Simple Guide to Developing HSE COVID-19 Interim Clinical Guidance

This guide was prepared by a HSE Subgroup for interim clinical guidance development during the COVID-19 pandemic in 2020 in Ireland. The purpose of this guide is to assist clinical programmes in the preparation of interim guidance using a consistent style, content and structure for ease of use in practice and to facilitate inclusion on the HSE Covid-19 HSE Clinical Guidance and Evidence website repository.

Governance

Within the HSE, the Chief Clinical Officer (CCO) is the Lead on all clinical matters relating to COVID-19. All interim clinical guidance documents developed within HSE must be referred to the CCO Clinical Advisory Group (CAG) as the final approver so as to ensure clinical oversight and organisational clinical endorsement before dissemination within HSE, i.e., inclusion on the HSE Clinical Guidance & Evidence website.

Style

This COVID-19 Interim Clinical Guidance is aimed at guiding clinical staff. The language needs to be clear, concise, easy to read and follow. Use of both well-known abbreviations and standard medical terms are encouraged.

Content

Please take into account:

1. A long detailed introduction to COVID-19 may not be required.
2. Where appropriate, existing clinical guidance can be used by incorporating COVID-19 relevant information into them rather than writing the guidance documents from scratch to speed up the process.
3. Use the links to the most up to date Infection Prevention and Control (IPC) information at www.hpsc.ie. Do not include any other IPC information in your document. If IPC information is required specific to a clinical discipline/specialty, only do so in consultation with and on the advice of HSE Health Protection Surveillance Centre (HPSC) and/or HSE Antimicrobial Resistance Infection Control (AMRIC) Team.

Structure

The use of headings is encouraged. There should be a logical sequence to the interim clinical guidance. Navigation of the guidance may often be through a mobile device. In this instance, consider when you are writing the content, that navigation of the online repository will only be two levels deep. In order to aid navigation on all devices, please limit the use of subheadings. A summary should be included at the end of the guidance, only if applicable.

Suggested headings for inclusion are detailed below.

- **Title:** include ‘COVID-19’ and ‘interim clinical guidance’ in the title.
- **Date:** day, month and year that the interim clinical guidance was written/updated should be clearly stated.
- **Version:** insert version number and the following information: [ (InsertNameofAuthority)e.g. NCP..., HSE] will continue to update this guidance as new information becomes available.
- **Authors/Guidance Development Group membership:**
- **Purpose:** What is the scope, objectives and purpose of this document?
- **Target audience:** Who is the intended audience for this document?
- **Interim Clinical Guidance content:** main body of guidance - please link to other documents as appropriate e.g., HPSC (IPC). Ensure these is no conflict with existing approved HSE clinical guidance.
- **References**
- **Endnotes:** display at end of document; do not use footnotes
Steps in Interim Clinical Guidance Development

Step 1: Finding the evidence: A list of general sources of data and information on COVID-19 is compiled and listed in the interim clinical guidance document either in context or by under the ‘References’ heading.

Step 2: Appraising the evidence: The formal appraisal of evidence and generation of data tables is not mandated at this time.

Step 3: Drafting guidance recommendations

Draft guidance may be prepared by a multidisciplinary group and submitted as per governance above. Recommendations should be specific and unambiguous. Some items for consideration may include:

- Rationale for change
- Potential benefit and harm to patients
- Resource and capacity issues

Step 4: Consultation: No public consultation will take place, nor will the guidance be circulated for national or international review.

Format

Authors should consider that the content of the repository is designed to be viewed online and, by and large, is not for printing to avoid risk of infection. The following formatting advice should be followed to optimise the display of the clinical guidance content in the online repository.

- The preferable format for written content is MSWord or equivalent. Please do not PDF so that the content can be published online and accessible on all portable devices
- Avoid PowerPoint presentations if at all possible. They are not phone-friendly – they will be uploaded as PDFs for download
- USE OF IMAGES: Word documents can include images – consider that the content of a single image will occupy the entire screen on a mobile phone.
- USE OF TABLES:
  - Elaborate tables should not be used as the information presented does not always transfer well into websites.
  - Tables designed in Word or Excel should not be submitted embedded within documents in landscape format, or have more than 3 or 4 columns.
  - Tables that are submitted as part of MSWord documents that extend beyond a single page in length should not be used.
  - If tables are to be used they should be simple, or submitted as a static image

\[1\] Interim Subgroup Membership:

Dr. Eve O'Toole, B.Sc., M.Sc. (oxon), Ph.D., Research and Guideline Programme Manager, National Cancer Control Programme, HSE
Aoife Lawton, BA, MLIS, ALAI. National Health Service Librarian, Research & Evidence, HSE
Brendan Leen, BA, MLIS, MA. Regional Librarian, Research & Evidence, HSE
Anne Horgan, B.Sc. (Hons) Physio, MSc. Planning & Performance Lead, Clinical Design and Innovation, Office of the Chief Clinical Officer, HSE