

# COVID-19 PRACTICE MANAGEMENT & OPERATIONS



## Practice Environment

*This guidance is current as of **9 April 2020** and is subject to change. College guidance can be followed to suit individual circumstances and accordingly, some variation in practice is acceptable. Fellows are advised to always refer to government recommendations.*

Visit <https://www.dermcoll.edu.au/covid19updates/> for the latest version of this document.

### Please note

The following general measures are consistent with current Department of Health advice and other advice as relevant to Australian dermatology private practices given by organisations such as RACGP, BAD, AAD and medical indemnity organisations.

For a summary of these resources, please use this [link](#) to the University of Nottingham CEBD website.

Doctors are not legally obliged to treat patients unless it is an emergency or a contractual requirement. However, you can refuse to see a patient if it is reasonably necessary to protect the health and safety of any person (including medical practice staff).

### Entry Doors Signage Information:

- Explain the practice is following recommended COVID-19 prevention strategies.
- No entry to individuals with upper respiratory symptoms, overseas travel within 14 days or known or suspected COVID-19 contact within 14 days. If unsure, patient to telephone practice from outside the building for advice.
- Patients to enter alone unless companion is required. Relatives and friends to wait in cars unless required for interpreting or other assistance. Interpreting can be done by phone with the relative outside the room.
- Social distancing rule of 1.5m must be adhered to.
- Reminder to patients to avoid face touching.
- Reminder to wash with alcohol hand wash on entry, before and after handling personal possessions and practice items e.g. phone, pens, clipboards, credit card, and on leaving the premises.
- Where practicable, consider patients waiting in their cars to be texted at appointment time.
- Provide your COVID-19 prevention strategies on your website and “on hold” phone messaging.

Note: The above information could also be provided to patients over the phone or via email, prior to their arrival onsite.

## On Arrival at Reception Desk

- Patients to be asked about presence of respiratory symptoms or fever, overseas travel and known contact with COVID-19 patient.

## Hand Sanitiser

- This should be made available at the reception desk as well as at entry/exit points, in waiting rooms, exam rooms, bathrooms and anywhere else people may move within the practice.

## Reception Area and Waiting Room

- Consider using masking tape on floor and plexiglass or other temporary structures to keep patients 1.5m from the reception desk.
- Allow 4msq per chair and place chairs back to back, not facing each other. Consider chairs without arms and ease of cleaning (e.g. no fabric component).
- Remove magazines and other reading materials, children's toys and water coolers.

## Doctor's Rooms

- Place patient chair minimum 1.5m from doctor's chair – consider floor tape as a guide and explain this to the patient upon entry into the space.
- This may alter normal use of patient information tools like skin cancer photographs, diagrams, written information sheets, consider showing this on a screen or tablet during the consultation.
- Have hand sanitiser on the desk at all times.
- Consider examining the patients standing or sitting.
- If dermatoscope has to be used, refer to the current guidelines using this [link](#). Consider a non-contact polarised device as default method.
- Hand washing after any patient contact, between each patient and when in and out of the examination room followed by moisturiser to reduce risk of hand dermatitis.
- When operating, try and reduce the number of individuals in the room at any one time e.g. nurse can do dressings once doctor has left the room.
- Refrain from engaging in conversation with the patient while you are examining them.

## Personal Protective Equipment (PPE)

- Given the changing data on community acquired infections, the differing scientific advice on the effectiveness of masks in the ambulatory setting, and the different risk factors in different practices and geographic areas, this information is likely to be subject to change and is offered as general guidance only.
- The NHS (UK) has just updated their advice (6 April 2020) on PPE use in the community ambulatory/outpatient setting. Refer to [link](#).
- To date, as far as we are aware, this has not been confirmed as official Department of Health advice in Australia.

## Masks

- Continue to wear a surgical mask whenever you normally would e.g. during surgical procedures. If you don't typically wear a mask at other times, there is no current recommendation to do so while treating non symptomatic patients. However, you may wish to consider doing so when having to break the social distancing rules e.g. in order to examine and treat the head and neck area
- On removing the mask, hands should be washed first. Fluid repellent surgical masks can be used for a session of work. If reusing a mask take extra precautions to ensure it does not become contaminated between uses.

## Cryotherapy

- Consider wearing a face shield (and mask) when using cryotherapy.
- Wipe down the cryotherapy nozzle and canister with alcohol between patients.
- Soak contact probes, detachable spray needles and tips in alcohol/sterilising solution between patients.

## Other clothing and general measures recommended by some infectious diseases departments to health care workers in hospital settings

- Ensure hands are cleaned before and after using mobile phone.
- Keep your phone in a ziplock bag while at work.
- Consider wiping down shoes after work and leaving outside your house or leaving work shoes at work and changing shoes on exiting the building.
- Consider changing clothes at the end of the day and take home in a plastic bag for washing on as hot a wash as possible. Throw away the plastic bag.
- Consider not wearing a watch and none or minimal jewellery and accessories.
- Don't bring objects home from work e.g. pens and bags.
- Consider shower/hair washing at home immediately on return before contact with family.

## Cleaning

### WHO Recommend the Following Products

- 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers).
- Sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.
- Disinfectant products that meet the EPA's criteria for use against SARS-CoV-2 – refer to information available [here](#).

### Australian Government Department of Health

The Department issued an information sheet relating to “Environmental cleaning and disinfection principles for health and residential care facilities” available by using this [link](#).

## **The Australian Commission on Safety and Quality in Health Care (ACSQHC)**

The Commission has developed important information about COVID-19 and official guidance on infection control including:

- Guidance on personal protective equipment (PPE) – including sequences for putting on and removing PPE and signage
- Guidance on infection prevention and control – including the Australian Guidelines for the Prevention and Control of Infection in Healthcare (AICGs)
- Hand hygiene advice to prevent infection – including advice on how to wash your hands well, and use alcohol-based hand-rub

To view this information, please use this [link](#).

### **Between each patient during a clinic day**

- Wipe countertops, examination beds/tables, doorknobs, and examination light buttons/handles between each patient. Consider only staff or doctor opening and closing doors to rooms.

### **At the end of each clinic day**

Wipe all common high-touch areas, including but not limited to:

- Examination room: countertop, examination beds/tables, doorknobs, and examination light buttons/handles, chairs including arm rests and taps if used
- Bathroom: all bathroom surfaces and toilets
- Reception: all countertop surfaces and chairs including arm rests
- Offices: all surfaces and chairs including arm rest
- Kitchen/break room: all surfaces
- Rubbish bins: empty all bins, then use cleaning cloths to wipe the inside and outside of the bin thoroughly
- UV cabinets: we are seeking advice as to the best approach.

Provide cleaning products and instruction for cleaning workspaces to any cleaning contractors and consider having air conditioning and ventilation systems inspected.

### **COVID-19 “Don’t Bring It Home” – Reminder to all staff**

Practical advice for during and after a shift has been created for health care workers by anaesthetist and ASMS member Dr Morgan Edwards. See [link](#).