

COVID-19 Infection Control/decontamination process
The Village (Kingston Education Centre)

This document outlines the arrangements and procedures for safely managing patients on the premises in the context of COVID-19. It is intended to as a supplement Kingston GP Chambers' (KGPC) substantive policies/documents, including:

- Infection Prevention and Control
- Remote Consulting
- Home Working
- COVID-19 patient appointment procedure

Information in this document is based on [NHS England's IPC guidance version 3](#), last updated on 18 May 2020.

1. Categorising patients

All patients requesting an appointment will be booked for a telephone consultation in the first instance. Where possible, patients will be dealt with remotely for the entirety of their care episode, in line with KGPC's Remote Consulting Policy.

Where a face to face consultation is clinically indicated, or a patient is unable to access remote consultations (e.g. they don't have a computer/smart phone), a face to face appointment will be booked for them in line with the KGPC's COVID-19 patient appointment procedure.

All patients requiring a face to face appointment will be asked the following screening questions:

- Do they have confirmed COVID-19, and are within the 10 day self-isolation period?
- Do they have any symptoms of COVID-19:
 - o High temperature
 - o New continuous cough
 - o Loss or change to sense of taste or smell
- Are they within the 14 day self-isolation period due to a member of their household having confirmed/possible COVID-19 or because they have been contacted by government tracers to say they have been in contact with a confirmed case?

If the patient answers "yes" to any of the questions above, they will be categorised as a "hot" patient. Kingston Education Centre (KEC) does not see "hot" patients face to face.

Where a patient who needs to be seen face to face is identified as a "hot" patient, appropriate alternative arrangements will be made for them to access care. This may include advising them to make an appointment with their registered practice, booking them into an Extended Hours appointment, or advising them to attend A&E.

2. IPC process for "cold" areas

Premises arrangements for "cold" patient areas:

- Stock of masks and alcohol gel kept inside door
- Waiting area set up to enable 2m social distancing between chairs
- Protective screen fitted to reception desk
- Face mask to be worn by staff when 2m social distancing between themselves and a patient cannot be achieved.

Patient process:

Patients should arrive at the main entrance to the building and report to reception.

If the patient is not already wearing a face covering, the receptionist will hand them a surgical mask and ask them to put it on. The patient will then be asked to use the hand sanitiser on the reception desk.

The patient will be asked to sit in the waiting area until called.

During clinical consultations, the clinician should maintain 2m social distance from the patient where possible (e.g. where taking history, etc). Where a physical examination/treatment is indicated which requires the clinician come within 2m distance of the patient, the clinician must wear a mask.

Where the patient declines to wear a mask, the clinician they are booked to see should explore the reasons for this (the clinician must wear a mask themselves and maintain 2m social distance during this conversation; the conversation should be held in a confidential environment where possible) and consider alternative arrangements which may be acceptable to the patient (e.g. wearing a visor). In all cases, where a patient does not wear a mask, the clinician must wear a mask and must maintain social distance as far as possible.

Where no reasonable alternative to wearing a mask can be found, the clinician should consider the following in order to decide whether to go ahead with the consultation:

- The reasons given by the patient for declining to wear a mask (i.e. whether there is a valid clinical reason, or whether the patient simply does not want to wear one).
- Whether it is clinically safe to see the patient without them wearing a mask (balancing the potential COVID implications against the clinical risks associated with not going ahead with the consultation).
- The type of appointment the patient is booked for; i.e. whether it will be possible for social distancing to be maintained.
- Whether any clinical reason will be short term; e.g. the patient is suffering with breathing difficulties due to exacerbation of asthma, which may ease. Where this is the case, the clinician should consider postponing the consultation to a time when the patient feels comfortable wearing a mask.

Where the clinician decides that they will not proceed with the consultation, they should inform the patient of this decision. The decision should be recorded in the patient's notes.

All "cold" areas, including waiting areas and clinical areas which have been solely used for "cold" patients will be cleaned at the end of each day.

3. Process where patients attend an appointment with undeclared COVID-19 symptoms

It is possible that a patient may attend a KEC appointment even though they are displaying symptoms of COVID-19 (e.g. due to the patient failing to provide accurate information during their phone consultation, or failing to notify the practice that they have developed new symptoms).

1. All “cold” patients should be asked the COVID-19 screening questions by the receptionist before they can enter the building. Where they declare COVID-19 symptoms to the receptionist, they should be re-categorised as a “hot” patient and asked to wait in the “hot” room (the treatment room – first room after reception). The receptionist will then put on gloves and an apron, and wipe down any items touched by the patient (door handle, etc) using Clinell wipes.

Once the patient is in the “hot” room, the GP will then call the patient by phone to discuss their symptoms and establish whether they need to be seen urgently. Where there is a need for them to be seen, the GP will put on full PPE and go down to see the patient in the “hot” room (following the instructions from point 3 below). Students should not accompany the GP to see any “hot” patients.

2. Where the patient’s symptoms are only identified once they are in the consulting room, the clinician should immediately ask the students to leave. The clinician should then put on full PPE – goggles, mask, apron, double gloves (the patient should already be wearing a face covering, in line with the “cold” patient process). The clinician should contact the receptionist and instruct them to either perform a wipe-down of the seat in the waiting area that the patient had sat in (see section 4), or cordon-off the area, pending decontamination by another member of staff.
3. The clinician can then continue the consultation, treating the patient as a “hot” patient. Where the clinician has been risk assessed as unsuitable for seeing “hot” patients (e.g. due to an underlying medical condition), they should not continue the consultation, but should immediately leave the consulting room, closing the door behind them. They should then perform hand hygiene. The clinician should then arrange for an alternative clinician to continue the consultation (once the alternative clinician has put on full PPE).

4. Decontamination of room and equipment

Once the consultation with the patient is finished, the clinician should remove the top layer glove and place it in the clinical waste bin. They should then open the consulting room door and lead the patient to the side exit door. The patient should be asked not to touch anything on their way out.

The clinician should then decontaminate the room and all clinical equipment, as outlined in [Appendix C](#) before the room can be seen for “cold” patients.

Having decontaminated the room, the clinician should then remove their PPE as follows (see also [Appendix A](#) and [Appendix B](#)), placing each item into the clinical waste bin:

- a) Remove gloves
- b) Perform hand hygiene
- c) Remove apron
- d) Perform hand hygiene
- e) Remove eye protection and wipe with disinfectant wipe (where non-disposable)
- f) Perform hand hygiene
- g) Remove mask
- h) Perform hand hygiene

5. Notifying staff/patients that they have been in contact with a confirmed/possible COVID case.

Where it becomes apparent that staff/patients have been in contact with a possible/confirmed COVID case, KGPC will contact those concerned to notify them, as per the arrangements laid out in the Business Continuity section of the COVID-19 Supplementary Policy.

6. Risk assessment and audit

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.

7. 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:

- Hand washing
- Donning and doffing PPE
- Decontamination of workspace/clinical areas following contact with a possible/confirmed COVID-19 case

Where staff are not able to attend training in-person, they will be asked to watch the following instructional videos:

[Hand washing](#)

[Donning](#) and [doffing](#) PPE

[Decontamination of workspace](#)

8. Staff testing

In line with NHSE's guidance, all patient-facing staff will be expected to comply with self-administered twice-weekly lateral flow tests. Staff will be advised of the statutory requirement for reporting test results via the government's online portal. All staff will be provided with the name

and contact details of the person they should go to should they have any questions about the testing process.

KGPC will monitor compliance with the testing programme by random spot-checks, whereby individual staff members will be asked to supply evidence of having submitted the result of their most recent test.

KEC students will take a test twice weekly. They will be responsible for reporting the outcome of the test via the government portal and reporting the details to the KEC Co-ordinator.

Appendix A



Appendix B

Guide to donning and doffing standard Personal Protective Equipment (PPE)

for health and social care settings

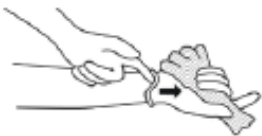


Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.





- 1 Put on your plastic apron, making sure it is tied securely at the back. 
- 2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin. 
- 3 Put on your eye protection if there is a risk of splashing. 
- 4 Put on non-sterile nitrile gloves. 
- 5 You are now ready to enter the patient area. 

Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 
- 2 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 3 Snap or unfasten apron ties the neck and allow to fall forward. 

Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.

- 4 Once outside the patient room. Remove eye protection. 
- 5 Perform hand hygiene using alcohol hand gel or rub, or soap and water. 
- 6 Remove surgical mask. 
- 7 Now wash your hands with soap and water. 

Appendix C

Cleaning schedules

| Completed after each patient | Completed daily |
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| <p>Wiping of clinical equipment using a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine (e.g. antichlor solution or Clinnel wipes). All wipes/cloths used should be disposed of after use.</p> | <p>Thorough clean of all “hot” patient areas, including furniture and fixtures/fittings in these areas using chlorine-based disinfectant. All wipes/cloths used should be disposed of after use.</p> |
| <p>Wiping of furniture touched by the patient (or touched by the clinician when their hands are “dirty” – i.e. after they have touched the patient) using chlorine-based disinfectant. All wipes/clothes used should be disposed of after use.</p> <p>NB. This includes “fixtures” such as door handles, light switches, etc.</p> | <p>Mopping of floors using chlorine-based disinfectant. Mopping should be done from the point furthest from the door, working towards the door. Mop heads should be disposed of after use.</p> |
| <p>Mopping of floors using chlorine-based disinfectant where there has been a spillage of body fluids. Mop heads should be disposed of after use.</p> | <p>Staff assigned to “hot” patients should change out of the clothing that they have worn underneath their PPE before leaving the premises.</p> <p>“Dirty” clothing should be placed in a disposable plastic bag, and then hand hygiene should be performed.</p> <p>The contents of the bag should be emptied directly into the staff member’s washing machine when they arrive home and should be laundered as follows:</p> <ul style="list-style-type: none"> - separately from other household linen - in a load not more than half the machine capacity - at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried <p>The plastic bag should then be disposed of in household waste.</p> |
| <p>Where possible, windows in “hot” consulting rooms should be opened between patients to allow an exchange</p> | |

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| of air. | |
| The reception desk should be frequently wiped throughout the day, using disinfectant wipes. | |
| Detergent should be disposed of in a toilet or sluice | |