

Guidance Document – ‘Living with Covid’

This guidance document outlines how services within the Integrated Primary and Community Care Group operate safely and consistently under the new term ‘Living with Covid’. Each Service area has their own individual Standard Operating Procedure (SOP) which goes hand in hand with this guidance.

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Integrated Primary & Community Care

General Guidance

All services are open and operating 'business as usual' with some added safety measures in place. In particular this is with regard triaging and asking patients Covid-19 related questions (Appendix 1) to mitigate risk; following PPE guidance, good hand hygiene and social distancing and all information is available via <https://covid19.gov.im/public-health-guidance/>.

Services that are operating on behalf of Manx Care under contractual agreements will continue to deliver, in full, their contractual responsibilities.

Travel restrictions have been lifted and now allow for people to travel to the Isle of Man after visiting any countries identified on England's 'green' or 'amber' list countries which can be found via <https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england?step-by-step-nav=8c0c7b83-5e0b-4bed-9121-1c394e2f96f3>. An important change has been made to allow any travellers (which includes staff who work within health and social care settings) to enter healthcare facilities on arrival back on the Island for routine care as well as for emergency care. For travellers to 'red' listed countries, the rules remain unchanged and travellers will not be able to travel to the Isle of Man after visiting one of these countries until they have quarantined in a managed hotel and undergone two Covid-19 tests (<https://covid19.gov.im/travel/travel-frequently-asked-questions/>).

Patient Access to Services

Information for patients on accessing healthcare facilities following travel is available via the Covid-19 Webpages, in particular the 'Be Safe, Be Smart, Be Kind' guidance (<https://covid19.gov.im/general-information/be-safe-be-smart-be-kind/>). As above, there are currently no restrictions for patients who have travelled on accessing healthcare facilities unless they have been legally instructed to self-isolate by the 111 Team as part of a travel pathway to enter the Island.

Staff – Returning to Work following Travel

With the lifting of restrictions for people who have travelled being able to access healthcare facilities, all staff, whether employed directly by Manx Care or those employed/working on behalf of a contract provider¹, are now able to return to work on their return to the Island – without the requirement to request approval to do so. There is no requirement for staff who

¹ This includes those working in Private only Dental Practices

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have returned from travel to take their breaks separately to their colleagues, however they should maintain a 2 meter distance from colleagues in changing rooms/break rooms (whenever they are taking off their mask to change, eat or drink – this applies to visiting staff/keyworkers below).

Visiting Staff/Keyworkers

Visiting staff or keyworkers² are able to come to the Island and access/work within healthcare facilities without restriction providing they are travelling in from a 'green' or 'amber' listed country (as above).

Close Contacts – Patients and Staff

People are no longer being contact traced to establish whether or not they are considered a 'close contact'. However, a 'close contact' would be contact with a person, within the last 10 days, who has tested positive for Covid-19. When in contact you would have been within a 2 meter distance for 15 minutes or longer with the person and this would be mitigated further by circumstance i.e. if it was in a healthcare setting and both you and the other person were in PPE then the risk would be negligible (see Appendix 2 – Covid-19 Guide for Staff if identified as a 'close contact').

Patients

A patient identified as being a 'close contact' should not access any healthcare facility for up to 10 days after they had come into contact with the person who tested positive for Covid-19 and, providing they themselves are not symptomatic. If the patient needs to be seen as a matter of urgency/emergency for a face to face appointment, high risk protocols should be followed, otherwise the patient should receive care via telephone consultation and AAA (Advice, Analgesia or Antibiotics) approach. Patients deemed to be a 'close contact' will be captured on triage when they are asked the Covid-19 questions.

Staff

If a staff member deems to be a 'close contact' of a person who has tested positive for Covid-19 they can still attend work. It is the responsibility of the manager of the area the staff member works within to undertake a Root Cause Analysis and identify any contacts that staff member has had since they had contact with the positive case and staff are

² This includes engineers or visitors who are visiting areas/practices for a business need

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responsible for following the correct procedure. See Appendix 3 "Staff Guide – Positive for Covid-19". Manx Care areas or Care homes (Residential) should submit a copy of the Root Cause Analysis form to the Infection Control Team by email to InfectionPrevention&ControlTeam.DHSC@nobles.dhss.gov.im. Contracted services may use the RCA and retain for their own records.

Staff Member – Tests Positive for Covid-19

If a staff member displays symptoms of Covid-19 they should self-isolate and arrange for a PCR test. The easiest and quickest way to organise this is to use the online 'Request a PCR test online' via <https://covid19.gov.im/about-coronavirus/testing-results/>. Alternatively staff can contact 111 to arrange for a test.

If a staff member tests positive for Covid-19 or is symptomatic they must not attend for work and must self-isolate for a full 10 days (the isolation period commences on day one of a positive result). The staff member must have a negative result on a lateral flow test on day 10 prior to returning to work (lateral flow tests can be obtained³ via a number of pharmacies and locations – see <https://covid19.gov.im/general-information/lateral-flow-home-testing/> for more information). Follow the "Staff Guide – Positive for Covid-19". The staff member's line manager will commence a Root Cause Analysis (Appendix 4) to identify any high or low risk contacts that staff member may have had in the workplace and record these on the "High/Low Risk Contact Record Sheet" (Appendix 5).

Lateral Flow Devices

Testing Staff

Service areas can obtain Lateral Flow Devices (LFDs) and have the option to have staff teams test twice a week as a matter of caution to protect patients, staff and support infection prevention and control. The LFDs can be obtained via an order form (Appendix 6 – PPE and Lateral Flow Device Stock Order Form). Requests can be made Monday-Friday and should be emailed to PPERequests.Nobles@gov.im. For Manx Care operated Services the order form also includes other items on the order list for PPE/Sanitiser and is attached to this document separately.

³ Contractors are able to obtain stock of lateral flow tests for their staff for if they are required

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Testing Visitors to Care Homes

It is recommended that twice weekly lateral flow tests of regular visitors to care homes for screening purposes are undertaken. One off or an occasional visitor will need to have a negative LFD test prior to visiting a care home resident. As above, care homes can obtain stock of LFDs for their visitors.

Recording Results of Lateral Flow Tests

Results of lateral flow tests undertaken should be reported (regardless of the result) via the webpage <https://covid19.gov.im/about-coronavirus/testing-results/>. If a positive result is found from the LFD for a resident, patient or staff member a PCR swab should be arranged (LFD tests are part of the overall preventative strategy and do not replace the PCR testing). As above, the PCR test can be arranged online or via 111.

Providing treatment to patients

All areas:

- Every patient should, where possible, contact their Practices/Service initially by phone.
- Before any face to face (F2F) appointment, patients will be asked the Covid-19 questions (Appendix 1), to identify whether the patient is high or low risk, and their care will be managed accordingly.
- For domiciliary/home visits some additional questions will be asked to ensure the safety of staff who may be entering a person's home/residence in relation to other household members being present as opposed to contact only being made with the patient.
- All answers given to the Covid-19 questions will be recorded and form part of the patient's record.

The approach for each of the service areas within the Integrated Primary and Community Care Group is set out below:

Dental Services

- Practices should continue to telephone triage every patient prior to offering appointments.
- All services can continue but clinicians and nurses should wear the appropriate PPE for every patient contact as per the PPE guidance (linked above).

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- Guidance to be followed and Covid-19 questions asked on initial triage and upon entering the dental practice for their planned appointment and for any parent/guardian also attending.
- The contractual obligations remain unchanged. In terms of units of dental activity each dental provider will be expected to continue to deliver on their contract.
- Each practice should follow the guidance and procedures for treating high risk patients.
- Usual cleaning schedules should be undertaken in line with Infection control guidance
- Service provision - Business as usual

Orthodontics (Hospital)

- Consultant Orthodontist will continue to travel to the Island on a monthly basis and will be tested for Covid-19 on a daily basis during their stay on-Island.
- Guidance to be followed for patients and Covid-19 questions asked on initial triage and upon arrival at the practice for their planned appointment (any parent/guardian also attending should be asked the Covid-19 questions).
- The appropriate PPE will be worn by Consultant and nurse/support staff.
- Administrator will be in attendance during clinics Parents/Guardians attending with children are encouraged to make use of the hand washing facilities available at the clinic before entering the surgery for their appointment.
- Usual cleaning schedules should be undertaken in line with infection control guidance
- Service provision - Business as Usual

Orthodontics (Primary Care)

- Orthodontic treatment will continue as normal. Practice should continue to telephone triage every patient prior to offering appointments.
- Guidance to be followed and Covid-19 questions asked on initial triage and upon entering the dental practice for their planned appointment and for any parent/guardian also attending.
- The appropriate PPE will be worn by the Specialist Orthodontist, nurse and supporting staff, as per the PPE guidance (linked above).
- Usual cleaning schedules should be undertaken in line with infection control guidance
- Service provision - Business as Usual

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Dental Laboratories

- Maintaining business as usual. Guidance to be followed and Covid-19 questions asked of any person prior to entering the dental laboratory to ensure they are low risk.
- Service provision - Business as Usual

Opticians

- Guidance to be followed and Covid-19 questions asked on initial triage and upon entering the optician practice for their planned appointment (and for any parent/guardian also attending).
- High risk patients should not be seen but if a high risk patient has an emergency there is a route via Nobles Emergency Department and patients should be redirected accordingly.
- Patients to be encouraged to use the handwashing facilities available to them at the practice.
- Usual cleaning schedules should be undertaken in line with PPE guidance.
- Service provision - Business as Usual

General Medical Services

- Guidance to be followed and Covid-19 questions asked on initial triage and upon entering the GP practice for their planned appointment and for any parent/guardian also attending.
- Low risk patients should be seen either by phone, VC or in person in each of the individual GP Practices
- High risk patients should have a telephone or VC consultation with their individual GP Practice. Following that consultation, if there is still a requirement for a high risk patient to be physically examined the GP practice can ensure patients are offered an appointment at a time when there will be minimal patient crossover within the practice (see Appendix 7 for further information on GP consultations).
- Any patient who has been assessed as high risk and the clinician determines that their condition would be more appropriate to be seen in a hospital setting should refer to the Nobles Ambulatory Care Standard Operating procedure. This requires speaking with the 'on call' doctor in ED to ensure appropriate and to advise of the patient being referred there for assessment.
- Service provision - Business as Usual

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GP Action follow up after covid questions

- GP's will be able to refer patients to the Covid-19 webpage for the patient to request a PCR test themselves via <https://covid19.gov.im/about-coronavirus/testing-results/>. The GP should request that the patient goes/stays home and isolates until the result of their PCR test.

Risk Assessment

Each Practice will carry out and document their own risk assessments in line with their insurance and regulator guidance for all elements of the Practice.

PPE & Further General Guidance

Appropriate PPE will need to be used as per the Primary Care, Community and Social Care settings for PPE (linked above).

1. Make safe arrangements for patients to collect any prescriptions, or assisting with getting medications to a patient if they are unable to collect their prescription themselves (or have someone collect it on their behalf).
2. Keep appropriate records of all patient contacts, including care management and onward referrals.
3. Ensure any onward referrals are made via the appropriate electronic referral template. This will require patient details, medical history, medications and COVID-19 status plus the presenting complaint, diagnosis and treatment request.
4. Ensure, if face to face consultations take place at the practice, that strict decontamination policies have been followed and adhered to, before and after every patient has attended who has or is suspected to have (after examination) Covid symptoms (or in the case of dental services if a 'high risk' patient has been seen).
5. Ensure all staff are equipped with the appropriate and correct PPE if undertaking any face to face consultations with Covid symptomatic patients.

Community Nursing

- Guidance to be followed and Covid-19 questions, including the additional questions regarding household members to be asked prior to carrying out any patient visit.
- Low risk patients will be seen as planned and clinicians will follow the appropriate PPE and IPC guidance.

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- High risk patients should have their visit deferred if possible. However, where the visit is deemed essential the patient will be seen at the end of the working day, providing their care need allows, and the appropriate PPE will be used. Minimal equipment will be taken into the home/residence and cleaning of the equipment should be carried out following the visit.
- Patients visiting treatment rooms will be asked the Covid-19 questions prior to their arrival (as well as any accompanying visitors). If they are 'high risk' they will be asked not to attend their appointment. If possible the appointment will be deferred but if deemed essential the patient will be offered a home visit as an alternative.
- Usual cleaning regimes will be undertaken in treatment rooms in line with Infection Control procedures.
- Service provision - Business as Usual

Diabetes and Endocrine Service

- Nobles Hospital will send patients a pre-appointment Covid-19 Assessment form on the booking of each F2F appointment at the clinic.
- On arrival for an appointment, patients (and any person escorting them) will be asked the Covid-19 questions.
- Low risk patients will be seen as normal.
- High risk patients – those captured by the pre-appointment assessment form or on arrival for their F2F appointment, will either have their appointment deferred or be offered a telephone consultation instead. If it is deemed necessary for the patient to be seen the *High Risk Patient Protocol for Face to Face Diabetes and Endocrine Appointments* will be followed.
- All staff, clinicians and patients (and any person escorting a patient) will follow the appropriate IPC and PPE guidelines.
- Service provision – business as usual.

Prison Healthcare Service

- On initial arrival at the prison, the prisoner (the patient) is escorted straight to F Wing where they are isolated.
- A Health Care Practitioner (HCP) will visit the patient at F Wing using the appropriate PPE to undertake an initial assessment.

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- The HCP will take a Covid-19 Swab of the patient at this appointment (day 1) and providing the swab result is negative the prisoner can be relocated to a mixed wing and will have another swab on day 6.
- If a prisoner refuses a swab they must remain in isolation for 21 days.
- Should anyone residing on the F Wing require medical assistance at any time an HCP will visit them for assessment following the appropriate IPC and PPE guidance.

Pharmacy

- All pharmacies are open as normal and there is no restriction to anyone entering the pharmacy itself.
- Staff must follow the IPC guidelines and will wear an IIR mask if a 2m social distancing cannot be achieved within the medicines area.
- If a patient requires a F2F appointment as part of the Minor Ailments Scheme or a discussion with the pharmacist, the patient will be asked to wear an IIR mask and be escorted into a private room for their consultation.

Primary Care Back Office Functions

Will continue unaffected with staff working a mixture of office and home working arrangements. Contact telephone numbers and email remain unchanged. All staff will follow guidance with regard to social distancing and PPE.

Covid-19 Questions

The following questions must be asked for every patient attending for an appointment or as part of the telephone triage prior to booking appointments. If the patient answers 'yes' to any of these questions you must mitigate the risk accordingly for seeing the patient for a face to face appointment (for example, AAA approach/telephone consultation in the first instance, where possible).

- Have you been advised to isolate for any reason in the last 10 days?
- Do you live in the same household as someone who currently has or has displayed Covid-19 symptoms within the last 10 days?
- Have you been in close contact⁴ with a person who has tested positive for Covid-19 in the last 10 days?
- Do you have a new continuous cough?
- Do you have a fever (temperature of 37.8 or higher)?
- Have you a loss of smell or taste?
- Are you suffering with a new 'shortness of breath' symptom?

Additional Questions to Ask for Home Visits/Domiciliary Visits

It will be important for clinicians to understand their surroundings if entering a person's home or place of residence and therefore the following questions regarding other household members/residents should be asked and risks mitigated accordingly, as follows:

- Has anyone in your household been advised to self-isolate, for any reason, in the last 21 days?*
- Has anyone in your household tested positive for Covid-19 in the last 10 days?

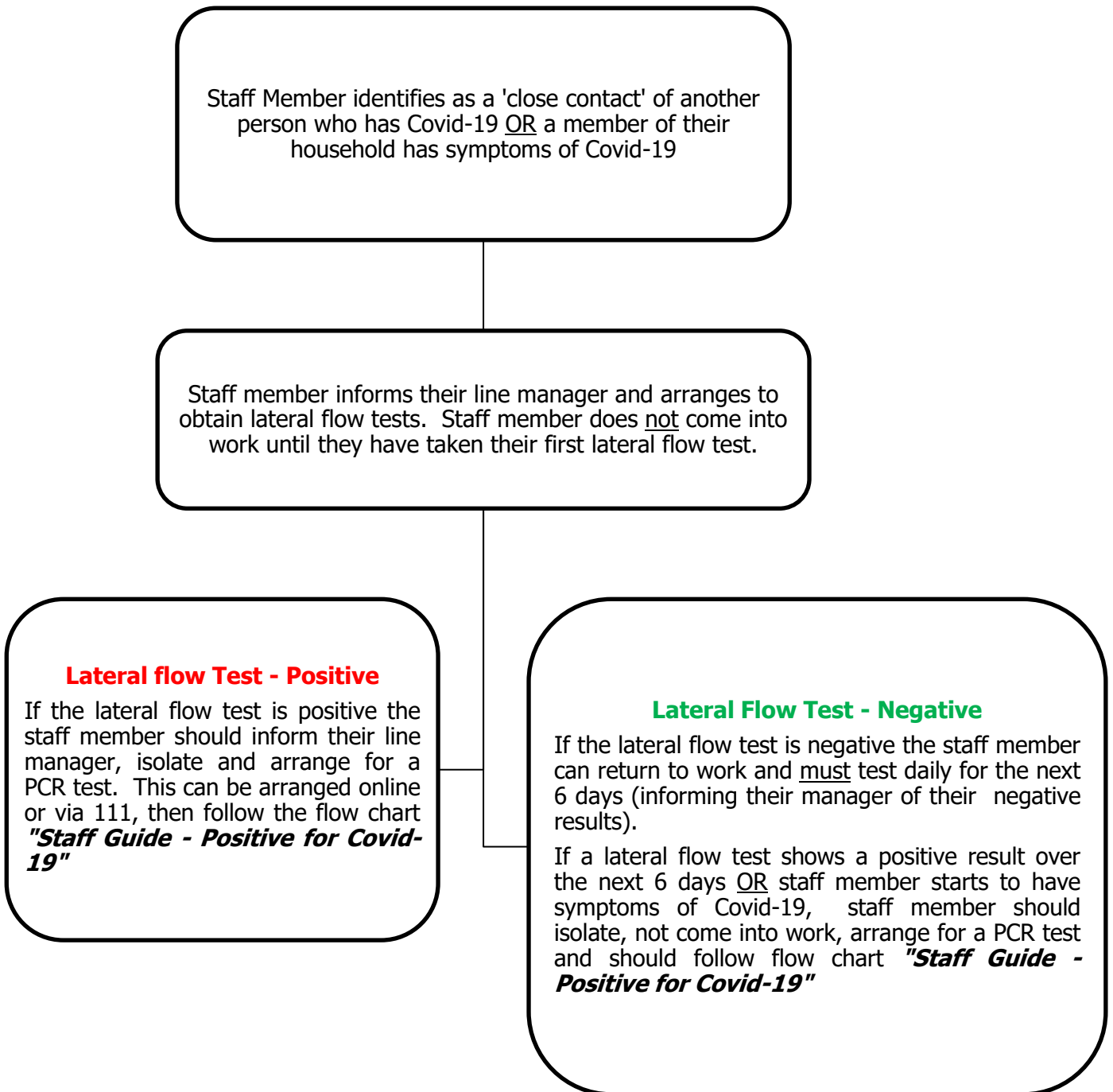
*this question relates to people who have travelled and elected not to be tested if they are not already considered 2+2.

If the answer is 'yes' to any of these additional questions the clinician will give the patient instructions on how they are able to visit them safely i.e. a request that all other household members remain in a separate area of the house during the visit.

⁴ Close contact means within a 2 meter distance for 15 minutes or longer with that person – this can be mitigated with the situation i.e. if you and the other person were wearing PPE at the time, in which case the risk would be negligible.

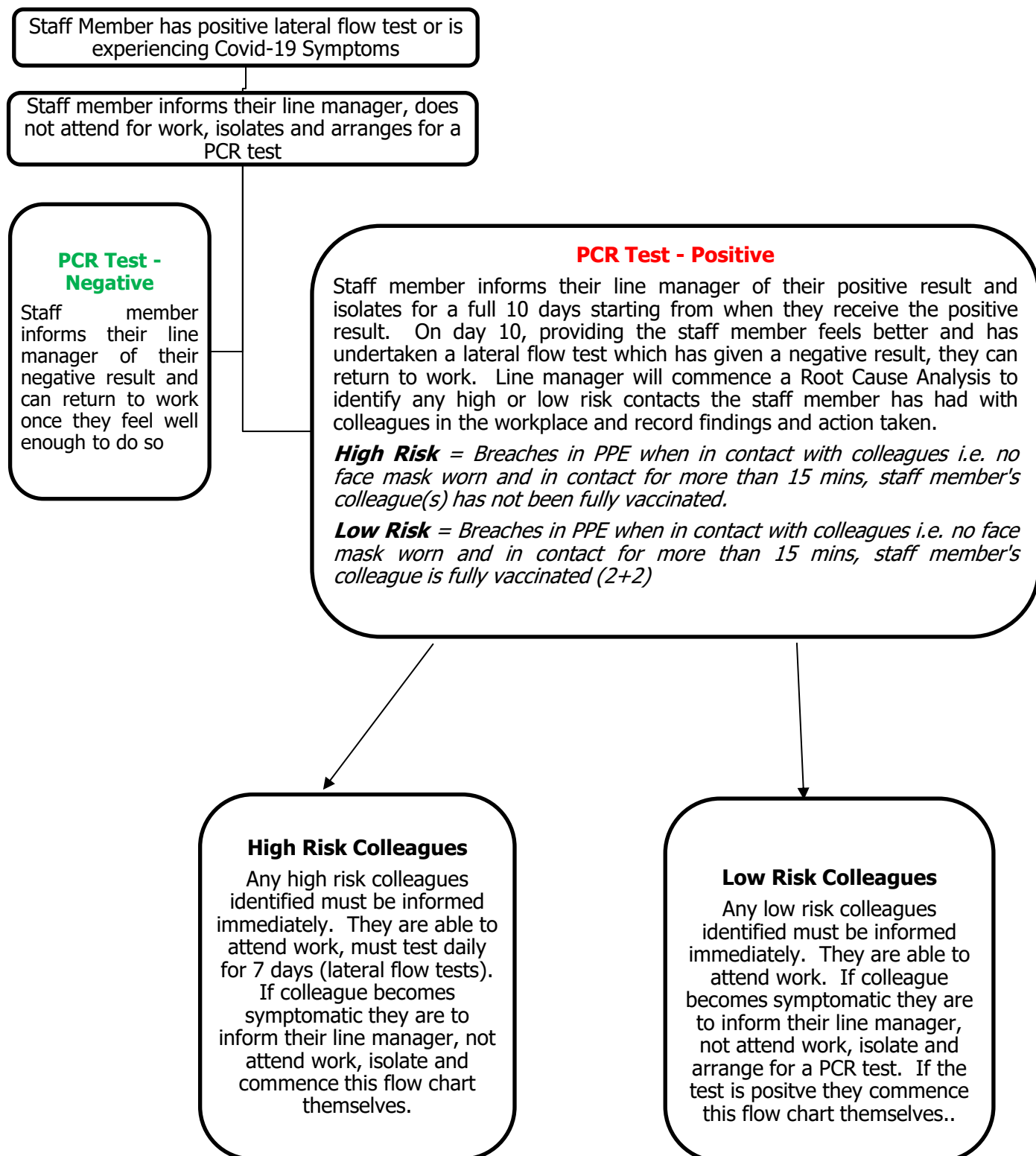
Covid-19 Guide for Staff if identified as a 'close contact'

This is a step by step guide for Staff for if they are identified as being a 'close contact' of a person who has tested positive for Covid-19 but are not showing symptoms themselves.



Staff Guide – Positive for Covid-19

This is a step by step guide for Staff if they are symptomatic or positive for Covid-19.





ROOT CAUSE ANALYSIS INTO SERIOUS INCIDENT

| | |
|--|------------------------------|
| <p><u>Terms of Reference</u> This RCA is being undertaken to:</p> | |
| <p>Records Reviewed:</p> | |
| <p>Date of Incident:</p> | |
| <p>Incident Type: Brief Description</p> | |
| <p>Reported By:</p> | <p>Date Reported:</p> |
| <p>Roles of Individuals Involved:</p> | |
| <p>Summary of Events</p> | |
| <p>IPC Support Summary</p> | |

Investigation Timeline

| Date | Person(s) Involved | Action |
|------|--------------------|--------|
| | | |
| | | |
| | | |
| | | |

Findings to Include:

- Timeline of staff member 48 hours prior to symptoms commencing, or prior to positive PCR test, or positive lateral flow test (if undertaken first)
- Number of high and low risk contacts (identify that contact form has been updated).

| | |
|-----------------------------|--------------|
| Contributing Factors | |
| | |
| Root Cause | |
| | |
| Recommendations | |
| | |
| RCA Completed By: | Date: |

Lateral Flow Device Stock Order Form

Please complete your requirements and email directly to PPERequests.Nobles@gov.im
Please note that orders will normally be satisfied with 48 hours of receipt of request Monday to Friday.

Service Area/Address: _____

Name of Person Placing Order: _____

Contact Telephone Number: _____

| Item | Pack Size | Qty Requested | Qty Supplied | Comments |
|---------------------|-----------|---------------|--------------|----------|
| Lateral Flow Device | Each | | | |

Authorised By: _____

Date: _____

Only the person responsible for authorising this order should submit it via email.

Issued by the Medical Director April 2020



Department of Health and Social Care

Position statement on visiting in primary care and when face to face consultations are needed.

The GMC Good medical practice describes what it means to be a good doctor.

It says that as a good doctor you will:

- make the care of your patient your first concern
- be competent and keep your professional knowledge and skills up to date
- take prompt action if you think patient safety is being compromised
- establish and maintain good partnerships with your patients and colleagues
- maintain trust in you and the profession by being open, honest and acting with integrity.

This guidance is split into four sections which describe the professional values and behaviours expected of any registered doctor. The expectation is that you will use your professional judgement and expertise to apply the principles in this guidance to the various situations you face.

GMC FAQ on remote consultations can be found here:

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote-consultations>

The decision whether to visit and assess a patient in person, or to make a virtual assessment, is for the individual clinician to decide. This will involve a consideration of the risks associated with a virtual assessment balanced against the risks from a face to face assessment. Weighing these risks and benefits in the balance, will ultimately identify which course of action is required in the patient's best interests, which must always be the doctor's first concern. As virtual working continues in time, there is a longitudinal impact for individual patients or groups of patients, whereby repeated decisions to carry out virtual assessments increases the need for a face to face consultation.