**Novel Coronavirus (COVID-19) Action Plan Version 1**

**Clevedon Medical Centre**

**15th March 2020**

**Background**

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

COVID-19 causes mild to moderate illness for most people but can result in pneumonia or severe acute respiratory infection.

As of the 12th March 2020, Public Health England advised that anyone with a new continuous cough or fever (>37.80C) must self-isolate for 7 days. We expect each of you to follow this advice. As you can imagine, this will have a significant impact on our staffing levels, but our priority must be staff and patient safety.

**Introduction**

This action plan is based on advice from Public Health England, NHS England COVID-19 standard operation procedure for General Practice, resources from Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG), available on GP TeamNet, and action plans shared by The Malting’s Surgery and Tyntesfield Medical Group.

The Partners and Management team want to inspire confidence that we have a robust action plan to ensure we can continue to deliver a good service for our patients and most importantly keep ourselves, colleagues and patients safe.

We will achieve this by following these main principles:

* Identifying potential cases as soon as possible
* Preventing transmission of infection to other patients and staff
* Isolating potential cases
* Avoiding or minimising direct physical contact and exposures to respiratory secretions where possible

**Our priorities**

* Good communication
* Effective triage to identify possible cases
* Isolate possible cases
* Minimise footfall
* Protect staff
* Staff morale and well-being
* Business continuity

**COVID-19 Leads**

GP LEAD

Dr Liesl Gray

Management Lead

Becky Coyle

Nurse Lead

Tracey Bellis

Supporting GP Leads

Dr Karen Hathway

Dr Matt Hoghton

Supporting Management Lead

Alison Lee

Supporting Nurse Lead

Marcus Wenner

Cleaning & Maintenance Lead

Sophie Vickerstaff

Supporting Lead

Dan Nethercott

Admin/Reception Lead

Mel Parker

Supporting Lead

Kirstin ling

We have an open-door policy for any staff to speak to COVID-19 Leads about concerns regarding any aspect of this evolving situation.

This structure ensures critical decisions are made at the appropriate level, are communicated appropriately and we all work as a team to a common objective within the same framework.

**Communication**

**Daily Staff Briefings**

* 8:15am in the waiting room by COVID-19 Leads
* 12:45pm in coffee room (for afternoon staff only) by COVID-19 Leads

**WhatsApp Groups**

Important information will be sent via the WhatsApp groups – **‘COVID-19 Non Clinical’** in addition to our normal channels including email.

This group is for communicating one way to all members of staff and will be updated with important information regarding business strategy and decisions regarding the operational plan. The group is only to be used for conveying important information and will be updated by the management team only. This group is not to be used for social purposes or as a chat forum about Coronavirus.

Additionally, there is a **‘COVID-19 Clinical’** WhatsApp groupwhich is for invited managers and clinicians only to share and discuss critical information as necessary ahead of an appropriate message being circulated to all staff.

To be added to the WhatsApp group, email Becky with your number rebecca.coyle2@nhs.net

**Coronavirus Updates**

Extracted information from important guidance issued by CMC, local and national bodies will be emailed to staff regularly and sent via the WhatsApp groups.

**Site Closure**

If our practice needs to be closed in order to prevent risk, this will be authorised by COVID-19 Leads and communication sent out via WhatsApp group & email.

**NHS Portal**

Staff are to check their emails regularly to make sure they are up to date with all coronavirus communication. Staff who are isolated or have Covid-19 (with mild symptoms) will be required to access their NHS emails from home through the NHS portal during work hours.

**HR**

A spreadsheet is being maintained for any staff that are advised to self-isolate or have been advised to follow any other level of related health management. CMC are following the current government advice regarding payments of Coronavirus related absence i.e. full pay for self-isolation period.

If you are unsure whether to self-isolate, contact me (Liesl - 07920096644) and I will assess your symptoms and decide.

**Triage tool for all staff from 16th March 2020 – flow chart to follow**

* Principles: symptom screening, total triage system, minimise face to face contacts.
* All face to face appointments with clinicians have been cancelled, clinician to triage first and manage over the phone/ video consult if possible.
* Treatment room and bloods still happening at present but patients screened on arrival and text sent advising them to cancel if they have symptoms as below.

When patients call or attend the surgery ALL STAFF must ask the following question first:

“Do you have coronavirus symptoms including a new cough, fever or flu-like illness or have you had contact with a confirmed coronavirus case?”

* This MUST be asked by ALL STAFF, EVERY TIME we have a patient contact, whether by telephone, video or face to face to protect patients’, staff and public health.
* If the patient answers “Yes” and they are in your consulting room and are not wearing PPE, stop the consultation immediately and don PPE. Inform the COVID-19 leads by urgent screen message. Open window and continue the consultation.
* If they have attended for bloods/ dressings, ask them to return to their car, or wait outside if they do not have a car, and seek advice from the Covid-19 lead GP or if unavailable, the duty doctor.

**New reception layout**

* Sophie/ Dan will be outside in the morning asking patients to form 2 orderly queues with patients standing 2 meters apart. They will advise patients to go home ideally and call in to book a telephone triage appointment or visit NHS 111 online if they have coronavirus symptoms.
* Queue 1 – booking appointments/ queries.
* Queue 2 – bloods/ treatment room appointments. This will be prioritised to allow flow of patients into appointments*, if they are well.*
* There is now a reception desk inside the second set of glass doors at the main entrance with a barrier ensuring that patients are 2 meters away from our Receptionist. This will always be staffed by a receptionist, who will have a walkie talkie to communicate with the Receptionist in the waiting area.
* One patient will be allowed to enter the first set of glass doors at a time and the others will have to wait outside.
* The Receptionist should ask about symptoms first, as above.
* If they need an appointment or to be seen, the Receptionist should ask for patient’s date of birth, not name for confidentiality purposes.
* Then use the walkie talkie to ask the receptionist in the main waiting area to book them an appointment as below.

**Patients with coronavirus symptoms**

Anyone with the above symptoms who feels well should stay at home. They do not need to inform the GP or NHS 111. Advise them to seek further advice from NHS.uk/coronavirus or [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus) in the first instance.

Use NHS 111 online <https://111.nhs.uk/covid-19> if:

* they feel they cannot cope with symptoms at home
* their condition gets worse
* or they do not get better after 7 days

This *will* prompt them to call 111 if they need clinical advice.

This information has been printed and is available for the Receptionist to give to patients.

**Receptionist’s triage of patients with possible coronavirus symptoms**

* If the patient reports they cannot get through to 111 and need advice or they feel unwell, Receptionist in the waiting area to add to duty or minor illness triage list using the ‘possible COVID 19’ slot type.
* If the patient feels unwell add to the list as urgent using the ‘possible COVID 19’ slot type and add a comment underneath their name with their initials and URGENT.
* If a patient arrives and they appear to be unwell, Receptionist at main entrance should ask them to return to their car if they can and inform the waiting room Receptionist via the walkie talkie to inform the 2nd on-call immediately. If they are not well enough to wait in their car, ask them to wait outside at the 4 car park spaces marked for doctors. The 2nd on-call should escort them to the “high risk area” (BMR) whilst maintaining a safe distance (2 metres). If 2nd on-call is unavailable, inform the duty doctor or COVID-19 lead GP/ Manager. They must be seen wearing PPE in the “high risk area”.

**Booking instructions for patients who need to be seen in surgery with suspected coronavirus**:

* Duty Doctor or Minor Illness Practitioner triage these calls. Ideally manage over the phone/ video consult. If they need to be seen, book with 2nd on-call Clinician or dedicated Minor Illness Practitioner.
* Instruct the patient to park in the spaces between Rowland’s and CMC main entrance, which are marked for Doctors.
* Advise when they arrive, to stay in their car and call dedicated practice mobile (number to follow) and receptionist to mark as arrived.
* The receptionist answering the phone should give the patient the following instructions
	+ Wait in your car.
	+ If no car and well, wait outside.
	+ If unwell, inform COVID-19 Leads and clinician seeing patient and ask to see urgently and escort to isolation room as above.
	+ The clinician seeing them will speak to them over the phone initially then come to meet them and take them to the BMR for examination.
	+ Please also advise them to call the dedicated number if they feel more unwell whilst they are waiting. If this happens, please escalate this to the Clinician seeing the patient, or if unavailable the Duty Doctor.
* If patient needs a home visit for possible coronavirus, Mark Singleton other dedicated GP will visit in PPE.

**Patients who do not have coronavirus symptoms**

* For receptionists triaging, if the patient does not have symptoms, please advise them that they will be added to a list for a telephone triage appointment.
* If minor illness related, add to minor illness list, otherwise add to GP telephone list. Advise the Clinician will call ASAP but that there might be a delay of up to 2-3 hours at busy times. Advise them to call back if their condition worsens and they feel more unwell.
* Advise the patient to go home to wait for the call. If they feel they might need to be seen ask them to wait in their car.
* If the patient does not have their own car and doesn’t want to go home because they feel they might need to be seen, please ask them to wait in reception.
* Add patients who feel they might need to be seen to the routine GP list and write “URGENT waiting in waiting room” or URGENT waiting in car”. Clinicians to prioritise seeing these patients over other telephone calls.

**Booking instructions for patients with no coronavirus symptoms:**

* Ask them check in at reception then go back and wait in their car and book them in to see you or another clinician if more appropriate for continuity etc.
* The Clinician seeing the patient should call the patient on their mobile when they want to see them and advise the patient to come directly to their room.
* For patients who do not have a car or mobile, they can wait in the waiting room but advise to sit 2 meters apart from others if possible.

**Further triage advice for all Clinicians**

* When triaging patients, use video consults if this will aid your decision-making. If it is safe to manage via telephone or video consultation, please do so.
* If you feel the patient needs to come to the surgery, ask them to attend in a car, if possible, and bring a mobile phone. Inform reception on arrival and when dedicated practice mobile is available, to call this when they arrive and wait in their car.

**Isolation “high risk” area**

* From Monday 16th March 2020, the BMR will be the isolation or “high risk” area.
* There will be two consulting areas in the BMR, marked Zone A and B, separated by a partition. These will have separate access via the main entrance for Zone A and the side entrance for Zone B.
* Please ensure you are aware of which Zone is available for you to use prior to consulting with the patient.
* Login to the computer and EMIS in the Zone you are using prior to calling the patient.

**Patient flow in “high risk” area**

* The clinician seeing the patient should call the patient or relative on their mobile and take the history over the phone, minimising contact time for the clinician.
* If the clinician feels an examination is necessary, they should ask the patient to stand beside their car and they should go to meet them. The clinician should not wear PPE at this point but should stand 2 meters away from the patient and their relative. Please escort them to the BMR using the relevant entrance for Zone A or B.

**Infection control considerations and personal protective equipment (PPE)**

* Doors must be wedged open to main entrance at all times and side entrance, if possible. The toilet door marked “dirty area” also to be kept open, to minimise touching of door handles.
* Zone A (access via main entrance of BMR) - don PPE as instructed in the kitchen area of the BMR then walk into Zone A to begin the examination. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869978/PHE_COVID-19_Donning_quick_guide.pdf>
* Zone B (access via side entrance of BMR) – advise patient to enter room, then go to kitchen in BMR via main entrance. Don PPE as instructed then go outside and enter Zone B via the side entrance.
* Keep face to face consultation as brief as possible.
* Leave the consulting room in PPE.
* If in Zone A, proceed directly to the toilet in the BMR. Remove PPE, as per guidance below, in the toilet and place apron and gloves in the clinical waste bin. Keep mask and place in sealed box in the BMR reception area for next use. One mask per clinician per day at present. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870078/PHE_COVID-19_Doffing_quick_guide.pdf>
* If in Zone B, open door with foot if possible, enter main entrance without touching anything with your hands, remove PPE in the toilet and place apron and gloves in clinical waste bin. Keep mask and place in sealed box as above.
* After each consult, Clinician to wipe down all surfaces and handles with wipes provided.

**“Low risk” area**

* From Monday 16th March there will be a reception desk at the main entrance
* Reception will screen patients for symptoms before entering the building.
* PPE is not required but there is a pack at all reception desks and with the resus kit in the treatment room for use in emergencies only
* Receptionist at main entrance and waiting room area will communicate via ‘walkie talkies’
* Patients should not be asked from their names at either desk only asked for date of birth

**Minimise footfall**

* Online booking for all appointments other than telepone and video consultations has been suspended.
* All routine appointments to be converted to either video consults or telephone.
* Following clinician triage, if patient still needs to be seen face to face, and they have no coronavirus symptoms, they will be seen in the “low risk” area
* If a patient needs to be assessed with possible coronavirus symptoms, they will be seen in the isolation room by 2nd on-call or dedicated Minor Illness Clinician.
* If a patient previously due to be seen in the “low risk” area, is reassessed on arrival and found possible coronavirus symptoms, they should be seen in that consulting room to avoid moving them. Clinician must wear PPE and cleaning must take place afterwards. Liaise with Sophie/ Dan or Becky.
* Try to encourage video appointments over a telephone as our own survey reveals higher levels of patient satisfaction, and higher levels of clinician satisfaction.
* Video consults can either be done through EMIS but need to have a webcam or via Accurx Video (just requiring Internet access and a smartphone)
* All sick notes / letters etc to be posted to patient. Not to pick up from practice.
	+ Electronic Prescribing is the default method of prescriptions. If rarely paper required, then collected by the pharmacy.
* Pharmacies to limit visits to the practice and arrange set visiting time.
* Partners considering plan for non-urgent work to postponed until further notice
* Chronic Disease reviews and QOF to be prioritised
	+ All QOF domains that can be achieved by telephone, video or virtually to be kept
	+ Any QOF domains that require face to face consultations with a clinician to be postponed until further notice
	+ Routine Chronic Disease reviews to be postponed
	+ Medication reviews to be conducted by phone always
	+ Depression reviews to be conducted by the telephone / Video Call
	+ Any patients with chronic disease that notice a deterioration in their condition to contact the assessment team for a telephone triage.
* Other Providers in our building
	+ Midwifes to continue clinics but patients will be screened by our Receptionists on arrival.
	+ Ultrasound service patients to be screened prior to arrival and seen in “low risk” area
	+ COVID-19 Management lead to liaise with other providers.
* Nursing Appointments
	+ Baby Immunisations will continue.
	+ 6- week checks will continue.
	+ All children and parents will be screened for viral symptoms and asked to rebook for a telephone call if appropriate.
	+ Wound Dressings will continue but patients screened on arrival.
	+ Partner’s to review plan for treatment room appointments and phlebotomy on Tuesday 17th.

**Protect staff**

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

* The management of staff sickness
	+ If any staff member has cough, fever or flu-like symptoms DO NOT come to work and let line manager know by text (Mel, for non-clinical staff, Liesl for clinical staff). If no response contact Becky and leave message on sick line as usual procedure.
	+ If anyone becomes unwell during work, inform your line manager and leave immediately. If you are unsure whether you need to go home, phone Liesl immediately. If unavailable Karen or Matt should be next port of call for clinical advice.
	+ Line manager 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 “high risk” area until further notice
	+ We are maintaining a COVID-19 staff sickness spreadsheet which will be updated daily by Liesl or Becky.
	+ Staffing levels will be monitored by Liesl and Becky and our business continuity plan will be enacted if needed
* Place sufficient protection between frontline admin staff and patients
	+ As above
	+ Easy access to handwashing facilities
	+ Easy access to PPE all clinical staff (located in each clinical room, reception area, “high risk” area, resus bag.
	+ Large floor standing sign at front door to alert people to screening symptoms on arrival
	+ Minimise number of PCAs on rotation for front desk
* Have clear and rehearsed policy for possible exposure with drills
	+ Patient presenting with COVID-19 symptoms who is unwell
	+ A Staff member ill with possible COVID-19 symptoms
	+ These flow charts and procedures will be available on GP TeamNet
* Risk assess daily, any social events in the practice calendar and liaise with the team as to whether they should go ahead.
* Jewellery except plain wedding band and watches removed
* Bare below the elbows, long hair tied up
* 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 <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing>
* Self-check in screens disabled until further notice

**Staff morale**

It is vital that staff morale is upheld during this concerning time.

Everyone in the practice has a responsibility to make all staff

* Feel safe
* Feel supported
* Feel part of our great team
* Feel they are making a difference for the safety of our community

To do this, staff engagement and communication are vital

* Daily meetings as above
* Staff appraisal cycle paused until further notice
* GPs encouraged to postpone appraisals until further notice
* Travel advice for staff for upcoming holidays
* Paracetamol supplies for all staff
* Put date in diary for September outdoor gathering to say thank you.
* Open door policy for any staff to speak to any partner about about COVID-19
* All staff to consider what we can do at lunchtime to boost morale – consider short daily walk

**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.
* Using MJOG and ACCURX SMS messaging to make sure any messages get out properly.
* Making sure that any deaths, bereavements are quickly followed up with a sympathy care/ call from the practice.
* Constant reassurance that normal service will resume as soon as is safe to do so.
* Cancel Patient Participation Group Meetings until further notice, but facilitate the ability for them to meet virtually via ZOOM.
* Weekly email to the CCG from the PM highlight report from the practice
* React quickly to complaints with a full explanation of why the service is different and restricted currently but try to deescalate wherever possible.

**Business Continuity Plan (BCP)**

CMC already has a robust BCP which can be accessed via GP TeamNet.

We will be liaising with neighbouring PCN practices regarding sharing of resources and what to do in the event of site closure.

Over the next few weeks

* Consider balance of appointments/ numbers of clinicians seeing possible COVID-19 patients
* Longer term strategy for routine patient care

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| --- | --- | --- |
| **Guidance** | **Link** | **Information** |
| National Guidance and Standard Pathway for Primary CareBNSSG CCG Primary care guidance | <https://www.england.nhs.uk/publication/coronavirus-patient-pathway/><https://www.england.nhs.uk/publication/coronavirus-standard-operating-procedures-for-primary-care-settings/><https://bnssgccg.nhs.uk/clinicians/primary-care-coronavirus-resources-guidance-contact-information/> | Utilise this link for the most up to date guidanceSOP for GPsIncludes guidance for site closures |
| GOV.UK  Public Health England | <https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care><https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>  | More concise information sheet for primary care  Latest information on Covid-19 updated daily |
| GP Team NetClarity resourcesBNSSG CCG COVID-19 Dashboard Health Protection AgencyNHS public pages | <https://teamnet.clarity.co.uk/L81040/Topics/View/Details/481119d6-154a-4383-b84e-ab7900be08f0><https://www.gov.uk/guidance/contacts-phe-health-protection-teams#south-west-centre-hpt> <https://www.nhs.uk/conditions/coronavirus-covid-19/><https://publichealthmatters.blog.gov.uk/2020/01/23/wuhan-novel-coronavirus-what-you-need-to-know/> | Provides excellent resources and information for practicesa.   Posters For Public |

**Links to COVID-19 information**

**GP Remote Working**

**Telephones**

When GP’s are working remotely and needing to contact patients, they **must** ensure that their phone is not displaying their caller ID.

There are a number of ways to do this:

**141 (mobile & landline)**

By inserting 141 at the beginning of the number you wish to dial your number will be hidden and will state “Private Caller”. This is a feature that relies on your provider rather than your handset and works with most providers but must be done to each call you make.

**iPhone**

If you wish to set your iPhone to withhold your number, please follow these steps:

Open Settings

Scroll down and tap on Phone

Tap Show My Caller ID

Turn the switch Off (left) where it says “Show My Caller ID”

**Android**

If you wish to withhold your number on an Android device, please do the following:

Open the Phone App (as if you were going to dial a number).

In the top right tap on “More” or the three vertical dots depending on your version.

Tap on Settings

At the bottom go to “More”

Tap on “Caller ID”

Select “Hide Number”

**Patients with call filtering or who do not answer withheld numbers**

Some of our patients have filters on their telephones that will reject withheld numbers, or they will simply refuse to answer when a number is not shown.

To get around this GP’s can send urgent screen message to Mel or Kirstin or call in to the surgery on the dedicated mobile number to ask the receptionist to call the patient and advise they will receive a call from a withheld number.

**Dictations**

Lexacom does not receive voice data over remote sessions so working with a microphone will not work. To record dictations from home GP’s will need to sign up to use the Lexacom Mobile App. This is done by the GP’s registering themselves and then I activate them once the request has been processed.

For instructions on registering please see [HERE](http://help.lexacomcloud.com/registering_a_mobile_account.htm?ms=AAAAAA%3D%3D&st=MA%3D%3D&sct=MA%3D%3D&mw=MjQw).

**Non-EPS Prescriptions**

For Non-EPS Prescriptions, the GP is to store them (select “Store” on the authorisation page. These are then to be printed and signed by someone on-site.

**Cleaning**

**Cleaning companies**

If the cleaning companies need to be notified about a deep clean or important information which might affect their usual duties, the Cleaning and Maintenance Lead (Sophie Vickerstaff) or Dan will contact them.

Green Machine (Deep Clean) – 01823 294 040 / 07719812167

**Deep clean guidance**

**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 and the 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 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, mask and gloves

**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
* remove any fabric curtains or screens and bag as infectious linen
* 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.)

**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

**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

**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
* 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

**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.



**Coronavirus (Covid19) Guidance**

**If you have:**

• A new continuous cough or

• A high temperature (37.8 degrees or higher)

You should stay at home for 7 days.

**Advice about staying at home**

• Do not go to work, school, GP surgeries, pharmacy or hospital

• Use separate facilities, or clean between use

• Avoid close contact with other people

• Have food & medication delivered to you

• Do not have visitors

• Keep away from pets

**When should I contact NHS 111?**

• You feel you cannot cope with your symptoms at home

• Your condition gets worse

• Your symptoms do not get better after 7 days

**How do I contact NHS 111?**

You can use the NHS 111 online coronavirus service to find out what to do next. If you cannot access online services you can call 111 (this is a free number to call).

**What can I do to help stop Coronavirus spreading?**

• Make sure you wash your hands frequently, using soap and water, for at least 20 seconds

• Follow advice about staying at home if you have symptoms

**For more information:**

• NHS Guidance: https://www.nhs.uk/conditions/coronavirus-covid-19/

• World Health Organisation advice: https://www.who.int/news-room/q-a-detail/q-a-coronaviruses



Dear Patient,

Please stay calm and remain in this room.

We have taken the precaution of placing you in our isolation room because you or the clinician you have seen suspect you could have Coronavirus. Public Health England have suggested we do this so that any *possible* infection is not spread further.

**PLEASE TAKE ACTION**

* Please now contact 111 by telephone.
* Use your mobile phone or the telephone on the desk.
* To use the telephone on the desk, press “9” for an outside line then 111 and follow their instructions.
* Please advise 111 that you are currently at:
* Clevedon Medical Centre, Old Street, Clevedon, BS21 6DG
* Our reception desk telephone number is: 01275 \*\*\*\*\*
* Should you feel more unwell or need to speak to someone in the Practice, please dial “…..” for an inside line to our Reception team who will arrange assistance.
* If you need to use the toilet, please inform reception on the above extension.

Thank you

*The Partners*

**NHS Practice no**. L81040

GP Partners –Drs Parfitt, Hoghton, Bunce, Hathway, Streeton & Gray.

 **HOME VISITING/CARE HOME VISITING PROTOCOL**

**\*NB: Please ensure your ‘home visit’ bags have necessary additional PPE and clinical waste bags, in case a patient with suspected coronavirus is identified on a home visit and requires emergency care. Clinical waste should be double bagged whilst in transit\***

**1.** Please ensure all potential visits are telephone triaged before visiting (see triage protocol)

**2.** If suspected COVID-19 is identified **before** a home visit, patients should be advised to contact NHS 111 for further assessment.

**3.** Please wear PPE for:

a. All care home visits

b. All home visits to patients with fever, respiratory and/or influenza type symptoms

c. PPE for home visits in the absence of the above is not required but please take a PPE pack with you and maintain a 2 metre distance from the patient when taking a history.

See link below re: how to wear PPE

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/wuhan-novel-coronavirus-wn-cov-infection-prevention-and-control-guidance#anchor>

**4.** If suspected COVID-19 is identified **during** a home visit, staff should ensure they have the patient’s (or carer’s) telephone number. Staff should then withdraw from the room/residence, close the door and wash hands thoroughly with soap and water. Further communication should be via telephone.

**5. The patient (or carer) should then call NHS 111** for further assessment.

**6. Please inform the local health protection team** that you have been exposed to a patient with suspected COVID-19 and follow their instructions accordingly.

**7.** If suspected COVID-19 is identified **during a care home visit**, in addition to contacting NHS 111, **please inform the local health protection team** to discuss possible case contacts, decontamination processes and any further action required.

**8.** If the patient needs **emergency medical care**, **an ambulance should be requested, and the 999 call handler informed of COVID-19 risk**.

**9.** If the patient requires emergency care while awaiting ambulance transfer, the **healthcare professional should use personal protective equipment (disposable apron, disposable gloves and fluid-resistant surgical face mask) and keep exposure to a minimum.**

**10. After this call, please inform the lead GP (Liesl) and manager (Becky) who will consider completing a significant event report if necessary.**