



Patients should notify staff before entering if they have a risk of coronavirus (see posters for patients)

- **Patient has a history of recent travel to China OR contact with a confirmed case AND has a fever OR gastro OR respiratory symptoms.**

YES

## 1. Isolate patient:

- Place a surgical mask on the patient if it can be tolerated
- Direct or escort the patients to a single room (with negative pressure if possible), close the door and allocate a dedicated bathroom
- Restrict entry of non-essential staff or visitors
- Use dedicated or disposable equipment
- Avoid aerosol generating procedures where possible – respiratory specimens should be taken under airborne precautions

## 2. Precautions and Staff PPE:

Standard and transmission based precautions (contact and airborne)

- Isolate
- Hand hygiene
- PPE: fit tested N95/P2 respirator mask, gown, gloves and protective eye wear

The room should be cleaned and decontaminated as per local IPC protocol. We do not know how long 2019-nCoV remains infectious in the air, we currently recommend 1 hour stand down time (CDC).

## 3. Risk Assessment for 2019-nCoV

A suspect case satisfies both epidemiological and clinical criteria:

### EPIDEMIOLOGICAL CRITERIA

Travel to or from (including transit through) mainland China within 14 days before onset of illness **OR** Close contact (refer to contact definition MoH) in 14 days before onset of illness with a confirmed case of 2019-nCoV infection.

### CLINICAL CRITERIA

Fever or history of fever ( $\geq 38.0^{\circ}\text{C}$ ) and acute respiratory infection with at least one of the following symptoms: shortness of breath, cough, sore throat or diarrhoea.

- **Patient is a suspect case.**

YES

NO

Manage patient as per usual assessment and management processes. If patient requires admission to hospital, follow usual policies and procedures (including infection control precautions) relevant to the admission diagnosis.

If patient meets the epidemiological criteria, monitor for signs and symptoms of 2019-nCoV.

## WHAT IS THE PATIENT'S CURRENT LOCATION?

## 4. GP Practice or after hours clinic

If patient is a suspect case (see criteria above) clinician should:

- Call the DHB switchboard, calls will go through to the Clinical Case Advisor (office hours) or the Medical Officer of Health (after hours). This is a notifiable disease.
- Primary care physician to notify ED SMO
- Public Health Team to also notify ED SMO

Clinician should advise patient to present to local ED, wear a mask and call ED when they have arrived. **DO NOT TEST** in the community at this stage. **DO NOT SEND** patient to Pathlab.

## 5. Emergency Department

- Isolate patient (negative pressure room preferred) and use PPE as above
- Discuss with an ID physician. Notify the Medical Officer of Health (if patient presents directly to ED). This is a notifiable disease.
- Investigations as below

## 6. Testing

Suspected cases should have these samples taken:

- 1x nasopharyngeal swab for influenza/RSV AND/OR extended respiratory panel.
- 1x nasopharyngeal swab plus 1x oropharyngeal swab in the same viral tube +/- sputum sample for coronavirus testing (test will only be completed if other tests are negative or suspicion is very high).

## Additional Information

Professionals: Medical Officer of Health (24/7 on call), during office hours ID Physician, Microbiology, Pathlab

Please refer to the Ministry of Health <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov> guidelines for health professionals for the latest advice.

WHO <https://www.who.int/health-topics/coronavirus>