

Initial testing and management for potential COVID-19 cases on the In-Patient Centre at St Luke's.

Overview

- As part of St Luke's wider response and contingency planning, the organisation aims to remain free of COVID-19 for as long as possible and mitigate any future risk.
- The following measures are temporary, intended to support St Luke's during the current phase of COVID-19 management. These measures will remain under review as the COVID-19 outbreak develops and as additional information is released from Public Health England.
- Public Health England (PHE) has developed an algorithm for management of suspected cases of COVID-19 in in-patient/outpatient settings, which can be amended and applied to the St Luke's setting.
- Public Health England has also provided detailed guidance on infection prevention and control in healthcare settings², which can be applied to St Luke's. This includes a summary of the science underpinning the recommendations, which is useful for application. Specific guidance includes:
 - Patient isolation, cohorting and nursing
 - Laundering uniforms and bedding
 - Decontamination of patient spaces
 - Appropriate Personal Protective Equipment (PPE) for staff and visitors
 - Aerosol Generating Procedures
 - Care after death
 - Occupational Health
- This is an organisational policy and should be interpreted with the latest relevant national guidance. Both of the PHE documents noted above are liable to change; please ensure that the latest version is referenced.
- St Luke's patients are likely to be a different cohort to the wider population, and therefore may not display traditional symptoms of viral infection. Vigilance and clinical judgement are required in applying this guidance.
- St Luke's does not have "negative pressure rooms". St Luke's side rooms are "neutral pressure" for the purpose of this algorithm.
- At present, for suspected or proven cases, the consultant of the day and ward manager should be informed immediately. In addition, escalate to the Medical Director, Dr Kyeremateng or Director of Care, Jo Lenton.

In-patients.

- For patients who are not identified as dying or approaching the end of life, we recommend management as per the PHE algorithm.
- Attention should be paid to fever or unexpected respiratory symptoms, including apparent new cases of pneumonia or infective exacerbations of COPD.

Dying patients.

- Identifying COVID-19 in imminently dying patients is unlikely to change their management and non-essential medical procedures should be minimised. It is, however, important to recognise such cases for the purposes of protecting staff, protecting other patients and visitors, and undertaking public health notifications.
- Many dying patients develop respiratory symptoms as part of the dying process. These include cough, respiratory secretions, and breathlessness. Nevertheless, there are no other symptoms which will reliably identify potential COVID-19 patients and so such cases must be considered at risk.
- If a dying patient has a new fever/respiratory symptoms, then further management should be considered as per PHE algorithm. All other care should be provided as for any dying patient.

Comments regarding patients undergoing "Aerosol Generating Procedures"

- The algorithm recommends that patients with suspected COVID-19 who are undergoing Aerosol Generating Procedures (AGPs) should be managed using the same precautions as proven cases.
- A full list of AGPs is available via online government resources³.
- The most common Aerosol-Generating Procedures which may be encountered in St Luke's are:
 - Suctioning and changing tracheostomies
 - Managing non-invasive ventilation
 - Induction of sputum

Visitors to suspected or proven cases

- In suspected or proven cases, visitors should be minimised to those essential for holistic patient care, and visitors should follow the same PPE procedures as for staff.
- If visitors refuse to follow this advice, a risk assessment will need to be undertaken. Therefore, in these circumstances, inform the consultant of the day and ward manager. Out of hours, escalate to the Medical Director, Dr Kyeremateng or Director of Care, Jo Lenton.

References

1. Management of a suspected case of COVID-19. Public Health England. (Accessed 19/3/2020)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873496/COVID-19_flow_chart.pdf
2. COVID-19: Guidance for infection prevention and control in healthcare settings. Public Health England. (Accessed 19/3/2020)
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