

14 September 2021

Memo to All Staff Prince of Wales Hospital

Re: Adjusting COVID-19 testing, isolation and de-isolation settings from today

With the increasing incidence of COVID-19 in our local area and specific populations affected we are changing the testing, isolation and de-isolation approach for all patients.

Testing of all patients being admitted non-electively:

At higher risk of COVID-19: Patients who have symptoms of COVID-19, are close or casual contacts of COVID-19, are homeless or marginally housed, are a person who uses drugs, have been released from custody should have an URGENT-INPATIENT test (unless a RAPID test is indicated) and be isolated in a single room with contact, droplet and airborne precautions pending the result.

At background risk of COVID-19: All patients being admitted who do not meet any of the criteria above will have a COVID-19 PCR test regardless of risk of COVID-19 and be admitted without isolation. If their test comes back positive they will be immediately moved to single room isolation with contact, droplet and airborne precautions in Parles1W until review by an Infectious Diseases Physician to determine if the test is a likely true or false positive result. If patients are being discharged from Emergency and need a clinic review within the next 3 days they should be tested before discharge from Emergency.

Testing of all patients before a planned admission, outpatient, ambulatory care or home visit:

All patients, regardless of LGA of residence should be tested for COVID-19 24-72 hours before their clinical encounter. If the result is not available and the care is not urgent or emergent then care should be rebooked. If the care is urgent or emergent and the result is not available then the patient should be seen in a single room/treatment space with contact, droplet and airborne precautions. All patients should be checked for COVID-19 symptoms and exposure risk (close or casual contact) and be managed with precautions if they have these present. Patients who have frequent planned attendances such as dialysis or daily treatment such as radiotherapy or chemotherapy should be tested every 72 hours.

Testing of authorised visitors should also be performed 24-72 hours before visiting, unless authorised by the Director of Clinical Services.





URGENT and RAPID testing approval

There is a worldwide shortage of rapid testing cartridges so RAPID tests should only be requested where results would allow a life-saving intervention. Approval will no longer be required from Infectious Diseases, but the requesting clinician must write **“RAPID TEST” and the reason for the test** on the form. If this is not done the laboratory will not process the sample as a rapid test. Inpatient tests should continue to be requested as **“URGENT-INPATIENT”**.

DE-ISOLATION

If a patient has a negative COVID-19 test and has no symptoms of COVID-19 and is not a close or casual contact and has an alternate diagnosis they may be de-isolated by a medical officer. The decision should be made with the AMO for the patient and documented in the medical record.

If a patient has a negative COVID-19 test and has symptoms compatible with COVID-19 they can only be de-isolated by respiratory medicine, geriatric or infectious diseases AMO. A second COVID-19 test may be required before de-isolation. A medical officer should make a de-isolation call to the AMO. Do not call the AMO for de-isolation decision between 2300-0700 unless the After Hours Nurse Manager approves the need for the call due to a critical bed capacity shortage.

The decision to de-isolate a patient must be written in the eMR with a note as follows: ‘Dr X approves the de-isolation of this patient from contact, droplet and airborne precautions. The patient should have XXX precautions’. (The type of precautions will depend on whether the patient has a non-infectious alternate diagnosis, symptoms of another respiratory viral infection or colonisation with any MROs).

This updated information will be added to the relevant Clinical Business Rule ASAP [Respiratory Viral Illness Management Including COVID-19 and Influenza-like Illness](#)

Yours sincerely,

Dr Martin Mackertich
Director of Clinical Services, Medical

