

COVID-19 HOT SITE/RED ZONE CLINIC

STANDARD OPERATING PROCEDURE (SOP)

**4th April 2020
Version 0.4**

Version	Version 0.4
Document Author	John McManus
Document Reviewer	Raf Poggi

Department	Clinical
Issue Date	March 2020
Review Date	May 2020
Electronic location	Weavers Medical Shared drive (P) – COVID
Acknowledgements	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

CONTENTS

1. Premises and location	3
2. Personal Protective Equipment (PPE)	3
3. GP practice staff instructions for booking into Hot Clinics / RED ZONE	3
4. Clinician instructions for working in Hot Clinics	4
5. In the event of an emergency	6
6. Information Technology (IT)	6
7. Cleaning procedure	7
8. Appendices	8

The following SOP is designed to give clear guidance on how all staff are to adhere to the guidance given to protect themselves, patients and members of the public.

Please also refer to the attached Appendices for a complete overview of processes:

- Appendix 1 – Booking Procedure
- Appendix 2 – Stepwise Protocol
- Appendix 3 – Donning and Doffing procedures
- Appendix 4 – Correct Hand Washing Technique
- Appendix 5 – Correct Hand Gel Technique
- Appendix 6 – Environmental cleaning
- Appendix 7 – Risk assessment

1. PREMISES AND LOCATION

- Prospect House, 121 Lower Street Kettering NN16 8DN.
- Clinic telephone number 01536 513494.
- Patients can park in any of the Prospect House parking spaces. Disabled parking is also available.
- The Prospect House car park is also available for clinicians working in the Hot Clinic.
- The Hot Site is accessible by patient through DOOR C at the back of the building (accessible through the car park).
- Patients to be under supervision at all times when in the clinic.
- The clinician will open the entrance door so patients do not have to touch the doors.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

All clinicians working within the Hot Site must adhere to the following:

- Own clothes to be worn to work.
- Scrubs to be changed into before the clinic begins. If scrubs not available clinicians must bring an additional change of clothes.
- PPE is provided and must be worn, this includes:
 - Gloves
 - Long sleeve gown with head cover (for duration shift unless contaminated)
 - Plastic apron (to be changed after each patient)
 - Face mask
 - Face shield
 - Surgical mask/FFP2 mask or FFP3 when available
 - Shoes cover

3. GP PRACTICE STAFF INSTRUCTIONS FOR BOOKING HOT CLINIC APPOINTMENTS

- Patients must be triaged by a senior clinician in their registered GP practice prior to booking into the Hot Clinic/Red Zone.
- If a nurse practitioner/clinical practitioner/GP Registrar has triaged the case, please consider a second call from a senior GP to ensure that the Hot Clinic is the only option.

Criteria for booking into Hot Clinics:

- Suspected COVID 19 infection and unable to manage over the phone.
 - Every effort must be made to manage the patient over the phone. Consider video consultation and E-Consult with photos.
 - Refer to clinical pathway
 - If the patient is acutely unwell consider a direct admission via ED – only send to the Hot Clinic if uncertain.
 - Patients with minor symptoms of COVID19 AND who must be seen because of other conditions (abdominal pain, dressing that cannot wait until end of isolation, injection that cannot wait) – only send to the Hot Clinic if no alternative is available
- Appointments to be booked via SystmOne remote booking (instructions in Appendix 4).
 - Patients must be able to make their own way to the hot site – **they must not use public transport or a taxi**. If this is not possible a home visit assessment must be undertaken by the COVID Visiting service.
 - Clinics run Monday – Friday, 10.00am – 4.00pm
 - Appointment duration is 30 minutes.
 - Appointments become available for booking at 3:30pm for the following day's clinic. If the case is felt to be more urgent they should be advised to attend the Respiratory ED department or a home visit should be undertaken.
 - Ensure an up to date mobile number is on the booking and an up to date community pharmacy is allocated.
 - Instruct the patient as follows:
 - On arrival wait in the car park and wait for clinician to call.
 - Wait outside in the car park until they are collected by the clinician. **They must not enter the building before this.**
 - When called the patient is to enter the building **ALONE** (unless translator or carer NEEDED).
 - The clinician will give the patient a face mask to put on before entering the building. The patient will then be taken directly to the consulting room.

4. CLINICIAN INSTRUCTIONS FOR WORKING IN HOT CLINICS

1 Getting ready

- Clinician to arrive in own clothes 15' before shift starts, entering through staff door and go to 3rd floor (leave clothes by shower facility and change into scrubs). Clinician responsible for familiarising themselves with location of equipment and emergency procedures. Assistance will be offered with this.
- Clinician must have their smartcard to access the clinical system
- Clinicians must be bare below the elbow and long hair should be tied back. Nail varnish is not allowed.
- Leave a black bag in place to hold your discarded scrubs to transport home for cleaning
- Descend the stairs at the end of the corridor straight down to the Red Zone, avoid touching hand rails if possible
- There is a toilet at the bottom of the stairs, now is a good time to use it

2 Donning and prepare the room

- Enter the Red Zone corridor. On the immediate left is room 7, the room for donning PPE; put on any PPE as necessary
- The suggested PPE is – two shoe protectors on each foot, blue or purple gloves as the first or base pair of gloves, plastic apron, protective gown or suit, face mask, goggles or visor, yellow

outer (longer) pair of gloves, if hair/ head covering needed consider using shoe cover. The plastic apron should be worn OVER/ OUTSIDE the protective suit and changed after each patient. Please refer to Appendix 3 for correct donning procedure

- Enter appropriate room, ensure lock is on 'free', switch on computer, and ensure all patient details available.
- Log in details for Windows:
 - Username- ????
 - Password - ?????
- Sphygmomanometer, pulse oximeter, stethoscope, otoscope, ophthalmoscope, thermometer, BM machine will be provided.
- Do not measure peak flow. Do not examine throats.
- Clinician is to review records **BEFORE** the patient enters the room to limit the time of contact.
- Patients will be asked to remain in their cars on arrival.
- Ensure there are two waste bags in the room – at least one of which should be a yellow bag. Ensure hand gel and cleaning spray and wipes are available. Turn fan to 'Air extraction'. Remove sufficient plastic aprons from the roll to ensure you do not need to touch the roll again for the duration of the session.

3 Patient contact

- When ready contact the patient by phone, ask them to come to the ENTRANCE 3 door up the four steps, ask them not to touch the hand rails. Ask them to stay at least two metres away from others en route. Advise them to not touch the door or keypad but to wait until you have opened the door from the inside.
- Open the door with elbow or back and hold open such that patient can enter without touching either you or the door. Ask them to hold their hands under the alcohol gel dispenser, operate the dispenser so that they can use the gel. Open the door to the room for them again observing 'no touch' technique.
- Clinicians to give patient a surgical face mask to put on before they enter the building.
- If the patient is a child, the parent/carer should also wear a mask.
- The patient sits in the appropriate chair ideally two metres from the clinician. Take history and examine as appropriate. Dispose of apron. Dispose of the outer gloves into the waste bag (any bag if both are yellow, the black bag if not - as the yellow bag must be the 'outer' of the two). Don another pair of outer gloves. Don a clean plastic apron. Type up as necessary, send prescriptions EP, avoid generating paper if possible.
- Escort the patient out of the room and out of the door to the Red Zone using no-touch technique, ask them to avoid touching handrails and to maintain a safe distance from others on way back to car, use gel on outer gloves.
- COVID-19 auto-consultation must be used to read code 'suspected coronavirus infection' (XaaNq) for suspected cases.
- Arden template (Ccovid-19) must be used to record consultation – for all patients temperature, Respiratory Rate, Heart rate and saturation O2 MUST be recorded.
- Admission pathway for suspected COVID-19 is to advise patient to immediately go to ED department at Kettering General Hospital
- For admission of a child please discuss with paediatric registrar on-call.

4 Cleaning up at the end of the clinic

- Clean and disinfect the room – keyboard, hard surfaces, couch, chair, door handles, also the toilet must similarly be thoroughly cleaned if used by the patient, dispose of Clinell wipes in bag.
- Remove outer gloves and put in bag. If further patients to be seen then gel to inner gloves and apply further long yellow outer gloves and repeat processes as above. See Appendix 5 for correct gel technique.
- Remove PPE as per protocol – Please see appendix 6 for correct technique. There will be scissors in the room should any items prove impossible to remove otherwise. At this stage all PPE and wipes will be in the bag other than your inner pair of gloves and your inner pair of shoe guards. Put any used water bottles in the bag. Tie the inner bag and place in the yellow outer bag, remove remaining gloves and place these in the yellow bag also. Use gel on hands, don further gloves. Tie the outer bag and place in the large yellow bin. Plastic goggles, or visor if worn, should be placed into the bucket of Milton fluid such that they are completely submerged and covered by the fluid.
- Walk to exit door of Red Zone, remove last pair of shoe guards and gloves and place in the foot-operated pedal bin by the door. Use gel on hands. Use Clinell wipes to open the door and proceed to toilet.
- Dispose of Clinell wipe in bin in toilet. Wash hands See Appendix 4 for correct hand washing technique.

5 Exiting the Red Zone

- Proceed to third floor using stairs, do not touch hand rails, proceed to shower room, there will be Clinell wipes to open close door as needed. Scrubs to be placed in black bag for safe transport and cleaning.
- Scrubs should be laundered (by clinician):
 - separately from other household linen
 - in a load not more than half the machine capacity
 - at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

5. IN THE EVENT OF AN EMERGENCY

- Press the Green Button panic button (physical button on PC desktop).
- Shout for help.
- Response team to bring emergency equipment to the back door of the Red Zone corridor (clinician entrance/exit)
- Remain 2 meters away at all times and **DO NOT ENTER THE ROOM WITHOUT PPE** – if possible ascertain if an ambulance is needed to be called and do so if needed. Communicate:
 - Location
 - Male/female adult/child
 - Suspected COVID-19
 - They will ask if the patient is alert/breathing
- Response team then to don PPE and enter the room to assist clinician as needed.
- Clinician to document any actions taken on SystmOne.

6. INFORMATION TECHNOLOGY (IT)

- Records should be:
 - Accurate
 - Clear
 - Contemporaneous
 - Complete

- Avoid jargon
- Clear plan
- Clear documentation of communication with patient
- Practices or GPEA confidentiality policy to be adhered to.
- Ensure appropriate coding for COVID-19 is used. This is essential to ensure that patients are traceable if required to return for further testing as governance guidance may change and patients may need to be recalled.

7. CLEANING PROCEDURE

Please comply with the COVID-19 Infection Control Procedure (see Appendix 5) and in addition:

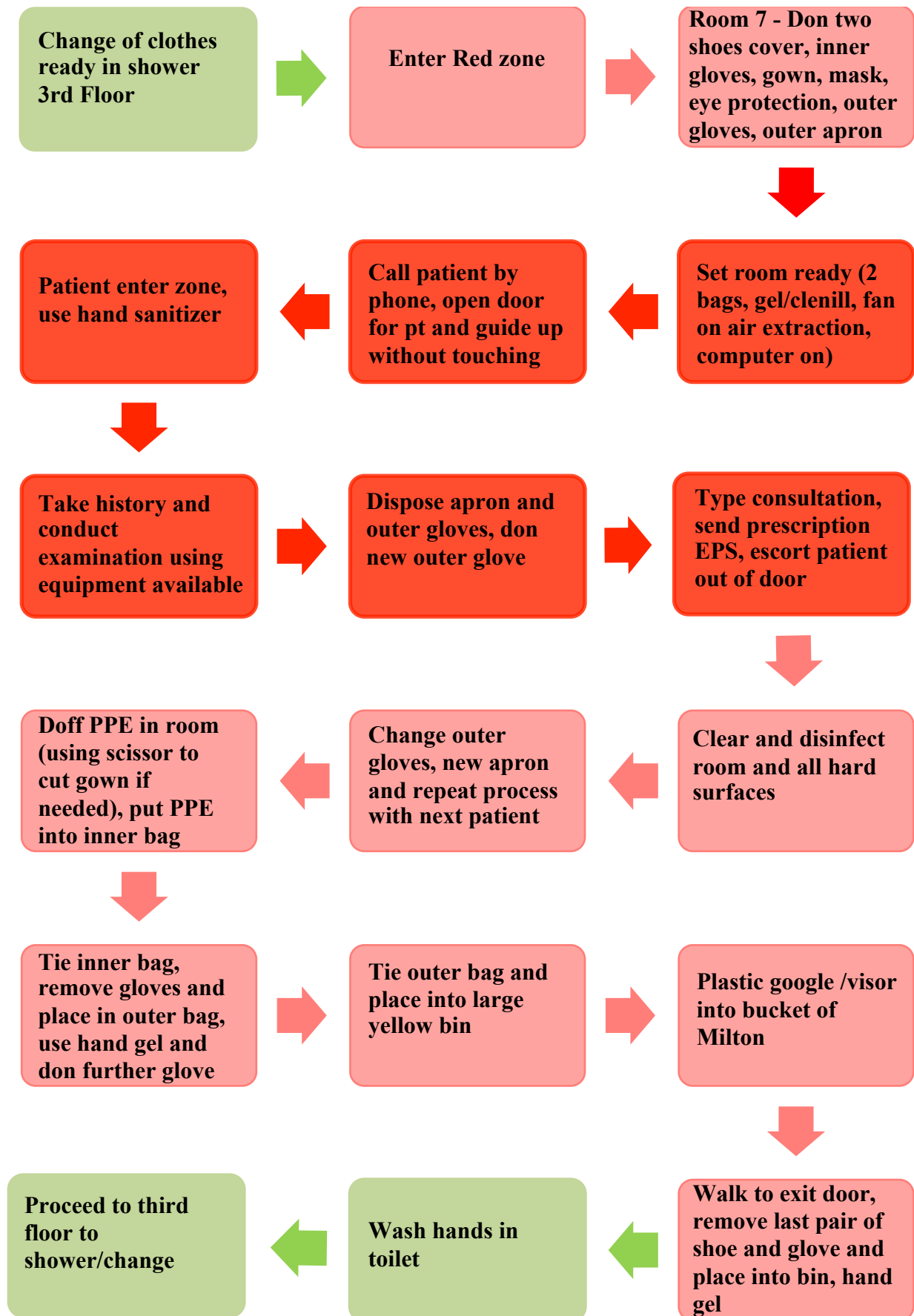
- The clinician will be responsible for the cleaning of all surfaces and equipment after every patient.
- Work surfaces in clinical rooms to be totally clear apart from essential IT and clinical equipment

Appendix 1: Booking Procedure

Booking Patients to be seen in 'Red Zone or Hot clinic'

- List is in place on Triage page.
- Morning and afternoon clinics will be available. Patients will be booked in at thirty (moving to twenty once service established) minute intervals – please book the latest appointment first and work backwards from there.
- Patients will need to attend by car and will need to be able to climb up four small steps. If they are too unwell to climb four small steps they should be admitted to hospital via 999.
- The patient should attend ALONE and will be expected to remain in the car until contacted by the clinician. One person may accompany the patient to the consultation in exceptional circumstances (e.g. parents of the patient, translation), no more than one person will be allowed, and the accompanying patient should not be a child.
- Confirm mobile phone number is correct and that they have charge on their phone.
- Advise patients that the clinician they see will be dressed in full PPE; this may be especially important for patients who are children, carers should reassure their children regarding this.
- Advise patients to turn up before their appointment and to attend by car. Advise them to keep their mobile phones on and to remain in their cars. They will be telephoned by the clinician when the clinician is ready to see them. They should make their way towards the grey door marked with a large letter 'C'. They should avoid anyone else in the car park or on the stairs by at least two metres and should avoid touching the hand rail.
- If a prescription is needed they will not be given a paper prescription – it will be sent to their pharmacy and they should arrange for someone to pick it up from the pharmacy or for the pharmacy to deliver it.

Appendix 2: Stepwise Protocol



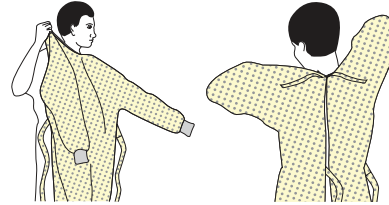
Appendix 3: Correct Donning and Doffing Procedures

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



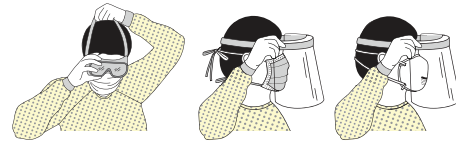
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



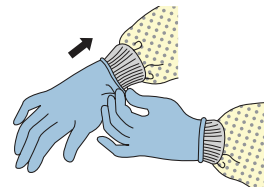
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



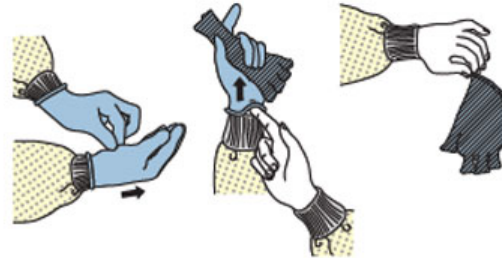
CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door.** Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

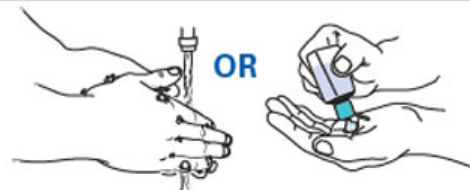


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



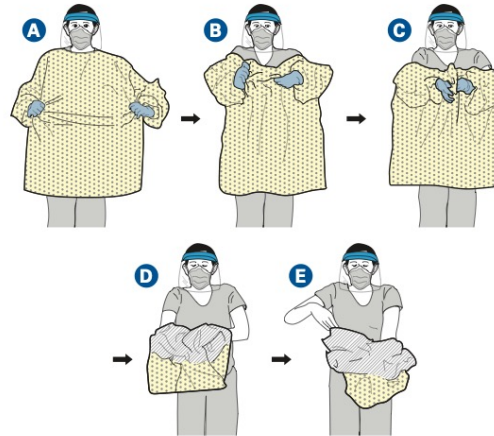
C5250673-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



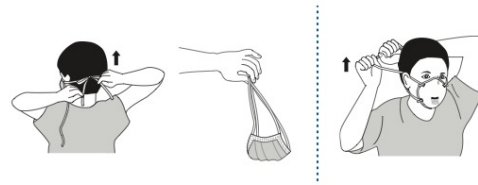
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

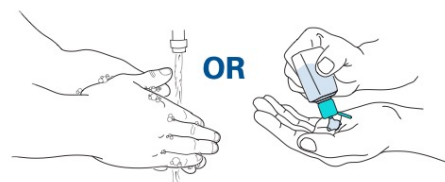


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



CS250672-E

Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



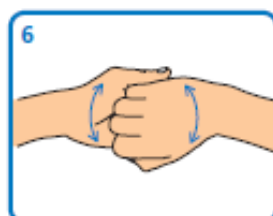
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



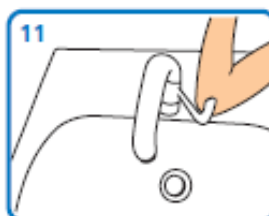
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap

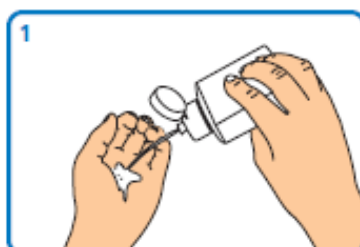


Dry thoroughly with a single-use towel



Hand washing should take 15–30 seconds

Alcohol handrub hand hygiene technique – for visibly clean hands



Apply a small amount (about 3 ml) of the product in a cupped hand



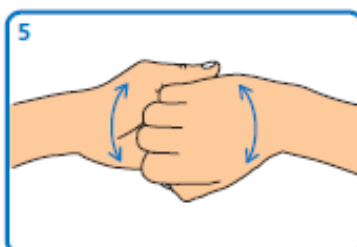
Rub hands together palm to palm, spreading the handrub over the hands



Rub back of each hand with palm of other hand with fingers interlaced



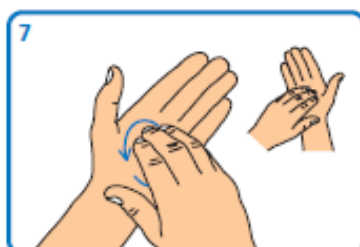
Rub palm to palm with fingers interlaced



Rub back of fingers to opposing palms with fingers interlocked



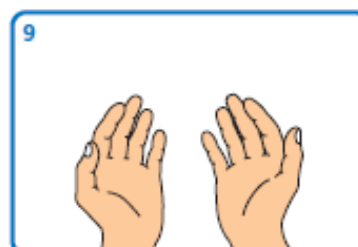
Rub each thumb clasped in opposite hand using a rotational movement



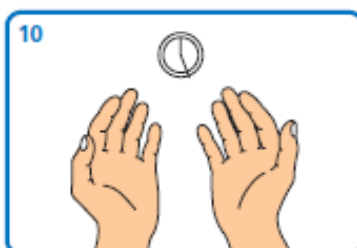
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Wait until product has evaporated and hands are dry (do not use paper towels)



The process should take 15–30 seconds

Appendix 6: Environmental cleaning

1 Preparation

- 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.

2 On entering the room

- keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- 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.
- close any sharps containers wiping the surfaces with either 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.).

3 Cleaning process

Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles or 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. or 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.

4 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.

5 Carpeted flooring and soft furnishing

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.

6 On leaving the room

- discard detergent or disinfectant solutions safely at disposal point.
- 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 local HPT.
- clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- remove and discard PPE as clinical waste.
- perform hand hygiene.

7 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.

Appendix 7: Risk Assessment

The Red Zone has been set up by Weavers and Eskdail Medical Practices as a response to the outbreak of COVID-19. Both practices are determined to give the highest possible standard of care even in this difficult situation.

New process

During March 2019 the number of suspected COVID 19 cases started to increase amongst the practice population. The CCG has promoted the identification of Red/Hot clinics in primary care where patients with suspected coronavirus infection can be safely assessed when a direct face to face consultation is deemed clinically unavoidable. The practices have identified the ground floor Eskdail wing as ideal space to accommodate the Red/Hot clinic.

Risk Assessment

Impact on patient at risk of infection	<ul style="list-style-type: none"> - No waiting room, patients will wait in own car and controlled access to clinic - Hard surfaces wiped after each patient - Apron/gloves changed after each patient 	
Impact on relative/carer accompanying patients	<ul style="list-style-type: none"> - Only one adult allowed to accompanying patients 	
Impact on Clinical staff at risk of infection	<ul style="list-style-type: none"> - Separate access to the clinic - Details protocol with step by step guide - Detailed Donning and Doffing procedure 	
Risk of infection spread outside the Red Zone	<ul style="list-style-type: none"> - Clinical staff to wear shoes cover - Clinical staff to follow clear protocol and have access to shower/changing room to change scrubs used in red zone before being reintroduced to other practice areas. 	
Risk of PPE availability	<ul style="list-style-type: none"> - PPE available through NHS and other sources. - PPE stocks to be checked daily to ensure adequate supplies for the day ahead. 	
Impact on Non Clinical staff at risk of infection	<ul style="list-style-type: none"> - Access to back office to be sealed off and poster clearly signing risk of entering Red zone - Access to waiting list has been blocked and posters indicated presence of Red Zone 	

Impact on Cleaning team at risk of infection	<ul style="list-style-type: none"> - Clear procedure defined and staff trained to follow it - Carpeted area – Carpet to be hoovered only on Monday morning ensuring clear ventilation (this to allow a minimum of 60 hours after last patient entering the room) 	
Impact on Eskdail as rooms dedicated to Red zone	<ul style="list-style-type: none"> - During epidemic demand on ground floor rooms has been mitigated by staff working remotely 	
Availability of clinicians	<ul style="list-style-type: none"> - All clinicians undergo a risk assessment to ensure suitability to be rostered in the red zone. - Illness could reduce availability of clinicians - Mitigation by the possibility of pooling clinicians to assess these risk patient s 	

Likelihood	Potential Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	Very high	Very high
Likely	Medium	Medium	High	High	Very high
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Key for black & white print:

Green	Low
Yellow	Medium
Amber	High
Red	Very high

Considerations

Risk assessment is to be reviewed by both the practice on a regular base and at least two weeks from when the zone becomes operational.

Date: 3/4/2020

Sign off

Weavers Medical

Clinical lead: Dr Raf Poggi

Management: Jo Barker

Eskdail Medical

Clinical Lead: Dr Kay Bryant

Management: David Naylor