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.

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 a surgical mask at all times.
- The patient remains behind the line on the floor 1.5 metres from the doctor’s chair/desk where possible.
- If collecting a combined oro-nasopharyngeal swab from the patient, the doctor wears full contact and droplet PPE – eye protection, surgical mask, gloves and gown.*
- 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.

*For specimen collection with no clinical examination, a gown is not needed unless close physical contact with a symptomatic patient or splash/spray of body substances is anticipated.

For specimen collection only from an asymptomatic or mildly symptomatic patient, a gown or apron is not essential and, if worn, does not need to be changed between patients unless obviously contaminated.

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.

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.

Bibliography


