SA Health

Infection Control recommendations when patients with suspected Coronavirus Disease (COVID-19) present to Emergency Departments (ED) or General Practitioners (GPs)

**1. Risk Assessment for COVID-19:**

**A. Epidemiological criteria:**
- International travel in the 14 days before onset of illness.
- OR Close contact in 14 days before illness onset with a confirmed case of COVID-19.


**B.** If the patient has bilateral severe community-acquired pneumonia (critically ill) and no other cause is identified, with or without recent international travel, they are classified as a suspect case. Refer to the SoNG for further information.

**C.** If any healthcare worker with direct patient contact has a fever (≥37.5) AND an acute respiratory infection symptoms, they are classified as a suspected case. Refer to the healthcare worker section of the SoNG.

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**2. Identify signs/symptoms of COVID-19:**

**CLINICAL CRITERIA**

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

Concurrent recommended actions (suspected or confirmed case)

Initiate GP or ED plan and actions - See boxes 3, 4 & 5.

**3. Isolate patient:**

- Place a surgical mask on the patient if it can be tolerated.
- Advise patient to use cough etiquette.
- Place patient in a single room (with negative pressure if available), close the door, allocate dedicated bathroom.
- Restrict entry of non-essential staff and visitors. Keep a record of all staff and visitors who enter room.
- Use dedicated/disposable equipment.
- Avoid aerosol generating procedures (AGPs); if these must be performed use airborne precautions.

**4. Communication:**

**Notify** the Communicable Disease Control Branch (CDCB)

Ph: 1300 232 272 (24 hours / 7 days)

Inform as required (which may include):
- Infectious Diseases Physician.
- Nursing / hospital manager.
- Infection Control Unit / lead / nurse.
- South Australian Ambulance Service (SAAS) if transport is required.
- SA Pathology (if specimen taken).
- Others based upon local policy and procedures.

**5. Infection Control**

**Standard & Transmission based precautions** as per the Australian Government Department for Health interim advice:

- Isolation of patient (see box 3).
- Hand hygiene.
- Environmental cleaning and disinfection.

Staff **Personal Protective Equipment (PPE):**

- **Patient has no or mild respiratory symptoms:** use a surgical mask, gown, gloves, and protective eyewear.
- **Patient has severe respiratory symptoms suggestive of pneumonia, or if undertaking AGPs:** use a fit tested and fit checked P2/N95 respiratory mask, gown, gloves and protective eyewear (goggles or face shield).

Taking specimens:

Risk assess the patient and the need to take specimens (see box 5 for PPE advice). GPs, hospital doctors, SA Ambulance Service (SAAS) Extended Care Paramedics, nurses, SA Pathology domiciliary or specific services can take specimens. Swab both throat and nose using the same viral media swab. Place in a biohazard bag and send to SA Pathology with request for respiratory viruses & coronavirus. Do not use the hospital pneumatic tube system for transport.

Decision to transfer the patient - infection control considerations:

The decision to transfer a suspected or confirmed COVID-19 patient to an alternative referral hospital should be made in consultation with an Infectious Diseases Physician and other senior medical / nursing staff considering factors including the following:

- Hospital capacity to provide transmission based precautions (droplet and or airborne) including negative pressure room/dedicated ensuite
- Staff training and competency in donning (putting on) and doffing (taking off) all items of PPE
- Communication must occur between the transferring hospital or GP, and the receiving hospital, as well as SAAS
- SA Health referral hospitals for suspected or confirmed COVID-19 patients include Royal Adelaide Hospital (RAH), The Queen Elizabeth Hospital (TQEH), Lyell McEwin Hospital (LMH), Flinders Medical Centre (FMC) and the Women’s and Children’s Hospital (WCH).

Additional information:


Note: This is a summary guide only. As the full spectrum of illness is not known, clinical and public health judgement should also be used to determine the need for testing in patients who do not meet the epidemiological or clinical criteria. This may include countries not currently identified in epidemiological criteria. For latest advice and full recommendations for COVID-19 see: [www.health.gov.au/health-topics/novel-coronavirus-2019-ncov](http://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov)