

STANDARD OPERATING PROCEDURE

COVID Testing for Pregnant Women, Support Partners and Parents of Neonates

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1. Background

Pregnant women value the support from a partner, relative, friend or other person through pregnancy and childbirth as it facilitates emotional wellbeing and is a key component of safe and personalised maternity care. It is therefore our aim, further to a risk assessment, that a woman should have access to support from a person of her choosing at all stages of her maternity journey. This means welcoming the woman and her support person, regarding them as an integral part of both the woman and baby's care throughout and not as a visitor. This distinction is important. It includes making sure that women can safely take a support person to:

- *Labour and birth from the point of attendance at the hospital or midwifery unit.*
- *The early pregnancy unit*
- *All antenatal scans*
- *Other antenatal appointments where the woman considers it important to have support*

At the same time, it is our priority to prevent and control COVID-19 infection and keep women, babies and staff safe. Many trusts have found creative solutions to overcome remaining challenges and they have maximised the support that pregnant women can receive throughout their pregnancy. Reintroducing visits is however challenging during a pandemic, and the priority must be the safety of all service users (including pregnant women), staff and visitors.

NHS England published guidance on 15 April 2021 for **supporting pregnant women using maternity services during the coronavirus pandemic** https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1243_Supporting-pregnant-women-using-maternity-services-actions-for-providers_150421.pdf

The document sets out three key actions which NHS trusts should take to enable women to receive support from a partner, relative, friend or other person when receiving maternity care during the COVID-19 pandemic. This document replaces the previous Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services, published on 8 September 2020 and 14 December 2020, and builds on trusts' work to implement that. In addition, the Government has announced that twice weekly rapid (lateral flow) testing is available to everybody from 9 April 2021 and that tests can be ordered online. Women and their support people should order tests via this route, and carry out tests at home on the day of their appointment, reporting their results online immediately.

Parents of babies in neonatal critical care also need to be involved in their baby's care as much as possible. Integral to this is ensuring parents have access to their baby, while complying with legislation and government guidance on managing transmission risks. Parents are partners in care and should not be considered to be visitors. NHS England, as commissioners of specialised services, is asking neonatal critical care providers to adopt the same three action points to maximise opportunities for parents to be with their babies and to identify how to facilitate parental presence at all times of day. This is in line with **guidance from the Royal College of Paediatrics and Child Health (click to follow link)**.

Trust policies for visitors should continue to comply with **Visiting healthcare inpatient settings during the COVID-19 pandemic: principles (click to follow link)**, published on 13 October 2020.

It should be noted that the current support partner access in maternity services UHDB without Lateral Flow Device (LFD) testing has been in place since September 2020 with no recognised increase in nosocomial transmission rates in maternity areas. The ability to support this strategy since September has been based on risk assessment and implementation of mitigating practices:

- All women in labour once in a single labour room are encouraged to have one support partner to attend throughout the labour and remain for 2 hours after birth
- All women attending for induction of labour are supported to have one support partner present during the admission process. This partner can then return once labour commences.
- All women attending for elective caesarean section are encouraged to have one birth support partner with them before, during and following the birth for 2 hours.
- Postnatal and antenatal inpatients in bays and side rooms on the ward are able to have one support partner of choice visit for 2 hours per day.
- Women or families with complex needs, disabilities or have significant communication challenges or complex medical, mental health or social factors will be encouraged to receive support from one support partner.

2. Maintaining COVID-safe maternity and neonatal services during the pandemic

COVID-19 is highly infectious and its effects have been devastating. The infection can be passed very easily from person to person and the use of public spaces (especially internal) and episodes of close contact increases that risk. Reintroducing social routines including increasing supporters of pregnant women and parent access into neonatal units must be done with extreme care. To reduce the risks there must be very careful attention to infection prevention control measures.

NHS trusts in England have maintained safe and personalised maternity care during the pandemic, which we need to continue. This includes keeping virus transmission low.

The government's strategy for keeping virus transmission low centres on good hand hygiene, face coverings, and maintaining social distancing ("hands, face, space"). Hospitals and other healthcare facilities have been asked to observe a 2-metre rule, unless providing clinical or personal care and wearing appropriate PPE. The importance of staff service users and support people complying with these measures will be crucial to keeping transmission low.

- ***Good hand hygiene*** – this is encouraged by clearly signposting hand-washing stations or alcohol gel
- ***Good respiratory hygiene*** through the "Catch it, bin it, kill it" approach (e.g. using a tissue to catch coughs or sneezes and immediately disposing of this in a bin)
- ***Complying with 2-metre social distancing*** – all Trust ward, clinic and public spaces have been set up to support social distancing
- ***All staff, women in outpatient settings and support people to wear face coverings as recommended***
- ***Staff and support people using personal protective equipment (PPE), as directed by national guidance***

Support people should be asked to follow these measures. **They should be advised that non-compliance will result in them being asked to leave, unless they are exempt for medical reasons.**

The size and layout of rooms used for healthcare varies between and within hospitals/healthcare settings. Some maternity units benefit from antenatal and postnatal wards largely with single rooms and have dedicated waiting areas for clinics and scans. But many others have a limited footprint, sometimes sharing waiting areas, and women staying in four or six-bedded bays for antenatal or postnatal care. UHDB maternity service falls within the latter context of layout and therefore

ongoing changes have been required to the way facilities can be used to mitigate the risk of infection transmission for those accessing maternity care and staff working in those areas.

3. Restricted Movement around the Service

Restricted movement is applied to ward areas in maternity and other areas of hospital unless required as part of care for the woman should be maintained at all times – i.e. birth partner attending scan, parent accompanying child or other similar situation. Support partners and parents should also be asked to reduce as much as practically possible leaving and returning to the ward/clinic areas to help with supporting restricted movement and coming into contact with other members of the public and staff.

4. Environmental Risk Assessments

The risk assessment should consider each area of the hospital or healthcare facility separately, as the impact of access to support people will differ according to space available and clinical risks in each area. For ultrasound scan clinics in particular, trusts should take account of the case mix of people using the scan facilities, which could include patients with other conditions which mean they are at increased risk from COVID-19.

Each physical space in the maternity service and other areas being traversed must be risk assessed, including

- any communal areas, eg in waiting areas and clinic rooms
- the number of women expected to attend a clinic or an ultrasound scan, and the use of any communal areas including waiting areas shared with other services
- the number of women expected in an inpatient maternity unit, eg a postnatal ward
- the staffing of the maternity clinic/unit, including how many are in more vulnerable categories for COVID-19
- the role PPE can play in reducing the risk of virus transmission

Trusts will not have direct control over the estate in some care settings, particularly community settings, including GP surgeries. In such circumstances Trusts should work with leads for these settings to ensure the three key actions have been undertaken in order to enable women and their partners to attend appointments safely

UHDB is a multi -site maternity service having an acute site at the Royal Derby Hospital, acute site at Queens Hospital, Burton and a stand –alone Birth Centre / Community hub at Lichfield. In addition, community midwifery services are provided throughout Derbyshire and Staffordshire from GP surgeries, Children’s’ Centres and other venues where services have been relocated to during the pandemic e.g. football stadiums.

Within the acute hospital Trust sites , local risk assessments related to the transmission of COVID-19 from the reintroduction of support partners within all maternity, neonatal and imaging areas have been conducted in line with Health & Safety Executive guidance, infection prevention and control advice and Public Health England recommendations. This involved input and support from wider Estates services in the maternity unit to provide additional resources and signage.

The risk assessments have been conducted in inpatient and outpatient maternity areas to include:

- Labour wards (RDH/QHB)
- Co-located Birth centre (RDH)
- Postnatal and antenatal inpatient areas (RDH/QHB)
- Pregnancy assessment unit (RDH) / Maternity assessment unit (QHB)

- Antenatal clinics (RDH / QHB)
- Imaging department (obstetric ultrasound) RDH / QHB
- Neonatal units RDH/QHB

The aim of the risk assessments is to provide assurance to the public, staff and visitor that all necessary precautions to minimise the spread of infection have been addressed.

The outcome of the risk assessment identifies where there is a potential increased risk of spread of infection to the clinical area and where impact to routine clinical activity is likely to be minimal / moderate or significant.

Moderate / significant impact is likely to result in delayed appointments/ delay to clinical care/ increased risk of numbers of persons in area which inhibits ability to provide adequate 2metre distancing.

Trusts will not have direct control over the estate in some care settings, particularly community settings, including GP surgeries. In such circumstances Trusts should work with leads for these settings to ensure the three key actions have been undertaken in order to enable women and their partners to attend appointments safely.

We have been working with GP partners and the Local Maternity System to support the three key actions to reintroduce support partners to Community Midwife clinics as many of the locations used fall outside of the Trust's direct control.

5. Equality Impact Assessment

Trusts should especially prioritise the need for continuous support for women with particular needs, such as those with a disability, significant communication challenges or complex medical, mental health or social factors. They should ensure their approach does not have a disproportionate impact on women with protected characteristics as described in the Equality Act 2010. An equality impact assessment can help with this. Trusts should specifically consider women from a Black or Asian background, or with hypertension, diabetes or raised BMI, in line with the known additional risks to these women, as identified by MBRRACE-UK.

6. Community based testing and staged approach to reintroducing support partners to maternity.

The Government has announced that twice weekly rapid (lateral flow) testing is available to everybody from 9 April 2021 and that tests can be ordered online. It will be expected that women and their support people should order tests via this route, and **carry out tests at home on the day of their appointment, reporting their results online immediately.**

6.1 Responsibility of Woman and support partner

- The test will generate an email and a text message to the individual as confirmation of the result.
- The woman and her support partner should bring proof of a recent negative test with them to each appointment.
- Women and/or their support people who have access to lateral flow tests via a different route, eg their employer or a school bubble, should bring proof of their latest regular test

6.2 Responsibility of the Trust

- NHS trusts will need to put in place communications to advise women and their support people of this requirement.
- The Trust will put in place a mechanism to check and record results of women and their support people who have tested at home when they attend for their appointment.
- NHS trusts will need to put in place alternative arrangements for women who have difficulties with home testing, including when a woman may need to attend a maternity unit at short notice.

Following completion of all risk assessments for maternity services and implementing the requirement of community Lateral flow testing in line with government recommendations, UHDB propose a staged approach to reintroducing birth support partners to add additional assurance to staff, families and visitors.

Stage 1:

- a) Alterations to outpatient waiting areas: Additional seating and screens made available in the corridors surrounding antenatal clinic, obstetric ultrasound, maternity triage and assessment and fetal medicine areas with identified seating for support partners.
- b) Provide communications to women currently accessing service regarding requirement for woman and support partner community Lateral Flow testing prior to attendance. Provide advice as to how to access community testing and mechanism to support this. Women being admitted will still receive immediate point of care testing and be assigned to appropriate infection control pathway.
- c) Plastic curtains in bays around beds to allow for increased numbers of support partners to be present for extended periods, with strict adherence to PPE and hand hygiene precautions and limited movement through ward area. This will support extend time for families to be together in inpatient areas, extending from 2 hours to 4 hours. Staggered arrangements will still be required to accommodate social distancing and to keep footfall through the ward area to a minimum where possible. Women undergoing Induction of Labour (IOL) on the ward will be able to have a support partner attend during the day. Overnight stays cannot be accommodated at present.

	314	11/12
Odd beds	3.30pm – 7.30pm	10am-2pm
Side rooms	1pm-5pm	12-4pm
Even beds	11am-3pm	2.30pm-6.30pm
IOL	Leave at 7.30pm	Leave at 8pm

Stage 2:

- a) Alterations to clinic and scan rooms: Awaiting Monitors to aid support partners to be present at 2m distancing, screens and amendment to room layout. Plastic curtains in bays around beds to allow for increased numbers of support partners to be present for extended periods, with strict adherence to PPE and hand hygiene precautions, limited movement

through ward area. This will support extend time for families to be together in inpatient areas (extending from 2 hours to 4 hours) and allow a support partner to attend women in labour during the day. Staggered arrangements will still be required to accommodate social distancing and keep footfall through the ward area to a minimum where possible). Overnight stays cannot be accommodated at present.

Stage 3:

- a) Review all arrangements in line with national government roadmap in lifting lockdown restrictions.

7. Testing and pathways

- a) **All support partners who wish to attend routine or planned maternity care within acute and community settings are now required**, in accordance with new national guidance (C1243) issued on 15 April 2021, to take part in the Government's lateral flow test (LFT) programme and report results twice a week before appointments and visits. Lateral flow tests can be ordered by members of the public here: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>
- b) **Outpatient attendance-** all women and support partners are requested to follow national guidance and undertake a lateral flow test (LFT) twice a week prior to appointments and visits. The results of the test should be shown on arrival and recorded against the clinic list. Women who have not been able to undertake a LFT at home or who are unable to provide evidence of recent result should not be turned away from their appointments. Screening questions should still be completed and the clinical appointment accommodated using appropriate PPE and infection prevention measures using the current maternity IPC COVID pathway. **Support partners who are unable to provide evidence of recent negative LFT and where mitigations including social distancing and use of PPE within clinical rooms / areas cannot be met, will not be allowed to attend and advice regarding further access to tests should be provided.**
- c) **Labour ward** - All pregnant women attending planned admission will continue to be tested under current pathways using point of care testing on arrival. Partners will need to provide proof of recent negative Lateral flow test. **Partners attending with women in spontaneous labour who are unable to provide evidence of recent LFT negative result, should be asked screening questions and if low risk, supported to attend using appropriate Infection prevention control measures as currently in place.**

Where women test positive and support partners are facilitated to remain present for birth only, both the woman and the support partner should remain isolated within the maternity red pathway areas. Upon leaving the unit the support partner should be guided to leave the hospital immediately and to maintain all social distancing, hand hygiene and mask wearing at all times during their attendance in the unit.

- d) **Inpatient ward areas-** women admitted to inpatient areas will still require Point of Care testing as per current guidance. Support partners attending inpatient areas will be expected to comply with the national request to undertake a lateral flow test (LFT) twice a week prior to appointments and visits

and provide proof of a recent negative LFT result. Screening questions will still be asked and appropriate use of PPE and IPC measures will be expected. **Partners attending the inpatient ward area who are unable to provide evidence of recent LFT negative result, should be asked screening questions and if low risk, supported to attend using appropriate Infection prevention control measures as currently in place.**

- e) COVID vaccination does not preclude the requirement for Lateral Flow testing in community to be completed twice weekly and result shown to staff when requested.

Appendix 1

Maternity Communications from 19th April 2021

Website copy

Changes to maternity visiting guidance

University Hospitals of Derby and Burton will start to again welcome partners to accompany pregnant ladies attending some antenatal and scan appointments and to the maternity assessment unit during April 2021 (Please see below for access differences at our sites).

To maintain safety we are currently completing necessary estate works. However, once these are complete it is expected that access to all our maternity services will be restored by Monday 26 April 2021.

To maintain effective social distancing in our waiting areas we will be asking partners to take a seat in marked areas outside the maternity department and wait to be called into the appointment.

One partner only can attend; sadly children are not able to accompany the partner at this time.

Everybody attending must wear a face covering unless they have a medical exemption. Surgical face masks are available at the entrances to our buildings and we will be asking screening questions on arrival

In accordance with new national guidance (C1243) issued on 15 April 2021, we are also asking the pregnant lady and their partner, as well as parents visiting babies on our neonatal units, to take part in the Government's lateral flow test programme and report results twice a week before appointments and visits. Lateral flow tests can be ordered by members of the public here: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

If anyone is experiencing difficulty obtaining a test, please discuss this with us at your next appointment.

To take part the pregnant lady and her support partner must take the test the same day and confirm the test result with the Trust on arrival, as well as logging it on the NHS Digital online platform at home, and provide proof of test result taken that day. Partners who are unable to confirm a negative test result will not be able to attend antenatal or ultrasound scan appointments.

Any pregnant lady will need a confirmatory PCR test if the lateral flow test is positive. If the PCR is positive the maternity team will put in comprehensive arrangements to allow mum-to-be to attend their appointment. However, if the partner tests positive they will need to isolate in line with Government guidance. A replacement accompanying partner can be selected but they must also be able to provide proof of a same day lateral flow negative test.

Visiting restrictions for other areas of the maternity service are also being lifted following a lateral flow test taken in the community. Partners can visit once a day for up to four hours per day on the inpatient wards areas.

For further advice and support please speak to your midwife.

Royal Derby Hospital

Partners will be able to attend antenatal and scan appointments and for attendances to the maternity assessment unit from Monday 19 April 2021

Queen's Hospital Burton

Partners will be able to attend antenatal and scan appointments and for attendances to the maternity assessment unit from Monday 26 April 2021. This is a slightly later date as necessary estates works need to be completed in the antenatal and maternity assessment unit at Queen's Hospital Burton.

These changes apply only in maternity areas. Visiting restrictions in other areas of the Trust t remain in place in accordance with the compassionate visiting guidance.

Social media copy

Mums-to-be will be able to have one partner to accompany them to antenatal and scan appointments and to the maternity assessment units at Royal Derby Hospital and Queen's Hospital Burton soon.

The full details are available here: <insert web link>

Risk assessment

Covid-19 departmental risk reduction checklist - maternity areas only: Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers (14 December 2020)

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0961-Supporting-pregnant-women-using-maternity-services-during-the-coronavirus-pandemic-actions-for-NHS-provi.pdf>

Pregnant women value the support from a partner, relative, friend or other person through pregnancy and childbirth as it facilitates emotional wellbeing and is a key component of safe and personalised maternity care. Women should therefore have access to support at all times during their maternity journey and trusts should facilitate this, while keeping the risk of transmission of the virus within NHS maternity services (including to pregnant women, other service users and staff) as low as possible. This means welcoming the woman and her support person, regarding them as an integral part of both the woman and baby's care throughout and not as a visitor. It includes making sure that women can safely take a support person to:

- the early pregnancy unit
- all antenatal scans
- other antenatal appointments where the woman considers it important to have support
- labour and birth from the point of attendance at the hospital or midwifery unit.

All trust boards have been asked to urgently complete any further action needed so that partners can accompany women to all appointments and throughout birth, by following three steps:

- i. Undertake a **risk assessment** in each part of their maternity service to identify precisely whether and if so where there is an elevated risk of COVID-19 transmission if support people are present (eg if space prevents social distancing)
- ii. Make changes to the configuration of space used to provide care and/or how the available space is used to address the issues highlighted in the risk assessment, alongside provision of other appropriate infection prevention and control measures, including training and PPE
- iii. Use your available testing capacity (eg PCR, rapid PCR testing, or lateral flow testing) to test women and their support people to help mitigate infection risks, in particular for scan appointments, for fetal medicine appointments, at birth, and for parents whose babies require neonatal care. Treat support people who test negative as part of the team supporting the woman.

Our Aim

The first goal of our recovery is to ensure **every** one of our patients and colleagues is kept safe from Covid-19. This checklist is designed to support your department whether you are continuing with services in a new environment, re-starting treating our patients or supporting services in other areas in a safe way.

These are the following guidelines that we must adhere to in order to keep our patients and staff safe.

We must prevent nosocomial (in hospital) transmission of the virus, so **think**:

- Are your team going to be safe?
- Are your patients going to be safe?
- Is your working environment as safe as it can be?
- Is there an elevated risk of COVID- 19 transmission if support people are present?
- Are you able to make changes to the space / environment to support appropriate infection control measures e.g. social distancing/ use of PPE/ use of available rapid testing equipment , facilities , resources (lateral Flow testing).

Outpatient services

It is important to note that Outpatient services will, out of necessity, have to work very differently from what we, and our patients, have been used to. We should be using telephone or video consultations as the default means of communication where no investigation or procedure is required.

Waiting rooms

We will also need to establish the maximum number of patients that can be in each waiting room at any one time to safely maintain social distancing.

The capacity of the waiting room and flow of patients will now drive the booking rules for face-to-face appointments rather than the capacity of clinicians or the number of clinic rooms available.

Clinics **should not** plan to use multiple waiting areas or check-in desks, by using one area you are minimising unnecessary travel and reducing infection risk to patients and staff.

Environmental issues checklist

Please identify your maternity area:

<input type="checkbox"/>	We will need to establish the maximum number of patients that can be in waiting rooms at any one time to maintain social distancing and use this information to help plan clinics and amend booking rules.
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	<ul style="list-style-type: none"> ○ Please consider and record responses to the following <ul style="list-style-type: none"> ○ What type of Covid -19 testing currently in place for patients in your area? ○ How many people (woman plus 1 support partner) will require lateral flow testing at one time? ○ How many rapid testing kits will be required to achieve testing in your area? ○ Where can they be seated during the period of time the test takes to complete? ○ How many people can you safely accommodate in the department at any one time maintaining social distancing measures? ○ Can you ask them to wait elsewhere and call them in? ○ Can you provide sufficient staffing to accommodate the numbers of tests required from current staffing levels? ○ How will providing rapid testing impact on patient flow in the area? ○ Who will take the lead providing information / consenting for women and their partners regarding rapid testing? ○ Who will take responsibility for providing government advice for those who test positive to COVID -19? ○ How frequently will partners require on-going testing in your area?
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<input type="checkbox"/>	<p>Do you have a protective screen in place at your reception? If not can you ensure that there is a 2 meter distance between the patient and your staff?</p> <ul style="list-style-type: none"> ○ In order to prevent the spread of droplets it is advised that a protective screen is in place at all reception areas. ○ If this is not possible please seek advice from both the Infection control and Estates Team.
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<input type="checkbox"/>	<p>Do you have floor signage setting out safe distances from your reception?</p> <ul style="list-style-type: none"> ○ Social distancing signage is now available in the Trust and should be installed before the department begins operating.
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<input type="checkbox"/>	<p>Have you got signage in place setting out expectations around social distancing?</p> <ul style="list-style-type: none"> • Suitable signage need to be displayed that will assist staff when looking to inform the public and other visiting staff about social distancing measures in your department. • Posters at entry to ward door
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<input type="checkbox"/>	<p>Is the furniture in the department arranged to adhere to social distancing guidelines?</p> <ul style="list-style-type: none"> • Furniture and seating including in waiting areas and treatment areas will need to be arranged in such a way that social distancing is possible (2 meter rule).
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<input type="checkbox"/>	<p>Do you have hand sanitisers in position at regular intervals around the department?</p> <ul style="list-style-type: none"> • Appropriate hand sanitisers need to be set up in locations around the department that allow both your staff and the public access to them freely.
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<input type="checkbox"/>	<p>Have you reviewed your stocks of PPE, got processes in place to complete a daily stock take, considered how much you will use during your service and checked if there are sufficient quantities available?</p> <ul style="list-style-type: none"> • As your service resumes you will need to assess how many procedures / contacts you have as they will require PPE. • Before you can open your department you will need to seek assurance that you can get adequate supplies of appropriate PPE for both the woman and birth support partner • Where is PPE for partners going to be stored and do we need to acquire additional stock? • Who will take the lead in ensuring the correct PPE is available in the department?
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<input type="checkbox"/>	<p>Do you have the correct waste management processes in place?</p> <ul style="list-style-type: none"> • Correct waste management is essential to ensure the safe disposal of infected waste products (Rapid testing kits) • It is advised that you contact your infection control link nurse to check the types and locations of the bins you require.
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<input type="checkbox"/>	<p>Would it be possible to set up a one way system set up in your department?</p> <ul style="list-style-type: none"> • The flow of the public and other visiting staff will need to be managed so that people adhere to social distancing as much as possible. • Could you consider a separate exit from your department entrance? • You may need to consider a one way system to avoid people crossing or repeating their journey through the department which could lead to opportunities to cross contaminate.
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<input type="checkbox"/>	<p>Do you have a “Clinell Time” arranged in the department?</p> <ul style="list-style-type: none"> • Clinell time is the time during the day where staff in the department clean shared equipment, high touch points etc, to ensure a safe environment for patients and staff by reducing environmental contamination. • Consider the activity in the department and how this will work during the clinic.
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<input type="checkbox"/>	<p>Have you discussed your environment with the Infection Control team and the Facilities Management team?</p> <ul style="list-style-type: none"> • It may be that risks from the environments are not readily obvious so if you have any doubt please contact the Infection Control and Estates and Facilities teams for advice.
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<input type="checkbox"/>	<p>Have you set an audit of your environment process in place?</p> <ul style="list-style-type: none"> • It will be important as your service goes forward that you audit the current set up to ensure it remains effective. • It is also possible that new recommendations may come into force so it is
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	advisable to set up formal reviews of your measure to ensure we maintain the safety of staff and the public.
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<input type="checkbox"/>	<p>Have you checked there is adequate ventilation</p> <ul style="list-style-type: none"> • Are there sufficient air exchanges within clinical rooms to support a safe environment • Are you able to open windows to provide ventilation
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Overall assessment:

A	Introduction of birth support partners will result in minimal impact to area/clinical care	(Low risk)
B	Introduction of birth support partners will result in moderate impact to area/clinical care	(Moderate Risk)
C	Introduction of birth support partners will result in significant impact to area/clinical care	(High risk)

Area checklist completed for:	
Clinical Lead name and signature:	
General Manager name and signature:	
Divisional Director name and signature:	
Date:	

Appendix 3

Maternity information sheet

Welcoming a support partner to attend during your maternity pathway

We have provided this information to update you regarding current changes to some of the restrictions in maternity services implemented during the pandemic.

From the 9th April 2021 the UK Government made self -testing rapid lateral flow test (LFT) kits available to all households and recommended twice weekly home testing to support reducing the risk of COVID transmission as we follow the roadmap in line with the national easing of lockdown.

The link below can be used to order free packs of rapid lateral flow tests which can be sent to your home in England. <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

From the 19th April 2021 at The Royal Derby Hospital and 26th April 2021 at Queens Hospital, Burton, we are asking all pregnant women and their chosen support partner to access the home testing scheme and undertake a lateral flow test to enable a support person to attend with them at any outpatient maternity appointment. The test should be completed within 24 hours of attending the appointment. The home test can be reported online and a confirmation text message of the result will then be received. We will ask the pregnant woman and her support partner to confirm the test result with the Trust on arrival, providing proof of a negative result taken within last 24 hours.

Tests are voluntary, but we are asking women and their support people to complete a test to help keep the hospital safe for other women, their babies, families and staff.

Pregnant women attending who are unable to show a recent test result will still be able to attend their appointment as this is an essential part of maternity care. If a support person is not able to show a test results taken within 24 hours and it is not possible to maintain adequate infection prevention measures within the outpatient department clinical rooms, then the support person will not be able to accompany the woman to that appointment.

Any pregnant woman who has a positive home lateral flow test must contact the maternity unit where they are booked for advice.

A support partner who has a positive home lateral flow test should follow the Government recommendation to confirm this with a PCR test.

We have worked very hard to ensure the outpatient and scan areas are as safe as we can make them and have undertaken risk assessments within all maternity areas at the hospital to ensure that we are able to facilitate the return of one adult support person.

Due to the differing footprints within our maternity departments and our requirement to maintain social distancing measures, we have not been able to accommodate support partners within all outpatient waiting areas.

To accommodate a support partner to attend, we have provided excess seating in different areas of the department for the support person to wait. Please be patient with our staff coordinating your journey through clinic or scan.

All women who are admitted and require an inpatient stay to the maternity unit will still require a more sensitive point of care COVID -19 test on arrival.

A support partner attending with women during labour, induction of labour or caesarean section or attending the postnatal ward following birth will also be expected to have completed a home self lateral flow test and will be asked to provide evidence of a negative result on arrival to the unit. Screening questions will still be asked on arrival.

Thank you for your support and cooperation in keeping our hospital safe.

If you have any further questions, please speak to the team caring for you.

The UHDB maternity team