Principles for Outpatient Consultations During COVID-19

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<th>Title:</th>
<th>NHSGGC Principles for Outpatient Consultations During COVID-19</th>
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<tr>
<td>1.10</td>
<td>21 September 2021</td>
<td>First version of document, including guidance on:</td>
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<td>- facilitating family support where possible</td>
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<td>- maintaining 2m distance</td>
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<td>- other safety mitigations</td>
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<td>1.11</td>
<td>30 September 2021</td>
<td>• Clarification on scope of guidance to include community settings, and inclusion of accompanying guidance</td>
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<td>• Inclusion of guidance for family support of people with additional sensory needs</td>
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<td>1.12</td>
<td>01 October 2021</td>
<td>Clarification on physical distancing measures in acute outpatient setting and variation in community outpatient setting</td>
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<td>2.1</td>
<td>07 October 2021</td>
<td>Update of guidance on physical distancing measures in community outpatient settings, to reflect updated guidance from Health and Safety.</td>
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Introduction
This guidance is intended to provide some principles to support outpatient consultations in all settings (hospital and community) to safely facilitate the support of people who matter to patients wherever possible.

This is in line with the current person-centred hospital visiting arrangements in place in inpatient wards in NHSGGC, and takes into account the national guidance Coronavirus (COVID-19): outpatient and primary care consultations – principles from Scottish Government.

Background
As was the case before the COVID-19 pandemic, a full person-centred approach to family support does not mean an unmanaged approach to family support. It will be necessary to work with patients and families to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. The main difference is that this needs to be balanced with the risks that COVID-19 still presents and needs to be cognisant of the safety measures which still need to be in place.

Principles to help facilitate the presence and support of people who matter to patients whilst maintaining the safety of patients, families and staff

3.1 Attendance
Review attendance lists for scheduled appointments and triage patients into those who definitely need to be seen and those who could be reviewed by telephone or remote video consultation. Careful assessment on an individual basis should be made to ensure the scheduled appointment takes place in a way that meets the needs of the individual – whether virtual or in person.

3.2 Direct consultations
For direct consultations, make patients aware that they should not attend if they have symptoms consistent with COVID-19, or have been advised to self-isolate, and should follow the advice given on NHS Inform.

3.3 Physical distancing
Patients in outpatient clinics should be able to have support from the people who matter to them. However, sometimes it may be necessary to limit the numbers of people who can be present in outpatient clinics at any one time, so physical distancing rules can be followed.

Family support should be facilitated wherever possible. A flexible and compassionate approach should be taken, and each patient’s needs considered on their own merits. Examples of situations where this might be important include, but are not restricted to:

- when a person may have difficulty understanding what course of action a clinician is discussing, for example if they have a sensory impairment
- where a person has dementia, a learning disability or autism
- where a person is receiving bad news or information that is potentially life-changing
- where a person is receiving a cancer diagnosis or discussing cancer treatment options
- when a pregnant woman attends an appointment in any setting including an obstetric ultrasound (this would be a birth partner in most instances)
- where a person is distressed or stressed.
If it is not possible for a patient to have someone with them during either a virtual or in person consultation, consideration should also be given as to whether a family member or supporting person can attend a consultation virtually.

NHSGGC guidance regarding physical distancing has been updated following a change in government guidance in acute settings and agreed implementation by the Strategic Executive Group. Government and NHSGGC guidance for community settings has also been updated. NHSGGC guidance available includes an updated risk assessment template with supporting guidance and an Addendum, which describes the specific distancing requirements within each area of NHSGGC.

In NHSGGC current physical distancing measures are set at 2m. Members of the same household do not need to physically distance from each other in waiting areas or clinic rooms. Any areas that identify the need to reduce distancing measures from 2m to 1m and fall within the scope of the new guidance must ensure the completed risk assessment is approved by the relevant governance route.

3.4 Voluntary Lateral Flow Testing
ALL patients and those accompanying them should be strongly encouraged to have a voluntary lateral flow test prior to their appointment, and only attend if their test is negative/ they are asymptomatic. Information on how to order Lateral Flow Tests is on the Scottish Government’s website.

3.5 Face coverings (including children aged 5 and over)
Staff, patients and visitors should adhere to the guidance over the use of masks and face coverings issued by Scottish Government and local guidance on wearing a surgical face mask in outpatient and inpatient settings. All transmission based precautions set out in the National Infection Prevention and Control Manual should be followed.

3.6 Aerosol Generating Procedures/ high risk areas
If aerosol-generating procedures (AGPs) are to be carried out in an outpatient area appropriate PPE should be worn. AGPs should only be carried out when it is essential and only by staff in appropriate facilities with adequate ventilation. Rooms where such procedures are carried out should be out of use for the specified fallow time following AGP specified by national guidance.

In high risk pathway AGP or red/ COVID areas only, family members should not be present whilst the patient is undergoing an AGP or during the Post AGP fallow time that follows the procedure. Where a unit has unit wide airborne precautions in place, family members may be allowed to enter the room but must be informed that there is a higher degree of risk due to the potential exposure to infectious aerosols. The following additional mitigation measures should be in place;

- Family member should not enter whilst the individual they are visiting is undergoing an AGP or during the post AGP fallow time.
- Ask family member to remain 2 metres from all other patients
- Provide the family member with appropriate PPE
- Guide and supervise family member when donning and doffing PPE and remind them of the appropriate times when hand hygiene should be undertaken, including on leaving the ward.