



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

### **March 2021 e – newsletter # 2 – Staying with your precautions**

“A virus problem in one country is a problem in every country” (Paul Kelly CMO) – just reminding us we are in the middle of a global pandemic and just one quarantine case from community transmission. Here are facts to guide you.

1. Our national risk is returning citizens who are from countries with high prevalence and more transmissible variants (over 100 active cases in quarantine atm with few immunised. Hospitalised cases mean close staff contact and increased risk of community transmission.
2. Quarantine staff are human – they go home to close contacts, visit multiple venues on their days off and socialise and shop, often outside their community – all increase risk of community transmission.
3. By the time a community case in the community was diagnosed in the recent Vic quarantine outbreak (UK strain), by the time contact tracers reached a close contact, they were already infected because this strain seems to have a shorter incubation period. To reduce onwards transmission, more extensive quarantining and testing was required e.g a third ring was used, even if you had only been to a venue.
4. 50% of those who are infectious are asymptomatic (just over half go on to get symptoms but 20% remain asymptomatic but infectious) so temperature checking at your clinic for both staff and patients each day/visit is useful but not enough for half – use the symptom list with staff/pts every time.
5. Cases in UK and Israel increased 2 weeks after immunisation for two main reasons – they were already exposed and/or dropped precautions. If vaccinated high risk workers relax measures, this is our risk.

#### **So until we are told this is over or we are all immune, in your clinic you will surely continue to reduce risk by**

1. It's increased time and close contact with no ventilation that are the risk drivers – mask alone are not enough
2. Check temp and symptoms of not just pts but all staff every day (buddy system)
3. Avoid 2 staff close by at reception – give one a room for phone calls
4. Keep the sneeze shields up, all pts wear a mask, do their hands and use contactless payment
5. Staff wear masks (faceshields are not a replacement) when in a room with another person – 2 hours is about the life of a mask so use that mask change to make sure staff get a loo and hydration break.
6. Eating and drinking while working with others or patient area increases risk, as does gathering in the staff room.
7. Some practice GPs see no patients in their consult rooms which they have converted for telehealth and bring their own thermos / coffee machine and with no need to wear a mask - a more relaxing and safer work environment. When needing to see a patient, it's mask on and either go to the pt car or bring the pt to the treatment room with the windows open to improve ventilation. They have set up cubicles to see/treat patients. For privacy they chat to the pt on the way back to the car. Some use marquis which I think they will keep for vaccinations. Some treatment rooms have an external entrance so no need to have to go through waiting room.
8. To reduce use of the waiting room and risk to staff, call the pt when the GP is almost ready to see them
9. Use the pandemic to get rid of toys, magazines, linen, water station, food/drink from reception/admin
10. Open all doors and windows - ventilation is fresh air and we need 1-12 air exchanges per hour. If you are working outside which is best but not always possible, then you have unlimited air changes. Fans and aircon are not ventilation and can in fact push airborne particles further out to increase risk
11. If a consult is long then split it o so that close contact time is minimised with both wearing masks.

If your protocol only asks “ Are you well” with temp check of pts only then let' s do better. The alternative is pretty awful. And if you still thought the solution was to lock up the elderly, it is estimated that a third of patients are immunocompromised! You are only a short drive away from a case (the link person of the northern beaches outbreak has still not been identified. Ask those who tested positive yesterday if they expected that result – most are shocked.

Next month - **How not to turn your vaccination program into a superspreading event!**

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