

## COVID-19 positive patients at the Royal Adelaide Hospital (RAH)

- COVID 19 positive patients may be managed on all wards in single rooms with ensuite under Enhanced Respiratory Precautions (ERP) except:
  - burns (7GA)
  - inpatient renal dialysis (7FC and 7FD)
  - inpatient cancer IPU's (7EF, 7EE, 6EE or 6EF)
  - or with other cohorts of severely immunocompromised patients
- If patient has an aerosol generating procedure (AGP) or aerosol generating behaviour (AGB), a negative pressure room should be used.
- All patients with COVID-19 should be considered for antiviral therapy to prevent disease progression.
  - refer to CALHN COVID-19 Treatment Recommendations ([CALHN-GDE05778](#)) for indications and guidelines.

## COVID-19 positive patients at The Queen Elizabeth Hospital (TQEH)

### Patients with suspected or proven respiratory viral infections.

- ERP initiated with appropriate PPE and location of care as per patient's clinical requirements and internal ED procedure.
- Two nasopharyngeal swabs should be taken at the same time, one for rapid QUAD PCR (COVID 19, Influenza A & B, RSV) and one sent for full respiratory panel.
- If PCR or RAT positive for COVID-19 – to be managed as per the [COVID management guide PRC05409](#).
- If PCR positive for other respiratory virus, patient is to be managed with droplet precautions in a single room at the TQEH in the most appropriate clinical area for the patient's care.

### Patients at TQEH with suspect or confirmed COVID-19

- Patients diagnosed with COVID-19 infection on the ward or presenting to the Emergency Department at TQEH with mild, moderate, or severe COVID illness will be managed at TQEH with appropriate supportive care and pharmacological interventions.
- Mild or moderate COVID-19 not requiring respiratory support (other than supplemental oxygen) can be managed inside rooms with ensuite and doors closed in ERP.
- COVID-19 patients are not to be placed in NGB.
- Care can be escalated for respiratory support including transfer to the ICU for invasive ventilation, and negative pressure rooms in NGA for nasal high flow oxygen, CPAP or BiPAP or if undergoing aerosol generating procedures (AGP).
- All patients with COVID-19 should be considered for antiviral therapy to prevent disease progression
  - refer to CALHN COVID-19 Treatment Recommendations ([CALHN-GDE05778](#)) for indications and guidelines.
- Mental Health – refer to Mental Health Plan for patients who are asymptomatic or have mild COVID-19
- If the patient requires surgery, refer to the appropriate COVID-19 surgery flowchart on the [internet](#).



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**Existing diversion of COVID 19 patients to the RAH would be continued as per procedures in place**

- Severe COVID cases requiring ECMO or other intensive therapies only available at RAH.
- Patients known to be COVID-19 positive pre-hospital arrival.
- If there is an inability to meet infection control requirements (e.g., no single rooms on the wards available, inability to manage patients on nasal high flow oxygen on NGA or both ICU negative pressure rooms are occupied), the subsequent or most appropriate COVID-19 positive patients should be transferred to the RAH.
- Patients who are unable to comply with infection control measures (e.g., a wandering dementia patient) should be prioritised to NEGB. If unable to move the patient, then ensure they have a guard or carer. Staff to wear N95/P2 masks and visitors encouraged to wear surgical masks, whilst there is a risk of the patient wandering. The carer/special to wipe over any touch surfaces the patient has touched with a disposable detergent/disinfectant wipe.
- If patient has an aerosol generating procedure (AGP) or aerosol generating behaviour (AGB), a negative pressure room should be used.

## Patient at Hampstead Rehabilitation Centre (HRC)/ Repat Health CALHN (RHC)

**Patients admitted to HRC/RHC who develop incidental COVID-19 or mild disease from COVID-19**

- Remain at site (if their medical and infection control needs can be met).
- Patients who are unable to comply with infection control measures (e.g., a wandering patient) should be prioritised for transfer to the RAH to prevent nosocomial transmission.
- Patients who develop moderate or severe disease from COVID-19 should be transferred to the RAH.

## Definitions of Disease Severity

If a patient requires supplemental oxygen because of COVID-related disease, they are classified as having **at least moderate disease**. Patients at end of life and undergoing palliation should not be transferred to RAH unless unable to accommodate single room in ERP.

1. Definition of COVID-19 disease severity for adults	
<b>Mild illness</b>	Adults not presenting any clinical features suggestive of moderate or severe disease or a complicated course of illness. <ul style="list-style-type: none"> <li>• Characteristics: <ul style="list-style-type: none"> <li>○ no symptoms; or</li> <li>○ mild upper respiratory tract symptoms; or</li> <li>○ cough, new myalgia or asthenia without new shortness of breath or a reduction in oxygen saturation</li> <li>○ oxygen saturations &gt; 95% on room air</li> </ul> </li> </ul>
<b>Moderate illness</b>	Stable patient presenting with respiratory and/or systemic signs or symptoms. Able to maintain oxygen saturation above 92% at rest (or above 90% for patients with chronic lung disease) with up to 4L/min oxygen via nasal prongs.
<b>Severe illness</b>	Adult patients meeting any of the following criteria: <ul style="list-style-type: none"> <li>• respiratory rate <math>\geq 30</math> breaths/min</li> <li>• oxygen saturation <math>\leq 92\%</math> at a rest state on <math>\geq 4</math>L/min oxygen via nasal prongs</li> <li>• arterial partial pressure of oxygen (PaO<sub>2</sub>) / inspired oxygen fraction (FiO<sub>2</sub>) <math>\leq 300</math></li> </ul>