COVID-19 Risk Management plan



Name:		D.O.B.			
Title: Management of Suspected COVID19 Symptoms – Patient Isolation					
Plan created by:		Date:			

Risk Issue:

The NHS reports the main symptoms of COVID19 are:

- a high temperature 37.8 or above.
- a new, continuous cough this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours

'Patient A' presented with the following symptoms at *(Time)* on *(Date)*. *List Presentation:*

Due to the presence of symptoms (*Patient A*) has been isolated with suspected COVID19 and therefore the following care plan must be adhered to.

Patient A's Isolation period will be From (date) to (date) (note: Current isolation is 7 days from onset of symptoms)

	Action Plan	Signature / Role
•	Patient A to be isolated in bedroom	
•	Family to be informed of onset of symptoms and reassured that <i>Patient A</i> will be supported monitored closely.	
•	Bedroom door to be clearly labelled with 'PPE' sign that is recognisable to ALL staff.	
•	A body fluid spillage kit should be available to clean any spills within the room	
•	All staff to be made aware that <i>Patient A</i> is being isolated and staff identified who will be assisting <i>Patient A</i> on each shift (recommended 2 staff, to support with hygiene, repositioning where required, personal care where required and support the maintenance of his nutrition and hydration needs).	
•	All paperwork to be completed for Patient A is kept in the isolation room.	
<u>PERSO</u>	NAL PROTECTIVE EQUIPMENT (PPE)	
•	PPE Store created within isolation room.	
	orkers should use personal protective equipment for activities that bring them into close	
•	al contact, such as washing and bathing, personal hygiene and contact with bodily fluids. Aprons, gloves and fluid repellent surgical masks should be used in these situations.	
•	If there is a risk of splashing then eye protection will minimise risk.	
•	New personal protective equipment must be used for each episode of care.	
•	Yellow bag for disposal of PPE and Red bag for laundry inside the persons room. Staff aware to remove all PPE used and dispose of in Yellow bag within room.	
•	Staff to remove PPE Gloves and apron within room and wash hands with soap and water for over 20 seconds	
•	Staff to wear a glove to open door, remove glove and again immediately wash hands. (Please make an assessment of your service to see how you can reduce infection-perhaps a small yellow bag/bin outside of door)	

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•	Staff are to wear PPE when disposing of double bagged waste after 72hrs Disposable cups/ plates/ bowls and cutlery is available to support all nutrition. This is	
•	disposed of within the room into clinical waste.	
AUND	<u>RY</u>	
•	If there is any dirty laundry this must be placed in the red bag. Once the red bag is ¾ full, this is double bagged. This is then placed in the bathroom and must remain there for 72 hours before being taken to be washed. The red bag is labelled with the date and time of sealing. This must be put in a machine on a SLUICE WASH if possible and on its own. The machine MUST be clearly labelled with PATIENT A initials if multiple machines are available.	
ATIEN	IT OBSERVATIONS:	
•	Observations to be taken and recorded.	
•	If there is a presence of temperature above 38.7 the following must be completed:	
	 Administer prescribed Paracetamol for temperature control Complete the Monitoring Document two-hourly: 	
ressur	re Care and Thrombosis Risk	
	this period of isolation <i>Patient A</i> may be at increased risk of Pressure areas and/or sed risk of developing a DVT/PE.	
•	Staff to continue to monitor common pressure areas and document any concerns on the appropriate body map.	
	Ensure appropriate pressure relieving equipment is sourced and used when required.	
	Where possible staff to encourage regular movement of limbs and repositioning.	
•	Staff to monitor for signs of DVT that includes:	
•	Staff to monitor for signs of DVT that includes: - Swelling, pain, redness, warmth to the touch, discolouration of skin, leg cramps)	
•	<u> </u>	

COVID-19 Risk Management plan Name:

Staff Read and Sign- I have read and understood the procedures that must be followed to protect others and myself from the risk of infection

Staff Name	Signature	<u>Date</u>

Covid Observation record

NAME:

Date	Time	Observations- ACVPU (alert, confusion, voice, pain, unresponsive)	Temperature	Staff signature

Handover Record

NAME:

Date	Time	Temp	New continuous cough?	Actions taken (including repeat results/ medical advice etc)	Is this patient in isolation at time of handover?	Signed by both staff on Handover

ISOLATION IN PROGRESS SUSPECTED CASE OF COVID-19

ALL PPE MUST BE WORN AT ALL TIMES WHEN IN THIS ROOM (GLOVES, MASK, APRON)

ONLY ALLOCATED STAFF ARE ALLOWED TO ENTER

NO ITEMS ARE ALLOWED TO LEAVE THIS ROOM UNLESS DOUBLE BAGGED

STAFF ARE TO WASH HANDS BEFORE LEAVING ROOM AND BEFORE TAKING ON OTHER TASKS ON THE PREMISES