

Additional considerations for face-to-face care

You will have to follow local guidance on face-to-face care. This annexe provides example materials only.

Guidance on face-to-face care is constantly being updated.

At the time of publication, the most helpful and comprehensive official guidance can be found in [Novel coronavirus \(Covid-19\) standard operating procedure: Community health services](#) (SOP) published 15 April 2020, last updated 17 April. The SOP applies to all members who provide NHS care through the NHS Standard Contract in England, but the general principles of safe systems and infection control are universal.

You should check the link above for the latest version. In summary, the SOP recommends:

- “Essential face-to-face services and home visits should be managed through designating teams, facilities/premises to segregate Covid-19 positive (including those individuals and households with symptoms) and non Covid-19 services and patients to minimise the spread of infection, particularly to those most at risk.”
- “Face-to-face treatment and consultations need to be carefully managed either in a designated way on premises set up to deliver these services or by home visit, always with appropriate infection control precautions and PPE.”

The main considerations for different settings are detailed in Table 1 of the NHS SOP ([accessible here](#))ⁱ and covers:

1. Home visits – e.g. domiciliary care.
2. Zoning within facilities – e.g. the norm in hospitals. ‘Zoning’ refers to using specific areas for Covid-19 patients (hot) and different areas for non-Covid-19 (cold). Note, that in some cases, local providers might struggle to manage the risk of cross-contamination using zoning techniques – e.g. they might not have separate entry/exit points to help maintain this kind of separation.
3. Site designation – e.g. the norm in community-based sites. Where it is easier to separate Covid-19 and non-Covid-19 patients. For example, all community practices should be ‘cold’ sites because they do not see Covid-19 patients. This provides a more effective way to minimise the risk of cross-contamination.

It is important to work in collaboration with other local providers to best manage patients locally, especially if they do not have separate entry/exit points for suspect Covid-19 patients and those without Covid-19.

ⁱ NHSEI, [Novel coronavirus \(Covid-19\) standard operating procedure: Community health services](#) (SOP) published 15 April 2020, last updated 17 April