

LOCAL PROCEDURES FOR CARING FOR SERVICE USERS WITH SUSPECTED OR CONFIRMED DIAGNOSIS OF COVID-19

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Local procedures for caring for service users with suspected or confirmed diagnosis of COVID-19

UNIT NAME

Follow HPFT flowchart for Staff Caring for service users with suspected COVID-19 symptoms.

Ensure that there is clear signage on the Isolation room door so others know to take necessary precautions before entering the room.

Minimise entries and exits to the corridor area of the isolation room.

BEFORE ENTERING THE ROOM;

1. All PPE to be put on according to PHE guidance for putting on PPE. All PPE to be put on (Don) in the designated PPE 'CLEAN' room. This room to be located as close to the isolation room as practically possible.
Signage for Donning PPE must be displayed clearly in clean PPE room (see note below also).
2. Before donning PPE remove outer clothes and ensure arms are bare below elbow.
3. All PPE to be in place **BEFORE** entering the isolation room. Take orange and red (for linen) clinical waste bags with you into the isolation room.
4. Take any necessary equipment with you, e.g equipment required for physical health interventions, linen, food and fluids etc.
5. When recording vital signs in isolation room, leave the NEWS chart outside the room and fill in the chart only after taking off all PPE and thoroughly cleaning hands.
6. The CLEAN PPE room must be kept locked. (Ligature risk of equipment).

PROVIDING SERVICE USER CARE;

1. On entering the room, ensure the door is closed behind you. This is to reduce the risk of airborne microorganisms leaving the room.
2. All SU crockery and cutlery should be disposable and disposed of inside the isolation room into an orange clinical waste bag and disposed of as per procedure for clinical waste. If disposable crockery is not available, crockery and cutlery must be washed in a dishwasher with a hot disinfecting cycle (80°C).
3. Service users' property inside the isolation room should be kept to a minimum. All items should be washable, cleanable or disposable.
4. Linen (and clothing) should be treated as 'infected linen'. Linen should be placed directly into a water-soluble red bag and tied securely.
5. A toilet or commode must be available for sole use in the isolation room. After use, bedpans and urinals should be covered and taken immediately to the sluice. So long as PPE is not visibly soiled, the same PPE can be worn to go directly to the sluice. Staff must avoid touching door handles and other surfaces. PPE to be removed and disposed of in orange clinical waste bag in the sluice room, and hands washed before returning to the isolation room. Clean PPE must be worn before re-entering the isolation room. Commodes must be cleaned using Chlorine solution.

LEAVING THE ROOM;

1. Following **all** necessary interventions with the service user, staff to follow the PHE guideline for taking off (Doffing) PPE. This **must** be removed in the isolation room; where possible maintaining a 2 metre distance from the service user. Place straight into orange clinical waste bag. Double bag the waste bag and tie securely before leaving the room.
If a 2 metre distance cannot be maintained within the isolation room, staff to remove the surgical face mask only outside the isolation room. If wearing a FFP3 face mask this must be removed immediately outside of the isolation room.

Clear signage (laminated) for Doffing PPE should be placed on the inside door of the isolation room as a reminder for staff.



2. When removing face masks immediately outside the isolation room, these must be placed straight into a new orange clinical waste bag and tied immediately.
3. On exiting the isolation room wash hands thoroughly with soap and water.
4. 1 staff member to take the clinical waste to the waste store room and put on the tag tie and postcode and dispose of in the large clinical waste bins (outside). Wash hands again.
5. No PPE or equipment to be left in isolation room (Ligature risk).
6. Any physical health monitoring equipment must be immediately wiped thoroughly with Chlorine wipes and returned to the clean PPE room. Staff cleaning the equipment must wear put on gloves.
7. NO DIRTY PPE to be placed or left in the clean PPE room, to prevent the risk of cross-contamination.
8. Infected linen in the water soluble red bag must be taken straight to the waste store and placed into a clear plastic bag and securely tied, before placing in the laundry bin for housekeeping to clean. (If housekeeping staff not on duty, ward staff will be responsible for washing the infected linen in the washing machine).
9. All staff that access the isolation room per shift must have their name recorded in the Isolation room register. This to be kept in the nursing office.
10. Any cleaning concerns for isolation room to be escalated to nurse-in-charge who will follow the COVID 19 request for special cleaning.
11. Isolation rooms must be decontaminated at least daily, in accordance with PHE Guidance for Infection Prevention and Control in healthcare settings.

PPE GUIDANCE;

All staff must be familiar with PHE PPE guidance. The guidance must be displayed in the ward office, the clean PPE room and also discussed regularly at handovers.

In brief, standard PPE for entering the isolation room for providing close or direct service user care should include apron, fluid-resistant surgical face mask, and gloves. Eye protection (goggles or visor) should be worn where there is concern of risk of splashing of bodily fluids.

Filtering face piece (class 3) (FFP3) respirators should be worn whenever there is a risk of airborne transmission of pandemic COVID-19 i.e. during aerosol generating procedures (AGPs). See PHE guidance for AGP's.

*Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.

