



Guidance for patients requiring urgent hospital admission who are under 14-day self-isolation

Context

Patients who meet the criteria for self-isolation and who now require urgent hospital admission for issues not related to COVID-19, must not be refused appropriate medical or urgent surgical care.

Confirmed cases of COVID-19 are required to self-isolate for 14-days.

The following people are required to self-isolate due to the risk they may have been exposed to COVID-19:

- Close contacts of a confirmed case of COVID-19 until 14-days after last close contact. A close contact is defined as requiring greater than 15 minutes face to face contact in any setting with a confirmed or probable case or sharing a closed space with a confirmed or probable case for a prolonged period i.e. greater than 2 hours, in the period extending from 24 hours before the onset of signs and symptoms in the confirmed or probable case e.g. household contacts, direct contact with body fluids, aircraft passengers and crew, cruise ship passengers and crew.
- All returned travellers from international and interstate travel.
- Healthcare workers (HCWs) with influenza like illness should undergo self-isolation and seek medical assessment and testing immediately.

General patient management

Patients who are under 14-day self-isolation and who require medical or urgent surgical care must be given a surgical mask to wear immediately and admitted to a single room, preferably with negative pressure ventilation, whether respiratory symptoms are present or not.

Standard plus contact and droplet precautions are to be implemented.

The patient must then be assessed for symptoms consistent with COVID-19, including shortness of breath, cough or sore throat with or without fever.

The HCW undertaking the assessment is to wear appropriate personal protective equipment (PPE) including disposable fluid resistant gown, gloves, surgical mask, and eye protection while reviewing the patient.

Patient management for urgent scheduled treatments e.g. chemotherapy, should be discussed with the treating medical doctor to determine if treatment should be continued or deferred until the 14-day isolation period has ended. Onset of COVID-19 illness is likely to complicate the patient's admission.

Visitors are to be kept to a minimum for patients admitted under the 14-day self-isolation. Following the clinical assessment, management will depend on whether the patient has respiratory symptoms.

No respiratory symptoms

- Specimen for testing for COVID-19 is not required
- Patient to remain on contact and droplet precautions, in a single room with private ensuite facilities, throughout their admission, or until they have completed the 14-day isolation period.
- HCWs are to wear appropriate PPE, that includes disposable fluid resistant gown, gloves, surgical mask, and eye protection, when providing care.
- Patient is not required to wear a surgical mask whilst isolated in their single room but must wear a surgical mask when leaving the room for any reason. Patients are not to leave the room for non-clinical reasons.
- Continue monitoring for symptoms consistent with COVID-19 throughout duration of admission.

Respiratory symptoms consistent with COVID-19

- Testing for COVID-19 to be undertaken as per CDNA Guidelines.
- Also obtain serum for serology for when such testing becomes available.
- Use airborne precautions when collecting respiratory specimens and for ongoing patient management. This includes a negative pressure isolation room when available or use a single room with the door closed. The HCW is to wear suitable, correctly applied PPE including disposable fluid resistant gown, gloves, P2 or N95 mask (fit checked) and eye protection.

Advice on emergency surgery

If the patient requires emergency surgery during the 14-day self-isolation period:

- The patient is to wear a surgical mask while being transported to and from the operating or procedural room and whilst in the surgical holding bay prior to surgery.
- Airborne precautions are to be implemented for all members of the operating team, in addition to standard precautions in the operating room. This includes wearing a P2 or N95 face mask (fit checked) and ensuring eye protection is worn.
- Airborne precautions as per the healthcare facility's policy are to be implemented on completion of surgery. This may include recovering the patient in the operating room until a negative pressure isolation room is available for transfer of the patient.
- All members of the post-operative recovery team are to wear P2 or N95 masks which have been properly fit checked, in addition to disposable fluid resistant gowns, gloves and eye protection.
- Patients with no respiratory symptoms can be cared for under contact and droplet precautions once extubated and there is no further risk of aerosolisation of virus.

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