

# COVID-19 preparedness: practice walk-through checklist

*This is a working document – we welcome your thoughts and feedback. Please contact [drjo@pinnacle.health.nz](mailto:drjo@pinnacle.health.nz) if you have any suggestions.*

Have you watched our walk-through video?

Thanks to Student Health Services at the University of Waikato for letting us make a [quick video showing how they got their practice prepared.](#)

## Printed materials

- Have you got the COVID-19 primary care algorithm printed and placed on the walls of the room intended for isolation and also at reception – please ensure it is the latest version.
- Have you got signage on all entry doors?
- Have you got instructions for wearing and disposing of PPE printed and available with PPE equipment and in isolation rooms?

All of these printed materials can be found on our website <https://www.pinnaclepractices.co.nz/news/covid-19/>

When there is an update to the algorithm it will be announced via our COVID-19 emails, weekly Pin Points newsletters and in the [GP discussion Facebook group](#) and [Pinnacle nurses Facebook group](#).)

## Start outside your clinic

- Have you planned to stop potential COVID-19 patients from arriving un-announced at your clinic? How?
- Have you pushed proactive communications to patients, for example through a notification on your patient portal?
- Have you got signage on the doors asking patients to stop, do not enter and make contact via the phone first?
- Is there anything you can do that is “out of the ordinary” with regards to your signage to ensure patients definitely see it? Examples include using bright colours, putting signs in place that require the patients to really walk around them.
- If a patient arrives, sees the signs and returns to their car to make contact with you have you considered the process for how you will see and assess the patient in their own car? (If a suspected case the clinician needs to wear droplet PPE, patient should be provided with a mask.)

## Reception areas

- Have you spoken to your reception teams so they are feeling comfortable? For example by going through the definition of a 'close contact' which means if the patient is more than two meters from them for less than 15 minutes the risks of transmission are minimal.
- Have you got the algorithm printed at reception for staff to refer to?
- Have you provided a script and training so your reception teams are ready to ask the right questions when every patient arrives at the desk? What about patients who ring for appointments?
- Do you have masks on hand at reception to immediately supply to a potential COVID-19 patient?
- Have you identified a isolation room and it is ready for reception staff to immediately direct a potential COVID-19 patient to? (An alternative may be to redirect the patient back to their car or outside to await initial clinical assessment.)
- Have you considered the pathway from reception to the isolation room? Will you take them through the clinic or is it better the patient exits the clinic and enters again from a back entrance-way?
- Do your reception staff know the process for putting the patient into the isolation room? For example, give mask to patient, take to isolation room, close the door, alert clinician, clean any surfaces the patient may have touched such as reception desk and door handles.
- *NOTE – if you have other contractors who hold clinics in your practice rooms please ensure they are also screening patients appropriately.*

## Selecting and preparing an isolation room

- Have you identified the room you will use? Is it well ventilated ? If not clinicians may need N95 masks when assessing respiratory patients.
- Are all staff aware of which room?
- Do you have a sign on the door to state it is your isolation room?
- Have you got a 'in use' sign to prevent accidental entry / possible exposure?  
(Do not remove the 'in use' sign until the room as been cleaned and is ready for re-use.)
- Have you removed as much as possible from the room such as books, soft furnishings, clinical equipment, supplies.
- Have you considered putting together a standardised isolation room clinical equipment box? This allows for items not used to be protected from potential exposure and minimises room cleaning. Anything removed from the box is either discarded or cleaned. (Box to be checked and restocked after use.)
- If putting together a standardised isolation room clinical equipment box we suggest the following items: COVID-19 swab packs, patient information leaflets, pulse oximeter, sphygmomanometer, stethoscope, thermometer (and consumables), individually wrapped tongue depressors, wipes e.g. tuffie wipes.
- Is there an appropriate hand washing and drying facility in the room? (Disposable paper towels are recommended for hand drying.)
- Is there a clinical waste bin in the room for the disposal of PPE gear and any other disposables used with the patient e.g. tongue depressor, thermometer consumables.
- Is there guidance for staff on how to remove their PPE?
- What is your plan if the isolation room is in use and a second potential patient were to arrive?
- Are the post-use room cleaning instructions understood for all staff?

## Beginning a patient assessment

- Have you got a printed up to date copy of the algorithm to refer to?
- Have you determined when clinicians need to use N95 mask ? Have all your clinical staff been N95 fit tested ?
- To minimise unnecessary use of PPE can you begin your assessment by phoning the patient in the room?
- Can you begin your assessment wearing gloves and a mask from the doorway to begin taking a history, checking epidemiological criteria and make an initial visual assessment – maintaining more than 2m distance at all times?
- Is your PPE in a 'ready to go' location? (Some clinics have 'grab and go' bags at the ready.)
- Is there guidance available for staff on how to put on PPE?
- If you determine from this initial assessment the patient requires hospital treatment do you know the process for transferring the patient? (Ring the medical officer of health, and then the on call physician, usually transfer by ambulance, so the patient doesn't arrive unannounced at the hospital, much like we dont want them arriving unannounced at general practice.) If the patient is transferring to hospital no further treatment or assessment is required.
- Are the swabs ready to go? Some practices have bagged together 2x nasopharyngeal swab, 1x oropharyngeal, specimen jar for sputum sample if possible. *It is a good idea to have the equipment ready to go but outside the isolation room to allow all patient labels to be affixed prior to use.*
- Have you got bags in the room to double bag the swabs – wipe the outside bag with a detergent wipe before putting it into a chilli bin for collection. ( Your local lab will let you know the collection process. )

## Entering the isolation room

- Is there a 'in use' sign that you need to put on the door when entering?
- Have you got your PPE on correctly?
- Is the patient wearing a surgical mask or face covering?
- Have you considered ways to examine the patient that continue to minimise risk, this could include examining from the side or rear of the patient rather than face-to-face?
- If you determine the patient should be tested for COVID-19 do you have the phone number for your Medical Officer of Health in the room? *NOTE – Test any suspected case, notify local medical officer of health if patient symptomatic and HIS.*
- Where will you keep the swabs for collection?
- Do you know how to code this interaction in your PMS? (Coding will help us to measure the impact of COVID-19 on primary care.)
- If for some reason you cannot assess a patient (for example you are temporarily out of stock of appropriate PPE equipment) do you have an alternative pathway for your patient to receive care?  
*We recommend making arrangements with a 'buddy practice'.*

## Sending a patient home

- Do you feel comfortable your patient comfortable with the process they are to follow? Is there written material you can provide them to help them?
- Does your patient understand they are to register with the dedicated COVID-19 Healthline on 0800 358 5453?
- Will you do a follow up phone call with your patient to ensure they got home safely and are feeling comfortable?  
*NOTE - The public health team who should provide them with PPE and contact tracing, it is a GP role to ensure the patient has regular health checks .*

- Does your patient know what symptoms to be aware of that may indicate their condition is worsening and they require another assessment?
- Have you considered if this patients needs regular telehealth monitoring at home ?
- Would this patient benefit if you provided them with a home pulse oximeter to help with assessment ?  
(See guidance for home monitoring on our website <https://www.pinnaclepractices.co.nz/resources/covid-19-pinnacle-guides-and-resources/> )

## Exiting the isolation room and cleaning

- Do you know the correct procedure for removing PPE – is there guidance in your isolation room?
- Who will clean the room after the patient leaves?
- Are staff aware of the cleaning processes required? (Gloves and gown required, no mask or goggles as the patient is now absent. All hard surfaces to be wiped down first, then disinfected with hospital grade disinfectant. Room doesn't require a stand down period once this is completed.)
- Is the room fully restocked and ready for the next use?
- Once clean has the 'in use' signage been removed?

## General cleaning

- Have you increased your general cleaning to daily (or more) for all 'high-touch' surfaces such as desks, counters, tabletops, doorknobs, bathroom fixtures, toilets, phones and keyboards?

## Get prepared for running virtual health services

- Have you read the advice on how virtual health services might help you manage during COVID-19?

*Speak to your practice development facilitator if you need more assistance getting started with virtual healthservices.*

## Keeping your practice up to date

- Do you want to receive COVID-19 specific emails from Pinnacle? If so please contact your practice development facilitator and get signed up.
- Check the information on the Pinnacle website regularly. If there is something you would like to see there you can request it by getting in touch with the medical director, [drjo@pinnacle.health.nz](mailto:drjo@pinnacle.health.nz)
- The Ministry of Health has [comprehensive COVID-19 information for health professionals and patients](#) along with public information on <https://covid19.govt.nz/>
- The Ministry of Business, Innovation and Employment has [COVID-19 information for employers](#).