



Standard Operating Procedure (SOP003) for: Screening patients and families and identifying those who are symptomatic and confirmed positive for COVID-19	
Staff groups SOP applies to:	All Care Services staff in the Hospice
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1 Aim

The aim of this Standard Operating Procedure (SOP) is to standardise and reinforce procedure for screening patients and their families for symptoms of COVID-19.

2 Context

There are five main service areas that make up the total service offer from the Hospice. These are Traditional Day Therapy, Wellbeing Service, Hospice in Your Home, and the Carer and Bereavement Service.

This SOP describes the actions required by all care coordination and care staff prior to undertaking face to face contact with patients and their families during the COVID-19 outbreak.

This should be used in conjunction with all other SOPs for use during the COVID-19 outbreak.

3 Principles

Screening of patients and their families to identify if they or someone in the household is symptomatic will identify the need for use of appropriate PPE.¹

Screening will also help identify the appropriate length/type of visit/service to be offered depending on the circumstances identified.

¹ PPE is the use of masks, plastic aprons and gloves in conjunction with hand hygiene

4 Purpose

- The safety of the staff, patient, carer and the family² will be core to the service we offer.
- Clear screening processes are in place to support staff doing face to face visits to ensure they are prepared for the visit appropriately.
- Self-care and promoting good hand hygiene techniques from our staff and with our patients are imperative as a core purpose.
- Adherence to the infection control policy and appropriate use of PPE is imperative to protect our staff and patients.

5 Location and hours:

- Any staff working in the Hospice building or working in a patients' home
- Nottinghamshire hospice staff providing care to palliative patients including the Hospice in your Home team, Hospice Night Support and the Day Therapy team.
- These services operate flexibly across the 24-hour period, seven days per week for 52 weeks per year, including bank holidays.

6 Procedure

- All referrals taken for provision of care through hospice services will be screened at the time of referral, at the time of allocation of shift, at the time of pre-visit call and again on arrival on shift/visit.
- The person screening will ask;
Does the patient have a new continuous dry cough?
Does the patient have a temperature?
Has the patient lost their sense of smell or taste?
Does anyone in the property have either of these symptoms or are in isolation due to symptoms?
Has the patient been seen by/treated by the GP for any illness in the last 48 hours?
- SystemOne records will be reviewed and high-level (priority red) reminders added to those patients who are identified as symptomatic by primary care, community services or our services.
- If the patient was screened to have a new, continuous dry cough and/or fever of more than 37.8°C **then it is appropriate to wear a mask and a visor.** Ensure that the 2-metre social distance rule is followed as much as possible. The mask should be a surgical face mask (FFP2) as issued by the Hospice. See separate SOP for caring for patients that are suspected to have symptoms of COVID-19 or that are confirmed to have COVID-19.
- It is imperative that this information is communicated back to Coordination team prior to the shift commencing if verbal screening is positive at the time of pre-visit call or on arrival at the property.

² Family and carers will be referred to as carers throughout this SOP

- The Coordinator will make a decision (in line with policy or discussion with their Line Manager regarding whether or not the visit should go ahead).
- In principle, symptomatic patients are likely to be offered a visit rather than a 'shift' of care, unless there are extenuating circumstances.
- Identification that the patient (inform GP if unaware) or a person living in the house is symptomatic should be recorded in the electronic patient record (SystemOne), to ensure other healthcare professionals are aware and used to inform further allocation.