

# COVID-19 **scale up plan** v7 October 2022

## Process for isolating and containing new cases of COVID-19

### Strategy

To ensure the RHN has in place an everyday system that can respond to a pandemic threat.

### IMMEDIATELY

**Isolate patient at risk. (Symptomatic or LFD positive)**

### WITHIN 30 MINUTES

#### CRS or IPC on receipt of positive result:

- Give staff emergency PPE
- Confirm isolation of patient – move patient to single room, leave other patients in bay and isolate bay (You will have two areas now in isolation)
  - If not possible, the patient's environment becomes cohort bay
- Put clinical waste bin in place (available from Exec meeting room) and PPE
- Reduce interventions to patients to ensure minimum contact
- Review need for urgent AGP procedures
- Assess staff allocation
- Inform medical team

### WITHIN ONE HOUR

#### IPC measures in place:

- Appropriate PPE
- Isolation precautions
- Signage and guidelines

### WITHIN TWO HOURS

#### IPC contact trace patient and assess risk factors:

- Review workforce in area – ward manager and matron
- Point prevalence screening for patients (LFD on day 1, 2, 3) IPC to review

### WITHIN THREE HOURS

#### IPC risk assessments:

- Reduce movement in building – zone area and isolate affected zone
- Lock down ward
- Whether there is a need to close Reed's
- Whether there is a need to send home workers home
- Whether there is a need to stop all visiting
- Whether red runners are reinstated

### NEXT STEPS

#### Covid team to consider:

- Clinical management
- Ongoing staffing issues
- Information to relatives
- Staff communications
- External reporting (UK HSA, NHSE, CCG, others)
- Staff COVID-19 risk assessments to be updated

\*COVID-19 IPC team:

IPC Ops lead, DIPC, IPC doctor, COVID-19 Lead Nurses, Senior Matron, Head of Service and Comms