

Novel Coronavirus/ COVID-19 Update for General Practice

March 04, 2020

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Information/advice on COVID-19 is changing rapidly, even daily.

Always make sure you check the most recent update directly from your local State/
Territory Health Department

March 05, 2020

This session will cover

- Overview of the novel coronavirus/COVID-19 including clinical features
- Where to access reliable and up-to-date information
- Patient triage and infection control
- Patient education opportunities and message
- Diagnosis and case reporting
- Pandemic preparedness planning

Novel Coronavirus/COVID-19

- Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).
- The **novel coronavirus (COVID-19)** is a new strain not previously identified in humans.
- The virus is most likely spread via droplet transmission.
- Symptoms can include fever, flu-like symptoms such as coughing, sore throat and fatigue and/or shortness of breath.

People at apparent higher risk (based on data so far)

- Coronavirus appears to be most dangerous to older people
- People aged over 80 who contract the virus have a 14.8% chance of dying from COVID-19
- Poses a major challenge to Australia's ageing population, particularly those in aged care facilities
- Around 1 in 6 Australians (16%) is now aged over 65. COVID-19 gets steadily more dangerous once you're over 60
- The infection has been mild in the vast majority of people receiving medical attention for the virus

Reliable sources of up-to-date information

- Australian Federal Government Department of Health
 - https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-pathology-providers-and-healthcare-managers
- Royal Australian College of General Practitioners (RACGP)

https://www.racgp.org.au/coronavirus

- World Health Organisation (WHO)
 - https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- State/Territory specific information and resources

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

NSW: https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx

NT: https://health.nt.gov.au/health-alerts/novel-coronavirus-covid-19

QLD: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians

SA: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/infectious+disease+control/novel+coronavirus+%282019-ncov%29+infection+for+health+professionals

TAS: https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit

VIC: https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus

WA: https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

What you will find under your State/Territory site

- Current Case Definition: Confirmed vs Suspected Case
- Clinical & Epidemiological Criteria
- Which cases need to be notified and how to notify the Department
- Laboratory testing: Prioritisation & Specimen collection
- Location of Pathology Collection sites (if available in your state)
- Other tools like factsheets or posters on:
 - How to put on and fit-check a P2 respirator/mask
 - How to put on/take off PPE
 - Patient information on self-isolation/quarantine

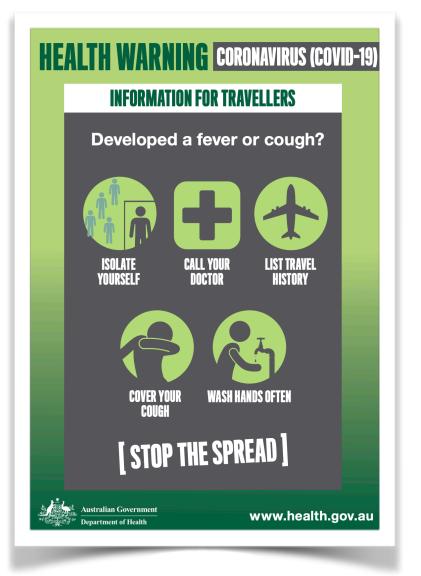
Infection Control Essentials

Preventing Droplet-Based Transmission

- Hand hygiene... essential. Either with hand sanitiser or soap & water
- Avoid touching eyes, nose or mouth (generally avoid touching your face)
- Clean surfaces regularly and safely dispose of any cleaning supplies used (then wash hands again!)
- Avoid being within 1 to 2 metres of someone with flu-like symptoms
- Observe **cough etiquette** (cough/sneeze into tissues and dispose of them safely, or cough into upper sleeves or elbow if no tissues available)
- Wear a surgical mask if you have symptoms
- Avoid public spaces if unwell (arrange to work remotely or take sick leave)

Infection Control Essentials





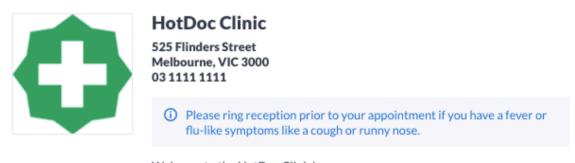
Priorities: Early detection & preventing spread

The patient flow should aim to:

- Constantly educate patients, using multiple channels and opportunities to prompt for self-identification if symptomatic
- Identify any potential cases as soon as possible
- Isolate patients to prevent spread: Mask, Place in Separate Room/Area, and Hand Hygiene
- Diagnose & Notify to your State/Territory Health Department
- Quarantine at home while patient recovers
- Watch for deterioration or signs of pneumonia (will need to be cared for in hospital)

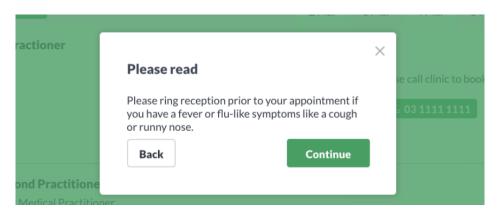
Educate and prompt patients to self-identify if they have symptoms

Add an "Alert" message to your online booking page

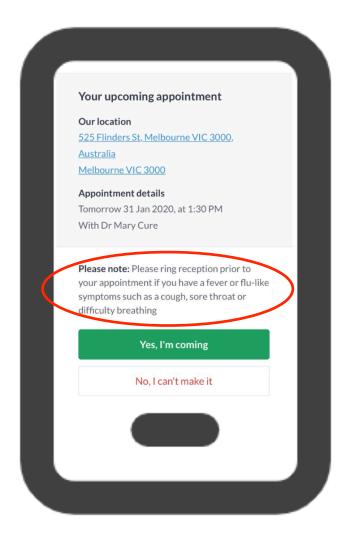


Welcome to the HotDoc Clinic!

Add an alert message to a booking type



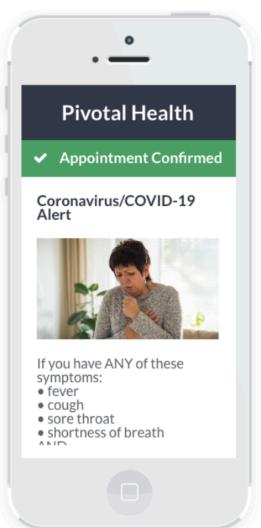
Add a custom message to your SMS reminder page



Turn on the Coronavirus/COVID-19 Inform Promotion

Decide if you wish to show this during:

- Bookings
- Check-in
- Appointment reminders
- New Patient Registration form



 Add an alert to your practice website (via your IT or Web Designer)

Coronavirus Health Alert

×

If you have travelled to China, Hong Kong, Indonesia, Iran, Japan, Singapore or South Korea in the last 14 days, or been with someone who has, and you have a fever (≥38°C), cough, sore throat or difficulty breathing, please ring ahead of time to book your appointment letting the staff and doctor know of your travel history and symptoms.

Call 000 if you need urgent medical help.

For more information, please go to https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov

健康预警-新型冠状病毒(2019-nCoV)

I如果您符合以下的情况:

- 1. 在过去14天内去过中国、香港、印度尼西亚、伊朗、日本、新加坡、韩国或泰国,或曾与去过以上地区的人有密切接触;并且
- 2. 您有发烧(体温38°C或更高),咳嗽,喉咙痛,或呼吸困难

请提前致电诊所安排预约,并请务必告知诊所人员和医生您的旅行史和病情症状。

如果您需要医疗急救,请立刻致电000。

如果您需更多详情,请访问以下官方网页: https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov

CLOSE

Educate and prompt patients to self-identify if they have symptoms

- Welcome phone message
- On-hold message
- Get reception to routinely ask the prompting questions
- Prominent sign/poster at entrance or in carpark of clinic

Other infection control measures

- Have hand sanitiser stands at the entrance and in main patient areas
- Advise patients with symptoms to contact you when outside the clinic and give them a surgical mask or request they wear one on their way to the practice if they already have one

- Consider activating a service like HotDoc Repeats so patients
 can request and pay for repeat prescriptions and referrals without
 having to physically visit the practice
- Consider treating suspect cases in their car or via home visits

If treating in consulting rooms:

- Give symptomatic patients a face mask (surgical mask)
- **Isolate patient** in a separate room or use a separate entrance to minimise exposure to other areas of the practice
- Promote hand hygiene and display cough etiquette posters
- Minimise time at reception or contact between suspected cases and practice surfaces
- Disinfect the consulting room and any other surfaces the suspected case may have come in contact with

Patient information or re-direction

If you're unable to see patients with suspected COVID-19 at your clinic (eg. No capacity, lack of adequate PPE, etc) you can direct them to the central government hotline for triaging and advice:

Healthdirect Australia dedicated coronavirus page at

www.healthdirect.gov.au/coronavirus

Healthdirect helpline at 1800 022 222

Symptom Checker



Personal Protective Equipment (PPE)

It is critical for clinicians to know how to safely put on and remove PPE

Applying PPE should take place in the following order:

- Long-sleeved gown, tied up at the back
- Mask
- Goggles
- Gloves, taking care to tuck the cuffs of the gown into the gloves

Gloves must always be put on last.

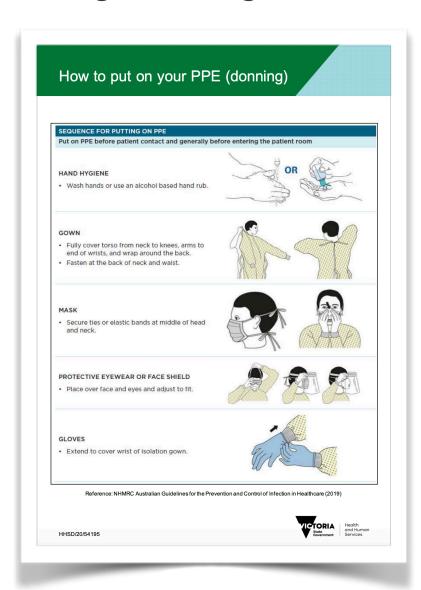


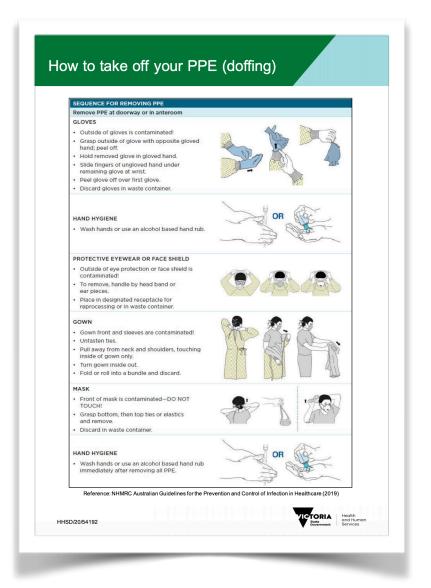
Removing Personal Protective Equipment (PPE)

PPE needs to be removed in the following order:

- Remove gloves inside out. Dispose of into the appropriate waste stream.
- Perform hand hygiene.
- Remove goggles. Place disposable goggles into the appropriate waste stream. Reusable goggles are cleaned and disinfected before reuse.
- Remove gown, taking care not to touch surfaces exposed to contamination. Dispose into the appropriate waste stream. Reusable gowns are placed into a linen bag marked 'contaminated'.
- Remove mask, taking care to handle by the strings only. Dispose of mask into the appropriate waste stream.
- Perform hand hygiene.

Donning & Doffing Personal Protective Equipment (PPE)





Case Definitions (Sample from VIC Health Department)

The following case definitions apply in Victoria:

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.

Suspected case

Clinical criteria:

Fever

OR

 Acute respiratory infection (for example, shortness of breath or cough) with or without fever

AND Epidemiological criteria:

• Travel to (including transit through) a country considered to pose a risk of transmission* in the 14 days before onset of illness

OR

• Close or casual contact in the 14 days before illness onset with a confirmed case of COVID-19.

Case Definitions (Sample from VIC Health Department)

Country transmission risk assessment

- **Higher risk:** Mainland China (excludes Hong Kong, Macau and Taiwan), Iran, Italy, South Korea
- Moderate risk: Cambodia, Japan, Hong Kong, Indonesia, Singapore, Thailand

Cases meeting the *suspected case* definition for COVID-19 must be tested and notified to the department as soon as practicable by calling 1300 651 160, 24 hours a day. These tests will be prioritised.

Defining "Close Contact" (Sample from VIC Health Department)

Definition of "close contact"

Greater than 15 minutes face-to-face

or

 The sharing of a closed space for more than two hours with a confirmed case without recommended personal protective equipment (PPE) which is droplet and contact precautions for the definition of contact.

Contact needs to have occurred during the period of 24 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious to be deemed close contact.

Diagnostic Testing (Sample from VIC Health Department)

Use contact & droplet precautions.

In the community there is <u>no requirement</u> for airborne precautions when taking a nose and throat swab.

P2/N95 masks are recommended for Aerosol Generating Procedures (AGP)

A patient with clinical evidence of <u>pneumonia</u> who requires testing for COVID-19 should be managed in a hospital setting.

For initial diagnostic testing for COVID-19, DHHS recommends collecting the following samples:

- . Upper respiratory tract specimens
- . Lower respiratory tract specimens (if possible)
- . Serum (to be stored for later analysis)

Label each specimen container with the **patient's ID** number (for example, medical record number), **specimen type** (for example, serum) and the **date the sample was collected.**

Diagnostic Testing (Sample from VIC Health Department)

Upper respiratory tract specimen collection

Nasopharyngeal swab: Insert a swab into nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nostrils (nasopharyngeal areas) with the same swab

AND/OR

Oropharyngeal swab (that is, a throat swab): Swab the tonsillar beds, avoiding the tongue.

A second swab for testing for other respiratory viruses (for example, multiplex PCR) is recommended at the time of the first respiratory specimen for COVID-19 testing.

Blood (serum) for storage for serology at a later date:

- Children and adults: Collect 1 tube (5-10mL) of whole blood in a serum separator tube.
- Infant: A minimum of 1ml of whole blood is needed for testing paediatric patients. If possible, collect 1mL in a serum separator tube.

Environmental Cleaning (Sample from VIC Health Department)

The patient consultation room should be cleaned and disinfected using:

- A one-step detergent/chlorine-based product or
- A neutral detergent
- Followed by a chlorine-based disinfectant (for example, sodium hypochlorite) at a minimum strength of 1000ppm or a hospital grade, TGA-listed disinfectant with claims against coronaviruses or norovirus.

There is **no requirement to wait before the next patient** is seen. The room is now suitable for consultation for the next patient.

Pandemic Preparedness Planning

Plan for current situation: Pandemic alert period Coronavirus/COVID-19

Staff training

- A pandemic training session for all staff was carried out bn:
- Training will be repeated every: (timeframe)
- · Topics covered are:
 - signs, symptoms, and epidemiology of Coronavirus/COVID-19
 - o appropriate laboratory investigation
 - o what to do with a suspected case
 - how to notify the local State/Territory Department of Health
 - management of contacts
 - using personal protective equipment (PPE)

Triage plan for front desk if patients identify symptoms before coming to the clinic.

To reduce the number of contacts of possible a Coronavirus/COVID-19 cases, it is worth having a strategy for triage of patients who mention symptoms or a concern about having been exposed to Coronavirus/COVID-19 overseas or by sustained contact with a local confirmed or suspected case.

Current health department advice is to triage these patients, either to a designated infectious diseases unit, isolated room in the practice (with prior measures such as giving the patient a surgical mask and reducing time in other areas of the practice) or to try to see these patients at home if possible.

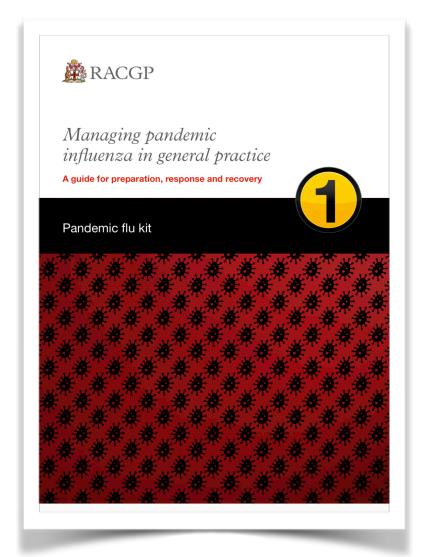
- If patients mention flu-like symptoms and recent travel overseas or contact with a known or suspected COVID-19 case, front desk staff will take their phone number and speak to the duty doctor.
- · Reception staff will speak to the duty doctor between patients.
- · A duty doctor system has been set up for each day of the week.
- The triage plan has been posted at the front desk and in every consulting room.
- The doctor will call the patient back and try to assess the likelihood of Coronavirus/COVID-19 based on clinical and epidemiological grounds.

Area for home visits for patients with suspected Coronavirus/COVID-19

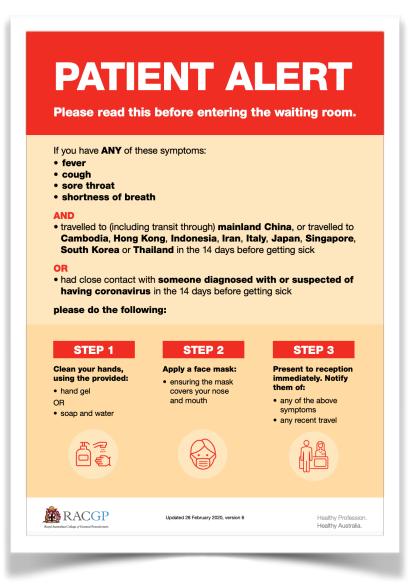
There need to be limits on the distances that GPs are willing to do home visits. The area for home visit will cover the following post codes:

Home visits bag

Having a home visit bag prepared, with personal protective equipment and prescription/pathology pads and other relevant forms in it already, can help make home visits easier.



Resources: Posters



患者注意!

进入等待间前请阅读以下内容:

如果你有以下仟何一种症状:

- 发烧
- 咳嗽
- 喉咙疼
- 呼吸急促

并目

 发病前14天內曾去过中国(包括来回往返或在中国中转), 或曾去柬埔寨,过香港,印度尼西亚,伊朗,意大利,日本, 新加坡,南韩或泰国

戓

• 发病前14天内曾与确诊或疑似患有新型冠状病毒疾病者接触过

请按以下步骤操作:



2020年2月28日更新, 版本6 Updated 28 February 2020, version 6 Healthy Profession. Healthy Australia.

Resources: Posters





Heard it through the (industry) grapevine

As of 5th of March, there's been Government talk of:

- Possible Telehealth items for GPs providing services for coronavirus consultations
- Possible Telehealth items for people with chronic disease for remote GP consultation without having to leave their house and risk exposure
- Contracting or setting up "Respiratory/Fever" clinics, possibly to be funded via PHNs
- Making testing available through private pathology labs (currently only state health departments are able to perform the test at the moment)

Watch this space!

Continue the conversation....

There will be a hot Topic post in the group's feed to ask further questions



Join our Facebook Group "For the Love of Healthcare"

Request to join here https://www.facebook.com/groups/346537095914349/