

Coronavirus: Frequently Asked Questions

We've had a number of questions from staff members which we've answered below.

If anyone has any additional questions, please send them to emelia.spencer@mountainhealthcare.co.uk who will collate and discuss with the Coronavirus user group.

Q: I'm booked on to a training course in the next couple of weeks? Will that still be going ahead?

A: Thanks for the question. As you know, ensuring that everyone in Mountain is fully trained is absolutely vital to what we do and to keeping everyone safe. The position that we've agreed is as follows:

- MAST training must continue.
- Where training can be delivered remotely, it should be.
- In line with current guidance, MAST training that cannot be delivered remotely, should continue to be carried out face-to-face for the time being.
- This is under review and will be amended if government guidance changes. If guidance does change, we will implement contingency measures that ensure that MAST compliance can continue.

Q: As a community STI screening Nurse should I be asking the same screening questions as the standard service over the phone to my patients before I see them?

A: Great question and thank you for raising. Yes, that's a good point and we are in total agreement. Please use the agreed flowchart that the FNE/FME team are currently using to screen all patients booking appointments at the SARC (available on the staff portal).

If you have any concerns, the online or telephone 111 service is also a good tool. Please remember there is a senior clinician and duty manager on call 24/7 if you have any worries or concerns.

Q: Due to the clinical nature of the screening of coronavirus, should the clinicians seeing the cases in SARC be the ones screening them?

A: Thank you for your question. We have reviewed the screening tool and have agreed to move the screening to the clinicians as of 10/03/2020.

Q: The process states that we must let our line manager know as soon as possible if we need to self-isolate. This recommendation may well come out of hours particularly as we are a 24-hr service. Are we meant to ring our line manager, or to follow usual process which is to ring PSS who will inform the line manager?

A: Thank you for giving us the opportunity to clarify. Please follow the usual process to ring PSS.

Q: What happens if a staff member needs to repeatedly self-isolate? Will MHL repeatedly continue to pay?

A: Thank you for the question. We anticipate that there might be occasions where people are asked to self-isolate for several short periods – rather than a single 14-day period. If this happens, please follow the self-isolation process.

We will monitor the cumulative total of the periods of self-isolation and will pay for the equivalent of two weeks. Any period of self-isolation or illness over and above this two-week period will be reviewed on a case-by-case basis.

Q: Is there any guidance available about using PPE?

A: Thank you for the question. We are getting multiple questions from staff regarding PPE and, specifically, FFP3 masks. I have included a link to video guidance which I hope you will find useful:

<https://www.youtube.com/watch?v=syh5UnC6G2k&t=161s>

Q: What is MHL's advice regarding beards?

A: Our advice is that a seal cannot be achieved with Respiratory Protective Equipment. It does of course remain personal choice as to how staff with facial hair manage this risk but we are aware that many of frontline healthcare workers are removing beards and stubble to protect themselves and limit transfer.

<https://www.hse.gov.uk/respiratory-protective-equipment/fit-testing-basics.htm>

<file:///C:/Users/User/Downloads/personalprotectiveequipmentpolicy.pdf.pdf>

Q: What is the current advice regarding ibuprofen and COVID?

A: Public Health England currently say there is not sufficient evidence to change their advice which is to continue to use Ibuprofen with caution in patients with underlying respiratory conditions. The article below probably gives the most balanced information we have seen:

<file:///C:/Users/User/Downloads/personalprotectiveequipmentpolicy.pdf.pdf>

Q: How do we manage Detained Persons who are also either Alcohol or Opiate dependent and are showing objective signs of withdrawal? Do we continue to assess, undertake CIWA/COWS and medicate if indicated or does this need checking with an FME?

A: I think this is a very good question as both Dihydrocodeine and Diazepam can cause respiratory depression and we know that COVID primarily affects the respiratory system. Therefore, I think that facilitation of either medication should be with FME consultation if the DP is being treated as COVID +VE. We would need staff to undertake a full breathing assessment including Rate, Colour, Depth, Effort and O2 saturations as part of their withdrawal assessment.

Q: Should we be continuing home visits in the current situation?

A: Thank you for your question. We have reviewed your concern and are in agreement that home visiting should be suspended until further notice. Local HUBs and the SARC should be explored to bring patients back for STI screening. Please continue to work with your local contract manager to explore and plan further.

Q: Are there any changes to consent rules associated with taking detained persons' temperatures in the light of Covid-19?

A: No. Although there may be occasions where police officers use restraint to take temperatures, we cannot participate in this as, in line with our professional guidance, we must always seek consent. Please document your observations of the person concerned. These observations can include sweating and looking flushed, coughing or shortness of breath, talking in full sentences, any verbatim verbal responses and if officers feel that the person is hot or cold to their touch.

Q: Will zero hours crisis workers be paid for their full shift or the retainer for the shift? The self-isolation guidance is not clear.

A: For zero hours crisis workers who need to self-isolate in accordance with the HR Self Isolation Policy, the following will apply in relation to their pay (for the time period set out in the HR Self Isolation Policy):

If they were due to be paid an hourly rate (e.g. on the rota to be present at the SARC for a 9am to 5pm shift) they will be paid for those hours.

If they were 'On-Call' (e.g. were on-call to attend the SARC between 5pm and 9am if cases presented), the retainer fee only for that shift will be paid, and no attendance related payments will be made.

Q: If night shifts are not being back filled what happens to the crisis worker that is on call and vice versa with the FNE as they would not be able to see a case without the crisis worker.

A: If the FNE is not available for a night shift, the associated Crisis Worker who is rostered on will receive their retainer fee as normal. As no cases will be seen, there will be no attendance related payment.

If the FNE is available for a night shift but the associated Crisis Worker is not, this should be discussed on a case by case basis with our Medical Director, Ness, to consider the appropriateness of alternative chaperones, such as the attending police officer, as was normal practice a few years ago. This is providing the client is in full agreement to ensure a client centred decision.

Q: Cross county cover for crisis workers is unclear, we currently have BCH crisis workers covering some Essex shifts. Is this ok to continue? There is a Cambs crisis worker covering Essex tonight so have said that's fine but what about moving forward?

A: Cross-county cover should continue as normal for the present time.

Q: How will we manage with the below scenario?

One of the paediatric crisis workers from Essex today has said she needs to self-isolate for 14 days. Her daughter who is 18 months old was sent home from the nursery today due to another child having symptoms. She is symptom free and is well but the advice from 111 was to self-isolate for 14 days due to the fact that she is being investigated for respiratory illness. So, our C/W is now off for 14 days with a well child.

A: As our guiding principle has been, and remains, to follow 111 guidance, we will continue to pay, in line with our HR policy, the Crisis Worker who has been advised to self-isolate with her child.

Q: What is happening with current recruitment? Are we proceeding with all as planned?

A: Yes, we are continuing to recruit as planned.

Q: Have you considered swapping SARCs to 12 hour shifts if we have to move towards a daytime model only?

A: This is definitely an option we are considering. Whether we do this will be determined by several factors such as availability of staff at the time the decision is made, what our commissioners wish us to do, and the number of cases being presented