

Workflow and risk management process specific to COVID-19

Revised 5th November 2020

Purpose

To protect service users (SUs) and staff from COVID-19 and to minimise the chances of virus transmission.

Response to the pandemic

In general, to have parity with other, similar health and social care services, i.e. outpatient departments in respect of clinics being run at one of our centres, and community-based services in respect of home visits made by field service engineers and clinical/technical staff. This means that at the present time, it is a case of business as usual with the precautions and instructions detailed hereunder. This document has been written with reference to the following government guidance:

<https://www.gov.uk/guidance/new-national-restrictions-from-5-november?priority-taxon=774cee22-d896-44c1-a611-e3109cce8eae> (accessed 3rd November 2020)

Appointments

- Virtual appointments should be utilised wherever this is appropriate and sufficient to meet the needs of the SU, and does not compromise their immediate safety or long term outcomes (see separate policy)
- Where a face to face appointment is deemed necessary, all SUs must be called before their booked appointment to establish if they are fit to be seen, following the flowchart at the end of this document
- These appointments should not go ahead if the SU is self-isolating, has symptoms, or has been diagnosed with COVID-19; the only exception to this rule is where the risks of not intervening outweigh those of staff attending the appointment (see section below)

- Wherever possible, staff should not enter the SU's residence, instead carrying out work outside or in their vehicle

- Where they would normally work within two metres of the SU, staff should find alternative means to make an intervention wherever possible; this might be to conduct the appointment by video call, to give instruction to the SU, their carer or family member, or to arrange to work on the equipment unoccupied

- Wherever possible, immediate clinical concerns should be addressed over the telephone or using a video call, taking into account:
 - the SU/their carer having sufficient digital literacy
 - maintaining confidentiality both by AJM staff and the SU and/or their representative

- Clinical lead or delegate to consider risks of AJM staff contact balanced with risks to the service user of not making an intervention, taking into account the following:
 - If equipment is broken, or if the SU is unsafe in their equipment, e.g. due to posture or transfers, meaning that the person is at risk of injury and/or there will be an increased demand on care services/risk of hospitalisation

 - Urgent pressure care issues where our intervention would make a significant difference to the person's care and/or prevent hospital admission; liaise with district/tissue viability nurse teams

 - Where provision would reduce the burden of care, i.e. reduce the need for care/familial visits, thereby reducing demand on care agencies and reducing the number of contacts made by the SU with other people (i.e. reduce risk of infection/transmission)

 - Safeguarding issue resolved or improved by equipment repair/provision

 - Palliative cases, where the person will make use of the equipment

 - Deteriorating conditions where there is risk of hospitalisation and/or risk of safety issues arising

Clinical vulnerability

- People aged over 60 or who are clinically vulnerable could be at higher risk of severe illness from coronavirus; they should:
 - be especially careful to follow the rules and minimise contact with others
 - wash their hands more frequently than usual
 - maintain thorough cleaning of frequently touched areas in their home/workplace

- Clinically vulnerable people are being advised by the government to adhere stringently to social distancing guidelines, which is likely to promote self-isolation; they are those who:
 - are aged 70 or over
 - are pregnant
 - have one of the following conditions
 - Chronic respiratory condition, e.g. chronic obstructive pulmonary disease (COPD)
 - Chronic heart, kidney or liver disease
 - Chronic neurological conditions, such as Parkinson's disease, motor neurone disease (MND), multiple sclerosis (MS), cerebral palsy
 - Diabetes
 - Weakened immune system
 - Seriously overweight (a body mass index (BMI) of 40 or above)

- Those who are deemed to be clinically extremely vulnerable (CEV):
 - are advised to work from home where possible; where this is not possible they can still go to work unless they have received a formal notification to the contrary
 - have no specific restriction on travel, although travel within or to/from an area in the Covid alert level *very high* are advised to stay at home as much as possible
 - should continue to access NHS services
 - will have a condition from the following list: solid organ transplant recipients, people with specific cancers, people with severe respiratory conditions, people with rare diseases which significantly increase the risk of infection, some people on immunosuppression therapies, women who are pregnant with significant heart disease, and others who have been classed as CEV

will have received formal notification from the government if they should be shielding

- <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
(accessed 3rd November 2020)

Personal protective equipment (PPE)

- Appropriate PPE should be used: face masks/gloves/aprons/alcohol gel/wipes /eye protection as per NHS and Public Health England guidance which is detailed with application to our services in the table at the end of this document
- Note that supply of PPE may be disrupted by prioritisation being given to acute hospitals, in which case an individual risk assessment should be carried out as to whether the appointment should be carried out, or if it can be carried out in another manner

Care homes, hospital wards and schools

- Respect and follow procedures upon entry; many settings are not allowing visitors or are doing so only on a strict basis
- Bear in mind that SUs in care homes or in hospital are in a safe, contained environment; they are typically at higher risk than the general public meaning that visitor numbers must be minimised

Clinical equipment

- All equipment used for assessment must be cleaned prior to use and after use with appropriate (minimum 70%) alcohol wipes or equivalent provided, OR use a cleaning solution of 10% Selgerie fluid to clean water sprayed over the wipe down surfaces of equipment, leaving this for 60 seconds and then wiping down with blue roll
- Where possible, equipment for handover that does not need clinical adjustment/set up should be delivered outside the SU's residence at an agreed time, i.e. without the AJM member of staff going inside or coming into close contact with anyone from the residence

- With emergency repairs, wherever possible, equipment should be collected from the service user's front door at an agreed time; the repair should be conducted outside and the equipment returned without personal contact

Covid-secure working

- Follow the government advice:
 - **Hands**
 - Wash your hands regularly and for at least 20 seconds each time, or use a hand sanitiser
 - Coronavirus can live for more than 24 hours on indoor surfaces
 - **Face**
 - Larger respiratory droplets can land on other people or on surfaces they touch, while smaller droplets, called aerosols, can stay in the air indoors for at least 5 minutes; face coverings reduce the dispersion of these droplets
 - Wear a face covering at all times when on site and not working at your desk
 - Use the relevant PPE when in clinic
 - **Space**
 - Transmission of the virus is most likely to happen within 2 metres, with risk increasing exponentially at shorter distances
- Observe site specific risk assessments and standard operating procedures which include measures such as:
 - Staggering staff breaks and times in the departments
 - Basing clinical staff with laptops at home after appointments and at other times, as appropriate, to write up clinical records, perform caseload management, carry out duty tasks, conduct project work

Further measures to be taken

- Avoid travelling across sites wherever possible; emergency stock transfers may still be made
- Ensure there is an adequate skill mix across sites to ensure tasks are completed

- Service operational managers to manage clinical risks and log decision making, in conjunction with clinical leads/managers
- All key staff (service manager/clinical lead/logistics lead/customer service lead) to have assigned deputies in case of absence
- Prioritise the following administration tasks:
 - Clinical appointments
 - Telephone work
 - Equipment orders/repairs
- Monitor cleaning contractors and ensure daily cleaning of departments is completed, with the inclusion of door handles and other 'touch points'
- Internal cleaning of vans daily, including the cab, using wipes and / or Selgerie 10% dilution fluid
- <https://www.hse.gov.uk/coronavirus/working-safely/index.htm> (accessed 3rd November 2020)
- <https://www.gov.uk/government/news/new-campaign-to-prevent-spread-of-coronavirus-indoors-this-winter> (accessed 3rd November 2020)

National advice

General information about the condition, including the main symptoms:

<https://www.nhs.uk/conditions/coronavirus-covid-19/> (reviewed 30th October 2020 and accessed 3rd November 2020)

Guidance specific to healthcare provision:

<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/> (updated 18th May 2020 and accessed 3rd November 2020)

Adult social care information:

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care> (published 19th March 2020 and accessed 3rd November 2020)

Public Health England resources:

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance> (updated 13th August 2020 and accessed 3rd November 2020)

Management of staff and exposed patients or residents in health and social care settings

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings> (updated 28th September 2020 and accessed 3rd November 2020)

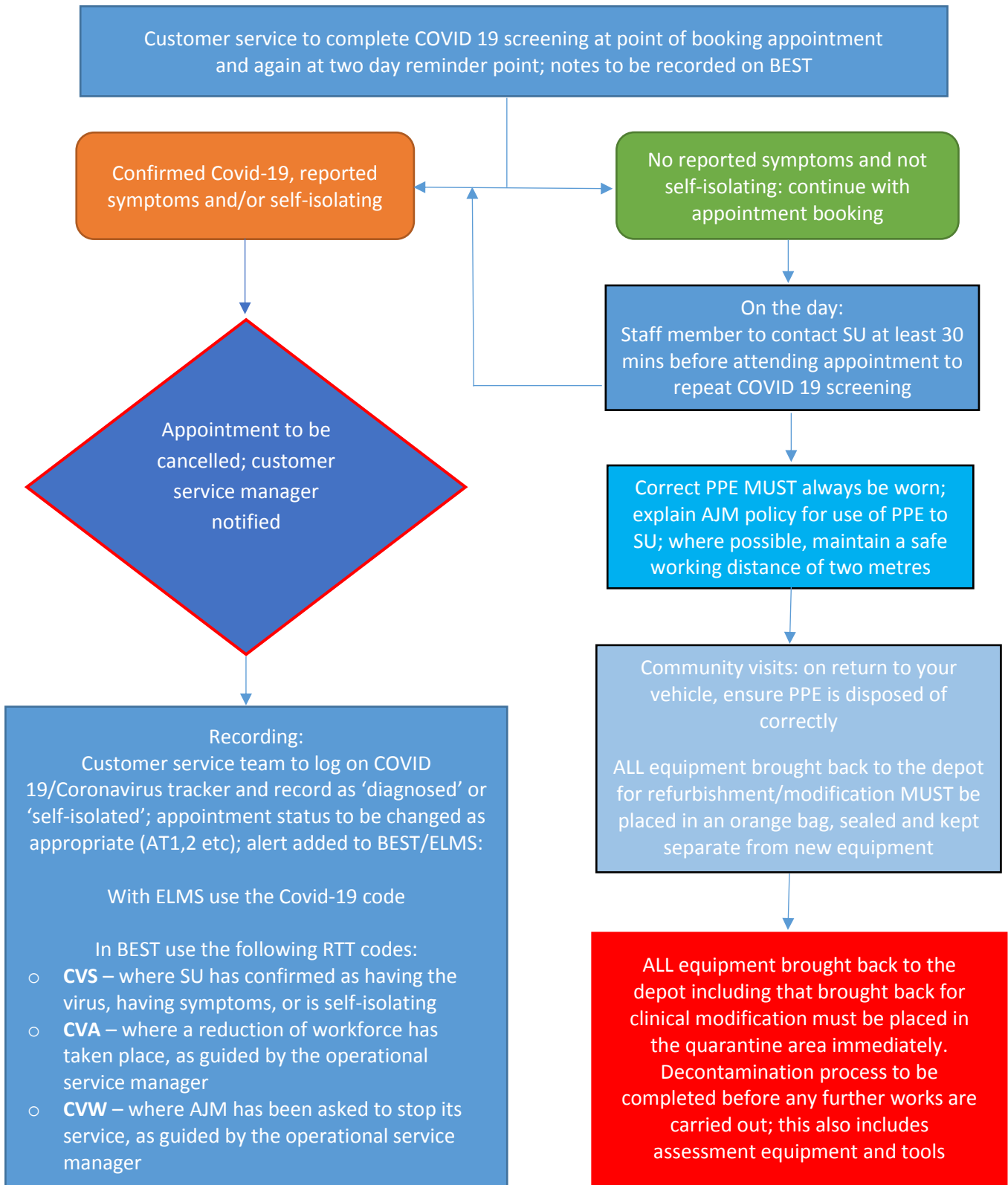
General guidance on PPE:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> (updated 20th October 2020 and accessed 3rd November 2020)

HCPC guidance on managing risk: infection prevention & control:

https://www.hcpc-uk.org/covid-19/advice/applying-our-standards/managing-risk/?dm_i=2NJF,110RR,78XC9M,3WVIC,1 (updated 3rd April 2020 and accessed 3rd November 2020)

APPOINTMENTS: COVID-19 PROCESS



Coronavirus (COVID-19) PPE Guidelines

| Context | Single use apron | Single use gloves | Fluid repellent surgical mask | Type III mask | Eye shielding | Filtering respirator |
|---|------------------|-------------------|-------------------------------|---------------|---------------|----------------------|
| Any activity undertaken whilst maintaining 2m distancing | ✗ | ✗ | ✓ | ✗ | ✗ | ✗ |
| Any activity undertaken within 2m of the SU | ✓ | ✓ | ✓ | ✗ | Risk assess | ✗ |
| Any activity where an aerosol generating procedure (AGP) is being carried out (e.g. non-invasive ventilation) | ✓ | ✓ | ✗ | ✓ | ✓ | ✓ |

Notes:

- ✓ Single use: seal in bag and leave 72 hours before disposal
- ✗ Not generally required but assess the risk; ultimately, where staff consider there is a risk to themselves or the individuals they are visiting, they need to assess the risk and upscale PPE where they feel appropriate, in consultation with their line manager
- Risk assess:** utilise PPE when there is an anticipated/likely risk of contamination with droplets of blood or bodily fluids, e.g. saliva, sputum, urine

Doorstep deliveries

- Staff should contact the service user or carer to ensure the item can be taken inside so that it is not just left unattended; staff should place items on the doorstep, knock and then move at least two meters from the threshold and before leaving wait for the door to be opened and the equipment accepted

Two person jobs

- If staff are not in two separate vehicles, a reusable mask must be worn by both while in the cab together as social distancing measures cannot be maintained