

# COVID-19 – Practical issues in General Practice

## Frequently Asked Questions

12<sup>th</sup> March 2020

1. *I use alcohol wipes (readily available resource) to clean my stethoscope drum and pulse oximeter contact surfaces after every patient contact. What, if anything should I use for the bp cuff? I am reminded of the study that phlebotomist's tourniquet was a significant source of cross contamination in hospital MRSA.*
2. *Can we use Dettol with a disposable paper towel (used for drying hands) to clean surfaces? is microfibre cloth that we soak in dettol adequate for reuse?*

This response applies to both questions 1 and 2. The routine cleaning of patient care equipment recommended in the [Queensland Health Infection control guidelines for the management of COVID-19 in healthcare settings](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/gh-covid-19-Infection-control-guidelines.pdf) is as follows:[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0038/939656/gh-covid-19-Infection-control-guidelines.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/gh-covid-19-Infection-control-guidelines.pdf)

*Cleaning environmental surfaces and patient care equipment with water and detergent and applying commonly used disinfectants (such as hypochlorite) is an effective and sufficient procedure.*

*The preferred routine cleaning process should involve either:*

- *a physical clean using combined surfactant and 1,000ppm available chlorine solution (2-in-1 clean) made up daily from a concentrated solution, or*
- *a physical clean using detergent followed by a clean with 1,000ppm available chlorine solution (2-step clean).*

This does not preclude the use of other methods of cleaning and disinfection, however, products used to clean and disinfect patient care equipment should be included in the [Australian Register of Therapeutic Goods](#) as a Class IIb medical device.

3. *Can we allow patient to self collect the nasal swab from distance observation (to ensure adequate technique)? This would reduce the burden on wearing PPE for examining/collecting patient with less than the full triad of symptoms. Is sputum enough or are pharyngeal swabs a must?*

The [Public Health Laboratory Network recommends](#) the collection of both a nasopharyngeal and oropharyngeal swabs.

There is always a risk of an insufficient sample being collected by an unskilled person.

4. *The current advice is that we have very low threshold for testing (not just low-presumably meaning if they only have one symptom) and, to wear full PPE when examining a suspected case . Everyone who is submitted for testing is a suspected case and every suspected case should be examined with full PPE. This is unsustainable. I am currently wearing N95*

*mask sometimes with gloves for examining anyone with mild URTI symptoms (in the isolation room). If they have the triad of temp, sore throat and cough then I wear PPE.*

The PPE recommended for the clinical assessment of, and collection of specimens from, a person under investigation or who is a suspect or confirmed case, with mild or no symptoms is: surgical mask, gown, gloves and eye protection.

<https://www.health.gov.au/resources/publications/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe>