Southern Health and Social Care Trust

FOI 1604

20/04/2023

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Question 1. The Hospital/Trust Policy which requires patients to undergo a covid test and to wear a mask as a mandatory pre-requisite to treatment given

Response:
Triaging and Testing for COVID-19 4.1.
Triaging/assessment of infection risk Triaging within all healthcare facilities should continue and be undertaken to enable early recognition of patients with COVID-19, and other respiratory infectious agents such as influenza. Triage should be undertaken by clinical staff who are trained and competent in the application of clinical case definitions as soon as possible on arrival and used to inform patient placement. Patients with respiratory infection symptoms should be assessed in a segregated area, ideally a single room, and away from other patients pending their test result.

4.2. Testing
Testing for patients and staff should be performed as per current guidance which can be found here. Additional Infection Prevention and Control Measures for SARS-CoV-2 in health and care settings. The application of SICPs and TBPs as per the Infection Prevention and Control Manual for Northern Ireland should be followed. The attached guidance describes the personal protective equipment (PPE) required when providing direct care for suspected or confirmed SARS-CoV-2 patients. As a minimum, contact and droplet precautions should be applied when caring for patients with known or suspected COVID-19. In specific circumstances airborne precautions should also be applied, for example, when performing AGPs, and in high risk settings or where an unacceptable risk of transmission remains following the application of the hierarchy of controls and dynamic risk assessment, it may be necessary to consider airborne precautions for patient care in specific situations.

5.1. Source control/Universal masking
Mask wearing is a form of source control that can be applied for staff, patients and visitors to prevent the transmission of SARS-CoV-2 and other respiratory infectious agents in health and care settings. Patients with suspected or confirmed COVID-19 should be provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated. Universal masking: the use of facemasks (type II or IIR) is continuing in patient facing clinical areas for staff, patients and visitors (face coverings). Inpatients with suspected or confirmed COVID-19 should be provided with a facemask (Type II or Type IIR) on admission. This should be worn in multi-bedded bays and communal areas e.g. waiting areas for diagnostics, if this can be tolerated and is deemed safe for the patient. Facemasks are not required to be worn by suspected or confirmed COVID-19 patients in single rooms unless a visitor enters, or the room door is required to remain open. Patients with suspected or confirmed COVID-19 transferring to another care area should wear a facemask (if tolerated) to minimise the dispersal of respiratory secretions and reduce environmental contamination. Patients should be provided with a new facemask at least daily or when soiled or damaged. The

requirement for patients to wear a facemask must never compromise their clinical care, such as when oxygen therapy is required or cause distress e.g. paediatric/mental health settings. Non-infectious inpatients are not required to wear a facemask unless this is a personal preference. Outpatients with suspected or confirmed COVID-19 should wear a facemask/covering, if tolerated, or offered one on arrival. Extended use of surgical masks as source control for patients, staff and visitors beyond use for patients suspected or confirmed to have COVID-19 may be considered depending on prevalence of community infection with COVID-19 and may be a useful measure to bring in as part of winter preparedness

Please see attached form for Infection Control & Prevention issued in May 2022.

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