



COVID-19: Frequently asked questions for health professionals

Please read these FAQs in conjunction with current [ACT Health advice](#) for healthcare professionals.

Case definition and COVID-19 testing

1. Who should be tested for COVID-19?

Test all patients who meet the **suspect case definition**:

- Fever ($\geq 37.5^{\circ}\text{C}$) 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

- 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; OR
 - People who have been in a [geographical area of risk](#) within Australia; 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 ($\geq 37.5^{\circ}\text{C}$) 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**
- Loss of sense of smell or taste.

Patients with sudden onset of runny nose, blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea, vomiting or loss of appetite can be tested for COVID-19 in the absence of fever or respiratory symptoms if no alternative cause for these symptoms is apparent.

2. Can asymptomatic individuals be tested for COVID-19?

Testing of asymptomatic individuals is not generally recommended. However, in some cases a public health authority (e.g. ACT Health or NSW Health) may advise asymptomatic individuals to be tested for COVID-19. This includes individuals in mandatory quarantine. It is ACT Health policy that everyone in quarantine undertakes an “exit test” on day 10-12 of their quarantine period, even if asymptomatic. “Entry tests” at the commencement of quarantine may also be recommended by ACT Health in some circumstances.

Asymptomatic individuals cannot be tested at ACT Government testing clinics unless a public health authority (e.g. ACT Health or NSW Health) has directed them to have a COVID-19 test. Asymptomatic individuals cannot be tested at GP Respiratory Clinics.



Asymptomatic patients requiring clearance testing (e.g. for permission to board an international flight to certain countries) must be sent to a private pathology collection centre with a pathology request form. They may be charged for their test in these circumstances.

3. *Do clinicians need to notify ACT Health of all tests for COVID-19?*

There is no requirement for clinicians to notify the ACT Health when requesting COVID-19 testing. However, clinicians are welcome to discuss any case with the ACT Health at any time. Clinicians must notify ACT Health of any confirmed case of COVID-19, by contacting (02) 5124 6209 during business hours, or (02) 9962 4155 after hours.

4. *Who should carry out diagnostic testing for COVID-19?*

GPs can carry out specimen collection, if able to comply with the required infection control procedures. Please refer to the ACT Health [factsheet on specimen collection](#).

Patients can also be referred to a COVID-19 testing clinic or a suitable pathology collection centre. Full details of collection locations are provided in the Alert for General Practitioners on the [Chief Health Officer alerts](#) webpage.

When travelling to a clinic or pathology collection centre for COVID-19 testing the patient must wear a mask and ideally use private transport. If they need to use public transport, rideshare or taxi, they should wear a mask and practise physical distancing.

To attend drive through testing services, patients must be driving or a passenger in a registered motor vehicle or motorbike. These services cannot be accessed from public transport or on foot.

5. *Where should specimens be sent for testing and what is the turnaround time?*

Send specimens to your preferred pathology provider. Results will usually be available within 48 hours. Please include as much information as possible about any travel history, contact with confirmed cases, and/or links to high risk settings (e.g. healthcare settings, aged care or other residential care facilities, correctional facilities etc.), as well as the patient's symptoms.

6. *Who is responsible for following up test results and notifying patients?*

It is the responsibility of the clinician ordering the COVID-19 test to follow-up the result. If the result is negative, clinicians should inform the patient of the result. If the result is positive, clinicians should urgently notify ACT Health, who will advise the patient of the result and what they need to do, and initiate required public health measures including contact tracing.

7. *What do patients need to do while awaiting COVID-19 test results?*

Anyone with clinical symptoms who is tested for COVID-19 must stay at home until they receive a negative COVID-19 test result, **and** until their symptoms have resolved. This means that even if someone receives a negative COVID-19 test result, they must stay at home until they no longer have symptoms of their acute illness.

Individuals who were in mandatory 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.

A factsheet for people who have been tested for COVID-19 is available on the [ACT Health website](#).



Infection control, personal protective equipment (PPE) and cleaning

8. *What is the infection control advice for care and testing of patients who meet COVID-19 testing criteria and patients with confirmed COVID-19?*

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

Contact and droplet precautions should be used for clinical assessment of any patient who has symptoms of COVID-19, and when collecting specimens for COVID-19 testing. Contact and droplet precautions include a surgical mask, eye protection (goggles or face shield), a long-sleeved disposable impermeable gown, and gloves.

Contact and airborne precautions should be observed when performing **aerosol generating procedures (AGPs)** on potential or confirmed COVID-19 patients. Contact and airborne precautions include a P2/N95 mask, eye protection (goggles or face shield), a long-sleeved disposable impermeable gown, and gloves. Aerosol-generating procedures include (but are not limited to) intubation, manual or non-invasive ventilation, high-flow nasal oxygen, and bronchoscopy.

The above PPE advice is based on guidance from the national Infection Prevention & Control Expert Advisory Group. For more information, refer to Department of Health advice on the [use of PPE in non-inpatient settings during the COVID-19 outbreak](#).

You can also refer to the ACT Health [factsheet on donning and doffing PPE](#).

9. *What actions should be taken at reception for patients who may have COVID-19?*

It is not necessary for reception staff to wear PPE as a routine practice. Patients should be screened prior to their arrival wherever possible. If a patient with respiratory symptoms presents to the practice, they should be given a surgical mask and seated in a separate room with the door closed. If this is not possible, they should wait outside, with a surgical mask on, until the practitioner is ready to see them, or seated at least 2 metres away from other patients in the waiting area.

10. *Where can we get more PPE stock?*

Supply of PPE to GP practices from the National Medical Stockpile is organised through local primary health networks (Capital Health Network in the ACT).

11. *What are the cleaning requirements after seeing someone with potential or confirmed COVID-19?*

Any contacted or contaminated surfaces should be cleaned with both detergent and disinfectant. This can be done in a one-stage process (with a combined detergent/disinfectant product) or a two-stage process (detergent followed by disinfectant).

Use a hospital-grade, TGA-listed disinfectant that is active against norovirus or coronavirus. Follow the manufacturer's instructions for dilution and contact times. If using a chlorine-based disinfectant (e.g. sodium hypochlorite) use strength of 1000ppm. For cleaning, use either wipes or liquid and a disposable cloth. Use disposable equipment where possible, and make sure to clean all non-disposable equipment such as stethoscopes and blood pressure cuffs. For specific advice about brands of cleaning products, you can contact Infection Control via CDC on (02) 5142 9213.

There is no need to leave the consultation room vacant for 30 minutes after the patient leaves.



Public health management of cases and contacts

12. When is quarantine or isolation required?

Returned travellers:

- A 14-day **quarantine** period is mandatory for people returning to Australia from overseas, except for those returning from New Zealand. People returning from overseas are quarantined in hotels at their port of arrival.
- Quarantine may be required for people entering the ACT from other Australian jurisdictions, if the Chief Health Officer designates a COVID-affected area. For more information, please refer to the [COVID-affected areas](#) page on the ACT COVID-19 website.

Close contacts of confirmed COVID-19 cases:

- Close contacts of confirmed COVID-19 cases must **quarantine** for 14 days after the last contact with the confirmed case during the case's infectious period. People who spent time at the same location at the same time as a confirmed case may be determined to be close contacts by health authorities (e.g. ACT Health or NSW Health).

Confirmed COVID-19 cases:

- Many confirmed cases of COVID-19 are well enough and have sufficient supports in place to be managed at home in **self-isolation**. They must stay at home and not attend work, school or public places. They cannot have visitors at their home. They need to remain isolated at home until ACT Health advises that they have been cleared to come out of isolation.

More information on quarantine and isolation is available on the [ACT COVID-19 website](#).

13. What should I do if a person who is tested for COVID-19 raises concerns about their ability to stay at home after being tested?

You can contact (02) 6207 7244 and ask to be put through to the ACT Health COVID-19 Operations Team. ACT Health can provide additional advice. In some circumstances, Government-funded accommodation can be provided for people who need temporary alternative accommodation.

The ACT Health COVID-19 Wellbeing Team can provide psychosocial support and psychological care to people whose lives have been impacted by COVID-19 through isolation, quarantine, contact tracing and/or testing for COVID-19. The team includes psychologists, social workers, occupational therapists, peer recovery workers, Aboriginal Liaison Officers and counsellors. Referrals to the Wellbeing Team can be arranged by calling (02) 6207 7244 and asking to be put through to the ACT Health COVID-19 Operations Team.

14. What should I do if someone meets criteria for testing but does not agree to be tested?

Testing for COVID-19 in the ACT is voluntary, unless a person is subject to a Public Health Direction or Public Health Order that requires them to be tested. If a person has symptoms that could be related to COVID-19, no alternative cause for these symptoms is apparent and the person does not agree to be tested for COVID-19, consider following these steps:

A) Explore why they are resistant to being tested and provide reassurance, if appropriate.

- Fear of stigma (or shame) around COVID-19 diagnosis: reassure the patient that the chance of returning a positive result is generally low. However, it is important to test everyone who has relevant symptoms in order to keep the community safe.

- Fear of the test itself: explain the swabbing process to the patient and reassure them that any discomfort will be very short-lived.
 - Concerns about being unable to stay at home until they receive their test result: contact the ACT Health COVID-19 Operations team on (02) 6207 7244 if the person may require Government-funded accommodation or referral to the COVID-19 Wellbeing Team.
 - Offer the patient additional resources. For example, refer them to online information about getting tested. To access information in other languages, you can:
 - Use the Google Chrome built-in translate feature on the [ACT COVID-19 website](#).
 - Access translated COVID-19 resources from the [ACT Government](#) and the [Australian Government Department of Health](#).
 - Contact the Translating and Interpreting Service on 13 14 50.
- B) If the person still does not agree to be tested, consider whether there may be any red flags for increased public health risk:
- Does the person meet the suspect case definition (i.e. do they meet both clinical and epidemiological criteria)?
 - Has the person attended any recent mass gatherings or high-risk settings?
 - Does the person live or work in a high-risk setting? High-risk settings include:
 - Places where people reside in groups (e.g. residential settings such as aged care facilities, military residential groups, boarding schools, boarding houses, homeless shelters, correctional facilities, remote industrial sites with accommodation, migrant workers accommodation, remote communities).
 - Workplace settings where previous outbreaks have shown large scale amplification (e.g. healthcare, aged or residential care facilities; abattoirs).
- C) If the person meets the suspect case definition and/or you are concerned that others may be at risk if the person is not tested, please call (02) 6207 7244 and ask to be put through to the ACT Health COVID-19 Operations Team for further advice.

15. What happens if my patient has a negative COVID-19 test result?

If the patient was in quarantine prior to being tested (e.g. due to recent travel or contact with a confirmed case) they must still complete their full quarantine period as advised by ACT Health.

If the patient was not in quarantine prior to being tested, they can return to normal activities once their symptoms have resolved.

Where there is a low index of suspicion for COVID-19 (i.e. there are no epidemiological risk factors for infection), repeat testing within the same illness is not required.

Where there is a higher index of suspicion for COVID-19 (e.g. close contact with a confirmed case, recent travel to an area with elevated risk of community transmission), consideration should be given to repeat testing, particularly if symptoms worsen. Clinical judgment should be exercised when considering retesting.

16. What happens if my patient has a positive COVID-19 test result?

Your patient will be contacted by ACT Health and provided with advice on what they need to do. ACT Health will implement required public health measures, including contact tracing. If the patient

is well enough to remain at home in isolation, ACT Health will contact them daily and will advise them when they can come out of isolation.

Confirmed COVID-19 cases are advised that they can contact their usual GP and request a telehealth consultation if they are concerned about their symptoms while they are in home isolation. In addition, the Weston Creek Respiratory Assessment Clinic (RAC) is available to provide clinical support for COVID-19 patients in the community. ACT Health will provide all confirmed COVID-19 cases a direct contact number for the Weston Creek RAC. Patients can call between 7:30am and 10:00pm daily (including public holidays) for a telehealth consultation with a practice nurse, who will determine what care the person requires. This may include reassurance and advice, referral to a GP within the RAC, or referral to an in-reach service (e.g. Hospital in the Home, community nursing). Post hospital support and follow up for positive cases is also available.

17. How should GPs handle patients who are asking for clearance certificates for work?

For people who are in quarantine (e.g. those returning from overseas or from high-risk interstate locations, and close contacts of confirmed cases) and remain well, there is no public health requirement for further checks after the end of quarantine. ACT Health provides people in quarantine with written confirmation that they are cleared to leave quarantine.

For confirmed COVID-19 cases, ACT Health will notify the patient's GP with a faxed letter when the patient has been released from isolation. A copy of this letter will be emailed to the patient. The patient can use this letter as evidence of being cleared for release from isolation.

18. When can a person with confirmed COVID-19 be released from isolation?

The criteria for confirmed COVID-19 cases to be released from isolation are determined by the Communicable Diseases Network Australia (CDNA) and detailed in the [COVID-19 CDNA National Guidelines for Public Health Units](#).

For cases who are managed in the community, the decision to release the case from isolation is made by ACT Health. For hospitalised cases, this decision may be made by the treating team, in consultation with ACT Health.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

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