COVID-19: Updated Information for ED and hospital clinicians
(new information in red)

> ## Key Points
>
> - **Any patient with fever, acute respiratory infection or sudden onset of loss of sense of smell or taste should be tested for COVID-19.**
> - **Patients with sudden onset of runny nose, blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea, vomiting or loss of appetite can also be tested, at the clinician's discretion.**
> - **In general, patients with potential or confirmed COVID-19 can be managed using contact and droplet precautions. Contact and airborne precautions are recommended in specific circumstances. The current PPE advice from the national Infection Control Expert Group can be found at:** https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.

Testing criteria for COVID-19

Test patients who meet the suspect case definition:

- Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat) **OR** loss of sense of smell or taste

AND

- Has at least one epidemiological risk factor in the 14 days prior to illness onset:
    - Close contact with a confirmed COVID-19 case; OR
    - International travel, including cruise ship passengers and crew; OR
    - People who have been in a geographical area of risk within Australia; OR
    - People who have been in a setting where there is a confirmed COVID-19 case; OR
    - Workers supporting COVID-19 quarantine and isolation services; OR
    - International border staff; OR
    - Air and maritime crew; OR
    - Healthcare, aged or residential care workers and staff with potential COVID-19 patient contact.

In addition to the suspect case definition, test anyone who meets the following clinical criteria:

- Fever (≥37.5°C) or history of fever (e.g. night sweat, chills) in the absence of a clear alternative cause, such as a urinary tract infection or cellulitis; OR
- Acute respiratory infection (e.g. shortness of breath, cough, sore throat); OR
- Sudden onset of loss of sense of smell or taste.

Patients with sudden onset of runny nose, blocked nose (congestion), myalgia, arthralgia, diarrhoea, nausea, vomiting or loss of appetite can be tested for COVID-19 if no alternate cause is apparent, at the discretion of the treating clinician.

Testing of asymptomatic individuals is not generally recommended. However, it is ACT Health policy that individuals in quarantine undergo "exit testing" on day 10-12 of their quarantine period, even if asymptomatic. In addition, some individuals may be asked by ACT Health (or another public health authority such as NSW Health) to be tested upon entry to quarantine.

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Testing of patients who have received a COVID-19 vaccine

Test for COVID-19 in patients who meet the case definition and/or clinical criteria listed above, irrespective of COVID-19 vaccination status.

In the initial post-vaccine period, patients should also be tested for COVID-19:

- If they develop respiratory symptoms such as sore throat, cough, runny or blocked nose, loss of taste or smell, or breathlessness, as these symptoms are not likely to be caused by the vaccine.
- If they develop other symptoms including fatigue, headache, muscle or joint pain, chills or fever, in the absence of respiratory symptoms, that are severe, or last longer than 48 hours after vaccination.
- If they develop a fever within 48 hours after vaccination and have at least one epidemiological risk factor (see above) in the 14 days prior to illness onset.

If patients present with symptoms following COVID-19 vaccination, consider whether they meet the criteria for reportable adverse events following immunisation (AEFI) and report accordingly. Refer to the ACT Health factsheet on COVID-19 vaccine enhanced surveillance and AEFI reporting for healthcare professionals or call the ACT Health Immunisation Unit on (02) 5124 9800 for more information.

Notification to Communicable Disease Control (CDC), ACT Health

- Notify any confirmed COVID-19 cases to CDC, ACT Health by calling (02) 5124 6209 during business hours or (02) 9962 4155 after hours.

Isolate and apply infection control precautions

- Patients with potential or confirmed COVID-19 should be managed in a negative pressure room, single room, or in a designated area that is separate from other patients. They should be asked to wear a surgical mask upon presentation.
- In general, patients with potential or confirmed COVID-19 (including patients who are in quarantine) can be managed using contact and droplet precautions.
- Contact and airborne precautions should be used in the following circumstances:
  - For all aerosol-generating procedures (AGPs) on potential or confirmed COVID-19 cases.
  - For routine care of potential or confirmed COVID-19 cases at high risk of requiring AGPs.
  - For prolonged, close contact with pregnant women who are potential or confirmed COVID-19 cases during established labour and vaginal delivery.
- Consider using contact and airborne precautions in the following circumstances:
  - For care of potential or confirmed COVID-19 cases who have cognitive impairment, are unable to cooperate, or exhibit challenging behaviours (such as shouting).
  - Where there are high numbers of confirmed COVID-19 patients AND a risk of challenging behaviours and/or unplanned aerosol-generating procedures.
  - Where there is a high density of confirmed COVID-19 patients, particularly in wards or cohorted areas without optimal ventilation and where prolonged episodes of care are required.

- P2/N95 masks are not effective if they are not used correctly. Healthcare workers who use P2/N95 masks must be trained in their use, including how to perform fit-checking.
- The current PPE advice from the national Infection Control Expert Group can be found at: https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.
- If a potential or confirmed case needs to be transferred out of their isolation room, the patient should wear a surgical face mask and follow respiratory hygiene and cough etiquette. Patients requiring oxygen therapy should be transitioned to nasal prongs where medically possible and wear a surgical mask.
- If a person with confirmed COVID-19 is clinically well enough to be discharged, they may potentially be discharged to home isolation, in consultation with CDC. They **must not use** public transport, rideshare or taxi to get home.

Arrange testing

- Collect an upper respiratory tract swab. A combined throat and bilateral deep nasal swab is recommended, but a combined throat and nasopharyngeal swab can be collected using an appropriate swab if preferred. Refer to ACT Health Specimen Collection guidance.
- Collect a lower respiratory tract sample (if obtainable) – sputum or ETT aspirate.
- For hospitalised patients with confirmed COVID-19, test COVID-19 serology at the time of the initial diagnosis if possible, and again 7 and 14 days later if the patient remains in hospital.
- There is a streamlined process for testing of specimens from ED and hospital patients, with results expected within 8 hours of receipt in the laboratory. For urgent situations, please discuss testing with the on-call Microbiologist.
- It is the responsibility of the clinician ordering COVID-19 testing to ensure that the result is followed up and communicated to the patient (if negative) or to CDC (if positive).
- If a patient has been tested for COVID-19 but does not require hospital admission or is discharged home while awaiting their test result, they should be advised to stay at home until they receive a negative COVID-19 test result, **and** until their symptoms have resolved.
- They should wear a mask on their way home and ideally, use private transport home. If they need to use public transport, rideshare or taxi, they should wear a mask and practise physical distancing.
- Individuals who were already in quarantine prior to being tested (e.g. due to recent travel or close contact with a known COVID-19 case) must still complete their full quarantine period as advised by ACT Health, even if they have a negative COVID-19 test result.

More information

https://www.health.act.gov.au/health-professionals/chief-health-officer-alerts

https://www.covid19.act.gov.au/

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A/g ACT Chief Health Officer

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