

## Assessment and management of patients presenting to GP practices with suspected COVID-19

4 March 2020

As the full clinical spectrum of illness is not known, **clinical and public health judgment** should also be used to determine the need for testing in patients who **do not** meet the epidemiological or clinical criteria below. If the patient satisfies the epidemiological **and** clinical criteria (listed below), they are classified as a **suspected case**. **Suspected cases are notifiable as a provisional diagnosis of COVID-19 under the Public Health Act 2005.**

### Does the patient meet the epidemiological AND clinical criteria<sup>1</sup> for COVID-19?

#### Epidemiological criteria:

- Travel to (including transit through) a country considered to pose a risk of transmission (see <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm>) **OR**
- Close or casual contact in 14 days before illness onset with a confirmed case of COVID-19 (see <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>)

#### Clinical criteria:

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

**YES**

**NO**

#### Isolate patient<sup>1</sup>

- Direct patient to put on a surgical mask.
- Direct or escort the patient to a single room, close the door.
- Use dedicated or disposable equipment.

#### Assess clinical status

- If the patient has severe symptoms suggestive of pneumonia, they should be referred to the local emergency department.

#### Arrange laboratory testing<sup>1</sup>

- For most patients with mild illness in the community, collection of upper respiratory specimens can be performed using **contact and droplet precautions**.
- Aerosol-generating procedures or collection of specimens from severely symptomatic patients require **airborne precautions** and should generally be referred to hospital.

- If there is any uncertainty, please discuss further with your local public health unit.<sup>2</sup>
- Advise quarantine and monitor for signs and symptoms of COVID-19 for 14 days after transit through mainland China from 1 February 2020, or close contact with a confirmed case of COVID-19.
- Do not order testing for asymptomatic persons.
- Provide fact sheets as appropriate.<sup>3</sup>

#### Referral and communication

- Notify your local public health unit that a suspected case of COVID-19 has been referred for testing.<sup>2</sup>
- Consult with senior ED medical/nursing and QAS if referring patient to hospital to ensure appropriate infection control precautions are in place.
- If patient does not require hospital care, they must self-isolate until they have received their COVID-19 test result. Provide the person with a surgical mask and a fact sheet on home isolation.<sup>3</sup>
- If you have concerns about the ability of a patient to self-isolate, call your local public health unit.
- It is the responsibility of the requesting clinician to inform patients of their test results.

<sup>1</sup>For further information on the latest case and contact definitions, laboratory testing and infection control recommendations, please refer to the current COVID-19 CDNA National Guidelines for Public Health Units: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

<sup>2</sup>Contact details for local public health units: <https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units>

<sup>3</sup>Fact sheets: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/coronavirus/public-info-novel-coronavirus/fact-sheet-coronavirus> and <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources#home-isolation-and-care>