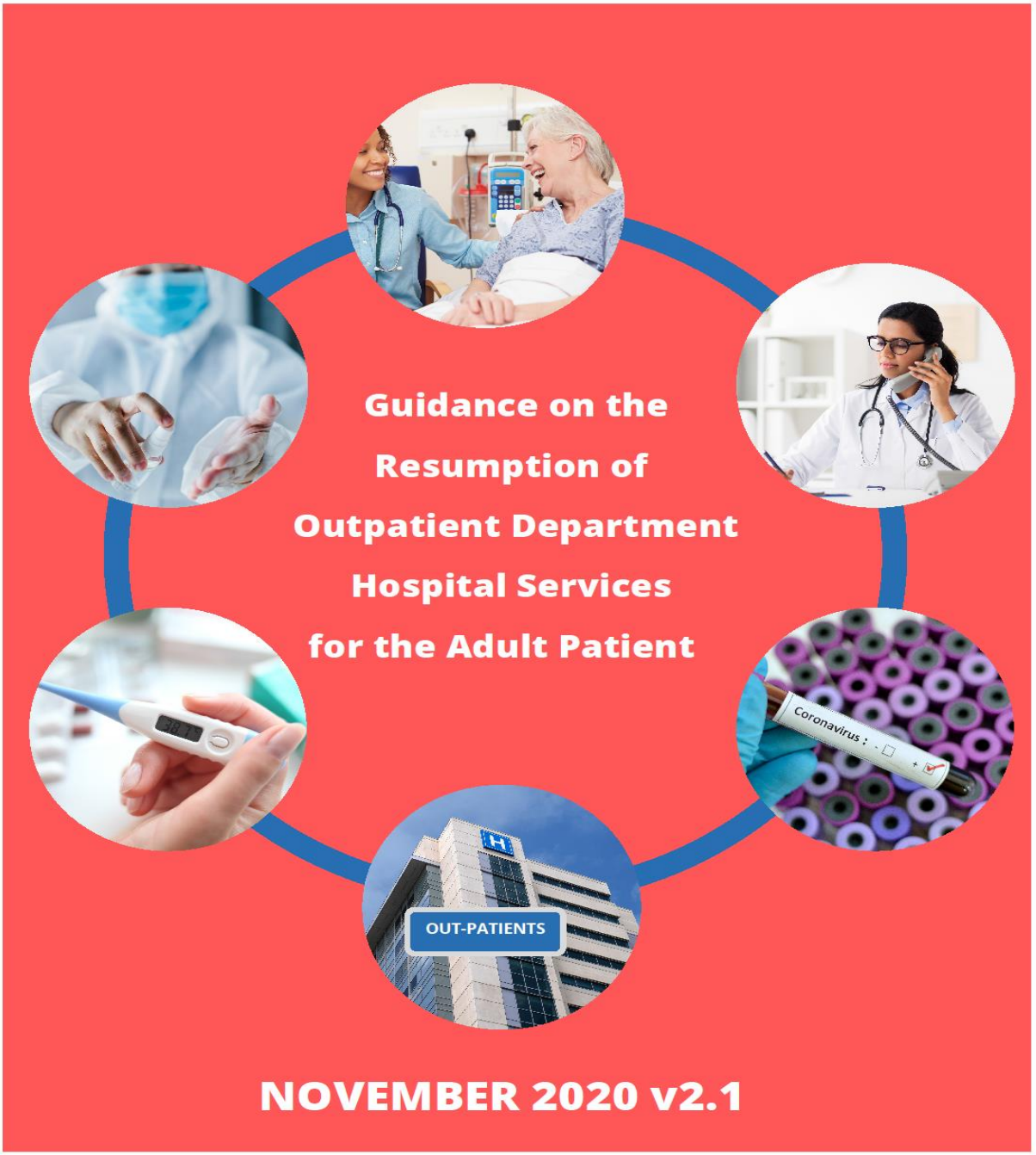
Guidance on the
Resumption of
Outpatient Department
Hospital Services
for the Adult Patient
Coronavirus :
OUT-PATIENTS
NOVEMBER 2020 v2.1

Contents

This document is the result of collaboration between the following organisations:

- Health Protection and Surveillance Centre (www.hpsc.ie)
- National Clinical Adviser and Group Lead (Acute Operations) & Clinical Programmes

Document Revision History		
Version number	**Date**	**Updates to document**
V1	10/8/20	Approved for Release
V2	24/8/20	Scheduled surgical services removed to separate document
V2.1	2/11/20	Minimising Exposure Risk Clarification. Change in risk designation from colour to incidence levels <25 and ≥25. Reduced period of infectiousness for patients with COVID-19 in community who did not require hospitalisation from 14 to 10 days, with final five of those days fever free Removal of Health care worker algorithm (separate guidance being issued for this). Removal of pyrexia. Addition of Cancer recommendations

Introduction

This document offers guidance on the delivery of adult outpatient services (OPD) during the COVID-19 Pandemic. Paediatric and maternity services are outside the scope of this document.

'Guidance on the resumption of scheduled surgical services during the COVID-19 era' can be viewed on the HSE repository under the surgery section or by clicking here.

Guidance specifically related to endoscopy services can be viewed on the HSE repository here.

The National Cancer Control Programme (NCCP) has issued separate guidance for medical professionals for both surgical oncology and testing for COVID-19 in asymptomatic patients undergoing elective cancer surgery in response to the current novel coronavirus pandemic. These guidelines can be accessed here. Further information to support the resumption of cancer services during COVID-19 can be found here.

This document does not supersede clinical judgment and describes methods to mitigate risks associated with delivering care to patients in whom there is no clinical suspicion of COVID-19 in an environment where SARS-CoV-2 is prevalent. It provides a framework for services that will need to be tailored to local conditions and specialty needs.

Further updates on this guidance are likely to be required. Please ensure that you are using the latest version of guidance. If you have comments or suggestions for improvement of the documents please contact any member of the Antimicrobial Resistance and Infection Control (AMRIC) Division of the Health Protection Surveillance Centre (HPSC).

Scope

The document is intended to support all those involved in scaling back up OPD in acute hospitals over the coming weeks and is specific to the adult (non-maternity) setting.

Definitions of terms

COVID-19 testing	A laboratory test for SARS-CoV-2 RNA. The testing should be PCR for RNA, not serology for antibodies. If testing is required, swabbing should take place within three days of attendance, the results of which must be available prior to attendance.
COVID-19 risk assessment (Appendix 1)	A series of questions designed to assess symptoms and exposure to COVID-19. These may be in the form of a written questionnaire, telephone or virtual health assessment. COVID assessment needs to take place; • within three days prior to any hospital attendance • on arrival at the hospital
Minimising exposure risk	Minimising exposure risk is achieved by limiting interactions with individuals outside of a person's household and good infection prevention and control practices. The purpose of minimising exposure risk is to minimise the risk of acquiring COVID-19 in the community. Testing for SARS-CoV-2 only informs that the virus cannot be detected on that particular day but does not guarantee that the individual is not incubating the virus.
Non-COVID pathway	For patients who have undergone assessment for COVID-19 and who: • have not shown any signs or symptoms of COVID-19 in the last 14 days • have not been identified as a COVID-19 contact AND, if required • have had a 'virus not detected' result on a sample taken within the three days prior to attendance
National/ Regional Risk Designation	All patients should undergo a structured COVID-19 risk assessment prior to attendance in person (face to face) at an outpatient clinic. This should occur irrespective of the incidence level of COVID-19 in the population.
Virtual clinic	This refers to a method of clinical review that can either be by telephone or video, where the patient does not attend the clinical setting in person. An information technology platform can be used which allows for video interaction between health care worker and patient. It is imperative to document the platform used in the patients' clinical notes and that consent has been obtained for this type of consultation. **As with face to face clinics, for required diagnostics including phlebotomy, it is essential to ensure patient follow up has appropriate clinical governance and follow-through within the hospital services.** For more information on virtual clinic operation and governance, please visit the link here

Section 1. Pre-assessment, triage and review of patients in outpatient care settings (new and return patients)

Clinician & Clinic actions

There is a requirement for service re-design (systems engineering) to ensure lean principles/flow processes are applied along with a need for a risk management and quality assurance/improvement processes to underpin service re-configuration. These include:

1. Review all planned attendances to OPD as to whether care provision could occur in primary or integrated care settings

2. Review all planned OPD attendees as to whether they are suitable for virtual clinic review.

3. All patients should have a structured risk assessment within 72 hours (92 if Bank Holiday) of attendance and again on attendance prior to being reviewed.

4. Consider mechanisms to support single patient visits where a patient is attending multiple providers or having laboratory and radiology tests undertaken ("one stop shop").

5. Deliver OPD services by appointment only, managing capacity to maintain good infection prevention & control practices.

6. Where possible, in the day or two before the appointment, issue a text reminder to the patient that they should not attend if they have symptoms of COVID-19. This may be linked to appointment reminder texts for hospitals that provide this service.

7. If the person has travelled to the hospital by private car, where possible and appropriate to the patient's needs, the patient should remain in their car until as near as practical to the time of the appointment. Waiting areas should be arranged to support physical distancing. (Note: Waiting areas may need two adjacent seats to accommodate the needs of patients who are accompanied by a carer).

8. Pre-review and cohort all required OPD attendees (per specialty criteria) to a designated provider. For each clinic, document in the OPD appointments system the designated clinician for each patient and other staff. Update if changes occur on the day of clinic. Keep a record of this information to assist with contact tracing for 14 days. This information should be stored securely and readily available if required. *(As per Article 5 of the GDPR, this information should not be used for any other purpose and should be destroyed when no longer required).*

9. At the time of arrival or check-in, pre-assess all OPD attendees (with appropriate supports for vulnerable groups) using a structured assessment form for symptoms of COVID-19, whether the patient is a close contact of a person with COVID-19 in the past 14 days or has a travel exposure history.

10. Consider split clinics, extended days, extended working hours, with workforce planning to manage the different ways of working,

11. Patients from the community who did not require hospital admission for COVID-19 and who are 10 days or more post onset of symptoms and with no fever for the last five days are regarded as non-infectious.

12. Patients from residential care settings, and those who were hospitalized for COVID-19 but discharged and require early outpatient review, are regarded as no longer infectious 14 days post onset of symptoms and with no fever for the last five days.

13. Patients who are no longer infectious may attend outpatient services with the same IPC precautions that apply to patients in whom there is no clinical suspicion of COVID-12. Repeat testing is generally not appropriate in people with a previous confirmed diagnosis of COVID-19 unless there is a specific clinical indication. If there is a specific concern, please discuss the patient with a Consultant Microbiologist or Infectious Disease Physician.

14. For required diagnostics, including phlebotomy and SARS-CoV-2 testing, it is essential to ensure patient follow up has appropriate clinical governance and follow-through within the hospital services.

Patient information:

Individuals attending outpatient settings, patient and carers, should comply with public health guidance on hand hygiene, wearing facemasks and social distancing.

1. Further information for patients on public health advice and how to reduce the risk of transmission by physical distancing, respiratory etiquette, use of face coverings and hand hygiene please go to : https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html
2. Patients should not attend for an outpatient visit if new symptoms of COVID-19 are present.
3. Patients and their carers should be actively encouraged to have the seasonal influenza vaccination.
4. Patient information leaflets can be downloaded from https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4872978

Section 2: Testing for SARS-CoV-2 prior to scheduled attendance for a procedure involving an aerosol generating procedure as an outpatient.

In general, testing is not required for an outpatient or day case appointment unless the patient is from a designated patient cohort or is for a specific type of procedure. If the attendance involves an aerosol generating procedure or the patient is having investigations where there is clinician concern re: aerosols, e.g. in settings where the healthcare worker is in close proximity to the oropharynx during instrumentation for extended periods, then testing is recommended.

Clinicians performing these procedures should follow HPSC guidance for infection prevention and control outlined here.

Patients with documented history laboratory confirmed SARS-CoV-2 do not need to be retested.

It is essential to ensure that when patient SARS-CoV-2 testing is required by the hospital that there is appropriate clinical governance and follow-through within hospital services.

Section 3: Practical Advice for Patients attending an OPD appointment - (Virtual & Face to Face)

3.1 General (For Infection prevention and control measures see section 3.3)

- Patients should be advised to download and use the HSE COVID tracker app
- Patients and their carers should be actively encouraged to have the seasonal influenza vaccination.

3.2 Virtual Clinics

- All patients should be pre-assessed initially by virtual means (where practical and appropriate): by telephone, telehealth, or completion of a questionnaire to minimise attendance in hospital
- Patients should be sent an appointment with instructions and support on how to have a virtual consultation. Information for patients on virtual consultations is available to download from here
- The patient should be given the option of having a carer/relative present on all virtual appointments
- **As with face to face clinics, for required diagnostics including phlebotomy, it is essential to ensure patient follow up has appropriate clinical governance and follow-through within the hospital services.**
- For more information on virtual clinic operation and governance, please visit the link here

3.3 Attending in Person

- Infection prevention and control measure are important to reduce the risk of transmission. Patients should adhere to current guidance on the use of face coverings, respiratory hygiene, social distancing and good hand hygiene. Further information can be found here.
- If patients are required to attend in person, they should be sent an appointment time and, if they travel by private car, they may be asked to wait in their car until just before their appointment time
- A patient information leaflet should accompany the appointment letter indicating any necessary instructions pertaining to the procedure. General patient information leaflets for patients attending hospital can be downloaded from here.

- Patients using public transport should wear a face covering and try to arrive at the clinic as close as possible to their allocated appointment time, as there will be limited seating available in waiting areas. It is recognized that this may not be possible in all cases if people are travelling from rural areas with a restricted public transport service
- If the patient has been brought by car, it is generally preferable that the accompanying adult remains in the car, but it is recognised that this may not always be possible. No children are to accompany individuals for procedures or appointments
- Patients and accompanying adult should be provided with the opportunity to clean their hands using alcohol based hand rub when entering hospital/clinic or after touching face covering.
- If there is a requirement for the patient to be accompanied into the clinic/unit, the accompanying adult must not have any signs or symptoms of COVID-19 or have had a risk of exposure. They may be asked for their contact details and asked to leave the hospital until such time as the patient can be collected when the appointment is finished
- In line with the National Public Health Emergency Team (NPHET) recommendations patients should be reminded to wear a cloth face covering. If they do not have a cloth face covering they should be provided with a facemask at reception/registration

Appendix 1. COVID-19 Assessment Questionnaire

HOSPITAL LOGO

COVID-19 Risk Assessment

For use in OPD, Day Case and In-patient setting

Patient Details

Affix Patient Label or Complete

Patient Name:_____ DOB: _____

Consultant:_____ Patient MRN: _____

Risk Assessment Form Completed

Date: _____

Planned attendance / admission

Date: _____

COVID-19 Signs and Symptoms

Has the patient had an **acute** onset of any of the following signs or symptoms in the last 14 days? Tick if present ☑

Fever / Chills		Dizziness*		**NOTES**
Dry Cough		Diarrhoea*		
Shortness of breath		Sputum Productions +/ - Blood staining*		
Fatigue / muscle tiredness		Abdominal Pain*		
Sudden loss of smell or taste		New Confusion**		
Nausea/ Vomiting*		Lethargy**		
Chest Pain*		Loss of Appetite**		
Sore Throat*		Unexplained change in baseline**		

***Less Common Symptoms** ****More likely in an older populations**

If the patient has experienced an acute onset of any of the above symptoms, recommend deferring the appointment due to the suspiscion of COVID-19. Advise patient to follow public health advice, isolate and contact GP.
If the patient has no symptoms, proceed to assessing COVID-19 exposure risk

COVID-19 Exposure Risk

1. Has the patient been diagnosed with COVID-19 in the last 14 days ?	**Yes / No**
2. Has anyone in the patient's family, work, residential care or social circle had SARS-CoV-2 detected in the last 14 days?	**Yes / No**
3. Has the patient returned from a country that is not on the green list within the last 14 days The latest Green list is available to view here: (https://www.gov.ie/en/publication/8868e-view-the-covid-19-travel-advice-list/)	**Yes / No**

If the answer is Yes to any of the above questions, recommend deferring appointment for 14 days and provide advice on following public health advice. If answer is No to both questions above, proceed to Question 3

Has the patient been actively physical distancing to minimise their exposure risk? *(Note: This is not necessary for OPD appointments)*	**Yes / No / N/A**

If the answer is No, provide advice on the importance of minimising exposure risk and proceed to assessing COVID-19 and when to test.

Please complete the reverse side of this form.

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(AHO COVID-19 Risk Assessment) 2.11.20

HOSPITAL
LOGO

COVID-19 Risk Assessment

For use in OPD, Day Case and In-patient setting

Affix Patient Label or Complete Patient Name:_____ DOB:_____

Consultant:_____ Patient MRN: _____

COVID-19 Advice on when to test

Attendance Type	Incidence < 25 New Cases /100,000 /14 days	Incidence ≥ 25 New Cases /100,000 /14 days
Outpatient	**Testing not required unless:** • for designated patient /procedural group • or local policy indicates	**Testing not required unless:** • for designated patient /procedural group • or local policy indicates
Day-Case	**Testing not required unless :** • for an AGP procedure • for designated patient /procedural group or, • local policy indicates	**Testing for SARS-CoV-2 is required** *(Unless the patient has previously had a laboratory confirmed test for SARS-CoV-2)*:
In-patient	**Testing not required unless :** • for an AGP procedure • for designated patient /procedural group or, • local policy indicates	**Testing for SARS-CoV-2 is required** *(Unless the patient has previously had a laboratory confirmed test for SARS-CoV-2)*

A. Patients from the community who did not require hospital admission for COVID-19 (lab confirmed) and who are 10 days or more post onset of symptoms and with no fever for the last five days are regarded as non-infectious.
B. Patients from residential care settings, and those who were hospitalized for COVID-19 but discharged and require early outpatient review, they are regarded as no longer infectious 14 days post onset of symptoms and with no fever for the last five days.
C. Patients who are no longer infectious may attend outpatient services with the same IPC precautions that apply to patients in whom there is no clinical suspicion of COVID-19.
D. Repeat testing is generally not appropriate in people with a previous confirmed diagnosis of COVID-19 unless there is a specific clinical indication. If there is a specific concern, please discuss the patient with a Consultant Microbiologist or Infectious Disease Physician.

Is the patient likely to have an aerosol generating procedure whether a day case or planned admission?	Yes / No
Is the patient to be admitted as an in patient or day case, living in an incidence area ≥ 25 cases /100,000 population / 14 days?	Yes / No
Is the patient part of a designated patient cohort for who testing is recommended irrespective of incidence? e.g. cancer surgery	Yes / No

If YES to any of the above, then organise testing for SARS-CoV-2 within three days of attendance at hospital
If NO, then testing is not required due to a low exposure risk

CORONAVIRUS (SARS-CoV-2) Test Information

TEST NOT REQUIRED ☐	**NOTES**
TEST REQUIRED ☐ Date Sample taken: _____ **TEST RESULT** Date of Result: _____	**VIRUS DETECTED** ☐ **VIRUS NOT DETECTED** ☐ **INDETERMINATE** ☐

Note: If the result is INDETERMINATE, recommend repeat

Result of COVID-19 Risk Assessment

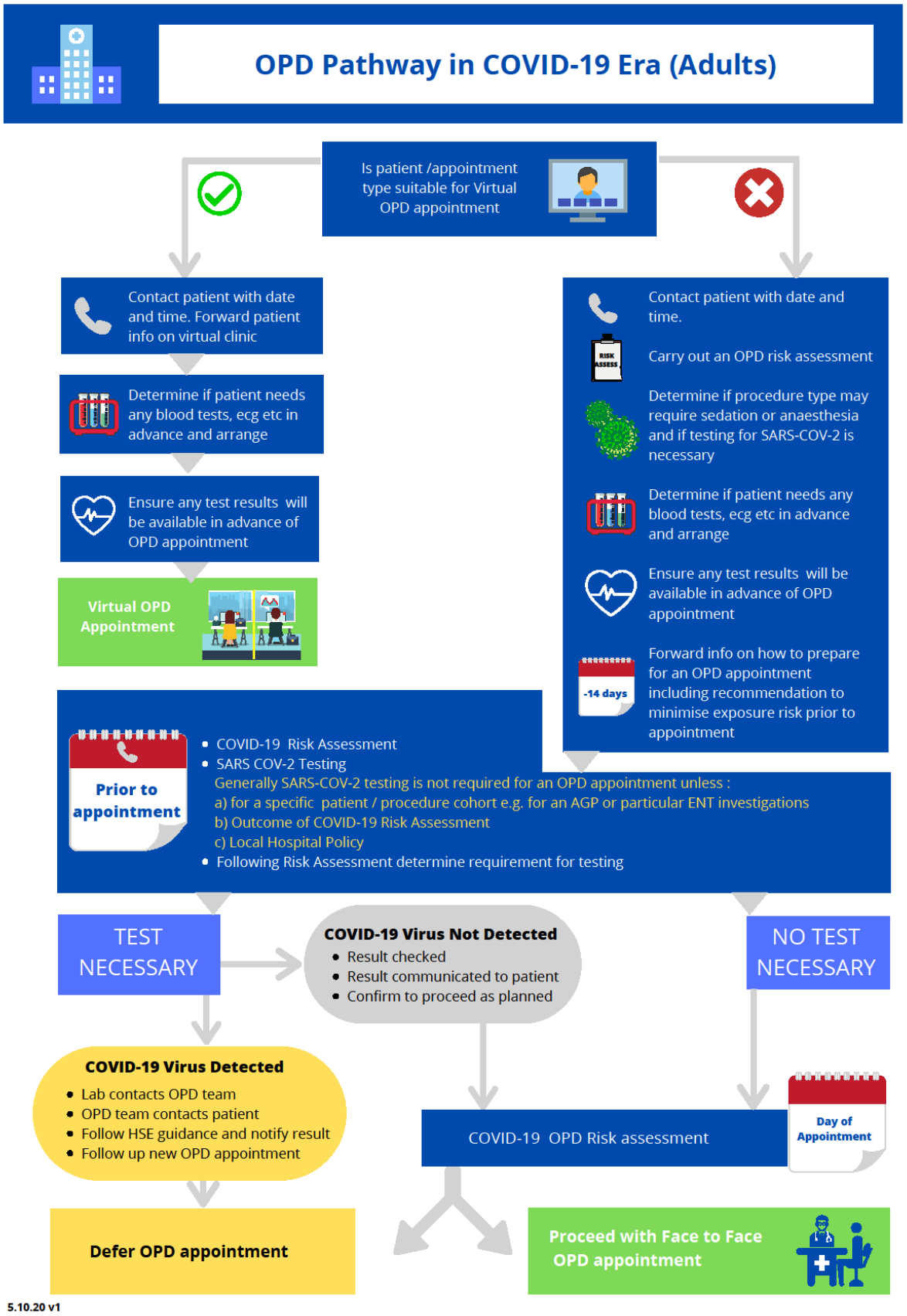
Proceed ☐ **Defer Procedure** ☐ **Results/Information Pending** ☐

Completed by: _____ **Signature:** _____

Date : _____ **Time:** _____ **PIN/IMC:** _____ **PAGE 2 of 2**

(AHO COVID-19 Risk Assessment) 2.11.20

Appendix 2. OPD Pathway in COVID-19 Era (Adults)



References

European Centre for Disease Control: (2020) **Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – eleventh update: Resurgence of cases**. Available from: **https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-20200810.pdf/ Accessed 24th August 2020.**