## Checklist for allied health service staff and practitioners while delivering face-to-face services during the COVID-19 pandemic\*

Checklist for home settings						
Screening and triage processes – reception staff	Yes	No	N/A			
Has the receptionist asked the screening question of COVID-19 symptoms including fever, cough, sore throat or shortness of breath in the past 14 days on the phone?						
Has the receptionist asked the screening question of recent potential exposures based on guidelines for self-isolation/quarantine? (e.g. contact with a confirmed or suspected COVID-19 case in the past 14 days? Travel to 'hotspot' areas? Symptoms of COVID-19 in past 14 days?)						
If patients answer <b>yes</b> to the screening questions, have patients been asked to not be treated face-to-face until they are no longer required to self-isolate/quarantine and are fully recovered?						
If patients answer <b>yes</b> to having symptoms of COVID-19, have they been advised to stay home, organise to get tested for COVID-19 and contact the COVID hotline at 1800 020 080, their GP or fever clinic should they require further information?						
If patients answer <b>yes</b> to recent potential exposure, have patients been advised to stay home and contact the COVID hotline at 1800 020 080 for advice?						
If patient answers <b>yes</b> to the screening questions, has staff checked if the patient has recently been in the clinic and alerted the clinician and manager if so?						
Has there been an explanation to the patients for why face-to-face treatment is not possible at this time given their <b>yes</b> responses to the screening questions?						
Have patients been asked to be treated via telephone or videoconference (telehealth) where possible?						
If the patient has requested treatment at home, has the receptionist booked an initial telehealth consult with a practitioner to assess need for face-to-face care?						
Have answers to screening questions been logged in the patient's file?						
Screening and triage processes – practitioners	Yes	No	N/A			
Has the practitioner determined the need for in-home care to be provided in the initial telehealth consult?						
Has the practitioner made a risk assessment about the need for PPE based on telehealth consult and made a record of this?						
Has the practitioner called the patient on the day of the appointment and asked the COVID-19 screening questions again?						
If patients answer <b>yes</b> to the screening questions, has the advice above been reiterated and face-to-face treatment deferred?						

If patients answer <b>no</b> to the screening questions, has the practitioner asked the following COVID-19 risk assessment questions about the household?			
<ul> <li>Will anyone else be present at the time of the consult? If so, who?</li> <li>Please ask all others who do not need to be present to be in a different part of the house/unit.</li> </ul>			
<ul> <li>Have any members of your household been unwell with symptoms including fever, cough, sore throat or shortness of breath in the past 14 days?</li> </ul>			
<ul> <li>Have any members of your household been in contact with a confirmed or suspected COVID-19 case in the past 14 days?</li> </ul>			
<ul> <li>Have any members of your household been in any 'hotspot' areas in the past 14 days?</li> </ul>			
<ul> <li>Would your room support the physical distancing measures of 4 sq m/person?</li> </ul>			
Infection prevention and control and patient wellbeing	Yes	No	N/A
Has the practitioner completed the DoH Infection Prevention and Control training? <a href="https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training">https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training</a>			
Has the daily COVID-19 health check email been sent to all staff and			
completed by the practitioner prior to each shift and home visit?			
Has the practitioner followed standard infection prevention and control precautions?			
Has the practitioner donned appropriate PPE prior to entering the home?			
Has the practitioner practised good hand hygiene prior to donning any PPE?			
Has the practitioner followed hygiene rules by not shaking hands, or touching their eyes, nose, mouth, or face?			
Does the room contain only the practitioner and patient, unless the patient requires carer's support?			
Is the practitioner seated or standing at least 1.5 metres from the patient, unless for 'touch' assessment?			
Is the practitioner limiting non-essential treatment to the face, TMJ, etc?			
If treating the patient's cervical spine, is the patient in prone and sidelying			
positions, with minimal time spent supine?			
Has the practitioner asked the patient the following patient wellbeing questions (if patient lives alone/self-isolating):			
- What supports do you have?			
- Are you aware of the government's current advice and restrictions			
regarding COVID-19?			
- Are you in contact with friends/family/colleagues?			
- Do you have access to food and other essential items?			
- Have you contacted your GP (if patient is exhibiting symptoms)			
<ul> <li>Are you aware of the COVID-19 Action Plan that you can complete with your GP to help manage your COVID-19 risk?</li> </ul>			
Has the practitioner removed PPE appropriately at the end of the consult?			

Has the practitioner disposed or stored PPE properly before entering the car?		
Has the practitioner used alcohol based hand rub or sanitiser (ABHR) after each step of removing PPE?		
Has the practitioner used ABHR before entering their vehicle?		

\*The Checklist was prepared by the Australian National University as part of a pilot study for the Department of Health. The Checklist is a living document and is provided for information only. The Australian National University does not provide any warranty or representation that the information on the Checklist is error free or fit for any particular purpose. The Checklist does not represent policy advice or guidelines to be used by allied health care staff and practitioners operating during COVID-19 to minimise the risk of COVID-19 transmission and should be treated as a living document to be tailored to specific COVID-19 situations. Anyone relying on the Checklist should continue to follow the advice of the Commonwealth, State and Territory governments, and health departments and use it in conjunction with the advice, laws and regulations of your relevant jurisdictions.



## Source credit:

Australian National University and Canberra City Health Network, *Checklist for allied health service staff and practitioners while delivering face-to-face services during the COVID-19 pandemic - in home.* 2020, Australian National University: Canberra.