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



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

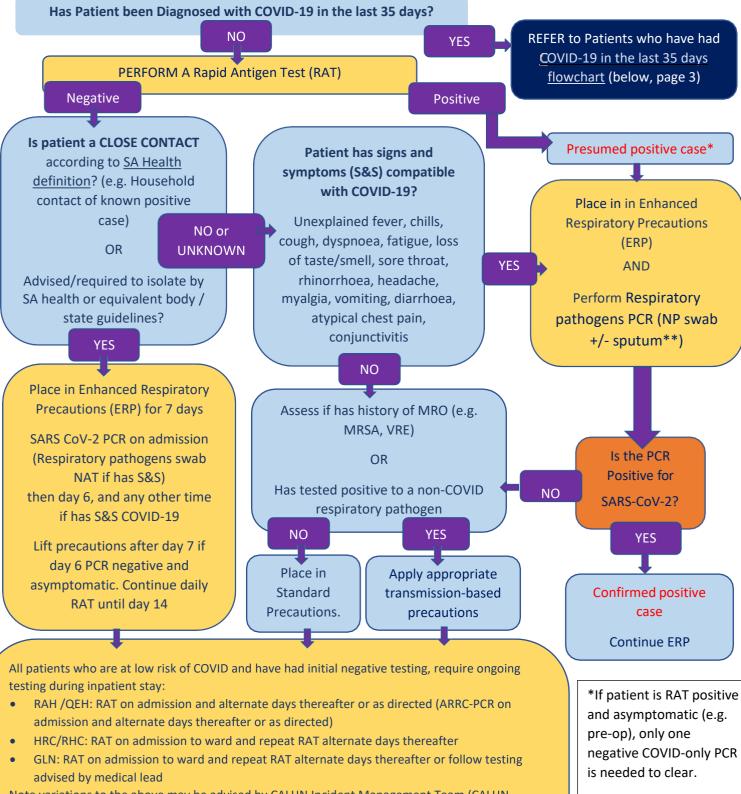


- Page 3: Criteria to release inpatients from COVID-19 precautions
  - to be used to assess patients for lifting enhanced respiratory precautions who have had PCR confirmed COVID-19



- Page 4: <u>Patients who have had COVID-19 in the last 35 days Flowchart</u>
   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



Note variations to the above may be advised by CALHN Incident Management Team (CALHN

Communication) or Infectious Diseases / Outbreak Management Team

All patients returning from day leave should have a RAT and continue with routine testing

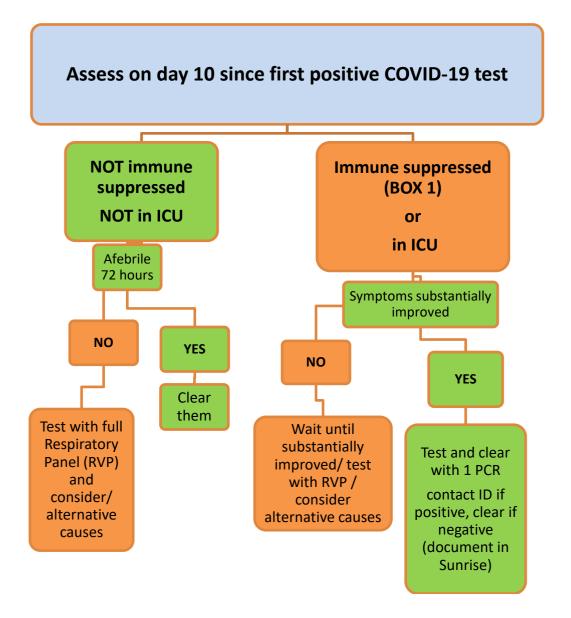
If develops signs or symptoms consistent with COVID-19 during admission perform PCR and RAT at the same time and instate ERP until results available.

If becomes a close contact during admission then place in ERP, RAT and PCR test as per close contact above.

\*\*If patient is intubated in ICU, a nasopharyngeal swab will suffice, but a tracheal aspirate is preferred

Calculating days: Date of positive test = Day 0

## 2. Criteria to release inpatients from COVID-19 precautions



#### 3. Patients who have had COVID-19 in the last 35 days Flowchart COVID-19 infection in the last 35 days? This protocol applies to patients with PCR confirmed\* COVID-19 infection in the past 35 days from the positive test result. NO Perform RAT test and follow The patient has met all criteria for CALHN COVID-19 Inpatient area quick reference flowchart release from isolation (page 2)? for testing and clearance NO Patient has respiratory Place on Enhanced Respiratory signs or symptoms? Precautions until COVID release from isolation criteria met NO YES Is patient severely Perform a RESPIRATORY Tests POSITIVE to PATHOGENS NAT test immunocompromised respiratory pathogen (BOX 1)? NP swab +/- sputum if productive other than SARS CoV-2 cough. DO NOT use APTIMA swab. (COVID-19) NO YES Place on Enhanced Respiratory Precautions while results pending Discuss with ID (COVID) during working hours Commence Tests POSITIVE to appropriate Place on Enhanced SARS-CoV-2 & Transmission Based **Respiratory Precautions NEGATIVE** to all Tests NEGATIVE Precautions other pathogens to all pathogens pending ID advice NO Enhanced Respiratory Precautions required Is not immunocompromised AND NO further COVID testing Has already undergone PCR NO requirement for COVID unit or COVID ward care or RAT test and is POSITIVE for SARS CoV-2 (COVID-19) See BOX 3 for further information \*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/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 <a href="https://www.health.gov.au/resources/publications/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units?language=en">https://www.health.gov.au/resources/publications/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units?language=en</a>
- 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.