

ACSEP
COVID-19 COMMUNICATE
Australia
16 March 2020

Introduction

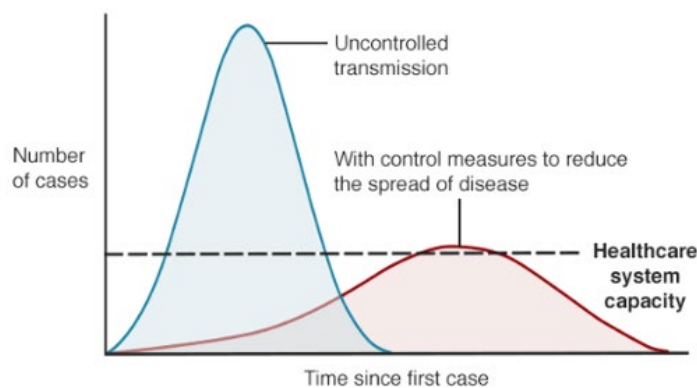
The current COVID-19 pandemic is a rapidly evolving situation and information updates are being issued regularly by government departments and peak bodies. Australia is ahead of New Zealand in its case load and has in the last 24 hours followed New Zealand in imposing self-isolation on any people entering the country. This communique contains both general and Australian specific information. We will forward a specific New Zealand communique in the coming days. We understand that this situation will potentially impact you professionally, emotionally and financially.

COVID-19 is the illness caused by SARS-CoV-2 coronavirus. This is the third coronavirus epidemic in the 21st century, the 2 previous coronavirus outbreaks due to SARS-1 and MERS. Previous *pandemics* have related to influenza. There are a number of factors contributing to this virus pattern being different, including the high number of mild illnesses (80%) which result in continued transmission as people are unaware they are sick and the long infectivity time of 2+ days prior to symptoms developing and 10+ days after. Perhaps interestingly, the low mortality rate, thought to be between 1-3%, paradoxically increases transmission as the virus is not 'stopped in its tracks' by the death of its host.

Whilst most of the SARS-CoV-2 infections will be mild, populations thought to be at increased risk are those over the age of 70, the immunocompromised, those of indigenous heritage, those with co-morbidities including heart disease and diabetes and those with concurrent infections such as influenza. These are not the typical patients of SEM Physicians, our patients come from an interesting demographic, being predominantly younger.

Australia is in the first stage of this pandemic with an emphasis on containment strategies. The aim is to

How an epidemic peak might be delayed and numbers reduced



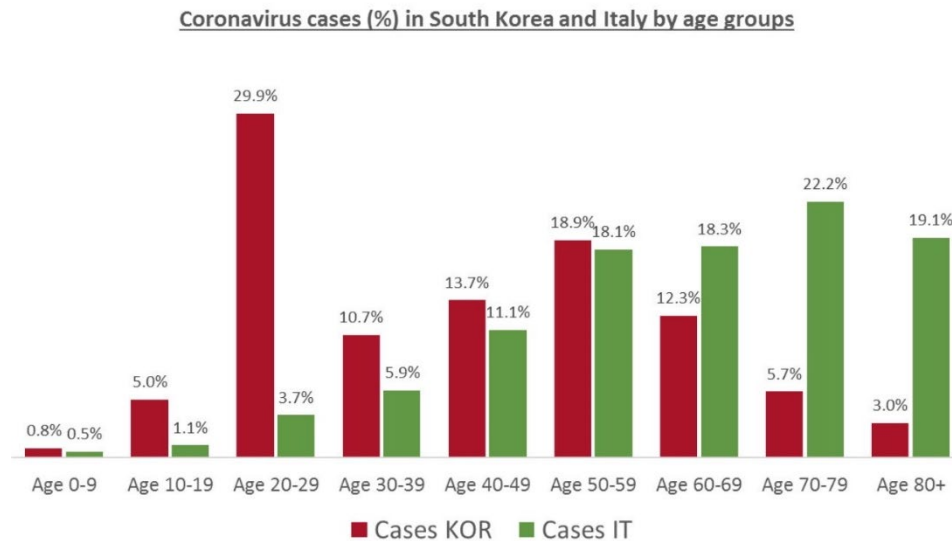
*Control measures include closing schools, working from home, limiting large gatherings, travel restrictions

Source: Carl T. Bergstrom, University of Washington, Esther Kim



slow down the transmission rate so less people are infected early and healthcare facilities can cope with limited resources such as intensive care beds.

Perhaps one of the most important issues for our College is the impact of young people with the virus. If we look at the figures from South Korea, which are pertinent as they have done more tests than most other countries, it is clear that the highest number of infections occurs in the 20-29 year age group. This group makes up many of our patients and we can play a very important role in reducing the spread by educating this group about the importance of social distancing.



Many people erroneously believe that once they have had this virus they will be immune and that the development of 'herd immunity' will then protect the more vulnerable. We do not yet know if SARS-CoV-2 behaves like other coronaviruses, but if so, it is likely immunity will only last for 4-6 months. We will then have subsequent peaks of infection until the introduction of an effective vaccine, currently thought to be at least 18 months off.

Long after the acute health issues have been passed, we will be dealing with the economic consequence of business failure, unemployment and underemployment and their impact on psychological and physical health.

Given the pandemic is evolving at a rapid rate, we need to stay abreast to updated recommendations. No country affected by this pandemic has reflected that they over-reacted and it is clear that we should act as a collective, working in social solidarity to contain the pandemic.

The Role of ACSEP

Sport and Exercise Medicine, in the main, is a non-essential service.

We do not face the challenges of front line services - first responders, general practice, emergency and hospital colleagues. We can, however, contribute to responsible containment particularly by educating our younger patients on why the containment is important and acting quickly to identify any cases in our sporting populations.

Given SEM clinics see younger patients at high risk of transmitting SARS-CoV-2, that these patients may have mild symptoms, that testing is currently only available under eligible criteria, you could consider asking *anyone* with URT symptoms to seek telehealth services or delay their appointment.

A proactive step we can take is to assist Accident and Emergency Departments to accept their referred patients with sports trauma, soft tissue injuries and pain thereby unloading some patients from their departments. This may mean reaching out to your local casualty department to remind them that

patients can be redirected toward your clinic (before entering the hospital facility), with such patients being treated by ACSEP registrars if they don't have a referral.

Over the next weeks to months, we are likely to see an increase in people presenting with pain as the community experiences ongoing uncertainty and heightened levels of alarm.

Sporting organisation Medical Officers and team doctors will have an important role in advised appropriate decision and policy around infection prevention and containment, travel and even holding events. Please reach out to your colleagues in similar situations for their advice and support.

The SARS-COV-2 pandemic is rapidly evolving.

Updates are being issued daily.

Be familiar with sources of information relevant to your practice and location.

ACSEP will continue to monitor College activities to minimise the risk of SARS-CoV-2 infection. A previous communique contained updates on such activities. In addition, we appreciate there may be unknown impact on training for registrars, these will be assessed if and as they arise with. The CPD committee has announced that an accumulation of 100 CPD points over a 2 year period will be accepted for 2020-2021.

ACSEP as a college will also communicate updates as they become available. We do, however, recommend you familiarise yourself with both local and relevant source of information and services, and not rely solely on these College communications.

We must look after our own health and that of our colleagues as well as the community. Should you feel the need for psychological support, there are resources including an Employees Assistance Program available on the [Better Members](#) page of the ACSPE website (members only).

Hygiene Measures

These remain the most important community health measure in containing the outbreak.

- **Social distancing** – remaining 1.5 m from others, avoiding crowded spaces, handshakes, kissing and hugging.
- **Cough etiquette** – cough and sneeze into a tissue then dispose and wash your hands.
- **Regular hand washing** - with soapy water or alcohol hand rub.

Masks

Surgical masks are only recommended for

- healthcare workers treating known or suspected SARS-CoV-2 infection.
- patients who are known or suspected to have SARS-CoV-2 infection

They are not required for protection in routine practice and may still allow viral particle transmission, especially if not used properly.

P2/ N95 respirators and additional PPE should be used by health care practitioners when treating patients with known SARS-CoV-2 infection in situations where coughing is severe or respiratory procedures are being performed. These are not generally required in community settings.

Testing

Testing is via nasopharyngeal and throat swabs.

Only dedicated testing locations offer SARS CoV-2 testing. Your local public hospital will perform testing and will generally have a list of local pathology locations also offering testing. Any patient should call the location ahead to be informed of relevant procedures. Testing kits are in limited supply.

The following people *only* are eligible for testing (AUS) –

Epidemiological criteria

International Travel in the 14 days before onset

OR

Close or casual contact in 14 days before illness onset with confirmed case of COVID-19

AND

Clinical criteria

Fever

OR

Acute respiratory infection (SOB, cough, sore throat)
with or without fever

Casual contact = face to face contact <15 mins or closed room < 2 hrs

Close Contact = face to face contact >15 mins or closed room > 2 hrs

Your Clinic

There is excellent information available on the RACGP website where much of the following information was obtained. ([RACGP](#))

Prior to attendance

Ensure that all practice staff feel confident in their knowledge and in delivering information to patients and responding to queries, practices could consider instituting morning debriefs on the current situation.

Methods of communication will vary depending on the practice and patient groups. Examples of different communication methods include:

- posters and signs at the entrance to the practice and in the waiting room
- fact sheets and brochures (see Advice from State/Territory Departments of Health)
- on-hold telephone call waiting messages
- phone answering machine message
- information on practice website
- internal building signage such as a notice board dedicated to current events
- social media

Consider deactivating your online booking site if it does not allow patients to provide information such as symptoms and travel/exposure history.

Communication topics may include how to access healthcare at your facility, who should NOT attend in person (eg persons at higher risk of illness, persons in self isolation, persons with COVID-19 contacts, persons with *any* fever or URTI symptoms), alternative options available including telehealth services.

Attached to this email are some posters you may wish to use. They include with and without telehealth options, with and without the need to report any RTI symptoms and are issued in B&W and colour versions.

During attendance

Observe the hygiene measures listed above - avoid hand contact, hand washing etc
Wipe down surfaces after each consultation with detergent / antiseptic - vinyl examination couches, desks, door handles

[Environmental cleaning and disinfection principles for COVID-19](#)

Telehealth services

SEM services can generally be considered non-essential and also lend themselves, especially follow-up consultations, to being delivered remotely via telehealth services. You could consider the place of offering routine consultations remotely. A new telehealth module has been recently included in the e-learning system on the ACSEP website (members only). This is an Australian resource although the principles apply more broadly.

Options available to your patients include-

- billing services outside the MBS
- utilising the new MBS item numbers for initial and follow-up consultations (which will need to be bulk-billed).

Meetings and Examinations

Training

ACSEP understands there may be disruption to registrar training and will address these as they arise and in perspective of these extraordinary circumstances.

Part 2 Examinations - 13th June

A final decision on holding these examinations will be made by Friday 8th May.

Part 1 Examinations - 18th July

A final decision on holding these exams will be made on Friday 19th June.

Please note these ACSEP examinations are both written and are held in various locations so numbers at any single venue are typically under 10.

CPD

The CPD committee has communicated that it will amend the requirements to include 100 CPD points over the years 2020-21 (rather than 50 points in 2020)

MOST Course

A decision will be made on the MOST course scheduled for May in Sydney. All registered members will be advised of any updates.

Peer Review Groups

PRG's should observe recommended hygiene precautions and consider alternatives such as virtual meetings according to their member preferences. They should keep updated of evolving Governmental recommendations for group gatherings.

ACSEP Planned Meetings

There are no ACSEP planned meetings in March and April that require postponement.

Travel

Members are advised to make their own decisions based on up-to-date travel advice from the Government and in line with their employers where relevant. No non-essential ACSEP related travel will take place.

National Office

Staff have been offered the choice to work from home and many will be. Please consider this when contacting the office, there may be a slightly delayed turn-around time for your requests.

Support Resources

There is a lot of confusion about preventative measures, testing criteria and isolation management. We suggest you be familiar with the relevant health departments that oversee your jurisdiction.

Important links for updated information

Australia

Department of Health [Coronavirus \(COVID-19\) Health Alert](#) - updated daily

[MBS Telehealth item numbers](#)

[AIS COVID-19 and Sporting Activity](#)

New Zealand

[Ministry for Health COVID-19](#)