

COVID Community Assessment Hubs (CAH)-

A local Example of a Hub set up from early April

THIS IS CHO 4's INTERPRETATION OF HOW THEY TOOK THE NATIONAL COVID 19 CAH OPERATIONAL MODEL AND DEVELOPED A LOCAL PLAN ON HOW TO OPERATIONALISE HUBS IN CHO 4.

Please note:

1. The training below took place week beginning 4/4/2020 so some elements have been updated as guidance changed since. Marked with**
2. Some words changed 15/4/2020 to terms used in national guidance (e.g. dirty zone = contaminated zone)

The content of this document is based on learning from set up of 5 Hubs in CHO 4. The intention is to share experiences and 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. It is not intended that all elements in this need to be completed.

1 Planning approach

Key identified critical success factors at local hub level:

Key learning's for scale up are:

- IPC safety is paramount - minimize the risk of all staff and patients accessing healthcare in the CAH from acquiring COVID-19.
- Team engagement: rapidly scalable, increments up & down.
- Do not underestimate the complexities of Covid-19 hubs: new disease, new team, and new location.
- Important to build strong, open and mutually respectful relationships in crisis which can be difficult.
- Appoint 'GP lead or nurse lead or both /champion' for 1hr/day to troubleshoot at each hub.
- Nominate hub level lead nurse to update the daily team on what's news – refresh on PPE use and moving from clean to contaminated area.
- IT critical enabler- needs someone to make sure IT systems all connected and if any part not working then what alternative communication method is in place e.g. electronic referral to ED not operationalized.
- Engage at local level with accepting hospitals and intermediate care to develop & agree local pathways.

Operational approach: 'Done is better than perfect'

Key elements of the national framework HSE 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 Plan**

A pod of rooms will be supported by a team made up of one GP, one or two nurses and an administrator. Patients go directly into a designated waiting area on arrival and are initially assessed by the nurse. Then following clinical discussion and or examination by the doctor together they will make a working diagnosis and treatment plan and a care decision.

******The room may be cleaned immediately after a patient leaves a room and re-used once the surfaces are dry. All horizontal surfaces including keyboard cover or keyboard in between patients. (This has been updated - IPC guidance 11/4/2020 HPSC)

NB Operational infection control procedures and workflow from clean to contaminated 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 contaminated 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, nebulization, CPAP. *Only spacer devices will be available in the hubs for administering salbutamol or steroids inhaled treatment .

- **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 a designated waiting area/ 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**

(****please check latest guidance as this example pertains to wk. beginning 6/4/2020 medication list is intended to cater for medical emergencies that may arise Primary aim of CAH is clinical assessment only**)

- 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 day outline in CHO 4

- **Purpose**

- To competently manage safety procedures / PPE use.
- To familiarize staff with operational model and roles
- To provide core clinical content
- To establish team ethos
- 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:**

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