

## AFC response to Covid 19 March 2020

### Table of Contents

Executive Summary of impending changes for all staff of AFC.....	2
Purpose of the document.....	2
Philosophy.....	2
Covid 19 response team .....	2
Aims.....	2
Timetable .....	3
Basic Safety for all Staff.....	4
How can you be infected?.....	4
Correspondence for patients on website.....	5
COVID-19 Clinics and Testing Centres.....	9
Drive-through Testing.....	9
Correspondence for doctors.....	11
Correspondence for receptionists.....	16
Correspondence for nurses.....	18
Correspondence for specialists.....	22
Correspondence for allied health .....	23
Correspondence for neighbour clinics .....	23
Correspondence for NALHN .....	23
Correspondence for APHN.....	23
Documents for Drs desks.....	23
Documents for reception staff.....	23
Documents for patients .....	23
Sick Staff.....	24
Staff in isolation .....	24
Requests to Business Manager.....	25
Requests to IT.....	26
Requests to cleaners.....	27
Requests to telephony.....	27
Requests to handy man.....	28
Primary Correspondence.....	29
Appendix 1: If you think you have Covid 19 PDF.....	35
Appendix 2: COVID-19 Phone Consultation:.....	35
Appendix 3: COVID-19 Case Definition .....	41
Appendix 4: MBS Phone Consults.....	43
Appendix 5: See Infection Control PDF.....	47
Appendix 6: See Dept' of Health Guidelines on Covid 19 and PPE.....	47
Appendix 7: Actions to take if you believe yourself to be contaminated.....	47

## AFC response to Covid 19 March 2020

### Executive Summary of impending changes for all staff of AFC

#### Purpose of the document

- This is an action document.
- It does not enter into arguments about 'why' but plans the Australian Family Care response to the unfolding Covid 19 epidemic.
- We must change our behaviour rapidly and do so in a coordinated fashion.
- It is our opinion at the moment that we need to think of this as a war like environment
- We must plan to protect staff. If we are incapacitated or worse we can't help anyone.

#### Philosophy

- The current Covid 19 epidemic forces us to modify our models of care.
- The primary aim of the changes is to protect our patients and staff while maintaining clinical capacity
- We wish to also play our own part in helping protect the total health care system by implementing strategies which will 'flatten the curve'
- **Every endeavour is aimed at increasing social separation as much as possible. The further apart we are and the fewer persons per square metre the better.**

#### Covid 19 response team

- Dr Brian Symon (all correspondence)      [brian.symon@australianfamilycare.com](mailto:brian.symon@australianfamilycare.com)
- Dr Renee Petrilli (all correspondence)      [renee.petrilli@gmail.com](mailto:renee.petrilli@gmail.com)
- Kevin Grey (operational and financial matters)      [kevin.gray@australianfamilycare.com](mailto:kevin.gray@australianfamilycare.com)

#### Aims

- To keep patients and staff as safe as possible
- **To move to a phone based system of patient encounter as much as possible and as rapidly as possible**
- To prepare for an overwhelmed tertiary health care system
- To prepare for the impending flu vax season
- To prepare for a time when Covid 19 immunisation becomes available
- To consider a return to normal (if that is a reality)

**AFC response to Covid 19 March 2020**
**Timetable**

Activity	Date	Responsible party	Done
Release plan to Directors. Discuss and gain group agreement.	22 <sup>nd</sup>	Dr Brian Symon	
Release plan to staff	23 <sup>rd</sup>	Principals at each clinic	
Staff safety measures implemented	23 <sup>rd</sup> to 27 <sup>th</sup>	Principals at each clinic	
Reception plan distributed	23 <sup>rd</sup> March	Dr Brian Symon	
Nursing plan distributed	23 <sup>rd</sup>	Dr Brian Symon	
Website updated	23 <sup>rd</sup>	Pankaj	
Triage to phone consults begins	23 <sup>rd</sup>	All reception staff	
Practices are ready to implement phone consults by end of week	27 <sup>th</sup>	All staff	

## AFC response to Covid 19 March 2020

### Basic Safety for all Staff

- We will move to upgrade safety in the workplace
  - Masks will be worn by every staff member 100% of the time while in the workplace unless eating
  - If you are in direct or indirect contact with patients wear disposable plastic gloves and at all times
  - Use hand sanitiser as often as possible and definitely with every change of gloves
  - Equipment that is used such as phones, photocopiers, fax machines, keyboards, mouse should be wiped after use.
  - Cleaners will clean each workstation daily.
  - Pens should not be shared between staff-members.

### How can you be infected?

As is so often the problem in life it's little **BITS** and pieces.

You can be infected by this virus in a number of ways.

**B:** Breathe it in. Protect your airway with a mask. Encourage those sharing your air space to wear a mask.

**I:** Ingest. Prepare food for yourself and your immediate family with strict hygiene. Do not share food outside of the immediate family. Do not share common sources of food at work ie biscuit barrels are gone.

**T:** Touch. Wear gloves, change gloves, wash hands. Hand sanitiser. If your fingers have been in contact with a surface which might be contaminated then clean your hands

If you are on a bus or a train or a plane. Why are you there? If it is essential then clean everything that you have to touch if at all possible. Carry hand wipes.

**S:** Sex or intimate contact. Maybe none of our business. Be safe. Casual sex at the moment is questionable at the least. Have a safe circle of your immediate family and stay there.

## AFC response to Covid 19 March 2020

### Correspondence for patients on website

#### Document 1:

- this is to occur on the Australian Family Care home page:

#### Covid 19 Epidemic

- The Covid-19 virus has changed health care delivery.
- The way you will receive care is to change for the foreseeable future
- Select [document 2](#) to read more important information.

## AFC response to Covid 19 March 2020

### Document 2:

To: All patients

From: Dr Brian Symon and Dr Renee Petrilli (The Covid 19 response team)

Date: Monday, 23 March 2020 (last updated)

Re: Covid 19

To our patients.

As health care professionals our first responsibility is to those for whom we care.

The current situation with Covid 19 forces us to modify our models of health care delivery.

The aim of the changes is to protect our patients and staff.

We must modify our practice systems completely until this pandemic has resolved.

#### 1. **We urge you to stay at home.**

- It is clear that the most effective strategy to protect yourself is to stay away from potentially infected people.
- Only leave your home for urgent matters.
- Practice personal hygiene with hand washing, hand sanitiser, cough etiquette and attempt to maintain a distance of something in excess of 1.5 metres from others if you are in a group
- Be especially aware that mortality rises sharply over 60 years of age.

#### 2. **Medical services must change.**

- A medical practice is a place where people who are unwell come together.
- At the moment this puts staff and other patients at risk and we will make major changes to maximise the protections to staff and patients.
- To the best of our ability we will be providing consults by phone or video.

#### 3. **Covid 19 testing**

- **We are unable to offer this service at the moment.**
- Please use the public clinics established for testing of at risk persons.
  -
- As soon as this changes we will place notifications on our website <https://www.australianfamilycare.com/>
- We cannot provide clearance certificates for COVID-19 unless we receive written evidence of your being tested and confirmed as negative.

#### 4. **Are you at risk and do you qualify for testing?**

- **these guidelines will change by the nature of this epidemic**
  - These clinics are for people who have COVID-19 symptoms (especially fever or cough)
  - **AND**

## AFC response to Covid 19 March 2020

- have recently returned from overseas **OR** have had contact with a known COVID-19 case.

### 5. Routine consultations at Australian Family Care

- Please delay any routine visits to the medical centre
- Phone to request a telephone consultation
- We will not be offering in person consults for routine services

### 6. Prescription renewals:

- If you need a prescription renewal there are a number of options.
  - ask your pharmacy to extend your current prescription.
  - ask the pharmacy to fax a script request to the surgery.
  - please only book a telephone consultation for a prescription renewal if you would like to speak to the GP about adjusting your present dose.
  - during this pandemic we will **not be charging** an additional fee for faxed renewals.

### 7. Existing appointments

- If you have an existing appointment, our office may contact you to arrange a telephone or (soon) video consultation instead of an in-person visit.
- Please note that, for telephone appointments, you may receive a call from a blocked number around the scheduled time.
- Be sure to answer the telephone.

### 8. New appointments

- Our GPs are available for telephone consultations.
- These can be booked by calling our reception at the normal practice number.
- Online bookings are available but you may receive a phone call to review the reasons for the visit.
- At this time, GP resources are limited due to the pandemic. Therefore, we request that you only call for a physical face to face appointment to address an urgent matter.
- If your issue is not appropriate for a telephone consultation because it requires a physical examination, then you will be offered an in-person visit.

### 9. Immunisation of Babies and children.

- Immunisation is a fundamental protection for our community
- All children should continue with their normal immunisation protocol.
- These will be provided in your normal clinic by the usual staff.
- See below for guidance on in person consults

### 10. In-person visits:

- **Some GPs will be available on most weekdays for a limited number of in-person visits.**
- **These will include urgent issues that require a physical examination and well-baby visits that require vaccination.**
- **For your safety, our waiting room is closed.**
- **When you arrive for your appointment, please wait in your car or outside and call us to let us know you are here.**
- **We will call you back on your phone when we have a room available.**
- **Please DO NOT walk-in to our clinic without an appointment.**
- **This is necessary to protect the safety of our staff and other patients.**

## AFC response to Covid 19 March 2020

### 11. Results and referrals:

- We are carefully reviewing all incoming laboratory and imaging results and will call you back about any concerning or abnormal results.
- Specialist referrals will continue to be made as needed but by telephone consult.
- Please note that many specialist offices may be closed due to the pandemic, so wait times for specialist appointments will be longer than usual.
- Once again, in communicating results, you may receive a call from a blocked number.
- If you do not answer the phone, please be sure to check your voicemail regularly.

### 12. Sick notes:

- If you need a sick note telephone the surgery and request a phone consult to discuss how we can best help.

### 13. Patients at risk

- if you feel that you need medical care and have a high risk profile for example:
  - Believe that you may be infected with Covid 19
  - Over 70 years of age
  - Over 50 and ATSI/Torres strait Islander
  - Have a heart or lung condition
  - Immunocompromised
  - Parent of a baby less than 12 months
  - Pregnant
- please use the following flow chart.

### 14. If you think you may have COVID-19, please see the [flowchart below](#).

### 15. In conclusion: We are in this together.

- We want to assure you that we are here for you and are constantly designing models of care which can keep you as patients and our staff safe.
- We remain committed to doing everything we can to support your health.
- We also want to take every precaution to ensure we do not inadvertently put you at risk.
- We would like to reinforce the importance of hand cleaning hygiene
  
- We are confident if we all do our part as individuals, we can as a society best get through this pandemic.



## AFC response to Covid 19 March 2020

### Document 3

#### COVID-19 Clinics and Testing Centres

Dedicated COVID-19 clinics are open across metropolitan and regional South Australia:

- Royal Adelaide Hospital
- Flinders Medical Centre
- Lyell McEwin Hospital
- Women's and Children's Hospital
- Mount Barker Hospital

These clinics are for people who have COVID-19 symptoms (especially fever or cough) **AND** have recently returned from overseas **OR** have had contact with a known COVID-19 case.

By triaging, testing, and referring suspected or confirmed cases of COVID-19, these clinics will take pressure off our Emergency Departments in the event of an outbreak and help to minimise the spread of infection.

Planning is also underway for COVID-19 clinics in other regional Local Health Networks.

#### Drive-through Testing

A drive-through COVID-19 [collection centre](#) is located at the reactivated Repat' site. Tests can be taken with the patient still in the vehicle, minimising the risk of spreading the infection.

Drive-through COVID-19 testing clinics in Whyalla and Port Augusta are expected to be operational in the coming days.

Drive-through testing will support GPs who may not be able to perform the test in their own clinic.

Patients need a referral from their GP to access this service.

#### Home Testing

SA Pathology offers a dedicated metropolitan Adelaide [Domiciliary Service](#) staffed by nurses for the collection of potential COVID-19 specimens within a persons' home. Patients need a referral from their GP to access this service.

## AFC response to Covid 19 March 2020

### Document 4

See pdf Appendix 1 'If you think you have Covid 19'

## AFC response to Covid 19 March 2020

### Correspondence for doctors

***Before we move on please note one thing about your desk. We have employed extra cleaning staff and we will attempt to clean all desks that have been active that day at least once. Please take home any personal items, debris etc which impedes the ability to clean your desk.***

All non-acute GP services at Australian Family Care will be reduced to minimal levels. This is subject to certain exceptions including the need to provide time-sensitive care, or in order to avoid negative patient outcomes.

Patients will be discouraged from physically entering our clinics unless they have an approved face to face appointment.

Such measures will be employed to maintain the safety of staff and to reduce the risk of vulnerable groups being exposed to COVID-19.

A flowchart is available for patients to help guide their clinical service requests including requests for COVID-19 testing and medical certificates (see Appendix 1).

### Phone Services

Phone conferencing is now the preferred method of patient care. Appendix 2 outlines the phone conferencing process and provides a transcript to assist with patient assessment. It should be noted that at the time of writing, Australian Family Care is encouraging doctors to engage in phone conferencing only. Limitations are in place for video telehealth conferencing currently due to the inability to ensure patient confidentiality, security of information, and patient consent. As the pandemic unfolds however, it is likely that video telehealth conferencing will become a viable option.

Medicare has introduced bulk billed items to claim for phone services.

These item numbers are

- 91795, 91809, 91810 and 91811

At present these services can be used for patients at risk of COVID-19. This include people who:

- have been diagnosed with COVID-19 but haven't been admitted to hospital
- are required to isolate themselves following the advice from the Department of Health
- are considered susceptible to COVID-19
- meet the current national triage criteria for suspected COVID-19 infection (see Appendix 3)

## AFC response to Covid 19 March 2020

People are considered susceptible to COVID-19 if they are:

- over 70
- over 50 and of Aboriginal or Torres Strait Islander descent
- pregnant
- a parent of a child under 12 months old
- being treated for a chronic health condition or are immune compromised.

Doctors can also use these items if they are considered at risk of COVID-19 and require self-isolation.

For further information regarding MBS items, please see Appendix 4

At the time of writing, bulk billed telehealth items are unavailable for patient cases which fall outside of the above criteria. In the ever-evolving COVID-19 pandemic however, additional items are likely to be added to the MBS schedule. This will allow further flexibility in telehealth conferencing.

It should be noted that during the pandemic, AHPRA is prepared to be flexible whilst ensuring that medical practitioners maintain patient safety. For this reason, it is reasonable to assume that in the current context, GPs who employ telephone consults as their preferred method of patient consultation are likely to be operating within acceptable practice boundaries. Importantly, decisions should be made in the best interests of the patient. The pandemic requires a balancing of the risks inherent to telehealth along with those associated with the pandemic itself. Doctors must use their own professional and clinical judgement given the specific circumstances of each patient and the evolving nature of the pandemic. For specific medico-legal advice, doctors should contact their medical defence organisation.

### **Patient Cases**

#### Nursing Home Patients

Given the vulnerability of nursing home residents to COVID-19, nursing home visits should be avoided if at all possible. All non-essential services such as comprehensive medical assessments, RMMR, routine reviews should be postponed. Phone conferencing can be organised with nursing home staff. Prescriptions should be ordered by doctors over the phone and if scripts are required,

## AFC response to Covid 19 March 2020

these should be sent to preferred pharmacists. Family meetings can take place via teleconferencing.

In circumstances where patient assessment is absolutely necessary, doctors should ensure strict hand hygiene practices upon arrival. Face masks and gloves should be worn while assessing *all* patients despite presenting symptoms. Strict hand hygiene practices should occur between patient consults.

If a patient is displaying respiratory-like symptoms with a cough, full PPE should be worn. Information is provided in Appendices 6 and 7 regarding managing COVID-19 patients and wearing PPE, respectively.

### Mental Health Patients

The pandemic poses challenges for caring for patients with mental health conditions. Phone conferencing is available to help doctors continue to provide regular and ongoing care in a meaningful and connected way. Please refer to Appendix 2 to assist with phone conferencing.

### Children and Adolescents

Research suggests that children and adolescents have very mild illness or are asymptomatic when infected with COVID-19, thus they can become prime carriers of the disease. For this reason it is important that children and adolescents do not enter the clinics unless absolutely necessary.

Children who are not acutely unwell can be managed via phone conferencing or reviewed in the car (i.e., the patient remains in the car whilst the doctor examines the patient through a window).

Children who are not acutely unwell and are not at risk of COVID-19 infection, but require a procedure can be seen as in-patients. When assessing children, gloves should be worn so as to limit patient contact. Strict hand-washing should take place after any clinical exam or any procedure. Desks, chairs and medical equipment (e.g., stethoscopes, blood pressure cuffs) should be wiped down.

### Pregnant women and infants < 12 months old

The pandemic poses challenges for caring for pregnant women. At present, little is known about the effects of COVID-19 on pregnant women or children under 12 months of age. At present,

## **AFC response to Covid 19 March 2020**

these groups are considered high-risk and vulnerable to COVID-19. Phone conferencing is available to help doctors continue to provide regular and ongoing care in a meaningful way. All routine antenatal testing can be organised via telehealth. Childhood check-up and vaccinations should take place.

### **Prescriptions**

The COVID-19 pandemic has created unique challenges for the prescription of medications for patients. The need for social distancing and potentially self-isolation dramatically alter prescribing practices. For this reason, the following strategies will be employed:

- If a repeat prescription is required, patients should attempt to request a repeat script from the pharmacist.
- If a script is still required, a telehealth consultation appointment can be arranged by patients and a new script can be provided by a their doctor.
- All scripts should be sent to pharmacists via fax or post or scanned and emailed.

For schedule-8 medicines, it is likely that new practice guidelines will be available in the coming weeks. These practice guidelines will help to appropriately deviate from standard practice within the context of the pandemic.

Be mindful that pharmacists may soon be over-extended with the onset of the pandemic demands. Doctors should coordinate with pharmacists to help implement these new methods of prescribing.

### **COVID-19 Testing**

Definitions of COVID-19 cases can be found in Appendix 2.

Australian Family Care will no longer provide testing for COVID-19.

Dedicated COVID-19 clinics are open across metropolitan and regional South Australia as described above.

To arrange testing for a suspected case definition for COVID-19, take a history over the phone and advise suspected cases to isolate until you provide the result to your patient.

COVID-19 is now a controlled notifiable condition under the South Australian Public Health Act 2011. Doctors are required to notify the CDCB Medical Officer on call of any suspected cases on

## AFC response to Covid 19 March 2020

1300 232 272 (24 hours 7 days per week).

Doctors may choose to test any other patient with acute respiratory infection if considered clinically necessary. This testing can take place within in a car or as an in-patient if the doctor decides the patient is low-risk of COVID-19 infection.

### **Infection Control and PPE**

If you happen to encounter a patient who meets the suspected case definition of COVID-19 (see Appendix 2), key actions include:

- Place a surgical mask on the patient and isolate the patient in a single room with door closed.
- Use droplet and contact precautions (single-use surgical face mask, eye protection, gown and gloves).
- If required, respiratory specimens for corona virus COVID-19 PCR – naso-pharyngeal and throat swabs and sputum (if produced) should be taken.
- Blood (serum) - these samples may also be sent.

Current expert opinion suggests there is negligible risk of aerosolisation from taking a nose and throat swab in a patient with an acute respiratory infection. This means a single use surgical mask is now recommended for taking a nose and throat swab.

If the patient has symptoms and signs suggestive of pneumonia, however, there is a possibility that the viral load might be higher. An n95 mask should be used if available. These patients should be referred to hospital for treatment. Further information regarding COVID-19 patient assessment and management can be found in Appendices 5 and 6.

## AFC response to Covid 19 March 2020

### Correspondence for receptionists

Firstly the directors and doctors must thank you for the efforts that you have made and will be asked to make in this unprecedented time.

We depend upon you to be our ambassadors in normal times. Now you are ambassadors, diplomats, door keepers and protectors of both patients and staff.

There are a few key messages for the reception team.

- We will attempt to meet face to face with everyone this week.
- We all have to play a role in decreasing the number of patients coming to the surgery or to put in another way to increase the distance between all persons. The fewer persons per square metre the safer we are.
- You will be informing patients that there is a need to avoid their coming to the surgery to the best of our ability.
- Patients can make appointment BUT they will be called by the Dr to provide the consult via phone.
  - Please check that phone numbers are up to date and obtain an email address if possible
- You will triage the call into a number of levels
  - medically urgent calls will be handled by the triage nurse for the day
  - calls that are suitable for a phone call
  - minor enquires ie script refills, pathology forms. In that case you will not offer and appointment and send a task to the Dr.
- Some patients will be seen face to face:
  - medical emergencies
  - wounds, burns ie those things needing physical care
  - children who are very unwell in the opinion of the parents
  - children and adults needing immunisation



## AFC response to Covid 19 March 2020

Your need for safety.

- Staff safety is fundamental
- your desk or workstation is to be supplied with:
  - masks
  - hand sanitiser
  - access to disinfectant to provide added cleaning as deems appropriate by you
  - Daily cleaning
- Security
  - calling for help.
    - Make sure that you know of the application on your desktop which calls for help from colleagues
    - at reception be aware of the panic button and how it works in calling police

If you are too unwell to work.

- If you are sick then the normal privileges and protections of a sick employee exist and will be honoured

Your financial security

- Staff income protection
  - we are asking you to place the care of others before your own immediate safety.
  - If any staff are infected or possibly infected with Covid 19 and have to be at home their pay will continue.
  - If sick leave and annual leave are exhausted and you were infected as a result of your work then pay will continue without interruption until you are able to return to work up to a maximum of one month of additional sick leave.

## AFC response to Covid 19 March 2020

### Correspondence for nurses

#### COVID-19 Directive Nursing Staff

Firstly we wish to express our gratitude for your work. Not just the work which you always do but especially in assisting us through recent changes and in making a commitment to our team and our patients in the next few months. Without you we could not function

During the pandemic, nursing staff will continue to play a key role in assisting with primary healthcare delivery.

All non-acute general practice services will be reduced. Specifically, measures will be introduced to maintain the safety of staff and to reduce the risk of vulnerable groups being exposed to COVID-19.

The main changes to clinical practices include:

- Patients will no longer be able to physically enter our clinics unless they have an approved in-patient appointment.
- A flowchart is available for patients to help guide their clinical service requests including requests for COVID-19 testing and medical certificates (see Appendix 1).
- Telephone or video consultations will become the preferred method for clinical assessments and patient care. This will apply to nurses as well as doctors.

### Social distancing measures

For nursing staff, the following services are to be performed over the telephone:

- Triage calls referred to you from reception.
  - If you are a team of nurses ensure that there is a roster of people with appropriate confidence in assisting
  - Please ensure that reception knows who to contact on any given day
  - Make sure that reception knows how to contact the daily triage nurse.
- Health screening ie guiding an enquiry on how best to receive service
- Recalls
  - only urgent recalls will occur
- Patient education
  - much of this can occur over the phone ie talk about their care, medications, results
- Acute-and chronic-disease management
  - acute problems will occur ie laceration, burn, wound and you will triage that to a physical

## AFC response to Covid 19 March 2020

- consultations
  - chronic disease will be managed by phone
- Health assessments
  - only if urgently requested by the patients GP
- Care plan preparation
  - only if urgently requested if it is to be face to face or and preferably by phone

It will be challenging to perform some of these services via phone and some measurements will be unable to be performed (e.g., spirometry, blood pressure measurement). Most services however such as patient education, reinforcing key messages, and ensuring that patients are up to date with their prescriptions can be performed remotely. It is important to remember that some patients may have their own equipment (e.g., blood pressure machine, scales) which will assist with patient assessment over the phone. Patients who do not have their own equipment should be encouraged to purchase such items to assist with health monitoring.

Employing these social distancing strategies will improve the safety of patients and staff.

### **Vulnerable Groups**

One of the key issues to take into account during the COVID-19 pandemic is that there are many patients who fall into the vulnerable groups that are at risk of major complications from COVID-19 infection.

These vulnerable groups include at least the following:

- over 70 years
- over 50 years and of Aboriginal or Torres Strait Islander descent
- pregnant
- a parent of a child under 12 months old
- being treated for a chronic health condition or are immune compromised.

Keeping these patients away from our clinics is now 'best practice'. These patients should be encouraged to stay at home. Using the phone to consult with these patients will be fundamental to ensuring their safety

### **In-patient assessments**

- At times, in-patient assessments will be necessary. This includes childhood immunisations and clinical procedures ie sutures, wounds, burns etc.
- Patients have the ability to request an in-surgery assessment if they are not exhibiting COVID-19 symptoms (see Appendix 1).
- When any patient with respiratory symptoms enters a clinic, they must put on a mask. We may soon upgrade that to all patients.
- Patients must adhere to strict social distancing practices of 1.5m.
- When performing physical assessments or injections, clinicians must wear a face mask and gloves

## AFC response to Covid 19 March 2020

at all times.

- When patients leave the clinic, any items touching the patient (e.g., chair, stethoscope) should be wiped/washed with disinfectant.
- Clinicians should ensure strict hand-washing between patient consults.
- Patients are not to sign any documentation or handle any paperwork when they are in the clinic.
- Electronic methods and using the phone for patient follow-up should be used at all times for clinical communication.
- Check in machines must be cleaned with an appropriate cleaner each hour.

### Car- based assessments

- Car assessments are a valid method of patient care and are preferred to in-clinic assessments.
- When patients arrive at the clinic, they are asked to call reception and to describe their location and vehicle. Patients will be asked to park close to the building. We may in some sites be able to number parks and then patients can tell us they are in Car Park X.
- When ready, clinicians and/or nursing staff will exit the clinic and attend to the patient.
- When assessing patients through the car window, clinicians and/or nursing staff will wear a mask and gloves.
- If the patient is displaying cold-like symptoms, use droplet and contact precautions (single-use surgical face mask, eye protection, gown and gloves).
- Further information regarding infection control and PPE is below.

### Infection Control and PPE

If you happen to encounter a patient who meets the suspected case definition of COVID-19 (see Appendix 2), key actions include:

- Place a surgical mask on the patient and isolate the patient in a single room with door closed.
- Use droplet and contact precautions (single-use surgical face mask, eye protection, gown and gloves).
- If required, respiratory specimens for corona-virus COVID-19 PCR – nasopharyngeal and throat swabs and sputum (if produced) should be taken but be aware that we do not screen for Covid at the moment if at all possible.
- Blood (serum) - these samples may also be collected using universal precautions.

Current expert opinion suggests there is negligible risk of aerosolisation from taking a nose and throat swab in a patient with an acute respiratory infection. This means a single use surgical mask is now recommended for taking a nose and throat swab.

If the patient has symptoms and signs suggestive of pneumonia, however, there is a possibility that the viral load might be higher. An n95 mask should be used if available. These patients should be referred to hospital

## **AFC response to Covid 19 March 2020**

for treatment. Further information regarding COVID-19 patient assessment and management can be found in Appendices 2 and 3.

Please refer to Appendix 7 regarding COVID-19 workplace risk management if you have had direct exposure to COVID-19.

**AFC response to Covid 19 March 2020****Correspondence for specialists.**

Date:

From Australian Family Care:

Dear Dr \_\_,

Given the severity of the Covid 19 epidemic we are forced to change the services which we provide to phone consults apart from urgent problems requiring face to face visits.

In view of this you may wish to review the manner in which you see patients referred to you.

It may be that you choose to halt face to face consulting at the current time and in fact this has occurred with some specialists.

We would value your opinion.

Best wishes and thanks sincerely for your work with us in the past.

Dr Brian Symon

**AFC response to Covid 19 March 2020****Correspondence for allied health**

Date:

From Australian Family Care:

Dear \_\_,

Given the severity of the Covid 19 epidemic we are forced to change the services which we provide to phone consults apart from urgent problems requiring face to face visits.

In view of this you may wish to review the manner in which you see patients referred to you.

It may be that you choose to halt face to face consulting at the current time and in fact this has occurred with some of our service providers.

We would value your opinion.

Best wishes and thanks sincerely for your work with us in the past.

Dr Brian Symon

**Correspondence for neighbour clinics****Correspondence for NALHN****Correspondence for APHN****Documents for Drs desks****Documents for reception staff****Documents for patients**

## **AFC response to Covid 19 March 2020**

### **Sick Staff**

- Sickness will be managed as usual.
- The normal privileges of sick leave exist

### **Staff in isolation**

- If you are asked to be at home consider what you can do on the phone
- can you take a bigger or different role if you are at home?



## AFC response to Covid 19 March 2020

### Requests to Business Manager

- Please review this document
- talk to appropriate persons about equipment needs, electricity, purchasing donga's
- manage correspondence with specialists, allied health, pharmacy
-

## AFC response to Covid 19 March 2020

### Requests to IT

The main issues at the current time ie 22<sup>nd</sup> March are planning.

- We have more workstations coming. How many to order?
  - Transportables at MMC. Initially 2
  - Probable respiratory clinic at RFC. Maybe 2-3 work stations
- please discuss with Kevin on what equipment can be purchased
- new desks.
  - Please chat to Kevin about sourcing desks, Drs chairs (which can be cleaned)
- Website
  - new section on right side about Covid 19.
  - ? section for staff to download documents

## AFC response to Covid 19 March 2020

### Requests to cleaners

- There will be a training program at KPMP. This will be managed by Maryanne Symon
- Cleaners will clean each workstation daily.
- Every chair will be cleaned at least once per day
- each desk will be cleaned daily
  - first step will be to remove clutter from desk so that there is a surface which can be cleaned

### Requests to telephony

- Issues to consider
  - new answering program ie caller is answered by a voice with this script.
    - If you enquiry is about the current Covid 19 pandemic please chose 1
    - If there is another enquiry please chose 2.
      - Choice 1 goes to Covid desk
      - Choice 2 goes to normal reception
  - transportables at MMC
  - Respiratory service at RFC

## AFC response to Covid 19 March 2020

### Requests to handy man

- Check that AFC storage container at Klose Transport 96 Stanbel Rd, Salisbury Plain SA 5109 Phone (08) 8281 1977 is available and obtain key
- Check size of container given below
- begin to move contents of sheds at MMC to storage
- begin to move patient chairs from all sites to storage
- distribute new patient chairs
- begin to disassemble storage sheds at MMC and plan movement to storage
- consider how we move water tank at MMC
- how do we number car parks ?

## AFC response to Covid 19 March 2020

### Primary Correspondence

To: All Staff, clinicians, patients

From: Dr Brian Symon

Date: Monday, 23 March 2020

Re: Covid 19

Dear All,

As health care professionals our first responsibility is to those for whom we care.

The current situation with Covid 19 forces us to modify our models of care.

The aim of the changes is to protect you our patients and staff.

We must modify our practice systems completely until this pandemic has resolved.

#### 16. As an individual **we urge you to stay at home.**

- It is clear that the most effective strategy to protect yourself is to stay away from potentially infected people.
- Only leave your home for urgent matters.
- Practice personal hygiene with hand washing, hand sanitiser, cough etiquette and attempt to maintain a distance from others if you are in a group
- Be especially aware that mortality rises sharply over 60 years of age.

#### 17. **Medical services must change.**

- A medical practice is a place where people who are unwell come together.
- At the moment this puts staff and other patients at risk and we will make major changes to maximise the protections to staff and patients.
- To the best of our ability we will be making contact by phone.

#### 18. **Covid 19 testing**

- We are unable to offer this service at the moment.
- Please use the public clinics established for testing of at risk persons.
- As soon as this changes we will place notifications on our website <https://www.australianfamilycare.com/>
- We cannot provide clearance certificates for COVID-19 unless we receive written evidence of your being tested and confirmed as negative

#### 19. **Routine consultations**

- Please delay any routine visits to the medical centre
- Phone to request a telephone consultation
- We will not be offering in person consults for these types of services

#### 20. **Prescription renewals:**

## AFC response to Covid 19 March 2020

- If you need a prescription renewal there are a number of options.
  - ask your pharmacy to extend your current prescription.
  - ask the pharmacy to fax a script request to the surgery.
  - please only book a telephone consultation for a prescription renewal if you would like to speak to the GP about adjusting your present dose.
  - during this pandemic we will not be charging an additional fee for faxed renewals.

### 21. Existing appointments

- If you have an existing appointment, our office will contact you to arrange a telephone or (soon) video consultation instead of an in-person visit.
- Please note that, for telephone appointments, you may receive a call from a blocked number around the scheduled time. Be sure to answer the telephone.

### 22. New appointments

- Our GPs are available for telephone consultations.
- These can be booked by calling our reception at the normal practice number.
- Online bookings are available but you may receive a phone call to review the reasons for the visit.
- At this time, GP resources are limited due to the pandemic. Therefore, we request that you only call for an appointment to address an urgent matter. If your issue is not appropriate for a telephone consultation because it requires a physical examination, then you will be offered an in-person visit.

### 23. Immunisation of Babies and children.

- Immunisation is a fundamental protection for our community
- All children should continue with their normal immunisation protocol.
- These will be provided in your normal clinic by the normal staff.
- See below for guidance on in person consults

### 24. In-person visits:

- **Some of our GPs will be available on most weekdays for a limited number of in-person visits.**
- **These will include urgent issues that require a physical examination and well-baby visits that require vaccination.**
- **For your safety, our waiting room is closed.**
- **When you arrive for your appointment, please wait in your car or outside and call us to let us know you are here.**
- **We will call you back on your phone when we have a room available.**
- **If this is possible, you may enter the clinic.**
- **Please DO NOT walk-in to our clinic without an appointment.**
- **This is necessary to protect the safety of our staff and other patients.**

### 25. Results and referrals:

- We are carefully reviewing all incoming laboratory and imaging results and will call you back about any concerning or abnormal results.
- Specialist referrals will continue to be made as needed but by telephone consult.
- Please note that many specialist offices may be closed due to the pandemic, so wait times for specialist appointments will be longer than usual.
- Once again, in communicating results, you may receive a call from a blocked number.
- If you do not answer the phone, please be sure to check your voicemail regularly.

## AFC response to Covid 19 March 2020

**26. If you think you may have COVID-19, please see the flowchart below.**

**27. Sick notes:**

- If you need a sick note telephone the surgery and request a phone consult to discuss how we can best help.

**28. Patients at risk**

- if you feel that you need medical care and have a high risk profile for example:
  - Believe that you may be infected with Covid 19
  - Over 70 years of age
  - Over 50 and ATSI/Torres strait Islander
  - Have a heart or lung condition
  - Immunocompromised
  - Parent of a baby less than 12 months
  - Pregnant
- please use the following flow chart.

[FLOW CHART TO BE INSERTED HERE]

**29. In conclusion: We are in this together.**

- We want to assure you that we are here for you and are constantly designing models of care which can keep you as patients and our staff safe.
- We remain committed to doing everything we can to support your health.
- We also want to take every precaution to ensure we do not inadvertently put you at risk.
- We would like to reinforce the importance of hand cleaning hygiene
- We are confident if we all do our part as individuals, we can as a society best get through this pandemic.

### **On a different document**

1. Staff safety

- your desk or workstation is to be supplied with:
  - masks
  - hand sanitiser
  - access to disinfectant to provide added cleaning as deems appropriate by you.
  - Daily cleaning

2. Security

- calling for help from colleagues
- Calling police

3. Staff income protection

- we are asking you to place the care of others before your own immediate safety.
- If staff are infected with Covid 19 and have to be at home their pay will continue.
- If sick leave and annual leave are exhausted their pay will continue without interruption

**AFC response to Covid 19 March 2020**

until they are able to return to work for up to one month of additional sick leave.

Sincerely, The Doctors and Staff at McIntyre Medical Clinic



**AFC response to Covid 19 March 2020**

Appendix 1

## AFC response to Covid 19 March 2020

Appendix

## AFC response to Covid 19 March 2020

### Appendix 1: If you think you have Covid 19 PDF

### Appendix 2: COVID-19 Phone Consultation:

#### Guidelines and Practical Tips

These guidelines provide recommendations for using phone conferencing to manage patients who are in quarantine or deemed 'susceptible' to COVID-19.

These guidelines also apply to AFC doctors who may find themselves in quarantine due to COVID-19.

All phone consultations must be bulk-billed as per MBS schedule fees.

The current item number descriptors are complex and will take too long. It is hoped that as the epidemic evolves that more practical descriptors will emerge.

#### INITIAL STEPS

Start by identifying:

- the name of the patient, date of birth, address, and
- the location of the patient.
- Inform the patient about how the consultation will proceed.
  - Suggested text might be:
    - 'We are using phone consults to decrease the risks to our patients from being in the surgery.'
    - 'Do you want anyone to be present at your end?'
    - 'this should only take about 'x' minutes'
    - 'Is that OK?' (Consent).
- In Best Practice there is auto-text (auto-fill) to help.
  - Use these keystrokes. //ttc (telephone talk covid)
  - This will enter into the notes:
    - 'Telephone or video consult as part of the Covid 19 response strategy. Patient has been informed of why, expected time and has consented verbally to proceed.'

## AFC response to Covid 19 March 2020

In cases where the patient does not have the capacity to give consent, consent should be obtained in the same way as in a face-to-face consultation ie from an appropriate carer.

### CONDUCTING THE CONSULTATION

- A high-quality phone consultation is one in which recommendations for assessment, clarification of diagnosis, and recommendations for treatment and follow-up are clearly communicated as per RACGP best practice models of care.
- What follows below will be adjusted according to your own style and the patient's presentation.
  
- **Initial Assessment of patient capacity.**
  - Perform an emergency screen covering basic ABCDEs:
    - Ask yourself:
      - Is the patient having difficulty speaking?
      - Is there an increased respiratory rate?
      - Is the patient having difficulty staying awake?
      - Does the patient have slurred speech?
  - **History**
    - Once you are satisfied the patient is stable, obtain a patient history:
    - Ask COVID-19 risk profile screening questions:
      - Does the patient have respiratory or viral-related symptoms (i.e., cough, shortness of breath, sneezing, sore throat, myalgia, diarrhoea)?
      - What are the onset of symptoms? Duration? Progression?
      - Does the patient have a history of recent travel (international and/or domestic)? What are the travel details (when, where, mode of transportation?).
      - Has the patient had exposure to a COVID-19 confirmed or suspect case?
      - Is the patient a health-care worker? Location of work? Role? Direct patient exposure risk?
      - Has the patient recently been treated for community acquired pneumonia? What antibiotics are they on? Duration of treatment? Previous investigations and/or results?
      - Ask about other non-respiratory-based symptoms (eg. chest pain, headache, dizziness, palpitations - If the patient describes chest pain that is suggestive of

## AFC response to Covid 19 March 2020

acute coronary syndrome, measures should be made to organise an ambulance immediately).

- Obtain a thorough previous medical history noting in particular cardiovascular and respiratory risk factors, and whether or not the patient may be immunocompromised (e.g., diabetes, steroid therapy, autoimmune diseases, malignancy). Also obtain previous surgery details, medications, and allergies.
- Determine social history (living conditions ie contacts, smoking history, alcohol, and recreational drug use).

### • **Examination**

- There are several clinical examination techniques that you can teach a patient to undertake via phone conferencing and subsequently assess. Determining these signs can facilitate decisions regarding logistics (e.g., is an ambulance required? Is further face-to-face assessment required?) and enable a detailed targeted assessment. The following are examples of examination techniques and can be taught to patients and assessed:
  - Vital signs Pulse rate
    - Respiratory rate
    - Capillary refill
    - Mucous membrane status
    - Some patients may be able to take their own blood pressure and blood sugar level if equipment is available.
  - Respiratory and Cardiovascular System
    - Increased work of breathing
    - Stridor
    - Wheeze
    - Supra-sternal notch and intercostal recession
    - Accessory muscle use
    - Heart rate regularity/irregularity
  - Gastrointestinal and Urogenital System
    - Rebound tenderness (eg ask the patient to cough and then feel for rebound).
    - Abdominal tenderness (feel all four quadrants - superficially and then deep).
    - Flank tenderness
    - Stool description
    - Urine description.

## AFC response to Covid 19 March 2020

- Integumentary (skin)
  - The location and characteristics of rashes can be described
  - A photo can be sent through to you (ensure that consent is obtained)
- **Investigations**
  - Patients who require further COVID-19 investigations (e.g., viral PCR, sputum collection) should be assessed through current SA Health Designated COVID-19 clinics.
  - If patients are unable to leave their home, SA Pathology offers a dedicated metropolitan Adelaide Domiciliary Service staffed by nurses for the collection of potential COVID-19 specimens within a persons' home.
  - See <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+topics+a+-+z/covid+2019/covid-19+response/covid-19+clinics+and+testing+centres>
  - If additional investigations are required (e.g., bloods, x-ray etc) a request form can to be sent to the patient's preferred provider.
- **Assessment and Review**
  - Determine your clinical assessment, recommendations, and follow-up. Clinical recommendations should be reported to the patient who should then repeat them back to you.
  - Ensure follow up recommendations are specific to the patient (e.g., do not say "please call back if you are getting worse" rather "please call back if you are unable to tolerate drinking fluids" or "please call back if you have increased wheeze or cough").
  - Prescriptions should immediately be faxed/emailed to the patient's preferred chemist who may then arrange delivery of required medications. Referrals should be emailed/faxed to specialists and/or hospitals. The patient's COVID-19 risk profile should be stated clearly and highlighted on any request form or referral. If a patient is acutely unwell, contact Emergency Departments directly to arrange referrals.
  - For further information regarding assessment, management, and follow-up of COVID-19 suspect cases, refer to RACGP current practice guidelines <https://www.racgp.org.au/coronavirus#update4>

## AFC response to Covid 19 March 2020

### DOCUMENTATION AND CONFIDENTIALITY

- Phone consultations should be private and confidential, and processes should be in place to facilitate this as per standard face-to-face consultations.
- Clinicians should document consultations in Best Practice as per standard face-to-face consultations.
- Adhere to the same record-keeping standards as for physical health consultations and include additional information such as:
  - that the consultation was conducted by telephone (with the patient's consent).
  - In BP the code to use at the start of the record is //tt. This short-cut inserts the following text. 'Telephone Consult'.
  - By using a code of //ttc the following text is inserted. 'Telephone or video consult as part of the Covid 19 response strategy.'
  - patient-end location of the consultation
  - who was present (and the patient's consent for such parties to be present)
  - the rationale for the telephone consultation instead of a physical consultation (i.e., COVID-19 risk)
  - any technical malfunctions during the consultation (eg poor sound) that may have compromised the safety or quality of the consultation.
  - Write up the notes during the consult or as soon after the consultation as possible. This will facilitate safe and effective continuity of care for the patient.

### TECHNICAL TIPS

- There are several tips for ensuring a successful phone consultation:
  - Alert other staff at the practice location that you will be conducting a phone consultation asking not to be disturbed.
  - Ensure the consult room is quiet and fit for purpose. Minimise background noise (e.g., typing on a computer or background clinic noise).
  - Ask participants to speak clearly, at their normal voice volume, and one person at a time.
  - Ask participants to switch mobile phones off or to silent mode before the consultation.
  - If a consultation is to be recorded, storing the recording securely and ensuring privacy and confidentiality is maintained
  - If there is a valid and clinically appropriate reason for the recording of a consultation,

## AFC response to Covid 19 March 2020

fully informing the patient and receiving their consent.

### **FURTHER INFORMATION AND REFERENCES**

Australian Government Department of Health. *Interim advice on non-inpatient care of persons with suspected or confirmed Coronavirus Disease 2019 (COVID-19), including use of personal protective equipment (PPE)*

<https://www.health.gov.au/sites/default/files/documents/2020/03/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe.pdf>.

Royal Australasian College of Physicians (RACP).

*Telehealth: Guidelines and Practical Tips.*

<https://www.racp.edu.au/docs/default-source/advocacy-library/telehealth-guidelines-and-practical-tips.pdf>.

Royal College of General Practice (RACGP).

*Telehealth Video Consultations Guide.*

<https://www.racgp.org.au/getmedia/c51931f5-c6ea-4925-b3e8-a684bc64b1d6/Telehealth-video-consultation-guide.pdf.aspx>.



## AFC response to Covid 19 March 2020

### Appendix 3: COVID-19 Case Definition

- A suspected case is currently defined in the Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units as meeting the criteria in any of the three categories below:
  - A:
  - If the patient satisfies both epidemiological and clinical criteria:
    - Epidemiological criteria:
      - International travel in the 14 days before illness onset
      - OR
      - Close contact in 14 days before illness onset with a confirmed case of COVID-19
        - A close contact is defined as requiring
          - EITHER
          - greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case,
          - OR
          - sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.
      - AND
    - Clinical criteria:
      - Fever ( $\geq 38C^*$ ) or history of fever (e.g. night sweats, chills)
      - OR
      - Acute respiratory infection (e.g. shortness of breath, cough, sore throat) with or without fever
  - B
    - If the patient has severe bilateral community-acquired pneumonia (critically ill\*) and no other cause is identified, with or without recent international travel, they are classified as a suspect case.
    - \* Critically ill is defined as requiring care in ICU/HDU, or for patients in which ICU care is not appropriate, respiratory or multi-organ failure.
    - Clinical judgement should be exercised considering the likelihood of COVID-19.
  - C
    - If any healthcare worker with direct patient contact has a fever ( $\geq 38C^*$ )
    - AND
    - an acute respiratory infection (e.g. shortness of breath, cough, sore throat), they are classified as a suspect case

## AFC response to Covid 19 March 2020

- \* It is recommended that temperature is measured using a tympanic, oral or other thermometer proven to consistently and accurately represent core body temperature.

## AFC response to Covid 19 March 2020

### Appendix 4: MBS Phone Consults

The following was kindly compiled by Dr Katrina Lynne

GPs can provide bulk-billed telephone or teleconference consultations under new MBS item numbers for COVID-19.

These apply when **consulting with vulnerable or isolated patients**, OR when the **health professional is at risk of COVID-19** (see definitions below).

The items are intended for use with **existing** patients, that is where there has been a face-to-face attendance in the previous 12 months with the practitioner or at the practice. They must be bulk-billed.

#### **Vulnerable or isolated patients – when at least one of the following apply:**

1. The person has been diagnosed with COVID-19 virus but who is not a patient of a hospital; or
2. The person has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee (AHPPC); or
3. The person is considered **more susceptible** to the COVID-19 virus being a person who is:
  1. at least 70 years old; or
  2. at least 50 years old and is of Aboriginal or Torres Strait Islander descent; or
  3. is pregnant; or
  4. is a parent of a child under 12 months; or
  5. is already under treatment for chronic health conditions or is immune compromised;or
4. The person meets the current national triage protocol criteria for suspected COVID-19 infection.

#### **A health professional at risk of COVID-19 - defined as:**

1. Has been diagnosed with COVID-19 but who is not a patient of a hospital; or
2. Has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by the Australian Health Protection Principal Committee

#### **GP item numbers**

1. **Telehealth**– GP telehealth MBS item numbers (using video-conferencing)
  1. 91800 Telehealth attendance less than 20 minutes
  2. 91801 Telehealth attendance at least 20 minutes
  3. 91802 Telehealth attendance at least 40 minutes
2. **Phone**– GP telephone MBS item numbers (use when video-conferencing is not available)
  1. 91809 Telephone attendance less than 20 minutes
  2. 91810 Telephone attendance at least 20 minutes
  3. 91811 Telephone attendance at least 40 minutes

Separate item numbers apply for other medical practitioners (who are not GPs) - please see MBS website for more details <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

#### **Relevant definitions**

## AFC response to Covid 19 March 2020

1. **Telehealth attendance** means a professional attendance by video conference where the health practitioner:
  1. has the capacity to provide the full service through this means safely and in accordance with professional standards; and
  2. is satisfied that it is clinically appropriate to provide the service to the patient; and
  3. maintains a visual and audio link with the patient; and
  4. is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.
2. During **atelehealth attendance**, the attendance should include any of the following that are clinically relevant:
  1. taking a patient history
  2. arranging any necessary investigation
  3. conducting or supervising such clinical examinations as may be practical
  4. implementing a management plan
  5. providing appropriate preventative health care
3. **Phone attendance** means a professional attendance by telephone where the health practitioner
  1. Has the capacity to provide the full service through this means safely and in accordance with professional standards: and
  2. Is satisfied that it is clinically appropriate to provide the service to the patient; and
  3. Maintains an audio link with the patient.
4. During **aphone attendance**, the attendance should include any of the following that are clinically relevant:
  1. Taking a short patient history
  2. Limited examination and management

Specialists, consultant physicians, obstetricians, consultant psychiatrists, nurse practitioners, allied mental health workers and midwives can also access new MBS item numbers under certain conditions – please see MBS website (link below) for more details.

Full details about the item numbers are available at: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

In response to the COVID-19 outbreak, temporary Medicare Benefits Schedule (MBS) items for phone consultations were introduced on 13 March 2020. These items will allow doctors, nurses and mental health professionals to deliver services via phone, provided those services are bulk billed. The items will allow people to access services in their home while they undergo self-isolation or quarantine, reducing the risk of exposure to the wider community.

The following MBS items can currently be used by general practitioners with respect to the COVID-19 pandemic:

- Items 91790, 91800, 91801 and 91802

## AFC response to Covid 19 March 2020

### Eligibility Criteria:

**Health professional is at risk of COVID-19 virus** means a person that:

- has been diagnosed with COVID-19 virus but who is not a patient of a hospital; or
- has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee.

**Patient at risk of COVID-19 virus means a person that:**

- has been diagnosed with COVID-19 virus but who is not a patient of a hospital; or
- has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee; or
- considered more susceptible to the COVID-19 virus being:
  - at least 70 years old, or
  - at least 50 years old or over if of Aboriginal or Torres Strait Islander descent; or
  - pregnant; or
  - a parent of a child under 12 months; or
  - a person under treatment for chronic health conditions or who are immune compromised; or
- the person meets the current national triage protocol criteria for suspected COVID-19 infection.

In order to be eligible for COVID-19 general practice telehealth services and general practice phone services, patients who fall into category C (more susceptible to the virus) must:

- a. have had at least one face to face attendance rendered in the preceding 12 months by the practitioner who renders the COVID-19 virus service; or
- b. have had at least one face to face attendance service rendered in the preceding 12 months at (or arranged by) the medical practice where the practitioner who renders the COVID-19 virus service is employed.

## AFC response to Covid 19 March 2020

It should be noted that **phone attendance** means a professional attendance by telephone where the health practitioner:

- has the capacity to provide the full service through this means safely and in accordance with professional standards; and
- is satisfied that it is clinically appropriate to provide the service to the patient; and
- maintains an audio link with the patient.

Item descriptors and details are below.

### Item Descriptors and Details

Item number	Descriptor	Rebate
91795	<p>Phone attendance by a general practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited management if:</p> <p style="margin-left: 40px;">a. the attendance is where:</p> <p style="margin-left: 80px;">i. the person is a patient at risk of COVID-19 virus; or</p> <p style="margin-left: 80px;">ii. the general practitioner is a health professional at risk of COVID-19 virus;</p> <p>where the service is bulk-billed</p>	\$17.50
91809	<p>Phone attendance by a general practitioner lasting less than 20 minutes if:</p> <p style="margin-left: 40px;">a. the attendance is where:</p> <p style="margin-left: 80px;">i. the person is a patient at risk of COVID-19 virus; or</p> <p style="margin-left: 80px;">ii. the general practitioner is a health professional at risk of COVID-19 virus; and</p> <p style="margin-left: 40px;">b. the attendance includes any of the following that are clinically relevant:</p> <p style="margin-left: 80px;">i. taking a short patient history;</p>	\$38.20

**AFC response to Covid 19 March 2020**

	<ul style="list-style-type: none"> <li>ii. arranging any necessary investigation;</li> <li>iii. implementing a management plan;</li> <li>iv. providing appropriate preventative health care;</li> </ul> <p>where the service is bulk-billed</p>	
91810	<p>Phone attendance by a general practitioner lasting at least 20 minutes if:</p> <ul style="list-style-type: none"> <li>• the attendance is where:           <ul style="list-style-type: none"> <li>○ the person is a patient at risk of COVID-19 virus; or</li> <li>○ the general practitioner is a health professional at risk of COVID-19 virus; and</li> </ul> </li> <li>• the attendance includes any of the following that are clinically relevant:           <ul style="list-style-type: none"> <li>○ taking a detailed patient history;</li> <li>○ arranging any necessary investigation;</li> <li>○ implementing a management plan;</li> <li>○ providing appropriate preventative health care;</li> </ul> </li> </ul> <p>where the service is bulk-billed</p>	\$73.95
91811	<p>Phone attendance by a general practitioner lasting at least 40 minutes if:</p> <ul style="list-style-type: none"> <li>• the attendance is where:           <ul style="list-style-type: none"> <li>○ the person is a patient at risk of COVID-19 virus; or</li> <li>○ the general practitioner is a health professional at risk of COVID-19 virus; and</li> </ul> </li> <li>• the attendance includes any of the following that are clinically relevant:           <ul style="list-style-type: none"> <li>○ taking an extensive patient history;</li> <li>○ arranging any necessary investigation;</li> <li>○ implementing a management plan;</li> </ul> </li> </ul>	\$108.85

**AFC response to Covid 19 March 2020**

- |  |  |  |
|--|--|--|
|  | <ul style="list-style-type: none"><li>○ providing appropriate preventative health care;</li></ul> where the service is bulk-billed |  |
|--|--|--|



**AFC response to Covid 19 March 2020**

**Appendix 5: See Infection Control PDF**

**Appendix 6: See Dept' of Health Guidelines on Covid 19 and PPE**

**Appendix 7: Actions to take if you believe yourself to be contaminated**