Version 3

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 moved to the ‘delay’ phase of management of the spread of the virus.

We anticipate a surge in numbers of cases through April and this Action plan has been modified to take into account the higher circulating levels of coronavirus

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 a specific case presentation rests with the assessing clinician.

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

**COVID Pathway (Hubs and assessment centres)**

PLEASE READ SEPARATE COVID PATHWAY GUIDANCE – only use COVID pathway if COVID is the primary condition causing concern (e.g. abdo pain with mild respiratory symptoms should be assessed by practice and seen F2F as appropriate by practice)

Patients with COVID symptoms causing concern should be signposted to 111.

Some triage by COVID Hub clinician may signpost patient to practice (e.g. request for possible house visit) This will be done via Adastra communication with practice – PRACTICES WILL NEED TO DEVELOP SAFE SYSTEMS TO PICK THESE UP DURING THE COURSE OF THE DAY.

*Some triage by practice clinician may signpost patient to COVID assessment centre (e.g. someone with concerning COVID like symptoms) – a referral process from practice to be made through FLOW CENTRE is being actioned – separate correspondence will be sent when this is operational.*

Proportionate and pragmatic responses by clinicians on the ground will determine what is appropriate.

# 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**

* This area will be for essential face to face appointments that still need to take place until risk reduces sufficiently.

Remove all nonessential 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,-(double glove ) 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. CONSIDER SESSIONAL USE OF PPE2
* 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.
* Consider a ‘drive through area’ for essential finger prick bloods from car window e.g. INRs
* 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 remove outer ‘dirty gloves’ – clean using clean gloves beneath (hence double glove)**
* 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

**‘Super clean clinics’ for ambulant Shielded patients**

Some shielded patients require ongoing essential care.

If F2F contact is essential (e.g. dressings / bloods) then they should attend a Red zone set up specifically for this purpose. If only one red zone available, then Shielded patients should be seen at the start of the day wherever possible.

Unscheduled urgent F2F assessment is usually safer at a practice / assessment centre compared to the delay, lesser equipment and poorer infection control offered by a clinician visiting at home.

All visits to Red zone should have effective infection control but the ‘super clean’ focus may help ensure the highest standards of infection control behaviour.

**The AMBER zone**

This is an area where clinicians perform Total telephone triage and video consultation -follow Green zone below

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

All House calls should be assumed to have a risk of coronavirus at present.

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
  + 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 necessary , then operate from a RED 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 a RED zone
    - Combine 6-week baby checks with first immunisations where possible – RED 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 Zone
  + Consider procurement of remote working solutions via *secure global desktop*
  + Consider converting injectable medication (by nurse) to oral.
  + Consider switching people who require frequent INR checks from warfarin to apixaban (where appropriate)

# Protect our people

Hand hygiene is the single most important and effective way for team members 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 colleagues within the practice.

* The management of team sickness
  + If any team 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 team members 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
  + Resource levels will be monitored by the most senior manager and our BCP will be enacted
* Have clear and rehearsed policy for possible exposure with drills
  + A patient contact later diagnosed with COVID-19
  + A team member testing positive for COVID-19
  + A patient ill with possible symptoms of COVID-19
  + A team 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 lanyards
* Cancel external teaching events until further notice
* Cancel external visitors until further notice.
* If team member has 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**)**
* **ENSURE SOCIAL DISTANCING FOR TEAM – (staff room / meetings)**
* **MAINTAIN INFECTION CONTROL THROUGHOUT WHOLE GREEN AREA (especially kitchen)**

# Team Morale

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

Everyone in the practice has a responsibility to make the team

* 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, team 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)
* Team appraisal cycle paused until further notice
* GPs encouraged to postpone appraisals until further notice
* Regular team meetings for all
* Consider a WhatsApp group for all team members for important update
* Open door policy for anyone 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 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

This will be important for coordinating shared use of Red zone (s)

# 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

   2 See attached Sessional use of PPE document [↑](#footnote-ref-2)