

COVID-19 Procedure

Management of Suspected or Confirmed COVID-19. Issued: 13/03/2020

St Andrew's Healthcare (SAH) is following national guidance from Public Health England (PHE) in relation to continuing to provide care in our services. SAH is also following guidance and national decision-making in relation to:

- Contain
- Delay
- Mitigate

This is to manage the spread of COVID-19.

This document describes the procedure for staff working at SAH for patients with suspected or confirmed COVID-19 and is to be used alongside the Isolation Procedure and/or Outbreak procedure when more than one patient on one ward is affected.

This procedure includes consideration of the following processes:

1. Referrals to PICU or inpatient ward
2. Before arrival of suspected or confirmed case of Covid-19
3. Arrival of patient and maintaining a safe environment
4. Protective Equipment (Donning and doffing of PPE)
4. Clinical Waste
5. Physical Contact with Patient for Assessment
7. Decontamination (all equipment and clinical area)
8. Hand Hygiene

1. All Referrals to SAH including PICU

Staff should ask the referring service whether the patient meets the PHE case definition of suspected, or has a confirmed case of COVID-19 via telephone. If the answer to any of these questions is yes, the nurse in charge should contact the Duty Doctor/on-call Duty Doctor for advice as soon as possible.

If a patient meets the case definition for suspected or has a confirmed case of COVID-19, staff should advise the referring service to explain to the patient prior to arrival that they will be wearing protective personal equipment (PPE).

2. Before arrival of suspected or confirmed case of COVID-19

Staff should ensure that the pathway to the patient's allocated room should be cleared of other patients and staff, so that direct admission into the room is achieved with minimal contact with people or surfaces. Staff should locate the COVID-19 emergency PPE box in preparation for the patient's arrival to the accepting ward.

3. Arrival of patient and maintaining a safe environment

If on arrival at the IPU, it becomes apparent that the patient's condition has deteriorated and/or requires immediate treatment or clinical assessment, contact the duty doctor informing them that the patient fits the case definition for possible or confirmed COVID-19.

Staff should meet the patient in full PPE and direct them into their bedroom of isolation.

Transport/ escorting staff should be prohibited from any other area on the unit apart from the corridor of transfer or the bedroom of isolation. This is to prevent contamination of any other clinical area.

4. Personalised Protective Equipment (PPE)

The following PPE should be available for any staff coming into direct contact with a patient with a suspected or confirmed COVID-19:

The following PPE is available in the COVID-19 emergency boxes:

Fluid repellent body suits & foot coverings

Long sleeved aprons

Long cuffed disposable gloves

Fluid repellent surgical mask with visor attached

Respiratory FFP3 masks when doing aspiration procedures

Chlor clean tablets with diluter

Alcohol hand sanitisers

Two orange Hazardous waste sacks and Clinell universal wipes (green pack) which are readily available on all clinical areas.

All staff will need to be familiar with how to correctly put on the listed equipment prior to meeting a case of suspected or confirmed COVID-19 or prior to entering and exiting the bedroom of isolation.

Putting on PPE (Donning) (entering the room of isolation)

Staff should identify an area for donning and doffing PPE. Ideally this should be a 'clean area' such as the clinic room, or area away from the patient (at least 2 metres) and near the bedroom entrance.

Staff should carry an orange clinical waste sack in the bedroom of isolation for contaminated PPE.

Staff should also take a packet of green universal clinell wipes into the room of isolation. This will be used to thoroughly clean all equipment or items used as per decontamination standards before exiting the room of isolation.

Before donning, staff should ensure they are hydrated, ensure hair is tied back securely and off the neck and collar, remove jewellery or pens then perform hand hygiene. Staff should put on the PPE in the following order:

1. Disposable fluid repellent disposable apron with sleeves
2. Disposable fluid repellent face mask (surgical mask) with attached face visor
3. Or disposable Eye protection (goggles) and a separate fluid repellent face mask

4. Disposable long cuffed gloves over the top of the sleeved apron

Removal of PPE (Doffing) (exiting the room of isolation)

PPE should be removed in an order that minimises the potential for cross-contamination and in with adequate space to remove their gown without touching walls or furniture.

Gloves, apron should be removed (in that order) and disposed of as Hazardous waste. Goggles should be removed by holding the side rim and placed in hazardous waste sack. After leaving the immediate area (exiting the room of isolation), the fluid repellent face mask (surgical mask) can be removed and disposed of as Hazardous waste.

The order of removal of PPE should be:

1. Staff must doff PPE at the exit door of the room of isolation and open hazardous waste sack
2. Any equipment used in the room must be cleaned with Green Universal Clinell wipes prior to removal from room
3. Clinell wipes used for cleaning equipment/ surfaces must be placed in hazardous waste sack
4. Peel off gloves and dispose in hazardous waste sack
5. Remove apron by unfastening the ties at the back, fold apron in on itself avoiding the contaminated part of the apron and place in Hazardous waste sack.
6. Remove goggles
7. Perform hand hygiene (use hand sanitizer if no sink in immediate room then wash hands)
8. Remove fluid repellent face mask (surgical mask) from behind and dispose in Hazardous waste sack
9. Perform hand hygiene.

4. Clinical Waste

All waste associated with possible or confirmed COVID-19, including PPE, is Category B infectious Hazardous waste and safe disposal is the responsibility of SAH.

5. Physical Contact with Patient for Assessment

Only staff wearing PPE should have direct contact with the patient. If additional support is required, PPE must also be donned if working within a 2 meter range of the patient

6. Decontamination – Equipment

Green Universal Clinell wipes, with a contact time of 1 minute should be used to thoroughly decontaminate the following items before staff leave the room of isolation:

- All equipment e.g. stethoscopes, blood pressure cuffs, thermometers etc.
- All pens, keys, fobs and cards which are used while in contact with the service user or contaminated environment.
- The outside of the hazardous waste bin (wipes used for decontamination should be placed in the hazardous waste bin prior to closure).

Decontamination – Clinical Area

- The transfer corridor has to be enhanced cleaned using 'Chlor clean' releasing agent following transfer to and out of the room of isolation.
- A deep clean of the room to be carried out using 'Chlor clean' after the suspected COVID-19 patient has been transferred/ discharged.
- The room of isolation should be left vacant with the door closed one hour for a room prior to performing a terminal clean.
- Hotel services staff should wear PPE as indicated above whilst carrying out enhanced or deep clean in the room of isolation or affected area.

7. Hand Hygiene

This is essential before and after all patient contact, donning and doffing of PPE and decontamination of the environment.

If hands are visibly clean an alcohol hand rub is adequate, otherwise use soap and water or hand wipes to remove visible contamination, followed by an alcohol hand rub.