# COVID-19 Scenario Testing Tool

Core RACGP accreditation criteria 3.3 requires that general practice has an emergency response plan for unexpected events, such as natural disasters, **pandemic diseases, or unplanned absences of clinical team members.**

The standards recommend creating and testing mock emergency scenarios to maintain an emergency response plan.

**Conducting Practice Based Mock Emergency**

Doing a mock emergency scenario is the best way to find out if your emergency plan works.  Drills are beneficial for testing your communication system and your response team’s readiness.

Use the **COVID-19 Scenario Testing Tool** for an objective post-drill review. Drills should be performed at least 2 times annually to assure optimal performance.  Consider multiple drills if you have more than one response team.

1. **Planning the Drill:**
	1. **When:** Inform your team that you will be doing a mock emergency in the next few days/weeks so they have time to review the emergency plan or current COVID procedures.  Do not tell them exactly when you will do the drill. It is important once the drill is underway, though, that it be clearly communicated to all involved that this is only a drill.
	2. **Who:**  The drill will involve the person/s responsible for the emergency plan and anyone involved in the scenario. It would be good, if you can, to have an objective observer/scribe.
	3. **Establish a Communication System:** How will those involved know the drill has been initiated? Choose a method of mass communication to the team
2. **The Day of the Mock:**
	1. The team that will be role playing the scenario are briefed with the mock scenario and their roles and clarifying any questions that they may have before you conduct the drill.
	2. The observer/scribe should record what happens and the time each step occurs using the **COVID-19 Scenario Testing Tool**
3. **After the Drill:**
	1. Thank everyone for responding.  Spend a few minutes reviewing the results in the scenario testing tool together, noting what happened and the duration of different steps of the response. In these scenarios, the longer it takes to respond to the risk, the greater the exposure for your practice.
	2. Ask those involved for feedback and discuss suggestions and concerns.
	3. Consider whether there are any action steps needed.
	4. Were there specific communication problems?
	5. If the mock highlights points to change to the plan and protocol, delegate someone to make the changes to the plan or protocol and ensure that all staff are updated and informed.

The below scenarios are designed to reflect what a real-life scenario could be during the COVID-19 pandemic.

* Scenario One: Patient enters practice and moves around freely in the waiting area for an extended period
* Scenario Two: Patient enters the surgery and is immediately identified

They are designed to challenge thinking, systems and operations of your practice from front of house right through to clinical care.

When applying the scenarios, observe what happens and how long it takes. Discuss the risks you observed and talk through suggestions to improve your response and decide on actions going forward. A recording tool has been provided with the scenario.

When undertaking your scenario planning, include as many of your practice team members as possible to discuss.

Consider:

* Practice Managers
* Reception staff
* GPs
* Nurses
* Any other relevant clinical directors or unit heads

**Scenario One: Patient enters practice and moves around freely in the waiting area for an extended period**

| SCENARIO STEPS | WHAT HAPPENED IN THE DRILL? | FEEDBACK, SUGGESTIONS, CONCERNS  | ACTIONS  |
| --- | --- | --- | --- |
| Jack presents to a GP surgery with a fever for a day and a cough and shortness of breath. He does not have an appointment. He does not take notice of the sign on the front door asking him to phone first and wear a face mask. He walks in and gets in the queue to talk to the receptionist |  |  |  |
| The receptionist is busy so he has to wait his turn to speak with them (waits 10 minutes in line and coughs a couple of times). He tells the receptionist that he has aches and pains all over and has no energy. He does not refer to respiratory symptoms nor mention that he has been in a COVID-19 hot spot. |  |  |  |
| The receptionist asks Jack to take a seat. The practice is busy. He is sitting in the middle of the reception area for 45 minutes, standing up and moving around, coughing and sneezing from time to time.  |  |  |  |
| When the doctor is free, the patient goes into the examination room and the GP establishes that Jack has a flu-like illness. |  |  |  |
| GP asks about recent travel and discovers that Jack has returned from a COVID-19 hot spot 10 days ago. |  |  |  |
| GP immediately performs hand hygiene and provides Jack with a face mask. All general practice staff are wearing face masks. GP advises Jack that he may be COVID-19 positive and needs to be tested and self-isolate immediately. |  |  |  |
| The Practice Manager records the names of all other patients who were in the waiting area while Jack was there. |  |  |  |
| Jack is instructed to walk straight out of the practice with his face covered and head home to self-isolate |  |  |  |
| The Practice Manager calls the public health unit to prepare next steps in case Jack is COVID-19 positive. GP goes back to seeing patients in his usual consult room.  |  |  |  |

**Scenario Two: Patient enters the surgery and is immediately identified**

| SCENARIO STEPS | WHAT HAPPENED IN THE DRILL? | FEEDBACK, SUGGESTIONS, CONCERNS  | ACTIONS  |
| --- | --- | --- | --- |
| Jack presents to a general practice with a fever, a cough and shortness of breath. He does not have an appointment. He sees the sign on the door of the practice and asking him to phone first if he has been in an affected area. A taxi dropped him off at the practice and he left his phone at home. |  |  |  |
| He approaches the receptionist and tells them that he saw the sign on the door, he came back from an affected area 10 days ago but has no phone to call and it is raining and freezing outside. |  |  |  |
| Receptionist asks him to use the hand sanitizer and gives him a surgical mask to cover his face. There is an empty consult room available. The receptionist directs him to the empty room and closes the door. The receptionist performs hand hygiene and then alerts the GP. |  |  |  |
| The GP finishes with the patient he is seeing. The GP sanitizes their hands and puts on PPE. He enters room to speak to Jack. Jack confirms he returned from a COVID-19 hot spot 10 days ago and now has cough and feels feverish. GP advises Jack that he may be COVID-19 positive and needs to be tested and self-isolate immediately. |  |  |  |
| The Practice Manager records the names of all other patients and staff who were in the practice while Jack was present.  |  |  |  |
| Jack is instructed to walk straight out of the practice with his face covered and head home to self-isolate. |  |  |  |
| The Practice Manager calls the public health unit to prepare next steps in case Jack is COVID-19 positive. |  |  |  |
| GP goes back to seeing patients in his usual consult room. |  |  |  |