

|  |
| --- |
| Coronavirus disease 2019 (COVID-19) |
| General practice quick reference guideVersion 16 – Last Updated 1 April 2020 |

## Who should be tested?

|  |
| --- |
| **People without symptoms should not be tested.****Patients who meet at least one clinical AND at least one epidemiological criterion should be tested:****Clinical criteria:**Fever (≥38°C) or history of fever (for example night sweats, chills)**OR**Acute respiratory infection (for example, shortness of breath, cough, sore throat).**Epidemiological criteria:**Close contacts of confirmed COVID-19 cases with onset of symptoms within 14 days of last contact**OR** Travelers from overseas with onset of symptoms within 14 days of return**OR**Cruise ship passengers and crew with onset of symptoms within 14 days of return**OR**Paid or unpaid workers in healthcare, residential care, and disability care settings**OR**Homelessness support, child protection workers, and police officers who have worked in public facing roles within the last 14 days **OR** Immunosuppressed patients admitted to hospital  *Note: Patients who are considered immunosuppressed include:* * *Patients with primary or acquired immunodeficiency*
	+ *Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes*
	+ *Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)*
	+ *People living with HIV who have symptomatic infection/AIDS or CD4 <200 cells/mm3*
* *People who are receiving the following medical treatments:*
	+ *Chemotherapy or radiotherapy (within last 3 months)*
	+ *Oral corticosteroids (≥20mg per day of prednisolone equivalent dose for ≥14 days)*
	+ *Biologic or targeted synthetic disease-modifying anti-rheumatic drugs*

**OR**Patients who are Aboriginal or Torres Strait Islander people **OR**Patients in other high-risk settings *Note: High risk settings include:* * *Aged care, disability and other residential care facilities*
* *Military operational settings*
* *Boarding schools*
* *Correctional facilities*
* *Detention centres*
* *Settings where COVID-19 outbreaks have occurred, in consultation with the department.*

**The following patients should also be tested:** * Patients admitted to hospital with acute respiratory tract infection **AND** fever *(≥38°C*) without another immediately apparent cause such as urinary tract infection or cellulitis.

**Confirmed case:**A person who tests positive to a validated SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.**Only confirmed cases need to be notified to the department. Notify the department of confirmed cases as soon as practicable by calling 1300 651 160, 24 hours a day.****General comments:*** Clinical judgement should be exercised in testing hospitalised patients.
* All patients being tested for COVID-19 should home isolate until test results are available. All patients should attend an emergency department if clinical deterioration occurs.

*More detailed definitions of close contact are available in the guidelines for health services and general practitioners:* [*https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus*](https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus) |
| ***1. Mask and isolate the patient in a single room**** Place a single-use surgical mask on the patient.
* Isolate the patient in a single room with the door closed
* Any person entering the room should don droplet and contact precautions personal protective equipment (single-use surgical mask, eye protection, gown and gloves).
 |
| ***2. Determine whether the patient is a suspected case and requires testing**** Conduct a medical assessment, and focus on:
	+ The date of onset of illness and especially whether there are symptoms or signs of pneumonia.
	+ Precise travel history.
	+ History of contact with sick people or confirmed COVID-19 cases.
* Patients who meet at least one clinical AND at least one epidemiological criteria should be tested.
* Notification of suspected cases is no longer required.
* Advise all patients who have clinical symptoms but do not need testing to remain home and not attend work, school or any public places **until symptoms have completely resolved**.
 |
| ***3. Testing for COVID-19 in general practice**** Clinicians must limit testing to patients who meet the testing criteria above
* If your patient does not have evidence of pneumonia it is appropriate to use droplet and contact precautions and you should follow the steps below. Patients with symptoms of pneumonia should be managed in emergency department or hospital and airborne and contact precautions are recommended – move to step 4.
* Perform hand hygiene before donning a gown, gloves, eye protection and a single use face mask.
* Take a single nasopharyngeal swab for viral testing. **To conserve swabs** the same swab that has been used to sample the oropharynx should be utilised for nasopharynx sampling (i.e. one swab per patient only).
* Take blood in a serum tube for storage at VIDRL.
 |
| ***4. Consider whether the patient requires hospital transfer**** If the patient is well enough to return home, move to the next section (5. Advise isolation at home and provide a factsheet)
* If the patient has clinical evidence of pneumonia, consider transfer to the emergency department. Please call the admitting officer of the emergency department prior to transferring any patient.
* If the patient is clinically stable and has access to private transport, they may be transported via private vehicle to the emergency department. They must be driven by an existing close contact, not taxi or uber.
* If the patient is extremely unwell and requires immediate critical care, call Triple Zero (000) in the normal manner but advise that the patient may have suspected COVID-19.
* Remember to provide a single use face mask for the patient if being transferred to an emergency department by any means.
 |
| ***5. Advise isolation at home and provide a factsheet**** Advise suspected cases that they must self-isolate at home until you provide them with their result (if negative) .
* Provide a factsheet for a suspected case from the department’s novel coronavirus website at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus>
* Provide a single use face mask for the patient to use to get home.
* At completion of consultation, remove personal protective equipment (PPE) and perform hand hygiene, wipe any contacted/contaminated surfaces with detergent /disinfectant.
* For droplet and contact precautions, the room does not need to be left empty after sample collection.
 |
| ***6. Provide test results**** **If the test is negative** for COVID-19 provide the negative result from the laboratory to the patient and manage any other cause of illness you have assessed as requiring treatment.
* Consider advising the patient in the normal manner that admission to hospital and further testing may be required if they deteriorate or the illness persists beyond 72 hours and no other cause is found.
* **If the test is positive** for COVID-19, call the department on 1300 651 160 to confirm that the department is aware of the result and agree on next steps for management of the patient.
 |

Please see <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-novel-coronavirus> for detailed guidelines on COVID-19 for health services and general practitioners.