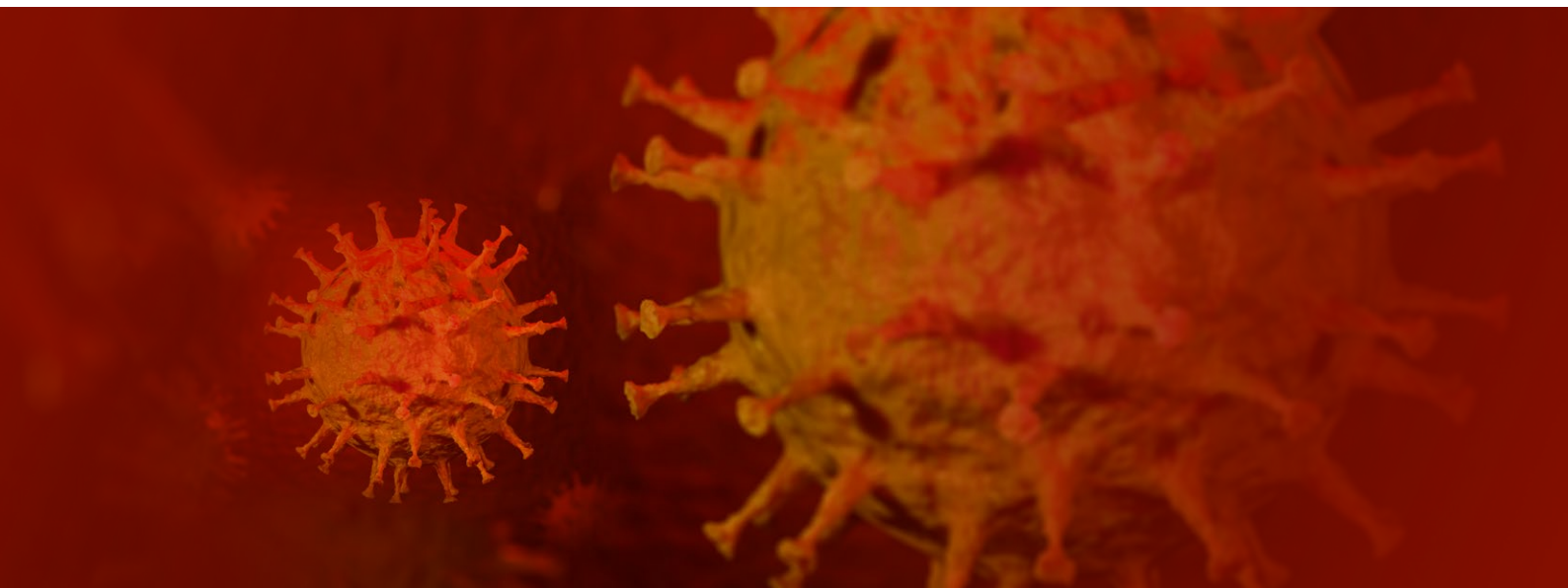


COVID-19 infection-control principles



Preparing your consultation room for a suspected COVID-19 case

Remove all non-essential items from exposed surfaces.

Tape a line on the floor 1.5 metres from the doctor's/nurse's chair/desk as a physical indicator to maintain social distancing when possible.

Make sure you have enough personal protective equipment (PPE) in the room, including spares.

Check that the room has handwashing facilities and enough hand sanitiser/tissues.

Place a clinical waste disposal bin in a convenient location.

Put all relevant pathology forms, examination tools, etc in the room to avoid having to leave the room.

Have relevant health and follow-up information ready to give the patient:

- COVID-19 information
- isolation guidance
- referral information
- follow-up details.

Infection prevention and control reminder

Remember:

- standard precautions include
 - hand hygiene
 - cough etiquette
 - waste management, as appropriate (collect, segregate and dispose of waste)
- contact precautions (in addition to standard precautions) include
 - gloves
 - gown/apron
- droplet precautions (in addition to standard precautions) include
 - surgical mask
 - protective eye wear
- airborne precautions (in addition to standard, contact and droplet precautions) include
 - P2/N95 respirator.¹

Maintain social distancing:

- stay behind the 1.5-metre line on the floor when possible.

During a consultation with a suspected COVID-19 case when swabbing is performed

Implement the following:

- The patient wears a surgical mask at all times.
- The doctor wears appropriate PPE at all times.*
- The patient remains behind the line on the floor 1.5 metres from the doctor's chair/desk where possible.
- When collecting the specimen, the doctor stands to the side in front of the patient.
- The doctor swabs the tonsillar area of the oropharynx first; then, using the same collection swab, swabs the nasopharynx.²

*Appropriate PPE is determined by [risk assessment](#):

Likely low risk of SARS-CoV-2 transmission – use PPE in accordance with existing guidance for standard, contact and droplet precautions, as specified in the [Australian guidelines for the prevention and control of infection in healthcare \(2021\)](#). This includes wearing a surgical mask.

Likely high risk of SARS-CoV-2 transmission – use P2/N95 respirators, rather than surgical masks, along with the other required PPE, as specified in the [Australian guidelines for the prevention and control of infection in healthcare \(2021\)](#).³

Environmental cleaning after assessment and/or testing of a suspected COVID-19 case

After the patient has left the room, remove contaminated PPE before cleaning the room.

Wear fresh, non-contaminated gloves, a surgical mask and eye protection to clean the room.

Effective cleaning requires the combination of mechanical action, detergent and water, then drying.

Wipe down surfaces with **both** a detergent and a disinfectant. Use a cleaning detergent followed by a disinfectant, or use a 2-in-1 product with both cleaning and disinfecting properties.

- Detergents remove dirt and organic material, and should be used according to the manufacturer's directions and then allowed to dry.

- Disinfectants kill most infectious agents, and should be used after a detergent. They include chlorine or hydrogen peroxide **or** any hospital-grade, Therapeutic Goods Administration-listed product commonly used against norovirus. They should be used according to the manufacturer's directions.

Wipe down any touched surfaces (including door handles, desktops, stethoscopes and otoscopes) between patients. Clean fabric surfaces with bleach.

Dispose of contaminated waste appropriately in contamination bins, as usual.

Once surfaces have dried, you can safely use the room for the next standard patient consultation. You don't need to leave the room empty for any period of time.⁴

Ideally, you should dedicate one room to consulting suspected COVID-19 patients, if possible. If not possible, cleaning the room as outlined above is acceptable infection control.

Make sure suspected COVID-19 patients wear surgical masks at all times and are isolated from other patients.

References

1. National Health and Medical Research Council. Australian guidelines for the prevention and control of infection in healthcare. Canberra: Commonwealth of Australia, 2021. Available at www.safetyandquality.gov.au/sites/default/files/2021-05/australian_guidelines_for_the_prevention_and_control_of_infection_in_health_care_-_current_version_-_v11.6_11_may_2021.pdf [Accessed 21 June 2021].
2. Public Health Laboratory Network. COVID-19 swab collection: Upper respiratory specimen. Canberra: Commonwealth of Australia, 2020. Available at www.health.gov.au/sites/default/files/documents/2020/06/phln-guidance-covid-19-swab-collection-upper-respiratory-specimen.pdf [Accessed 21 June 2021].
3. Australian Department of Health. Guidance on the use of personal protective equipment (PPE) for healthcare workers in the context of COVID-19. Canberra: DoH, 2021. Available at www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19 [Accessed 16 June 2021].
4. Australian Department of Health. Coronavirus (COVID-19) environmental cleaning and disinfection principles for health and residential care facilities. Canberra: DoH, 2021. Available at <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities> [Accessed 16 June 2021].

© The Royal Australian College of General Practitioners 2021

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication. The RACGP makes no warranties in regard to third-party information provided in links, which remains the responsibility of the relevant publishing body.