



## **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**

Community assessment hubs are intended for clinical assessment of patients with clinical features suggestive of COVID-19. These facilities are likely to serve a significant number of patients with COVID-19 and as well as those without COVID-19. Therefore, a high standard of infection prevention and control is needed to ensure that infection is not transmitted from those who have infection to those who do not have infection.

This preliminary guidance is based on what is currently known about COVID-19. It will be appropriate to review this guidance at an early date based on practical experience of the operation of these facilities.

A comprehensive range of guidance documents is available on [www.hpsc.ie](http://www.hpsc.ie). Please check website on a daily basis as guidance is regularly updated as the situation evolves.

#### **Key principles for preventing the spread of COVID-19**

- Adherence to **Standard Precautions** with all individuals at all times.
- Key elements of Standard Precautions in this context are hand hygiene, promotion of respiratory hygiene and cough etiquette and environmental cleaning.
- Early identification of potential cases and rapid implementation of Contact and Droplet Precautions pending diagnosis.
- Avoiding unnecessary direct physical contact (such as undertaking a physical examination) with suspect or confirmed cases and minimise time spent within the range of 1 to 2 m.
- Maintain spatial distancing between all individuals at all times where possible

- Liaison with Public Health Specialist.
- Provision of up to date information about the virus (available from [www.hpsc.ie](http://www.hpsc.ie)).

## **Infection Prevention and Control Training of Staff**

Training of staff should at a minimum require familiarising themselves with good infection prevention and control practice for example by reading relevant guidance at [www.hpsc.ie](http://www.hpsc.ie) and watching relevant videos at <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

Hand hygiene training should be delivered directly by a hand hygiene trainer who has already completed the National Hand Hygiene Train the Trainer programme or equivalent training. Training should take into consideration spatial distancing of 2 meters. Note it may be possible to deliver training remotely by video link. Hand hygiene performance should be assessed as satisfactory.

If directly delivered training is not available training in performing hand hygiene should be completed and assessed on [www.hseland.ie](http://www.hseland.ie).

Staff working in the Assessment Hub should be trained in the correct procedure for donning and doffing PPE. Donning and doffing PPE should be assessed and documented as satisfactory. Refer to <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

Staff working in Assessment Hubs should be aware of the main symptoms of COVID-19 and should inform their manager and not attend for work if they develop symptoms of illness.

Managers should confirm with staff at that start of each shift that they are free of the key symptoms of fever, cough, shortness of breath and have no other new onset symptoms of viral infection.

Staff who develop symptoms of fever, cough, shortness of breath at work should inform their manager promptly and should not continue to work.

Occupational health guidelines for staff are available on the HPSC website:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/>

### **Staff Uniforms/Personal Clothes**

There is no persuasive evidence that uniforms/personal clothing pose a significant hazard in terms of spreading infection. Normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. A ten-minute wash at 60 degrees Celsius is sufficient to remove most microorganisms. Using detergents means that many organisms can be removed from fabrics at lower temperatures however; it is recommended that uniforms are washed at the hottest temperature suitable for the fabric.

It is important that healthcare workers are bare below the elbows providing patient care. Change immediately if uniform or clothes become visibly soiled or contaminated. Wash personal clothes/uniforms at the hottest temperature suitable for the fabric.

An increasing number of healthcare services provide laundered work clothes such as scrubs that staff can change into on arrival for work. This may be of value in terms of comfort and in supporting “bare below the elbows” however, it is important to emphasise that scrubs are not personal protective equipment and are not necessary to achieve good infection prevention and control practice.

## **Assessment Hub Environment**

To the greatest extent possible, the facility should be such as to allow all surfaces, particularly all contact surfaces to be readily cleaned and disinfected.

The space should be large enough to ensure that anyone waiting for assessment can remain at least 1 metre away and ideally 2 metres away from other patients and from staff except when being physically examined.

The facility should be secure so that healthcare risk waste can be protected until disposed of safely.

The facility should be free of any unnecessary objects.

Alcohol hand rub should be provided at the entrance and exit and patients required to perform hand hygiene on entry and before exit.

If toilet facilities are provided, they must be cleaned at least twice a day and checked for cleanliness at least 4 times per day.

## **Assessment Hub Operation**

There should be effective supervision at all times to ensure that guidance is implemented. Staff should not eat drink or smoke/vape smoke and should minimise social interaction.

Dining/break facilities should be separate from the clinical assessment area and social distancing maintained.

Staff should follow good infection prevention and control practice in particular careful attention to hand hygiene, respiratory hygiene and cough etiquette and should use appropriate Personal Protective Equipment (PPE) as per national guidelines (please see link below).

[https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017\\_03\\_20.pdf](https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf)

People attending for assessment should be by appointment to avoid people congregating while waiting for assessment.

Where possible people who drive to the assessment hub by private car should remain in their car until called for assessment.

Signage should indicate that people waiting for assessment should not eat, drink or smoke/vape and should not have contact with or speak with others awaiting assessment and should leave promptly after being seen.

Where possible patient flow should avoid patient overlap between patients arriving for assessment and those leaving (to avoid social interaction).

### **Initial reception of individuals to a COVID-19 Assessment Hub**

When an individual presents to the Assessment Hub they should be managed as follows:

- All people attending for assessment should be asked to clean their hands with alcohol hand rub on entering and the assessment hub.
- Identify an area for the individual to wait ideally this should be an unoccupied waiting room. Keep the door closed. If a room is not available, the person should be asked to wait in their car or be seated in an area separated by at least 1 to 2 metre from other individuals.
- Provide the individual with tissues if required and ask the individual to wear a surgical facemask. If a surgical mask is not available, the person should also be asked to cover their nose and mouth with a tissue particularly if coughing or sneezing.
- If someone has accompanied the person, they should be asked to avoid contact with other people including staff.

- All people attending should be asked to clean their hands with alcohol hand rub before leaving the assessment hub.

### **Personal protective equipment (PPE) for staff**

Good infection prevention and control practice including appropriate use of personal protective equipment (PPE) is vital to ensure the safety of patients and staff during the current COVID-19 emergency.

The choice of PPE worn by staff should be determined by risk assessment of the tasks to be performed. In the case of assessment hubs at the moment and until some experience is gained gowns, gloves and a surgical mask should be used for patient care and assessment. This is clearly outlined in the Health Protection Surveillance Centre's current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19.

[https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017\\_03\\_20.pdf](https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf)

To protect patients and staff to the greatest extent possible it is preferable to avoid risk rather than to mitigate risk through use of PPE. Avoiding risk where possible also helps to preserve PPE for those situations in which it is most valuable. This is important in the context of unprecedented global demand for PPE.

### **Avoid risk of exposure as much as possible**

The absolute minimum number of staff required to provide care should engage with the patient.

Plan ahead for any person who enters the patient space to complete as many tasks as possible on a single visit to the patient space to reduce the exposure of the least possible number of people for the shortest possible period is a sound principle for reducing the risk of acquiring COVID-19.

If the circumstances are such that you can maintain a distance of 1 to 2 m from the patient at all times use of PPE provides no additional risk reduction unless an aerosol generating procedure is being performed.

### **Extended use of PPE**

In the assessment hub setting extended use of personal protective equipment for a seeing a succession of patients is generally appropriate if the healthcare worker does not leave the clinical workspace for example to take refreshment or a toilet break. The greatest risk to the healthcare worker is contact of the hand, gloved or un-gloved with the mucous membranes of the mouth, nose and eye.

Note the following qualifications.

The extended use of gloves is not acceptable and hand hygiene must always be performed after removal of gloves.

Extended use applies in settings where there is no contact or minimal physical contact between the healthcare worker and the patient and if the items are not soiled or damaged, that the patient has not violently coughed or sneezed on the healthcare worker and all other elements of good infection prevention and control practice are followed. Minimal physical contact means that the contact with the patient was primarily with gloved hands.

Note with respect to eye protection face shields – they may be preferable to goggles in terms of comfort.

### **Reprocessing of PPE**

Before reprocessing of PPE is considered the assessment hub should explore all possible options for resupply or substitution.

Eye Protection: Reprocessing of plastic eye protection has been performed in a number of hospitals. If it is necessary to do so eye protection that is made entirely of hard plastic can be wiped with a disinfectant wipe and allowed to dry. If the item is damaged or visibly soiled, it should not be re-processed.

### **General precautions for staff working in COVID-19 Assessment Hubs**

- Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Keep your distance when possible from those who are coughing, sneezing and/or have a fever by leaving a distance of 1 to 2 metre (3 feet) between yourself and others.
- Observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water. If you do not have a tissue cough into your upper arm or the crook of your elbow - do not cough into your hand.

### **Cleaning of medical equipment used in the assessment of patients in COVID-19 Assessment Hubs**

- Where possible single patient use items are preferred.
- Medical equipment that comes into direct contact with patients should be cleaned between patients and at the end of each clinic session, for example stethoscopes, blood pressure cuffs, tympanic thermometers, electrocardiograph leads and machine surfaces touched by staff during patient examination. Cleaning should conform to manufacturer's instructions. In many cases this will require wiping with a combined detergent/disinfectant wipe.
- The person assigned to clean equipment should wear gloves (disposable single use nitrile or household gloves) and a disposable plastic apron.
- Cleaning of medical equipment used for the consultation should be carried out after the patient has left the examination room.

### **Environmental cleaning of clinical areas and communal areas in COVID-19 Assessment Hubs**

- The facility should be cleaned and disinfected at least daily and whenever visibly dirty.



- All contact surfaces close to the patient should be wiped clean with a combined detergent/disinfectant wipe after each patient.
- All contact surfaces should be cleaned and disinfected at a minimum of twice per day and more frequently if there is high throughput or any incident that is likely to have contaminated surfaces (for example a patient with violent coughing or sneezing).
- Clinical areas and communal areas such as waiting areas should be cleaned with household detergent followed by a disinfectant (as outlined above) or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution) as soon as is practicably possible. Products with these specifications are available in different formats including wipes.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or use a combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution).
- Cleaning should be carried out when patients are not present.
- No special cleaning of walls or floors is required.
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles and any surfaces that the patient has touched. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.
- Discard waste including used tissues, disposable cleaning cloths) into a healthcare risk waste bag.
- Remove the disposable plastic apron and gloves and discard into a healthcare risk waste bag.
- Healthcare risk waste bags should be not be overfilled. Tie off at about  $\frac{3}{4}$  full.

**ENDS**