

ADHB CLINICAL GUIDELINE

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

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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 Criteria for COVID-19 as this is frequently updated.

Table 1: Clinical Criteria for COVID-19

Symptoms of COVID-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 Higher Index of Suspicion Criteria for COVID-19 as this is frequently updated

2.4 Case Classification

There are 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.

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.

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 Healthline (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).

For specific COVID-19 treatment advice (but not admissions) calls should be referred to the Infectious Diseases Physician covering COVID on [021 971 312](#)

Requests for hospital admission (confirmed or probable cases)

- Call the General Physician on-call (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 General Physician on-call. 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
General Medicine Referral Phone	021 938 477
ED Charge Nurse	Adult ED - 021713533, Children's ED – 021914267
ED coordinating SMO	Adult ED -021410539, CED 021 927680
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 [Inpatient](#) Screening tool can be found [here](#)

The Auckland DHB [Outpatient and Community](#) 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.

All patients should have a COVID test performed as per the screening tool at presentation.

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. Information on transfer and bed placement in Starship can be found on <https://adhb.hanz.health.nz/Pages/COVID-19-management-in-children.aspx>

- 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 General Physician on-call who will arrange admission as appropriate
- Stable GP/Community referrals will be assessed in CDU
- Adult patients to be admitted should follow the [ACH bed placement guide](#) and [principles](#)
- Paediatric patients to be admitted should follow the [SSH bed placement guide](#) and [principles](#)

For further information look under bed placements in the [COVID-19 A-Z](#)

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](#)

- Transfers may include transfer of the location of care into or out of the designated COVID ward, and transfers for procedures or investigations.

- COVID positive patients under the care of non-COVID clinical services (excluding ED) should be discussed with the infectious diseases SMO on service for COVID advice if advice about COVID management or transfer to a designated COVID-19 ward is required.
- In general, patients with incidental mild or asymptomatic COVID will continue to be cared for in the home ward of their primary admitting specialty. If they deteriorate and oxygen therapy is considered, this should prompt discussion with the ID SMO on service for COVID advice and clinical review by the COVID assessment registrar.
- Patients should not be transferred to the designated COVID ward or under the care of the COVID CBU without being accepted by the COVID team (General Medicine SMO, ID SMO, or COVID assessment registrar).
- Patients in the designated COVID ward may be transferred out to other wards if: (a) they have met criteria for down-grading of isolation requirements, or; (b) their COVID symptoms have improved and oxygen therapy has been ceased but hospital care is required under another specialty, or; (c) they have highly specialised care needs that cannot be provided on the designated COVID ward.
- Airborne isolation requirements still apply on the destination ward if criteria for down-grading of isolation have not been met.
- It is important that staff in areas receiving patients are aware of this prior to transfer

7. 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.

8. 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.

9. 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 Inpatient screening tool Acute Respiratory Infection.](#)

Down Grading Patients from Red Stream

See the *Discharge Planning* section of the [Managing COVID-19 in adults guideline](#)

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 delivered in appropriate 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 suspicion for COVID-19 infection should remain in isolation

10. Cleaning

Information on cleaning related to COVID-19 can be found here: [Cleaning services HIPPO intranet page](#)

10.1 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

- ✗ Rinse, shake or sort linen on removal from beds/trolleys
- ✗ Place used/infectious linen on the floor or any other surfaces e.g. a locker/table top
- ✗ Re-handle used/infectious linen once bagged

10.2 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.

10.3 Waste

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

11. Laboratory Testing

Information on testing can be found at: [COVID-19 Testing - Clinical Guideline](#)

12. Radiological Investigations

The process for radiology investigations can be found here:

[Radiology Quick guide](#)

- 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.

13. Peri-operative Processes

Information on Perioperative processes can be found here: [Perioperative COVID-19 intranet page](#)

14. Discharge Processes

Information on discharge process can be found at: [COVID-19 Discharging patients](#)

15. 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](#)

16. Reducing the risks of exposure to COVID-19

16.1 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 can be found here [ADHB SARS-CoV-2 \(and variants\) Vaccination site](#)

16.2 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

16.3 PPE for staff members involved in direct patient care

General information on PPE can be found here: [COVID-19 PPE intranet site](#)

Refer to current ADHB transmission based precautions for COVID-19 outlined on the screening tool found [here](#)

16.4 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.

16.5 Management of risk exposures for all DHB staff and contractors

Guidance on COVID-19 exposure management can be found here: [COVID-19 exposure intranet site](#)

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](#)

16.6 Vulnerable Workers - those with underlying health issues, pregnancy or immunocompromise

Guidance on Vulnerable workforce can be found here: [Vulnerable Workforce](#)

16.7 Management of visitors, whānau or companions

Visitor policy changes with community prevalence and hospital risk. The link to information on visitor policies and associated information can be found [here](#)

17. 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 Tūpāpaku
- 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

17.1 Notification of COVID-19 related deaths

Data related to COVID deaths is reported to the Ministry of Health. This data is captured automatically through an automated report. No further action is