

## Information Update CORONAVIRUS Date 24/03/2020

**The time to act is NOW. Don't wait to be told what to do.**

As a GP you are an independent practitioner. As a partner you own your own business, as a salaried GP you will sometimes be the lead clinician and as a locum you will be entering different practices on different days.

Whilst it is essential to follow national guidance, we must be aware that this may not come as quickly as we need it in primary care and so we *MUST start to think for ourselves in our own practices*, plan for a major incident and protect our staff and patients in the best way we can. **Now is not the time to wait to be told what to do. Now is the time to think for ourselves and ACT.**

As a salaried GP, I feel my practice is well ahead of the curve so what have my amazing partners decided to do?

- **A dedicated clinical lead** each day who will be responsible for COVID 19 updates based on RCGP and public health guidance
- **Daily meetings with the whole team** in the building at the start of the day and again at lunchtime (consider zoom or equivalent for social distancing of staff) to ensure we are all working to the same protocol in a rapidly changing environment
- **Team communication.** For big announcements we have a group chat. Be aware though, in Italy, Whats app slowed down as social distancing increased, and more people used it.
- **Team PPE teaching** on "how to put on" and more importantly "how to take it off ". The risk of infection is greatest when taking off PPE.
- **A buddy system** to ensure well-being and morale is looked after. At extreme times we need to remember to look after each other. Check in with your buddy every day whether you are at work or not. Mental wellbeing is as important as physical well being
- Protecting our longevity as a team
  - **Socially distance non-patient facing staff** (secretary, care coordinator, practice manager) from the clinical team. Use remote working or telephone/ video call for contact with the team, remembering to ensure they have a "buddy"
  - **Staggering staff working.** Does every team member need to be in the building together? Can you split your team? If we stagger staff, social distancing may help reduce cross infection and keep some members of the team infection free to help cover in case of staff illness
- Protecting the staff
  - **Redeploy staff with chronic health conditions or who are immunocompromised** to non-patient facing roles, entering via a separate entrance and remain in a locked down part of the building, or, work from home where possible. Consider an up to date 'health chat' with every member of the team so you know who they are.
  - An exclusion zone around reception by measuring a **2-metre line from the reception desk**, (the social distancing distance). Use innovative approaches to reduce receptionist patient facing time and encourage self-check in machine use with regular screen cleaning
  - Involve the **cleaning team**. Protect them, teach them to use PPE, talk to them and keep them informed
  - **Inform locums** and ensure they know what is expected BEFORE they arrive. Involve them to the team meeting and give them a buddy for the day



- Identify a “**respiratory room**”, with a separate entrance and one dedicated clinician per day using it with PPE whilst numbers are small. It is essential this person has a buddy in the building for their personal wellbeing.
  - Staff advised to **change clothes** before leaving the building and use shower facilities, or to change and shower immediately once home to prevent cross contamination of families. Know your covid zone
    - Red: Possible infection e.g. the surgery
    - Amber: Hope fully clean e.g. your car
    - Green: Clean e.g. your home. Try and keep this green for as long as you can
  - **Look after ourselves and our team.** Everyone needs time for drinks and food breaks. COVID 19 is going to be a marathon and not a sprint so we need to keep well ourselves mentally and physically. Do not come to work if you are unwell.
- **Protecting our patients**  
Whilst we will be using phone and video much more, even at the height of the crisis, once triaged, we will still need to see some patients. Abdominal pain, pregnant and bleeding etc.
  - **Waiting room.** Chairs spaced out (or removed) to help with social distancing of patients. If you have 2 waiting rooms could you use one for respiratory and one for well patients?
  - **Staggered appointments** with non-respiratory patients in the building at a separate time or in a separate building if you have one. Be innovative.
  - **Consider those vulnerable and living alone.** A list of patients who are frail and have no one to help them to be drawn up. Consider safe and well calls for these patients if time allows once the outbreak hits
  - **Palliative care.** Talking to all care home and nursing homes in advance about DNARs if not already completed. We are likely to have the same conversations we are having now about palliative care, but in greater volume, once the infection rate increases. Be ready for this.
  - **Care home equipment.** Ask the care homes you cover to get a BP machine, sats probe and thermometer. Via video link you can watch staff take the patient observations and better decide if a visit is required. This approach could be used for home visits too in some instances. Be innovative
- **Protecting out trainees**
  - Involve trainees in discussions. Protect them where you can.
- **Anticipate complaints** but know you are doing your best. Have a standard response to any complaints during the height of the crisis acknowledging them, but stating “there may be a delay in responding due to COVID 19”
- **Say no.** If it doesn’t need doing, say no. Direct your resources where they are really needed and once the crisis is over, we can pick up the work that we postponed. We cannot do everything once a crisis hits. Accept that, and know that once it’s over, we will return to normal again

As a GP we are used to dealing with uncertainty and rapidly changing situations. Don’t underestimate the impact COVID 19 may have on you, your family, your staff teams and your patients. Be prepared. Be ahead of the game and above all, don’t wait to be told to do something. By then, it may be too late.

Author (s): Gail Allsopp, GP Derbyshire.  
Derby and Derbyshire GP task force (GPTF)