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| **Introduction** | |
| Healthy North Coast (HNC) recognises the significance of the GP role in a COVID-19 outbreak and the importance of this being planned collaboratively with all key stakeholders. This kit and other resource materials have been developed in collaboration with a group of GPs, Residential Aged Care Facility (RACF) managers, Local Health District (LHD) staff and HNC staff.  The kit operationalises HNC’s COVID-19 RACF Outbreak GP Framework and Guidelines. The kit outlines how the RACF’s GP team can work with the RACF manager to localise the coverage model to meet each individual facility’s unique requirements.  The COVID-19 RACF Outbreak GP Framework Management Kit should be read in conjunction with the guidelines. The guidelines cover GP preparations, the GP coverage model and the response plan. | |
| **Instructions for use** | |
| 1. **Use of the kit - preparation for outbreak activities**  RACF managers are requested to work with their GP team to finalise the kit together.  The appendix sections assist in the localisation of the kit (please localise this kit by adding your  own **Appendix A, B & D** as guided in each section**).** Note the **multi-site disaster** section and **complete**. You are encouraged to include any other information required to assist in an outbreak**.** 2. **Use of the kit - for GP locum induction activities**  The kit can be used as an induction tool for GP locums by:  * Providing a copy of the kit with the facility’s individualised appendices. * Covering each of the colour coded sections as indicated by priority and workforce availability.  A staff member in self-isolation may be able to video conference in to complete the lower-risk areas remotely with the GP locum as time permits.  1. **Location of the kit**  The kit is available:    * **For GPs** on the **Primary Care Impact** section of Healthy North Coast’s website -Increase GP preparations for COVID-19 outbreak in RACF    * **For RACF managers**, the kit will also be located in **Basecamp**. | |
| If you have any queries with this kit, please get in touch with the key contacts at Healthy North Coast: | |
| Bron McCrae  Deputy Director ­‑ Healthy Living and Ageing  bmccrae@HNC.org.au | Monika Wheeler  Executive Director ‑ Wellness  mwheeler@hnc.org.au |

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| **1.** **Key functions and roles of GPs** | | | | | |
| **1.1 Resident’s Own GP** | | | | | |
| Remote monitoring of patient in collaboration with the outbreak management team and the GP team leader | * In a small outbreak, the COVID-19 positive resident’s own GP will work collaboratively with the RACF outbreak team. They will be supported by  LHD clinicians in the management of COVID-19 positive cases. * Residents requiring face-to-face assessment may access services through:   + LHD Nurse Practitioner     - NNSW have the Nurse Practitioner In-Reach program     - MNC will have Nurse Practitioners and other senior clinical staff available   + Skilled RACF RNs working with GPs via telehealth in the resident’s room   + GP coming on site at end of day * In a large or multi-site outbreak, a GP team leader and GP locum may be engaged to support GP coverage. A resident’s own GP not performing either of these roles will be kept updated by GP team leader.   Note: Only residents with clinical needs will be transferred to hospital in NSW.  The secondary triage system used by NSW Ambulance will also consult with the ED physician before transferring a case. | | | | |
| **1.2 GP Team Leader** | | | | | |
| Remote leadership of RACF GP team / GP locum in collaboration with the RACF outbreak team | * Working remotely, attend the daily local RACF outbreak team meeting. * Liaise daily with the GP team with updates. * Provide daily support call to the GP locum and RACF manager as required. * Coordinate on-call roster in collaboration with the RACF manager, ensuring GP coverage after hours 24/7 (in the instance of a multi-site outbreak). * Liaise with HNC for any other resources needed (see **Appendix C**): * Deputy Director — Healthy Living Ageing * Executive Director — Wellness * Chief Executive Officer * As a guide, the following hours can be claimed from HNC. | | | | |
| Small outbreak  Week one 15 hrs / week Week two 12 hrs and  thereafter 9 hrs | | Large outbreak  Week one 20 hrs / week  Week two 12 hrs and thereafter 9 hrs | | Multi-site regional disaster  Week one 20 hrs / week  Week two 15 hrs and  thereafter 12 hrs |
| Note:   * In an extreme situation, a few days may be required onsite. Where the GP team decide an on-call roster is not required, the GP team leader will respond to staff calls if the resident’s own GP is not responding.   There are two levels of outbreak teams: the Outbreak Management Team consists of NSW Health, Ministry of Health (MOH), LHD, Public Health Unit (PHU), Clinical Excellence Commission (CEC) and RACF representatives. The RACFs will conduct a local outbreak team where GPs will be present. For further clarification see 'Outbreak Management’ in section 11. | | | | |
| **1.3 On-Call Roster** | | | | | |
| Coordinate an on-call roster | An on-call roster is recommended for timely after-hours responses and GP fatigue management, particularly in the following instances:   * A multi-site outbreak, where the roster may be the only medical resource available locally. * A large outbreak, where it may take a few days before a GP locum arrives.   For an on-call roster, consider:   * The need to gain a commitment from GPs prepared to be on call during the outbreak. * The development of a roster (please develop and add as **APPENDIX A**). * That the RACF manager will communicate the on-call roster to all staff and place in surge workforce induction materials. * Ensure all GPs on the roster have remote access to eHealth records and ALL residents’ records.   Note:  Where the RACF GP team chooses not to introduce an on-call roster, the RACF will contact the GP team leader if GPs are not responding in a timely manner. | | | | |
| **1.4 GP Locum** | | | | | |
| Resident management  COVID-19 positive and negative | GP locums will be supported to be the medical clinician on the ground to provide appropriate clinical management and support of COVID-19 positive and negative cases, working in collaboration with the Outbreak Management Team Clinical Lead, the residents own GP and the GP Team Lead role.  Note:   * Only residents with *clinical needs* will be transferred to hospitals in NSW. Noting the secondary triage system used by NSW Ambulance will also consult with the ED physician before transferring a case. * Face-to-face assessment of COVID-19 positive cases will be guided by the Infection Prevention and Control experts given the significant risk of transmission to non-COVID-19 residents. | | | | |
| Non-COVID-19 residents | Working with the resident’s regular GP and the RACF team:   * Provide interventions as indicated by changes in health / escalating health conditions where the resident’s own GP is not contactable. | | | | |
| Clinical communication | * Attend daily RACF local outbreak team meetings. * Participate in clinical handovers on the floor. * Liaise with the residents’ GPs – GPs or RACF clinical staff will liaise with families. | | | | |
| Support of RACF staff | * In some instances, there may be a need to provide GP services to staff where they are unable to access their own GP due to limitations of the outbreak and staff movement. | | | | |
| **2. RACF Outbreak Plan** | | | | | |
| It is important that all RACF GPs become familiar with:   * The RACF outbreak management plan (please add as **APPENDIX B** your facility outbreak plan), * The clinical lead roles, both from the RACF and the LHD. * Planned actions for the first 24 hours (in the RACF Outbreak Plan) in particular. * Testing   + - Pre-outbreak – use the Commonwealth-contracted provider (see RACF manager for current provider).     - In outbreak – a combination of the LHD and Commonwealth contractor will be on site undertaking the testing. | | | | | |
| **3. Key Contacts** (adjust to RACF need) | | | | | |
| List of key contacts (please complete **APPENDIX C** or add the RACFs own listing)includes:   |  |  | | --- | --- | | * RACF outbreak team * Key LHD clinical roles and RACF management team members * RACF GP team leader and all RACF GP team contact numbers | * Public Health Unit * Key LHD clinical contacts * HNC team * Other | | | | | | |
| **4. Environment and Infection Prevention & Control** (adjust to RACF need) | | | | | |
| * Familiarity with the home layout / infection prevention and control. Provision of map of home (please add as **APPENDIX D**)outlining:  |  |  | | --- | --- | | * + Entries and screening stations   + RACF manager’s office   + Positive cases will / are to be cohorted   + Hand hygiene stations * Donning / doffing stations | * Treatment rooms * Signage in home * Meal break areas * Staff showering facilities and laundry | | | | | | |
| **5. Clinical Induction** (adjust to RACF need) | | | | | |
| Conducted day one by  RN on floor / RACF manager / GP Team Leader dependent on availability on the day | | * **eHealth records + passwords** * Scripts / pharmacy supplies * S8 stocks * Screening and monitoring for COVID-19 visitors, residents and staff * Flu vaccination status | | * Visiting procedures for families where the resident is palliative * Functions of care workers * Access to and make up of RN and allied health team * Telehealth provisions * Emergency procedures | |
| **6. Key RACF Staff / Roles** (adjust to RACF need) | | | | | |
| Meet and greet the local team | | * Lead roles   + IP&C lead   + WH&S officer   + Educators * RNs and allied health staff * Care workers / hospitality * Administrative / reception | | | |
| **7. Funding** | | | | | |
| * Funding for roles will be a combination of HNC (via the PHN program) and MBS claims. * The team leader role will be fully funded by HNC (via the PHN program) for communication activities. * In a disaster, GPs on the on-call roster will receive an on-call allowance funded by HNC (via the PHN program). * HNC funding will be made available to the extent that is possible. | | | | | |
| **8. GP Locum Support** | | | | | |
| * Accommodation and laundry – discuss with RACF manager * Scrubs – some RACFs will be in a position to provide these * Support from RACF GP team leader * Debrief | | | | | |
| **9. Government Agencies** | | | | | |
| Roles of government agencies   * Department of Health (Commonwealth) regulatory body for aged care * DoH state case manager role supports RACF manager * Access to National Medical Stockpile * NSW Health responsible for clinical management of COVID-19 positive cases * PHU functions * LHD supports available to RACF included in LHD incident plan | | | | | |
| **10. Other (local needs)** | | | | | |
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| **COVID-19 Resources** | | | | | |
| **Clinical Guidance**   * Healthpathways <https://manc.healthpathways.org.au/index.htm>   Username:manchealth  Password:conn3ct3d   * National COVID19 Clinical Evidence Task force <https://covid19evidence.net.au/>   **Infection Prevention and Control Practices**  Donning / Doffing - Refer to the Clinical Excellence Commission’s quick YouTube clips <http://cec.health.nsw.gov.au/keep-patients-safe/COVID-19/personal-protective-equipment/ppe-training-videos>  Note: many clinicians are cross-contaminating in the doffing stage.   * Latest updates and resources from the CEC   <http://cec.health.nsw.gov.au/keep-patients-safe/COVID-19/latest-resources>   * CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia <https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities.pdf>   **Govt Agency Updates**   * Australian Government Deptartment of Health   <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>   * NSW Health   <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx>  **Outbreak Management**   * NSW Govt   <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-outbreak-management.aspx> | | | | | |

# APPENDIX A

**On-Call Roster – template**

|  |  |  |  |  |  |  |
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| **Week Starting – INSERT DATE**  NB each on-call shift attracts an On-Call Allowance in a large and multi-site outbreak setting | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **2000 - 0800** | **2000 - 0800** | **2000 - 0800** | **2000 - 0800** | **2000 - 0800** | **0800 - 1959** | **0800 - 1959** |
| **Dr** | **Dr** | **Dr** | **Dr** | **Dr** | **Dr** | **Dr** |
|  |  |  |  |  | **2000 - 0800** | **2000 - 0800** |
|  |  |  |  |  | **Dr** | **Dr** |

# APPENDIX C

**Key Contacts**

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| **RACF team** | |
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| **Healthy North Coast (North Coast Primary Health Network)** | |
| **Bron McCrae**  Deputy Director — Healthy Living and Ageing  bmccrae@hnc.org.au | 0447 113 823 |
| **Monika Wheeler**  Executive Director — Wellness  mwheeler@hnc.org.au | 0437 667 759  (02) 6618 5447 |
| **Julie Sturgess**  Chief Executive Officer  jsturgess@hnc.org.au | Business hours  02 6618 5402 |
| **RACF GP team** | |
| **GP Team Leader** |  |
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| **LHD clinical team – etc** | |
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