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Infectious Diseases Management SOP

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Purpose

The purpose of this document is to describe the Standard Operating Procedure and IPC measures required for managing patients with Notifiable, Infectious or High Consequence Infectious Diseases (HCID). This SOP must be used for all people with suspected/confirmed cases of these groups of diseases. It includes definitions of categories of clinical diseases, guidance on Health Protection Team (HPT) notification, and national and local IPC guidance.

Clinical guidance for the management of these cases is out of scope of this document but can be found on the BrisDoc Clinical Toolkit, Bristol, North Somerset and South Gloucestershire (BNSSG) Remedy or National Institute for Clinical Excellence (NICE) guidance.

Clinicians are responsible for ensuring that the correct PPE is worn for face-to-face assessment and the subsequent cleaning of equipment as set out in this section of the SOP. For further guidance refer to Brisdoc Infection Prevention and Control Policy and Infection Prevention and Control Manual for England.

High Consequence Infectious Diseases (HCID)

High Consequence Infectious Diseases are listed here: https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#list-of-high-consequence-infectious-diseases

For health professionals wishing to determine the HCID risk in any particular country, an A to Z list of countries and their respective HCID risk is available HCID country risks.

List of high consequence infectious diseases

A list of HCIDs has been agreed by the UK 4 nations public health agencies, with advisory committee input as required.

Contact HCIDs

- Argentine haemorrhagic fever (Junin virus)
- Chapare virus infection
- Crimean Congo haemorrhagic fever (CCHF)
- Ebola disease (EBOD)
- Lassa fever
- Lujo virus disease
- Machupo virus infection
- Marburg virus disease (MARD)
- severe fever with thrombocytopaenia syndrome (SFTS)

Airborne HCIDs

- Andes virus infection (hantavirus)
- avian influenza A(H7N9) and A(H5N1)

- avian influenza A(H5N6) and A(H7N7)
- Middle East respiratory syndrome (MERS)
- Nipah virus infection
- pneumonic plague (Yersinia pestis)
- Severe acute respiratory syndrome (SARS)

Managing HCID cases in BrisDoc Healthcare Services

Please do not offer face to face reviews for any suspected or confirmed cases of HCID in any of the treatment centres/practice services. North Bristol Trust offers a comprehensive service for patients with suspected infectious or tropical diseases. The infectious disease registrar is available for urgent advice on weekdays via switchboard. At weekends, please ask for the on-call microbiologist.

In the unlikely event that a patient with a suspected High Consequence Infectious Disease (HCID) presents to one of our treatment centres, the treatment centre will need to be closed, please refer to the **building fully/partially unusable** plan of the BCP Handbook.

The clinician assessing the patient must immediately liaise with CC and contact the Infectious Diseases team at Southmead Hospital for specialist advice regarding the patient's ongoing assessment and management.

The Shift Manager must be informed without delay. The Shift Manager is responsible for notifying and liaising with the on-call manager, who will coordinate the operational response in accordance with the **building fully/partially unusable Business Continuity Plan.**

Notifiable diseases

Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local Health Protection Team of suspected cases of certain infectious disease.

Details of how to contact HPT are on the notifiable disease page on the clinical toolkit . Clinicians should provide HPT with the SevernSide Professional Line number, 0117 244 9283, to enable them to contact us if they need any further information.

The full list of notifiable diseases can be found on the gov.uk website Notifiable diseases and how to report them - GOV.UK

Do not wait for laboratory confirmation of the disease. By law, you must report any suspicion of a notifiable disease.

UKHSA Notifiable diseases poster provides useful information on how to report cases and the urgency required in the reporting process.

Infectious Diseases

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.

These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions.

Guidance on managing specific infectious diseases can be found here https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

Detailed information around infectious diseases can also be found here https://www.gov.uk/government/collections/infectious-diseases-detailed-information

IPC measures

Handwashing

Please follow guidance on UKHSA handwashing advice and further information can be obtained on NHS England » National infection prevention and control manual (NIPCM) for England

Donning and Doffing PPE

The correct way to put on PPE and remove PPE can be found in here.

Respiratory Hoods

We have **respiratory hoods** available in all our treatment centres and practices. These should be used for face-to-face assessment within our bases for patients who are suspected or confirmed to have any of the following conditions:

1. Chickenpox
2. Measles
3. Mpox infection (with respiratory symptoms, severe disease or extensive lesions)
4. Mycobacterium tuberculosis complex (including MDR and XDR) - Pulmonary or laryngeal disease or extrapulmonary disease (where pulmonary or laryngeal disease has not been excluded)

High frequency Touch Points

The definition of high frequency touch points are all surfaces or items that have had the most frequent contact with many hands. These areas require more cleaning and disinfecting as they pose a significant risk for the spread of infectious diseases. High frequency touchpoints include all patient facing reusable equipment, all surfaces, all furniture including chairs and couch, doorknobs, or handles. High-frequency-touchpoints examples can be found here.

High-frequency touch points and reusable equipment must be cleaned with Clinell wipes in accordance with local policy. Where a surface is visibly dirty or contaminated, visible soil must first be removed using fresh Clinell wipes, changing wipes as required until the surface is visibly clean, before completing the decontamination process in line with Appendix 4. The surface/equipment should then be left to air dry.

Cleaning Box

This box will be available in the Isolation Room. There will be a mixing bottle for actichlor tablets and disposable J-clothes. When an assessment of a notifiable/infectious case is performed, the

clinician will mix the solution up using tap water. Instructions will be in the box (appendix four). Actichlor is a disinfectant and to be used for high frequency touch points. Once cleaning is completed the clinician will dispose of the cloth and take the actichlor with them to the sluice to be disposed of.

Isolation room

The isolation room should be used for patients who are suspected or confirmed to have the following diseases, in order to prevent the spread of infection and protect staff, patients, and carers. All other presentations should be seen in your clinical rooms.

1. Measles
2. Chickenpox
3. Mpox
4. Tuberculosis
5. Diarrhoea and vomiting
6. Recent travel + fever + respiratory symptoms with HCID ruled out because of confirmed or suspected HCID should be managed at the hospital.

Please consult the national guidance of infectious disease list for further information to support clinical decision-making regarding the need for patient isolation.

If transfer from our base/practice to hospital is required, ambulance services should be informed of the infectious status of the patient.

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Isolation Room and PPE

	PPE	Transmission	Notifiable disease	Cleaning requirements	Fallow time
Measles	• Powered respiratory equipment (PRE) **Respiratory hood*** • Apron • Gloves	• Droplet/ • Airborne	Yes	• Actichlor chlorine-based solution to be used on all high frequency touch points including floors - please see guidance below. • Respiratory hood system to be cleaned with clinell wipes. • Mopping required	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.
Chickenpox	• Powered respiratory equipment (PRE) **Respiratory hood*** • Apron • Gloves	• Airborne	Yes	• Actichlor chlorine-based solution to be used on all high frequency touch points including floors - please see guidance below. • Respiratory hood system to be cleaned with clinell wipes. • Mopping required	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.
MPOX (with respiratory symptoms, severe disease or extensive lesions)	• Powered respiratory equipment (PRE) **Respiratory hood*** • Apron • Gloves	• Droplet • Airborne	Yes	• Actichlor chlorine-based solution to be used on all high frequency touch points including floors - please see guidance below. • Respiratory hood system to be cleaned with clinell wipes. • Mopping required	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.
Tuberculosis- Pulmonary/Laryngeal disease (including MDR and XDR)	• Powered respiratory equipment (PRE) **Respiratory hood*** • Apron • Gloves	• Airborne	Yes	• Actichlor chlorine-based solution to be used on all high frequency touch points including floors - please see guidance below. • Respiratory hood system to be cleaned with clinell wipes. • Mopping required	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.
Diarrhoea and vomiting	• Surgical mask if vomiting is present • Apron • Gloves	• Contact	No	• Actichlor chlorine-based solution to be used on all high frequency touch points - please see guidance below • No mopping of floor required.	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.
Recent travel + Fever + Respiratory Symptoms	• Surgical mask • Apron • Gloves	• Airbourne / droplet	No	• Actichlor chlorine-based solution to be used on all high frequency touch points - please see guidance below • No mopping of floor required.	• 2 hours unless Greenway or 168 Refer to Appendix 5 for fallow time • Close the isolation room door and use signage provided. Please write the time cleaned and the time the room can be used again.

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SevernSide Guidance for Isolation Room

Roles and responsibilities

The below describes the responsibilities of the operational team in addition to their usual duties to safely manage patient with a notifiable or infectious cases during face-to-face appointments in SevernSide IUC.

WaCCs

- Identify an appropriate appointment, ideally the appointment should be booked at Greenway or 168 as they have ventilation systems to reduce fallow time and service impact
- The patient is informed to wait in the car until requested to enter the building
- The patient is requested to wear a face mask on entering the building and throughout the consultation
- The patient is requested to attend the appointment alone. If this is not possible, for example the patient is a child, please ask accompanying people to also where a face mask
- Advise the patient due to their symptoms the clinician may need to wear high level PPE, a respiratory hood
- Advise the Shift Manager that a case has been booked in the isolation room.
- Advise the Host that an infectious case where isolation required has been booked at their base
- Do not book an appointment in the isolation room for the required fallow time after this appointment (please refer Appendix 5)

If the patient requires RPE for home visit, the Respiratory Hood will need to be collected from the nearest base.

Hosts

- Isolation room clinical box is placed in the Isolation Room at the beginning of the shift
- Cleaning box is in the Isolation Room at the beginning of the shift
- All windows to be open in the Isolation Room at the beginning of the shift
- Be vigilant for isolation room cases being booked during your shift.
- Flag these isolation appointments to the base clinician as soon as they are booked
- Advise the Shift Manager immediately if a clinician informs you, they are unable to see any infectious cases.
- Ensure the patient and anyone accompanying them wear a Fluid Resistant Surgical Face Mask (FRSM) on entry to the building
- Switch on any ventilation in the isolation room at Greenway and 168 Locking Road
- Ensure you wear a FRSM when directing the patient to the isolation room
- Please note you are unable to chaperone a patient if the case requires a high level of PPE which include respiratory hood as there is only one respiratory hood available in bases.
- Ensure the isolation room door is closed throughout and after the consultation
- Ensure the door sign (appendix one) is added to the door once the clinician has finished cleaning the room
- Include the time the room has been cleaned and the time the room can be back in use (please refer Appendix 5 for fallow time for each base)

Shift Managers

- Be vigilant for isolation room appointments being booked – ideally these are only booked at Greenway and 168 due to availability of ventilation systems
- Ensure the WaCCs and Hosts are aware of the isolation room cases and processes
- Ensure the base clinician is aware of and has access to this SOP guidance including cleaning procedures and clinical guidance on the Clinical Toolkit
- In the unlikely event of the isolation room being unavailable you will need to plan for how isolation room patients are booked including fallow time (please refer Appendix 5 for fallow time for each base), this can be one of the following ways:
- If there is an empty F2F room at the base this can been ringfenced as the isolation room
- Redirect patients to an alternative base or later appointment
- Offer another remote assessment either on the phone or video

SevernSide Clinical Coordinator Role

The Clinical Coordinators play a key role in providing clinical support and advice to IUC telephone and F2F clinicians, and to the Shift Manager. This includes minimising the risk of avoidable exposure to infectious diseases. We ask you to proactively:

- Familiarise yourself with this IUC guidance, including the specific definitions of notifiable and infectious diseases as well as others which may require this specific response (clinical and epidemiological)
- Support clinicians to manage patients with potential notifiable/infectious diseases wherever it is clinically safe and reasonable to do so.
- Be vigilant for notifiable/infectious cases when reviewing F2F requests. This will include cases which have been flagged as **isolation room/ PPE required** by the triaging clinician AND cases where the criteria are met but have not been flagged by the triaging clinician.
- Have a low threshold for speaking to the triaging clinician about F2F requests for notifiable/infectious cases to ensure that all options for remote management have been considered, and/ or to confirm whether the notifiable/infectious is indeed suspected.
- Select the correct option for the case under triage type **– isolation room PPE required or No Specific PPE Requirements/ Infectious concerns** when approving the F2F or Home visit for a person, to ensure that the operational processes are implemented, and the F2F clinician knows that additional PPE (potentially including the hood) is required.
- Please note that it will not be possible to chaperone a patient who requires a high-level PPE as there is only one hood at each Treatment Centre, so please bear this in mind.
- Provide clinical advice/ support to the shift manager if required.
- Please do not approve f2f appointments for suspected or confirmed cases of HCIDs

Clinicians

- Patients that are assessed as **No specific PPE requirements/ infectious concerns** will be assessed in the clinician's own treatment room – PPE can be worn at a clinician's discretion.
- When clinically triaging patients to be seen - Select the correct option for the case under triage type – **isolation room PPE required** or **No Specific PPE Requirements/ Infectious Concerns** when requesting the F2F or Home visit for a person, to ensure that the operational processes are implemented and the F2F clinician knows that additional PPE (potentially including the hood) is required.
- Be familiar with this SOP and adhere to the IPC measures before, during, and after seeing a patient with suspected infections.
- Ensure all windows in the isolation room are kept open.

- Before seeing the patient, confirm that you have all necessary equipment to assess the patient, including the clinical and cleaning boxes.
- Wear the appropriate Personal Protective Equipment (PPE) as outlined in this SOP before seeing the patient. Each base is equipped with one respiratory hood, which should be ready for use. Please refer to Appendix 3 for instructions on how to use the respiratory hood.
- Ensure the powered ventilator is switched on before seeing the patient. Powered ventilators are available at Greenway and 168 Medical. Please note that fallow time at these bases may differ. Refer to Appendix 5 and Appendix 6 for detailed information.
- Minimize the time spent with the patient to no more than 15 minutes.
- Clean the isolation room after seeing the patient according to the guidelines in Appendix 4. It is the clinician's responsibility to ensure the room is cleaned.
- Chaperones are not permitted for patients with suspected illness who require clinicians to wear RPE, as only one respiratory hood is available per base.
- Ensure the isolation room door remains closed throughout the consultation and after it concludes.
- Please do not offer f2f appointments for suspected or confirmed cases of HCID as we are unable to follow the aftercare cleaning requirement for these cases. If these patients require clinical assessment, please contact the NBT infectious disease registrar via switchboard or contact the microbiology team. Advice & Referrals - Infectious Diseases and Microbiology (Remedy BNSSG ICB)

Overview of patient appointment journey

The flow chart in appendix two gives an overview of a notifiable/infectious patient journey to an appointment including the roles of each person.

Charlotte Keel Medical Practice Guidance for Isolation room

Process followed for infectious /notifiable/HCID patients:

Patients with potential HCID will not be brought into the practice they will need directing to secondary care.

- Patients will be triaged on the phone by the on call; GP/ clinician via the CAS list. If an infectious illness is suspected and the patient cannot be managed at home, the clinician will organise a F2F assessment in the surgery following the steps below.
- Speak with Health Nav team lead (or clinician leads in the event there is no health nav lead) to identify a room that can be vacant for the potential of the 2 hours fallow time needed.
- If no room is available – Health Nav team leads will identify a clinician who may need to move rooms to complete telephone appointments from an administration room – this may mean face to face appointments will need to be moved to allow the room to be aired
- Inform on call nurse in case assistance is needed
- Clinician will advise patient how to attend as follows. Patient should come to staff car park gate on Lower Ashley Road and ring the doorbell. Health Nav greets them and places them in allocated room and informs the clinician. If the patient can, they will be asked to wear a fluid resistant mask.
- Follow Brisdoc IPC Policy - CKMP-ICP.pdf
- If escalation to ED/ medical admission is required before or after seeing the patient, the clinician will contact admitting team to advise of transfer (see below)

Patients present at desk and is unable to go home as too unwell.

- Patients to be given a mask to wear and directed immediately to allocated room.

Clinical Assessment

A trolley will be in the store cupboard (Just along from room 28) with a box of PPE & Chlor clean and mop heads, the Respiratory hood will remain in the Treatment room.

Clinician must Don PPE before assessing the patient. (Respiratory hood is kept in a box in treatment room)

Requirements for isolation room

- A notice should be displayed on the door stating 'Isolation area – no unauthorised entry'. For 2 hours after the patient has been seen if patient is thought to have notifiable disease/HCID
- The room should be free from clutter and, where possible, equipment not required for the consultation should be removed from the room before the patient enters.
- Medical equipment used in the room should be disposable if available. If reusable equipment is used, it should be appropriately decontaminated after each use as below.
- Appropriate PPE as per the National Infection Control Manual How to put on PPE (donning) - A1. A respiratory hood is available in the treatment room and will be collected by the clinician prior to going to the isolation room. PPE to be removed as per the National Infection Control manual - How to remove PPE (doffing) - A1
- Hand hygiene facilities are available, e.g. wall mounted liquid soap, paper towels, wall mounted alcohol handrub or in a pump dispenser.
- A foot operated lidded waste bin is available, and waste disposed of as infectious waste.
- Linen pillow cases and 'modesty' blankets are not to be used; couch roll should be used. Pillows should not be used, if essential it should be encased in a cleanable plastic case and cleaned after use.

Patient transfer between health and social care settings

To help reduce the risk of healthcare associated infection (HCAI):

- Staff preparing to transfer a patient from the Practice to another health and social care provider should complete the Inter-Health and Social Care Infection Control Transfer Form (see Appendix 1). This should accompany the patient. Refer to your 'Inter-health and social care infection control transfer guidance'.
- Standard infection prevention and control precautions should be followed whenever transferring a patient, whether they have a known infection or not. Additional precautions may be required for some known infections (see Section 6)
- Ensure that equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Decontamination of equipment guidance'

Post Assessment

- The clinician is responsible for using the Chlor clean and mop to clean down the room after use
- The isolation room or area used for isolation should be decontaminated after use. Signage should be visible on the door stating when the room is able to be used again after any fallow periods required.

- Chlor clean tablets,and appropriate bottle for mixing and cloths are available for immediate use along with Clinell disinfectant wipes. A designated bucket and mop with disposable mop heads are available in the store room
- PPE should be worn during cleaning and removed in the correct order, i.e. gloves off first then apron (as per National Infection Control Manual
- All waste should be disposed of as infectious waste.
- Disposable curtains should be replaced – Please let Health nav leads aware when fallow time is complete so curtains can be replaced .
- Clinician to make up chlor-clean solution and wipe any touch points.
- Doff gloves and apron and wash hands.
- Open window/door to outside and leave the isolation room.
- Doff respirator hood.
- Don gloves and apron, turn off respiratory hood, clean hood, and associated equipment with Clinell wipes.
- Return hood to box and take it back to the Treatment room.
- Inform Ops manager.
- Ops Manager will add "Room Closed" sign to door with shut down time, then remove sign after time has elapsed.

Broadmead Medical Centre

At Broadmead Medical Centre – Room 5 is the isolation room but with current room capacity, is likely to already be in use for existing clinics. Due to our total triage system, it is unlikely that a patient will arrive at reception without a formal appointment.

The Process followed for notifiable/HCID patients is:

Pt presents at desk unexpectedly

Pt to be given a mask to wear and directed to return home and await call from triage clinician. If unable to return home, they are directed either to a spare room or, if necessary, outside the building (via stairs) whilst Room 5 is urgently prepared/vacated.

Most potential cases will be identified through remote triage.

- The triaging clinician will access the "clinical management" policy on the Brisdoc clinical toolkit and if a suspected measles case, to call the Health Protection Team for advice.
- If F2F is needed, triaging clinician to conduct majority of assessment remotely to minimise time in proximity with suspected case.

Triaging clinician to make an assessment as to the location of the assessment (whether the patient needs to attend Room 5 or to have a home visit) and to identify which clinician will be designated to see the patient.

This will depend on room availability and clinician availability/location. This could be the "triaging clinician" if on site, the "visiting GP" if still capacity or the Room 5 clinician, in which case existing patients for Room 5 will need to be rescheduled.

If patient booked into face-to-face appointment in isolation room.

- Patient to wait outside and call the clinician on the practice bypass number (0117 9549825) on arrival.

- GP to collect patient and go directly to Room 5 using the stairs (Wearing a surgical face mask)
- Division between Room 4 and 5 to be closed.

N.B. Patients pre-booked into Room 5 around the time of appointment need to be rescheduled or moved to a different clinician to enable the notifiable/HCID case to be seen and cleaning to occur afterwards.

Clinical Assessment

Clinician must Don PPE before assessing the patient.

Post Assessment

- Clinician to make up chlor-clean solution and wipe any touch points.
- Doff gloves and apron and wash hands.
- Leave the isolation room.
- Doff respirator hood.
- Don gloves and apron, turn off respiratory hood, clean hood, and associated equipment with clinell wipes.
- Return hood to box.
- Add "Room Closed" sign to door with shut down wait time, then remove sign after time has elapsed

Homeless Health Service

At The Homeless Health Service – The Red room is the isolation room.

The Process followed for notifiable/HCID patients is:

Pt presents at desk and is unable to go home as too unwell.

Pt to be given a mask to wear and directed immediately to the isolation room.

Pt booked into face-to-face appointment in isolation room.

- Patient to wait outside and ring the buzzer on arrival.
- Patient to be asked to go to the rear of the building and to wait by the back door.
- GP to collect patient and take the patient directly to the ‘Red room’ (Wearing a surgical face mask).

N.B. the patient should not come into the rest of the Compass Centre.

Clinical Assessment

- Clinician must Don PPE before assessing the patient.

Post Assessment

- Clinician to make up chlor-clean solution and wipe any touch points.
- Doff gloves and apron and wash hands.
- Open window/door to outside and leave the isolation room.
- Doff respirator hood.

- Don gloves and apron, turn off respiratory hood, clean hood, and associated equipment with clinell wipes.
- Return hood to box.
- Add "Room Closed" sign to door with shut down wait time, then remove sign after time has elapsed.

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Appendices

Appendix 1 – Room closure sign

ROOM CLOSED
DO NOT USE

Date Room Cleaned	
Time room cleaned	

Date Room next available	
Time room next available	

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Appendix 2 – SevernSide Process for seeing notifiable/infectious patients F2F

Triaging clinician requests F2F and selects 'isolation room PPE required'

CC suggests alternative management of patient liaising with triaging clinician

CC approves F2F and confirms 'isolation room case' in line with CC guidance

WaCC books appointment and gives the patient the following additional information:

- Patient and anyone accompanying them to wear a face mask on entry to the building
- Advise due to patient symptoms higher level PPE may be worn by the clinician which includes a respiratory hood

WaCC advises Shift Manager and Host of appointment

Host advises clinician of appointment

Patient arrives at base. Host advises patient to stay in car until room and clinician available

Host to don face mask and invite patient into building. Patient and accompanying people to wear face mask

Host directs patient straight to Isolation Room and ensures the door is closed

Clinician to don appropriate level of PPE before entering the Isolation Room. Enters the room and closes the door

Clinician assessment, aiming for patient/ contacts to spend < 15 minutes with patient, even if further discussion required by phone after the F2F. Patient Leaves immediately.

Clinician makes up antichlor solution, cleans the room as per the cleaning guidance. Doff gloves and apron. Wash hands if handwashing facilities in the isolation room . Leave the Isolation Room, closing the door behind them and go straight to the sluice

Wash hands and don gloves and apron. Turn off and remove respiratory hood. Clean hood and associated equipment with Clinell wipes. Return the hood to the Respiratory hood box

Host to complete and add 'Room Closed' sign to door

After shut down time, Host to remove 'Room Closed' sign and inform clinicians Isolation Room is available

Appendix 3 – Clinicians Guide to using and cleaning the respiratory hoods

The Facilities Team have responsibility for the maintenance of the respiratory hood system and making sure it is ready for use.

Using respiratory hood systems

The system consists of a wipeable hood, an air tube, and air pump with integrated filter. Step by step laminated instructions (appendix three) on how to use the equipment are in the Respiratory hood box.

Fresh filtered air is pumped into the hood and the exhaled air is removed through positive pressure from the bottom of the hood, like a balloon.

Cleaning the respiratory hood

The hood, air tube and air pump will be cleaned by the clinicians with Clinell wipes using standard infection precautions. The clinician will leave the isolation room (see below section on cleaning the isolation room) wearing respiratory hood and go directly to the sluice. The clinician will don gloves and an apron, turn off and remove the respiratory hood then clean the hood, tube and pump.

Using Clinell wipes, clean the inside and outside of the hood, the outer air tube and the respirator. Doff PPE. Take the respiratory equipment and place it back in the respiratory equipment box.

There will be PPE and Clinell wipes in the sluice to facilitate cleaning.

Where is it stored & what is in the Respiratory hood box

The Respiratory hood will be stored in a plastic box on the Personal Protective Equipment Trolley.

Testing and changing the battery/filter of the Respiratory hood system

The filter and battery of the airflow unit will be changed if the air flow is not adequate, the filter is 75% full, or annually, or as indicated by the light on the Respiratory hood system, whichever is sooner. This will be checked weekly by facilities and the battery and filter changed/charged as required. Fully charged there is enough charge for 11 hours. This will be done by facilities every week.

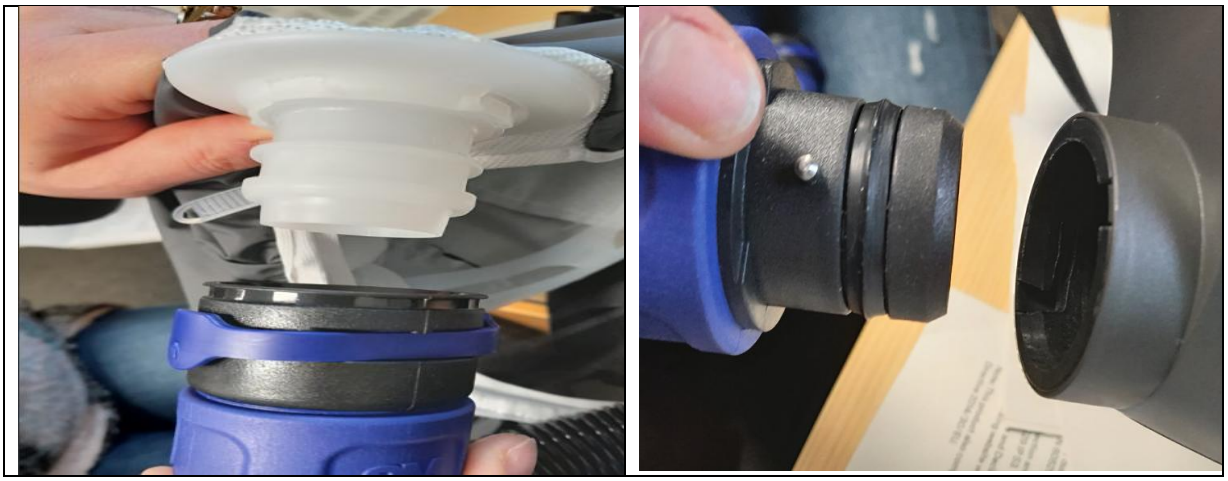
Operating Instructions for Clinicians

1. Clip the Versaflo Respirator to your waist by using the belt and adjust as necessary. https://www.youtube.com/watch?v=VRDKTsJqhgo – **Please watch this video for how to use the respiratory hood (Versaflo respirator).**

2.Connect the larger end of the air tube to the hood and click it into place.

3. Place the hood over the head, ensure the head band is against your forehead. The hood must be placed in front of your ears and around your chin, ensuring there is a good seal. The hood headband can be adjusted for a tighter fit. The respirator must be in use before entering the isolation room, do not remove the hood & respirator until you are in the sluice.

4. Fit the smaller end of the air tube to the Versaflo Respirator, ensuring the 2 metal clips are in-line and twist to lock.

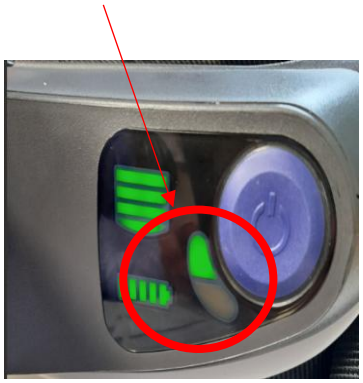


Adjusting flow

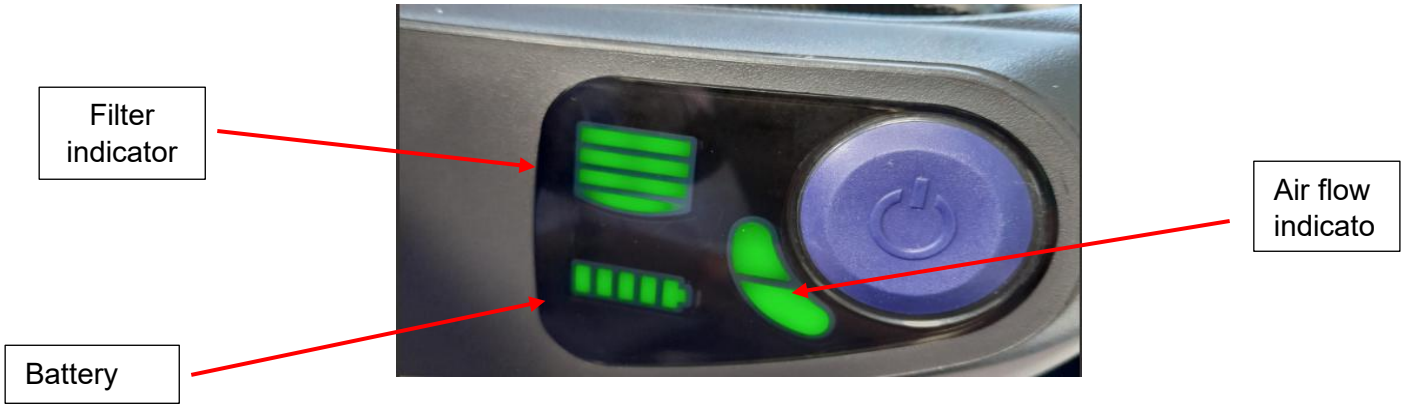
Once fitted to your waist, press the blue button and air flow will commence, the unit will power up and it will start with a standard flow, this is indicated by 1 green light next to the blue button. If the blue button is pressed again, hi flow will commence, this is indicated by 2 green lights next to the blue button. To take it back to standard flow, press the blue button twice.

Hi flow

Standard flow



Lights on the Versaflo Respirator



After a few seconds, the filter light & the battery light will go out and only the air flow indicator light will show.

Turning off the Versaflo Respirator

Do not turn the respirator off unit you have vacated the isolation room and entered the sluice. Press and hold the blue button until the machine stops working, and then let go of the blue button.

Appendix 4 – Isolation room cleaning box

For use in the Isolation Room only

Contents:

1 x Acticlor Mixing Bottle

1 x Tub of Chlor-Clean Tablets

1 x Box of Disposable Cloths

1x bucket and mop

The clinician will mix the solution up using tap water. Chlor-Clean is a disinfectant and to be used for high frequency touch points.

Instructions for mixing the solution: -

- To make 1000ml solution use 1 litre cold water with 1 tablet Chlor-Clean.
- Fill the empty Actichlor bottle with 1 litre of cold water and add 1 tablet of Chlor-Clean.
- Place the top on the bottle and secure, let the tablet dissolve, and then invert the bottle a few times to ensure mixed thoroughly.

Decontamination

- Cleaning is essential before disinfection is carried out. Please see guidance for Decontamination of reusable non-invasive care equipment.
- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice.
- • Flooring should be decontaminated last, using the technique above by using the mop and bucket with chlorine releasing solution.

Storing of the solution: -

- Each bottle of made-up solution should be kept in the Isolation room. Along with the disposable cloths and Chlor-Clean tablets.

Disposing of the cleaning solution and cloths: -

- After the Isolation room has been cleaned, the solution is to be taken to the sluice to be disposed of. Discard all disposable cloths and PPE in the clinical waste bag.

Appendix 5- Fallow time

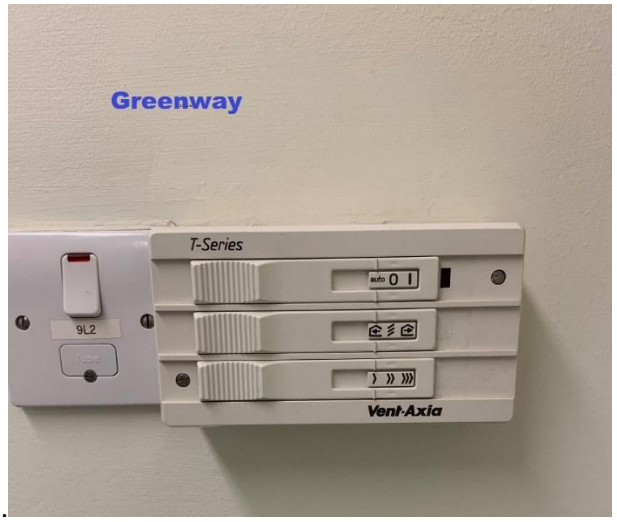
Base	Powered Ventilator	Ventilation assessment done	Fan speed	Fallow time
Greenway	yes	yes	3	9 minutes
168 Medical	yes	yes	Full speed	59 minutes
Marksbury Rd	No	Yes	N/A	2 hours
Christchurch	No	No	N/A	2 hours
Clevedon	No	Yes	N/A	2 hours
Broadmead	No	Yes	N/A	2 hours
Charlotte keel	No	Yes	N/A	2 hours
Homeless health	No	Yes	N/A	2 hours

Appendix 6 – Powered Ventilator

168 Medical

Please remember to switch on the powered ventilator an put it on **full speed** before directing the patient to the isolation room by the host. The clinician should switch it off after cleaning the room, once the patient has departed.

Powered Ventilator at Greenway



Please remember to switch on the powered ventilator an put it on **fan speed 3** before directing the patient to the isolation room by the host. The clinician should switch it off after cleaning the room, once the patient has departed.

Appendix 7 - List of Notifiable disease

UK Health Security Agency

Report a notifiable disease or public health hazard

Report an URGENT notifiable disease case or chemical or radiation exposure within 24 hours by telephone to your local UKHSA health protection team: .....

Report all cases online within 3 days at www.gov.uk/guidance/report-a-notifiable-disease

You must report:

- any suspected notifiable disease
- any suspected infectious disease that may present a significant risk to human health
- any radiation or chemical exposure that may present a significant risk to human health

Do not wait for laboratory confirmation of a disease. By law, registered medical practitioners must report any suspicion of a notifiable disease.

When to report as urgent

Report a suspected disease as urgent if:

- it's part of a current outbreak
- it's uncommon in the UK
- it spreads easily, or its spread is hard to control
- the patient is high risk, for example because of their age or job

If you are not sure, treat the case as urgent.

What happens when you make a notification?

A member of your local UKHSA health protection team will review your notification and may:

- provide public health advice
- carry out contact tracing
- encourage urgent vaccination of contacts of a case
- send additional diagnostic test kits
- identify disease trends and risks

Notifiable diseases

Disease	Whether likely to be routine or urgent
Acute encephalitis	Routine
Acute flaccid paralysis or acute flaccid myelitis (AFP or AFM)	Urgent
Acute infectious hepatitis (A/B/C)	Urgent
Acute meningitis	Urgent
Acute poliomyelitis	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine. **Urgent** if acquired in UK
Chickenpox (varicella)	Routine
Cholera	Urgent
Congenital syphilis	Routine
COVID-19	Routine
Creutzfeldt-Jakob disease (CJD)	Routine
Diphtheria	Urgent
Disseminated gonococcal infection (DGI)	Routine
Enteric fever (typhoid or paratyphoid fever)	Urgent
Food poisoning	Routine. **Urgent** if part of a cluster or outbreak
Haemolytic uraemic syndrome (HUS)	Urgent
Infectious bloody diarrhoea	Urgent
Influenza of zoonotic origin	Urgent
Invasive group A streptococcal disease	Urgent
Legionnaires' disease	Urgent
Leprosy	Routine

Disease	Whether likely to be routine or urgent
Malaria	Routine. **Urgent** if acquired in UK
Measles	Urgent
Meningococcal septicaemia	Urgent
Middle East respiratory syndrome (MERS)	Urgent
Mpox (previously known as monkeypox)	Urgent
Mumps	Routine
Neonatal herpes	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
Severe Acute Respiratory Syndrome (SARS)	Urgent
Scarlet fever	Routine
Smallpox	Urgent
Tetanus	Routine. **Urgent** if associated with injecting drug use
Tuberculosis Report suspected cases of TB to the National TB Surveillance System	Routine. **Urgent** if healthcare worker or suspected cluster or multi-drug resistant
Typhus	Routine
Viral haemorrhagic fever (VHF)	Urgent
Whooping cough	**Urgent** if diagnosed in acute phase. Routine in later diagnosis
Yellow fever	Routine. **Urgent** if acquired in UK

This list is not exhaustive. If in doubt, telephone your local UKHSA health protection team.
Find your local health protection team at www.gov.uk/health-protection-team

Version 2

Version Control

Version	Author	Date	Changes
1.0	Lucy Grinnell	16/02/2024	Initial Document
1.1	Lucy Grinnell	23/02/2024	Addition of Notifying the HPT section
1.2	Rhys Hancock	26/02/2024	Addition of Practice Services
1.3	Rhys Hancock	27/03/2024	Move to Notifiable/HCID SOP for BrisDoc
1.4	Shelly Joseph	23/08/2024	Addition of MPox
1.5	Rhys Hancock	13/09/2024	Update to Mpox sections following new national guidance
1.6	Shelly Joseph	15/10/2024	Change in PPE for MPox and when to consider clade 1 Mpox
1.7	Shelly Joseph	06/12/2024	Change in cleaning standards to measles and MPox
1.8	Rachael Hardaker	21/01/2025	Changed BMC process following location changes.
2.0	Renuka Suriyaarachachi, Linda Meekhums and Shelly Joseph	07/04/2025	Version control of all versions reviewed and all previous versions aligned. This version amalgamates all changes including changes in fallow time, ventilation assessments, clinicians' responsibilities and removal Mpox as it is no longer an HCID. Intellectual property rights added Chickenpox added as it became a notifiable disease as of 06/04/2025
2.1	Shelly Joseph	03/06/2025	Added video for how to use the respiratory hood (Versaflo respirator)
2.2	Shelly Joseph	29/10/2025	Isolation room usage guidance added
3.0	Shelly Joseph	15/07/2026	Title changed and the SOP updated with infectious and notifiable disease along with HCID. Standardisation of isolation room se across services.