

COVID-19 Outpatients Risk Management Plan – Recovery Phase 3

This COVID-19 Risk Management Plan outlines how DHC outpatients service will reduce the risk of service users contracting COVID-19 whilst protecting staff working within services. The plan describes how outpatients will ensure face to face consultations are kept to a clinically appropriate minimum whilst ensuring the safe management of all patients.

General Principles

DHC's Outpatients Services during the pandemic will be based around the following principles:

- Minimise the number of patients attending DHC's OPD at Dorking Hospital and Holmhurst Medical Centre
- Ensure that patients medical needs are met
- Ensure patient and staff safety
- Comply with government guidelines on the movement of the population

DHC's COVID-19 Team

The following staff members are leading on COVID-19 for DHC:

Stewart Tomlinson, Medical Director

Alison Stratford, Registered Nurse and Lead for Infection Prevention and Control

Lucy Davenport, Outpatients Service Manager

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A. Appointments

Appointments will be conducted via telephone or video consultation wherever clinically appropriate.





























The table below shows the types of appointments DHC will be offering as we enter recovery phase 3. We will be working closely with Clinicians to define suitable templates for each speciality with revised ways of working in mind for the future.

Appointment Type	Description
New – Virtual (video or telephone)	History gathering and initial assessment
New – Face to face	Traditional initial appointment combining medical history, initial assessment and physical examination
Follow-up – Face to face	This may be used for a physical examination following on from an initial telephone or video consultation, or where progress can only be assessed with the patient physically present
Follow up – virtual (video or telephone)	This could be used to discuss a treatment plan following diagnostics
Results follow up – virtual (telephone)	5 minute follow up slot to deliver results or check in on progress where a full follow up appointment length is not required
Patient Initiated Follow up (PIFU)	A patient (or their carer) can initiate their follow up appointment as and when required. This may be triggered by a change in symptoms or circumstances. This helps patients access support when they need it (e.g. during a flare-up of their symptoms) and avoids unnecessary routine 'check in' appointments. The patient is empowered to manage their own condition and takes responsibility for initiating the appointment.

Clinicians are expected to treat all virtual appointments as they would a face to face attendance. Whilst it is acceptable to attempt to contact a patient before their appointment time, we would expect contact to be made at the booked time of the appointment to reduce the risk of a patient being unavailable to take the call.

B. Face to Face Consultation Risk Assessment

The following risk assessment should be used when deciding whether a patient should be brought in for a face to face consultation.

Key	 F2F appt  Video appt	 Telephone appt	Clinical Risk								
			Mild			Moderate			Severe		
Patient Risk Group	Low Risk										
	Moderate Risk (previously high risk)										
	High Risk (previously shielding)										

C. Patient Risk Classification

High Risk (previously shielding)	Moderate Risk (previously high risk)	Low Risk
Immunocompromised E.g. Patients receiving cancer treatment	Co-morbidities Pregnancy BAME >55 Obesity	No known co-morbidities

See Appendix 5 for a comprehensive list of patients within each category.

D. Personal Protective Equipment (PPE)

The table below shows when PPE is required and what items should be worn:

Person	Situation	Gloves	Apron	Mask	Goggles	Scrubs
Clinical staff	Direct patient contact (Consulting/Nurse-led clinics)	✓ Single Use	✓ Single Use	✓ Single or sessional use	✗	✗
Clinical staff	Diagnostics and Procedures	✓ Single Use	✓ Single Use	✓ Single or sessional use	✓ Single or sessional use	✓ sessional use
Staff	All staff in all areas of department	✗	✗	✓ Sessional Use	✗	✗
Patient	Required for close face to face proximity (OCT scan and Slit lamp) Advised for all appointments	✗	✗	✓ Single Use	✗	✗

Face Masks/Coverings

All patients are required to wear a face mask/covering when attending their appointment. DHC will supply a face mask if a patient arrives without a face covering.

All staff & visitors working on Outpatients sites will be supplied with Type IIR face masks for sessional use. Staff are expected to wear this at all times, in all areas of the department. More guidance on staff expectations can be found in Section J.

E. Diagnostics and Procedures

Diagnostics & procedures can be requested as normal however many of our sub-contractors continue to have restrictions.

Clinicians are expected to manage their patients and review stability of conditions where diagnostics and procedures are not available or long waits are expected.

Diagnostics

The table below details whether diagnostics are currently being accepted by our sub-contractors.

Provider	Diagnostic	Diagnostic Status	Suggested action
Alliance Medical	MRI	No restrictions	Refer as normal
Ashtead Hospital	MRI, CT	Not accepting requests	Refer to alternative provider
Cobham Day Surgery	Ultrasound (MSK)	No restrictions	Refer as normal
DHC	Ultrasound (excl. soft tissue)	No restrictions	Refer as normal
European Scanning Centre	CTCA	No restrictions	Refer as normal
Gatwick Park	MRI, CT	No restrictions	Refer as normal
Global Diagnostics	X-ray	Closed indefinitely	Refer to alternative provider
Medical Imaging Partnership	MRI, DEXA	No restrictions	Refer as normal
North Downs Hospital	Oscopies	Procedures booked in order of clinical priority	Refer with clinical priority clearly indicated
St Anthony's	CTCA, Cardiac MRI	No restrictions communicated with DHC CTCA and Cardiac MRI confirmed to continue	Refer as normal - clearly indicate urgency
Wimbledon Neurocare	EMG, EEG	No restrictions	Refer as normal

Procedures (incl. diagnostic endoscopies)

All providers are beginning to carry out procedures in order of clinical priority. DHC will be working with clinicians and sub-contractors to:

1. Identify clinical priority for all procedures delayed due to covid-19 and all future requests based on the categories defined below:

1a	Emergency – procedure needed within 24 hours
1b	Urgent – procedure needed with 72 hours
2	Procedure that can be deferred for up to 4 weeks
3	Surgery that can be delayed for up to 3 months
4	Surgery that can be delayed for more than 3 months

2. Divert patients to providers with capacity to carry out procedures in order of clinical priority

We expect all clinicians to help us re-prioritise their procedures based on these new categories to ensure all patients are seen in order of clinical priority.

The current status for procedures at DHC's sub-contractors is shown below:

Provider	Procedure Types	Procedure Status	Suggested action
Ashtead Hospital	Surgery, Diagnostic Endoscopies	Not accepting requests	Refer to alternative provider
Cobham Day Surgery (Epsomedical)	Day Surgery, Diagnostic Endoscopies	Procedures booked in order of clinical priority	Refer with clinical priority clearly indicated
Epsom Day Surgery Unit (Epsomedical)	Day Surgery, Diagnostic Endoscopies	Procedures booked in order of clinical priority	Refer with clinical priority clearly indicated
DHC	Diagnostic Hysteroscopy	No restrictions	Refer as normal
Gatwick Park	Surgery, Diagnostic Endoscopies	No restrictions	Refer as normal
North Downs Hospital	Surgery, Diagnostic Endoscopies	Procedures booked in order of clinical priority	Refer with clinical priority clearly indicated
St Anthony's	Surgery	Procedures booked in order of clinical priority	Refer with clinical priority clearly indicated

F. Information for patients

Guidance will be given to patients alongside their appointment letter to assure them of the measures DHC are taking to ensure safety of patients and staff. See Appendix 1

G. Premises

Risk assessments and appropriate safety measures will be put in place at all sites running OPD clinics. Details of specific site procedures can be found in Appendix 2 and 3.

H. Service Delivery

1. All specialities

As government restrictions continue to lift DHC is moving towards a model where the majority of new patients will be seen for face to face appointments to prevent delay to treatment due to the need for physical examinations. Where an appropriate clinical assessment can be made without the need for physical examination, appointments will continue to be delivered virtually.

The table below indicates how appointments will routinely be delivered for all DHC specialities.

Speciality	New appointments	Follow up appointments
Cardiology	Triage	Virtual Clinician to advise if F2F required
Care of the Elderly	Face to face	Virtual where possible Clinician to advise for each individual patient
Colorectal	Virtual	Virtual Clinician to advise if F2F required
Dermatology	Face to face	Virtual where possible Clinician to advise for each individual patient
ENT	Face to face	Virtual where possible Clinician to advise for each individual patient
Gastroenterology	Virtual	Virtual Clinician to advise if F2F required
General Surgery	Face to face	Virtual Clinician to advise if F2F required
Gynaecology	Face to face	Virtual where possible Clinician to advise for each individual patient
MSK (Hospital Speciality Drs & ESPs)	Face to face	Virtual Clinician to advise if F2F required
Neurology	Face to face	Virtual Clinician to advise if F2F required
Neurosurgery	Face to face	Virtual Clinician to advise if F2F required
Ophthalmology	Face to face	Virtual where possible Clinician to advise for each individual patient

Orthopaedic	Face to face	Virtual Clinician to advise if F2F required
Paediatric	Face to face	Virtual Clinician to advise if F2F required
Pain Management	Face to face	Virtual Clinician to advise if F2F required
Podiatric Surgery	Face to face	Virtual Clinician to advise if F2F required
Psychiatry	Virtual	Virtual
Respiratory	Virtual	Virtual Clinician to advise if F2F required
Rheumatology	Face to face	Virtual Clinician to advise if F2F required
Stable Glaucoma	Face to face	Face to face
Urology	Virtual	Virtual Clinician to advise if F2F required
Vascular Surgery	Triage	Virtual Clinician to advise if F2F required

2. Cardiology

At the point of triage, patients who need to be seen face to face will have a note added to indicate this. All other appointments will be conducted via video or telephone consultation.

All Diagnostic appointments (Echos, holters, BP and event monitors) will be booked as required. Moderate to High risk patients will be asked to wait outside the department until their appointment to minimise the amount of time patients of higher risk are within the department.

ECGs should only be carried out on the request of a clinician.

3. Dermatology & Skin Surgery

All new patients referred to Dermatology will be offered a face to face appointment. If the patient does not feel confident enough to attend face to face a virtual appointment will be booked and the process detailed below should be followed. Follow up appointments will be conducted virtually wherever possible with clinicians clearly indicating whether an appointment should be face to face or virtual.

Virtual Consultations

1. All patients will be contacted via SMS (or phone if no mobile number is recorded) to request the patient to email a photograph of their rash or skin lesion to clinicmanagement.dhc@nhs.net
2. The Clinic Coordinator will add the photograph to the patient record for the Clinician to view during the appointment.

Blood Tests

Blood and urine tests can be performed as normal. Full PPE must be worn.

Skin surgery will continue to be classified as per the table below. Appointments should be booked as directed by the clinical lead based on clinical risk assessments.

Tier 1	Tier 2	Tier 3
Excisions or biopsies relating to...		
<ul style="list-style-type: none"> ▪ Suspected Melanoma ▪ Suspected SCC ▪ Suspected High Risk BCC ▪ Urgent rashes 	<ul style="list-style-type: none"> ▪ Low risk BCC 	<ul style="list-style-type: none"> ▪ Benign skin lesions

4. ENT

All referrals are to be triaged to identify whether a patient is likely to require tests or a procedure during their outpatient appointment. Clinicians will indicate which appointment slot would be most appropriate from the following:

- Audio (Hearing test required)
- Microsuction
- Nose/Throat **with** scope (where a nasoendoscope is likely to be required for a successful consultation)
- Nose/Throat **without** scope (where a nasoendoscope is **not** likely to be required for a successful consultation)
- Face to face slot (no tests or procedures required)
- Virtual (Successful consultation can be completed without the need for a physical examination)

Microsuction

As microsuction is **not** aerosol generating this can be undertaken under the following conditions:

- Fluid resistant mask to be worn by clinicians and patients
- Full PPE to be worn by clinicians
- Clinicians are to perform microsuction without assistance of a nurse or HCA within the clinic room unless required to support a vulnerable patient

Microsuction must not be attempted or abandoned immediately if the patient is found to have a perforated ear drum.

Nasoendoscopes

Nasoendoscope must only be used where a clinician suspects cancer and **only** under the following conditions:

- FFP3 masks to be worn by clinicians throughout procedure
- Full PPE to be worn by clinicians
- Clinicians are to perform nasoendoscopy without assistance of a nurse or HCA within the clinic room unless required to support a vulnerable patient
- Fallow time following decontamination **must** be adhered to before anyone is allowed to enter the room.

The table below should be used to advise how long the clinic room must be left for after decontamination between procedures:

Clinic Room	Air Changes per Hour (Highest setting <u>must</u> be used)	Fallow time following decontamination
Treatment Room 3 (Hysteroscopy)	22 ACH	20 minutes
Treatment Room 1	11 ACH	38 minutes

Clinics should be arranged in the following ways:

Number of Consultants	Consulting Room	Nasoendoscopy Room
1	10	TR3
2	10	TR3
	6	TR1

FFP3 Masks

Clinicians will only be permitted to perform nasoendoscopy with permission from DHC's Medical Director. Evidence of the following is required:

- Fit testing undertaken
- Brand of mask for which clinician has been fit tested
- Same brand masks are available for use at DHC

5. Hysteroscopy

All appointments to be booked as normal.

PPE must be worn as per below:

Person	Gloves	Apron	Mask	Goggles	Scrubs
Clinical staff	✓ Single Use	✓ Single Use	✓ Single or sessional use	✓ Single or sessional use	✓ sessional use
Patient	✗	✗	✓ Single Use	✗	✗

6. Nurse-led clinics

Fields, OCT scan & Patch testing

The following PPE must be worn:

Person	Gloves	Apron	Mask	Goggles	Scrubs
Clinical staff	✓ Single Use	✓ Single Use	✓ Single or sessional use	✗	✗
Patient	✗	✗	✓ Single Use	✗	✗

Infection prevention protocols for decontamination of equipment must be followed.

Phlebotomy, and Uroflow

These clinics can be delivered for all patients and the following PPE must be worn:

Person	Situation	Gloves	Apron	Mask	Goggles	Scrubs
Clinical staff	Direct patient contact (Consulting/Nurse-led clinics)	✓ Single Use	✓ Single Use	✓ Single or sessional use	✓ Single or sessional use	✗

Urodynamics & Spirometry

These clinics are suspended until further notice.

Staff Safety

The following control measures are in place to minimise the risk to staff.

1. Clinical Staff

Scrubs

All clinical staff are to be supplied with cotton scrubs which are to be worn in place of normal uniform. Staff should not travel whilst wearing their scrubs; they should change on arrival and remove uniform before leaving the premises. All uniform should be washed at 60° after each shift.

Personal Protective Equipment (PPE)

PPE is made available to staff and appropriate PPE items should be worn as detailed in Sections E and I of this document.

The nursing team are to closely monitor stock levels of all PPE items and alert DHC's Outpatients Service Manager if they experience difficulties in obtaining stock.

Decontamination

All clinic rooms are to be decontaminated as per our Infection Prevention Protocols at the beginning and end of each clinic. Particular attention should be given to the desk and IT equipment at the workstation as these will be shared.

All clinical rooms/areas are to be decontaminated following patient contact before further patients enter the room/area.

All clinical equipment should continue to be decontaminated as per infection prevention protocols.

2. All Staff

Social Distancing

All staff should maintain a 1.5m distance at all times. If this is not possible, PPE should be worn. All staff are expected to wear face masks when working on any Outpatient site for the duration of their shift.

Office/Desk use

Staff working on DHC premises must use a desk that is at least 2m away from the nearest staff member.

Desks should be wiped with Clinell wipes at the beginning and end of each day. Particular attention should be given to IT equipment such as keyboard and mouse.

Shared Equipment

Clinell wipes are available next to all shared equipment. Staff should wipe equipment down before and after use.

Examples of shared equipment include:

- Photocopiers
- Shared printers
- Kitchen equipment

Personal Hygiene

All staff should wash their hands regularly throughout the day. Each hand wash should last for at least 20 seconds.

All staff should use alcohol hand rub each time they enter the department.

Good levels of personal hygiene should be maintained at all times.

Toilets

Clinell Wipes are available in all toilets and should be used to wipe door handles and toilet seats before use.

The following will be subject to more frequent cleaning

- Locks on toilet cubicles
- Taps
- Door handles

Cleaning will take place at the following times:

- End of late cleaner's shift (9-10pm)
- Lunchtime (12.30-1.30pm)
- Beginning of early cleaner's shift (5-6pm)

Waste

All PPE should be disposed of using a clinical waste bin.

All other waste should be disposed of as per DHC's waste management policy.

Vulnerable Employees

Staff are working from home where possible to reduce the number of staff working on site.

Staff with medical conditions that place them in any of the vulnerable groups defined by the government are not expected to work on site whilst the risk remains high.

Pregnant Employees

Staff who are pregnant should let their Line Manager know as soon as possible. A discussion regarding working arrangements should be had with the employee, Line Manager and HR. Staff may be referred to Occupational Health for further advice regarding working arrangements.

Staff should follow NHS guidance wherever possible

Cleaning

JP Cleaning Services adhere to government guidance on cleaning protocols for healthcare settings including the use of PPE by cleaning staff, the decontamination of light switches and door handles. For further information, staff can speak to JP Cleaning Services directly.

APPENDIX 1: Information for Patients

The following information will be given to each patient at the time they are sent their appointment letter. This information is site specific and will be made available on our website.

Outpatient Appointment – Key Information (Dorking Hospital)

You are due to attend an outpatient appointment at Dorking Hospital. This leaflet outlines the steps we are taking to keep our patients and staff safe during the COVID-19 pandemic.

All of the sites we are currently using to run clinics are 'cold' sites. This means that there are no patients with suspected or confirmed COVID-19 being treated in our departments and access is restricted to ensure no one with symptoms can enter.

We are carefully controlling the number of patients and staff within the department at any one time to ensure compliance with social distancing measures. In order to do this we have changed our procedures for patients arriving for appointments.

Please read the following section before attending your appointment.

All patients **must** wear a face covering when attending appointments.

On arrival

You will be asked if you are feeling well today. If you have any of the following symptoms:

- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough it may be worse than normal)
- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **loss of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

If you have any of these symptoms, please do not attend your appointment and let us know as soon as possible.

Only patients will be admitted to the department, accompanying relatives will be asked to wait outside. If the patient requires a relative or carer to accompany them to their appointment, the reason for this should be made clear on arrival. **All accompanying relatives or carers must also be symptom free.**

Patients arriving by vehicle

1. Please remain in your vehicle and call 01306 733 278 to let us know you have arrived. **(If you do not have a mobile phone, please follow instructions for patients arriving on foot)**

2. When we are ready for you then you will receive a text message to ask you to make your way to the department
3. Please ring the doorbell
4. A member of staff will unlock the door, direct you to the most appropriate waiting area and tell you which colour exit you should use to leave

Patients arriving on foot or those without a mobile phone

1. Please ring the doorbell at the main entrance
2. A member of staff will take your details and **may** ask you to wait in one of the areas outside of the department or allow entry to the department
3. A member of staff will direct you to the most appropriate waiting area and tell you which colour exit you should use to leave

During your consultation

- The clinician you are here to see will be wearing PPE for the duration of your consultation.
- Please sit in the chair you are asked to use, this will ensure appropriate distancing

After your consultation

Please follow the signs directing you to your exit (the colour you were given on arrival)

If you have any queries regarding your appointment, please contact us.

Contact us

DHC Outpatients Department
Dorking Hospital
Horsham Road
Dorking RH4 2AA
www.dhcclinical.co.uk

01306 735 459

dhc.appointments@nhs.net

Outpatient Appointment – Key Information (Holmhurst Medical Centre)

You are due to attend an outpatient appointment at Holmhurst Medical Centre. This leaflet outlines the steps we are taking to keep our patients and staff safe during the COVID-19 pandemic.

All of the sites we are currently using to run clinics are 'cold' sites. This means that there are no patients with COVID-19 being treated in our departments and access is restricted to ensure anyone with symptoms does not enter.

We are carefully controlling the number of patients and staff within the department at anyone time to ensure compliance with social distancing measures. In order to do this we have changed our procedures for patients arriving for appointments.

Please read the following section before attending your appointment.

All patients are advised to wear a face covering when attending appointments.

On arrival

1. Please make your way to the door at the rear of the building (do not use the main door at the front)
2. Call the buzzer

You will be asked if you are feeling well today. If you have any of the following symptoms:

- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough it may be worse than normal)
- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **loss of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

If you have any of these symptoms, please do not attend your appointment and let us know as soon as possible.

Only patients will be admitted to the department, accompanying relatives will be asked to wait outside. If the patient requires a relative or carer to accompany them to their appointment, the reason for this should be made clear on arrival. **All accompanying relatives or carers must also be symptom free.**

3. Once the back door has been unlocked, please make your way up the stairs to the first floor (lift available for those not able to use the stairs)
Please be aware of other people coming down the stairs and maintain social distancing wherever possible.
4. A member of staff will check you in and direct you to the waiting area

During your consultation

- The clinician you are here to see will be wearing PPE for the duration of your consultation.
- Please sit in the chair you are asked to use, this will ensure appropriate distancing

After your consultation

You will leave the same way you entered. **Please be aware of other people coming up the stairs and maintain social distancing wherever possible.**

If you have any queries regarding your appointment, please contact us.

Contact us

DHC Outpatients Department
Dorking Hospital
Horsham Road
Dorking RH4 2AA
www.dhcclinical.co.uk

01306 735 459

dhc.appointments@nhs.net

APPENDIX 2: Dorking Hospital – Protective processes

The following steps have been put in place to ensure safety of our staff and patients at Dorking Hospital.

Face masks

All staff working on DHC Outpatients sites are expected to wear a Type IIR face mask for the duration of the shift in all areas of the hospital. Staff have been shown how to wear these effectively and will be issued a face mask at the beginning of their shifts and should be replaced after a maximum of 6 hours or if the mask feels moist.

Entry and Exit – applicable to all

All staff and patients will enter through the main entrance which will remain locked. Everyone will be screened before entry in line with NHS symptom guidance and all will be asked to use alcohol hand gel on entry.

All exits are colour coded to reduce the traffic through the corridors and main entrance.

Exit	Location	Who should use the exit
Blue Exit	Main Entrance	Staff & visitors leaving the department
Green Exit	Fire Exit next to Nurses Office	Patients who have had consultation in Rooms 1-7, Treatment Room 2 and Minor Ops
Pink Exit	Fire Exit next to x-ray	Patients attending for Ultrasound, Audiology, X-ray, Echo (Room 10) and Hysteroscopy (Treatment Room 3)

Corridors – applicable to all

The main corridor will be marked with tape to ensure all staff and patients remain on the left hand side of the corridor to reduce risk of bumping into others and encourage social distancing.

The corridors outside treatment rooms must be kept as clear as possible to allow maximum distance between people at all times. As such, dressing trolleys must not be stored in these corridors.

Waiting Areas – applicable to patients

Main waiting area – Chairs have been blocked to ensure 2m distance between each patient waiting.

X-ray waiting area – All chairs are spaced 2 metres apart.

PPE – applicable to staff and patients

PPE is available for clinical staff and patients. See Section E for more information on when this should be used.

Administrative staff in patient facing roles are to wear a sessional mask e.g. Receptionists. All other administrative staff do not require PPE for their roles but social distancing must be adhered to when interacting with others.

Mobility Scooters

Patients arriving on mobility scooters should transfer to a wheelchair and leave their mobility scooter outside where possible. After a patient has used the wheelchair, this must be decontaminated as per our Infection Prevention Protocols.

Decontamination of clinical areas – applicable to clinical staff

All clinic rooms are to be decontaminated as per our Infection Prevention Protocols at the beginning and end of each clinic. Particular attention should be given to the desk and IT equipment at the workstation as these will be shared.

All clinical rooms/areas are to be decontaminated following patient contact before further patients enter the room/area.

All clinical equipment should continue to be decontaminated as per infection prevention protocols.

Cleaning Schedules

JP Cleaning Services adhere to government guidance on cleaning protocols for healthcare settings including the use of PPE by cleaning staff, the decontamination of light switches and door handles. For further information, staff can speak to JP Cleaning Services directly.

Shared Equipment – applicable to all staff

Reception – Receptionists should use Clinell Wipes (Green packet) to clean all equipment and individual working areas at the beginning and end of each shift as the sharing of this equipment is unavoidable.

Photocopier – All staff should use Clinell wipes before and after use, paying particular attention to the touch screen.

Staff break rooms and kitchen equipment – Staff should ensure they comply with social distancing when using shared facilities.

Desks/Workstations – Staff should be aware of shared contact they have at their workstation and take the appropriate steps to reduce infection risk:

- Regularly cleaning workstation and equipment
- Avoid sharing office equipment with other staff e.g. scissors, staplers etc. Where this is unavoidable, equipment should be wiped between use
- Follow the 'catch it, bin it, kill it' campaign

Other considerations – applicable to all

All staff should maintain good personal hygiene at all times e.g. washing hands regularly and for the recommended time (at least 20 seconds).

Staff should maintain social distancing at all times. Meetings should be conducted remotely wherever possible.

A clear screen will be installed at Main Reception

APPENDIX 3: DHC at Holmhurst Medical Centre – Protective processes

The following steps have been put in place to ensure safety of our staff and patients at Holmhurst Medical Centre.

Face masks/coverings

All staff working on DHC Outpatients sites are expected to wear a Type IIR face mask for the duration of the shift in all areas of the building. Staff have been shown how to wear these effectively and will be issued a face mask at the beginning of their shifts and should be replaced following lunch breaks.

Patients are advised to wear a face mask or covering when attending appointments. DHC will not routinely supply a face mask unless it is essential for the examination or procedure being carried out; See Sections E and I for when this applies.

Entry and Exit – applicable to all

All staff and patients will enter through the entrance at the rear of the building to reduce the number of people using the shared main entrance.

Patients are asked to be aware of others using the stairs before ascending or descending to maintain social distancing.

Signs are displayed to encourage all to maintain social distancing.

Staff will control the flow of patients in and out of DHC's suite to ensure patients are not crossing in narrow corridors.

Waiting Areas – applicable to patients

The shared GP waiting area is not to be used by DHC patients. Consulting Room 4 is to be used as a waiting area for DHC patients only. This will reduce the contact with patients attending the surgery for other purposes.

PPE – applicable to staff and patients

PPE is available for clinical staff and patients. See Section E for more information on when this should be used.

Administrative staff in patient facing roles are to wear a sessional mask e.g. Receptionists. All other administrative staff do not require PPE for their roles but social distancing must be adhered to when interacting with others.

Mobility Scooters

Patients arriving on mobility scooters should transfer to a wheelchair and leave their mobility scooter outside where possible. After a patient has used the wheelchair, this must be decontaminated as per our Infection Prevention Protocols.

Decontamination of clinical areas – applicable to clinical staff

All clinic rooms are to be decontaminated as per our Infection Prevention Protocols at the beginning and end of each clinic. Particular attention should be given to the desk and IT equipment at the workstation as these will be shared.

All clinical rooms/areas are to be decontaminated following patient contact before further patients enter the room/area.

All clinical equipment should continue to be decontaminated as per infection prevention protocols.

Cleaning Schedules

JP Cleaning Services adhere to government guidance on cleaning protocols for healthcare settings including the use of PPE by cleaning staff, the decontamination of light switches and door handles. For further information, staff can speak to JP Cleaning Services directly.

Lift

Assurances will be sought from the landlord regarding regular cleaning schedules of the shared lift.

Shared Equipment – applicable to all staff

Reception – Receptionists should use Clinell Wipes (Green packet) to clean all equipment and individual working areas at the beginning and end of each shift as the sharing of this equipment is unavoidable.

Printers – All staff should use Clinell wipes before and after use, paying particular attention to the touch screen.

Staff break rooms and kitchen equipment – Staff should ensure they comply with social distancing when using shared facilities.

Other considerations – applicable to all

All staff should maintain good personal hygiene at all times e.g. washing hands regularly and for the recommended time (at least 20 seconds)

Staff should maintain social distancing at all times. Meetings should be conducted remotely wherever possible.

A clear screen will be installed at the DHC Reception desk.

APPENDIX 4: Standard Operating Procedures for ENT and Ophthalmology appointments

Standard Operating Procedure – ENT Microsuction

Personal Protective Equipment

Although micro suction is not defined as an Aerosol Generating Procedure (AGP), it does involve very close patient contact. In addition, it is recognised that vagal nerve stimulation during micro suction can often cause patients to cough and thereby potentially generate Aerosols.

MIRCOSUCTION AND NASOENDOSCOPY WILL BE UNDERTAKEN IN SEPARATE ROOMS.

The following PPE recommendations for medical staff will need to be adhered to:

CONSULTANT:

- FFP3 mask – single sessional use
- Goggles or visor – single sessional use
- Disposable apron - changed for each patient encounter
- Disposable gloves – changed for each patient encounter

PATIENT:

In addition the following PPE will be supplied to each patient to be worn during the procedure if they are not wearing their own:

- Disposable water resistant surgical mask

NURSES:

It is helpful to ask the Consultant if a nurse is required to assist, if a nurse is required:

- IIR fluid resistant mask – sessional use
- Disposable apron – changed for each patient encounter
- Disposable gloves – changed for each patient encounter

ENVIRONMENT:

Micro suction should take place in a well-ventilated room (natural and / or mechanical).

- After patient has vacated the room
- Clean all surfaces with Clinell Universal wipes, including couch and pillow
- Change pillow case
- At end of clinic change suction machine filter
- At end of clinic clean all surfaces with Clinell Universal wipes, including couch and pillow
- Change pillow case

Personal Protective Equipment

FNE is a potentially aerosol generating procedure (AGP), which requires specific consideration and preparation when undertaken in an outpatient setting. FNA should be conducted in a well-ventilated room (natural and / or mechanical).

MIRCOSUCTION AND NASOENDOSCOPY WILL BE UNDERTAKEN IN SEPARATE ROOMS.

The following PPE recommendations for medical staff will need to be adhered to:

CONSULTANT:

Donning of PPE must take place before entering the examination room.

Doffing of PPE must take place on leaving the room.

- FFP3 mask – single sessional use
- Goggles or visor – single sessional use
- Disposable long sleeved fluid resistant gown - changed for each patient encounter
- Disposable gloves – changed for each patient encounter

PATIENT:

In addition the following PPE will be supplied to each patient to be worn during the procedure if they are not wearing their own:

- Disposable water resistant surgical mask

NURSES:

The presence of a nurse is not required for FNA unless the patient requires support.

However the following PPE is required in order to clean / decontaminate the room:

- Type IIR fluid resistant mask – sessional use
- Disposable apron – changed for each patient encounter
- Disposable gloves – changed for each patient encounter

ENVIRONMENT:

At the beginning of clinic make up a solution of 1,000ppm of Chlorine Solution (HAZ-TAB), see HAZ-TAB diluter bottle for instructions.

- First clean all surfaces with Clinell Universal wipes, including couch and pillow
- Then clean all surfaces with the Chlorine Solution using a disposable paper towel. Solution can be poured from diluter bottle into a jug for each cleaning episode.
- Change pillow case
- Note time clean is completed.

Standard Operating Procedure – OCT Scans

NURSE:

- Gloves, apron, surgical IIR mask, visor
- Prepare the OCT with patient data entry.
- Keep the door ajar when possible to maintain ventilation and open wide after the test.

PATIENT:

- Once in Chair, offer the patient alcohol gel for hands.
- Ask them to put on medical gloves.
- If the patient is not wearing a mask offer them a surgical mask.
- If patient is wearing spectacles ask them to rest on clean tissue or place in pocket / case.
Prepare lens.
- Explain test once patient mask in position – not before
- Undertake OCT examination
- Offer the patient alcohol gel before leaving
-

THE PATIENT WILL WEAR THEIR SURGICAL MASK FOR THEIR ENTIRE JOURNEY THROUGH THE CLINIC – VISUAL ACUITY, OCT, VISUAL FIELDS AND CONSULTATION.

ENVIRONMENT:

- Thoroughly wipe clean the OCT machine and everything that has come into contact with the patient with Clinell Universal Wipes.
- Leave clinic room door open during examination to aid ventilation

Standard Operating Procedure – Visual Acuity Test

NURSE:

- Surgical IIR mask

PATIENT:

- Surgical IIR mask which the patient will wear for their journey through the Ophthalmology appointment – Visual Acuity, OCT, Fields test and consultation with Consultant.

ENVIRONMENT:

- Thoroughly wipe clean the eye occluders with 70% alcohol wipes.

Standard Operating Procedure – Visual Fields

The liquid lens will not be used during the initial post COVID-19 period, revert to glass lens.

NURSE:

- Apply level 1 PPE including Visor, gloves, apron and IIR face mask.
- Prepare instrument with patient data entry.
- Keep the door ajar when possible to maintain ventilation and open wide after the test.

PATIENT:

- Once in Chair, offer the patient alcohol gel for hands.
- Ask them to put on medical gloves. If no allergy risk, apply a strip of micro-pore straddling the top line of a clean surgical mask. Do this before you pass mask to the patient for them to put on. Once in position, ask them to press tape along face and mask border shaping to bridge of nose. This will stop the lens steaming up during the test
- If patient is wearing spectacles ask them to rest on clean tissue or place in pocket / case. Prepare lens.
- Explain test once patient mask in position – not before
- Apply disposable eye patch
- When performing the field test maintain a 2 meter distance between yourself and the patient
- After the test get the patient to remove the eye patch and discard their gloves and eye patch directly into the orange bin – keeping mask on.
- Offer the patient alcohol gel before leaving

THE PATIENT WILL WEAR THEIR SURGICAL MASK FOR THEIR ENTIRE JOURNEY THROUGH THE CLINIC – VISUAL ACUITY, OCT, VISUAL FIELDS AND CONSULTATION

ENVIRONMENT:

- Thoroughly wipe clean the Humphrey machine and everything that has come into contact with the patient. Clean the corrective lenses with clinell first then with lens cleaner and a tissue to remove any smears. Wipe door handles and hard surfaces with clinell wipes.
- We cannot rub the inside of the Humphrey bowl as it will damage the paint quality and affect results significantly. Gentle wipe the inside of the Humphrey bowl lightly with alcohol moistened applicator or limited alcohol spray (to be sourced) only in the event of a patient coughing or sneezing or marks visible. Avoid all fixation and projection mirrors which are fragile and cannot get damp.

APPENDIX 5: Risk Classification of Patients

This list has been taken from www.nhs.uk and is accurate as of 26 August 2020.

For the most up to date information please visit: www.nhs.uk

High Risk (clinically extremely vulnerable)

These patients should have received a letter from the NHS.

Patients who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids)
- have a serious heart condition and are pregnant

Moderate Risk (clinically vulnerable)

Patients who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune systems (such as low doses of steroids)
- are very obese (A BMI of 40 or over)
- are pregnant

Other things that can affect a patient's risk:

- age (risk increases with age)
- being a man
- where you live – the risk is higher in poorer areas
- being from Black, Asian or minority ethnic background
- being born outside of the UK or Ireland
- living in a care home
- having certain jobs (e.g. nurse, taxi driver, security guard)