



Interim advice on non-inpatient care of persons with suspected or confirmed Coronavirus Disease 2019 (COVID-19), including use of personal protective equipment (PPE)

There is an outbreak of COVID-19 (formerly known as novel coronavirus) in mainland China.

Background

The Australian Health Protection Principal Committee (AHPPC) has endorsed the following interim recommendations for (non-inpatient) care of people at risk of or with suspected or confirmed COVID-19, including the use of personal protective equipment (PPE).

Note that these interim recommendations are based on current evidence and containment measures and may be subject to change as more information becomes available.

They are intended for health care practitioners in general practice or other primary health care settings, pathology collection centres, residential aged care facilities, and hospital outpatient or emergency departments.

Advice on hospital care of patients with COVID-19 is available at:

<https://www.health.gov.au/resources/publications/interim-recommendations-for-the-use-of-personal-protective-equipment-ppe-during-hospital-care-of-people-with-coronavirus-disease-2019-covid-19>

Advice on environmental cleaning and disinfection will be published soon.

Case definitions

(extracted from: *CDNA National guidelines for public health units*¹ - please check the website frequently for more detail and updates)

Confirmed case

A person who tests positive to a specific SARS-CoV-2 PCR test or has the virus identified by electron microscopy or viral culture, at a reference laboratory.

Suspect case

If the patient satisfies epidemiological and clinical criteria, they are classified as a suspect case.

Epidemiological criteria

- Travel to (including transit through) mainland China in the 14 days before the onset of illness.

OR

¹ <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

- Close or casual contact in 14 days before illness onset with a confirmed case of COVID-19.

Clinical criteria

- Fever OR acute respiratory infection (e.g. shortness of breath or cough) with or without fever.

Person under investigation

It is recommended clinicians consider testing people, with a clinically compatible illness, who have travelled to some other countries, in the 14 days before onset of symptoms, based on the volume of travel between those countries, Australia and China, and/or the current epidemiology of COVID-19.

Refer to <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm> for details. The risk of COVID-19 in these countries is currently thought to be low.

Clinical and public health judgement should be applied.

The recommendation does not apply to passengers who have only been in transit through an airport in these countries.

Note: if a clinician determines that a **person under investigation** should be tested then that person must be managed as a **suspect case**.

General guidance

If a person, who fulfils epidemiological criteria and is in quarantine or under investigation, needs medical attention for any reason (e.g. symptoms compatible with COVID-19 or other illness/injury) they are requested:

- to telephone their doctor or hospital Emergency Department (ED) before presenting;
- if they experience severe symptoms, to call 000 and advise the operator that they are in self-quarantine because of COVID-19 risk.

Upon presentation, to a health care setting (general practice or other community care setting, hospital ED or pathology collection centre), of a person who is under quarantine or investigation or is a suspect case:

- Immediately give the patient a surgical mask and ensure they put it on correctly.
- Direct them to a single room, whether or not respiratory symptoms are present.
- If this is the first contact with a health care provider, contact the local public health unit or state/territory communicable disease branch for advice if you are uncertain about the need for testing.

Standard precautions, including hand hygiene (5 Moments), should be observed for all patients. Patients and staff should observe cough etiquette and respiratory hygiene.

Transmission-based precautions:

- **Contact and droplet precautions** should be observed for **routine care** of patients in quarantine or under investigation or with suspected or confirmed COVID-19 infection.
- **Contact and airborne precautions** should be observed when performing **aerosol generating procedures** (see Appendix 1), and providing care to patients with **severe respiratory symptoms**.

Care of, and collection of specimens from, a person under investigation or who is a suspect or confirmed case, with mild or no symptoms

For most patients with mild illness in the community, collection of specimens (see Appendix 2 for specimens required) is a low risk procedure and can be performed using **contact and droplet precautions**:

- **Contact and droplet precautions** should be used for clinical assessment and collection of specimens from a patient under investigation, or who is a suspect or confirmed case, with mild respiratory symptoms, or for clinical consultation of a patient with symptoms due to some other condition.
- Perform hand hygiene before putting on gown, gloves, eye protection (goggles or face shield) and surgical mask.
- To collect throat or nasopharyngeal swabs, stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
- When collecting a sputum specimen from a patient with a productive cough, ask the patient to stand approximately 2 metres away and turn aside before coughing into the specimen container. Alternatively, ask the patient to go outside or into another room to produce the specimen.
- After the consultation, remove PPE and perform hand hygiene.
- Any contacted/contaminated surfaces should be wiped with detergent/disinfectant by a person wearing gloves, surgical mask and eye protection.
- Note that, for droplet precautions, a negative pressure room is not required and the room does not need to be left empty after sample collection.

Care of, and collection of specimens from, a person under investigation or who is a suspect or confirmed case, with severe symptoms suggestive of pneumonia

(refer also to *Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 [COVID-19]²*).

Patients with symptoms suggestive of **pneumonia** (e.g. fever and difficulty breathing, or frequent, productive coughing, tachypnoea etc.) **should be transferred to and managed in hospital**.

- **Contact and airborne precautions** should be used for clinical assessment and collection of specimens (see Appendices 1 and 2) from patients with suspected COVID-19 who have severe symptoms suggestive of pneumonia.
- If a patient is in respiratory distress or has hypoxaemia or shock, immediately give supplemental oxygen and empirical antibiotics (if in a community setting, arrange urgent transfer to hospital).
- If possible, specimens should be collected in a negative pressure room. If this is not possible, collect the specimens in a room with the door closed.

² <https://www.health.gov.au/resources/publications/interim-recommendations-for-the-use-of-personal-protective-equipment-ppe-during-hospital-care-of-people-with-coronavirus-disease-2019-covid-19>

- Perform hand hygiene before donning gown, gloves, eye protection (goggles or face shield) and a **P2/N95 respirator, which should be fit-checked.**
- After the consultation, remove gown and gloves, perform hand hygiene, remove eye protection perform hand hygiene, remove P2/N95 respirator and perform hand hygiene. Do not touch the front of any item of PPE during removal, perform hand hygiene at any point contamination may have occurred.
- The room surfaces should be wiped clean with detergent/disinfectant by a person wearing gloves, gown and surgical mask.
- The room should be left vacant with the door closed for at least 30 minutes after specimen collection (cleaning can be performed during this time by a person wearing PPE).

Care of suspect cases with mild or no symptoms, who live in a managed care facility or shared accommodation

- A resident of an aged care facility or shared accommodation, who fulfils epidemiological criteria, should be placed in quarantine, if asymptomatic, or isolated if symptoms are present.
- The local public health unit should be consulted for advice about the need for diagnostic testing and medical assessment. If diagnostic testing is recommended the person should be managed as a suspect case. They may remain in the facility, in quarantine/isolation, until the result is known, if they have mild or no symptoms.
- They should be moved into a single room with separate toilet, where they should remain and have meals delivered, until the test result is known.
- If a single room accommodation is not available consult the local public health unit for help with alternative accommodation, while current high level containment restrictions are in place.
- Contact and droplet precautions should be observed by facility staff when in contact with the resident and by health care personnel during clinical examination or collection of specimens (as above).
- If the test result is positive, the resident should be transferred to hospital and any other residents or staff who have been in contact, without appropriate PPE, should be managed as contacts of a COVID-19 case (see **CDNA National guidelines for public health units**³ for definition of contacts).

³ <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

More information

For the latest advice, information and resources, go to www.health.gov.au

This document updates and replaces the following Information:

<https://www.health.gov.au/resources/publications/novel-coronavirus-2019-ncov-information-sheet-for-emergency-departments>

<https://www.health.gov.au/resources/publications/novel-coronavirus-2019-ncov-information-sheet-for-primary-and-community-health-workers>

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-the-use-of-personal-protective-equipment-ppe-during-clinical-care>.

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts

Appendices

1. Aerosol-Generating Procedures

Aerosol-generating procedures (AGPs) include tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy and collection of induced sputum.

The use of nebulisers should be avoided and alternative means of delivering medication used (such as a spacer).

The collection of some respiratory specimens should be regarded as potentially aerosol-generating, as in the table below.

Contact and airborne precautions should be observed when performing AGPs.

Classification of respiratory specimens as AGPs

Specimen type	Patients with no fever, and mild or no respiratory symptoms	Patients with fever and mild symptoms e.g. mild cough and/or rhinorrhoea	Patients with fever and breathlessness and/or severe cough ^a
Nasopharyngeal swab	No	No	Yes
Oropharyngeal swab	No	No	Yes
Sputum ^b (not induced sputum)	No	No	Yes
Nasal wash/aspirate	No	No	Yes
Bronchoalveolar lavage	Yes	Yes	Yes
Induced sputum	Yes	Yes	Yes

a. patient should be referred to hospital

b. If concerned, the patient may be given a specimen container and asked to provide sputum outside.

2. Investigations (refer also to *PHLN Guidance on Laboratory Testing for nCoV-19*)⁴

- Your local pathology or microbiology laboratory can provide advice on the exact specimens required for specialised testing to identify whether the patient has COVID-19, the approved collection methods and equipment for collecting specimens and the protocols for handling, storage and transport to correct laboratory.
- If the patient has a productive cough, collect all three specimen types for specialised COVID-19 testing: lower respiratory (sputum); upper respiratory (nasopharyngeal and/or oropharyngeal swabs) and serum (for later serological testing).
- In the absence of a productive cough, collect upper respiratory and serum samples only, unless a lower respiratory specimen can be collected, in a hospital setting, with contact and airborne precautions for AGPs.
- Undertake investigations for alternative causes or respiratory infection, including blood for culture, multiplex PCR for respiratory pathogens, and serum for serology.

⁴ <https://www1.health.gov.au/internet/main/publishing.nsf/content/Publications-13>