Minimising the risk of COVID-19 transmission in a Primary Health Care setting

January 2022

Scope

Primary health care services can be at an increased exposure risk to COVID-19 due to the setting and activities they undertake. This document outlines the principles of infection prevention and control (IPC) in a primary health care setting in the context of COVID-19. For example, general practice, allied health, and primary and community care services[1].

This guidance from the Infection Control Expert Group (ICEG) has been endorsed by the Australian Health Protection Principal Committee and recommendations contained in this document, is consensus based on the combined expertise and experience of an IPC Panel, and ICEG members.

COVID-19 vaccination is available to all Australians and is an important mechanism to protect the public, staff, patients, and visitors and will provide a high level of protection against severe illness and death from COVID-19.

Background

This guidance will support workers in the primary health care setting to plan and deliver care for patients likely to be COVID-19 suspected or confirmed.

Application of this guidance should be read in conjunction with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021), and in acknowledgement of the unique circumstance of COVID-19. For additional guidance on infection prevention and control during the COVID-19 pandemic, see the Department of Health website.

The Hierarchy of Controls, has been used as the framework for this guidance. The hierarchy of controls is a systematic, risk management approach, which ranks controls from the highest level of protection and reliability, through to the lowest and least reliable protection. Risk management plans should use higher level controls where possible.

The hierarchy consists of hazard control measures broadly grouped into categories. The diagram below suggests the most effective measures from highest to lowest.

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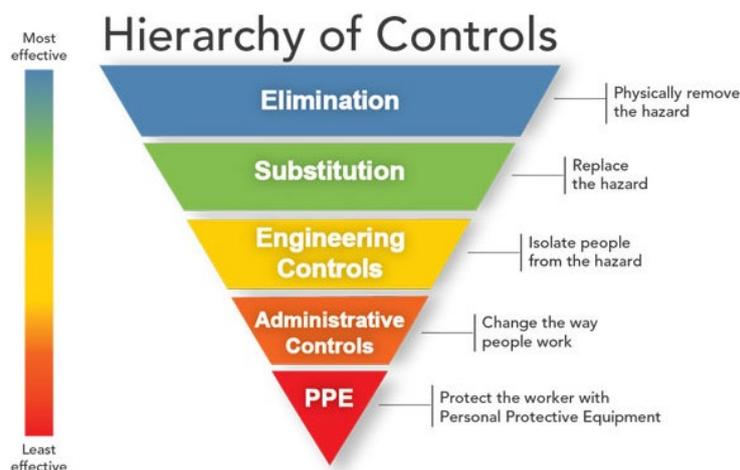
[1] Dental services are not included in the definition of 'primary care setting' for the purposes of this document
[2] Hierarchy of Controls. Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health. https://www.cdc.gov/niosh/topics/hierarchy/default.html

Important infection transmission risk mitigation strategies are:

Category	Examples of control measures
Elimination	**Physically remove the hazard**
	Avoidance of contact with infectious organism where possible. E.g. pre appointment screening, isolation, use of telehealth.
Substitution	**Replace the hazard**
Engineering	**Isolate people from the hazard**
	Consider whether **ventilation** is adequate and optimise air flow/exchange in high-risk areas, facility design and set-up.
	Cohort patients. Provide a dedicated separate area for those with suspected or known COVID-19.
Administrative	**Change the way people work**
	Ensure staff are **vaccinated** against COVID-19.
	Limit to the number of persons in a setting at one time, ensure **physical distancing** through barriers, spaced seating, and floor markings
	Screening of staff and visitors.
	Increased **cleaning.**
	Infection control training, hand hygiene, respiratory etiquette.
	Stagger shifts and teams.
	Source control. Routine use of surgical masks, by patients and staff, remote working where possible, reassign high risk HCWs, avoid aerosol generating procedures.
	Policies and procedures.
Personal Protective Equipment	**Protect the worker**
	Provide practical infection prevention control **training** for all staff, and guidance for patients and visitors.
	Adequate **supply** of hand hygiene, Personal Protective Equipment (PPE) and related equipment and resources.
	Fit testing and fit checking.

Pre-arrival, initial assessment, and flow through the setting

Pre-arrival and arrival

- The service should be provided with a COVID-19/respiratory symptom checklist of questions to ask patients when making their appointments.

- Where possible, the service should avoid entry of high-risk COVID-19 contacts by screening all patients and visitors with respiratory symptoms and/or risk of exposure to COVID-19 in the previous 14 days prior to appointment, and on entry to the practice setting. For example, for those patients who may present an infectious risk, telephone consultation can be used where appropriate, or if safe to do so, the patient could be asked to wait in a car or appropriate outdoor area rather than the waiting room.

- Reception staff should be vigilant for patients arriving with respiratory symptoms and notify the clinical staff immediately and ask the patient, where possible, to wait outdoors or isolate from others.

- Patients presenting with respiratory symptoms must be tested for COVID-19 or referred for testing elsewhere if unavailable at the practice.

- Appropriate signage should be placed at the entrance indicating any current requirements e.g. screening and the need for mandatory mask wearing, check in with QR code where required for all person entering a service (patients and visitors).

- Consider reducing the number of entry points to the service.

- Limit the number of persons in a setting at one time, ensure physical distancing through barriers, spaced seating, floor markings and where possible one-way patient flow from entry to exit.

Initial assessment

- If a patient requires a consultation and is diagnosed with or suspected of having COVID-19 or is a contact of a known COVID-19 case, regardless of the presence or not of respiratory symptoms, they should be directed to a separate dedicated consultation room and the door kept closed, segregated waiting area or outside. Where clinically safe to do so, patients may be able to wait in their car, or appropriate outdoor area until contacted to enter the practice.

- Ensure the "segregated room / area" has been cleared of all non-essential items; open the windows if available to provide natural ventilation. The room will need to be cleaned afterwards.

- Consider creating a "safe corridor" for those symptomatic patients considered to be at highest risk for transmission of COVID-19 into an appropriate consultation room or segregated waiting area separate from other shared areas and with good ventilation

- Consider designated appointment times that are at the end of a session/day, rather than interspersed during normal consultation session times.

- Services should regularly check for information on local outbreak status via their state or territory health department websites, local Public Health Unit and, or Primary Health Network (PHN) COVID19 information pages.

Infection prevention and control

- Ensure there is appropriate hand hygiene placement on entry to setting and at critical patient contact points within. Encourage staff and visitors to perform hand hygiene on entry, exit and at identified points of contact through promotional communication. E.g. Promotional posters.

- Mandate the use of surgical masks for all patients and visitors entering unless there is a valid reason for exemption (including those aged under 12 years). When the patient makes their booking, inform them they should present for their appointment wearing a fresh surgical or P2/N95 mask.

- Staff greeting and assessing patients should ensure they are wearing the correct risk level of personal protective equipment (PPE) prior to attending to the patient.

- For further guidance, refer to Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19

- Increase cleaning and disinfection of shared areas and areas involved in patient care.

Assessment of risk of transmission of COVID-19 to healthcare workers

- Assessment of risk of transmission of COVID-19 to healthcare workers should include consideration of:
  1. The individual patient/client/resident's pre-existing likelihood of COVID-19
  2. Patient/client/resident factors,
  3. Physical location of care and;
  4. Current prevalence and transmission of COVID-19 locally and whether there are unlinked cases of COVID-19 in the community.

  Likely HIGH-RISK of SARS-CoV-2 transmission

  - Healthcare workers providing direct care or working within the patient/client/resident zone for individuals where assessment suggests a high-risk of transmission (local community cases of COVID-19, confirmed case of COVID-19, symptoms or where risk assessment/screening suggests likelihood of COVID-19 infection), should use Standard, Contact, Droplet and Airborne Precautions for PPE as specified in the Australian Guidelines for the Prevention and

Control of Infection in Healthcare (2021). This includes wearing a P2/N95 respirators and eye protection.

Likely LOW RISK of SARS-CoV-2 transmission

o Healthcare workers providing direct patient care or working within the patient/client/resident zone for individuals where assessment suggests a low risk of transmission (no current community transmission of COVID-19, assessment suggests unlikely exposure or risk of COVID-19), should use PPE in accordance with existing guidance for Standard, Contact and Droplet Precautions as specified in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021). This includes wearing a surgical mask and eye protection.

Consultation – patients with identified risk of COVID-19

- Ensure adequate supply of hand hygiene, PPE, related equipment/resources (waste receptacles) for staff and dedicated signage and spaces to support the safe donning and doffing of PPE.

- Make sure hand washing facilities or adequate supply of hand hygiene product are available at point of care and their use promoted to staff and patients.

- Maintain physical distance from the patient while taking the history or determine if all or part can be undertaken via phone or telehealth. Minimise direct examination time.

- Prior to examining the patient, it is important to apply the appropriate PPE in line with the nationally agreed infection prevention and control advice or local jurisdictional alert level requirements, before entry to the consultation room.

- Ensure the patient wears a surgical mask during the entire consultation if feasible.

- Where possible, use single use, disposable equipment.

- For patient shared equipment (e.g. Spo2 monitors), clean and disinfect all equipment after each patient use using a TGA approved detergent/disinfectant solution/wipe (follow manufacturer's instructions for correct, effective use of product and ensure training of staff).

- Post consultation/visit, the room (or utilised area) should be thoroughly cleaned and disinfected (remove contaminated PPE before cleaning the room and apply fresh PPE). Once surfaces are dry, the room can be safely used for the next patient consultation. However, consideration of air exchanges in the room or resting the room between patients, may be advisable based on local risk assessment. For example, if aerosol generating behaviors were exhibited by the patient, consideration would be made to rest the room between uses.

- Ensure waste is managed according to relevant state or territory legislation that controls the management of clinical and related waste.

- Further information on infection control principles for consulting with suspecting cases for COVID-19 can be found in the Royal Australian College of General Practice document COVID-19 infection control principles.

Staff protection

- All staff are recommended to be fully vaccinated with an approved COVID-19 vaccine and receive a booster dose once eligible.

- It is important to minimise the number of staff coming into close contact with the person with identified risk.

- Staff should remain vigilant concerning any acute respiratory symptoms or other symptoms consistent with COVID-19 infection, even if symptoms are mild. If these occur, then they must stay at home, get tested, seek medical advice, and wait for a negative result and resolution of symptoms before returning to work.

- Use standardised infection prevention and control signage for standard and transmission-based precautions.

- Ensure hand hygiene is available for staff in their work area and at point of care with patients.

- Ensure staff compliance with hand hygiene and other standard infection control precautions; adopt routine use of eye protection as per standard and transmission-based precautions.

- The service must ensure that all staff have received infection control training to ensure worker safety. Ensure that all staff are trained in the application of appropriate transmission-based precautions, in line with the nationally agreed infection prevention and control advice.

- All staff should be assessed and deemed competent in donning and doffing PPE, including basic PPE such as gloves and mask for non-clinical staff.

- All PPE should be used in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021). Health care workers should be trained in the correct procedure for donning (putting on) and doffing (taking off) of PPE.

- Each service should consider appointing a staff member to be a dedicated lead for infection prevention and control. Donning (putting on) and doffing (taking off) PPE.

    o Donning PPE
    The following PPE should be donned in the following order before entering the patient area including any patient interaction:
    1. Perform hand hygiene
    2. Put on gown/apron
    3. Put on surgical mask or P2/N95 respirator (fit check for P2/N95)
    4. Put on eye protection
    5. Put on disposable non-sterile gloves when in direct contact with patients
    6. Gloves should be selected and worn in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2021).

    o Doffing PPE
    The correct and safe removal of PPE is necessary to avoid self-contamination of clothing, skin or mucous membranes (including the eyes) with potentially contaminated PPE.

    In some situations, an additional person (wearing appropriate PPE) can assist in the guidance and supervision during the doffing sequence.

    The following sequence is recommended but alternative sequences can be performed safely. Do not touch the front of the gown, eye protection or mask, discard in appropriate designated waste and perform hand hygiene between steps.

    1. Remove gloves without touching the outside of the glove and perform hand hygiene.
    2. Remove gown/apron, without touching the front of the gown, by folding it so that the external (exposed) side is inside; perform hand hygiene.
    3. Remove eye protection and perform hand hygiene. To take off eye protection, the wearer should remove them using the tip of the arms or the band that secures them to the wearer's head and avoid touching the face near the eyes. Protective eyewear labelled as 'single-use' should be discarded after use and not reused. Ideally, protective eyewear should be issued for individual use only and should only be shared if thoroughly cleaned/disinfected between wearers.
    4. Remove surgical mask by only handling the ties or ear loops, then discard in appropriate waste and perform hand hygiene. Do not touch front of the mask.

PPE resources

- A range of instructive PPE videos for the health workforce is available at: Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and health care managers | Australian Government Department of Health

Outbreak management plan

- Each service should have a COVID Safety Plan in place.

- Set up an outbreak management plan and ensure all stakeholders are aware of roles and responsibilities as part of business an emergency continuity planning.

- During outbreaks, consider grouping staff into sub teams/work bubbles that work in designated areas or work on separate days for business continuity.

Support for COVID-19 exposure assessment and potential furlough of staff

- If a staff member is exposed to potential or actual COVID-19 infection, health care managers and the public health unit are responsible for considering whether work restrictions apply, and the staff member advised. Apply the [Work permissions and restrictions framework for workers in health care settings](#) to support safe decision making when determining appropriate workplace restrictions and permissions for exposed staff. **Note** that some jurisdictions may utilise a modified risk framework.

- If there is a confirmed COVID-19 exposure/case within the service, the primary health care setting will respond by following the developed outbreak management plan for the setting and collaborating closely with the appropriate governance agency for context. E.g. Local Public Health Unit.

Resources

Australian Commission on Quality and Safety in Health Care. COVID-19 Resources. Available at https://www.safetyandquality.gov.au/covid-19-resources

Australian Department of Health. Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19. Canberra: Department of Health, 2021. Available at https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19

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Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health. Hierarchy of Controls. Available at https://www.cdc.gov/niosh/topics/hierarchy/default.html

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Royal Australian College of General Practitioners. COVID-19 infection-control principles. Available at https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-19-infection-control-principles

Royal Australian College of General Practitioners. Posters: PPE and patient alerts. Available at https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics

Royal Australian College of General Practitioners. COVID Safety plan template. Available at https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template