

## Covid-19 'Carrying Out Essential Care': Standard Operating Procedure

This document describes the standard operating procedure for all community teams to visit patients within their own home with suspected or diagnosed Covid-19. These patients may already be known to community teams and will continue to require essential care such as Clozapine blood tests or depot injections. Alternatively, they may be new patients referred to community teams for urgent assessment who may have a suspected or confirmed diagnosis of Covid-19 who are required to self-isolate.

This SOP includes consideration of the following processes:

1. Prior to the visit
2. Arrival at the property
3. Personalized Protective Equipment
4. Donning and doffing of PPE
5. Clinical Waste
6. Assessment
7. Closing off the visit
8. Documentation
9. Workforce

### 1. Prior to the visit

Establish the current position in regards to self-isolating; namely how long have they been self-isolating and if their condition has changed.

Make sure you have everything required for the visit including PPE equipment, decontaminating bags, chlorine releasing wipes.

Staff should telephone the patient prior to arrival to identify a suitable area for donning and doffing PPE equipment.

### 2. Arrival at the Home and maintaining a safe environment

If on arrival at the person's accommodation it becomes apparent that the patient's condition has deteriorated and/or requires immediate treatment or clinical assessment (outside the scope of the community team), the staff member should dial NHS 111 or 999 for conveyance to the Acute hospital informing them that the patient fits the case definition for possible Covid-19.

### 3. Personalized protective equipment (PPE)

The following PPE should be worn by any staff coming into direct contact with suspected or confirmed cases of Covid-19:

- long sleeved, fluid-repellent disposable gown
- gloves with long tight-fitting cuffs
- fluid resistant surgical masks
- Eye protection - risk assessment to be completed in relation to eye protection. This would be dependent on to patient's presentation, namely significant coughing.

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Staff are not to approach to within 2m of confirmed cases in the home without appropriate PPE. All staff will need to be familiar with how to correctly put on the listed equipment prior to entering and exiting the home.

In a clinical emergency, rapidly put on PPE equipment.

#### **4. Personal Protective Equipment**

##### **Putting on PPE (Donning)**

On arrival at the property, the community team should identify an area for donning and doffing PPE. Ideally this should be an area away from the patient (at least 2 metres) and near the property entrance (i.e. a hallway, porch or garage).

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

1. gown
2. fluid resistant surgical masks
3. eye protection
4. disposable gloves

During donning each item must be adjusted as required to ensure it fits correctly and interfaces well with other PPE items. (Consider use of a mirror for a visual check if a buddy is not present).

They should explain to the patient the reason for PPE .

A poster showing this process can be accessed on [SUSI Intranet](#)

##### **Removal of PPE (Doffing)**

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. If this is not possible, this therefore may require the staff member to remove the PPE equipment outside of the premises.

Gloves, gown and eye protection should be removed (in that order) and disposed of as clinical waste by double bagging in yellow clinical waste bags. After leaving the immediate area, the respirator can be removed and disposed of as clinical waste.

The order of removal of PPE should be;

1. peel off gloves and dispose in clinical waste
2. perform hand hygiene
2. remove gown by using a peeling motion, fold gown in on itself and place in clinical waste
3. remove goggles or visor only by the headband or sides and dispose in clinical waste
4. perform hand hygiene
5. Once you have left the isolation area remove respirator from behind and dispose in clinical waste

6. perform hand hygiene.

A poster showing this process can be accessed on [SUJS Intranet](#)

Full PHE guidance on PPE is available at:

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

#### **4. Clinical Waste**

All waste associated with possible or confirmed Covid-19, including PPE, is Category B infectious clinical waste and safe disposal is the responsibility of the community team and SPFT.

This means the PPE clinical waste needs to be 'double bagged' in in yellow infectious waste bags. On return to base, this will need to be disposed of by the usual way for the team via infectious waste.

#### **5. Decontamination**

Community teams should take as little as possible into the home and use as many single patient use items as possible. A chlorine-releasing wipe (mixed to 1000ppm) should be used to decontaminate the following items before the community team leaves the home:

- personalised equipment used i.e. stethoscope / blood pressure machine
- any other reusable item used during home visit
- The outside of the waste bin (Cloths used for decontamination should be placed in the waste bin prior to closure).

#### **6. Hand Hygiene**

This is essential before and after all patient contact, removal 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.

#### **7. Equipment**

Community teams should take only the minimum of equipment into the house. Ideally use single use equipment and dispose of as clinical waste.

If equipment is to be re-used, then it should be decontaminated after use with a chlorine-releasing wipes (mixed to 1000ppm) and according to the manufacturer's instructions before removal from the house.

#### **8. Assessment**

Only the staff member in PPE is able to touch and assess the patient. If support is required then they must also wear PPE if within a 2m range.

## **9. Closing the visit**

On completing your visit and prior to removing PPE, the staff member should ensure the patient understands their responsibilities for self-isolation, including respiratory and cough hygiene and avoiding contact with others until informed otherwise.

The patient should be advised to call NHS 111, should their condition change.

The patient should be asked to monitor their symptoms and seek prompt medical advice if their illness is worsening, or if anyone they are caring for has worsening symptoms. If it's not an emergency, they should call NHS 111.

If it is an emergency and they need to call an ambulance, they should be asked to inform the call handler that they are being tested for or have a confirmed diagnosis of Coronavirus (or are caring for someone being tested for Coronavirus, as appropriate).

## **9. Documentation**

The community team should continue to document as usual which includes putting an alert of Carenotes and complete an incident form.