



STANDING OPERATING PROCEDURE

Subject	Screening patients and families for COVID-19 SOP003
Applicable to	All Care Services staff in the Hospice
Date issued	10 Jan 2023
Next review date	10 Jan 2026
Lead responsible for Policy	Director of Care
Policy Reviewed by	Director of Care
Notified to	Quality and Safety Group 10 Jan 2023
Authorised by	Quality and Safety Group 10 Jan 2023
CQC Standard	Safe, effective
Links to other Policies/Procedures	Infection Prevention and Control Policy CS001 Personal Hygiene and the use of PPE SOP001
Summary	This SOP provides clear guidance for staff on the procedures for screening patients and their families for COVID-19 and the appropriate use of PPE.
Target Audience	All Care Services staff in the Hospice

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

1.	<p>Aim</p> <p>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.</p>
2.	<p>Context</p> <p>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.</p> <p>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.</p> <p>This should be used in conjunction with all other SOPs for use during the COVID-19 outbreak.</p>
3.	<p>Principles</p> <p>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</p> <p>Screening will also help identify the appropriate length/type of visit/service to be offered depending on the circumstances identified.</p>
4.	<p>Purpose</p> <p>The safety of the staff, patient, carer and the family² will be core to the service we offer.</p> <p>Clear screening processes are in place to support staff doing face to face visits to ensure they are prepared for the visit appropriately.</p>

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

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

	<p>Self-care and promoting good hand hygiene techniques from our staff and with our patients are imperative as a core purpose.</p> <p>Adherence to the infection control policy and appropriate use of PPE is imperative to protect our staff and patients.</p>
5.	<p>Location and hours</p> <p>Any staff working in the Hospice building or working in a patients' home</p> <p>Nottinghamshire Hospice staff providing care to palliative patients including the Hospice in your Home team, Hospice Night Support and the Day Therapy team.</p> <p>These services operate flexibly across the 24-hour period, seven days per week for 52 weeks per year, including bank holidays.</p>
6.	<p>Procedure</p> <p>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.</p> <ul style="list-style-type: none"> • The person screening will ask if they have developed any of these symptoms <i>not related to their condition</i> <ul style="list-style-type: none"> ○ 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? ○ Shortness of breath ○ Feeling tired or exhausted ○ An aching body ○ A headache ○ A sore throat ○ A loss of appetite ○ Diarrhoea ○ Feeling sick or being sick

	<ul style="list-style-type: none"> ○ 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? <ul style="list-style-type: none"> • SystmOne 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 has 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 the 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. • 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 (SystmOne), to ensure other healthcare professionals are aware and used to inform further allocation.
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