COVID Community Assessment Hubs
Operating model and induction/training overview

1: Covid Hub Strategic and Operational Overview:
The content of this document is based on learning from roll out to 5 Hubs in Cork city. It aims to provide you with key learning from this set up phase. You may find it helpful in planning and developing your local COVID Community Assessment hub.

1a: Planning approach:

- All stakeholders nationally: National HSE, ICGP, UCC & academia, GP, GP Registrars, IPC team, Ambulance, Secondary care, HSE Pharmacy, HSE Communications and HSE ICT
- Local key personnel:
  - HSE appointed Hub manager (1 for each hub)
  - Appointment of x5 Covid Hub GP leads - one for each centre: to enable rollout, rapid identification & resolution of issues.
  - Following discussion lead GP engaged with the following to support the clinical aspects of training:
    1. GP training programme director, Education (Dept of GP/post grad tutors etc. as per local preference)
    2. IPC Lead and infection control nurse
    3. Other Health Care professionals
    4. Administration
- GP training programme director appointed formal ‘trainer lead’ to engage GP registrars
- Standardised Training package inclusive of IPC was developed:
  1. 2.5hr dedicated clinical session (30 GP per session, ‘social spacing’ etc)
  2. Introduction, Prof Cormican video, Virtual tour of ‘Patient pathway’ Q&A, (1hr)
  3. Practical session ‘donning & doffing’ and 3 clinical scenarios

1b: Key identified critical success factors at local hub level:

Key learning’s for scale up are:
- IPC: first & foremost: keep clinicians healthy!!
- Clinician engagement: rapidly scalable, increments up & down
- Don’t underestimate the Complexities of Covid-19 hubs: new disease, new team, new location
- Important to build strong, open and mutually respectful relationships in crisis which can be difficult
- Appoint ‘GP lead/champion’ for 1hr/day to troubleshoot at each hub.
- IT critical enabler
- Engage at local level with accepting hospitals and intermediate care to develop & agree local pathways

Operational approach: ‘Done is better than perfect’
2. Operational model

- **Foundation / principles**
  ‘HSE COVID-19 Community Assessment Hubs Operational Model’ v31/04/20

- **Patient cohort**
  Confirmed and suspected COVID cases referred from GP / agreed service

- **Access**
  By appointment only

- **Purpose**
  Safety, Triage, Assessment, Treatment
  i. Ensure safety of all involved in consultation
  ii. Assess acuity
  iii. Is this patient ‘big sick’? Is it due to COVID? Do they need to be in hospital?
  iv. Agree appropriate care plan: ED, home, follow-up, step-down

Initial nurse clinical assessment can be carried out using agreed procedure, including iNEWS scoring, followed by consultation with doctor.

- **Work Pods**
  A pod of 4-5 rooms will be supported by a team made up of one GP, one or two nurses and an administrator. Patients go directly into an isolation room on arrival and are initially assessed by nurse. Doctor will see each patient, make a working diagnosis and treatment plan and a care decision. When each patient leaves, the room is vacated for an hour and then cleaned. A circuit of safe consultation rooms needs to be maintained, with no more than three rooms in use by patients at any time. One room should be reserved for emergencies and one is to be in decontamination mode. Workflow is around 4-5 patients per pod per hour. NB Operational infection control procedures and work flow from clean to dirty zones will vary depending on available space and need to be agreed with local IPC expertise based on most up to date HPSC IPC guidance for Community Assessment Hubs.

Each pod is divided into ‘clean’ and ‘contaminated’ zones (even if this just involves tape).

**DO NOT CONTAMINATE THE CLEAN ZONE.**

All staff should change into scrubs in clean zone and basic PPE in dirty zone, full PPE during patient contacts.

Aerosol Generating Procedures (AGPs) should be avoided whenever possible and only carried out under strict PPE rules; this includes resuscitation, nebulisation, CPAP.

- **Pathway (may vary depending layout)**
  Patients are met at front door by appointment, family/carers remain outside (unless essential), patient given a mask and brought to an isolation room. Admin details should already be entered from referral. Following assessment, mobile patients should leave the pod as soon as possible. Maintain electronic records wherever possible and use electronic scripts for patients sent home.
• Outcomes
  i. ED referral is by ambulance. NAS/DFB will be familiar with hubs and general procedures. Ambulance transfer is crucial to maintain oxygenation in any hypoxic patient.
  ii. Self-isolation: for stable patients
  iii. Community Isolation Centres / intermediate care: local arrangements apply. Pathways not yet fully determined

• The working day for a ‘Pod Team’
  i. Brief at start of shift re: introductions/procedures/kit.
  ii. A block of work of 3-4 hours should be followed by a break in the clean zone.
  iii. Liaise with other teams in the building and be prepared to offer support.
  iv. Ideally for each working day, a senior GP and nurse will support teams, maintain oversight of activity levels, liaison between teams, pressing problems and feedback. At end of shift liaison with nominated HSE manager for the hub is essential.

• Kit per pod
  i. Couch / steps
  ii. O2 / nasal cannulae / NRBs / connectors
  iii. Stethoscope, thermometer, pulse oximeter, BP cuff for each room
  iv. Emergency room: glucometer / 12 lead ECG / monitor / drug kit as agreed
See operational model document for further equipment listing
3. COVID Community Hub Induction Training

• **Purpose**
  i. To competently manage safety procedures / PPE use.
  ii. To familiarize staff with operational model and roles
  iii. To provide core clinical content
  iv. To establish team ethos
  v. To answer any queries/ questions staff may have

• **Pre-reading**
  3 x 10 minute videos (HSE training videos)
  Some focused reading (Please see: IPC training materials and ICGP clinical guidance document for further information)

• **PPE**
  Scrubs / training PPE pack for each candidate
Training Schedule:

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00-9.30</td>
<td>Registration and Coffee</td>
<td>All</td>
</tr>
<tr>
<td>9.30 - 10.30</td>
<td>Introduction to COVID19 Clinical Features COVID 19</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Infection Control Nurse - Setting the Scene</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donning Doffing Video</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Virtual walk through</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q and A</td>
<td></td>
</tr>
<tr>
<td>10.30-10.45</td>
<td>Coffee</td>
<td></td>
</tr>
<tr>
<td>10.30-12.00</td>
<td>Practical 35 minutes 2 groups rotate Donning PPE / Clinical scenarios</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
<td></td>
</tr>
</tbody>
</table>

4. Links to HSE videos / briefing documents / clinical reading:

Infection Prevention and Control in Community Assessment Hubs –

What you need to know - Preliminary guidance.

- Pre – training
  This document will point you in the direction of materials to become familiar with prior to training or working in community assessment hubs.

- Videos
  PPE donning and doffing video HPSC standard issue PPE surgical mask, gown, eye protection, gloves, alcohol gel and hand hygiene


  PPE donning and doffing video – Jumpsuits, FFP2, surgical mask with ear loops, eye protection, Chinese supplied PPE. Scroll down

  [https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/)

  HSE Learning land Hand Hygiene module or at least the 2 quick reminder videos on the COVID19 page learning land

  GP can register for free using their medical council number when they are asked for employee number.
Guidance Documents

Guidance on COVID-19 V2.0 01-04-2020 Updated with respect to extended use of PPE based on broader consultation with General Practitioners Preliminary Infection Prevention & Control Guidance for COVID-19 Community Assessment Hubs can be found here:


Practical onsite learning should include opportunity to be instructed in correct donning and doffing of PPE then be observed doing this. Practice the buddy system approach which should be part of regular working day on the hub i.e. HCW supervise each other’s technique regularly to maintain good IPC standards. The practical exercise should include what to do if you make a mistake. It should be delivered by someone with infection control expertise.

Check out the ICGP clinical hub where you will find this interim guidance guide for GPs

Important to check regularly for updates on www.hpsc.ie