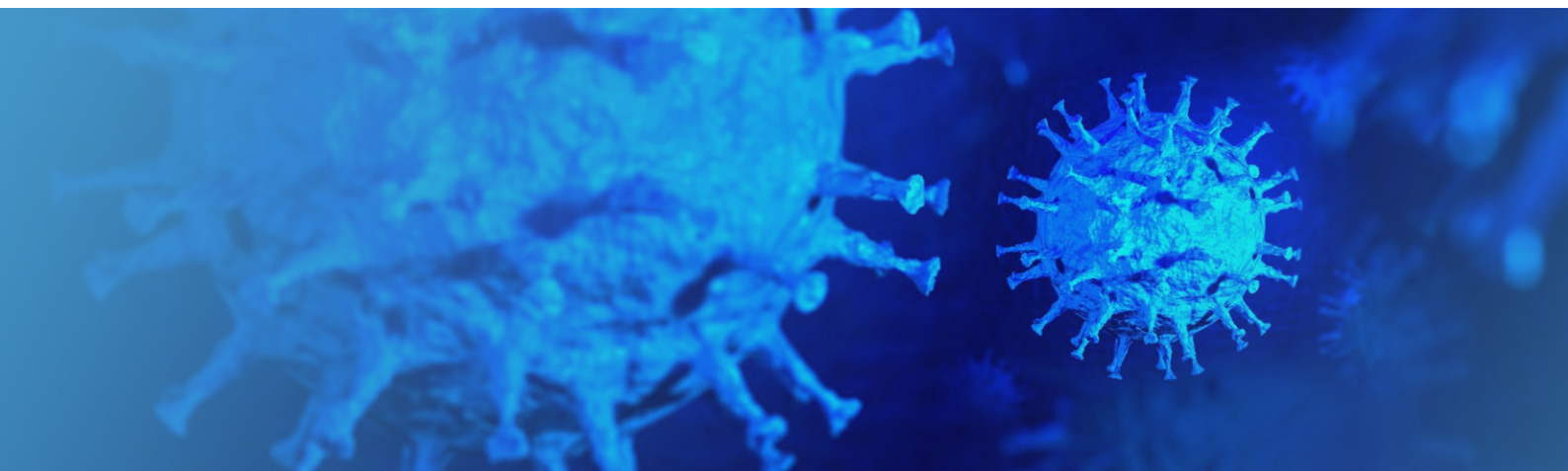


Managing patients who present with respiratory symptoms in the context of COVID-19



1. Preparation

Establish a room that allows you to isolate patients presenting with respiratory symptoms if they require a face-to-face consultation. You can prepare this room as per the RACGP [COVID-19 infection-control principles](#).

In the event this is not possible, arrange a suitable waiting area located near the practice, such as the courtyard or car park, into which patients can proceed as they arrive. This space should be isolated and located a safe distance from the clinic's main entrance.

2. Screening

An initial screening/triaging consultation for all patients via phone or video is recommended. Patients with respiratory and related viral symptoms should be advised they must not enter the practice until suitable precautions are put in place.

Triage screening should include:

- the date and nature of the onset symptoms
- the noting of any key symptoms – fever, sore throat, shortness of breath, dry cough, muscle aches and/or tiredness, loss of taste and smell (other symptoms include headache, runny nose, diarrhoea and/or nausea).

Patients should also be asked whether they have had any close contact with a confirmed case of COVID-19, and if they are a health worker or work in a high-risk setting (eg correctional centre, residential aged care facility, school).

Note: If a patient with symptoms arrives at your practice without notice, proceed to 'Triage' and follow 'In person' guidance.

3. Triage

If your patient has **mild** respiratory symptoms:

Via telehealth consultation

- Organise for the patient to be tested for COVID-19, unless this has been done in the previous 72 hours and found to be negative. If already done, ensure the result is negative and make a clinical assessment as to the need for it to be repeated.
- Unless clinical assessment suggests otherwise, a follow-up telehealth assessment should be arranged. If face-to-face review is considered essential, then arrange for the patient to attend your practice (with appropriate personal protective equipment [PPE] organised) or the local GP-led respiratory clinic.

In person

- Immediately ensure a surgical mask is supplied and placed on the patient.
- Refer the patient for testing and/or treatment as noted for telehealth consultation.

Note: All patients with respiratory symptoms should be tested for COVID-19. If this is your patient's first contact with a healthcare provider in relation to respiratory tract infection

symptoms or contact with COVID-19, ensure they are immediately referred for COVID-19 testing at the same time as ensuring any urgent clinical needs are addressed.

If your patient has **moderate** or **severe** symptoms suggestive of pneumonia:

Via telehealth consultation

- Refer the patient to the local hospital or respiratory clinic for review and testing.

OR

- Seek advice from the local public health unit on where to send the patient for treatment/testing (this information may also be found on your local [HealthPathways](#) website).

In person

- Immediately ensure a surgical mask is supplied and placed on the patient.
- Refer the patient for testing and/or treatment as noted for telehealth consultation.

4. Isolation

Isolate your patient while you prepare for a face-to-face assessment.

As mentioned in 'Preparation', the patient may be isolated within the dedicated consultation room, or you may need to ask the patient to proceed to the dedicated waiting area. Alternatively, you can ask your patient to wait in their car if they drove to the appointment.

5. Preparing for assessment and testing

- a. Ensure your practice's dedicated consultation room is decluttered, isolated and has a strip of tape on the floor positioned 1.5 m from the consulting desk in order to facilitate social distancing during the consultation.
- b. Perform hand hygiene, and don [appropriate PPE](#).

Appropriate PPE is determined by [risk assessment](#):

Likely low risk of SARS-CoV-2 transmission – use PPE in accordance with existing guidance for standard, contact and droplet precautions, as specified in the [Australian guidelines for the prevention and control of infection in healthcare \(2021\)](#). This includes wearing a surgical mask.

Disclaimer

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Managing patients who present with respiratory symptoms

Likely high risk of SARS-CoV-2 transmission – use P2/N95 respirators, rather than surgical masks, along with the other required PPE, as specified in the [Australian guidelines for the prevention and control of infection in healthcare \(2021\)](#).

6. After assessment and testing

- a. [Remove your contaminated PPE](#), performing hand hygiene between every step of the process and again after all PPE has been removed.
- b. Don fresh, non-contaminated gloves, a surgical mask and eye protection in preparation to clean the room. Wipe down any touched surfaces (eg door handles, desktops, stethoscopes and otoscopes) using a cleaning detergent followed by a disinfectant, or by using a two-in-one product with cleaning and disinfecting properties.
- c. Once all surfaces have dried, the room is safe to be used for the next patient consultation.

7. Billing

Patients who were **initially screened via phone or video consultation and were subsequently required to visit the practice for a face-to-face attendance on the same day** are considered to have taken part in a single, extended consultation for Medicare purposes and should be billed accordingly. The time of each of these consultations should be documented in order to assist in the assessment of applicable benefits.

However, you are able to bill multiple attendances for the same patient on the same day if:

- they are separate attendances with a reasonable lapse of time between them

AND

- the subsequent attendances are for a new/different clinical scenario.

For patients who were **not initially screened via phone or video consultation**, proceed with standard billing.