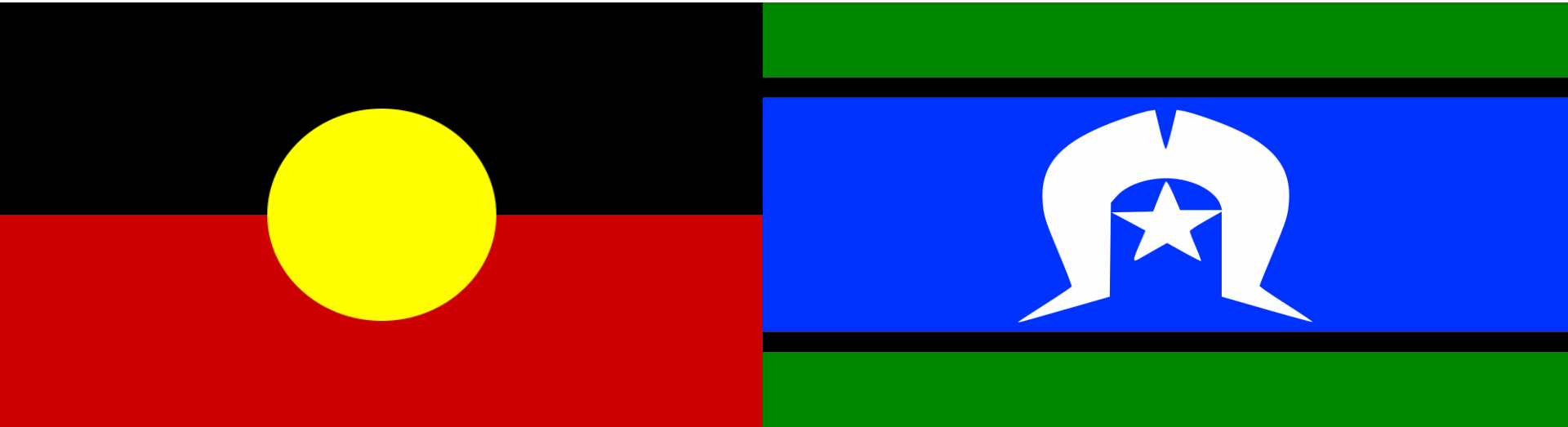




Infection
Prevention
Helpline

This service has been established by Murray PHN on behalf of Victoria's six Primary Health Networks (PHNs), with funding from the Victorian Department of Health.

Acknowledgement of Country



**We would like to acknowledge the traditional owners of country throughout Australia,
and their continuing connection to land, sea and community.
We pay our respects to them, their cultures, and to Elders past and present and emerging**

COVID-19 WHAT NOW?

Agenda

- ▶ Introductions
- ▶ COVID-19 Update - A/Prof N. Deborah Friedman MBBS, FRACP, MD, MPH
Deputy Chief Health Officer at Victorian Department of Health
- ▶ Launch of the IPC Risk Matrix- Sara Drew
- ▶ Case Studies- Megan Reilly, Marg Jennings, Dr Philip Webster,
Janice Radrekusa, Lisa Sinkins
- ▶ Q & A
- ▶ Close/Evaluations

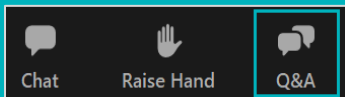
IPC Webinar

4

Q&A function

Ask a question

1. Click on 'Q&A'



2. Click 'Ask a Question'

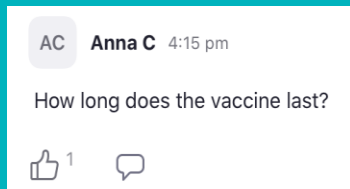
Ask a Question

3. Type in your question

Type your question here...

'Upvote' a question

1. Read questions from others



2. Click to 'upvote'



Popular questions rise to the top

When will the vaccine training be made available?



COVID-19 Update

A/Prof N. Deborah Friedman MBBS, FRACP, MD, MPH
Deputy Chief Health Officer at Victorian Department
of Health
Infectious Diseases Physician

COVID-19 What Now?

Business continuity during a pandemic – interpreting the guidelines

8 December 2021

A/Prof Deborah Friedman, Deputy Chief Health Officer



Department
of Health

Acknowledgment of Country

We acknowledge the Traditional Owners of the land on which we are meeting.

We pay our respects to their Elders past, present and emerging.

We acknowledge their ongoing connection to land, waters and culture.



Primary Care Contact Management Exposure Event Risk Matrix

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

Contact = any person (staff) who has contact with a confirmed case of COVID-19 in a non-household/household-like¹ setting (but including social settings)

Case = any PCR-confirmed case of COVID-19 (co-worker, patient or other)

EXPOSURE EVENT SCENARIO

An exposure event is contact with a confirmed case of COVID-19 during their infectious period.²

1. The health service conducts a risk assessment for each exposure event using the exposure event risk matrix to determine the exposure risk scenario.
2. Exposed persons are identified by the health service as contacts (high risk), baseline, low or no risk. Contact lists are managed by the health service and are not provided to the LPHU or DH unless specifically requested (for example, during an outbreak³ as declared by DH or LPHUs).
3. A risk assessment should consider the size of the space, duration of contact, distance from the case, presence of aerosol-generating behaviours or procedures, cycle threshold (CT) of the case's PCR test (if available), contact's clinical risk (e.g. immunocompromised), PPE use and ventilation.

		No Contact	Lower Risk Scenario Transient, limited and/or distanced (> 1.5m) contact that does not meet the definition for a higher risk scenario	Higher risk scenario Direct contact with/care of a case who is infectious OR prolonged contact with a confirmed case <i>For example, face-to-face contact with an infectious case for at least 15 mins or more than 2 hours in the same room</i>
PPE WORN BY WORKER & CASE DURING EXPOSURE	Contact: no mask ⁴ Case: ± surgical mask	No Risk	Low Risk Depending on risk assessment	Contact
	Contact: surgical mask = eye protection ⁵ Case: no surgical mask	No Risk	Low Risk Depending on risk assessment	Contact
	Contact: surgical mask = eye protection ⁵ Case: surgical mask	No Risk	Baseline Risk	Contact
	Contact: P2/N95 = eye protection ⁵ Case: ± surgical mask	No Risk	Baseline Risk	Low Risk
	Contact: ± surgical mask Case: P2/N95 = eye protection	No Risk	Baseline Risk	Low Risk
	Contact: P2/N95 = eye protection ⁵ Case: P2/N95 = eye protection	No Risk	Baseline Risk	Low Risk
	Contact: full Tier 3 PPE; no breaches Case: ± surgical mask	No Risk	Baseline Risk	Baseline Risk

¹ Household (and household-like) contacts spent a total of four hours (cumulative) or more in a residential setting with a confirmed case during their infectious period. These contacts have different quarantine requirements and this matrix should not be used.

² A case's infectious period is 48 hours before onset of symptoms until medical clearance. If a case is asymptomatic, they should be assumed infectious from 48 hours before the initial positive test.

³ An outbreak is defined as five or more persons who are:

- diagnosed with COVID-19 via PCR test;
- epidemiologically linked; and
- diagnosed with COVID-19 within seven days, commencing from the time that the first person is diagnosed.

⁴ Incorrect mask use is to be considered the same as 'no mask'. P2/N95 masks should be fit-checked at a minimum and should ideally be fit-tested.

⁵ If gown/apron or gloves were also worn during the exposure event, this should be documented and factored into the exposure event risk assessment.

Note: time periods are cumulative across a period of one day.

Primary Care Contact Management

Recommended Contact Management

	NO RISK	BASELINE RISK	LOW RISK	CONTACT (HIGH RISK)
Quarantine, furlough and return to work	Continue to work	Continue to work	Continue to work, with surveillance testing	Quarantine until results of initial PCR test, for both vaccinated ⁷ and unvaccinated contacts; then return to work with daily rapid antigen ⁸ (or PCR) testing on workdays OR Consider furlough ⁹ from work for 7 days in high-risk exposures or in unvaccinated staff, at discretion of health service based on risk assessment
Testing	Be alert to mild symptoms Test if symptomatic	Usual surveillance testing of healthcare workers, as per eligibility, see: www.health.vic.gov.au/surveillance-testing-of-healthcare-workers-covid-19-doc (Word)	Consider PCR >48 hours after the exposure based on risk assessment Ongoing surveillance testing for at least an additional 7 days (at least 3x weekly rapid antigen test or PCR)	Initial PCR test, then daily RAT ⁹ (or PCR) on workdays for 7 days after exposure A positive RAT must be confirmed by PCR before taking public health actions ¹⁰
<p>Surveillance testing of healthcare workers should continue as per eligibility, see: www.health.vic.gov.au/surveillance-testing-of-healthcare-workers-covid-19-doc (Word).</p> <p>If a healthcare worker has a household member identified as a close contact through a workplace or a school exposure, it is recommended that they be in scope for surveillance testing at the health service.</p> <p>Test (PCR) at first onset of symptoms on any day.</p>				
Additional requirements on return to work?	None	None	Wear an N95 respirator at all times on site for 7 days after exposure, unless on breaks in spaces that are not shared with other staff.	Wear an N95 respirator at all times on site for 7 days after exposure <ul style="list-style-type: none"> - Do not share lunch/tea rooms (where masks are removed) - Redeploy staff who are contacts away from highest risk clinical areas (e.g. immunosuppressed patients)
Work across sites (noting specific and separate guidance)	Yes	Yes, but inform all employers of cross-site details. If there is an outbreak at a workplace (a previously demonstrated transmission), even low-risk exposures should limit work to a single site. Staff working in organ donation, retrieval and transplantation (ODRT) are exempt from this requirement and may travel and work between health services.	Yes, but inform all employers of cross-site details. At employer discretion to allow.	Yes, but inform all employers of cross-site details. At employer discretion to allow.

⁷ People must have received all scheduled doses of a TGA-approved or recognised vaccine regimen to be considered fully vaccinated.

⁸ A furloughed individual does not attend the workplace, but does not otherwise need to quarantine (that is, they can leave their residence).

⁹ Rapid antigen testing is strongly recommended when visiting sensitive settings and low vaccination settings such as schools, early childhood learning centres, aged care, hospitals, disability settings, elderly relatives, and correctional facilities. Rapid antigen testing is strongly encouraged prior to entry to indoor settings including workplaces, social venues (for example, pubs, nightclubs, parties) and other high-risk settings (for example, gyms, beauty treatments, places of worship). RAT kits and guidance will be provided at PCR testing locations.

¹⁰ A positive Rapid Antigen Test must be confirmed by PCR. No public health action should be undertaken without PCR confirmation of a confirmed case. If following an exposure event, an identified contact tests positive for COVID-19, all contacts of the subsequent case must be identified and provided advice on PCR and Rapid Antigen Testing. Additional testing of contacts is required for all identified cases. In the event of multiple cases being identified, guidance and assessment by a Local Public Health Unit is available to all settings/workplaces/locations and contact can be made by calling 1300 651 160.

All

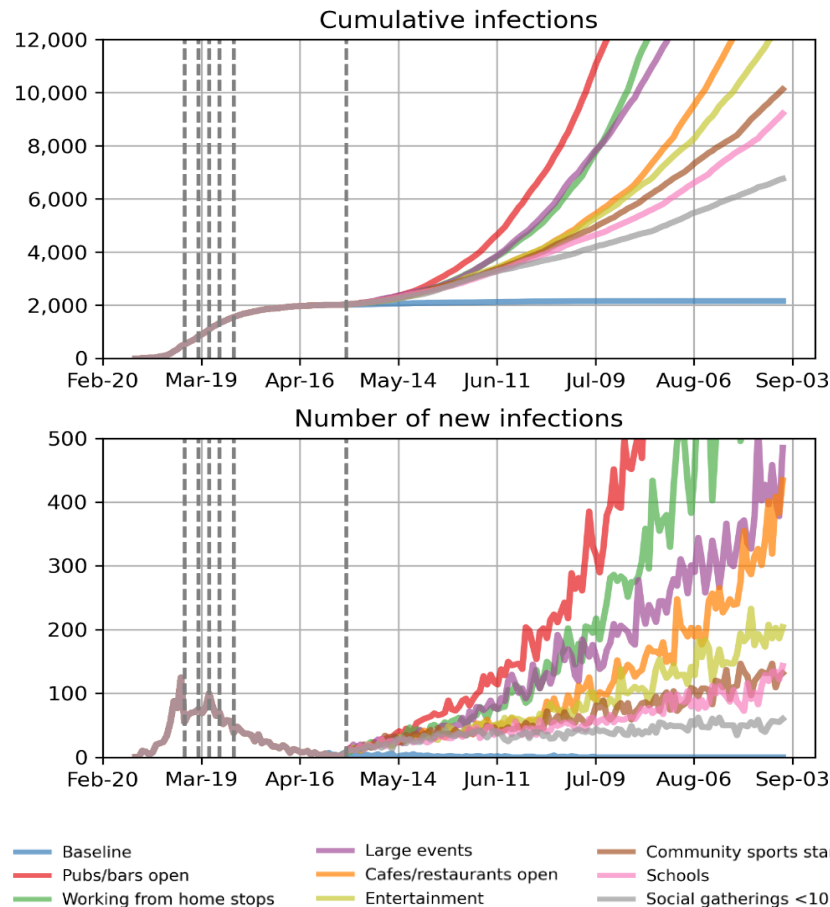
Last 30 days



Modelling

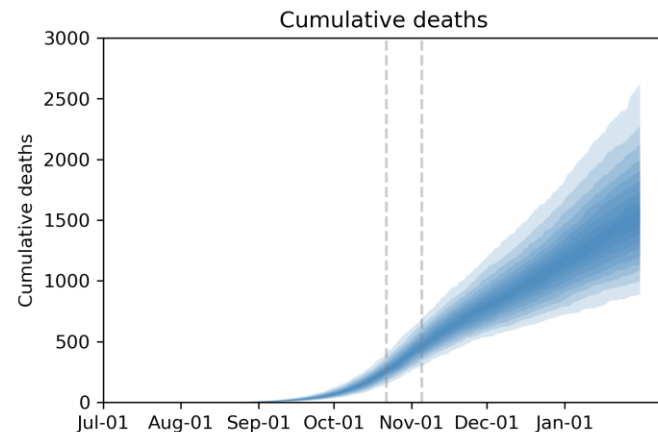
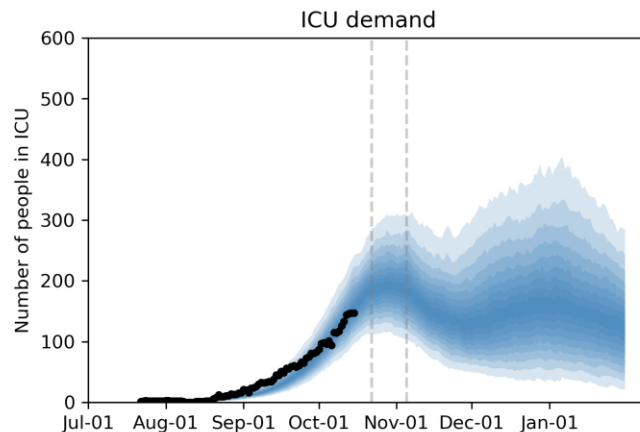
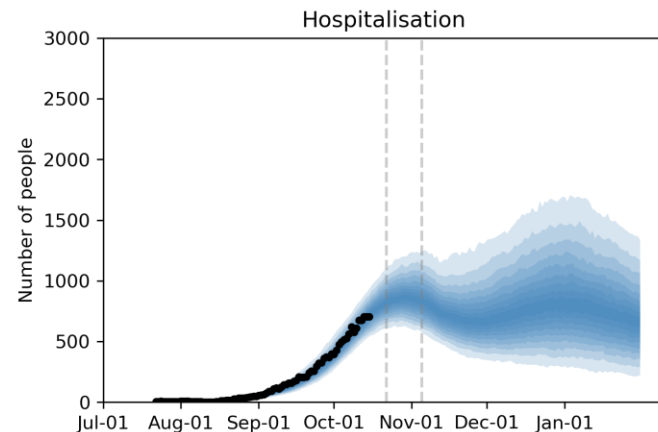
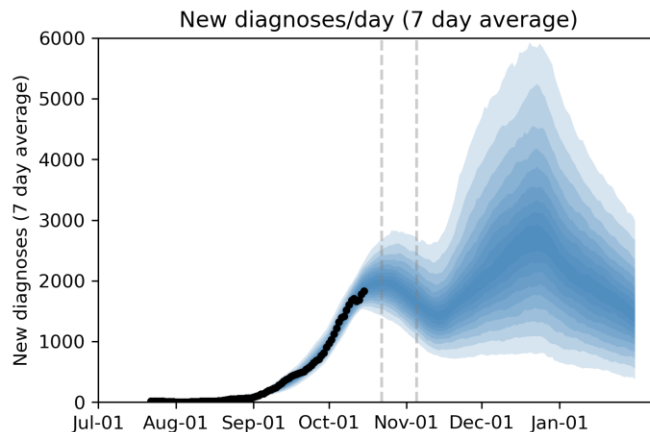
Data from Optimise is provided to modelling groups to develop and refine responsive, accessible models:

- COVASIM model
- Quarantine model
- Testing
- Vaccine
- Social network models



Roadmap scenario; estimated as at 14 Oct

- Diagnoses, ICU demand and deaths have been tracking around expected estimates
- The roadmap scenario has been updated to include reduced hospital length of stay
- A consequence of this is lower demand projections
- Projected dates of the peaks are still approximately equivalent



Dashed vertical lines represent estimated dates of reaching 70% and 80% two-dose coverage among people 16+ years

Modelled outcomes for scenarios

Easing plan	Cases		Hospital		ICU		Deaths
	Peak 7-day average	Peak date for 7-day average	Peak demand	Percentage of simulations exceeding 1500 beds	Peak demand	Percentage of simulations exceeding 300 beds	Jul-Dec 2021
No further easing (counterfactual)*	2439 (2142-2809)	21 Oct (15 Oct, 27 Oct)	999 (870-1150)	3%	263 (222-307)	29%	940 (798-1108)
Roadmap Schools open throughout October Outdoors at 70% 4 sqm rule at 80% Vaccine mandates	3850 (2818-5100)	16 Dec (06 Dec, 22 Dec)	1166 (971-1460)	23%	317 (260-387)	57%	1212 (974-1450)
Roadmap with 80% opening step moved to 70%	4900 (3650-6300)	12 Dec (03 Dec, 18 Dec)	1372 (1094-1699)	40%	364 (293-453)	73%	1373 (1127-1682)
Change:	27%		17%		14%		13%
Roadmap with 15% reduction in non-household transmission Assumes a 15% reduction can be achieved and maintained	2361 (1989-2937)	24 Oct (16 Oct, 05 Dec)	921 (786-1103)	3%	244 (207-298)	24%	945 (776-1158)

Patient Case Study A

✓	Fever	✗	Runny nose	✓	Nausea
✗	Chills or sweats	✓	Headache	✗	Vomiting
✓	Cough	✓	Muscle soreness	✗	Diarrhoea
✓	Sore throat	✗	Stuffy nose	✗	Loss or change in smell or taste
✓	Shortness of breath				

Patient Case Study B

✗ Fever

✗ Runny nose

✗ Nausea

✗ Chills or sweats

✓ Headache

✓ Vomiting

✗ Cough

✗ Muscle soreness

✓ Diarrhoea

✗ Sore throat

✗ Stuffy nose

✗ Loss or change in
smell or taste

✗ Shortness of breath

Omicron

- As of **6 December**, **906 cases of Omicron have now been confirmed globally** in over 45 countries, including multiple countries across Africa – including southern countries, Nigeria, Ghana, Egypt; multiple European countries including UK (294 cases), Portugal,(28), Germany (15) (Denmark 18); USA (39 cases in at least 9 states); Canada (19 cases); India (12 cases).
- A better understanding of the severity of illness and immune escape following previous SARS-CoV-2 infection and/or vaccination is expected to emerge from emergency studies in the coming weeks.
- Some mutations seen in Omicron overlap with those in the alpha, beta, gamma, and delta VoCs. These mutations are known to lead to increased transmissibility, higher viral binding affinity, and higher antibody escape.

Where we are heading

From...

...To

No Vaccination



90%+ Vaccinated

Reactive Lockdowns &
COVID Zero



National Plan & Roadmap to Opening Up
(Living safely with COVID)

Government Directed Rules & Restrictions



Self Sufficient & Individual Responsibility

Emergency Management & Powers



Pandemic Legislation & Readiness

Control



Empowerment and Public Health
Education

COVID Roadmap Dashboard- September onwards

Phase A: 80% single dose

Projected target date: 26 September 2021

Phase A: reopening schools

Projected target date: 5 October 2021

Phase B: 70% fully vaccinated

Projected target date: 26 October 2021

Phase C: 80% fully vaccinated

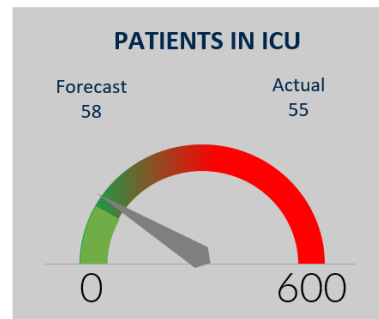
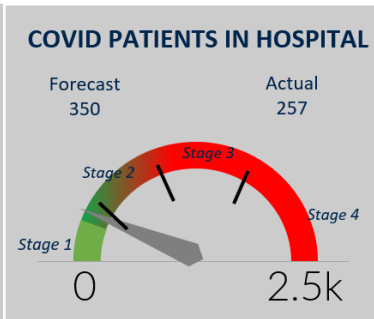
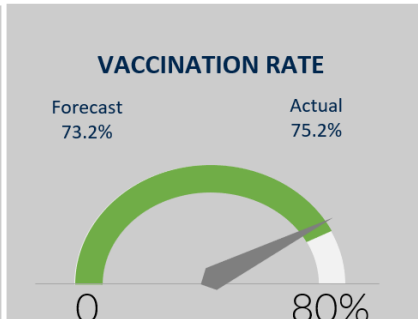
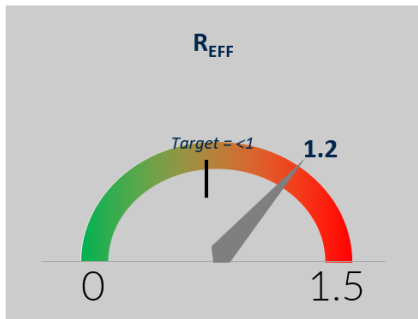
Projected target date: 5 November 2021

Phase D: 80% fully vaccinated (12+)

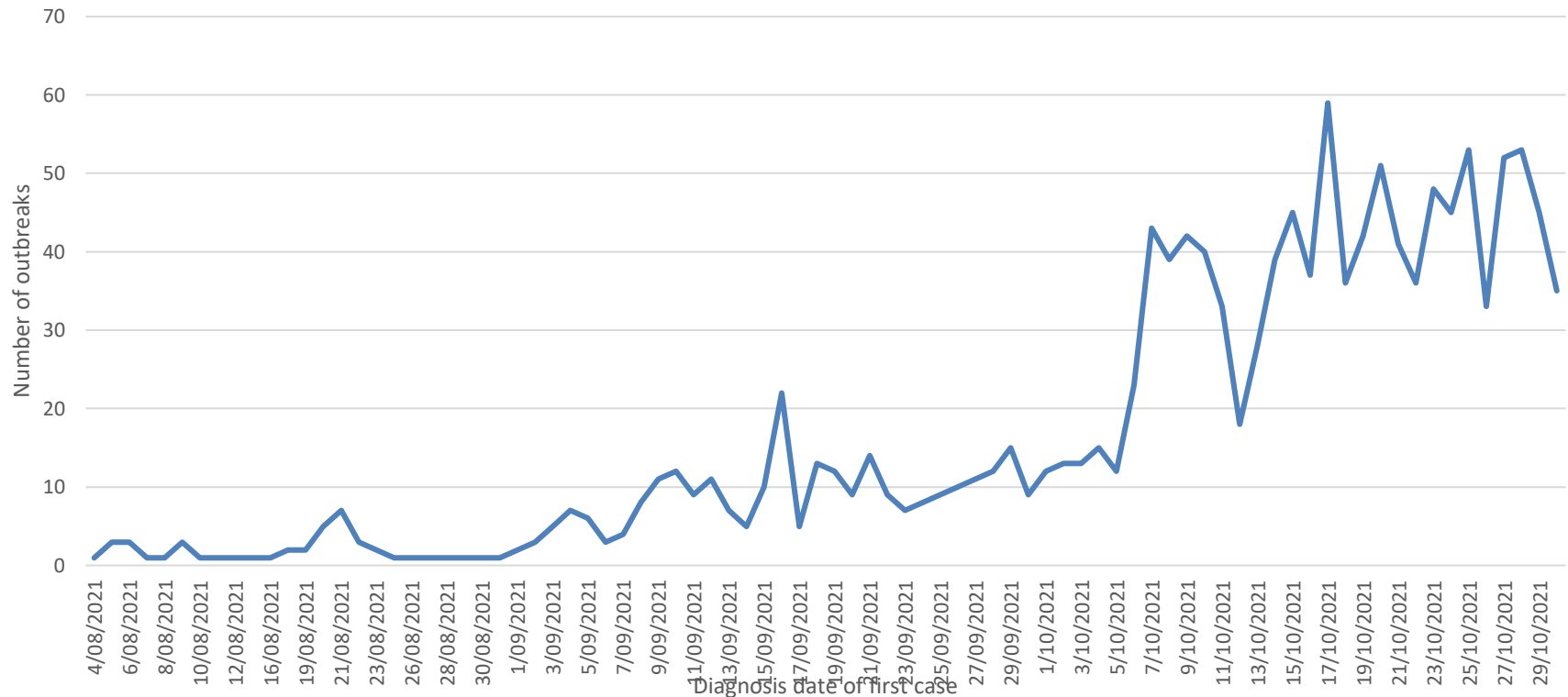
Projected target date: 19 November 2021

Phase A: 80% single dose

ON TRACK



Outbreaks in education or childcare settings- October



Devolution of VICTORIAN contact tracing

High vaccination rates means a focus on areas of greatest impact:

- Households
- Friends and close contacts
- Workplaces
- Schools and early learning centres

What VICTORIANS are asked to do

Tell their social contacts

- Health Department will no longer be contacting social contacts
- The case tells friends and people they know that they tested positive
 - recommend they test and stay home until negative result

Tell their workplaces/schools

- Must tell their own workplaces and schools, early learning child care centres
- Workplaces/businesses have a bigger role managing their risk
 - Positive cases tell employer
 - Workplace must then tell close work contacts
- Department becomes involved if it is an outbreak especially in a high-risk setting

Vaccination of Children Under 12- January

Vaccinating children reduces spread into households and the community

Vaccination of children:

- will reduce COVID-19 infections by 64%
- will reduce COVID-related hospitalisations by 60%
- will reduce COVID-related deaths by 57%

Where we are heading

- Severe COVID-19 is a disease of the unvaccinated
- Electronic check-in data will trigger automated SMS to possible contacts
- Community leaders together with local councils play a key role in their areas and their communities
- Communities can promote vaccination and testing and COVIDSafe behaviours
- Communities assisting people to safely isolate or quarantine
- **Even in a vaccinated population testing & public health measures still apply**

IPC Resources

<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>

Questions and Answers

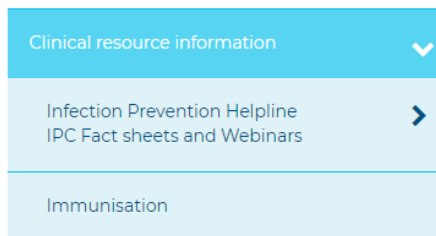
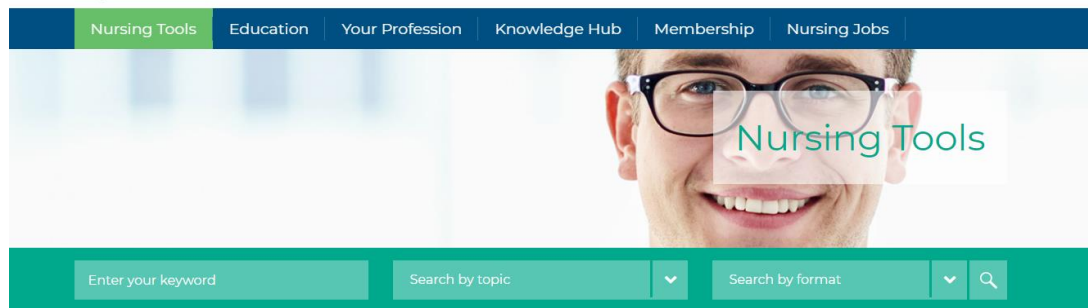
Q&A

IPC Risk Matrix

Sara Drew



Supporting nurses in primary health care



To access the Matrix:

<https://www.apna.asn.au/product/detail/889d0e21-f541-ec11-80e2-005056be66b1>



Click on the **BUY NOW** button and follow the prompts

💎 Member Price: Free 💎 Non-Member Price: Free Buy Now!

Matrix Overview

The matrix is designed to provide Victorian Primary Health Care staff with all the current infection prevention (IPC) and health information.

This matrix is a living document and will be updated as required to reflect the ongoing advice changes from the Victorian Department of Health.

Cost

It is free to access.

About the Author

Infection Prevention Helpline has been established by Murray PHN on behalf of Victoria's Primary Health Networks (PHNs), with funding from the Victorian Department of Health.

Target Audience

Suitable for Primary Health Care staff.

What you will get

You will be able to select the risk matrix relating to the current Victorian risk rating status.

To utilise the matrix, you will follow the heading, information and links provided to access the current recommendations.

When changes have been made you will be alerted by email and required to access the updated version.

Download the current Risk Rating Matrix

<https://www.apna.asn.au/nursing-tools/clinical-resource-information/infection-prevention-helpline/iph-resources>



What you will get

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Access the matrix here after purchasing



Nursing Tools

Negotiation Guide for Primary Health Care Nurses

Foundations of General Practice: A workbook for nurses

Healthy Practices – for Practice Owners, Managers and GP's

Nurse Clinics

Clinical answers information

Infection Prevention Helpline
IPC Fact sheets and Webinars

Risk Matrix

Risk Matrix

This document is a living document and therefore will be used in isolation and is a summation of Government

Download the current Risk Rating Matrix

[illegible][illegible]

in f t e

Risk Matrix - IPC



Risk Rating ^{1, A} Screen all patients for symptoms	Low Risk	Med Risk - Indoors	Med Risk - Outdoor	High Risk - Indoor	High Risk - Outdoor
<p>All patients should be treated as if they were COVID-19+ve.</p> <p>Small space: <100m² Medium space: 100-300m² Large indoor space: >300m²</p>	<p>Contact with a negative COVID-19 case (PCR in the last 48 hours or rapid antigen in last 24 hours) and/or has no clinical or epidemiological risk factors</p> <p>Face-to-face (<1.5m) and transient (<1 minute) OR distanced (>1.5m) and <2 hours in any size space OR distanced (>1.5m) and of any duration in a large indoor space or outdoors</p>	<p>Identified as contact with a confirmed case during their infectious stage:</p> <p>Direct physical contact that is transient (<1 min) OR face-to-face (<1.5m) and non-transient (1-15 min) OR distanced (>1.5m) and very prolonged (>2 hours) in a medium-sized indoor space</p>	<p>Limited distanced contact in an outdoor setting OR Face-to-face (<1.5m) and prolonged (>15 min) outdoors, OR present during AGBs[†] outdoors¹</p> <p>[†] AGB = Aerosol generating behaviour (e.g., coughing). AGP = Aerosol generating procedure.</p>	<p>Identified as contact with a confirmed case during their infectious stage:</p> <p>Direct physical contact that is non-transient (>1 min) OR face-to-face (<1.5m) and prolonged (>15 minutes) OR present during an AGP or during AGB OR distanced (>1.5m) and very prolonged (>2 hours) in a smaller indoor space OR contact with multiple COVID-19 cases</p>	<p>Prolonged Physical interaction with another person in a well-ventilated outdoor setting face-to-face (>1.5m) and extended (>15 min)¹ OR Face-to-face (<1.5m) and extended (>1 min)¹</p>

STAFFING AND ENVIRONMENT

Fully vaccinated (two doses)	LOW RISK if wearing: <ul style="list-style-type: none">• Eye protection and surgical mask			LOW/MODERATE RISK if wearing: <ul style="list-style-type: none">• Gown, gloves, eye protection and N95/P2	
Unvaccinated (no or partially vaccinated)	LOW/MODERATE RISK if wearing: <ul style="list-style-type: none">• Gown, gloves, eye protection and surgical mask• Low/moderate risk if wearing:<ul style="list-style-type: none">• Gown, gloves, eye protection & surgical mask				
Staff at high-risk ^B (i.e., immunosuppressed)	PPE	Consider telehealth	Consider telehealth	Consider telehealth	Consider telehealth
QR code for visitors and outside workers	YES				
Workspace e.g., 1.5 sqm social distancing ^{2,3}	<ul style="list-style-type: none">• 1.5 metre distancing• 4 metre square rule				

Risk Rating ^{1,A} Screen all patients for symptoms	Low Risk	Med Risk - Indoors	Med Risk - Outdoor	High Risk - Indoor	High Risk - Outdoor
CONSULTS					
Telehealth - No contact	NO RISK				
Face-to-face <15 mins Refer to staffing and environment section re vaccination status	LOW RISK <ul style="list-style-type: none">• If wearing surgical mask and eye protection• Patient/Client wearing facemask required on entry	LOW/MODERATE RISK <ul style="list-style-type: none">• If wearing surgical mask and eye protection• Patient/ Client wearing facemask required on entry	LOW/MODERATE RISK <ul style="list-style-type: none">• If wearing full PPE: gown, gloves, eye protection and surgical facemask mask• Patient/ Client wearing facemask required on entry		
Face-to-face >15 mins Refer to staffing and environment section re vaccination status			LOW/MODERATE RISK <ul style="list-style-type: none">• If wearing full PPE in Surgical mask• Patient/client wearing facemask required on entry	LOW/MODERATE RISK <ul style="list-style-type: none">• If wearing full PPE: gown, gloves, eye protection and P2/N95• Patient/client wearing facemask required on entry	
Procedure lasting > 30 mins Refer to staffing and environment section re vaccination status			Not recommended as an outdoor activity	<ul style="list-style-type: none">• Consider referring to specialist or return a NEG result and quarantine prior to procedure⁵• Patient/client wearing facemask required on entry	Not recommended as an outdoor activity
Rapid Antigen Testing ⁶	Needs to be performed by someone trained in the correct use of the device (including specimen collection) and interpretation of results				

Risk Rating ^{1, A} Screen all patients for symptoms	Low Risk	Med Risk - Indoors	Med Risk - Outdoor	High Risk - Indoor	High Risk - Outdoor
MANAGEMENT OF PROCEDURES PPE should be applied in accordance with risk rating, length of procedure and identifying the individual risk.					
Dependent on time/exposure: <ul style="list-style-type: none"> Cervical Screening Test (CST) IUDs Surgical Excision ECG 	LOW RISK <ul style="list-style-type: none"> If wearing surgical mask and eye protection Patient/client wearing facemask required on entrance 	LOW/MODERATE RISK <ul style="list-style-type: none"> If wearing full PPE: gown, gloves, eye protection and P2/N95 Patient/client wearing facemask required on entry 	<ul style="list-style-type: none"> Not recommended as an outdoor activity 	<ul style="list-style-type: none"> Consider referring to specialist or return a NEG result and quarantine prior to procedure⁵ Patient/client wearing facemask required on entry 	<ul style="list-style-type: none"> Not recommended as an outdoor activity
Respiratory Function Test⁷ (e.g., Spirometry) Refer to specialist laboratory as required	<ul style="list-style-type: none"> Do Not Perform 				
CPR⁸	<ul style="list-style-type: none"> Gown, P2/N95 mask, eye protection, gloves Visor, head, and neck protection as per local guidelines and Taskforce/ICEG IPC guidelines⁷ 				
GPMP (30-45 mins) Time based	<ul style="list-style-type: none"> 75% telehealth 25% physical check 				
Health Assessments (<60 mins) Time based	<ul style="list-style-type: none"> 75% telehealth 25% physical check 				
Skin check Dependent on time/exposure	LOW RISK <ul style="list-style-type: none"> Examination of single symptomatic lesion < 15 minutes Surgical mask and eye protection 	LOW/MODERATE RISK <ul style="list-style-type: none"> If wearing Full PPE: gown, gloves, eye protection and P2/N95 Patient/client in facemask required on entry 	<ul style="list-style-type: none"> Not recommended as an outdoor activity 	LOW/MODERATE RISK <ul style="list-style-type: none"> If wearing Full PPE: gown, gloves, eye protection and P2/N95 Patient/client in facemask required on entry 	<ul style="list-style-type: none"> Not recommended as an outdoor activity

Case Studies



Case Study

Doctor Claire is working in a general practice.

The working day is long and demands on the current staffing levels are hard. Doctor Claire has seen a patient this morning that has not disclosed that they are COVID-19 positive and wants to know what actions she needs to take.

Things to consider?

- VHSGR COVID-19 risks - Peak risk rating since 23/8/21
- IPC guidelines

PPE

Furlough

Vaccination status

Ventilation guidelines

Do we need to close for a deep clean?

Other?

GP Priority phone line for GPs managing COVID-19 exposures



A priority support line for GPs has been established to support COVID-19 exposure management.

GPs can now call the **Communicable Disease Control (CDC) Hotline** on **1300 651 160**

- **First, Press option 0** for "COVID-19, novel coronavirus or calling to let us know you have been at an exposure site in Victoria or elsewhere.
- **Then, press option 4** for "medical practitioner" **this is a priority line.**

Triage will then assess and transfer/redirect to the team or Local Public Health Unit managing the exposure site.



Case Study

Doctor Simon has been asked to do a home visit (or manage COVID-19 positive patients) using the COVID-19 care pathway. This is NOT a regular patient and Doctor Simon wants to know what process he needs to do in order to keep him safe?

Dept of Health Guidelines

COVID-19 positive or anyone in their household and/or unvaccinated PCCs will still be required to isolate for 14 days.

If the patient begins to feel unwell, they should contact:

Coronavirus Hotline on 1800 675 398 (24 hours, 7 days a week)
OR their doctor (GP).

Patients are permitted to leave home to seek medical care

Care Pathway

GP is allocated a low-risk patient.

GPs are expected to have telehealth appointments with their patients on day 2, 5, 8 and 11 at a minimum, and more often as required & follow the clinical features document and escalate patient if they show signs of deterioration.

PPE – can donning, doffing and disposal all be performed without any breaches?

Physical Distancing – can the patient be seen in the garden?

Can the doctor send an e-script to someone who can deliver to their door?

Resources

Health Pathways - Victoria

<https://www.coronavirus.vic.gov.au/covid-positive-pathways>

MPHN:

<https://www.murrayphn.org.au/covid19pathways/>

NWMPHN:

<https://nwmpn.org.au/for-primary-care/covid-19/covid-19-care-pathways/>

RACGP COVID-19 Home Care Guidelines

<https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/COVID-19-Home-Care-Guidelines.pdf>

Resources - RACGP

- ▶ **Checklist – keeping your practice COVID-safe** <https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/keeping-your-practice-covid-safe>
- ▶ **COVID-19 infection-control principles** <https://www.racgp.org.au/getmedia/3619dbeb-0ad0-4766-9925-369bddb9d04e/RACGP-COVID-19-infection-control-principles.pdf.aspx>
- ▶ **PPE and Patient Alert Posters** <https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/management-of-pandemics>
- ▶ **Responding to a COVID-19 case in the practice team** <https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Responding-to-a-COVID-19-case-in-the-practice-team.pdf>
- ▶ **Infection prevention and control standards (5th Edition)** <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Infection-prevention-and-control.pdf>
- ▶ **Optimising the use of personal protective equipment in general practice during COVID-19** <https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/optimising-the-use-of-ppe-in-general-practice>
- ▶ **Managing pandemics** <https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics>

QUESTIONS



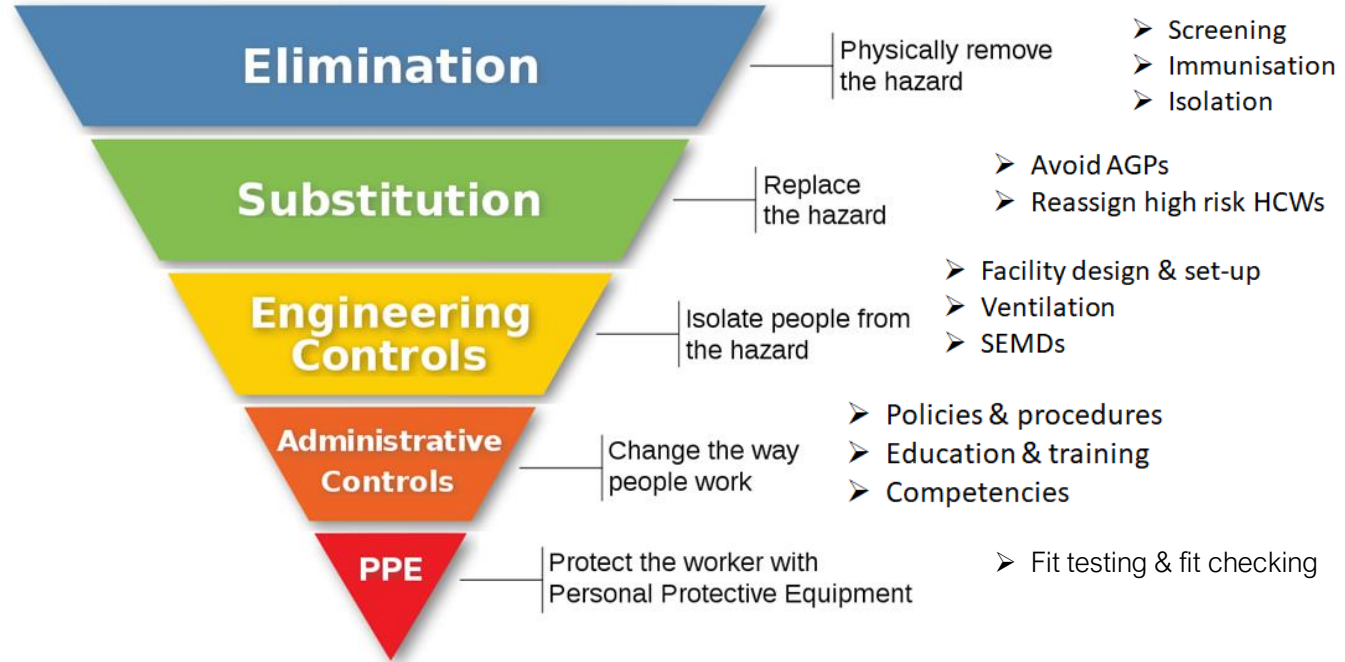
Close/Evaluation

Hierarchy of Controls

Most effective



Least effective



Six Principles of COVID Safe Workplaces

- ▶ Practise physical distancing
- ▶ Wear a face mask
- ▶ Practise good hygiene
- ▶ Keep electronic records and act quickly
- ▶ Avoid interactions in enclosed spaces
- ▶ Create workforce bubbles



THANK YOU
FOR JOINING US



Please complete
your evaluation



VICTORIAN INFECTION PREVENTION & CONTROL ADVISORY SERVICE

Available to Primary Health Care
workplace teams including

- General practices
- Community Pharmacists
- Aboriginal Community Controlled Health Organisations

Phone 03 9956 1046 & Toll Free: 1800 312 968

<https://www.infectionpreventionhelpline.com.au/>



Infection
Prevention
Helpline



03 9956 1046
1800 312 968

Call and be sure



References

- <https://www.health.vic.gov.au/covid-19/primary-care-guidance-for-the-response-to-covid-19-risks>
- <https://monashhealth.org/health-professionals/covid-19/covid-19-positive-care-pathways/>
- <https://www.coronavirus.vic.gov.au/what-to-do-if-you-have-covid-19>
- <https://www1.racgp.org.au/newsgp/clinical/expanded-role-and-funding-for-gps-in-managing-covi>