

Appendix 4 – Infection control guidance for fever clinics for COVID-19

Background

Hospital and Health Services (HHS) should have in place systems to rapidly assess and manage symptomatic people for COVID-19. Depending on demand and capacity, this may be through current emergency department procedures or through special assessment areas, referred to as 'fever clinics' in this document.

It is anticipated that public and private hospitals and general practices (GPs) may quickly exceed capacity for a potentially high volume of patients. Fever clinics may relieve the diagnostic burden on hospitals and GPs by providing rapid triage and assessment of symptomatic patients and allowing hospital emergency departments to continue to focus clinical services on patients requiring emergency care.

HHS may also consider increasing local telehealth options to decrease demand on emergency department services. Patients could be assessed via telehealth consultation with a clinician to decide whether any clinical management is required, or whether they meet the criteria for testing. This could provide reassurance to the 'worried well' and potentially prevent unnecessary presentations.

The criteria for establishment of a hospital fever clinic will depend on the number of patients presenting for assessment, the need and capacity for assessment and management of these patients, and the capacity of the emergency department to appropriately isolate these patients from others.

Aim of fever clinics

The aim of establishing a fever clinic is to reduce the burden on emergency departments and reduce the risk of transmission of COVID-19 to other vulnerable patients presenting to the hospital.

Objectives of fever clinics

The objectives of fever clinics are to:

- rapidly assess and refer (where indicated) people presenting with COVID-19 symptoms
- reduce the impact on scarce health resources through use of a controlled triage system
- initiate isolation for confirmed, probable or suspect cases and quarantine of close contacts
- perform testing in accordance with Queensland Public Health Alerts available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/public-health-alerts> and the CDNA National Guidelines for Public Health Units available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
- collect clinical and epidemiological data on cases to inform clinical management and public health decisions

- identify and refer the need for home support services.

General principles

The HHS should develop clear guidance for the model of care for patients presenting to the fever clinic, including guidance for triage, assessment, management, referral and documentation.

It should be recognised that patients with varying needs may present to the fever clinic. Clear local procedures should be developed and communicated for:

- efficient transfer to the emergency department where required or directly to a dedicated inpatient unit
- referral for other health or social services.

Infection prevention and control principles

Standard precautions, particularly good hand hygiene practice and attention to appropriate environmental cleaning and disinfection, should be strictly implemented by all staff working in the fever clinic. All staff working in a fever clinic must have completed training on safe fitting and removal of PPE.

People who present for screening should be considered to be infectious and should be provided with a surgical mask on arrival and asked to perform hand hygiene with alcohol-based hand rub. The use of signage or recorded message to guide patients on expected actions should also be considered.

While the patient is wearing a surgical mask, there is no need for staff to be wearing respiratory protection if they are in the same room or greater than 1.5 metres away from the patient, or where staff do not provide direct physical care or have face-to-face consultation.

For face-to-face consultation or to provide care, staff should use PPE as per the *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings*, available at https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf

For most interaction with patients in a fever clinic the patient should be managed using contact, droplet and standard precautions. This means:

For patients:

- Patients should wear a surgical mask for their entire visit while they are in the waiting area and in consultation (unless it needs to be removed as directed by a healthcare professional to perform assessment or care, or to collect a pathology specimen).
- Hand hygiene and respiratory hygiene should be encouraged.
- Patients should maintain social distancing (at least 1.5 metres) from others in the clinic.

For staff:

- Maintain hand hygiene.
- Staff should maintain social distancing (at least 1.5 metres) from others in the clinic where possible.

- While having face-to-face contact or providing care, staff should wear a surgical mask, eye protection, gloves and long-sleeved gown/apron.
- Standard and transmission-based precautions must be maintained. The following options can be used:
 - Gowns/aprons and gloves must be changed and hand hygiene performed between contact with patients in the fever clinic, or
 - a plastic apron must be worn over the long-sleeved gown when providing care with minimal patient contact. The plastic apron and gloves must be changed and hand hygiene performed between contact with patients.
- When using one of the above options, surgical mask and eye protection can stay in place between patients. Once a mask is removed it must be discarded. Once eye protection is removed it must be either discarded or cleaned and disinfected appropriately (according to whether it is a single use or reusable item).

Staffing considerations

Refer to the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings* for advice about staffing allocation and healthcare worker health monitoring.

In the fever clinic setting, it is recommended that healthcare workers are dedicated to fever clinics to minimise risk of transmission and exposure to other patients and healthcare workers. That is, staff should not alternate between the fever clinic and other clinical areas where vulnerable patients are managed.

Review influenza vaccination status of staff providing direct care and encourage all staff to have up-to-date influenza vaccination and COVID-19 vaccination when available.

Site and layout of fever clinic

The site and layout of the space used for the fever clinic should be carefully considered and planned. The layout should allow enough space to maintain social distancing.

- The location of the fever clinic should have direct external access and not require presenting patients to travel through a hospital or healthcare facility. Careful consideration should be given to ensuring patients presenting to the fever clinic do not have contact with other vulnerable patients.
- Consider the use of markings on the floor (e.g. tape) to indicate physical distancing requirements.
- The reception station should be the first point of contact for patients presenting to the clinic. There should be clear signage directing patients to stand at least 1.5 metres back from the reception desk.
- Chairs in the waiting area should be placed greater than 1.5 metres apart. Patients should be directed not to move the chairs.
- Alcohol-based hand rub should be placed at all stations and made available to patients. Wall-mounted or free-standing alcohol-based hand rub dispensers should be considered. Facilities

for hand washing (using running water and liquid soap, and paper towels to dry hands) should also be available to staff with visually contaminated hands.

- The space should not be carpeted and all surfaces should be impermeable and easily cleaned.
- Unless aerosol-generating procedures are being undertaken, there are no specific air-conditioning or air-handling requirements. However, if a space is used that is not air-conditioned there should be good natural ventilation. For further information about management of aerosol-generating procedures refer to the Queensland Health *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

Clinic flow

Reception

This station should be situated at the entrance to the clinic and provide the first point of contact with healthcare personnel.

The role of this station is to:

- provide a surgical mask and alcohol-based hand rub upon entry
- identify people presenting for non-COVID-19-related issues and redirect to appropriate services
- collect and record initial identifying information
- provide information to clients on clinic operations, requirements for social distancing within the clinic and wearing of surgical mask throughout the assessment process.
- provide a waiting number to ease processing through triage and registration
- direct the person to the triage station.

Staff in this area could be non-health-professional staff with good communication skills and basic training in infection control. These staff will need to be able to gather initial health information and personal details using a consistent tool/script.

Triage and nursing assessment

All people presenting to the fever clinic should be triaged on arrival by a specifically trained member of a clinical assessment team. Staff in this area should be registered nurses who are skilled in triage and clinical assessment.

Further consultation

Depending on the physical and human resources available and the volume of patients being seen in the fever clinic, the functions of the fever clinic could be combined into one consultation, i.e. one healthcare worker who performs the assessment, testing and referral, or separated for further efficiency.

Clinical assessment

Following triage, patients may require further prompt clinical assessment. These patients should be seen for assessment according to local procedures as soon as possible. If required, transfer to the emergency department, or direct transfer to a designated inpatient unit should be arranged as soon as possible.

Testing

- Testing should be carried out for those who meet the criteria for testing as outlined in the most recent CDNA National Guidelines for Public Health Units, available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm> and Queensland Public Health Alerts available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians/public-health-alerts>
- Testing should be performed as per the most up-to-date version of the Public Health Laboratory Network guidance on laboratory testing for SARS-CoV-2, available at <https://www.health.gov.au/resources/publications/phln-guidance-on-laboratory-testing-for-sars-cov-2-the-virus-that-causes-covid-19>

Samples for testing may be collected by a registered nurse. Training in the collection of deep nasal and oropharyngeal swabs may be required.

Registered nurses in Queensland HHS may request and order testing for COVID-19.

Patient information following testing

Patients who have samples collected for testing must be advised to self-isolate until they are notified of their results.

Information regarding self-isolation requirements are available at:

https://www.health.qld.gov.au/_data/assets/pdf_file/0026/951065/covid19-self-isolation-requirements.pdf

Referral for social support or community-based home assistance

People presenting to the fever clinic may require healthcare assistance at home or access to social support while unwell or in isolation. If so, established processes for referral to these services should be followed.

Staff responsible for assessing and referring patients for home health support or social support could come from a variety of nursing or allied health background.

A clear local referral process is needed for communication with community services and to ensure a timely response.

Notification of COVID-19 testing results

Positive results

Patients who test positive to COVID-19 will need to be notified by telephone and directed to self-isolate immediately. This means they must:

- stay indoors
- monitor symptoms and contact their doctor or 000 if symptoms are worsening
- reduce the chance of spread to others in their household by staying in a different bedroom/bathroom, not sharing household items and wearing a mask where necessary

Further details on self-isolation requirements can be found here:

https://www.health.qld.gov.au/_data/assets/pdf_file/0026/951065/covid19-self-isolation-requirements.pdf

The patient should be advised that they will be contacted by their local public health unit for further management.

Negative results

Telephone or SMS communication can be used to convey results to those patients who have tested negative to COVID-19. The following examples can be used to notify individuals of their negative result.

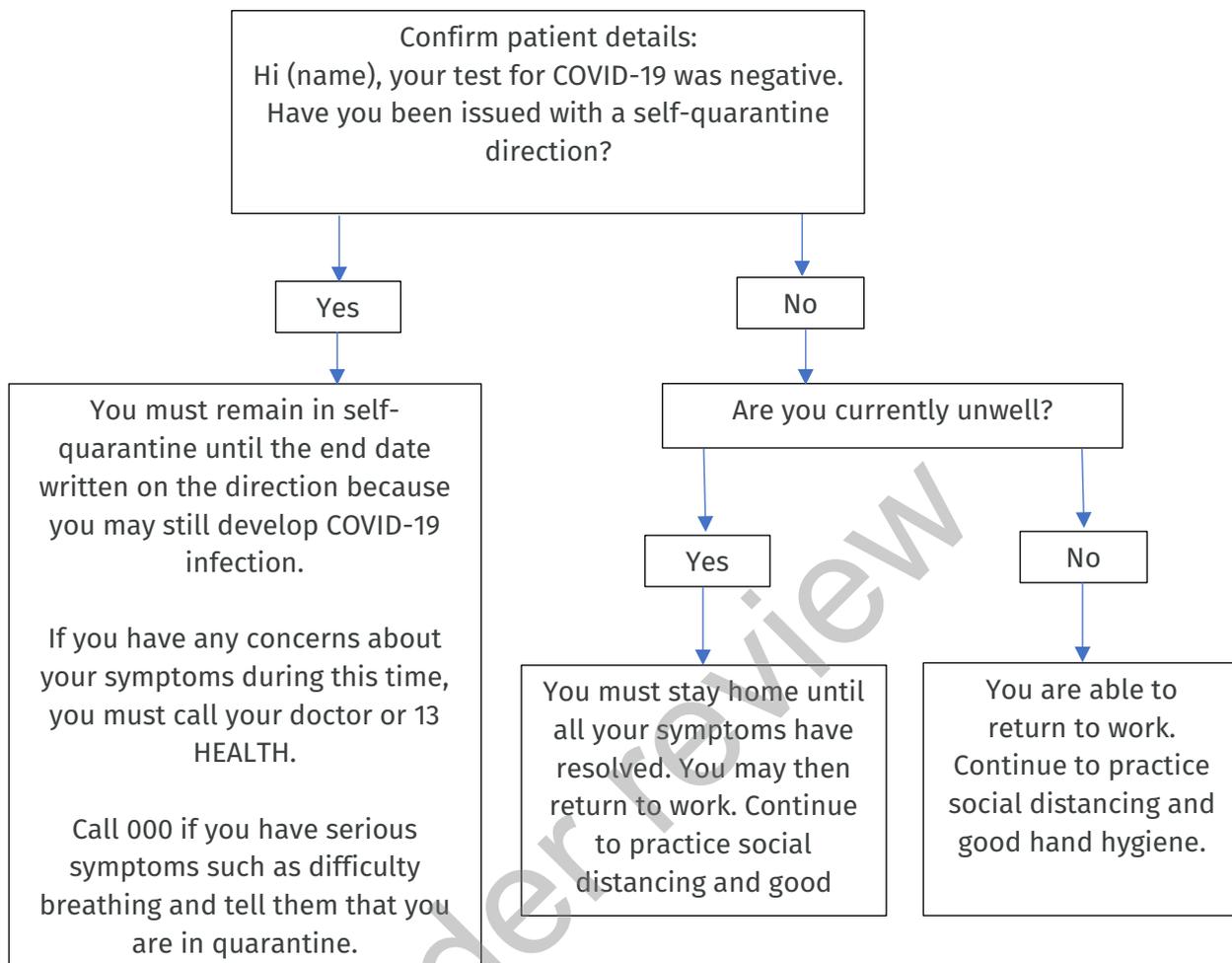
Template SMS script

Your test for COVID-19 was negative. Call (insert number) if further information is needed.

If you have been issued with a self-quarantine direction, you must remain in self-quarantine until the end date written on the direction regardless of this result. This is because you may still develop COVID-19 infection.

If you have any concerns about your symptoms, call your doctor or 13 HEALTH (13 43 25 84). Call 000 if you have serious symptoms such as difficulty breathing and please tell them if you are in quarantine.

Template telephone call flow chart



Bibliography and further information

- Australasian College for Emergency Medicine (2014). Management of Severe Influenza, Pandemic Influenza and Emerging Respiratory Illnesses in Australasian Emergency Departments, at https://acem.org.au/getmedia/e544f7fc-837c-4943-9acb-34748ee03bab/ACEM_Flu_Pandemic_May2014
- Australian Government Department of Health (2020). Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19), at https://www.health.gov.au/sites/default/files/documents/2020/02/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19_2.pdf
- South Australia Health (2015). Community Flu Clinics: Pandemic influenza sub plan, at <https://www.sahealth.sa.gov.au/wps/wcm/connect/9e74708048c631e69ce3fd7577aa6b46/Community+Flu+Clinics+2015+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-9e74708048c631e69ce3fd7577aa6b46-mN5QV.q>

- Queensland Health Information for Queensland clinicians and healthcare workers, at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

Supporting and related documents

- Queensland Health Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings, at https://www.health.qld.gov.au/_data/assets/pdf_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf
- Queensland Health Pandemic Influenza Plan, at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/influenza/pandemic>
- Health Service Directive: Declaration and Management of a public health event of state significance, at https://www.health.qld.gov.au/_data/assets/pdf_file/0019/150760/qh-hsd-046.pdf
- Department of Health Policy: Media Relations, at https://www.health.qld.gov.au/_data/assets/pdf_file/0032/395681/qh-pol-423.pdf
- Health Service Directive: Patient Safety, at https://www.health.qld.gov.au/_data/assets/pdf_file/0020/150734/qh-hsd-032.pdf
- Procedure: Contact Tracing – Public Health Act, available on QHEPS only at https://qheps.health.qld.gov.au/_data/assets/pdf_file/0036/394929/contactracpha_pr.pdf

Definitions

Term	Definition
CDB	Communicable Diseases Branch
CDIM	Communicable Diseases Infection Management
CE	Chief Executive
CHO	Chief Health Officer and Deputy Director General
DG	Director General
HHS	Hospital and Health Service
PHU	Public health unit
Standard precautions	They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Transmission based precautions	Transmission-based precautions are applied in addition to standard precautions. Transmission-based precautions are applied to patients confirmed, probable or suspect to be infected with agents transmitted by the contact, droplet or airborne routes.
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Version control – Appendix 4

Version	Date	Comments
V1.2	28 April 2020	Revised: Template SMS script Revised: Template telephone call flow chart
V1.1	23 April 2020	Revised: Objectives of fever clinic. Revised: Clinical assessment. Revised: SMS template. Revised: Template Telephone call flowchart.
V1.0	3 April 2020	New appendix

Under review