#### Supplemental material for:

Davis S, Roberts L, Desborough J, et al. Integrating general practice into the Australian COVID-19 response: a description of the general practitioner respiratory clinic program in Australia. *Ann Fam Med*. 2022;20(3):273-276.

# Supplemental Table 1. Site Specifications for GP Respiratory Clinics; Guide Provided to Primary Health Networks

#### **Physical requirements**

- Located in either a temporary or existing structure that gives protection from the weather
- Direct external access that does not require patients to transit through any other part of the general practice
- Wheelchair access
- Well ventilated, ideally with separate air conditioning system to rest of practice
- Access to toilets for patients (separate to usual practice toilet) and staff
- Sufficient isolation rooms for patients to wait in for assessment; if this is not possible then alternative, workable arrangements (e.g. patients wait in cars for assessment), if this is not possible then the waiting area needs to be large enough to provide separate areas for symptomatic and asymptomatic patients and provide at least 1 metre of distance between all patients

### **Physical location**

- Close proximity to sufficient car parking
- Close proximity to public transport (where relevant)
- Accessible by other patient transport services (including ambulance)
- Priority given to practices located within area of need (e.g. high proportion of vulnerable population) or under serviced area (e.g. not in close proximity to other health services)

#### Infrastructure

- Adequate facilities for hand hygiene (at minimum hand washing facilities in each examination room and access to alcohol based hand rub in all other areas)
- Reliable water and electricity supply
- Access to telephone and computer networks
- Access to patient management system

#### Staffing

- At least one clinician per examination room (nurse or GP); if nurses reviewing patients then at least one GP providing oversight in addition
- At least one clerical/triage staff member

#### Waste disposal

- Facilities to dispose of all waste appropriately in accordance with standard precautions

## Personal protective and other medical equipment

- Sufficient supplies of gloves, gowns and goggles (Dept. of Health will provide masks)
- Adequate supplies of other medical equipment e.g. stethoscopes, examination tables, diagnostic testing equipment

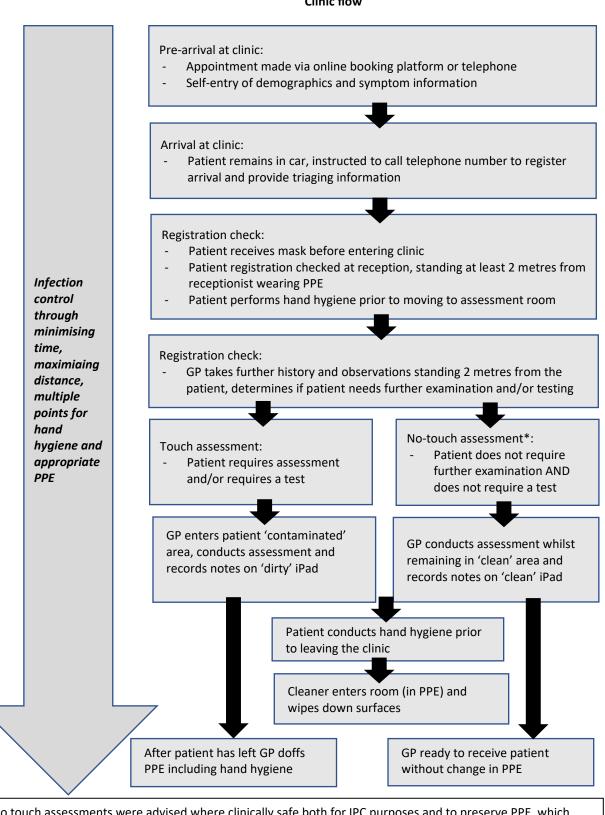
## Accreditation requirements

- Run by accredited General Practice (or equivalent standard)
- Willingness to comply with compulsory infection control training and external quality assurance procedures

#### Supplemental Table 2. Responding to Local Need

A state funeral for an Aboriginal Elder was occurring in community A, a small town in regional Australia. The community had a GPRC but were concerned about their ability to cope with the demand from the large number of people from out of town who were expected to attend the funeral and stay for several days. In response, the neighbouring community's mobile GPRC van drove to Community A where it operated for the duration of the funeral. Staff from the local PHN assisted with administrative tasks, while Aboriginal Health Workers from the local health district assisted with patient care and community liaison.

Supplemental Figure 1. Patient flow and infection control principles (note that many GP Respiratory Clinics developed their own patient flow models whilst adhering to the stated IPC principles).



#### **Clinic flow**

\*No touch assessments were advised where clinically safe both for IPC purposes and to preserve PPE, which was difficult to source at the beginning of the pandemic

Supplemental Figure 2. General Practice Respiratory Clinic locations across Australia overlaid with population density.

