

COVID policy supplement

Purpose

This document outlines specific actions Kingston GP Chambers (KGPC) will take in order to manage the risk to patients, staff and the business in response to the COVID-19 pandemic.

Application

This document outlines changes (amendments or additions) to existing policies to address the risks specific to COVID-19. It is applicable to all staff.

The details outlined in the table below must not be referred to in isolation; all content must be taken in the context of the related established policy. This document will be stored alongside established policy documents in an electronic folder in the “Chambers info” folder on the H:drive titled “COVID-19 additional and supplementary policies and procedures. All staff will be made aware of the existence of this policy supplement document and instructed that it must be referred to when viewing the content of all related policies.

The content of this policy supplement document, and all associated changes or additions to established policies will take effect as of 13 July 2020. It will be reviewed monthly and updated according to any changes to national or local guidance.

This policy will remain in place for as long as COVID-19 remains a significant threat, and will be formally withdrawn once this is no longer the case; all staff will be informed of any changes to this policy, including its withdrawal. Once the provisions of this policy are withdrawn, KGPC will revert to applying all policies as set out in its established policy documents.

Policy	COVID-19 specific amendment
Safeguarding	<p>The COVID-19 pandemic does not change KGPC’s safeguarding policy or the process for reporting safeguarding concerns; however, COVID-19 has changed the way that patients interact with services, and staff should be mindful of the limitations of remote consulting in identifying safeguarding concerns.</p> <p>In addition to the requirements set out in the Safeguarding Policy, the additional safeguards will be put in place:</p> <ul style="list-style-type: none"> - The impact of “lockdown” and self-isolation on vulnerable people’s ability to avoid abusive situations (e.g. potential inability to stay with a friend/relative in order to avoid an abusive partner)

	<p>will be considered as part of the decision-making process in response to a safeguarding concern.</p> <ul style="list-style-type: none"> - Patients identified as vulnerable/at risk of abuse (including, but not limited to, children on the child protection register) are not suitable for remote consultations and must in all cases be seen in person (by home visit if necessary due to self-isolation). - During remote consultations, clinicians must in all cases establish and record the patient's location at the start of the consultation; this information will be passed to the police so that they can attend the patient's given location in the event of a serious safeguarding concern where the patient is considered to be in immediate danger. - Where a member of staff has concerns about the welfare of a patient during a remote consultation, this should be discussed with the safeguarding lead and arrangements should be made to see the patient face to face where necessary. There should be a low threshold for converting a remote consultation to a face to face appointment where a member of staff has a safeguarding concern.
<p>Health and Safety</p>	<p>In addition to changes to health and safety arrangements outlined in other sections of this document, KGPC will take all possible steps to make changes to its premises and internal set-up to facilitate government recommendations.</p> <p>This includes social distancing recommendations, where current recommendations state that a minimum distance of 1 metre should be maintained between individuals, with a 2 metre distance recommended where possible. In order to facilitate this, KGPC has taken the following measures:</p> <ul style="list-style-type: none"> - Chairs in the patient waiting area have been re-arranged to provide a 2m distance between each chair/patients will be instructed to select seats in the waiting area to allow for 2m distance - Desks in office areas are arranged to allow 2m distance between staff members - Limits to the number of staff members permitted in kitchen and communal staff areas will be observed by all staff (these will differ depending on the specific site) <p>It is the responsibility of all staff to comply with social distancing recommendations, including compliance with all restrictions on movement put in place by "host</p>

	<p>practices”. Intentional failure to comply with these restrictions may result in disciplinary action.</p> <p><u>Significant Events and RIDDOR</u></p> <p>It is a legal requirement for work-place acquired COVID to be reported to the Health and Safety Executive in circumstances where:</p> <ul style="list-style-type: none"> - An accident or incident at work has, or could have, led to escape of coronavirus - A person at work has been diagnosed as having COVID attributed to an occupational exposure to coronavirus - A worker dies as a result of occupational exposure to coronavirus. <p>Where a RIDDOR report is made, the incident must also be reported as a significant event, using KGPC’s significant event reporting form.</p>
<p>Business continuity</p>	<p>Measures are in place to screen all patients prior to their appointment to enable patient cohorting and to postpone non-urgent appointments for COVID-19 symptomatic patients. These measures should significantly limit the possibility of contact between symptomatic and non-symptomatic individuals. These arrangements are set out in detail in the COVID-19 patient appointment procedures for each service.</p> <p>Arrangements are in place for premises decontamination following exposure to a COVID-symptomatic individual. These are set out in detail in the COVID-19 IPC procedure for each site.</p> <p>Where a member of staff develops symptoms of COVID-19, all other staff members they have worked with and all patients they have seen within the preceding 48 hours will be notified. Staff members will be contacted by their manager via phone call and patients will be contacted via text message; the identity of the symptomatic individual will not be disclosed, staff and patients will simply be informed that “someone they work with/someone they had contact with during their appointment” has COVID-19 symptoms. Government guidance states that there is no need for these contacts to self-isolate until the outcome of the symptomatic individual’s test is known, but that contacts must take extra care in social distancing and hand hygiene during this period.</p> <p>The symptomatic member of staff must get tested as soon as possible. The outcome of the test will be shared with all those previously notified (keeping the</p>

	<p>symptomatic member of staff's identity withheld); where their test is negative, all contacts will be told there is no further action; where the test is positive, all contacts will be told they must self-isolate for 14 days and get tested if they develop symptoms (their household members do not need to self-isolate unless the "contact" develops symptoms).</p> <p>In all cases (whether the symptomatic individual tests positive or negative) the incident should be recorded as a significant event.</p> <p>Where a patient discloses that they have developed COVID-19 symptoms following their appointment, this should be recorded as a significant event. A documented consideration (recorded as part of the SEA) should be given to whether any contacts should be notified; this will depend on the length of time the symptomatic individual was in contact with other patients/staff, distance maintained between individuals, and whether PPE was worn by either/both parties. Where it is decided that notifying certain/all contacts is appropriate, this will be done using the same process as for symptomatic staff. Where it is decided that contacts do not need to be informed, this decision and the rationale behind it should form part of the SEA record.</p> <p>Where staff members are required to self-isolate, staff cover will be arranged in line with KGPC's established Contingency Plans for each service.</p>
<p>Recruitment</p>	<p>A COVID-19 risk assessment will be carried-out on all roles as part of the recruitment process, and the outcome of the risk assessment will be shared with potential candidates. Where the role-specific risk level is "medium" or above and there is no scope for mitigating actions which may reduce the risk (e.g. if the role requires face to face patient contact), this must be made clear to potential candidates.</p> <p>Once the successful candidate has been selected, the "individual risk" section of the staff risk assessment will be completed as part of the pre-employment checks. Where the candidate's individual risk level, combined with the role-specific risk level, results in the overall risk level being unacceptably high, KGPC will take this into account when making the decision about whether the candidate is suitable for the role.</p>

<p>New staff induction</p>	<p>COVID-specific arrangements relevant to the new staff member's role will be included in the new staff induction process and recorded on the induction record sheet. For all staff this will include:</p> <ul style="list-style-type: none"> - A practical session with a suitably qualified member of staff on hand washing, donning/doffing PPE, a demonstration of the decontamination process for areas relevant to the new staff member's role. - An awareness discussion, led by the staff member's manager or HR officer regarding the symptoms of COVID-19, the current government guidance regarding self-isolation where an individual has symptoms or has been in contact with someone with symptoms. - Information about KGPC's arrangements for notifying and workload handover should the staff member find they need to self-isolate due to developing symptoms of COVID-19 or coming into contact with someone who is symptomatic. - A full walk-through of the process for face to face contact with patients will be completed, relevant to the staff member's role; this will be led by a suitable member of staff (usually the relevant service manager). <p>Additionally, for clinical staff:</p> <ul style="list-style-type: none"> - A copy of current guidance on managing possible/confirmed COVID patients will be provided and a meeting with a senior clinical colleague will be arranged to discuss their understanding and answer any questions.
<p>Staff sickness</p>	<p>Staff with COVID-19 symptoms/contact with someone symptomatic</p> <p>All staff members must self-isolate in line with government guidelines if they:</p> <ul style="list-style-type: none"> - Develop COVID-19 symptoms - Live in a household with someone who has symptoms - Are informed by the government's COVID-19 tracers that they have been in contact with a confirmed case <p>The staff member must notify their manager as soon as is practicably possible if any of the circumstances above apply; they must not wait until they are next due into work before notifying their manager.</p> <p>Staff members who develop COVID symptoms or who live with someone who develops symptoms</p>

should make arrangements to get tested (or for their household member to be tested), in line with government guidance and local testing arrangements. The staff member must inform their manager of the outcome of the test as soon as it is known.

Sickness leave arrangements

Where the staff member/someone in their household tests negative for COVID-19, the staff member will be expected to return to work if they are well enough.

Where a “COVID-negative” staff member is too unwell to return to work (with an illness which has similar symptoms to COVID-19 but has confirmed to not be), they should not return to work until they have recovered; this sickness period will be handled under the established staff sickness policy.

Where the staff member is sufficiently unwell with confirmed COVID-19 to be unable to work, they will be recorded as being on sickness leave and will be paid sickness pay, in line with established policy.

Home working during self-isolation periods

Where a staff member with confirmed COVID is experiencing mild symptoms but feels well enough to work, or where they are self-isolating as a result of contact with someone who is symptomatic/a confirmed case, KGPC will make efforts to enable them to work from home, in line with the Home Working policy.

Where their role cannot be performed remotely, and KGPC is unable to redeploy them into a different role for the duration of their self-isolation, the member of staff will be paid sickness pay, in line with the established staff sickness policy. Any staff member who is unable to work due to self-isolation must complete a self-isolation note (available via the [NHS111 website](#)).

Staff members identified as vulnerable

All staff members will be risk assessed to identify their individual risk category (i.e. any risks posed by their personal circumstances) and the risks relating to their job role. This risk assessment will take into account the criteria set out by the government for categorising an individual as “clinically extremely vulnerable” or “clinically vulnerable”.

	<p>For staff assessed as “clinically extremely vulnerable”, KGPC will make efforts to enable home working for the duration of the period that they are advised to “shield”. Where the member of staff’s substantive role cannot be performed remotely, KGPC will consider all options for redeployment into an alternative role at an equivalent grade which can be performed remotely.</p> <p>Where the member of staff cannot work remotely, they will be paid Statutory Sickness Pay where eligible.</p> <p>For staff assessed as “clinically vulnerable”, KGPC will make efforts to enable home working where possible. Where the staff member’s role cannot be performed from home, KGPC will consider how workplace risks can be managed in order to reduce the overall risk of them attending the workplace to an acceptable level.</p> <p>Staff unwilling to attend work Where a staff member is unwilling to attend work because they are concerned about risks relating to COVID-19 (including those who are categorised as “clinically vulnerable”), they should discuss their concerns with their manager in the first instance. During this discussion the staff member should try to be as specific as possible about the areas they are concerned about. This discussion should be documented and the staff member’s specific concerns should be listed as part of this record. A copy of the record of the meeting should be shared with the staff member. KGPC will consider the staff member’s concerns, and as far as possible, will work with the staff member to put in place arrangements to address their concerns. This may involve further meetings, all of which should be documented.</p> <p>Where the staff member remains sufficiently concerned that they are unwilling to attend work, KGPC will consider alternative options, such as granting a period of unpaid leave.</p>
<p>Occupational Health</p>	<p>Risk assessment and access to occupational health services KGPC will risk assess all staff in order to identify any personal circumstances which may raise their risk of serious illness should they contract COVID-19, and to</p>

	<p>identify and put mitigating actions in place in relation to risks of contracting COVID-19 posed by their working environment and job role.</p> <p>The outcome of the staff risk assessment may impact on the staff member's role (e.g. where a member of clinical staff is assessed as "high risk" they may be assigned to carrying out remote consultations only).</p> <p>The risk assessment process will be carried out jointly between the staff member and their manager, and the resultant decision about the impact on their role will be discussed with them.</p> <p>All staff members have access to occupational health services, in line with KGPC's established occupational health policy. Staff members may be asked to attend an occupational health assessment should their manager require specialist advice as part of the risk assessment process.</p> <p>COVID-19 antibody testing All NHS staff are entitled to receive an antibody test in order to establish whether they have had COVID-19. Further information about antibody testing is available on the Department of Health and Social Care's website.</p> <p>Staff members can access a test via their own registered GP. Staff should contact their own GP to make arrangements for a test. Where required, KGPC will provide a supporting letter for the staff member to present to their registered GP to confirm that they are entitled to a test.</p> <p>All staff should note that whilst the antibody test may be able to detect whether an individual has had COVID-19, it remains unclear whether the presence of antibodies provides any protection against contracting COVID-19 in the future.</p> <p>Therefore, regardless of the result of an antibody test, all staff are required to follow government and internal guidance and policies with regards to social distancing, self-isolation and future testing.</p> <p>The outcome of antibody testing will not be included as part of the staff risk assessment process.</p>
<p>Infection prevention and</p>	<p>Risk assessment and audit</p>

<p>control</p>	<p>In addition to KGPC's established process of requiring "host sites" to provide evidence of IPC risk assessment and audit, KGPC will require "host sites" to provide evidence that they have completed an IPC risk assessment specific to the risks relating to the spread of COVID-19, and that the "host sites" have in place a system of audit to monitor compliance with risk mitigation plans.</p> <p>KGPC will consider and document IPC risks posed by any new arrangements put in place in response to the COVID-19 risk (e.g. when establishing arrangements for face to face appointments with "hot" patients). Details of any risk mitigation plans put in place to address these risks will be documented.</p> <p>Staff training In addition to the staff training requirements already in place, internal training will be provided to all staff to cover the following areas:</p> <ul style="list-style-type: none"> - Hand washing - Donning and doffing PPE - Decontamination of workspace/clinical areas following contact with a possible/confirmed COVID-19 case <p>Where staff are not able to attend training in-person, they will be asked to watch the following instructional videos:</p> <p>Hand washing Donning and doffing PPE Decontamination of workspace</p> <p>COVID-19 environmental decontamination Decontamination of the practice environment, including clinical areas and waiting areas, following attendance by a possible/confirmed COVID patient, will be carried-out in line with KGPC's (site-specific) COVID IPC/decontamination process.</p>
<p>Home working</p>	<p>Priority for home working KGPC will endeavour to put in place arrangements for home working, in line with its established home working policy.</p> <p>Where there are limits to the number of staff who can work from home (either due to the availability of IT equipment, or due to operational considerations), priority for home working will be given to the following groups:</p>

	<p>Priority level 1(in no particular order):</p> <ul style="list-style-type: none"> - Staff with possible/confirmed COVID-19 - Staff living in a household with a possible/confirmed COVID-19 case - Staff instructed to self-isolate by government tracers due to contact with a confirmed COVID-19 case - Staff instructed by the government to “shield” due to being categorised as “clinically extremely vulnerable” <p>Priority level 2 (in no particular order):</p> <ul style="list-style-type: none"> - Staff categorised as “clinically vulnerable” - Staff living with a household member who falls into the “shielding” group - Those whose staff risk assessment overall risk level is “medium” or above - Those whose role can be performed remotely with no need for any change to their job description and with no operational impact <p>Priority level 3:</p> <ul style="list-style-type: none"> - Any staff not fitting into the categories above. <p>Arranging home working KGPC’s home working policy states that agreement for home working must be made with the staff member’s manager in advance. KGPC acknowledges that where the reason for home working being required is due to the staff member/ someone in their household becoming COVID symptomatic, it may not be possible for home working arrangements to be made in advance.</p> <p>However, as stated above, the staff member must notify their manager should they/their household member be impacted by COVID-19, even if their normal working pattern would not require them to come into work for several days (e.g. if they only work Monday to Wednesday and they become symptomatic on a Thursday); as this will enable extra time to make the necessary arrangements to facilitate home working.</p>
<p>Patient appointments</p>	<p>During the period that the COVID-19 supplementary policies are in place, established patient appointment arrangements will be replaced by the process outlined in KGPC’s COVID-19 patient appointment process.</p>
<p>Medical emergencies</p>	<p>In line with Resuscitation Council UK guidance, KGPC considers chest compressions performed as part of CPR to be an Aerosol Generating Procedure</p>

	<p>(AGP), which requires AGP PPE (eye protection, FFP3 mask, gloves, long sleeved fluid repellent gown) to be worn by staff who perform chest compressions or are present when they are performed.</p> <p>AGP PPE (including eye protection, FFP3 mask, gloves) is available for staff to use when performing CPR on a COVID patient with the exception of long sleeved fluid repellent gowns, which are not available due to a national shortage. As an alternative to the gowns, lab coats and disposable aprons are available; however, it is for each member of staff to decide whether they would be content to perform resuscitation with the PPE available.</p> <p>A set of AGP PPE is stored in the orange bag next to the defibrillator.</p> <p>Where CPR is required, the defibrillator and bag of PPE should be collected immediately and brought to the location of the patient. All staff and other patients should be removed from the area where the patient is located, with the exception of those directly involved in the resuscitation process. The resuscitation team should then don appropriate PPE before commencing resuscitation. Where those who will be attempting resuscitation are not located in the same room as the patient at the time of their cardiac arrest, they must don the PPE before entering the room.</p> <p>Where the member of staff decides not to perform chest compressions, advice is to attach an automated defibrillator to the patient and to immediately call for assistance via 999.</p>
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