Derbyshire Community Health Services NHS Foundation Trust

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COVID-19 Assessment & Management Plan

Version 7a (01/04/2020)

This document will be reviewed and update regularly

Please ensure you have the latest version (as highlighted on the intranet covid-19 page)

Document Owners

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1. BACKGROUND

Coronavirus is a type of virus. As a group of viruses, coronaviruses are common across the world. Typical symptoms of coronavirus include fever, shortness of breath and a cough that may progress to severe pneumonia causing shortness of breath and breathing difficulties.

COVID-19 is a new coronavirus that was identified in Wuhan City, China in December 2019, following investigation of a cluster of cases. COVID-19 is not airborne, it is droplet and fomite transmitted. Transmission is thought to occur mainly through respiratory droplets generated by coughing and sneezing and through contact with contaminated surfaces. However initial research has identified the presence of live COVID-19 virus in the stools and conjunctival secretions of confirmed cases. Therefore all secretions (except sweat) and excretions including diarrhoeal stools from patients with known or suspected COVID-19, should be regarded as potentially infectious and appropriate precautions taken.
COVID- 19 infection caused by a Corona virus is a high consequence infectious disease for the population due to its rapid spread and the lack of population immunity in the absence of effective drugs or a vaccine, the control of the disease will rely upon effective infection prevention and control measures, including transmission-based precautions (droplet and contact precaution) and isolation of potential infected patients. Appropriate cleaning and decontamination of the environment is also essential in preventing the spread of the virus. It is essential for all staff to practice good hand hygiene as per DCHS advice (please see section below)

2. AIM & OBJECTIVES

The aim of this document is to provide operational guidance to staff in relation to covid-19.

The objectives are: -

- To ensure that the Trust develops a local response that is in keeping with the latest guidance from Public Health England.
- To ensure that staff understand their role in the management of suspected and confirmed COVID-19 cases.
- To ensure that staff understand the key Infection, Prevention and Control principles, including personal protective equipment (PPE) requirements.
- To outline the current process for swabbing suspected cases.

3. NATIONAL GUIDANCE

Given the rapidly changing nature of the pandemic, staff should continue to visit GOV.UK website for the latest updates and guidance. All guidance in this protocol should be read in conjunction with the clinical guidance from Public Health England found on the government website:

https://www.gov.uk/government/collections/wuhan-novel-coronavirus

The national flowchart for the management of a suspected case of covid-19 can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873496/COVID-19_flow_chart.pdf

Staff should keep up to date with the latest case definitions found here:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection

4. INFECTION PREVENTION & CONTROL GUIDANCE

Hand Hygiene

- This is essential before and after all patient contact, or contact with their environment, removal of protective clothing and decontamination of equipment and the environment.
- Hands should be washed with soap and water for 20 seconds. Washing should also be carried out from wrist to elbows. Alternatively alcohol hand sanitiser can be used if hands are visibly clean.
- Rings (other than a plain, smooth band), wrist watches and wrist jewellery must not be worn by staff and staff must adhere to bare below elbows practice.

Respiratory and Cough Etiquette – 'Catch it, bin it, kill it'

Respiratory and cough hygiene will minimise the risk of cross-transmission of respiratory illness:

- Patients must be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing their nose.
- All used tissues are too be disposed of promptly into the infectious waste stream.
- Ensure patients have the opportunity to clean their hands after coughing, sneezing, using tissues or after contact with respiratory secretions or objects contaminated by these secretions.

Personal Protective Equipment (PPE)

Use safe work practices to protect yourself and limit the spread of infection. Please see below situations where staff need to use PPE and please note:

- Keep hands away from face and PPE being worn
- Change gloves when torn or contaminated
- Limit surfaces touched in the patient environment
- Regularly perform hand hygiene. **Always** clean hands after removing gloves.
- Change PPE immediately after each patient and or following completion of a task or procedure.
- Precautions should remain in place until symptoms resolve.

PPE for Suspected/Positive Patient (or member of household)

The following PPE is to be worn by all persons involved in receiving, assessing and caring for a patient, who is either considered to be a possible case or has been confirmed as a positive case, either in an inpatient setting or in their own home. Please note if attending a patient where the household is self-isolating due to persons being symptomatic of COVID-19 then PPE should be worn the same as for a suspected or confirmed cases.

- Disposable apron
- Gloves
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield).
- Eye protection – either fitted to mask or additional visor (if risk of contamination of eyes by splashes or droplets) - prescription glasses do not provide adequate protection.
- Please note fluid resistant gowns only need to be worn where there is a risk of extensive splashing of blood and or other bodily fluids, e.g. theatres.

(Please see Appendix A for supporting pictures of PPE – Masks and Eye Protection).
(Please see Appendix B for Community Home Visits Flow Chart for the Provision of PPE – based on current Public Health England Guidance).

PPE for Outpatient Parenteral Antimicrobial Therapy (OPAT) Patients

The following PPE is to be worn when attending to all OPAT patients (asymptomatic or symptomatic)

- Disposable apron.
- Gloves.
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield).
- Eye protection – either filled to mask or additional visor (if risk of contamination of eyes by splashes or droplets, i.e. if patient is suspected/confirmed to have COVID-19).
- Please ensure you wash your hands and wash from your wrists to your elbows.

(Please see Appendix C for Community Home Visits Flow Chart for the Provision of PPE for OPAT patient's – based on current Public Health England Guidance).

PPE for Carrying Out Swabbing

The following PPE is to be worn by all persons undertaking swabbing of suspected cases.

- Disposable apron
- Gloves.
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield).
- Eye protection - either fitted or additional visor – (if risk of contamination of eyes by splashes or droplets) - prescription glasses do not provide adequate protection.

PPE for Cleaning (Suspected/Positive Case)

The following PPE is to be worn by all persons cleaning an area where a suspected or confirmed case has been (such as public areas, waiting rooms, toilets) and isolation areas.

- Disposable apron
- Gloves.
- Fluid Resistant Surgical Masks (FRSM) (Fluidshield) mask
- Eye protection – either fitted to mask or additional visor (if there is a risk of contamination of eyes by splashes or droplets).
- Shoe covers.

Please note aprons are being recommended/provided for non - splash scenarios instead of long sleeved gowns because the latter were found to have a greater risk of infection transmission through their sleeves (learning from MRSA/C.Diff).

Fluid Resistant Surgical Masks (FRSM) - (Fluidshield Masks)

Fluid resistant masks are worn to protect the wearer from the transmission of COVID-19 by respiratory droplets.

- A Fluid Resistant Surgical Mask (FRSM) (Fluidshield) must be worn when working in close contact (within 1 metre) of a patient with COVID-19 symptoms. This provides a physical barrier to minimise contamination of the mucosa of the mouth and nose.
- Where patients with COVID-19 are being cohorted or segregated staff can wear a Fluid Resistant Surgical Mask (FRSM) (Fluidshield) at all times for the duration they are in this patient area rather than only when in close contact with a patient.

- A Fluid Resistant Surgical Mask (FRSM) (Fluidshield) for COVID-19 should;
  - Be well fitted covering both nose and mouth
  - Not be allowed to dangle around the neck of the wearer after or between each use
  - Not be touched once put on
  - Be changed when becomes moist or damaged
  - Be removed outside of the paitients room, cohort area or 1 metre away from the patient with possible/confirmed COVID-19
  - Be worn once and then discarded as clinical infectious waste.

- The provision of a Fluid Resistant Surgical Mask (FRSM) (Fluidshield) should be considered for patients to wear in areas, including at home, where the clinician has risk assessed the risk factors and concludes that this is an appropriate approach, e.g where the patient is exhibiting respiratory symptoms, is suspected/positive in terms of COVID-19, if the patient can tolerate it (with the exception of dedicated COVID-19 areas).

Aerosol-generating Procedures

Aerosols generated by medical procedures are one route for the transmission of the COVID-19 virus therefore additional advice should be sought from the IP&C team if these procedures take place so that specific guidance can be put in place. This may include use of a FFP3 respirator and other PPE.
Aerosol generating procedures include for e.g.:

- Open suctioning

- High flow nasal oxygen
- Non-invasive ventilation (NIV) e.g Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- Intubation, extubation and related procedures
- Tracheotomy/tracheostomy procedures
- Manual ventilation
- Bronchoscopy
- Surgery and post-mortem procedures in which high-speed devices are used:
- Hi gh-frequency oscillating ventilation (HFOV)
- Induction of sputum
- Some dental procedures (e.g. high speed drilling).

PPE for Aerosol Generating Procedures
The following PPE is to be worn by all persons carrying out an aerosol generating procedure

- Fluid resistant disposable gown
- Gloves
- FFP3 mask
- Disposable eye protection

Filtering Face Piece (class 3) (FFP3) respirators must be:

- Fit tested to ensure an adequate seal/fit
- Single use (disposable) and fluid resistant
- Worn with appropriate and compatible eye protection
- Disposed of and replaced if breathing becomes difficult, the respirator is damaged or distorted, the respirator becomes obviously contaminated by respiratory secretions or other bodily fluids, or if a proper face fit cannot be maintained
- Be worn once and then discarded as clinical infectious waste.

Please note although 'single use' a FFP3 respirator can be worn for as long as is comfortable, for e.g. for the duration of a ward round or when providing clinical care.

Remove FFP3 respirators in a safe area (outside the cohort/segregation area).

Putting on PPE (Donning)

Before Donning, healthcare workers should:

- Ensure hair is tied back securely and off the neck and collar
- Cover cuts and abrasions with a waterproof dressing
- Remove jewellery and other items such as pens
- Ensure they are appropriately hydrated
- Decontaminate hands

Staff must wear the following PPE when utilising standard infection control precautions, put on in the following order prior to any contact with patient or surfaces:

1. Disposable apron

2. Mask & visor
    - Fluid Resistant Surgical Mask (FRSM) (Fluidshield) – does not require fit testing. Some Fluid Resistant Surgical Mask (FRSM) (Fluidshield) have a visor attached however if it does not have one then separate eye protection can be worn.
3. Gloves.
4. Shoe covers (if applicable).

Taking off PPE (Doffing)

PPE must be removed in an order that minimises the potential for cross-contamination. PPE is to be removed in as systematic way before leaving the patient's room i.e. apron, then gloves

Inside patient's home or for inpatients in designated area

1. Apron - Grasp the apron at the front and gently pull away from your body so that the ties break, touching the outside of the apron with gloved hands. Fold or roll the apron. Dispose of into infectious waste.
2. Gloves - Only touch the inside of the gloves with your bare hands. Dispose of into infectious waste.
3. Shoe covers (if applicable).

Outside patients room (inpatients) – in community please remove 4 & 5 with other PPE

4. Fluid Resistant Surgical Mask (FRSM) (Fluidshield) and visor (if applicable) - the front of the mask/visor is contaminated – DO NOT TOUCH. Grasp the elastic at the back of the head. Gently pull away from the head and forward to remove the mask/visor. Dispose of into infectious waste.
5. Wash hands with soap and water or clean hands with alcohol hand sanitiser.

Ordering of PPE

If your department requires additional PPE then please contact either procurement for standard stock items or DCHST.covid19ppe@nhs.net for specific COVID-19 items e.g. masks. Please reference COVID 19 Procedure for Ordering PPE on the DCHS Coronavirus Guidance Page.

For video for donning and doffing please see video

Isolation

Outpatients/UTC's

If a patient attends a clinic who has symptoms of a continuous cough and or fever*(>37.8)* and who is *WELL*, they should be advised to return home immediately and self-isolate for 7 days (this includes children).There is no need for these patients to call 111 or be tested.

For patients with these symptoms and they are *UNWELL* they must be isolated with their belongings, and asked to contact 111 immediately. If the patient is acutely unwell treat after donning appropriate PPE. The door must be closed and isolation signage should be placed on the door. 111 will be able to confirm the risk, specifically whether the patient is suspected as having COVID-19. For any transfer of patients both the ambulance service and the receiving hospital must be made aware that this is a transfer of a suspected COVID-19 patient.
If the patient meets the criteria to be a suspected case, then suitable PPE and cleaning arrangements should be followed as per this SOP. – Further advice if required can be sought from the IP&C Triage on 01246 515870.

Inpatients

The IP&C triage must be informed of any suspected or confirmed COVID-19 patients to enable advice and support to be provided on a case by case basis. Patients with other infections may need to be prioritised for side rooms.

(Please see appendix D for infographic to assist in decision making in respect of management of COVID-19 suspected/confirmed patients).

Side Rooms

- Patients with suspected or confirmed COVID-19 should be placed in a side room wherever possible
- Where side rooms are limited and cohorting of patients is not possible (i.e. patients awaiting laboratory confirmation) then single rooms should be prioritised for patients who have a new continuous cough or high temperature.
- Advice on management including PPE, waste management and cleaning etc. is included within this SOP.
- The following should be carried out by staff wearing gloves as a minimum. All used cutlery to be transferred into a receptacle containing water and detergent prior to transfer to kitchen and dishwasher. All utensils, plates etc should be transferred into a dishwasher as soon as possible after use.
- Visiting should be restricted to exceptional circumstances only, e.g. end of life. Visitors will be required to wear PPE and instructed on hand hygiene. They must not visit any other care area. Visitors who are symptomatic should be encouraged to leave and must not enter areas where there are immunocompromised patients.

Cohorting of Patients

- If a single room is not available, cohort confirmed respiratory infected patient with other patients confirmed to have COVID-19.
- Ensure patients are physically separated by a distance of at least one metre.
- Use privacy curtains between the beds to minimise opportunities for close contact.
- Where possible a designated area should be used for the treatment and care of patients with COVID-19. This area should where possible have a separate reception, entrance and exit and not be used as a thoroughfare, e.g. for staff taking breaks, visitors entering and leaving the building etc. The area should be separated from non-segregated areas by closed doors and signage should be used to display a warning of the segregated area in order to control entry.

COVID-19 Cohort Wards

- These wards are for patients that have tested positive for COVID-19.
- Ensure patients are physically separated by a distance of at least one metre.
- Use privacy curtains between the beds to minimise opportunities for close contact.
- Advice on management including PPE, waste management and cleaning etc. is included within this SOP.
- The following should be carried out by staff wearing gloves as a minimum. All used cutlery to be transferred into a receptacle containing water and detergent prior to transfer to kitchen and

dishwasher. All utensils, plates etc should be transferred into a dishwasher as soon as possible after use.

- Equipment should be cleaned after each patient use, preference would be single use where possible, e.g BP cuffs single use allocated to patients for the duration of their stay or until become visibly soiled.
- Visiting should be restricted to exceptional circumstances only, e.g. end of life. Visitors will be required to wear PPE and instructed on hand hygiene. They must not visit any other care area. Visitors who are symptomatic should be encouraged to leave and must not enter areas where there are immunocompromised patients.

Everyone entering the ward must wear appropriate PPE as detailed below:

- Disposable apron
- Gloves
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield).
- Eye protection – either fitted to mask or additional visor (if risk of contamination of eyes by splashes or droplets) - prescription glasses do not provide adequate protection. Must be worn if working within one metre of positive COVID-19 patient.

Consideration may need to be given to creating cohort areas which differentiate the level of care required. Considering:

- The need for cohorting in single/mixed sex bays.
- Any underlying patient conditions (being immunocompromised).

Duration of Precautions

- Patients should remain in isolation/cohort with the IP&C PPE precautions as detailed in this SOP. applied until the resolution of fever and respiratory symptoms.
- The decision to modify or stand down IP&C PPE precautions should be made by the clinical team managing the patient based on the patient's condition and in agreement with the IP&C team.

Staff Cohorting

- Where possible and where there are sufficient levels of staff where patients are being cohorted assign dedicated staff.
- Where possible, staff who have had confirmed COVID-19 and recovered should work in cohort areas and care for COVID-19 patients. Those staff must still adhere to PPE guidance within this SOP.

Transfers of Patients to an Acute Hospital

- If transfer is required, the ambulance service and the receiving hospital should be advised if the patient is suspected/confirmed to have COVID-19.

Transfer of Patients to Care Homes

- If transfer is required, the ambulance service and the receiving care home should be advised if the patient is suspected/confirmed to have COVID-19.

Transfer of Patient to Own Home

- If transfer is required, the ambulance service must be informed or alternatively transport could be by a person they live with. DHU are following up positive patients in the community. The social care manager must be informed if a care package is put in place. Any referrals must be made aware of the status of the patient.

If a positive result is received for a patient that has been discharged then please advise DHU of the patients positive result as they are following up these patients in the community.

Swabbing

Inpatients Criteria for Swabbing

Patients who meet the following criteria (inpatient definition) should be swabbed:

- An admission from the community or a discharge from an acute hospital to a community hospital bed

And who then develop

- either clinical or radiological evidence of pneumonia

or

- acute respiratory distress syndrome

or

- influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing).

Swabbing Procedure

Swabbing Procedure

Staff that are not competent in undertaking the procedures outlined below will require the relevant training.

Please note swabbing should be undertaken with a buddy to support. Ensure appropriate PPE is worn:

- Apron
- Gloves
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield)
- Eye protection – either fitted or additional visor – (if risk of contamination of eyes by splashes or droplets) - prescription glasses do not provide adequate protection.

Before commencing please complete the Virology form and the collection tubes, apply a high risk sticker to the form.

The following specimens are required:

- One individual nose and throat swab in separate collection tubes.

Swabbing Procedure

Swabbing should be undertaken with a buddy to support. Ensure appropriate PPE is worn:

- Apron
- Gloves
- Fluid Resistant Surgical Mask (FRSM) (Fluidshield)
- Eye protection – either fitted or additional visor – (if risk of contamination of eyes by splashes or droplets) - prescription glasses do not provide adequate protection.

The following specimens are required in separate collection tubes:

- One nasopharyngeal swab
- One throat swab.

Before starting please complete the Virology form and the collection tubes, apply a high risk sticker to the form.

Please ensure that contact details, including a telephone number are included on the form for receipt of the results.

How to take a Nasopharyngeal Swab (see video link below)

1. Ask the patient to blow their nose to remove any excess mucus.
2. Tilt the patient's head backward to approximately 70 degrees and estimate the distance from the patient's nose to the front of the ear.
3. Ask the patient to close their eyes (helps relaxation).
4. Remove the packaging pouch.
5. Take the swab plastic stick between your forefinger and middle finger.
6. Insert swab into one of the nostrils gently and slowly straight backwards towards the front of the ear (see 1).
7. Stop when swab meets resistance (when the tip reaches the patient's posterior nasopharynx).
8. Rotate the swab 2-3 times.
9. Repeat in the opposite nostril (with the same swab)

10. Put the swab into the sterile tube immediately & break the plastic handle at the black scored line. Replace the cap.

Please see link below for further information:

https://www.utmb.edu/covid-19/health-care-workers/collection-of-nasopharyngeal-specimens-with-the-swab-technique

How to take a Throat Swab

1. Open the package containing swab remove swab from package
2. Ask the patient to tilt their head backwards, open their mouth, and stick out their tongue
3. Use a wooden tongue depressor to hold the tongue in place (buddy can hold a torch)
4. Without touching the sides of the mouth, use the sterile swab to swab the posterior nasopharynx and the tonsillar arches on both sides.
5. Insert swab into sterile liquid Amies transport vial
6. Break the swab handle at the black scored breakpoint line
7. Replace cap and tighten to secure.

Packaging and Transport

1. Put the samples into a sample bag and wipe the outside of the bag with a Clinell wipe.
2. Ask your buddy, wearing gloves, to hold open a second sample bag which contains the virology form, and put the samples in. (double bagged) seal the second bag for transportation.
3. Put in a red box and seal.
4. Send to the lab using the usual transport methods to either the Derby or Chesterfield laboratory
5. Out of hours, or where UHDB or CRH are not normally used (eg, from Buxton), use Derbyshire Blood Bikes (BBS) (07500 970652 to arrange collection) The BBS will collect from the ward and transport to either UHDB or CNDRH labs (Please see Appendix E).
6. Please ring the laboratory to advise them that the sample will be arriving.

Positive Results

Positive results will be communicated by the lab where the test results have been sent to. Please ensure the result is communicated to the IP&C team email, and a positive result is also communicated to the following email address - DCHST.covid@nhs.net.

Patient Exposures

Patients who have been exposed to a confirmed COVID-19 patient do not require isolation. If symptoms or signs occur in the 14 days after exposure, such as influenza like illness (ILI), pneumonia, acute respiratory distress syndrome (ARDS), a new cough or fever, the relevant diagnostic tests, including the COVID-19 test, should be performed.

On discharge, patients should be given written advice to stay at home and referred to the stay at home guidance if less than 14 days has elapsed since their exposure.

Staff caring for COVID-19 patients

Staff who come into contact with a COVID-19 patient while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. Staff should:

- not attend work if they develop symptoms while at home (off-duty), and notify their line manager immediately
- self-isolate and immediately inform their line manager if symptoms develop while at work

If the HCW has not had any signs of improvement and has not already sought medical advice, they should call NHS 111 or 999 in an emergency and seek appropriate medical review.

- These are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those who are immunocompromised.

Shielding and Protecting People Defined on Medical Grounds as Extremely Vulnerable from COVID-19

- Visits to these patients should continue where this is essential (do not visit is you have any symptoms of COVID-19).
- Ensure you adhere to the hand washing guidance (20 seconds) and wash from wrists to elbow.
- Follow PPE advice as detailed within this SOP.

If you live with someone who is shielding

- You are not required to adopt protective shielding yourselves.
- You should do what you can to support the person who is shielding by stringently following guidance on social distancing and reducing contact outside the home, e.g. shopping once a week.
- Where possible change your uniform at work (see section on staff uniforms/clothes) if this is not possible then change immediately on arrival home.

Cleaning

- There is evidence from other coronavirus cases of the potential for widespread contamination of patient rooms or environments, so effective cleaning and decontamination is vital.
- Cleaning and decontamination should only be performed by staff trained in cleaning methods utilising the appropriate PPE.
- Within inpatient areas for either single rooms or cohorted bays where patients are being barrier nursed, enhanced room cleaning will need to take place 3 times a day, paying particular attention high contact surfaces and toilet areas, using either of the products below.
- Within inpatient areas where a suspected patient is moved from a bay to a side room, a "Terminal Clean" of the bay the patient has moved from must take place.
- On an ad hoc basis and in the absence of cleaning teams, clinical staff may be required to clean affected areas. Disposable equipment should be used for environmental decontamination.
- A decontamination of equipment and the care environment must be performed using either:
    - A combined detergent/disinfection solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine – Actichlor Plus) or
    - A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm – Actichlor.
- The IP&C Team can advise on cleaning requirements and also arrange support from the Deep Clean Team, they can be contacted via the IP&C Triage on 01246 515870.
- Should a room be taken out of use due to suspected contamination with covid-19 then ensure that appropriate signage is displayed on the door (see Appendix F).
- Following discharge or transfer of a patient with suspected or confirmed Coronavirus, a "Terminal Clean" of the environment and equipment must also be performed using either of the products detailed above.

Equipment

- Where possible, reusable equipment should be avoided. If used, it must be decontaminated according to the manufacturer's instructions.
- Avoid storing non-essential equipment in pre-identified isolation areas and general consulting spaces.
- Dispose of single use equipment in the infectious waste stream.
- Disposable crockery and cutlery must be used in the patient's room as far as possible to minimise the number of items which need to be decontaminated.

Linen and Infectious Waste

- Infectious linen must be carefully bagged. The outer bag must be tied and then marked as infected linen.
- Linen should be bagged inside the patient's room and Standard PPE must be worn to handle the used linen. Un-bagged linen must not be carried through the clinical areas. Linen used in the direct care of patients with suspected and confirmed COVID-19 should be managed as infectious linen.
- Waste is to be handled as infectious waste. Waste from a possible or a confirmed case must be disposed of accordingly. PPE must be worn whilst handling infectious waste.

Waste disposal for community (suspected/positive patient)

Within a patients home any waste relating to COVID 19 should be double bagged and kept for 72 hours after which it can be disposed of as general waste. All Councils collect waste fortnightly, hence in most cases waste can go into householder's black bin straight away unless the collection is going to be made within 3 days in which case the waste should be kept separately and added to the next collection.

Staff Uniforms/Clothes/Equipment

For staff returning home in uniforms, remove your uniform as soon as reasonably possible ideally before contact with family members and as a minimum wash your hands, arms from wrists to elbow and face immediately and shower as soon as possible.

Uniforms should be laundered:

- Separately from other household linen
- Do not shake your uniform prior to washing
- In a load not more than half the machine capacity
- At the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Equipment should be:

- Wiped prior to bringing into your home (where this is applicable)
- Stored in your kit bag as close to the front door as is possible.

N.B it is best practice where applicable to change into and out of uniforms at work – if this is possible then uniforms should be transported home in a disposable plastic bag for laundering. The bag should be disposed of into normal household waste. Please note a clean uniform should be worn each day.

5. RESUSCITATION GUIDANCE FOR COVID-19 PATIENTS

In patient / UTC's

Full Aerosol Generating Procedure (AGP) Personal Protective Equipment (PPE) must be worn by all members of the resuscitation/emergency team. Sets of AGP PPE must be available on the resuscitation trolley (or where resuscitation equipment is being stored) to be readily available. Chest compressions and defibrillation (as part of resuscitation) are not considered AGP's. No airway procedures such as those detailed below should be undertaken without full AGP PPE.

Airway interventions (e.g. supraglottic airway (SGA) insertion or tracheal intubation) must be carried out by experienced individuals. Individuals should use only the airway skills (e.g. bag-mask ventilation)

for which they have received training. For many HCWs this will mean two-person bag-mask techniques with the use of an oropharyngeal airway this will generate an aerosol. Tracheal intubation or SGA insertion must only be attempted by individuals who are experienced and competent in this procedure. Only those staff needed to undertake the procedure should be present. For patients with suspected/confirmed COVID-19, any of these potentially infectious AGP's should only be carried out when essential and preferably in a single room with the door shut.

AGP PPE:

- Disposable fluid repellent gown
- Gloves
- FFP3 mask
- Eye protection.

(Please see Appendix G for Resus Council Adult Advanced Life Support for COVID-19 Patients Flow Chart).

For all other **Non-Inpatient** areas the current advice is to provide compression only CPR until arrival of emergency assistance.
We clarified that these staff groups have access to standard PPE.

Non-Inpatient

Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. If the rescuer has access to personal protective equipment (PPE) (e.g. face mask, disposable gloves, eye protection), these should be worn.

6. MANAGEMENT OF THE DECEASED PATIENT (SUSPECTED/POSITIVE)

The principles of Standard Infection Control Precautions and Transmission Based Precautions continue to apply whilst deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Where the deceased was known or suspected to have been infected with COVID-19, hygienic preparations are all permitted using IP&C precautions (PPE) as for a suspected/confirmed patient, the deceased should then be placed into a body bag. Normal procedures in respect of the deceased can then be followed in terms of certification of death and removal of the deceased by the undertakers. However the undertakers must be notified that the patient is a suspected or confirmed COVID-19 patient as this may indicate further actions as directed by the coroner (please reference appendix H - flow chart from the Coroner's office).

Further guidance can be found here:

https://www.hse.gov.uk/pUbns/priced/hsg283.pdf

If a death occurs please complete this form:

Death report form.docx

Completed forms need to be sent to:-

1) Dchst.info.analytics@nhs.net
2) DCHST.irt@nhs.net
3) DCHST.infectioncontrol@nhs.net

7. PEOPLE & ORGANISATIONAL EFFECTIVENESS GUIDANCE

Reporting covid-19 related absences on ESR

Managers of staff who are required to self-isolate should record the absence on ESR.

- ESR - Staff absences for staff who need to self-isolate should be recorded in ESR as: Special Increasing Balance > Infection precaution
- If staff are off due to COVID-19 this should be recorded in ESR as:
  Level 1 – Cough, cold, flu
  Level 2 – Not specified
  And also tick the box for notifiable disease

Staff involved in the care of possible cases should self-isolate at home and contact NHS 111 if they develop COVID-19 compatible symptoms while away from the hospital. Staff should also inform occupational health and their line manager.

Advice specifically related to employment issues will be regularly updated in the FAQ section on the DCHS COVID 19 web page for managers to refer too.

8. SERVICE SPECIFIC GUIDANCE

Leaders need to seek assurance from their teams in regard to their preparedness to manage potential interaction with COVID-19 cases. It is recommended that local leaders undertake walkthroughs or virtual walkthroughs of processes with their teams, in order to test local arrangements, highlight any issues, and also ensure that staffs feel confident and understand what to do.

For any queries that arise from 3rd party providers please provide the details to the DCHS Incident Management Team to directly liaise with the provider or their commissioner. (See section 7 key contacts)

Leaders should inform their management accountants of all costs incurred due to COVID-19 in order that they are tracked and recorded correctly

EG costs incurred due to the Coronavirus

- Additional staffing due to bed increases
- Backfill for staff off sick or self-isolating
- Annual leave cancelled due to staff shortages
- Any additional weekend working increase if needed
- Additional agency/bank shifts
- Non Pay

General Principles

Site Based Services

The first line of defence is to prevent suspected cases from entering our sites unnecessarily. Services need to consider the risk and options to mitigate these as much as reasonably practicable.

For example:

a) administrative teams should prompt patients when appointments are being made using the screening questions below
b) Services with text messaging (SMS) systems may use these to prompt patients to identify issues.

In the event that our first line of defence fails, services need to know what to do if a suspected case presents at their site. A pragmatic, risk based approach should be taken. This will mean ensuring that teams are able to follow the PHE guidance. Where available this could mean an isolation area is pre-identified, alternatively a clinical room might be temporarily taken out of action in order to isolate the suspected case, whilst the necessary follow up actions are undertaken.

Community Services

In support of our community colleagues it is important for teams to consider who they can identify to reduce the risk of visiting the home of a suspected case (whether it be the patient themselves or someone else at the property).

For example:

a) Administrative teams should prompt patients when appointments are being made, using the screening questions below.
b) Information could be flagged on the clinical system by another service.

In the event that it is necessary to visit the home of a suspected/confirmed case, standard infection control precautions should be followed as detailed in the Personal Protective Equipment section of this guidance. Any visiting team to ensure effective communication to other DCHS colleagues that may be required or may be planned to visit and also to extend the communications with external colleagues, for example Out of hour's colleagues.

Urgent Treatment Centres (UTC)

The Trust's UTCs have been designated as 'diverting' sites; this means that they should follow the primary care guidance
If a patient attends a UTC who has symptoms of a continuous cough and or fever *(>37.8) and* who is *WELL*, they should be advised to return home immediately and self-isolate for 7 days (this includes children).There is no need for these patients to call 111 or be tested.

For patients with these symptoms and they are *UNWELL* they must be isolated with their belongings, and asked to contact 111 immediately .If the patient is acutely unwell treat after donning appropriate PPE
Each UTC has a pre-designated isolation room. UTCs should follow their local *Procedures for Managing Contaminated Self-Presenters*.

Screening Questions

- Have you any symptoms of a continuous cough or fever*(>37.8)*
  - ✓ If yes and feels *WELL* advise to self-isolate for 7 days (including children) from commencement of symptoms If *UNWELL* advise to contact 111.
- Does anyone you live with have symptoms of a continuous cough or fever (>37.8)
  - ✓ If yes advise that the patient they should be self-isolating with the people they live with even if they are asymptomatic.
- Have you had a swab taken for COVID-19 (throat and nose swab)?
  - ✓ If yes does the patient know the result? Contact GP to confirm result. If result unknown/not received please use IP&C precautions (PPE) as if patient was a positive result until result known.

Please note if attending a patient where the household is self-isolating then appropriate PPE must be worn.

Key Contacts

DCHS IP&C Team
01246 515870
DCHST.infectioncontrol@nhs.net

DCHS Silver Command
DCHST.covid@nhs.net

DCHS On-Call Manager
01332 623700 (ask for *DCHS' On-Call Manager*)

Appendices:

Appendix A: PPE Mask and Eye Protection Information


PPE and RPE examples 27032020.(

Masks:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf

NHS
Derbyshire Community Health Services
NHS Foundation Trust

Appendix B: Community Home Visits Flow Chart for the Provision of PPE – based on current Public Health England Guidance

IS THIS IS AN ESSENTIAL VISIT? YOU SHOULD ONLY DO HOME VISITS WHERE IT IS ESSENTIAL TO DO SO.

Upon arriving at the patient's home ring the patient from your car and ask the following screening questions?

Have you (or any one you live with) any symptoms of a new continuous cough?

Or a high temperature of 37.8 degrees centigrade or higher? Have you had a swab taken for COVID-19?

YES

Patient or person(s) they live with has suspected symptoms of COVID-19 or has a positive diagnosis of COVID-19.

The following PPE should be worn:

- Standard Infection Control Precautions consisting of a disposable apron and gloves
- Fluidshield mask, including eye protection (either fitted or additional visor) – if risk of contamination of eyes by splashes or droplets.

Within a patients home any clinical waste relating to COVID 19 should be placed in an orange bag and disposed of as infectious waste.

NO

Neither the patient nor anyone they live with has any symptoms of COVID-19

The following PPE should be worn as required:

- Standard Infection Control Precautions consisting of a disposable apron and gloves as required.

NB
Hand Washing is essential before and after all patient contact, or contact with their environment, removal of protective clothing and decontamination of equipment and the environment.

- Hands can be washed with soap and water or alcohol hand sanitiser can be used if hands are visibly clean. Where possible include washing from wrists to elbows.
- Rings (other than a plain, smooth band), wrist watches and wrist jewellery must not be worn by staff and staff must adhere to bare below elbows practice.

Uniforms should be laundered:

- 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.

N.B it is best practice where applicable to change into and out of uniforms at work – if this is possible then uniforms should be transported home in a disposable plastic bag for laundering. The bag should be disposed of into normal household waste.

NHS
Derbyshire Community Health Services
NHS Foundation Trust

Appendix C: Community Home Visits Flow Chart for the Provision of PPE for OPAT Patients – based on current Public Health England Guidance

IS THIS IS AN ESSENTIAL VISIT? YOU SHOULD ONLY DO HOME VISITS WHERE IT IS ESSENTIAL TO DO SO.

Upon arriving at the patient's home ring the patient from your car and ask the following screening questions?

Have you (or any one you live with) any symptoms of a new continuous cough?

Or a high temperature of 37.8 degrees centigrade or higher? Have you had a swab taken for COVID-19?

YES

Patient or person(s) they live with has suspected symptoms of COVID-19 or has a positive diagnosis of COVID-19 and is an OPAT patient

The following PPE should be worn:

- Plastic Apron
- Gloves
- Fluidshield mask, including eye protection - either fitted or additional visor (if risk of contamination of eyes by splashes or droplets) – prescription glasses don not provide adequate protection.

Within a patients home any waste relating to COVID 19 should be placed in an orange bag and disposed of as infectious waste.

NO

Neither the patient nor anyone they live with has any symptoms of COVID-19 and is an OPAT patient

The following PPE should be worn:

- Plastic Apron
- Gloves
- Fluidshield mask, including eye protection - either fitted or additional visor (if risk of contamination of eyes by splashes or droplets) – prescription glasses do not provide adequate protection.

NB

Hand Washing is essential before and after all patient contact, or contact with their environment, removal of protective clothing and decontamination of equipment and the environment.

- Hands can be washed with soap and water or alcohol hand sanitiser can be used if hands are visibly clean. Where possible include washing from wrists to elbows.
- Rings (other than a plain, smooth band), wrist watches and wrist jewellery must not be worn by staff and staff must adhere to bare below elbows practice.

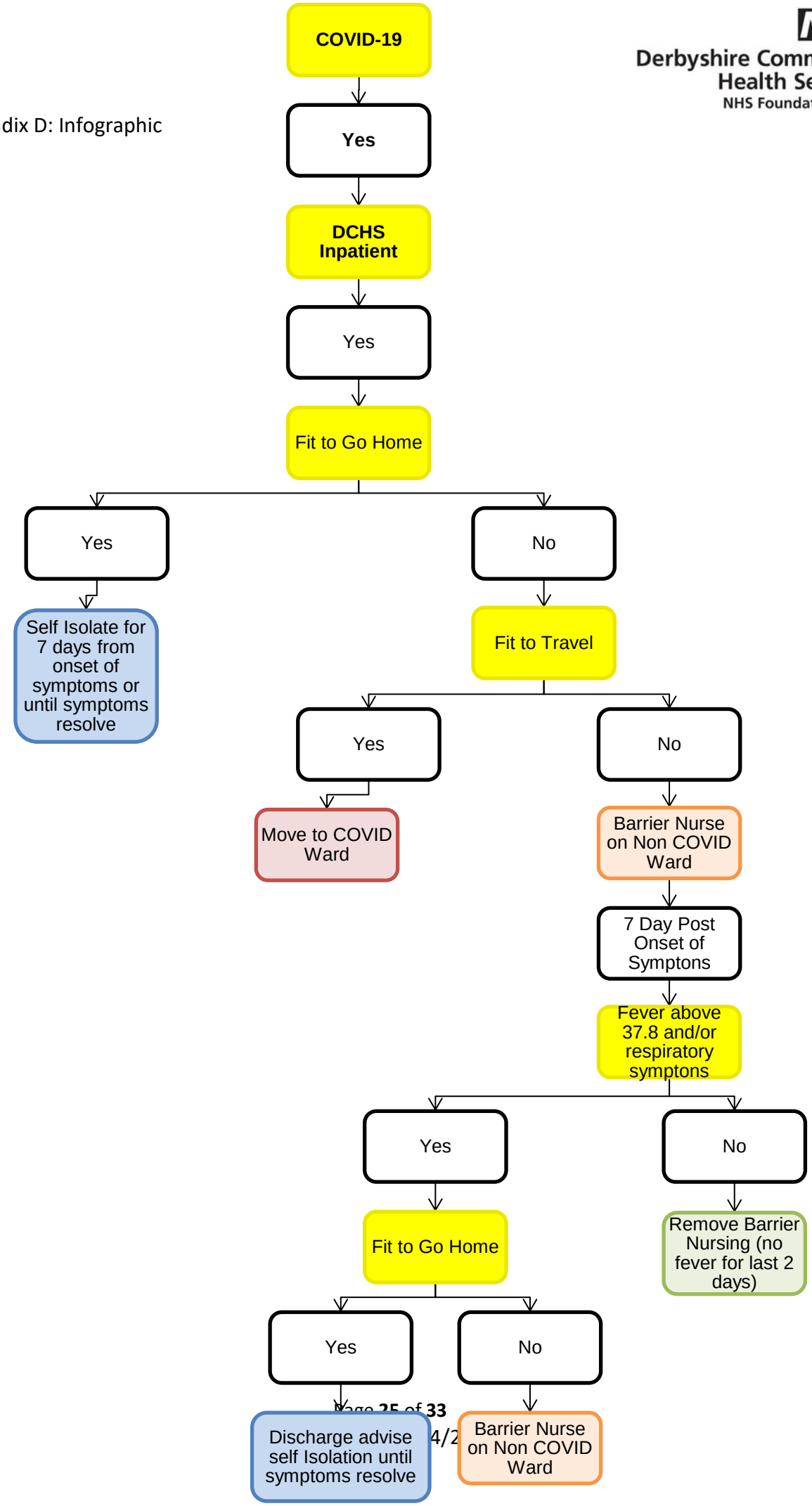
Uniforms should be laundered:

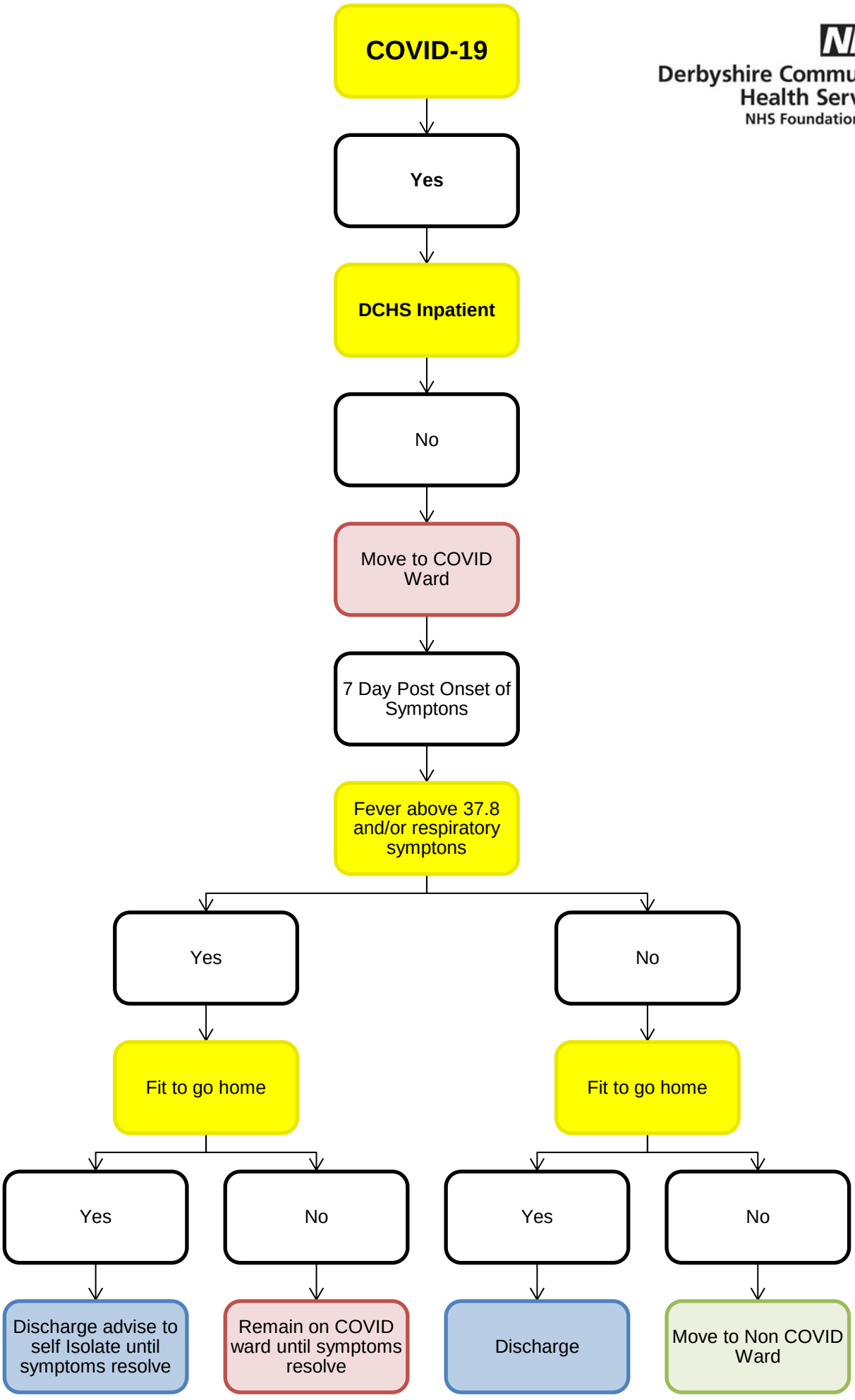
- Separately from other household linen, in a load not more than half the machine capacity
- At the maximum temperature the fabric can tolerate, then ironed or tumble dried.

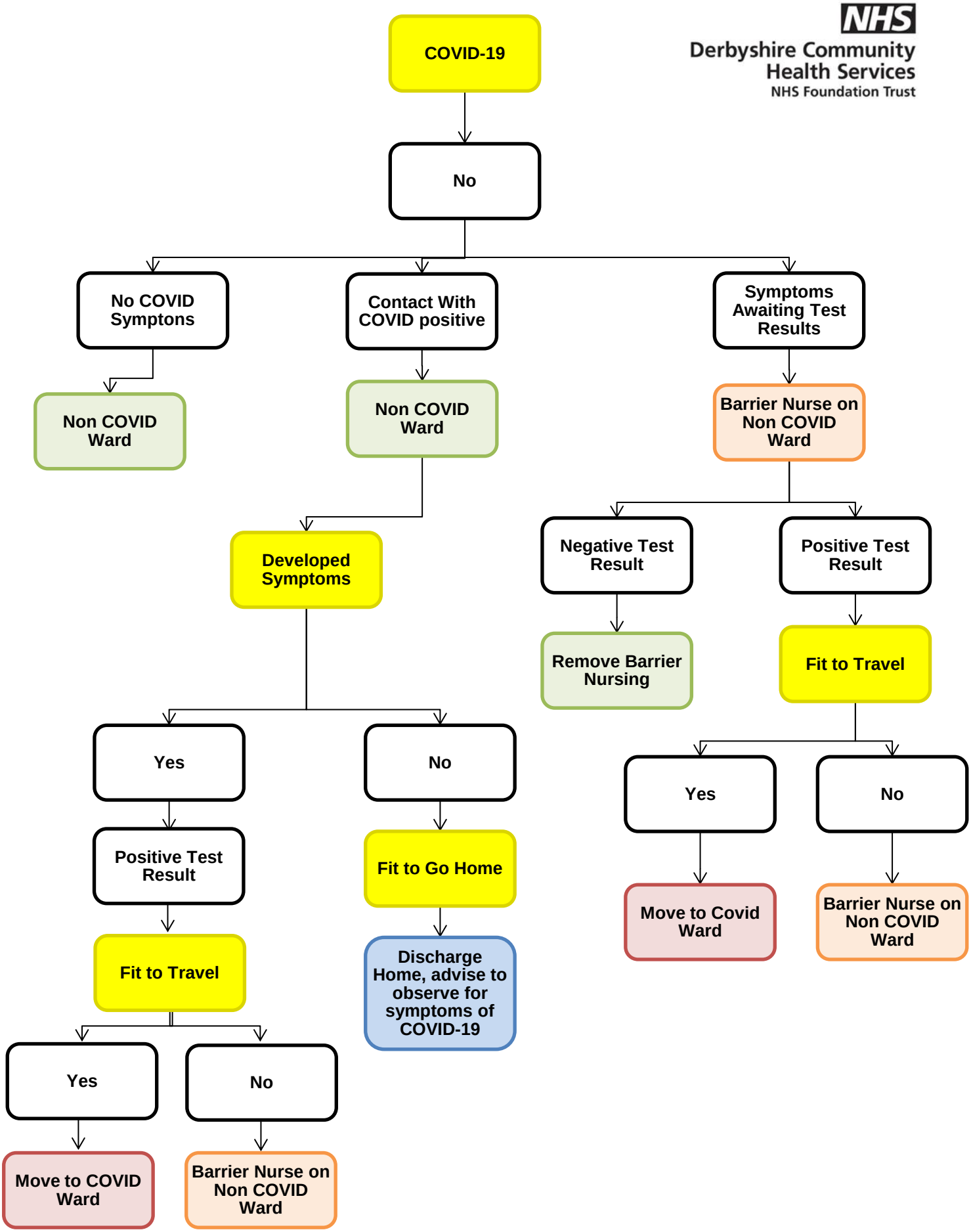
N.B it is best practice where applicable to change into and out of uniforms at work – if this is possible then uniforms should be transported home in a disposable plastic bag for laundering. The bag should be disposed of into normal household waste.

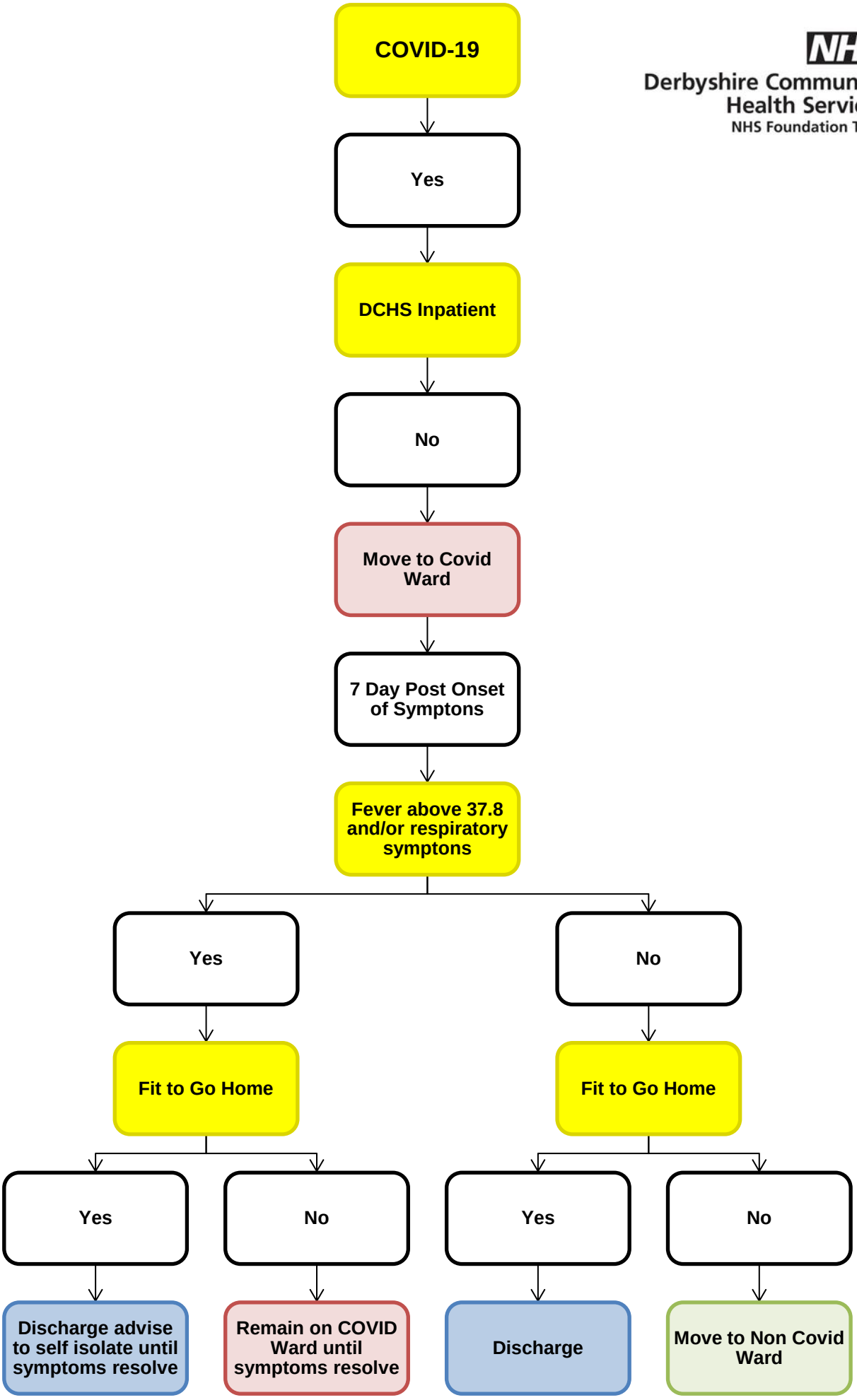
Derbyshire Community Health Services
NHS Foundation Trust

Appendix D: Infographic




COVID-19
Yes
DCHS Inpatient
No
Move to COVID Ward
7 Day Post Onset of Symptons
Fever above 37.8 and/or respiratory symptons
Yes
No
Fit to go home
Fit to go home
Yes
No
Yes
No
Discharge advise to self Isolate until symptoms resolve
Remain on COVID ward until symptoms resolve
Discharge
Move to Non COVID Ward


COVID-19
No
No COVID Symptons
Non COVID Ward
Contact With COVID positive
Non COVID Ward
Developed Symptoms
Yes
Positive Test Result
Fit to Travel
Yes
Move to COVID Ward
No
Barrier Nurse on Non COVID Ward
No
Fit to Go Home
Discharge Home, advise to observe for symptoms of COVID-19
Symptoms Awaiting Test Results
Barrier Nurse on Non COVID Ward
Negative Test Result
Remove Barrier Nursing
Positive Test Result
Fit to Travel
Yes
Move to Covid Ward
No
Barrier Nurse on Non COVID Ward


COVID-19
Yes
DCHS Inpatient
No
Move to Covid Ward
7 Day Post Onset of Symptons
Fever above 37.8 and/or respiratory symptons
Yes
No
Fit to Go Home
Fit to Go Home
Yes
No
Yes
No
Discharge advise to self isolate until symptoms resolve
Remain on COVID Ward until symptoms resolve
Discharge
Move to Non Covid Ward

Appendix E

DERBYSHIRE BLOOD BIKES

Urgent call number:

07500 970652

24/7 COURIER SERVICE **BY VOLUNTEERS**

FOR URGENT NEEDS **FREE OF CHARGE**

Could your next journey save a life? Ours could!

Volunteers provide their service FREE of charge to many parts of the NHS in Derbyshire.

Collect within an hour, sooner if VERY urgent, or at a time that is convenient.

RIDERS ASSISTING THE MEDICAL SERVICES
BLOOD BIKES
DERBYSHIRE

If you have any questions, please call: **07961 531434**

www.derbyshirebloodbikes.org

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

NHS
Chesterfield Royal Hospital
NHS Foundation Trust

Nationwide Association of Blood Bikes

Appendix F: Room / Area Closure Signage

OUT OF USE

Please note that this room is temporary out of service and requires terminal cleaning.

Please remember to wear appropriate PPE.

Appendix G: Resus Council Adult Life Support Advanced Life Support for COVID-19 Patients Flow Chart

Adult_ALS-COVID-19 (2).pdf

Appendix H: Coroners Flow Chart on Management of Suspected/Confirmed COVID-19 Deceased

Coroners flow chart on managmeent of C

Appendix I: Leaflet Keeping Everyone Safe

Coronavirus Keeping everyone safe (9).pdf

Appendix J: Advice for Patients who are Self-Isolating

Advise the patient, the parent/guardian or caregiver, as appropriate, of the following requirements:

1. Stay at home.

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transport or taxis until you have been told that is safe to do so. You will need to ask for help if you require groceries, other shopping or medications.

2. Separate yourself from other people in your home.

As far as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

3. Call ahead before visiting your doctor or other Health Care Professional.

All medical appointments should be discussed in advance with your designated medical contact, using the number that has been provided to you. This is so the Surgery or hospital can take steps to keep other people from getting infected if the appointment goes ahead.

4. Cover your coughs and sneezes.

Cover your mouth and nose with a disposable tissue when you cough or sneeze. Carers of young children undergoing testing for Covid-19 should use disposable tissues to wipe away any mucous or phlegm after a child has sneezed or coughed. Throw used tissues in a rubbish bin containing a rubbish bag, which is then tied and disposed of in a wheelie bin. Immediately wash your hands with soap and water for at least 20 seconds after disposal.

5. Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. The same applies to those caring for a child that is being tested for Covid-19. You can use an alcohol-based hand sanitiser if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

6. Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home when you have used them (or after your child has used them, if the patient is a child). After using these items, you should wash them in an appropriate receptacle i.e. dishwasher / washing machine or thoroughly with soap and water.

7. Monitor your symptoms (or your child's symptoms, as appropriate)

Seek prompt medical attention if your illness is worsening e.g. new difficulty breathing, or if your child's symptoms are worsening. If it's not an emergency, you should call your designated medical contact point using the number that has been provided to you. If it is an emergency and you need to call an ambulance, inform the call handler that you/your child are being tested for Covid-19.

8. Do not have visitors in your home

Only those who usually live in your home should be allowed to stay. Do not invite or allow visitors to enter. If you think there is an essential need for someone to visit, then discuss it with your designated medical contact first.

Appendix K: Advice for other members of the household

1. Stay at home.
   You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transport or taxis until you have been told that is safe to do so. You will need to ask for help if you require groceries, other shopping or medications.

2. Wash your hands frequently.

Wash your hands often and thoroughly with soap and water for at least 20 seconds.

3. Do not invite visitors into the home.

Do not invite or allow visitors (such as friends and extended family) to enter.

4. Avoid sharing household items.

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a person who is undergoing testing for Covid-19 until they have been cleaned thoroughly.

5. Toileting and bathing

- If possible, the person with suspected Covid-19 should have their own dedicated toilet and bathroom.
- If they cannot have their own toilet and/or bathroom, regular cleaning will be required (see below), ideally each time the toilet or bathroom is used.

6. Household cleaning

- Clean all “high-touch” surfaces, such as counters, table tops, doorknobs, bathroom fixtures, toilets and toilet handles, phones, keyboards, tablets, and bedside tables, every day with household cleaners that are active against viruses and bacteria. Follow the instructions of the label and check they can be used on the surface being cleaned. Also, use kitchen towel to remove any blood, visible body fluids and/or secretions or excretions before cleaning surfaces.
- If you do not have a suitable household cleaner, you can use a bleach solution to clean surfaces. To make a bleach solution at home, add 1 tablespoon of household bleach to each one litre of water to be used for cleaning.

7. Laundry

Where possible the patient’s laundry should be collected in a plastic bag and washed separately. Wear disposable gloves when handling soiled materials if possible, and wash the items with laundry detergent in a washing machine at 60 degrees centigrade for at least 90 minutes. Do not take laundry to a laundrette.