

DOORSTEP REVIEW SERVICE STANDARD OPERATIONS

The following SOP is designed to give clear guidance on how all staff are to adhere to the guidance given to protect themselves, patients and members of the public.

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1. **INSTRUCTIONS FOR ARRANGING DOORSTEP ASSESSMENT SERVICE – OBSERVATIONS ONLY**

- Patient is describing symptoms of suspected COVID 19 infection on telephone or video consultation you think warrant further investigation with oxygen saturations and temperature.
- Patient **MUST**:
 - Be able to understand instructions
 - Be able to answer the door or have key code access
 - Be able to use appliances independently or have member of house who can help
- Clinician to inform the patient they will be visited as soon as possible depending on demand. If require immediate or very urgent assessment consider if 999 more appropriate. Inform the patient you can text a link of a video demonstration of the equipment following this call. On the visit they will receive a doorstep pack which also contains clear instructions on how to conduct a self-assessment. Check if will need table or if can bend down to pick up from doorstep. The attending practitioner can provide assistance from a distance of 2 meters or via phone.
- Explain to the patient why you want to do the assessment and how it might change your management plan. Inform the patient you will call them back when you have the results with further management advice.
- Advise the patient to call 999 if they deteriorate whilst waiting for the doorstep review.
- Clinician to contact Hot Hub to arrange doorstep assessment – can be practice staff but hot hub clinic may want to discuss with clinician e.g. if will be delay or if feel other options maybe more appropriate.
- The practitioner doing doorstep assessment will need urgent number for practice to ring once assessment completed and contact number for patient.
- The practitioner will contact the practice to inform reception staff of the results and any action taken. We would recommend these results are added directly into the Wuhan template and repeated back to the practitioner to check correct.
- Would recommend 3 possible outcomes dependant on the results of the observations and would each practice must have a plan to ensure correctly actioned as per own policies for urgent messages:
 - Assessment been done, please inform clinician
 - Oxygen saturations above 94%
 - Heart rate below 110 bpm
 - Temperature below 38
 - Urgently inform clinician, patient may require an urgent follow up
 - Oxygen saturations 90-93%
 - Heart rate 110-130bpm
 - Temperature above 38
 - Or if the patient is acutely unwell and an alternative pathway besides admission is appropriate
 - A message to inform you the assessment is completed and need to speak to clinician as will need admission either via 999 or own transport on advice of Clinician
 - Oxygen saturations below 90%
 - Heart rate above 130 bpm
- Once you have received a phone call you are to phone the patient back as soon as possible, but at most within 1 hour with further management advice. (See Appendix 4)
- If a prescription is required this should be sent by electronic transfer prescription to the community pharmacy. The attending clinician will contact to discuss this. Patients should be told that they **MUST** arrange for someone (not a household member as they will also be self-isolating) to collect the prescription on their behalf and to leave at least 2 hours before it will be available for collection.

2. INSTRUCTIONS FOR ARRANGING DOORSTEP ASSESSMENT SERVICE – OBSERVATIONS AND VIDEO

- Patient is describing symptoms of suspected COVID 19 infection on telephone consultation you think warrant further investigation with oxygen saturations and temperature and video review.
- Patient **MUST**:
 - Be able to understand instructions
 - Be able to answer the door or have key code access
 - Be able to use appliances independently or have member of house who can help
- Clinician to inform the patient they will be visited as soon as possible depending on demand and clinician availability. If require immediate or very urgent assessment consider if 999 more appropriate. On the visit they will receive a doorstep pack which will contain a video link to GP along with equipment needs to perform assessment. Check if will need table or if can bend down to pick up from doorstep. For problems the attending practitioner can provide assistance from a distance of 2 meters or via phone.
- Explain to the patient why you want to do the assessment and how it might change your management plan. Inform the patient they will get a phone call when the practitioner has arrived.
- Advise the patient to call 999 if they deteriorate whilst waiting for the doorstep review.
- Clinician to contact Hot Hub to arrange doorstep assessment **with video** – can be practice staff but hot hub clinic may want to discuss with clinician e.g. if will be delay or if feel other options maybe more appropriate.
- The practitioner doing doorstep assessment will need urgent number for practice for when arrive and in case of any problems along with contact number for patient. They will also require Skype contact of GP performing video consultation.
- The practitioner will contact the practice when arrives at home to check clinician ready for video consultation and then setup Skype connection with them.
- Clinician to perform video consultation and examination/observations remotely and once finished advise patient to leave equipment back in box on doorstep.
- Arrange appropriate management of patient (See Appendix 4) and if a prescription is required this should be sent by electronic transfer prescription to the community pharmacy. The attending clinician will contact to discuss this. Patients should be told that they **MUST** arrange for someone (not a household member as they will also be self-isolating) to collect the prescription on their behalf and to leave at least 2 hours before it will be available for collection.

3. THE DOORSTEP REVIEW SERVICE

3.1. Aim of service

To allow community assessment of those patients with suspected COVID 19 infection whilst minimising exposure to primary care workforce.

3.2. Suitable Patients

- Clinician in general practice has completed a telephone/video assessment and feels obtaining a NEWS2 score +/- video consultation (with respect to limited evidence in context of covid) and more specifically an oxygen saturation would change management.
- Symptoms consistent of COVID-19 (see Appendix 3).

3.3. Contents of the visiting car (practitioner)

- Assessment review pack
 - Pulse oximeter
 - Thermometer
 - Double lined box for the equipment to be placed inside
 - Laminated instructions on the use of the equipment
 - Laminated sheet to write the results and dry wipe pen
 - Wipes for cleaning (only if to be used by more than one household)
 - Mask and gloves for patient given before pack
- Video Assessment review pack
 - Pulse oximeter
 - Thermometer
 - Tablet
 - Selfie light
 - Double lined box for the equipment to be placed inside
 - Mask and gloves for patient given before pack
- Personal protective equipment (box in car)
 - Surgical mask (and one for patient)
 - Apron
 - Gloves (and one pair for patient)
 - Visor
- Cleaning materials and other (box in car)
 - Clinell wipes
 - Alcohol gel
 - Disinfectant solution spray
 - Wipes
 - White and clinical waste bags
 - Spare lined box.
 - Multiple Ziplock bags – medium and small

3.4. Actions for those completing the assessment – Observations Only

- To be based from Hot Hub
- Must have business insurance on car or car provided
- Mobile phone – provided if possible
- Visit to be delivered at the earliest opportunity and within the requested timeframe of the review request.
- Drive to patient's house. Telephone patient before arrival, confirm nature of assessment ('your GP has requested I deliver some equipment for a self-assessment'), that you are on route, also confirm history and update on clinical condition.

- Advise room ventilation and remind about social distancing rules.
- Inform patient you will be posting a mask and gloves for them to wear and delivering a review pack on the doorstep. Step back at least 2 metres.
- When the patient answers the door state:
 - “Hello, I’m Could you confirm your name and date of birth? We spoke on the phone, I have delivered the review pack, there are instructions inside, please remember to leave your results sheet separately to the pack and face up”
 - “If you have any problems come to the door and I can ring you or speak to you there”
- Wait in the car until the patient comes back out of the door
- If they require assistance -don PPE (see appendix 9) - wash hands, put apron on, put on facemask, mould over bridge of nose, visor, and gloves.
- Give assistance on the doorstep.
- If the patient has completed the assessment review without any problems, don apron and gloves and note down the results on the laminated sheet, then place the review pack inside a second bag.
- Once back in car review results recorded phone surgery (or patient first) to inform of results)
- Depending on results follow one of 3 plans below (if numbers in different categories use the most urgent option and follow that procedure)
 - Telephone the practice, inform staff of results and ask them to let clinician know that assessment been done. Ask them to repeat back to you to ensure correct.
 - Advise patient you will send the results to their usual GP and that they will receive a call from them within an hour. If they haven’t heard anything they should contact their GP practice.
 - Oxygen saturations above 94%
 - Heart rate below 110 bpm
 - Temperature below 38
 - Telephone the practice, inform staff of results and ask them to **URGENTLY** let clinician know that assessment been done. Ask them to repeat back to you to ensure correct.
 - Advise patient you will send the results to their usual GP and that they will receive a call from them within 15 minutes. If they haven’t heard anything they should contact their GP practice.
 - Oxygen saturations 90-93%
 - Heart rate 110-130bpm
 - Temperature above 38
 - Advise patient results indicate may require hospital treatment and will contact practice. Ask if anyone who could take patient to hospital immediately if necessary. Ring the practice and ask to speak to a clinician urgently. Inform clinician of results and ask if should arrange 999 ambulance or suitable for own transport. Relay advice of clinician or ask them to ring patient.
 - Oxygen saturations below 90%
 - Heart rate above 130 bpm
 - If no answer from practice or no one able to speak to you urgently. Advise the patient to call 999 and then inform the practice the assessment is completed and the give them the results. Tell them 999 has been called due to observation results.
- If required they can check their script is ready in 2 hours, if not to contact their own surgery.

- Doff PPE (see appendix 10)- remove outer gloves, and then clean equipment (see appendix 6- for known covid visor will be disposed), placing into spare lined box, remove inner gloves and gel hands, remove apron, remove visor, gel hands, remove facemask, then gel hands.
- Place all disposable PPE directly into yellow clinical waste bag when removing.
- Use a non-touch technique- the driver will assist you opening doors, dispensing alcohol gel, holding wipes to use, holding waste bag.
- Driver then can remove gloves and clinician to assist with dispensing gel.
- All staff must follow Rota infection control protocol.
- Rota car to be cleaned as per protocol.

3.5. Actions for those completing the assessment – Observations and Video

- To be based from Hot Hub
- Must have business insurance on car or car provided
- Mobile phone – provided if possible
- Visit to be delivered at the earliest opportunity and within the requested timeframe of the review request.
- Drive to patient’s house. Telephone patient before arrival, confirm nature of assessment (‘your GP has requested I deliver some equipment for a self-assessment’), that you are on route, also confirm history and update on clinical condition.
- Advise room ventilation and remind about social distancing rules.
- Inform patient you will be posting a mask and gloves for them to wear and delivering a review pack on the doorstep once you have arranged the video link with a GP.
- Turn on WIFI Router and tablet. Ensure tablet connected to WIFI. Place router in bag and into box with thermometer and Sats probe
 - If no signal contact GP practice to inform can only do observations and follow SOP as above
- Ring the practice to inform GP have arrived and available to do video consultation. Await GP connecting via Skype. Once video established place tablet in bag and in box.
- Post gloves and mask through door and leave box on doorstep. Step back at least 2 metres.
- When the patient answers the door state:
 - “Hello, I’m Could you confirm your name and date of birth? We spoke on the phone, I have delivered the review pack and the doctor will complete the assessment with assistance through videolink on the tablet
 - “If you have any problems come to the door and I can ring you or speak to you there”
- Wait in the car until the patient comes back out of the door
- If they require assistance -don PPE (see appendix 9) - wash hands, put apron on, put on facemask, mould over bridge of nose, visor, and gloves.
- Give assistance on the doorstep.
- If the patient has completed the assessment review without any problems, don apron and gloves then place the review pack inside a second bag.
- Doff PPE (see appendix 10)- remove outer gloves, and then clean equipment (see appendix 6- for known covid visor will be disposed), placing into spare lined box, remove inner gloves and gel hands, remove apron, remove visor, gel hands, remove facemask, then gel hands.
- Place all disposable PPE directly into yellow clinical waste bag when removing.
- Use a non-touch technique- the driver will assist you opening doors, dispensing alcohol gel, holding wipes to use, holding waste bag.

- Driver then can remove gloves and clinician to assist with dispensing gel.
- All staff must follow Rota infection control protocol.
- Rota car to be cleaned as per protocol.

3.6. Practice Bypass numbers and important contacts

St Helens Rota	XXXXXXXXXX
St Helens Rota Email	

APPENDIX 4 – St Helens Hot Patient Clinical Pathway

See supplemental file

APPENDIX 5 – Instructions for setting up Skype call

- Ensure tablet WIFI router on and tablet is connected to WIFI
 - WIFI name will be STH Remote Assessment 1/2/3
 - Password is STHRemote2020
 - To turn on press button until lights flash
 - Red light indicates no signal and therefore video link wont work
- Load Skype app on tablet
 - Should already be logged in but if not log in using email sthhothub1@outlook.com (if tablet 1), sthhothub2@outlook.com (if tablet 2), sthhothub3@outlook.com (if tablet 3) or sthhothub4@outlook.com (if tablet 4). Password for all of these will be given to you at start of shift if needed.
- Ring GP practice to ensure GP ready for tele call and confirm Skype name of GP
 - If contact hot hub or AVS pre visit ring ROTA and check clinician there ready to take video call
- Initiate video call with GP then place tablet in ziplock bag and in box
- Once doorstep assessment completed follow SOP re cleaning tablet and ensure of to conserve power
- When return to base ensure tablet charging for next call.
- Router should last all day but at end of shift ensure charging

Patient Instructions for checking on observations

PLEASE REMEMBER TO PUT ON THE GLOVES AND MASK BEFORE OPENING THE BOX

If you have nail varnish or acrylic nails this will need to be removed from either index or middle finger before performing observations

Temperature

- Pick up the thermometer (See picture 1) and press the button under the screen to turn on.
 - The screen will show some numbers when turned on.
- Place the pointed end into your ear as far as feel comfortable and press the button on top labelled start
- When beeps take out of ear and write the number on screen down on the enclosed laminated sheet.



Picture 1

Pulse and Oxygen – Please ensure fingers are not too cold prior to performing this

- Pick up the finger monitor (See picture 2) and push where it says to open the monitor wide enough to get your finger in.
- Place index or middle finger inside with tip of finger touching the end. Don't worry this will still work through the glove.
- Turn it on using the white dot and wait for the numbers to appear.
- The number closest to the white button is your pulse. Please write this in the appropriate space.
- The number below is your oxygen levels. Please write this in the appropriate space.



Picture 2

Once finished place both items back in the box and also the instruction sheet. Place the results sheet face up on top. Put the lid back on and put back on the doorstep. Indicate to the driver to collect and close the door, they will then ring you to inform you what will happen next.

Instructions To Patient for Video Consultations

Hopefully the GP will be able to talk you through the examination required but if there are any problems please complete your own observations following the other instruction sheet enclosed and let the driver know when done.

Connection problem Tips

- If you have any problems with connection ensure within same room as box.
- Consider moving to a different part of your home – the area with best mobile signal if you know where that is.

General Information

- If you want please try and find a room where you can discuss your health privately.
- If you would prefer someone to be present or help you from your household this is absolutely fine as well.
- The volume is already set to the loudest so can't go any louder, if you can't hear please indicate this to the GP as you would in a normal appointment.
- The GP may ask you to remove your top to assess your breathing and for any signs of struggling to breath. If you don't feel comfortable doing this please let them know, this is not a problem.

Patient Observation Chart

Temperature



Pulse



Oxygen





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/-GncQ_ed-9w

Pre-donning instructions:

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

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

*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Public Health
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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/-GncQ_ed-9w

- 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

<p>1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.</p>		<p>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.</p>	
<p>2 Clean hands.</p>		<p>3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.</p>	<p>Break tie at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p>  
<p>4 Remove eye protection if worn. Use both hands to handle the straps by pulling away from face and discard.</p>		<p>5 Clean hands.</p>	
<p>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.</p>		<p>7 Clean hands with soap and water.</p>	

*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Routine decontamination of reusable non-invasive patient care equipment

