

COVID-19 nurse and primary care assistant activities

Updated 14 August 2021

This document gives ideas for nurse and primary care assistant activities that could be considered during COVID-19 alert levels 4, 3, and 2 for those people defined as high risk (immunocompromised, over 65, high needs, multi-morbidities etc). These ideas are not finite and usual practice processes must also be considered, along with availability of certain team roles. Headings/columns are examples only.

Phone triage has not been included in this list but is currently being carried out in some practices or is part of the usual business model.

Activities nurses could complete remotely

Activity	Considerations	Allocated to	Completed
NIR / CIR provider inboxmessages-sorting/filing.			
Smoking cessation.	Qualifications required.		
Smoking brief advice (in conjunction with a phone call on another health check prn).			
B4S (no imms) for relevant localities.	Must document verbal in both notes and in database.		
B4S exception reports for relevant localities.			
Wellness checks/care calls for vulnerable patients (e.g. frail elderly, those with known MH dx, multimorbid, high care needs.			
Inbox management within scope			
Patient portal messages.			
Emails.			
Mammogram lists from NBSP (sort/check recalls, offer e-registration).			
HUHCs assessment and application preparation.			

Review policies (use index /checklist) for FS/CS.			
Lifestyle/dietary advice to those with relevant Issues eg. NIDDM/CVRA.			
Lifestyle/dietary advice to those with raised lipids.			
NSU Cx Hx and updating records/ correct recall.			
Immunisation histories from school based vaccination programmes or hard notes from PHN or NIR.			
Old notes inputting (GP2GP or hard notes) - nurse component of practice process.			
Review SOs for currency and prepare to hand to authoriser.			
Insulin starts – initial consent, teaching or follow up – all or part, depending on clinical safety, desirability by patient and modes available to practice to offer (e.g. video consults) (PO funded). # see below for CNS support			
Health plans/person centred consults virtually, for all high care needs multimorbid vulnerable patients.			

Cx Datamatch reports etc. *			

*During Lockdown Level 3-4 outreach services for support to screening. Immunisation and other services may not be in place – Pinnacle staff may be allocated to other support functions that may be helpful to practices – the website will detail these initiatives.

Recalls

Recalls for patients requiring in person contact (in clinic or an alternative setting) need careful consideration, virtual pre-screening and clear instructions regarding booking, place, process on arrival and further screening prior to consult.

Recall	Considerations	Allocated to	Completed
Injectable meds (e.g.): <ul style="list-style-type: none"> B12 Iron (as appropriate) Antipsychotics Depo 			
Child immunisations.			
Covid vaccination			
Priority group flu vaccinations.			
Zostavax for 65-80.			
Priority group and significant history smears (mustwork in with local lab priorities).			

Boostrix pregnant.			
Health plans/person centred consults virtually, for all high care needs multimorbid vulnerable patients.			

Activities nurses could complete in clinic

Patients requiring in person contact (in clinic or an alternative setting) need careful consideration, virtual pre-screening and clear instructions regarding booking, place, process on arrival and further screening prior to consult.

Activity	Allocated to	Completed
B12.		
Iron injections (as appropriate).		
Antipsychotics.		
Depo.		
Child immunisations esp priority .		
Covid vaccinations		
flu vaccinations esp priority		
Zostavax 65-80.		
Boostrix pregnant.		
Priority group HG history smears.		
Wounds.		
Post GP assessment treatment.		
ROS/staples.		
Nurse triage.		
Standing order consults.		
IV cellulitis protocol.		
Insulin starts		

Activities primary care assistants could complete remotely

Activity	Allocated to	Completed
Smoking cessation (training required).		
Smoking brief advice (in conjunction with a phone call on another health check prn).		
Create/update a community agency resource folder.		

Activities primary care assistants could complete in clinic

Excludes usual tasks such as sterilisation/room stock etc.

Activity	Allocated to	Completed
Pamphlet resource review (with RN input as needed).		
Clinical room cupboard cleaning.		
Assisting with vaccination clinics with RN - admin tasks only.		
Screening for purpose of visit at clinic entry.		

A collaborative model to support patient wellbeing during lockdown

For patients unable to attend their usual practice at this time, due to living out of the area, there may be opportunities for you all to collaborate with each other and accept one off referrals for patients living in your town/city, who are enrolled elsewhere, to receive priority services.

An example of this would be an elderly person who requires a flu vaccine but is unable to travel to their practice in another town/city or is reluctant to leave their bubble to travel outside their immediate vicinity. A formal arrangement could be made for the patient to be seen for this in their hometown practice. In this win-win situation, the patient receives a vital service, the practice seeing the patient receives funding to administer the flu vaccine on behalf, and the enrolled practice has met patient needs.