

# Primary Care in Red Alert

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# Primary Care in Red Alert

By the end of the session GP's will be able to

- outline the general hierarchy of controls a practice needs to consider to minimise risk of transmission in a Red Alert
- determine PPE choice in a Red Alert
- describe the considerations for seeing respiratory patients in a high risk community transmission



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# Workplace safety and service continuity

- What PPE do staff need – role/ risk dependent
  - Risk matrix
  - Fit testing
- How to triage patients
  - Epidemiological risk
  - Respiratory presentations
- How to minimise risk in waiting room
- Tips for working from home

NB: All exposure category decisions are based on a local risk assessment

Case = confirmed positive case in a patient, staff member or other

Given current evidence, the risk assessment remains unchanged regardless of vaccination status

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Health

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CONTACT TYPE – See page 2 for more detailed assessment for a breach

		No contact	Transient Contact – Low Risk Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR In general, less than 30 minutes in a closed space* *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	Medium Risk Scenarios Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	Highest Risk Scenarios Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs) OR Contact with multiple COVID-19 cases/suspected cases/probable cases
PPE worn during contact between health care worker and case	1. No effective PPE worn by staff member or case e.g. no PPE or PPE with major breaches such as mask below nose	Low Risk	Moderate Risk OR Depending on risk assessment	High Risk OR Depending on risk assessment	High Risk
	2. Surgical mask only worn by staff member i.e. no eye protection ➢ Case no PPE	Low Risk	Low to Moderate Risk OR Depending on risk assessment	Moderate Risk OR Depending on risk assessment	High Risk
	3. Surgical mask only worn by staff member i.e. no eye protection ➢ Case wearing surgical mask	Low Risk	Low to Moderate Risk	Low to Moderate Risk OR Depending on risk assessment	High Risk
	4. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case no PPE  *Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination	Low Risk	Low Risk	Low to Moderate Risk	High Risk
	5. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask  * See note in Category 4 box	Low Risk	Low Risk	Low to Moderate Risk	Moderate Risk OR No AGBs, no AGPs Exposure to AGBs, AGPs
	6. Staff member in P2/N95 and eye protection; no breaches ➢ Case either with or without PPE  * See note in Category 4 box	Low Risk	Low Risk	Low Risk	Low Risk

**LOW RISK**

Continue to work  
HCW alert to mild  
symptoms  
Test if symptomatic

LOW TO  
MODERATE  
RISK

Initial test usually not earlier than day 2 post exposure,  
but can work while result is pending  
Retest day 5  
Monitor for symptoms, test if symptomatic  
Wear a mask at all times on site including staff only  
spaces

**MODERATE  
RISK**

Leave workplace immediately and isolate  
Test as soon as possible, but not before day 2; isolate until  
day 3 and retest.  
If both negative, can return to work with repeat testing every  
72 hours  
Clearance/exit test on day 13  
Monitor for symptoms, test if symptomatic  
Wear a mask at all times on site, including staff only spaces

**HIGH RISK**

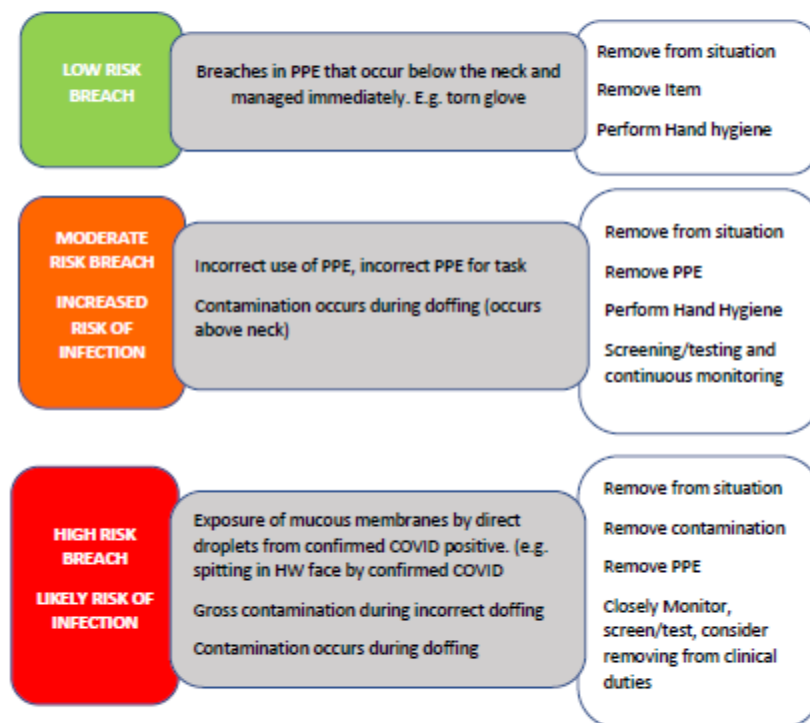
Leave workplace immediately and isolate for 14 days from last exposure

- Initial test usually not earlier than day 2 post exposure
- Monitor for symptoms, test if symptomatic
- Retest day 7 post last exposure
- Retest day 13 (clearance test)

Proof of negative day 13 test is needed to return to work

\* PPE Breach Risk Assessment key principles.

- Perform a risk assessment to determine the level of exposure as applied to COVID-19 suspected/confirmed.

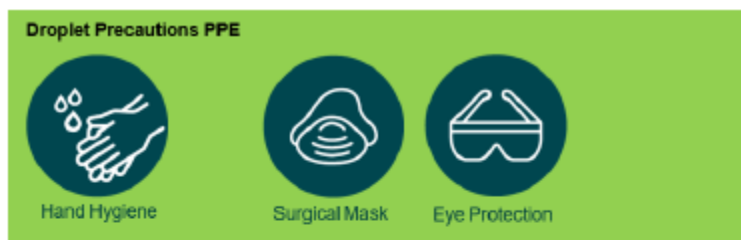


Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

- Contact Precautions** protect the HW by minimising the COVID-19 transmission risk from direct physical contact with patients or indirect contact from shared patient care equipment or from contaminated environmental surfaces



- Droplet Precautions** protect the HWs nose, mouth and eyes from droplets produced by the patient coughing and sneezing



- Airborne Precautions** protect the HWs respiratory tract from very small and unseen airborne particles that become suspended in the air.



# PPE – get your eye protection sorted!

- Eye protection is important
  - What about screens at reception? Do they count?
- Hand hygiene
- Donning and doffing
- P2/N95 versus surgical masks
- Fit testing and checking
- Extended use of PPE

Video <https://www.youtube.com/watch?v=tfITL694UAQ>

BLACKBUTT DOCTORS COVID19 RISK MATRIX VERSION 6 10TH AUGUST 2021

	Low transmission Green alert	Moderate transmission Amber alert	High transmission Red alert	Standard precautions always apply
Staff in vaccination clinics	Standard precautions	Surgical mask Eye protection	P2/N95 respirator Eye protection	Screening for patients with possible COVID-19 symptoms—door, phone, online  Unwell workers stay home  Staff immunisation up to date  Physical distancing 1.5m including breaks/ non-clinical areas  No coughing in waiting room  Frequent hand hygiene, respiratory hygiene, and cough etiquette  Cleaning and disinfection  All patient contact – clinical and non-clinical staff <ul style="list-style-type: none"><li>Long hair tied back</li><li>Bare below the elbows</li><li>Easily cleanable closed footwear</li></ul> No masks with valves  Surgical masks last up to 4 hours  P2/ N95 masks – fit check every time. Wear for up to 4 hours
Non-clinical staff with repeated brief close patient contact e.g., temperature checks	Standard precautions	Surgical mask	P2/N95 respirator Eye protection Fluid resistant gown Gloves	
Non-clinical staff on reception Minimal patient contact, shared enclosed space, protective screen	Standard precautions	Surgical mask	Surgical mask Eye protection	
Non-clinical staff with no patient contact (back office)	Standard precautions	Surgical mask	Surgical mask Work from home if possible	
People attending with respiratory symptoms	Surgical mask	Surgical mask No access to waiting room	Surgical mask No access to waiting room	
People attending without respiratory symptoms	Standard precautions	Surgical mask or cloth mask	Surgical mask Waiting room < 30 minutes Visitors by exception only	
Patient characteristics	O T H E R C L I N I C A L S T A F F			
Patient without ARI AND no ER	Standard precautions	Surgical mask	All patients have some ER Telehealth preferred F2F consults < 15 minutes If no respiratory symptoms -Surgical mask -Eye protection	
Patient with ARI AND no ER	Surgical mask Eye protection Fluid resistant gown Gloves	Surgical mask Eye protection Fluid resistant gown Gloves		
Patient with suspected or confirmed COVID19 or identified as close contact	P2/N95 respirator Eye protection Fluid resistant gown Gloves	P2/N95 respirator Eye protection Fluid resistant gown Gloves	For all patients with respiratory symptoms P2/N95 respirator Eye protection Fluid resistant gown Gloves	

ARI = acute respiratory symptoms<sup>8</sup>

ER = COVID-19 epidemiological risk

# Triage

## **Respiratory symptoms**

- Fever, cough, shortness of breath, sore or scratchy throat, headache, runny nose, nausea, vomiting, diarrhoea, loss of smell or taste
- Should I add “sinus”?
- Timeframe

## **Temperature check**

- 37.5 or above

## **Epidemiological risk**

- Been in contact with a COVID-19 case in the past 14 days
- Directed to self-isolate by a health official
- Been to any of the case locations/ transport routes
- Waiting for a COVID-19 test result
- Household contact who is a close contact?



# Respiratory presentations

Telehealth

Separate stream – no access to waiting room

- Ventilation
- Cleaning and spell time

See in car or outdoors

# Waiting room

- Limit access
- Surgical masks for patients
- No respiratory symptoms in waiting room
- Minimise time in waiting room < 30 minutes
- Automated / no contact payment and check in

# Working from home - set up

Workstation, ability to charge phone, internet access and phone signal

I like to have two monitors – one for clinical software, one for internet, intranet

Phone - charged and has credit– know how to withhold caller ID – update contacts e.g. hospital switch/ practice manager etc

Headset compatible with phone/ telehealth

Printer and spare ink

Supply of prescription paper, blank paper, radiology, and pathology paper for printer

Paper shredder

List of Telehealth item numbers – print or save to desktop



# IT – check everything works

Remote access e.g., Remote Desktop

Printing at home e.g., TPS print, including different types of documents

Desktop fax

Secure messaging e.g., Medical Objects

Internet preferences and bookmarks, log ins to eTG, PRODA, healthpathways, UpToDate

Work email and send from generic rather than personal email address

eScripts

Pathology and radiology templates in Best Practice letters

Email to patient in Best Practice

Telehealth platform e.g., GPconsults



# E-paperwork

Scripts	eScripts wherever possible
Pathology	template in letters and email to patient from Best Practice
Radiology	use providers with direct ordering and click “print and send” in Imaging request OR use template in correspondence out and email to patient from Best Practice
Referrals	SeNT or Medical Objects Desktop fax
Paperwork to patients	email from Best Practice OR print as PDF, attach and send via email
Patient education leaflets	email to patient via healthshare in Best Practice
Centrelink certificates	PRODA
Custom leaflets	open file externally, add email address and send

Questions?



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