

COVID-19: Clinical management of possible cases in Primary Care

(Source: NHS England / BMA / RCGP / Gov.je)

DEFINITION OF CONTACT

For the purposes of testing, contact with a case is defined as:

- living in the same household

or

- direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case without appropriate PPE

or

- direct or face to face contact with a case, for any length of time

or

- being within 2 meters of the case for any other exposure not listed above, for longer than 15 minutes

or

- being otherwise advised by a public health agency that contact with a confirmed case has occurred

MAIN PRINCIPLES

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of COVID-19

Currently, COVID-19 is most likely to occur in travellers who have recently returned from specified countries and areas listed and regularly updated on the www.gov.je. Therefore, an accurate travel history is an important part of identifying potential risk.

HOW TO AVOID CATCHING OR SPREADING CORONAVIRUS

Make sure you:

- wash your hands with soap and water often, for at least 20 seconds
- always wash your hands when you get home or into work
- use hand sanitiser gel if soap and water are not available
- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- put used tissues in the bin straight away and wash your hands afterwards
- try to avoid close contact with people who are unwell
- keep horizontal surfaces and touch points (like light switches) clean

ACTIONS TO TAKE

- Patients contacting the practice via telephone should be talked through the **“Find out if you should self-isolate”** protocol found on www.gov.je.
- Patients who meet the case definition via telephone should be directed to 01534 445566 and gov.je website.
- An unwell patient attending the surgery in person with a relevant travel history should be identified when they book in at reception and immediately placed in a room away from other patients and staff. If COVID-19 is considered possible when a consultation is already in progress, withdraw from the room, close the door and wash your hands thoroughly with soap and water.
- Avoid physical examination of a suspected case. The patient should remain in the room with the door closed. Belongings and waste should remain in the room. The patient and any accompanying family should remain in the room with the door closed.
- Advise others not to enter the room. If a clinical history still needs to be obtained or completed, do this by telephone.
- If entry to the room or contact with the patient is unavoidable in an emergency, wear personal protective equipment (PPE), such as gloves, apron and fluid resistant surgical mask (FRSM) and keep exposure to a minimum. All PPE in full should be disposed of as clinical waste (and double bagged).
- Should the patient need to use the toilet, they should be allocated a WC for their sole use. Instruct the patient to wash their hands thoroughly after toileting, and return directly to the room they have been isolated in and close the door. The toilet should be taken out of use until cleaned and disinfected following the decontamination guidance (found below).
- Ask the patient to call the helpline (445566) from the room, on their mobile (use GP surgery landline if mobile unavailable).
- When a telephone interview is being conducted with a patient located elsewhere (for example at home) and it is determined that COVID-19 is possible then a face-to-face assessment in primary care (including out-of-hours centres and GP hubs) **MUST** be avoided. Instead, call the local secondary care infection specialist to discuss safe assessment, if hospital care is being considered, if not refer to helpline (445566).

ENVIRONMENTAL CLEANING FOLLOWING A POSSIBLE CASE

Once a possible case has been transferred from the primary care premises, the room where the patient was placed:

- should NOT be used
- the room door should remain shut
- with windows opened
- air conditioning switched off

Until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

PREPARATION

The responsible person {ENTER DESIGNATED PERSON(s) / TEAM} undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- collect all cleaning equipment and clinical waste bags before entering the room
- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves

ENTERING THE ROOM

- keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- double bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- remove any fabric curtains or screens and bag as infectious linen
- close any sharps containers wiping the surfaces with either detergent disinfectant wipes (e.g. Clinell) a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

CLEANING PROCESS

The use disposable cloths or paper roll or disposable mop heads MUST be used to clean and disinfect all hard surfaces, floors, chairs, door handles, reusable non-invasive care equipment, or sanitary fittings in the room, following one of the 2 options below:

1. Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
2. A neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

- follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- **any cloths and mop heads used must be disposed of as single use items**

CLEANING AND DISINFECTION OF REUSABLE EQUIPMENT

- clean and disinfect, any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
- clean all reusable equipment systematically from the top or furthest away point, using disinfectant disposable wipes (such as Clinell),

CARPETED FLOORING AND SOFT FURNISHINGS

If carpeted floors or item cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use, following or combined with detergent cleaning.

ON LEAVING THE ROOM

- discard detergent or disinfectant solutions safely at disposal point (such as sluice room)
- all waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have COVID-19 further advice should be sought from the helpline / MICROBIOLOGY
- clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- remove and discard PPE as clinical waste
- perform hand hygiene

CLEANING OF COMMUNAL AREAS

If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use.

PATIENT TRANSFERS

If the patient is critically ill and requires an urgent ambulance transfer to a hospital, inform the ambulance call handler of the concerns about COVID-19.

In all other instances, the case must be discussed with the hospital first so that they are aware that COVID-19 is being considered and the method of transport to secondary care agreed.

Patients with suspected COVID-19 should be instructed not to use public transport or taxis to get to hospital.

APPENDIX A – PPE

PPE requirement	Close patient contact of possible case (within one metre, no AGP)	AGP (a) – possible & confirmed cases	Contact with confirmed cases
Hand hygiene	√	√	√
Gloves	√	√	√
Plastic apron	√	X	X
Long sleeved disposable gown	X	√	√
Fluid resistant surgical facemask (b)	√	X	X
FFP3 respirator	X	√	√
Eye protection	Risk assessment (c)	√	√

a) aerosol generating procedures should be undertaken in a single room with only essential staff present

b) surgical masks should:

- cover both nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be changed when they become moist or damaged
- be worn once and then discarded as clinical waste – hand hygiene must be performed after disposal

c) eye protection is required to be worn as part of standard infection control precautions when there is a risk of blood, body fluids, excretions or secretions splashing into the eyes. Individual risk assessment to be carried out at the time of providing care. This assessment will need to include patients with possible COVID-19 who are coughing. Surgical masks with integrated visors are an option for eye protection to be used with possible cases.

Where contact is with either a confirmed case or where a possible case is undergoing AGPs, the following points should be followed:

- long sleeved, fluid-repellent disposable gown – wearing scrubs underneath obviates problems with laundering of uniforms and other clothing
- gloves with long tight-fitting cuffs
- FFP3 respirator conforming to EN149 must be worn by all personnel in the room. Fit testing must have been previously undertaken before using this equipment and a

respirator should be fit-checked every time it is used. The Health and Safety Executive advise that FFP3 respirators can be worn for at least an hour

- eye protection, such as single use full-face visors or goggles must be worn (note prescription glasses do not provide adequate protection)

The PPE described above must be worn at all times when in the patient's room.

Gloves must be changed when moving from a dirty to a clean task. Removes gloves.

Decontaminate hands with alcohol hand sanitiser. Put on pair of clean gloves, ensuring that the cuffs of the gloves cover the cuffs of the gown.

PUTTING ON AND REMOVING PPE FOR PATIENTS WITH POSSIBLE COVID-19

Putting on (donning) PPE

Perform hand hygiene before putting on PPE

PPE should be put on before entering the room where the patient is. Put PPE on in the following order:

1. disposable plastic apron
2. type IIR (Fluid Resistant Surgical Facemask) FRSM. This should be close fitting and fully cover the nose and mouth. Do not touch the front of the mask when being worn
3. Position the upper straps on the crown of your head, above the ears and the lower strap at the nape. Ensure that the mask is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit.
4. Disposable gloves. There is no requirement for double gloving

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of (doffing) PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Before leaving the room where the patient is, gloves, apron and FRSM should be removed (in that order, where worn) and disposed of as infectious clinical waste. Guidance on the order of removal of PPE is as follows:

Gloves

- grasp the outside of glove with the opposite gloved hand; peel off
- hold the removed glove in the remaining gloved hand
- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- discard as clinical waste

Apron

- unfasten or break apron ties
- pull the apron away from the neck and shoulders, touching the inside of the apron only
- turn the apron inside out, fold or roll into a bundle and discard as clinical waste

Fluid Resistant Surgical Facemask (FRSM)

- should be removed outside of the isolation room
- untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only and discard as clinical waste.
- lean forward slightly

Perform hand hygiene immediately after removing all PPE.

APPENDIX B – CLEANING SCHEDULE

Cleaning Task	Responsible Officer	Comments/standard
Air con unit off	GP/Nurse	Prevents spread
Chair	GP/nurse/cleaning contractor	Green clinell Seat area/handles/legs
Desk	GP/nurse/cleaning contractor	Green clinell Surfaces/legs/sides
Keyboard/PC	GP/nurse/cleaning contractor	Green clinell Power off Wipe whole keyboard inc underneath Screen + edges - dry the screen with paper towel
Couch	GP/nurse/cleaning contractor	Green clinell Surface/legs/edges/underneath
Weighing scales	GP/nurse/cleaning contractor	Green clinell Surface/sides/underneath
BP machine/cuff	GP/nurse/cleaning contractor	Green clinell Machine/cuff/underneath
Stethoscope	GP/Nurse	Green clinell All surfaces/pt contact disc
Pulse oximeter	GP/nurse	Green clinell All surfaces
Cupboard doors/handles	GP/nurse/cleaning contractor	Green clinell Front/on top/handles
Curtain rail	Cleaning contractor	Green clinell All surfaces
Drawers and handles	PM/nurse/cleaning contractor	Green clinell All surfaces
Worktop	GP/nurse/cleaning contractor	Green clinell All surfaces/sides
Clinic room door/handles	GP/nurse/cleaning contractor	Green clinell Both sides/handles/surfaces
Floor	Cleaning contractor	Detergent/hot water Red bucket/disposable mop head
Pictures (if applicable)	Cleaning contractor	Green clinell All surfaces/sides