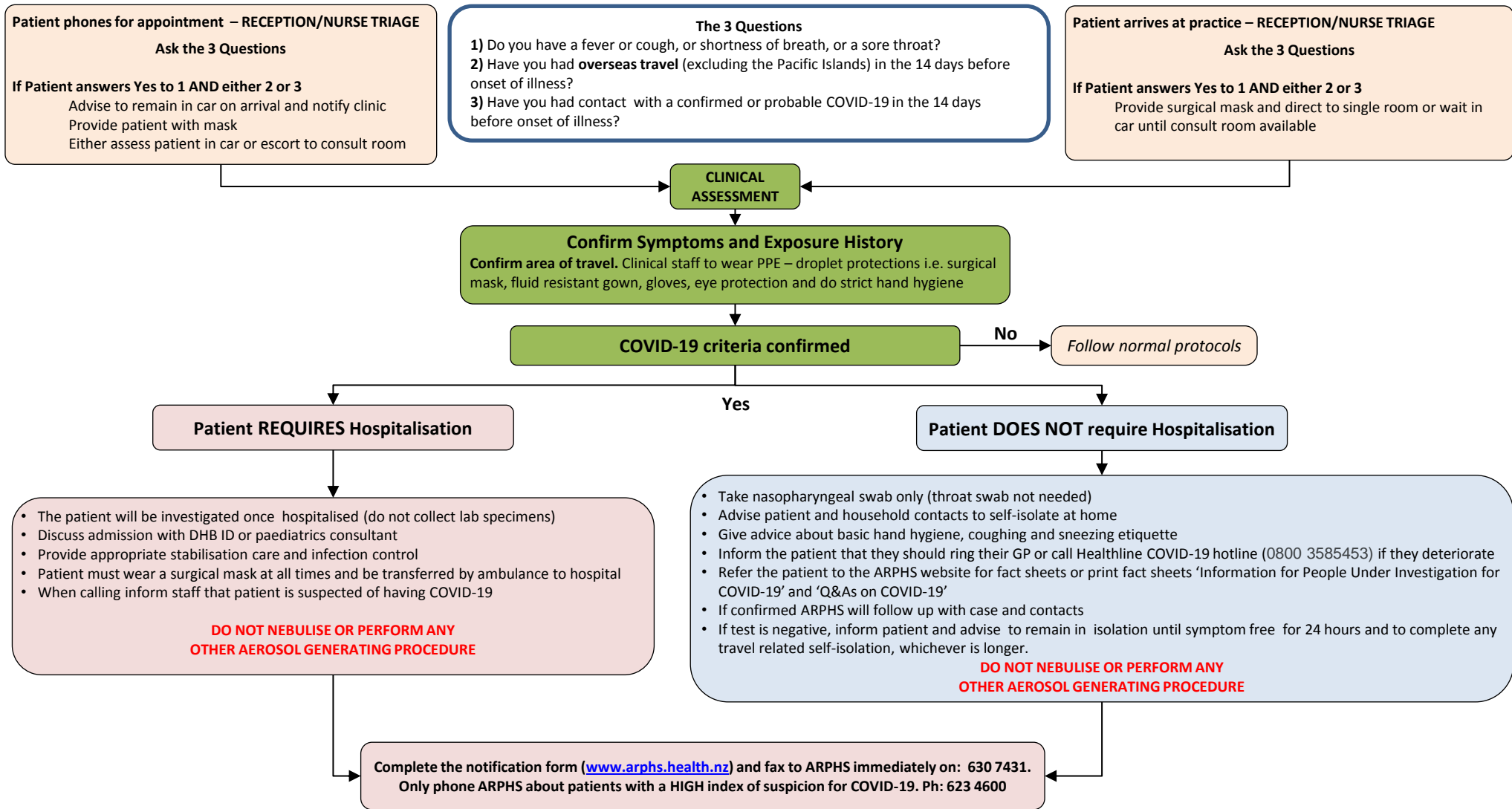


# COVID-19 Primary Care Algorithm



**NOTES**  
 Please do not phone the lab for results. These will appear in TestSafe then PMS when ready. Advise patient results may take up to 3 days  
 If you think the patient may have an atypical presentation of COVID-19 then mask, isolate, use PPE and clinically assess as a suspected case.  
 Clinical and public health judgement should also be used to determine the need for testing in patients who do not meet the clinical criteria above

# COVID-19 Primary Care Algorithm



## Countries or Areas of Concern

Note: Areas of concern will continue to change, refer to the Ministry of Health COVID-19 Case Definition webpage for the latest countries

Travel Category	Country	Self-isolation expectation	No fever or respiratory symptoms	Has a fever or respiratory symptoms
1a	<b>Mainland China</b>  <b>Iran</b>	Yes, for 14 days after exiting the 'category 1' country	No need to isolate, mask or test the patient  Manage presenting complaint	Mask & isolate patient and assess as per algorithm  Swab and isolate at home awaiting results  Complete 14 days self-isolation in all cases
1b	<b>Rest of world-</b> excluding Pacific (except French Polynesia)	As above	As above	As above
2	<b>All Pacific Islands</b> excluding French Polynesia	Not as a routine for asymptomatic travellers	No need to isolate, mask or test the patient  Manage presenting complaint  No need for self-isolation once leaves	Mask & isolate patient and assess as per algorithm  Swab and isolate at home awaiting results

## Cleaning consult rooms

After the patient has left, carry out a thorough clean of the room:

- Follow standard, contact droplet precautions.
- Wipe down high touch surfaces with disinfectant wipes (e.g. Clinell Universal Wipes)

Ensure PPE is disposed of safely and appropriately in a closed Biohazard bin.  
A 'how to' video on appropriate use of [PPE](#) is available on ARPHS' COVID-19 webpage, along with a poster

## Taking a nasopharyngeal swab for COVID-19

- Complete lab form stating "suspected COVID-19 for Respiratory Panel PCR" and put into the specimen bag
- Label the specimen tube with patient details and travel history
- Wash hands and put on PPE
- Position the patient seated with head tilted back slightly
- Stand to one side (to protect yourself from possible cough/sneeze)
- Insert swab into nostril, straight back NOT upward, and horizontally into the nasopharynx until resistance is met
- Rotate the swab up to 5 times and hold in place for 5 to 10 seconds to collect sample.
- Insert into specimen vial and break at breakpoint.
- Replace cap, tighten to secure and place into specimen bag. To ensure the specimen bag is not contaminated it should either be held by a second support person outside the room, or it should be wiped with alcohol gel/foam.
- Remove PPE correctly and wash hands

## Close and casual contact definitions

- A '**Close contact**' is defined as any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):
  - direct contact with the body fluids or the laboratory specimens of a case
  - presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
  - living in the same household or household-like setting (eg, shared section of in a hostel) with a case
  - face-to-face contact in any setting within two metres of a case for 15 minutes or more
  - having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
  - having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
  - aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)
- While at this point this criterion is predominantly for surveillance purposes. Case management, including isolation and PPE, should be based on clinical judgement.
- For the purpose of testing, healthcare workers are defined as those who may have been exposed to respiratory droplets from patients or residents.
- Casual contact:** Any person with exposure to the case who does not meet the criteria for a close contact.

## Case Definitions

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following four scenarios

	Clinical criteria	Epidemiological criteria
1	Fever ( $\geq 38^{\circ}\text{C}$ ) OR any acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever.	Travel to or from (excluding airport transit) countries or areas of concern within 14 days before onset of illness
OR		
2	Fever ( $\geq 38^{\circ}\text{C}$ ) OR any acute respiratory illness with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever	Close contact <sup>1</sup> or casual contact <sup>2</sup> with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
OR		
	Healthcare workers <sup>3</sup> with moderate or severe community-acquired pneumonia	Regardless of any international travel
OR		
4	Critically ill patients in ICU/HDU with bilateral severe community-acquired pneumonia <sup>2</sup> AND no other cause is identified	No source of exposure has been identified (ie, regardless of travel history)