


This document has been created to try to impart some of the knowledge and insight gained by those of us involved in establishing and working at both the Southwark Community Covid19 Management Service (CCMS) and our neighbour Essential GP Services (EGPS) sites. We have included a brief list of useful resources at the end of the document and referenced where relevant throughout. We hope you will find this useful as you prepare to see patients with suspected Covid19 once the Southwark CCMS service is no longer active.


Who qualifies as a patient with suspected Covid19?

Theoretically any patient could be infected with Covid19 at any time so practices should continue to see ALL patients according to the following principles:



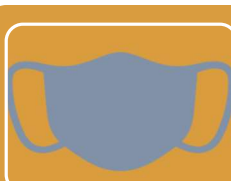
Remote consultation and management wherever possible to minimise footfall at the practice including

- Total telephone triage
- Telephone and video consultation
- Emailing or texting of photos
- Emailing, texting or posting forms/documentation
- See resources on remote consulting ^{2b}



Ensuring social distancing inside the practice including

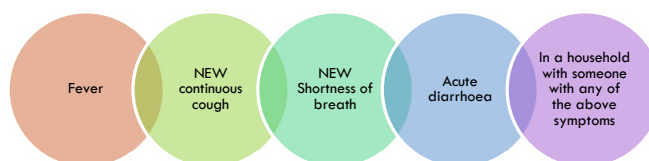
- 2m mark outs on floor around reception desk and for queuing
- 2m spacing of chairs in waiting room and thorough cleaning of chairs between patients (who will do this in practice?) Be aware that soft furnishings are not suitable for this.
- Minimising numbers of patient in waiting room at one time by spacing out appointment times accordingly
- Patient flow through the building should be one way to prevent passing in corridors – is this possible in your building? Can be supported with directions/arrows/signs on walls/doors and floors



All face to face patient contacts to be undertaken with infection control measures

- PPE for clinical f2f contacts including the use of scrubs that can be safely removed in a designated room on site and laundered
- Facemasks are now advised for all patients and any clinical or non-clinical staff where a 2m distance cannot be maintained ³
- PPE should be changed between each patient except face masks (according to the specification of the masks you stock) and scrubs (which can be changed daily) ^{2b}
- Decontamination of equipment between each patient contact

The range of Covid19 symptoms is broad and expanding all the time^{1a} but we would suggest considering any patients with any one of the following symptoms as potentially Covid19 AND potentially contagious and therefore to be seen as a "hot" case and not in areas where routine care is taking place:



There are other wide-ranging symptoms of Covid19 such as anosmia and blistering rashes but in the absence of the above features current available evidence suggests they are less likely to be contagious. We would encourage you to manage these cases remotely wherever safe and appropriate. Please be aware of pre-existing tools to aid you in triaging and managing suspected Covid19 cases^{1b}

It is also important to be aware that patients may quickly change to qualifying as suspected Covid19 and as such we advise:



Where to see patients with suspected Covid19?



Arriving at the practice

- How will the patient safely travel to your practice without putting themselves or others at risk? Public transport should be avoided.
- Is there a separate entrance that patients with suspected Covid19 can use that leads to an area of the building that can be safely zoned off from the rest of the building?
- How will you know when a suspected Covid19 patient has arrived and how will they be brought into the building? We advise having patients call via phone or intercom when outside the building and then being ushered directly into the consultation room by staff in full PPE. This includes staff in PPE opening doors etc so that you minimise areas/equipment that need to be decontaminated after each attendance.



Zoning/Consultation Area

- How will you ensure that patients with suspected Covid19 do not enter, pass through or wait in areas where routine patient care or non-clinical staff activity is taking place.
- You may wish to designate "Red zones" for seeing patients with suspected Covid19 symptoms. This will need to be well sign posted.^{2a}
- Are more comprehensive cleaning protocols required for the "red zone"? Will consultation rooms need to be fully decontaminated after each patient?⁵ Whose job is it to decontaminate clinical equipment and clinical areas after each patient contact?
- Is the "red zone" well ventilated? Can you open windows and doors without compromising patients safety, dignity or confidentiality. Do you need to switch off the air conditioning in the "red zone"?



PPE & Equipment

- Is there an area where staff can safely don and doff scrubs and PPE and clean used clinical equipment when moving into the "red zone"?^{2b} Any designated area will need to have clearly marked out spaces for dirty and clean equipment. Are there toilet facilities for staff to use inside the "red zone"?
- Are you able to keep a separate emergency drug supply including oxygen in the area where patients with suspected Covid19 are to be seen? You want to avoid having to leave this area and enter into routine care areas to get any drugs or equipment mid-consultation as this would require you to doff and the re-donn PPE.
- Will you have separate designated diagnostic kit for seeing patients with suspected Covid19? How easily decontaminated is your equipment? Do you need additional items to ensure infection control such as disposable blood pressure sleeves?



Patient Assessment & Management

- To avoid viral exposure for staff maintain 2m distance from patient except where essential examination is required
- Chest exams should be undertaken by auscultating the back and throat examinations should not be undertaken
- It is advised that suspected Covid19 patients require 40 step desaturation tests, so please consider how you can safely undertake this in the space you have.
- What if a suspected Covid19 patient needs bloods or practice based investigations? Please consider doing any required bloods, ECG etc on site at the time of assessment for these patients rather than redirecting to other sites/services and potentially spreading infection. Clinicians will thus need to be suitably trained to do this, or you will need to ensure the correct mix of staff and skillsets are attending the patient.
- If the patient requires transfer to hospital what will be your protocol for safe transfer? (considering the risk to the patient, clinical staff and the general public)
- If a patient with suspected Covid19 requires medication how will you prescribe this to prevent patients going into pharmacies or other public areas and enable them to maintain isolation protocols? Please consider electronic prescribing and pharmacy deliveries. Our PCN social prescribers can assist in facilitating getting meds to isolating patients where required.
- You may also wish to consider remote monitoring for patients with confirmed or suspected Covid19, utilising pulse oximetry where appropriate.^{1c,7} IHL have distributed oximeters for this purpose to practices.



Car Park Options

- We would advise where possible to consider seeing patients in their car. This is most applicable where simple observations are required to aid your clinical decision making ie O2 sats. It is fast, low exposure risk for staff and avoids lengthy decontamination protocols for rooms.^{2a}
- If considering a tent/marquee in the car park for drive through/walk through options you will need clear signs and demarcation to prevent other members of the public from coming too close.
- This option will still require a safe zoned room to bring patients into should they require more confidential examination or stabilisation or during adverse weather conditions.
- Clinicians should have access to a "hot" diagnostic kit in an easily decontaminated box that can be taken out with them and fully cleaned between patients. They may benefit from an additional staff member joining to assist in documentation/note taking



Home Visiting

- You might consider undertaking home visits for some/all patients with suspected Covid19 to prevent contamination of your practice site, minimising exposure to all practice staff and the risk of patients transmitting infection on route to the practice. If exploring this option please consider:
- Undertaking visits in scrubs that can be safely removed in a designated area in the practice and effectively laundered
- Sourcing "clean" and "dirty" bags for transporting PPE and equipment
- Donning and doffing of PPE safely on the patients door step
- Safely transporting and disposing of used PPE
- Safely transporting and decontaminating used equipment in a designated area
- How will staff get to and from the visit without contaminating personal vehicles or using public transport?
- Do you need additional spec PPE as the risk to staff is higher with potentially higher viral exposure within the home environment?^{3,4}

Who should see patients with suspected Covid19?

Low Risk, Highly Skilled



- Have you risk assessed all your staff? Consider risks for health conditions and BAME ⁶
- How will the variations in staff risk affect your capacity to see patients with suspected Covid19 onsite/offsite on a daily basis?
- What, if any, contingency plans do you have should there be no low risk staff available to review a suspected Covid19 patient on a given day?
- Please ensure that staff seeing suspected Covid19 patients have been trained in donning and doffing PPE^{2b}, decontaminating clinical equipment/areas⁵ and are up to date with triaging and managing suspected Covid19 cases in the community¹

Potential issues



How will you prevent a suspected Covid19 patient walking into the practice without being screened? We advise not admitting patients into the practice or at very least beyond the front desk without having had screening conducted



What about toilet facilities? Should these be closed except where clinical indication for use? Should they have an increased cleaning schedule? Are there facilities for staff inside the "red zone"?



Face masks for patients: Will you provide these for all patients, only patients with suspected Covid19 or for none? How will this impact your PPE stocks? Will patients attending without their own face masks be admitted to the building? How familiar are you with the different types of face masks and what is suitable for patient contact? ^{3, 4}



How many accompanying persons should be attending with the patient? We advise minimising this to one accompanying person where absolutely necessary and making this clear to patients and their carers/guardians ahead of attending the practice.



Can/should you offer higher spec PPE for higher risk groups of staff or the possibility of high risk patient encounters (ie collapsed patient with suspected Covid19 / home visits)?^{3,4} The Southwark CCMS sourced single use washable gowns and 3D printed visors from community groups and can share links and ideas on this if needed.



If utilising scrubs: How will you source and safely launder scrubs/gowns to a suitable specification? The Southwark CCMS had centrally provided scrubs and laundering from the CCG



A key benefit from the ways of working at the Southwark CCMS was regular MDT reflection/debrief of cases. This allowed rapid learning and adjustment and ensured the safety of staff and patients. We would encourage the regular review of cases of patients with suspected Covid19 in your practice meetings to help you identify any issues and areas for improvement



We would also encourage you to use the CES templates for remote consultation and face to face review of suspected Covid19 patients to ensure comprehensive care and effective coding of activity

Patient communications

Once you have decided how you will be managing things you will need to consider the "script" that is advised to patients before attending the practice to include important messages regarding face masks, entering and exiting the practice, handwashing, use of toilet facilities, minimising accompanying persons etc. These messages can be texted, emailed, sent as a letter and reiterated over the phone ahead of attendance.

Resources

1. South East London CCG COVID19 clinical support: <http://gp.selondonccg.nhs.uk>
This resource aims to provide additional **locally relevant and curated clinical support** for Primary Care teams during Covid19 pandemic. It covers both Covid19 care and support in managing unwell patients who would normally be managed in secondary care. Of particular note are:
 - a. List of common Covid19 signs and symptoms from CEBM: <https://www.cebm.net/Covid19-19/Covid19-19-signs-and-symptoms-tracker>
 - b. The Southwark Covid19 pathways for CCMD/EGPS which provide guidance on triaging, remote and face to face assessment: <http://gp.selondonccg.nhs.uk/wp-content/uploads/2020/05/Southwark-GP-Covid19-Pathways-EGPS-and-CCMS-V15.pdf>
 - c. Southwark Covid19 Pathways: Monitoring guidance for patients with Moderate disease: <http://gp.selondonccg.nhs.uk/wp-content/uploads/2020/05/Monitoring-questions-v-5.pdf>
2. Improving Health YouTube Channel: <https://www.youtube.com/channel/UCUKorhw2vBcN9EDcLUsbGkQ>
Here we have collated several useful resources for clinicians including:
 - a. Video outlining how our Community Covid19 management service operated (which may help you in planning how you will see suspected Covid19 cases in your own practice): <https://youtu.be/iE2jXSepEAM>
 - b. Videos on donning and doffing PPE: <https://www.youtube.com/playlist?list=PLkrqJAm-oDQarPTf6Wzq4Km6ocRIQbZTu>
 - c. A playlist of useful videos to aid clinicians in remote consultation skills: https://www.youtube.com/playlist?list=PLkrqJAm-oDQarLs3_fm5xplkhXaa6ZRpo
 - d. Videos that can be shared with patients to let them know that GP practices are open and providing important services such as immunisations: <https://www.youtube.com/playlist?list=PLkrqJAm-oDQZTcRtdW9UnzKcDk787hUtu>
3. Recommended PPE for primary, outpatient, community and social care: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf
4. Efficacy of standard face masks compared to respirator masks in preventing COVID19-type respiratory illnesses in primary care staff? CEBM evidence summary: <https://www.cebm.net/Covid19-19/what-is-the-efficacy-of-standard-face-masks-compared-to-respirator-masks-in-preventing-Covid19-type-respiratory-illnesses-in-primary-care-staff/>
5. Decontamination of Rooms where patients with suspected Covid19 are seen: <https://www.youtube.com/watch?v=QwWykFGfAbg> This is a helpful evidence based video from Dr Lisa Riordan, a GP in Leeds.
6. Risk reduction framework for NHS staff produced by the faculty of Occupational Medicine: <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf> This is a useful tool for risk assessing and reducing risk for staff
7. LMC Guide to using pulse oximetry during Covid-19 pandemic <https://www.lmc.org.uk/visageimages/Covid-19/Guide%20to%20using%20pulse%20oximeters%20during%20Covid-19%20pandemic.pdf>
8. Range of resources/guidelines for staff on PPE, decontamination, emergency oxygen and resuscitation plus patient script can be found here <https://www.ihlsouthwark.co.uk/what-we-do/covid19/>

And finally...

We want this to be a useful document for practices and staff. As such we would welcome your feedback and input and are also happy to offer further advice and signpost to additional resources as required. Please get in touch at ih.info@nhs.net

Regards



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