SOP Objective

To provide Healthcare Workers (HCWs) with details of the actions and responsibilities necessary to ensure that procedures in relation to removal of a patient from a cohort or AGP hotspot does not pose risks to patients or HCWs and comply with current legislation.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- This is a new SOP

Document Control Summary

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<td>National IPC Manual</td>
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<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
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1. Responsibilities

**Health Care Workers (HCW) must:**
- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.

**Managers must:**
- Ensure that staff are aware of the content of this SOP.
- Support HCWs and IPCTs in following this SOP.

**Infection Control Teams must:**
- Keep this SOP up-to-date.
- Advise and support HCWs to undertake a Risk Assessment if unable to follow this SOP.
2. Management of patient and personal possessions

- The patient’s phone should not be placed in with the rest of personal items as this is often wanted first, to avoid going through the bag again. Phone may be released either after cleaning or 5 days quarantine.

- Patient should be showered or assisted to wash as appropriate. Patients should change/be changed into clean hospital gown and transferred into a clean bed. This should be done in the clean/green ward unless it can be done outside of an AGP hotspot and >2m from other patients in the cohort ward. Bed from cohort area should be immediately cleaned. Staff assisting patient to wash and into new clothes and cleaning linen/bed should be in droplet (see latest guidance on IC hub).

- If any of the patient’s clothing can be sent home with family in an alginate bag with washing instructions this should be done. Other personal items should be wiped down with Actichlor/alcohol wipe or if not possible to do so placed into a sealable bag for quarantine for 5 days. If patient needs access to items which cannot be wiped down within the quarantine period please discuss with IPCT.

- If notes have been used within droplet radius (2m) of the patient or an AGP hotspot please see ‘2. Management of paper notes’ below.

- If the Kardex has been used within droplet radius (2m) of the patient or an AGP hotspot a new Kardex should be re-written before transfer in safe area of the ward please see ‘3. Management of paper prescriptions chart below’.

- For transfer out of AGP hotspot FFP3 PPE required then droplet PPE for remainder of transfer as transiting through a cohort ward. For transfer out of a general cohort ward droplet PPE for transfer.

3. Management of paper notes

We must be mindful of how we transfer patients’ notes around the hospital, especially if notes are coming from areas where Aerosol Generating procedures (AGP) have taken place.

We will also need to make changes to how we document care in the coming weeks.
Below are a broad set of guidelines. Each transfer of notes must be individually risk assessed.

Where required during the quarantine period described below notes can be read. This should be done on a clear surface wearing gloves and an apron and the surface cleaned down afterwards.

**AGP areas with CareVue capability**

- No paper notes enter the AGP cohort areas with CareVue capability.
- If accidentally brought into the AGP area, double bag and leave the notes in quarantine for 5 days (time and date should be placed on the bag). After 5 days, these notes should then be removed from the AGP area in a similar fashion to blood samples.
- All patient notes should be kept in the notes trolley outside the AGP area.
- A paper Drug Kardex should be created in a clean area when patients are ready for discharge.
- Patients previously were discharged with paper risk assessments. Only two paper documents should now be completed for discharge: Care Rounding and NEWS. These documents will be completed by staff at the Hub before discharge.
- All other in-ICU documentation is electronic and this does not change.

**All other AGP areas (no CareVue availability) and wards where notes may be within 2m of a patient**

Paper notes are required.

- When a patient is being discharged from an AGP cohort area, we should double bag the notes with a visible date and time documented.
- These notes then require to be quarantined for 5 days. They should be moved with the patient to the downstream/discharge area at the time of discharge. Staff should inform downstream wards about the need for 5 days of quarantine.
- A short discharge summary, alongside a Drug Kardex, should be created in a ‘clean’ area. This should give immediate safety information as well as information around anticipatory care information. The discharge summary created will be specific to the specialist service involved.
- If clinical staff require to access the notes before the 5 days of quarantine are over, they can do so as long as they wear a disposable apron and gloves while handling the notes.
4. Management of paper prescription chart

When transcribing the prescription chart (Kardex) please ensure to include the following details.

- Start date for all new medication
- The date and time that the last dose was given
- Any missed doses and reason why
- Anticoagulants – indication and course length, for Warfarin the dosage history for the previous 72 hours
- Antimicrobials – indication, stop or review date and for antibiotics that require therapeutic drug monitoring, the date, time and doses given within the previous 72 hours. Information should also be communicated on when the next level is due to be checked.
- Insulin times and doses that have been administered in the previous 72 hours. Information relating to blood glucose monitoring should also be clearly communicated to the team taking over care.
- Parkinson’s medication – exact timings and dosage forms should be clearly communicated.

5. References