



COVID-19 (novel coronavirus) **Working within GP practice and keeping all staff safe**

Purpose

The purpose of this document is to provide all staff working within our GP practice with information to identify and investigate any cases of novel coronavirus as well as to apply appropriate contact tracing and infection control measures to prevent its spread.

The aim is for all staff to understand how to try to remain safe.

How does this infection spread?

The parameters below are provisional estimates based on currently available data.

Incubation period - Provisionally, the incubation period is considered to be from 1-14 day (commonly 3-7 days).

Mode of transmission - Transmission is considered to occur primarily through respiratory droplets and secretions landing on surfaces. When these surfaces are touched by our hands, we then have the virus on our hands. Later when we touch our nose or eyes and we infect the mucosal surfaces there with the virus. The current evidence does not support direct airborne transmission, except during aerosol-generating procedures which include intubation, suctioning, bronchoscopy, tracheostomy, cardiopulmonary resuscitation.

Management of a suspected, probable or confirmed case.

Management of patient presentations during the Covid-19 epidemic.

- Rapidly obtain a travel history from any patient with respiratory infection
- All patients with fever or acute respiratory infection, overseas travel history within the last 14 days, healthcare workers, aged care workers and police officers will be directed to back car park and advised to wait in vehicle till GP phone assesses patient from phone consult.
- If further assessment is needed GP will attend the patient in the vehicle with PPE (gown, gloves, goggles, mask) from the COVID-19 room.
- If deemed a suspect needing testing for COVID-19 patient is directed to go to hospital following phone call from GP to co-ordinator number at EHC

We must remember that some patients will present to clinic unaware they have COVID-19.

Once a doctor establishes that they may have a COVID patient in their room they should-

- Supply patient with a mask
- Tell reception to clear waiting room to the other waiting room in EFP 2 area.
- Reception to stop other patients entering for next half hour.
- Disinfect all surfaces that patient has touched or may have touched such as top of reception bench, the chair they used, wall behind chair, adjacent chairs.
- Meanwhile the GP will have processed the patient including contact with hospital to assess if they want to see the patient now or should patient go home, isolate and present for testing later at EHC.
- When patient leaves the entire practice a terminal clean and waiting room likewise.
- Once terminal clean is completed the area will be available for use after 30 minutes.



The rapidly deteriorating patient.

At some time, we may have a patient turn up and proceed to deteriorate rapidly.

Such a patient clearly needs stabilising while awaiting an ambulance.

The registrar's room in EFP 2 is the obvious preferred room to use.

We need to run the scenario, note where it falls down, modify the scenario and rerun it each week till we are slick.

Working with patients and not getting the virus.

- Staff within our practice maintain the 1.5m social distance
- Staff seeing patients in their consult rooms wear mask and gloves.
- Surgical Masks do not need to be removed between each patient. These masks can remain in place until they become saturated with the wearer's respirations or they are visibly soiled or contaminated by patient respiratory droplets or secretions. Care should be taken not to touch the mask whilst in use. The masks must be changed if the wearer touches the mask.
- To de mask, you need to take gloves off, wash hands, take mask off and then rewash hands.
- All staff are responsible for their own cleanliness of equipment and area that is used. See below for what gets cleaned.
- Staff will assist each other in regards to breaches of IPC (infection prevention control) rules. We all need to consider being told our mask is not fitted properly etc as an act of caring not a criticism. We all need to have the courage to point out breaches to each other, and to get over feeling awkward.

Contact tracing and management

The purpose of contact tracing is to prevent potential onward transmission, raise awareness about the disease and its symptoms and support early detection of the suspected cases.

Definitions of contact classes

There are two classes of contacts: - close contacts and casual contacts.

Close contacts

Close contacts are those that are likely to be at a higher risk of being infected

- "close contact" is defined as any person with the following exposure to a suspect, confirmed or probable case during the case's infectious period, **without appropriate personal protective equipment (PPE)**
- Presence in the same room in our GP practice setting when an aerosol-generating procedure is undertaken on a case - this would probably only occur with a nebuliser in our setting.
- Living in the same household or household-like setting with a case
- Face to face contact in any setting within two metres of a case for 15 minutes or more
- Having been in a closed environment (eg GP waiting room) within 2 metres of a case for 15 minutes or more
- Having been seated on an aircraft within 2 metres of a case



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- Direct contact with the body fluids or the laboratory specimens of a case

By using appropriate PPE we convert ourselves from close contacts to casual contacts.

The basic management of close contacts involves isolation.

Casual contacts

Any person with exposure to the case who does not meet the criteria for a close contact.

Casual contacts do not isolate, but monitor their health, and if they develop symptoms, they then isolate.

What do we do when a case is confirmed?

We notify the staff members who have had contact with them so they can self-reflect on whether there is a risk their PPE rules were breached. This will also act to remind staff that cases are coming through the rooms and reinforce the need to keep to the IPC rules.

So that we are all just casual contact and not close contacts we need to maintain

- 1.5 m social distancing.
- Mask and gloves are worn for all patient contact.
- After each patient contact the chair, desk top. Door handles keyboard and phone are sprayed and wiped with isopropyl alcohol or with product that has been given for this clean. Likewise, the examination couch and any examination equipment if used.

Staff caring for patients

- Staff who have not been a close contact will continue working
- Continue wearing mask and gloves for all patient contact
- Continue to maintain infection prevention and control by cleaning all surfaces/equipment after each patient exit.
- Staff will take their temperature each morning and evening and monitor their symptoms for 14 days and report any symptoms. See attached template for Register of Temperature for staff member in isolation.
- We all need to remember to be available for anyone who wishes to speak about the events.

Terminal clean

- When suspected, probable or confirmed case is recognised within our practice then all patients will be requested to leave the practice and if possible, to continue consults in Registers office area.
- Our contact for terminal clean will be Mr Carpet.
- Following terminal clean the main area will be ready for business within 30 minutes.

All linen except modesty sheets and physio towels have been removed – this includes curtains.



ESPERANCE
FAMILY
PRACTICE

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