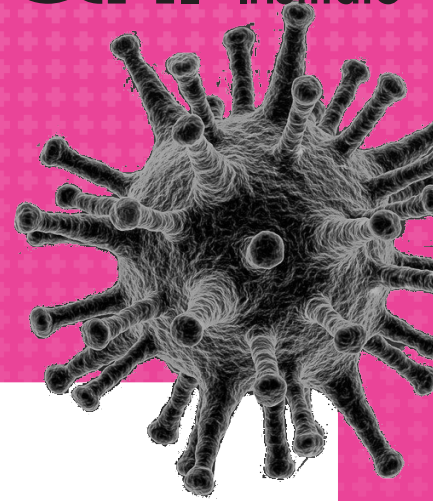


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

A Regional Community COVID 19 Swabbing and Facemask Fitting Service



1/

Personal details

Name: Susan Wynne QN

Job title: Nurse Lead Infection Prevention and Control

Employer: Bridgewater Community Trust

2/

Please describe your practice innovation.

A community swabbing and Fit Testing hub was set up to meet the needs of vulnerable members of our population. In March and April 2020 we had increasing numbers of outbreaks in the care home sector, mental health Institutions and in learning disability facilities. At this time little had been done to support this sector for accessing Covid testing and in some cases there was inadequate personal protective equipment for staff looking after these residents. There was also a need to support a Fit Testing service as some services had clients with assisted breathing, were ventilated or performing aerosol generating procedures, placing staff at risk of Covid infection.

We requested re deployed dentists and dental nurses to undertake this task, so two dentists, six dental nurses and Paediatric nurses volunteered for the task. Training was provided for staff by attending our urgent care centre to shadow for a day and for practice swabbing. Another member of the IPC team was sent on a training course to support ongoing requirements for Fit Testing. The dental nurses worked on a rota basis, with two swabbing staff daily.

3/

How has this enabled you to treat/support patients / residents/families/carers more effectively and safely?

This enabled swabs to be taken in care homes, to enable people to go into respite, swabbing in a person's home, mental health hospitals and also for staff. We have received over 250 referrals since March and Fit Tested 237 staff across the health economy.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

We collaborated with two hospital laboratories, which provided the swabbing kits and transport bags; all staff were trained on the careful handling and packaging of samples to the laboratory. We worked closely with our urgent care team and also took part in a point prevalence survey in April, swabbing 400 key workers in two days, to support on -going research of this disease.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

This has been so successful we are now commissioning it properly because of the requirements of the NHS operating framework for discharge swabs, or swabs prior to admission.

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

We provided PPE training to partners in local authorities, supported living, behavioural observation services, the health and justice teams, as well as our own community staff.

📌 This has been so successful we are now commissioning it properly. Staff feedback

