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# Advice for RACFs - working with GPs during COVID-19

This tip sheet is for residential aged care facilities (RACFs). It is part of a series of tip sheets being developed to support those working in RACFs, especially GPs, so that aged care residents continue to get the care they need during an outbreak of COVID-19.

Feedback from our primary care stakeholders suggests that improved and clear communication between RACFs and GPs could reduce the need for additional surge GP workforce, assist greatly in any

handovers to residential in reach teams and vitally, help maintain continuity of care for residents with their usual treating health professional.

This information has been produced with input from a range of stakeholders, including Professor Michael Murray, from the Victorian Aged Care Response Centre; the Victorian Department of Health and Human Services; and our new NWMPHN Aged Care Expert Advisory Group chaired by Dr Jagdeesh Singh Dhaliwal.

## Key actions for RACFs: CHECK GP CONTACT DETAILS and ONSITE VISITATION

| CHECK that contact details are accurate | Make sure you:<br>✓ have accurate contact numbers, email addresses and details for all visiting GPs, including their practice and after-hours contacts, and an up to date list of the residents cared for by each GP<br>✓ have contact details, including afterhours, for the pharmacies that supply your residents in case of urgent medication needs; and<br>✓ ensure that all this contact information is stored with the RACF's COVID-19 Outbreak Management plan.<br>You may want to consider a secure text messaging platform or similar that is able to message a group of visiting GPs simultaneously for rapid communication. |
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| CHECK availability of GPs during a COVID-19 outbreak | ✓ Ring all visiting GPs to determine whether they are willing to visit the site in appropriate PPE in the event of a COVID-19 outbreak; check which GPs will provide telehealth services.<br>Note that GPs may have patients in multiple RACFs. In the event of an active COVID-19 outbreak, multiple facility visits should be ceased. |

## Key actions for RACFs: PLANNING BEFORE AN OUTBREAK

| COMMUNICATE RACF contacts proactively | Review, distribute and have readily available:<br>✓ governance chart – include contact details<br>✓ plans for care escalation with GPs and residential in-reach services<br>✓ contact details of local hospital services – emergency departments, geriatrician, palliative care and in-reach services, also included within HealthPathways Melbourne<br>✓ contact details for supplying pharmacies |
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| CLINICAL LEAD or MANAGER | ✓ Identify the person who will be the key contact for health professionals in the event of an outbreak.<br>✓ Ensure visiting GPs, residential in-reach and any other key stakeholders know how to reach your key contact during and after business hours. |
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| PLAN for internal staff losses | ✓ Plan for staff losses across personal care assistants, nursing staff, reception, cleaners, and food service staff. This may result in high numbers of replacement staff in your facility being unfamiliar with the residents, their usual GP, their medical needs, or care wishes.<br>✓ Review what and where you store documentation and processes that need to be readily available to staff unfamiliar with your facility and residents.<br><br>A series of 'Tip sheets for RACFs' was compiled from telephone interviews undertaken by NWMPHN and provides creative ideas and practical tips that RACFs are using in their facilities to prepare for COVID-19. See resources on COVID-19: support for aged care page. |
| PLAN for reduced on-site GP visiting and loss of support services | Consider providing the 'Advice for GPs in RACFs' tip sheet to your GPs so there is a clear understanding of their role during a COVID-19 outbreak and the actions they can take to maintain continuity of care for residents. See COVID resources on our website.<br>✓ Plan for surge capacity with residents' regular GPs wherever possible.<br>✓ Ensure GPs who do continue to visit the RACF are aware of infection control and PPE requirements at your facility.<br>✓ Develop the facility's capability for teleconferencing to help maintain continuity of care for residents with their usual GP. Consider providing access to iPad, laptop, or iPhone (with appropriate infection control protocols) if needed.<br>✓ Plan for services such as pathology and pharmacy that may no longer be able to visit. |

## Key actions for RACFs: DURING AN OUTBREAK

| COMMUNICATE regularly with GPs, residents and families | Residents' usual GPs know their medical history, medications, goals of care and are aware of Advance Care Directives. Always contact the existing GP and involve them in decisions about their patients and in transitions to in-reach or hospital.<br><br>GPs may be willing to be a portal of information to residents and families, promoting consistent messages and explanations, and helping to allay concerns.<br>✓ Consider mechanisms such as video conference or a secure messaging platform to enable rapid sharing of information with multiple people (GPs, families) simultaneously to improve communication flows and allay anxiety.<br><br>If residents use their own phones for telehealth or communication with families, have a record of their phone number.<br>✓ Note that changes may be required to the delivery form of residents' usual medications, for example from nebulisers to tablet or liquid form to reduce transmission risk or reducing the number of doses per day if that is possible. |
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| PROMOTE information sharing and smooth transitions of care | Transitions of care, for example when in reach teams come into facilities, are high risk times for medication errors and for unclear or insufficient clinical handover between staff. Involve GPs to provide up to date clinical and medication management.<br><br>NWMPHN can assist by facilitating joint meetings and case conferences with GPs, RACFs and local hospital in-reach to agree how best to manage COVID positive patients. Contact covid@nwmphn.org.au |

## Key actions for RACFs: DURING AN OUTBREAK continued

| ZONING | Where possible divide your facility into zones to minimise contact between staff and residents, and the need for large scale furloughing of staff in the event of an outbreak. Ensure zones and protocols are clear to visiting staff such as GPs. |
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| INFECTION CONTROL and PPE | Check for updates on PPE requirements at the DHHS PPE webpage<br><br>✓ Staff dealing with residents at low risk must use a surgical mask and eye protection<br><br>✓ Anyone entering a RACF must always wear a surgical mask (including contractors, family, cleaners etc)<br><br>✓ Anyone in contact with resident with known or suspected COVID must wear a N95 or P2 mask, goggles, gowns and gloves<br><br>✓ Set up clearly marked donning and doffing stations. Consider posters, available from the DHHS website.<br><br>✓ See the DHHS PPE page to watch a video: PPE for contact and droplet precautions (4min)<br><br>✓ Screen all staff, contractors and visitors with questions and temperature check before entering the facility.<br><br>✓ Set up hand sanitising stations at all entrances; minimise the number of entrances. |

## Key actions for RACFs: WHO TO NOTIFY IN THE EVENT OF AN OUTBREAK

| CONTACT the Public Health Unit | When a RACF knows that a resident, staff member or worker has tested positive to coronavirus (COVID-19), the RACF must contact the Victorian Department of Health and Human Service's (the department) Public Health Unit on 1300 651 160 or via email at publichealth.operations@dhhs.vic.gov.au to advise of the positive case.<br><br>This will assist with triaging and prioritisation by the department's Public Health Unit, to ensure appropriate support is provided to the RACF. |
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| CONTACT the Victorian Aged Care Response Centre (VACRC) | To notify VACRC of a suspected case of COVID-19 either in a staff member or a resident (where there is not already a confirmed case), call 0413 399 020 (9am to 7pm, 7 days a week) or email VACRC.COVID19Notifications@health.gov.au<br><br>Immediately notify the Commonwealth Department of Health at agedcareCOVIDcases@health.gov.au of any cases of COVID-19 among residents and staff. The Commonwealth will appoint a case manager to support the RACF and who is the Commonwealth's single point of contact for the residential aged care facility.<br><br>If you have concerns about how to prepare for or cope with escalating issues, contact in-reach services or the Victorian Aged Care Response Centre (VACRC). |

## About North Western Melbourne PHN

North Western Melbourne Primary Health Network was established by the Australian Government to increase the efficiency and effectiveness of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially for the most vulnerable. Australia is divided into 31 PHNs. NWMPHN is the biggest of Victoria's six primary health networks with a catchment of about 1.7 million people covering highly diverse communities from Melbourne's CBD and inner city to the rapidly growing suburbs in the north and west. Visit our website nwmphn.org.au

Before you go, also consider subscribing to our COVID-19 e-bulletins for general practices which will help keep you on top of the rapidly changing situation. If you need further help, email primarycare@nwmphn.org.au

All the tips sheets for residential aged care facilities are available on the COVID-19 aged care support page on our website.