Standard operating procedure for Coronavirus (2019-nCoV) Priority Assessment Service (version 3)

1 Introduction

Following the recent coronavirus outbreak in China, the NHS is putting in place measures to ensure the safety of all NHS staff, whilst maintaining healthcare provision for members of the public seeking advice and support in relation to coronavirus.

This Standard Operating Procedure (SOP) is designed to explain the actions to take should an individual who suspects they may have coronavirus present to your department. This is applicable to Emergency Department (EDs), Urgent Treatment Centres (UTCs), Minor Injury Units (MIUs) and Walk-In-Centres (WIC) – referred to throughout this document as “receiving units”.

Individuals presenting unexpectedly to any other area of hospital sites should be redirected to the closest ED, UTC, MIU or WIC to enter the Coronavirus Priority Assessment Service, described below.

2 General Principles

The aim is to appropriately stream as many people as possible, who require coronavirus assessment, away from the four services outlined above. This is designed to protect business as usual (BAU) processes as far as practically possible.

A Coronavirus Priority Assessment Service is to be set up in each organisation with at least one receiving unit. Although these areas will likely be linked to one of the four services described above, it should be noted that it is the whole organisation’s responsibility to plan for, and resource, the Coronavirus Priority Assessment Service.

NHS 111 is running an enhanced service to support the processes outlined below, and the algorithms used by their clinicians align with this SOP.

Assessment and sampling should occur as part of a Coronavirus Priority Assessment Service.

This will involve a dedicated isolation area to be available 24/7 (or during the opening hours of the receiving unit) which will be referred to as the “NHS 111 Coronavirus Pod”. Trusts may also decide to use this pod area for diagnostic
sampling, whilst others may have a separate diagnostic sampling facility. Please see below for further information regarding the pods and the requirements for these.

The Coronavirus Priority Assessment Service is to be used for those individuals clinically well enough to be streamed away from other acute services. Any persons requiring clinician intervention, in whichever setting this is required, should be treated in line with local protocols for suspected High Consequence Infectious Disease (HCID) patients.

3 Proportionality of planning

Sampling and testing of potential coronavirus patients forms part of the initial planning response to the outbreak of coronavirus. Whilst making these plans, please liaise with your regional EPRR teams to ensure the likely capacity of your Coronavirus Priority Assessment Service is reasonable and proportional.

The Coronavirus Priority Assessment Service is being initiated to allow for the safe management of anyone who may require sampling and testing for coronavirus whilst also safeguarding business as usual processes. Although these numbers are currently small, it is expedient to plan for extra capacity which may be required.

4 NHS 111 Coronavirus Pod

The pod should be a designated isolated area which is away from the receiving unit’s normal clinical areas. This is to protect patients elsewhere across the NHS from unnecessary risk of potential exposure to 2019-nCoV and safeguard normal business as usual processes of the department in question.

The pod can be an area of existing infrastructure, or a temporary structure, allocated for this purpose. It MUST include the following:

- Adequate signage and information at all entrances and exits to stream individuals with coronavirus concerns to the pod and away from normal clinical areas.
- 24/7 provision (or throughout opening hours of the receiving unit) of an isolated area with clear visible instructions asking individuals to enter the pod and call NHS 111.
- A confidential environment for individuals and healthcare workers.
- The name of the receiving unit and the number of the phone in the pod being clearly displayed.
- Posters inside the pod instructing individuals to call NHS 111 and follow the instructions they are given.
- Posters recommending individuals call NHS 111 using their mobile phones if possible (this makes it easier for NHS 111 to call the individual back, and to put the individual in contact with the receiving units).
- A “Direct Dial-in” landline phone to be used if individuals do not have a mobile. “Direct dial in” is defined as a phone (and number provided clearly within the pod) that NHS 111 can call the individual back on without going through the hospital switchboard.
- Areas linked to the pod, with associated local staff training protocols, for donning and doffing of PPE in accordance with PHE guidance.
- An agreed “priority access line” within the receiving unit (i.e. the ED, UTC, MIU or WTC) that NHS 111 can call i.e. a designated number that NHS 111 can use to contact the receiving unit that is staffed throughout the unit’s existing opening hours.
- Appropriately trained staff available 24/7 (or throughout opening hours of the receiving unit) to provide decontamination services.
- Appropriate clinical waste plans in line with coronavirus PHE guidance.
- As outlined in Section 5 guidance below, a suitable waiting area if the pod is occupied and more individuals arrive
- Measures to identify when the pod is occupied and information regarding where individuals should wait if they find it occupied.
- Patient safety standards, as well as security standards, which are expected of other clinical areas.
- Access to isolated toileting and hand-washing facilities which can be appropriately decontaminated if used.

Please note national template posters will be provided to aid organisations with the above.

5 Waiting areas for the NHS 111 Coronavirus Pod

Receiving units must plan for the possibility of queues forming if more than one individual arrives to access the pod for NHS 111 assessment and this should be incorporated into planning documents. The following should be incorporated into plans:

- Individuals must not be grouped with other members of the public awaiting use of the pod i.e. provisions for isolation should be made.
- Individuals may be grouped with family members or household contacts.
- Local plans for care of children and vulnerable persons should be made.
- Waiting areas need to be decontaminated to the same standards as the pods.
- If local infrastructure dictates that isolation is challenging, please contact your regional EPRR teams to discuss this issue.

6 NHS 111

NHS 111 is playing a central role in supporting the NHS coronavirus response and we would also ask all NHS staff to familiarise themselves with the protocols and advice being given to the public:
6.1 Patients to be managed in the community

6.1.1 General enquiries from the public.

Any general queries from members of the public regarding coronavirus should be directed to https://www.nhs.uk.

General enquiries should NOT be directed towards NHS 111. NHS 111 are providing an enhanced diagnostic service, but all staff should aim to safeguard the capacity and business as usual processes of the NHS 111 service.

6.1.2 Advice to travellers returning to the UK

Please be aware that the case definitions, and the advice associated with the case definition, may change as the coronavirus outbreak continues.

We expect to send a further update on the advice regarding current case definitions, and the associated advice for members of the public, today. Please ensure you visit the following link regularly for the latest: https://www.nhs.uk/conditions/wuhan-novel-coronavirus/.

6.2 Routes of presentation to the acute site

If deemed appropriate by enhanced NHS 111 algorithms, individuals may be directed to EDs, UTCs, MIUs or WICs in the following ways:

6.2.1 By ambulance services (999)

- Ambulance crews will contact the receiving unit, via the red phone, with individual’s details and an Estimated Time of Arrival (ETA). Receiving units should prepare to receive this person as per local suspected HCID guidance.

6.2.2 By personal transport from the community

- NHS 111 agrees with the individual which local ED/UTC/MIU/WIC (receiving unit) that they should attend.

- The NHS 111 operator will now call the receiving unit on a pre-agreed “priority access” phone line (see below)

  - Ideally NHS 111 will provide the receiving unit, via the priority access phone line, with the person’s contact details. The receiving unit should ring the individual to allocate a designated meeting time and place to avoid the person presenting to the normal clinical areas.
o Sites should also ensure they have local plans in place for individuals who are directed by 111 to attend a unit but who go to an alternative unit or turn up at a different time. This should be in the form of signposting and instructions for what next steps a person referred to a unit by NHS 111 should take.

o As a failsafe, individuals will be advised to present to the NHS 111 Coronavirus Pod and dial NHS 111 to trigger the above process and NOT present to the usual clinical areas of a receiving unit.

Once the individual has arrived at the receiving unit, responsibility for the care of this person has transferred from NHS 111 to the receiving unit. Local protocols, which must be in accordance with PHE guidance, should be followed regarding next steps.

6.2.3 Self-presentation to a receiving unit (with concerns they meet case definition)

- Any persons walking onto the site of a receiving unit, who are concerned they fit the case definition for 2019-nCoV, must be directed away from normal clinical areas, by signposting and information posters, to the NHS 111 Coronavirus Pod.

- Once an individual presents at a receiving unit they should enter the Coronavirus Priority Assessment Service pathway and should not be sent home. This is to avoid the risk of individuals using inappropriate transport.

- If an individual does enter the normal clinical areas of a receiving unit, they should be directed back to the NHS 111 Coronavirus Pod calmly but quickly.

- All relevant staff should be briefed on the definition of “contact” with a potential coronavirus case and local protocols drawn up for supporting those staff should they be involved in redirecting individuals to the NHS 111 Coronavirus Pod.

- On arrival to the NHS 111 Coronavirus Pod the individual will be directed to call NHS 111, either on their mobile, or the via direct dial in phone provided.

- NHS 111 will advise the individual as to next steps which include either:
  1. Advising the person there is no concern and they can return home. In this instance no action is required by the receiving unit.
  2. Notification that they require diagnostic sampling or admission to hospital. In this instance the individual will be advised to stay where they are, in the pod, and await the arrival of local NHS staff. The NHS 111 operator will phone the receiving unit, on the agreed “priority access line” (defined
below), to advise the receiving unit that this person is awaiting local NHS staff to progress the next stages of their care.

- Care of this individual has now transferred from NHS 111 to the receiving unit and local protocols, which must be in accordance with PHE guidance, should be followed regarding the next stages of their care (i.e. sampling or admission protocols).

- Any individual requiring patient admission is to be managed as a suspected HCID patient as per local protocols.

6.2.4 Individuals presenting with significant illness and possible Coronavirus

- If deemed necessary by local clinicians, then anyone presenting to a receiving unit requiring full clinical assessment or treatment, is to be managed as a suspected HCID patient as per local protocols.

7 Priority Access Line

Each receiving unit must have a telephone number agreed with their NHS 111 provider which is the line used for NHS 111 to gain priority access to clinicians at the receiving unit. This line must be available throughout all hours the unit is open.

Some units may have this established already, but this MUST be verified. Organisations do use red phones in this process, but as long as it provides priority access, then it is left to local receiving units to organise this.

8 Personal Protective Equipment (PPE)

The following PPE is to be worn by the sampling team

- Disposable plastic apron
- Disposable gloves
- Fluid resistant surgical face mask (FRSM)
- Eye protection, such as single use goggles or full-face visors must be worn (prescription glasses do not provide adequate protection).

8.1 Putting on PPE

Before putting on PPE, the sampling team should ensure they are hydrated, ensure hair is tied back securely and off the neck and collar, remove jewellery or pens then perform hand hygiene.

Staff should put on the PPE in the following order:
1. Apron
2. FRSM
3. Eye protection
4. Disposable gloves

8.2 Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination

Gloves, apron and eye protection should be removed (in that order) and disposed of as clinical waste, ideally into a rigid clinical waste bin.

The bin needs to be in the area where HCW will be putting on and removing PPE for final disposal. After leaving the immediate area, the mask can be removed and disposed of as clinical waste.

The order and procedure of removal of PPE should be;

1. Remove Gloves:
   • grasp the outside of the glove with the opposite gloved hand; peel off
   • hold the removed glove in gloved hand
   • slide the fingers of the un-gloved hand under the remaining glove at the wrist
   • peel the remaining glove off over the first glove and discard
2. Perform hand hygiene
3. Remove Apron:
   • Pull straps from behind waist and neck, roll from the inside and place in clinical waste
4. Remove eye protection:
   • only by the headband or sides and dispose in clinical waste
5. Remove FRSM:
   • lean forward slightly,
   • reach to the back of the head with both hands to untie straps,
   • let the mask fall away from your face and dispose in clinical waste
6. Perform hand hygiene.

Full guidance on the putting on and removal of PPE is available at https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2930/documents/1_covid-19-guidance-for-primary-care.pdf (appendix 3)

8.3 Testing in drive through POD

Where circumstances dictate a rapid turnaround of suspected cases waiting to be screened, then the following can be implemented
Change apron and gloves and perform hand hygiene in between patients. Should there be a delay between patients, then PPE should be removed, followed by hand hygiene, then renewed.

If at any time any of the PPE is breached, then the HCW must remove the whole set of PPE and change following the above guidance.

The FRSM must be changed if its protection compromised e.g. becomes damp due to wearer respiration, wet if a splashed or sprayed by respiratory secretions from the person being tested or if contaminated by a contaminated glove or hand. Otherwise the FRSM should be changed as comfort dictates but can be worn for more than an hour up to 8 hours without compromising the effectiveness.

Universal Infection precautions should always be applied.


9 Sampling and testing

If sampling and testing is deemed necessary by NHS 111, then the individual will be directed to remain in isolation in the NHS 111 pod until local NHS staff arrive to enact local protocols.

All local protocols must be in accordance with the PHE guidance for the taking, handling and processing of coronavirus samples. Details of this can be found here: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories.

Local variation of diagnostic sampling arrangements

Plans are being made, and trials undertaken, of different methods of swabbing to find solutions which best fit the variations in local health infrastructures.

This includes the possible future introduction of home swabbing. Please liaise with the regional teams coordinating your coronavirus response to check local and regional plans.

Updates will be provided.

9.1 Results of tests
Please liaise with your local microbiology/virology service for information regarding how to chase any tests which are found to be time critical. Otherwise please follow the processes outlined in the PHE guidance and avoid contacting PHE Colindale directly to enquire about test results as this quickly applies pressure to their resources.

10 Decontamination

- The NHS 111 Coronavirus Pod will need full decontamination, in accordance with PHE guidance, with appropriate Personal Protective Equipment (PPE), following use by any individuals who are deemed to require diagnostic sampling.

- Any associated designated waiting areas must also be decontaminated in line with this guidance.

- Any staff performing decontamination must be fully trained in these protocols, and the appropriate putting on and taking off of PPE.

- If NHS 111 has determined that no diagnostic sampling is required, then decontamination of the facility is not required and is deemed ready for the next individual.

11 Transport

All receiving units must have plans in place for the safe and contained transportation of individuals asked to self-isolate to their home, or other location if required.

Any individuals deemed suitable for swabbing should NOT be travelling to or from receiving units on public transport (including private or shared taxis).

Please liaise with the regional team coordinating your response if you need extra support with this.