

Protocol for returning to deliver clinical work in community clinical settings

Covid-19 Standard Operating Procedure

| | |
|----------------------------------|--|
| Document Reference No. | KMPT.Covid.46.04 |
| Replacing document | KMPT.Covid.46.03 |
| Target audience | Trust Wide |
| Author | Senior Management |
| Authorised/Ratified By | Covid-19 SOP Approval Group |
| Authorised/Ratified On | November 2020 |
| Date of Implementation | November 2020 |
| Review Date | April 2021 |
| Review | This document will be reviewed prior to review date if a legislative change or other event otherwise dictates. |
| Distribution date | November 2020 |
| Number of Pages | 6 |
| Contact Point for Queries | kmpt.policies@nhs.net |
| Copyright | Kent and Medway NHS and Social Care Partnership Trust 2020 |

DOCUMENT TRACKING SHEET

Covid-19 Standard Operating Procedure – Protocol for returning to deliver clinical work in community clinical settings

| Version | Status | Date | Issued to/approved by | Comments |
|---------|----------|------------------|--|--|
| 1.0 | Approved | 07 July 2020 | Members of the Covid-19 SOP Approval Group | Approved |
| 2.0 | Approved | 09 July 2020 | Covid-19 SOP Approval Group | Minor changes made. Changes Approved. |
| 3.0 | Approved | 18 August 2020 | COO and SOP Approval Group Approved by: Chief Operating Officer/ Deputy Director of Nursing. | Changes made in section re: face masks and group work Changes approved for publishing. SOP will return to next SOP Group meeting 27Aug20 for final assurance. |
| 3.0 | Approved | 27 August 2020 | Covid-19 SOP Approval Group | Final assurance given. |
| 4.0 | Approved | 10 November 2020 | Covid-19 SOP Approval Group | Changed approved |

RELATED POLICIES/PROCEDURES/SOPs/forms/leaflets

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

SUMMARY OF CHANGES

| Date | Author | Page | Changes (brief summary) |
|--------------|-------------------------|------|---|
| 9 July 2020 | Chief Operating Officer | | Section 2.12 – symptom checker added Clarity given around wearing masks at Section 5 Addition of Appendix 2 |
| 18 July 2020 | | | Update to section 1.7 re: face masks and section 3 added for group work |
| October 2020 | Infection Control | | Face masks to be worn at all times Covid symptoms updated |
| | | | |
| | | | |

CONTENTS

| | | |
|---|---|---|
| 1 | INTRODUCTION..... | 1 |
| 2 | KEY REQUIREMENTS TO COMMENCE FACE TO FACE CLINICAL WORK | 2 |
| 3 | GROUP WORK..... | 3 |
| 4 | SYMPTOM CHECKER AT A GLANCE:..... | 4 |
| 5 | BLACK, ASIAN AND MINORITY ETHNIC (BAME) STAFF | 4 |
| 6 | SHIELDED STAFF | 4 |
| 7 | KEY POINTS AT A GLANCE | 5 |
| 8 | ROOM AND BOOKING OF APPOINTMENTS..... | 5 |
| | APPENDIX 1 | 6 |
| | APPENDIX 2..... | 7 |

Use this appendix as an additional protocol to team and service overarching Standard Operating Procedures including the CMHT/CMHSOP/EIP and all other community services.

This SOP is in relation to COVID 19 and makes up part of the trust wide Business Continuity planning.

This SOP is advice and guidance for all community staff working across the Trust.

This SOP is the KMPT local response to national guidance and as such any slight differences in the KMPT response compared to the national guidance is to ensure the best protection for our staff and patients.

1 INTRODUCTION

- 1.1 From March 2020, in response to the global Covid 19 pandemic, the trust has ensured it has reviewed and acted on national policy and requirements set out in law under the emergency powers legislation used to implement the national lockdown.
- 1.2 For KMPT community teams the Covid response required staff, where they could do so, to work from home and all clinical staff to respond primarily to emergency and urgent work; this was in line with the trust Business Continuity planning. These changes meant community face to face contacts for routine work mainly ceased and a lot of routine patient contact has been via telephone and video.
- 1.3 Whilst there have been patients coming into team settings for face to face interventions such as medication clinics, duty work and urgent appointments that was generally for urgent and maintenance purposes, we now have to commence more routine work where there has been less urgency to see the person face to face.
- 1.4 As the lockdown has been relaxed KMPT has reviewed new national guidance and legislation and is now in a position to provide guidance for community based clinical staff, many of whom have been working from home, to consider how they can return to the work place safely to carry out their routine clinical work as well as maintain the urgent response.
- 1.5 This document sets out the next steps for teams and community workers who need to attend their work place to provide face to face work and relates to people who cannot be provided care by video or telephone (read this document in conjunction with COVID-19 Standard Operating Procedure Video or Telephone Conferencing for Clinical and Therapeutic Consultations).
- 1.6 We now need to make sure you come back to work safely and to do that we have implemented the Keeping Everyone Safe protocol. This has been driven by estates to ensure all the required rules currently in place such as the 2 metre rule can be fully observed. Each building has to be signed off as a "COVID-19 secure" building. This work, and the national relaxation on numbers of people who can meet up, means that we can recommence the more routine work, such as Initial Interventions and individual therapy face to face, where it is safe and the right clinical decision to do so.
- 1.7 **TO NOTE: KMPT response to current national guidance:**
 1. Despite the national guidance to lower the 2 metre rule to "1 metre-Plus" KMPT is maintaining the 2 metre rule for the time being.
 2. National guidance suggests a Covid secure building does not require staff or patients to wear face masks or coverings for non-invasive activities such as talking

therapies, mental health assessment etc. KMPT has agreed all staff are to wear a fluid resistant mask at all times and to encourage people using services to attend wearing a face covering or offering them a mask on arrival.

3. Fluid resistant surgical face masks, these are the masks already provided in teams (similar to the current blue and white masks that are being supplied across the trust) must be worn at all times. Some people cannot wear a face mask because of a medical condition, disability or severe distress when wearing one. If you feel you are unable to wear a face mask to undertake your clinical duties please contact your manager to have a risk assessment undertaken and to seek advice and guidance
4. See key points at a glance for details.

2 KEY REQUIREMENTS TO COMMENCE FACE TO FACE CLINICAL WORK

- 2.1 Staff should not facilitate any clinical work if they have symptoms, they need to go home, self-isolate and take advice in line with national guidance.
- 2.2 If able work from home to deliver clinical activity via the telephone or Livesize and it is clinically safe and the right choice for the patient; that can and should continue – ensure all activity is accurately recorded.
- 2.3 Usual practice is staff to homework for completion of documentation such as write up of assessments, clinical interventions, care plans, crisis plans and other clinical documentation.
- 2.4 When working from home the Homeworking SOP requirements must be adhered to.
- 2.5 People needing care who have been waiting for an appointment need to have all options and timeframes discussed with them so they can make an informed choice on what is best for them
- 2.6 The options:
 - Telephone session
 - Video session
 - Face to face session
- 2.7 Face to face appointments for clinical interventions either at home or in a clinic setting at this current time should only be offered if the person cannot use telephone or video clinical intervention, or if the clinical intervention cannot be provided via phone or video and there is a clear clinical need for them to have a face to face appointment.
- 2.8 Before agreeing any face to face contact the person requiring services and staff will need to fully understand the expectation to observe social distancing and the other measures required to reduce transmission risk.
- 2.9 Before the person attends the meeting they will need to be screened for symptoms of Covid with outcomes recorded appropriately – no person can attend a face to face meeting if they or others in their home have Covid symptoms.
- 2.10 At the time of writing KMPT is maintaining a 2 metre requirement for all community work other than clearly described exceptions such as physical health clinics for depot injections.

- 2.11 Staff are expected to read, understand and follow to the letter the relevant infection control requirements for working in their team base.
- 2.12 All clinical staff are to agree with their line manager how they are going to return to provide face to face work in the relevant clinical setting; this needs to take into account the option to work flexibly and in an agile way whilst ensuring the needs of the service can be met. For people who are from a BAME heritage and those who have been shielding extra precautions will need to be in place.

3 GROUP WORK

- 3.1 For group sessions, group size will be dependent on room size. Most rooms have the number of people who can be in a room highlighted on the door – it is imperative 2 metre distancing can be upheld and the room is ventilated. In addition to the previous measures the following should also be considered.
- 3.2 Face to face groups should only be offered if there is a clinical need and the person cannot engage in groups offered on lifesize or via other virtual means. If the group is available digitally, Lifesize or Attend Anywhere, this is always be offered in the first instance so long as it is safe to do so
- 3.3 Consideration should be given to room availability following the KMPT COVID Secure recommendations on room occupancy which will dictate group size. The option of using a community facility can be considered if no KMPT group room is available but must be agreed by the service/locality manager and any cost for room hire agreed with the budget holder.
- 3.4 KMPT staff will arrange the group room to reduce the use of unnecessary furniture and provide 2 metre social distancing; the facilitator takes responsibility for relevant hygiene measures. They will wipe down surfaces prior to and after the group session has ended using the universal wipes supplied to all teams.
- 3.5 Group rooms must have appropriate ventilation and fans can only be used in rooms windows can be opened
- 3.6 Before the group people using the group must be contacted to discuss the potential for engaging in face to face group work and the need to adhere to social distancing and the other measures required to reduce transmission risk; they will be encouraged to wear a face covering which can be supplied by KMPT.
- 3.7 Group members will be required to maintain social distancing throughout the KMPT site including when walking to and from the group room.
- 3.8 Group facilitators will escort group members to the group room as they arrive to avoid waiting in reception.
- 3.9 Group members will be advised to bring their own refreshments, if required, to reduce transmission risk.
- 3.10 KMPT staff will ask group members to bring their own equipment e.g. pen to the group session. However if a group member is unable to do this KMPT will provide and ensure that the equipment is cleaned before and after use using the universal wipes provided.
- 3.11 Handouts for groups should be prepared as early as possible prior to the group (If possible 72 hours) and combined into packs and placed in to a plastic wallet.

Handouts should either be given out by one staff member or left on chairs for groups members but must not be passed around the group from one group member to another. Staff do not need to wear gloves. Hand sanitisers must be available for staff and group members.

- 3.12 A person can be denied access to group work if they cannot observe the 2 metre rule or is unwilling to and will not wear a face covering unless there is a significant risk to their wellbeing or others. In these instances consider if 1-1 therapeutic engagement is more appropriate to meet the person's needs. Always explain to the person why they may not be able to continue with their treatment

4 SYMPTOM CHECKER AT A GLANCE:

Staff contact person the day before their appointment and asking the 3 questions (this can be an administrative function in teams):

Has the person developed any of the following symptoms in the last 7 days:

| | | |
|--------------------------|----|-----|
| • A cough | No | Yes |
| • A high temperature | No | Yes |
| • Shortness of breath | No | Yes |
| • Loss of taste or smell | No | Yes |

On arrival people will be asked the same questions

If the answer is yes to any of these questions the person will not be seen and have their appointment changed to a date at least 14 days in the future

5 BLACK, ASIAN AND MINORITY ETHNIC (BAME) STAFF

- 5.1 Any staff member, who identifies as from a BAME heritage, is currently working from home and has not already completed a risk assessment, will be offered a risk assessment to ensure their needs are assessed before coming back into a KMPT building. Please ask advice of your line manager or the relevant workforce business partner for advice and guidance.

6 SHIELDED STAFF

- 6.1 Any staff member considering coming back to work who has been shielded will need to have their needs risk assessed and follow the relevant trust advice before returning to work. This advice and guidance is in development and more information will follow via the Trust HR routes.

7 KEY POINTS AT A GLANCE

When seeing patients for any face to face appointments staff must follow the relevant infection control procedures

- Ensure a 2 metre space between you and the patient
- Staff are to wear a face mask during the session – this will be provided by the trust
- Staff must wash/sanitise their hands before the appointment commences
- The patient will be asked on arrival if they have any symptoms of Covid – if yes the appointment does not go ahead unless it is absolutely required such as for a depot injection and usual PPE requirements are adhered to
- If the patient can be seen, they will need reminded of the 2 metre distance rule and should be able to observe it
- The patient will be encouraged to wash their hands or use hand sanitiser on arrival
- The patient will be encouraged to come wearing a face covering – scarf/bandanna etc.
- If they do not have their face covered the person can be offered a face mask which can be disposed on leaving the premises in the general bin (this is in line with Covid secure advice)
- As a personal choice the person may choose to keep the mask on and dispose of at home – the trust can take no responsibility for the safe disposal of the mask or face covering once off the trust premises
- If the person refuses to wear a mask, the person can still be seen so long as the practitioner observes the infection control rules above
- If the person cannot observe the 2 metre rule or is unwilling to and will not wear a face covering they can be refused face to face treatment unless there is a significant risk to their wellbeing or others. Always explain to the person why they may not be able to continue with their treatment

8 ROOM AND BOOKING OF APPOINTMENTS

- 8.1 In line with the Keeping Everybody Safe protocol all teams are expected to manage patient flow to ensure there are no more people in a building than is deemed safe according to the team risk assessment.
- 8.2 The room booking systems need to be fully utilised, managed effectively and used for the building.
- 8.3 Room booking is to be organised by building rather than team where there is more than one team in the building.
- 8.4 Each building should have an administrator who has oversight of the room booking and appointment process (this will require joint care group use of resources).
- 8.5 It is recommended a list of expected patients due for appointments is available, checked and signed off the day before the appointments to assist in monitoring expected numbers, flow and room bookings.
- 8.6 It is advised the care groups consider a standardised letter that goes out to patients with clear instructions set out – See Appendix 1 and 2 as an example list to be attached to an appointment letter.
- 8.7 These changes will commence from Thursday the 9th July 2020 within the community setting that you are based in.

APPENDIX 1

Example to be included in standard appointment letters

Information for patients

COVID-19/CORONAVIRUS

We are now going to start seeing a limited number of new patients and will continue to see some patients who we already know. Before your visit you will be asked a number of questions to ensure you are not suffering from COVID-19.

On day of your visit we encourage the following

- a) If you can, check your temperature before setting off
- b) Call us before setting off to make sure that we are still able to go ahead
- c) Come by car, not public transport
- d) Come alone unless you desperately need an assistant. If someone else drives you they should stay in the car.
- e) Try to arrive just about at your appointment time. If you are early, stay in the car until just before due. (They verbally advised that you will be asked to come back later if you arrive too early).
- f) We encourage you to wear a face covering; if you do not have a face covering one can be provided if required. If you need to change this during your time in the building please dispose of it in the bins provided
- g) Wash hands immediately on entering the building or use the available hand sanitiser - there are handwashing stations just inside the door.
- h) ...and of course if you develop any possible COVID-19 symptoms - DO NOT ATTEND

It is important for you to know staff will be wearing face masks and ensuring the 2 metre rule is observed

The need for these rules is to keep everyone as safe as possible. If we are all careful we will all be safer

APPENDIX 2

Suggested standard letter for face to face appointments

Dear

Following our discussion and as agreed I am sending you an appointment to see XXX face to face. This is because you and I have agreed a video or telephone appointment is not appropriate to meet your needs

The date and time for your appointment is XXXXXX

The venue is XXXXXX

Due to COVID-19 there are a number of changes and questions we need to ask to ensure you and our staff are safe

Before your visit you will be asked a number of questions to ensure you are not suffering from COVID-19. A member of staff will ring you and ask the following questions:

| | | |
|--------------------------|----|-----|
| • A cough | No | Yes |
| • A high temperature | No | Yes |
| • Shortness of breath | No | Yes |
| • Loss of taste or smell | No | Yes |

If you say yes to these answers your appointment will need to be rebooked for at least 14 days' time and you will be advised to self-isolate or speak with your GP:

If no you can attend for your appointment – we ask you follow the guidance below:

- a) Check your temperature before setting off – if high do not attend and let us know
- b) Call us before setting off to make sure that we are still able to go ahead
- c) Come by car, not public transport
- d) Come alone unless you desperately need an assistant. If someone else drives you they should stay in the car.
- e) Try to arrive just about at your appointment time. If you are early, stay in the car until just before due.
- f) You are encouraged to wear a face covering; if you do not have a face covering one can be provided if required. If you need to change this during your time in the building please dispose of it in the bins provided
- g) Wash hands immediately on entering the building or use the available hand sanitiser - there are handwashing stations just inside the door.
- h) ...and of course if you develop any possible COVID-19 symptoms - DO NOT ATTEND

It is important for you to know staff will be wearing face masks and ensuring the 2 metre rule is observed

The need for these rules is to keep everyone as safe as possible. If we are all careful we will all be safer

We look forward to seeing you

Yours

CC: referrer and/or GP