



November 2020 e newsletter # 10

Keeping up COVID-19 risk reduction measures until a vaccine has been distributed

(What will you keep up as good practice? Expect some to come and go depending on presence of cases)

1. Staff are checked by a colleague on arrival every day – not just a temp check but a full list of symptoms asked
2. If a staff or their household have symptoms, they are tested immediately and quarantine until results are known.
3. Even if a staff tests negative for COVID, any symptomatic staff remains away until symptoms are resolved
4. No staff arrives with any respiratory or gastro symptoms ever – we no longer willingly transmit infection.
5. Staff keep a record through their phone diary or other of who they have mixed with/where they have been
6. All pts are checked when booking for respiratory/gastro/rash symptoms so the GP can be informed in advance
7. Symptomatic pts are more safely seen outside/in car but respond appropriately if extremely unwell
8. Be cautious about returning to walk in/on line bookings – make safe arrangements for arriving symptomatic pts
9. Rather than return to spaced waiting room, reduce time spent indoors by call only the next patient in to wait
10. Everyone does hand rub as they come in and puts their mask on so both GP/nurse facer masked pts.
11. The virus is seeking access to your throat so don't eat or drink at reception/admin/cons rooms etc.
12. Handrub pumps are wiped over daily to avoid clogging and hand lotion is used 2 – 4 times daily
13. Staff have a shaded outside sitting area rather than crowding indoors or stagger breaks to reduce crowding
14. Pts can wait in cars and/or under a shaded sitting area to reduce time spent indoors.
15. Windows are open to increase fresh air, security screens are on open back doors etc
16. Masks become wet and even ineffective after approx. 2 hrs so hydrate / toilet each 2 hrs when replacing
17. Clinical staff wear scrubs, leave work shoes at work. Used scrubs can be bagged and washed at home
18. There is no shared linen – couches are wiped down with a detergent/disinfectant wipe between pts. A disposable / waterproof cover is provided when required. Pillows if needed have wipeable covers
19. No paper to hand to pts, all contactless payments with emailed receipts, no pens needed
20. No more shared toys or magazines, all posters laminated, no more drink stations
21. Headsets are not shared, neither are pens. All staff can access a nearby disinfectant wipe for cleaning
22. High touch surfaces are cleaned and disinfected at lunchtime and again by the cleaner in the evening
23. The phone receptionist is in a dedicated quiet room and does not require a mask

24. The front desk receptionist manages patients and uses a sneeze shield and is no closer than 1.5 metres. An indoor setting presents a higher risk if virus is circulating. Risk can be reduced further by wearing a mask.
25. The doctor/nurse may choose to provide a mix of telehealth and face to face to reduce contact time
26. The doctor/nurse may choose to use the cons room for telehealth and as an office with personal tea/coffee set up without the need for a mask and see patients in the treatment room or even car if preferred. There is choice

Tell your patients what you are doing to make the practice safer for everyone - they need to see it!

Margaret Jennings, **Microbiologist and Infection Prevention & Control Consultant/Educator**