

# Novel coronavirus (COVID-19) standard operating procedure

## General practice

**This guidance is correct at the time of publishing.  
However, as it is subject to updates, please use the hyperlinks to confirm  
the information you are disseminating to the public is accurate.**

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# 1. Background

- Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID).
- Information on how you can protect yourself can be found [here](#).
- Guidance for healthcare providers who have staff with relevant travel or contact history can be found [here](#).
- COVID-19 for most individuals causes mild to moderate illness, but in addition may result in pneumonia or severe acute respiratory infection, so patients could potentially present to primary care settings.
- See further information on COVID-19 for healthcare workers [here](#).

The current national approach is to **identify, isolate and contain**. In England:

- individual patient advice is being provided by NHS 111
- public information and sampling are being managed by Public Health England (PHE)
- members of the public who may have COVID-19 and do not require urgent medical care are being asked to self-isolate until diagnosis is confirmed
- for confirmed cases isolation and treatment are being managed by national specialist treatment centres.

This guidance is applicable in England. General practices operating under contract to the NHS in Northern Ireland, Scotland and Wales should refer to guidance and standard operating procedures (SOPs) produced by the governing bodies and regulators in their devolved administration.

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## 2. Generic principles for primary care settings (community pharmacy, optical, dental and general practices)

The collaborative endeavours of the primary care workforce in delivering on the national strategy to identify, isolate and contain COVID-19 are an essential element of the NHS measures and our national response to the risk presented by COVID-19.

This publication is intended to support primary care teams in the practical implementation of the PHE evidence-based guidance [COVID-19 interim guidance for primary care](#). Consistency in adopting the recommended actions will ensure the safety of our patients, our staff and the population, while maintaining access to quality healthcare for members of the public in England.

### Generic principles for primary care settings and providers

(See Section 3 for general medical practice SOP.)

- **Identify** potential cases as soon as possible:
  - Prevent potential transmission of infection to other patients and staff.
  - Avoid direct physical contact, including physical examination, and exposure to respiratory and other secretions.
- **Isolate** the patient and inform NHS 111:
  - If unsure whether an individual poses a risk, the default is to isolate at home, or in an isolated area in the practice, and call NHS 111 which can seek clarification with PHE if needed.
  - It is preferable for the individual to call NHS 111 on their mobile phone (if possible), rather than a practice telephone, as this facilitates call back and follow-up contacts if required.
  - Practices should designate and prepare a suitable space(s) for patient/patient group isolation.

- **Seek specialist advice:**
- NHS 111 is running a COVID-19 enhanced service that will be the entry point for all individuals concerned they may meet the case definition for COVID-19.

Advise the patient to call NHS 111 for assessment:

- A possible case of coronavirus needs to meet both the clinical symptoms and have a travel history, including travel to, or transit through (for any length of time), the identified risk countries or contact with a confirmed case of coronavirus.
- PHE has confirmed that if a patient is presenting with symptoms after 14 days, they do not meet the case definition and can be handled as normal.
- Following the NHS 111 assessment, if the patient is calling from an NHS primary care service provider, NHS 111 will contact the service to confirm if the caller meets the criteria as a possible case or not and advise on next steps:
  - **case definition not met** –patient to be managed as normal
    - NHS 111 will refer patient back for management in primary care
  - **case definition met** - NHS 111 will liaise with the local healthcare system, advise on isolation and arrange safe transfer of the patient from the primary care location in accordance with local plans.
- **Decontamination** Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately. If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use. Follow the guidance for environmental cleaning following a suspected case; Section 4 of [PHE COVID-19 interim guidance for primary care](#)
- **Points to note**
  - There are no changes in best practice protocols and compliance with existing infection protection and control requirements.
  - Reception staff **do not** require personal protective equipment (PPE).

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- If contact with the suspected case is unavoidable, staff should wear personal protective equipment (PPE) in line with standard infection control precautions (disposable gloves, disposable apron and fluid resistant surgical mask (FRSM)), and keep exposure to a minimum. All PPE should be disposed of as clinical waste.
- Practice staff in contact with a suspected case are not required to self-isolate unless directed by the Health Protection Team (HPT)<sup>1</sup>.

## Guidance on self-isolation

For guidance for patients regarding self-isolation, please see [www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing)

<sup>1</sup> Find your local HPT at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)

## 3. COVID-19: SOP for general practice

This publication is designed to explain the actions a general practice should take in managing patients who suspect they may have COVID-19. It is intended for all GP practices, including the delivery of extended hours services that now sit with primary care networks.

It will also provide a helpful resource for providers of Improved Access services. However, Improved Access providers should defer to any local guidance recognising the closer interface with urgent care pathways, as should any GP out of hours providers.

Revisions to the SOP will be published in line with any changes in the risk, as notified by PHE.

Communications with general practiceThe Central Alerting System (CAS) will be used to communicate urgent updates regarding COVID-19.

Practices are reminded to ensure they have followed registration guidance provided by MHRA to use a generic email, as such accounts can be used by more than one person to maintain continuity of service at times when an individual is absent. Access to the generic account can also be transferred when post holders change to minimise the risk of delays in communication

MHRA CAS GP practice registration page here:

<https://www.cas.mhra.gov.uk/Register.aspx>

COVID-19 information will also be sent directly to your premises specific NHS Mail account by the NHS England and NHS Improvement Regional Team. Please ensure this account is closely monitored for new information.

### Patient contact

Most patients presenting in general practice settings are unlikely to have COVID-19. If they have coughs, colds or flu-like symptoms but no relevant (COVID-19) travel or contact history, then management of their medical care should

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proceed in line with best practice and routine management of the cross-infection risks to staff/patients.

Practice staff are to be made aware of this SOP, the current guidance and case definitions and need to be able to carry out an initial risk assessment of patient's travel/contact history with regards to COVID-19.

- A possible case of COVID-19 needs to meet both the clinical symptoms **AND** have a travel history, including travel to, or transit through (for any length of time), the identified risk countries **OR** contact with a **confirmed** case of coronavirus.
- If a patient is presenting with symptoms **after 14 days**, they do not meet the case definition and **can be handled as normal**.

## Patient contact by remote consultation (telephone, video, online)

For patients contacting the practice by telephone, an accurate travel history is key to identifying risk of COVID-19 cases:

The [gov.uk](https://www.gov.uk) site should be checked at the beginning of the day to ascertain the most up-to-date country travel information.

If the patient answers Yes to any of the following questions:

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*

Ask a secondary question:

- *Have you been advised to self-isolate?*

## For patients in self-isolation

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- Patients who are self-isolating for COVID-19 should not be brought into the practice premises.
- Defer any appointments for elective care and reinforce [self-isolation advice](#).



- Patients in self-isolation may contact the practice seeking advice on urgent medical care:
  - **If the patient is critically unwell, then an ambulance should be called and the call handler informed of suspected COVID-19.**
  - Practices should triage and consider the option for a remote consultation.
  - If advice cannot be provided through remote consultation, please ask the patient to call NHS 111:
    - NHS 111 will triage and assess options for referral to a designated receiving unit for any COVID-19 urgent care cases, as necessary.

### **For patients not in self-isolation who meet suspected case definition**

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Advise patient to contact NHS 111 and seek advice on their symptoms and recent travel/contact history.

- Ask patient to provide NHS 111 with contact details for the practice.
- If the patient does not meet the case definition, the patient should receive care in their GP practice as usual. An NHS 111 clinician will contact the practice to confirm this.
- If the patient meets the case definition but does not require urgent care, NHS 111 will advise on self-isolation and arrange testing as required.
- If the patient meets the case definition and requires urgent or emergency care, NHS 111 will arrange referral to the designated receiving unit for COVID-19 urgent care cases.

## **Patients presenting at the practice**

### **On arrival**

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Make sure [patient information posters for NHS settings](#) are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed at reception, by any patient touch screen booking-in, waiting areas and at patient access points to clinical areas.

Patients with a relevant travel history and meeting the COVID-19 case definition should be identified when they book in at reception.

Reception staff need to be aware of the travel advice on [gov.uk](#) and should ask patients on arrival at the practice:

- *Have you been to any of the following [Category 1 areas](#) in the last 14 days (even if you do not have symptoms)?*
- *Have you travelled to any of the following [Category 2 areas](#) in the last 14 days and have a cough, high temperature or shortness of breath (even if it's mild)?*
- *Have you been in close contact with someone with confirmed coronavirus?*
- Have you been asked to self-isolate?

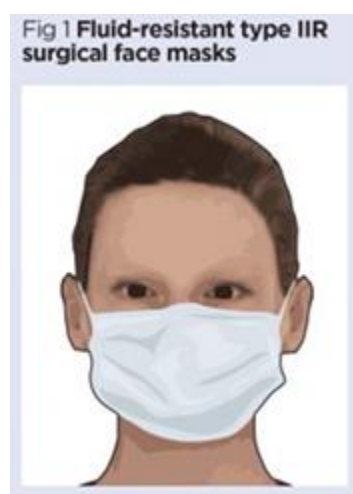
In the event that someone presents to the practice with suspected COVID-19 and answers **Yes** to any of the questions above:

- The default is to advise the patient to return home immediately and call NHS 111.
- **A patient who does not feel well enough or is unwilling to return home** should be immediately isolated in a room away from other patients and staff and NHS 111 called.
- Invite the patient (and any accompanying family/representative) into the designated isolation space and advise others not to enter the area/room to minimise the risk of spreading infection.
- Advise the patient to contact NHS 111 from the designated isolation area/room:
  - The patient will need to state where they are calling from and provide contact details for the practice.
  - The patient should use their own mobile phone where possible, as NHS 111 may need to ring them back.
  - If this is not possible, the practice phone should be used to contact NHS 111.
- The NHS 111 clinician will contact the practice after their assessment to advise on whether the patient meets the case definition and provide advice on next steps, which may be:
  - case definition **not met** - routine care in practice may be resumed
  - case definition **met** - maintain isolation in current location pending transfer to defined destination.

While waiting for advice from NHS 111, establish a routine for regular communication with the patient/patient group. This may necessitate contact via remote means or simply a knock and conversation through the closed door.

If healthcare professionals need to enter the room to provide emergency care or support the 999 assessment, healthcare professionals should wear personal protective equipment (PPE) in line with standard infection control precautions, (disposable gloves, disposable apron and fluid-resistant surgical mask (FRSM – see below)) and keep exposure to a minimum. All PPE should be disposed of as clinical waste. See [PHE COVID-19 interim guidance for primary care](#)

**If the patient becomes critically ill** and requires an urgent ambulance transfer to a hospital the practice should contact 999 and inform the ambulance call handler of COVID-19 concerns. The patient should be isolated as soon as possible.



**Note:** A disposable fluid-resistant face mask (FRSM) is worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets and also to protect patients. When recommended for infection control purposes a 'surgical face mask' typically denotes a fluid-resistant (Type IIR) surgical mask.

## During a face-to-face consultation/treatment

If COVID-19 is suspected when an appointment is in progress, assess a suitable point to bring the consultation to a close, withdraw from the room, close the door and wash your hands thoroughly with soap and water.

Advise the patient to contact NHS 111 from the isolated consulting room. The patient should use their own mobile phone where possible, as NHS 111 may need to ring the patient back.

NHS 111 clinicians will assess the case and advise on next steps:

- Case definition **not met** - routine care in practice may be resumed.
- Case definition **met** - maintain isolation in current location pending transfer to defined destination.

- If the patient is **critically ill or requires emergency medical care**, an ambulance should be requested, and the 999 call-handler informed of COVID-19 risk.
- If healthcare professionals need to enter the room to provide emergency care or support the 999 assessment, they should wear disposable gloves, disposable aprons and fluid-resistant surgical face masks and keep exposure to a minimum. All PPE should be disposed of as clinical waste. See [PHE COVID-19 interim guidance for primary care](#)

## During a home visit

If suspected COVID-19 is identified **before** a home visit, patients should be advised to contact NHS 111 for further assessment.

If suspected COVID-19 is identified **during** a home visit, staff should ensure they have the patient's (or carer's) telephone number. Staff should then withdraw from the room, close the door and wash hands thoroughly with soap and water. Further communication should be via telephone. The patient (or carer) should then call NHS 111 for further assessment.

If suspected COVID-19 is identified **during a care home visit**, in addition to contacting NHS 111, please inform the local health protection team to discuss possible case contacts, decontamination processes and any further action required.

If the patient needs **emergency medical care**, an ambulance should be requested, and the 999 call handler informed of COVID-19 risk. If the patient requires emergency care while awaiting ambulance transfer, the healthcare professional should use personal protective equipment (disposable apron, disposable gloves and fluid-resistant surgical face mask) and keep exposure to a minimum. See [PHE COVID-19 interim guidance for primary care](#).

Ensure that 'home visit' bags have necessary additional PPE and clinical waste bags, in case a patient with suspected coronavirus is identified on a home visit and requires emergency care. Clinical waste should be double bagged while in transit.

## 4. Post-transfer actions

Once a suspected case has been transferred from the practice premises, unless directed otherwise:

- The room or isolation area where the patient was placed should not be used, the room door should remain shut, area cordoned off, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant.
- If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately.
- Details of how to decontaminate are detailed in [PHE COVID-19 interim guidance for primary care](#).
- Once cleaning and disinfection have been completed, the area can be put back in use.
- The usual PPE equipment and protocols apply when cleaning and disinfecting; specialist equipment such as FFP-3 masks are **not** required in primary care. Disposable gloves and disposable aprons should be available in the practice as part of the routine cleaning, disinfection and decontamination PPE. Staff should follow the usual cleaning routine and [COSHH Guidance](#) .
- All waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have COVID-19 further advice should be sought from the local HPT. Details of your local HPT can be found at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team).
- Remove and discard PPE as clinical waste.
- It is the responsibility of the general practice to supply cleaning materials and PPE for staff and to ensure their staff are appropriately trained, have access to equipment and have arrangements in place for disposal of clinical waste.

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- Practice staff who have been in contact with a suspected case are not required to self-isolate unless directed otherwise by the HPT.
- Contract holders should notify their local commissioning team and provide details of the incident and on-going management.
- The practice remains open unless advised otherwise by the HPT.

## 5. Preparation guidance

To underpin practice resilience and continuity of service whilst protecting your patients, practice staff and the public; the following practical steps are recommended.

Appoint a COVID-19 lead for the in-practice co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance.

It is recommended that the practice establishes a daily routine updating practice staff with respect to travel advice on [gov.uk](http://gov.uk):

- [Category 1 areas](#)
- [Category 2 areas](#)

### Communication and information

Practices are to designate a practice nhs.net account for the timely receipt of COVID-19 information and ensure that the account details are noted by their NHS Regional commissioning lead, clinical commissioning group and local medical committee – this will be annotated in the Regional COVID-19 distribution list.

- Practices should ensure auto forward for e-mails to an alternative nhs.net account and designated deputy in the event of user absence.

Bookmark and regularly review the hyperlinks to official guidance from PHE and NHS England and NHS Improvement to ensure up-to-date knowledge and any changes to protocols:

- [Coronavirus \(COVID-19\): latest information and advice](#)
- [PHE COVID-19 interim guidance for primary care](#)
- [Management of a suspected case of 2019-nCoV acute respiratory disease](#)
- [NHS – patient-facing information](#)
- [NHS resources for GPs, hospitals and other NHS settings](#)
- [Guidance-for-social-or-community-care-and-residential-settings-on-covid-19](#)

Register online with the PHE to download COVID-19 resources:

- Registration: <https://campaignresources.phe.gov.uk/resources>
- Resources:  
<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->
- Make sure [patient information posters for NHS settings](#) are displayed so they can be seen **before** patients enter the premises. Patient information should be displayed at reception, by any patient touch screen booking-in, waiting areas and at patient access points to clinical areas.
- Review and amend the information on practice websites, online booking e-pages, appointment reminders/texts, voice mail/ telephone appointment protocols with the extant public advice produced by PHE.
  - See Appendix 1 for further information and sample text.
- Review and update the contact details for:
  - Regional/local Health Protection Teams (HPTs)
    - Find your local HPT at [www.gov.uk/health-protection-team](http://www.gov.uk/health-protection-team)
  - Your NHS Regional Infection Prevention and Control Team
    - search: “infection prevention control + Your NHS Region”
  - NHS Local Medical Network (LMN)
  - Local Medical Committee (LMC)
  - NHS Regional Medical Director clinical advisory team
  - The local NHS commissioning team
- Consider reinforcing links with local NHS primary care colleagues, including the local pharmacy, dental and optical practice, to share knowledge and experience, to co-ordinate and collaborate on training and mutual support.

## Preparation of practice accommodation

- Identify at least one suitable space/room in the practice for patient/patient group isolation.
  - If no suitable isolation room, identify an isolated area within the practice that can be cordoned off for the use of the patient/patient group, which maintains a 2-metre space from other patients and staff.
  - De-clutter and removal of non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
  - If possible, retain a telephone in the room/space for patient contact with NHS 111.



- Place a card/sign in the isolation room/area with practice contact details, e-mail, telephone numbers, practice location and postcode (this information is to be available to the patient when they contact NHS111).
- All staff are briefed on the potential use of the room/area and actions required if the event that it is necessary to vacate room/area at short notice.
- Identify toilet facilities that will be designated for the sole use of patients while in isolation.
- Prepare appropriate space/room signage to be used if the space/room is occupied and for the toilet facilities.
- Prepare a patient 'support pack' (to be held in reserve) that may include, items such as bottled water, disposable tissues, clinical waste bag, fluid-resistant surgical mask.
- Review the isolation space/area and consider the options for carrying out regular checks on the general welfare of the isolated patient/patient group. This may be simply a knock and conversation through the closed door or could be verbal and/or visual contact via remote means, eg telephone, Skype/FaceTime, practice intercom, baby monitor.

## Practice preparation for incident management

Practices may wish to draw on their existing protocols for dealing with medical emergencies in practice, the incident management principles are the same:

- Develop and rehearse the practice's COVID-19 triage protocols and isolation procedures:
  - agree practice approach for each stage of the potential scenarios
  - confirm role and responsibilities for each member of staff
  - appoint an incident manager
  - confirm lead for discussions with patients/NHS111
  - prepare an aide-memoire for staff (using guidance in Section 3)
  - rehearse practice response
- Review the practice protocols for decontamination from patients who have potentially infectious conditions. These protocols, PPE, training and materials are extant contractual and regulatory requirements.<sup>2,3</sup>
  - Review and refresh knowledge and application of HTM 01-05 decontamination protocols, equipment and PPE.

<sup>2</sup> [CQC Guidance- Regulation-12-safe care & treatment](#)

<sup>3</sup> [The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance](#)

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- Anticipate impacts on practice schedule
  - Practices are advised to consider the likelihood (which is currently low) and the risk of disruption to the appointments scheduled for the day.
  - Review the practice's business continuity plan.
- Ensure that home visit bags have necessary personal protective equipment (disposable plastic gloves, disposal plastic apron and fluid resistant surgical mask (FFP2)) in case a patient with suspected coronavirus is identified on a home visit and requires emergency care.

# Appendix 1: Patient-facing information

Please note that the identified 'risk' countries are liable to change – please refer to [www.gov.uk-coronavirus-latest information](http://www.gov.uk-coronavirus-latest-information) when updating your patient facing information.

## Telephone system

This message should be added to your phone system. Ideally at the front end (so before a call is answered).

*If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check the government's [gov.uk](http://gov.uk) [website](#) for the latest COVID-19 travel advice, you may need to call or go online to NHS 111 for further advice before making or attending your appointment.*

## SMS info

If you send out SMS reminders about appointments, please use the following:

*Before your appointment @ 00.00 on XXX xx XXX please refer to the latest on coronavirus at [www.nhs.uk/conditions/coronavirus-covid-19/](http://www.nhs.uk/conditions/coronavirus-covid-19/)*

## Online booking service

The following message should be reflected in your online booking service:

*If you have travelled abroad in the last 14 days or been in close contact with someone with confirmed coronavirus please check the [gov.uk website](http://gov.uk) for the latest COVID-19 travel advice, you may need to call NHS 111 for further advice before making or attending your appointment.*

## Information for practice web pages

The NHS is well prepared for outbreaks of new infectious diseases and has put in place measures to ensure the safety of all patients and NHS staff while also ensuring services are available to the public as normal.

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Check online at [gov.uk](https://www.gov.uk) and at [nhs.uk](https://www.nhs.uk) for advice on your travel and contact history and the latest COVID-19 information before attending the practice.

## Appendix 2: Feedback

This is a dynamic document that will be reviewed as the situation changes, and will respond to evidenced feedback and lessons identified

Feedback should be annotated in the template below and sent to [england.spockh@nhs.net](mailto:england.spockh@nhs.net)

Subject Line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK- **INSERT YOUR ORGANISATION-YOUR INITIALS**

COVID-19 standard operating procedure V1 – February 2020							
Primary care – general practice							
No	Name	Represented organisation	Observation and comments			Suggested amendments	Rationale for proposed amendment
			Location: page number paragraph number	Original text	Comments		
1							
2							
3							
4							

# Primary Care Readiness for COVID-19

1. Have you read and disseminated the guidance
2. Are there any issues with this, and Is there any element of it that you need help with?
3. Are there any scenarios (either real or anticipated) that we should talk through?

