Guidance on COVID-19
V3.0 12.04.2020

Preliminary Infection Prevention & Control Guidance for COVID-19 Community Assessment Hubs

Updated with respect to Infection Prevention and Control based on broader consultation with General Practitioners - Key Changes from Previous Version:

- Clarification on extended use of PPE.
- Clarification on workflow in the Assessment Hub.
- Clarification that a healthcare worker can return to work elsewhere after working in an assessment hub.
- Clarification on access to and use of computer keyboards.

Preliminary Infection Prevention & Control Guidance for COVID-19 Community Assessment Hubs

Community assessment hubs are intended for clinical assessment of patients with clinical features suggestive of COVID-19. These facilities are likely to serve a significant number of patients with COVID-19 and as well as those without COVID-19. Therefore, a high standard of infection prevention and control is needed to ensure that infection is not transmitted from those who have infection to those who do not have infection.

This preliminary guidance is based on what is currently known about COVID-19. It will be appropriate to review this guidance at an early date based on practical experience of the operation of these facilities.

A comprehensive range of guidance documents is available on www.hpsc.ie. Please check website on a daily basis as guidance is regularly updated as the situation evolves.
Key principles for preventing the spread of COVID-19

- Adherence to **Standard Precautions** with all individuals at all times.
- Key elements of Standard Precautions in this context are hand hygiene, promotion of respiratory hygiene and cough etiquette and environmental cleaning.
- Early identification of potential cases and rapid implementation of Contact and Droplet Precautions pending diagnosis.
- Avoiding unnecessary direct physical contact (such as undertaking a physical examination) with suspect or confirmed cases and minimise time spent within the range of 1 to 2 m.
- Maintain spatial distancing between all individuals at all times where possible
- Liaison with Public Health Specialist.
- Provision of up to date information about the virus (available from www.hpsc.ie).

Infection Prevention and Control Training of Staff

Training of staff should at a minimum require familiarising themselves with good infection prevention and control practice for example by reading relevant guidance at www.hpsc.ie and watching relevant videos at https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

Hand hygiene training should be delivered directly by a hand hygiene trainer who has already completed the National Hand Hygiene Train the Trainer programme or equivalent training. Training should take into consideration spatial distancing of 2 meters. Note it may be possible to deliver training remotely by video link. Hand hygiene performance should be assessed as satisfactory.

If directly delivered training is not available training in performing hand hygiene should be completed and assessed on www.hseland.ie.
Staff working in the Assessment Hub should be trained in the correct procedure for donning and doffing PPE. Donning and doffing PPE should be assessed and documented as satisfactory. Refer to https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/

Please refer to Appendix 1 for further information re training.

Staff working in Assessment Hubs should be aware of the main symptoms of COVID-19 and should inform their manager and not attend for work if they develop fever, cough, shortness of breath or have other symptoms of viral infection.

Managers should confirm with staff at that start of each shift that they are free of the key symptoms of fever, cough, shortness of breath and have no other symptoms of viral infection.

Staff who develop symptoms of fever, cough, shortness of breath or other symptoms of viral infection at work should inform their manager promptly and should not continue to work.

Occupational health guidelines for staff are available on the HPSC website: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/

Staff Uniforms/Personal Clothes

There is no persuasive evidence that uniforms/personal clothing pose a significant hazard in terms of spreading infection. Normal household laundry practices can be expected to inactivate the COVID-19 virus and most other common pathogens. A ten-minute wash at 60 degrees Celsius is sufficient to remove most microorganisms. Using detergents means that many organisms can be removed from fabrics at lower temperatures however; it is recommended that uniforms are washed at the hottest temperature suitable for the fabric.
It is important that healthcare workers are bare below the elbows providing patient care. Change immediately if uniform or clothes become visibly soiled or contaminated. Wash personal clothes/uniforms at the hottest temperature suitable for the fabric.

An increasing number of healthcare services provide laundered work clothes such as scrubs that staff can change into on arrival for work. This may be of value in terms of comfort and in supporting “bare below the elbows” however, it is important to emphasise that scrubs are not personal protective equipment and are not essential to achieve good infection prevention and control practice.

**Healthcare Workers providing care in the Assessment Hub**

All healthcare workers can return to their normal work place after completion of work in an assessment hub subject to the following:

- They have adhered to recommended Infection Prevention and Control Practice at all times with all individuals in the assessment hub.
- They do not have fever, cough, shortness of breath or other symptoms of viral infection.
- They adhere to recommended Infection Prevention and Control Practice in their primary workplace.

**Hub Environment**

In all community assessment hubs, it is necessary to consider the layout of the facility that has been allocated for this purpose. It is recognised that facilities will vary. Taking this into consideration the following principles are outlined with a flow of work going from clean area to contaminated zone/area.

The facility should be secure so that healthcare risk waste can be protected until disposed of safely. The facility should be free of any unnecessary objects.
The space and configuration should ensure that anyone waiting for assessment can remain in a separate room from other patients and staff except when being physically examined or if this is not possible that they remain at least 1 metre away and ideally 2 metres away from other patients and from staff.

**Areas/zones need to be clearly demarcated as clean or contaminated**

To the greatest extent possible, the facility should be such as to allow all surfaces, particularly all contact surfaces to be readily cleaned and disinfected.

There should be minimum equipment in the clinical room to allow for all horizontal surfaces to be cleaned/disinfected easily between each patient. Rooms may be cleaned immediately after a patient leaves and re-used once surfaces are dry.

Computer keyboards should be available in contaminated zone/area and clean zone/area if possible. The computer in the clinical examination room should be at the furthest point from the patient. This keyboard should have an impermeable and cleanable cover to facilitate cleaning and disinfection between each patient.

If it is necessary to record written information as an aide memoire in the clinical zone to aid making a record (for example observations for the INEWS score) this should be recorded on an impermeable surface in non-permanent ink so that the that surface can be cleaned and reused.

If the operational model involves healthcare workers in PPE moving between rooms the hallway/corridor area within which movement between rooms in PPE is permitted is a contaminated zone and should be away from the clean zone /area ( entrance and break rooms) and be clearly demarcated from other zones. Staff who do not need to be in the contaminated zone should not enter the zone.

Alcohol hand rub should be provided at the entrance and exit to clean and contaminated areas /zones and both patients and staff are required to perform hand hygiene on entry and before exit.
Assessment Hub Operation

There should be effective supervision at all times to ensure that guidance is implemented. Staff should not eat drink or smoke/vape smoke in the contaminated clinical zone/area and should minimise social interaction.

Dining/break facilities should be separate from the clinical contaminated zone/ area and social distancing maintained.

Staff should follow good infection prevention and control practice in particular careful attention to hand hygiene, respiratory hygiene and cough etiquette and should use appropriate Personal Protective Equipment (PPE) as per national guidelines (please see link below).


People attending for assessment should be by appointment to avoid people congregating while waiting for assessment.

Where possible people who drive to the assessment hub by private car should remain in their car until called for assessment.

Signage should indicate that people waiting for assessment should not eat, drink or smoke/vape and should not have contact with or speak with others awaiting assessment and should leave promptly after being seen.

Where possible patient flow should avoid patient overlap between patients arriving for assessment and those leaving (to avoid social interaction).
Initial reception of individuals to a COVID-19 Assessment Hub

When an individual presents to the Assessment Hub they should be managed as follows:

- The patient attending the Assessment hubs should phone the receptionist ahead and wait in the car until initial clinical/administration details are obtained and advised to enter to the hub.
- All people attending for assessment should be asked to clean their hands with alcohol hand rub on entering and the assessment hub and asked to wear a surgical mask if tolerated.
- Provide the individual with tissues if required and ask the individual to wear a surgical facemask. If a surgical mask is not available, the person should also be asked to cover their nose and mouth with a tissue particularly if coughing or sneezing.
- If waiting in the Hub they should wait in the designated waiting area.
- If someone has accompanied the person, they should be asked to avoid contact with other people including staff. Except in very exceptional circumstances, no more than one person should accompany the patient.
- All people attending should be asked to clean their hands with alcohol hand rub before leaving the assessment hub.

Personal protective equipment (PPE) for staff

Good infection prevention and control practice including appropriate use of personal protective equipment (PPE) is vital to ensure the safety of patients and staff during the current COVID-19 emergency.

The choice of PPE worn by staff should be determined by risk assessment of the tasks to be performed. In the case of assessment hubs at the moment and until some experience is gained gowns, gloves and a surgical mask should be used for patient care and assessment. Eye protection may also be required. This is clearly outlined in the Health Protection Surveillance Centre’s current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19.
To protect patients and staff to the greatest extent possible it is preferable to avoid risk rather than to mitigate risk through use of PPE. Avoiding risk where possible also helps to preserve PPE for those situations in which it is most valuable. This is important in the context of unprecedented global demand for PPE.

**Avoid risk of exposure as much as possible**

The absolute minimum number of staff required to provide care should engage with the patient.

Plan ahead for any person in the clinical contaminated zone to complete as many tasks as possible while in the zone to reduce exposure of others and limit donning and doffing.

In so far as possible a person in the contaminated zone should have ready access to colleague who can bring additional items to the boundary of the contaminated and clean zones.

If the circumstances are such that you can maintain a distance of 1 to 2 m from the patient at all times use of PPE provides no additional risk reduction unless an aerosol generating procedure is being performed in the occupied space.

**Extended use of PPE**

In the assessment hub setting extended use of gown, mask and eye protection for a seeing a succession of patients is generally appropriate if the healthcare worker does not leave the clinical contaminated zone/area for example to take refreshment or a toilet break. The greatest risk to the healthcare worker is contact of the hand, gloved or un-gloved with the mucous membranes of the mouth, nose and eye.
Note the following.
The extended use of gloves is not acceptable. Gloves must be changed and hand hygiene performed at a minimum after every patient encounter.
Extended use applies in settings where the items are not soiled or damaged, that the patient has not violently coughed or sneezed on the healthcare worker and all other elements of good infection prevention and control practice are followed.
Note with respect to eye protection face shields – they may be preferable to goggles in terms of comfort for extended use.

**Entering the contaminated clinical zone /area:**
Healthcare workers should don PPE in a clean donning area outside the contaminated zone/area (Ideally have a demarcated donning space /room just outside entrance to contaminated clinical area /zone). Personal phones or devices should not be taken into the contaminated zone. If mobile phones are required in the contaminated zone they should be devices dedicated to use in the contaminated zone.
It is valuable to have a colleague visually check correct donning before entering.
Note a chair is required to sit on for donning of a coverall suit. A hard easily cleanable chair should be available.

**Individual clinical room:**
In each clinical room, on completion of examination make a record using the keyboard in the room.

If moving to another room to see the next patient remove gloves, place in healthcare risk waste and perform hand hygiene before leaving the room then move directly to the next room by the shortest practical route in PPE and perform hand hygiene and don a fresh pair of gloves on arrival in the next room.

If staying in the same room to see the next patient remove gloves, place in healthcare risk waste bin and perform hand hygiene before arrival of the next patient.

**How to safely exit the contaminated zone /area:**
On completion of a clinical session and before leaving the contaminated zone for any reason remove PPE in the designated doffing area/room and dispose of as healthcare risk waste. Note a chair is required to sit on for removal of a coverall suit. A hard easily cleanable chair should be available and the surface wiped with a detergent/disinfectant wipe before starting doffing.

**Reprocessing of PPE**

Before reprocessing of PPE is considered the assessment hub should explore all possible options for resupply or substitution.

**Eye Protection**: Reprocessing of plastic eye protection has been performed in a number of hospitals. If it is necessary to do so eye protection that is made entirely of hard plastic can be wiped with a disinfectant wipe and allowed to dry. If the item is damaged or visibly soiled, it should not be re-processed.

**General precautions for staff working in COVID-19 Assessment Hubs**

- Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Keep your distance when possible of 1 to 2 metre (3 -6 feet) between yourself and others.
- Observe respiratory hygiene and cough etiquette for example if coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water. If you do not have a tissue cough into your upper arm or the crook of your elbow - do not cough into your hand.

**Cleaning of medical equipment used in the assessment of patients in COVID-19 Assessment Hubs**

- Where possible single patient use items are preferred.
Medical equipment that comes into direct contact with patients should be cleaned between patients and at the end of each clinic session, for example stethoscopes, blood pressure cuffs, tympanic thermometers, electrocardiograph leads and machine surfaces touched by staff during patient examination. Cleaning should conform to manufacturer’s instructions. In many cases this will requires wiping with a combined detergent/disinfectant wipe.

- The person assigned to clean equipment should wear gloves (disposable single use nitrile or household gloves) and a disposable plastic apron.
- Cleaning of medical equipment used for the consultation should be carried out after the patient has left the examination room.

**Environmental cleaning of clinical areas and communal areas in COVID-19 Assessment Hubs**

- The facility should be cleaned and disinfected at least daily and whenever visibly dirty.
- All contact surfaces close to the patient should be wiped clean with a combined detergent/disinfectant wipe after each patient.
- All contact surfaces should be cleaned and disinfected at a minimum of twice per day and more frequently if there is high throughput or any incident that is likely to have contaminated surfaces (for example a patient with violent coughing or sneezing).
- Clinical areas and communal areas such as waiting areas should be cleaned with household detergent followed by a disinfectant (as outlined above) or combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution) as soon as is practically possible. Products with these specifications are available in different formats including wipes.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or use a combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution).
- Cleaning should be carried out when patients are not present.
- Standard cleaning of walls or floors is appropriate
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles and any surfaces that the patient has touched. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.
- If toilet facilities for patients are provided, they must be cleaned at least twice a day and checked for cleanliness at least 4 times per day. They should be separate from staff toilets.
- Discard waste including used tissues, disposable cleaning cloths) into a healthcare risk waste bag.
- Remove the disposable plastic apron and gloves and discard into a healthcare risk waste bag.
- Healthcare risk waste bags should be not be overfilled. Tie off at about ¾ full.
Appendix 1


Pre – training
Materials to become familiar with prior to training/working in community assessment hubs. Important to check regularly for updates on www.hpsc.ie.

Videos
PPE donning and doffing videos training programme
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/primarycareguidance/videoresources/
PPE donning and doffing video – Coveralls, FFP2, surgical mask with ear loops, eye protection, Chinese supplied PPE: Scroll down
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/

Doffing ear looped surgical mask:
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/
https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/

Guidance Documents
Guidance on COVID-19 V3.0 11-04-2020 Updated with respect to broader consultation with General Practitioners Preliminary Infection Prevention & Control Guidance for COVID-19 Community Assessment Hubs

Learning land Hand Hygiene module or at least the 2 quick reminder videos on the COVID19 page learning land.
GPs can register for free using their medical council number when they are asked for employee number.

Practical onsite learning should include

- Opportunity to be supervised on correct donning and doffing of PPE
- Observation on completing same three times and signed off as competent in same.
- Practice the buddy system approach which should be part of regular working day on the hub HCW supervise each other’s technique regularly to maintain good IPC standards.
- The practical exercise should include what to do if you make a mistake

It should be delivered by someone with infection control expertise. This may be difficult in light of areas who may not have access to IPCN’s so suggest an alternative (go to another site where there may be access to IP&C).