The CALHN COVID-19 Testing, Cluster Outbreaks and Clearance Flow Charts are a guideline for clinicians as we move now into a business as usual (endemic) process. Staff are to follow:

- **Page 1: CALHN quick reference Flow Chart**
  - to be used for all patients presenting to ED / on admission

- **Page 2: Criteria to release inpatients from COVID-19 precautions**
  - to be used to assess patients for lifting enhanced respiratory precautions who have had PCR confirmed COVID-19

- **Page 3: Patients who have had COVID-19 in the last 35 days Flowchart**
  -to be used for patients presenting to ED / on admission who have COVID-19 in the last 35 days to assess patients for precautions or testing including incidental positive COVID-19

- **Page 4: Box 1 - 3**
  -Additional Information referred to in the flow charts

1. CALHN COVID-19 Quick Reference Flow Chart

Patient has signs and symptoms (S&S) compatible with a viral respiratory illness?
Note: A current confirmed COVID positive case (infectious case)- Place on Enhanced Respiratory Precautions (ERP) refer to PRC5409 . If COVID-19 positive in past 35 days refer to page 3.

NO

Is the patient a **close contact** for COVID-19 according to SA Health definition? (e.g., household contact of known positive case, or spent >4 hours within 1.5m of positive case while infectious)

NO

YES

Place in ERP.
SARS CoV-2 PCR on admission, day 3 and day 6, and any other time if patient has S&S COVID-19 (consider full respiratory PCR).
Lift precautions if **day 3 PCR negative** and asymptomatic. Still requires day 6 PCR. Daily RATS for 7 days post exposure.

YES

Place patient on Enhanced Respiratory Precautions (ERP) (refer PRC5409)
Test: perform a RAT & full Respiratory Pathogen PCR (if urgent clinical diagnosis is required for COVID, order a rapid COVID GeneXpert).

If positive for COVID-19 or other respiratory virus isolate as per PRC00696 Table of Infectious Diseases.

If symptomatic but full panel respiratory virus PCR is negative, reassess for other causes and check if requires isolation for another reason e.g., MRO history or is a close contact for COVID-19. Commence TBP accordingly.

Patients presenting for an admission or procedure in the areas listed below - RAT on admission.
Any patient within the Emergency Department at RAH or TQEH pending admission and awaiting bed placement into any of the areas listed below, must have a RAT undertaken.
If any inpatient develops signs or symptoms consistent with COVID-19 during admission staff must perform a Respiratory Pathogen PCR (if urgent clinical diagnosis is required for COVID, order a rapid COVID GeneXpert and isolate on ERP until results available).

RAH
- All inpatients on admission excluding DOSA/same day procedure
- Repeat RAT alternate days
- Dialysis, medical day infusion & haem/oncology day RAT as per local policy

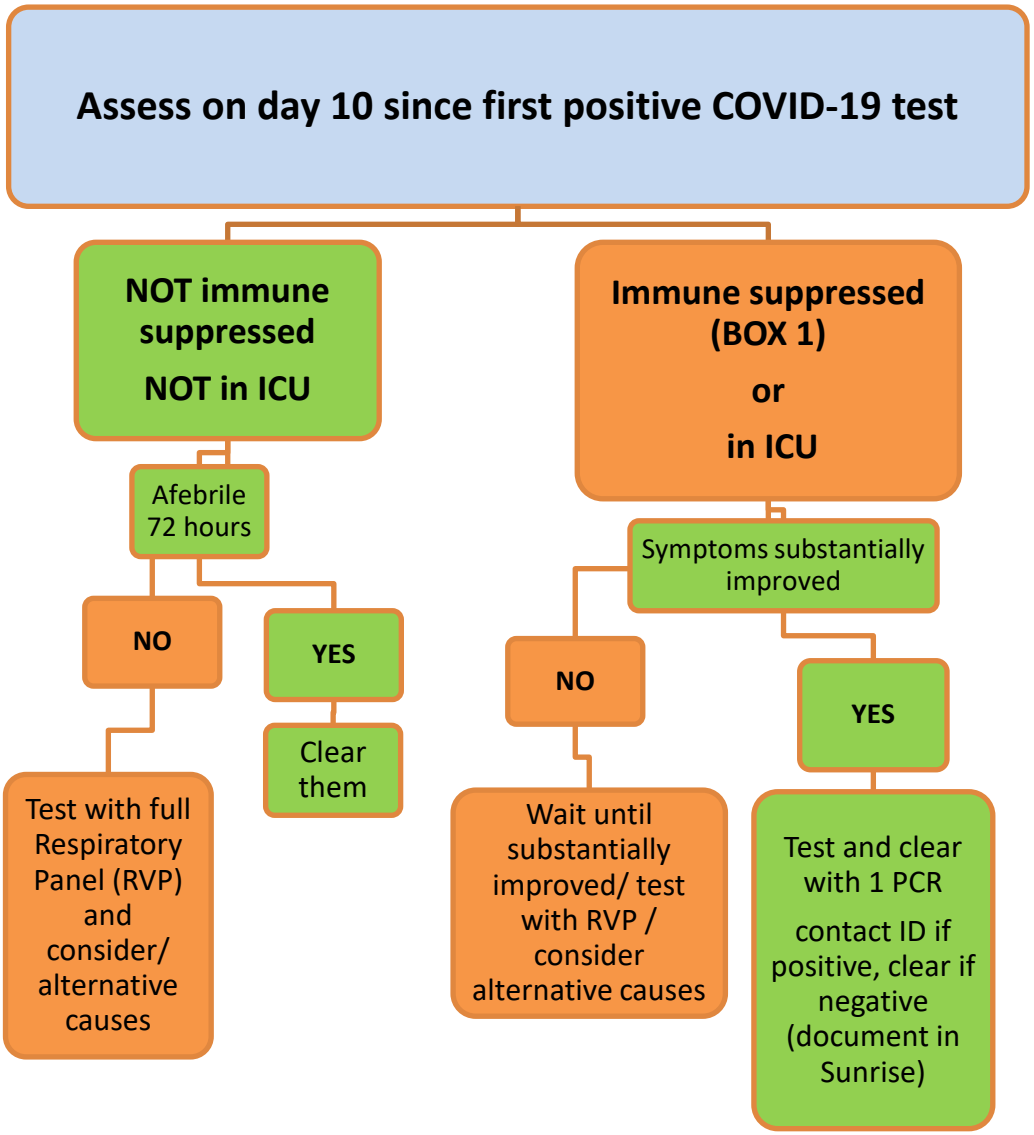
TQEH
- All inpatients on admission excluding DOSA/same day procedure
- Repeat RAT alternate days
- Dialysis, medical day infusion & haem/oncology day RAT as per local policy

HRC/Repat CALHN
- All inpatients on admission
- Repeat RAT alternate days

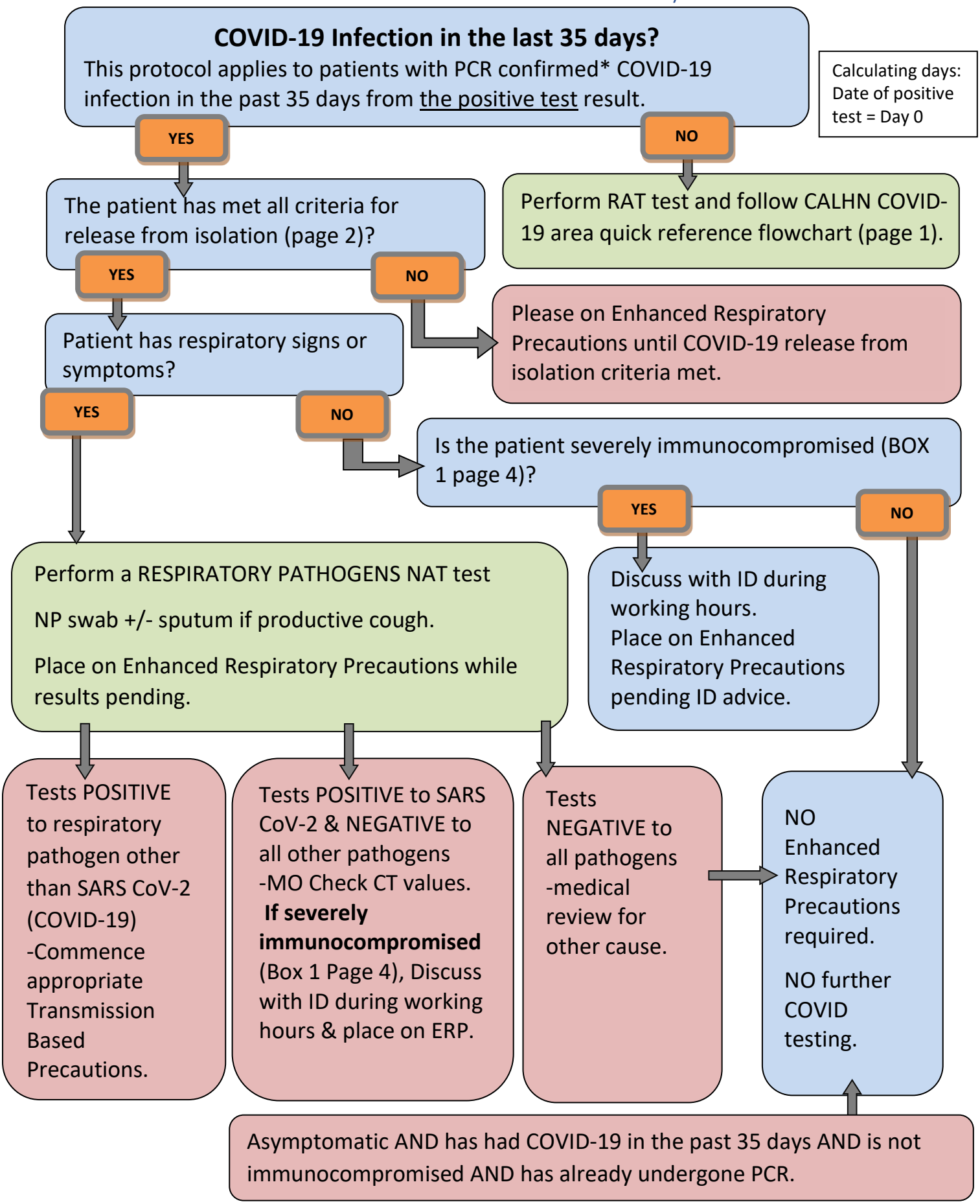
Mental Health
TQEH
RAH
GLENSIDE
- All inpatients on admission
- Repeat RAT alternate days

COVID-19 Signs and symptoms (S&S)
Unexplained fever, chills, cough, dyspnoea, fatigue, loss of taste/smell, sore throat, rhinorrhoea, headache, myalgia, vomiting, diarrhoea

2. Criteria to release inpatients from COVID-19 precautions



3. Patients who have had COVID-19 in the last 35 days Flowchart



*If COVID-19 was diagnosed via Rapid Antigen Test (RAT) only then discuss with ID during working hours

4. Box 1-4: Additional information

Box 1: Severely immunocompromising conditions

- Solid organ transplant receiving immunosuppressive therapy
- Haematopoietic stem cell transplant (HSCT) recipients or chimeric antigen receptor T-cell (CAR-T) therapy within 2 years of transplantation.
- immune suppressive therapy for graft versus host disease
- Active haematological malignancy
- HIV with CD4 counts <200/µL

N.B. This list is not exhaustive. Please contact ID COVID on-call to discuss individual cases with severe immunocompromise (eg use of Rituximab or Alemtuzumab) that may not be listed below. In general, use of chemotherapy for solid-organ malignancy, dialysis, or the use of corticosteroids does not meet the criteria for severe immunocompromise.

Box 2: ICU inpatient

- Patients remaining in ICU who have received highly immunosuppressive therapy during their stay (either as part of COVID treatment or for other reasons) and are undergoing aerosol generating procedures may need a clearance test performed as per the immunosuppressed protocol. Clearance tests will be performed on a case by case basis after discussion with ID.

Box 3: Incidental positive COVID-19 RAT or PCR following clearance

- Non-infectious viral shedding may occur for several months following COVID-19 infection
- Testing of immunocompetent patients following clearance by either RAT or PCR is not recommended for a period of 35 days post-infection.
- Should an inadvertent test be conducted and come back positive within the 35 day period this patient should still be considered cleared of COVID if all other criteria for clearance are met. This means there is no need to re-instate precautions or to transfer to a COVID ward/hospital in the event of a positive test under these circumstances.

- Release from Isolation Flowchart produced by the RAH infectious disease unit. Based on CDNA SoNG v7.4 https://www.health.gov.au/resources/publications/coronavirus-covid-19-cdna-national-guidelines-for- public-health-units?language=en
- This document was updated 20/04/2023.