

## South Sector COVID-19 Response Group

### Title: Frequently Asked Questions

Date of present version: 11<sup>th</sup> March 2020



#### Category

Human, material and facility capacity	<input type="checkbox"/>
Training procedures	<input type="checkbox"/>
Hand hygiene, PPE and waste management	<input type="checkbox"/>
Triage, first contact and prioritisation	<input type="checkbox"/>
Patient placement and movement, and visitor access	<input type="checkbox"/>
Environmental cleaning and maintenance	<input type="checkbox"/>
Communication	<input checked="" type="checkbox"/>

#### 1. Nature and purpose of the paper

##### Nature:

SOP	<input type="checkbox"/>
SBAR	<input type="checkbox"/>
Guideline	<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

##### Purpose of document:

Information for staff

#### 2. Summary of key points

Access of guidelines and general practical information

#### 3. Authors and service/department

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#### 4. Interaction and impact on other services

Nil

#### 5. Target group and dissemination plan

All staff, disseminate through Comms Team

#### 6. Review date or triggers (may be none indicated)

Live document. Advice may change. Links are maintained as live sources.

## COVID FAQs

### 1. Where do I get up to date advice on COVID?

HPS guidance provides the most up to date guidelines – these can be found at

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

For local guidance, particularly regarding local patient flow plans, go to:

<https://www.nhsggc.org.uk/your-health/infection-prevention-and-control/covid-19/#>



You can find this link by opening the IPC manual on your desktop and click on the COVID-19 Information hub in the right hand side bar.

**Please note there are significant new changes to the case definition, being published today 11<sup>th</sup> March 2020** which state:

#### **Case definition**

The case definition has been expanded to include those requiring admission to hospital with certain symptoms, **regardless of travel history or history of contact with a case.**

Individuals meeting the following case definitions should be investigated as possible cases:

#### **A) Individuals requiring admission to hospital**

Patients should be isolated and tested **regardless of travel history** or history of contact with a case if they require admission to hospital and have:

- either clinical or radiological evidence of pneumonia
- or**
- acute respiratory distress syndrome
- or**
- influenza like illness

#### **B) Individuals in the community or admitted to hospital if they meet both epidemiological and clinical criteria:**

##### i) Epidemiological criteria

In the 14 days before the onset of illness:

- **Travel to a risk area.** This includes transit through a risk area, of any length of time. **Up-to-date risk areas can be found at** <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-risk-areas/>

**OR**

- **Contact \*** with a confirmed case of COVID-19 (see definition of contact below).

## ii) Clinical criteria

- acute respiratory infection of any degree of severity, including at least one of shortness of breath (difficult breathing in children) or cough (with or without fever)
- or**
- fever with no other symptoms

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised

\* **Contact** with a case is defined as:

- living in the same household  
OR
- direct contact with the case or their body fluids or their laboratory specimens  
OR
- in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case  
OR
- direct or face to face contact with a case, for any length of time  
OR
- being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes  
OR
- being otherwise advised by a public health agency that contact with a confirmed case has occurred.

## **2. What should I wear to see patients with acute respiratory illness**

Standard Infection Control procedures should be used to assess all patients with acute respiratory illness. This is:

### **DROPLET (RESPIRATORY) PRECAUTIONS**

- Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed
- Disposable gloves
- Fluid-resistant Type IIR surgical face mask and goggles or full face visor if splashes anticipated

## **3. Should we still be using POC flu test**

This should now stop. Patients with an influenza like illness should have a nose and throat swab (rather than a viral gargle) sent to the WoS Specialist Virology Centre at Glasgow Royal Infirmary for Influenza testing. Of note, when a sample is sent to the virus lab for Influenza testing, this is tested for a range of viruses and the COVID virus is now included as part of this standard panel.

## **4. I have a patient who I think is a risk currently in the department, what should I do?**

- Use PPE as per the standard (droplet) respiratory precautions noted above (question 2) to assess the patient. This is as per new HPS guidance published 10<sup>th</sup> March 2020, found at <https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

- Isolate the patient
- Put a surgical mask on the patient
- Take only necessary items into room
  - No notes
  - No point of care tests – this includes POC flu test, finger prick BM monitoring and use of the blood gas analyser (see guidelines on lab testing at the NHS GGC Infection Prevention and Control Website above)
- Correctly doff PPE

This video created by NHS National Services Scotland shows how to don and doff standard respiratory PPE <https://youtu.be/5s0zQ5U19KE>

- Perform appropriate hand hygiene after doffing PPE
- NB you can wear normal clothes under PPE – there is no need for surgical scrubs.

#### **5. Can a patient be discharged while their Virology results are pending**

Yes, if the patient is clinically well enough, they can be discharged, with advice to self isolate pending their swab results. This result is typically back within 12-24 hours. A mechanism must be in place to inform patients of their result once it is back.

#### **6. How do I test for COVID?**

This two page summary is a very helpful guide to testing:

<https://www.nhsggc.org.uk/media/258869/sample-collection-v4-mar-20.pdf>

#### **7. What should staff do if they have an acute respiratory illness?**

At present, the COVID case definition OUTWITH patients who require admission requires an epidemiological risk assessment, as well as either fever or an acute respiratory infection of any degree of severity, including at least one of shortness of breath or cough

The epidemiological criteria are if the person in the 14 days before the onset of illness:

- Travel to a risk area. This includes transit through a risk area, of any length of time. Up to date risk areas can be found at <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-risk-areas/>

OR

- Have contact\* with a *confirmed* case of COVID-19

\*Contact definitions are described above in question 1.

### **8. Do I need to be FFP3 fit tested to manage acute respiratory illness / COVID?**

The new HPS guidance published 10<sup>th</sup> March 2020 has updated PPE requirements for assessment and management of for possible and confirmed COVID cases. This advises that standard infection control precautions are required for both suspected **and confirmed cases** UNLESS aerosol generating procedures (AGPs)\*(see section below for AGPs) are being performed. The standard infection control precautions are:

#### **DROPLET (RESPIRATORY) PRECAUTIONS**

- Disposable apron; consider fluid-resistant disposable gown if apron provides inadequate cover for the procedure/task being performed
- Disposable gloves
- Fluid-resistant Type IIR surgical face mask and goggles or full face visor if splashes anticipated

COVID is spread by respiratory droplets rather than being an airborne disease. This means that the spread is through droplets spread via coughing/sneezing/speaking in an area up to 2 metres around the patient, so a surgical mask provides excellent protection against this as long as aerosol generating procedures are not undertaken.

If patients require AGPs, they need to be cared for in appropriate environments set up and capable of managing this, ideally in negative pressure rooms or single side rooms with en-suite facilities if a negative pressure room is not available. Room door(s) need to be kept closed and the minimum number of required staff should be present. Entry and exit from the room should be minimised during the procedure. The decision to perform AGPs need to taken by senior medical staff, understanding the risks involved with this. PPE for all staff looking the patient requiring AGPs includes:

#### **AIRBORNE (RESPIRATORY) PRECAUTIONS**

- Fluid resistant disposable gown
- Disposable gloves x2
- Filtering face piece 3 (FFP3) respirator
- Disposable eye protection /face visor

Given this, staff in critical care and other staff who may be looking after patients requiring AGPs do require to be FFP3 mask fit tested. NB facial hair requirements for this can be found in appendix 3 of the HPS infection prevention and control advice for acute care settings:

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2526/documents/1\\_infection-control-acute-care.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2526/documents/1_infection-control-acute-care.pdf)

### **9. When do surgical masks need changed?**

Surgical masks should:

- cover both nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be changed when they become moist or damaged
- be worn once and then discarded as clinical waste after each patient contact – hand hygiene must be performed after disposal

#### **10. What are aerosol generating procedures?**

These are procedures which can aerosolise respiratory secretions. These include:

- Intubation, extubation and related procedures eg manual ventilation and open suctioning;
- Tracheostomy/tracheostomy procedures (insertion / open suctioning / removal);
- Bronchoscopy;
- Surgery and post mortem procedures involving high-speed devices;
- Some dental procedures (eg high-speed drilling);
- Non-invasive ventilation (NIV) eg Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP);
- High Frequency Oscillatory Ventillation (HFOV);
- High Flow Nasal Oxygen (HFNO);
- Induction of sputum.

#### **11. Are nebulisers aerosol generating procedures?**

Administration of medication via nebulisation is **not** an APG. During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

#### **12. I have assessed a patient who is now being tested for COVID and I didn't have PPE on, what should I do?**

You can continue to work and there are no risks going home to be with family after this. If the patient is subsequently found to have COVID, the advice is to inform your line manager and self-isolate for 14 days and contact NHS24/111 if you develop symptoms.

#### **13. I am pregnant / have chronic health problems, what should I do about assessing patients with acute respiratory illness**

Staff who are pregnant or otherwise immunosuppressed should not provide direct care for a patient with possible or confirmed COVID-19, this includes obtaining samples.

Please speak to your line manager and / or occupational health for a risk assessment if you have concerns.

#### **14. Where do I find environmental cleaning advice?**

Comprehensive advice can be found in the HPS Infection prevention and control advice for acute care settings document: [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2526/documents/1\\_infection-control-acute-care.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2526/documents/1_infection-control-acute-care.pdf), particularly sections 2.7 (environmental decontamination), appendix 4 (routine decontamination of reusable non-invasive patient care equipment) and appendix 5 (management of blood and body fluid spillages).

The situation is rapidly evolving - please always check the HPS website for the most up to date advice. If any of these links don't work, please go to the main HPS website to obtain the updated version: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>