

CC alert level 2 guidelines 16/08/20

Screening

The **Police will be screening all patients** prior to calling us, using the following criteria. We will also be repeating this screening on arrival.

- Does the patient have any acute respiratory infection with at least one of the following symptoms: new/worsening cough, sore throat, shortness of breath, coryza, anosmia, with or without fever

- Does the patient have any higher index of suspicion (HIS) Criteria? In the 14 last 14 days have they had:
 - Contact with a confirmed or probable case
 - International travel
 - Direct contact with a person who has travelled overseas (e.g. Customs and Immigration staff, staff at quarantine/isolation facilities)
 - Worked on an international aircraft or shipping vessel
 - Cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals

On arrival ask the patient to also complete the new triage form which is attached to the registration sheet clipboard.

Screening will result in two categories of patient:

- A (no symptoms and no HIS / has symptoms and no HIS / no symptoms and at least 1 HIS)
or
- B (has symptoms and at least 1 HIS)

A. Protocol for patients who have no symptoms and no HIS / symptoms and no HIS / no symptoms and at least 1 HIS:

The CC is currently offering our usual in-person consultations (with the additional precautions discussed below) for these patients, with the following additional precautions:

Additional precautions for all patients attending the CC:

- It is important we **keep track of all people attending the CC**. There are now NZ **COVID tracer app** posters on the front and back doors, so anyone (including staff) entering the clinic is encouraged to scan this, if using the app (which should be everyone). However, regardless of whether the app is used, all visitors (staff, patients, police, etc) entering the CC must sign the new **sign-in sheets** that are found on the front desk. In order to maintain patient confidentiality these registration forms will be changed after each consultation and can be placed behind the front desk for filing.
- **Hand hygiene and cough etiquette** for staff and visitors to the CC. All staff and visitors entering the CC must use the handwash provided (available at both entrances).
- **Physical distancing of >1m**
- **Ask a patients to wear a mask from the time they arrive at the clinic if they have either symptoms or HIS**
- When examining patients and therefore 1m physical distancing is not possible, the doctor and nurse should wear a **mask and apron/gown** (this is to provide protection to the CC team and to patients). It is also more than acceptable to wear a facemask throughout the consultation if this is your desired practice.
- **PPE** is found in the drawers in the acute examination room (Tupuhi)
- Keep the number of people visiting the CC to a minimum, **so no support people or SASSC workers** unless a vulnerable patient who needs support. If age >18 complete a SASSC referral form so that SASSC can make contact with the patient over the next few days.
- As always please be vigilant about following cleaning processes and ensure you complete the **cleaning tick sheets** on the acute room wall and back door when finished.

B. Protocol for patients who have symptoms AND any HIS criteria:

Consider whether the case needs to be seen urgently or if it can wait until daylight hours.

If unsure please call Clare/Jess to discuss.

- Doctor: Go to CC to take **hx over phone and then have patient attend CC for examination**
 - Open MEK to get MER book out to complete during phone call (Document times for phone call and for examination separately in red book and in MER)
 - Doctor to attend for this stage only, but give nurse forewarning that you will require them for exam (usually takes @ 45 to 60 mins to get history)

- Then after taking hx, get patient to attend for examination in usual acute examination room (Tapuhi)
 - Ask patient to wear mask from time they arrive.
 - Doctor and nurse to wear PPE (Mask, gown, gloves (eye protection also available if you wish)) Ensure you remove gown and gloves prior to leaving examination room (Tapuhi)
 - Be as efficient with the examination as possible in order to minimise your time in close proximity to the patient
 - Consider which forensic specimens are of highest priority, you may not need to do every sample (this will depend on type of alleged contact, nature or relationship of the AO and time since alleged events)
 - Direct patient to take their own buccal swab.
 - It is fine to do a speculum examination.
 - Don't worry about documenting non-acute findings.
 - Group acute findings when describing them (e.g. multiple bruises on shin between approx. 1-3cm).
 - Take photographs and use the CORTEX-Flo to record acute findings efficiently, then use information from these to write up examination in MER.

Staff sickness

Any **staff members who are unwell must not work and contact Healthline/GP to organise COVID-19 testing**. This is important to protect your team members and visitors to the CC.

We recognise that whilst you are unlikely to have COVID-19, there is a lot of unease around sickness at the moment and we want to make visitors to the CC feel as comfortable as possible. Please advise us as soon as possible so we can organise roster cover.

Please feel free to **call Clare/Jess for advice at anytime**