



# COVID-19 (2019-nCoV): Risk Assessment for patients presenting to general practice and healthcare settings other than receiving hospitals

Please note background colour coding indicates infection control precautions as per right-hand panel

**1 CLOSE CONTACTS:**  
Any individual who has had greater than 15 minutes face-to-face (<2 metres\* distance) contact with a laboratory confirmed case, in any setting.  
Click [here](#) for further details on the definition of close contacts.

\*A distance of 1 metre is generally regarded as sufficient to minimise direct exposure to droplets however, for Public Health purposes, a close contact definition of 2 metres has been specified.

**Interim Case Definition**

In the 14 days before the onset of illness:

Been in an area with presumed community transmission of COVID-19  
OR  
Contact<sup>1</sup> with a case of COVID-19  
OR  
Worked in or attended a healthcare facility where patients with COVID-19 were being treated

**AND**

**CLINICAL CRITERIA**

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome
- OR
- acute respiratory infection of any degree of severity (including at least one of the following: fever, shortness of breath or cough)
- OR
- Fever of unknown cause with no other symptoms

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

**STANDARD PRECAUTIONS (SP)**

**Maintain at least 1 METRE DISTANCE**

**CONTACT & DROPLET PRECAUTIONS:**

- **Gloves**
- **Long-sleeved gown, if available, if not, then use plastic apron and roll up sleeves**
- **Eye protection** (face shield or goggles)
- **Respiratory protection** (surgical face mask)
- **Respiratory hygiene** and cough etiquette

↓ **NO**

**COVID-19 UNLIKELY**  
Proceed as clinically indicated

↓ **YES**

**STOP**

1. **ISOLATE** patient away from other patients ([Advice for GPs](#))
2. Initiate **STANDARD CONTACT & DROPLET PRECAUTIONS**
3. Provide the patient with a **SURGICAL MASK** if tolerated
4. Explain the **NOW and the NEXT** to the patient

1. Phone PUBLIC HEALTH to DISCUSS details of the possible case
2. If the patient fits the CASE DEFINITION:
  - You should **ALERT NATIONAL AMBULANCE SERVICE (NAS)** of a possible case of COVID-19 for transfer of the patient
  - NAS will **contact** the **RECEIVING HOSPITAL**, who will alert ED/admitting team and IPC team **in advance**
  - Discard waste and decontaminate environment as [per IPC guidelines](#)
  - Record details of all persons in the waiting room and practice team members who may have had potential exposure

If the patient **PHONES**

1. You should contact **PUBLIC HEALTH** to **DISCUSS** details of the possible case
2. If the patient fits the CASE DEFINITION:
  - a. You should **ALERT NATIONAL AMBULANCE SERVICE (NAS)** of a possible case of COVID-19 for transfer of the patient.
  - b. NAS will **contact** the **RECEIVING HOSPITAL**, who will alert ED/admitting team and IPC team **in advance**

**CONTACT DETAILS:**  
**PUBLIC HEALTH Medical Officer Health (MoH): (OOH 0818 501999)**

HSE E: 01 635 2145  
HSE M: 057 935 9891  
HSE MW: 061 483 338  
HSE NE: 046 907 6412  
HSE NW: 071 985 2900  
HSE SE: 056 778 4142  
HSE S: 021 492 7601  
HSE W: 091 775 200

NAS: as per usual channels—  
**(0818 501999)**