

CAHPO Webinar: Supporting the sonography workforce and partners [support person] at all scans | 16th December 2020 | Q&A section

This document summarises the key messages and questions from the Chief Allied Health Professions Office National Webinar on 16 December 2020. The webinar was based on the [NHS England and NHS Improvement document](#) “Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers” (December 2020).

The SoR recognise that there are some extremely challenging situations that sonographers are dealing with every day and are continuing to do so during the pandemic. The way sonographers have continued to provide high quality, safe care to all patients is testament to your professionalism and dedication and we are extremely grateful for that. Your concerns are being raised at every opportunity.

Introduction: Key messages from the CAHPO and deputy CAHPO for England

Joanne Fillingham thanked everyone for their leadership, management and support around this topic at these really difficult and challenging times.

The physical and psychological safety of staff is vitally important. The very essence of why we are running this webinar is to offer that support.

Suzanne Rastrick said: “These have been strange and unprecedented times for all of us, both professionally and personally. We recognise and thank you for all that you’ve done and that you continue to do during this time, when there are so many unknowns and uncertainties. I recognise it’s a very difficult time for all of us.”

The collaboration the CAHPO has with the SoR, particularly around direct entry to the sonography profession and sonographer regulation were discussed. These continue to be really important to Suzanne and she said how grateful she is to the SoR for the joint work with NHSEI on this.

Suzanne then went on to say “All AHP’s, whether it is paramedics enclosed in an ambulance, or our redeployed AHPs to intensive care” during the pandemic are facing difficult situations. “The commonality for all of us in Allied Health is the same”; all need to make use of risk assessment, consideration of space, and now consider the capacity around testing and what difference that could make to support clinical practice and service delivery.

“The aim of today is to provide support to sonography colleagues and chief AHP’s during this time, to meet the challenges we’ve got, to ensure that staff remain safe whilst ensuring, within this that women are able to be supported at this time too. Again I thank you sincerely for all that you are doing. I really appreciate it. Thank you”

Summary of the [NHSEI document](#)

Joanne discussed the document which was published on the 14th of December 2020.

There are three actions:

- **Risk assessments.** This is the most vital and important tool to enable us to be able to deliver quality care in the current environment. Continual risk assessment is so important, to then look at what the mitigating actions are.

Relevant expertise should be used to carry out the risk assessment in conjunction with members of the team.

Find out who the people are within your organisation who can help you with the risk assessment. This might include, but not exhaustive, infection prevention and control, head of midwifery, ultrasound manager, Director of Operations.

Consider the physical space, number of women expected into the whole service and the number of women expected to attend the ultrasound department.

There should also be individual risk assessments for each member of the team.

- **Use of space.** Making changes to the configuration of space. Making sure space is used appropriately and safely in providing care. This is alongside any issues advised in the risk assessment or other measures put in place to mitigate against risk.

Who are the “wise owls” who can help with this risk assessment and to make best use of space, for example the estates department?

The flow of staff, patients, support person and carers through an area is also important.

Encouraging people to turn up on time, also providing clear information, so that people know when to come, where to go, what to do and how to move around.

Discussions are needed at all levels to determine what is needed to enable a support person to attend all appointments, whilst maintaining safety for patients and support person, but also keep sonographers physically and psychologically safe.

- **Covid-19 testing capacity.** This is another intervention that may be used to mitigate the risk.

John Dylan, Diagnostic Services Manager, and Bo Hamilton-Cody, Head of Midwifery and Children’s services at East Cheshire NHS trust gave an overview of their experiences within the maternity unit. Their responses to questions below also include information from their presentation.

Questions and responses:

Below are some of the paraphrased questions asked at the webinar organised by the Chief Allied Health Professions Officer.

Employer responsibility

All employers have a duty of care to provide a safe working environment for staff and other users under the Health and Safety at Work Act, 1974 (HSWA). In the ultrasound setting this would include women, support partners, other patients and service users. The SoR support sonographers to ensure that any decisions made are based on high quality risk assessment, which includes reviewing local factors, individual staff risk levels, staffing in general, estates and other local factors. As an organisation we cannot offer a policy that caters for all local issues, as all services are organised very differently, so in line with the HSWA your employer must support the risk assessment.

There should be meaningful consultation with sonographers throughout the process.

1. Were measures in place before allowing a support person back in?

Infection prevention and control (IPC) teams and estates colleagues should be involved in discussions and risk assessments. Measures to ensure a safe working environment for staff and safety of patients must be in place before inviting a support person into the scan rooms.

John and Bo's response in the webinar: They had measures in place to ensure everything was in place and there was an adequate supply of PPE prior to a support person being invited back into the scan room for specific ultrasound examinations. This included:

- Undertaking a complete environmental risk assessment
- Review of the estate and geography within the maternity unit, in terms of what could be facilitated rather than what they were unable to facilitate
- The sonography department is within the antenatal clinic. It almost has a separate entrance to the rest of the trust. This enabled them to safely allow a support person to be in an adjacent corridor, rather than waiting in the car park
- Chairs were rearranged to use the corridor as a waiting area for a support person, to enable social distancing
- A support person checks in with the woman at a separate desk. This allowed a track and trace system to be implemented.
- The support person is then asked to wait in the corridor and the women wait in the antenatal clinic waiting area. When the woman is ready to go in for the scan the support person is also called in by a health care assistant.

The maternity voices partnership (MVP) were involved very early in the discussions, and working with the MVP helped communications, with positive messages about what could be done.

Risk assessment continues to enable facilitation of a support person attending other ultrasound scans and antenatal appointments.

2. We have a high BAME sonographer staff group. Is risk assessment sufficient?

Individual risk assessment must take into account factors affecting individual staff members, particularly if they are at higher risk of contracting the virus. Mitigations must be in place to reduce risk to all staff, based on any additional factors.

Estates

3. What happens in terms of social distancing if we have to get a support person in for growth scans? And should a support person also attend the antenatal clinic following a growth scan?

The NHSEI guidance refers to **all** antenatal and postnatal care. As additional numbers of people will be attending the antenatal unit, discussion will be needed with the estates department to ascertain if there is anywhere that women and/or their support person can wait outside of the main waiting area until they are seen in the antenatal clinic.

It may require additional support such as:

- tannoy systems
- buzzers, similar to those in some restaurants
- volunteers or assistants

John and Bo's response in the webinar: This is down to individual trusts to assess. All antenatal appointments are part of the NHSEI updated guidance. The risk assessment is absolutely crucial. If additional facilities are required, as highlighted in the risk assessment, the estates department should facilitate this.

4. How big are your scan rooms and how are you maintaining social distancing within the rooms?

John and Bo: Scan rooms are not massive, but can fit three people in quite comfortably.

5. How can you maintain social distancing between the sonographer and the partner in very small scan rooms?

The risk assessment would address how this might work in practice. Good liaison with the IPC and estates departments will be required to assist with mitigating risks, if the rooms are small. Innovative solutions or moving to different locations may be required.

Roles

6. When the women go in for their scan who's responsibility is it to contact the partner to come into the scan room? Does this take extra time?

This would be down to local department / hospital, based on staffing and support available and proximity to the ultrasound room(s). Risk assessments will support the decision making process.

John and Bo's department have support workers who check in the woman and her partner at a table. This is then part of the track and trace process. A one way system is marked out and the support worker will bring the partner from the adjacent waiting area.

Clear communication and policy requirements

7. How did you address families who had childcare issues and wished to bring children along?

Many trusts and health boards have a policy that children are unable to attend the scans pre-covid. A clear written policy is needed.

The NHSEI guidance is clear that one adult support person can accompany the woman for the appointment. Clear communication in advance of the appointment will be required.

John and Bo: Appointment letters clearly state what can and cannot be accepted. This was part of policy prior to the pandemic. Sonographers need to be able to concentrate during the clinical examination.

8. How have you dealt with a support person who declines to wear face covering (with/without exemptions)?

The SoR supports ultrasound departments developing a policy to clarify and communicate the arrangements in advance of the examination, to ensure that all parties are fully aware of the requirement for enabling a support person to be present. If there is a risk of safety being compromised the sonographer should be supported in managing this appropriately in line with agreed policy.

- Some suggestions include asking anyone who is exempt from wearing face coverings to contact the department in advance and booking them at the end of the list, to enable adequate ventilation of the room after the examination.
- If someone simply does not want to wear a face covering, the policy would need to be clear about whether the support person is permitted to attend the examination or not.
- Trusts also need to ensure that there is support available for sonographers.

John and Bo's response in the webinar: Ensure staff are able to challenge those who do not have an exemption. Staff would be supported to diffuse situations, as they would be supported pre-covid in difficult situations.

Reduce the risk by maintaining social distancing and the use of PPE by staff.

Lateral flow testing (rapid covid-19 test) will support decisions around a support person. If they test positive they should not be coming into the ultrasound examination and would need to follow government guidance re. isolation.

9. Do you only enable the birth partner to attend, or anyone from same bubble?

The NHSEI guidance is flexible to enable the woman to select **one** person who they would like to attend as their support person for appointments.

10. Are the sonographers happy to have a support person in the room for a medical examination

John and Bo's response in the webinar: There was hesitation initially, due to anxiety levels of sonographers. Honest open conversations and discussion with sonographers has enabled a support person to be facilitated in attending the scans.

- 11. a) What happens if the risk assessment shows no ability to social distance in the scan room can we refuse a support person entry on this basis?**
b) Are you following the 2m social distancing within the ultrasound rooms? We have been advised that if masks are worn this is not the case, necessarily?

If the risk assessment highlights an issue, ways to mitigate that risk are required. This may mean further discussions with the local IPC teams and estate departments to facilitate safe working. In some units, ultrasound rooms have been relocated to enable a support person to safely accompany the woman for scans. Others have used Perspex screens and other innovative ways to reduce risks. Please see section 5.1 of the [FAQs document](#).

Public Health England advice is

"1. Maintaining physical distancing

All staff and other care workers must maintain social/physical distancing of 2 metres where possible (unless providing clinical care and wearing personal protective equipment (PPE))."

"5. Visitors

As outlined in the administration measures for the pathways (section 4.1), hand hygiene and respiratory hygiene, and the wearing of a face covering (if tolerated) along with social distancing should be promoted and maintained and therefore visitors require no additional PPE."

12. a) Where a full risk assessment has concluded that social distancing (with IPC and health and safety advice) cannot be maintained is there support for keeping our women and families safe? Support people often refuse to wait outside and crowd into reception when it is cold or raining

b) We are going to be entering tier 4/5 as a trust and we will support women to have a support person if we can but this may not be possible and creates further upset and complaints.

The trust or health board need to ensure that they provide a safe environment and support sonographers in maintaining that. If there are issues, please raise these with your SoR trained Health and Safety and /or Trade Union and Industrial Relations representative.

13. Are some of the issues in reintroducing a support person related to ultrasound departments working in silos from maternity services and a top down approach (leading to mistrust) - rather than good communication/co-problem solving with the sonography team? What is the advice for ultrasound teams in this scenario?

Sonographers should be involved in the risk assessments and team working is essential to providing good quality maternity care as highlighted in the [Ockenden report](#) (December 2020). It would be advisable for sonographers to raise concerns internally in the first instance with, for example, the head of midwifery and/or lead obstetrician. It is also important to have wider involvement in the risk assessments, as previously mentioned (see [introduction](#) and Summary of the NHSEI document sections).

14. Are support people allowed in throughout the scan or just at the end once the biometry and assessments have been completed?

This was not answered during the webinar, but the NHSEI documentation aims to enable a support person to be present throughout the entire appointment.

15. The problems are not in the scan rooms at our trust but the risk assessment for the waiting areas. If we allowed a support person into additional scans and clinic visits it will be impossible to socially distance and would inevitably lead to increased risk to women and their support person.

As part of the risk assessment it may be that alternative solutions are required, such as a support person waiting in 'holding areas' away from the main waiting area or check-in for the appointments taking place in a different area. The estates department should be involved with the risk assessment, to help facilitate any changes to working practice that are needed to ensure safety for everyone.

16. Are you allowing trainees into the scan rooms as well?

This will again depend on local risk assessment, room sizes and other factors. It is important to try and continue clinical education where possible and safe to do so, to meet future staffing needs. See "[Resumption of clinical training in ultrasound during the COVID-19 pandemic](#)".

17. Have you tried using Facetime or equivalent during the scan part of the appointment? This was suggested by a couple of our MVPs, especially in small scanning rooms

John and Bo's response in the webinar: Mobile phones are not permitted in the ultrasound room. Sonographers have concerns about technology issues which might delay the examination. Also some rooms do not facilitate WiFi.

This needs communicating via the maternity voice partnership (MVP) and social media, to clarify the reasons why this is not supported.

Rapid Covid-19 testing: Lateral flow tests (LFT)

18. We have had a support person back since June, but my question is about lateral flow tests/rapid covid-19 testing. It is reported to have a high false negative rate. I wonder how useful this will be recognising the need for back up PCR?

Policy will need to be in place at a Trust / Health Board level to determine if and how the lateral flow tests will be administered and the consequences of testing positive. If the support person tests positive they will be unable to attend the ultrasound examination and must follow Government guidance relating to test, trace and isolate.

The lateral flow tests are a method of assessing and potentially mitigating risk. They are a screening tool, so will never be 100% accurate.

All other mitigation measures e.g. PPE, physical distancing, handwashing and cleaning **should be used in addition** to the lateral flow test results.

John and Bo's response in the webinar: IPC, pathology lead and the executive team would be involved in the discussions about the value of lateral flow tests. There is a need to determine whether this would add value or not, if mitigation is already in place, based on risk assessments.

19. Will the government support the additional cost of staff required to undertake the lateral flow testing?

This is a matter for the senior management team within your individual trust or health board.

20. Do you feel that a screen separating the sonographer from the partner would mitigate the risk if social distancing cannot be maintained or do you feel that lateral flow test would reduce the need for screens?

Lateral flow tests are part of the risk assessment. Other mitigations to reduce risk should also be in place. If a screen is recommended as part of the risk assessment, this should still be implemented.

Section 32 of the [NHSEI document](#) states *“Infection prevention and control measures remain important in women and support partners with a negative test result, due to the sensitivity of the test.”*

21. Lateral flow tests at our trust take 30 mins for a result, would you suggest reducing the number of scans to accommodate this?

The [Guidance](#) (point 31) suggests that these tests should be carried out **away from the clinic** in most cases, before patients attend for their appointment.

If support staff are not available to assist sonographers with decontamination of the room, touch points and waiting area between cases, additional time should be provided for examinations, to allow for this extra thorough cleaning. Room ventilation between examinations is also important to reduce viral load.

“Trusts should plan the deployment of this lateral flow testing carefully. For example, a temporary testing hub may need to be established in the external grounds of each trust, so as to avoid crowding in the maternity unit, however for smaller clinics, testing at the entrance by an appropriate staff member will be possible. Women and partners will need to be asked to attend for testing, leaving sufficient time in advance of their appointment for the results to be obtained. Once results are communicated to the patient and her support partner, they should be recorded as per statutory requirements”

22. The new guidance states (point 33) that if the partner tests positive with a lateral flow test prior to the scan, they would need to isolate, however the women could still be scanned on the same day? Surely she would be required to isolate as per government guidance?

Point 34 of the document would need to be implemented if the woman tests positive for COVID-19. Local protocols should be in place to manage routine appointments if a woman tests positive. Additional IPC measures would need to be in place, as with any examination of a COVID-19 positive patient.

“The maternity team should follow local protocols so that women who test positive with COVID-19 can continue with urgent or time-dependent appointments, with appropriate IPC measures in place. In line with current legislation, pending review by government, where a woman tests positive for COVID-19 her support person is under an obligation to self-isolate and will not be able to accompany her to her appointment.”

- 23. My understanding is that LFT does not confirm a negative Covid-19 test (so PPE etc is still required). I am struggling with the added benefit, considering logistics to implement. Can anyone advise on experience of this being helpful?**

At this stage it is early in the process. If anyone has any experience of this, please do let us know.

Other issues

- 24. Interestingly statistics have demonstrated a reduction in anomaly scan repeats when a support person was excluded, showing sonographers were better able to undertake their examinations when only women attended the scan.**

This is extremely interesting, could this evidence be collated and published? Please do contact Gill@sor.org to discuss this.

Going forward, post pandemic, maternity ultrasound units will have to make decisions about who is able to attend as support for the woman during maternity scans. Evidence is always helpful when determining policy. One adult support person is part of the team supporting the woman.

- 25. There were a number of questions relating to inclusivity for the support person to be enabled in all antenatal appointments. Conflict was highlighted when other health care professionals were not enabling a support person to attend other maternity appointments to support the woman during her pregnancy.**

The NHSEI guidance is clear that a support person is part of the “*team supporting the woman*” and “*can accompany women to all appointments and throughout birth*”.

If there are concerns with sonographer safety at the risk assessment, mitigations must be in place to reduce risk.

- 26. "There has been lots of mention about patients' well-being but not sonographers. There feels a huge lack of support, and 'it feels' very one sided we as a group feel undervalued and unheard.**

The Chief Allied Health Professions Officer and their team refer to safety being paramount as highlighted by the quote: “*The physical and psychological safety of staff is vitally important. The very essence of why we are running this webinar is to offer that support*”. ([see introduction](#)). The SoR has been flagging the concerns of sonographers at every opportunity with stakeholders. The importance of risk assessment, with sonographer involvement cannot be underestimated. If the mitigations are not put in place and sonographers feel unsafe, please speak to your local SoR trained TUIR and H&S representatives.

Please see the [introduction](#) and summary sections for the support provided by the Chief Allied Health Professions Officer and deputy CAHPO.

27. The disparity between a support person attending antenatal clinic (ANC) and those excluded from partner support in oncology feels unethical.

The NHSEI guidance is clear that a support person is part of the “*team supporting the woman*” throughout her pregnancy.

28. Will there be a forum after this webinar so we can continue this discussion? I feel sonographers on the whole feel their safety is being compromised and this requires much further discussion in the current pandemic we are in. Cases are rising and more staff are now being affected than first pandemic

Safety of all staff is paramount. The onus is on the employer at the local level to risk assess and to provide a safe working environment, the implementation of this guidance needs to be considered and sonographers engaged in the process at the local level.

Please continue to seek the support of your local IPC teams and estate departments to mitigate risks that are highlighted in the risk assessments for your department. Everything relating to safe working practice should be engaged with at a local level, as facilities, staffing and other factors are varied around the UK.

It is an employers’ responsibility to ensure safety for all. If this is compromised and mitigations highlighted at the risk assessment are not put in place, please speak to your local SoR trained health and safety (H&S) representative and/or the local trade union and industrial relations (TUIR) representative. If you still need additional support, please contact TUIR@sor.org

As the issues are different within each Trust/Health board, it may be more helpful to have a discussion with the professional officer for ultrasound (GillH@sor.org) about individual concerns.

An SoR members’ ultrasound managers email group has been set up to share information and discussion amongst managers. Please contact GillH@sor.org if you wish to be included on that group.

Summary

‘Thanks for all you are doing to ensure we allow a support person to accompany women if they wish... must ensure we do this safely for staff at the same time’. **Ruth May, Chief Nursing Officer for England.**

Suzanne provided some final words:

I hope the webinar has given “food for thought in terms of both local resources that might help you in terms of estates and facilities and IPC, but also what we can do to reduce fear and anxiety for colleagues, our staff and sonographers who are very precious to us, but equally for women and their families.”

“I do take the point, a colleague has put in the chat bar that scans are medical tests and should not be seen as bonding scans, whilst that’s true I think it was noted that it is ... a really important time for women and equally... how would we, if we were on the receiving end, like to be treated. Clearly both facets are really important. Please do not feel that as sonographers you are unimportant, you are not and the SoR clearly support that view too. But equally as practitioners we have a duty to our citizens and it’s how we try and balance that. That’s the important thing here, how do we reduce the fear and anxiety both for ourselves as practitioners and equally for the people we come into contact with.

Thank you for all that you do, we are really grateful for it and we recognise that you have continued to do that throughout the pandemic. My sincere thanks and I know that through your professional leadership and capability we will find a way through this one.”

Contacts and further support

- There are [FAQs on the SoR website](#). Section 5.1 has some suggestions from ultrasound departments around the UK to mitigate risks.
- If you have any questions for Bo following this webinar, please email her at bo.hamilton-cody@nhs.net
- If you want to be part of an informal SoR members’ ultrasound manager e-mail group, please email GillH@sor.org
- Local SoR trained TUIR and H&S reps can be accessed for support with risk assessments and escalating concerns locally. If further support is needed please contact TUIR@sor.org