

Covid-Secure Policy

Procedure for Enhanced Infection Control in Response to COVID-19

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Dated: 6 August 2020.

Version 1.3

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Introduction

Although Hampshire Health does not provide acute patient care services, or care to patients with COVID-19, the clinic does have a vulnerable cohort of patients visiting on a regular basis. It is therefore of huge importance that we maintain an environments that is clinically safe as possible, and one which facilitates visitors feeling confident about visiting the clinic.

Although every effort will be made to screen out visitors to the clinic who have active symptoms, prior to attendance at the clinic, it has to be assumed that amongst the asymptomatic visitors to the building there will be individuals who are infectious.

Our approach to maintaining COVID-19 Secure is based upon the use of;

- social distancing,
- optimal hand hygiene,
- frequent surface decontamination,
- and adequate ventilation.

Social distancing can best be maintained through both administrative means, endeavouring to balance the scheduling of appointments and hence the numbers of patients visiting at any one time, along with the adherence to good social distancing practice once within the building. UK Guidance stipulates that distancing of 2 metres is considered standard practice in all health and care settings.

Hand sanitiser is available to all on entering the clinic, and is provided in all the consulting rooms.

The necessary equipment to wipe down with a virucidal cleaner between consultations is provided in all rooms.

Our staff will ensure regular wiping down of all contact surfaces in transit and communal areas.

Where possible, with the caveat of maintaining privacy and an adequate ambient temperature, doors and windows will be maintained in the open position.

General Measures

Social Distance: Distancing of 2 metres is considered standard practice in all health and care settings. 2 metres distances should be observed in all communal and transit areas and within consulting rooms when not engaging in a clinical procedure or examination.

A one way system is in operation with visitors entering via the reception entrance at the rear of the building and leaving by the front door, returning to the car park around the outside of the building. Floor arrows are in place to guide visitors.

Clean down: Clinical rooms will be cleaned down after/before each clinician's clinic. The waiting area, and transit areas, will have contact surfaces wiped down on a regular basis dependent on the frequency of visitors, with a minimum of two hourly when there are visitors in the building. Lavatory contact surfaces will be wiped down hourly.

Cleaning of frequently touched surfaces will be undertaken multiple times per day, including for example:

- Surfaces such as medical equipment,
- Door and toilet handles,
- Touch points in public areas such as handrails.

Electronic equipment, including telephones and keyboards (where these are used by more than one person), will be decontaminated regularly with a virucidal.

POS keypads will be cleaned down after each use.

Doors in transit and communal areas will be maintained in the open position wherever possible, unless to maintain confidentiality.

Windows will be maintained open, wherever possible, to increase ventilation.

A full clean down of contact surfaces, will be undertaken at the end of each day.

Wearing of PPE: Patients/visitors to the building are requested to wear face coverings whilst in communal areas, transit areas, reception, and the waiting room.

Staff and clinicians should undertake their own dynamic risk assessment as to the need for a face covering when moving through communal areas, and the waiting room.

It will be the responsibility of the clinician to determine what PPE is appropriate, within the consulting room, during a consultation.

Members of staff are not required to wear masks in offices and non-patient areas, where it is possible to maintain appropriate social distancing.

Hand Washing: Patients will be requested to sanitise their hands on entry to the building.

There are facilities to wash hands in each of the consulting rooms and hand sanitiser will be provided in each room, for general use.

It is the responsibility of the clinician to determine what PPE they will wear during a consultation or whilst undertaking any procedures.

Face visors, masks and gloves are available where required.

Management of Communal Areas used by Visitors

Toilet Facilities: There is a separate staff and public lavatory. Patients will be requested to avoid use of the toilet facilities wherever possible, and to identify to reception when the toilet has been used, to facilitate this being cleaned down at appropriate intervals.

Waiting Room: The number of seats has been reduced in the waiting room to facilitate social distancing.

Touched surfaces: Doors will be maintained in the open position where possible and frequently touched surfaces wiped down multiple times per day, minimum every 2 hours.

Managing Appointments

Duration and Scheduling: In order to comply with national guidance on consulting in the context of COVID-19 we recognise that it is important to use careful appointment planning to minimise waiting times, maintain social distancing in waiting areas and minimise infection control risks.

Appointments should be scheduled to allow a 5 minute interval between patients to allow for any necessary wipe down of clinical spaces and equipment, and to help simplify adherence to social distancing at cross-over points in the communal and transit areas of the clinic.

Many of the patients visiting the building are recognised as vulnerable, in the context of a SARS-COV-2 infection. It is therefore important both to be able to ensure their safety, but also to be able to reassure them of their safety, through visible infection control practices and avoiding any sense of crowding, through minimising the numbers of people in communal and transition areas of the building, at any one time. Timing and frequency of appointments will be important in achieving this.

Although the majority of clinicians using the building tend to schedule appointment intervals of 20 minutes, or longer, we believe the minimum appointment times, to allow balance in the building, and to minimise infection control risks, should be 15 minute intervals, also ensuring adequate time between patients for wipe down, change of any PPE, and to help ensure adequate ventilation/air change in consulting rooms.

Co-ordinating with other clinicians: To achieve and maintain COVID-secure, and for the above reasons, we would ask that clinicians consulting at HHL recognise the need to co-ordinate clinics, specifically the timing and frequency of visiting patients, to allow us to balance the overall visits to the clinic safely, and to ensure that your patients have a positive experience in visiting HHL.

Please would secretaries therefore liaise with our clinic manager, Tallulah with regard to intended appointment scheduling, in order that we may balance these schedules with other clinicians using the premises at the same time.

We will endeavour to co-ordinate appointment times for clinicians consulting at the same time, to avoid multiple appointment change-overs coinciding. For example, it would be helpful to avoid several clinicians, booking appointments on the hour, and half hour. We normally have a regular pattern of room bookings, with the same clinicians visiting on the same days. It is therefore hope that it will be practical to co-ordinate the staggering of appointment start times between clinicians.

If you have a patient who is recognised as particularly vulnerable, or has particular accessibility needs, please advise us in advance, in order that we are prepared to respond appropriately to their needs on arrival.

Visiting the Clinic

Pre-arrival Briefing:

Prior to their appointment, we suggest that patients should be sent confirmation of their appointment time, directions to Hampshire Health, information on car parking and details of COVID-secure arrangements within the building, for example, where to wait on arrival, entering the building, when to wear face coverings and other relevant information.

Pre-appointment screening: As part of the pre-arrival briefing, patients should be advised not to attend the clinic if they have, or have recently had any relevant symptoms, as per the national guidance on Covid-19, and the need to self-isolate. If they are uncertain about any relevant symptoms they should call and discuss these prior to visiting the clinic.

Arrival at the Clinic: Visitors will be asked to arrive, where possible, a maximum of 10-15 minutes before their appointment, and to wait in their car until requested to enter the clinic. To facilitate communication with those arriving, and waiting in the car park, it will be helpful to ensure that HHL reception has mobile phone numbers, and the registration number, or description of the vehicle, which will be used to travel to the clinic.

Where a patient is not confident, or there are accessibility issues, with regard to using a mobile telephone and SMS/text services, it will be helpful to establish this prior to the appointment, to anticipate the need for alternative communication means.

At present, visitors are being greeted at their vehicle and brought into the building when the clinician is ready to see them. As the weather deteriorates into autumn and winter we have the facility to SMS/text visitors in their vehicles, which will likely be preferable for clinicians and staff, rather than having to venture out into the car park regularly if the weather is inclement. For this reason it would be helpful to ensure that we are provided with visitors' mobile numbers prior to their attendance at the clinic.

Visitors to the building should be advised to bring a face covering, for use on entry to the building, in the waiting room and other communal and transit areas of the building.

Entering the Clinic: Use of the waiting room will be minimised as far as practicable, and restricted to those who have an appointment time within the next 5+ minutes, unless they have arrived on foot, or by public transport.

Prior to entering the building patients should be asked to confirm that they have not experienced any relevant COVID-19 symptoms, as set out in the current national guidance.

Patients will be asked to hand sanitise at the station provided in the entrance foyer.

A receptionist is available on entry, to provide any guidance required or answer any questions.

Face coverings will be available for those who have forgotten to bring their own.

Available seating in the waiting area has been reduced for the time being to facilitate social distancing. We would request that visitors should only sit in seats which have been designated as

available, and where possible sitting in seats further from the through thoroughfare into the building.

Wherever possible, visitors are requested to wait, prior to their appointment, in their car.

Patients should be unaccompanied in waiting areas except those under the age of 16, or where support is essential for mobility, accessibility, or specific emotional support needs. It is for the clinician to decide on the appropriateness of a patient being accompanied in the consulting room.

Patients and visitors are requested to avoid use of the lavatory wherever possible. If they do need to use the toilet, we would ask that this is indicated to reception afterwards to facilitate cleaning down at appropriate intervals.

Guidance for Clinicians Consulting at HHL

To assist us in maintaining a safe consulting environment, and to ensure that we maintain a robust system which allows us to continue to operate, in the event of local changes in infection rates (and any related special measures which arise as a consequence), we would be grateful for visiting clinicians support, through familiarising themselves with the COVID-Secure protocol for the clinic and ensuring this is disseminated to any administrative support.

In particular, ensuring that administrative support are aware of the briefing information for visitors to the building, along with the collection of pre-arrival information from visitors/patients, which will help our reception with the process of meet and greet, and the smooth and safe running of clinics.

Wearing of PPE: It will be left to the clinician to risk assess their need to wear a face mask when moving through communal areas of the building. Clinicians should have a face mask available and wear this when passing visitors/patients in the waiting area. If the waiting area is empty it is not necessary to wear a mask when passing through. The same applies to other patient and visitor accessible communal areas.

Within the consulting room it is for the clinician to risk assess what level of PPE is appropriate for the clinical setting. We would prefer that clinicians supply their own face masks, but masks are available if required.

Gloves – are available. Please ask reception for a box, if gloves are required and are not in the room on arrival (Due to difficulty in securing a reliable supply at present, we prefer to retain the supply centrally in order that we can monitor our stock).

Visors are available in each of the consulting rooms.

Aprons can also be made available if required.

Clean Down: All consulting rooms will be cleaned down between clinics. It is the responsibility of the clinician to wipe down contact surfaces in the consulting room between patients. Disposable wipes and >70% alcohol spray are provided for this purpose.

References:

NHS Guidance and standard operating procedures: General practice in the context of coronavirus (COVID-19) Version 3.3 (24 June 2020).