North Hampshire COVID-19
Assessment Centre and Drive Through
Standard Operating Procedure

Background

Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID). It has been widely identified that the impact of infection is likely to accelerate with possibly profound consequences for the country. Across North Hampshire CCG, we have agreed to run one single Red Zone as our COVID-19 Assessment Centre from W/C 6th April 2020, this site is St Andrews Centre.

The remit of this document is to advise clinicians and workforce at the COVID-19 Assessment Centre how to practise and reduce risk to patients and workforce. All Staff will need to adhere to the guidance.

The COVID-19 Assessment Centre is for those patients who fall into Category 2, (see Appendix J) after clinician triage and who need a Face to Face Assessment. This centre is not for all patients who show signs of COVID-19 as the majority of these patients should be advised to self-care at home.

COVID-19 ASSESSMENT CENTRE

Full Address: St Andrews Centre, Western Way, South Ham, Basingstoke, Hampshire, RG22 6ER

Opening Hours: 8am-6.30pm (with bookable appointments from 8.30am-6pm)

All staff MUST wear scrubs (or clothes that can be washed at 60 degrees) AT ALL TIMES when working in this building. All staff must also follow PPE guidelines including the correct donning and doffing procedures (links below and posters in all rooms, full copies at Appendix A & B). The PPE level required on this site is Level 1: Surgical mask, plastic apron, gloves and eye protection.


https://youtu.be/oUo5O1JmLH0

All staff MUST be bare below the elbows, have hair tied back (where applicable), short nails with no nail varnish and no jewellery other than one plain wedding band (although ideally none at all).

Staff may choose to shower and get changed on site at the end of their shift, this is encouraged.
Staff parking is available in the rear car park using the first row of space only (as highlighted in yellow below). The small front car park is for patient use only.

When arriving for your shift, staff should use the side door (location on map below). There is an intercom on the door which alerts the Manager to your arrival. PLEASE DO NOT USE THE MAIN ENTRANCE. Staff should be prepared to show ID.

Lockers are available for staff to use. There are toilets and showers available on the first floor as well as a staff room with a fridge, kettle, and microwave for staff to use. There is capacity for 6 clinicians to carry out telephone triage/video consultations on the first floor whilst adhering to social distancing guidelines.

All consulting rooms are located on the ground floor (15). There is also capacity for 6 clinicians to carry out telephone triage/video consultations in the hub on the ground floor whilst adhering to social distancing guidelines. There are two staff toilets available on the ground floor and two kitchenettes.

Code for internal doors: 0591

Emergency procedure: double-click on red exclamation point – top right corner in EMIS. There is also a backup panic button attached to the underneath of each clinical room desk. All clinicians are expected to attend the site of the emergency and will be swiftly released if they are not required.

Location of emergency equipment: all emergency kit is located in the hub – you will be shown this when you arrive.

Extension number of on-site Managers: 240 (Amy) 219 (Alison)

Fire alarms: You will be informed of any planned fire alarm tests. These are usually carried out on Friday mornings. If you have not been made aware that a test is being carried out, please evacuate and await further instructions. Muster point is outside the Church to the front of the building.

IT on Site: Your windows log in will be the same as the one you use at your ‘home practice’. Your EMIS log in for the COVID Assessment Centre will be your first initial followed by your surname (all lower case) and your password will be Password1.

With this EMIS log in you will be able to see and add to the clinical record of the patients booked into the shared COVID Assessment Centre appointment list.
You will not be able to use e-referral or request tests yourself for patients. Please send a patient task to the ‘COVID 19 TEAM’ in EMIS detailing what it is that you require them to do for you.

Alternatively, if it is urgent and there is a clinician from the patients’ registered practice on site, they can (using instructions at Appendix C) log into their home practices’ EMIS in order to do this for you. This is only to be done when urgent and when time allows.

Initially, you will not be able to request EPS scripts for ANY patient through this log in. Once you have had your smartcard associated to CGH Partnership, you will be able to complete EPS requests for patients registered at CGH (1/5 of CCG population). You can also use configuration switcher (see instructions at Appendix C) in order to log into your ‘home practice’ EMIS system so you can (where time allows) request EPS scripts for your home practice patients. For any other patients, you should follow the PRESCRIBING GUIDANCE on page 5.

If the COVID Assessment Centre is quiet, clinicians are permitted (and encouraged) to log onto their home practices’ EMIS system in order to assist with their telephone triage, lab results, script requests (EPS only), tasks, etc.

Please do not use the PCs for conference calls, NHS mail, online radio, etc. where possible as the bandwidth is limited at this site and you will slow down all of the PCs. Please use your own mobile device for these programs where possible. Your personal device should automatically connect to the Wi-Fi if it does back at your home site. If you cannot connect to the Wi-Fi, see, or call, Amy (ext 240).

**How to use the phones:** You will be assigned a log in for your phone – see below. To login, press the flashing red button on your phone. It will then prompt you to ‘search for a user’. Using the numbers on your phone, start to type either ‘Room’ or ‘Triage’, you can then use the up and down arrows to find the user name that you have been assigned. Once you’ve found your username, press the ‘ok’ button in the middle of the arrows. To make a call, simply pick up the handset and dial the number including the area code, to hang up the call, replace the handset. All calls are recorded. Mobile phone signal is poor in this building

| Room 1 SA – 801 | Room 10 SA – 810 | Triage Desk 4 – 824 |
| Room 2 SA – 802 | Room 11 SA – 811 | Triage Desk 5 – 825 |
| Room 3 SA – 803 | Room 12 SA – 812 | Triage Desk 6 – 826 |
| Room 4 SA – 804 | Room 13 SA – 813 | Triage Desk 7 – 827 |
| Room 5 SA – 805 | Room 14 SA – 814 | Triage Desk 8 – 828 |
| Room 6 SA – 806 | Room 15 SA – 815 | Triage Desk 9 – 829 |
| Room 7 SA – 807 | Triage Desk 1 – 821 | Triage Desk 10 – 830 |
| Room 8 SA – 808 | Triage Desk 2 – 822 | Triage Desk 11 – 831 |
| Room 9 SA – 809 | Triage Desk 3 – 823 | Triage Desk 12 – 832 |
HOW IT WILL WORK

Patient Flow

Robust initial ‘home practice’ triage is to be carried out (either by telephone or video consultation) in order to determine appropriate location for face to face review if indicated – see APPENDIX D.

If after clinical triage, a patients’ ‘home practice’ determines that a review at the COVID Assessment Centre is required, the ‘home practice’ is required to carry out the following steps (see APPENDIX E):

1. Patient is advised to come to the St Andrews Centre at a particular appointment time (booked on single appointment list), identified as COVID ASSESSMENT CENTRE. See Appendix F for booking instructions.
2. Patient is to then be sent an AccuRx message with an attachment – (see Appendix G - each individual practice will need to have this message template created on their clinical system in readiness).
3. Patient then arrives at the COVID Assessment Centre and follows the instructions as above and is assessed by the clinician. There will be one of three outcomes to this assessment and the patient will be sent an AccuRx message confirming the outcome (see Appendix H – each individual practice will need to have these message templates created on their clinical system in readiness).

- Outcome 1 (High/Moderate Risk - Admission)
  Patient unwell and needs review in hospital. Send to ED Entrance 3 Ambulance Bay and referral made to Medical Registrar. Send AccuRx Text 1 please.

- Outcome 2 (High/Moderate/Modest Risk – 24-48hr Review)
  Patient reassured doesn’t need admission and can self-manage at home. Will need review at 24-48hrs. This can either be face to face at the CAC, or via telephone follow up from their own practice. Either book into CAC, or please send task to practice COVID19 Task Team. Send AccuRx Text 2 please.

- Outcome 3 (Low Risk – patient to request follow up as needed)
  Patient reassured doesn’t need admission and can self-manage at home. Advised that if any deterioration in condition will need to contact own GP practice for review. Send AccuRx text 3 please.

See Appendix I for a flowchart which demonstrates the clinical decision making from initial patient contact at PCN level to discharge from the COVID Assessment Centre.
When you are ready to consult

- Check the room is ready; wipe down surfaces, clean clinical equipment, etc. between every patient. Have windows open (if possible, to ventilate).
- Call the patient on their mobile phone to take a history and decide whether you need to fully examine them (Clinic Appointment) or whether they can be seen in their vehicle (Vehicle Appointment).

Clinic Appointment

- Record the history in EMIS and then advise them to exit their car and enter the building and press the intercom (on the door to their left); advise them that they will be provided with a mask that they must wear.
- Don PPE (see Appendix A) and walk down to the waiting room to call your patient through.
- Examine the patient (no looking at throats), communicate outcome and plan and write up in EMIS.
- The clinician should confirm the confinement period of 7 days for the patient and 14 days for any household members.
- The clinician should then open the consulting room door and direct the patient towards the waiting room where the receptionist will ensure safe exit of the building. The patient is to keep their mask on until they reach the clinical waste bin for disposal of their mask.
- The clinician will doff PPE using guidance found at APPENDIX B.
- The clinician will then wipe all apparent surfaces/door handle/ chair, if used, with cleaning wipes as well as any equipment that was used.
- The clinician will then send an AccuRx text to the patient (Outcome 1/2/3) confirming the outcome of the assessment.

Vehicle Appointment

- Record the history in EMIS and advise the patient to drive through to the drive through area. Marshall will guide them into a bay.
- Drive through clinician will read the notes, and carry out simple examination, wearing full PPE. Ideally this will be done whilst the patient remains in the car. If needed, the patient may be asked to exit that car and walk around the inside of the tent (40m 10% desaturation test).
- Clinician will record this information on the RCGP Assessment Form (Appendix J), and can give a copy of the outcome record to the patient. Details can then be recorded in EMIS using a simple template.
- The clinician will then send an AccuRx text to the patient (Outcome 1/2/3) confirming the outcome of the assessment.
- The patient can drive either home or to the hospital for further assessment.
Car enters and is directed to small car park by marshal 1

1. Car parks and lets marshal 2 know they have arrived and awaits phone call

2. Marshal 2 radios reception to let them know patient here. Reception marks as "arrived" on EMIS

3. Clinician calls to take history and either asks patient to come into building, or asks to drive to tented area. Marks this on EMIS acut screen

4. Reception lets marshal 3 and base tent know patient is coming

Car drives to marshal 3 who directs to a tent

5. Patient leaves and drives home/ED

A B C D E F

Patient is assessed by clinician in tent, given printed outcomes 1, 2 or 3. Consultation coded using EMIS in Base Tent, and AccuRx sent if appropriate

6. Basic Tent — GP/ANP plus 1 x Admin 2 x laptops Water/PPE

Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
PRESCRIBING GUIDANCE

Firstly, check with the patient if they have a well friend or family member from another household who is able to collect and deliver their medication to them.

If they DO have someone able to safely collect and deliver their medication, please send a task to the ‘COVID 19 TEAM’ in EMIS asking them to write the EPS script to the patients’ usual Pharmacy and advise the patient that the medication will be with their usual Pharmacy for their friend/relative to collect.

If they DO NOT have someone able to safely collect for them, send a task to the ‘COVID 19 TEAM’ in EMIS asking them to write the EPS script to the patients’ usual Pharmacy ensuring that the PHARMACY NOTE indicates the following “?COVID+ patient, requires medication to be delivered”.

Cleaning – Clinic Appointment

As well as wiping down surfaces and kit in between patients, all staff members are to wipe their workstations periodically. This is to be done when starting a shift, finishing a shift as well as when in receipt of an ‘urgent screen message’ sent via EMIS twice per day asking all staff to clean their workstations and shared areas.

It is the responsibility of ALL STAFF on site to clean the door handles, toilet flushes, door locks, kettle handle and any other shared facilities when the twice daily reminder is sent out via EMIS.

Clinical Equipment

Each clinical room contains the following:

1) Sphygmomanometer
2) Pulse Oximeter (adult)
3) Thermometer
4) Otoscope set
5) Peak flow
6) Urine sticks
7) PPE

You will have access to the following additional kit stored centrally on site:

1) Paediatric pulse oximeter
2) Multiple sized BP cuffs
3) Glucometers
4) All emergency kit and drugs

Please provide your own stethoscope and do not wear it around your neck.
Cleaning – Vehicle Appointment

You will be provided with a tray which comprises

1. Thermometer
2. Adult pulse oximeter
3. Peak Flow monitor.

In addition, there will be emergency kit and drugs stored at the Base Tent.

Once you have finished seeing a patient, please return the tray to the dirty area in the tent, and take a clean tray ready for the next patient.

All staff working in the vehicle area will also stop twice a day for cleaning of the tented area.

Waste

All waste generated on the ground floor of this site should be treated as clinical waste (Category B Orange).

Daily Update

As this is a new service that has been set up urgently during a pandemic, it will need closely monitoring in terms of staffing levels, patients journey and other learning. This will initially be carried out via a daily meeting at 2pm between Amy Taplin (Ops Manager of COVID AC), Alison Hullah (Lead ANP COVID AC), Caroline O’Keeffe (Lead GP COVID AC) and Becky Rogers (Senior Commissioning Manager – NHCCG).

The frequency of these meetings will be reviewed and amended as required as the service beds in.

Any significant events will also be discussed at this meeting as well as daily statistics in terms of numbers of patients coming through the assessment centre. Additional statistics can be provided if deemed necessary as the service progresses.
Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/cANls-jJdi2s

Pre-donning Instructions:
- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

1. Perform hand hygiene before putting on PPE.
2. Put on apron and tie at waist.
3. Put on facemask – position upper strap on the crown of your head, lower strap at nape of neck.
4. With both hands, mould the metal strap over the bridge of your nose.
5. Don eye protection if required.
6. Put on gloves.

*For the PPE guide for AGPs please see:

APPENDIX B

Taking off personal protective equipment (PPE)
for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/eANls-Jdi2s

- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the patient’s room or cohort area

1. Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining 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. Clean hands.

3. Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.
   - Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.

4. Remove eye protection if worn.
   - Use both hands to handle the frames by pulling away from face and discard.

5. Clean hands.

6. Remove facemask once your clinical work is completed.
   - Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

7. Clean hands with soap and water.

*For the doffing guide to PPE for AGPs see:


Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
APPENDIX C

Using EMIS Configuration Switcher to access home practice EMIS system

1. Press ‘windows’ button (bottom left corner when logged onto a PC). Type ‘config’ into the search box. Click on ‘configuration switcher’.

2. Type in your home practices’ CDB number (see list at bottom of this help sheet if you do not know it).

3. Press ‘enable switching’ and then press ‘go’
APPENDIX C CONT..

4. Log into EMIS with your normal log ins ensuring that you have also logged in with your smartcard.

CDB NUMBERS

<table>
<thead>
<tr>
<th>CDB Numbers</th>
<th>Practice Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>15987</td>
<td>Bentley Village Surgery</td>
</tr>
<tr>
<td>15993</td>
<td>Crown Heights Medical Centre</td>
</tr>
<tr>
<td>574</td>
<td>TADLEY MEDICAL PARTNERSHIP</td>
</tr>
<tr>
<td>2738</td>
<td>The Wilson Practice</td>
</tr>
<tr>
<td>10240</td>
<td>The Bermuda and Marlboro Practice</td>
</tr>
<tr>
<td>263</td>
<td>CLIFT SURGERY</td>
</tr>
<tr>
<td>1966</td>
<td>Oxshott and Old Basing Health Centres</td>
</tr>
<tr>
<td>9125</td>
<td>Bramblesy Grange Medical Centre</td>
</tr>
<tr>
<td>15971</td>
<td>Chawton Park Surgery</td>
</tr>
<tr>
<td>10788</td>
<td>Camrose, Gilks &amp; Hackwood Partnership</td>
</tr>
<tr>
<td>3534</td>
<td>Boundaries Surgery</td>
</tr>
<tr>
<td>25052</td>
<td>Beggarwood Surgery</td>
</tr>
<tr>
<td>1993</td>
<td>Chineham Medical Practice</td>
</tr>
<tr>
<td>15994</td>
<td>Watership Down Health</td>
</tr>
<tr>
<td>4767</td>
<td>Whitewater Health</td>
</tr>
</tbody>
</table>

Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
APPENDIX D

Which patients to send where?

Patients assessed on the phone or by video triage

Suspected COVID-19
Diagnosis criteria
New continuous cough and/or high temperature
Please direct to www.111.nhs.net

Red Zone
1. Patients with suspected COVID who are moderately unwell and need further assessment

2. Patients with a fever but no respiratory symptoms
   i.e. tonsillitis (but please don’t examine throats), OM, pyelonephritis, diverticulitis etc.

3. Patients with respiratory symptoms but no fever
   i.e. exac COPD, asthma exacerbation, possible PE etc

4. Patients with fever and cough, but also a second problem
   i.e. severe abdominal pains, worsening pain, severe weight loss
   Something significant that really can’t be managed over the phone.

Amber Zone
This area is for essential face to face appointments that still need to take place.

These must be triaged by a clinician and must only be for patients without any history of fever and who are not showing any respiratory symptoms

Green Zone
This is an infant zone for childhood immunizations, six week checks and maternity appointments only

Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
APPENDIX E

Referral to COVID ASSESSMENT CENTRE
Given appointment time to attend
(practices can all book onto single appointment list after robust triage)

CCAS DIRECT BOOKING
BOOKED DIRECTLY BY INDIVIDUAL PRACTICES
SUSPECTED COVID
KNOWN COVID POSITIVE
PATIENT STEP DOWN FROM HOSPITAL ADMISSION

PATIENT ARRIVES AT COVID ASSESSMENT CENTRE
Parks up, lets marshal know they have arrived and awaits telephone assessment
Clinician then calls patient to take history on mobile
(consider day of illness and appropriateness for escalation)

ASSESSMENT CARRIED OUT BY CLINICIAN - either Clinic or Vehicle

REFER TO HOSPITAL
Send AccuRx text
Outcome 1 to confirm

DISCHARGE HOME
Follow up arranged within 24-48hr (either at CAC or tel call from own GP) isolate and safety net
Send AccuRx text Outcome 2 to confirm

DISCHARGE HOME
No follow up arranged but strict safety net to contact GP if deterioration. Send AccurRx text Outcome 3 to confirm.

Version: 5.1. Date: 10th April 2020
Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
APPENDIX F - Cross Organisation Booking for COVID-19 Assessment Centre

1. With the patient selected - go to the Appointment Book
2. Under Find Slot click on the small arrow and select - Find cross-organisational slot

3. On the Organisation section click on the Search button

4. Select Camrose, Gillies & Hackwood Partnership

5. The slot type is COVID ASSESSMENT- Please DO NOT select any other appointment type.
6. Please book in sequence.
7. Double click on the next available slot.
8. Click on Yes, this patient consents when prompted then click Book on the next screen.
APPENDIX G

What to expect when you’ve been referred to the COVID Assessment Centre

We want to welcome you to our COVID Assessment Centre. This service is a REFERRAL ONLY SERVICE staffed by GP practices in and around Basingstoke and your practice is one of them. It is important to us to keep all our patients and staff safe so please read these instructions carefully. We hope they contain all the information you need to make your visit go as smoothly as possible. Thank you for your support for our staff at what we’re sure you’ll realise is a challenging time for them.

Before leaving home

Please try to use the toilet at home and also if you use inhalers anyway for an underlying condition, please bring them with you to the appointment.

How to get there?

The St Andrews Centre is on the corner of St Andrews Road and Western Way, in South Ham. The postcode is RG22 6ER.

What will happen when you get there?

Please park in the car park in front of the St Andrews Centre building and let our marshal know that you are here. Then please wait in your car and keep your phone on. When the clinician is ready to see you, they will call your mobile and either ask you to come into the building, or direct you to our drive through site.

For both car and clinic appointments our staff will be wearing protective clothing. Your consultations will be recorded on your GP notes and visible to you and your GP practice.

The assessment is likely to include checking your temperature with a thermometer and measuring the amount of oxygen in your blood using a fingertip monitor, as well as checking your pulse and breathing rate. The evidence is that in patients with COVID-19, these measurements provide the most accurate assessment of a patient’s level of illness and that listening with a stethoscope does not add anything to the assessment and exposes the healthcare professional and other patients to an increased risk of infection.

What happens next?

You will be advised on what treatment and follow up is needed. Most patients will be able to go home. If you need a prescription, then this will be sent to your usual pharmacy. Please do not go there in person. Please arrange for a friend (non-household member) to collect it for you or contact the pharmacy to arrange a delivery using an NHS Volunteer. If you need to be admitted to hospital or another facility this will be arranged, and you will be told what to do.

This is not the way we normally provide healthcare. Reducing social contact is the only way to help limit the spread of COVID-19 so by sticking to this procedure you will be doing your bit to keep all of us healthy and keep our staff able to work to look after us all. Thank you for your help and understanding.

Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net
APPENDIX H

AccuRx – Outcome 1 (High/Moderate Risk - Admission)

Thank you for attending the COVID Assessment Hub today. As we discussed, you will need further review at Basingstoke Hospital. Please drive to the Emergency Department and head to Entrance 3. You will be met there and directed to the Hot Zone in the Emergency Department.

AccuRx – Outcome 2 (High/Moderate/Modest Risk – 24-48hr Review)

Thank you for attending the COVID Assessment Hub today. As discussed, please go home and rest. Please drink plenty of fluids and monitor breathing carefully.

We would like to see you again at the CAC tomorrow at xxxx (delete as appropriate) We will ask your GP practice to contact you tomorrow to see how you are getting on (delete as appropriate)

If you feel that your breathing is getting worse, please contact your practice as we may need to see you sooner

AccuRx – Outcome 3 (Low Risk – patient to request follow up as needed)

Thank you for attending the COVID Assessment Hub today. As we discussed, please do go home and rest. Please drink plenty of fluids and monitor your breathing carefully. If you feel that your breathing is getting worse, please contact your practice as we may need to arrange a further telephone or face to face review.
APPENDIX I – CLINICAL ASSESSMENT FROM PCN TRIAGE TO PATIENT OUTCOME

**COVID CATEGORY 1**
Admit 999 if appropriate
- Consider IVS, Treatment
- Escalation, Planning
- (Respect Forms)
- Inform of Covid-19 Risk
- NEWS2 ≥ 7
- Or significantly unwell

**CLINICIAN TRIAGE at PCN level**

**REVIEW IN COVID ASSESSMENT HUB**
- Consider day of illness
- Co-Morbidity & escalation status

**COVID CAT 2 LOW RISK**
Normal Assessment
- NEWS2 = 0-2

**COVID CATEGORY 3**
- Minor Illness
- Mild Covid symptoms, NHS 111 website or Telephone PCN if unwell
- Self Management – Paracetamol, Fluids
- Advise to self-isolate and safety netting

**CATEGORY 2 - HIGH RISK**
- Basic Assessment
- Altered cognition / new onset confusion
- Significant SOB or Chest Pain
- Severe restriction ADLS
- No urine output in last 12 hours
- Consider 40m 10% desaturation test
- Sats levels <94% (reduced if severe COPD)
- NEWS2 ≥ 7
- Consider appropriate Antibiotics and Steroids for secondary prevention in High Risk Groups
- If known Asthma / COPD increase SABA via Spacer (preferred to Nebuliser)

**OUTCOME**
- Admission if appropriate or review at COVID Assessment Hub in 24 hrs – book for review

**CATEGORY 2 - MODERATE RISK**
- Basic Assessment
- Altered cognition
- Breathless
- Restricted ADLS
- Reduced urine output
- Consider 40m 10% desaturation test
- Sats levels 92-94%
- NEWS2 ≥ 5-6
- Consider appropriate Antibiotics and Steroids for secondary prevention in High Risk Groups
- If known Asthma / COPD increase SABA via Spacer (preferred to Nebuliser)

**OUTCOME**
- Admission if appropriate or review at COVID Assessment Hub in 24 hrs – book for review
- Self Management and Safety Netting

**CATEGORY 2 - MODEST RISK**
- Basic Assessment
- Normal cognitive level for patient
- Mild SOB / No chest pain
- Mild restriction ADLS
- Normal urine output
- Consider 40m 10% desaturation test
- Sats levels ≥ 94%
- NEWS2 = 3-4

**OUTCOME**
- Telephone review in 24hrs by own practice. Send task to COVID19 team
- Self Management and Safety Netting
APPENDIX J – RCGP ADMISSION LETTER TEMPLATE

GP All cause admission Letter COVID-19 26-3-20

<table>
<thead>
<tr>
<th>PATIENT DETAILS</th>
<th>Name:</th>
<th>Date:</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring GP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP Practice address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DoB:</td>
<td>Sex</td>
<td>Tel No</td>
<td></td>
</tr>
<tr>
<td>NHS No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of Kin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of Kin Telephone No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESENTING PROBLEM (SITUATION) (reason for transfer)</th>
<th>Provisional Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of onset of Symptoms</td>
<td>Key Features</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAST MEDICAL HISTORY (BACKGROUND) (relevant significant details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNAR/ReSPECT in place (please attach copy if available)? YES □ NO □ Date:</td>
</tr>
<tr>
<td>Dementia Diagnosis? YES □</td>
</tr>
</tbody>
</table>

| MEDICATION (BACKGROUND) (please provide relevant details/print out) |

| ALLERGIES (please circle & list if any allergies): YES/NO/UNKNOWN |

<table>
<thead>
<tr>
<th>CHRONIC FRAILITY SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Select</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>□ □ □ □ □ □ □ □ □</td>
</tr>
</tbody>
</table>

Version: 5.1. Date: 10th April 2020

Document Owner for updates: Amy Taplin, Red Site Operations Manager. Email: amy.taplin@nhs.net. Caroline O’Keeffe, Red Site Lead GP. Email: c.okeeffe@nhs.net. Alison Hullah, Red Site Lead ANP. Email: alison.hullah@nhs.net