



# Coronavirus (COVID-19) Interim guidance for patients requiring urgent surgery or medical care who are under 14-day self-isolation 7 March 2020

## Context

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

- Those who have been in, or transited through, mainland China or Iran in the last 14 days,
- Those who have been in, or transited through, the Republic of Korea on or after 5 March 2020,  
**OR**
- Those who have been in close contact with a confirmed case of COVID-19 in the last 14 days (they must isolate themselves for 14 days after the date of last contact with the confirmed case).

## General patient management

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/surgical care.

These patients must be immediately given a surgical mask to wear 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 Healthcare worker (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 should be kept to a minimum for patients admitted under the 14-day 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 to be discouraged from leaving the room for non-clinical reasons.
- Continue monitoring for symptoms consistent with COVID-19 throughout duration of admission.

## Respiratory symptoms consistent with COVID-19

- Immediately notify your local WA Health Public Health Physician.
- On advice of the Public Health Physician, obtain a nasopharyngeal swab OR nose and throat swabs. Also obtain serum for serology for when such testing becomes available.
- Use **Airborne Precautions** when collecting specimens and for ongoing patient management. This includes negative pressure isolation room when available or use a single room with the door closed. The healthcare worker 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 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 should 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 or transferring the patient to a segregated bay or single room in the post anaesthesia area.
- All members of the post-operative recovery team are to wear P2/N95 masks which have been properly fit checked, in addition to disposable fluid resistant gowns, gloves and eye protection.
- Patient 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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