



## **2021 Infection Prevention & Control for General Practice**

### **August – e newsletter # 7 – Doing more to reduce risk**

#### **Part 1 (it's not all about PPE)**

(using updated information to protect ourselves and others in our clinics)

*If I were running your clinic I could further reduce risk to myself, my colleagues and my patients by:*

#### **1. Deeper questioning before a patient even gets to the clinic to include a daily self/buddy check.**

Healthcare staff tend to view the patient as the risk but they must check themselves, their household and colleagues at the start of each day for headaches, runny nose, sore throat, cough, etc. If there is a case in the household then current rules require members to quarantine. Only about 40% of cases have a temperature and less in the elderly. If there is any symptom then you/symptomatic household member, both present for testing. Similarly, ask each patient before entering about any symptoms including in their household and if yes refer for testing and see outside before referring off because they may be requiring hospitalisation. The symptoms have changed a bit with headaches and runny nose closer to top symptoms along with sore throat/cough/fever etc. For pharmacists, sick people often do not read signs - they are preoccupied with getting medication and getting to bed so staff must be alert to a suspect case and preferably screen before entering. Requests or purchases for cold/flu/cough medicine should immediately alert staff and customers and that person must not enter – strongly advise they present for testing. There is little other cause of cold symptoms and this preventative action may save you closing for 2 weeks, staff testing/quarantine and a deep clean bill!

#### **2. We can have split consults where part of the consult is by phone and part by attendance where necessary.**

It is critical that our COVID-19 patients don't ignore worsening symptoms nor other patients ignore symptoms such as angina. Make pts aware of how important it is to contact the clinic. Call your COVID pts daily because worsening symptoms and/or low oxygen saturation levels need to be acted on early. Where a patient does need to attend, consider seeing them first in their car or an open-ended marquis for waiting pts to reduce risk to all. If they need to come inside for an examination, reduce risk by having them inside and close for the shortest time needed - walk them back to the car to complete consult. Consider using the treatment room only for examining pts so the consulting rooms can be used by that GP for telehealth, notes and where masks are not required – huge benefit to ease of work. Where a treatment room has an external door, pts can be brought in through there which reduces risk for receptionists.

#### **3. Avoid using the waiting room and don't place two receptionists at reception, close the staff room**

Medical clinics appear as exposure sites and the cost of closing, testing, contacting pts and paying for a deep clean is significant not to mention at risk pts not being treated. 1.5 metres apart indoors is insufficient so reduce space sharing by not congregating in the staff room – take your drink outside/to your car or walk to café for takeaway or have a thermos in your office/car if you are the only person using it. Avoid drinking/eating in indoor shared spaces. Don't use waiting room – call pts when the GP is ready – use above tips. When the pt comes to pay, make it brief with contactless payment, no forms to complete, plenty of handrub and email or text receipt to avoid cash and paper. Even with both a receptionist and pt masked with a sneeze shield, transmission can occur but it is reduced with reduced time. If one receptionist is required to make/receive calls, given them a separate room where they do not need to wear a mask – this doubly reduces risk because they are not sharing a space and the phone receptionist is more easily heard without a mask and is speaking more softly. The receptionists can swap at lunchtime after cleaning high touch shared surfaces.

#### **Part 2 next week – importance of ventilation and when to use a P2/N95 respirator mask**