

The CALHN COVID-19 Testing and Clearance Flow Charts are a guideline for clinicians:



- **Page 2: CALHN Inpatient areas quick reference Flow Chart**
- to be used for all patients presenting to ED / on admission

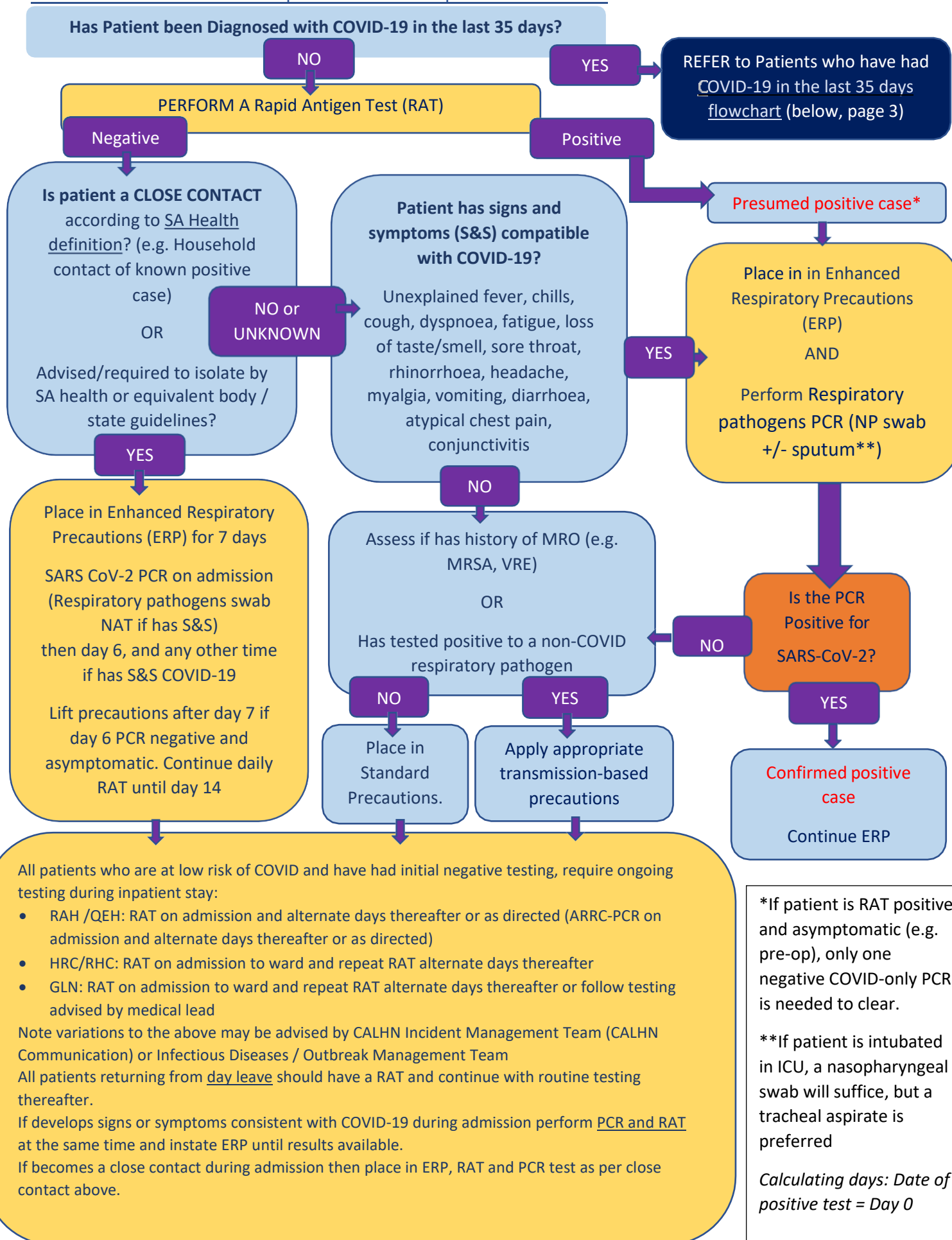


- **Page 3: Criteria to release inpatients from COVID-19 precautions**
- to be used to assess patients for lifting enhanced respiratory precautions who have had PCR confirmed COVID-19

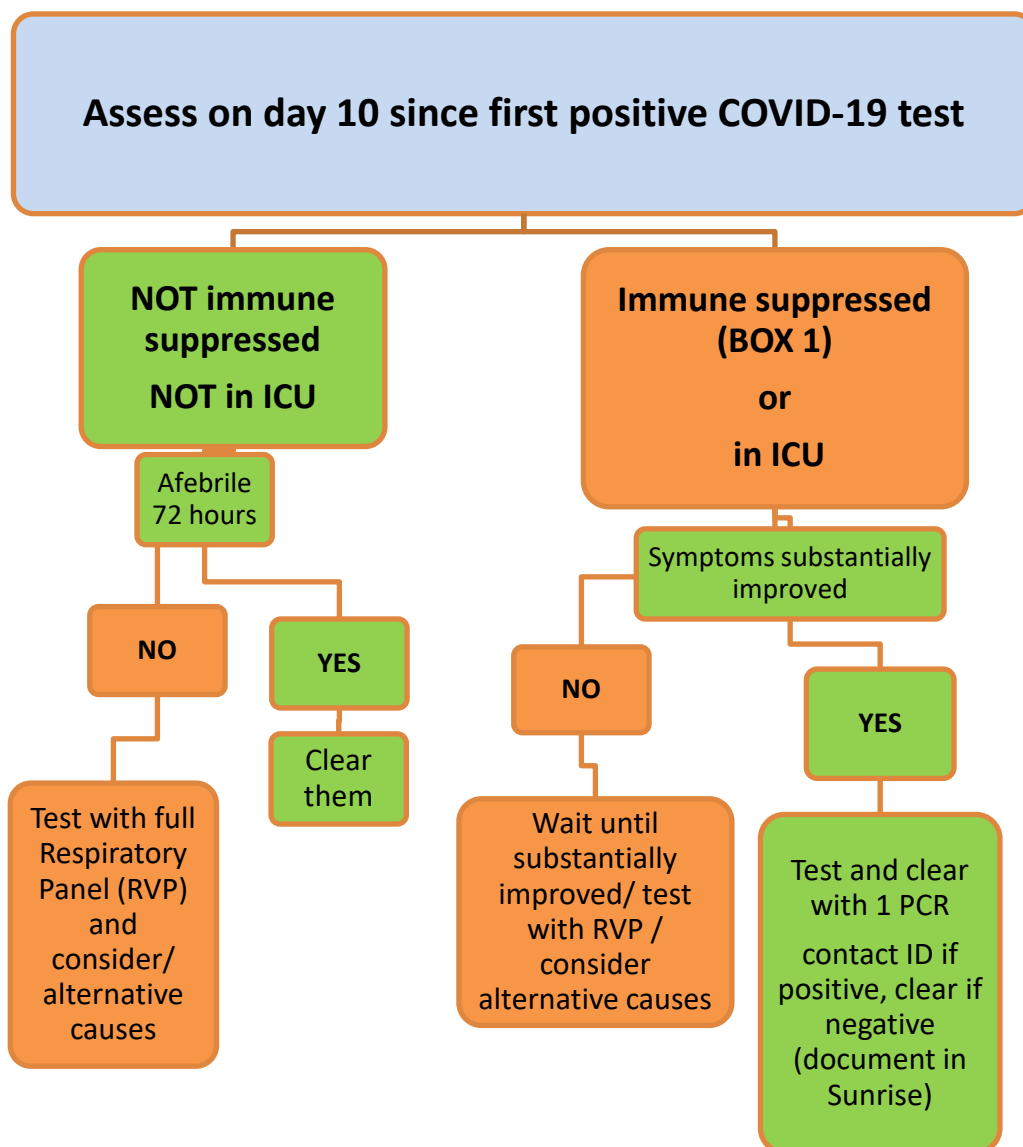


- **Page 4: Patients who have had COVID-19 in the last 35 days Flowchart**
-to be used for patients presenting to ED / on admission who have COVID-19 in the last 35 days to assess patients for precautions or testing including incidental positive COVID-19
- **Page 5: Box 1 - 4**
-Additional Information referred to in the flow charts

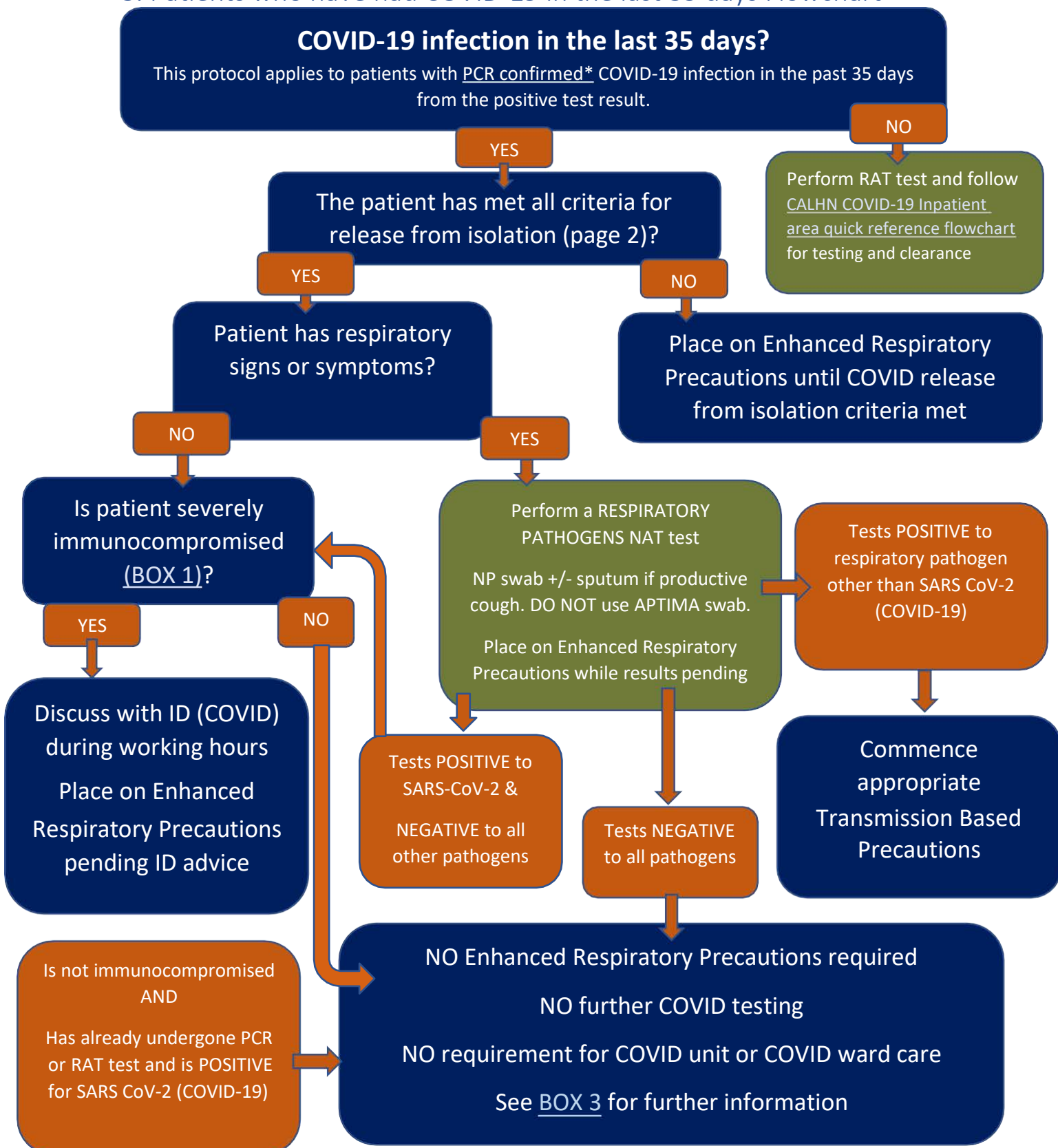
1. CALHN Inpatient areas quick reference Flow Chart



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.

Calculating days: Date of positive test = Day 0

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/ μ L

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 (CALHN COVID-19 testing and clearance flowcharts V7-NON-SURGE 20221130) was updated on 30/11/22. Note: the change from V7 non-surge includes change from 28 days post release from isolation to 35 days post positive test result.
- This version supersedes CALHN COVID-19 testing and clearance flowcharts V7 20220927.