



2022 Infection Prevention & Control for General Practice

March e newspaper # 2 – The New Normal for practices – less is more!

My suggestions/tips/advice with alternatives to save time, improve Infection Prevention & Control and save money

I've broken up these 20 suggestions into 4 groups for you to tick off or think about

1. What we won't go back to!

- Toys for sharing (less time spent tidying and cleaning)
- Magazines for sharing.
- Water stand – no need with pt often waiting outside and bringing own water bottle
- Linen – wipe couch between pts (can use short lengths of roll for bare torso if needed)
- Staff attending with respiratory symptoms even with neg RAT /PCR result (discuss asthma and hayfever)

2. What we should have been moving towards pre COVID?

- Asking patients to report symptoms before arrival and see rashes, resp and gastro symptoms outside or TH
- Wiping over high touch surfaces twice daily
- Contactless receipts, referrals and scripts (sure some may still need paper but most don't)
- Put an on hold message to inform pts that symptoms must be reported before arrival – preferable seen outside
- Asking patients to wear a mask inside the clinic at all times and always with symptoms into the future

3. Keep risk reduction on your agenda – my strongest advice

- Only patient and carer in consultation / treatment room with clinician
- No more full waiting rooms (on hold message explains calling to see if on time / option of waiting outside)
- Ventilation at 6 - 8 air changes per hour with maximum incoming fresh air including staff room
- Avoid using shared staff room because no masks in an enclosed space increases risk
- Wear P2 respirator masks & faceshields in an enclosed area f2f with pt. Admin wear masks / work in separate areas.

4. Keep

- Wiping over a device equipment between uses including stethoscope, oximeter etc. Consider plastic BP cuffs
- The sneeze shield
- The scrubs
- Telehealth
- Outdoor sitting area for staff

How did you go in each section?