

FAQ

FREQUENTLY ASKED QUESTIONS



WEBINAR

How to manage COVID-19

On 11th March 2020, the World Health Organisation declared COVID-19 a pandemic.

At the time, the number of confirmed cases in Australia totalled 112, including 3 deaths. By 3pm on 13th March 2020, the number of confirmed cases had risen to 195.

How do I manage fear and anxiety amongst my staff and patients?

For staff and patients alike, the key to managing fear and anxiety is the same:

- Educate
- Prepare
- Communicate

To assist in managing this coronavirus and quelling panic, you need to help your staff and patients **keep perspective**. Reminding them of the following should help in this endeavour:

1. the 3 people who have died in Australia as at 13th March 2020 were 95, 82, and 78 years old respectively, whereas 10 times as many people – including healthy children, a demographic that does not appear to be at risk of morbidity from COVID-19 - have died in the last month on NSW roads, and on average the flu takes 200 lives a year in NSW alone;
2. based on more than 72,000 cases in China through to 11th February 2020, the most vulnerable categories can be identified as
 - i. the elderly,
 - ii. the immunocompromised, and
 - iii. those with pre-existing cardiac or respiratory conditions;
3. patients with fever, dry cough, dyspnoea without rhinorrhoea and/or myalgias are **more likely to have COVID-19**, while patients with rhinorrhoea, myalgias and sore throat are **more likely to have influenza**.

What can I do to set up and implement systems to deal with COVID-19?

Training and communication are vital to the management of COVID-19 pandemic in general practice. To help with this, GPSA has created the COVID-19 resource kit you can personalise for your practice. This kit includes:

- policies and procedures
- a roles and responsibilities chart
- workflows
- phone scripts
- on-hold messages
- practice checklists
- consultation questionnaire
- email to practice patients proforma
- in-house training records
- low-risk certificate templates
- resource links
- employment FAQs



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How do I prepare and maintain the physical environment of my practice?

While the transmission-based precautions outlined in the GPSA resource kit are designed to help you prepare your practice for the COVID-19 pandemic, the most precious resource at your disposal is your own training and logic. The following are just a few suggestions as an extension of this:

- **Surface Infection Control:**
View your practice through fresh eyes and remove items that pose an infection risk, for example magazines and kids' toys;
- **Signage:**
Put up signs in car parks and at entrances to stop potentially-infected patients before they enter the practice, and to advise them how they can contact you for assistance/consultation by phone or other means.
- **Cleaning:**
Frequent cleaning and disinfecting of surfaces and equipment is essential. A set of cleaning protocols specific to COVID-19 is available from the health.gov.au website.



Download poster at:

<https://gpsupervisorsaustralia.org.au/download/6670/>

How can I screen patients meeting the criteria for COVID-19 without compromising my staff and "healthy" patients?

The key message is to not allow a patient to come into the main area of the clinic if deemed to be high risk. The COVID-19 resource kit offers workflows and scripts to assist reception staff and nurses to handle this.

- **Set up dedicated Check Clinics in isolation rooms and / or triage alternatives outside the practice**
To keep staff and "healthy" patients safe, in GP clinics across Australia, the screening of patients meeting the criteria for COVID-19 is now being done in designated isolation rooms that can be accessed directly from the street without possibility of infecting others, as well as outside the physical practice, in pop-up tent and in-car ("drive-through") triage points;
- **Advise patients about changes relevant to screening for COVID-19 before they attend the practice:**
In addition to the signage mentioned above, give your community adequate notice regarding screening procedures through the COVID-19 pandemic by creating pop up warnings in your online booking system, updating banners / home page on your website, using social media platforms, and/or sending out email and sms alerts;
- **Personal Protective Equipment (PPE):**
COVID-19 can survive and infect for up to 10 hours after landing on a surface. This is why the correct use of PPE by GPs, nurses and registrars is crucial for the safety of practice staff when screening patients who meet the criteria. The current advice as provided by the Royal Australian College of General Practitioners (RACGP) involves hand sanitisation and use of gloves, gowns and goggles.

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How do I deal with a situation where my patient doesn't disclose symptoms before their appointment, only to discover they potentially have COVID-19 upon arrival at the clinic or during the consult?

- **Provide patient with PPE, information, and options:**
If a suspect patient is stopped at the reception desk, the staff member will put a mask down in front of them while maintaining a safe distance, ask them to put it on, then walk them out of the practice. Ideally the patient will be provided with an information pamphlet which will include details regarding external/pop-up triage options and/or the contact number for the practice. The patient will then be asked to either attend the external triage point or return to their car and call the practice by telephone for further instruction;
- **Staff member - PPE:**
If the high risk patient hasn't been identified until entering the consult room, the GP or registrar must place a mask in front of them and ask them to put it on, then that staff member must leave the consult room and only return once in full PPE;
- **Staff member - self-care, screening, reporting, and self-isolation:**
If the staff member has been in close contact with a high risk patient without being in full PPE, they must be assumed to have had exposure to COVID-19 and follow the protocols of self-care – remembering the airline emergency instruction to put on your own oxygen mask before attempting to help anyone else. In the first instance they must be screened, self-isolate until the tests come back, and if the tests show the staff member to be infected this must be reported to the relevant public health unit and a 14-day period of quarantine must be enforced;
- **Cleaning of patient-contact areas:**
The patient consult room should be cleaned at least once daily and following any Aerosol Generating Procedures (AGPs) or other potential contamination. If an AGP was performed, leave the room to clear for 30 minutes. A set of cleaning protocols specific to COVID-19 is available from the [health.gov.au](https://www.health.gov.au) website;

- **Revise and reiterate protocols**
Treat all divergence from the systems you have created and implemented to keep suspect cases outside the main practice as opportunities to improve. Involve your team in problem-solving to ensure the same mistake is not repeated. Find the weak points and fix them. Then communicate the improved protocols widely and often.

How do I manage requests for screening when patients do not meet the criteria for COVID-19?

- **Apply common sense and use your discretion:**
The reality is that we have a lot of influenza in the community at the moment and not everyone exhibiting the reported symptoms of COVID-19 will meet the criteria... but everyone deserves to be treated with dignity and respect. Bear in mind, however, that pathology results are taking considerably longer than usual to come back under the increased demand from screening for COVID-19, and this situation is expected to get much worse as cases inevitably multiply across the country.
- **Consult the classification and use your discretion:**
The only patients classified as high risk or suspect as at 10th March 2020 are those that satisfy the epidemiological and clinical criteria –
 - EPIDEMIOLOGICAL CRITERIA:
 - international travel in the 14 days before illness onset
 - OR
 - close or casual contact with a confirmed case of COVID-19 in 14 days before illness onset
 - CLINICAL CRITERIA:
 - fever
 - OR
 - acute respiratory infection (eg shortness of breath, cough, sore throat) with or without fever

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What will Telehealth mean for me?

- **Billing and MBS:**

As at 13th March 2020, the launch date for the new Telehealth items for COVID-19 vulnerable and /or isolated patients, the relevant information has been provided by [MBS Online here](#);

- **Teleconsult effectiveness – introduction and follow-up:**

GPs need to devise their own systems to maximise the effectiveness of Telehealth consultations, for example offering a wide range of technological options to patients and providing them with clear and concise instructions to ease them into using this service, and making arrangements compliant with pharmacy requirements to order scripts that cannot be issued to the patient in person;

- **Self-isolating staff members:**

Telehealth will give those staff members who are unable to attend the practice the opportunity to help high risk patients remotely (noting the relevant HR implications as referred to in the GPSA resource kit). This will in turn assist you in keeping your practice offering ongoing services for your “healthy” patients where you are operating with fewer available staff;

- **Challenges for patients:**

While on one hand Telehealth will give a large segment of the community ongoing access to their GPs when their symptoms call for self-isolation, unfortunately the most vulnerable age category is the least likely to benefit from this initiative. Even telephone consults – perhaps chosen in preference over Skype or other technically-complex video conferencing options – might prove problematic for your older and more frail patients. Another very real consideration is that people who turn to Telehealth with concerns about COVID-19 specifically might have other illnesses or conditions that won't get picked up in the remote version of the GP consult;

- **Privacy and security concerns:**

The downside of increased reliance on technology is as relevant to the implementation of Telehealth as to your online banking practices. To be comfortable with introducing a digital means of consulting (especially if you are extending this option to self-isolating staff members working from their own homes), you will want to ensure your system isn't vulnerable to viruses or hackers, remembering hacking is not confined to computers but also mobile phones and VOIP telephones operated over the internet. Two-factor authentication security needs to be implemented at the very minimum for logging into patient management systems remotely.

What do I do if any of the practice's employees display symptoms?

As recent cases of infected doctors have shown, there could be nothing more damaging right now than to have staff working while they are obviously unwell. Even if the symptoms do not line up with the criteria for COVID-19, the risk to the practice's reputation is as important as the risk of cross contamination with other staff and, of course, your patients.

- **Apply your own (oxygen) mask before helping others:**

Airline emergency instructions state it for a reason – you're no good to anyone else if you don't help yourself first in crisis situations like this. More literally, though, as soon as a staff member starts displaying any symptoms, they should immediately don a face mask and follow established protocols.

- **Screen, report and self-isolate**

Any health worker with a temperature above 37.5°C (or personally returning from overseas / in close contact with someone who has returned from overseas in last 14 days) must be screened for COVID-19. While awaiting the test results, self-isolation is crucial. If they are infected, this must be immediately reported to the relevant public health unit and a 14-day quarantine period must be enforced before the staff member can return to the physical work environment. Teleconsulting enables some employees in this category to continue working remotely. Alternate scenarios are addressed in the Employment FAQs included in the GPSA COVID-19 resource kit.



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With advice changing daily, what resources should I turn to for updated information about COVID-19?

A number of useful resources have been developed to assist GPs in managing the COVID-19 pandemic, but we need to be aware that the information is constantly changing and often conflicting. The following are among the online resources that have proven useful to date:

<https://www.racgp.org.au/coronavirus>

<https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers>

<https://www.health.gov.au/sites/default/files/documents/2020/02/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe.pdf>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

Where can I find pandemic policy, procedures and clinical resources to adapt for my practice?

GPSA have a resource kit available for download:

<https://gpsupervisorsaustralia.org.au/download/6658/>

Similarly online General Practice related facebook communities such as: GP's Down Under (GPDU) and Practice Managers Network are actively sharing resources. If you are not currently engaged in these communities we recommend that you become involved.

Your local PHN likely has a range of resources available to you also that are being updated daily.

