

 <b>East Riding of Yorkshire</b> Clinical Commissioning Group	 <b>Hull</b> Clinical Commissioning Group
 <b>EAST RIDING</b> OF YORKSHIRE COUNCIL	 <b>Hull</b> City Council
 <b>Hull and East Yorkshire Hospitals</b> NHS Trust	<b>City Health Care Partnership CIC</b> a co-owned business
 <b>Vale of York</b> Clinical Commissioning Group	 <b>Scarborough and Ryedale</b> Clinical Commissioning Group
<b>Humber</b>  NHS Foundation Trust	 <b>York Teaching Hospital</b> NHS Foundation Trust

\*System partner logos to be added as guidance shared with each organisation

# Viral Respiratory

## Systems Partners Guidance

### Version Control

Version	Release date
0.3	09/04/2018

<b>Guideline</b>	Effective Discharge of patients from wards/ inpatient areas which have had an outbreak of a Respiratory Virus. This could include the following Influenza, RSV, Coronavirus and Rhinovirus.
<b>Version Control</b>	Version 0.3
<b>System Partners</b>	Hull and East Yorkshire Hospitals NHS Trust Humber Teaching Foundation NHS Trust City Health Care Partnership CIC Yorkshire Ambulance Service NHS Trust East Riding of Yorkshire Council Hull City Council NHS East Riding of Yorkshire CCG NHS Hull CCG NHS Vale of York CCG NHS Scarborough & Ryedale CCG Public Health England Thames Ambulance Service Limited YorMed Ambulance Service York Teaching Hospital NHS Foundation Trust City of York Council
<b>Background</b>	It has been recognised that there is no consistent approach between system partners on the discharge of patients that have been exposed to a Respiratory Virus within a ward/inpatient area. This document is a guideline in order for the system to adopt an agreed position on discharge of these patients.
<b>Respiratory Virus's (including Influenza, RSV, Coronavirus and Rhinovirus).</b>	Respiratory viruses can infect any age group. Severe complications can be encountered by children, the elderly or individuals who have risk factors. Transmission is commonly via airborne droplets or nasal secretions. Respiratory virus activity is higher throughout the winter months. Respiratory Viruses can include Influenza, Coronavirus, RSV and less commonly Rhinovirus.
<b>Principles of agreement</b>	For a patient that is medically fit for discharge, it is recommended that the following principles should be adopted by all system partners and Acute trusts: <ul style="list-style-type: none"> <li>Any patient on a ward/inpatient area affected by a <b>Respiratory Virus</b> going to their own home without additional services can be discharged as soon as they are thought to be medically fit even if they are still symptomatic.</li> <li>Patients who are on a ward/inpatient area where there are closed bays due to infection but who are not in a closed bay can be discharged to their own home, intermediate care, community/ mental health inpatient service or to a nursing or residential home. Discharge advice to be given to contact a GP if any respiratory symptoms are experienced on discharge.</li> <li>Patients in closed bays/inpatient area, who are not symptomatic because they have viral/respiratory symptoms which resolved at a minimum of 24 hours ago. Please note however that children or immunocompromised individuals may be infectious for longer</li> </ul>

	<p>and may require resampling to ascertain that the infectious period has elapsed) can be discharged to their own home either with or without services, intermediate care, community/ mental health inpatient service or to a nursing or residential home. Clear advice must be given to the patient that if respiratory symptoms reoccur the patient must contact their GP.</p> <ul style="list-style-type: none"> <li>Patients in closed bays/inpatient area who have not been affected/symptomatic and are due to be discharged to a nursing or residential home should be assessed on an individual patient basis*. In general, discharge should not occur until the bay has been reopened, however discussion can be held with the receiving service (including patient transport services) to inform them that the patient has been exposed to a respiratory virus and that on discharge; it is essential that the patient is barrier nursed and closely monitored for 7 days after discharge.</li> </ul>
<b>Staff undertaking assessments on closed wards (Allied Healthcare Professionals and Social Care Staff)</b>	<p>In principle as long as appropriate precautions are taken the assessment for discharge process should continue. All front line clinical and social care staff are advised to have a flu vaccine to protect themselves and patients. In addition staff who have not been vaccinated are encouraged to do so to protect themselves and patients.</p> <ul style="list-style-type: none"> <li>Patients who are on a ward/inpatient area where there are closed bays but who are not in a closed bay. Staff can continue to assess the patient and the patient can continue to attend other areas for rehabilitation/ investigation.</li> <li>Patients in closed bays/inpatient area, who are not symptomatic because they have viral/respiratory symptoms which resolved at a minimum of 24 hours ago or had a negative clearance screen if immunocompromised. If facilities allow these patients can be taken to a non-affected area of the ward/inpatient area and staff can continue to assess the patient.</li> <li>Patients in closed bays/inpatient area who have not been symptomatic should be assessed on an individual patient basis.</li> <li>Patients in closed bays/inpatient area who are symptomatic may be assessed but the staff member will be required to don appropriate PPE and ensure they have been vaccinated.</li> </ul>
<b>Effective from</b>	09/04/2018
<b>Review Date</b>	09/04/2019
<b>Contact for this guidance</b>	Jo Raper jo.raper@nhs.net

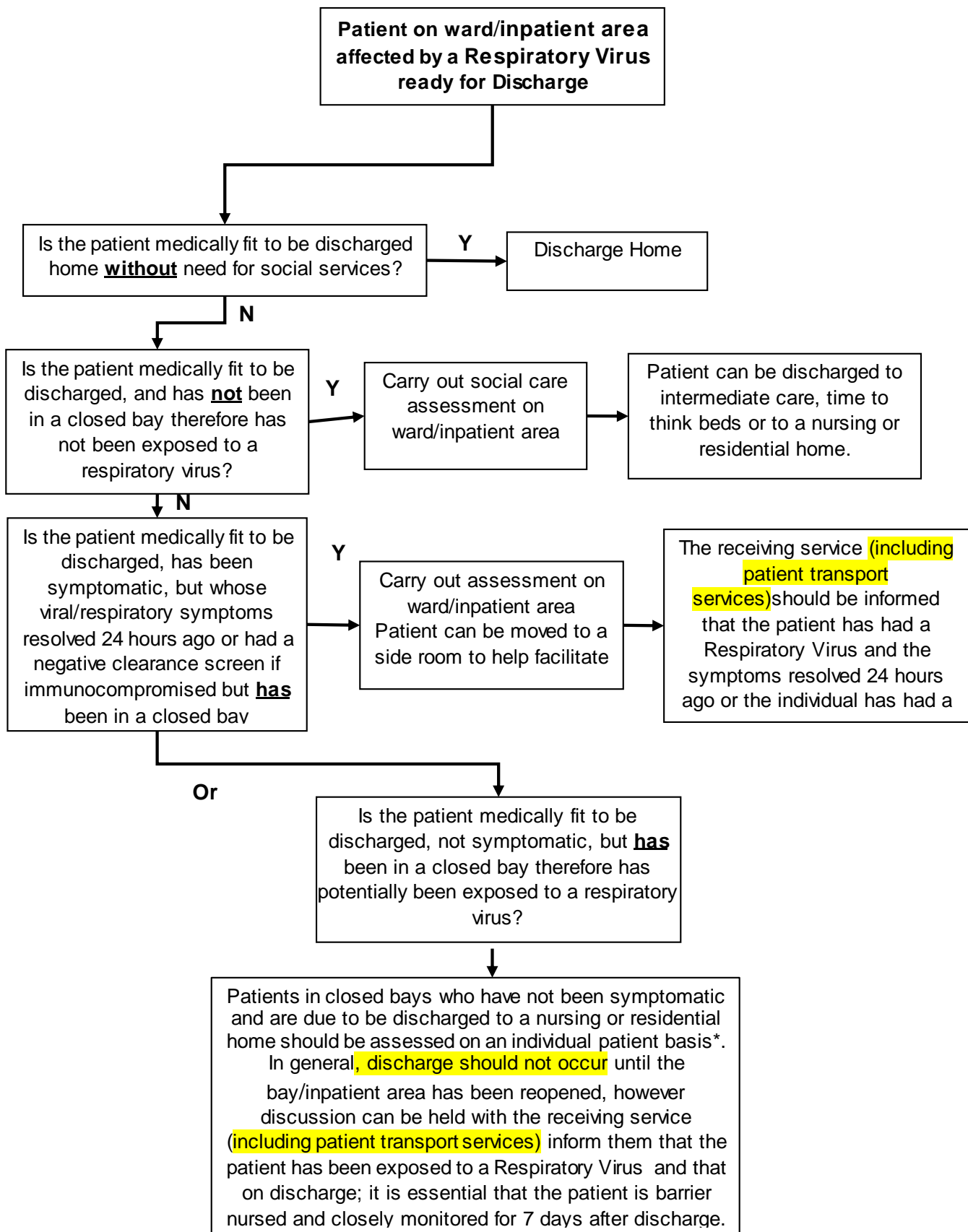
#### **\*Assessment on an Individual Patient Basis**

This assessment should be undertaken in conjunction with the Infection Prevention & Control team, receiving service and Public Health England. This is to ensure the receiving service is able to prevent the spread of infection. The default will remain not to discharge unless safe discharge arrangements can clearly be described and this will not be on every occasion.

#### **Closed Care Homes /Acute / Community, Mental Health inpatient areas**

Where a care home/ inpatient area has been closed due to infection since the patient's admission the patient should not be discharged back to the area until it is reopened.

## Patient Discharge for a ward affected by Respiratory Viruses



**NB Please ensure you inform the patient transfer service if the patient is potentially infectious**