

Delivering primary health care this winter

Are you ready?

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Managing COVID-19 and other respiratory viruses concurrently

Winter season

- Increased risk of all respiratory illness
- Increase in people with respiratory symptoms

Symptomatic testing uptake for COVID-19

- There is plenty of capacity to meet seasonal testing demand and outbreak response
- Maintaining symptomatic testing uptake

Multiplex testing

- SARS-CoV-2 has been added to respiratory virus panels for multiplex PCR testing (concurrent testing of pathogens such as Influenza A/B, RSV, etc)
- Example of a pathology request: “Respiratory virus PCR multiplex (including SARS-CoV-2)

Winter health best practice

Best practice	COVIDSafe plans should include
Promote COVID-19 and influenza vaccination for all eligible patients and healthcare workers	A schedule of routine cleaning at least twice daily which encompasses all public-access areas
Promote COVID-19 testing for all people with any respiratory symptoms	Appropriate recording of all attendees
QR codes – now mandatory	Signage regarding physical distancing
Staff attestations	Limiting access to the waiting room
Telehealth	Mandating masks for patients
Maintaining COVIDSafe measures after restrictions ease helps reduce respiratory infections generally	An isolation area which may be used for symptomatic patients to protect others
See also: www.dhhs.vic.gov.au/gp-practice-planning-covid-19	

COVID-19 infections in Victorian general practices*

- **85 cases in GP staff**
 - 25% acquired in the practice
 - 40% unknown acquisition
 - 35% non healthcare acquired
- **Hospital admission**
 - 6 admitted to hospital
 - 1 admitted to ICU

* From 1 Jan to 31 Oct 2020, unpublished data, Department of Health

Department of Health Infection Prevention and Control Resources

www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19

The screenshot shows the top navigation bar of the Department of Health website. On the left is the Victoria State Government logo. In the center is a search bar with the text "Search" and a magnifying glass icon. On the right is a navigation menu with links: HOME, CORONAVIRUS (with a dropdown arrow), OUR SERVICES (with a dropdown arrow), NEWS, PUBLICATIONS, ABOUT US (with a dropdown arrow), and CAREERS. Below the navigation bar is a teal banner with the text "Infection prevention control resources" in white. Above the banner is a breadcrumb trail: Home / Coronavirus / How to stay safe and well /

To date, the **IPCAR** team have:








- Answered over 1,600 requests for individualised IPC advice
- Responded to more than 7,000 site visits to outbreaks, exposure sites and high risk settings

IPCAR has collaborated with local and international experts and authorities to develop coronavirus infection control guidelines, policies, practices, education and workforce training and resources, in their own fight against this deadly pandemic. **IPCAR's** high standards and innovation have led to these being adopted and adapted by other Australian states and territories and many other countries.

Conventional use of PPE for GPs

Table 1: Conventional guidance

The PPE guidance has been updated to reflect patient status and reflect minimum requirements.

TIER	For use	 Hand hygiene	 Disposable gloves	 Level 1 gown and plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator	 Eye protection (Goggles or face shield)
Tier 0 – Standard precautions	Currently not applicable based on public health advice.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – COVID-19 standard precautions	Care of and exposure to all COVID-19 negative patients or clients	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓ Minimum Level 1	✗	As per standard precautions
Tier 2 – Droplet and contact precautions	Care of and exposure to low-risk suspected** COVID-19 Patients/Residents excluding patients where there is a risk of aerosol generating behaviours or an aerosol generating procedure needs to be performed	✓	✓	✓	or ✓ Level 2, 3 or 4	✓ Level 2 or 3**	✗ **	✓ Face shield where practical
Tier 3 – Airborne and contact precautions and aerosol generating procedures	All care/exposure/contact with: <ul style="list-style-type: none"> High Risk suspected COVID-19 Patients/Residents Confirmed COVID-19 Patients/Residents Providing care to low-risk suspected COVID patients where there is a risk of aerosol generating behaviours or an aerosol generating procedure needs to be performed	✓	✓	✗	✓ Level 2, 3 or 4	✗	✓	✓ Face shield where practical

Follow this link to the [COVID-19 Infection prevention and control guidelines](#)

Table 2: of this document provides definitions with examples and potential applications for clinicians

If the risk of community transmission increases, in line with the Victorian Health Service Guidance and Response to COVID-19 Risks ([VSHGR](#)) COVID Active and COVID Peak stages, Tier 3 PPE is recommended for all exposure, care and contact with **low-risk suspected COVID as well as high-risk suspected or confirmed cases of COVID-19. See the [VSHGR](https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks#current-risk-rating) <<https://www.dhhs.vic.gov.au/victorian-health-service-guidance-and-response-covid-19-risks#current-risk-rating>>

What to expect if my clinic becomes a Tier 1 or Tier 2 exposure site

Tier 1: High to very high risk of transmission

Tier 2: Medium risk of transmission

Determination of risk is dependant on time case spent in venue, if it's a sensitive setting, indoor vs outdoor, size of room, availability of shared facilities, mask wearing (both case and others in facility)

End to end process from Public Health response to clearance

Identification

Exposure sites are identified through the interview with a confirmed case of COVID-19 as a part of contact tracing.

Investigation

If a GP practice is identified as an exposure site, the practice will be contacted to:

- inform of the exposure
- gather information about the exposure within the practice to assist with contact tracing.

Other information that may be requested:

- CCTV footage if available to confirm times and nature of interaction
- software interrogation to ascertain times patients were there and who undertook the consult
- visitor log or roster e.g. courier, pathology specimen collection, other allied health staff

Management

Your clinic will likely need to close for a period of time depending on the Tier rating of the exposure for the purpose of the deep clean requirement as specified by DH and an outbreak squad visit if required. IPC advice is also available as required.

Communication

Listing the public exposure site on the website will be dependent upon:

- a risk assessment
- confidence of the public health actions being undertaken in a timely matter at the site
- if there are concerns that transmission has occurred on site.

Clearance

Reopening will be dependant upon:

- identification of close contacts
- furloughing of staff
- satisfactory deep clean undertaken

Business continuity planning is critical

Other serious public health events and emergencies will occur

- Telehealth and working from home
- Branch and satellite clinics
- Partnerships with other practices

Questions and Discussion

Questions you have raised:

- What is the department's consultation process with clinics that become exposure sites?
- To what extent will the vaccination status of GPs and their staff protect them from being stood down?
- To what extent does having a separate "infectious" room protect the clinic from the same?
- To what extent will PPE status of GP as and their staff protect them from being furloughed?
- Any other questions?

For further information: www.dhhs.vic.gov.au/gp-practice-planning-covid-19

The Infection Prevention Helpline

New Victorian state-wide consultancy service
for First Nations Health, General Practice and Pharmacy workforce

Donna Dullard

Infection Prevention and Control Project Coordinator

PROJECT OVERVIEW

- State Government funding to develop an infection prevention control advisory services
- State-wide service; telephone-based, Monday – Friday 9am – 5pm
- Wide range of subject matter expertise including APNA, ACIPC
- Targeting three primary health care sectors
 - General Practice, community pharmacy and ACCHOs
- Free to health professionals
- Starting Wednesday June 23rd 2021 – six-month pilot

Project AIMS and benefits

To support health professionals working within our ACCHOs, community pharmacies and general practices to:

- Provide an infection control advisory service for primary care services wishing to review or upgrade infection control practices – or simply ask a question
- Help practices reassure patients and their communities of the safety and importance of regular health screening, which is significantly down due to COVID
- Facilitate increased primary care access and keep our health workforce safe
- Evaluate the need for an ongoing Infection Prevention Helpline

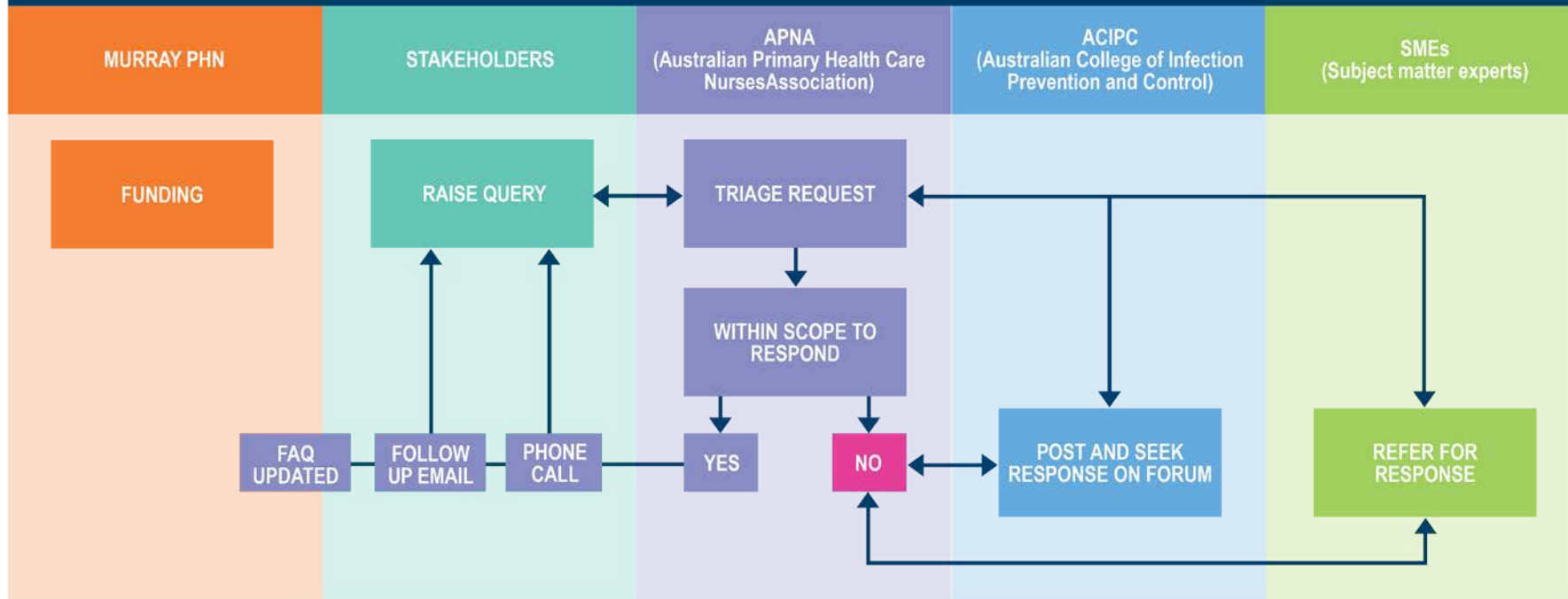
General practice feedback and use:

- Risk reduction strategies
- Managing staff and patient workflows

INFECTION PREVENTION CONTROL CONSULTANCY MODEL

phn
MURRAY

An Australian Government Initiative



OFFICIAL

Summary and questions

Service accessed via 1300 number or website form

Website – VTPHNA, APNA and PHN partners

- Details of the consultancy service and our partners (i.e. peak bodies and Victorian PHNs)
- Latest resources and guidelines
- Links to HealthPathways
- Webinars and education opportunities
- FAQs for health professionals

Direct marketing campaign



COVID-19 Vaccination Program

Victorian update

Prof. Ben Cowie

Executive Director, Strategy, Planning and Clinical Governance
COVID-19 Immunisation Program, DH

Who can access the vaccine?

Phase 1a groups

Phase 1b groups

All people aged 40+ years

All Aboriginal and Torres Strait Islander people aged 16 years and over

NDIS participants aged 16 years and over and carers of NDIS participants of any age

Under 50 years

The **Pfizer COVID-19 vaccine** is preferred

The AstraZeneca COVID-19 vaccine is approved for people under 50 years where **the benefits of protection outweigh the risk of adverse events**

People under 50 years who received their first dose of AstraZeneca COVID-19 vaccine **without serious adverse events** should receive their second dose

50 years and over

People aged 50 years and over **will be offered the AstraZeneca COVID-19 vaccine** unless they have a specific medical condition identified

Victorian Specialist Immunisation Service (VicSIS)

Specialist vaccination services for people who have experienced an adverse event following immunisation (AEFI) with a COVID-19 vaccine, or those who are identified as at risk of an AEFI (for example, people with a history of anaphylaxis).

ONLY if a patient meets the following criteria should they be referred to VicSIS:

- Previous cerebral venous sinus thrombosis (CVST), heparin-induced thrombocytopenia (HIT), idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, anti-phospholipid syndrome with thrombosis or thrombosis with thrombocytopenia syndrome (TTS).
- Anaphylaxis or generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered or a previous dose of a COVID-19 vaccine
- A history of PEG or polysorbate related reactions and/or a history of multiple allergic reactions to other medications containing PEG or polysorbate.
- A mast cell activation disorder with raised mast cell tryptase needing treatment and has been unable to tolerate previous injections (e.g. flu vaccine)

All referrals must be made by a medical practitioner. A letter from your doctor does not mean a person is eligible for Pfizer.

Visit the VicSIS page on the Melbourne Vaccine Education Centre (MVEC) [website](#).

The following groups of people CAN receive COVID-19 Vaccine AstraZeneca:

- People with a past history of venous thromboembolism in typical sites, such as deep vein thrombosis or pulmonary embolism
- People with a predisposition to form blood clots, such as those with Factor V Leiden, or other non-immune thrombophilic disorders
- People with a family history of clots or clotting conditions
- People currently receiving anticoagulant medications
- People with a history of ischaemic heart disease or cerebrovascular accident
- People with a current or past history of thrombocytopenia.

Thank you for participating tonight

Department of Health and RACGP's next
webinar Wednesday 21 July, 6pm- 7pm

Topic – COVID-19 Vaccination



Department
of Health

For the latest information www.dhhs.vic.gov.au/coronavirus

Information is available in 50+ community languages at www.dhhs.vic.gov.au/translations