

Managing COVID-19 in Primary Care

Hot sites and home visits

Case Definition: Symptoms of new consistent cough and/or temperature 37.8 degrees or above
Any patient meeting the above case definition or risk assessed as a suspected case should be treated as having COVID-19

COVID-19 patient categories

Patients with symptoms in the community should be assessing themselves using the 111 website or calling 111/999. They will be triaged and placed into three categories:

Category 1: Severely unwell: Patients who need hospital admission immediately

Category 2: Need further clinical assessment by a clinician (will be referred to Primary Care)

- Manage the patient remotely where possible
- Where a face to face assessment is required, determine if a practice or home visit is required

Category 3: Mild symptoms: Patients to stay at home, self care advice and contact 111 if urgent health needs (with or without COVID-19 related illness)

Primary Care Hot Sites

Primary Care Hot Sites will manage Category 2 patients requiring face to face assessment, either because of illness / complications related to suspected/confirmed COVID-19 or due to other long term conditions in the presence of suspected/confirmed COVID-19

- Patient should be remotely triaged to assess their symptoms and their need for face to face consultation.

Premises should allow for the separation of suspected COVID-19 patients; this is likely to involve allocation of a separate hot site.

- Patients must be able to enter, wait and leave without coming into contact with non-COVID-19 patients
- Hot sites should be separated from cold site areas by closed doors
- Sites or areas should not swap between cold and hot throughout the day

Premises

Key considerations:

Ideally hot sites should have:

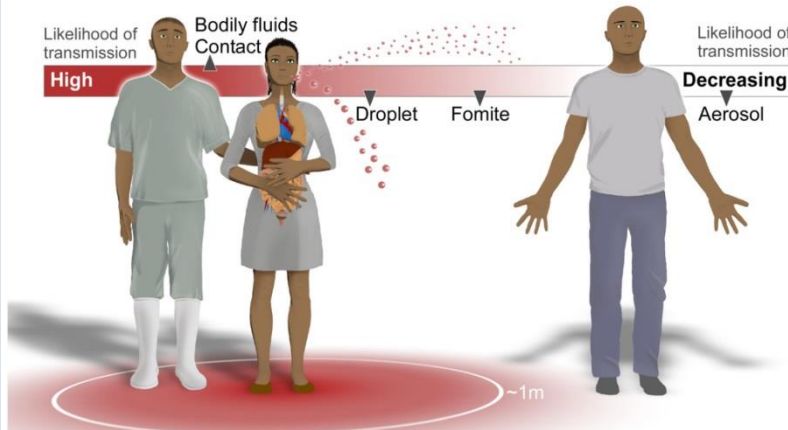
- Automatic entry doors to reduce contamination
- An dedicated area to act as a reception and waiting area
- Hard flooring throughout with (ideally) no soft furnishings
- Separate toilet facilities situated away from non COVID-19 cases
- Ability to designate separate car parking spaces for suspected COVID-19 cases
- Dedicated resuscitation and emergency equipment for COVID-19 patients
- Risk assess whether patients can be asked to remain in their car while waiting to be seen
- Risk assess whether it is safe to triage patients while they remain their car, this would allow for patients who are well enough to go directly home; however this may not be practicable for all practices.

PPE and transmission precautions

- Provide symptomatic patients with a surgical mask to wear
- Ask patients to carry out diligent hand hygiene while in the practice
- Provide tissues and bins to support good cough etiquette (Catch it, Bin it, Kill it)
- Staff to carry out regular hand hygiene using soap & water or alcohol hand rub
- Avoid touching your face/mouth/eyes
- Position yourself at least 2 meters from the patient (where possible)
- Avoid throat examination (not an AGP but increases the risk of the patient coughing within close proximity)

When to wear PPE:

- Staff who are within 2 meters of a symptomatic patient should wear gloves, aprons and a fluid repellent surgical face mask (eye protection where there is the risk of splash to the eyes)
- Change PPE between patients
- Carry out hand hygiene after removing gloves and aprons and prior to removing face protection



Flow

Key considerations:

- Signage should be displayed warning of the segregated area
- Ensure COVID-19 patients collect and don a surgical mask immediately on entering the practice and prior to presenting to reception
- Discourage accompanying adults and children attending with symptomatic patients where safe to do so
- Mark out a 2 meter exclusion zone in front of the reception desk to protect staff and prevent staff having to wear masks continuously—where a receptionist needs to be within 2 meters of a patient they should wear a surgical face mask
- Chairs in waiting areas should be spaced out to allow 2 meters between patients
- Place a clinical waste bin at the practice exit for patients to dispose of masks.

What PPE should I wear?

Location	Staff/patient group	Activity	PPE
Consultation room	Health care worker	Physical examination of patients with respiratory symptoms	Surgical mask Apron/Gown Gloves Eye protection (risk of splash)
	Patient with respiratory symptoms		Surgical mask if tolerated
	Cleaner		Apron/Gown Gloves Eye protection (risk of splash)
Waiting room	Patient with respiratory symptoms		Surgical mask if tolerated
Administrative areas	All staff including health care workers	Administrative tasks (at least 2 meters from symptomatic patient)	No PPE required
Patients home	Patient with respiratory symptoms	Any	Maintain spatial distance of at least 1 meter. Provide medical mask if tolerated, except when sleeping
	Clinician	Providing direct care or assistance to a COVID-19 patient at home	Surgical mask Apron/Gown Gloves Eye protection (risk of splash)

Donning / Doffing PPE



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Environment

- Remove as many items from each clinical room and patient area as possible
 - Avoid the use of fans
 - Only essential equipment in consulting rooms.
- Essential items to keep in the clinical room**
- Desk, computer and phone for staff member
 - Staff and patient chair – made of impervious material
 - Small amount of stationary
 - Couch
 - Sharps bin (yellow) and clinical Waste bin and bags (orange)
 - Clinical equipment which may be required – i.e. stethoscope, BP machine (try to store inside draws or cupboards where possible)
 - Cleaning equipment
 - PPE.

Non essential items

Non essential items which must be removed

- Dignity curtains
- Books, ornaments, training materials
- Leaflets
- Posters
- All non essential equipment
- Where possible remove any equipment that is damaged or difficult to clean
- Keyboards should be cleaned regularly, practices could consider purchasing silicone covers or washable keyboards to make cleaning of keyboards easier for staff

Staffing

- Hot sites should adhere to a Core GMS staff model which should include at least two clinicians
- Primary care staff should, wherever possible be allocated to either COVID-19 or non COVID-19 sites
- Practices should risk assess staff to identify those who are greater risk of complications associated with COVID-19 (i.e. typically those who are eligible for an annual flu vaccine).

Uniform and clothing

- Staff members should wear clean clothing/uniform for each shift
- Clothing and uniforms should be washed separately at 60C after each shift
- Staff should shower and change into clean clothing to travel home (if possible)
- Staff members MUST not visit public areas in clothing worn at work.

Home visiting

Much of the information for hot practices will also be relevant to home visiting. Where a symptomatic patient is assessed via telephone triage as requiring a home visit (COVID-19 home visits should be carried out by the hot site):

- Risk assess the patient to identify if the patient meet the AGP below i.e. BiPAP
- Ensure that 'home visit' bags contain necessary equipment such as:
 - PPE
 - Alcohol Gel /hand hygiene equipment
 - Waste bags
 - Cleaning products for equipment cleaning
- Position yourself at least 2 meters from the patient (where possible)
- Careful handwashing must be observed before and after home visits
- If the patient needs emergency medical care in hospital, an ambulance should be requested where appropriate, and the 999 call handler informed of COVID-19 risk.
- If the patient requires emergency care while awaiting ambulance transfer, the healthcare professional should use PPE and keep exposure to a minimum

Unexpected COVID-19 case

- If possible COVID-19 is identified during a home visit, staff should ensure they have the patient's (or carer's) telephone number
- Staff should then withdraw from the room, close the door and wash hands thoroughly with soap and water
- Further communication should be via telephone.

Aerosol Generating Procedures (AGP)

FFP3 masks are only required when undertaking Aerosol Generating Procedures (AGP) which are unlikely in General Practice.

Aerosol Generating Procedures:

- Intubation, extubating and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures
- Bronchoscopy
- Surgery and post-mortem procedures
- Some dental procedures
- Non-invasive ventilation such as BiPAP and CPAP
- High-Frequency Oscillating Ventilation
- High Flow Nasal Oxygen i.e. heated and humidified oxygen delivered at flow rates of up to 60 L/min
- Induction of sputum i.e. by inhalation of an aerosol of hypertonic saline

Avoid throat examinations where possible due to coughing/large droplet spread. Nose/Throat swabbing is not an AGP.

Cleaning & waste

Cleaning of equipment after each use

- Patient care equipment should be single-use items if possible
- Reusable (communal) non-invasive equipment must be decontaminated with your usual cleaning wipes/product (local guidance) between each patient and after patient use
- Stethoscopes should not be worn around necks and cleaned between patients
- Resuscitation equipment must be cleaned after use including defibrillators, O2 cylinders/piped O2 points and suction machines.

Regular cleaning and blood/body fluid spillages

An increased frequency (at least twice a day) of decontamination of:

- All reusable equipment (all clinical equipment including resus and emergency)
- Environment and frequently touched surface (i.e. door handles/plates, reception area, check in screens, hand rails, seats, light switches).

The following products should be used for Blood/Body fluid cleaning and regular decontamination of equipment and the care environment must be performed using either:

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.); i.e. Actichlor plus

or

- A general purpose neutral detergent in a solution of warm water (or a yellow detergent wipe such as Clinell/PDI/Medipal) followed by a disinfectant solution of 1,000ppm av.cl. (Such as Actichlor/Sanichlor)

Waste

- All waste should be treated as clinical waste (Category B Orange)
- Your waste contractor will continue to collect waste.

Hand hygiene

- REMEMBER 'Bare below the Elbow'
- Wash hands for at least 20 seconds or use Alcohol Gel when appropriate
- No rings (except single plain wedding band)
- No wrist watches
- No nail varnish.

