AMA

AMA COVIDSafe PRACTICE GUIDE

July 2020

AMA COVIDSafe Practice Guide

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INTRODUCTION

Until there is a COVID-19 vaccine that has been administered throughout the community, medical practices will need to ensure that the risks of transmission of COVID-19 within their practice are minimised. With restrictions having been relaxed, many practices are seeing their patients return. This poses unique challenges for all medical practices that will require additional consideration and efforts of all staff.

Every business in Australia needs a **COVIDSafe plan.** The Government has developed a guide to help businesses create their own plan. The AMA has developed this guide is to assist doctors, medical practices and their staff to have COVIDSafe medical practices. A COVIDSafe medical practice is one that minimises the risk of transmission through sensible precautions and rapid responses to possible or confirmed cases. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

The AMA works closely with the Commonwealth Chief Medical Officer and considers the advice of the National Cabinet. This document is meant to be a practical guide for our Members in an ever-changing environment, and the advice is current at the time of publication. The guide should not be considered in isolation due to the unpredictability of future cluster outbreaks of COVID 19 or any new policy decisions made by Governments. The AMA is aware that each State and Territory also has additional requirements for COVIDSafe businesses, so it is vital that you check your jurisdictional policies for any extra precautions or changing requirements, in addition to this guide.

MAINTAINING PHYSICAL DISTANCING IN YOUR PRACTICE

Each practice in Australia is unique. As such you will need to develop your own plans and strategies to fit with your practice's physical layout, your neighbourhood, and your specific patient population. A two GP practice in a rural town will need a different plan to a large clinic in a major city with an onsite pathology collection centre. This section has tips and resources you can use to arrange your clinic in a way that promotes safety while ensuring functionality. The goal of physical distancing is to ensure that you, the other doctors and staff in your practice and your patients are all safe if someone presents with COVID-19 symptoms and does not inform you until they are in your consulting room.
All patients who phone for an appointment or present to the clinic must be asked about clinical and epidemiological evidence of COVID-19 including acute respiratory symptoms, fever, recent overseas travel or contact with a suspected/confirmed COVID-19 case.

Barriers

Where social distancing is not practical you should consider erecting physical barriers within the clinic, including screens or shields for reception staff. This does not have to be a complicated or expensive set up, however it will likely have to remain in place in some form for the foreseeable future so it should be sturdy and safe.

The national guidelines call for people to maintain a 1.5 metre space between them. They also state that enclosed spaces should have one person per four square metres. While maintaining this level of physical distancing will not always be practical or feasible, practices should try to encourage this where possible. For example, keep every second chair in the waiting room vacant, or encourage patients to wait in their car and text them when it is their turn to see their doctor. Depending on the size of your clinic, you could establish separate entries and exits to avoid patients coming into close contact with one another.

Signs and notifications

Your practice website and voicemail should clearly inform all patients of the new rules and arrangements at your practice.

This information must direct patients with COVID-19 symptoms to call ahead of their appointment.
By informing patients before they come to their appointment you are limiting the chances of patients not notifying staff of COVID-19 symptoms or potential exposure.

There are numerous posters freely available online that you can print out for your practice:

- Break the chain poster
- Simple steps to help stop the spread poster
- How to hand wash poster
- How to hand rub poster
- Keeping your distance poster

Information for patients from culturally and linguistically diverse backgrounds is available in dozens of languages here.

Minimising people in your waiting area

Where possible and appropriate, encourage your patients to wait outside your practice. Many practices have asked that patients wait in their cars to keep the waiting area as free as possible. This is not always possible, and for some patients it will not be practical as they may come on public transport or it may physically be easier to wait in the waiting area. Other options include asking patients to wait outside in an open space.

When it is time for the patient to see the doctor, practice staff can send a message to the patient on their phone.

It is also good practice to encourage the patient to phone ahead of their consultation to see if the doctor is running behind. This will limit the amount of time that patients are spending in waiting areas.

If a patient has COVID-19 symptoms, make sure that they do not wait in a public space such as a nearby café or shopping centre.
Removing communal items like toys, magazines or the water cooler will minimise the risk to people in your waiting area.

CLEANING AND HYGIENE IN YOUR PRACTICE

All members of your team should complete the Government's COVID-19 infection control online training. The training is suitable for health care workers in all settings and covers the fundamentals of infection prevention and control for COVID-19. The training is available here: **https://covid-19training.gov.au/**

In addition to this training, the Australian Commission on Safety and Quality in Health Care also has **e-learning modules on the principles of infection prevention and control** in Australian healthcare settings.

Hygiene

It is important that all staff practice proper hygiene at all times. This includes following proper respiratory etiquette:

- turn away from other people
- Cover your mouth and nose with a tissue or your sleeve, not your hand
- Use disposable tissues rather than a handkerchief (which could store the virus)
- Put used tissues into the nearest bin, rather than a pocket or handbag
- Wash your hands, or use an alcohol hand rub, as soon as possible afterwards
- Avoid unnecessary contact – do not shake hands, hug or kiss for greetings

All staff should be encouraged to observe the **5 moments for hand hygiene.**[1]
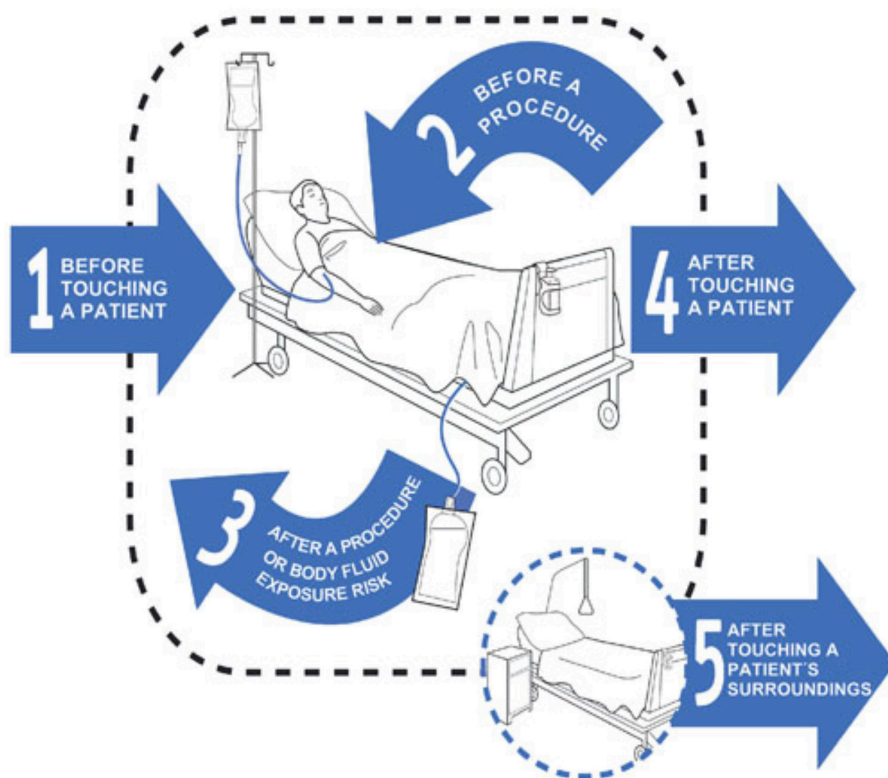
1. Australian Commission on Safety and Quality in Health Care, 5 Moments For Hand Hygiene.

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Cleaning

Routine cleaning and **disinfecting** should occur regularly in communal, staff and patient areas of a medical practice. Between patient visits ensure that all surfaces that have been touched or that have been exposed to respiratory droplets are cleaned. You should also clean and disinfect equipment after each use [2]. You can minimise the impact of this by advising patients not to touch any surfaces in your rooms, spacing the seat at least 1.5 metres from equipment or surfaces, and ensuring that they follow proper respiratory etiquette.

If an area is very contaminated, you may need to conduct a **terminal clean**.

It is also advisable to clean or change minimally touched surfaces such as curtains or sinks.

Follow the instructions on the label when using cleaning products.

It is important to disinfect only after you have cleaned. This will ensure that the surface is properly disinfected as disinfectant does not work as well on soiled or dirty surfaces.

Always follow instructions on the disinfectant you choose to use. Further instructions are available on the Department of Health's **COVID-19 environmental cleaning and disinfection principles fact sheet.**

You are advised to wear PPE while disinfecting. Remember to wash your hands properly before and after wearing PPE.

All non-essential communal items should be removed from your practice waiting area. This means magazines, toys or other objects that can be handled by various patients.

Terminal cleaning

Terminal cleaning (or deep cleaning) is required in situations requiring decontamination. This will only be required in your practice in the most serious circumstance. The following is reproduced from the Department of Health's guidelines:

Terminal cleaning is a procedure to decontaminate an area after discharge or transfer of a patient with an infectious disease. Terminal cleaning includes thorough cleaning and disinfection.

To carry out terminal cleaning:
- remove medical equipment and items used by the patient
- wear PPE — a surgical mask, protective eyewear, gloves and a gown
- change bed screens and curtains, including disposable curtains or screens, that are soiled or contaminated
- damp dust all surfaces, furniture and fittings
- clean windows, sills and frames
- clean all surfaces of bed and mattress
- mop the floor
- remove PPE and perform hand hygiene
- clean all cleaning equipment and return it to the cleaners' room or storage area
- discard any waste
- perform hand hygiene

You can use either of the following approaches:
- 2-step clean: clean with detergent and then disinfect
- 2-in-1 clean: clean with a combined detergent and disinfectant

For the 2-step clean, use either:
- Therapeutic Goods Administration (TGA)-listed hospital-grade disinfectant that acts against viruses
- chlorine-based product such as sodium hypochlorite

For the 2-in-1 clean, use either:
- combined detergent and TGA-listed hospital-grade disinfectant that acts against viruses
- combined detergent and chlorine-based product such as sodium hypochlorite (wipe or solution)

2. More information is available in the Department of Health's **Environmental cleaning and disinfection principles for health and residential care facilities** document.

PROPER USE OF PPE

Since the outbreak of COVID-19 there has been confusion over the correct use of personal protective equipment (PPE). Uncertainty around when to wear masks or gowns, what type of masks, and the correct donning and doffing have all been repeatedly raised as issues. Many jurisdictions have produced their own fact sheets, but this has added to the confusion.

This section provides guides on what you should do based on your clinical judgement. This information is based on the guidelines from the Australian Government Department of Health and State/Territory guidelines.[3]

Wearing PPE when COVID-19 is suspected

You should always wear PPE when you are treating a patient with suspected or confirmed COVID-19. This includes people who have fever or respiratory symptoms. PPE must also be worn when you are assessing or collecting specimens for these patients.

The PPE you should wear in these situations are:
- surgical mask
- face shield, goggles or safety glasses
- disposable non-sterile gloves
- long-sleeved gown [4]

A P2/N95 respirator is only required if you are in frequent close contact with patients with suspected or confirmed COVID-19 or if you are performing procedures that generate aerosols.[5]

Wearing PPE for regular consultations

The majority of your patients are likely to be with patients at lower risk of COVID-19 unless there is community spread in your region or you work with vulnerable patient groups. For patients presenting in low risk circumstances for routine or non-COVID acute conditions, you should assess the need to wear PPE based on specific factors:

- For those with lower risk, ie not having an acute febrile respiratory illness, no PPE is required for non-aerosol generating procedures [6], such as a normal GP consultation.

- Taking a throat/nasopharyngeal swab is considered a brief aerosol generating procedure and PPE should be worn consisting of a surgical mask, gloves, a gown, and eye protection with face shield or goggles.

- There may be occasionally exceptional circumstances requiring PPE involving close face-to-face contact with patients for more than 15 minutes, for example repairing a facial wound. Clinical judgement should be used in such situations.

More information is available in the Revised advice on non-inpatient care of people with suspected or confirmed COVID-19, including use of personal protective equipment.[7]

Always ensure you are performing the correct procedures when applying and removing PPE as demonstrated in these World Health Organisation [8] posters: **See page 13**

3. Western Australia Department of Health, Advice for use of personal protective equipment for professional first responders.

4. For specimen collection, the need for a gown or apron is based on risk assessment. Use a gown or apron for specimen collection only if close physical contact with a symptomatic patient or splash/spray of body substances is anticipated. If worn, a gown or apron can be worn for specimen collections from consecutive patients in the same location. It must be changed if it becomes visibly contaminated. It must be removed when leaving the immediate area to avoid contaminating other environments.

5. Australian Government Infection Control Expert Group, The use of face masks and respirators in the context of COVID-19.

6. "Aerosol generating procedures" such as intubation require the use of N95/P2 masks which should be fit tested for the individual. These are not common in General Practice, although nebulisers and spirometry should be avoided where possible.

7. Department of Health, Revised advice on non-inpatient care of people with suspected or confirmed COVID-19, including use of personal protective equipment (PPE).

8. World Health Organisation, How to Guide – Putting on PPE for Contact/Droplet Precautions.

You should not provide care to patients with confirmed, suspected or any symptoms of COVID-19 if you do not have the appropriate PPE except in emergency situations.

Patients and PPE

Patients should be provided with surgical masks when they present with any symptoms or meet the criteria for testing. Ensure that they are given the correct instructions on how to properly put on a surgical mask. This poster [9] includes simple step. **See the poster on page 15 for simple instructions.**

It is important to communicate to patients that the purpose of wearing PPE is to protect them, other patients and practice staff. If someone is wearing a mask it does not mean that they have COVID-19. You should also explain that it is not necessary to wear PPE if they are well and there is no widespread community transmission. It is important to note that the formal advice on PPE may change in response to flare ups of COVID-19.

Access to PPE

The Government distributes masks and respirators to general practices and Aboriginal Community Controlled Health Organisations (ACCHOs) and Health Services from the National Medical Stockpile through Primary Health Networks (PHNs). Other medical practices will have to source their PPE privately.

PHNs will provide surgical masks to general practices based on need. This is influenced by local commercial availability, local incidence of COVID-19 cases, or high rates of patients with respiratory symptoms.

PHNs will only provide respirators to practices who are assessing patients for COVID-19 and there are no respiratory clinics or emergency departments nearby. These practices must have isolation facilities, a pandemic plan, and staff must have training in using PPE.

You can find the details of your local PHN with the PHN map locator.

9. World Health Organisation, How to wear a medical mask safely.

MANAGING COVID-19 IN YOUR PRACTICE

This section provides you with advice and resources to ensure your practice is prepared to manage exposure to COVID-19.

General guidance for patients presenting to your practice

All patients who phone for an appointment or present to the clinic must be asked about clinical and epidemiological evidence of COVID-19 including acute respiratory symptoms, fever, recent overseas travel or contact with a suspected/confirmed COVID-19 case.

For patients in quarantine or suspected of having COVID-19

If a patient requires medical attention for any reason (COVID-19 or not) and is in quarantine, is under investigation for COVID-19, has been in close contact with someone who has COVID-19 and/or has respiratory symptoms, they are advised to:

- Call the practice before presenting. There should be signage outside the practice informing these patients to phone the practice if they are in this category.

- If you are set up to test patients for COVID-19 make sure that there is clear signage directing them to the separate entrance and waiting areas, or directing them to remain in their cars.

- If you are not testing, all patients with suspected COVID-19 should be directed to the nearest respiratory clinic if practical.

- If symptoms are severe, call 000 and advise the operator of a potential COVID-19 risk.

COVID-19 is not suspected

When a patient presents with no clinical or epidemiological evidence of COVID-19, no respiratory symptoms and is not in quarantine:

- Standard precautions apply as for all patients, including hand hygiene.

- Determine whether or not to wear PPE based on the patient's presenting complaint or condition.[10]

- Cough etiquette and respiratory hygiene must be observed at all times.

- Staff and patients should observe physical distancing, maintaining a distance of at least 1.5 metres from other people, except in unavoidable circumstances like during physical examination or clinical care.

- During COVID-19, the requirements for physical signatures on the assignation of benefits has been removed. Patients can verbally agree, but this must be noted.

COVID-19 is suspected

If a patient presents and you or other staff members determine that the patient is at risk of CPOVID-19, you should:

- Apply standard precautions, cough etiquette/respiratory hygiene and physical distancing, as above.

- Immediately give the patient a surgical mask and ensure they put it on correctly.

- Direct them to a single room, whether or not respiratory symptoms are present.

- If a single room is unavailable, an area separate from other patient areas should be designated for assessment of suspected COVID-19 patients.

- The patient should be tested for COVID-19 (if this has not been done already).

10. Note that PPE should be used according to the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

This information is based on the Department of Health's Coronavirus (COVID-19) guidance on use of personal protective equipment (PPE) in non-inpatient health care settings, during the COVID-19 outbreak, last update 11 May 2020.[11]

The RACGP has developed this guide for what you should do if a patient that has attended your practice tests positive for COVID-19 that you can access here: https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Responding-to-a-COVID-19-case-in-the-practice-team.pdf

What to do if you or someone in your practice team is a close contact or develops symptoms

The same basic rules that apply to everyone apply to doctors and healthcare workers. If you feel unwell with **COVID-19 symptoms**, even mild ones, stay home and **get tested** for COVID-19. This is an important part of the **3-step framework for a COVIDSafe Australia**.

However, if you or your staff members have directly cared for confirmed cases while using **PPE** correctly you can continue to work.

Additionally, practice staff should get tested and **isolate** if they develop a fever or have a symptom, even a minor symptom, of respiratory illness, such as a cough, shortness of breath, sore throat, runny nose or nasal congestion.

Even if the results are negative, the employee should stay home until they have recovered from their illness.

If they are positive, the staff member should follow the directions of their doctors.

Members of your practice who have returned from overseas or interstate and completed their 14 day **quarantine** can return to work without a medical clearance if they do not develop symptoms.

Telehealth

Telehealth has become a routine part of providing care during COVID-19 and these can be used in clinically appropriate circumstances where a patient does not need a face to face consultation.

The RACGP has also developed guidelines for **Telephone consultations with patients requiring an interpreter.**

Free **Healthdirect video software** is available for General Practices until September.

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11. Department of Health, Coronavirus (COVID-19) guidance on use of personal protective equipment (PPE) in non-inpatient health care settings, during the COVID-19 outbreak.

ADDITIONAL INFORMATION FOR MEDICAL PRACTICES

Surge workforce

The Australian Health Practitioner Regulation Agency (AHPRA) has established a surge workforce that you can access if you require additional staff with clinical experience. Details are available here: **AHPRA's sub-register information page.**

Remote communities plan

The Government has developed a **quarantine and retrieval plan for remote communities**.

There are three main strategies for COVID-19 cases in remote communities:

1. Isolate cases (in community or a regional centre) and quarantine extended community contacts (possibly the whole community) with or without wide spread testing

2. Isolate cases and quarantine close contacts in usual or designated accommodation in the community

3. Isolate cases and quarantine close contacts in designated accommodation in a regional centre.

RESOURCES FOR PRACTICES

Providing Telehealth services

All doctors and many other health providers can now provide services via telehealth. These services may be provided by videoconference or telephone. The Department of Health has advised that there is no preferred platform, however free versions may not meet security and privacy laws. Practices are advised to ensure their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.

- Telephone triage flowchart (SA Department of Health and Wellbeing)
- Temporary COVID MBS Items (MBS Online)
- Getting started with telehealth (Australasian Telehealth Society, ACRRM)
- Technology resources for COVID-19 (Pulse IT magazine)
- Quick Guides for telehealth (University of Queensland)

For your regular practice

Many practices have reported that patients are still avoiding the notices and warnings to inform practice staff that they have COVID-19 symptoms. The AMA advice is that your processes should now ensure that a 1.5 metre gap is maintained between patients and practice staff, including GPs, until the patient has informed the GP of their reason for attendance. This will allow practices to reserve PPE for when it is necessary and avoid potential infections from patients who have ignored advice.

- Practice nurses and COVID-19
- COVID-19 information translated into languages other than English
- COVID-19 practice checklist (WA Primary Health Alliance)

- National Clinical Guidelines for COVID-19 (National COVID-19 Clinical Evidence Taskforce)
- Infection control guide for patients with suspected COVID-19 presenting in practice or ED (SA Department of Health and Wellbeing)
- PPE usage recommendations for COVID-19 (Department of Health)
- How to put on PPE (CDC)
- Conservation of PPE (WA Department of Health)
- Infection Prevention and Control Signage (ACSQHC)
- RACGP Pandemic Influenza Guide Part 1, Part 2, Part 3 (RACGP)

General resources

- Answers and evidence of best practice - Oxford COVID-19 Evidence Service (Oxford University)
- Department of Health list of resources (Department of Health)
- Dementia Help Sheets to navigate coronavirus COVID-19 (Dementia Australia)
- DoH Coronavirus (COVID-19) information for health care and residential care workers

Please make sure you and your colleagues are taking care of yourselves during this difficult time. DRS4DRS can provide independent, safe, supportive and confidential services to you. DRS4DRS promotes the health and wellbeing of doctors and medical students across Australia. https://www.drs4drs.com.au/

HOW TO GUIDE – PUTTING ON PPE FOR CONTACT/DROPLET PRECAUTIONS
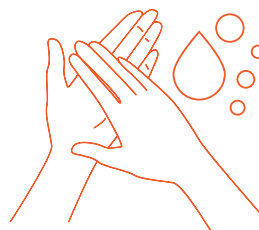
1 Perform hand hygiene

Alcohol based handrub
Rub hands for 20–30 seconds.

or

Water and soap
Wash hands for 40–60 seconds.

2 Put on the gown
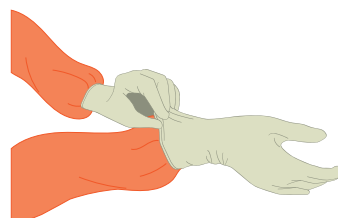
3 Put on the mask

Medical mask.

4 Put on eye protection

Put on face shield or goggles.

5 Put on gloves

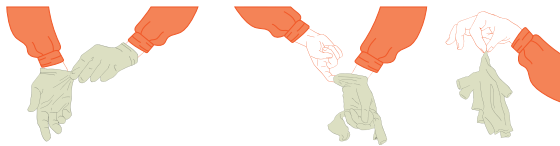Ensure glove is placed over the cuff of the gown.

Full PPE

World Health Organization

HOW TO GUIDE – TAKING OFF PPE FOR CONTACT/DROPLET PRECAUTIONS

Ensure that infectious waste containers are available for safe disposal of PPE. Separate containers should be available for reusable items.

Order is important

1 Remove gloves

2 Remove the gown

Ensure gown is pulled away from the body during removal and that clothing does not become contaminated and dispose of them safely.
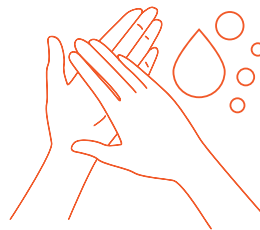

3 Perform hand hygiene

Alcohol based handrub
Rub hands for 20–30 seconds.

or

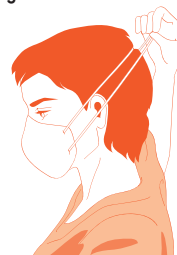**Water and soap**
Wash hands for 40–60 seconds.

4 Remove eye protection

Remove face shield or goggles.

5 Remove the mask

Ensure you are taking the mask off from the straps, avoid touching the mask.
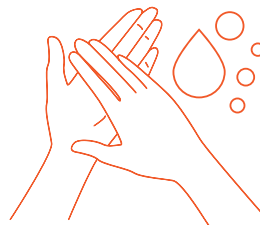

6 Perform hand hygiene

Alcohol based handrub
Rub hands for 20–30 seconds.

or

Water and soap
Wash hands for 40–60 seconds.

World Health Organization

HOW TO WEAR A MEDICAL MASK SAFELY

Do's →

Wash your hands before touching the mask

Inspect the mask for tears or holes

Find the top side, where the metal piece or stiff edge is

Ensure the colored-side faces outwards

Place the metal piece or stiff edge over your nose

Cover your mouth, nose, and chin

Adjust the mask to your face without leaving gaps on the sides

Avoid touching the mask

Remove the mask from behind the ears or head

Keep the mask away from you and surfaces while removing it

Discard the mask immediately after use preferably into a closed bin

Wash your hands after discarding the mask

Don'ts →

Do not Use a ripped or damp mask

Do not wear the mask only over mouth or nose

Do not wear a loose mask

Do not touch the front of the mask

Do not remove the mask to talk to someone or do other things that would require touching the mask

Do not leave your used mask within the reach of others

Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·WiN

World Health Organization

CHECKLIST

This checklist has been developed to ensure that your practice is prepared. This is not a substitute for a COVID Safe plan, rather it is an additional tool for medical practices. You will need to adapt this for you specific circumstances.

1. Communication

☐ All staff are aware of COVID-19 workplace precautions and staff roles/responsibilities

☐ All staff are aware of the practice plan to respond to potential COVID-19 cases in the practice

☐ COVID-19 resources and information has been shared among all staff and in the practice where it is clear to staff and patients

☐ If you provide care to CALD populations, you have COVID-19 resources available in relevant languages

☐ Ensure consistent messaging to patients across website, telephone, social media and any other platforms as necessary.

☐ New rules about appointments and waiting rooms must be clear from outside the practice

☐ Sick leave policies are clearly understood by all staff

☐ Ensure your staff contact lists are up-to-date

☐ Encourage patients to also update their contact information if necessary.

☐ Limit non-essential gatherings (move to virtual staff meetings)

☐ Consider specific plans for vulnerable patients

2. Practice layout

☐ Measures are in place to encourage social distancing throughout the practice

☐ Physical barriers are in place at reception and throughout the practice

☐ Waiting room is arranged to minimise people in space

☐ Isolation room is clearly marked

☐ Hand sanitiser is available with guide on best practice usage

☐ Remove communal items – newspapers, magazines, stuffed toys, etc.

☐ Adequate supplies of soap, paper towel, toilet paper, hand sanitizers

3. Prevention

☐ All staff have completed the Government's hygiene module

☐ Promote and facilitate 5 moments of hand hygiene for staff

☐ Practice has adequate PPE and all relevant staff know the correct procedures to don and doff

☐ Proper respiratory etiquette is practiced by all staff and patients are encouraged to follow

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