SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and to protect staff health and welfare.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff. This Guidance has been specifically developed for Intensive Care Areas

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

Document Control Summary

Approved by and date	STAC 11 June 2020
Date of Publication	12 June 2020
Developed by	Infection Prevention and Control Team/Intensive Care Clinical Team
Related Documents	National IPC Manual NHSGGC Hand Hygiene SOP NHSGGC SOP Terminal Clean of Isolation Rooms NHSGGC SOP Twice Daily Clean of Isolation Rooms HPS COVID-19-19 Guidance Hub https://www.hps.scot.nhs.uk/a-to-z-of-topics/COVID-19-19/
Distribution/Availability	NHSGGC Infection Prevention and Control Policy Manual and www.nhsggc.org.uk/your-health/public-health/infection-prevention-and-control/
Lead Manager	Interim Board Infection Control Manager
Responsible Director	Executive Director Infection Prevention and Control

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1. Responsibilities

Healthcare Workers (HCWs) should:

- Follow this SOP.
- Inform a member of the Infection Control Team (IPCT) if this SOP cannot be followed.

Managers should:

- Ensure that staff are aware of the contents of this SOP.
- Support HCWs and IPCTs in following this SOP.

Infection Prevention Control Teams (IPCTs) should:

- Keep this policy up-to-date.
- Provide education opportunities on this SOP.
- Support HCW to undertake a risk assessment if this SOP cannot be followed.

2. Screening of Patients

General patients upon entry to a COVID-19 negative area of Intensive Care require ≥ 1 negative sample (ideally lower respiratory tract if available/ET Aspirate) at >24 hour intervals, within 72 hours prior to admission to the Unit and input from a senior clinician to ensure no clinical/radiological concerns regarding COVID-19.

Previously positive COVID-19 patients can be deemed safe to move from COVID-19 area of Intensive Care to the COVID-19 negative area of ICU after >14 days, resolution of acute symptoms and two negative samples (ideally lower respiratory tract if available/ET Aspirate) at >24hour intervals.

All patients in the COVID-19 negative area of Intensive Care require weekly COVID-19 testing (unless previously positive). All patients >70 years old require COVID-19 testing every 4 days under current guidance.

Emergencies/Patients with known chronic respiratory conditions can be admitted to a COVID-19 green area provided they are admitted into a side room, preferably with negative pressure if available. If these are not available please contact IPCT for advice.

3. Droplet Precautions - Personal Protective Equipment (PPE)

Fluid Resistant Surgical Mask (FRSM) plus or minus eye protection (based on risk assessment) must be worn **if within 2m of any patient at all times.** Single use plastic aprons and gloves should be used if providing direct patient care but these must be removed and hands decontaminated between patients or between tasks if gloves are contaminated with blood or body fluids.

FRSM and eye protection can be used sessionally or as single use:

- FRSM must cover both nose and mouth
- Must not be allowed to dangle around the neck after or between each use
- Must not be touched once put on
- Must be changed when moist or damaged
- Must be worn once and then discarded
- Hand hygiene must be performed after removal and disposal

	Scenario	PPE requirement
COVID-19 negative patients	No AGP	Droplet Precaution PPE
	AGPs that can be managed in a cubicle/single room or on main floor. Extubation, Tracheostomy care, Circuit disconnection, Circuit change, Ventilator change, Trachcare change, Filter changes	AGP level PPE must be worn within bed space area with curtains/door closed during AGP and for an agreed time period afterwards. For locally time periods see appendices.
	AGPs that should take place in cubicle/single room. Planned intubation, tracheostomy, bronchoscopy, upper GI endoscopy	AGP PPE must be worn within bed space area with curtains/door closed during AGP and for an agreed time period afterwards. For local time periods see appendices.
	Continuous AGPs must be managed in a cubicle/single room. NHFO, CPAP,NIV	AGP level PPE must be worn within the cubicle/side room with the door closed at all times. If side room is not available please contact IPCT.
	Unplanned AGP	If the AGP time has been brief (e.g. ventilator circuit disconnect, extubation) staff who require to remain within the bed area should close the curtains, don AGP PPE and remain in AGP PPE for 1hr If the total unplanned AGP time has been > 5 mins, then staff within that bed space should wear AGP PPE for an agreed time period after the end of the procedure. For locally agreed time periods see appendices.
COVID-19 unknown or positive patient	AGP hot spot	AGP PPE
	Intubated patient in single room outside AGP hotspot	AGP PPE
	Non intubated patients undergoing AGP patient in single room outside AGP hotspot	AGP PPE

	Non-intubated patient without AGP, patient in single room outside AGP hotspot	Droplet Precautions PPE

For Aerosol Generating Procedures (AGPs) the following PPE is required:

AGP:

FFP Respirators
Fluid Resistant Surgical Gowns
Plastic Aprons (single use and must be changed between patients)
Face protection (visors or goggles)
Gloves (single use and must be changed between patients)

Donning and doffing guidance/video can be used by clicking on the following link:

Droplet Precautions
https://www.youtube.com/watch?v=86JLXmPjtnk

AGP
https://www.youtube.com/watch?v=NPJirTkajx0

4. List of AGPs

Procedures currently considered to be potentially infectious AGPs for COVID-19-19 are:

- Intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract).
- Tracheotomy or tracheostomy procedures (insertion or open suctioning or removal) bronchoscopy and upper ENT airway procedures that involve suctioning.
- Upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract.
- High speed cutting in surgery/post mortem procedures if this involves the respiratory tract or paranasal sinuses
- Some dental procedures (for example, high-speed drilling).
- Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP).
- High Frequency Oscillatory Ventilation (HFOV).

- Induction of sputum.
- High Flow Nasal Oxygen (HFNO).

5. Social Distancing

The nature of Intensive Care work means that social and physical distancing, for most clinical staff is not possible. However, where possible staff should practice social and physical distancing from other staff members and patients.

6. Evidence Base

https://www.hps.scot.nhs.uk/a-to-z-of-topics/COVID-19-19/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19-19_Infection_prevention_and_control_guidance_complete.pdf

Appendix 1 (to be inserted by each unit)

RAH – flow chart
RAH - time for air changes post AGP

IRH – flow chart
IRH - time for air changes post AGP

GRI – flow chart
GRI - time for air changes post AGP 1hr

QEUH – flow chart
QEUH – time for air changes post AGP