

**Preliminary Guidance on Minimising Risk of Transmission of Respiratory
Virus in GP Practice
v1.0, 10.03.2020**

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

At the present time, where there is evidence that localised transmission of SARS-CoV-2 in the community is occurring and may become more widespread it is appropriate that healthcare workers working in general practice have access to and use surgical masks if they are need to spend more than a very brief time (see note below) within 1m of a patient with clinical features of an upper or lower viral respiratory tract infection.

Surgical masks are intended as single patient use items. It is best practice to dispose of a mask after each patient for whom a mask is required.

I would only consider varying from this practice of single patient use if forced to do so because it was not possible to procure a sufficient supply of masks.

It is important not to consider the issue of masks in isolation from the broader picture of managing risk of transmission and it is appropriate that GPs should take all practical measures to assess and manage patients with viral respiratory tract infection remotely using telephone and other remote communication including consideration of using video links through mobile phones/tablet/computer where practical.

Below outline a pragmatic approach to help guide you, to minimising the risk of you, your team, your patients acquiring COVID 19 while delivering or accessing healthcare in General Practice setting daytime or Out of Hours.

Patients who contact general practice with respiratory symptoms in the coming weeks will fall into 2 groups

GROUP A

Those who conform to the risk group identified by the [HPSC algorithm](#).

Risk assess these as per the algorithm in relation to referral pathway and filter to public health to decide if they need testing.

If you have to do face to face assessment with these patients then use infection prevention and control precautions as per algorithm as these are still the highest risk group for having COVID-19.

Following the guidance for donning and doffing of PPE on www.hse.ie (GP primary care section).

GROUP B

Patients with acute respiratory tract infection or with worsening of established respiratory disease likely to be related to infection but who do not meet the high-risk criteria on HPSC algorithm must now also be considered as associated with a level of risk of COVID 19 infection given that there is now some evidence of localised transmission in parts of Ireland.

Immediate measures you can take to minimise the risk in assessing these group B patients

- **Walk-ins**

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

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

In the event of an unplanned “walk-in” where possible direct the patient to return to their car and wait for a call from the doctor or if return to the car is not possible and they have respiratory symptoms direct them to a separate room where they can wait, if available, or a designated seat as far away as possible from other patients (1 metre ideally) and from staff if no separate room is available. Ask patients with respiratory symptoms in the waiting area to wear a surgical mask (if available) or to cover their mouth and nose with a tissue especially when coughing or sneezing.

- **Appointments**

Telephone triage all patients who book an appointment

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

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

For those who need face to face assessment

Group appointments of patients with acute respiratory tract infection or worsening of established respiratory disease for a particular time and to be seen by one doctor.

Patients on arrival should wait in car if possible and when called walk directly with anyone accompanying them and belongings to the consulting room while holding a tissue over their nose and mouth.

If surgical masks are available, the patient may be given a surgical mask if masks are not available, they should be encouraged to hold a tissue over their mouth and nose and advised on respiratory etiquette.

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

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

GP and all practice staff should be bare below the elbows – short sleeve shirt/top (or sleeves rolled up), no rings, no wrist watches, short fingernails, no nail polish or nail extensions.

When necessary to approach within 1 m of the patient to perform a clinical assessment or take samples the GP should wear a surgical mask, eye protection, a plastic apron (not a gown) and gloves.

Following the guidance for donning and doffing of PPE on www.hse.ie (GP primary care section).

The GP should avoid making notes/touching the keyboard while performing the assessment

After completing the clinical assessment, the patient should if possible, return to wait in the car if any further action is required. E.g. if prescription required then a staff member could walk to the car and hand the prescription to the patient.

GP should remove PPE perform hand hygiene and record their note

If the patient has been seated 1 m away from a tabletop of work surface, it is sufficient to wipe down the chair with disinfectant wipes after each patient. Perform hand hygiene after wiping down the chair.

At the end of the session, decontaminate the frequently touched surfaces for example by wiping down with detergent /disinfectant wipe.

Note. In the event that a GP or other member of staff is showing a patient is having a brief conversation and showing a patient where to wait or sit but is not performing an assessment or delivering care they should maintain a distance of 1 m or more as much as possible, avoid touching the patient and perform hand hygiene after they have completed their task. These are very low risk situations. Wearing PPE in this situation cannot be expected to add any benefit and may deplete supplies of PPE that are required for higher risk situations.

Managing access to PPE and what you may need to do if PPE becomes very difficult to source

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

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

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