

Information for Health Professionals in WNSW PHN - COVID-19

Novel Coronavirus(COVID-19) Clinical editor's note

A list of private pathology collection centres is [available](#) and updated on a weekly basis.

Novel coronavirus (COVID-19) is also known as SARS-CoV-2. See also [Novel Coronavirus \(COVID-19\) Information](#).

Background

About novel coronavirus (COVID-19)

- A novel coronavirus (COVID-19) was identified associated with an outbreak of febrile and severe respiratory illness in Wuhan City, Hubei Province, China at the end of 2019 and confirmed cases have now been identified internationally including in Australia.
- COVID-19 is a notifiable disease under the Public Health Act.
- Coronaviruses are a diverse group of viruses causing variable severity respiratory illness in humans, from the common cold to severe acute respiratory syndrome (SARS-CoV), and Middle East respiratory syndrome (MERS-CoV). They are also found in animals.
- The 2019 novel coronavirus (COVID-19) had not been identified in humans prior to this outbreak.
- This novel strain can cause significant morbidity and mortality.
- All in contact with a suspect case should use personal protection equipment (PPE).

Assessment

Managing Patients with Mild to Moderate Symptoms

- Check the [availability of COVID-19 pathology collection centres](#).
- If taking samples yourself, use standard, contact and droplet transmission precautions when managing suspected cases and taking specimens: long-sleeved gown, gloves, protective eyewear/face shield and a surgical mask.
- Take two swabs from two sites (1 nasopharyngeal swab plus 1 oropharyngeal swab), and sputum if obtainable. For instructions on how to take a swab, see [Collection of Nasal and Throat Swabs for Respiratory Virus Testing](#).
- For infection control procedures, see [Infection Prevention and Control - Novel Coronavirus 2019 \(2019-nCoV\) – Primary and Community Care](#).
- Note that the practice remains responsible for informing the patient about their test results.
- Refer patients with severe symptoms to your local emergency department for assessment and testing. Please call ahead.

1. Use Recommended infection control measures if a patient presents who meets the [suspect case definition](#), whether or not respiratory symptoms are present.

Recommended infection control measures

When a patient who meets the [suspect case definition](#) presents to the surgery:

- Immediately place a single-use surgical face mask onto the patient.
- Isolate the patient in a single room with the door closed.
- Ensure anyone who enters the room where the patient is isolated uses appropriate contact and droplet precautions, including personal protection equipment (PPE). If the patient is critically ill, use a P2/N95 mask.

Appropriate contact and droplet precautions including personal protection equipment (PPE)

Contact and droplet precautions are recommended for routine care of patients with suspected or confirmed COVID-19 infection.

All in contact with a suspect case should use PPE.

- Wear single-use:
 - Surgical mask
 - Fluid-resistant long-sleeved disposable gown
 - Gloves
 - Eye protection – safety glasses, goggles, or face shield
- If collecting throat or nasopharyngeal swabs – stand slightly to the side of the patient when collecting to avoid exposure to respiratory secretions if the patient coughs or sneezes.
- Dispose of all PPE into clinical waste when removed.
- Wipe any contacted or contaminated surfaces and medical equipment (e.g. thermometer) with detergent or disinfectant.
- For hand hygiene, use an alcohol-based hand rub if hands are visibly clean, or soap and water when hands are visibly soiled.
- See also:
 - Clinical Excellence Commission:
 - [Environmental Cleaning and Disinfection Principles for COVID-19](#)
 - [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV\): Primary and Community Care](#)
 - Department of Health – [Coronavirus 2019 \(COVID-19\)](#)
 - RACGP – [Correct Use of Personal Protection Equipment \(PPE\)](#) poster.

2. Assess all patients for epidemiological and clinical features of COVID-19.¹

Clinical criteria

Fever, **or**

Acute respiratory infection with either:

- Shortness of breath
- Cough

Epidemiological criteria

Travel to:

(including transit through) a [country considered to pose a higher risk of transmission](#) in the 14 days before onset of illness.

a [country considered to pose a moderate risk of transmission](#) (not including transit through an airport) in the 14 days before onset of illness.

OR

- Casual contact or close contact in the 14 days before onset of illness with a confirmed case of COVID-19.

Close contact

Close contact with case is defined as:

- Face-to-face contact for > 15 minutes in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case.
- Sharing of closed space for > 2 hours with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case including:
 - living in the same household or household-like setting (e.g. boarding school or hostel).
 - a person who spent ≥ 2 hours in the same room (e.g. general practice clinic or emergency department waiting room).
 - aircraft passengers who were seated in the same row as the case, or in the 2 rows in front, or 2 rows behind a confirmed case of COVID-19.
 - all crew-members on an aircraft who worked in the same cabin area as a confirmed case of COVID-19.
 - direct contact with the body fluids or laboratory specimens of a case without recommended PPE or failure of PPE.

- a person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE

Contacts of suspected cases should also be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 infection in the suspected case, such as delayed testing.

See also NSW Health – [Novel Coronavirus \(Covid-19\) Close Contact: What You Need to Know](#) .

Casual contacts

Casual contact is defined as:

- Any person having < 15 minutes face-to-face contact with a confirmed case in any setting, or
- Sharing a closed space with confirmed case for < 2 hours (shorter period than required for a close contact). For example healthcare workers, other patients, or visitors who were in the same closed space (e.g. enclosed hospital room, schools, or offices).
- Other casual contacts may include:
 - Extended family groups, e.g. in an Aboriginal and Torres Strait Islander community.
 - All crew-members on an aircraft who worked in the same cabin area as a confirmed case of COVID-19.

See also NSW Health – [Novel Coronavirus \(COVID-19\) Casual Contact: What You Need to Know](#) .

3. If the patient has clinical symptoms and epidemiological history consistent with COVID-19, arrange testing and ensure follow-up test results. Consider assessment and pathology service availability after hours

Assessment and pathology service availability after hours

- If mild symptoms, ask the patient to self-quarantine, and initiate further contact during business hours.
- For patients that require face-to-face review after hours:
- if choosing to assess a patient on the weekend, consider whether swabs can be collected.
- Refer the patient to the [emergency department](#) and phone ahead to let them know the patient is coming if:
 - unable to collect swabs.
 - patient has severe symptoms.

Follow-up of test results

- The testing general practitioner has responsibility for informing the patient about their test results, as for all other pathology test requests. Patients may be waiting on negative test results to cease home isolation.
- Reporting of results:
 - Many existing multiplex viral respiratory panels test for human coronavirus infections that circulate each year. These assays are reported as Human Coronavirus RNA, and do not test for COVID-19.
 - Results for COVID-19 are reported by NSW Health Pathology using the formal name, SARS-CoV-2, e.g. "SARS-CoV-2 result: not detected" indicates a negative test result for COVID-19.

Arrange testing

- For mild illness, either:
 - refer to [private pathology collection centre](#) and request COVID-19 testing and screening for routine respiratory pathogens. Phone ahead to let them know the patient is coming, **or**
 - if clinician is confident, collect specimens ensuring appropriate contact and droplet precautions, including PPE. See:

Collect specimens

- Take recommended specimens:
 - two combined nose and throat viral swabs, or nasopharyngeal viral swabs.
 - lower respiratory specimen (sputum) if obtainable.
- Request COVID-19 testing and screening for routine respiratory pathogens. All requests for COVID-19 testing must include:
 - the indication for testing, including the patient's travel and/or contact history, and
 - respiratory symptoms and signs.
- For further advice contact the [Public Health Unit](#) on **1300-066-055**.
- See also Department of Health – [PHLN Guidance on Laboratory Testing for SARS-CoV-2 \(the Virus that Causes COVID-19\)](#).
 - NSW Health – [Respiratory Swab Collection Training Video](#) [11 minutes].
 - NEJM Procedure – [Collection of Nasopharyngeal Specimens with the Swab Technique](#) [40 seconds].
- If severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe, or productive coughing episodes, refer to the [emergency department](#) for specimen collection using contact and airborne precautions and phone ahead to let them know that the patient is coming.

Contact and airborne precautions

The following contact and airborne precautions should be observed for patients with severe symptoms:

- Conduct sample collection in a negative-pressure room if available. If referral to hospital for specimen collection is not possible, collect specimen in a room from which air does not circulate to other areas. Close door during specimen collection and leave room vacant for at least 30 minutes afterwards (cleaning can be performed during this time by a person wearing PPE).
- Perform hand hygiene before donning gown, gloves, eye protection (goggles or face shield), and a P2/N95 respirator – which should be fit-checked. See [video](#) for how to put on mask.
- At completion of consultation, remove gown and gloves, perform hand hygiene, remove eye protection and P2/N95 respirator. Do not touch the front of any item of PPE during removal. Perform hand hygiene again at end of process.
- Ensure the room surfaces are wiped clean with disinfectant wipes by a person wearing gloves, gown, and surgical mask.
- For further information, see [Coronavirus Disease 2019 \(COVID-19\): CDNA National Guidelines for Public Health Units](#).

See also NSW Health – [NSW Dedicated Coronavirus Testing Collection Centre Locations](#)

4. If the patient:

- has clinical symptoms, but does not meet epidemiological criteria, consider alternative diagnoses including influenza, pandemic influenza, fever in a returned traveller, or community-acquired pneumonia.
- meets epidemiological criteria for possible COVID-19 exposure, but remains completely well, see Management for self-isolation and monitoring requirements.


Do **not** arrange COVID-19 testing for these patients. Be aware that patients requiring hospitalisation for severe community-acquired pneumonia (CAP) or for healthcare workers with moderate-to-severe CAP will be managed as suspect cases and tested for COVID-19 in hospital.

Management

1. If the patient is symptomatic and a suspected case and:

Suspected case

A suspected case is a patient who has symptoms or signs of COVID-19, and who is being tested for infection but is still waiting for test results.

- is critically unwell and needs immediate [emergency department assessment](#):
 - phone **000**.
 - advise that the patient has suspected COVID-19 infection.
 - ensure PPE including P2/N95 mask for anyone in contact with the patient.
- does not require admission:
 - discuss [home isolation for suspected cases](#) .
 - ensure follow-up of test results

Follow-up of test results

- The testing general practitioner has responsibility for informing the patient about their test results, as for all other pathology test requests. Patients may be waiting on negative test results to cease home isolation.
- Reporting of results:
 - Many existing multiplex viral respiratory panels test for human coronavirus infections that circulate each year. These assays are reported as Human Coronavirus RNA, and do not test for COVID-19.
 - Results for COVID-19 are reported by NSW Health Pathology using the formal name, SARS-CoV-2, e.g. "SARS-CoV-2 result: not detected" indicates a negative test result for COVID-19.

2. If test result is:

- positive for COVID-19:
 - notify the local [Public Health Unit](#) on **1300-066-055**. See also [Notifiable Diseases](#).
 - discuss [advice for confirmed cases](#) .
- negative for COVID-19 – consider further self-isolation requirements

Self-isolation requirements

Patients who test negative for COVID-19 must still remain in isolation if they have been:

- identified as a close contact of a person with confirmed COVID-19 while they were infectious. Continue isolation on for 14 days after last contact.

Close contact

Close contact with case is defined as:

- Face-to-face contact for > 15 minutes in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case.
- Sharing of closed space for > 2 hours with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case

including:

- living in the same household or household-like setting (e.g. boarding school or hostel).
- a person who spent ≥ 2 hours in the same room (e.g. general practice clinic or emergency department waiting room).
- aircraft passengers who were seated in the same row as the case, or in the 2 rows in front, or 2 rows behind a confirmed case of COVID-19.
- all crew-members on an aircraft who worked in the same cabin area as a confirmed case of COVID-19.
- direct contact with the body fluids or laboratory specimens of a case without recommended PPE or failure of PPE.
- a person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE

Contacts of suspected cases should also be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 infection in the suspected case, such as delayed testing.

See also NSW Health – [Novel Coronavirus \(Covid-19\) Close Contact: What You Need to Know](#).

- in, or transited through, mainland China (excluding Hong Kong, Macau, and Taiwan), Iran, Italy or South Korea in the last 14 days. Continue isolation until 14 days from the day the patient left China, Iran, Italy or South Korea.

See also NSW Health – [Advice for People Suspected to have Novel Coronavirus \(COVID-19\) Infection](#).

3. If the patient is asymptomatic but has had possible exposure to COVID-19, follow current self-isolation and monitoring recommendations:

- Self-isolation is recommended for asymptomatic patients who have been:
 - in close contact with a person sick with COVID-19 infection.
 - in, or transited through, mainland China (not including Hong Kong, Macau, or Taiwan), Iran, Italy or South Korea in the past 14 days.

Discuss home isolation guidance.

Home isolation guidance

Discuss [home isolation guidance](#).

- If symptoms develop, advise the patient to immediately contact the local [Public Health Unit](#) on **1300-066-055**.
- These patients need to continue isolation irrespective of COVID-19 test results.
- Self-isolation is **not** recommended for asymptomatic patients who have:
 - travelled through a [country considered to pose a risk of transmission](#) other than China, Iran, Italy or South Korea in the last 14 days. Advise to practice social distancing.

Social distancing

Social distancing includes:

- avoiding crowds and mass gatherings.
- avoiding small gatherings in enclosed spaces for e.g., family celebrations.
- keeping a distance of 1.5 m between themselves and other people when out in public.
- had casual contact with a confirmed case.

Casual contacts

Casual contact is defined as:


- Any person having < 15 minutes face-to-face contact with a confirmed case in any setting, or
- Sharing a closed space with confirmed case for < 2 hours (shorter period than required for a close contact). For example healthcare workers, other patients, or visitors who were in the same closed space (e.g. enclosed hospital room, schools, or offices).
- Other casual contacts may include:
 - Extended family groups, e.g. in an Aboriginal and Torres Strait Islander community.
 - All crew-members on an aircraft who worked in the same cabin area as a confirmed case of COVID-19.

See also NSW Health – [Novel Coronavirus \(COVID-19\) Casual Contact: What You Need to Know](#) .


Discuss monitoring advice.

Monitoring advice

- Advise patients who have had casual contact with a confirmed case or travelled through a [country considered to pose a risk of transmission](#) other than China, Iran, Italy or South Korea in the last 14 days to monitor health for 14 days from last contact or travel.
- If symptoms develop, advise to isolate themselves and immediately contact the local [Public Health Unit](#) on **1300-066-055**. These patients can be released from isolation following a negative COVID-19 test.

See also [CDNA National Guidelines for Public Health Units](#)  – scroll down to Table 1: Actions for Travellers and Healthcare Workers Returning from Countries Considered to Pose a Risk of Transmission.

4. Follow advice in the [CDNA National Guidelines for Public Health Units](#)  for:

- asymptomatic healthcare workers with possible exposure to COVID-19 through travel or confirmed case contact (see appropriate section). See also NSW Health – [Advice for Healthcare Workers, Staff, Healthcare Students and Volunteers in NSW Health Facilities and in Relation to COVID-19 \(Novel Coronavirus\)](#) . 

Healthcare worker

Healthcare workers include people who:

- come into contact with patients in a healthcare setting.
- work with residents in residential care facilities.
- Aboriginal and Torres Strait Islander communities (see appropriate section).

Consider [advice from the Department of Health](#) for asymptomatic patients returning from a [country or region that is at higher risk for COVID-19](#) who work in a setting with vulnerable people

Vulnerable people

From previous experience with other coronaviruses, other categories at most risk of serious infection are:

- People with compromised immune systems (e.g. cancer)
- Elderly people
- Aboriginal and Torres Strait Islander people
- People with diagnosed chronic medical conditions
- Very young children and babies
- People in group residential settings
- People in detention facilities

5. For further information or clinical advice:

- contact the [Public Health Unit](#)  on **1300-066-055**.

- see:
 - the [CDNA National Guidelines for Public Health Units](#).
 - NSW Health – [COVID-19](#) for latest information including advice for general practitioners.
- 6. Direct unaffected patients wanting travel advice to the [smartraveller website](#).
- 7. Place [posters in English and Mandarin](#) (scroll down to "Patient alert posters") at the general practice door to advise patients with symptoms and travel history to notify staff on arrival.

Referral

- If critically unwell, request [emergency department assessment](#) by phoning **000**, and advise that the patient has suspected COVID-19.
- If testing is positive for COVID-19, notify the local [Public Health Unit](#) on **1300-066-055**.
- For clinical advice, contact the [Public Health Unit](#) on **1300-066-055**.

Information

For Health Professionals

Education

HMRI – [Coronavirus](#) [education webinar 12 February]

Further information

- APPRISE – [COVID-19 Outbreak](#) [collection of most recent research papers on COVID-19]
- Australian Government Department of Health:
 - [Coronavirus Disease 2019 \(COVID-19\)](#) [CDNA National Guidelines for Public Health Units]
 - [Coronavirus \(COVID-19\) Resources for Health Professionals, Including Pathology Providers and Healthcare Managers](#)
 - [PHLN Guidance on Laboratory Testing for SARS-CoV-2 \(the Virus that Causes COVID-19\)](#)
- Clinical Excellence Commission:
 - [Environmental Cleaning and Disinfection Principles for COVID-19](#)
- [Infection Prevention and Control Novel Coronavirus 2019 \(2019-nCoV: Primary and Community Care\)](#) John
- Hopkins University – [Coronavirus COVID-19 Global Cases](#) [coronavirus tracking map]
- NSW Health:
 - [COVID-19](#) [for latest updates, facts, information for health professionals, and resources]
 - [NSW Dedicated Coronavirus Testing Collection Centre Locations](#) [See also HNECCPHN – [Dedicated Coronavirus Private Testing Collection Centres](#)]
- RACGP – [Coronavirus Information for GPs](#)
- [Smartraveller](#)
- World Health Organization (WHO) – [Global Research on Coronavirus Disease \(COVID-2019\)](#)

For Patients

- [Coronavirus Disease \(COVID-19\)](#) – HealthDirect
- Department of Health:
 - [Coronavirus \(COVID-19\)](#) [general information]
 - [Coronavirus \(COVID-19\) Information for People With a Suspected Case](#) [printable, available in English and simplified Chinese]
 - [Coronavirus: Information for Close Contacts of a Confirmed Case](#) [printable, available in English and simplified Chinese]
 - [Coronavirus \(COVID-19\) Resources in Simplified or Traditional Chinese](#)
- NSW Health:

- [Novel Coronavirus \(COVID-19\) Resources](#) [English]
- [Novel Coronavirus \(COVID-19\) Resources in Chinese](#)
- [Novel Coronavirus \(COVID-19\) In-language Resources](#) [Arabic, Indonesian, Korean, Thai, and Vietnamese]
- [Dedicated Coronavirus Private Testing Collection Centres](#)
- [Smartraveller](#)

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