COVID-19 Telephone assessment and testing pathway for patients who phone general practice and healthcare settings other than receiving hospitals

Some RTI symptoms present but doesn’t meet the criteria above

Clinical judgement should be applied in application of these criteria to determine who requires testing.

1. A patient with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) AND with no other aetiology that fully explains the clinical presentation;

OR

2. A patient with any acute respiratory illness AND having been in close contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms

Unless assessment at hospital is indicated:

- Advise patient to stay at home and self-isolate pending test results. The whole population is being asked to stay at home, where possible. Additional restrictions for household contacts are outlined in the information leaflet Advice for people who share a home with someone who has symptoms of Coronavirus. If household contacts are healthcare workers they must inform their manager. Their manager may apply a derogation for their return to work under passive self-monitoring until results are available but management may change depending on test result. HCW must inform manager of test result, when available.
- If positive: Advise patient to self isolate for a minimum of 14 days from the onset of symptoms, the last 5 days of which should be without fever. See Patient information sheet for self-isolation.
- If not detected: Advise patient to self isolate until 48 hours after resolution of symptoms. Patients, household contacts and the whole population are still asked to stay at home, where possible.

YES

Categories for priority testing:

- Close contacts of a confirmed case.
- HCW who are front facing/ have regular patient contact.
- Groups most at risk of severe infection such as persons with ischaemic heart disease, hypertension, cerebrovascular disease, diabetes, obesity, active malignancy in last 5 years, chronic lung disease, chronic renal disease, chronic liver disease and the extremely medically vulnerable as outlined in Guidance on Cocooning.
- Household contacts of HCWs and of at-risk groups above.
- Staff and residents of nursing homes and other residential care settings and those in direct provision, homeless, Roma and travelling community settings where symptom management is difficult.
- Prison staff and inmates where it may be difficult to implement self-isolation advice.
- Pregnant women to ensure they can be managed safely in hospital, minimising the risk of spread in the maternity hospital.

Patient is in category for priority laboratory testing

- Arrange COVID-19 testing using Healthlink.
- If you do not currently have access to Healthlink, click here to apply
- Advise the patient who to contact if symptoms are worsening, including out-of-hours

If patient is in category for priority laboratory testing

- Unless assessment at hospital is indicated:
  - Advise patient to stay at home and self-isolate for a minimum of 14 days from the onset of symptoms, the last 5 days of which they should be without fever. Refer to the Patient information sheet for self-isolation. If patient is a healthcare worker, they must self-isolate for 14 days. A derogation from management may be given to return to work before the 14 day period under passive self-monitoring only, however they must be symptom free for 48 hours prior to return to work.
  - The whole population is being asked to stay at home, where possible. Additional restrictions for household contacts are outlined in the information leaflet Advice for people who share a home with someone who has symptoms of Coronavirus. If household contacts are healthcare workers they must inform their manager. A derogation from management may be given to return to work before the 14 day period under passive self-monitoring only.

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