

7 April 2020

For general practice in Kent and Medway

COVID-19 Update 7

This is the seventh 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.

Highlight: please take a few minutes to complete our primary care Situation Report survey by 11am on Thursday 9 April 2020: <https://www.surveymonkey.co.uk/r/VKB8ZP8>

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](#). The Covid-19 standard operating procedure for general practice was updated on Sunday 5 April. It is available here: <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

Primary Care COVID-19 Situation Report Survey

Thank you to all who completed the new weekly primary care Situation Report survey last week. We recognise how busy you are, and appreciate you taking the time to answer 14 key questions.

Please take a few minutes to complete our weekly survey by **11am on Thursday 9 April 2020**. The results will then help us to report workforce, PPE and any other operational issues to the Kent & Medway CCG Incident Control Centre so necessary actions can be taken to resolve issues on your behalf.

The survey can be found via the following link:
<https://www.surveymonkey.co.uk/r/VKB8ZP8>

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

Thank you to all those practices who have completed the forms sent out with the last update. By Monday 578 GPs and practice staff from across Kent and Medway had requested to be registered with Away from My Desk. All were authorised yesterday

Using your own devices for remote working

If you are not one of the 578 and want to use Away From My Desk so you can work away from the practice, please make sure your practice has completed the form attached entitled “Kent & Medway CCG AFMD Requests” and returned it to: kentandmedway@awayfrommydesk.com

VPN tokens for work devices

We have also had a good response to our request for 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 use the laptop away from the office. If your practice has not yet filled in the form attached entitled “DEVICES CHECKED FORM” please do so and return to: nelcsu.pcps.calendar@nhs.net

Webinars

Webinars continue to be available to help you make the most out of your digital services during the COVID-19 pandemic. There is one this evening (7 April) that we advertised previously. A list is available here: <https://www.events.england.nhs.uk/>

On 16 April the Webinar will provide guidance on how practices may use “remote vouching” to cover:

- Prescriptions
- Summary record access
- Test results
- Appointments
- Telephone and video consultations

Sign up here: [COVID-19 Remote vouching for digital services](#)

COVID-19: NHS Digital information hub

NHS Digital has collected updates on the support we are providing during the coronavirus (COVID-19) outbreak into a [single, regularly updated information hub](#).

You can find information about:

- updates to our systems and programmes, including details about how they can support you
- data services that are informing coronavirus response
- how we are using data, our legal basis for doing so and our information governance
- the shielded patients list
- new services available through NHS 111 online

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

Working with local media

The media are obviously also keen to publicise the work you are doing to keep your patients and communities safe in an unprecedented situation. We now have a media line for practices to contact so we can help you deal with any media enquiries you may get. Please ring 07825 844666 if you have any contact from the media.

As well as redirecting journalists to the media team, if you would like to share the news of what you are doing locally in your PCN or GP practice via the media, please do email the communications team on accg.commscovid19@nhs.net so that they can provide professional support and work with you to highlight the tremendous work going on in general practice.

Clinical

Vulnerable patients and shielding policy

A Central Alert System (CAS) notification was sent on Friday 3 April providing an [update on the Government's shielding policy](#) - the management and shielding of patients who are at the highest risk of severe morbidity and mortality from COVID-19. The letter is designed to provide clarity to general practice following earlier guidance issued in a [letter issued via CAS](#) on 21 March. A set of [FAQs for clinicians](#) has also been published to provide clear information about what practices should be doing.

We have received enquiries about this from many GP practices so are highlighting this national guidance here but we would also advise all GPs and practices to [subscribe to the daily primary care bulletin](#) as this information was published there last Friday.

Routine immunisations

It remains important to maintain the best possible vaccine uptake.

Practices should prioritise the following:

1. Routine childhood immunisations, from 8 weeks up to and including vaccines due at one year of age including first MMR and hepatitis B for at risk infants.
2. Pertussis vaccination in pregnancy.
3. Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation).
4. Neonatal BCG and all doses of targeted hepatitis B vaccines should also be offered in a timely manner.

Patients should still attend for routine vaccinations unless they are unwell or self-isolating because they have been in contact with someone with COVID-19. In these circumstances please rearrange the appointment.

Newborn and infant physical examination screening programme (NIPE)

The infant examination (usually undertaken in primary care at 6-8 weeks of age) should be completed in line with national guidance wherever possible. This could be combined with the first childhood immunisations due at 8 weeks.

If it is not possible to carry out the physical examination, a record of the babies who have missed this screen should be maintained by GP practices and the infant physical examination done once normal clinical practice resumes.

Care Homes

New [guidance on admission and care of people in care homes](#) has been published. It is specifically for care homes, local health protection teams, local authorities, clinical commissioning groups (CCGs) and registered providers of accommodation for people who need personal or nursing care. However it obviously makes some references to GPs so it is important to be aware of its content.

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.

Dartford & Gravesham NHS Trust

A fuller version of this referral advice was distributed directly to GP practices in the DGS area last week but we are repeating key information here so all are aware.

Dartford and Gravesham NHS Trust has shifted all non-essential activity off-site wherever possible and all outpatient clinics are now carried out over the telephone. Only if the patient cannot be kept safe without coming into hospital will an on-site visit, whether it be a diagnostic, procedure or follow-up appointment, be made.

Rapid Access Clinics and 2WW referrals are unchanged and remain face-to-face, with additional safeguards in place on site to ensure the risk to these patients is minimised.

Please continue to utilise Advice & Guidance via the electronic referral system (eRS) where needed in order to manage patients where possible outside of a hospital setting.

PML - Non-obstetric Ultrasound

Please continue to send all URGENT NOUS referrals (including 2ww and DVT) to PML, as you would do normally. Please note that PML are not accepting routine

referrals at the moment due to the national guidance on all routine activity being paused at this time.

TPG - Community Ophthalmology

Any face to face outpatient activity that can be safely delivered through non-face to face contact will be moved to telephone and online consultations. Clinical guidelines have been developed to ensure that only clinically appropriate routine ophthalmology cases are listed for telephone consultations with our ophthalmologist.

Any referrals that cannot be safely assessed in a non-face-to-face manner will be clinically assessed by our clinicians via telephone to undertake a risk assessment and to establish the benefits of having a face to face appointment, against the patient's risk of not having one. The assessment of risk will also include the other factors, i.e. whether the patient is within a defined vulnerable or at-risk group.

For clinically urgent cases, and when the benefit to patients of having a face to face appointments outweighs the risk, a face to face appointment with our clinician will be arranged and our clinicians will be provided with the appropriate PPE.

GPs or health professionals needing to contact the Trust should do so by calling the main switchboard on 01322 428100

Maidstone and Tunbridge Wells NHS Trust

Pathology

Pathology Transport Collection, Phlebotomy and Laboratory Services will not be able to provide pathology transport collection, phlebotomy and laboratory services to general practice across west Kent on Friday 10 April (Good Friday) and Monday 13 April (Easter Monday). Clinically urgent samples can be still brought into the laboratories at Maidstone.

If you do wish to take a clinically urgent sample to the Maidstone laboratory, please ensure you do so in accordance with the COVID-19 guidance and contact the laboratory in advance of your arrival.

Contact details can be found at: <https://www.mtw.nhs.uk/gps/pathology/pathology-service-information/how-to-contact-us/>

Infection Protection Control

Updated guidance published on personal protective equipment

On 2 April the UK Government and NHS leaders, from a range of medical and nursing royal colleges, published [new guidance](#) on personal protective equipment (PPE) use for health and care teams. The guidance has been agreed by the four Chief Medical Officers, Chief Nursing Officers and Chief Dental Officers in the UK and is applicable in all parts of the UK.

The guidance simplifies PPE use for staff and reflects the fact that COVID-19 is more widespread among the general population. The guidance is based on the best scientific evidence and the [WHO has confirmed it is consistent with what it recommends](#).

- [Table 2 shows the recommended PPE for primary, outpatient, and community care.](#)
- [Table 3 shows the recommended PPE for pharmacists and pharmacy staff.](#)

The above tables can be looked at as easy reference guides to advise about what to wear in different settings.

Hot and cold sites guidance

Following the national update on PPE, Appendix 3 of the Standard Operation Procedures for Hot and Cold Sites needed to be updated again. This is attached.

COVID-19 Testing

In some areas of Kent and Medway primary care teams have started to make contact with practices to determine those from your practice who meet certain criteria for testing. The two criteria currently are:

1. Staff member self-isolating with symptoms – test at day 7 or when symptoms have resolved, whichever is sooner. If negative return to work, if positive and asymptomatic retest in 48 hours. If symptoms are persisting retest in 72 hours
2. Staff member self-isolating because of household illness. If asymptomatic test at day 7 of self-isolation, if negative return to work. If they have developed symptoms during self-isolation test as under criteria one.

This is being organised locally so appointments can be made at sites closest to each person's home address. We are working as quickly as possible to make testing available across Kent and Medway but this depends on the capacity for testing available. Please wait to be contacted by your local primary care team. We will provide further information in future updates.

Ordering Personal Protective Equipment (PPE).

We know how concerned you are about the supply of PPE and making sure you have the right equipment. You should continue to order your PPE supplies as you normally would with your usual supplier. But if they can no longer provide you with PPE there is an escalation process through the National Supply Disruption Response (NSDR) which you need to follow to make sure your needs are known and the right stock is sent. The number to ring is 0800 915 9964 (NHS Supply Chain customers) or you can email supplydisruptionservice@nhsbsa.nhs.uk. See attached flow chart to help guide you through the ordering process.

Some practices have received some PPE through national distribution, but these have not contained the stock or the quantities expected. While this is an indication that distribution is starting to flow, this must be very disappointing. However, it is still important to keep ordering the PPE you need so that the scale of demand is recognised and Kent and Medway CCG can escalate to get action taken if your needs are not met.

We also know some of you are receiving kind offers to supply you with PPE from local people or companies. We would be happy to check that the PPE complies with relevant standards in terms of safety, if you would welcome this support. Please send information about these offers to wkccg.gpscovid19@nhs.net. Please put DONATION OF PPE and the area you are from in the subject line of the email.

In addition, there is the possibility of providing PPE through mutual aid from your colleagues or other parts of the local health system. However we would ask that you would seek mutual aid from your PCN before making a central request to Kent and Medway, by completing the attached order form entitled "PPE Mutual Aid Request_form_April 2020" and emailing Mccg.ppeordering.kentmedway@nhs.net.

Medicines & Prescribing Guidance

Community pharmacies – Easter opening

It has been confirmed that community pharmacies will be open from 2pm-5pm on Good Friday and Easter Monday. Some pharmacies may be open longer than this but this is the minimum time they will be open.

Easter Saturday hours will be normal COVID-19 opening hours and the Easter rota for Easter Sunday still stands for community pharmacy.

Finance

Please see the letter on indemnity covering clinical negligence indemnity in response to coronavirus. This has been sent out by the Department for Health and Social Care as a [Central Alerting System \(CAS\) alert](#) and published by NHS resolution:

https://resolution.nhs.uk/wp-content/uploads/2020/03/20200402-Tripartite_Indemnity_letter.pdf

Administration

Primary Care Staff

CCG Quality and Workforce visits have been suspended, but the teams remain available for support and advice so if you have any concerns or issues that you want to discuss in relation to the following:

- Workforce
- Quality
- Safety
- CQC

Please contact the following email addresses:

East Kent - ekccgs.quality@nhs.net

West Kent - wkccgs.quality@nhs.net

Medway, DGS and Swale - mnwk.quality@nhs.net

Safeguarding

Safeguarding statutory functions remain in place and you should still make referrals to social care. Policies, procedures and referral forms are on the links below:

- Kent Safeguarding Children Multi-Agency Partnership
<https://www.kscmp.org.uk/>
- Medway Safeguarding Children Partnership
<https://www.medwayscp.org.uk/mscb/>
- Kent and Medway Safeguarding Adult Board <https://www.kent.gov.uk/about-the-council/partnerships/kent-and-medway-safeguarding-adults-board>

Due to social isolation, children and adults may be even more vulnerable to domestic abuse. If you have any queries or concerns, please contact your Safeguarding Designated Professionals or Named GP for safeguarding advice and support. If you are unable to contact your Designated Professional, please contact Megan Lazell, Safeguarding Administrator who can direct you to the right person.

Email megan.lazell@nhs.net

The Domestic Abuse Support in Kent website has resources to give to families <http://www.domesticabuseservices.org.uk/> and the National Domestic Violence Helpline can be called on 0808 2000 247.

Information in Nepali

Folkestone and Hythe District Council have placed some information for members of their Nepalese community on their website. The link is below so you can use it if necessary to inform people who speak Nepali about COVID-19 in other parts of the county <https://folkestone-hythe.gov.uk/covid-19/napali>

Training Hubs update

The Training Hubs in Kent and Medway are working together to support the PCNs with the education and support they need for their current workforce, returners and pre-registration placements.

Covid education and supportive materials

Covid-19 supportive and educational information and links are being uploaded to Training Hub websites and also the Invicta Health Learning pool

- East Kent Training Hub www.eastkenttraininghub.org
- North Kent Training Hub: www.nktraininghub.co.uk
- West Kent Training Hub: <https://www.westkenteducationnetwork.co.uk/>
- Invicta Health Learning: <https://invictahealth.learningpool.com/>

We have had issues raised regarding education and training for oxygen therapy, tissue viability and anticoagulation and we are looking at how we can support these and update you in the coming weeks.

If there is anything that you consider is missing or need help with, in regard to supporting your workforce, please contact us.

Pre-registration student placements

Nurses Placements for pre-registration student nurses are changing and in order to continue their programme throughout this crisis there will be a number of options available to them, from working as a HCA to applying for a temporary registration with the NMC depending upon their stage of learning and personal choice. Further details will follow from the universities and we will contact practices when the details have been finalised to find out if you want to employ a pre-registration nurse. Further details are also available [here](#).

Paramedics All paramedic placements to general practice have been postponed.

Physician associates Pre-registration physician associate placements will continue. Students are expected to achieve the 1400 practice hours threshold for completion of the programme/entry for the National Examination. However, there is flexibility about how/where these hours are completed in view of placement closures and more details will follow.

Medical students The response of individual medical schools and placement providers will depend on the local situation. It's likely that each school will need to make different adjustments. Final year medical students will receive an email from the General Medical Council between 7-9 April, inviting them to apply for provisional registration as part of the UK government's response to the pandemic. Students with provisional registration will be able to work as interim Foundation Year 1 (FiY1) doctors if they're willing and able to do so. Further information <https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-medical-students>.

Post-registration /CPD learners If you, or an employee from your practice are on a short course or taking degree or masters levels modules relating to your clinical practice and are having difficulty accessing study leave or your course has been postponed you should contact your local Training Hub as soon as possible so we can support you - whether you have funding from the training hubs or you are self-funding.

GP Trainees Please refer to the Coronavirus (Covid-19) Information for trainees website for up-to-date guidance and information and for reassurance around how HEE and NHS England and NHS Improvement are supporting doctors in training through the COVID-19 pandemic. The website includes guidance on rotations, recruitment, training and supporting the clinical response. <https://www.hee.nhs.uk/coronavirus-information-trainees>

We have had issues raised regarding education and training for oxygen therapy, tissue viability and anticoagulation and we are looking at how we can support these and update you in the coming weeks.

If there is anything that you consider is missing or need help with, in regard to supporting your workforce, please contact us.

Returns

Nurses

Nurses who were previously registered with the NMC without any fitness to practice concerns, up to three years ago and are under 70 years old, with no known health conditions can apply for temporary registration. Future groups may also include

former registrants who left the register more than three years ago, and overseas qualified nursing and midwifery professionals already working or studying in the UK in other healthcare roles. Further details outlining responsibilities can be found [here](#).

Temporary NMC registration status will end automatically when the emergency period ends. Those with temporary registration will not be required to meet NMC revalidation requirements.

GPs

NHS England has written to a number of GPs to let them know how they can help support the GP workforce including letting people know how they can ask to be temporarily registered on the England Performers List. If a GP hasn't heard from NHS England and NHS Improvement or from the General Medical Council but want to volunteer, please email the team at nhsi.medicalgp.returners@nhs.net.

If people wish to rejoin the GP workforce, please complete the relevant form which can found on the GP Returners website:

<https://www.england.nhs.uk/coronavirus/publication/gp-returners> and send it to england.erplists@nhs.net.

GMC Temporary Registrations

The UK government has asked the General Medical Council to give temporary registration or a licence to practise to suitable people, as part of the response to the COVID-19 pandemic.

You will find information about temporary registration and licences for returning doctors, practising doctors and patients on the GMC website <https://www.gmc-uk.org/registration-and-licensing/temporary-registration>.

Whilst this national work to coordinate clinicians to return to work is underway, we are aware that some individuals have contacted practices directly that they have worked with recently. If you employ or plan to employ a returner, please will you notify us so that we can capture this information and give appropriate support.

Please also note that returning NHS workers are being warned about unscrupulous promoters of tax avoidance schemes who are targeting workers as they return to the NHS to support the COVID-19 outbreak. Please warn people about being careful and not to sign up to these schemes as they are considered to be tax avoidance. [Further guidance is here](#).

Action required on workforce

1. Report concerns and issues with education needs or support required for:
 - your employees
 - pre reg students on placements
 - post reg learners or staff needing study leave for CPD
2. Notify us of any staff increasing part time hours in your practice or from other healthcare providers, returners or students that you employ or plan to employ. Please include:
 - GPs
 - Practice nurses – stating what level they are working at
 - Paramedics – stating what level they are working at
 - Students Nurses
 - Medical Students

Contact Claire Rickard: c.rickard@nhs.net

Appendix 3 (V2. 03.04.20)

Infection Prevention and Control Guidance (Facilities for face to face consultations with patients)

Summary of changes:

Revision date	Page number	Section	Change
07/04/20	3	Hand hygiene	Embedded posters for hand hygiene technique for hand rub and hand wash
07/04/20	4	Personal Protective equipment	Updated rationale for revision of this guidance
07/04/20	4	Personal Protective equipment	Updated link to national guidance
07/04/20	5	Choice of PPE	Revised table to indicate hot site requirements
07/04/20	6	Choice of PPE	Added definitions of home shielding, risk assessment, sessional use and single patient use
07/04/20	6	Choice of PPE	Added table for cold site choices and home visit choices
07/04/20	7	Disposable gloves	Added guidance and diagram on safe removal of disposable gloves
07/04/20	9	Filtering face piece	Added guidance on performing a seal check
07/04/20	10	Environmental cleaning	Added guidance on daily cleaning and advice on deep cleaning when environment no longer needed as a hot site

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 at 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 person's 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)



Best_Practice_hand_
rub.pdf



Best_Practice_hand_
wash.pdf

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

This guidance has been updated to reflect the evolution of the pandemic and the changing level of risk of healthcare exposure. This revised guidance also reflects the need for enhanced protection of patients in vulnerable groups undergoing shielding.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

For common contexts where health and social care workers are providing care to patients and individuals who are known to be possible or confirmed COVID-19 cases, PPE recommendations are specified. Attempts should be made, where appropriate, to ascertain whether a patient or individual meets the case definition for a possible or confirmed case of COVID-19 before the care episode.

One of the fundamental differences in the revised guidance is the use of certain items of PPE on a sessional basis rather than single patient use. **Items identified for sessional use are those items that are worn for staff protection (i.e. masks and eye protection) and changing on a sessional basis reduces risks to healthcare workers from frequent changes of PPE.**

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.



Putting_on_PPE_for_
non-aerosol_generati



Taking_off_PPE_for_
non-aerosol_generati

Below are helpful video links to demonstrate both donning and doffing instructions for wearing PPE:

For performing non-aerosol generating procedures:

https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be

For performing Aerosol generating procedures:

https://www.youtube.com/watch?v=kKz_vNGsNhc&feature=youtu.be
<https://www.youtube.com/watch?v=oUo5O1JmLH0&feature=youtu.be>

Choice of personal protective equipment

Hot sites

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 * On a sessional basis	Yes * On a sessional basis	Yes ** Single patient use	Yes ** Single patient use	Yes ** Single patient use
*** Disposable plastic apron	No	No	No	Yes ** Single patient use	No
Disposable long sleeved gown	No	No	Yes * On a sessional basis With single use plastic apron over the top	No	Yes * On a sessional basis With single use plastic apron over the top
Fluid resistant (Type IIR) surgical mask (FRSM)	Yes * On a sessional basis	Yes * On a sessional basis	Yes * On a sessional basis	Yes * On a sessional basis	No
Filtering face piece (class 3) (FFP3) respirator	No	No	No	No	Yes * On a sessional basis
Face shield or Disposable eye protection	No	No	Yes * On a sessional basis	Yes * On a sessional basis	Yes * On a sessional basis

Cold Sites

	Reception of cold site, no physical contact	Direct patient care/assessing an individual that is not currently a possible or confirmed case (within 2 metres)
Disposable gloves	No	Yes ** Single patient use
Disposable plastic apron	No	Yes ** Single patient use
Disposable long sleeved gown	No	No
Fluid resistant (Type IIR)	Yes	Yes

surgical mask (FRSM)	* On a sessional basis (only if within 2 metres)	* On a sessional basis
Filtering face piece (class 3) (FFP3) respirator	No	No
Face shield or Disposable eye protection	No	Yes

Home Visits

	Direct patient care/assessing an individual that is not currently a suspected or confirmed case (within 2 metres)	Direct care/assessing an individual who is suspected or confirmed as a case	Direct care or visit to any individuals in the extremely vulnerable group and where a member of the household is within the extremely vulnerable group undergoing shielding
Disposable gloves	Yes ** Single patient use	Yes ** Single patient use	Yes ** Single patient use
Disposable plastic apron	Yes ** Single patient use	Yes ** Single patient use	Yes ** Single patient use
Disposable long sleeved gown	No	Yes	No
Fluid resistant (Type IIR) surgical mask (FRSM)	Yes * On a sessional basis	Yes ** Single patient use	Yes * On a sessional basis (only if within 2 metres)
Filtering face piece (class 3) (FFP3) respirator	No	No	No
Face shield or Disposable eye protection	Yes	Yes * On a sessional basis	No

Definition of home shielding

Shielding is a measure to protect people who are clinically extremely vulnerable by minimising all interaction between those who are extremely vulnerable and others. People with serious underlying health conditions that put them at very high risk of severe illness i.e. from coronavirus (COVID-19), are advised to follow shielding measures in order to keep themselves safe.

* Definition of 'on a sessional basis'

A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. in a clinical assessment area. A session ends when the health care worker leaves the care setting/exposure environment i.e. for a break. Sessional use should always be risk assessed and considered where there are high rates of confirmed or suspected cases. **PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable. Items identified for sessional use are those items that are worn for staff protection and changing on a sessional basis reduces risks to healthcare workers from frequent changes of PPE.**

**** Definition of 'Single patient use'**

Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs). Items identified for single patient use are for both healthcare worker and patient safety to reduce the risk of cross infection.

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.

*** The choice of PPE is based on a place based risk assessment approach. Clinical assessment of patients in drive through facilities will be a lower risk and will not necessitate the need for wearing long sleeved gowns.

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 guidance on safe glove removal below, following the care episode or the task undertaken. Hands need to be cleaned after removal of gloves.



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.



PHE_11606_When_to_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;

NB: Whilst we are planning the roll out of fit test training to staff that need it, in the event that you carry out an aerosol generating procedure and need to wear an FFP3 mask, please ensure you follow the attached guidance on how to check that you have achieved a good seal



SEALCHECK_EN_A2s.pdf

- 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

All areas should have a full clean at the end of each day using the guidance above. This is not a 'deep' clean, which is a very different process, but is a standard clean.

A full deep clean will need to be undertaken prior to the area and equipment returning to business as usual

References:

- Guidance on infection prevention and control for COVID-19. PHE 27th March 2020; updated 2nd April 2020
- Advice for primary care professionals dealing with patients with suspected COVID-19. PHE 19th March 2020