Version 2

Disclaimer

The following guidance is developed by the xxxx Medical Practice and does not in any represent expert advice. We are working with the available information, minimising risk to staff and patients and anyone who follows this guidance does so at their own risk and their own volition. This plan is subject to change

NOvel coronavirus (COVID-19)
PRACTICE Action PLan

Xxxxxx Medical Practice

# Background

Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID) and declared a pandemic by WHO.

We have move to the ‘delay’ phase of management of the spread of the virus.

We advise all staff to be aware of the guidance given to the public by [www.nhsinform.scot](http://www.nhsinform.scot) . This is the main source of updated information to the public in Scotland and has a designated helpline. The public should be signposted to this website in the first instance wherever possible.

Clinicians should use [www.hps.nhs.scot.uk](http://www.hps.nhs.scot.uk) for guidance. However the ultimate clinical decision as to how to manage the specific case presentation rests with the frontline clinician. This is the same as any other interaction between first contact practitioner and specialist service which provides guidance from afar.

This guidance is to assist in managing the coronavirus at a practical level within the practice.

# Action Plan

The main areas that need addressing within the practice are:

* **Containment of areas within the practice**
* **Minimise footfall**
* **Protect Staff**
* **Staff Morale**
* **Patient and Stakeholder Comms**
* **Business Continuity**
* **COVID coordination group**

# Containment of areas within the practice

Throughout the duration of this crisis, the practice will be divided into discreet areas to allow different processes to be followed and easy containment if there is any contamination.

All patients will require triage by phone initially (see minimise footfall section)

**The RED zone**

**Remove all non essential furniture and equipment. The area must be clutter free at all times. No eating and drinking in this area.**

Open window in room (if possible) to improve air change rate in room. This will also provide some negative pressure –pulling air to outside and not to wider practice area

* This zone represents the ……….ENTER CLEAR DESCRIPTION OF ZONE OF PRACTICE TO BE USED.
* Patients entering this zone should enter through …xxx…..DOOR – *usually a separate door where possible leading directly to the designated zone*
* Within this area it shall be mandatory to see patients whilst wearing PPE[[1]](#footnote-2).
* PPE shall consist of (disposable gloves, disposable apron and fluid resistant surgical mask (FRSM)). This should be stored in the Amber zone
* The stocks of PPE shall be updated daily by the lead nurse.
* Put PPE on before entering the RED zone (see YouTube link below)
* Wherever possible patients will be admitted to the building when the clinician is ready to see them (e.g. patient called from their car by mobile). A small waiting area with 2 m spacing and surgical masks should be available where this is not possible, patients should be seen within 5 minutes of arrival in this area. Some practices go out to the car to make initial assessment of temp/O2 sats and respiratory rate whilst patient still in car and may in some cases advise direct admission where appropriate.
* Some practices have installed intercom systems on outside doors
* Upon arrival to the RED zone, there is an alcohol hand gel dispenser and instruction poster of how to wash their hands.
* Patients will not be able to use the practice toilet whilst in the building (will be reminded to go before they attend the practice)
* This area will be subject to a cleaning cycle - this is daily as minimum- and after any gross contamination
* Use minimum required equipment.

PPE should be removed in the correct order - <https://www.youtube.com/watch?v=5s0zQ5U19KE&feature=youtu.be>

* All PPE should be disposed of as clinical waste (orange waste bag), foot pedal
* After each consultation, the attending clinician is to clean surfaces and handles [product to be advised – chlorine releasing product (to 1000ppm available chlorine) if possible. Detergent followed by alcohol wipes, or products direct from manufacturer if available? *Tuffie 5? Clinell disinfection wipes? Local infectious diseases will advise further on available products* .
* **Prior to cleaning put on clean PPE –**
* Products - alcohol wipes, Dettol wipes, Dettol
* All equipment used should be cleaned after use (e.g. stethoscope/pulse oximeter) Use alcohol wipes -70% alcohol content
* Suggest notes written up once out Red zone but if keyboard or telephone touched these should be cleaned - Use alcohol wipes -70% alcohol content
* The clinician will wash hands after every consultation
* Domestic services – if NHSL – follow terminal cleaning methodology
* Share methodology with private domestic provider
* Daily terminal clean

**The AMBER zone**

* This zone represents the . ENTER CLEAR DESCRIPTION OF ZONE OF PRACTICE TO BE USED.
* This area will be for the essential face to face appointments that still need to take place
* All patients will still be screened for viral symptoms prior to attending and asked to rebook if positive (independent of recent travel or exposure)
* This area will not be subject to PPE but rigorous handwashing and usual infection control measures.
* Patients will be asked to enter the building via ………….
* Patients will be instructed not to approach closer than 2 m from the reception desk once checked in make their way to AMBER WAITING ZONE
* Upon arrival to the AMBER waiting zone, there is an alcohol hand gel dispenser and instruction poster of how to wash their hands.
* Patients can use the toilets but are advised not to do so if possible.
* After each consultation, the attending clinician is to clean /wipe down surfaces and handles (hospec and water or similar)
* The clinician will wash their hands.
* Use minimum equipment required
* Clean equipment and keyboard regularly

The GREEN zones

* This area represents the ENTER CLEAR DESCRIPTION OF ZONE OF PRACTICE TO BE USED.
* This area represents a PATIENT-FREE AREA
* Stocked daily with handwashing equipment
* These areas shall be for the exclusive use of telephone and video consults and administrative tasks.
* All staff in this area shall follow infection control procedures (e.g. Bare below the elbow)
* Clean equipment used regularly (keyboards/telephones etc)

House calls which may have Covid infection

All House calls should be triaged and assessed for likely Covid risk.

Only essential house calls should be considered as most assessments and advice should be performed over phone.

Minimise equipment should be taken in a disposable bag.

PPE should be donned outside the house. Leave orange waste bag /hand sanitiser on doorstep

Avoid unnecessary contact with any household furnishings and keep at least 2m distance.

PPE should be removed in the correct order outside the house <https://www.youtube.com/watch?v=5s0zQ5U19KE&feature=youtu.be>

All PPE should be disposed of as clinical waste (orange waste bag)

Clean equipment and hands outside house.

**Care homes** – at present practices should attend to those who ill but HSCPs may develop plans for this.

# Minimise footfall

* + Remove online booking for all appointments other than telephone (assessment team) and Video Consultations
	+ All routine appointments to be converted to either Video Consults or Telephone
	+ Following conversation, if patient still needs to be seen face to face, and they have no Covid symptoms, they will be seen in the AMBER zone.
	+ If a patient needs to be assessed with Covid symptoms they will be seen in the RED zone.
	+ If a patient previously due to be seen in the AMBER zone, is reassessed on arrival and found to have Covid symptoms, then they will be seen in the RED zone.
	+ First contact physio appointments to be converted to telephone or video consultations
	+ *If used in the practice* Promote the use of ONLINE CONSULTATIONS at every opportunity for problems that can wait <2 days.
	+ All sick notes / letters etc to be posted to patient. All prescriptions will be sent to the pharmacy. Not to pick up from practice.
	+ Pharmacies to limit visits to the practice and arrange set visiting time.
	+ The practice will ask what footfall arrangements pharmacies have, so patients can be advised of the likely arrangements when they attend to collect medication.
	+ Mental Health Nurse appointments to be converted to telephone
	+ All non-urgent work to postponed until further notice
		- Travel
		- Minor Surgery
		- Social Prescribing
		- Chronic disease monitoring
		- Any other work identified by the senior management team
	+ Other Providers in our building *(add /delete as appropriate)*
		- Midwifes to continue clinics but patients will be telephoned prior to arrival. If face to face, then operate from the AMBER zone
		- Counselling service to be given access to webcams / telephones and convert consultations to non-patient facing
		- All other non-urgent provision to be postponed until further notice
		- Baby Immunisations will continue in the AMBER zone
		- 6-week baby checks will continue in the AMBER zone
		- All children and parents will be screened for viral symptoms and asked to rebook for a telephone call if appropriate
		- All essential nurse / phlebotomy appointments will be subject to telephone triage by one of the nurses and seen in either RED or AMBER Zone depending on status
	+ Consider procurement of remote working solutions via *secure global desktop*

# Protect Staff

Hand hygiene is the single most important and effective way for staff to protect themselves and others.

Hands should be washed with soap and water of decontaminated with alcohol based hand rub:

* Before direct patient contact
* After direct patient contact
* Before invasive procedures
* Immediately on removal of PPE
* After contact with the immediate patient care environment before moving to other tasks or locations within the practice
* Before eating and drinking
* After coughing, sneezing, nose blowing

Encourage use of/provide access to individual hand cream/lotion – preferably non perfumed. Increased staff hand hygiene may cause increased drying of hands. Shared products are not advised.

Good technique (wet hands before application of soap, rinse off all soap, pat rather than rub dry, ensure skin is fully dried and not left damp) – will help minimise skin damage

Some principles to manage the protection of staff within the practice.

* The management of staff sickness
	+ If any staff member complains of viral symptoms, they are to let their line manager know and then leave the premises. Contact their line manager by phone to arrange decontamination procedures.
	+ Under no circumstances are staff to be examined (temperature etc.)
	+ If feeling too unwell to leave the premises they must go immediately to one of the vacant consulting rooms in the RED area until further notice
	+ Staffing levels will be monitored by the most senior manager and our BCP will be enacted
* Place sufficient protection between frontline admin staff and patients
	+ Consider purchase a Barrier to allow 2 metres between staff and arriving patients
	+ Easy access to handwashing facilities
	+ Minimise number of staff on rotation for front desk
* Have clear and rehearsed policy for possible exposure with drills
	+ A patient contact later diagnosed with COVID-19
	+ A staff member testing positive for COVID-19
	+ A patient ill with possible symptoms of COVID-19
	+ A Staff member ill with possible symptoms of COVID-19
* Risk assess daily, any social events in the practice calendar and liaise with the team as to whether they should go ahead.
* Jewellery and watches removed; clocks put up in clinical areas to avoid looking for phone
* Mobile phone usage banned in RED zones as locus of infection + limited in AMBER zone
* No handshakes
* No lanyards
* Cancel external teaching events until further notice
* Cancel external visitors until further notice.
* If staff have to self-isolate they will follow the guidance on www.hps.nhs.scot.uk
* Take self-check in screens down until further notice (check in verbally as above**)**

# Staff Morale

It is vital that staff morale is upheld during this time of great anxiety for the staff.

Everyone in the practice has a responsibility to make all staff

* Feel safe
* Feel supported
* Feel part of #team xxxxx *practice name*
* Feel they are making a difference for the safety of our community

To do this, staff engagement and communication are vital

* Senior Management Team to meet each morning at xx am (COVID meeting) with standing agenda items (reviewing up to date guidance and stats)
* Staff appraisal cycle paused until further notice
* GPs encouraged to postpone appraisals until further notice
* Travel advice for staff for upcoming holidays
* Regular team meetings for all staff
* Consider Staff WhatsApp group for all staff for important update
* Open door policy for any staff to speak about concerns and anxieties around COVID-19

# Patient and Stakeholder Comms

Keeping our community of patients informed and our local stakeholders informed is key to avoiding problems and complaints

This can be avoided by

* Making sure that the message to patients is about the practice wanting to protect them, their family, their friends and their community.
* Making sure the message is consistent across all patients and stakeholders (no mixed messages and fair / equitable treatment)
* Website updated with practice information complemented by national information
* Making sure patients understand fully that NO TESTING is available at the practice in ANY CIRCUMSTANCES and that we must follow Health Protection Scotland advice
* Using SMS messaging to make sure any messages get our properly
* Reassurance that normal service will resume as soon as is safe to do so.
* Contact with HSCP and PCCO regarding potential problems in maintaining service (see separate guidance)
* Keep Facebook updated with latest practice and national information
* React quickly to complaints with a full explanation of why the service is different and restricted currently but try to deescalate wherever possible.

# COVID coordination group

In larger buildings with multiple users there will be a need for a larger a Covid coordination group to consider the issues raised

# Business Continuity Plan (BCP)

*As per practice business continuity plan*

*Suggest review to ensure that it reflects current potential risks. (Buddying and other contingency plans are anticipated from HSCP colleagues soon)*

1. Personal Protective Equipment [↑](#footnote-ref-2)