spaces, communal areas, waiting rooms, outpatient settings etc.	If a mask can be tolerated	FRSM
Any patient with suspected/confirmed COVID-19 or respiratory symptoms	Single room/bedroom etc.	Only if others enter the single room i.e. to provide care, visitors etc. If a mask can be tolerated	FRSM
Any patient with suspected/confirmed COVID-19 or respiratory symptoms	When transferring from one care area to another	If a mask can be tolerated	FRSM
All patients	Any setting outside of an outbreak ward	Personal preference	FRSM
All visitors	Any setting outside of an outbreak ward	When visiting any patient with severe immunosuppression ¹	FRSM
All visitors	Any setting outside of an outbreak ward	When visiting a patient with suspected/confirmed COVID-19 infection or symptoms of a respiratory infection	FRSM
All visitors	Any setting outside of an outbreak ward	Personal preference	FRSM (or face covering if FRSM not indicated)

6. Patient leave guidance

Any patient who tests positive should wear a face mask where possible and remain on the ward and distanced from others, particularly those who are vulnerable. Leave may resume where the patient is well on Day 6.

7. Visiting guidance

A COVID-19 information leaflet for visitors is available – please see Appendix B.

No patient should have to attend any appointment or healthcare attendance on their own, unless it is their personal choice to do so.

- Patients may wish/need to be accompanied by somebody important to them in any healthcare setting, including outpatients, diagnostics, emergency departments etc.
- Patients may also be accompanied where appropriate and necessary to assist their communication and/or to meet their health, care, emotional, religious or spiritual care needs.
- If accompanying a patient to their appointment, anyone in attendance will need to be able to tolerate a face mask, as this may be required.

7.1 Visiting restrictions

We need to provide clear communication to visitors and patients to ensure they understand when visiting, or accompanying a patient to an appointment is restricted. They must not visit or attend an appointment with a patient:

- If they are COVID-19 positive.
- If they are showing any signs or symptoms of COVID-19 infection or feeling unwell for any other reason, respiratory symptoms like Flu, diarrhoea or vomiting, unknown rashes.

7.2 COVID-19 outbreaks

If the Trust declares an inpatient outbreak or cluster of infection, then normal infection prevention and control measures will be reinstated, overriding all existing visiting guidance. In this event, visitors will need to be informed of visiting restrictions due to any outbreak or cluster, with visiting restricted to 'BY APPOINTMENT WITH THE NURSE IN CHARGE ONLY'. This is to help limit the effect that this outbreak has on the Trust and the wider population, as any visitors to the ward are at risk of developing the infection themselves and becoming unwell.

Immediate action:

- Ensure that patients are provided with the appropriate information about the outbreak, including information leaflets.
- Contact each next of kin and explain that visiting is restricted, request that the next of kin disseminates this information to other potential visitors. Explain why and include that this is to help prevent the outbreak spreading and others becoming ill.
- Visiting may also be arranged where there are extenuating circumstances, including end of life, a deterioration in patient condition or that not having visitors would be detrimental to the patient's condition. This is not exclusive and there may be other circumstances when visiting may be allowed based upon the judgement of the nurse in charge.
- Visiting is not allowed if visitors are physically unwell themselves for any reason. Children, frail, elderly people or people at increased risk of infection should always be discouraged from visiting unless there are extenuating circumstances.
- Any visitors must be advised to undertake hand hygiene, wear appropriate PPE if required for the causative organism e.g. FRSM for COVID-19 and maintain a minimum distance of 1 metre from the patient.

8. COVID-19 testing for staff and return to work guidance

The guidance for all healthcare workers within LSCFT is as follows:

- Staff who have symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to go to work, are advised to stay at home and avoid contact with other people.
- Staff are not required to take a COVID-19 test and should follow the [guidance for people with symptoms of a respiratory infection including COVID-19](#). They should stay at home until they no longer have a high temperature (if they had one) or until they no longer feel unwell.
- If staff members have a COVID-19 test for some reason and have a positive result, regardless of whether they have symptoms, they should follow [guidance for the general public who have a positive test result](#).

- There is no longer a requirement for staff who test COVID-19 positive to have two consecutive negative LFD tests before they return to work.
- If staff providing direct care to patients who are severely immunosuppressed develop symptoms of a respiratory infection and have a high temperature, or do not feel well enough to go to work, they should take an LFD test. If this test is negative, they can attend work if they are well enough to do so
- If staff are returning to work 5 or more days following a positive COVID-19 test result, the following information will support line managers, if a risk assessment is required.

Consider:

- o redeployment to lower risk areas up to day 10 after symptom onset or the first positive test result
 - o asking staff to wear a surgical face mask up to day 10 after symptom onset or the first positive test result
 - o negative results on LFD test prior to returning to work
- If staff are identified as a close contact of a confirmed case of COVID-19 i.e. living in the same household or overnight stay, they should inform their line manager and monitor themselves for symptoms of a respiratory infection for the following 10 days. Staff are able to attend work during this time – consider risk assessment (as above), if staff routinely work with patients who are severely immunosuppressed. If staff develop any symptoms during these 10 days, they should follow the [guidance for people with symptoms of a respiratory infection including COVID-19](#).
 - Staff should discuss any queries they may have with their line manager, or contact the Infection Prevention and Control Team via: IPC@lscft.nhs.uk

All healthcare staff must continue to comply with all relevant infection prevention and control risk reduction measures at all times, including appropriate PPE use when this is required.

9. COVID-19 daily checklist - COVID-19 DAILY CHECKLIST: POSITIVE CASE AND/OR OUTBREAK DECLARED

The COVID-19 daily checklist is to be commenced when any COVID-19 positive patient is identified on a ward/unit.

DATE	WARD	WARD MANAGER	MATRON	LEAD NURSE

1	Staff consistently practice good hand hygiene and all high touch surfaces, and items are decontaminated multiple times every day, with systems in place to monitor adherence			
Questions	Yes	No	Comments/Actions	
Good Hand Hygiene Practice Observed				
Are hands washed/sanitised as per 5 moments of hand hygiene?				
Systems are in place to monitor hand decontamination?				
Frequently touched surfaces are cleaned each shift?				
Patients wash their hands prior to meals?				
Patients asked to wash their hands throughout the day either at a sink or by using hand wipes?				
2	Staff maintain distancing in the workplace and when travelling to work when possible			
Questions	Yes	No	Comments/Actions	
All staff are maintaining distance in the work place where able to do so?				
All staff consider travel to and from work safely. If car sharing maintain safe distancing/good ventilation?				
Recommended distancing guidelines are being adhered to? Observe ward areas etc.				
Is crowding within rooms being avoided?				
Seating is arranged to ensure social distancing is maintained for all patient and staff areas?				
3	Staff wear the right level of PPE when in clinical settings, with systems in place to monitor adherence. Movement of staff between COVID-19 and non-COVID-19 areas is minimised.			
Questions	Yes	No	Comments/Actions	

The correct PPE is worn by all staff on the ward?			
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Staff are aware that they can wear a face mask in any clinical or non-clinical area if this is their personal preference?			
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There is restricted movement of staff between COVID-19 and nonCOVID-19 areas e.g. staff must not move from a COVID-19 ward to a non-COVID-19 ward during their shift?			
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Staff are adhering to dress code policy?			
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Risk assessments are in place for eye protection?			
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Donning and Doffing practice is correct?			
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PPE Donning and Doffing poster is displayed?			
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Do's and Don'ts of mask wearing poster displayed?			
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Is there PPE appropriately positioned with accessible foot operated bin, hand sanitiser, wipes, masks and eye protection if needed?			
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All visitors are advised on when to wear PPE and maintaining social distancing in healthcare settings?			
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The correct COVID-19 signage is displayed on entry to ward/clinic/treatment area/room?			
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All shared equipment is cleaned between each use?			
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4	Moving patients increases their risk of transmission of infection. For urgent and emergency care, hospitals should adopt pathways that support minimal or avoid patient bed/ward transfers for the duration of their admission (unless clinically imperative). The exception will be patients who need a period of care in a single room or other safe bed while waiting for their COVID-19 test results. On occasions when it is necessary to cohort COVID-19 or non-COVID-19 patients because of bed occupancy, then reliable application of IPC measures must be implemented. It is also imperative that any vacated areas are cleaned as per guidance.
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Questions	Yes	No	Comments/Actions
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Is the environment clean and clutter free - check corridors, flooring, desk spaces etc.?			
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Is there a cleaning check list in place following a patient's discharge (link for checklists below)?			
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Are COVID-19 positive/symptomatic patients isolated as per SOP?			
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Are COVID-19 positive patient bedrooms being cleaned twice daily with Tristel by the domestic provider?			
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Minimal patient transfers observed to decrease the risk of transmission?			
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5 Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of assessments is available.

Questions	Yes	No	Comments/Actions
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Are all COVID-19 positive results being emailed to IPC@Isaft.nhs.uk			
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6 Bays must be risk assessed and the concept of 'bed, chair, and locker' should be implemented. All wards should be effectively ventilated.

Questions	Yes	No	Comments/Actions
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Does the ward have good ventilation and staff are aware that assessment has been completed?			
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Are patients are able to socially distance when using internal facilities, or in communal areas within the ward/department?			
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7 Patient COVID-19 testing is undertaken

Questions	Yes	No	Comments/Actions
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System in place to undertake a LFD test for patients on admission if they have signs/symptoms of a respiratory infection?			
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System in place to undertake a LFD test for any inpatient who develops signs/symptoms of a respiratory infection?			
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System in place to undertake a LFD test for any patient being discharged to a care home?			
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All COVID-19 test results are recorded within the patient record – including if it has not been possible to complete a COVID-19 test for any reason?			
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8 Assure themselves, with commissioners that a trust's infection prevention and control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered.

Questions	Yes	No	Comments/Actions
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Are staff aware of their responsibilities in relation to IPC e.g. routine compliance with IPC practices for all patients all of the time, to reduce the risk of healthcare associated infection?			
Are all staff groups compliant with IPC mandatory training requirements?			
Ward/department has an improvement plan in place for any IPC non-compliance that has been observed/escalated?			
Local assurance monitoring is in place and reported through Network governance routes e.g. hand hygiene compliance, mattress audits, environmental cleanliness etc.?			
9	Review system performance and data; offer peer support and take steps to intervene as required.		
Questions			Comments/Actions
Is IPC and the outcome of each COVID-19 daily checklist discussed during handover?			
Have any additional IPC training requirements been identified?			
Is the outbreak log used where appropriate on safety brief/during handover to ensure that all staff are informed of patient's COVID19 status, including any COVID-19 contacts, plus any contact screen requirements (on outbreak wards) for each shift?			
Do staff know how to escalate any areas of concern or area for improvement?			
Do staff feel comfortable to supportively challenge their colleagues, sharing information on best practice?			
Does the ward/department have an identified IPC Link Practitioner who are empowered to support their colleagues?			
Are any local IPC improvement plans routinely shared with ward/department staff for discussion and planning?			



Staying safe from COVID-19 while you are in hospital

What is COVID-19?

Covid-19 is an infectious disease caused by the SARS-CoV-2 virus. People with COVID-19 can have very mild or no symptoms at all. This means they can spread the virus to other people without knowing. We provide care for vulnerable people and our staff see lots of patients each day. It is important we all take responsibility for reducing the spread of COVID-19. We want to keep you, your family, other patients and our staff safe. Because we care, we might ask you to do things differently while you are here. Keep hands clean, as COVID-19 and other viruses and bacteria can stay on surfaces for some time.

To protect yourself, staff and visitors, please wash your hands with soap and water or use hand sanitiser when needed. If you are unable to go to the sink, or use the hand sanitiser ask the staff for cleansing hand wipes.

Key times for hand hygiene include:

- before meals
- moving in and out of communal spaces/bedroom/bay (Longridge)
- after using the toilet
- after handling your mask
- after using tissues to blow your nose or for coughs and sneezes

Try not to touch your face (mouth, nose, eyes) as this is an easy way to spread the virus.

Wear a mask

Wearing a mask reduces the risk of you passing COVID-19 to other patients and staff, or to your visitors. It will also give you some additional protection if others have the virus. The following are some of the reasons that you may be asked to wear a mask while in hospital:

- If you have COVID-19 infection, or are suspected to have this
- If you have any symptoms of a respiratory infection
- If you are at increased risk of developing COVID-19 infection
- Within all areas of any setting where an increased risk from COVID-19 infection has been identified
- You can also wear a mask at any time if this is your personal preference

Surgical masks will be provided for you, if you need (or want) to wear a mask while you are an inpatient, or visiting our healthcare settings. Even if you don't have any symptoms, it is important you wear your mask properly (covering your nose and mouth).

You will need to remove your mask to eat and drink. As a minimum we ask that you wear your mask when away from your bed space and whenever you are unable to keep 1 metre away from others - for example when staff come into your space to provide care, or if you have visitors.

It is important to put on and take off your mask in a safe way. Ask the staff caring for you to show you how to do this. If you can't wear a mask for any reason, or rely on lip reading or facial expressions to communicate, please talk to your care team about what to do. We have transparent masks also available.

If you have a carer or visitor coming to see you on the ward, they may also be asked to wear a surgical face mask too.

Make space for others

Leaving at least 1 metre between you and other people is one of the main things you can do to reduce the risk of catching or spreading respiratory infections, including COVID-19. If you or others have COVID-19 infection or are suspected to have this, or if you have any respiratory symptoms, it is important to maintain this 1 metre distancing from others as much as possible. This would not apply if staff need to come into your room or bay (Longridge) to provide care.

Ensuring rooms are well ventilated can also reduce the risk of people developing COVID-19 infection.

Other ways of keeping everyone safe from COVID-19 in hospital

To help keep us all safe, please do not:

- sit on or visit other patients' beds/bedrooms
- share food and drink
- help other patients to walk or move about

This is important for carers and visitors too. If you or another patient needs something, please let staff know. Our staff are trained to help in a safe way.

Staying in your room/waiting space

We know it can be hard to stay in the same room for several days, but moving about can quickly spread the virus, especially if you do not know you have an infection. It also increases the chance of you catching one. Please do not visit other wards of the hospital unless you are asked to by a member of staff. If you are asked to stay in a waiting or treatment area, please stay there. If you think you need to go somewhere or want to get something (for example, food/drink or outside for fresh air), check with the staff first.

COVID-19 tests for people who are staying in hospital

We may need you to take regular COVID-19 tests (usually nose and throat swabs) to help reduce the spread of COVID-19. If you are asked to take a test, please do so. You can also discuss any questions you have with staff.

Will I be asked to isolate from others?

If you test positive for COVID-19, you might be moved to a room to keep people around you safe and so that we can provide you with the right type of care. You may need to remain isolated for up to 10 full days after testing positive for COVID-19. If you are well and do not have any symptoms, we may be able to reduce the time you spend in isolation to 6 days. This may differ from the COVID-19 guidance outside of healthcare settings, but helps to ensure that you cannot pass on the virus to patients that are more vulnerable to COVID-19 infections. Staff on the ward will support you with a care plan when you are isolating and will provide you with meals, drinks and communication tools so you do not need to leave your room. They will also provide you with resources to help keep you occupied.

How we will care for you

When you receive a positive COVID-19 result you will be reviewed by doctors and nurses on the ward. The nursing staff will share a COVID-19 care plan with you, and will answer any questions you may have. The Infection Prevention and Control Team (IPCT) will contact the ward every day to support the team on the ward, to look after both yourself and other patients.

Working together to protect each other

It's okay to remind doctors, nurses and other patients when we need to make space for each other, clean our hands, or cover our mouths and noses. Reminders can help us all to look out for each other.

More information

If you would like to know more about how we're trying to stop COVID-19 spreading and keep people safe, please ask a member of staff.

Protecting yourself and others from coronavirus



Wash your hands

frequently and thoroughly, for at least 20 seconds.

Use alcohol-based hand sanitizer if soap and water aren't available.



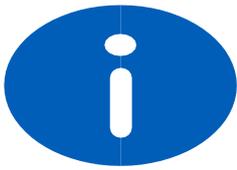
Cover your mouth and nose with a tissue when you cough or sneeze and then throw the tissue in the bin and wash your hands. Alternatively, cough or sneeze into your elbow



Avoid touching your eyes, nose and mouth with unwashed hands



Avoid close contact with people who are sick, sneezing or coughing.



Staying safe from COVID-19 when visiting people in hospital

The health, safety and, mental health and wellbeing of our patients and communities are a priority and we want to continue in our compassionate and caring approach to supporting patients and visitors in seeing each other, whilst keeping everyone safe.

What is COVID-19?

Covid-19 is an infectious disease caused by the SARS-CoV-2 virus. People with COVID-19 can have very mild or no symptoms at all. This means they can spread the virus to other people without knowing. We provide care for vulnerable people and our staff see lots of patients each day. It is important we all take responsibility for reducing the spread of COVID-19, as we want to keep you, our patients and our staff safe. Because we care, we might ask you to do things differently during your visit. Keep hands clean, as COVID-19 and other viruses and bacteria can stay on surfaces for some time.

To protect yourself and your loved ones, please wash your hands with soap and water or use hand sanitiser when needed. If you are unable to go to the sink, or use the sanitiser please ask a member of staff for cleansing hand wipes.

Key times for hand hygiene include:

- Before and after visiting someone, or attending a hospital/healthcare appointment with someone
- Before eating or drinking
- After using the toilet
- After handling your mask or face covering if you are wearing one
- After using tissues to blow your nose or for coughs and sneezes

Try not to touch your face (mouth, nose, eyes) as this is an easy way to spread the virus.

When can I visit?

Visiting is as usual. Please contact the ward or department prior to visiting to find out when it is possible for you to visit and to arrange a suitable time for this. We also have protected meal times.

Patients can also choose to have someone accompany them to any appointment or healthcare attendance, including outpatients, diagnostics or the emergency departments. This may be to assist their communication and/or to meet their health, care emotional, religious or spiritual care needs. Therefore, it is also possible to accompany people to outpatient, diagnostic, or other healthcare appointments where appropriate and necessary. Please contact the department prior to the appointment if you have any queries about this, the correct contact number is included on all appointment letters.

When is it not possible for me to visit?

You must not visit if you have a suspected or confirmed COVID-19 infection, even if you have no symptoms, or if you have respiratory symptoms, even if these symptoms are mild or intermittent, due to the risk you may pose to others.

It is also not possible for you to visit if you are feeling unwell for any other reason i.e. you have diarrhoea or vomiting, or any unknown rashes.

Visiting restrictions will also be in place for any area where an outbreak of infection has been identified. Please contact the ward or department prior to visiting to discuss any visiting restrictions that may be in place. If you are unable to visit in person, please discuss what options may be available to support virtual visiting with a member of the ward or department team.

We will support and arrange visiting for exceptional circumstances, including if patients are receiving end of life care. Please contact the ward to discuss this.

Will I be asked to wear a face mask or face covering?

Wearing a mask reduces the risk of you passing COVID-19 to others. It will also give you some additional protection if others have the virus. The following are some of the reasons that you may be asked to wear a mask when you visit one of our healthcare settings:

- Within all areas of any setting where an increased risk from COVID-19 infection has been identified.
- When visiting a patient with suspected or confirmed COVID-19 infection, or a patient who has symptoms of a respiratory infection.
- When visiting any patient who may have a weakened immune system.
- You can also wear a mask at any time if this is your personal preference

Surgical face masks will be provided for you when these are required.

What will happen when I arrive?

Staff will support you on arrival to ensure that no-one visits if they are unwell themselves, or displaying any symptoms of COVID-19 infection. This is important to keep everyone safe.

Staff will also provide you with guidance about hand hygiene and support you to wear a face mask, if this is required. You may be guided towards a specific location for any visit to take place. Ensuring rooms are well ventilated can also reduce the risk of people developing COVID19 infection.

Working together to protect each other

It's okay to remind doctors, nurses and other patients when we need to make space for each other, clean our hands, or cover our mouths and noses. Reminders can help us all to look out for each other.

More information

If you would like to know more about how we're trying to stop COVID-19 spreading and keep people safe, please ask a member of staff.



Protecting yourself and others from coronavirus



Wash your hands frequently and thoroughly, for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.



Cover your mouth and nose with a tissue when you cough or sneeze and then throw the tissue in the bin and wash your hands. Alternatively, cough or sneeze into your elbow



Avoid touching your eyes, nose and mouth with unwashed hands



Avoid close contact with people who are sick, sneezing or coughing.