

COVID-19 Guidance - December 2023

COVID-19 (SARS-CoV-2) is no longer a global emergency however remains a global threat. To ensure the safety of our Mater community the following guidance should be adhered to in all Mater facilities.

- Healthcare facilities remain high-risk SARS-CoV-2 transmission settings because they are locations where patients at risk of severe COVID-19 are admitted and cared for
- Implementing and maintaining infection control strategies remain essential for all Mater staff, patients, and visitors. These strategies include:
 - Screening and triage for early recognition of community and healthcare acquired COVID-19 and introduction of rapid control measures
 - Applying both standard and transmission-based precautions
 - Patient isolation and cohorting
 - Universal mask wearing in response to local epidemiology and during winter
 - COVID-19 vaccination of staff
 - Prevention, identification, and management of COVID-19 amongst all staff – stay home if unwell, and get tested

COVID-19 - General Instructions

- To be read in conjunction with the [COVID-19 management procedure – state-wide](#).
- There is no need to test previously positive patients within 35 days of their test date unless they develop new acute respiratory symptoms.
- People who are at higher risk of severe COVID-19 disease who develop new symptoms at any time after their COVID-19 acute symptoms have resolved should be tested for COVID-19 and other respiratory viruses.
- Patients who are significantly immunocompromised¹ or in an intensive care unit, must be cleared by an **Infectious Diseases Physician** prior to removing from isolation.

1.0 PATIENTS

1.1 COVID-19 Positive Patients

Patients are considered COVID-19 positive for **7 full days**. Day 0 is the day of the patient's first positive test.

- **Duration of isolation**
 - COVID-19 positive patients to be isolated for **7 full days** (i.e. day 0 to day 8) unless:
 1. Symptoms continue past **day 6 - isolation must be extended until the patient has been asymptomatic for 48 hours**
 2. They are receiving continuous oxygen therapy
 3. The patient is significantly immunocompromised
 4. The patient is currently in an intensive care unit (ICU)

¹ Persons who are clinically assessed as being significantly immunocompromised may have a reduced ability to effectively clear SARS-CoV-2 and a prolonged infectious period. Significantly immunocompromised persons may include, but are not limited to, those who: have had an organ transplant and are on immune suppressive therapy; have had a haematopoietic stem cell transplant in the past 2 years; are on immune suppressive therapy for graft versus host disease; have had an active haematological malignancy; human immunodeficiency virus infection with CD4 T-lymphocyte count below 200 cells/per mm³; are receiving dialysis; or other conditions specifically noted by the treating medical practitioner (COVID-19 CDNA National Guidelines to Public Health Units, Version 7.4, 14 October 2022)

- Once released from isolation, the patient can move out of a single room, but until day 14 must:
 1. Wear a clean, flat surgical mask while in the hospital where tolerated
 2. Practice good hand and respiratory hygiene
 3. Not visit communal areas with other patients e.g. patient lounge, ward pantry/kitchen, waiting room

- **Patient Accommodation (order of preference)**

- Type 5 negative pressure isolation room (includes anteroom)
- Negative pressure isolation room with no anteroom
- Non-negative pressure isolation room with anteroom
 - The room and anteroom doors must be closed at all times
 - Ensure adequate supply of PPE, ABHR and disinfectant wipes are available in anteroom
 - Place yellow clinical waste bins in the patient room and anteroom
 - In the anteroom, allocate a "clean" area for clean equipment such as PPE and a "dirty" area for potentially contaminated items such as meal trays
- Non-negative pressure isolation room without anteroom (single room)
 - Doors must be closed at all times
 - Ensure adequate supply of personal protective equipment (PPE), alcohol-based hand rub (ABHR) and disinfectant wipes are available immediately outside the room
 - If using a dedicated PPE (soldier) stand, use a separate trolley for "dirty" items such as meal trays
 - If using a metal trolley, allocate the top shelf to "clean" equipment such as PPE and the bottom shelf for "dirty" items
 - Place a yellow clinical waste bin outside the patient room for disposal of P2/N95 masks and single-use protective eyewear

- **Air purifiers**

Specific precautions must be taken by staff working on in-patient wards where COVID-19 patients are being cared for in non-negative pressure isolation rooms.

- An air purifier must be placed next to the bed in each non-negative pressure room
- An air purifier must also be placed inside the door in each non-negative pressure room (the air purifier can be placed immediately outside the room door if necessary)
- To request an air purifier on the South Brisbane campus please log a job on Carps or call ext. 8411 for the public hospital. For Mater Private Hospital Brisbane log a job on Olinqua or call ext 7816.

- **Personal protective equipment (PPE)**

- **Particulate filter respirators** e.g. P2/N95 masks must be worn by staff entering the room of a patient with COVID-19

- **Transmission-based Precautions:**

- **Airborne** and **Contact** Precautions

- **Visitors to COVID-19 positive patients are discouraged from visiting, however may be allowed to visit upon the discretion of the unit manager. If allowed:**

- Visitors are encouraged to limit contact and time spent with the patient
- Visitors must always wear a flat surgical mask and cannot visit any other areas of the hospital
- Visitors should be advised to perform hand hygiene when entering and leaving the patient-care area
- Where a visitor may provide care OR assist the patient OR come into contact with blood or body fluids (e.g. vomit, diarrhoea) additional PPE should be worn (e.g. gown/gloves) in line with standard precautions
- Education should be provided by staff on how to correctly apply PPE

1.2 COVID-19 Close Contact Patient

A patient is considered a close contact if they:

- live with a person that has confirmed COVID-19 or
- have been with a person that has COVID-19 for more than four hours in a house or other accommodation. In hospital this includes patients who have been in a shared room with a COVID-19 positive case.

The patient is considered a close contact for **5 full days** from the date the person diagnosed with COVID-19 returned a positive test result. A close contact patient requires the following:

- **Transmission-based Precautions:**
 - **Airborne** and **Contact** Precautions in a single room with the door closed
- **COVID-19 Testing**
 - COVID-19 **PCR test** is required during the isolation period if symptoms develop at any time
 - Day 4 COVID-19 **PCR test** required:
 - If COVID-19 PCR test is negative isolation ends on **day 6**
 - If COVID-19 PCR test is positive refer to section 1.1 COVID-19 Positive Patient
- **Visitors to COVID-19 Close Contact patients:**
 - See section 1.1 Visitors to COVID-19 positive patients for same guidance

1.3 COVID-19 Testing

A rapid antigen test (RAT) is **NOT** recommended for screening of patients or for pre-admission purposes. If a patient is symptomatic, they **must** have a COVID-19 PCR test and be managed under Airborne and Contact Precautions until the result of the test is confirmed. Consideration should be given to collecting a full respiratory virus panel PCR. If the COVID-19 test is negative but the respiratory virus panel PCR is pending, Droplet and Contact Precautions must be maintained until the results are known.

2.0 Visitors

Any visitor that falls into one or more of the below categories should contact Mater **prior** to visiting, inform staff of their status and receive further advice regarding visitation.

Staff should advise visitors to avoid entering Mater hospitals as below:

1. Close Contact: Until at least 5 full days since contact with a COVID-19 positive person
2. COVID-19 Positive: Until at least 7 full days since they received a positive COVID-19 test
3. Awaiting Test Results: Until they have received a negative COVID-19 test result
4. Acute Respiratory Symptoms: until fully asymptomatic

Exemptions to the above can be considered at the discretion of the unit manager in the following exceptional circumstances:

- End of life
- Emergency care
- Childbirth
- One parent or support person for a dependant patient (adult, paediatric or neonate) requiring critical medical treatment and in emergency situations.

If exemption is granted visitors must:

- Limit contact and time spent with the patient
- Always wear a flat surgical mask and any other PPE advised by Mater
- Restrict movements to patient room, not visiting any other areas of the hospital
- Perform hand hygiene when entering and leaving the patient-care area

3.0 Mater Staff

3.1 Staff who have tested positive for COVID-19

Report your status to Mater via [this form](#) as soon as you test positive.

- Staff should not attend work for a minimum of five (5) days following either the onset of symptoms OR a positive COVID-19 test, whichever is earlier. Staff should only return to work (day 6 onwards) when they are well i.e. your acute respiratory symptoms and fever have resolved, apart from mild residual symptoms such as a mild dry cough
- If symptoms persist, you must remain isolated until they resolve
- Wear a flat surgical mask for 7 days at all times post return to work

3.2 Staff who are Close Contacts

Report your status to Mater via [this form](#).

- Your manager will be notified
- Take additional measures at work (to Day 5):
 - Wear a flat surgical mask at all times
 - Take breaks alone – do not attend face-to-face group meetings
 - If you develop symptoms, immediately leave work and get a COVID-19 **PCR** test