ADHB CLINICAL GUIDELINE

Early Identification, Infection Prevention, and Management of COVID-19 *(coronavirus disease 2019)*

Document control: ADHB Clinical Guideline for COVID-19.v20 updated 2021 10 21
Document Owner: Ian Dittmer, Clinical Operations Lead, COVID-19
Consultation: Thanks to the many people who have provided input to this document

Contents

1. Purpose

This guide provides quick reference to both ADHB and New Zealand Ministry of health information to support early identification, infection prevention and clinical management of COVID-19. This document will continue to be updated as information becomes available.

ADHB processes and information which are referenced in this guideline can also be found on the ADHB local HIPPO site. HIPPO remains a key location for COVID-19 updates and should be checked regularly for new information.

Should staff at ADHB find they are unable to find the information they need within this document, or in HIPPO, they should contact our Infection Prevention and Control Team, or the on-call Clinical Microbiologist (after-hours).

Any documents created from this guide MUST come to the Auckland DHB COVID Clinical Operations Lead (Ian Dittmer) for review and approval.

2. Clinical and High Index of Suspicion Criteria for COVID-19

2.1 Definition of COVID-19 / SARS-CoV-2

COVID-19	Coronavirus Disease 2019. The name of the disease caused by the virus SARS-CoV-2.
SARS-CoV-2:	Severe Acute Respiratory Syndrome Coronavirus 2. The formal name of the Coronavirus which causes COVID-19.

2.2 Clinical Criteria for COVID-19

Symptoms of COVID-19 are listed in table 1. People with any of these symptoms should be tested for COVID-19. People with less common symptoms without a clear diagnosis should be also be tested for COVID-19.

Please see the Ministry of Health COVID-19 website here for further information on Clinical Critiera for COVID-19 as this is frequently updated.

Table 1: Clinical Criteria for COVID-19

Symptoms of COVD-19 Infection	
Common Symptoms	**Less common symptoms**
fever (at least 38˚C)	Diarrhoea
new or worsening cough	Headache
sore throat	Myalgia (muscle aches)
shortness of breath	Nausea
sneezing and runny nose (coryza)	Vomiting
anosmia (loss of sense of smell) or dysgeusia (altered sense of taste).	Confusion/irritability
	Chest pain
	Malaise
	Abdominal Pain
	Joint Pain

2.3 Higher Index of Suspicion (HIS) Criteria for COVID-19

Please see the Ministry of Health COVID-19 website here for further information on Higer Index of Suspicion Criteria for COVID-19 as this is frequently updated

HIS criteria any one or more of the following risks of exposure to COVID-19, in the 14 days prior to symptom onset:

- Travelled internationally (excluding travel by air from a country/area with which New Zealand has quarantine-free travel (QFT*)
- Had direct contact with a person who has travelled internationally in the preceding 14 days (excluding travel by air from a QFT country/area). e.g. Customs and Immigration staff, staff at quarantine/isolation facilities
- Exited an MIQ facility (excluding recovered COVID-19 cases)
- Worked on an international aircraft or shipping vessel (excluding aircraft from a QFT country/area)
- Cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals (excluding areas/conveniences for travellers by air from a QFT country/area)
- Worked in cold storage areas of facilities that receive imported chilled and frozen goods directly from an international airport or maritime port **or**
- Travelled from an area with an evolving COVID-19 community outbreak (including in New Zealand and in any country/area with which New Zealand has QFT) **or**
- Any other criteria requested by the local Medical Officer of Health

*a list of QFT countries/areas can be found on the Unite Against COVID-19 website. QFT only refers to travel by air at this point

2.4 Case Classification

There a number of definitions to describe COVID-19 cases. Table 2 provides a summary of current classifications.

Please see the Ministry of Health COVID-19 website here for further information on case classification.

Table 2: COVID-19 Case Classifications

Case Classification	Description
Under investigation case	• A case that has been notified where information is not yet available to classify it as confirmed, probable or not a case
Probable case	• A close contact of a confirmed case that has a high exposure history, meets the clinical criteria and for whom testing cannot be performed, **or** • A close contact of a confirmed case that has a high exposure history, meets the clinical criteria, and has a negative PCR result but it has been more than 7 days since symptom onset before their first negative PCR test was taken
Confirmed case	**Is a case that has laboratory definitive evidence. Laboratory definitive evidence requires at least one of the following:** • Detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR). Very weak positive results will only be labelled a confirmed case when the result is confirmed on a second sample. • Detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing • Significant rise in IgG antibody level to SARS-CoV-2 between paired sera

Not a case	**An 'under investigation' case who:** • Has a negative test and has been assessed as not a case; • A person where SARS-CoV-2 has been detected where the detection is determined to be due to a previous COVID-19 infection which has already been recorded either in New Zealand or overseas; • A person who has detection of SARS-CoV-2 from a clinical specimen but, following further investigations such as serology, repeat testing, history and symptoms, they are deemed to not be a case (e.g. a likely false positive)
Historical case	**A confirmed case that is deemed to have recovered (no longer considered infectious) at the time of testing**

Close contact	**People who may live, work or have been in the same place at the same time as someone who is infectious with COVID-19**
	
	• They have may travelled on a plane or attend the same school as someone who is a positive COVID-19 case;
	• May have received an **orange Bluetooth** notification via the NZ COVID Tracer app;
	• May also receive a **Yellow QR notification** [1] for a location of interest via the NZ COVID Tracer app
	  ○ The notification will provide advice about what to do. It is important to follow these instructions
	  ○ Public Health may have contacted the person directly and informed them they have been identified as a Close Contact

Causal plus contact	**These are people who have been in the same place (Location of Interest) at the same time, near someone infectious with COVID-19.** • They are considered to be a higher risk of transmission for causal plus contacts than that of a casual contact • May receive **a yellow QR notification** for a location of interest via the NZ COVID Tracer app.
Casual contact	**There are people who have been in the same place at the same time as someone infectious with COVID-19 but may not have been near the infectious person.** • Casual Contacts are at lower risk of getting sick with COVID-19. • These people may receive **a yellow QR notification** for a location of interest via the NZ COVID Tracer app.

2.5 Requirements for Self-isolation and Managed Isolation Quarantine

Close Contacts are likely to have had an exposure to a confirmed case and will be required to go into self-isolation, managed isolation/quarantine.

Isolation for people who are deemed to be a Close Contact of a known COVID-19 case may include either self-isolation (isolating away from other members of a household whilst remaining at home) or in managed isolation/quarantine (staying at a Managed Isolation and Quarantine Facility [MIQF]

[1] A yellow QR notification will provide advice about what to do and a link for more information. It is important to follow notification instructions.

- Public health officials determine which isolation is appropriate.
- This may be a legal obligation if the Medical Officer of Health issues an Order to isolate under section 70 of Health Act 1956.
- This may be monitored and can be enforced by a Medical Officer of Health

For further guidance on self-isolation/ managed isolation/ quarantine please see the Ministry of Health COVID-19 website here

3. Referrals to Hospital and Requests for Advice

3.1 Requests for COVID-19 Advice

Members of the public:

Calls directly to the hospital or through triage, should be advised to contact Healhline (0800 358 5453) or their GP. This includes people requesting medical clearance.

Community providers:

For patients who do not require admission to hospital, calls should be referred to Auckland Regional Public Health Services (09 623 4600).

Requests for hospital admission (confirmed or probable cases)

- Call the ADHB COVID-19 Advice Dr or the after hours Infectious Disease's SMO (see table 3)
- Paediatric admissions should be directed to the Children's Emergency Dept. SMO via the switchboard. (see table 3)

3.2 Transfers from Managed Isolation Facilities or other Community Settings

Processes and pathways for transferring patients from Managed Isolation Quarantine Facilities (MIQF) can be found here:

Security for managed isolation facility patients
Patient requiring transfer from Managed Isolation Facility
MIQF patient admission and discharge process

- Requests for hospital admission (confirmed or probable cases) should be discussed with the COVID-19 Advice Dr or after hours the on call Infectious Disease SMO via switchboard. Table 3 provides the contacts for pre-notification of any transfers to the ACH site
- If a patient from a managed isolation facility requires acute care at Auckland Hospital, the receiving Emergency department will receive pre-notification by the MIQF and an ambulance will transport the patient, R40 to hospital.
- Any transfers from MIQF which are triaged as category 3 or 4 will be admitted directly to a designated COVID ward for further assessment. Transfers to the ward will be supported by essential COVID transfer team. Details of the safe transfer of COVID patients to locations on the ACH site can be found here Safe Patient Transfer Process

Table 3: Contacts to notify for an incoming admission

Notify	Contact numbers
COVID Advice Doctor	[redacted] from 8am to 4pm, Monday to Friday
ED Charge Nurse	Adult ED - [redacted], Children's ED – [redacted]
ED coordinating SMO	Adult ED - [redacted] CED [redacted]

ID SMO on call after hours	Via the hospital switch board
Paediatric SMO (for paediatric admissions only)	Via the hospital switch board

3.3 International Transfers/Referrals

The international medical referral process is only used for people needing clinical care in Auckland, who are coming **directly** to the hospital from the airport.

For International transfers please refer to the following documents:
Referral and admission process for patients coming from overseas- Adult
Referral and admission process for patients coming from overseas- Starship
COVID-19 International medical referral form
Book an Ambulance

4. Presentations to Hospital

4.1 Screening for COVID-19

The Auckland DHB Screening tool can be found here

All people presenting for care and treatment at any service within Auckland DHB must be screened for risk of COVID-19. Screening people coming to our sites enables appropriate transmission-based precautions, environmental protection, and personal protective equipment (PPE) requirements which minimize risk of transmission to staff and other patients.

4.2 Initial Management and Treatment Guide (adults only)

The initial management and treatment guideline can be found here.

This guideline has been revised by the ADHB Infectious Diseases team for use at ADHB and refers to ongoing clinical management FOR ADULTS ONLY who are confirmed COVID-19 or Probable COVID-19 cases. The guideline has been adapted from the Australian National COVID-19 Clinical Evidence Taskforce and the Counties Manukau District Health Board COVID-19 Clinical Management Guide.

4.3 Presentations to AED

Patients streamed to Red on the ADHB screening tool are required to be placed in an Airborne Infection Isolation Room (AIIR)

- Triage 1 or 2 patients will remain in AED and transferred to the appropriate location following initial assessment and interventions
- Triage 3 or 4 patients should be transferred directly to the admitting designated COVID ward
- Pediatrics, follow usual inter-hospital transfer process. Bed placement guide for Starship can be found here: Starship Bed Placement Guide
- All essential staff involved in the transfer and ongoing care of the patient must maintain in contact and airborne precautions as per the Safe patient transfer process
- Only essential staff involved in the patient's care should enter the isolation room

Patients who require resuscitation or invasive procedures in the Emergency Department:

- Are managed in the EVD room or where the AED SMO has determined a safe environment
    - Procedure Room 2 will serve as the anteroom and the doors in the corridor will be closed
    - Equipment for resuscitation is available in Procedure room 2
- Intubation drugs are sourced from the AED resuscitation medication room. There will be dedicated staff allocated to these rooms to reduce the number of staff interacting with the patient
- Patients/staff will be redirected away from the area
- CED: Resuscitation of these children to be completed as per usual process

4.4 Management of Patients with an Acute Mental Health Crisis

Community acute pathway guidelines (ACOS, CAMHS, Older Adult and Adult) can be found here

- Mental health clinicians who are caring for patients who are under investigation or confirmed/probable must wear appropriate PPE as per ADHB guidelines.

5. Admissions to hospital

- Discuss with the COVID-19 Advice Doctor or Infectious Diseases SMO who will arrange admission as appropriate
- Stable GP/Community referrals will be assessed in CDU and admitted to the designated COVID ward if needed
- Children under investigation, or with confirmed (or probable) COVID-19 who require hospitalisation are to be admitted by General Paediatric Medicine
- Notify Infection Prevention and Control service; available 0700-1530 Monday to Friday (after hours contact on-call Clinical Microbiologist)

5.1 Admitting Teams and Locations for Delivery of Care

Level of care	Care teams
Adult Non-ICU based care	Admit under General Medicine , designated COVID ward
Hypoxia/dyspnea requiring non-invasive ventilation	Admit under General Medicine / Respiratory Medicine, designated COVID ward
Adult Intensive Care	DCCM or CVICU dependent on availability
ECMO	CVICU
Paediatric non-ICU based care	Ward 25, if no AIIR available on ward 25, managed in neutral pressure single room with door closed in west wing of ward 25
Paediatric Intensive Care	PICU

6. Intra-Hospital Transfers

The process for transferring COVID-19 positive or probable cases between locations at ADHB can be found here

- It is important that staff in areas receiving patients are aware of this prior to transfer
- Patient and any accompanying whānau are to wear an N95 mask when transferring through the hospital

- Only essential staff should participate in patient transfers
- All essential staff involved the patient transfer should be airborne precautions, this includes: gloves, gown, eye protection, and a P2/N95 particulate respirator
- Staff must remove and dispose of PPE safely and perform hand hygiene

7. Goals of Care

- Goals of care must be clearly documented in the patient's clinical notes and on the CPR decision section of the Assessment to Discharge planner (Part A) or the ADHB Goals of Care Plan
- Goals of care documentation must be completed for all patients regardless of their COVID status
- Goals of care must be completed by an SMO or registrar, with daily review

8. Cardiopulmonary Resuscitation

The resuscitation guidelines for COVID-19 can be found here:
ADHB COVID-19 Resuscitation Guidelines

- Any urgent response teams, including those involved in resuscitation, must prioritize donning appropriate PPE prior to any patient interaction
- A list of all health care workers involved should be taken and the event discussed with the IPC service.

9. Oxygen Therapy and CPAP

Guidance on oxygen therapy and CPAP protocols for patients with COVID-19 can be found here

Transporting patients requiring Oxygen

- Oxygen requirements for transfer must be determined by the duty intensivist or primary SMO
- Patients wearing low flow nasal prongs should be transferred wearing an N95 over top
- For safe transfer of patients on HFNO or NIV: An Ambubag with HME filter and PEEP valve, held tightly over the patient's face (by the patient) is recommended

Nebuliser Use

- Nebuliser use has heterogeneous international recommendations regarding use in COVID-19.
- Those requiring administration usually have underlying respiratory symptoms (particularly coughing) and should be managed in appropriate transmission based precautions
    - First line therapy in those with COPD and asthma, is a metered dose inhaler with a spacer device.

10. Removal from Isolation

Patients should have daily review of isolation requirements.
Refer to the criteria for de-escalation found on the ADHB screening tool for Acute Respiratory Illness here:
ADHB screening tool Acute Respiratory Infection.

Down Grading Patients from Red Stream

- Liaise with the ID service and IPC about down grading COVID cases to "recovered". Unless there are clear contraindications, these patients can then be managed in the green stream
- Red stream patients where COVID has not been confirmed ("not a case"), must continue to be managed in Orange A stream even if symptoms have resolved

Down Grading Patients in Orange B Stream (Symptoms only, no high risk criteria)

- In the absence of HIS criteria, those with alternative explanations for symptoms and a negative test may be downgraded
- If there is an established viral pathogen, patient care should be delived in approiate Transmission-based Precautions, as per the ADHB A-Z Communicable diseases guideline found on HIPPO here
- Consideration of cohorting should occur if there are limitations to side rooms

Down grading from Orange A Stream (High Risk Criteria /No symptoms)

- A negative test does not necessarily exclude COVID-19
- Patients who continue to have high index of suspiction for COVID-19 infection should remain in isolation
- Depending on when they arrived in NZ, some patients may be able to be downgraded from the Orange A stream.
    - There are no risk criteria associated with travel from a quarantine free travel zone.
    - Patients meeting HIS criteria are managed with Transmission-based Precautions for a further 14 days from the date they left the MIQF

Table 4: Guidance for downgrading Orange A stream patients from isolation in hospital

Time since arrival in NZ	Duration of Transmission-based Precautions
<14 days (admitted from MIQF)	• Complete the full 14 days of managed isolation since date of arrival in NZ. • If discharging within the 14-day period the person maybe required to complete isolation requirements as per MOH requirements in a MIQF • First 14 days of admission
15-28 days (completed 14 days in MIQF but not 14 days after leaving MIQF)	• Until 14 days from date of leaving MIQF
>28 days (completed both 14 days in MIQF and 14 days after leaving MIQF)	• Not required

11. Cleaning

11.1 Daily cleaning

- Cleaning staff should follow Transmission-based precautions / PPE requirements and discuss requirements with nursing staff before entering room

11.2 Changing Linen

Manage all linen changes inside the patient room

- Put on disposable gloves and an apron before handling infectious linen.
- Place a laundry receptacle as close as possible to the point of use

Please do not

X Rinse, shake or sort linen on removal from beds/trolleys

X Place used/infectious linen on the floor or any other surfaces e.g. a locker/table top

X Re-handle used/infectious linen once bagged

11.3 Discharge Clean

A 'red' room clean is required prior to any bed space or room being reoccupied by another patient following the discharge of a confirmed/probable/under investigation patient.

Information on discharge cleaning can be found here: ADHB Discharge Clean - Quick Guide

- A stand down period of 20min is required for both AIIR (negative pressure) and neutral pressure single rooms before they can be utilized by another patient
- Cleaners wearing appropriate airborne precautions may commence cleaning during the stand down time
- A manual 'red' clean is acceptable if vapourised hydrogen peroxide (deprox) is not feasible.
- If a case has been cleared by the COVID-19 or ID team as being low risk, the room should receive an "amber" clean. In this case, curtains only need to be changed if the patient has occupied the room more than seven days or the curtains are visibly soiled.

11.4 PPE Required for the cleaning of rooms

- PPE, including N95, gloves and gown
- PPE removed in anteroom (if present) followed by hand hygiene; where there is no anteroom remove gown and gloves in the room, followed by hand hygiene.

11.5 Waste

- Dispose of all waste from patient room as 'clinical waste'.

12. Laboratory Testing

Testing should be completed for individuals meeting the appropriate case definition or on the advice of the Infectious Diseases Physician, Clinical Microbiologists or Virologist.

- Specimens for diagnostic testing should be collected initially from the upper respiratory tract (Nasopharynx)
- Lower respiratory tract samples (via productive coughing or endotracheal tube suction) may be obtained if a high index of suspicion remains despite negative upper respiratory tract testing

12.1 Nasopharyngeal swab for COVID-19 (SARS-CoV-2)

Criteria for Rapid testing can be found here: SARS-CoV-2 Rapid Testing Criteria for details.
Requirements for obtainined a Nasopharyngeal swab can be found here: Clinical Guideline for Nasopharyngeal Swab

- For nasopharyngeal viral PCR, use flocked swabs (red) and place in universal transport media (UTM)
- Do not use the purple top *bacterial swab.*
- Staff must be wearing appropriate PPE
- If the patient is under investigation, confirmed / probable case then the swab must be obtained in a suitable isolation environment (single room, door classed or AIIR)

Request Forms

- Use a green form for prioritising testing for staff
- Ensure that the request form is correctly labeled and placed in **the side pocket** of the specimen bag
- State the following on the request form;
    - COVID-19/SARS-CoV-2
    - patient's symptoms,
    - epidemiological risk factor
    - Name and contact details of the requester
- The standard procedure via the pneumatic tube delivery system (Lampson) in single specimen bags can be used for all case definitions

Turnaround of Tests

- Rapid Test turnaround time is less than 2 hours.
- Routine COVID-19 (SARS-CoV-2) testing is approximately 24 hours

Prioritisation of Rapid Tests is provided for:

- Patients being admitted to hospital from the emergency department with symptoms of acute respiratory infection and/or higher index of suspicion criteria
- Adult and Paediatric Haematology and Oncology patients with symptoms of acute respiratory infection and/or higher index of suspicion criteria
- CICU / CVICU patients with severe community acquired pneumonia (CAP) / acute respiratory illness (ARI).
- PICU patients with severe CAP / ARI.
- DCCM patients with severe CAP / ARI.
- Pregnant women requiring urgent interventions who meet the COVID-19 case definition
- Clearance prior an aerosol generating procedure for patients with acute respiratory tract infection and/or higher index of suspicion criteria including urgent surgery/procedures that can safely wait 2 hours for a result.
- Solid organ transplantation donors and recipients requiring clearance prior to transplant even if asymptomatic.
- Air Ambulance crew requiring clearance for international patient retrieval / transfer.
- Patient requiring international transfer for urgent care.
- Other cases that have been discussed with the on-call microbiologist and considered as a priority.

13. Radiological Investigations

The process for radiology investigations can be found here:
Radiology Quick guide (Sept 2021)

- Portable imaging performed in patient's room where possible; staff should wear appropriate PPE.
- Staff should remove and dispose of PPE safely and then perform hand hygiene.
- Where the patient must attend Radiology areas, their infection prevention requirements must be communicated by the ward to radiology and transit staff when booking the test.

14. Peri-operative Processes

Information on Perioperative processes can be found here:
Perioperative Quick Guide (Aug 2021)

- Non urgent cases should be placed last on the theatre list.
    - A terminal clean is required following any COVID-19 positive or probable case
    - Cleaners must wear appropriate PPE and follow perioperative process for cleaning
- Patients should go directly from their room on the ward / ICU to the operating theatre with pre-operative assessment completed in the operating theatre. The process for safe transfer of positive or probable patients should be followed for transfers to and from theatre
- Patient extubation and recovery is completed in the operating theatre. Following this the patient will be transferred directly back to their inpatient ward or ICU location

15. Discharge Processes

There may be a requirement for a patient to continue isolation on discharge. Table 5 provides an overview of isolation scenarios for patients under investigation / confirmed or probable COVID-19.

Table 5: Discharge Guidance for patients for patients under investigation or to MIQF

Description	Status of patient	Discharge Plan

Under Investigation	Mild symptoms and no HIS criteria	• Home with advice to self-isolate (Section 1).
Under Investigation	Mild symptoms and no HIS criteria Outstanding SARS-CoV2 test	• Notify Auckland Regional Public Health Service by e-referral on Regional Clinical Portal by the clinician who assessed the patient • This referral will generate an automated text message of a negative test result and assist ARPHS in following up positive results.
Under Investigation, confirmed or probable case	Remains under investigation as a confirmed or probable case	• MUST be discussed (via phone) with the Auckland Regional Public Health Service prior to discharge • Depending on community prevalence and personal circumstances they may have to be discharged to an isolation facility.
Discharging to MIQF		• The discharge to MIQF process on HIPPO found here: MIFQ patient discharge process (Sept 2021)

16. Attendance at Outpatients and Community Based Services

All patients presenting to an ADHB facility should be screened for COVID-19 using the current ADHB screening tool. The Screening Tool can be found here

Stream	Attendance Guide
Green Steam	• Proceed with clinic or procedure and appropriate standard precautions dependent on the national level system
Orange A or B Stream	• Contact the responsisble clinician for a risk based descision on whether their clinic or procedure will occur in appropriate transmission-based precautions as per ADHB Screening guide • Patients streamed to orange A due only to employment at the border or in MIQF should be managed with appropriate precautions, but should not have clinics or procedures unduly delayed as their risk is unlikely to change in the short term
Red Stream	• Emergency / acute procedures should proceed and be managed in appropriate Transmission-based precautions without delay as per the ADHB Screening guide • Non-urgent appointments / elective procedures should be deferred or where possible converted to telehealth

17. Reducing the risks of exposure to COVID-19

17.1 Vaccinations

The aim of vaccination is to minimise the risk of harm to Auckland District Health Board (Auckland DHB) patients, service users and workers from the impact of SARS-CoV 2 and variants.

Information on the ADHB vaccination policy can be found here:
ADHB SARS- CoV-2 (and Variants) Vaccination Policy

Vaccinations for Staff

- ADHB have assessed roles within the organisation into two categories:

- **Category A:** Vaccine protection against COVID-19 is required (or a suitable and sustainable risk reduction plan is in place)
- **Category B:** Vaccine protection against SARS-CoV-2 is recommended

Vaccinations for Patients

- Patients who want to be vaccinated but are unable to attend a community vaccination centre may be able to receive the vaccine prior to discharge.
- Patients who have had COVID-19 can still receive a vaccine >14 days after illness. If they remain inpatients at this time, vaccination prior to discharge should be considered.

If a patient would like to be vaccinated email COVID-19Vaccination@adhb.govt.nz and include: Name, NHI, location and a team contact number

17.2 Care delivery in isolation rooms

- Non-essential movement of patients out of their room should not occur. If patients are required to leave the room, they must wear an N95 mask with hand hygiene reinforced
- A log of persons in contact or entering the room of a patient under investigation, confirmed or probable should be maintained
- Depending on community prevalence and risk, restrictions may be placed on entry into isolation rooms in AED/CDU for family members and other staff
- Dedicated / single-patient use equipment wherever possible

17.3 PPE for staff members involved in direct patient care

Refer to current ADHB transmission based precautions for COVID-19 oulined on the screening tool found here

- Staff health and safety is a key priority
- Staff should protect their own safety by applying the hierarchy of infection prevention and controls including appropriate and careful use of PPE prior to providing clinical care to patients

17.4 Transmission-based Precautions for non-clinical staff

Interpreters

- Telephone interpreters should be used if possible to reduce risk of exposure
- If an interpreter is required to be in a patient room they should be:
  - Fully vaccinated
  - Able to adhere to Contact and Airborne Precautions. If they are not fit tested for a P2/N95 particulate respirator they should not enter the patients room and an alternate means of communication should be established.

Other non-clinical staff

- PPE for non-clinical staff will vary depending on the national level system.
- This could be specific to the type of mask required and other PPE depending on the role and department.
- All staff required to wear a P2/N95 will have training in fit (seal) check and have completed a fit test. Liaison with a line manager is required to arrange for Fit testing.

17.5 Management of risk exposures for all DHB staff and contractors

Guidance on when to come to work, when to stay home and what to do in the case of a COVID-19 contact can be found here: What to do if I am sick or a close COVID-19 contact

Staff that are exposed to Covid without appropriate PPE while at work

- Staff who have a PPE breach must advise their manager as soon as is practicable. Their manager will liaise with the Infection Prevention Control helpline or Infectious Diseases Covid Advice SMO Doctor.
- Staff who have been identified as a close or casual contact from an exposure to Covid while at ADHB will be part of a contact trace. They should follow Occupational Health and Infectious Diseases advice. This may include isolation, testing and/or daily symptom check-ins.

Staff who develop symptoms

All healthcare workers who develop respiratory tract symptoms or fever should stay home and get a COVID test and report illness to their manager as per usual process.

The Occupational Health flow chart can be found here: I'm sick. What should I do?

17.6 Healthcare workers with underlying health issues, pregnancy or immunocompromise

All staff with underlying health conditions should complete a staff health self-assessment for review by Occupational Health. Healthcare workers with significant underlying health issues, including pregnancy or immunocompromised.

- Any change in medical status, including a new diagnosis and/or potentially significant changes in medication, should be discussed with their treating doctor as to whether this may impact on their health and/or safety at work.
- Staff should then either complete a staff health self-assessment on Hippo or email Occupational Health OHcovid19@adhb.govt.nz
- The COVID-19 prevalence relevant to Auckland DHB is assessed and Occupational Health determines the level of risk to Auckland DHB staff utilising National Guidelines
    - The level of risk may shift during the pandemic
    - Staff with underlying health conditions are assessed in Categories 1 through 4.
    - Depending on the current level of risk, specific tasks may be assessed as safe or unsafe for staff. General advice for each category will be provided via Hippo
- Staff assessed to be Category 2, 3 or 4 who seek an OH exemption to perform tasks of higher exposure risk will need to submit a mutually agreed risk mitigation plan with their manager to OH by email
- Specific advice may be provided by contacting Occupational Health via Hippo or email

Pregnancy:

- Where possible, staff at any stage of pregnancy should not be completing high-risk COVID-19 tasks, or tasks with under investigation, confirmed (or probable) cases unless a risk assessment has been performed in consultation with Occupational Health.
- During the lowest COVID-19 prevalence, pregnant staff without underlying health conditions are able to resume their pre-COVID-19 work roles and all tasks.
- Further advice on safe deployment of staff in pregnancy should be obtained from Occupational Health.

Breastfeeding:

- Staff are able to work in their pre-COVID-19 work areas without additional risk to their breastfed infant if hygiene measures and recommended PPE for the task are undertaken.
- Immunocompromised healthcare workers: Staff with significant immunocompromise should not care for under investigation, confirmed (or probable) cases. This should be reviewed by Occupational Health.
- Other significant health issues: Other staff should submit a self-assessment form via Hippo to inform appropriate risk management strategies.

17.7 Management of visitors, whanau or companions

Visitor policy changes with community prevalence and hospital risk. The link to information on visitor policies can be found here

- Family, whanau or companions who are unwell should not visit

- A person currently in 14-day managed quarantine may only visit after consultation with the senior manager on call and may require an exemption from MBIE.
- Information on exemption for exceptional circumstances can be found here

Visitors for COVID-19 positive patients:

- A nominated visitor may be permitted for inpatients with COVID-19 on compassionate grounds and at the discretion of the DHB.
- **Prior to allowing access** a risk assessment will be undertaken and the visitor will be informed of the risks of visitation.
- **If visiting is permitted** the nominated visitor will be;
    - Supported in the donning and doffing and correct use of PPE
    - Accompanied at all times by a nurse to validate the appropriate use of PPE and ensure the safety of the visitor
    - Considered a casual contact following the visit; **and** Agree that they do not visit other areas in hospital.
- **The ward wil**l advise ARPHS of the visitor's contact (including an email to ARPHS emergency operations team arphsops@ahdb.govt.nz and advise the visitor that ARPHS will be in contact to follow up
- **The DHB will** advise ARPHS of any PPE breaches that impact on risk profile of the visitor
- **Visitor follow** up by ARPHS will be completed in alignmentment with the usual process for management of contacts

18. Management of Tūpāpaku (Body of the deceased)

The detailed process for care of Tūpāpaku can be found on here

- Those taking care of the deceased COVID-19 (under investigation, confirmed (or probable) patient should wear long sleeve impervious gowns, gloves, eye protection, and a medical mask
- Do not wash the deceased (Tūpāpaku)
- Place body (Tūpāpaku) on disposable body sheet and place in sealed plastic body bag. Please note that a black body bag is required to transport tupapaku
- This bag must be labelled noting COVID-19 status
- Deceased patients can be transferred to the mortuary by the bereavement services under their usual processes