



Guiding principles for Infection Prevention and Control when returning to routine General Practice during pandemic COVID-19

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| 1.0 | 10.03.20 | Management of patients where there is concern regarding COVID 19 / SAR-CoV-2 virus infection presenting to general practice. | AMRIC |
| 2.0 | 01.07.20 | Guiding principles for Infection Prevention and Control when returning to routine General Practice during pandemic COVID-19 | AMRIC |
| 2.1 | 10.07.20 | Correction to section Situational assessment for PPE. Gloves are not routinely required for immunization/injection. Refer to WHO Glove use information leaflet. | AMRIC |

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Introduction and scope

Effective infection prevention and control is key to providing high quality healthcare for patients and a safe environment for those who work or visit healthcare settings. In the context of the current pandemic returning to full clinical service is complex. The risk of acquiring or transmitting COVID-19 in a healthcare setting cannot be completely eliminated however this risk must be balanced with the need to provide access to healthcare services that meet the needs of patients. This document is intended to provide guidance and checklists to support delivery of General Practice services with the lowest practical risk of infection for patients and for staff. Although there is at present an appropriate focus of COVID-19 this is just one of many infection related risks that must be managed in General Practice. The central plank of managing infection risk in any healthcare setting is a series of steps called Standard Precautions. Standard Precautions include hand hygiene, cough etiquette, clean environment and equipment, safe use of sharps and the use of Personal Protective Equipment (PPE) when required for a specific task. PPE includes masks, gloves, aprons, gowns and eye protection (visors or goggles).

Note that in the context of the current pandemic routine use of a surgical mask when delivering patient care is recommended.. However wearing other items of PPE is not required for all patient care. . The application of the principles of Standard Precautions for all patients in all settings at all times provides substantial protection in the event that you are caring for a person with unrecognised infection including unrecognised COVID-19. Gloves, aprons, gowns or visors are not appropriate for all patient care activities but should be use as appropriate to a specific task and situation.

Although the number of cases of COVID-19 in the community has fallen it remains generally appropriate to try to group patients with suspected respiratory tract infection and those in whom COVID-19 is a concern for other reasons to be seen as a cohort in so far as is practical. For example if there are two or three patients with respiratory tract infection that need to be seen on a day it may be possible to see them in succession at some point in the day. The level of IPC precautions required for care of this cohort is higher than that required for other patients and seeing them as a group may help to differentiate between the level of precaution required for these two

cohorts. It is best if possible not to schedule the higher risk cohort for a time when you are likely to be very tired. If you are tired or distracted you are more likely to omit aspects of good infection prevention and control practice.

Infection Prevention and Control (IPC) is based on a set of principles not a rigid rule book. The principles should be applied with regard for the needs of the person receiving care. For example there will be patients for whom it is not appropriate or practical for a healthcare worker to wear a face mask but there may be other measures (for example wearing a face shield) that provide substantial protection and are consistent with the needs of that person. All IPC guidance needs to be applied with a measure of compassion and good sense.

Target Audience

These guidelines are intended to support General Practitioners, practice managers, practice nurses, practice reception and administrative personnel and cleaners working in the general practice setting to manage the risk of healthcare associated infection in the context of the current COVID-19 emergency.

Infection Prevention and control guidance

The following are guiding principles related to preventing and controlling the risk of transmission of healthcare associated infections, multidrug resistant organisms (MDROs) and COVID-19 in General Practice

- Implement **Standard Precautions with all patients at all times** in particular hand hygiene and respiratory hygiene and cough etiquette
- Limit the number of people present within the practice where possible (scheduled appointments).
- Minimise workplace contacts between staff including staggered breaks and minimize any working practices that promote unnecessary congregation.
- Maintain social distancing (for example use floor markings).
- Avoid unnecessary physical contact or other exposure in the clinical environment.
- Staff should be trained and competent to risk assess tasks commonly performed for the appropriate use of PPE (Appendix 2)
- Staff should be trained in the use of PPE including donning and doffing

- Apply the NPHET recommendation on use of surgical masks by healthcare workers for all patient care activities where a distance of 2m cannot be maintained
- Apply the NPHET recommendation on use of surgical masks by healthcare workers for all interaction between healthcare workers of more than 15 minutes duration where a distance of 2m cannot be maintained.
- For the purpose of this guidance healthcare workers should don a mask if they anticipate being within 2 m or more of other healthcare workers for a continuous period of 15 minutes or longer. It is not intended that healthcare workers should attempt to estimate in the morning the total duration of a sequence of very brief encounters that may occur during the day.
- Wearing masks when providing care for certain categories of patient, for example patients who may need to lip-read, can present practical difficulties for patient care.
- If there are situations where it is not appropriate for healthcare workers to deliver care wearing a surgical facemask, the wearing of a visor is an option, as this is likely to provide a substantial measure of protection. This is especially so for the mainstream cohort of patients with no clinical features that suggest COVID-19 because the likelihood that these patients are infectious is low.
- Tips for wearing surgical face masks:
 - The mask must be donned appropriately, to allow for easy removal without touching the front of the mask
 - Must cover the nose and mouth of the wearer
 - Must not be allowed to dangle around the HCW's neck
 - Must not be touched once in place
 - Must be changed when wet or torn or if removed to eat, drink or use a phone
 - Perform hand hygiene after the surgical face mask is removed and discarded
- The National Public Health Emergency Team has recommended the use of cloth face coverings by members of the public in indoor settings where social distancing of 2m cannot be maintained. If social distancing cannot be maintained in waiting areas this recommendation applies
- Patients should generally wear a face covering when entering the building and while registering or waiting unless they are under 13 years or are not comfortable wearing the face covering. If they do not have a cloth face covering they should be

offered a facemask at reception/registration. However the cloth face covering/facemask may not be required if the receptionist is behind a screen and they are going directly into the consultation room without significant contact with other people.

- Within the consultation room the face covering/mask may be worn but is not required for patients in the low risk cohort. This is particularly so if it interferes with the clinical interaction.

Note. Guidance on the safe use of PPE, including donning and doffing PPE is available on www.hpsc.ie.

Organisational Measures

- Identify a specific person or persons within the practice to take a leadership role for IPC and support them with training and some protected time for this role.
- Staff should be encouraged and supported to have all appropriate vaccinations
- Staff should ensure that they are aware of the signs and symptoms of COVID-19 and should familiarise themselves with the most up to date case definition located here:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>

- There should be a mechanism in place for the screening of patients for symptoms of COVID-19 or contact history before and on arrival to practice
- At present any patient with clinical features of viral respiratory tract infection must be treated as suspected COVID-19. It is important to note that atypical presentations occur therefore a cautious approach is appropriate with all patients with clinical features of systemic infection (fever, chills) particularly if there is nothing to point to infection at a specific anatomical site.
- Refer to Appendix 3 for the IPC principles to apply when seeing a patient with suspected COVID-19

- Face-to-face consultation with ambulatory patients who have no symptoms suggestive of a communicable infection (such as COVID-19) is a very low risk activity if Standard Precautions are applied consistently. Although use of remote consultations can be useful to minimise unnecessary face to face visits attendance at the practice by most patients need not be discouraged where that is preferred.
- Take full account of the use of the building and its environs.
- Liaise with other users in the building and its environments to support social distancing.
- Ask patients/parents/guardians not to bring people to accompany them to the appointment unless necessary. For example a parent or guardian accompanying an ill child should generally not bring other children or a second parent/guardian.
- Limit walk in situations as much as possible, use signage and answering machine messages to ensure that all access is by scheduled appointment where possible.
- Consider floor markings to demonstrate minimum requirement for social distancing.
- Promote hand hygiene at reception (signage, verbal reminders) and provide alcohol based hand rub.
- Promote respiratory hygiene and cough etiquette using signage, posters and provide tissues, alcohol-based hand rub and bins.
- Reduce use of waiting areas and arrange for patients to attend the surgery directly at the appointed time in so far as practical.
- Where practical and appropriate patients may be able to wait in a car until called for their appointment. This particularly so for patients with symptoms of respiratory tract infection.
- Promote social distancing to the greatest extent possible while waiting treatment.
- Consider asking the patient to wait in their own vehicle rather than in a waiting area where appropriate.
- Ask the patient to establish phone contact on arrival to help manage attendance and check in.
- Ask patients and any accompanying person to perform hand hygiene with hand sanitizer on arrival. If the person is wearing gloves ask them to remove and discard the gloves before performing hand hygiene.

- The risk associated with a small number of patients who do not have suspected communicable infectious disease waiting briefly in a waiting area for consultation is very low if hand hygiene is performed and distance is maintained. Note also to encourage adherence to guidance on use of cloth face coverings in indoor settings where distance cannot be maintained.
- Ensure that scheduling of appointments is managed to reduce patient contacts and allow appropriate time for any cleaning required before the next patient.
- Minimise non-essential interaction (especially physical contact) between staff members and patients and between staff members.
- Monitor supplies of materials required for good IPC practice including supplies required to support hand hygiene and supplies of PPE.
- Ensure that processes for cleaning and decontamination are reviewed regularly and are appropriate to manage the associated risks of infection to patients and to staff performing the cleaning and decontamination.
- Refer to checklist (Appendix 1)

Surgery preparation

- Remove non-essential items from surgeries and waiting areas
- Ensure that all furniture, fittings and floor coverings in the reception and waiting area are made of materials that are smooth and impervious and easy to clean and disinfect where required.
- Ensure hand sanitiser is available and there is access to hand wash sinks to perform hand hygiene when hands are visibly dirty.
- Ensure that an environmental cleaning protocol is available to ensure that appropriate cleaning and disinfection can take place (Refer to checklist in Appendix 1)
- Ensure that members of staff are clear on the distinction between routine cleaning required after all patients and any specific additional requirements after care of patients with suspected or confirmed infectious diseases including COVID-19.
- A neutral detergent solution is recommended for routine cleaning.

- When a patient is diagnosed in the practice with a suspected transmissible disease for example COVID-19, measles, Influenza, it is recommended that routine cleaning is intensified and the use of a neutral detergent solution is followed by the use of a disinfectant so that surfaces are cleaned and disinfected. This process must involve either:
 - 2 steps clean - a physical clean using a detergent followed by disinfection with a chlorine-based product such as sodium hypochlorite or another appropriate disinfectant
 - 2 in one clean - a physical clean using a combined detergent and a chlorine-based product such as sodium hypochlorite or another appropriate disinfectant.
- Cleaning followed by disinfection as above may also be required in some settings after seeing a patient colonised with a multi-drug resistant organism (MDRO) for example examining leg ulcer colonised with MRSA but is not necessary in all cases (for example blood pressure check on a person with gut colonisation with VRE).
- For cleaning the environment use of plastic apron and household gloves are usually appropriate
- All frequently touched surfaces throughout the practice should be cleaned at a minimum of once per day and whenever visibly dirty.
- Toilets should be cleaned at least twice per day, whenever visibly dirty and after use by someone with a suspected / known transmissible infection e.g. respiratory or gastroenteritis symptoms.
- Surfaces in the clinical room that are touched by the patient, patient's body fluids or by staff should be cleaned and disinfected if necessary between patients
- All keyboards should be fitted with a surface barrier to facilitate cleaning as without these barriers keyboards are difficult to clean.
- All mobile devices including tablet computers, mobile phones must be used and managed safely to minimise the risk of cross infection and ensure patient care and safety is not compromised.
- Tips for using mobile devices in the healthcare setting:
 - Do not bring personal mobile devices with you when attending to a patient that has a communicable infectious disease or, when performing any activity

that requires extended close patient contact or when performing an aseptic technique

- Healthcare workers must perform hand hygiene (HH) as per the 'WHO 5 moments' before and after each patient interaction and before and after touching any device
 - Before using a mobile device remove your gloves and perform hand hygiene
 - Avoid inappropriate use of a mobile device during a clinical procedure, if a HCW has to take a call or text they should remove themselves from the activity, remove their gloves and clean their hands
 - Ensure all mobile devices are intact to allow effective cleaning/disinfection
 - HCW's should always clean their own personal devices at least daily or at the beginning and end of shift.
- Where possible have dedicated reusable medical equipment (for example stethoscope, blood pressure cuff) for each clinic room
 - Re-usable medical equipment that comes into direct contact with patients should be cleaned between patients and at the end of each clinic session, for example stethoscopes, blood pressure cuffs, oxygen saturation probes, handheld doppler, tympanic thermometers, electrocardiograph leads and machine surfaces touched by staff during patient examination, refer to Table 10.1 page 30 in the Infection Prevention and control for Primary Care in Ireland available here: <https://www.hpsc.ie/publications/informationforgpsandprimarycare/>
 - Manufacturer's instructions for Cleaning and disinfecting of equipment should conform to national guidance for decontamination of reusable medical/patient equipment. In many cases this will require wiping with a combined detergent/disinfectant wipe.
 - Practices that use sterile medical devices must choose from the following 3 options
 1. Use sterile single use devices, which will remove the need for decontamination.
 2. Have reusable devices sterilised by a certified Sterile Services Department (SSD).
 3. Decontaminate and reprocess devices in the practice

- If reusable invasive medical devices (RIMDs) are reprocessed in the practice a member of staff should be designated to co-ordinate the decontamination of RIMDs and they should be supported by the practice in that role.
- The reprocessing of RIMD's should comply with the recommendations set out in the following:
[https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/Refer to Appendix 10 in the Infection Prevention and control for Primary Care in Ireland](https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/Refer%20to%20Appendix%2010%20in%20the%20Infection%20Prevention%20and%20control%20for%20Primary%20Care%20in%20Ireland) available here:
<https://www.hpsc.ie/publications/informationforgpsandprimarycare/>
- Ensure there is a policy in place for disposal of waste and appropriate waste receptacles are appropriately placed within the practice (Refer to checklist in Appendix 1)
- Ensure staff are aware of the symptoms of COVID-19 and have access to the most recent case definition located here:
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/>

Infection Prevention and Control training of staff

Training of staff should at a minimum require familiarising themselves with the document Infection Prevention and Control for Primary Care in Ireland available here:
<https://www.hpsc.ie/publications/informationforgpsandprimarycare/>

The National standards for infection prevention and control in the community (HIQA) available at the link below should be considered.

<https://www.hiqa.ie/reports-and-publications/standard/national-standards-infection-prevention-and-control-community>

Hand hygiene education and training should be provided to all staff at induction. The level of training may differ with the role of the staff member (direct patient care or non-direct patient care role). Refresher training should be provided at intervals of not more than 2 yearly.

Hand hygiene training is available on hseland here:
<http://www.hseland.ie/dash/Account/Login>

They should also familiarise themselves with other relevant guidance at www.hpsc.ie and watching relevant videos at:

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

For a more extensive list of resources available see Appendix 4

Appendix 1

Check list for GP Practices

Access to guidelines, training and communication to Optimise Infection Prevention and Control Practice in GP settings

| Access to information | |
|---|--|
| Practice team are aware of/have access to latest relevant guidelines, recommendations and resources available to support education and training in IPC e.g. from public health, HPSC, HSE, HIQA | |
| Practice team have access to information so they understand rationale for measures applied and what their specific responsibilities are | |
| Up to date IPC practice policies are available to support implementation of standard and transmission-based precautions. | |
| Staff are conscious of the need to consider the potential impact of IPC measures on patients and are able to adapt the application of IPC principles to the care needs of the patient. | |
| Staff are trained to (and can) communicate in an appropriate manner with patients /service users/ others regarding the necessary measures taken and rationale. | |
| Visual prompts are displayed for hand hygiene, social distancing, respiratory hygiene and cough etiquette, appropriate mask and glove use for example. posters, tv displays, audio messages (at entrance), floor signage. | |

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| Have you explained to staff why it is important not to come into work with symptoms of acute infectious disease including COVID-19 | |
| Are staff aware of what to do and who they should contact if they develop symptoms of acute infectious disease when on duty | |
| Staff are supported in awareness, training and practical application of IPC practice. | |
| Have staff been trained in the appropriate use of PPE (selecting appropriate PPE for the task, donning, doffing and safe disposal. | |

Reduce infection exposure risk

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| Arising from staff | |
| Have you informed all staff aware of signs and symptoms of COVID-19 | |
| Have you facilitated social distancing in the workplace | |
| Do you have a symptom check when presenting for work and management pathways for symptomatic staff members in place | |
| Do you provide appropriate PPE and are supplies of stock available | |
| Do staff have easy access to alcohol gel at their work station | |
| Arising from patients | |
| Do you have a mechanism in place for the screening of patients for symptoms of COVID-19 or contact history before arrival to practice | |
| Do you have a mechanism in place for the screening of patients for symptoms of COVID-19 or contact history on arrival to practice | |
| Are patients reminded of NPHE guidance on cloth face coverings when they make an appointment. | |

Manage the environment

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| Staff awareness | |
| Are practice staff aware of and promoting campaign for 2m social distancing | |

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| Are staff aware of the importance of 2m social distancing between themselves as well as between themselves and patients when there is no close contact required | |
| Are checks in place to ensure this is implemented | |
| Is there Signage and floor signage in appropriate places | |
| Lifts/Elevators | |
| Have you introduced rules for the number of people who can safely social distance in the lift (if applicable) | |
| Is use of stairs encouraged where the person is able to use the stairs | |
| Toilets | |
| Where feasible assign a dedicated toilet for staff | |
| Is there adequate provision of liquid soap and disposal paper towels in the toilet (Fabric towels are not appropriate) | |
| Practice Canteen / Meeting Room | |
| Have seating arrangements in these facilities have been adapted to allow for social distancing between staff members who are eating/having a break | |
| Have you staggered breaks to ensure social distancing | |
| Consider provision of out-door seating areas for staff dining/breaks if possible | |
| Work stations | |
| Ensure number of people who congregate at a work station /reception is limited to ensure compliance with social distancing | |
| Alternative work stations established to prevent congregation of staff | |
| Meetings / huddles conducted respecting social distancing rules | |
| Reception areas | |
| Screens in place to shield reception staff where people are presenting for information/appointment | |
| Alcohol based hand rub available for staff and patient use | |
| Masks available for patients who have not brought a cloth face covering but who require a mask | |
| Staff should have access to appropriate PPE if required | |

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| Waiting areas | |
| Waiting areas adapted to ensure 2m distance between individuals where possible (if not possible note guidance on cloth face covering) | |
| Alternative mechanisms implemented to avoid waiting in the premises for example person advised to phone from car park when they arrive to prevent increased volumes of people waiting | |
| Alcohol based hand rub available | |
| Tissues and wastepaper bin available | |
| Appropriate signage | |
| There are no shared items such as magazines or toys in in the communal waiting area | |
| Offices | |
| Spacing desks where possible to adhere to social distancing | |
| Utilising screens between desks | |
| Working from home if possible | |
| Staggering shifts to reduce the number of people on site | |
| Clinical room | |
| Room is clutter free to facilitate cleaning | |
| Alcohol based hand rub available and access to hand hygiene sink | |
| Tissues available | |
| PPE available | |
| Appropriate waste bin and sharps bin available | |
| Disposable surface barrier for the examination couch available and changed between patients | |

Cleaning

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| Resources | |
| Have adequate cleaning resources been made available. | |
| Is there a schedule for general maintenance of cleaning equipment | |
| Are the roles and responsibilities of all persons involved in cleaning clearly outlined for example activities performed by external contractors, staff members | |

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| Have all those who are involved in cleaning activities undertaken relevant training and are they aware of their role and responsibility. | |
| Training | |
| Do staff know what personal protective equipment is required for activities of cleaning. | |
| Site specific cleaning schedule, risk status of all areas cleaning frequency cleaning method and responsible person. | |
| Are staff aware of the materials and methods for cleaning near patient equipment. | |
| Environment | |
| Have you ensured all non-essential items have been removed | |
| Are all surfaces and floors in good state of repair to facilitate cleaning. | |
| Are furnishings appropriate to the setting easy to clean | |
| Policies and procedures | |
| Are cleaning schedules in place which are appropriate to the type of activities and footfall in the areas | |
| Have you policies and procedures in place for cleaning in non- public areas i.e. staff spaces | |
| Are protocols available for cleaning methods | |
| Are staff familiar with manufacturer's instructions for dilution and use of detergents and disinfectants | |
| Are protocols available for care of cleaning equipment (for example mops, cloths) | |
| Are data safety sheets available for all chemicals | |
| Has the need for increased frequency of cleaning in areas of high throughput been considered for example toilets | |
| Cleaning equipment and products supplies are stored in a designated area in the practice separate from other equipment | |
| Compliance | |
| Is there a system for monitoring cleaning. | |

Waste

| General | |
|--|--|
| Are pathways in place for the safe management of waste for example registered waste contractor | |
| Is your waste management in line with relevant guidance (see HSE policy) see appendix 4 | |
| Training | |
| Are up to date policies and procedures available | |
| Have staff received up to date training on the appropriate segregation, handling transport and storage of waste appropriate to their setting | |
| Staff are aware of first aid procedure following a needle stick injury | |
| Are staff aware of the different types of waste in particular healthcare risk waste and non-healthcare risk waste | |
| Implementation | |
| Are there adequate and appropriate waste bins available to allow for segregation of waste | |
| Can waste be segregated at the point of generation of waste | |
| Are the waste bins suitable for the areas they are in | |
| Are visual prompts displayed which support waste management for example posters | |
| Do you have regular schedule for checking/emptying bins | |
| Do you have a regular schedule for cleaning bins and replacing bins when needed | |
| Has consideration been given to how you might reduce waste | |
| Has consideration been given to the sustainability/environmental impact of waste management policies | |
| Compliance | |
| Have audits of compliance with waste management been performed | |
| Patients | |
| Are adequate facilities available for patient/clients/service users to dispose of waste as appropriate to them | |

Appendix 2: PPE recommended when providing clinical care and within a 2m distance of patients. If there are no other indications for transmission-based precautions* and you are not within a 2m distance of the patient then no PPE is required.

| Degree of anticipated contact | Likelihood of exposure to blood, body fluids, mucus membranes or non-intact skin. | Disposable Gloves | Disposable Plastic Apron | Gown | Surgical Face mask for source control that is to protect patient from onward transmission | Surgical facemask for personal protection | FFP2 Mask for personal protection | Eye/Facial Protection |
|---|---|-------------------|--|------|---|---|-----------------------------------|---|
| No direct physical contact with the patient | | No | No | No | As per NPHET decision May be sessional use | No | No | No |
| Low intensity physical contact | No risk of exposure to blood, body fluids, non-intact skin or mucus membranes (for example auscultation of the chest) | No | No | No | As per NPHET decision May be sessional use | No | No | No |
| | Low risk of exposure to blood, body fluid, non-intact skin or mucus membrane (for example blood sampling) | Yes | Risk Assess- generally not required if only your hands contact the patient | No | As per NPHET decision May be sessional use | No | No | Risk assess -unlikely to be required in most scenarios. |
| High intensity physical contact | Low Risk of contamination with splashes, droplets of blood or body fluid (for example wound care) | Yes | Yes | No | As per NPHET decision May be sessional use | No | No | Risk assess unlikely to be required in most scenarios |
| Degree of anticipated contact | Likelihood of exposure to blood, body fluids, mucus membranes or non-intact skin. | Disposable Gloves | Disposable Plastic Apron / Gown | | Surgical Face mask for source control that is to protect patient from onward transmission | Surgical facemask for personal protection | FFP2 Mask for personal protection | Eye/Facial Protection |

| | | | | | | | |
|---------------------------------|---|-----|--|----|--|--------|---|
| High intensity physical contact | High risk of contamination with splashes, droplets of blood or body fluid but procedure is not an aerosol generating procedure (for example minor operative procedures) | Yes | Either a gown or plastic apron ** depending on activity and amount of cover required. | No | Yes And should be removed after the procedure is complete | No | Risk assess -may be required in some scenarios |
| All | Aerosol Generating Procedure (AGP) note administration of nebulised medication is not an AGP. | Yes | Either a gown or plastic apron *depending on the activity and amount of coverage required. | No | No | Yes*** | Yes |

*Transmission based precautions are IPC measures which are implemented in addition to Standard Precautions when Standard Precautions alone are insufficient to prevent the onward transmission of specific infectious diseases. They include Contact, Droplet and Airborne precautions.

** Disposable plastic aprons are sufficient in most instances and should be worn by HCWs to protect their uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination. Disposable fluid repellent long sleeved gowns or long-sleeved gowns or coveralls should be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure or task being performed and when there is a risk of splashing of body fluids such as during AGPS in higher risk areas or in operative procedures.

***FFP2 respirator face mask. A respirator mask is generally not required when performing AGPs on patients who are not known or suspected to have a droplet transmitted infection such as COVID-19 but may be considered in individual cases based on a risk assessment. Factors to consider, whether any transmissible infection is suspected, the current epidemiology of COVID-19, if the person was tested for COVID 19 in advance of procedure, whether the patient has signs or symptoms of respiratory illness, whether the patient is a close contact of a confirmed /suspected case of COVID 19, if the patient has cocooned for 14 days prior to procedure,

Situational Assessment for PPE

1. No physical contact. The tasks/activities performed do not involve touching the skin or clothing of a patient and there is no or minimal contact with the patient's immediate surroundings. Examples: Handing a prescription or letter to a patient, escorting a patient to a clinical room while maintaining 2m social distance. Hand hygiene as per WHO 5 moments.
2. Low contact AND there is no risk of exposure to blood, body fluids, non- intact skin or mucus membranes. The tasks/activities being performed provide minimal opportunity for the transfer of viruses or bacteria to the skin or clothing so long as WHO 5 moments are adhered to. Examples: Consultation with patient during which a clinical examination is performed and observations are taken.
3. Low contact AND there is a low risk of exposure to blood, body fluids, non- intact skin or mucus membranes. The tasks/activities performed provide some opportunity for the transfer of viruses or bacteria to the skin or clothing which can be minimised by wearing gloves and performing hand hygiene as per WHO 5 Moments. Examples: taking blood sample, cervical smear.
4. High contact AND there is a low moderate risk of exposure to blood, body fluids, non- intact skin or mucus membranes. The tasks/activities performed provide a moderate risk for transfer of virus or bacteria to the skin and clothing. Examples include wound care (leg ulcer)
5. High contact AND there is a high risk of exposure to blood, body fluids, Non- intact skin or mucus membranes. There is an increased likelihood of spraying or splashing of body fluids, excretions and secretions including respiratory droplets during the tasks/activities performed. Examples: Minor operative procedures.

Appendix 3

IPC principles for GPs to apply when seeing a patient with suspected COVID-19

General Principles

- Where possible perform an initial telephone assessment to determine if the patient needs to be seen in your practice or if they are more appropriate referred to other services for example COVID-testing facility or COVID-19 assessment hub.
- For those patients who need to be seen in your practice, to the greatest extent possible arrange to see patients with suspected COVID-19 in succession at a specific time. This will facilitated implementation of additional IPC precautions required.
- Minimise the time that these patients have to spend in the practice environment and ensure that they do not sit with other patients.
- Where practical patients may wait in a car until called for their appointment.
- Ask patients with attending the practice for assessment for COVID-19 to wear a cloth face covering, if tolerated, on entering the practice.
- All people attending for assessment should be asked to clean their hands with alcohol hand rub on entering the practice.
- On arrival at the practice the patient may be offered a surgical mask to use in the waiting and clinical areas instead of the cloth face covering. If a surgical mask is not available, the person should continue to wear their cloth face covering.
- If they cannot tolerate wearing a face covering/mask they should be asked to cover their nose and mouth with a tissue particularly if coughing or sneezing. Tissues should be provided.
- Patients should be asked to keep their face covered, if tolerated except when in a clinical space and removal is required to facilitate communication, examination or the procedure. In the clinical space other elements of IPC practice by the healthcare worker including appropriate use of PPE provide a high degree of protection when caring for a patient who is not wearing a mask.

- Hand hygiene, keeping your hands away from your face and minimising the time you spend within 2 m are the most critical elements of managing the risk in seeing these patients.

Personal protective equipment (PPE) for staff

- Good infection prevention and control practice including appropriate use of personal protective equipment (PPE) is vital to ensure the safety of patients and staff during the current COVID-19 pandemic
- In the case of reviewing a patient with suspected COVID-19, apron/gown, gloves and a surgical mask should be used for patient care and assessment. Eye protection may also be required based on risk assessment. This is clearly outlined in the Health Protection Surveillance Centre's current recommendations for the use of Personal Protective Equipment (PPE) in the management of suspected or confirmed COVID-19

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/>

Extended use of PPE

- It may be practical for the GP to use the same mask and eye/face protection throughout a series of appointments for patients with suspected COVID-19 seen in succession. If the GP takes a break or needs to take a phone call or work in a different clinical space the mask and eye/face protection should be changed.
- If, at any stage, the mask is wet or damaged it should be changed promptly.
- In any case gloves should be changed and hand hygiene performed between patients and before going to the keyboard to make a note or to issue a prescription.
- Extended use of gloves is not appropriate. Gloves must be changed and hand hygiene performed between patients and between different care activities on the same patient.
- Double gloving is not appropriate in the context of caring for patients with suspected COVID-19 required and is not recommended.
- Cleaning gloves with ABHR is not appropriate. recommended If there is a concern that gloves are contaminated they must be removed safely, hand hygiene performed and a fresh pair of gloves donned if required to continue that task.

Environmental cleaning (Note this is specific to cleaning after patients with suspected or confirmed COVID-19)

- The clinical room should be cleaned with household detergent followed by a disinfectant or a combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution) after each patient as soon as is practicably possible. Products with these specifications are available in different formats including wipes.
- The person assigned to clean the room should wear gloves (disposable single use nitrile or household gloves) and a disposable apron then physically clean the environment and furniture using a household detergent solution followed by a disinfectant or use a combined household detergent and disinfectant for example one that contains a hypochlorite (bleach solution).
- Cleaning should be carried out when patients are not present.
- Standard cleaning of walls or floors is appropriate
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles and any surfaces that the patient has touched.
- Any reusable patient equipment that has come into contact with the patient must be adequately cleaned and disinfected between patients
- Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Appendix 4

Directory of Resources

Primary Care Guidance

GP Primary Care Setting COVID-19 Video resources

- How to put on a respiratory mask (FFP2) 28/04/2020
- How to safely put on and take off a medical mask with loops 14/04/2020
- How to put on and take off PPE full coveralls, face shields and masks 15/04/2020
- COVID-19 Information for GPs – Dr Nuala O'Connor in conversation with Professor Martin Cormican
- How to put on and take off personal protective equipment
- Preparing your GP Practice for COVID-19
- Decontaminating the GP clinic room
- Face to face with a suspected COVID-19 patient in a GP Clinic room
- Suspected COVID-19 patient comes to reception
- Patient comes to the door

Available at:

<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/>

Infection prevention and control for primary care in Ireland: A guide for general practice.
April 2013

<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,14612,en.pdf>

The most important things you can do to prevent you, your staff or your patients from acquiring a health care associated infection in your GP practice

<https://www.icgpeducation.ie/course/view.php?id=37#section-5>

Education and Training in Infection Prevention and Control

HSE Health Protection Surveillance Centre www.hpsc.ie

Infection prevention and control core competencies

Core Infection Prevention and Control Knowledge and Skills: A framework document.

May 2015

<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/>

www.hpsc.ie

On-line E- Learning courses

- COVID-19- Resource packs
- Aseptic Technique
- Breaking the chain of infection
- Introduction to infection prevention and control
- Hand hygiene for HSE Clinical Staff
- Hand Hygiene for HSE Non-Clinical Staff
- National Decontamination
- Putting on and taking off PPE in acute healthcare settings
- Putting on and taking off PPE in Community Healthcare settings

Available by registering at hseland

<http://www.hseland.ie/dash/Account/Login>

COVID-19 Guidance and Educational Tools

Guidance

Posters

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>

A range of posters on are available to download including:

- Appropriate use of Personal Protective Equipment (PPE)
- Donning/doffing of PPE
- Appropriate mask use
- Front door signage
- Respiratory Hygiene

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/posters/>

Video resources for COVID

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/videoresources/>

- Non-clinical staff COVID-19 video resources

Webinar resources

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/webinarresourcesforipc/>

Infection Prevention and Control Guidelines

Interim Guidance on Infection Prevention and Control for the Health Service Executive 2020

www.hpsc.ie

Home Helps and Personal Assistants

Infection prevention and control: An information booklet for home helps and personal assistants September 2014.

<https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/>

Health Care Associated Infections

Health care associated infection and antimicrobial resistance -general resources

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/>

Infection prevention and control programmes

Minimum requirements for Infection Prevention and Control Programmes (WHO) 2019

<https://www.who.int/infection-prevention/publications/min-req-IPC-manual/en/>

Standards for Infection Prevention and Control

Health Information and Quality Authority (HIQA) Standards

<https://www.hiqa.ie/areas-we-work/standards-and-quality>

National Standards for Infection Prevention and Control in the Community

<https://www.hiqa.ie/reports-and-publications/standard/national-standards-infection-prevention-and-control-community>

National Standards for prevention and control of healthcare associated infections in acute healthcare services

<https://www.hiqa.ie/reports-and-publications/standard/2017-national-standards-prevention-and-control-healthcare>

Occupational Health

Guidance on the Emergency Management of injuries and post exposure prophylaxis (PEP)

<https://www.hpsc.ie/a-z/EMIToolkit/>

National Immunisation guidelines

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

COVID-19

<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance>

Waste

HSE Waste Management Awareness Hand book 2011

<https://www.hse.ie/eng/about/who/healthbusinessservices/national-health-sustainability-office/files/hse-waste-management-handbook.pdf>

www.hse.ie

DOHC/HSE Segregation, Packaging & Storage of guidelines for healthcare risk waste (2004) updated November 2010. Available on: Lenus repository

<https://www.lenus.ie>

Patient Leaflets

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hcai-amr-information-for-patients-and-public/patient-leaflets/patient-leaflets.html>