

## COVID-19 Guidance

### **V3.0 Preliminary Guidance on Minimising Risk of Transmission of Respiratory Virus in GP Practice update 3/4/2020**

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#### **Q: How should GPs approach the management of patients with respiratory symptoms in the coming weeks?**

There is evidence of transmission of SARS-CoV-2 in the community including residential care settings. It is therefore essential that healthcare workers working in general practice are supported to follow good infection prevention and control practice including appropriate use of personal protective equipment (PPE). The risk of transmission of respiratory virus including COVID-19 is greatest when close to (within 1 to 2 m) a symptomatic patient and it is in this setting that PPE as part of overall good infection prevention and control practice provides valuable protection to healthcare workers. At present any patient with clinical features of viral respiratory tract infection must be treated as suspect COVID-19. It is important to note that atypical presentations occur therefore a cautious approach is appropriate with all patients with clinical features of systemic infection (fever, chills) particularly if there is nothing to point to infection at a specific anatomical site.

Essentially all items of PPE including surgical masks are intended as single patient use items. It is best practice to dispose of a mask after each patient for whom a mask is required. Extended use of PPE for a series of patients is reasonable if seeing a series of suspect COVID-19 patients in succession and provided there are no toilet breaks or breaks for refreshment. In all cases however gloves should be changed and hand hygiene performed between every patient.

It is important not to rely totally on PPE. Avoiding risk is a better approach than managing risk with PPE. GPs should take all practical measures to assess and manage patients with symptoms of infection remotely using telephone and other remote communication including consideration of using video links through mobile phones/tablet/computer where practical.

#### **COVID19 Symptom complex**

The experience from Wuhan refer (The Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) 16<sup>th</sup> – 24<sup>th</sup> February 2020).

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).

Based on 55,924 laboratory confirmed cases, typical **signs and symptoms** include: fever (87.9%), dry cough (67.7%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), headache (13.6%), myalgia or arthralgia (14.8%), chills (11.4%), nausea or vomiting (5.0%), nasal congestion (4.8%), diarrhoea (3.7%), and haemoptysis (0.9%), and conjunctival congestion (0.8%).

## **Practical Approach to Managing GP Services**

**Patients who contact general practice can be considered in two groups.**

**Group A Patients - those with suggestive of viral respiratory tract infection or other features that suggest systemic infection the absence of localising signs.**

**Group B Patients – all other patients.**

### **Group A Patients**

Treat these patients as suspect COVID-19 patients. Key elements are as follows:

- Where possible perform an initial telephone assessment to determine if the patient needs to be seen in your practice or if they are more appropriately referred to other services for example COVID-testing facility or COVID-19 assessment hub as these become available.
- For those patients who need to be seen in your practice, to the greatest extent possible arrange to see Group A patients in succession at a specific time.
- Minimise the time that these patients have to spend in the practice environment and ensure that they do not sit with other patients.
- Note that those who have been identified as COVID-19 contacts are more likely to have COVID-19 and are therefore higher risk.
- Hand hygiene and keeping your hands away from your face and minimise the time you spend within 1 to 2 m are the most critical elements of managing the risk in seeing these patients.
- In addition to hand hygiene follow the guidance for donning and doffing of PPE on [www.hse.ie](http://www.hse.ie) (GP primary care section).
- Note that gloves, surgical mask are required in all cases. A gown is essential if you are likely to have close physical contact that brings your trunk in contact with the patient. If contact is likely to be hand contact then a disposable apron provides an acceptable level of protection.

**Establish if the patient has been identified as a COVID-19 Contact.**

**Bear in mind that atypical presentations of COVID-19 occur.**

For all patients at all times Standard Precautions, especially hand hygiene, respiratory hygiene and cough etiquette and environmental cleaning are the foundation of managing infection risk for patients and healthcare workers. Ensure in so far as possible that social

distancing is maintained between patients at all time and that all patients spend the minimum possible time in communal space.

Inform patients that all “walk-in” clinics have been replaced with a requirement to call in advance and have an appointment.

Put notices at surgery doors advising that anyone who does not have an appointment should telephone before entering the practice.

In the event of an unplanned “walk-in” where possible direct the patient to return to their car and wait for a call from the doctor or if return to the car is not possible and they have respiratory symptoms direct them to a separate room where they can wait. If that is not possible, direct them to a designated seat as far away as possible from other patients and from staff (1 to 2 metre).

Ask patients with respiratory symptoms in any waiting area to wear a surgical mask (if available) or to cover their mouth and nose with a tissue especially when coughing or sneezing.

### **Managing Appointments for Group B Patients**

#### **Telephone triage all patients who book an appointment**

Identify those with respiratory symptoms or atypical COVID symptoms and schedule for GP/Nurse call back.

Assess and manage by telephone /smart phone video link those who are suitable.

Direct to alternative services if appropriate.

#### **Attendance of Group B patients at the practice**

If spatial separation of 1 to 2 m is not possible in the waiting area consider if it is practical to ask patients to wait in car until called and when called to walk directly with anyone accompanying them and belongings to the consulting room.

In the consultation room, the seat for the patient should be placed 1 m away from any tabletop, shelf or works surface if possible.

The GP should maintain a distance of 1 to 2 m or more from the patient except when necessary.

GPs and all practice staff involved in patient care should be bare below the elbows – short sleeve shirt/top (or sleeves rolled up), no rings, no wristwatches, short fingernails, no nail polish or nail extensions.

Perform hand hygiene before and after each episode of patient care.

If performing a procedure that requires contact with blood or body fluids and or close physical contact use (for example a rectal examination) use gloves and a disposable apron and perform hand hygiene on removal of gloves. If performing a procedure that involves a risk of splashing of blood or body fluids wear a face mask and eye protection.

If using PPE remove PPE and perform hand hygiene and record their note.

**Managing access to PPE and what you may need to do if PPE becomes very difficult to source - Extended Use of PPE**

To ensure that PPE such as masks, gloves, aprons and eye protection are available for the foreseeable future for high risk situations we need to avoid their use in low risk situations.

If PPE become very difficult to source, it may be necessary for the GP to use the same mask and face protection throughout the series of appointments. In any case gloves and apron should be changed and hand hygiene performed before going to keyboard to make a note and issue prescriptions. If gloves become difficult to obtain, properly performed hand hygiene provides a very high level of protection in the absence of gloves.

1. If extended use of face mask is necessary, discard the mask at the end of the series of appointments. If necessary, because of limited supplies plastic goggles /face shield protection may be washed in detergent and water or wiped all over with a disinfectant wipe and reused after drying. It may be possible to obtain full face visors intended for re-use. Note it may be possible to obtain faces shields in hardware shops or garden centres that were intended for other purposes but provide an effective see through barrier for the face if equipment intended for healthcare cannot be sourced.
2. Eyeglasses may offer some protection but much less than a face shield of goggles with side protection and should not be relied upon.

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