

Appendix 3- PHE INTERIM GUIDANCE FOR PRIMARY CARE



Public Health
England

COVID-19: interim guidance for primary care

Updated 20 February 2020

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It is possible that novel coronavirus (SARS-CoV-2) may cause mild to moderate illness, in addition to pneumonia or severe acute respiratory infection, so patients could potentially present to primary care. See [further information on COVID-19](#).

*Make sure [patient information posters](#) are displayed so they can be seen **before** patients enter the premises.*

1. Main principles

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of COVID-19

Currently, if COVID-19 infection is seen in the UK, it is most likely to occur in travellers who have recently returned from China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan, or Thailand. Therefore, an accurate travel history is an important part of identifying potential risk. See Public Health England's (PHE's) [guidance for assessing possible cases](#).

2. Actions to take

Patients booking in by telephone or online who meet the [case definition](#) should be directed to NHS 111.

An unwell patient with a relevant travel history should be identified when they book in at reception and immediately placed in a room away from other patients and staff. If COVID-19 is considered possible when a consultation is already in progress, withdraw from the room, close the door and wash your hands thoroughly with soap and water.

Avoid physical examination of a suspected case. The patient should remain in the room with the door closed. Belongings and waste should remain in the room. The patient and any accompanying family should remain in the room with the door closed.

Advise others not to enter the room. If a clinical history still needs to be obtained or completed, do this by telephone.

If entry to the room or contact with the patient is unavoidable in an emergency, wear personal protective equipment (PPE) in line with standard infection control precautions, such as gloves, apron and fluid resistant surgical mask (FRSM) and keep exposure to a minimum. All PPE in full should be disposed of as clinical waste.

Should the patient need to use the toilet, they should be allocated a WC for their sole use. Instruct the patient to wash their hands thoroughly after toileting, and return directly to the room they have been isolated in and close the door. The toilet should be taken out of use until cleaned and disinfected following the decontamination guidance.

Ask the patient to call NHS 111 from their room, on their mobile (use GP surgery landline if mobile unavailable).

When a telephone interview is being conducted with a patient located elsewhere (for example at home) and it is determined that COVID-19 is possible (based on the [PHE criteria for a possible case](#)), then a face-to-face assessment in primary care (including out-of-hours centres and GP hubs) must be avoided. Instead, call the local secondary care infection specialist to discuss safe assessment, if hospital care is being considered, if not refer to NHS 111.

3. Patient transfers

If the patient is critically ill and requires an urgent ambulance transfer to a hospital, inform the ambulance call handler of the concerns about COVID-19.

In all other instances, the case must be discussed with the hospital first so that they are aware that COVID-19 is being considered and the method of transport to secondary care agreed.

Patients with suspected COVID-19 should be instructed not to use public transport or taxis to get to hospital.

Following the patient transfer, the room should be closed and should not be used until further advice is provided by the local HPT.

4. Environmental cleaning following a possible case

Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

4.1 Preparation

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- collect all cleaning equipment and clinical waste bags before entering the room

- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves

4.2 On entering the room

- keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- remove any fabric curtains or screens and bag as infectious linen
- close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

4.3 Cleaning process

Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles or reusable non-invasive care equipment or sanitary fittings in the room, following one of the 2 options below:

1. use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
2. or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)
 - follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
 - any cloths and mop heads used must be disposed of as single use items

4.4 Cleaning and disinfection of reusable equipment

- clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
- clean all reusable equipment systematically from the top or furthest away point

4.5 Carpeted flooring and soft furnishings

If carpeted floors or item cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use, following or combined with detergent cleaning.

4.6 On leaving the room

- discard detergent or disinfectant solutions safely at disposal point
- all waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have COVID-19 further advice should be sought from the local HPT
- clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- remove and discard PPE as clinical waste

- perform hand hygiene

4.7 Cleaning of communal areas

If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use.