

# Novel coronavirus (COVID-19) standard operating procedure

## Primary care optical settings

**This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.**

**Content changes since the previous version are highlighted in yellow**



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# 1. Background

- Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID).
- Information on how you can protect yourself can be found [here](#).
- Guidance for healthcare providers who have staff with relevant travel or contact history can be found [here](#).
- COVID-19 for most individuals causes mild to moderate illness, but in addition may result in pneumonia or severe acute respiratory infection, so patients could potentially present to primary care settings.
- See further information on COVID-19 for healthcare workers [here](#).

The current national approach is to **identify, isolate and contain**. In England:

- individual patient advice is being provided by NHS 111
- public information and sampling are being managed by Public Health England (PHE)
- members of the public who may have COVID-19 and are well enough are being asked to self-isolate until diagnosis is confirmed
- for confirmed cases, isolation and treatment are being managed by national specialist treatment centres.

This guidance is applicable in England. Primary care providers operating under contract to the NHS in Northern Ireland, Scotland and Wales should refer to guidance and standard operating procedures (SOPs) produced by the governing bodies and regulators in their devolved administration.

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## 2. Generic principles for primary care settings (community pharmacy, optical, dental and general medical care providers)

The collaborative endeavours of the primary care workforce in delivering the national strategy to identify, isolate and contain COVID-19 are an essential element of the NHS measures and our national response to the risk presented by COVID-19.

This publication is intended to support primary care teams in the practical implementation of the PHE evidence-based guidance [COVID-19: interim guidance for primary care](#). Consistency in adopting the recommended actions will ensure the safety of our patients, our staff and the population, while maintaining access to quality healthcare for members of the public in England.

### Generic principles for primary care settings and providers

(See Section 3 for optical practice SOP.)

- **Identify** potential cases as soon as possible before clinical care is started:
  - Prevent potential transmission of infection to other patients and staff.
  - Avoid direct physical contact, including physical examination, and exposure to respiratory and other secretions.
- **Isolate** the patient and inform NHS 111:
  - If unsure whether an individual poses a risk, the default is to isolate at home or in an isolated area in the practice and call NHS 111, which can seek clarification with PHE if needed.
  - It is preferable for the individual to call NHS 111 on their mobile phone as this facilitates call back and follow-up contacts if required.
  - Practices should designate and prepare a suitable space(s) for patient/patient group isolation.

- **Seek specialist advice:** NHS 111 is running a COVID-19 enhanced service that will be the entry point for all individuals concerned they may meet the case definition for COVID-19.
  - Patients should call NHS 111:
    - A possible case of coronavirus needs to meet both the clinical symptoms and have a travel history, including travel to, or transit through (for any length of time), the identified risk countries or contact with a confirmed case of coronavirus.
    - PHE has confirmed that if a patient is presenting with symptoms after 14 days, they do not meet the case definition and can be handled as normal.
  - Following the NHS 111 assessment, if the patient is calling from an NHS primary care service provider, NHS 111 will contact the service to advise them of the next steps and confirm if the caller meets the criteria as a possible case or not:
    - **case definition not met** – patient to be managed as normal
      - NHS 111 will refer patient back for management in primary care
    - **case definition met** – NHS 111 will liaise with the local healthcare system, advise on isolation and diagnostic testing and arrange safe transfer of patient from the primary care location in accordance with local plans.
- **Decontamination** Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used; the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately. Follow the guidance for environmental cleaning after a suspected case; Section 4 of the [COVID-19: interim guidance for primary care](#).
- **Points to note:**
  - There is no change in best practice protocols and compliance with extant infection protection and control requirement.
  - Reception staff do not require personal protective equipment (PPE).
  - Practice staff in contact with suspected case are not required to self-isolate unless directed by a health protection team.<sup>1</sup>

<sup>1</sup> Find your local HPT at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)

## 3. COVID-19: SOP for primary care optical practice

This publication is designed to explain the actions an optical practice should take in managing patients who suspect they may have COVID-19. Revisions to the SOP will be published in line with any changes in the risk, as notified by PHE.

Practices are to note that for security and information governance [nhs.net](https://nhs.uk)<sup>2</sup> will be the preferred means for the cascade of information, links to resources, guidance and notification of amendments/revisions and incident notification.

### Patient contact

Most patients presenting in optical practices are unlikely to have COVID-19. If they have coughs, colds or flu-like symptoms but no relevant (COVID-19) travel or contact history, then management of their eye care should proceed in line with best practice and routine management of the cross-infection risks to staff/patients.

Practice staff are to be made aware of this SOP, the current guidance and case definitions, and need to be able to carry out an initial risk assessment of patient's travel/contact history with regards COVID-19.

- A possible case of COVID-19 needs to meet both the clinical symptoms **AND** have a travel history, including travel to, or transit through (for any length of time), the identified risk countries **OR** contact with a **confirmed** case of Coronavirus.
- If a patient is presenting with symptoms **after 14 days**, they **do not** meet the case definition and **can be handled as normal**.

<sup>2</sup> Practices that have yet to set up an nhs.net account should go to the [NHS Registration Website](https://nhs.uk) where you will be guided through the short process.

## Patient contact by telephone

For concerned patients contacting the practice by telephone, an accurate travel history is key to identifying risk of COVID-19 cases.

The [gov.uk](https://www.gov.uk) site should be checked at the beginning of the day to ascertain the most up to date country travel information.

If the patient answers Yes to any of the following questions:

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*

Ask a secondary question:

- *Have you been advised to self-isolate?*

### For patients in self-isolation

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- Patients who are self-isolating for COVID-19 should not be brought into the practice premises. Patients should contact NHS 111 for further assessment and referral as necessary to a designated receiving service if the requirement for care is an emergency.
- Defer any appointments for elective care and reinforce [self-isolation advice](#).
- Patients in self-isolation seeking advice on urgent care, if care/advice cannot be provided over the telephone, please ask the patient to call NHS 111.
- NHS 111 will triage and assess options for urgent or emergency care and referral to a designated receiving unit for any COVID-19 cases.

### For patients not in self-isolation

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Advise patient to contact NHS 111 and seek advice on their symptoms and recent travel/contact history.

- Ask patient to provide NHS 111 with contact details for the practice.

- An NHS 111 clinician will contact the practice after their assessment to confirm if case definition **not met**, patient to be accepted back to practice for care as usual.

## Patients presenting at the practice

### On arrival

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Make sure [patient information posters for NHS settings](#) are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed at reception, by any patient touch screen booking-in, waiting areas and at patient access points to clinical areas.

Concerned patients with a relevant travel history and meeting the COVID-19 case definition should be identified when they book in at reception.

Optical practice staff need to be aware of the travel advice on [gov.uk](#) and as necessary should ask patients:

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*
- *Have you been asked to self-isolate?*

In the unlikely event that someone presents with suspected COVID-19 and answers Yes to any of the questions above:

- The default is to advise the patient to return home immediately and call NHS 111.
- **An unwell patient with a relevant travel history** should be immediately placed in a room away from other patients and staff and NHS 111 called.
- Invite the patient (and any accompanying family/representative) into the designated isolation space and advise others not to enter the area/room to minimise the risk of spreading infection.
- Advise the patient to contact NHS 111 from the designated isolation area/room:

- The patient will need to state where they are calling from and provide contact details for the practice.
- While the practice may phone NHS 111 on behalf of the patient, NHS 111 may need to ring the patient back, so the best option is to advise the patient to use their own mobile phone if they have one.
- The NHS 111 clinician will contact the practice after their assessment to advise on whether the patient meets the case definition and provide advice on next steps, which may be:
  - case definition not met and routine care in practice may be resumed
  - case definition **met**: maintain isolation in current location pending transfer to defined destination.

While waiting for advice from NHS 111, establish a routine for regular communication with the patient/patient group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.

If entry to the room or contact with the patient is unavoidable in an emergency, wear personal protective equipment (PPE) in line with standard infection control precautions, such as disposable gloves, disposable apron and fluid-resistant surgical mask (FRSM – see below) and keep exposure to a minimum. PPE supplies may be obtained from the [NHS Supply Chain](#). All PPE in full should be disposed of as clinical waste. See [PHE COVID-19: interim guidance for primary care](#)

If the patient becomes critically ill and requires an urgent ambulance transfer to a hospital, the practice is to contact 999 and inform the ambulance call handler of the concerns. The patient and any accompanying family should be asked to remain in the isolation room and the door closed. Advise others not to enter the room.

**Fig 1 Fluid-resistant type IIR surgical face masks**



Note: A disposable fluid-resistant face mask (FRSM) is worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets and also to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask.

Credit: NHS Scotland

## During consultation

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If COVID-19 is considered possible when an appointment is already in progress, assess a suitable and safe point to bring the consultation to a close, withdraw from the room, close the door and wash your hands thoroughly with soap and water.

Advise the patient to contact NHS 111 from the isolated consulting room.

While the practice may phone NHS 111 on behalf of the patient, NHS 111 may need to ring the patient back, so the best option is to advise the patient to use their own mobile phone if they have one.

NHS 111 clinicians will assess the case and advise on next steps, including:

- case definition not met and routine care in practice may be resumed
- case definition met: maintain isolation in current location pending transfer to defined destination
- if the patient is critically ill or requires emergency medical care, an ambulance should be requested and the 999 call handler informed of COVID-19 risk
- if a healthcare professional is required to enter the room to offer assistance or support the 999 assessment, they should wear disposable gloves, disposable plastic aprons and fluid-resistant surgical face masks. See PHE COVID-19 interim guidance for primary care

## During a domiciliary visit

If suspected COVID-19 is identified **before** a domiciliary visit, patients should be advised to contact NHS 111 for further assessment.

If suspected COVID-19 is identified **during** a domiciliary visit, staff should ensure they have the patient's (or carer's) telephone number. Staff should then withdraw from the room, close the door and wash hands thoroughly with soap and water. Further communication should be via telephone. The patient (or carer) should then call NHS 111 for further assessment.

If suspected COVID-19 is identified **during a care home visit**, in addition to contacting NHS 111, please inform the local health protection team to discuss possible case contacts, decontamination processes and any further action required.

If the patient needs emergency medical care, a healthcare professional should use personal protective equipment (apron, gloves and fluid-repellant surgical face mask) and provide treatment. An ambulance should be requested, and the 999 call-handler informed of COVID-19 risk.

## 4. Post-transfer actions

Once a possible case has been transferred from the practice premises, unless directed otherwise:

- The room or isolation area where the patient was placed should not be used, the room door should remain shut, area cordoned off, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant.
- If a suspected case spent time in a communal area – for example, a waiting area or toilet facilities – then these areas should be cleaned with detergent and disinfectant as soon as practicably possible unless there has been a blood or body fluid spill, which should be dealt with immediately.
- Details of how to decontaminate are contained in [PHE COVID-19 interim guidance for primary care](#).
- Once cleaning and disinfection have been completed, the area can be put back in use.
- The usual PPE equipment and protocols apply when cleaning and disinfecting; HAZMAT equipment is not required. Disposable gloves and disposable aprons should be available in the practice as part of the routine cleaning, disinfection and decontamination PPE. Staff should follow the usual cleaning routine and [COSH Guidance](#).
- All waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have COVID-19 further advice should be sought from the local health protection team. Details of your local health protection team can be found at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)
- Remove and discard PPE as clinical waste.
- It is the responsibility of the primary care provider to supply cleaning materials and PPE for staff and to ensure their staff are appropriately trained, have access to equipment and have arrangements in place for disposal of clinical waste.
- Practice staff who have been in contact with suspected cases are not required to self-isolate unless directed otherwise by the health protection team.

- Contract holders should notify their local commissioning team and provide details of the incident and ongoing management.
- Practices may need to close temporarily for cleaning of communal areas. Practices should follow usual business continuity arrangements.
- Practices should otherwise remain open unless advised to close by the health protection team.

## 5. Preparation guidance

To underpin practice resilience and continuity of service while protecting your patients, practice staff and the public, the following practical steps are recommended.

Appoint a COVID-19 lead for the in-practice co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance.

It is recommended that the practice establishes a daily routine updating practice staff with respect to travel advice on [gov.uk](https://www.gov.uk):

- [Category 1 areas](#)
- [Category 2 areas](#)

### Communication and information

The Central Alerting System (CAS) will continue to be used to communicate **urgent** updates. Practices are reminded to ensure they have followed registration guidance provided by MHRA to use a generic email, as such accounts can be used by more than one person to maintain continuity of service at times when an individual is absent. For practices that have yet to register, please email MHRA CAS at [safetyalerts@mhra.gov.uk](mailto:safetyalerts@mhra.gov.uk).

COVID-19 information will also be sent directly to your premises specific NHS Mail account by the NHS England and NHS Improvement Regional Team.

- Practices that have yet to set up an nhs.net account should go to the [NHS registration website](#) where you will be guided through the short process.
- Please ensure this account is closely monitored for new information. Practices should ensure auto forward for emails to an alternative nhs.net account and designated deputy in the event of user absence.

## Preparation of practice accommodation

- Identify at least one suitable space/room in the practice for patient/patient group isolation.
  - If there is no suitable isolation room, identify an isolated area within the practice that can be cordoned off for the use of the patient/patient group, which maintains a 2-metre space from other patients and staff.
  - Declutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
  - If possible, retain a telephone in the room/space for patient contact with NHS 111.
  - Place a card/sign in the isolation room/area with practice contact details, e-mail, telephone numbers, practice location and post code and include the name of the lead clinician in attendance (this information is to be available to the patient when they contact NHS 111).
- All staff are briefed on the potential use of the room/area and actions required in the event that it is necessary to vacate room/area at short notice.
- Identify toilet facilities that will be designated for the sole use of patients while in isolation.
- Prepare appropriate space/room signage to be used if the space/room is occupied, and for the toilet facilities.
- Prepare a patient 'support pack' (to be held in reserve) that may include items such as bottled water, disposable cups/cutlery, disposable tissues, clinical waste bag, fluid-resistant surgical mask.
- Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or could be verbal and/or visual contact via remote means eg telephone, Skype/FaceTime, practice intercom, baby monitor.

## Practice preparation for incident management

Practices may wish to draw on their existing protocols for dealing with medical emergencies in practice. The incident management principles are the same:

- Develop and rehearse the PHE COVID-19 triage protocols and isolation procedures:
  - agree practice approach for each stage of the potential scenarios

- confirm role and responsibilities for each member of staff
- appoint an incident manager
- confirm lead for discussions with patients/NHS 111
- prepare an aide-memoire for staff (using guidance in Section 3)
- rehearse practice response.
- Review the practice protocols for decontamination from patients who have potentially infectious conditions. These protocols, PPE, training and materials are extant contractual and regulatory requirements.<sup>3,4</sup>
- Anticipate impacts on practice schedule/daily routine:
  - Practices are advised to consider the likelihood (which is currently low) and the risk of disruption to the appointments scheduled for the day.
  - Review the practice’s business continuity plan.
- Domiciliary - ensure that ‘home visit’ bags have necessary additional PPE and clinical waste bags in case a patient with suspected coronavirus is identified on a home visit.

<sup>3</sup> [CQC guidance: Regulation 12: Safe care and treatment.](#)

<sup>4</sup> [The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance.](#)

# Appendix 1: Patient-facing information

Please note that the identified 'risk' countries are liable to change, so refer to [www.gov.uk-coronavirus-latest information](http://www.gov.uk-coronavirus-latest-information) when updating your patient-facing information.

## Telephone system

This message should be added to your phone system. Ideally at the front end (so before a call is answered).

*If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check the government's [gov.uk](http://gov.uk) [website](#) for the latest COVID-19 travel advice, you may need to call NHS 111 for further advice before making or attending your appointment.*

## SMS info

If you send out SMS reminders about appointments, please use the following:

*Before your appointment @ 00.00 on XXX xx XXX please refer to the latest on coronavirus at [www.nhs.uk/conditions/coronavirus-covid-19/](http://www.nhs.uk/conditions/coronavirus-covid-19/)*

## Online booking service

The following message should be added to your online booking service:

*If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check the [gov.uk website](http://gov.uk) for the latest COVID-19 travel advice, you may need to call NHS 111 for further advice before making or attending your appointment.*

## Information for practice web pages

The NHS is well prepared for outbreaks of new infectious diseases and has put in place measures to ensure the safety of all patients and NHS staff while also ensuring services are available to the public as normal.

Check online at [gov.uk](https://www.gov.uk) and at [nhs.uk](https://www.nhs.uk) for advice on your travel and contact history and the latest COVID-19 information before attending the dental practice.

## Appendix 2: Feedback

This is a dynamic document that will be reviewed as the situation changes and will respond to evidenced feedback and lessons identified. Feedback should be annotated in the template below and sent to [england.spocksh@nhs.net](mailto:england.spocksh@nhs.net). Subject line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK- **INSERT YOUR ORGANISATION-YOUR INITIALS**

COVID-19 standard operating procedure V1 – February 2020							
Primary care optical settings							
No	Name	Represented organisation	Observation and comments			Suggested amendments	Rationale for proposed amendment
			Location: page number paragraph number	Original text	Comments		
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