

**Health Service Executive**

**COVID-19 Community Assessment Hubs**

**Operational Model**

<b>Document Reference</b>	<b>Decision No</b>	<b>Document Developed by</b>	<b>JP Nolan / Dr Siobhán Ní Bhriain</b>
<b>Revision number</b>	<b>IMO Final Agreed Document</b>	<b>Document Approved By</b>	<b>Dr Colm Henry / Anne O Connor</b>
<b>Approval Date</b>	<b>8<sup>th</sup> April 2020</b>	<b>Responsibility for Implementation</b>	<b>ACMTs</b>
<b>Revision Date</b>	<b>8<sup>th</sup> April 2020</b>	<b>Responsibility for Review &amp; Audit</b>	<b>JP Nolan</b>

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# 1. COVID-19 Community Assessment Hubs

## 1.1 Purpose & Background

The purpose of this document is to outline the operational principles and management of COVID-19 Assessment Hubs.

Ireland has now moved from containment to delay transmission phase. The clinical focus is currently to limit and slow down the spread of the virus through the community to reduce the surge of people requiring healthcare services. The clinical management of patients with mild symptoms of COVID-19 has now shifted from hospital to home settings.

## 1.2 Scope

This document includes in its scope all HSE Employees and communication/partnership with GP stakeholders in the planning, delivery and evaluation of the HSE COVID-19 Assessment Hubs (“the Hubs”) throughout the country. The operational model is publicly available as part of the HSE system wide COVID-19 Model of Care. Please also refer to;

1. HSE COVID-19 Model of Care
2. HSE Operating Model for Community Isolation Units
3. HSE Operating Model for COVID-19 Intermediate Care

The aim of this document is to describe the care pathways available for those with diagnosed COVID-19 who are currently living at home (self-isolating) and require an in person clinical assessment.

The outcome of the assessment will inform clinical decisions regarding the most appropriate level of care for each patient in the most appropriate environment. Consequently, this will not be a unidirectional, single pathway.

While the individual patient’s pathway direction will primarily be influenced by the patient’s clinical condition, their environment and the psychosocial circumstances of individual patients and their immediate carers will be strong influencing factors in the decisions regarding their care – particularly the socially vulnerable.

The potential onward pathways following patient assessment in a Community Assessment Hub include the preferred option - return home with support and advice, placement in a Community Isolation Unit, or transfer to an Acute Hospital.

## 1.3 Principles

The operating principles of Hubs are;

- Provision of a timely community based acute clinical assessment for COVID-19 positive patients (presumptive and confirmed) in their own geographical area.
- Optimise patient outcome from COVID-19.
- Consistency of methodology to define the most appropriate care environment for patients within Hubs nationwide.
- Maximise the number of patients with the COVID-19 virus who can self-care at home through the provision of clinical input, advice and supports.
- Minimise any inappropriate utilisation of Acute Hospital capacity (attendance and admission avoidance).
- Minimise the risk of community transmission of COVID-19.
- Onward referral based on individual needs to a Community Isolation Unit for those who are unable to self-isolate in their own home.
- Expedient transfer of patients requiring Acute Hospital treatment.

## 1.4 Governance

Hubs will operate under the governance of HSE Community Operations. A service manager from within the CHO, where the Assessment Hub is located, will have operational responsibility for the provision of the service and management of the HSE staff.

At national level, system wide clinical governance and oversight will be provided by the office of the HSE Chief Clinical Officer. At Community Assessment Hub level, clinical governance and oversight will be provided by the General Practitioner.

## 1.5 Facility Minimum Requirements

Hubs should be located in HSE sites currently used for GP or other clinical primary care services insofar as possible, moving or postponing non-essential services as required. In exceptional circumstances where this is not possible a site may be repurposed. The equipment requirements for the approved first cohort of Hubs (listed at Appendix 1) are being scoped centrally by HSE Community Operations in consultation with Area Crisis Management Teams (ACMTs). A framework to assist ACMT's consideration of equipment requirements is at Appendix 2. Equipment requirements will vary given the current use of the individual site and this is attached as a guide only.

With regards to the scale and capacity of service a five consultation room minimum should be considered. The facility should have a separate entrance to any non-COVID-19 services. There should be adequate reception, waiting and toilet facilities. There should be adequate toilet and rest facilities for staff – including a clean zone for staff rest and breaks. These specifications in effect mean that Primary Care Centre sites, or similar, are the preferred option.

## 1.6 Staffing Requirements - Initial Workforce Calculation for Community Hubs

This workforce calculation is based on staffing Community Hubs for 12 hours per day, with work commencing from 08:00 – 20:00 and appointments commencing from 08:30 to 19:30, with the last appointment at 19:00 and GPs on site from 08:00 - 20:00, seven days per week. The calculation is based on a WTE formula of (hours to be staffed / working week @ 37 hours + 0.25WTE leave & absence adjustment) where a day is staffed in 2 overlapping shifts.

For each roster line this equals;

[Staffing requirement 8am to 8pm x 7 days a week = 12 (12 hour day in 2 overlapping shifts) x7 (days per week) = 84 hrs/37wk = 2.27 +0.25 (sickness/leave adjustment) =2.52 round up to 2.6]

The above indicates for each roster line, to operate appointments 08:00 – 20:00 a minimum of 2.52 WTEs are needed. Considering the current climate, it is proposed to adjust up to 2.6 to allow for increased COVID-19 related absence rates. This is an example and shifts of any duration (4, 8 and 12 hours may be utilised). Recognising the differing patient and staff requirements in large urban areas, and more rural settings, a level of flexibility regarding shift durations and appointment times will be required at local level within this nationally agreed framework to maximise the deployment of our resource.

A scalable model requires at a minimum, per hub, 2 doctors per session at all times (one of whom will be a GP and the other will be a GP trainee and at all times the ratio of 1 experienced GP to 1 GP trainee will be maintained) and four other healthcare professionals on duty:

- 5.2 WTE Doctors (2.6 WTE GPs & 2.6 WTE GP Trainees)
- 7.8 WTE Healthcare Professionals (e.g. Nurse, Physiotherapist, Paramedic)
- 5.2 Clerical WTEs (assuming two per shift)
- 2.6 Domestic Staff WTEs (assuming one per shift)

With a national target of increasing to 40 Hubs this equals;

- 208 WTE doctors (104 WTE GPs and 104 WTE GP Trainees)
- 312 WTE Healthcare Professionals
- 208 Clerical WTEs
- 104 Domestic Staff WTEs

ACMTs should in the first instance seek to staff their Hubs using the model above with two GPs (one of whom will be a GP and the other will be a GP trainee) and one nurse supported by a mix of Healthcare Professionals as available including Physiotherapists, Paramedics and Health Care Assistants. Advanced Nurse Practitioners should be considered where available.

- GPs staffing Hubs will be on a voluntary basis.
- GPs who are also covering District Medical Officer positions for District Hospital or Long Stay Units may be requested to participate in the assessment hubs on a voluntary basis.
- No GP over 60 will be assigned to work in a Hub.
- GP trainees will not be the sole clinician in the hub at any time and a qualified and experienced GP will be present with the rostered GP trainees.
- Staffing shortfalls will be assessed nationally by HSE Community Operations, in liaison with ACMT's and will be linked to initiatives to identify available staff across and outside the system that can be deployed to the Hubs.
- Staff returning from retirement will not be assigned to work in the Hubs.
- As GP trainees are HSE employees, the current redeployment criteria and protections will apply.

## 2. COVID-19 Assessment Hub Patient Pathway

### 2.1 Entry Referral Pathway

*Please be aware that referrals to this service will be entering an area with COVID-19 positive patients and associated high-risk environment.*

Referrals should only be made following completion of the standard telephone assessment of COVID-19 positive or presumptive positive patients. The aim of the standard assessment is to ensure the maximum clinical value can be added by the Hubs for the largest number possible of COVID-19 positive or presumptive positive patients. The Hubs are for the assessment of those patients who are confirmed COVID-19 positive and those who have a presumptive diagnosis, based on current case definition and a high index of clinical suspicion. It is available for this cohort of patients for both their COVID-19 related symptoms and symptoms related to other morbidities. The standard telephone assessment will be completed by the patient's GP. As matters evolve, it may be necessary to allow referral by HSE telehealth, as the HSE telehealth becomes available and depending on the level of referrals that may be required. Referrals to Assessment Hubs will be accepted from the Out of Hours setting on Saturday and Sunday, and a process established to enable email referrals to the Hubs. The completed standard telephone assessment will ensure the minimum data set, reason for referral and ability of the patient to attend are confirmed and communicated. The minimum data set is;

1. Patient Name
2. Patient Address
3. Patient Date of birth
4. Patient Telephone Number
5. GP Name
6. GP Address
7. GP Telephone Number
8. Confirmation of date of positive COVID-19 test / diagnosis (*where available*)
9. Patient was alert with capacity for assessment Y/N
10. Presenting complaint on telephone assessment / risk factors
11. Specify if presenting complaint is COVID-19 related respiratory problem
12. Home oxygen use Y/N
13. Confirmation patient can attend a Hub

### 2.2 Referral Management

*Refer to **Appendix 4** for HSE Criteria for Patient Referral to Community Assessment Hubs*

When a referral is received in the Hub, it will be acknowledged to the referrer and patients generally will be phoned to arrange their appointment. Appointments will be of 20 minutes duration (allowing for PPE).

The service is designed to accept referrals and to issue appointments within 24 hours, however, 48 hours has been defined as the maximum pre-booking period for safety reasons. Incomplete referrals will be declined. A copy of the assessment outcome will be provided to the patient for the information of their next point of care and/or their own GP.

## 2.3 Clinical Assessment & Management

Clinical staff must be trained and know how to follow best infection prevention and control practice including how to minimise their exposure, how and when to perform hand hygiene and how and when to use appropriate personal protective equipment (PPE) before taking up post in a Hub. Regional training will be provided and will be coordinated by Community Operations and ONMSD in liaison with ACMTs. All clinical staff will require training and on-going supervision in doffing/donning PPE upon arrival at HUB, This is crucial to keep clinicians healthy. (Video advice by Prof Cormican/Dr Nuala O'Connor will be available in support of this process <https://youtu.be/4l7qvh5p80> )

Clinical assessment of adults includes calculation of INEWS scoring and clinical review appropriate to the presenting complaint e.g. respiratory. Professional judgement will be the basis of onward patient pathway, and in line with the HSE COVID-19 Pathway of Care the decision can be supported by any or a combination of the following:

- Adults with **INEWS score of  $\geq 3$**  with particular focus on respiratory rate and oxygen saturation (see Table 1) may require hospital treatment.
- Clinical judgement and patient history.
- Unsuitable home environment / no home.

**Table 1. INEWS Score Card example for use in recognising and knowing when to respond to deterioration**

Irish National Early Warning System (INEWS) Scoring Key for use in the Community with Covid19 (March 2020)									
Score	3	2	1	0	1	2	3	Observation:	Parameter score:
Respiratory Rate (bpm)	$\leq 8$		9-11	12 – 20		21 - 24	$\geq 25$		
SpO2 (%)	$\leq 91$	92 - 93	94 - 95	$\geq 96$					
Inspired O2 (FiO2)				Air			Any O2		
Systolic BP (mmHg)	$\leq 90$	91 - 100	101 - 110	111 - 249	$\geq 250$				
HR (BPM)		$\leq 40$	41 - 50	51 - 90	91 – 110	111 - 130	$\geq 131$		
ACVPU/CNS Response				A (Alert)			New confusion (C), Voice (V), Pain (P), Unresponsive (U)		
Temp. (*C)	$\leq 35.0$		35.1 – 36.0	36.1 – 38.0	38.1 – 39.0	$\geq 39.1$			
<i>Patients with an INEWS score of <math>&lt; 3</math> may be suitable to be cared for at home or in the Community.</i>								<b>Total INEWS Score</b>	

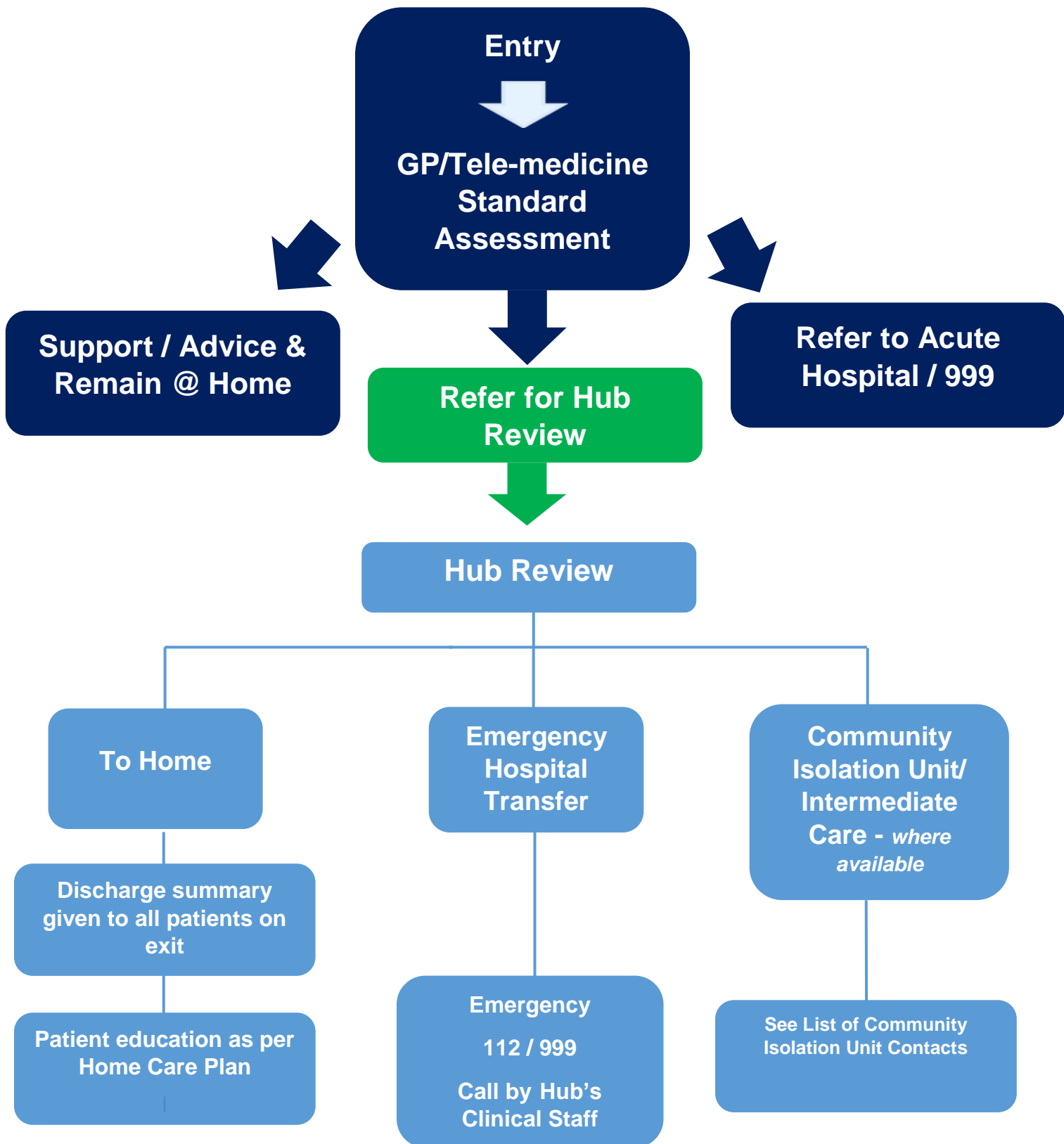
**NB – An EWS calculation is not required for children. As stated earlier, referrals of children while considered should be minimal.**

### **Patient Flow from Arrival to Discharge**

- On arrival, the patient is received at the reception area and registration procedure completed.
- Patient is brought to a sterile room for nurse/healthcare professional observation, medical history/ blood pressure etc.
- Nurse/healthcare professional briefs GP who then undertakes the physical examination and clinical assessment.
- GP advises the nurse/healthcare professional regarding the course of action and referral.
- The administration process in the Hub will arrange for the referral home, hospital or alternative location as appropriate.
- Message on outcome of clinical assessment and referral sent back to referring GP.



## 2.4 Hub Pathway





# COVID-19 Community Hub Assessment



## Hub Criteria

Patient should have a confirmed positive test or a presumptive positive test for COVID -19 (see patient referral and ensure standard telephone assessment details are attached to this form)

Irish National Early Warning System (INEWS) Scoring Key for use in the Community with Covid19 (March 2020)

Score	3	2	1	0	1	2	3	Observation:	Parameter score:
Respiratory Rate (bpm)	≤8		9-11	12 – 20		21 - 24	≥25		
SpO2 (%)	≤91	92 - 93	94 - 95	≥96					
Inspired O2 (FiO2)				Air			Any O2		
Systolic BP (mmHg)	≤90	91 - 100	101 - 110	111 - 249	≥250				
HR (BPM)		≤40	41 - 50	51 - 90	91 – 110	111 - 130	≥131		
ACVPU/CNS Response				A (Alert)			New confusion (C), Voice (V), Pain (P), Unresponsive (U)		
Temp. (*C)	≤35.0		35.1 – 36.0	36.1 – 38.0	38.1 – 39.0	≥39.1			
<p><i>Patients with an INEWS score of &lt; 3 may be suitable to be cared for at home or in the Community.</i></p>								Total INEWS Score	

### Decision Support:

- Stable patient with INEWS score of less than 3
- Suitable home and psychosocial circumstance (note any caring responsibilities, homelessness etc.)
- Clinical judgement (note any risk factors note accounted for in INEWS score)

### Home Environment

- Home Available  Yes  No *If no, consider transfer to community isolation unit*
- Self or supported care  Yes  No *If no, consider transfer to community isolation unit.*
- COVID care monitoring / support established (public health /GP)
- Pre-agreed criteria for the cessation of isolation explained.
- Pre-agreed conditions for the self-isolation of household contacts explained.
- Patient / Caregiver provided with education on home care.



# COVID-19 Community Assessment Hub



## Patient Details:

Attach Patient Addressograph Label

Patient Name :

Date of Birth:

Healthcare Record No.:

Address / Phone

## List Allergies

## Clinical findings / Additional

## Plan:

Name:

Title:

Signature

Date:

Time:

## **3. Communication & Training**

### **3.1 Communication & Dissemination**

This operating model will be disseminated to relevant stakeholders to include HSE stakeholders (ACMTs, CHOs etc) GPs / ICGP and the Department of Health.

### **3.2 Staff Skill Development & Training**

The ONMSD, NMPDU's and CNME's with the National Community Operations QPS team have developed a training programme to meet the needs of staff working in the Hubs. A training plan has been developed, consisting of three levels of training; fundamental, intermediate and advanced training, based on skill mix to ensure staff have the required competencies and capabilities to provide safe care to COVID-19 patients.

A training analysis has been completed based on the model of care for Hubs outlined in this document. Training is provided in accordance with professional development plans and linked to the skills required in this service area.

Staff training records should be maintained by line managers. Social distancing will be upheld when all training is delivered. Training will be delivered using blended methods. HSELand training will be available to all staff.

## Appendix 1 – Hub Locations

Below is a list of proposed Hub sites, these are subject to change in response to the epidemic trend and operational factors. Please refer to the online version of this document for current information. Hubs will be phased into operation, the first intended group being in Phase 1.

CHO	Site Name and Address	Phase
1	Community Inclusion Hub, Kilmacrennan Road, Letterkenny Co. Donegal	Phase 1
1	Ballytivnan Training Centre portacabins, Clarion Road, Co. Sligo	Phase 2
1	Ballinagh Health Centre, Ballinagh, Co. Cavan	Phase 2
1	Crannog Day Care Centre, Bree, Castleblaney, Co, Monaghan	Phase 2
2	Unit 3, Merlin Park University Hospital, Dublin Road, Galway	Phase 1
2	County Clinic, Westport Road, Castlebar, Co. Mayo	Phase 2
3	Southhill Health Centre, 291A Donough O'Malley Park, Limerick	Phase 1
3	Shannon Health Centre, Town Centre, Shannon, Co. Clare	Phase 2
3	Cre House, Roscrea Primary Care Centre, Grange, Templemore Road, Roscrea, Co. Tipperary	Phase 2
4	St Mary's Health Campus, Baker's Road, Gurrabraher, Cork	Phase 1
4	Bantry Primary Care Centre, HSE Assessment Hub, Droumleigh South, Bantry, Co. Cork	Phase 3
4	Ballincollig Primary Care Centre, HSE Assessment Hub, Old Fort Road, Ballincollig, Cork	Phase 2
4	HSE Assessment Hub, Gilbert Centre, Mallow Community Campus, Fair Street, Co. Cork	Phase 3
4	Castleisland Primary Care Centre, Kealgorm House, Limerick Road, Castleisland, Co. Kerry, V92 AY88	Phase 2

5	Kilcreene Hospital, Kilcreene, Kilkenny	Phase 1
5	District Hospital, Athy Road, Carlow	TBC
5	Unit 3, University Hospital Waterford, Dunmore Road,	TBC
5	Wexford General Hospital, Newtown Road, Carricklawn, Wexford (modular)	Phase 1
5	Cahir Primary Care Centre, Rosemount Close, Barnora, Cashel Road, Cahir, Co. Tipperary	TBC
6	Old Ambulance Base, Glenside Road , Wicklow District Hospital, Colley Street, Co. Wicklow	Phase 1
6	Cabinteeley Health Centre, Meadow Vale, Blackrock, Co. Dublin	Phase 2
6	Gate Lodge, Clonskeagh, Clonskeagh Hospital, Clonskeagh Road, Dublin 6	Phase 2
7	Steeple House Primary Care Centre, Thornfield Square, Clondalkin, Dublin 22	TBC
7	Rialto Primary Care Centre, 379-383 South Circular Road, Dublin 8	TBC
7	Enable Ireland, Jigginstown, Naas, Kildare	TBC
7	Millbrook Lawns Health Centre, St Dominick's Rd, Tallaght, Dublin	TBC
7	Old Newbridge Health Centre, Henry Street, Newbridge	TBC
8	Clonbrusk Resource Centre, Clonbrusk, Athlone, CO Westmeath N37 C1K2	Phase 1
8	Longford Primary Care Centre, Flancare Business Park, Athlone Road, Ballyminion, Longford	Phase 1
8	St Fintan's Campus, (Former MIDOC), Stradbally Road, Portlaoise, Co. Laois	Phase 1
8	Social Inclusion Building, Drogheda Industrial Park, Donore Road, Drogheda, Co. Louth.	Phase 1
8	Clara Health Centre, The Green, Clara, Co. Offaly	Phase 2
8	Slane Health Centre, Chapel Street, Slane, Co. Meath	Phase 2

9	Edenmore, Tonlegee Road, Raheny, Dublin.	Phase 1
9	DCU DCU Collins Ave Extension , Dublin.	Phase 2
9	Balbriggan (Old Balbriggan Health Centre), 14 Hampton St., Balbriggan,	Phase 3
9	Navan Road PCC, Navan Road, Dublin.	Phase 2

## Appendix 2 – Equipment List Guide

It is recommended that sites currently equipped for GP or clinical Primary Care are used for Hubs. Where this is not possible the equipment list below is provided as a guide to what is required to repurpose other sites.

Equipment	QTY
<b>Assessment Hub Medical</b>	
Resuscitation Trolley	1 x per Hub
ECG Machine	1 x per Hub
Patient Monitor (Bp/NIBP/O2sats)	1 x per hub
Portable Suction Device / Machine	1 x per Hub
Secure Drug Storage Cabinet [CENTRAL ORDER]	1 x per Hub
Lockable Storage Cabinet	2 x per Hub
Glucometer	1 x per Hub
Phlebotomy (Tray) Trolley	1 x per Hub
Medical Caretray Trolley	1 x per Hub
Transit wheelchair	1 x per Hub
(Mobile) examination light	1 x per Hub
<b>Reception</b>	
Reception / Admin Desk	1 x per Hub
Chair for Reception	1 x per Hub
Waste paper bin	1 x per Hub
<b>Waiting Area</b>	
Visitor Chairs	5 per Hub
Clinical Waste Bin	1 x per waiting area
Holder, Information Leaflets	1 x per Hub
<b>Public WC</b>	
Clinical Waste Bin	1 x per WC
<b>Treatment Room OR Consultation Room</b>	
Examination Couch Plinth	1x per Consultation Room
Mobile Blood Pressure Monitor	
Diagnostic Set Fixed OR Diagnostic Set Portable	1 x per Consultation Room
Portable Sphygmameter and Stethoscope	1 x per Consultation Room
Handheld Pulse Oximeter (portable)	1 x per Consultation Room
Digital Thermometer	1 x per Consultation Room
Stainless Steel Dressing Trolley	1 x per Consultation Room
Oxygen Portable / Bull Nose regulators incl. wheely trolley	2 x per hub
Oxygen giving consumables	as required



<b>Other / Miscellaneous</b>	
Wall Clock	1 x per room
Sharps Bin Wall mounted	1 x per room
Blinds / Manifestations	1 x per window
Treatment Table (Couch / Plinth)	1 x per room
Clinical Desk	1 x per treatment room
Chair for Clinician	1 x per treatment room
Waste Bin White Non Clinical 70 Ltr	1 x per treatment room
Large Clinical Waste Bin Yellow 70 Ltr	1 x per treatment room
Visitor Chair (stacking)	1 x per treatment room
Dispenser Paper Towel, Interleaved	1 x per treatment room
Dispenser Alcohol Gel	1 x per treatment room
Dispenser Liquid Soap, Ward Type	1 x per treatment room
Dispenser for Glove & Apron	1 x per treatment room
Dispenser Paper Towel, Interleaved	1 x per treatment room
<b>Staff WC</b>	
Waste Bin, White Non Clinical, SMALL, SC 20ltr	1 x per WC
Dispenser Toilet Paper Holder	1 x per WC
<b>Staff Shower / Change</b>	
Waste Bin, White Non Clinical, SMALL, SC 20ltr	1 x per room
Secure storage	as required
Chairs	as required
<b>Staff Canteen</b>	
Chair, Stacking, Metal Frame, Vinyl (armrests)	5 x per room
Dining Table to seat 4-5	1 x per hub
Dishwasher 12 place setting capacity	1 x per hub
Microwave Oven - Programmable 1800 Watts	1 x per hub
Cutlery / Cups / Plates (Crockery)	as required
Fridge	1 x per hub
Coat Hooks	as required
Staff Lockers (4-Section)	1 x per Assessment hub
Kettle / Toaster	1 x per hub
Water Dispenser	1 x per hub
<b>Dirty Utility</b>	
Mobile Polymer Shelving, 450 d x 1800 w x 1900h mm	1 x per hub
Shelves (Central Order)	1 x per hub
Cleaner Items	as required
<b>Domestic Room</b>	
Cupboard, Tambour 2 meters high	1 x per hub
Pedestal	1 x per hub
Low cupboard	1 x per hub
-	-
ICT Recommendations	
PCs (2), internet, printing, landlines (2), photocopying	

## Appendix 3 – Medicines

<b>Medicines</b>		
<b>Item</b>	<b>Pack size</b>	<b>Stockcount</b>
<b>Infection</b>		
Amoxicillin 500 mg capsules	Pack-down 30	1
Doxycycline 100 mg capsules	8	2
Cefalexin 500 mg	21	1
Phenoxymethylpenicillin 666 mg tablets	Pack-down 30	1
Flucloxacillin 500 mg capsules	28	1
Nitrofurantoin 100 mg prolonged release capsules	14	1
Clarithromycin 500 mg tablets	Original pack	1
Fluconazole 50 mg capsules	Original pack	1
Benzylpenicillin 600mg injection	25	1
Cefotaxime 1g injection	10	1
<b>Cardiac/CPR</b>		
Adrenaline Minijet 1 in 10,000 (1mg in 10ml)	One minijet	8
Glyceryl trinitrate spray	One spray	2
Aspirin 300 mg orodispersible tablets	24	1
Furosemide 20 mg tablets	Pack-down 30	1
Furosemide 20 mg in 2 mL injection	10	1
Clopidogrel 75 mg tablets	28	1
<b>Diabetes</b>		
Glucogel 25g	3	1
Glucagon (Glucagen Hypokit)	1	2
Insulin Actrapid 1000 units in 10 mL	1	2
Glucose 50% 50 mL	1	2
<b>Overdose</b>		
Naloxone 400 micrograms/ mL injection	5	1
<b>Allergy/Anaphylaxis</b>		
Chlorphenamine 10 mg/ mL 1mL ampoules	5	1
Chlorphenamine 4 mg tablets	28	1
Cetirizine 10 mg tablets	Original pack	1
Hydrocortisone 100 mg injection	10	1
Adrenaline 1 mg/ mL 1 mL ampoules	10	1
<b>Seizure</b>		
Buccolam Oromucosal Soln 10mg/2ml (2ml Oral Syringe)	4	1
<b>Gastrointestinal</b>		
Prochlorperazine 5 mg tablets	Pack-down 30	1

Cyclizine 50 mg tablets	Pack-down 30	1
Hyoscine butylbromide 10 mg tablets	20	1
Lansoprazole 30 mg capsules	14	1
Cyclizine 50 mg/ mL 1mL ampoules	10	1
Prochlorperazine 12.5 mg/ mL 1 mL ampoules	10	1
Hyoscine butylbromide 20mg/mL 1 mL injection	10	1
Hyoscine 1.5 mg patch (Scopoderm)	2 patches	1
<b>Antipyretics/Analgesia</b>		
Paracetamol 500 mg tablets	24	1
Ibuprofen 400 mg tablets	30	1
Morphine sulphate 10 mg (Oramorph)	100 mL bottle	1
Morphine sulphate 10 mg/ mL 1 mL vial	10	1
Paracetamol suppositories 500mg	10	1
<b>Respiratory</b>		
Prednisolone 5 mg tablets	30	1
Salbutamol 100 micrograms/dose metered dose inhaler	One inhaler	4
Ipratropium bromide 20 micrograms/dose metered dose inhaler	One inhaler	2
Aerochamber spacer device with mouthpiece	One device	4
<b>Fluids</b>		
Water for injection 10 mL ampoules	20	2
Sodium chloride 0.9% w/v 10 mL ampoules	20	2
Sodium chloride 0.9% w/v 100 mL infusion bag	One box	1
Sodium chloride 0.9% w/v 500 mL infusion bag	One box	1
<b>Others</b>		
Sterile Water for Irrigation 500 mL (to reconstitute oral solutions)	One	1
Instillagel 11 mL	10	1
Multistix 10SG Test Strips	One	1
Lidocaine 1% injection 10 mg in 10 mL	20	1
Lubricating gel	Original pack	10

<b>Emergency Trolley</b>		
<b>Cardiac/CPR</b>		
Adrenaline Minijets 1 in 10,000 (1mg/10ml)		4
Glyceryl trinitrate spray		1
Furosemide 20 mg in 2 mL injection		1 box
Aspirin 300mg chewable tablets		1 box
Clopidogrel 75mg		1 box
<b>Overdose</b>		
Naloxone 400 micrograms/ mL injection		1 box
<b>Anaphylaxis/Allergy</b>		
Adrenaline 1 mg / mL ampoules		1 box
Hydrocortisone 100 mg injection		6 vials

Chlorphenamine 10 mg / mL	1 box
<b>Seizures</b>	
Buccolam Oromucosal Soln. 10mg/2ml	2ml Oral Syringe
<b>Diabetes</b>	
Glucose 50% 50 mL	2
Insulin Actrapid 1000 units in 10 mL	1
Glucagon	2
Glucogel	3
<b>Meningitis</b>	
Benzympenicillin 600mg injection	6
Cefotaxime 1g injection	2
<b>Fluids</b>	
Sodium Chloride 0.9% 500 mL	2
Sodium Chloride 0.9% 100 mL	2
<b>Consumables</b>	
Dressing Pack	1
Pen light	1
Artery Forceps	1
Scissors	1
Tongue Depressors	3
Magill's Forceps	1
Disposable Scalpel	1
Blue Needles	5
Green Needles	5
Orange Needles	5
Pink Needles	5
Extension set with Clave connector	4
Blue Bungs	4
Bandages	10
Neo safe Vygon G21	3
Size 24 IV Cannula	3
23g Safety Multifly needle	5
Syringes 2ml	3
Syringes 5ml	3
Syringes 10ml	2
Syringes 20ml	2
Syringes Insulin 1ml	5
Roll Tape	1
Tourniquet	2
Razors	2
Alcohol Swabs	8
Sterile Cotton Wool Balls	1 pack

Mepore 9x10	3
Sterile Plain Swab 10x10 12ply	1
IV 3000 7x9 cm x 3	1
O2 connection	1
High concentration mask (adult)	1
I.V. Giving sets	3
Buretrol I.V. admin. Set	2
Nasal cannula	1

## Appendix 4 – HSE Criteria for Patient Referral to Community Assessment Hubs

The Community Assessment Hubs are for the cohort of patients over the age of 16 who are COVID-19 positive or presumptive COVID-19 **and** whose symptoms are worsening and they require urgent assessment.

Deteriorating COVID-19 related symptoms especially respiratory symptoms suggestive of viral pneumonia and/or **urgent** non COVID-19 related symptoms in a patient suspected of COVID-19 illness where they need face to face assessment to decide if they need to be referred to hospital or can be managed at home e.g. sub-acute abdomen.

All other patients with COVID-19 or presumptive COVID-19 will be managed within the current guidelines in General Practice through telephone triage, testing where patient meets criteria and in surgery respiratory assessments

If your normal practice would be to refer straight to ED e.g. Cardiac chest pain , TIA , CVA then use this route just alert ED/Ambulance that patient is COVID-19 test positive or presumptive positive .

### **GP Referral Process**

GP telephone triages patient and makes clinical judgment:

- a) Patient safe to continue recuperate at home
- b) Patient needs to go straight to ED
- c) Patient needs face to face assessment at Community Assessment Hub – GP sends eReferral via Healthlink, patient receives appointment via text and/or phone call
- d) GP needs to be alerted simultaneously to the patient appointment time given in case concerned about delay
- e) To ensure best practice and patient safety it is accepted that GPs working in the hubs may phone a referring GP to clarify clinical status and adherence to referral criteria prior to patient attendance

**Note:** As per operational agreement, patient needs to be referred by their own GP except on Saturday or Sunday where a referral may be made by OOH services.

### **Exclusion criteria:**

Children under 16 years of age with presumptive or known COVID 19 who are deteriorating are best triaged by their own GP. Based on the clinical discretion of the GP they will either be brought into GP surgery for a clinical assessment or referred directly to the Emergency Department.

Nursing Home residents are better assessed by their own GP remotely and ED referral if deteriorating.