

CESPHN COVID 19 RACF Outbreak: Preparedness and Response Plan for Primary Care

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The Central and Eastern Sydney Primary Health Network (CESPHN) COVID 19 Preparedness and Response Plan for Primary Care has the following key objectives:

- To support RACF GP COVID-19 preparedness and response planning activities
- Development of a primary care GP access model of care plan to ensure continuity of GP care for residents in RACFs (Attachment 1)
- Provision of identified support to a RACF and its GPs during a COVID outbreak.
- Support to Local Health Districts (LHDs) to ensure an integrated localised system response to a COVID-19 outbreak in an RACF.

CESPHN Planning activities with RACFs and GPs

CESPHN is well situated to support local RACFs and GPs prepare, plan and respond to a COVID-19 outbreak. Preparedness and response planning activities with RACFs and GPs to date include:

a) Advice for GPs with residents in Aged care

GPs encouraged to

- Check RACF has their contact details and an up to date list of their patients.
- Advise the RACF if they are willing to continue to visit the site in appropriate PPE in the event of a COVID-19 outbreak.
- Check On-site visitation processes with the RACF.
- Ensure their residents have Advanced care plans and COVID-19 plans are up to date.

b) Liaising with RACFs

RACFs encouraged to

- Update their list of visiting GPs that can provide care in the event of a COVID-19 outbreak.

Note: CESPHN has held weekly meetings with both LHDs and RACFs on pandemic planning and worked very closely with LHD aged care teams. We have sent communications to all RACFs in our region (n=161) on COVID-19 and primary care.

Supports CESPHN will provide to GPs and RACFs in the event of a COVID-19 outbreak

In the event of an outbreak in a RACF CESPHN will assist access to GP care for residents through the CESPHN RACF GP access model of care plan (Attachment 1).

This includes

- Assisting access to GP cover during a COVID 19 outbreak in an RACF as required

- Assisting the RACF establish an initial meeting with the RACFs usual pool of GPs to establish any gaps in GP cover.
- Assisting flow and provision of key information to GPs including agreed clinical response model and care pathways.
- Ensuring GPs have all relevant key RACF Incident Management Team contact numbers (LHD Outreach teams, PHRB, and Infection Prevention and Control officers).
- Providing GPs with assistance with the use of telehealth.
- Arranging for GP Infection control and PPE training for GPs who need to enter the RACF.

How does the CESPHN RACF GP Access model of care plan work?

The CESPHN RACF GP access model of care has three levels of response. This plan is supported by LHDs, RACFs, and local GPs (See Attachment 1). CESPHN will be guided by advice from the LHDs and Public Health Units (PHUs) in the operationalisation of this plan.

First Line Response (Care provided by the RACF usual pool of GPs)

a) Care for Non-COVID positive residents

- RACFs usual pool of GPs provide care for non-COVID positive residents (via telehealth where possible to minimise transmission risks)
- If a GP cannot resolve an issue via telehealth and a face-to-face consultation is required, CESPHN will arrange Infection control and PPE training and support requirements for GPs to enter the facility or GP may arrange this with the LHD outreach team who will see the resident.
- In the after-hours period usual RACF after hours arrangements will prevail provided via telehealth. If the issue cannot be resolved via telehealth, then face-to-face consultation will be arranged with the LHD Outreach team

b) Care for COVID 19 positive residents:

- GP care for COVID 19 patients will be supported by the Local Health District RACF Outreach and Infection Prevention and Control teams
- GPs will work with the LHD Outreach teams and RACF care staff to provide care where possible through telehealth.
- Residents usual GP will liaise with the family to update any positive results and care being provided.
- The residents usual GP will be responsible for ensuring Advanced care plan and a COVID-19 plan are up to date (case conferencing with resident's families if this has not occurred).
- In the after-hours period LHD Outreach team will provide care via telehealth. If the issue cannot be resolved via telehealth, then face-to-face consultation will be arranged.

Second line response (Care provided by usual RACF GPs with support of special CESPHN GP Panel)

- Members of the CESPHN GP Panel may provide support where an RACF is unable to contact a residents usual GP, and other GPs from the RACFs usual pool of GPs cannot assist.
- If extended GP cover is required, then the third line response will be activated.

Third line response (Locum doctor in the RACF to support RACF residents and their usual GPs)

- To be enacted at the advice of the RACF Incident Management Team in the event of a more significant outbreak with escalating numbers of COVID-19 positive residents.
- A locum doctor will work in the RACF physically, acting as a conduit between the resident's usual GP, RACF care staff and the LHD Outreach teams. This doctor will be the physical arms and legs for the usual GP and a central point of coordination of care for residents.
- This doctor will be supported by the LHD RACF Outreach teams and Infection Prevention and Control teams who will assist provide orientation and clinical support.
- This role will be filled by either:
 - a) A locum doctor provided through a locum agency.
 - b) A GP who already provides care to one or more resident at the RACF and is able to leave their current practice and residents in other RACFs they care for, to take on this role (as an in RACF doctor they would only be able to work at this one RACF for infection prevention and control reasons).

Attachment 1. CESPHN RACF GP Access model of care plan

*Note: CESPHN will be guided by advice from the LHD and PHU's in the operationalisation of this plan

Key CESPHN Contacts

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Abbreviations key:
GM PCI
General Manager Primary Care Improvement
PHRB
Public Health Response Branch

