

2 April 2020

For general practice in Kent and Medway

COVID-19 Update 6

This is the sixth update provided by the Kent and Medway CCGs to provide local information to help practices cope with the unprecedented situation caused by the COVID-19 pandemic.

Highlights:

IT Update - we know that many staff have been waiting for an IT solution so they can work away from their practice. The solution is here but to deploy it we need each practice to complete two simple forms.

The information in these updates is up to date when sent out but it is always important to check that this reflects the most recent guidance by following links. The NHS guidance for primary care can be found here: <https://www.england.nhs.uk/coronavirus/primary-care/>

We acknowledge this is a difficult time for all those staff working in primary care and we would like to thank you for all of your hard work and dedication in this challenging time.



Caroline Selkirk



Navin Kumta

IT

We know that many staff are waiting for an IT solution so people can work from home/away from their practice. The solution is now here but for you to be able to use it we need each practice to complete two simple forms today.

Using your own devices for remote working

IT are ready to deploy 'Away From My Desk' from next Monday (6 April) To register to have 'Away From My Desk' installed please complete the attached spreadsheet entitled "Kent & Medway CCG AFMD Requests and return to kentandmedway@awayfrommydesk.com

VPN tokens for work devices

We need an accurate record of all work issued laptops so, if necessary, we can deploy a new token (known as a VPN) to staff so that they can work away from the office please. Please fill in the attached form entitled "Devices Checked Form" and return to: nelcsu.pcps.calendar@nhs.net

Online Triage

Good progress with 32 practices now live with eConsult in East Kent and 64 will be live in the rest of the county by the weekend. Please contact andrew.gove@nhs.net for east Kent or wkccg.gpoc.primarycare@nhs.net for Medway, north and west Kent, for assistance.

Communications

Kent and Medway CCG COVID-19 GP email address

Thank you for continuing to use the central COVID-19 inbox to raise COVID-19 related questions and issues: Wkccg.gpsCovid19@nhs.net

We are including clarifications in this update when the answer to your questions would be useful to your colleagues.

Working with local media

A central COVID-19 media team is in place to support GP practices and help make sure patients in Kent and Medway get the right information about how to access services during the pandemic.

The team liaises with the local media, responds to their enquiries and works with them in a proactive way to inform the public about how primary care services are changing during the pandemic.

Please could you make sure that all members of your team are aware that this service is here for them, so that if a journalist should contact any member of your team, they are able to redirect them to:

Email: accg.commscovid19@nhs.net

Telephone: 07825 844666

If you wish to contact the team about proactively promoting changes taking place, or if you have an issue that you feel may draw media attention to your practice, please do contact the media team directly via the email address, copying in wkccg.gpscovid19@nhs.net, so the team can give you advice and support.

#kenttogether

A 24 hour helpline, called Kent Together, has been set up to support vulnerable people in the county who need urgent help, or supplies. Kent County Council is working with all of the local authorities, fire, health and police services to organise help and assistance for the communities and vulnerable people across Kent. If your patients are vulnerable and have an urgent non-medical need they can fill in a form at www.kent.gov.uk/KentTogether or call 03000 41 92 92 to request support. It is a 24 hour service. You may also wish to put a link on your website and help promote on social media using the #kenttogether.

New 'Act Like You've Got It, Anyone Can Spread It' campaign

A new set of resources for use on your websites and social media accounts are now available on the Public Health England Campaign Resource Centre. These resources stress the importance of staying at home and can be used in conjunction with other public information resources found on the Campaign Resource Centre.

<https://campaignresources.phe.gov.uk/>

The key messages are:

IF YOU GO OUT, YOU CAN SPREAD IT. PEOPLE WILL DIE.
ACT LIKE YOU'VE GOT IT, ANYONE CAN SPREAD IT.
ANYONE CAN GET IT, ANYONE CAN SPREAD IT.

Further assets (including posters) will be uploaded to the Campaign Resource Centre soon.

Clinical

Hot and cold sites guidance

We reissued the Guidance and Standard Operating Procedures for Kent and Medway Hot & Cold Sites early on Wednesday morning by email. This was because some of the links in the original did not work. Appendix 3 has also been updated and was circulated yesterday with information about PPE. Both are re-attached for your convenience.

Dental Practices

All dental practices have stopped business as usual dental examinations as there is currently insufficient PPE for them to carry out close face to face examinations.

All dental practices should be available to talk to their patients to offer advice and prescribe pain relief. However the patient will need to physically pick up the prescription from the dental practice site, as dentists are unable to send prescriptions electronically to pharmacies. They advise patients that they should not go to GPs or hospitals for pain relief.

A range of sites will be set up as dental urgent treatment centres. The urgent treatment service will be by referral from dental practices only. They will triage their patients on the phone, prescribe pain relief and if they need urgent treatment. Details of the urgent treatment sites are not being communicated to patients as there will be no self-referral or walk-in facilities. Patients can only access through a dentist.

Referral Advice

We are aware that the major changes to referral processes are making it very difficult for general practice to operate. We are seeking a better way of giving you access to this information but in the meantime, you will find updates below from providers who have notified us about changes.

Medway Foundation Trust - Cardiology

Information about referrals to the Rapid Access Chest Pain Clinic (which remains a service designed for angina screening only) has been updated.

The clinic has now moved to telephone consultations due to the risk of patients attending the hospital.

GPs are requested to record and attach an ECG to the referral wherever possible to support the decision-making process and prescribing decisions. In addition, we will be reliant on referrers to screen for differential diagnoses in all cases, particularly anaemia and other important pathologies including aortic stenosis, before they are referred. Each referral should be as detailed as possible and include an up to date blood pressure. The clinic will then carry out a telephone consultation with the patients.

Investigations including diagnostic angiograms, echocardiograms and other relevant tests will still be requested but patients will be warned there will be an indeterminate delay for these to be carried out and any subsequent treatments.

Referrers will be asked to prescribe for the patients that have been referred for tests and the patients will be asked to report any significant deterioration in symptoms to their GP, or for high risk symptoms to call 999.

Infection Protection Control

Ordering Personal Protective Equipment from 7 April.

In the last update we provided the national supply disruption phone number and yesterday we provided a flowchart to help obtain emergency stocks.

In the longer term a brand new logistics route is being created for PPE equipment for all organisations in the health and social care system to ensure continuity of supply. The new system will be run by an experienced logistics organisation called Clipper.

Clipper will take responsibility for logistics of PPE equipment for all NHS supply customers and everyone in primary care, social care, local authority care homes, CIC and other private sector providers. The new system will be an e-ordering system and delivery arrangements will be via The Royal Mail. The full range of equipment to be included in this service has yet to be published

Any organisation wishing to use this service from 7 April will need to register with Clipper. We understand an email will be sent directly inviting these organisations to register for this service. As soon as we are aware of the registration instructions we will let you know.

PPE Guidance

As previously stated, this is constantly under review and we will send you updates to guidance when we receive it. Yesterday we provided an update to Appendix 3 of guidance about setting up “hot” and “cold” sites in a PPE Update.

Medicines & Prescribing Guidance

This update on current issues related to medicines optimisation and prescribing represents our understanding at the current time, please be aware the situation is changing rapidly. If national direction changes, we will update you as soon as possible.

Requests for Baby Milk Formula Prescriptions

We have not received any information regarding product shortage of formula feeds on prescription. Like other consumer goods, panic buying is likely to have caused temporary shortages in shops but retailers are implementing measures to correct this. Most supermarkets are able to fulfil online orders for baby milk; although there might be restrictions on quantities and delivery slots.

GPs are advised not to prescribe formula feed where there is no clinical need.

Guidance from The British Society for Rheumatology

The British Society for Rheumatology recommends that all patients should continue to take their prescribed medication unless directed otherwise by their rheumatology team or GP. If you are planning to start or switch a patient to a new medication this may now need to be reviewed.

Patients on long-term glucocorticoids (steroids, prednisolone) should not stop these abruptly. The guidance also advises that if patients develop symptoms of any infection, established practice should be followed and immunosuppressive therapy paused for the duration of the infection, in consultation with their rheumatology team. For those on glucocorticoids, the expectation is that treatment should not be stopped abruptly and advice should be sought from their treating team.

The full COVID-19 guidance is available at <https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members>

For further information please see the NHS England guidance for the management of rheumatology patients: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-guide-rheumatology-patients-v1-19-march-2020.pdf>

See also the British Society for Rheumatology guidance for identifying patients for shielding:

https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-24-171132-407

Multi-Compartment Aids (MCA)/Blister Pack Dispensing

As part of business continuity planning, community pharmacies are currently reassessing the provision of MCAs/Blister Packs to patients. All patients receiving MCAs will be assessed to determine the level of risk posed to the individual by removing the service.

Low risk patients are likely to have the MCA service removed with future supply being in the manufacturer's original packs with a pre-printed reminder chart/Medicine Administration Record (MAR) Charts. This will include where the patient doesn't require MCA under the Disability & Discrimination Act but social care/care homes insist on MCAs - there is no legal requirement for pharmacies to dispense MCA to support carer administration of drugs.

A template letter has been provided by the Pharmaceutical Services Negotiating Committee (PSNC) for pharmacies to share with patients. This emphasises that the review is so all patients can receive the care they require in the current circumstances. Further information is available from the PSNC website: <https://psnc.org.uk/the-healthcare-landscape/covid19/business-continuity/>

Inhalers Supply Update

Due to the issues of inhaler supply below is an update on the situation as we understand it, written on 1 April

Salbutamol inhalers

As of Tuesday 31 March, Ventolin® and Salamol® are now available from major wholesales.

Beclometasone inhalers

Clenil® 100mcg inhaler is out of stock until at least mid-April.

Qvar® 50mcg inhaler is currently out of stock with all wholesalers

Soprobec® inhaler is same particle size and same type of inhaler device as Clenil® and Qvar®, However, Soprobec® is now subject to high demand so stock availability is fluctuating. Distribution is getting through to AAH and Alliance.

Kelhale® 100mcg inhaler stock availability is fluctuating due to massive demand. Currently all wholesalers are out of stock.

Pharmacies

You may see or hear about queues outside pharmacies and some patients may complain to you about long waits. Pharmacists are dispensing at a rate unheard of in the history of the NHS in an open access environment and the queues are in place to comply with guidance about social distancing. The pharmacies are maintaining as safe an environment for customers and staff as possible. Please help communicate that to patients who raise issues with you.

National talks are currently happening with the NHSE regarding Easter bank holiday opening for community pharmacies. We will update you as soon as we know more but, in the meantime, please do not contact your local pharmacies about Easter opening. They do not yet know what arrangements will be made and so cannot answer such queries.

Finance

QOF Achievement 2019/20

NHS England has announced how the 2019/20 QOF achievement will be calculated <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/qof-payments-2019-2020> The CCG can now confirm that the 2019/20 achievement for QOF will be managed by NHS England, along with the calculation of any additional payments to be made to practices. In line with the guidance, the CCG now has to await NHS England instruction before the achievement payments and/or additional payments can be made.

Network Contract DES for 2020/21

Recognising the impact of COVID-19 on practices, and following the [letter sent on 19 March](#) setting out changes to the Network Contract Directed Enhanced Service (DES), NHS England and NHS Improvement has [published the Network Contract DES for 2020/21](#) alongside a cover note and associated guidance.

The cover note provides more detail about the changes to the Network Contract DES for 2020/21 which has been agreed with GPC England to support practices and Primary Care Networks (PCNs) to enhance their capacity and ability to respond to the COVID-19 outbreak.

Administration

Key Worker letter

It is possible that practice staff will be stopped by police as they check whether people have a reason not to stay at home. We have prepared a draft template letter with the LMC that you can issue to staff. It explains the bearer of the letter is a key worker and therefore has permission to travel.

<https://www.kentlmc.org/keyworkerletter>

Volunteer Responders

The NHS has now published guidance on how practices may like to make use of some of the 750,000 NHS volunteers: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf You can make referrals into the [NHS Volunteer Responders referrer's portal](#) immediately.

Protected Learning Time

Just to confirm, that in light of COVID-19, all upcoming Protected Learning Time sessions are cancelled across Kent and Medway until further notice. If you have any queries, please contact your local training hub.

Appendix 3

Infection Prevention and Control Guidance for Hot site/ COVID assessment facilities (Facilities for face to face consultations with suspected COVID-19 patients)

General principles summary:

The aim of this guidance is to ensure the facilities meet minimum requirements to ensure the safety of patients and staff are maintained.

- **Indoor environments - walls, floors and surfaces** of a smooth and impervious nature to facilitate cleaning and disinfection. All extraneous items to be removed
- **Outdoor (drive through) environments** – enable staff to clean hands and change PPE between each patient
- **Waste** that is generated needs to be disposed in foot operated lidded bins and in an area to reduce risk of wind / outside environment issues
- **Bulk Waste** wheelie bin needs to be lockable and secured
- **Hand hygiene facilities** need to be available to enable staff to wash with soap and water periodically especially at the end of the working day
- **Staff changing facilities** to enable donning and doffing of PPE and to change out of work clothes/uniform at the end of the day. To enable secure storage of staff clothing and items and to enable changing of gloves and aprons between each patient
- **Consultation room** for vulnerable or intimate patient assessments facilitate privacy, dignity and meet cleaning requirements
- **PPE storage** in an area to reduce the risk of environmental contamination and reduce the risk of theft
- **PPE usage** – as recommended in the guidance below. **NB:** gloves and aprons **MUST** be changed between each patient and hands cleaned
- **Cleaning process and equipment** all staff undertaking cleaning processes to be trained in cleaning infectious areas and equipment can be stored in a separate, dedicated area
- **Clinical assessment equipment** – to be of a cleanable material and cleaned between each patient usage

Facilities/ Environment

Indoor Facilities should have:

A separate waiting area, there should be no extraneous equipment such as magazines in the waiting area. Chairs must be of a cleanable nature and positioned at least 2 meters apart. Ideally there will be windows to allow for natural ventilation and no carpet.

Patients should be advised to use alcohol hand sanitizer and put on a surgical face mask.

Consulting rooms with hand wash basin and opening windows (this would be to allow cleaning and ventilation in-between patient consultations). Patient equipment should be kept to a minimum to avoid contamination; curtains should be removed where this doesn't impact on patient privacy, cleanable flooring rather than carpet.

All equipment including couches, chairs, privacy screens and desks should be of a wipeable nature for ease of cleaning

Separate staff and patient toilet, to avoid staff contamination, there should be liquid soap and hand towels available for use.

Sluice/ cleaning cupboard for cleaning equipment, and disposal of cleaning products, storage of excess waste

Staff area for making drinks and break, preferably with hand wash basin

Staff changing area, it is recommended to change out of uniform/clothing prior to leaving the building.

A separate exit would be preferable to assist with patient flow and physical distancing of patients and maintaining a 'clean to dirty' flow

Outdoor (drive through) facilities should:

Have facilities to enable staff to clean hands and change PPE between each patient
Clinical assessment equipment – i.e. stethoscope, pulse oximeter probe, thermometer, BP cuff to be of a cleanable material and cleaned between each patient usage
Facilities to enable equipment cleaning between each patient use to be available
Foot operated lidded waste bins. These should be sited in an area to reduce risk of wind / outside environment issues

Infection Control practices

Standard infection control precautions (SICPs) and transmission based precautions (TBPs) must be used when managing patients with suspected (from board respiratory symptoms) or confirmed COVID-19.

Standard infection control precautions are the basic measures to reduce the risks of transmission of infection from recognised and unrecognised sources, whereas transmission based precautions are additional infection control precautions required to halt transmission of infection, categorised by the route of infection.

Routes of transmission

In COVID-19 the routes of transmission are considered to be contact, droplet and airborne during aerosol generating procedures.

Contact precautions: used to prevent and control transmission via direct or indirectly from the immediate care environment, this includes surfaces and equipment that may have been touched or contaminated with respiratory droplets.

Droplet precautions: These are used to prevent and control infection over short distances from the respiratory tract of one person directly to another, via mucous membranes (eyes and nose)

Airborne precautions: Used to prevent and control infection transmission without necessarily having close contact via aerosols from a persons respiratory tract to another's mucosa.

Standard infection control precautions

Patient placements

As this area is dedicated to management of patients with symptoms of COVID-19, anyone who does not have these symptoms should be re-directed.

There must be a dedicated area for patients to wait to reduce risks to others including staff, on entry to the waiting area patients would be asked to put on surgical mask and advised to sanitise their hands. Distance should be achieved by placing chairs 2 meters apart.

All equipment to be kept to a minimum and be of a cleanable nature, but should include a foot operated bin for patients to dispose of tissues as needed.

It is recommended to display respiratory / cough hygiene guidance in this area.

Hand hygiene

This is essential in reducing the transmission of infection, the WHO 5 moments guide should be used and in addition it should be carried out prior to donning personal protective equipment (PPE) and at certain stages of removal of PPE, and following removal of PPE.



Soap and water is the preferred method of hand hygiene, however alcohol hand sanitizer are also effective against COVID-19.

Before performing hand hygiene:

- Expose forearms (bare below the elbows)
- Remove all jewellery (exception of a plain wedding band)
- Ensure nails are short and varnish free
- Covers cuts and abrasions

Technique should be good to include all areas of the hands, fingers and thumbs (see poster)

Personal Protective Equipment (PPE)

NB: The wearing of PPE does not take the place of hand hygiene and MUST be worn in conjunction with good hand hygiene practices.

REMEMBER: clean your hands after every episode of patient contact, after removing PPE and after handling waste and contaminated environments

COVID-19 has been declassified as a High Consequence Infection Disease and PPE requirements have changed. It is much more tailored towards reducing risk of transmission based on the type of intervention you are doing. More invasive procedures determine the levels of protection you now need to use.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Before undertaking any procedure, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

Staff who have had and recovered from COVID-19 should continue to follow infection control precautions, including the PPE recommended in this document.

PPE should be donned prior to the patient being called in to the consulting area, and removed once the patient has left the consulting area.



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Taking_off_PPE_for_
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Choice of personal protective equipment for hot site/ COVID-19 assessment area

NB: It is highly unlikely that aerosol generating procedures will be carried out at a hot site

We appreciate that there are concerns about patients who desaturate during examination or travel to the hot site and therefore possibility for a dedicated hot zone, within the hot site needs to be considered to stabilise patients who will need high flow nasal oxygen (HFNO). We will ensure to have the availability of FFP3 masks for these hot zones as per advice from PHE.

We aim to monitor the number of patients who need HFNO and stabilisation to ensure that only appropriate category 2 patients are triaged to the hot site and also monitor the risk to staff and ensure their safety is maintained.

	Reception of hot site, no physical contact	Entry to hot site waiting area, no physical contact	Suspected COVID Patient consultation with examination i.e. listening to chest (inc. home visit)	Nasopharyngeal or Throat swabbing suspected COVID patient	Aerosol generating procedures (any setting)
Disposable gloves	Yes	Yes	Yes	Yes	Yes
Disposable plastic apron	No	No	No	Yes	No
Disposable long sleeved gown	No	No	Yes	No	Yes
Fluid resistant (Type IIR) surgical mask (FRSM)	Yes	Yes	Yes	Yes	No
Filtering face piece (class 3) (FFP3) respirator	No	No	No	No	Yes
Disposable eye protection	No	No	Yes	Yes	Yes

Disposable long sleeved gowns

Disposable long sleeved gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

Disposable aprons

Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care/ consultation and during environmental and equipment decontamination.

Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.

Fluid resistant gowns will only be required if you are carryout aerosol generating procedures or at risk from extensive splashing with blood and body fluids.

Disposable gloves

Disposable gloves must be worn when providing direct patient care/ consultation and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination.

Gloves must be changed immediately following the care episode or the task undertaken.

Eye protection/ face visor

Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions. An individual risk assessment should be carried out prior to/at the time of providing care.

Disposable, single-use, eye/face protection is recommended.

Eye/face protection can be achieved by the use of any one of the following:

- surgical mask with integrated visor;
- full face shield/visor;
- polycarbonate safety spectacles or equivalent;

NB: Regular corrective spectacles are not considered adequate eye protection

Fluid resistant surgical mask (FRSM)

A FRSM for COVID-19 should:

- be well fitted covering both nose and mouth;
- not be allowed to dangle around the neck of the wearer after or between each use;
- not be touched once put on;
- be changed when they become moist or damaged;
- be removed outside the patient room, cohort area or 1 metre away from the patient with possible/confirmed COVID-19; and
- be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal).

Filtering Face Piece (class 3) (FFP3)

Filtering face piece (class 3) (FFP3) respirators should be worn whenever there is a risk of airborne transmission of pandemic COVID-19 i.e. during aerosol generating procedures.

NB: It is highly unlikely that aerosol generating procedures will be carried out at a hot site.

Guidance on when to use a surgical mask and FFP3 mask can be found in the PDF file below.



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o_use_face_mask_or

All tight fitting respiratory protective equipment (RPE) (i.e. FFP3 respirators) must be:

- single use (disposable) and fluid-resistant*. Fluid resistant FFP3's should be worn with appropriate eye protection;
- fit tested on all healthcare staff who may be required to wear an FFP3 respirator to ensure an adequate seal/fit according to the manufacturers' guidance; fit checked (according to the manufacturers' guidance) every time an FFP3 respirator is donned to ensure an adequate seal has been achieved;
- compatible with other facial protection used i.e. protective eyewear so that this does not interfere with the seal of the respiratory protection. *Regular corrective spectacles are not considered adequate eye protection;*

- disposed of and replaced if breathing becomes difficult, the respirator is damaged or distorted, the respirator becomes obviously contaminated by respiratory secretions or other body fluids, or if a proper face fit cannot be maintained; and
- be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal). *If wearing a FFP3 that is not fluid resistant, a full face shield/ visor must be worn A FFP3 respirator, although 'single use', can be worn for as long as comfortable, for example for the duration of a ward round or providing clinical care. Once separated from the face FFP3s must be discarded.

Staff clothing

Appropriate use of PPE help will protect staff uniform from contamination in most circumstances, hence staff should change out of their uniform/ clothing and transport these home for washing in a plastic bag.

Uniforms/work clothing should be laundered:

- separately from other household linen;
- in a load not more than half the machine capacity;
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried where possible.

NB: It is recommended that staff wear clothes that can withstand laundering processes at 60°C

Waste

All waste should be considered potentially infectious and disposed of in the orange bag waste stream, waste should be tied and stored safely prior to collection each day. If it is not collected daily it must be stored in a dedicated locked waste compound.

Environmental Cleaning

Cleaning should be carried out once the patient has left the consulting room all touch surfaces such as chairs, desks, couches and all patient equipment used are to be wiped down using the guidance below, once this process has been completed, the room can be used immediately.

Communal areas, such as the waiting room, should be cleaned daily but any touch points in communal areas to be cleaned every few hours as this will be the highest risk.

The method below will also be effective on any blood and body fluid spillages.

How to clean

- Use disposable cloths or paper roll and disposable mop heads
- Disinfectant wipes such as Clinell Universal Wipes are effective against Coronavirus within 60 seconds.
- Clean and disinfect all hard surfaces, floor, chairs, door handles and reusable non-invasive equipment or sanitary fittings in the room
- A mixed detergent/ disinfectant such as actichlor or chlor-clean may be used to clean/disinfect as per manufacturers guidance
- A neutral purpose detergent (washing liquid) followed by disinfection (1000 ppm av.cl.) which can be domestic/household bleach if you do not have the above solution
- In practical terms, household bleach mixed with water, is an inexpensive and effective disinfectant. Using a standard detergent to clean e.g. washing up liquid

followed by a household bleach dilution of 20ml bleach to 1000ml water or 100ml household bleach to 5000 ml water will give 1000ppm av.cl.

Important

- A bleach and water solution should be mixed daily to preserve its strength
- Leave the solution on the surface for a minimum of one minute
- Cleaning must be done prior to disinfecting any cloths and mop heads used must be disposed of as single use items

References:

- Guidance on infection prevention and control for COVID-19. PHE 27th March 2020
- Advice for primary care professionals dealing with patients with suspected COVID-19. PHE 19th March 2020