One of the key issues facing general practice during the COVID-19 pandemic is the availability of personal protective equipment (PPE). This fact sheet provides recommendations for optimising the use of PPE while ensuring the safety of your patients and the general practice team.

1. Undertaking telehealth consultations to optimise PPE

Telehealth consultations (using phone or video) do not require the use of PPE. Telehealth can be carried out onsite from the practice or by GPs working from home with the appropriate technology set up.

A face mask should not be worn during a telehealth consultation as this will restrict communication. Therefore, telehealth consultations should be conducted in a location that enables you to physical distance from others in the practice and maintain the privacy of the patient.

Telehealth consultations can be used to triage patients where COVID-19 is suspected – refer to the RACGP’s ‘Video consultations with patients suspected of having COVID-19’.

There will be circumstances where telehealth consultations are not ideal and, based on clinical judgement, you should make arrangements for an in-practice or in-home face-to-face consultation. Where the patient presents with respiratory symptoms and your practice does not have PPE or testing capacity, referral should be made to a local GP-led COVID-19 respiratory clinic.

2. Using local GP-led respiratory clinics to optimise PPE

GP-led COVID-19 respiratory clinics were established in response to COVID-19, in part, to preserve the PPE of general practices. These clinics have the PPE and testing capacity to assess and treat patients with respiratory illnesses.

3. Cohorting patients to optimise PPE during face-to-face consultations

When conducting face-to-face consultations, it is recommended general practices cohort their patients into groups with or without respiratory symptoms suggestive of COVID-19. Cohorting patients into groups can help optimise use of PPE. For example, it enables one GP or nurse to consult patients consecutively and reduce the need to fully don and remove PPE between consultations.

3.1 Face-to-face consultations for patients with respiratory symptoms suggestive of COVID-19

Your practice should only conduct consultations with patients with respiratory symptoms suggestive of COVID-19 if it has the appropriate PPE and capacity to manage the infection control requirements. If this is not available, refer patients to a local GP-led COVID-19 respiratory clinic. Alternatively, your practice can seek advice from the local public health unit on where to refer the patient for treatment or testing.
All patients who present with respiratory symptoms should be managed according to the RACGP’s ‘COVID-19 infection control principles’ until their COVID-19 status is confirmed.

It is recommended that all members of the practice team dealing with patients attending face-to-face consultations with respiratory symptoms use standard and droplet precaution PPE, including:

• gloves
• surgical mask
• gown/apron
• eye protection.

All patients suspected or confirmed of having COVID-19 should wear a correctly fitted surgical mask for the duration of their consultation (including in waiting areas), unless otherwise directed by staff, such as when conducting a test. Where compliance cannot be achieved (eg with some children, where the patient may have a cognitive impairment, or where the patient refuses), the person should be immediately isolated in a separate room away from practice team members and other patients, or be asked to exit the practice. The initial consultation can then be conducted via phone (using a practice phone if the person has been isolated in a consultation room, or mobile phone if they have exited the practice).

All face-to-face consultations with patients presenting with respiratory illness should occur in a designated area that ideally has a separate entrance and exit for patients to use. Members of the practice team should not leave the designated area where the consultations are taking place while wearing PPE.

### 3.2 Face-to-face consultations for patients without respiratory symptoms suggestive of COVID-19

**Never consult a patient who is not suspected of having COVID-19 after consulting patients suspected or confirmed of having COVID-19, without fully removing PPE and performing hand hygiene and environmental cleaning.**

In some regions in Australia, the wearing of surgical face masks is now required for all practice team members as a public health directive, where physical distancing is not possible (New South Wales) or in all patient-facing areas (Victoria). Additionally, for general practices in Victoria, the Department of Health and Human Services’ guide to the conventional use of PPE has made wearing eye protection mandatory for all consultations and patient encounters.

Outside these regions there is no requirement to wear PPE for these consultations, unless determined clinically necessary.

**Using surgical masks for consecutive consultations where COVID-19 is not suspected**

In circumstances where a surgical mask is required, the mask should be replaced at a minimum:

• every four hours
• when contaminated
• when removed from the face
• after consulting a patient suspected or confirmed of having COVID-19 when the following consultation is with a patient not suspected or confirmed as having COVID-19.

**Remember:**

• surgical masks should never be reused once removed
• reusable face masks are not recommended as an alternative for healthcare workers in clinical settings.
Further advice on the use of masks

The current advice from the Communicable Diseases Network Australia, which is endorsed by the Australian Health Protection Principle Committee, is that for confirmed or suspected cases of COVID-19, "surgical masks used by patient and healthcare worker provide adequate protection." The use of P2/N95 masks is only recommended when conducting aerosol-generating procedures.

This document outlines minimum standards and is based on the best current available evidence and expert advice. However, due to the nature of this novel coronavirus, you and your practice should always make your own decisions based on your local context and situation, and your clinical expertise.

Whichever mask practices you choose to use, infection prevention and control procedures should be carefully adhered to: masks correctly fitted, donning and doffing procedures carefully followed, contact infection control measures followed, and public health measures such as physical distancing continued.

Remember:

Any PPE worn during any clinical encounter should not be worn in non-clinical common areas such as the tearoom.

In regions where there is a requirement to wear a face mask/covering at all times when out of the home or where physical distancing is not possible, use a clean face mask when moving from clinical to non-clinical common areas such as the tearoom.

References


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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.

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