

Phone call for possible appointment

Respiratory Questionnaire

Respiratory Covid-19 Questions

1. Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 10 days?
2. Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?
3. Have you travelled internationally in the last 10 days to a country that is on the Government red list? Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?
4. Do you have any of the following symptoms;
 - High temperature or fever?
 - New, continuous cough?
 - A loss or alteration to taste or smell?

General respiratory screening questions

1. Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus?
2. Have you been had a laboratory test with a confirmed respiratory virus/ infection such as influenza in the last 14 days?

YES

RESPIRATORY PATHWAY

Telephone Assessment

New Breathlessness
MMRC>1

OR

Clinical concern or
Significantly unwell

**Clinician decides on face to face clinical
assessment***

General Practice Assessment (Face to face)

Transmission Based Precautions

(TBPs – (additional measures applied where there is a known or suspected risk of infection).
See GP Advice RP2

Advice/treatment/referral as appropriate

NO

Standard Pathway

Standard Infection Control Precautions (SICPs)

(which should be applied for all patients regardless of infection status) See GP Advice RP3

***If Non-urgent** - advise patient to arrange a COVID-19 PCR test if patient has one of the 3 cardinal COVID-19 symptoms. If clinically appropriate ask to defer attendance until after isolation period is complete

Transmission Based Precautions (TBPs)

– (additional measures applied where there is a known or suspected risk of infection).

Attending the Practice

- Non-urgent - advise patient to arrange a COVID-19 PCR test if patient has one of the 3 cardinal COVID-19 symptoms. If clinically appropriate ask to defer until after isolation period is complete
- Consider video or phone consultation where suitable
- Needs to be seen in person – ask to attend at allocated time.
- Patients should attend the practice unaccompanied where possible.
- Children with symptoms of mild and moderate bronchiolitis or lower respiratory tract infection should initially be reviewed in primary care settings

Entrances

- Patients to wear face coverings
- Patients to maintain physical distancing of a minimum of 1 metre
- Provide alcohol-based hand rub and/or hand washing facilities and advise of use on entry
- Signage should encourage patients to report any respiratory symptoms on arrival.

Segregation in Waiting Areas

- Practices which are small and are unable to identify 2 separate waiting areas may consider the use of partitions to divide the pathways within waiting areas.
- Provide clear signage for patients to indicate any separate area.
- If answering YES to any of the screening questions, direct patient to the appropriate respiratory waiting area and advise that they should remain seated until called.
- Patients from the same family can sit together.
- If patients cannot wait in a separate area, risk assess how best to manage these patients if they need to attend for in person consultation. Waiting in cars may be possible until called.
- Remove toys and books/magazines in these waiting areas to encourage children to sit with parents/carers rather than circulating. Informing parents in advance that they can bring a book or toy would be helpful. Encourage parents to keep children seated.
- Children should be supported by parents/carers to maintain good hand and cough hygiene.
- Clean these areas as per guidance laid out in the environmental cleaning section for the respiratory pathway

Consulting Rooms

- Where patients cannot be managed by phone or video and require in person assessment, they should ideally be seen in a consultation room dedicated for this patient group. Where practical and as clinically appropriate, they should be seen at the end of surgery or the end of the day (which may make cleaning of rooms easier)
- Ensure good ventilation-e.g.open windows

PPE

- Within 2 meters of a patient, wear a fluid resistant surgical mask (FRSM) – single or sessional use
- Wear gloves **ONLY** if contact with blood and body fluid anticipated, single use
- Wear apron (gown if excessive splashing) **ONLY** if contact with the patient is anticipated, single use

Cleaning

Cleaning by clinical staff;

- Clean any patient equipment used during the consultation and touch points between patients

Domestic service

- At least twice daily
- **1st clean** - Full clean
- **2nd clean** - Touch Points/ Surfaces (assume this may be done by clinical staff)
- A minimum of 4 hours should have elapsed between the first daily clean and the second daily clean. Where a room has not been occupied by any staff or service user since the first daily clean was undertaken, a second daily clean is not required.

Cleaning Product

Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose, neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine

Standard Infection Control Precautions (SICPs)

(which should be applied for all patients regardless of infection status)

Attending the Practice

- Book in for appointment as normal
- Advise patient to inform the practice if they develop respiratory symptoms prior to their appointment Patients should attend the practice unaccompanied where possible.

Entrances

- Patients to wear face coverings
- Patients to maintain physical distancing of 1 metre
- Provide alcohol-based hand rub and/or hand washing facilities and advise of use on entry
- Signage should encourage patients to report any respiratory symptoms on arrival.

Segregation in Waiting Areas

- Practices which are small and are unable to identify 2 separate waiting areas may consider the use of partitions to divide the pathways within waiting areas.
- Provide clear signage for patients to indicate any separate area.
- If answering NO to screening questions, advise patients of where to sit in the waiting room. Patients should be asked to remain seated in general waiting room until called. Patients from the same family can sit together provided they all answer NO to screening questions.
- Remove toys and books/magazines in these waiting areas to encourage children to sit with parents/carers rather than circulating. Informing parents in advance that they can bring a book or toy would be helpful. Encourage parents to keep children seated.
- Children should be supported by parents/carers to maintain good hand and cough hygiene.
- Clean these areas as per guidance laid out in the environmental cleaning section for the non-respiratory pathway

Consulting Rooms

- Where practical, these patients should be seen in a dedicated consulting room for the non-respiratory pathway.
- Clean any patient equipment used during the consultation and touch points between patients

PPE

- Within 2 meters of a patient, wear a fluid resistant surgical mask (FRSM) – single or sessional use
- Risk assess use of gloves, apron (or gown if excessive splashing) and eye or face protection. Wear if contact with blood or bodily fluids anticipated

Cleaning

Cleaning by clinical staff;

- Clean any patient equipment used during the consultation and touch points between patients

Domestic service

- At least daily

Cleaning Product

- General purpose detergent.