

Patient Name

Patient DOB

Hospital / NHS no

Clinical Decision Making and COVID-19 Risk Management Tool – Medical Psychology Service

Part A: Rationale and record for appointment format

	Y		N	
Is the nature of the clinical contact predominantly a dialogue? (e.g., question – answers, therapeutic discussion)?		Consider remote appointment either via telephone or Attend Anywhere.		Proceed with the checklist
Does the patient have the required resources to attend remotely (i.e., internet, device, suitable private space)?		Consider remote appointment either via telephone or Attend Anywhere.		Consider face to face appointment.
Does the patient present with severe trauma symptoms (e.g., re-living) that are likely to render remote work less effective/appropriate?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the patient experience significant speech or cognitive difficulties that would prevent valid or effective remote engagement?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the patient experience seizures of such severity and frequency that remote appointments would be unworkable or unsafe?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the appointment involve administration of specific psychometric measures that are likely to be compromised if delivered remotely?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the appointment involve highly controlled presentation of visual information and / or physical manipulation of specialist materials?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the patient experience behaviour that challenges which is likely to be triggered during the appointment?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Does the patient prefer to attend face-to-face appointments, and would potentially become clinically vulnerable if unable to access therapy in this way?		Consider face to face appointment.		Consider remote appointment either via telephone or Attend Anywhere.
Home visit criteria A: Are there issues which would usually require the patient to be seen in their own home? (e.g. issues with getting to hospital/ severe social anxiety).		Consideration of home visits will be dependent upon individual service resources. If this resource is available, conduct individual risk/ benefit analysis.		Consider remote appointment either via telephone or Attend Anywhere.
Home visit criteria B: Does the patient present with exceptional needs/ risks that would be better met/ mitigated if seen in their own home? (e.g. issues with capacity/ compliance with PPE guidelines)		Consideration of home visits will be dependent upon individual service resources. If this resource is available, conduct individual risk/ benefit analysis.		Consider remote appointment either via telephone or Attend Anywhere.

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Decision:

Remote appointments

Face to face appointments

Brief summary of rationale

Part B: Discuss risks with patient

Due to the current prevalence of COVID-19 we are currently restricting face to face appointments to minimise the risk of possible transmission of the virus. Our first approach with all patients will be to offer a 'remote appointment' – by phone or Attend Anywhere video-call, but in some situations we know it is difficult to provide the most appropriate treatment without a face to face contact.

We are assessing the risks of providing a face to face appointment on a case by case basis, dependant on the reason for your referral and risk factors including age group, other health conditions and type of therapy needed. You will need to be able to provide your own transport to and from your appointment as we are unable to offer appointments to patients requiring ambulance transport at this time.

Where we have assessed it appropriate to do so, we will offer a face to face appointment.

Whilst we cannot eliminate all risk of possible infection, we have put in place the following measures to minimise the risk:

Infection risk and hygiene:

- Hand gel dispensers are placed at regular places along the entrance / corridors to the clinic area in Low Grange.
- All patients will be asked to go through a screening questionnaire prior to and on the day of their appointment to ensure they are not attending the site if they or a household member are displaying any symptoms of the COVID infection
- The clinic room will be cleaned before and after your appointment.
- Staff are undertaking frequent hand hygiene procedures and will do so immediately before and after their appointment with you, and you will be asked to do so.
- Staff members who will be carrying out the appointment wearing PPE, including a surgical mask.
- You will be asked to wear a face covering throughout your time on the site.

Initial to indicate that the risks of face to face appointments have been discussed, and the IPC precautions that the service is taking, have been described.

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Part C: Identify patient specific risks

Risk	Yes/ No	Comment/ Mitigation
Clinically Vulnerable or Clinically Extremely Vulnerable to complications from COVID 19 (i.e., was/are the outpatient shielding?)		
Age (>70)		
BAME		
Pregnant		
General Co-morbidities <i>Consider – Underlying chronic heart, liver, lung and kidney disease, BMI >40, Chronic organic neurological conditions (e.g., MS).</i>		
Co-morbidities that cause immuno-suppression <i>Diabetes, HIV/Aids, RA, Pre-existing infection, Alcohol Abuse, Smoking, Long Term Steroid Use)</i>		
Cancer <i>Known diagnosis and currently having active treatment</i>		

If the patient responds with yes to any of these risks you must be satisfied that they have understood the increased risk of serious complications should they contract COVID 19, but they may still proceed with Face to Face management.

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Part D: COVID 19 Screening Questions

Ensure that these screening questions remain accurate prior to use by referring to the Trust Outpatient SOP.

In the last 7 days have you or anyone who lives with you had?

<i>A new continuous cough</i>	Yes/ No
<i>High temperature</i>	Yes/ No
<i>A loss of, or change in, normal sense of taste or smell (anosmia)</i>	Yes/ No
<i>In the last 14 days, have you had contact with anyone who is known or is suspected to have had Covid-19?</i>	Yes/ No

If they answer yes to any of the above and the appointment is considered non-urgent they should only be offered an appointment in ≥ 14 days time. Individuals with any of the above symptoms but who are well enough to remain in the community should follow the [stay at home guidance](#) and [get tested](#). These screening questions must be repeated prior to attendance.

You must inform the patient that;

*If, before your appointment, you develop any of these symptoms **do not attend your appointment.** You need to contact the department for your therapist to reassess the risk.*

Part E: Patient Instructions for Face to Face Appointments

- Please attend your appointment on time (i.e., not late and not extremely early). This is to reduce footfall in waiting areas.
- Please arrive at your appointment alone (person transporting can wait in the car to reduce footfall).
- When attending your appointment you must wear a face covering throughout.
- You will be re-triaged on arrival.

Clinician Signed	
Print Name	
Designation	
Date	