



PRIMARY CARE
WOMEN'S HEALTH FORUM

JUNE 2020

Protocol for LARC fittings in primary care during COVID-19 restriction easing

Resource produced by the PCWHF with thanks to Dr Jo Jenkins, Aylmer Lodge Cookley partnership. Remember that these are guidelines and please use your clinical judgement on a case-by-case basis.

Protocol for LARC fittings in primary care during COVID-19 restriction easing

Since March 20 2020 we have seen a reduction in LARC activity, due to social distancing measures brought in to reduce spread of Covid-19.

As restrictions start to ease it is important we are able to offer LARC appointments again, where safe to do so. This will be assessed on a case by case basis in discussion with the patient.

This protocol, published by PCWHF, explains how to minimise the risk of transmission of Covid-19 while offering a LARC service. Latest FSRH guidance on restoration of contraceptive services has been reviewed prior to producing this recommendation.

REDUCING CONTACT TIME TO A MINIMUM

An initial consultation should be arranged via telephone or video. During this consultation you must provide the following:

- Information of risks and benefits of the chosen LARC method
- Alternative available methods of contraception
- If relevant recommend preconceptual advice (e.g. folic acid and vitamin D)
- Make an STI risk assessment prior to intrauterine procedures. If low risk a chlamydia swab can be obtained at the time of the procedure. If high risk or symptomatic consider how your service will offer this test prior to the procedure
- Advise patients not to attend if they or any member of the household is unwell or has been in contact with someone who is confirmed or suspected to have Covid-19 infection
- Ensure you have the patient's mobile number and advise them they will be contacted on the day of their appointment
- Advise patients of other measures in place at your surgery to minimise risk of transmission of Covid-19 infection.

The patient can be signposted to appropriate online information so that she is fully informed of the method chosen and how the procedure is performed.

No written consent is required, provided verbal consent has been agreed on the phone and further verbal consent obtained on the day of the appointment to provide assurance that the procedure and any risks are fully understood and accepted.

If written consent is preferred, consider sending the consent form as an attachment to a text message with the option for the patient to reply to the text to confirm consent. This should be done in addition to full telephone or video consent.

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REDUCING INFECTION SPREAD

If the appointment is booked in advance ring the patient on the day of appointment to recheck if they or any member of the household is unwell or has been in contact with someone who is confirmed or suspected to have Covid-19 infection.

REDUCING FOOTFALL

The patient will be advised to attend alone for their appointment unless they need to be accompanied, e.g. for reasons of interpreting or support to a patient with learning difficulties/mental health issues/being under the age of 16. If the patient needs to be driven home after the procedure their driver will be asked to wait in the car.

ENSURING SOCIAL DISTANCING IN THE WAITING ROOM

Place chairs in the waiting area to ensure that socially recommended distancing is maintained between any waiting patients.

Stagger appointments to ensure the minimum number of patients in the waiting area as possible and aim to provide appointments on time. If the planned procedure time is delayed the patient could be asked to wait outside and phoned to enter the building when the clinician is ready to proceed.

PPE

Appropriate PPE to be worn by any clinicians present during the procedure. Recommended PPE to include surgical scrubs, plastic apron, mask and gloves. Follow local public health advice on whether to wear eye covering, such as visor or goggles.

Follow current public health and service advice on whether the patient should wear a mask or face covering.

CLEANING

To reduce cleaning requirements, the patient can be asked to sit on the examination couch during final consenting. Cleaning of the couch, chair, door handles and surfaces will be undertaken between patients. Deep clean of the room is not required.

SECONDARY CARE SUPPORT

Prior to recommencing LARC procedures, consider whether your local referral pathways are ready to receive referrals for any complications of LARC procedures, in particular gynaecology and radiology services.