



Government of **Western Australia**
Department of **Health**

WA Health COVID-19 Framework for System Alert and Response (SAR)

Version 9.0

15/08/2022



Version control

The WA Health COVID-19 Framework for System Alert and Response (SAR) is a living document and is reviewed and updated as changes are advised by the Chief Health Officer (CHO), Incident Controller (IC) and other subject matter experts across the WA Health system. This includes changes to policy guidance at national and state-wide levels, based on evolving evidence and best practice

Version	Reviewed	Description of changes
1.0	04/01/2022	Version resubmitted to CHO for approval, following alignment with WA Health COVID-19 Testing Guidelines v2.0. Not published.
1.1	11/01/2022	Realignment to Testing Guidelines v3.0. Minor, immaterial updates to guidance for public community dental services
2.0	14/01/2022	Version approved by CHO for internal circulation only. Inclusion of proof of vaccination requirement for all visitors
2.1	14/01/2022	Version updated to reflect it will be accessible on WA Health Corporate website
2.2	17/01/2022	Hyperlinks for supporting COVID-19 Guidelines updated
3.0	25/01/2022	CHO approved updates to PPE, outpatient, visitor guidance and alignment with publish testing guidance v3.0
3.1	27/01/2022	Interim Amber phases 1.1 and 1.2 incorporated
3.2	1/02/2022	Interim Amber date of 31 January 2022 changed to 3 February 2022, Updates to the Dental Category in Amber phase
3.3	17/02/2022	Updated guidance for Amber, dental guidance, aligned visitor/essential visitor guidance, simplified PPE guidance, updated patient screening and testing, and HCW guidance for interim/Amber guidance, revised public health definitions
4.0	17/02/2022	CHO approved updates v3.1-3.3
4.1	23/02/2022	Minor clarifications to existing wording in Amber 1.2. Removed specific reference to Paediatrics in testing guidance.
4.2	28/02/2022	Reviewed and updated guidance in red following updated testing guidance and clarification regarding Public Health and Social Measures. Inclusion of Mental Health guidance. Removal to reference of 'Interim Amber' phase as all amber advice applies
5.0	01/03/2022	CHO approved updates including guidance for mental health services and updates to Red level guidance with revised testing advice
5.1-5.3	11/03/2022	Updates to Red guidance with further clarity to RAT/PCR testing/screening, including for representing patients, or those returning from day leave. Revised, simplified visitor guidance to one visitor per patient at a time, within standard visitor hours, or Essential Visitor in some other circumstances. Aligns with Testing Guideline v10.2
6.0	15/03/2022	CHO approved updates as noted above for v5.3
6.1	16/03/2022	Inclusion of additional voluntary RAT testing provision for health care workers
7.0	22/04/2022	Updated dental guidance in Red, consolidated patient testing and screening section, including inpatient surveillance and recent cases and HCW screening and testing. Updated visitor guidance in Black to align with Red
7.1	27/04/2022	Updated visitor guidance section in Red and Black to align to updated Visitor Guidelines v11
8.0	2/05/2022	CHO approved updates to provide clearer PPE guidance in Red, align to Face Covering Directions (No 7) and updates to HCW screening and testing guidance in Red phase
8.1	16/05/2022	Adjustment of terminology with 'probable' and 'confirmed' case replaced by 'positive' case. Removal of 30 min fallow requirement for Dental in Red. Removal of screening for epidemiological risk factors wording in Red and Black guidance
9.0	15/08/2022	Green, Amber, Red and Black alert guidance replaced with Blue alert guidance, overview of the SAR and appendices updated

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Overview

Overview of the SAR

The SAR has been developed in conjunction with key health system leads and advisory groups to capture the different levels of risk (alert levels) caused by COVID-19, to the WA health system and guide the associated responses to be implemented across the public health system

Context and purpose	Scope of the SAR	Components of the SAR	Blue Alert
<p>In 2022, the Chief Health Officer (CHO) approved development of an overarching framework to provide proactive and coordinated guidance to the WA health system to respond to the changing risks of COVID-19</p> <p>The SHICC Health Operations Cell facilitated development of the SAR based on information from other jurisdictions (VIC, NSW, SA), direction from WA health system executives and in consultation with subject matter experts (SMEs)</p> <p>HSPs/public hospitals and community settings are the primary target audience. However it is acknowledged other private hospital and non-hospital services may benefit from following some of the guidance, and play a role in managing demand away from hospitals</p> <p>Initially, guidance was developed for Green, Interim Amber, Amber, Red and Black alert levels and responses. Only Blue alert and responses are provided in this document</p> <p>Responses for previous alert levels are available on the WA Health website and are accessible here.</p>	<p>What does the SAR cover:</p> <ul style="list-style-type: none">• Overarching guidance for HSPs/hospitals to manage COVID-19 alongside usual activity and provision of care• Links to relevant policy and guidance documents• COVID-19 testing guidance for hospital and public healthcare settings, including for workforce, patients and visitors <p>What is not in the SAR</p> <ul style="list-style-type: none">• Public health and prevention strategies to reduce risks of transmission in the community• HSP specific procedures, including winter/flu season and bed surge management processes• Actions for service preparedness, including workforce, supply and logistics related support• Pharmaceuticals and therapeutics guidance• Clinical pathways/models of care.	<p>The SAR consists of:</p> <p><u>Alert Levels</u> These include Green, Interim Amber, Amber, Red, Black and Blue alert levels. Each alert level represents differing risk ratings</p> <p>Alert levels are determined for the Department of Health by the CHO and are based on the level of COVID-19 transmission and the health service capacity of a geographical region to respond to COVID-19</p> <p><u>Responses</u> These include a minimum set of actions and interventions for health services to implement at different alert levels</p> <p>The CHO uses key public health and health system capacity measures to review and determine the appropriate alert level for different Perth metropolitan geographical areas and WACHS regions. These may be rated differently at any point in time.</p>	<p>Management of COVID-19 has pivoted from an approach of elimination to one of living with COVID-19 (LWC)</p> <p>Blue alert guides the WA health system towards managing COVID-19 in a consistent manner to other infectious respiratory illnesses</p> <p>Blue alert acknowledges WA's high vaccination rates, ongoing community transmission and case numbers, and co-existing winter pressures on the health system</p> <p>Blue alert aims to:</p> <ul style="list-style-type: none">• continue to protect HCWs and the vulnerable through ongoing use of PPE, testing, physical distancing and vaccination• Focus resources and infection prevention and control activity on positive and symptomatic people and less on asymptomatic and healthy people• Remain on standby to respond to any growing service risks or capacity issues that may arise• Optimise service continuity, including access to ED.

High-level structure of the SAR

The SAR consists of green, interim amber, amber, red, black and blue alert levels. Blue alert is structured in a similar manner to previous alert levels.

Guiding Principles	<ul style="list-style-type: none"> Guidance complies with the following legal directions that are currently in effect under the EMERGENCY MANAGEMENT ACT 2005 (WA): <ul style="list-style-type: none"> COVID Transition (Testing & Isolation) Directions Proof of Vaccination Directions COVID Transition (Face Covering) Direction Health Care Worker Restriction on Access Direction Visitors to hospitals and disability support accommodation facilities directions A positive RAT or PCR is considered a positive COVID-19 case Confirmatory PCR testing may be requested by an Infectious Disease Physician, clinical microbiologist or as per local guidelines and protocols Provision of medical care to take precedence over the availability of test results. If test result is not available treat patient as positive
WA Health COVID-19 Framework for System Alert and Response (Blue alert)	
Alert Level	Blue (TRANSITION) <ul style="list-style-type: none"> Continual high community spread of COVID-19 remains Satisfactory vaccination rates and testing capacity Some low level PHSMs in place HSPs / services applying moderate precautions to protect their HCW and the vulnerable whilst on standby to respond to any growing service risks or response capacity issues Focus is on moving from an emergency response to a LWC response
PPE (HCW, patients, community and visitors)	
HCW testing, including volunteers and students	
Patient screening and testing	
Service capacity, elective surgery, outpatient and specialist day services	
Public community dental services	
Public mental health services	
Student and volunteer access	
Visitor access	

Response Categories and Guidance

How does the SAR Blue Alert work?

- The SAR provides a high-level set of minimum guidance for all public health service facilities and healthcare settings. It provides high-level guidance to inform appropriate resourcing and management of PPE, Healthcare worker testing, patient screening and testing, service capacity, community dental services, mental health inpatient settings, student and volunteer and visitor responses to COVID-19 in a Blue alert situation
- Links to relevant, up to date policy and guidance materials (e.g. national CDNA SoNG) are included in each response category so that further detailed information is easily accessible to users of the SAR

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SAR – Blue Alert

PPE guidance

Guidance for PPE responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>PPE</p> <p>Coronavirus Disease - 2019 (COVID-19): Infection Prevention and Control in Western Australian Healthcare Facilities Guideline</p> <p>Identification and Use of Personal Protective Equipment in the Clinical Setting Policy - MP 0172/22</p> <p>CDNA Series of National Guidelines</p> <p>Australia Guidelines for the Prevention of Infection in Healthcare</p> <p>COVID Transition (Face Covering Directions)</p> <p>Respiratory Protection Guidelines for Western Australian Healthcare Facilities</p>	<p>The following applies at all alert levels unless additional PPE guidance is recommended at a particular alert level:</p> <ul style="list-style-type: none"> ▪ Standard precautions are the work practices required to achieve a basic level of infection prevention and control for all patients at all times. They include hand hygiene, respiratory hygiene, reprocessing of reusable medical devices, aseptic techniques, sharps/waste and linen disposal and environmental cleaning and use of PPE ▪ Transmission based precautions are extra work practices required in situations where standard precautions alone may be insufficient to prevent infection. They include droplet, contact and airborne precautions based on the route of transmission of the infectious agent e.g. use of a negative pressure isolation room (NPIR), allocation of single rooms, cohorting of patients, appropriate air handling, and enhanced cleaning and disinfection ▪ Transmission-based precautions must be used for COVID-19 positive patients, close contacts, patients who are symptomatic, and patients awaiting COVID-19 test results. At a minimum this should include wearing fit-checked PFR, gowns, gloves and protective eyewear for direct care ▪ For all Aerosol Generating Procedures (AGPs) PFR, gown, gloves and protective eyewear are to be used ▪ For all Aerosol Generating Behaviours (AGBs) risk assess and manage as per local policy <p>In addition to the precautions outlined above:</p> <p>All staff (all public health service facilities):</p> <ul style="list-style-type: none"> ▪ To wear a surgical mask, at a minimum, across all areas of the health facility ▪ To wear fit tested and fit checked PFR* in ED unless an area has been individually risk assessed to not require PFRs .Definition of <i>risk assessment for higher risk areas</i> is set out in Appendix 1 ▪ To wear fit tested and fit checked PFR* when providing clinical care to vulnerable patients/cohorts. Definition of <i>vulnerable patients/cohorts</i> is set out in Appendix 1 ▪ Any staff member, may wear a fit tested and fit checked PFR, in any setting if preferred ▪ Staff to comply with physical distancing in all shared areas (including meeting/tea rooms) where possible <p>Patients</p> <ul style="list-style-type: none"> ▪ All positive patients and close contacts in all settings, to wear a surgical mask at a minimum (or PFR if they choose or have been advised as clinically tolerated) as per the <i>COVID Transition (Face Covering) Directions</i> unless they have a mask exception ▪ Patients should be encouraged to wear a surgical mask <p>Visitors/Carers:</p> <ul style="list-style-type: none"> ▪ All visitors/parents/carers/statutory personnel 12 years and over to wear a surgical mask in all clinical and non-clinical areas unless there is a mask exception under the <i>COVID Transition (Face Covering) Directions</i> or they choose to wear a PFR (fit-checked at their discretion).

* As per the COVID Transition (Face Covering) Direction a person may be exempt from wearing a face covering if they have a physical, developmental or mental illness, injury, condition or disability which makes wearing a face covering unsuitable

Healthcare worker testing guidance

Guidance for healthcare worker testing responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>HCW testing, includes volunteers and student/clinical placements</p> <p>Health Worker (Restrictions on Access) Directions</p> <p>Proof of Vaccination Directions</p> <p>COVID Transition (Testing & Isolation) Directions</p> <p>Mandatory vaccination for workers FAQs</p> <p>Coronavirus Disease - 2019 (COVID-19): Infection Prevention and Control in Western Australian Healthcare Facilities</p> <p>WA COVID-19 Healthcare Worker Furloughing Guidelines</p> <p>TTIQ (Test, Trace, Isolate and Quarantine) Plan</p> <p>COVID19-release-from-isolation-information-for-clinicians</p>	<ul style="list-style-type: none"> ▪ Health Care Workers include: all staff at a public or a public-private-partnership (PPP) health care facility setting, volunteers, students or others on clinical placement at these sites ▪ All HCWs must be fully vaccinated unless a valid exemption exists <p>Symptomatic</p> <ul style="list-style-type: none"> ▪ If COVID-19 symptoms develop undertake RAT immediately (unless within 4 weeks of release from isolation) ▪ If RAT positive: <ul style="list-style-type: none"> ▪ isolate as per current <i>COVID Transition (Testing & Isolation) Directions</i> and refer to release from isolation guidance ▪ Stay home until well (i.e. afebrile for 24hrs and resolution of acute symptoms), manage as appropriate and seek medical assistance if needed ▪ HCWs who have recovered from COVID-19 and develop new acute respiratory symptoms, refer to section below on Testing – Recent cases ▪ If exposed to COVID-19 in the workplace, manage as per the <i>COVID-19 Infection Prevention and Control in Western Australian Healthcare Facilities</i> guidelines <p>Asymptomatic and ongoing surveillance</p> <ul style="list-style-type: none"> ▪ No testing required for asymptomatic staff ▪ Consider voluntary RATs 72 hourly, for vulnerable health care workers, HCWs working with vulnerable patients/cohorts or in higher-risk hospital areas. Definitions of <i>higher-risk hospital areas and Vulnerable patients/cohorts</i> as set out in Appendix 1 applies. <p>Close contacts</p> <ul style="list-style-type: none"> ▪ Asymptomatic close contacts must advise their employer that they are a close contact, and receive confirmation from their employer that they can attend work ▪ The employer will determine if asymptomatic HCWs should attend work based on an individual risk assessment ▪ Must return a negative RAT prior to each shift and actively monitor for symptoms ▪ If develop symptoms must leave the workplace and return home immediately and undertake a COVID-19 test <p>Recent Cases</p> <ul style="list-style-type: none"> ▪ If after 7 days of isolation, there is substantial resolution of acute respiratory symptoms and no fever for 24 hours without the use of fever reducing medications, can be released from isolation ▪ If develop new acute respiratory symptoms, after release from isolation, stay home, no routine testing and seek medical care if needed ▪ Recent cases who are within 4 weeks of release from isolation, no COVID-19 testing unless local HSP/hospital policies apply or assessed by a clinician that testing is required

Patient screening and testing guidance

Guidance for patient screening and testing responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>Patient screening and testing</p> <p><i>Applies to all areas (Paediatric, elective surgery, outpatients, specialist day services)</i></p> <p>Release of cases from isolation Information for clinicians</p> <p>COVID-19 guidelines for outpatient services – under review</p> <p>COVID Transition (Testing & Isolation) Directions</p> <p>COVID-19 Guidelines for hospital discharge and interhospital transfer - under review</p>	<p>Screening questions - all presentations & all settings</p> <p>Screen/risk-assess all attendees for symptoms of COVID-19, positive cases and close contacts</p> <p>Symptomatic unplanned presentations (including ED)</p> <ul style="list-style-type: none"> ▪ RAT patients with COVID-19-like symptoms <ul style="list-style-type: none"> • If RAT negative and symptoms persist, consider alternative diagnoses and a PCR for other respiratory viruses • If RAT positive, continue care with appropriate infection prevention and control assessment and precautions • If RAT positive and history of recent infection (release from isolation within 4 weeks), for case-by-case assessment and clinical decision for further testing and management • Refer to PPE guidance for infection prevention and control measures ▪ No testing for release from isolation unless significantly immunocompromised, a renal dialysis patient or local HSP/hospital policies apply. Refer to <i>Release of cases from isolation Information for clinicians</i> for further information <p>Symptomatic planned presentations (including elective surgery/procedure)</p> <ul style="list-style-type: none"> ▪ RAT patients with COVID-19-like symptoms on presentation or at home within 24 hours of presentation • See above for guidance on further management <p>Asymptomatic (planned and unplanned)</p> <ul style="list-style-type: none"> ▪ No asymptomatic testing, including for AGPs and AGBs (based on adequate PPE being in place) unless an identified close contact <p>Surveillance Testing</p> <ul style="list-style-type: none"> ▪ Voluntary 72 hourly asymptomatic RAT testing for patients at service discretion dependent on facility infrastructure, airflow, ventilation, space for isolation and physical distancing

Service capacity management guidance

Guidance for service capacity management responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
Service Capacity <i>Including ED, General Beds, ICU, Mental Health</i>	<ul style="list-style-type: none"> ▪ HSPs applying local COVID-19 patient pathway protocols including service specific guidance ▪ Patient Flow Command Centre actively referring COVID-19 positive patients from the COVID Care at Home program
Elective Surgery, including Private Hospitals	<p>Public and private hospitals</p> <ul style="list-style-type: none"> ▪ 100% Category 1, 2 and 3 elective surgery continue ▪ Continue to implement COVID-19 safe procedures (i.e. screen/risk-assess attendees for COVID-19 symptoms via questionnaires, practice physical distancing and frequent hand hygiene) ▪ If COVID-19 positive, case-by-case assessment and clinical decision to continue treatment <p><i>Note: Department of Health will perform regular system assessment to determine if additional winter preparedness and/or service recovery strategies are required to manage and prioritise planned and non-urgent care, with the aim of preventing and reducing backlogs of care</i></p>
<p>Specialist day services and outpatient services. Including clinics, imaging, pharmacy, pathology</p> <p>COVID-19 Guidelines for Outpatient services - under review</p> <p>COVID-19 Release from isolation information for clinicians</p> <p>For WACHS Aged care refer to COVID-19 information for aged care and community care providers (health.wa.gov.au)</p>	<ul style="list-style-type: none"> ▪ A full return to usual outpatient visits, including the ongoing use of telehealth and face-to-face appointments, where appropriate ▪ Continue to implement COVID-19 safe procedures (i.e. screen/risk-assess attendees for COVID-19 symptoms via questionnaires, practice physical distancing and frequent hand hygiene) ▪ Consider additional protective measures for vulnerable patients/cohorts. Definition of <i>vulnerable patients</i> is set out in Appendix 1 ▪ If COVID-19 positive, for case-by-case assessment and clinical decision to continue treatment ▪ Patient group sessions should include a prior risk assessment that considers infrastructure, airflow, ventilation, space for isolation and physical distancing, and should continue with appropriate mitigation strategies in place

Public community dental services guidance

Guidance for public community dental services responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>Public community dental services</p> <p>Risk Management Principles for Dentistry – during the COVID-19 Pandemic</p>	<ul style="list-style-type: none"> ▪ Dental clinics to screen attendees via a pre-appointment questionnaire to determine if they are COVID-19 positive, symptomatic or close contacts ▪ Patients who are COVID-19 positive or symptomatic should have their dental treatment deferred if not urgent. Refer to COVID-19 positive or symptomatic section below ▪ Close contacts should continue to receive care as usual, with evidence of negative RAT ▪ For all other patients, face to face appointments can continue with the following requirements: <ul style="list-style-type: none"> • Alcohol Based Hand Rub (ABHR) on arrival • Pre-procedural mouth rinse • Physical distancing measures are to be in place in reception and waiting areas ▪ Service recovery plans to be in place to resume routine care and manage and prioritise any backlogs <p>AGPs on asymptomatic</p> <ul style="list-style-type: none"> ▪ Use of rubber dam and high-volume evacuation is highly recommended ▪ Staff must wear a fit-tested and checked PFR and protective eyewear and long-sleeved gown during the AGP and for 30 minutes after <p>COVID-19 positive or symptomatic</p> <ul style="list-style-type: none"> ▪ Defer care if not urgent ▪ If patient requires urgent care which cannot be postponed, a face-to-face appointment can occur with the following requirements in place: <ul style="list-style-type: none"> • Patient to use pre-procedural mouth rinse • Staff in treatment space must wear a PFR, protective eyewear and long-sleeved gown ▪ For AGP's on patients who are COVID-19 positive or symptomatic: <ul style="list-style-type: none"> • A single room with the door closed or a closed cubicle to be used if possible • If no cubicle, physically distance from other staff and patients (at least 2 metres) and limit the staff and other patients in the treatment space as much as possible. Visitors should not be present • Staff in treatment space must wear a PFR, protective eyewear and long-sleeved gown during and for 30 minutes after the AGP • Use of rubber dam and high-volume evacuation is highly recommended • Leave treatment space undisturbed for 30 minutes prior to cleaning due to the reduced air exchange rates in community clinics

* Other recommended public health safety precautions apply including use of detergent and disinfectant for all patient surrounds and high touch surfaces

Public mental health services guidance

Guidance for public mental health services, including outpatient, community and home visit setting responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>Mental Health community, home and outpatient services</p> <p>COVID-19 Public Hospital Visitor Guidelines</p> <p>Management of Acute Behavioural Disturbance in Covid-19</p> <p>Mental Health Infection Control Directions</p> <p>Health Worker (Restrictions on Access) Directions</p> <p>COVID Transition (Face Covering) Directions</p> <p>COVID-19 Guidelines for Outpatient services – under review</p> <p>Local Mental Health Readiness Checklists</p> <p>Further specific guidance can be found in other sections of the SAR</p>	<p>Refer to patient screening and testing guidance</p> <p>For patients who are COVID-19 positive or symptomatic with unknown COVID-19 status</p> <ul style="list-style-type: none"> • Isolate in a single ensuite room, if patient able. If patient is unable to isolate then place patient in a cohorted zone for maximum preventative measures • Continue care with appropriate infection control precautions • Consider if telehealth is clinically appropriate • Use state-wide coordination for bed management/allocation via the mental health Patient Flow Coordinator <p>For community services, home visits, group therapy and face to face appointments, patients (if suitable*), carers, and visitors to</p> <ul style="list-style-type: none"> • Wear a surgical mask, unless there is a mask exception* or a patient is unable to tolerate a mask due to their clinical circumstances • Follow physical distancing and standard precautions • Consider if telehealth is clinically appropriate • Undertake a risk assessment prior to re-introducing group therapy sessions and put appropriate mitigation strategies in place. Definition of <i>risk assessment for higher risk areas</i> is set out in Appendix 1 <ul style="list-style-type: none"> ▪ For paediatric mental health services, both parents are considered essential visitors/carers and both should attend appointments and family therapy ▪ ECT and rTMS can occur as per normal arrangements with inclusion of COVID-19 risk assessment and mitigations in place ▪ For day leave, voluntary patients should continue to have the right to access leave. Screen/risk assess patients on return from leave and follow Patient screening and testing guidance ▪ Voluntary 72 hourly asymptomatic RAT testing for patients at service discretion

* As per the COVID Transition (Face Covering) Direction a person may be exempt from wearing a face covering if they have a physical, developmental or mental illness, injury, condition or disability which makes wearing a face covering unsuitable

Student and volunteer access guidance

Guidance for student and volunteer access responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>Student, clinical placement and volunteer access</p> <p>WA COVID-19 Healthcare Worker Furloughing Guidelines</p> <p>Coronavirus Disease - 2019 (COVID-19): Infection Prevention and Control in Western Australian Healthcare Facilities Guideline</p> <p>Health Worker (Restrictions on Access) Directions</p> <p>Proof of Vaccination Directions</p>	<p>Access for students/clinical placements</p> <ul style="list-style-type: none">Where possible, placements to be maintained. Noting vaccination, PPE, Healthcare worker testing guidance requirements <p>Access for volunteers</p> <ul style="list-style-type: none">Volunteers are permitted, providing they are vaccinated and appropriately trained in use of PPE. Guidance for PPE and Healthcare Worker testing applies as considered part of staff group

Visitor access guidance

Guidance for visitor access responses in SAR Blue alert have been developed in consultation with key SMEs and is set out below

Response Category	Blue (TRANSITION)
<p>Visitor access</p> <p>COVID-19 Public Hospital Visitor Guidelines</p> <p>Coronavirus Disease - 2019 (COVID-19): Infection Prevention and Control in Western Australian Healthcare Facilities Guideline</p> <p>Health Worker (Restrictions on Access) Directions</p> <p>Proof of Vaccination Directions</p> <p>Visitors to Hospital and Disability Support Accommodation Facilities Direction</p>	<p>Visiting hours and numbers</p> <ul style="list-style-type: none">▪ Visiting hours as per local site policies/guidance▪ No more than two visitors per patient may visit at a time (not including essential visitors defined in the Visitor Guidelines)▪ When more than two (2) visitors are requested, approval is required from the person in charge of a hospital or their authorised delegate as per the <i>Visitors to Hospital and Disability Support Accommodation Facilities Direction</i>.▪ Approval to allow more than 2 visitors should be based on a risk assessment of the patient and clinical area▪ Outside of visiting hours, only essential visitors/or those with approved exemptions allowed <p>Proof of vaccination</p> <ul style="list-style-type: none">▪ Proof of vaccination checks are to be conducted at the health services discretion▪ Signs, at every access point to the public health service facility, must be in place advising visitors that accepted proof of vaccination or proof exemptions must be made available upon request by a relevant officer or member of staff. Refer to the <i>Proof of Vaccination Directions</i> <p>Screening and Testing</p> <ul style="list-style-type: none">▪ Screen/risk-assess all visitors including carers/parents/guardians for, symptoms of COVID-19, positive cases and close contacts▪ Asymptomatic visitors attending to visit vulnerable patients/cohorts must have a RAT on presentation or evidence of a negative RAT result taken at home within 24 hrs of presentation. Refer to Appendix 1 for definition of <i>vulnerable patients/cohorts</i>▪ Asymptomatic visitors NOT visiting vulnerable patients/cohorts are not required to have a RAT <p>Symptomatic visitors</p> <ul style="list-style-type: none">▪ Symptomatic visitors are NOT permitted to enter a health facility (irrespective of RAT result) unless approved for compassionate or end of life reasons▪ Symptomatic visitors attending for compassionate, or end of life reasons must have approval, must undertake a RAT and have an IPC plan in place for short, ushered visits <p>Refer to <i>COVID-19 Public Hospital Visitor Guidelines</i> and <i>Visitors to Hospital and Disability Support Accommodation Facilities Direction</i> for detailed guidance and operational principles</p>

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Appendices

Appendix 1 - Glossary (1 of 2)

The below outlines some high level definitions for terms used in the SAR and provides links to information to provide further clarification

Term	High level definition	Reference for further information
Population cohorts/groups		
Carer	Carer includes a Labour support person, parent or designated guardian of an admitted child (including a neonate), designated guardian for a patient living with a disability, an end-of-life support person, a family member or friend required to visit a patient in the case of an emergency.	WA Health COVID-19 Public Hospital Visitor Guidelines Health Worker Directions
Health Care Worker (HCW)	A person who provides health, medical, nursing, midwifery, pathology, pharmaceutical, social work or allied health services to a patient at the HCF (irrespective of whether those services are provided for consideration or on a voluntary basis and irrespective of whether that person is employed or engaged). Including: Volunteer, student in placement, health support workers and ambulance officer.	Health Worker Directions
Higher-risk hospital areas	Higher risk hospital areas are those areas risk assessed by the local site where: <ul style="list-style-type: none"> ▪ There is a higher proportion of patients who may have undiagnosed COVID-19 ▪ There occurs a higher risk of aerosol generating behaviours such as yelling, shouting, ▪ It may be more difficult to maintain physical distancing or PPE use. Refer to definition of Risk assessment for higher risk areas	Informed by subject matter experts and HSP Chief Executives
Mental Health Advocates and other statutory personnel	Mental Health Advocates are not considered visitors and have a statutory right to access mental health units under the Mental Health Act 2014. Other Statutory Personnel may also be required to undertake legal, safety, industrial relation and emergency functions.	WA Health COVID-19 Public Hospital Visitor Guidelines Health Worker Vaccination Directions
Visitor	A family member or friend who is not a carer, or someone with a statutory role. Refer to Visitor Guidelines for additional definitions of different types of visitors.	Proof of Vaccination Directions Health Worker (Restrictions on Access) Directions
Vulnerable patients/cohorts	Individuals or groups of individuals who are assessed by the local site to be significantly immunocompromised.	Informed by subject matter experts and HSP Chief Executives

Appendix 1 - Glossary (2 of 2)

The below outlines some high-level definitions for terms used in the SAR and provides links to information to provide further clarification

Term	High level definition	Reference for further information
Care settings		
Clinical and other risk factors	<p>Clinical risk factors are symptoms of COVID-19 infection and include fever, sore throat, cough, fatigue, runny nose, loss of taste and smell and/or difficulty breathing, vomiting and/or diarrhoea.</p> <p>Other risk factors include:</p> <ul style="list-style-type: none"> • close contacts of cases, • Those waiting on test results • Unvaccinated or partially vaccinated • Known cases 	Coronavirus (COVID-19) - Testing framework for COVID-19 in Australia CDNA Series of National Guidelines (SoNG) for Public Health Units
Community based clinical care	Includes patient facing care in community-based settings run by HSPs, including for example Child and Adolescent Community Health Clinics, WACHS remote area clinics and nursing posts, public community dental services, home based settings and outreach care	Informed by subject matter experts
Higher-risk hospital areas	<p>Higher risk hospital areas are those areas risk assessed by the local site where:</p> <ul style="list-style-type: none"> ▪ There is a higher proportion of patients who may have undiagnosed COVID-19 ▪ There occurs a higher risk of aerosol generating behaviours such as yelling, shouting ▪ It may be more difficult to maintain physical distancing or PPE use. 	Informed by subject matter experts and HSP Chief Executives
Outpatient services	Includes clinics, imaging, pharmacy, pathology etc. May include examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital	WA Health: Specialist Outpatient Services Access Policy
Public health service facility	A facility at which public health services are provided	Health Services Act 2016 - [00-g0-01].pdf (legislation.wa.gov.au)
Specialist day services	Includes planned frequent/ regular patient presentations for services such as dialysis, chemotherapy, haematology (i.e. frequent transfusions) or short stay admission (<24 days) to another service provided to non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital	WA Health: Specialist Outpatient Services Access Policy
Other terms		
Community Transmission	Community transmission refers to when there are multiple COVID-19 cases in the community, where the source is unknown and presumed to have been acquired from another case within that jurisdiction	CDNA Series of National Guidelines (SoNG) for Public Health Units
Risk assessment for higher risk areas	<p>Risk assessment undertaken by local sites should include assessment of:</p> <ul style="list-style-type: none"> • adequate infrastructure, airflow, ventilation, space for isolation and physical distancing in the patients room, cubicle, bathroom or other areas where care is provided to that patient • Patient population group i.e. vulnerable patients/cohorts • COVID-19 status of patient (i.e. patients awaiting COVID-19 test results, known positive cases) • Urgency of the treatment that is required 	Informed by subject matter experts and HSP Chief Executives

Appendix 2 - Supporting guidance materials

The following material supports and provides detail to the high-level guidance which has been mapped and collated into the SAR. Links will continue to be updated as the supporting documents are updated

Document	Link	Version
National guidelines		
CDNA Series of National Guidelines (SoNG) for Public Health Units	coronavirus-covid-19-cdna-national-guidelines-for-public-health-units_0.docx (live.com)	22 July 2022
Work Permissions and Restrictions Framework for Workers in Health Care Settings	https://www.health.gov.au/resources/publications/work-permissions-and-restrictions-framework-for-workers-in-health-care-settings	18 January 2022
Australian Government Department of Health: Permissions and restrictions for workers in Health Care Settings – Interim Guidance	https://www.health.gov.au/resources/publications/permissions-and-restrictions-for-workers-in-health-care-settings-interim-guidance	18 January 2022
Coronavirus (COVID-19) – Testing Framework for COVID-19 in Australia, (24/02/2021)	https://www.health.gov.au/resources/publications/coronavirus-covid-19-testing-framework-for-covid-19-in-australia	9 March 2022
Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19	https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-for-health-care-workers-in-the-context-of-covid-19	10 June 2021
Risk Management Principles for Dentistry – During the COVID-19 Pandemic	https://www.ada.org.au/Covid-19-Portal/Dental-Professionals	22 October 2021
Australian Guidelines for the Prevention and Control of Infection in Healthcare	https://app.magicapp.org/#/guideline/Jn37kn	31 August 2021
State guidelines		
COVID-19 Public Hospital Visitor Guidelines	https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Public-hospital-visitor-guidelines.pdf	15 August 2022
Health worker (restrictions on access) Directions	https://www.wa.gov.au/system/files/2022-01/Health-Worker-Restrictions-on-Access-Directions-No-4.pdf	29 January 2022
Identification and Use of Personal Protective Equipment in the Clinical Setting Policy	https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Identification-and-Use-of-Personal-Protective-Equipment-in-the-Clinical-Setting-Policy	5 August 2022
Infection Prevention and Control in Western Australian Healthcare Facilities Guideline	https://www.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Infection-Prevention-and-Control-in-Hospitals.pdf	24 January 2022
Mental Health Infection Control Directions	https://www.wa.gov.au/government/publications/mental-health-infection-control-directions-no-4	3 March 2022
Visitors to Hospitals and Disability Support Accommodation Facilities Directions	https://www.wa.gov.au/system/files/2022-08/Visitors_to_Hospitals_and_Disability_Support_Accommodation_Facilities_Directions_No2.pdf	8 August 2022
COVID-19 Guidelines for outpatient services	https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID-19-Guidelines-for-Outpatient-Services.pdf	Under review
WA COVID-19 Healthcare Worker Furloughing Guidelines of Healthcare Staff	https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals/Transition-policies-and-resources-for-healthcare-workers	3 May 2022
Proof of Vaccination Directions	https://www.wa.gov.au/system/files/2022-08/Proof-of-Vaccination-Directions-No-7.pdf	8 August 2022
COVID Transition (Face Covering) Directions	https://www.wa.gov.au/system/files/2022-07/COVID-Transition-Face-Covering-Directions-No8.pdf	6 July 2022
COVID-19 Guidelines for hospital discharge and interhospital transfer	https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-hospital-discharge-guidelines-for-suspect-or-confirmed-COVID19-patient.pdf	Under review
COVID Transition (Testing and Isolation) Directions	https://www.wa.gov.au/government/publications/covid-transition-testing-and-isolation-directions-no-17	26 July 2022
Respiratory Protection Guidelines for Western Australian Healthcare Facilities	<i>Respiratory Protection Guidelines for Western Australian Healthcare Facilities</i>	8 July 2022

Appendix 3 - Abbreviations

The below table sets out abbreviations and acronyms used throughout the SAR

Abbreviation	High level definition	Abbreviation	High level definition
AGPs	Aerosol-Generating Procedures	PFR	Particulate Filter Respirator
AGBs	Aerosol-Generating Behaviours	PHSM	Public Health and Social Measures
BAU	Business As Usual	PPE	Personal Protective Equipment
CDNA	Communicable Diseases Network Australia	PCR	Polymerase Chain Reaction
CHO	Chief Health Officer	rTMS	Repetitive transcranial magnetic stimulation
DoH	Department of Health	RAT	Rapid Antigen Testing
ED	Emergency Department	SA	South Australia
ECT	Electroconvulsive Therapy	SAR	WA Health COVID-19 Framework for System Alert and Response
HCW	Healthcare Worker	SHICC	State Health Incident Control Centre
HSPs	Health Service Providers	SMEs	Subject Matter Experts
IC	Incident Controller	TBC	To be confirmed
ICU	Intensive Care Unit	VIC	Victoria
LWC	Living with COVID-19	WA	Western Australia
NSW	New South Wales	WACHS	Western Australian Country Health Service
NPIR	Negative Pressure Isolation Room		

Appendix 4 - Key subject matter experts

The SAR has been developed by SHICC Health Operations Cell, with significant input from SMEs across the WA health system. The below table contains a list of key contributors and groups consulted during the development of the SAR

Key SMEs by position	Key Advisory Groups
Assistant Director General, Clinical Excellence, DoH	COVID-19 Mental Health Clinical Working Group
Chief Dental Officer	WA Health Executive Committee
Chief Health Officer	Health Service Provider COVID-19 Leads
COVID-19 HSP Executive Lead	Infection Prevention and Control Clinical Advisory Group
Deputy Chief Health Officer	Infectious Diseases Physicians' Advisory Group
Deputy Incident Controller	SAR Governance Lead group
State Health Incident Controller	SHICC Planning, Infection Prevention and Control Cell
	SHICC Planning, Public Health and Biosecurity Cell