



2020 February 4th Topic Page #1

Suspect 2019-nCoV (novel Coronavirus) and Practical information for General Practice - read with Nat. directives

1. What should reception staff do?

- a. Do what we should already be routinely doing i.e. promote handrub to all pts/us, use social distancing, use cough etiquette, pts with coughs/sneezes wear a mask, wipe down high touch surfaces end of day
- b. display signage prominently to cough into your elbow, ask for a mask for runny nose/cough
- c. pts who are quarantinable at home (14 days no symptoms) but who require medical attention for other reasons **call ahead**. Provide them with mask and single room or wait in car etc. Inform nurse/GP
- d. Reception staff do not wear masks but keep a good metre away from any pt. mouth – social distancing.
- e. Use your alcohol handrub because it is effective. Have separate bottle for staff and pts
- f. If you wish to disinfect a surface coughed on/touched by a quarantinable symptomatic pt., wearing gloves/mask/gown and use a disinfectant wipe with activity against coronaviruses and leave wet 1 minute

What should nursing and medical staff wear? (Ref advisory group headed by Lyn Gilbert (Aust health prot principal committee).

2. For contact with quarantinable but non symptomatic pt and no aerosolising procedures and no specimen required use: plain surgical mask, gown, gloves If pt is quarantinable and symptomatic and a specimen taken, then: HH, put on gown, fit tested P2 respirator, eye protection and gloves. To remove: gloves then HH, gown, eye protection then mask without touching their front, then HH. Staff wearing P2 respirator must know correct use. See DHHS for symptoms requiring swab and swab types. There is no antibody test yet for this specific virus.
3. **Are people really infectious without symptoms or before symptoms are apparent?** We don't have evidence for or against. Quarantine, social distancing, hand hygiene plus mask for any pt with symptoms are main preventatives.
4. **Hand hygiene and surface cleaning**
 - a. This is a corona virus as are SARS and MERS viruses. It is enveloped and susceptible to alcohol handrub.
 - b. While there is **no disinfectant currently registered with specific claims against this 2019-nCoV**, (cultured virus needs to be tested against disinfectants). Currently, any disinfectant with claims against coronavirus /SARS/MERS is considered suitable - note this is only a recommendation. Such a disinfectant can only be used on precleaned surfaces and check how long it needs to be left in wet contact - usually 1 minute min.
5. **How long is the virus infective on surfaces for?** We do not know but we know this virus is not very resistant to chemicals or heat. You should be wiping down high touch surfaces daily in your cleaning routine in any case.
6. **How long do I leave a room empty for after a suspect pt?** We treat this as droplet spread but leave for 30 minutes before next consultation – you can clean in this time wearing gown, mask, gloves then clean/disinfect surfaces.
7. **What is the mortality rate and who is most seriously affected?** While it appears to be approx. 2% (same as flu) it could be lower (not all affected will seek medical help) or could be a bit higher as more serious illness occurs in 2nd week of illness. Elderly /those with underlying disease are at more risk of serious outcome e.g. pneumonia.
8. **How long is the pt infectious for?** Days rather than weeks – hosp pts tested to check to see if virus still present.
9. **What treatment is used?** Supportive ie fluids etc. Most pts get mild infection and get better. Few need to go to hospital. Trialling of antivirals underway. New vaccine platforms may cut development to 16 weeks.