



**Improving
Access
Services**

Infection Prevention and Control Induction Q+A Session

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July 2020

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Session Plan

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- How are things with you?
- The New Normal
- Appointment Considerations
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How are things with you?

- How are things going for you in practice?
- Are you looking for more work in IAS?
- How do you feel about working at the moment?
- How are you feeling about infection control?

The New Normal

- IAS acknowledges that nurses/HCAs and phlebotomists are the primary care workers at highest risk of becoming infected with COVID-19. As such, IAS is committed to providing time and resources to ensure that these staff are as protected as possible.
- The New Normal gives us a chance to reset priorities and expectations for nursing care and measure this by effectiveness, patient and staff safety, and satisfaction rather than how much we can do in any given time.
- Nursing/HCA/Phlebotomy appointments will therefore be either half an hour or an hour to enable them to work safely and effectively without being rushed into risky mistakes.

Appointment Considerations: Screening

- All patients and their attendants must be **screened** **EVERY visit** prior to attendance.
- It is very easy to forget to screen somebody you know well and see regularly, and assume that they would tell you if they or one of their close contacts had symptoms of COVID. People forget or assume that somehow you know and are safe with your PPE!
- Even if a patient and their attendant show no signs of COVID symptoms e.g. cough, fever, loss of sense of taste/smell, you should remain suspicious of asymptomatic spreaders and atypical presentations e.g. headaches and shortness of breath.

Appointment Considerations: Planning

Plan your appointment prior to admitting your patient. You need to make a risk assessment each appointment and should aim to plan your appointment accordingly:

- **How does this patient pose a risk to me? What precautions do I need to take to reduce that risk? What PPE should I use to protect me?**
- **What risk do I pose to the patient? What precautions do I need to take? What PPE should I use to protect them? What equipment do I need?**

Considerations: Planning

You are aiming to keep your contact time to a minimum and certainly below 15 minutes if possible. For example:

- If you are doing a cervical screen, consider doing pre-screen counselling over the telephone. During the screen, keep information clear to enable informed consent but concise – if the patient wishes to discuss vaginal discharge, menopause, contraception etc, ask them to phone their GP/ANP. Ensure you have an informative post-screen leaflet about their results or can send them a link to one.
- If you are doing a blood test or B12 do not allow the patient to side track with discussion about other complaints or to do a quick BP etc – direct them back to their GP.
- If you are doing a hypertension review, do their height, weight, waist circumference, bloods, pulse and BP. Basic information like alcohol use and smoking can be covered whilst you do this. You can complete the review by telephone with brief discussion about diet, exercise etc.
- Majority of an asthma review can be done remotely – only physical parameters needed are peak flow (which they can do at home NOT in your clinical room), BP, height, weight, SATs and auscultation if you are confident to do so.

Appointment Considerations: Zoning

- “Zone” your work area. E.g. once you have cleaned your computer, phone, mouse etc, keep that area as a clean zone. Remember to remove your gloves, gel hands, put on new gloves if you absolutely need to touch your computer during your consultation. If you think you will need to write down obs etc during a consultation, get a scrap of paper and pen ready beforehand. Remember to wipe down your pen too when you clean all your other equipment.

Appointment Considerations: Facemasks

- Only use Fluid Resistant Surgical Masks (FSRMs) sessionally if you are doing so properly. i.e once you have taken a facemask off put it in the bin – do not re-use. Facemasks must be changed if moist or soiled. Do not touch your facemask once it is on, if you do, completely doff PPE after that patient and use a fresh one when needed.

Track and Trace

- Be respectful of other staff's safe workspaces. If you cannot maintain 2m distancing then facemasks MUST be worn.
- Remain vigilant (stay alert!) in communal areas/on breaks. Track and Trace system means that if you have been within 2m of a COVID+ve person (which could be a colleague) without PPE for more than 15 mins or within 1m for 1min or more, you will be required to isolate for 14 days. This may have consequences for you, your family or your finances and could certainly cause problems for your organisation if they have several members of staff isolating at once.

Personal/Public Protective Equipment

- “Full PPE” is mandatory for all patient contacts as risk of asymptomatic transmission posed to staff, patients and service outweighs cost and supply of PPE.
- “Full PPE” is defined as gloves, aprons and fluid-resistant IIR masks (FSRMs) with visor or goggles on risk assessment if indicated e.g. prolonged contacts (e.g. longer than 5 mins), if patient cannot/refuses to wear a mask, if a patient is short of breath.
- PPE should be donned **before** receiving a patient (even if that means leaving your clinical room in **clean** PPE).

Respiratory masks (FFP3)

- Staff who may carry out aerosol generating procedures (including basic/intermediate/advanced life support) must be tested for correct fit of FFP3 masks used within the service.
- Fit-testing must be repeated annually.

PPE Resources

- Donning and doffing, cleaning of environment/equipment videos can be accessed via:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/infection-control/infection-control-ppe-how-to-videos>

Blood/Body Fluid Spillages

Ensure area is well ventilated.

- Wearing PPE wipe up using paper towels
- Apply Actichlor solution (1 tablet 100ml cold water 10,000 ppm) or where provided use spillage kit according to instructions
- Leave for 2 mins
- Wipe up using absorbent towels and dispose of as clinical waste
- Wash area with detergent.
- Remove PPE
- Wash hands!
- URINE/VOMIT - Do NOT apply Actichlor or hypochlorite to urine/vomit spillages. Use Actichlor Plus – this has detergent in it so washing stage is not needed.

Staff Health

- Staff with symptoms of COVID-19 (cough, fever, loss of sense of taste or smell) must not come into work. They must self isolate for 7 days and household contacts for 14 days.

- COVID-19 testing is available via:

Sxccg.covidtestingreferrals@nhs.net

- Staff with diarrhoea and or vomiting should stay away from work for **48 hrs after symptoms have stopped.**
- Staff with skin lesions or infections (e.g. exacerbation of eczema, impetigo) must seek advice from Occupational Health on their suitability to come to work

Laundry

- It is best practice to wash uniforms/clothing separately from other clothing to prevent cross-contamination as they are a potential reservoir for micro-organisms and a possible source of infection.
- Uniforms/clothing should be washed at 60°C then tumble dried or ironed. Always wash hands after placing uniforms/clothing in the washing machine.
- Remember “bare below the elbows” and washing instructions when selecting workwear.

Alcohol Gel

- **Must** be applied in the same **7 stage** technique as handwashing **every time** or will not be effective.

Hot Hub Update

- Looking ahead.....

Over to you!

- How can IAS help?
- Any questions?



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