



# COVID-19 guideline for outpatient services

## Purpose

The COVID-19 guideline for outpatient services (the Guideline) provides recommendations for all health (including mental health) care workers on the management of COVID-19 in the public outpatient services setting, including WA Health commissioned public mental health outpatient services.

In addition to this guideline, additional directions, measures and advice that are in place to prevent the spread of COVID-19 at a given time, must be adhered to. This may include advice and measures such as:

- Public health and social measures mandated at any one time
- Local Health Service Provider and service specific operational procedures
- Changes to the provision of elective surgery
- Directions to reschedule non-urgent outpatient and community health visits where clinically appropriate
- Directions for proof of vaccination.

The Guideline is intended to be used in conjunction with the:

1. [WA Health COVID-19 Framework for System Alert and Response \(SAR\)](#) which outlines the alert levels and recommended public health system responses at various levels of COVID-19 transmission and system capacity; and
2. [WA Health Specialist Outpatient Services Access Policy](#) which provides mandatory policy and principles for governance and management of outpatient appointments, cancellations and discharges.
3. The [TTIQ \(Test, Trace, Isolate and Quarantine\) Plan](#) which provides the current definition of a close contact and approach for minimising the transmission of COVID-19.

This Guideline will continue to be updated as COVID-19 measures and restrictions change to minimise the transmission of COVID-19 and to manage new variants of concern as WA adapts to a living with COVID-19 context.

## Background

Outpatient services provide patients with access to:

- medical specialists for diagnostic assessment, screening and treatment
- allied health, nursing and midwifery services
- support for ongoing management of chronic and complex conditions
- pre- and post- hospital care.

# Considerations for Outpatient Service Providers

## 1. Models of care and digital technology

- Outpatient services should continue to review models of care to reduce face-to-face contact through the continuation of telehealth and virtual health care delivery where clinically appropriate and technically possible.
- Transition of outpatient services to telehealth and virtual health models should be prioritised and become the preferred model of care for living with COVID-19, unless face-to-face appointments are critical for the provision of clinically safe and appropriate care.
- Assessment of the risks associated with provision of safe and clinically appropriate care should be incorporated into decisions regarding use of telehealth and digital care to provide outpatient services into the home or closer to home and within virtual group and community settings. Risk assessment should consider levels of staff training, patient compliance, language barriers, cultural needs and technical viability.
- If there is any uncertainty related to the suitability of a patient or health care protocol for telehealth and digital care, this is to be escalated via the usual clinical governance process.

## 2. Infection prevention and control

When delivering outpatient services, all sites should continue to implement practices to ensure infection prevention and control (IPC) measures are stringently followed as per the [COVID-19 Infection Prevention and Control in Western Australian Healthcare facilities](#) guidelines. This includes:

- both standard precautions e.g. hand hygiene, respiratory hygiene, cough etiquette, use of personal protective equipment, and environmental cleaning and disinfection; and transmission-based precautions i.e. airborne, droplet and contact, as required
- measures to ensure a COVID-safe approach. This includes measures to encourage good personal hygiene by all patients and visitors attending outpatient services, including signage to encourage frequent hand hygiene and respiratory hygiene; and access to hand washing facilities and/or alcohol-based hand rub (ABHR)
- The [COVID-19 Public hospital visitor guideline](#) provides further advice regarding accompanying visitors, relatives and/or carers.

## 3. Clinical risk screening and assessment

Each outpatient service will need to consider how it will conduct patient screening, this may include by phone, SMS or video call prior to appointment or forms and signage placed at reception. Appendix 1 provides a minimum set of patient screening questions to form a clinical risk assessment.

Questions may include asking patients if they have a current diagnosis of COVID-19, new flu-like or gastro-intestinal (GI) symptoms, are awaiting COVID-19 test results, required to self-quarantine, have been in contact with a COVID-19 positive person within the last 7 days and for an acceptable form of [evidence of their COVID-19 vaccination status](#).

## 4. Physical distancing

In addition to the IPC measures described above all patients and staff are to comply with public health and social measures that are in place at the time of the appointment. This may include physical distancing, mask wearing, contact registration and proof of vaccination requirements. For in-person appointments this should include:

- adequate physical distancing between people in reception areas, waiting rooms, consultation rooms and group activity venues e.g. spacing of chairs, using floor markings and signage
- Adjustment of clinic schedules and booking practices to limit the number of people per room
- Physical distancing management plans for those who arrive with relatives/carers/escorts within clinic spaces (reception, waiting rooms, consultation rooms and group activity venues).

**Health care providers should continue to follow their local operational COVID-19 screening procedures and IPC guidelines; and refer to the [COVID-19 testing requirements outlined in the WA Health COVID-19 Framework for System Alert and Response \(SAR\)](#).**

## Considerations for outpatient appointments

### 1. Prior to appointment

Patients should be assessed for risk of COVID-19 through screening questions for COVID-19 symptoms and risk factors and any isolation requirements prior to their outpatient appointments.

For patients that are symptomatic for COVID-19, or are a positive COVID-19 case or isolation directions the following options are to be considered:

- a) wherever possible change the outpatient appointment to a telehealth or virtual appointment using a digital health modality e.g. telephone or videoconferencing, if clinically appropriate and technically possible
- b) if a digital health modality is not clinically appropriate or technically possible, reschedule the appointment to a time when any required isolation period is complete
- c) if the appointment cannot be changed to a telehealth or virtual appointment and cannot be delayed then the appointment should proceed in-person as per Section 2 below.

### 2. In-person appointment for a COVID-19 positive, symptomatic or close contact patient

- Outpatient services should repeat COVID-19 patient screening when the patient presents to the service for an appointment irrespective of whether screening was conducted before attendance.
- If a patient is presenting with symptoms suggestive of COVID-19, or is a known COVID-19 positive case or close contact, staff should provide a surgical mask for the patient to wear and inform their manager requesting further advice and follow-up care from the IPC team, before proceeding with the appointment

- For patients who are a known COVID-19 positive case, presenting with symptoms suggestive of COVID-19 or are a close contact, the [COVID-19 Infection Prevention and Control in Western Australian Healthcare facilities](#) guidelines should be followed for the appointment. This includes transmission-based precautions, use of PPE and environmental cleaning.
- No routine asymptomatic testing is required. However, consideration may be given to the following exceptions:
  - Maternity patients due to lower vaccination rates
  - Appointments where a mask cannot be worn (e.g. may include some ophthalmology and dermatology appointments)
  - Specialist day services who see renal dialysis, radiotherapy, chemotherapy, transplant and immunosuppressed patients. Patients attending these services should have a RAT on every presentation.
- If patients are clinically unwell, direct the patient to their General Practitioner advising the patient to phone ahead prior to arrival; or if clinically appropriate or experiencing life threatening symptoms transfer to an Emergency Department. Advise the Emergency Department of any potential COVID-19 risk prior to the patient's arrival
- If a patient requires clinical assessment before redirection to a COVID-19 testing clinic or transfer to an Emergency Department, follow transmission-based precautions and environmental cleaning as outlined in the [COVID-19 Infection Prevention and Control in Western Australian Healthcare facilities](#) guidelines.

### 3. Notification of a COVID-19 positive, patient after appointment

If the outpatient service is advised that a patient who has attended their service is a COVID-19 positive case, staff are to contact their manager and IPC team to ensure:

- exposure management procedures are followed as specified by relevant guidelines. These should outline cleaning procedures for all patient surrounds and high touch surfaces. Further guidance can be found in the [COVID-19 Infection Prevention and Control in Western Australian Healthcare facilities](#) guidelines
- close contacts are identified as per the definitions for Western Australia (WA) available in the [WA COVID-19 TTIQ Plan](#).
- staff are managed in accordance the [WA COVID-19 Healthcare Worker Furloughing Guidelines](#) for contact definitions relating to HCWs.

### Useful resources

- [COVID-19 Infection Prevention and Control \(IPC\) in Western Australian Healthcare facilities](#)
- [COVID-19 Public hospital visitor guideline](#)
- [Chief Health Officer Approved Form of Evidence of COVID-19 Vaccination Under Each of The Restrictions on Access Directions Given Under The Public Health Act 2016 \(WA\) in Respect of COVID-19](#)
- [TTIQ \(Test, Trace, Isolate and Quarantine\) Plan](#)
- [WA Health COVID-19 Framework for System Alert and Response](#)
- [WA Health Specialist Outpatient Services Access Policy](#)

## APPENDIX 1: COVID-19 clinical screening tool

The below set of questions aim to assess the risk of a person being a COVID-19 case and should form the basis of a clinical screening tool

Questions may include, do you have:

- a current diagnosis of COVID-19 based on a Rapid Antigen Test or PCR result)
- [symptoms of COVID-19](#) such as a fever or a cold or flu-like illness, including a sore throat, cough, sneezing, runny or blocked nose, fatigue, loss of taste or smell, shortness of breath, difficulty breathing, muscle aches, joint pain or headaches
- recently experienced, or are currently experiencing any new gastroenteritis like symptoms such as loss of appetite, nausea, vomiting and/or diarrhoea
- been in contact with a positive case of COVID-19
- been identified as a close contact of a positive COVID-19 case
- been tested for COVID-19 and are awaiting results
- have recently recovered from COVID-19
- been vaccinated against COVID-19
- have met any testing requirements as recommended by current testing guidelines

### Version control

Version:	Last reviewed:	Changes:
2.0	21 Dec 2020	Last updated 10 Aug 2020. Nil Changes
2.1	29 Jun 2021	Content reviewed as per Government of Western Australia guidance
3.0	01 Feb 2022	Content reviewed and updated to align with the WA Testing Guidelines v3.0 and WA Health COVID-19 Framework for System Alert and Response v3.1. Proof of Vaccination Directions No 2
3.4	10 Mar 2022	Incorporated feedback from COVID-19 HSP CEs, HSP COVID-19 leads, Outpatient Reform program, Chief Allied Health Office, ID physician and Deputy Incident Controller. Inclusion of exposure management and symptoms of Omicron variant
3.5	6 May 2022	Updated positive case terminology, removed epidemiological assessment, updated links to documents and Directions
3.6	27 June 2022	Updated terminology from 'suspected' to 'symptomatic and close contact'. IPC review. Quarantine Directions removed.

## Authority

Department of Health Western Australia.

These guidelines are for staff working in public hospitals in Western Australia. They are based on information available at the time of writing and may change as more information becomes available. These guidelines are a guide only and patients should be managed on a case-by-case basis.

**This document can be made available in alternative formats on request for a person with disability.**

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