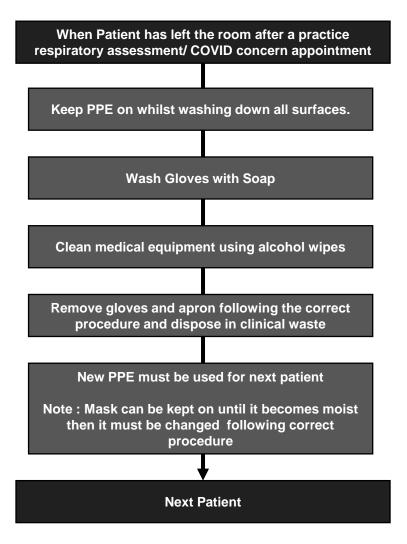
GP Practice COVID 19 Cleaning Advice (V4)



Cleaning Advice

Once a possible case has left the room:

- 1. Ensure that the door to the room remains shut, with available windows open and air conditioning switched off
- 2. Keeping your PPE on, wipe down all surfaces using either a disposable cloth or paper towel. Pay particular attention to the floor, chairs, door handles or any non-invasive care equipment or sanitary fittings
- 3. Wash Gloves with soap and dry using a paper towel.

Attention!

Ensure that you use either of the following to wipe down the surfaces

- 1. A combined detergent disinfectant solution at a dilution of 1000 PPM (parts per million) available chlorine (av.cl)
- 2. A neutral purpose detergent disinfectant solution followed by disinfection (1000 PPM av.cl)
- 4. Remove gloves and apron following correct procedure and dispose in clinical waste. Remove and dispose of mask as well if moist.
- 5. Once the surfaces are wiped down, clean and disinfect any reusable non-invasive care equipment, including stethoscopes, digital thermometers, glucometers etc, with a **70% isopropyl alcohol solution**. Clean from the top of the device OR furthest away point to the bottom/nearest point.

Useful Links

How to sterilize a stethoscope

GB/Littmann-UK/my-stethoscope/using-your-stethoscope/care

How to sterilize an auriscope

os://www.nchi.nlm.nih.gov/nuhmed/2364494

How to sterilize a BP cuff

https://www.surgery-express.co.uk/files/ww/Omron-Cleaning-Procedure.pd

How to sterilize a pulse oximeter

http://mainlinemedical.com/mm/Pulse-Oximeter-Sterilization-Guidelines.html



COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid-19 GP Practice Cleaning Advice GP Advice 2

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	4
Does this version include changes to clinical advice:	No
Date Approved:	6 th April 2020
Approval Group:	Primary Care Clinical Advisory Group

Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained.

These "GP Advice Deck" are produced by the Primary Care Clinical Advisory Group to assist in the GP Practice response to the COVID19 pandemic. They may change at regular intervals and, in future, will be accompanied by a note explaining what has changed. They are designed to be able to be printed on A4 paper in black and white (obviously web links won't work when printed). There will be versions adapted for use in the Assessment Centres. The clinical assessment and referral criteria are informed by national guidance and with links to secondary care colleagues. The thresholds are likely to change as the pandemic progresses.

Usually they will be sent out from Primary Care Support as a whole deck and it may be simpler to print all and replace all at once to ensure you have the latest versions. It is probably not worth laminating due to the frequency of changes.