



Standard Operational Procedure (SOP) MIU-Led Dressing Clinic operational alongside the Minor Injuries Unit

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Minor amendment: change of venue for the clinic		24/5/20	
Minor amendment: updated to reflect re-opening of MIU		21/7/20	
Minor amendment: updated to reflect different referral system to the Dressing Clinics / latest information on masks		22/07/2020	
Target Audience (who does the document apply to and who should be using it)		WHC Staff Involved in the Dressing Clinics. Referring Health Care Professionals at General Practices and Acute Hospitals	
Accountable Director		Managing Director	
Document Author/Originator - Any comments on this document should, in the first instance, be addressed to whc.policyqueries@nhs.net		Barry ledema Senior Clinical Lead MIU	

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Responsibilities of all staff

It is your responsibility to ensure that, when following a WHC SOP, you familiarise yourself with the wider context, including the policies/documents listed below.

- Safe and Secure Handling of Medicines Policy
- Wound Care and Assessment Policy
- Standard Infection Prevention and Control Precautions Policy

Purpose	To offer a facility for patients to receive post surgery wound care, wound dressings and anti-coagulant subcutaneous injections, which require short term follow-up by a health care professional during the Covid-19 period
Key Information	While the Covid-19 pandemic is evident, MIU will be open from Monday to Friday on a appointment only basis, to ensure social distancing regulations are upheld. The MIU dresssing clinic will only be open during the weekend and Bank Holidays. No appointments are available during the weekend for MIU patients.
	There is a cohort of non-housebound patients, who, during the weekend and Bank Holidays, would benefit from a local facility to have their dressings and wounds reviewed following intervention by their GP or in the Acute Trust following surgery. There are also patients who have difficulty self injecting anti-coagulant therapy for DVT prophylaxis, either following surgery or awaiting a doppler scan, who can also be supported.
	The dressing clinic will be available in MIU Chippenham, Saturdays and Sundays and Bank Holidays between 10am and 4pm and is staffed by a Health Care Assistant and a Nurse- or Paramedic Practitioner.
	Patients are to be referred into this service via Access to Care or 111 following the usual procedures. Access to Care will triage the referral and forward the referral to the dressing clinic by phone or email if accompanying documentation is required.
	This Dressing Clinic is not a Walk-In facility or an initial injury assessment option.
	Dressings can be provided, however with post-surgery care if specialist dressings or staple removers are required, patients must be discharged with these. The prescribing aspect of dressings and medication remains the

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responsibility of the Acute Trusts and the patient's GP. Adequate analgesia must be prescribed and administered by the patient/carer if required prior to attending the clinic.

If patients require anti-coagulant therapy, a "P1" or "P2", signed by the Prescribing Practitioner must be available, to be sent with the initial referral or loaded up on SystmOne. Sufficient Low Molecular Weight Heparin (LMWH) e.g.Dalteparin or Enoxaparin medication must also be prescribed and dispensed for the patient before the patient presents to the dressing clinic, with clear instructions when and at what time the course was initiated and how long the course is due to last. Patients must ensure that they bring the prescribed medication with them to the clinic. Dressing Clinic Staff are to ensure anaphylaxis packs are available.

Patients will be asked to consent to share their information on SystmOne (S1) and their treatment will be documented on the MIU S1 module, which is accessible by the patient's GP.

Patients will be called on a telephone number provided on the referral and given an appointment time when the referral is received by the dressing clinic staff. This appointment may not be on the same day. It is therefore not an acute service.

The patient will be asked to wait in their car until called, in order to avoid patients waiting in the waiting room and breaching social distancing guidelines.

Patients who have confirmed Covid-19 or are symptomatic should not be seen in this dressing clinic and will be referred back to primary care.

Referrals will be received from Access to Care / 111 either into a dedicated email address whc.dressingclinicmiucch@nhs.net or by phone: 07980 590845 / 01249 456404

The option to refer in by "task" in to the Community module of S1 has been removed due to all business being recorded through he MIU SystmOne module.

WHC staff will contact the patient and arrange for a mutually agreeable time to be seen between 10am and 4pm. Same day appointments may be available, but this is a planned service rather than an urgent facility. A Discharge Summary giving full contact details, NHS number and other important information such as infection status, history of surgical intervention, treatment required, a completed Permission to Administer form (P1/P2) and confirmed dispensed medication should be included in the

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referral.

IP&C precautions in the clinic settings

Patients will be asked to wait in their car until called. In the clinic, the practitioner will be bare below the elbows, wear an apron, gloves and a Fluid Resistant Surgical Mask (FRSM) while treating the patient. Eye protection will be worn by WHC staff during direct patient contact. The patient is given a FRSM mask to wear and is asked to clean their hands by washing or with Alcohol Based Hand Rub (ABHR) on arrival. The mask is to stay in position until the patient has left the building. Staff will dof PPE as per regulations. The clinic room is to be surface-cleaned after each patient.

<u>There will be no "hot" clinic as such</u> and therefore this dressing clinic is not available for Covid-19 positive or symptomatic patients, who will be screened at referral and if necessary referred back to their Primary Care provider.

Additional Information

Interventions included:

GP wound care referrals and follow-up

Emergency Department Minors wound care and burns follow-up

Post-Surgery wound care from the Acute Trusts

Administration of anticoagulation injections e.g LMWH Dalteparin,

Enoxaparin in accordance with prescriber directions and completed P1/P2.

Suture and staple removal Pilonidal Abcess wound care.

Interventions Excluded:

Acute injuries not previously assessed by a health care profesional

Interventions requiring an X-ray

Lymphodaema or leg ulcer care

Intramuscular injections

Prescribing of medication by FP10 or administration of medication under a

Patient Group Direction (PGD)

IV drug administration

Venepuncture or cannulaton

Colleagues consulted in the development of this document

- Lisa Hodgson, Chief Operating Officer
- Sarah-Jane Peffers, Interim Director of Clinical Care
- Louise Byrne-Jones, Medicines Optimisation Pharmacist
- Clare Robinson, Interim Director of Quality

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