Standard Operating Procedures

NHS Highland

Title	**COVID risk assessment to allow patients to receive aerosol generating procedure with droplet precautions – Raigmore ITU/MHDU/SHDU**	**Pages**	**3**
SOP Reference No		**Date**	15/10/2020

Reason / Background for SOP:
Under current national Infection control guidance, most acute care areas previously classified as 'green' are now classified as 'medium risk' for COVID. Under this classification all aerosol generating procedures (AGPs) should be done in a side room with nurses wearing AGP PPE. The national guidance allows for boards to develop risk assessed pathways to downgrade patients in a medium risk setting such that droplet PPE can be used. Within Raigmore this is required for patients within ITU, SHDU and MHDU; other areas should continue to use full AGP PPE until risk assessment SOP developed for their area.

This SOP sets out the risk assessment process. It should be reviewed if community prevalence COVID exceeds a trigger threshold (to be determined).

Due to time required to perform risk assessment and obtain test results the assessment is to be done on admission to the above areas in anticipation that patients may deteriorate and require an AGP.

This SOP does not determine initial placement of patients on 'red' or 'amber' pathway. This is done under existing protocols.

Step	Operating Step
1.	**Who is risk assessed?** All patients on admission to raigmore ITU, MHDU, SHDU unless exempt. Reasons for exemption: • Already on 'red pathway' • Not for escalation to aerosol generating procedure • Admitting consultant judges need for AGP during this illness very unlikely
2.	**What PPE is required during the risk assessment process?** During the risk assessment the patient is managed with droplet PPE until clinical assessment complete and SAR-CoV-2 test result available. If an aerosol generating procedure (AGP) is required during this period it should be done in a negative pressure side room (if available) with AGP PPE (including FFP-3 mask).
3.	**Who does the risk assessment?** Consultant If patient has a respiratory illness the risk assessment should be done by a consultant

	experienced in diagnosis of COVID respiratory disease
4.	**Risk assessment – clinical step** Patients should be designated as either: • No suspicion of COVID-19, *or* • Possible COVID-19 In making this judgement the clinician should be aware of the varied presentation of COVID-19 and take account of: • Clinical history and examination including risk of exposure to COVID-19 cases • Radiology (CXR or CT chest scan) • Blood test results (Lymphocyte count etc) If there is doubt seek advice from a clinician with experience in diagnosing COVID-19
5.	**Testing for SARS-CoV-2** Unless contraindication to nasal swab (eg. recent thrombolysis) swabs and other specimens should be obtained as per table below:

Patient group	**Clinical**	**COVID-19 tests required for risk assessment**
Elective surgery patient in SHDU who complied with standard NHSH protocol of pre-op self isolation	Expected clinical course for this surgery and patient	One combined throat / nose swab taken within last 72 hours
All other patients	Not ventilated, and no productive cough	One combined throat / nose swab taken within last 24 hours
	Not ventilated, Productive cough	One combined throat / nose swab and one sputum taken within last 24 hours
	Ventilated	One combined throat / nose swab and one ETA taken within last 24 hours

Patient may refuse to be tested.

6.	**Risk assessment outcome**

	If clinical risk assessment is 'no suspicion of COVID-19' *and* there is no SARS-CoV-2 detected on the specimens listed in 6 above, then the patient is designated as 'NHSH risk assessed low risk for COVID-19'. AGP can then be performed with droplet precautions assuming no other differential diagnosis that requires additional PPE. If clinical risk assessment is 'possible COVID-19' then AGP must be performed in side room with full AGP PPE, this is the case even if SARS-CoV-2 is not detected on specimens. The responsible consultant can revisit the clinical risk assessment at any time.
7.	**Repeat risk assessment and testing** For patients designated as 'NHSH risk assessed low risk for COVID-19': • Revisit risk assessment if clinical trajectory or investigations make COVID-19 more likely. • If AGP still required then routinely repeat SARS-CoV-2 tests at day 5 and day 10 after date of admission to high dependency or ITU.