



COVID-19 Toolkit

Kimberley Aboriginal Medical Services (KAMS)

Version 2: 30/3/2020



COVID-19 Toolkit Revision History

Revision History			
Version	Date	Revised by	Changes
2.0	30/3/2020	KAMS COVID-19 Clinical Response Group	<ul style="list-style-type: none">• Updated useful contact details• Updated COVID-19 triage/workflow general principles & risk assessment• Updated clinic manager checklist & guide (new items highlighted yellow)• New: COVID-19 Care of Patients with Confirmed/Suspected COVID-19 in an Emergency Setting• Updated COVID-19 Use and Provision of Transport• Updated self-quarantine criteria• New: Appendix D – procedure for transport and exchange of stores & pathology (Bidyadanga & Beagle Bay)
1.0	23/3/2020	KAMS COVID-19 Clinical Response Group	



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COVID-19 Toolkit Executive Summary

The Kimberley Aboriginal Medical Services (KAMS) COVID-19 Toolkit has been developed to assist KAMS remote clinics, Kimberley Renal Services and Headspace Broome in planning and responding to the current Coronavirus (COVID-19) outbreak. It will also be available for use by KAMS member services.

The toolkit should be used in conjunction with:

- Advice from the WA Health Department
- Public Health Emergency Operations Centre (PHEOC)
- [Commonwealth Communicable Disease Network Australia guidelines](#)
- Kimberley Population Health Unit
- KAMS IP&C Guidelines

This toolkit will be updated as the COVID-19 outbreak continues to evolve.

Please check the KAMS website for the latest version.

For definitions relating to COVID- 19 please refer to [Appendix A](#).



COVID-19 Toolkit Useful Contact Details

COVID-19 Specific

- Kimberley Population Health Unit (KPHU)(office hours): (08) 9194 1630
- Metropolitan Communicable Disease Control (after hours public health enquiries): (08) 9328 0553
- Department of Communities (isolation/quarantine): 1800 032 965
- National Coronavirus Hotline: 1800 020 080

KAMS	Phone	Fax	Mobile/Satellite	Email Address
Reception	9194 3200			admin@kamsc.org.au
MMEx Help Desk	9194 3296			mmexsupport@kamsc.org.au
IT Support	9194 3224			itsupport@kamsc.org.a
Deputy Medical Director (Casey Barnes)	9194 3212		0431 917 577	
Medical Director (Lorraine Anderson)	9194 3284	9194 0349	0407 974 951	
Beagle Bay Health Centre	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9192 4914	9192 4440	0147 156 197	beaglebayclinic@kamsc.org.au
Clinic Manager	9192 4914	9192 4440		beaglebaymanager@kamsc.org.au
On-Call Phone	9192 4914 (divert)			
Driver on-call Phone			0488 012 478	
Doctors On-Call Phone	9194 0388			
Bidyadanga Health Centre	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9192 4952	9192 4827		bidyadangaclinic@kamsc.org.au
Clinic Manager	9192 4952	9192 4827		bidyadangamanager@kamsc.org.au
1st On-Call Phone	9192 4952 (Divert)	9192 4827		
Driver On-Call Phone			0448 843 771	
Doctors On-Call Phone	9194 0388			
Balgo Health Centre	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9168 8953	9168 8951	0147 159 192	balgoclinic@kamsc.org.au
Clinic Manager	9168 8953	9168 8951		balgomanager@kamsc.org.au
KAMS Doctor On-Call Phone	9194 0382		0429 677 323	
Billiluna Health Centre	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9168 8144	9168 8936	0147 180 894	
BRAMS	Phone	Fax	Mobile/Satellite	Email Address
Reception	9192 1338	9192 1606		reception@brams.org.au
BRAMS Doctor On-Call Phone			0407 029 602	
Derby Aboriginal Health Service	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9193 1090	9193 1903		info@dahs.org.au
DAHS Doctor On-Call Phone			0428 911 884	
Mulan Health Centre	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9168 8133	9168 8945	0417 158 953	mulanclinic@kamsc.org.au
Clinic Manager	9168 8953	9168 8951		balgomanager@kamsc.org.au
Ord Valley Aboriginal Health Service	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9166 2200			adminreception@ovahs.org.au
Yura Yungi Medical Services	Phone	Fax	Mobile/Satellite	Email Address
Clinic	9168 6266			ceo@yyms.org.au
Other Clinic's	Phone	Fax	Mobile/Satellite	Email Address
Danila Dilba (NT)	8942 5444	8941 3542		
Lajamanu (NT)	8975 0870	8975 0903		

Lombadina Clinic	9192 4935	9192 4979	
Looma Clinic	9194 4767	9191 7074	
One Arm Point	9192 4929	9192 4819	
Wankatjunka	9191 4755		
Wirrika Maya (Port Hedland)	9172 0400		
Wurli-Wurlingjang (NT)	8972 9100	8971 0962	

Hospitals	Phone	Fax
BROOME HOSPITAL	9194 2222	9192 2322
Allied Health	9194 2258	9194 2257
Day Surgery	9194 2291	9194 2292
Theatre Co-ord	9194 2371	9194 2637
Emergency Dept	9194 2625	9194 2608
Medical Records	9194 2211	9194 2208
PATS	9194 2207	9194 2234
Pathwest	9194 2286	9192 1048
Radiology	9194 2274	9194 2267
Specialist Centre	9194 2223	9194 2205
DERBY HOSPITAL	9193 3333	9193 3398
Allied Health	9193 3217	9193 3376
FIONA STANLEY HOSPITAL	6152 2222	
HALLS CREEK HOSPITAL	9168 9222	9168 9200
KUNUNURRA HOSPITAL	9166 4222	9166 4250
Allied Health	9166 4330	9166 4383
Dentist (public)	9168 2055	
PATS	9166 4237	9166 4260
Specialist Clerk	9166 4231	9166 4249
ROYAL DARWIN HOSPITAL (NT)	8922 8888	
ROYAL PERTH HOSPITAL	9224 2244	
PERTH CHILDREN'S HOSPITAL	6456 2222	
King Edward Memorial Hospital (Women's Health)	6458 2222	
Sir Charles Gairdner Hospital	6457 3333	
Child Protection Unit	6456 4300	

Emergency Services	Phone	Fax
Emergency Telehealth Service Bidadanga Only	1800 422 190	1300 711 506
Royal Flying Doctors Services (RFDS)	1800 625 800	
St John Ambulance Call Centre Bookings	08 9334 1234	
St John Ambulance Broome	Office Hours ONLY	
	9192 0710	

Miscellaneous	Phone	Fax
Aviair	9194 4300	
ACIR	1800 653 809	
Broome Aviation	9192 1369	
Central Referral Service	1300 551 142	1300 365 056
Global Direct Radiology Report Line	1300 668 957	
PBS Authority	1800 888 333	
Poison Info	13 11 36	
SARC	6458 1828	

Pharmacies	Phone	Fax
Kimberley Pharmacy Services	9192 3611	9192 3699
Chinatown Pharmacy	9192 1399	
Boulevard Pharmacy	9192 1866	9193 5132

Broome	Contact number	Fax
Department of Child Protection (Dept.CPFS)	9193 8400	
Dentist (Hospital/Public)	9192 1300	
Headspace	9193 6222	9193 6122
Kimberley Aged Care	9192 0333	
Kimberley Interpreting	9192 3981	9192 3982
KRS (Dialysis reception)	9191 8600	
Renal GP On-Call	0427 808 873	
Kimberley Eye Care	9192 7877	9193 7077
Kimberley Population Health Unit (KPHU) Reception	9194 1630	9194 1633
Kimberley Mental Health & Drug Service (KMHDS)	9194 2640	9192 3489
Milliya Rumarra	9192 1699	
Cyrenian House	9192 6400	
Midwifery Group Practice	9194 4127	Specialist Centre: 9194 2205

Perth	Phone	Fax
Pathwest Perth	13 72 84	9381 7594
Perth Cardiovascular Institute (PCI)	6314 6833	6314 6888
Lion's Outback Vision	0409 691 457	
Sexual Assault Resource Centre (SARC)	6458 1828	
WA Police Services	Phone	Fax
Bidadanga Multi-Function Police Facility	9192 4091	9192 4779
Broome Police Station (24 hours)	9194 0200	9194 0280
Dampier Peninsula Multi-Function Police Facility	9192 4590	9192 4568



COVID-19 Triage Guidelines and Clinical Workflow for Remote Clinics

A. General Principals

To reduce the risk of transmission of COVID-19 for patients and staff it is imperative that there is a reduction in patient traffic throughout the clinic facilitating social distancing. This is all while continuing to provide good primary care for our patients.

It is also very important that our clinics provide triage at the first point of contact for patients who call and attend the clinic so that their risk of COVID-19 can be assessed. This is to ensure that PPE is used appropriately and there our staff and patients that attend the clinic are kept safe.

The general principals include:

- Triage of patients when they call and attend the clinic/service
- Providing telephone support to patients to prevent them from needing to attend the clinic
- Providing home visits where possible
- Using a “fast track” for patients where contact is necessary with patients eg dressings, injections, procedures
- Providing remote GP Videoconference support for nursing staff and patients
- Continuing to provide face to face care in emergency situations
- No visitors being permitted to the clinic (with the exception of children having one caregiver attending with them)

B. COVID-19 Risk Assessment

- The risk assessment for when to suspect COVID-19 will depend on where you are, the symptoms the patient is presenting with, and will change over time as the situation evolves
- Refer to WA Health Clinical Alerts for up to date testing criteria
- If you have a patient who you feel may be at risk of COVID-19 but doesn't fit testing criteria – use appropriate PPE for your assessment and call Public Health to discuss whether this person should be tested (KPHU 9194 1630, or MCDC if after hours 9328 0553)



C. Phone triage for Reception Staff

Is this an Emergency?

NO
Confirm registered phone Number - update on Mmex

Yes
Direct the call to the first on call member immediately

NO: Ask COVID 19 Triage questions:

- have you had any overseas travel in the past 14 days?
- Have you travelled on a cruise ship in the past 14 days?
- have you had contact with a confirmed or suspected case of COVID-19?
- do you have cough/ cold/ runny nose/ fevers/ sore throat or flu like symptoms?
- would anyone who may be attending with you answer YES to these questions?

YES
Transfer call to nominated staff member

NO
“To make things safer for you and the community, we are offering appointments over the phone or internet. Would you like to book an appointment this way?”

NO
Transfer call to nominated staff member

YES
BOOK TELEHEALTH apt - mmex calendar
Confirm registered phone number
Ask patient whether they have data on their phone and would like a video call?



D. Phone Triage for Clinic Nurse/RAN

Use your clinical judgement in regards to patient calls.

Screen ALL patients assess their risk of COVID-19.

Consider the latest testing guidelines available.

Triage Matrix

SYMPTOMS	RISK OF COVID-19	
	LOW RISK	HIGHER RISK / SUSPECTED CASE
MILD cough, sore throat, runny nose, possible low grade fever	<p>Has not returned from overseas in the last 14 days AND no (known) close contact with a person who has COVID-19</p>	<ul style="list-style-type: none"> Returned from overseas travel in the last 14 days OR close contact with a known case of COVID-19 Cruise over the last 14 days Health Care worker/Aged Care Worker/Police
MILD cough, sore throat, runny nose, possible low grade fever	<p>Telephone Triage</p> <p>No assessment required however advise patient to contact clinic should their condition deteriorate.</p> <p>Be wary of patients who have comorbidities eg respiratory conditions, immune compromise and other chronic disease</p>	<p>Telephone Triage + Advise the patient to attend clinic for assessment.</p> <p>Tell pt what to expect and what to do on arrival (Alert Staff, Put on mask, social distancing, isolation room)</p>
MODERATE persistent / more pronounced cough, fever, shortness of breath, reduced intake	<p>Telephone Triage + Advise the patient to attend clinic for assessment</p> <p>Tell pt what to expect and what to do on arrival (Alert Staff, Put on mask, social distancing, isolation room)</p>	<p>Telephone Triage + Attend clinic</p> <p>Advise to isolate</p> <p>Consider using Ambulance to transport patient.</p> <p>Prepare clinic team for emergency and early involvement of GP/on-call GP/ETS</p>
SEVERE High fever, severe shortness of breath, minimal fluid intake, symptoms and signs of dehydration, hypoxia or delirium	<p>Telephone Triage + Attend clinic by Ambulance</p> <p>Advise to isolate</p> <p>Prepare clinic team for emergency and early involvement of GP/on-call GP/ETS</p>	<p>Telephone Triage + Attend clinic by Ambulance</p> <p>Advise to isolate</p> <p>Prepare clinic team for emergency and early involvement of GP/on-call GP/ETS</p>

Clinical staff should be allocated to answering calls where there is:

1. An emergency situation, whether this is COVID-19 or non-COVID-19 related
2. Patients who have positive screening questions at reception
3. Patients who decline a telehealth review



E. Walk in Triage

Patients should be triaged immediately on presenting to the clinic. This may done by:

- Using the clinic phone outside (consider infection control and cleaning of the phone)
- Having a staff member to triage from behind the desk in the waiting room
- Having a clinical staff member greet patients outside the entry to the clinic

Consideration should be made in regards to PPE for each option and should be reviewed with the Infection Prevention and Control Officer.

No visitors are permitted entry to the clinic. Only one adult may attend with a child

Step 1. Assess COVID-19 Risk

SYMPTOMS	RISK OF COVID-19	
	LOW RISK	HIGHER RISK / SUSPECTED CASE
MILD cough, sore throat, runny nose, possible low grade fever	Has NOT returned from overseas in the last 14 days AND no (known) close contact with a person who has COVID-19 No assessment required however advise patient to contact clinic should their condition deteriorate. Be wary of patients who have comorbidities eg respiratory conditions, immune compromise and other chronic disease	<ul style="list-style-type: none"> • Returned from overseas travel in the last 14 days OR close contact with a known case of COVID-19 • Cruise over the last 14 days • Health Care worker/Aged Care Worker/Police Patient to apply surgical mask MOVE TO ISOLATION ROOM Staff to wear PPE (surgical mask included) If meets testing criteria for evacuation >>Call on-call GP <<
MODERATE persistent / more pronounced cough, fever, shortness of breath, reduced intake	Patient to apply surgical mask MOVE TO ISOLATION ROOM Staff to wear PPE (surgical mask included) If meets testing criteria for evacuation >>Call on-call GP <<	MOVE TO EMERGENCY ISOLATION ROOM Patient to apply surgical mask Staff to wear P2 Mask, Gown, Gloves and Eye Protection Provide Emergency care & prepare for patient evacuation Call on-call GP/ETS As soon as possible
SEVERE High fever, severe shortness of breath, minimal fluid intake, symptoms and signs of dehydration, hypoxia or delirium	MOVE TO EMERGENCY ISOLATION ROOM Patient to apply surgical mask Staff to wear P2 Mask, Gown, Gloves and Eye Protection Provide Emergency care & prepare for patient evacuation Call on-call GP/ETS As soon as possible *do not use nebuliser*	

All patients who are suspected to have COVID-19 are to be evacuated from the community immediately.
No testing for COVID-19 should occur in the clinic.



Personal Protective Equipment

See [Appendix B](#) for further details

Patient is suspected to have COVID-19

Patient: surgical mask. Avoid use of nebuliser.

Staff: standard, contact and droplet precautions (gown, surgical mask, gloves, face shield or goggles).

Patient is suspected to have COVID-19 and is critically unwell or undergoing an aerosol generating procedure

Patient: surgical mask (as much as practical given patient condition). Avoid use of nebuliser.

Staff: additional airborne precautions as well as standard, contact and droplet precautions (P2 mask, gown, gloves, face shield or goggles).

Resource: [Interim advice on non-inpatient care of persons with suspected or confirmed COVID-19 including use of PPE](#)

Step 2. Assess All Other Non-COVID-19 Presentations

- **ATS 1 & 2**
 - Invite into the clinic
 - Treat as a usual emergency in the emergency room of the clinic
 - Early involvement of GP (if available), on-call GP or ETS (Bidyadanga) as per usual processes
- **ATS 3**
 - Consider options for review. Discuss with GP as necessary:
 - Review in clinic
 - PRIORITY home review within 30min
 - PRIORITY telehealth review – within 15 min
- **ATS 4 & 5**
 - Telehealth
 - Home visit, non-urgent
 - “Fast track” option*. This could be used for

*Fast track

Consideration must be made in regards to:

- Social distancing and having clearly spaced waiting chairs (>2m apart), preferably outside the clinic
- Hand washing with soap and water or alcohol based hand gel on entry and exit to the clinic
- Seeing only one patient at a time
- Avoiding the patient entering the clinic where possible

A doctor could also be available by telehealth to support the fast track eg to review wounds and update medications.



F. COVID-19 Triage Guidelines for Kimberley Renal Service (KRS)

All patients entering KRS should be screened for COVID-19 at entry to the dialysis centre and prior to dialysis.

Patients should also be asked if they have been told to “self-quarantine”. Self-quarantine should be done if a patient has come into contact with a person with COVID-19 (and they themselves are not unwell) OR they have returned from overseas. Patients under self-quarantine should dialyse in the isolation room/mobile dialysis unit and appropriate PPE should be used by staff (gown, surgical mask, gloves, face shield or goggles).

Should a patient meet the current guidelines for testing the patient should be isolated and testing arranged via the closest facility, whether this be a hospital based COVID-19 clinic or the local ACCHS. Please confirm with your local organisations.

SYMPTOMS	RISK OF COVID-19	
	LOW RISK	HIGHER RISK / SUSPECTED CASE
MILD cough, sore throat, runny nose, possible low grade fever	Has NOT returned from overseas in the last 14 days AND no (known) close contact with a person who has COVID-19 Proceed with dialysis Advise the client what to expect and to call their GP or the hospital for further advice if their symptoms worsen.	<ul style="list-style-type: none"> Returned from overseas travel in the last 14 days OR close contact with a known case of COVID-19 Cruise over the last 14 days Health Care worker/Aged Care Worker/Police Patient to apply a surgical mask. Move to the isolation room Staff to wear PPE (surgical mask included) Seek Advice from Renal GP re: <ul style="list-style-type: none"> Proceeding with dialysis Need for testing/transfer of care
MODERATE persistent / more pronounced cough, fever, shortness of breath, reduced intake	Patient to apply a surgical mask. Move to the isolation room Staff to wear PPE (surgical mask included) Seek Advice from Renal GP re: <ul style="list-style-type: none"> Proceeding with dialysis Need for testing/transfer of care 	Patient to apply a surgical mask. Move to the isolation room Staff to wear PPE (surgical mask included) Seek URGENT Advice from Renal GP re: <ul style="list-style-type: none"> Proceeding with dialysis Transfer of care If deterioration telephone 000
SEVERE High fever, severe shortness of breath, minimal fluid intake, symptoms and signs of dehydration, hypoxia or delirium	Telephone 000 Move to isolation room while waiting for ambulance ASSUME POTENTIAL AIRBORNE SPREAD DURING CARE AND APPLY P₂ MASK, GOWN, GLOVES AND GOGGLES / EYE SHIELD Provide emergency care in isolation room while awaiting ambulance	

For patients who have confirmed COVID-19 infection and are requiring dialysis this should occur in the dedicated isolation room with use of appropriate PPE (as per [Appendix B](#)). The room should be cleaned as per the isolation room procedures in-between each patient.



COVID-19 - Clinic Manager Checklist & Guide

SITE/FACILITY	RESOURCES	YES/NO/NA	COMMENTS
Do you have appropriate signage advising patients on the front door?	KAMS COVID-19 information WA Department of Health		
Do you have handwashing facilities or alcohol based hand gel at entry and exit points of clinic?			
Do you have surgical masks available at reception/entry triage point?			
Do you have PPE available in the patient transport vehicles?			
Have you set up an isolation room?			
Is your emergency room set up to be an isolation room if a patient is critically unwell?			
Are you set up for telehealth (Microsoft TEAMS)? Is everyone aware of their responsibilities? <ul style="list-style-type: none"> Ensure you have re-started all of your computers in the clinic to allow the download of the program. Do you have a microphone and a video camera on each of your computers? If not: arrange urgently via IT 			
Have you de-cluttered the entire clinic and removed any unnecessary items eg toys, books, old equipment?			
Is the ambulance free from clutter and easy to clean? Is there PPE in the ambulance?			
EQUIPMENT			
Resources & Communication			
Do you know how to access specific COVID-19 information resources (ie signage, posters, videos)?	KAMS COVID-19 information WA Department of Health		
Are specific COVID-19 posters displayed in the clinic, and have old posters been removed?	KAMS COVID-19 information		
Are staff aware of the KAMS staff return to work and travel guidelines?	KAMS COVID-19 information		
Have you distributed the latest communication(s) to your staff?	KAMS COVID-19 information		
Do your staff have access to this COVID-19 Clinical Toolkit – is it the latest version?	KAMS COVID-19 information		
Stock			



Do you have PPE (masks, gowns, gloves, eye protection) stocked on your shelves?			
Do you have dedicated cleaning equipment that can be used for cleaning areas when managing suspected or confirmed cases? (including health centres / vehicles etc.)			
Do you have adequate supplies of patient medication including Dose Administration Aids (DAA)?			
Do you have an adequate supply of PCR swabs?			
Have you made orders for the influenza vaccine?			
Check supplies of oxygen, tubing, face masks and nasal prongs. Order 3-4 times usual stock			
Staff & Training			
Are all staff aware of the COVID-19 triaging that should occur in their clinical areas? Reception/drivers/nursing staff			
Are staff aware of where PPE is kept and do staff know how to safely put on and take off PPE?	WA Health PPE Donning & Doffing video Appendix B - PPE KAMS Transmission Based Precautions Guidelines		
Are staff aware of appropriate cleaning procedures for the isolation room and transport?	Environmental cleaning and disinfection principles for COVID-19		
Have you identified staff with any underlying illnesses that might prevent staff from working with suspected or confirmed cases of COVID-19?			
Do you have the resources to implement home delivery of DAAs if this is required in the future?			
Do staff know how to take appropriate nasopharyngeal and throat swabs for COVID-19 testing if needed? - not currently required	COVID-19 clinical alerts		
Do you have a plan for delivery of influenza vaccines to the community?			



PPE and other supplies

- The KAMS stores department orders and manages supplies of PPE, hand sanitiser, disinfectant, disinfectant wipes and other supplies. Supply may be severely restricted and many items will be on back order.
- In an attempt to maintain service delivery it is recommended that you order 3 – 4 weeks of additional supplies.
- Ensure a supply of PPE is kept on your clinic shelves, and is made available in the isolation room and in the case of masks, in clinic rooms, at reception and for clients requiring triage at the clinic entrance.
- Ensure orders of PPE are placed with the KAMS store in a timely manner (before supplies have been depleted).
- Please notify the KAMS infection Prevention and Control Coordinator if you are experiencing difficulties obtaining supplies of PPE and cleaning products infectioncontrol@kamsc.org.au
- Conserve your supply of PPE. do not use PPE (particularly masks) when it is not indicated. Refer to triage, transport and isolation room guidelines.

Regular stock takes of PPE will be overseen by the Infection Prevention and Control Coordinator and monitored by the KAMS COVID-19 Logistics Team.



COVID-19 Isolation Room Procedures

Who needs to be isolated?

- Any person who has returned from overseas travel in the last 14 days
OR
- Any person who has had close contact with a confirmed case of COVID-19
OR
- Any person presenting with Severe Acute Respiratory Symptoms (e.g. fever, cough, respiratory distress, altered consciousness)

All patients who are suspected to have COVID-19 are to be evacuated from the community immediately.

No testing for COVID-19 should occur in the clinic

Isolation room set up

- Identify a room in the clinic for use as an isolation room, preferably a smaller room, with
 - 1) a separate entrance or near a separate entrance to the clinic, away from the waiting room; and
 - 2) With the least air movement and clinic traffic in the vicinity of the room
- Remove all unnecessary objects, furniture and equipment from the room, other than equipment which may be required for the assessment and management of an unwell client
- In addition, set up a trolley in the room with:
 - 1) Thermometer & disposable tips
 - 2) Testing (orange top PCR) swabs in case needed in the future (**no testing should be completed in the clinic currently**)
 - 3) Pathology forms and bags (**no testing should be completed in the clinic currently**)
 - 4) Disinfectant & detergent wipes
 - 5) Locate a supply of PPE at or near the entrance to the isolation room, including:
 - Standard PPE for droplet spread (masks, gloves, goggles / face shields, aprons)
 - Additional PPE for airborne precautions – any client with more severe symptoms / requiring aerosolising procedures (P2 masks, gowns)
 - 6) Clinical waste bins (yellow bags) must be available inside the isolation room.

Isolation Procedures

All patients who are suspected to have COVID-19 are to be evacuated from the community immediately.

No testing for COVID-19 should occur in the clinic

- Refer to [KAMS Transmission Based Precautions Guidelines](#)
- Apply a surgical mask for the client as soon as it becomes known that they may be suspected of having COVID-19, prior to entering the isolation room and for the duration of their care as is reasonable in the context of their care requirements
- Limit movement of the patient outside of the isolation room. When movement is necessary, ensure that the client's mask is in place and that their destination is prepared



- Always apply personal protective equipment (PPE) prior to entering the isolation room, including surgical mask, gloves, goggles and gown
- Wear PPE whilst in the isolation room at all times
- Place any contaminated linen into an alginate bag at the point of removal. DO NOT carry linen out of the room, place alginate bag in appropriate colour coded bag
- All waste should be disposed of into yellow clinical waste bags within the isolation room. DO NOT carry waste out of the room
- When treatment of the client in the isolation room is completed, discard PPE into the clinical waste bin and perform hand hygiene prior to exiting the isolation room - following the safe removal of PPE guidelines
- Ensure cleaning and disinfecting of the room is performed after each client has left the isolation room and prior to any other staff or clients entering the isolation room

Cleaning procedures following attendance by person with suspected COVID-19

- Ensure you are wearing PPE – gloves, gown, goggles & masks
- The products to clean with are either:

2-step clean

Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.

Or

2-in-1 clean

A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

- Using either option - wipe down all surfaces and equipment in any room or other area of the clinic that may have become contaminated
- Used cleaning products are to be placed in the clinical contamination bin in the isolation room

Resource: [Environmental cleaning and disinfection principles for COVID-19](#)



COVID-19 Care of Patients with Confirmed/Suspected COVID-19 in an Emergency Setting

There are some important considerations that should be thought about before commencing CPR on a patient with presumed or confirmed COVID-19. This includes an assessment of the risks (to staff) and the benefit to the patient (and whether this is futile).

Decisions to commence and or cease CPR should be made by the lead clinician available at the time, whether this be an Aboriginal Health Professional, Nurse, Remote Area Nurse or General Practitioner. If the situation is deemed too risky then CPR should not be commenced.

Below are some important factors to consider in a critically unwell patient in the clinic:

Recognition of cardiac arrest

- Look for chest rise only: **DO NOT listen and feel for breath** by placing your face near the patient's mouth
- Confirm absence of carotid pulse if trained to do so

Basic Life Support

- **PPE (including N95 mask & eye protection) MUST be donned** before starting chest compressions
- **Apply oxygen mask at a maximum rate of 6 - 10 L/min** to minimize aerosol production
- **Compression only CPR** should be commenced as soon as oxygen mask has been applied
- **AVOID** mouth to mouth or pocket mask ventilation and **AVOID** suctioning

Staff Safety

- All team members need PPE for aerosol generating procedures. **MINIMUM:** Gown, Gloves, Eye protection, N95 mask
- **Isolation room door should remain closed** as much as possible

Defibrillation

- **Remove defibrillator from resus trolley**, removing any surplus cables before bringing into the isolation room (if not already there)

Airway Management

- **Bag-mask ventilation should be avoided** if at all possible. If bag-mask ventilation is required, a two person technique is preferred to maintain a good seal
- Airway interventions must be performed by an experienced individual
- Intubation should not be performed in KAMS clinics

On Stand Down of Resuscitation

- Safely remove PPE
- Keep room empty for 30min after cessation of CPR
- dispose of or clean contaminated equipment as per the cleaning guidelines



COVID-19 Clinical Coding

Please note two new tabs relevant to COVID-19 appearing on the progress notes tab:

1. COVID-19

Complete this for any patient who is suspected to have, has confirmed or contact related to COVID-19.

This is our best way of tracking patients with suspected/confirmed/contact with COVID-19 so please complete fastidiously.

Options in the drop down menu:

- COVID-19 suspected (for patients who meet testing criteria)
- COVID-19 confirmed (for patients who have tested positive)
- COVID-19 contact (close contacts of a patient who has tested positive)

2. Non-MBS

For GP's only

This relates to non-MBS billable consults for telehealth consultations. Given the current guidelines from MBS some telehealth consults cannot be billed through Medicare (See Appendix C for details). For these consults complete this tab and note the level of consult that was undertaken.

Options in the drop down menu:

- Level A
- Level B
- Level C
- Level D



COVID-19 Home Visits

Consider Telehealth

Before deciding on a home visit, a telehealth review should be offered instead. This could be:

- At home (preferred): the patient's phone number should be confirmed and recorded in Mmex
- At the clinic

Telehealth can also be used while visiting a patient at home with the clinical staff carrying a smart phone, lap top or similar device to contact the GP. See the section on [telehealth](#) for further details

Checklist Before Leaving

- Has the patient been screened for COVID-19 by phone or when they presented to the clinic? (if not consider calling ahead to screen)
- Do you have all the necessary equipment and is this clean?
- Do you have PPE equipment (surgical masks- including one for patient, gowns and gloves) and disinfectant wipes in your vehicle?
- Do you have another staff member to travel with you? (travelling in another vehicle for social distancing measures) – always travel with more than one person
- Perform a risk assessment before leaving the clinic and before getting out of the car: is it safe for me to attend the house?
 - Previous history of aggression/violence?
 - Who else will be at the house?
- Review patients:
 - Outside where possible
 - At a social distance

During the Visit

- Park your vehicle on the road rather than on the client's driveway. This will avoid both inconvenience for clients and other visitors to the home, as well as to enable an unobstructed departure (if and when required).
- Make sure you practice strict hand hygiene and adhere to the practices of social distancing during your time in the home wherever feasible.

Relevant KAMS Policies

- [Headspace Broome Working Offsite Policy](#)
- [KAMS Risk Assessment Tool](#)



COVID-19 Use and Provision of Transport

Scheduled Driver Pick-Ups

Before patients are transported within clinic vehicles, the clinic driver should screen for COVID-19.

Ask COVID-19 Triage Questions:

- **Have you had any overseas travel in the past 14 days?**
- **Have you travelled on a cruise ship in the past 14 days?**
- **Have you had contact with a confirmed or suspected case of COVID-19?**
- **Do you have cough/cold/runny nose/fevers/sore throat or flu like symptoms?**
- **Would anyone who may be attending with you answer YES to any of these questions?**

If anyone answers “Yes” or “Unsure” to these questions the following process must be followed:

- Give the patient a face mask
- Staff to place on full PPE (see [Appendix B](#))
- Transport the patient to the clinic by the patient sitting in the back of the car with all of the windows down
- Do not transport any other persons in the same car unless the patient is a child
- Once you arrive at the clinic:
 - Leave the patient in the car
 - Get out of the car and call the clinical staff immediately and advise them of the patient in the car
 - Keep the patient isolated until the clinical staff are able to usher them to the isolation room
- The vehicle then requires cleaning. Follow the “Vehicle Cleaning Procedures” below.

Transport Out of Community (for Bidyadanga and Beagle Bay communities)

Transport of patients out of community to access medical services be kept to a minimum. This should always be discussed with the clinic’s lead GP before proceeding. Clinic drivers are not to drive any patient out of the community unless in an emergency situation.

At the time of writing drivers that come from Broome will drive to the community border and pick up a patient to take them to their appointment in Broome. The clinic driver will drive the patient from their home to the community border only.

Transport of stores and pathology in and out of the community is addressed in Appendix D

Emergency Transfer of Patients (Remote Clinics Only)

All patients who have suspected COVID-19 should be evacuated from community. The mode of evacuation will be at the discretion of the GP/on-call GP and in discussion with the on-site clinical staff. This will take into account:



- Clinical state of the patient; and
- Availability of RFDS.

Should the patient be evacuated by road, there is option to transport the patient in:

- Clinic car, with or without clinical staff on-board; OR
- Ambulance.

This decision will be made based on the clinical state of the patient.

Transporting a Patient with Suspected COVID-19

The following principals should be followed:

- Staff must wash or sanitise hands and put on PPE, including goggles, surgical mask, gown and gloves.
- The patient should be asked to undertake hand hygiene (hand washing or alcohol based hand gel) and to wear a surgical mask.
- Maximum distance between the patient and staff should be facilitated, where possible eg patient sits in the back, driver in the front.
- Open the windows for ventilation.

After transportation and before removing PPE, the inside of the vehicle and external door handles must be cleaned using the procedure outlined below.

Vehicle Cleaning Procedures

- Ensure the staff member undertaking the cleaning has been trained and is wearing PPE including gloves, gown, goggles or face shield and surgical mask
- Using one of the options below wipe down all surfaces in the vehicle that may have become contaminated, including wiping down external surfaces that may have been touched or contaminated (door handles, boot handle, other) then place directly into a clinical waste bin bag.

2-step clean

Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite

OR

2-in-1 clean

A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

- Follow strict hand hygiene procedures
- Leave vehicle for 30 minutes after cleaning and before further use

Resource: [Environmental cleaning and disinfection principles for COVID-19](#)



COVID-19 Telehealth Consultations

Telehealth consultations can be used to replace face-to-face consultations by:

- Specialists (whether the specialist be in Broome or Perth)
- Allied Health Professionals; and
- General Practitioners.

Specialist Visits

Significant effort should be made to arrange all future specialist appointments by telehealth. WACHS and WA Health use a program named Scopia, which can be used from every computer with video and sound capability.

Allied Health Consultations

Diabetes WA has capability to provide diabetes education to patients via [telehealth](#).

At the time of writing, discussions are currently underway with allied health providers in Broome to arrange ongoing follow up via telehealth.

General Practice Consultations

Soon, this will be the best way for our clinics to provide ongoing primary care for our patients. There are new MBS items associated with Telehealth consultations, see [Appendix C](#) for details.

A. From the Clinic

Can now be arranged by the use of Microsoft Teams. This program has now been downloaded to each computer at KAMS remote sites. Search for this program on the computer. If you are unable to find Microsoft Teams, try to:

1. Restart the computer and search again
2. Failing this: call KAMS IT Services for assistance

Login details and passwords are the same as those used for outlook 365 and or Microsoft outlook with your KAMS email.

B. From the Patient's Home – Preferred mode of contact for all ATS 4 & 5 presentations

The patient can be called on their phone by the GP from the comfort of their own home. Please confirm the patient's phone number and update it in Mmex. This service should be offered to all ATS 4 & 5 patient presentations.

Bookings can be made using an agreed calendar in Mmex.



Appendix A – Definitions relating to COVID-19 for Clinical Staff

Social Distancing in the Workplace

- These are measures to prevent spread for ALL persons who are well
- Stay more than 1.5m (or two big steps) from other people
- Stop handshaking or hugging as a greeting – try a wave
- Hold meetings via video conferencing or telephone call – speak to IT if you need help
- Defer large meetings – no meetings of more than 100 people, and for meetings of less than 100 people follow government advice (currently, each person should have 2m radius of space)
- Have lunch at your desk or outside, rather than the lunch room
- Clean and disinfect high touch surfaces regularly
- Limit food handling and sharing in the workplace
- If you are sick, stay away from others and do not come into work – that is the most important thing you can do
- Practise good hand hygiene and sneeze/cough etiquette

KAMS Staff Quarantine

Please note these quarantine measures differ to the WA Department of Health definition of self-quarantine

- Persons undertaking quarantine are those at risk of having the COVID-19 infection, but not actually known to be infected and/or unwell. For KAMS staff, this currently applies for all those who have travelled outside of the Kimberley region
- You are asked to be in quarantine until 14 days have passed. If you become unwell during the 14 days you will need to be assessed by a medical professional:
 - Call the Australian COVID-19 Hotline 1800 020 080 to ascertain whether testing for COVID-19 is required. Please be aware there is a COVID-19 clinic run from Broome Hospital Emergency Department which facilitates testing.
 - If you test positive follow medical advice, including need to quarantine your close contacts
 - If you test negative you are required to remain in quarantine for 14 days AND wait until you no longer have any symptoms (this may mean you have to quarantine longer than 14 days)
 - If testing is not performed:
 - Please seek medical assistance from a local medical service. This includes:
 - Broome Doctors Practice (08) 9193 7933
 - Broome Medical Centre (08) 9192 2022
 - Kimberley Medical Group (08) 9157 9860
 - Broome Emergency Department via switch (08) 9194 2222
 - If you do not meet testing criteria you need to complete 14 days quarantine AND wait until you no longer have any symptoms (this means you may need to quarantine longer than 14 days)
- If well at the end of the 14 days, staff may resume normal patient contact



- Please be aware you are not in “isolation”
- Your close contacts do not need to be quarantined with you, unless they also qualify for quarantine
- During the 14 days of quarantine, you must stay at home or in your hotel and don’t go to public places including work, school, childcare, university or public gatherings
- Only people who usually live with you should be in the home
- Do not see visitors
- If you are in a hotel, avoid contact with other guests or staff
- If you are well, there is no need to wear surgical masks at home
- Ask others who are not in quarantine to get food and necessities for you
- If you must leave home, such as to seek medical care, wear a surgical mask. If you don’t have a mask, take care to not cough or sneeze on others. Undertake regular hand hygiene.

Self-Quarantine (suspected cases/close contacts)

Consistent with the WA Department of Health definition for self-quarantine

Self-quarantine is different to self-isolation. People identified as a suspected case of COVID-19 need to self-quarantine. This means they must stay in their home, hotel room, or other accommodation even if they are perfectly well with no symptoms. The only time a person who is a suspected case should leave their home/accommodation is to seek medical attention. When people are in self-quarantine, they cannot attend public places such as work, school, shopping centres or go on a holiday.

People need to self-quarantine in the following circumstances:

- If you have been in close contact with a confirmed case of coronavirus, you must isolate yourself for 14 days after the date of last contact with the confirmed case.
- All people returning from international travel on or after 12.00am 16 March 2020, must self-isolate for 14 days after the date of return to Australia.
- People coming into the Kimberley by road or plane must self-isolate from the general public for 14 days from the day of arriving (unless classified as providing an essential service)

Self-Isolation (confirmed cases)

Consistent with the WA Department of Health definition for self-isolation

People who have a confirmed case of COVID-19 and are well enough to be cared for at home must remain in self-isolation. This is different to self-quarantine as it requires a few more actions to help prevent the spread of the coronavirus. People in self-isolation you must stay in their home, hotel room, or other accommodation. The only time they should leave their home/accommodation is to seek medical attention. This means they cannot attend public places such as work, school, shopping centres or go on a holiday. In addition, people in self-isolation must follow appropriate infection control measures such as:

- Wearing a surgical mask when they are in the same room with other people (irrespective of whether they are also in isolation or not),
- Covering their mouth and nose when they sneeze or cough,
- Washing hands often and thoroughly for at least 20 seconds, and
- Ensuring they do not share household items with other people in their home.
- People must stay in their place of isolation and not go out, except to seek medical care, for the length of time as advised by their doctor or public health unit



Appendix B – Personal Protective Equipment (PPE)

Patient is suspected to have COVID-19

Patient: Surgical mask. Avoid use of nebuliser.

Staff: standard, contact and droplet precautions (gown, surgical mask, gloves, face shield or goggles).

Patient is suspected to have COVID-19 and is critically unwell or undergoing an aerosol generating procedure

Patient: Surgical mask (as much as practical given patient condition). Avoid use of nebuliser.

Staff: additional airborne precautions as well as standard, contact and droplet precautions (P2 mask, gown, gloves, face shield or goggles).

Resources

The below posters should be displayed in appropriate areas within the clinic. These are available for download on the [KAMS website](#).

More detailed advice on PPE is available at: [Interim advice on non-inpatient care of persons with suspected or confirmed COVID-19 including use of PPE](#)



CORRECT USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)



The correct use of PPE is essential in protecting the health of staff and limiting the spread of influenza.

RECOMMENDED ORDER OF PPE APPLICATION

-  1. Clean or sanitise your hands
-  2. Put on your gown
-  3. Put on your mask
-  4. Put on goggles over mask and adjust mask if needed
-  5. Put on your gloves
-  6. Treat your patient

RECOMMENDED ORDER OF PPE REMOVAL

-  1. Remove your gloves
-  2. Clean or sanitise your hands
-  3. Remove your goggles
-  4. Remove your gown
-  5. Remove your mask
-  6. Discard all in waste container
-  7. Clean or sanitise your hands

www.racgp.org.au/pandemicinfluenza Healthy Profession. Healthy Australia.



PUTTING ON A MASK

To stop germs spreading, sometimes you might need to use a mask. Here are some tips on how to use a mask the right way.



1. Clean or sanitise your hands



2. Take a mask from the box



3. Hold the mask with the coloured side away from you



4. Spread out the folds of the mask by pulling the top and bottom of the mask apart



5. Put the mask over your nose and mouth



6. Squeeze the hard section around the bridge of your nose to make it fit snugly



7. Tie up the top strings first in a bow at the back of your head. The top strings sit above your ears



8. Tie the bottom strings in a bow. Ensure the strings sit beneath your ears



9. This is how your mask should be securely positioned

WEARING A MASK. Do not touch the mask once you have it on, as it contains germs. If you touch the mask you must clean your hands.



Any questions? Talk to our practice staff Healthy Profession.
Healthy Australia.



REMOVING A MASK



1. Clean or sanitise your hands



2. Only touching the strings, undo the strings. Undo the bottom strings first



3. Remove the mask by pulling away from the face



4. Holding the mask only by the strings, place into a waste container. Do not scrunch the mask



5. Clean or sanitise your hands

Any questions? Talk to our practice staff Healthy Profession.
Healthy Australia.



Appendix C – Telehealth MBS Item Numbers

COVID-19 related Item Numbers:

These numbers are continually being updated so please refer to the MBS:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

Existing Telehealth Item Numbers:

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/969E54CE797B2A25CA2584860019AD02/\\$File/Factsheet%20-%20GP%20Telehealth%20Items%20in%20MMM%206%20and%207.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/969E54CE797B2A25CA2584860019AD02/$File/Factsheet%20-%20GP%20Telehealth%20Items%20in%20MMM%206%20and%207.pdf)



Appendix D – Procedure for Transport and Exchange of Stores and Pathology: Bidyadanga & Beagle Bay Communities

Pathology, Stores and Pharmacy Deliveries – Beagle Bay

Broome driver (Jake Coles) and Beagle Bay driver (Jaden Howard) identified
Exchange to occur at the highway /community turn-off
All packages to be exchanged by placing packages onto the ground
Both Drivers are to wear gloves

Transport boxes not to be taken into the Clinic
Open the boxes outside the clinic
Clinic staff to take out contents after washing hands
Driver to dispose of boxes
Remove gloves and wash hands after disposing of boxes

- Wednesday deliveries
- Cut off time for Stores 12pm on Tuesdays
- Cut off time for Pharmacy 12pm on Tuesdays
- Delivery at Beagle Bay by 10:30am on Wednesday
- Beagle Bay Driver phone is the contact

Pathology, Stores and Pharmacy Deliveries – Bidyadanga

Exchange to occur at the highway /community turn-off
Broome driver (Jake Coles) and Bidyadanga drivers (Elton and Junior)
All packages to be exchanged by placing packages onto the ground
Both Drivers are to wear gloves

Transport boxes not to be taken into the Clinic
Open the boxes outside the clinic
Clinic staff to take out contents after washing hands
Driver to dispose of boxes
Remove gloves and wash hands after disposing of boxes

- Tuesday and Friday deliveries
- Cut off time for Stores 10am on Monday and Thursday
- Cut off time for Pharmacy 10am on Monday and Thursday
- Delivery at Bidyadanga by 10:30am on Wednesday
- Bidyadanga Driver phone is the contact