

Primary Care Update

INFECTION CONTROL AND PPE USE BY PATIENTS ACCESSING PRIMARY CARE AND WIDER COMMUNITY SETTINGS Guidance for General Practice

1. Background

GMHSCP has considered the national guidance with respect to PPE use by patients accessing primary care and wider community settings.

This is in light of the recent Public Health England, (PHE), publication of policy recommendations for hospital settings, based on evidence presented to the Scientific Advisory Group for Emergencies, (SAGE), This includes the use of face coverings for those visiting hospitals and face masks for staff when in non-clinical areas.

In the National Primary Care Bulletin published on Sunday 14th June, Dr Nikki Kanani, National Primary Care Director, advised that were two relevant pieces of advice that should be followed for primary care:-

- The advice published by Public Health England on the [use of Personal Protective Equipment in primary care](#)
- Further Government advice on [working safely in non-hospital settings](#)

In addition to this, further information was provided in the Primary Care Bulletin published on Monday 22nd June 2020 which stated that for some people, wearing a face covering may be difficult due to physical or mental health conditions. If, following current guidelines, you have asked patients to wear face coverings before entering the surgery or pharmacy, for these patients, other measures should be considered, for example timed appointments or being seen immediately on arrival. No patients should be denied access to care, though, and for further information on the use of face coverings in primary care please refer to the following guidance

PHE has a clear process for deciding on whether further guidance is needed which includes an evidence review, clear rationale and agreement at a government scientific committee. NHS

England will continue to work with stakeholders and PHE to establish whether further guidance is required.

The national guidance as described above represents current policy in this area.

In addition to the national policy set out above, some of our CCGs have produced materials to support practices when considering these matters. One such example is shown in section 2 below and is included for information.

2. Infection Control and the use of PPE for patients

2.1 All patients

Practices have been successfully offering alternative models of delivery for patient appointments, including telephone and online services. This should continue where possible, and attendance at the practice should be only where absolutely clinically necessary. This is especially important for patients who are shielding.

Where patients must attend the surgery, it is important to adhere to infection control guidance as set out below. It is the responsibility of the member of staff opening the door to patients to ensure that the guidance on handwashing and face coverings is adhered to.

2.2 Social Distancing

Wherever possible, it is important that social distancing is maintained between and among patients and members of staff. Patients should be encouraged to follow social distancing advice while in the practice (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>):

- Do not share transport with people from outside your house when travelling to and from the practice, and try to avoid public transport where possible;
- Where possible, patients should not be in waiting rooms, and should be moved through the building with minimal contact with other patients or staff;
- Patients should stay at least 2 metres away from others where possible;
- If patients need to come within 2m of a member of staff at any time, ensure that the member of staff is wearing PPE as per the guidelines (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>).

2.3 Handwashing

Handwashing is an essential part of infection control. Patients should be encouraged and enabled to wash their hands regularly:

- Patients should remove coats and/ or jumpers, where appropriate/ possible, so that they are bare below the elbow, with no hand or wrist jewellery;
- Patients should wash hands when arriving at the practice and when leaving, after using the bathroom, and after coughing/ sneezing or blowing or wiping the nose;

- Hands should be washed with soap and water if available, and with alcohol-based hand rub if not;
- Forearms should be washed when washing hands;
- Paper towels should be available for hand drying rather than air dryers.

Posters displaying the correct way to wash hands can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf

2.4 Respiratory etiquette

It is advised that patients are reminded to observe good respiratory hygiene in the form of “catch it, bin it, kill it” messages, available here: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf> .

2.5 Face coverings

Patients who need to attend the practice should bring their own face covering to wear whilst on the premises, unless there is a medical need to not do so. This can be a washable cloth covering, a scarf, or a single use mask.

- Patients should be notified they will be required to wear their own face covering BEFORE they arrive at the Provider;
- Patients should provide their own face coverings in the first instance but in the event that they arrive at the Provider without wearing one, the Provider will ensure there is access to a face covering/mask;
- The face covering should be applied before entry to the building;
- The face covering should be worn at all times while in the building, unless patient examination or medical procedure prevents mask usage (pharyngeal exam/swab, giving O2 etc.);
- The patient should take the face covering away with them to dispose of safely or to wash on a hot wash, as appropriate.
- A risk assessment should be undertaken for patients with respiratory disease or learning disabilities to ensure that they are not issued with masks if the risk to their health becomes greater or if it is not deemed appropriate for them to wear one.
- In the event that a patient attends without a face covering and the practice decides to offer one of their own facemasks for the patient to use, they can then apply for funding.