



Revised advice on non-inpatient care of people with suspected or confirmed COVID-19, including use of personal protective equipment (PPE)

Background

The Australian Health Protection Principal Committee (AHPPC) has endorsed the following 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 recommendations are based on current evidence and containment measures and may be subject to change as more information becomes available.

They are intended for healthcare practitioners in general practice or other primary health care settings, pathology collection centres, respiratory/COVID-19 clinics 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 for health and residential care facilities* is available at: <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>.

For current case definitions and testing criteria see *CDNA National guidelines for public health units*: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

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 healthcare 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 a single room is unavailable, an area separate from other patient areas should be designated for assessment of suspected COVID-19 patients.

- If this is the first contact with a healthcare 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 care of patients with **severe respiratory symptoms**.

Assessment and collection of specimens from people with suspected COVID-19

Contact and droplet precautions should be used for assessment and specimen collection for diagnosis of COVID-19 or for clinical examination of a patient with suspected or confirmed COVID-19

- For clinical consultation with clinical examination:
 - perform hand hygiene
 - use gown, gloves, surgical mask and eye protection (safety glasses or face shield).
- For specimen collection without clinical examination:
 - Perform hand hygiene.
 - Use gloves, surgical mask and eye protection (safety glasses or face shield).
 - The need for a gown or apron is based on risk assessment. A gown is not needed unless close physical contact with a symptomatic patient or splash/spray of body substances is anticipated.
 - For specimen collection, only from an asymptomatic or mildly symptomatic patients, a gown or apron is not essential and, if worn, does not need to be changed between patients unless it is obviously contaminated.
 - The gown/apron should be removed when leaving the immediate area to avoid contaminating other environments.
- To collect upper respiratory swabs, stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
- Deep nasal and oropharyngeal swabs are required: may be dacron or rayon, although flocked is preferred.
 - Oropharyngeal (throat): swab the tonsillar beds and the back of the throat, avoiding the tongue.
 - Deep nasal: gently insert the swab along the floor of the nasal cavity parallel to the palate until resistance is encountered, and rotate gently for 10-15 seconds; then withdraw and repeat the process in the other nostril.

- To conserve swabs the same swab that has been used to sample the oropharynx should be utilised for nasopharynx sampling.
- Place the swab(s) back into the accompanying transport medium.
- Sampling both sites, oropharynx and also the nasiopharynx, is recommended to optimise the chances of virus detection. The swab(s) should be placed in transport medium, which may be viral transport medium (VTM) or Liquid Amies. Dry swabs are not recommended.¹
- 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 specimen collection or consultation:
 - remove gloves perform hand hygiene
 - remove gown (if worn), perform hand hygiene
 - remove face shield or safety glasses without touching the front, perform hand hygiene
 - remove mask, without touching the front, 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.

Collection of specimens from a person with suspected or confirmed COVID-19 and who has a severe, productive cough

(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, droplet and airborne precautions** should be used for clinical assessment and collection of specimens from patients with suspected or confirmed 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 well-ventilated room with the door closed.
- Perform hand hygiene before donning gown, gloves, eye protection (safety glasses or face shield) and a **P2/N95 respirator, which should be fit-checked.**

¹ <https://www.health.gov.au/resources/publications/phln-guidance-on-laboratory-testing-for-sars-cov-2-the-virus-that-causes-covid-19>

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>

- 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.
- If the room does not have negative pressure ventilation, it 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).

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 (nasal) 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*)³

- 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

Where can I get more information?

For the latest advice, information and resources, go to the Australian Government Department of Health website at www.health.gov.au.

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

The telephone number of your state or territory public health agency is available on the coronavirus page at www.health.gov.au/state-territory-contacts.

³ <https://www1.health.gov.au/internet/main/publishing.nsf/content/Publications-13>