

3rd July 2020

Novel coronavirus (COVID-19) Operating Plan and Procedures General Medical Practice Phase 2

This SOP has been written in conjunction between the DHSC and the GP Reps

1. Introduction

This Standard Operating Procedure is to propose the phased approach related to the provision of GP Practice on the Isle of Man as a result of the SARS-CoV-2 pandemic, 2020.

This SOP follows guidance written by the DHSC in relation to the current phase of the covid emergency; currently that there have been no covid cases for over 1 month.

2. Background

- Coronavirus disease (**COVID-19**) is an infectious disease caused by a newly discovered coronavirus.
- The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact. This is consistent with a recent review of modes of transmission of COVID-19 by the World Health Organization (WHO).

The most common symptoms of coronavirus (COVID-19) are recent onset of **new continuous cough and/or high temperature and/or loss of taste/smell**

3. Current Position

GP Practices have remained open during the covid emergency. During the previous phase Practices have predominantly:

- Kept their doors closed to ensure that there has been an opportunity for all patients entering the building to have a covid assessment prior to opening;
- Requested that all patients who have covid symptoms contact 111 for assessment and appropriate referral for swabbing;
- Used the covid assessment for all patients making contact with the Practice;
- Used telephone triage as a first point of contact with patients;
- Provide telephone / video consultations where it is appropriate to do so;
- Provide face to face assessment and treatment for patients where clinically indicated, using the appropriate PPE;

- Social Distancing has been in place in Practice premises with patient being asked to wait in their car prior to their appointment;
- For Practices to have Perspex screens on the reception area; and
- There has been a 'no walk in' policy in general practice.

4. Proposed Next Steps

The proposed next steps for general practice are:

- Doors of the practice can now be open;
- Signs remain on Practice doors for patients with covid symptoms to ring before entering the premises;
- All patients, including those with covid symptoms, should be initially be assessed by phone by the GP Practice;
- Patients with covid symptoms should be identified as either high or low risk (using the chart below)
- Any patient who has been assessed as being high risk can be seen at the Practice but the Practice should take the appropriate precautions in terms of
 - PPE
 - A room which can be appropriately cleaned down and left fallow following the patient attendance
 - Patient being isolated from other patients in the Practice
- Following the above assessment the GP may wish for the patient to be referred to 111 for swabbing.
- Any patient who has been assessed as low risk can be seen at the Practice in the usual way.
- Telephone triage will remain the first point of contact with all patients;
- Telephone / video consultations will be provided where it is appropriate to do so;
- Provide face to face assessment and treatment for patients where clinically indicated, using the appropriate PPE if required;
- Social Distancing will not be required in the Practice during this phase.
- There can be a 'walk in' policy however practices should be mindful of the risks and still use the screening questions used on phone calls.

5. Standard Operating Procedure

1 Premises:

Practice may allow patient 'walk-ins' however they should be mindful of the risk and ensure that any patient entering the Practice that way should be subject to a covid questionnaire in the same way as patients would be by phone.

Protective screens should be retained to minimise aerosol contamination should be retained.

Social distancing in the Practice premises is not necessary during this phase.

Use of car parks for waiting and appropriate treatments should be considered on a case by case basis, and should be followed for high risk patients.

Branch surgeries or deceased practices should be utilised to minimise footfall and allow effective appropriate cleaning.

Home working with appropriate secure IT support should be considered for self isolating Doctors and nurses.

2 Appointments

a) Triage

All patients should be triaged by phone prior to being given an appointment.

Patients should be assessed, in terms of covid, as being high or low risk and either should be clinically assessed by the Practice and referred to Covid 111 following a consultation if appropriate.

It is Covid 111's responsibility to test appropriately, inform patients and notify registered GPs as per Good Medical Practice.

Practices should:

1. Continue to provide a full triage-first model that supports the management of patients. This includes providing appointment using telephone, video and online consultation technology as well as face to face appointments where it is more appropriate to do so.

2. Undertake a **COVID-19 assessment** for all patients and provide self-isolation advice (<https://covid19.gov.im/>) to those with the following:

- a. Do you have a confirmed diagnosis of COVID-19?
- b. Are you waiting for a COVID-19 test or the results?
- c. Have you had close contact with other people in the last 14 days who are probable or confirmed to have COVID-19?
- d. Have you travelled overseas in the last 14 days?
- e. Have you had close contact with someone in the last 14 days who has recently travelled overseas? Includes border (international airport and maritime port), quarantine and isolation facility staff, air crew, travellers
- f. Do you have new or worsening respiratory symptoms including one of the following symptoms:
 - o cough
 - o sore throat
 - o shortness of breath
 - o runny nose, sneezing, post-nasal drip (coryza)
 - o loss of smell (anosmia)with or without fever?

***Overseas includes any travel off-island**

Patients answering 'yes' to any of the above should be treated as high risk.

b) Face to face Appointments

- 1 Where face to face appointments are necessary suitable PPE is to be considered and disposed of appropriately
- 2 There should be time for appropriate cleaning between patients.
- 3 Patient access appointments should be used for patients to book routine telephone appointments only.

c) Prescriptions

As part of the Telephone, remote access or Face 2 face and including repeat prescriptions, a method for the prescription to be obtained should be discussed with the patient or their representative.

This could include physical collection at the surgery, collection by an appropriate pharmacy (with or without delivery) or by an agreed 3rd party person (with the patient's consent)

d) Home Visits

If Home visits are deemed essential, after triage, specific procedures should be followed:

A Covid Home visit vehicle if available.

A delegated doctor doing visits for the day

Appropriate PPE including double gloving and full surgical gowns depending on an individual risk assessment.

Appropriate disposal of PPE.

Extra precautions in high risk sites, eg Nursing & residential homes should be considered to minimise risks of transmission.

Notes in paper form should be considered if required and appropriate destruction after the visit is recorded.

If IT systems are taken in, appropriate decontamination should occur between patients.

"Routine" visiting should be resumed.

e) Deaths

Unexpected deaths should be reported to the Police/Coroner immediately

Expected deaths should be risk assessed for Covid transmission and dependent on emergency legislation the appropriate Examination/Registration process should occur.

The use of Live video observation for palliative care patients (pre-death) may be considered. This is dependent on emergency legislation.

f) Minor Surgery

Practices can provide full minor surgical procedures.

g) Contraception

This should be available to patients, including the conversion to oral medication if appropriate including nexplanons and Coils

h) ENT Ophthalmic procedures.

These can be undertaken however appropriate PPE should be worn. Ear syringing and spirometry should not occur, self-management options of the former should be advised.

i) Referrals

If a referral to secondary care is required for patient care, this should occur in the normal manner using electronic referral where available. 2ww should still be referred to prevent delay in diagnosis.

j) Radiology

These should occur using ICE as usual with consideration of Covid risks and transmission. Discussion with appropriate Consultant radiologist should be continued where required.

k) Phlebotomy

This should occur in practice or in Secondary care as required. Appropriate time cleaning and PPE should be assessed if undertaken in the practice setting.

l) Maternity

Continue shared care Maternity services with high level PPE.

Appendix A

Guidance on behalf of the Isle of Man DHSC Infection Prevention Control Team

Following careful consideration by the Clinical and Public Health Leadership Team and given the negligible risk of transmission of COVID-19 in the Isle of Man community, a decision has been made to review the Personal Protective Equipment (PPE) and Social Distancing Guidelines.

Social distancing is not necessary within health and social care settings with immediate effect.

The guidelines will be reviewed again if there is any evidence of COVID-19 circulating in the community.

The vast majority of people who use our services will pose a negligible risk to health and social care workers.

ALL services should now follow the standard infection prevention & control precautions which can be found in the DHSC Links - [Personal Protective Equipment \(PPE\)](#) and [Hand Hygiene](#) Policies.

Remember clinical assessments need to be made on every patient to exclude possible COVID-19; the PPE and isolation precautions will apply to patients or residents who fulfil the criteria below:

- Possible or confirmed case of COVID-19.
- Symptoms suggestive of COVID-19.
- Recent travel history outside of the Isle of Man within 14 days.
- Contact with a known case of COVID-19 in the last 14 days.

Please refer ONLY to the following PPE guidance should a patient or resident fulfil the above criteria.

[Recommended PPE for primary, outpatient, community & social care setting and independent sector link](#)

[Recommended PPE for healthcare workers in secondary care inpatient setting, nhs & independent sector](#)