COVID-19 pandemic toolkit

Supporting preparedness and response in general practice and primary care settings

2020

phn TASMANIA
An Australian Government Initiative

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Acknowledgements

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Disclaimer

More information and feedback

We welcome questions, suggestions and feedback about this toolkit.

Please contact our Primary Health Workforce Support team at **providersupport@primaryhealthtas.com.au** or on 1300 653 169

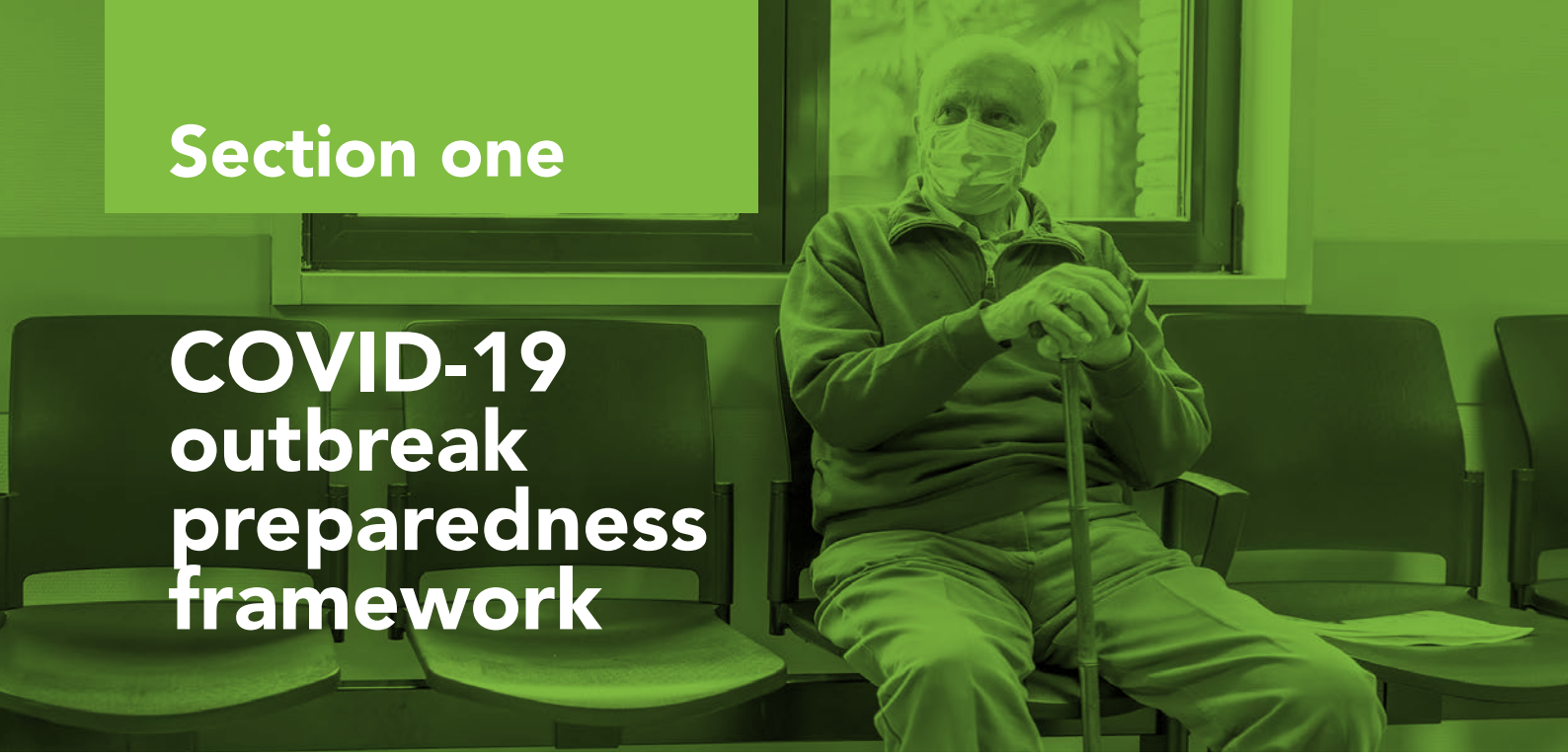
Introduction

This toolkit is designed to assist general practice and other primary care settings prepare for and manage an outbreak of COVID-19. It supplements the COVID-19 Safe Workplace Guidelines from WorkSafe Tasmania **(bit.ly/3001ssp)**. The Tasmanian Government Department of Health is currently preparing an outbreak management framework, guidance tools, fact sheets and an outbreak management plan template. Links to existing information are provided where available.

Section one	COVID-19 outbreak preparedness framework
Section two	Implications for general practice and other primary care settings during different phases of the COVID-19 pandemic response
Section three	Roles and responsibilities – staff member with a confirmed case of COVID-19
Section four	Principles and protocols – managing patients with acute respiratory symptoms in general practice

Guiding principles

Be prepared
Develop a COVID safe WorkSafe Tasmania plan
Develop an outbreak management plan and practise scenarios with staff
Protect your workforce
Protect your patients
Communicate with staff and patients
Integrate prevention activities into everyday practice – the new 'normal'



Section one

COVID-19 outbreak preparedness framework

Preparing the practice

BE PREPARED	CONSIDER THE FOLLOWING
Stay informed about the local situation	Advice is changing frequently as the COVID-19 situation evolves in Tasmania. Refer to the following websites for the latest information: • Australian Government Department of Health **www.health.gov.au** • Tasmanian Government coronavirus website **www.coronavirus.tas.gov.au** • Tasmanian HealthPathways **https://tasmania.communityhealthpathways.org** (username:connectingcare and password: health) • Primary Health Tasmania's COVID-19 Update – to subscribe, email **comms@primaryhealthtas.com.au** Call the following numbers if you need help or more information: • Tasmanian Public Health Hotline 1800 671 738 • National Coronavirus Helpline 1800 020 080 Some practices assign a lead clinician to take responsibility for keeping up to date with information, and then collate and share this information with other staff

Outbreak management plan	• Develop an outbreak management plan and practise scenarios with staff • Appoint a liaison person to act as the key contact person in the event of an outbreak • Consider documentation required to undertake contact tracing in the event of a positive case in a staff member, visitor or patient. For example, staff rosters, patient appointments, security camera footage, visitor sign-in • Encourage staff to download the COVIDSafe app • Ensure contact details for all staff (contracted and employees) are kept up to date
Educate, train and supervise staff	• Require workers to stay home if they are not feeling well, even if they consider their symptoms minor • Ensure all staff are aware of Tasmanian HealthPathways **https://tasmania.communityhealthpathways.org** (username: connectingcare and password: health) • Allocate senior management responsibility for ensuring compliance with COVID-19 controls at all times • Provide education about routine infection prevention and control measures (hand hygiene, use of PPE, environmental cleaning, waste disposal) • Provide training in putting on and removing PPE – visit Tasmanian HealthPathways for online resources (search 'PPE') **https://tasmania.communityhealthpathways.org** (username: connectingcare and password: health) • Have PPE champions or 'spotters' to ensure PPE is donned, doffed and used correctly • Educate, train and supervise staff (administrative, nursing, practice managers, medical) in cleaning and allocate cleaning roles and responsibilities

Social (physical) distancing for staff	• Consider the $2m^2$ rule – review and determine the maximum room occupancy and place signage on doors to indicate how many people are allowed in each room • Where practical, keep 1.5m distance between staff in tea rooms or other venues that staff may frequent during break time or meetings • Separate tables/seating to ensure physical distancing • Use technology to hold meetings, e.g. teleconferencing or videoconferencing • Stagger break times to reduce the number of staff using break rooms at one time • Declutter areas and remove excess furniture that is not in use • Develop a cleaning schedule for high use areas and promote regular cleaning of surfaces • Staff may continue to use communal crockery and cutlery if it can be reprocessed as per standard methods via a dishwasher/detergent immediately after use • Alternatively, encourage staff to bring their own cutlery/crockery where possible for personal use only and encourage staff to take used/dirty food containers/crockery home to be washed and processed • For staff bringing personal food, ensure it is in labelled food containers, for personal use only • Avoid shared food or food containers i.e. unwrapped food like biscuits, chips, chocolate • If food/beverages are to be made available for sharing, this should be provided in single use packaging i.e. individually wrapped biscuits, coffee sachets • Encourage hand washing with soap and water where possible, with an emphasis on before and after eating

Separate patients who are symptomatic with acute respiratory symptoms from those who are asymptomatic	• Dedicated clinics/sessions for those who are symptomatic (e.g. 2-3 hours per day) • Alternative entrance and exit points for patients with symptoms • Car park for patient triage, assessment, or testing • Telehealth and referral for testing • Refer patients for assessment and testing to GP-led respiratory clinics (funded by the Australian Government) • Refer patients for testing to State Government-funded respiratory clinics • Share workload with other local practices • Where appropriate, limit non-patient visitors • Symptomatic patients to put on mask and perform hand hygiene prior to entering the practice
Clinic environment/ layout	• Modify practices at reception • Consider erecting a transparent screen at reception to protect staff from droplet spread • Ask patients with fever or respiratory symptoms to wait in specified areas e.g. outside, in a car, in a separate room • Prior to being seen, allow patients to stay outside or in car if medically able • Consider no-touch methods for payments and deliveries • Place tape on the floor to indicate social distancing in front of reception; consider tables in front of desk as additional social distancing barrier • Prepare waiting rooms – supply tissues, hand sanitiser, soap at sinks, no-touch rubbish bins; spacing between chairs; tape on floor; remove toys, magazines, etc • Prepare at least one consult room – remove clutter and unnecessary furniture. Ensure surfaces are cleanable. Consider carpet covers. Consider spaces for donning and doffing PPE

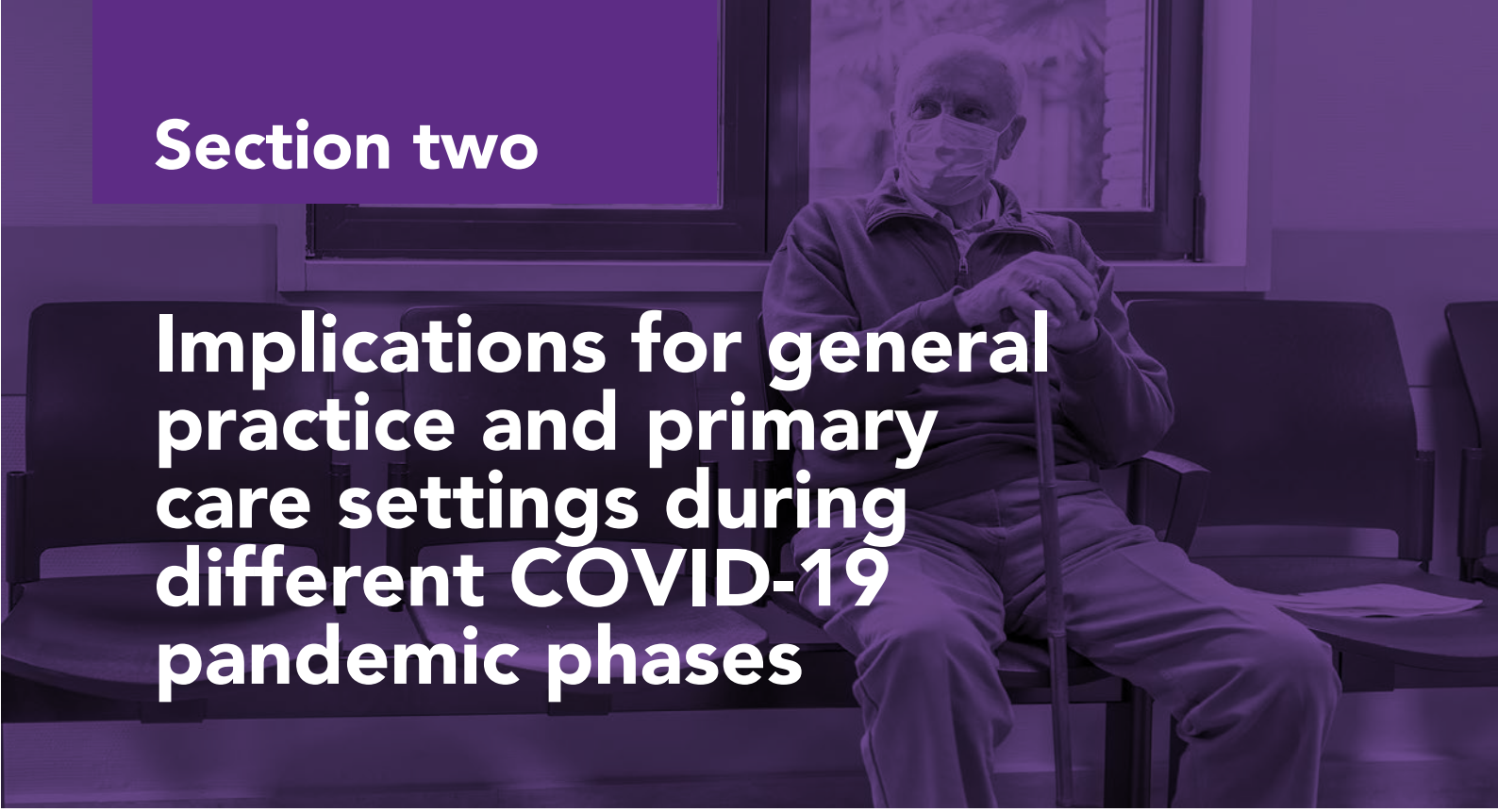
Patient triage and screening	• Develop checklists; develop scripts for staff to screen patients when they make an appointment; develop protocols to manage different patient groups • Signage with checklists and directions for patients and visitors on what to do next • Consider no-touch doors, locked doors, doorbell, or need for telephone call to gain entry to building • Display signs at site entrances instructing people not to enter if they have symptoms associated with COVID-19 • Screen patients again on arrival e.g. symptoms, temperature • Provide symptomatic patients with face mask, hand sanitiser • Direct a patient who is unwell with symptoms to a separate room • Provide a surgical mask to patients with symptoms

Infection prevention and control

BE PREPARED	CONSIDER THE FOLLOWING
Hygiene	• Have procedures in place to ensure all persons at the workplace are observing appropriate hygiene measures • Make sure liquid soap is available next to handwashing sinks, in toilets and staff break rooms, with instructional signs on correct hand washing • Use alcohol-based hand rub routinely for hand hygiene but use soap and water when hands are visibly soiled, after using the toilet, and before and after food preparation • Education and signage re: cough etiquette • Employee's arms must be bare below the elbows when performing direct clinical care for a patient and when performing hand hygiene
Cleaning protocol – regular contracted cleaning	• Surfaces used less frequently, such as floors, ceilings, walls and blinds, should be cleaned and disinfected routinely • Talk to your cleaning provider to ensure the cleaning schedule can be maintained and undertaken more frequently if needed

Cleaning protocol – clinic staff responsibilities	• Document and display cleaning schedules in the workplace. Ensure they are signed off as and when completed. The cleaning schedule is to specify: – the way the cleaning and disinfecting is to be undertaken – the frequency • Provide all necessary supplies and equipment to ensure that the cleaning schedule and hygiene procedure implemented for the workplace can be complied with • Clean and disinfect surfaces based on the frequency of use/possible contamination • Routinely clean and disinfect surfaces that are frequently touched by patients and staff, including (but not limited to): door handles, tabletops, light switches, keyboard, mouse and desk • Make sure cleaning products are available and workers are instructed in their safe use • Cleaning and disinfecting products must be used in accordance with guidance from Safe Work Australia and the public health authority • Make sure Safety Data Sheets are available in the workplace for all cleaning products • Wear gloves when handling and preparing disinfectant solutions • Wear eye protection where there is risk of splashing
Disposal of waste	• Establish/document procedures for the safe disposal of contaminated waste, including sharps
Personal Protective Equipment (PPE)	• Document and implement policies and protocols around appropriate PPE use • Conduct an inventory of available PPE • PPE preservation: schedule appointments where staff are required to use PPE in blocks, where possible • Please email **providersupport@primaryhealthtas.com.au** to access available PPE from the National Medical Stockpile

Business continuity	• Consider if any staff work across multiple jobs/employment settings and the potential risks • Consider and plan for consequences if the practice has to close for a period • Review and consider what work can be re-organised, delayed, shared or referred e.g. reschedule non-urgent appointments • Identify any additional workforce capacity – redeploy staff; hire additional staff; use locums; recruit retired healthcare providers; upskill staff • Consider staff ability and willingness to provide off-site visits: where and when; which staff; cleaning; disposal of clinical waste; documentation; visits via telehealth; prepare a kit of equipment and PPE required to conduct these visits • Provide staff with a VPN to ensure they can work from home • Consider the practicalities of working from home including providing prescriptions, referrals, pathology forms etc to patients; the need to be able to offer a face-to-face consultation if required (information on electronic prescribing and the healthdirect Video Call pilot can be found at **https://www.primaryhealthtas.com.au/for-health-professionals/novel-coronavirus-response** • Consider if staff and patients can be allocated to teams that do not mix during work or after hours



Section two

Implications for general practice and primary care settings during different COVID-19 pandemic phases

Zero cases (and more than 28 days since last case)

Low pre-test probability

Period of enhanced testing involves maintaining high levels of testing to detect cases: test all persons with symptoms, even if mild

Symptomatic patients to put on mask and perform hand hygiene prior to entering the practice

Healthcare worker and community understanding, and acceptance of widespread testing is required

Always follow *Standard Precautions* **(bit.ly/3hpnjj0)**

The need for a gown or apron is based on risk assessment

Transmission-based precautions, in addition to standard precautions, should be used where there is a plausible suspicion or risk of COVID-19. Refer to *Personal protective equipment for contact and droplet precautions* **(bit.ly/32HsKFD)**

Practice set-up

Maintain entry controls – interstate and overseas travellers, close contacts of confirmed cases, and healthcare workers must be identified prior to entering the practice and risk assessed depending on their specific situation

Maintain capacity for telehealth and working from home

Cohort patients or hold separate clinics for patients with acute respiratory symptoms

Enhance preparedness e.g. training, practise scenarios, documentation

Identify high-risk or vulnerable patients who may need extra support

Chronic disease management – review management plans, encourage lifestyle and medical management as appropriate

Refer to the *Australian Health Protection Principal Committee (AHPPC) statement on recommendations for managing of health risk as COVID-19 measures lift* **(bit.ly/3fOsM2g)**

Sporadic cases and <14 days since the last case

The possibility of an unrecognised case entering a general practice is increased

Transmission-based (contact and droplet) precautions **(bit.ly/32HsKFD)** for:

- all patients with acute respiratory symptoms
- COVID-19 sample collection

Cohort or separate clinics for patients with acute respiratory clinics or refer for testing to GP-led or Tasmanian Health Service respiratory clinic

Symptomatic patients to put on mask and perform hand hygiene prior to entering the practice

Clusters or localised outbreaks (multiple cases daily in a defined geographical area)

Practices in non-affected areas – as above with heightened vigilance, screening, and triage as per advice from Public Health Services

Ensure enhanced screening of patients by telephone and again prior to entry

Patients attending from affected areas should be:

- seen with transmission-based precautions **(bit.ly/32HsKFD)**
- cohorted

Practices in affected areas – advice will be issued by Public Health Services

The possibility of one or multiple COVID-19 affected persons presenting to the practice is increased

Possibility of staff attending work whilst COVID-19 affected is increased

Review or enact your outbreak management plan as appropriate

Monitor Public Health Services advice daily

Increase staff communication e.g. meeting twice weekly via teleconference to discuss situation and response

Enact staff support plans to ensure staff confidence, mental health and preparedness

Consider work arrangements for at-risk staff members

Enhance screening of staff for symptoms prior to commencing work

Enhance screening of patients for symptoms prior to entry

Staff to use contact and droplet precautions for all patients with respiratory symptoms

Symptomatic patients to put on mask and perform hand hygiene prior to entering the practice

The potential for exposure to a severely unwell COVID-19 patient is increased

Patients with pneumonia-like symptoms (fever, difficulty breathing, frequent, productive coughing and/or tachypnoea, etc) should be referred to and managed in hospital

If symptoms are severe, call 000 and advise the operator of a potential COVID-19 risk

If the clinic continues to provide face-to-face services:

Consider conducting non-essential face-to-face consults via telehealth

Conduct essential face-to-face consults with transmission-based precautions

Minimise face-to-face time by conducting some of the consultation via telehealth

Limit visitors to essential persons (patient and minimum number of carers)

Symptomatic patients to put on mask and perform hand hygiene prior to entering the practice

Further alter physical environment to enable cleaning/decontamination between patients

Decrease exposed equipment in rooms

Consider electronic delivery of documents, prescriptions, pathology and imaging requests

Enhanced cleaning protocols – see Section 4 and *Environmental cleaning and disinfection principles for health and residential care facilities* **(bit.ly/2BoKKJU)**

Contact at-risk patients to assess their needs during a lockdown or self-imposed period of isolation

Enact plans to ensure safe continuity of care for any off-site visits e.g. home visits, residential aged care facility visits

Review plans to support patients in the case of the clinic closure (other practices within group, arrangements with nearby practices)

Community transmission statewide

Follow advice and directions provided by Public Health Services and state emergency protocols

Links to resources in this section

Guidance on use of personal protective equipment (PPE) in non-inpatient healthcare settings, during the COVID-19 outbreak

https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-covid-19-guidance-on-use-of-personal-protective-equipment-ppe-in-non-inpatient-health-care-settings-during-the-covid-19-outbreak_1.pdf

Standard Precautions

https://www.safetyandquality.gov.au/sites/default/files/migrated/Approach-3-Standard-Precautions-Photo-PDF-693KB.pdf

Infection Prevention and Control Signage

https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/infection-control-signage

Australian Health Protection Principal Committee (AHPPC) statement on recommendations for managing of health risk as COVID-19 measures lift

https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-recommendations-for-managing-of-health-risk-as-covid-19-measures-lift

Personal protective equipment for contact and droplet precautions

https://coronavirus.tas.gov.au/__data/assets/pdf_file/0035/87974/PPE-for-Contact-and-Droplet-Precautions.pdf

Environmental cleaning and disinfection principles for health and residential care facilities

https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf

Section three

Roles and responsibilities – confirmed case of COVID-19 in a staff member

Details of modes of transmission, incubation period, infectious period and case definition may change over time – check the online version of the *CDNA Series of National Guidelines (SoNGs)* **(bit.ly/2CrcQEV)**

Case management

(CDPU = Communicable Disease Prevention Unit, Public Health Services, Department of Health, Tasmania)

TASK	ROLE	RESPONSIBLE BODY
Notify COVID-19 positive cases	Confirm the result	Laboratory sends all positive results to CDPU and testing clinician CDPU will confirm the relevant pathology test result CDPU will contact the testing GP (if relevant) and discuss next steps – positive cases are referred to GP Assist by CDPU for assessment and management
	Contact COVID-19 positive case	CDPU will contact the positive case and inform them of their result

Case management	**Clinical case management** • Assess where case should be clinically managed e.g. hospital, home, other community settings (identified by Public Health Services) • Provide advice regarding clinical management. Largely supportive treatment, vigilance for and treatment of complications • Daily contact with case	GP Assist
	Public Health Services case management • CDPU will provide advice regarding the next steps regarding public health management • Confirm the onset date and symptoms of the illness • Identify the likely source of infection • Determine when the staff member last worked, the nature of the work, interactions with others • Identify close contacts • Educate case about the nature of the illness, importance of isolation and infection control measures that prevent transmission – provide a fact sheet to cases and their household contacts • Daily contact to ensure remain in isolation and enable social care if required • Perform a risk assessment regarding the suitability of living arrangements	CDPU
	Release from isolation • Must meet the criteria set out in the CDNA SoNG **(bit.ly/3fOtmgE)**	GP Assist and CDPU
Notify the employer	• CDPU will contact the employer with advice regarding public health management • The employee may also notify the employer	CDPU Employer to nominate a key contact person to liaise with CDPU
Notify WorkSafe Tasmania	The requirements and process for notification to WorkSafe Tasmania can be found here: *Incident notification for COVID-19* **(bit.ly/3juA4us)**	Employer

Contact management

(CDPU = Communicable Disease Prevention Unit, Public Health Services, Department of Health, Tasmania)

TASK	ROLE	RESPONSIBLE BODY
Identify close contacts (household, staff and patients)	Determine those considered close contacts of the case so they can be contacted and assessed – refer to definition of 'close contacts' in SoNG **(bit.ly/3fOtmgE)**	CDPU interview case Employer provide a list of staff and patient contacts to CDPU (including current contact details) e.g. staff rosters, appointment records
	• Interview close contacts to ensure they should be classified as a close contact • Collect demographic and epidemiological data • Provide close contacts with information • Advise to self-quarantine at home for 14 days following the last close contact with the case whilst infectious • Public Health Services follow-up. Daily contact to ensure remain in self-isolation; enable social care if required • Advise to self-monitor for the development of symptoms for 14 days after the last exposure to the infectious case • Advise close contacts to call the Public Health Hotline if they develop symptoms or call 000 if severe symptoms	CDPU
	• Release from isolation • Must meet the criteria set out in CDNA SoNG	CDPU
Identify close contacts most at risk of severe disease	Develop a list of staff and patients who are at highest risk of severe disease using the *Advice for people at risk of COVID-19* **(bit.ly/3fQTx6i)**	Employer and CDPU

Identify all other contacts	Contacts who do not meet the close contact definition but may have had some exposure to the infectious case should be identified and given information, where feasible	CDPU to provide the messaging to be sent to contacts CDPU and practice key contact to liaise to decide how best to distribute messaging
Media	Direct all media enquiries to CDPU	CDPU to ensure employers aware of media arrangements
Business continuity	**Enact business continuity plan** • On the advice provided by CDPU, determine what measures need to be undertaken to continue to operate safely. For example, consider the number of staff cases and the number of staff close contacts who need to self-isolate; does the building need to close; can consults be conducted via telehealth from another site; how will this be communicated to patients; what cleaning is required • Practice staff should not attend work at a different facility (e.g. aged care setting, hospital setting) until the outbreak is declared over • Staff (including cleaners, visiting staff, contractors, etc) should be screened for symptoms prior to commencing work • All staff should self-monitor for signs and symptoms of acute respiratory illness and self-exclude from work if unwell, even if appropriate PPE has been used	CDPU provides advice to employer Employer implements advice
Enhanced testing	Depending on a number of factors, Public Health Services may require an enhanced testing regime regardless of symptoms during an outbreak	CDPU
Declare the outbreak over	In most circumstances, an outbreak can be declared as over 14 days post isolation of the last case	Director of Public Health declares the outbreak over CDPU will notify the employer
Debrief/ evaluation	Consider conducting a debrief with staff around outbreak management and update plans, policies or processes as required	Employer
	Once the outbreak is over, Public Health Services should ensure that cluster reports are provided to relevant stakeholders and that data is summarised appropriately	CDPU

Links to resources in this section

Communicable Diseases Network Australia (CDNA) Series of National Guidelines (SoNGs)

https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdnasongs.htm

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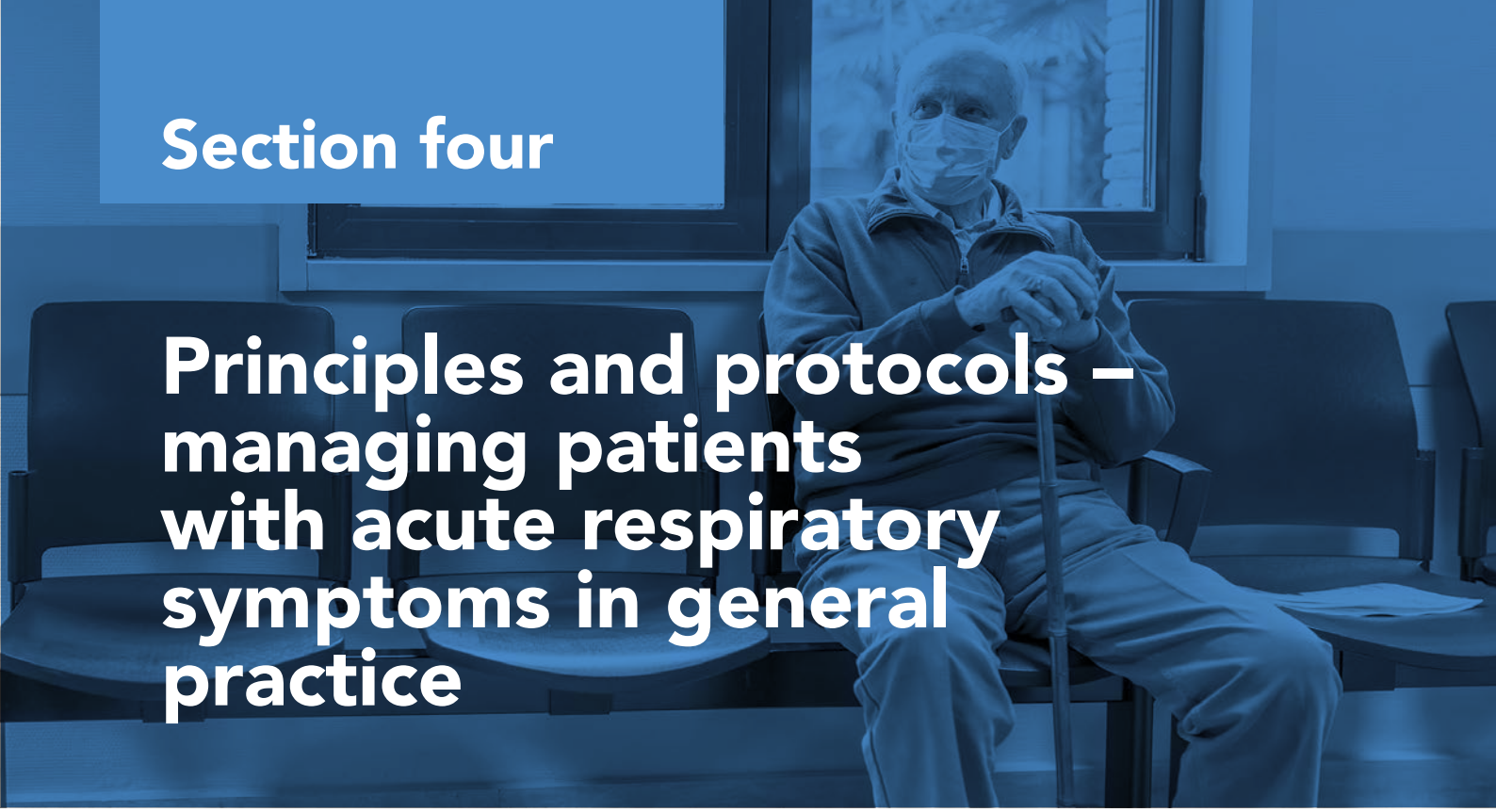
Incident notification for COVID-19

https://www.worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/incident-notification-for-covid-19

Advice for people at risk of COVID-19

https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19



Section four

Principles and protocols – managing patients with acute respiratory symptoms in general practice

Isolation rooms in general practice

A dedicated room to see patients with acute respiratory symptoms is an asset to general practice. It provides a place to provide continuity of care to these patients and enhances the safety of staff working in the practice.

Room organisation

Equipment in isolation rooms should be kept to a minimum (see example equipment below).

Organise the room to:

- store clean equipment and potentially contaminated equipment prior to its cleaning/ decontamination and re-use
- store PPE/don PPE without the risk of contamination
- allow for the safe doffing of PPE
- allow for the safe decontamination of hands
- allow for the cleaning of patient areas.

If low-risk patients are seen, this could be achieved with physical distancing alone.

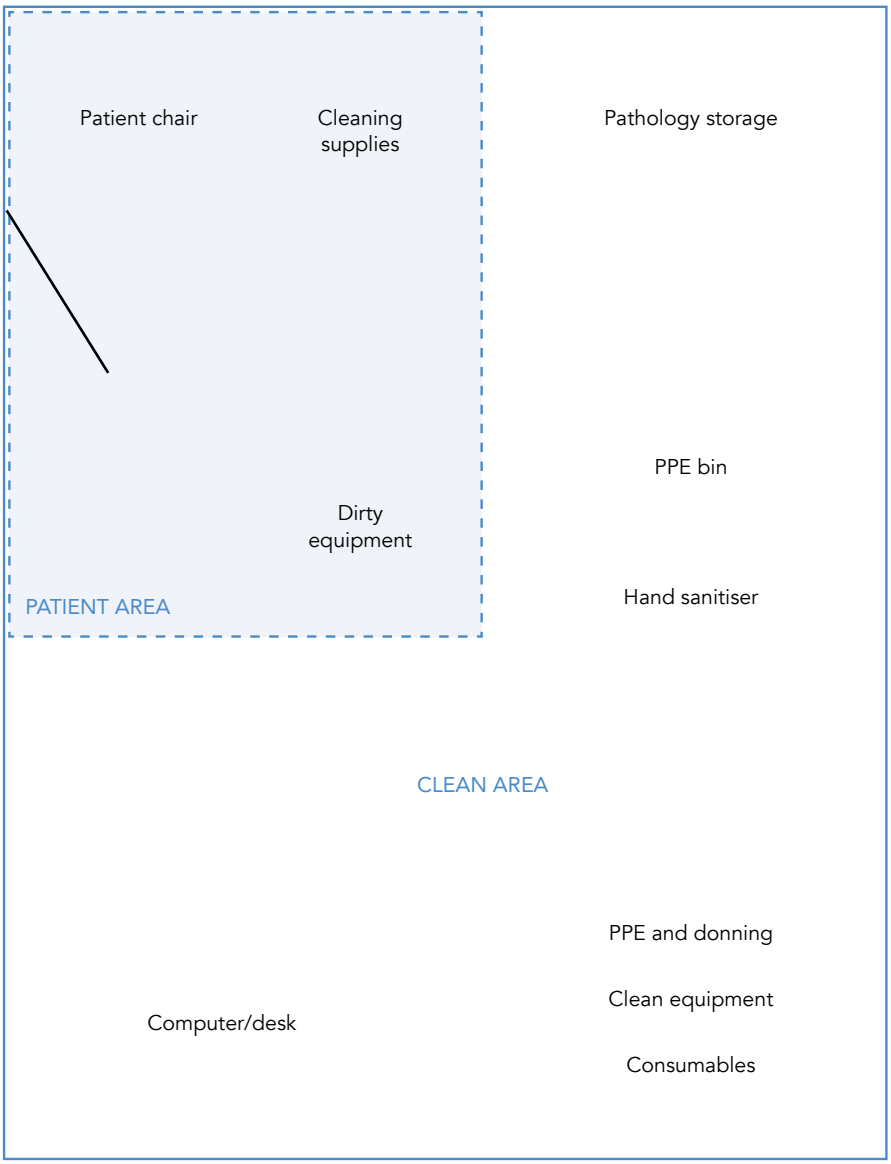
To achieve this with high-risk patients, physically separate areas may be required for donning and doffing of PPE. This could be achieved by installing temporary internal walls, or – if separate clinic times are used – by using separate clinic areas for this purpose.

It is not necessary to doff eyewear, mask and gown between patients, so you may choose to only store gloves in the room where patients are seen and utilise separate areas of the clinic for donning and doffing at the start and end of a clinic session where patients at risk of COVID-19 will be seen.

If low-risk patients are seen the floor need not be mopped between sessions and carpet would be a reasonable floor covering, however if the intent is to see high-risk patients, then carpet needs to be covered or replaced with a material that can withstand mopping with a disinfectant in the intended patient area. This is not necessary in rooms intended for donning and doffing only.

Example isolation room

This room could have a separate entry and exit or be run during times when other patients are not attending the clinic. The patient would be asked to wait in their car or nearby, prior to being seen.



PATIENT AREA (may be indicated on the floor by tape, or possible judicious use of Perspex screens if appropriate)

DOOR

In the example at left, the process for seeing a patient would be:

1. Doctor is in the clean area (wearing mask, eye wear, gown)
2. Doctor calls the patient into the room, and directs the patient to the chair
3. Doctor asks any necessary questions
4. Doctor collects any necessary supplies, labels any pathology containers with patient details, dons gloves
5. Enters patient area, performs any necessary examination and pathology collection
6. Answers any further questions, and directs patient on how to leave safely
7. Doctor cleans:
   – patient area (chair and door handle)
   – dirty equipment
   – pathology bags
8. Doffs gloves and sanitises hands
9. Collects:
   – reprocessed equipment and places in clean equipment area
   – pathology bags and places in pathology tub
10. Sanitises hands
11. Completes notes and records billing
12. Calls next patient

Example equipment for an isolation room

Furniture	• Patient chair • Computer desk (+/- doctor's chair) • PPE bin • Drawers for storing ppe consumables • Table/drawers for cleaning supplies • Plastic tub for pathology specimens
Clinical equipment	• Sphygmomanometers with cuff that can be cleaned/ decontaminated, or disposable cuffs • Pulse oximeter • Stethoscope • TM thermometer • Otoscope
Clinical consumables	• Otoscope earpieces • Tongue depressors • Thermometer covers
PPE	• Surgical masks • Face shields • Eye protection • Gloves • Surgical gowns
Cleaning equipment	• Mop • Mop bucket
Cleaning disposables	• Biohazard bin liners • Impregnated cleaning wipes • Disposable mob heads/ covers • Bin liner zip ties • Eye protection • Chemical resistant gloves • Surgical masks (if required) • Isolation gowns (if required)

Notes about reprocessing eye wear

Eye wear is commonly designed to not be disposable
Direction should be sought from the manufacturer regarding cleaning and decontamination of relevant eye wear
Many disinfectants (alcohol, bleach, quaternary ammonium chlorides) damage anti-fog properties of the eye wear, impeding usability
Disposable eye wear exists
Eye wear need not be changed between patients with acute respiratory symptoms who are seen consecutively – thus disposable eye wear may be a preferable option to reprocessing
If reprocessing is required – a method to achieve this should be developed, documented, and quality assured by the clinic

	The highest rate of transmission which the patient has been exposed to in the past 14 days					
	Zero cases		Sporadic cases		COVID-affected area	
	General population	Healthcare worker	General population	Healthcare worker	General population	Healthcare worker
No acute respiratory symptoms	Minimal risk	Minimal risk	Low risk	Low risk	Low risk*	High risk
Acute respiratory symptoms	Low risk	Low risk	High risk	High risk	High risk	High risk

*Refer to Public Health Services – in some areas, all patients may be considered high risk

Enhanced cleaning and decontamination

Information for adapting the standards for regular cleaning and decontamination has been provided by the Australian Government Department of Health: *Environmental cleaning and disinfection principles for health and residential care facilities* **(bit.ly/3eNYtrd)**.

Primary Health Tasmania has worked with the Tasmanian Infection Prevention and Control Unit (TIPCU) to make the following suggestions to practices, based on the NHMRC and Tasmanian Health Service guidance. Cleaning protocols must be adjusted for the level of exposure to potential COVID-19 cases that the clinic is experiencing. An example risk matrix is provided above, however each clinic must develop its own risk assessments based on best available information.

Example risk matrix

The cleaning risk is determined by the highest risk patient who attends the clinic. Every effort should be made to cohort patients according to risk. If a higher risk patient unexpectedly attends, it is necessary to clean between patients using the higher risk procedures prior to seeing subsequent lower risk patients and use the higher risk cleaning protocol at the end of the clinic, as far as is feasible.

Cleaning between patients

COVID-19 risk and recommendation

Areas to be cleaned and/or decontaminated between patients

- All equipment that has been used on a patient
- Pathology bags containing pathology samples
- Patient chair
- Door handles

Minimal

- Standard precautions
- No cleaning of physical area between patients unless obvious contamination of the environment
- Medical equipment used on patient should be cleaned after patient use as per manufacturer's directions

Low

- Clean with detergent between patients, decontamination unnecessary
- 1 minute should be adequate time between patients to allow for cleaning

High

- Clean and decontaminate between patients
- 3 to 5 minutes between patients will be necessary for this process, as the decontaminating agent will need to be in place for the recommended period (typically 1 to 2 minutes)

Cleaning and decontaminating at the end of a session

COVID-19 risk and recommendation

Minimal

- Cleaning as per clinic's usual process
- Consider increasing frequency to two or more times per week
- Removal of waste as per usual procedures

Low

- Appropriate PPE for cleaning should be worn as required:
  - eye protection
  - chemical gloves
- Detergent and physical wiping for:
  - all horizontal surfaces
  - all equipment
- Vacuuming or mopping of floor
- Regular cleaning agents for mopping may be used
- Removal of waste as per usual procedures

High

- Appropriate PPE worn:
  - eye protection
  - surgical mask
  - chemical gloves
  - gown
- 'Two-step' cleaning with detergent then disinfectant, or '2 in 1' cleaning with appropriate combined detergent and disinfectant:
  - all horizontal surfaces
  - all equipment including patient chair, pathology collection container, bins, door handles (check the manufacturer's cleaning instructions for devices such as stethoscopes)
  - mopping of floors
- Removal of waste:
  - disposal of used PPE
  - use of biohazard bags
  - bags sealed with zip ties prior to removal from bin
  - disposed using clinic procedures for infectious waste

Item	Specifications	
Environmental surfaces Examples: light switch, power point, walls, floors, door handle, keyboard, mouse, desk	**Detergent solution**	• Neutral pH or mildly alkaline
	Disinfectant solution	• Hospital grade • A minimum of 1000 ppm available chlorine, when used according to the manufacturer's directions, AND • Complies with TGO 104 AND • A single disinfectant used after a detergent clean, or a combined detergent-disinfectant (2 in 1)
	Wipes – detergent-disinfectant	• Must meet the detergent-disinfectant specifications for environmental surfaces • May be a single wipe (detergent-disinfectant) or a combined detergent-disinfectant
Medical devices – non-critical Examples: sphygmomanometer, stethoscope, temperature probe	**Detergent (solution or wipe)**	• Medical device included in Class I on the Australian Register of Therapeutic Goods (ARTG)
	Disinfectant solution*	• Medical device included in Class IIb on the ARTG, AND • A minimum of 1000 ppm available chlorine, when used according to the manufacturer's directions, AND • A single disinfectant used after a detergent clean, or a combined detergent-disinfectant (2 in 1)
	Disinfectant wipe*	• Medical device included in Class IIb on the ARTG, AND • A minimum of 1000 ppm available chlorine OR hydrogen peroxide • May be a single disinfectant wipe or combined with detergent

* If a disinfectant is required but the recommended disinfectant/s are not compatible with the medical device, follow the manufacturer's instructions for disinfection ensuring the disinfectant is a medical device included in Class IIb on the ARTG.

Safety Data Sheets (SDS) and instructions for product use must be accessible in all areas where approved products are stored. If additional information is required, Chem-Alert can be accessed to print a label and SDS.

Cleaning procedures

Modified from the Tasmanian Health Service protocol *Environmental cleaning including blood and body fluid spill management*.

Cleaning products

Cleaning solutions must:

- be prepared daily as per the manufacturer's instructions or dispensed as required from a chemical bank
- display the date and time of preparation, if a prepared solution
- not be decanted from one storage container to another or 'topped up'
- be used according to the manufacturer's recommendations for dilution, temperature, water hardness and contact time.

Cleaning wipes must:

- be used according to manufacturer's recommendations, particularly for storage and cleaning technique.

Only approved cleaning products that meet the specifications outlined in the table on page 24 should be used (table content adapted from Tasmanian Health Service fact sheet).

Cleaning equipment and maintenance

Cleaning equipment must be fit for purpose and be stored in dedicated and conveniently located areas (e.g. housekeeping cupboards).

Mop heads must be:

- changed between each room in patient care areas such as between patient rooms
- changed after cleaning isolation rooms or cleaning blood or body substance spills.

Mop and cleaning buckets must be emptied after use in each room, washed with detergent and warm water and stored dry.

General cleaning practices

The following general cleaning practices apply to cleaning environmental surfaces in clinical areas:

- Use standard precautions for all environmental cleaning
- Gather materials required for cleaning before entering the room/area
- Follow the manufacturer's instructions for cleaning products, including appropriate dilution and contact time for disinfectant solutions and the cleaning technique when using wipes
- Perform hand hygiene and put on appropriate PPE on entering the room
- Use physical friction when cleaning
- Clean from the least to the most soiled areas
- Clean from high surfaces to low surfaces
- If a bucket of solution is used, do not double-dip cloths into the bucket
- Do not shake out cloths
- Change the cleaning cloth, as a minimum:
  - after cleaning heavily soiled areas and toilets
  - when it becomes soiled
- Dry mop the floor, prior to cleaning with a wet/damp mop
- Remove PPE and perform hand hygiene on leaving the room
- Clean, dry and store cleaning and disinfecting equipment after use
- Launder and dry used mop heads and cloths before re-use
- Dispose of single-use cloths immediately after use
- Report any damaged items to appropriate person.

Carpet

Vacuum carpet with a well-maintained vacuum fitted with high efficiency particulate air (HEPA) filters. A comprehensive maintenance and replacement program should be in place complying with AS/NZS 3733, which includes a regular schedule of carpet cleaning as per an area/service cleaning schedule.

Manage spills on carpet by removing as much of the spill as possible then clean using a hot water extraction method or according to the carpet manufacturer's recommendations.

Non-critical medical devices

Non-critical medical devices are medical devices that only come into contact with intact skin and not mucous membranes – such as a stethoscope, thermometer, sphygmomanometer. They should be cleaned in accordance with the manufacturer's instructions.

Protective coverings

Covers may be used to protect difficult-to-clean items or equipment from contamination, such as mattresses and pillows, and must be:

- cleaned between patients and when visibly soiled
- inspected for damage regularly.

Dispose of the item and cover if there is evidence of liquid penetration of the item that cannot be cleaned.

Blood and body fluid spill management

When cleaning blood and body fluid spills:

- display wet floor signage
- limit activity around the spill until the area has been cleaned, disinfected, and is completely dry
- safely remove and discard any broken glass or sharp materials
- do not use alcohol solutions to clean spills.

Spill kits or the following disposable items should be readily available: a scoop and scraper, single-use gloves, protective apron, surgical mask and eye protection, absorbent agent, and clinical waste bags.

Use a detergent product for cleaning a blood or body fluid spill on ***soft furnishings*** and allow to dry before re-use. Disinfect the soft furnishings according to manufacturer's instructions. Soft furnishings and carpet can be wet vacuumed.

Spot cleaning	• Select appropriate PPE • Wipe up spot immediately with a damp cloth, tissue, paper towel or wipe • Discard contaminated materials in the relevant waste stream • Remove PPE and perform hand hygiene
Small spills (up to 10cm diameter)	• Select appropriate PPE • Wipe up spill immediately with absorbent material such as paper towel • Place contaminated absorbent material into impervious container or plastic bag for disposal in the relevant waste stream • Clean area with warm water and detergent using a disposable cloth/wipe • Wipe the area with disinfectant and allow to dry • Remove PPE and perform hand hygiene

Large spills (greater than 10cm diameter)	• Select appropriate PPE • Confine excess liquid using disposable paper towels and/or an absorbent clumping agent such as absorbent granules • Place all contaminated items into impervious container or plastic bag for disposal in the relevant waste stream • Mop the area with warm water and detergent • Wipe the area with disinfectant and allow to dry • Remove PPE and perform hand hygiene

Adapted from *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*
(bit.ly/2OKjbxA)

Links to resources in this section

COVID-19 environmental cleaning and disinfection principles for health and residential care facilities

https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities.pdf

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019

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