



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

WA Health COVID-19 Framework for System Alert and Response

Version 8.1 - Approved

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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. These include changes to policy guidance at national and state-wide levels, based on evolving evidence bases and best practice and feedback from the system.

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 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

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Overview of the SAR

Overview of the framework

A COVID-19 Framework for System Alert and Response (SAR) has been developed for use by the WA Health system to document the different levels of risk (alert levels) and associated responses, to be applied across the WA Health service settings, in a living with COVID-19 context.

Context and purpose	Scope of the SAR	Components of the SAR	Principles for use by the CHO
<p>WA has entered a period of transition as it pivots to living with COVID-19 (LWC), rather than continuing to aim to eliminate the virus.</p> <p>To support a proactive and coordinated risk management approach to LWC the Chief Health Officer (CHO) advised SHICC to:</p> <ul style="list-style-type: none">• Develop an overarching framework that informs the WA Health System of actions and interventions in response to changing risks of COVID-19• The SHICC Health Operations Cell to take a lead on facilitating the development of the framework using information from other jurisdictions (VIC, NSW, SA) with direction from WA Health system executives and in consultation with subject matter experts (SMEs)	<p>What does the Framework cover:</p> <ul style="list-style-type: none">• Overarching guidance for Health Service Providers (HSPs) / hospitals• Indicative indicators to help inform and group different levels of risk• Links to relevant policy and guidance documents• COVID-19 Testing guidance for hospital and public healthcare settings, including workforce, patients and visitors <p>What is currently not in the Framework</p> <ul style="list-style-type: none">• Public Health and prevention strategies to reduce community transmission risks• HSP specific procedures, including BAU flu season and HSP surge management processes• Guidance for non-hospital settings• Service preparedness actions, including workforce, supply and logistics related support• Pharmaceuticals and therapeutics• Clinical pathways/models of care• Statewide COVID-19 testing strategies and other Test, Trace, Isolate and Quarantine guidance	<p>The SAR has two key components, that are based on a combination of the VIC, NSW and SA frameworks:</p> <ol style="list-style-type: none">1. Alert Levels - Four risk ratings from low (COVID READY) to very high (SYSTEM AT CAPACITY) for the Department of Health to determine what the COVID-19 transmission and system response capacity risk rating is for a geographical region.2. Responses - A summary of consistent actions and interventions for health services to undertake during different alert levels <p>Dashboards and lead indicators that summarise key public health and health system COVID-19 response capacity measures inform the CHO (and SAR governance) in reviewing and determining the appropriate alert level</p>	<p>How is the SAR used in practice:</p> <ul style="list-style-type: none">• Supports CHO decision making: The CHO determines which alert level the state or geographical region is in based on a set of defined indicators and thresholds across the four levels of risk• Hospital focussed: HSPs/public hospitals are the primary target audience. Other private hospital and non-hospital services will benefit from following some of the same guidance, and play a role in managing demand away from hospitals• System wide application with region/ HSP specific risk categorisation: The framework is applied to different WACHS regions/ metropolitan Perth geographic areas, which may be rated different alert levels at a point in time. The alert levels for these regions are available on the WA Health website

High-level structure of the framework

The SAR consists of alert levels with risk based thresholds, and responses. The CHO uses a range of community, public health, and service capacity indicators to assess changing risks and determine the alert level.

Alert Level Indicators / Criteria	Alert Levels are determined by the CHO based on lead / lag indicators that outline the current LWC situation including: <ul style="list-style-type: none"> • Community transmission measures - including waste water surveillance, number of cases, number of COVID-19 deaths, new / virulent strains • Public health measures - vaccination rates, testing collection and lab capacity indicators • Healthcare setting response capacity measures - hospital service capacity (ED, General, ICU) via bed availability reporting, COVID-19 home monitoring capacity / potential admissions, workforce capacity – via bed availability reporting 			
	WA Health COVID-19 Framework for System Alert and Response			
Alert Level	Green: COVID-19 READY Nil to very limited, and stable, case numbers in community Satisfactory vaccination rates and testing capacity	Amber: COVID-19 ALERT Disease in community with growing spread and risk Concerns over vaccination rates and/or testing capacity	Red: WIDESPREAD TRANSMISSION Increasing and high rates of community transmission of COVID-19	Black: SYSTEM AT CAPACITY Service demand exceeds COVID-19 service response capacity
Response Categories	HSPs / services ensuring preparedness to respond. Usual baseline public health precautions HSPs/ services enacting early precautions	HSPs / services applying early precautions and on standby to respond to growing service risks	HSPs / services acting to reduce impacts as much as possible and maintain resilience of services	HSPs/ services working together as one system to prioritise most critical care and create response capacity
PPE (including some community service settings)	<div style="border: 1px solid black; padding: 10px;"> <p>How will the SAR work?</p> <ul style="list-style-type: none"> • Lead / lag indicators assist the CHO in determining different alert levels • Risk alert levels indicate recommended interventions that hospital services should put in place to help maintain health service setting response capacity and resilience. For example: <ul style="list-style-type: none"> ○ PPE requirements for different care and clinical risk settings ○ Thresholds for HSP led bed management and standing up the centralised patient flow command centre ○ Screening and streaming mechanisms for patients, workforce, visitors, students and volunteers • The alert level, framework categories and responses have been published online on the WA Health corporate website for health professionals and are accessible by all hospital settings. It also provides links to relevant policies and guidance (e.g. national CDNA), for ease of version control and to ensure advice is in line with the most up to date evidence bases. The criteria defining the alert level categories is not publicly available • Links to relevant, up to date policy and guidance materials are included as part of the response categories in the SAR so that further detailed information is easily accessible to users of the SAR </div>			
Service capacity including ICU, ED				
Elective surgery, outpatient and specialist day services				
Public mental health services				
Public dental services in the community				
Patient screening and testing				
HCW screening and testing, including volunteers and students				
Student, clinical placements and volunteer access				
Visitor access				

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SAR

PPE guidance

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>PPE</p> <p>Supporting guidance:</p> <p>Coronavirus Disease - 2019 (COVID-19): Infection Prevention and Control in Western Australian Healthcare Facilities Guideline</p> <p>MP0133/20 Identification and Use of Personal Equipment in the Clinical Setting During the Coronavirus (COVID-19) Pandemic Policy</p> <p>CDNA Series of National Guidelines</p> <p>Australia Guidelines for the Prevention of Infection in Healthcare</p>	<p>The following applies, unless additional PPE guidance is recommended at certain alert levels below</p> <ul style="list-style-type: none"> Standard precautions apply at all times i.e. PPE used as required (e.g. surgical mask, gowns, gloves, protective eyewear for any patient contact or procedure when there is potential for blood/body fluid exposure) Transmission based precautions e.g. negative pressure isolation room (NPIR), particulate filter respirator (PFR) when required for other diseases e.g. airborne precautions for tuberculosis, measles etc. For all Aerosol Generating Procedures (AGPs) and Aerosol Generating Behaviours (AGBs), PFR and protective eyewear to be used All inpatients and outpatients (if tolerated by the patient), carers, and permitted visitors presenting to any department to wear a surgical mask from entry to the facility, unless they are exempt* <p>For management of patients who have tested positive for COVID-19 (PCR or RAT), symptomatic of COVID-19, currently in isolation/quarantine, or are close contacts of a case - Healthcare worker (HCW) to wear PFR, protective eyewear, gown and gloves when providing direct care. (Applicable at all alert levels)</p> <p><i>*As per the 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</i></p> <p>Refer to standard precautions outlined above *During the transition period to living with COVID-19 public health and social measures (PHSMs) will apply, including all visitors (and essential visitors/ carers) to wear a surgical mask</p> <p>PPE advice for patient facing clinical care in community settings, including home visiting/outreach services: Refer to PPE advice for hospital settings at Green</p>	<p>In addition to the standard precautions outlined above:</p> <ul style="list-style-type: none"> All staff working at a healthcare facility to wear a surgical mask on entry to the facility and for the duration of their shift, this includes in shared areas such as meeting rooms, tea rooms All patient facing staff who are working in clinical areas to add protective eyewear PFR (e.g. N95 or P2) and protective eyewear in all areas of Emergency Departments and Mental Health Emergency Centres (or equivalents), for all patient facing staff <p>PPE advice for patient facing clinical care in community settings, including home visiting/outreach services: Refer to PPE advice for hospital settings at Amber</p> <ul style="list-style-type: none"> All patient facing staff to wear a surgical mask and protective eyewear during patient facing care 	<ul style="list-style-type: none"> All staff working in clinical areas at a healthcare facility (HCF) to wear a surgical mask on entry & exit to the facility including in shared areas such as meeting/tea rooms and whilst transitioning to a clinical area whereby they are to change their PPE to a PFR and protective eyewear All staff entering a HCF are to continue to wear a surgical mask unless they work in an area that cannot be accessed by residents, patients or visitors. Surgical masks are to be worn in areas shared with residents, patients or visitors with the addition of protective eyewear to be worn when transiting through clinical areas. To ensure consistency of application in high risk healthcare settings, local mask wearing policies should be followed <p>PPE advice for patient facing clinical care in community settings, including home visiting/outreach services: Refer to PPE advice for hospital settings at red, and</p> <ul style="list-style-type: none"> Consider alternative to home visits - i.e. telehealth alternatives Reduce number of 'others' attending- i.e. consider how to limit attendees to care receiver and carer/parent only 	<ul style="list-style-type: none"> All staff working in clinical areas at a healthcare facility to wear a surgical mask on entry & exit to the facility including in shared areas such as meeting/tea rooms and whilst transitioning to a clinical area whereby they are to change their PPE to a PFR. and protective eyewear Comply with physical distancing requirements in all HCW break areas where possible All non-clinical staff entering a HCF and staff working in non-clinical areas can continue to wear a surgical mask with the addition of protective eyewear if they transit through clinical areas <p>PPE advice for patient facing clinical care in community settings, including home visiting/outreach services: Refer to PPE advice for hospital settings at black, and</p> <ul style="list-style-type: none"> Consider alternative to home visits - i.e. telehealth alternatives No additional attendees other than parent/carer

Service capacity management guidance – elective surgery

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
Service Capacity (ED, General Beds, ICU, Mental Health)	<ul style="list-style-type: none"> Continue to ensure preparedness against hospital readiness checklist HSPs activate COVID-19 patient pathway protocols Refer to local HSP guidance as per usual protocols and processes 	<ul style="list-style-type: none"> HSPs applying COVID-19 patient pathway protocols, including local HSP/service specific guidance Patient Flow Command Centre active (monitoring) 	<ul style="list-style-type: none"> HSPs activate internal COVID-19 capacity management protocols Patient Flow Command Centre active – coordinating flow of COVID-19 Care at home patients into acute hospital settings, 	<ul style="list-style-type: none"> Patient Flow Command Centre active –(i) coordinating flow of COVID-19 Care at home patients into acute hospital settings and oversight of interhospital transfers between HSPs, depending on capacity and (ii) coordinating flow of acute COVID-19 patients in private hospitals unable to provide care in an acute hospital setting
Elective Surgery, including Private Hospitals	<p>Public and private hospitals:</p> <ul style="list-style-type: none"> No restrictions COVID-19 risk assessment is required, especially for those requiring general anaesthetic 	<p>Public and private hospitals*:</p> <ul style="list-style-type: none"> 100% Category 1, 2 and 3 elective surgery continue unless if a positive case COVID-19 risk assessment is required for all patients 	<p>Public hospitals*:</p> <ul style="list-style-type: none"> 100% category 1 Reduce/defer Category 2 & 3 elective surgery in accordance with the caps set by the Department of Health COVID-19 risk assessment is required for all patients <p>When directed by the Department of Health:</p> <ul style="list-style-type: none"> Reduce/Defer Category 3 elective surgery Defer cosmetic surgery and non-medical procedures 	<p>Public and private hospitals*:</p> <ul style="list-style-type: none"> Defer all elective surgery, except for Category 1 and select Category 2 procedures where clinical and community risk assessment and/or Peer Review indicates a need to proceed. This includes consideration to be given to impacts of delaying complex cancer surgery Defer cosmetic surgery and non-medical procedures COVID-19 risk assessment is required for all patients <p><i>Note: Department of Health will perform regular system assessment to determine if a percentage of other Elective Surgery categories can be permitted while the Black (system at capacity) system alert level is applied</i></p>

*Note: to adapt to changing COVID-19 conditions, the Department of Health will perform regular system assessments to determine if a percentage of Elective Surgery categories may need to be reduced or can continue

Service capacity management guidance - outpatients

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>Outpatient services including clinics, imaging, pharmacy, pathology</p> <p><i>Adult and paediatrics</i></p> <p><small>COVID-19 Guidelines for Outpatient services (in process of being updated)</small></p>	<ul style="list-style-type: none"> • Face to face or telehealth appointments to occur as per normal arrangements • COVID-19 risk assessment is required • Outpatient COVID-19 plan in place 	<ul style="list-style-type: none"> • Patients should not present if experiencing any symptoms of COVID-19 • Outpatient clinics should all implement COVID-19 safe procedures (i.e. screening attendees for COVID-19 symptoms and other risk factors via questionnaires, practicing physical distancing within the clinical setting in line with density limits and PHSMs, frequent hand hygiene) • Alternative triage arrangements for people with COVID-19 symptoms or epidemiological factors • All outpatient services should return to using telehealth where possible, unless there is a critical reason why the person needs to physically attend 	<ul style="list-style-type: none"> • Patients should not present if experiencing any symptoms of COVID-19 • Provide Outpatient services by telehealth and defer non-urgent face-to-face consulting where clinically safe • Outpatient clinics should all implement COVID-19 safe procedures (i.e. screening attendees for COVID-19 symptoms and other risk factors via questionnaires, practicing physical distancing within the clinical setting, in line with density limits and PHSMs, frequent hand hygiene) 	<ul style="list-style-type: none"> • Patients should not present if experiencing any symptoms of COVID-19 • Provide Outpatient services by telehealth and defer non-urgent face-to-face consulting where clinically safe • Outpatient clinics should all implement COVID-19 safe procedures (i.e. screening attendees for COVID-19 symptoms and other risk factors via questionnaires, practicing physical distancing within the clinical setting, in line with density limits and PHSMs, frequent hand hygiene)

Service capacity management guidance – day services

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>Specialist day services * <i>Adult and paediatrics</i></p> <p>e.g. patients undergoing renal dialysis, radiotherapy, chemotherapy, transplant patients, immunosuppressed</p> <p><u>COVID-19 Guidelines for Outpatient services</u> <i>(in process of being updated)</i></p> <p><u>COVID-19 Release from isolation information for clinicians</u></p>	<p>Screen attendees for epidemiological and clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Consider additional protective measures for vulnerable cohorts and high risk clinical care settings 	<p>Screen attendees for epidemiological and clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Consider additional protective measures for vulnerable cohorts and high risk clinical care settings 	<p>Screen attendees for clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Consider additional protective measures for vulnerable cohorts and high risk clinical care settings 	<p>Screen attendees for clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Consider additional protective measures for vulnerable cohorts and high risk clinical care settings

*Note: to adapt to changing COVID-19 conditions, the Department of Health will perform regular system assessments to determine if a percentage of Elective Surgery categories and specialist day services may need to be reduced or can continue

Public mental health services guidance

Guidance for public mental health services including outpatient, community and home visit settings is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<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-19 Guidelines for Outpatient services (in process of being updated)</p> <p>Local Mental Health Readiness Checklists</p> <p>Further specific guidance can be found in other sections of the SAR</p>	<ul style="list-style-type: none"> Face to face or telehealth appointments, including group therapy and home visits can continue ECT and rTMS to proceed without restrictions Consumers who are symptomatic or positive COVID-19 should not attend face to face appointments, instead: (a) alternate triaging pathways are to be available for emergency mental health care and (b) appointments to be deferred or delivered via telehealth 	<ul style="list-style-type: none"> Consumers (if suitable*) carers, and visitors presenting to community facilities to wear a surgical mask from entry and follow public health safety measures Consumers* and other household members to wear surgical masks for home visits appointments Face to face appointments to include physical distancing measures Group therapy sessions are to be held virtually if appropriate, or reduced in participant size if face to face Paediatric mental health services should ensure both parents are considered as essential visitors/carers and are able to attend appointments and family therapy together – complying with <i>Visitor and PPE Guidelines</i> ECT and rTMS to occur as per normal arrangements and to include COVID-19 risk assessment Leave. Voluntary patients should continue to have the right to access leave - Refer to patient screening and testing section Consumers who are symptomatic or positive COVID-19 should not attend face to face appointments, instead: (a) alternate triaging pathways are to be available for emergency mental health care and (b) appointments to be deferred or delivered via telehealth 	<ul style="list-style-type: none"> Face to face appointments are to cease, be deferred or held virtually where possible and clinically appropriate Group therapy sessions are to cease, be deferred or held virtually where possible and clinically appropriate If urgent care is required in outpatient setting, community or home and cannot be deferred or delivered via alternative methods (e.g. telehealth), assessment and treatment (including administering medication) will be provided and consumer to wear surgical mask as per Amber Alert guidance Paediatric mental health services should ensure both parents are considered as essential visitors/carers and are able to attend appointments and family therapy together – complying with <i>Visitor and PPE Guidelines</i> ECT and rTMS. Defer routine and planned ECT and rTMS, where appropriate and based on clinical assessment Leave. Voluntary patients should continue to have the right to access leave - Refer to patient screening and testing section Where essential or urgent <i>refer to Service Capacity at red alert level and local procedures for delivering ECT to positive COVID-19 patients</i> 	<p><i>As per Red alert level guidance:</i></p> <ul style="list-style-type: none"> Face to face appointments are to cease, be deferred or held virtually where possible and clinically appropriate Group therapy sessions are to cease, be deferred or held virtually where possible and clinically appropriate If urgent care is required in outpatient setting, community or home and cannot be deferred or delivered via alternative methods (e.g. telehealth), assessment and treatment (including administering medication) will be provided and consumer to wear surgical mask, as per Amber Alert guidance Paediatric mental health services should ensure both parents are considered as essential visitors/carers and are able to attend appointments and family therapy together – complying with <i>Visitor and PPE Guidelines</i> ECT and rTMS. Defer routine and planned ECT and rTMS, where appropriate and based on clinical assessment Leave. Voluntary patients should continue to have the right to access leave - Refer to patient screening and testing section Where essential or urgent <i>refer to Service Capacity at red alert level and local procedures for delivering ECT to positive COVID-19 patients</i>

* As per the 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

Public community dental services guidance

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<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 should screen attendees for epidemiological and clinical COVID-19 risk factors via pre-appointment questionnaire Patients who have clinical or epidemiological COVID-19 risk factors should not attend and alternate triaging pathways are available for <u>emergency</u> dental care For all other patients who do not meet clinical or epidemiological COVID-19 risk factors, face to face appointments to occur as per normal Dental COVID-19 plan is in place Other public health safety precautions* 	<ul style="list-style-type: none"> Dental clinics should screen attendees for epidemiological and clinical COVID-19 risk factors via pre-appointment questionnaire Patients who have clinical or epidemiological COVID-19 risk factors should not attend and alternate triaging pathways are available for <u>emergency</u> dental care Face to face patient care occurs with additional requirements of clients performing hand hygiene using Alcohol Based Hand Rub (ABHR) on arrival and pre-procedural mouth rinse, practicing physical distancing measures in reception and waiting areas and other public health safety precautions* <p>If undertaking an AGP, RAT required on presentation</p> <ul style="list-style-type: none"> AGPs should only proceed for those who are RAT negative. If an AGP is necessary (cannot be delayed) on a RAT positive patient they are to be referred to a public hospital If an AGP is necessary, a single room with the door closed or a closed cubicle should 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. Use of rubber dam and high-volume evacuation (HVE) is highly recommended For 30 mins after an AGP, staff must wear a PFR and leave the clinical area undisturbed prior to environmental cleaning 	<ul style="list-style-type: none"> Dental clinics should screen attendees for clinical COVID-19 risk factors via pre-appointment questionnaire Patients who have clinical COVID-19 risk factors should not attend and alternate triaging pathways are available for <u>emergency</u> dental care Face to face patient care occurs with additional requirements of clients performing hand hygiene using Alcohol Based Hand Rub (ABHR) on arrival and pre-procedural mouth rinse, practicing physical distancing measures in reception and waiting areas, and other public health safety precautions* <p>If undertaking an AGP, RAT required on presentation</p> <ul style="list-style-type: none"> If an AGP is necessary (cannot be delayed) on a RAT positive patient they are to be referred to a public hospital AGPs should only proceed for those who are RAT negative When performing an AGP, a single room with the door closed or a closed cubicle should 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. Use of rubber dam and high-volume evacuation (HVE) is highly recommended The staff in the treatment space should wear successfully fit tested PFRs and protective eyewear during the AGP and for 30 minutes after 	<ul style="list-style-type: none"> Dental clinics should screen attendees for clinical COVID-19 risk factors via pre-appointment questionnaire Patients who have clinical COVID-19 risk factors should not attend and alternate triaging pathways are available for <u>emergency</u> dental care Face to face patient care occurs with additional requirements of clients performing hand hygiene using Alcohol Based Hand Rub (ABHR) on arrival and pre-procedural mouth rinse, practicing physical distancing measures in reception and waiting areas, and other public health safety precautions* <p>If undertaking an AGP, RAT required on presentation</p> <ul style="list-style-type: none"> If an AGP is necessary (cannot be delayed) on a RAT positive patient they are to be referred to a public hospital AGPs should only proceed for those who are RAT negative When performing an AGP, a single room with the door closed or a closed cubicle should 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. Use of rubber dam and high-volume evacuation (HVE) is highly recommended The staff in the treatment space should wear successfully fit tested PFRs and protective eyewear during the AGP and for 30 minutes after

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

Patient screening and testing guidance 1 of 3

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>Patient screening and testing</p> <p><i>Adult and paediatrics</i></p> <p>COVID-19 Guidelines for public hospital discharge and interhospital transfer of positive or suspect COVID-19 cases</p>	<p>Screen attendees for epidemiological and clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Test all patients presenting to hospital with pneumonia or acute respiratory infection with a nose and throat PCR* PCR* testing patients/residents with compatible clinical and/or epidemiological risk factors No other testing requirements for asymptomatic patients 	<p>Screen attendees for epidemiological and clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Test all patients presenting to hospital with pneumonia or acute respiratory infection with a nose and throat PCR* until testing capacity is reached then consider rapid antigen test (RAT) for diagnostic purposes RAT on presentation for AGPs (including dental) <p>For unplanned patient presentations, including ED, and attendance at emergency maternity/mental health centres (or equivalents) recommend triaging:</p> <ul style="list-style-type: none"> Group 1: Positive COVID-19 case. No further testing required Group 2: Test with RAT and/or PCR if: (i) a patient has symptoms of, or epidemiological risk factors for COVID-19; (ii) if patient unable to use PPE effectively (e.g. agitated patients, patients with dementia); or (iii) if patient unable to provide sufficient information on their symptoms or risk factors for COVID-19 Group 3: patients does not have symptoms of, or epidemiological risk factors for COVID-19 infection - no RAT or PCR testing needed If decision to admit patient, RAT and/or PCR recommended <p>For planned patient presentations –</p> <ul style="list-style-type: none"> PCR Testing within 72 hours pre-admission and/or RAT on arrival (vaccinated and unvaccinated)*. <p>NB: Patients would need to isolate after a pre-admission PCR test until admission</p> <p>For patients re-presenting for care or returning from day leave:</p> <ul style="list-style-type: none"> All patients who last presented, or went on leave more than 12 hours ago to be screened for clinical and/or epidemiological risk factors AND have a RAT All patients who last presented, or went on leave, less than 12 hours ago to be screened for clinical and/or epidemiological risk factors. RAT if indicated 	<p>Screen attendees for clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Test all patients presenting to hospital with symptoms consistent with COVID-19 with a RAT* as soon as possible. If RAT negative and symptoms persist, consider repeat in 24 hours <p>For unplanned patient presentations, including ED</p> <ul style="list-style-type: none"> RAT on presentation for AGPs (including dental) If supplies of RAT* adequate, test all patients presenting to emergency departments with RAT to assist with patient management If RAT limited & PCR testing at capacity - all patients to be managed as positive -COVID-19 patients. Provision of medical care takes precedence over the availability of the test result <p>For planned patient presentations:</p> <ul style="list-style-type: none"> RAT* on presentation with a move to RAT at home prior to attendance (or on presentation); alert service if positive, before attending (vaccinated and unvaccinated) <p>*In most cases, a Positive RAT* should be considered a positive COVID-19 case. Confirmatory PCR testing can be ordered, if advised by either an Infectious Disease Physician or a clinical microbiologist, or as per local guidelines and protocols</p> <p>For patients re-presenting for care or returning from day leave:</p> <ul style="list-style-type: none"> All patients who last presented, or went on leave more than 12 hours ago to be screened for clinical risk factors AND have a RAT All patients who last presented, or went on leave less than 12 hours ago to be screened for clinical risk factors. RAT if indicated 	<p>Screen attendees for clinical COVID-19 risk factors</p> <ul style="list-style-type: none"> Test all patients presenting to hospital with symptoms consistent with COVID-19 with a RAT* as soon as possible. If negative RAT and symptoms persist, consider repeat RAT in 24 hours RAT on presentation for AGPs (including dental) <p>For unplanned patient presentations, including ED</p> <ul style="list-style-type: none"> If supplies of RAT* adequate, test all patients presenting to emergency departments with RAT to assist with patient management If RAT limited & PCR testing at capacity - all patients to be managed as positive -COVID-19 patients. Provision of medical care takes precedence over the availability of the test result <p>For planned patient presentations:</p> <ul style="list-style-type: none"> RAT* at home prior to attendance (or on presentation); alert service if positive, before attending (vaccinated and unvaccinated) <p>*In most cases, a Positive RAT* should be considered a positive COVID-19 case. Confirmatory PCR testing can be ordered, either an Infectious Disease Physician or a clinical microbiologist, or as per local guidelines and protocols</p> <p>For patients re-presenting for care or returning from day leave:</p> <ul style="list-style-type: none"> All patients who last presented, or went on leave more than 12 hours ago to be screened for clinical risk factors AND have a RAT All patients who last presented, or went on leave less than 12 hours ago to be screened for clinical risk factors. RAT if indicated

*If a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so

Patient screening and testing guidance 2 of 3

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>Patient screening and testing cont.</p> <p><i>Adult and paediatrics</i></p>			<p>For recent COVID-19 cases:</p> <ul style="list-style-type: none"> Patients should be screened for past COVID-19 infection within the previous 12 weeks Recovered immuno-compromised patients to be RAT tested and case by case consideration as to whether to defer care in consultation an Infectious Diseases Physician, Infection Prevention and Control Team, or Clinical microbiologist, or as per local guidelines and protocols <p>Surveillance testing inpatients: Consider regular surveillance testing with a RAT up to every 72 hrs, particularly in settings where there are immunosuppressed patients, where it is difficult to physically distance patients or as directed by your local infectious diseases/ microbiology department. Furthermore, consider a RAT prior to an AGP if more than 24 hours have elapsed since the last RAT. Consideration should factor in if a patient has recently recovered from COVID-19 and are within 12 weeks from release from isolation</p>	<p>For recent COVID-19 cases:</p> <ul style="list-style-type: none"> Patients should be screened for past COVID-19 infection within the previous 12 weeks Recovered immuno-compromised patients to be RAT tested and case by case consideration as to whether to defer care in consultation an Infectious Diseases Physician, Infection Prevention and Control Team, or Clinical microbiologist, or as per local guidelines and protocols <p>Surveillance testing inpatients: Consider regular surveillance testing with a RAT up to every 72 hrs, particularly in settings where there are immunosuppressed patients, where it is difficult to physically distance patients or as directed by your local infectious diseases/ microbiology department. Furthermore, consider a RAT prior to an AGP if more than 24 hours have elapsed since the last RAT.</p>
<p>Elective Surgery, including Private Hospitals</p>		<p>Public and private hospitals*:</p> <ul style="list-style-type: none"> Testing within 72 hours pre-admission and/or RAT on arrival (vaccinated and unvaccinated). NB: Patients would need to isolate after a pre-admission PCR test until admission In instances where a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so 	<p>Public hospitals*:</p> <ul style="list-style-type: none"> RAT at home on the day of admission (or on arrival). In instances where a positive RAT is returned, case by case consideration to defer care, if clinically safe to do so <p>Private hospitals (and Day Surgery Centres):</p> <ul style="list-style-type: none"> Screening and testing requirements as per above, however, COVID testing to be undertaken by Private Hospital Pathology partners If a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so <p><i>Standard guidance for recent COVID-19 cases and surveillance testing as above applies</i></p>	<p>Public and private hospitals*:</p> <ul style="list-style-type: none"> RAT at home on the day of admission (or on arrival). In instances where a positive RAT is returned, case by case consideration to defer care, if clinically safe to do so

*If a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so

Patient screening and testing guidance 3 of 3

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>Outpatient services including clinics, imaging, pharmacy, pathology</p> <p><i>Adult and paediatrics</i></p>		<p>No routine asymptomatic testing required, except consider optional RAT on presentation for</p> <ul style="list-style-type: none"> • (i) maternity patient visit, including maternity admissions and labour ward and birth suite attendances; or • (ii) other appointments where a mask cannot be worn (e.g. some ophthalmology and dermatology) 	<ul style="list-style-type: none"> • No routine asymptomatic testing required, except consider optional RAT on presentation for planned maternity admissions and labour ward and birth suite attendances <p><i>Standard guidance for recent COVID-19 cases and surveillance testing as above applies</i></p>	<ul style="list-style-type: none"> • No routine asymptomatic testing required, except consider optional RAT on presentation for planned maternity admissions and labour ward and birth suite attendances
<p>Specialist day services *</p> <p><i>Adult and paediatrics</i></p> <p><u>COVID-19 Release from isolation information for clinicians</u></p>		<ul style="list-style-type: none"> • RAT on presentation at each visit - this is to be reviewed with an aim to decrease frequency dependent on patient acceptability • If a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so 	<ul style="list-style-type: none"> • RAT on presentation at each visit with a move to RAT at home prior to attendance; alert clinic if positive, before attending • If positive RAT, case by case consideration to defer care, if clinically safe to do so <p><i>Standard guidance for recent COVID-19 cases and surveillance testing as above applies</i></p>	<ul style="list-style-type: none"> • RAT at home prior to attendance; alert clinic if positive, before attending • If positive RAT, case by case consideration to defer care, if clinically safe to do so

*If a positive PCR or RAT is returned, case by case consideration to defer care, if clinically safe to do so

Healthcare worker screening and testing guidance

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<p>HCW staff screening and testing, includes volunteers and student/ clinical placements (assumes HCW are fully vaccinated)</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>Health Worker (Restrictions on Access) Directions</p> <p>Proof of Vaccination Directions</p>	<p>HCWs are to seek immediate testing if they develop any symptoms compatible with COVID-19 - all to be tested with nose and throat PCR</p> <p>For asymptomatic HCW working within a hospital area including Intensive Care Unit, High Dependency Unit, respiratory ward, a COVID-19 clinic, burns unit, labour and birth suite and post natal wards or other units at the discretion of the hospital operator:</p> <ul style="list-style-type: none"> If a HCW who has had contact with a positive COVID-19 patient is involved in a breach of infection control practices or PPE, then seek Public Health advice to decide if any additional COVID-19 testing is required, and undertake breach assessments at the HSP level, in accordance with policy <p>For asymptomatic, HCWs not mentioned above:</p> <ul style="list-style-type: none"> No routine asymptomatic testing 	<p>HCWs are to seek immediate testing if they develop any symptoms compatible with COVID-19 - all to be tested with nose and throat PCR, until testing capacity is reached then consider RAT for diagnostic purposes</p> <p>For asymptomatic HCW working within healthcare settings managing very high risk patients (e.g. transplant ward, haematology unit, oncology ward, renal dialysis units, IV lounge/similar day units):</p> <ul style="list-style-type: none"> Voluntary twice weekly RAT with a minimal interval of 72 hours apart Any breach of infection control practices or personal protection equipment should be managed by the health service infection control team <p>For asymptomatic HCW working within a hospital area including Intensive Care Units, High Dependency Unit, respiratory ward, a COVID-19 clinic, burns unit, labour and birth suite/ maternal foetal assessment units and post natal wards, emergency departments including mental health emergency centres/observation areas (or equivalents), and other hospital units at the discretion of the HSP:</p> <ul style="list-style-type: none"> Voluntary twice weekly RAT with a minimal interval of 72 hours apart Any breach of infection control practices or personal protection equipment should be managed by the health service infection control team <p>For asymptomatic, HCWs not mentioned above:</p> <ul style="list-style-type: none"> No routine asymptomatic testing 	<p>HCWs are to seek immediate testing if they develop any symptoms compatible with COVID-19 with a RAT as soon as possible. If RAT negative & symptoms persist, repeat RAT in 24 hours. Positive RAT* should be considered positive -COVID-19 case</p> <p>*In most cases, a Positive RAT should be considered positive COVID-19 case. Confirmatory PCR testing can be ordered, if advised by either an Infectious Disease Physician or a clinical microbiologist, or as per local guidelines and protocols</p> <p>For asymptomatic HCW working within healthcare settings - RATS to WA Health Staff (announced from 15 March 2022)</p> <ul style="list-style-type: none"> All WA Health staff and staff in WA PPP hospitals who, whilst at the workplace, are advised of the requirement to have a RAT, are to be provided sufficient RATs for testing Voluntary RAT every 72 hours is to be provided to all staff working in WA public hospitals and health care facilities, including WA PPP hospitals <p>Any breach of infection control practices or personal protection equipment should be managed by the health service infection control team</p> <p>For close contacts, refer to Furlough Guidelines for guidance for close contacts returning to work during their isolation period</p> <p>For recent COVID-19 positive HCW: Recovered HCW in high- risk setting who are within 12 weeks of release from isolation and are asymptomatic are not required to be re-tested within the 12 weeks.</p>	<p>HCWs are to seek immediate testing if they develop any symptoms compatible with COVID-19 with a RAT as soon as possible. If RAT negative & symptoms persist, repeat RAT in 24 hours. Positive RAT* should be considered positive -COVID-19 case</p> <p>*In most cases, a Positive RAT should be considered positive COVID-19 case. Confirmatory PCR testing can be ordered, if advised by either an Infectious Disease Physician or a clinical microbiologist, or as per local guidelines and protocols</p> <p>For asymptomatic HCW working within healthcare settings - RATS to WA Health Staff</p> <ul style="list-style-type: none"> All WA Health staff and staff in WA PPP hospitals who, whilst at the workplace, are advised of the requirement to have a RAT, are to be provided sufficient RATs for testing Voluntary RAT every 72 hours is to be provided to all staff working in WA public hospitals and health care facilities, including WA PPP hospitals <p>Any breach of infection control practices or personal protection equipment should be managed by the health service infection control team</p> <p>For close contacts, refer to Furlough Guidelines for guidance for close contacts returning to work during their isolation period</p> <p>For recent COVID-19 positive HCW: Recovered HCW in high- risk setting who are within 12 weeks of release from isolation and are asymptomatic are not required to be re-tested within the 12 weeks.</p>

Student and volunteer access guidance

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<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>	<ul style="list-style-type: none"> ● Access for students/ clinical placements continue as per normal, noting restrictions on access with vaccination requirements ● Access for volunteers permitted, follow HCW guidelines as considered part of staff group 	<ul style="list-style-type: none"> ● Access for students/ clinical placements where possible, placements to be maintained. Noting access with vaccination requirements ● Placement of students into areas of higher risk of contact with COVID-19, such as COVID-19 clinics, EDs or isolation wards, should be reviewed and subject to a risk assessment ● The exclusion of secondary (high school) students undertaking work experience is at the discretion of HSPs ● Access for volunteers permitted, providing they are vaccinated and appropriately trained in PPE, particularly if located within clinical environments - follow HCW guidelines as considered part of staff group and refer to PPE guidance 	<ul style="list-style-type: none"> ● Access for students/ clinical placements (as per Amber advice) ● Where possible student placements to be maintained, but formal teaching sessions will be unlikely ● Students may be deployed to support the response in appropriate ways however must be vaccinated, PPE trained and fit tested prior to attending health sites ● Placement of students into areas of higher risk of contact with COVID-19, such as COVID-19 clinics, EDs or isolation wards, should be reviewed and subject to a risk assessment ● The exclusion of secondary (high school) students undertaking work experience is at the discretion of HSPs ● Access for volunteers - where possible, volunteers to be maintained, providing they are fully vaccinated and appropriately trained in PPE, particularly if located within clinical environments. Follow HCW guidelines as considered part of staff group refer to PPE guidance. ● Consideration should be given to any COVID-19 risk factors that volunteers may have, such as chronic disease or respiratory illness, in determining what role and duties each person undertakes ● Consider pre-shift screening 	<ul style="list-style-type: none"> ● Access for students/ clinical placements (as per Amber advice) ● Where possible student placements to be maintained, but formal teaching sessions will be unlikely ● Students may be deployed to support the response in appropriate ways however must be vaccinated, PPE trained and fit tested prior to attending health sites ● Placement of students into areas of higher risk of contact with COVID-19, such as COVID-19 clinics, EDs or isolation wards, should be reviewed and subject to a risk assessment ● The exclusion of secondary (high school) students undertaking work experience is at the discretion of HSPs ● Access for volunteers - where possible, volunteers to be maintained, providing they are fully vaccinated and appropriately trained in PPE, particularly if located within clinical environments. Follow HCW guidelines as considered part of staff group refer to PPE guidance. ● Consideration should be given to any COVID-19 risk factors that volunteers may have, such as chronic disease or respiratory illness, in determining what role and duties each person undertakes ● Consider pre-shift screening

Visitor access guidance

Guidance for different response categories is set out below following consultation with key SME groups

Response Category	Green (COVID-19 READY)	Amber (COVID-19 ALERT)	Red (WIDESPREAD TRANSMISSION)	Black (SYSTEM AT CAPACITY)
<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>	<ul style="list-style-type: none"> Visitors welcome however proof of vaccination required Restrictions for unvaccinated visitors* All visitors and essential carers/parents/guardians to be risk assessed for wearing a surgical mask** Pre-attendance health screening for all visitors and essential carers/parents/guardians based on clinical and epidemiological factors, at a minimum All visitors and essential carers/parents/guardians are to be encouraged to perform hand hygiene on entry to the healthcare setting prior to entering the patient room and at regular intervals during their visits Must register attendance via Service WA or Safe WA app, or manual register <p>*Clear exemption processes and pathways for exempt unvaccinated support person/s to be in place. Refer to visitor guidelines</p> <p>**During the transition period and opening of borders, PHSMs will apply, including all visitors and essential carers/parents/guardians to wear a surgical mask</p>	<ul style="list-style-type: none"> Proof of vaccination required Limitations on visitor hours and numbers of visitors to each patient, unless meet definition of an essential visitor All visitors and essential carers/parents/guardians presenting to any department to wear a surgical mask Pre-attendance health screening for all visitors and essential carers/parents/guardians based on clinical and epidemiological factors, at a minimum Must register attendance via Service WA or Safe WA app, or manual register Restrictions for unvaccinated visitors* Refer to Visitor Guidelines for detailed guidance and operational principles RAT testing for visitors and essential carers/parents/guardians to high risk areas/vulnerable patient cohorts. Hospital operator to determine high risk area for that hospital (e.g. oncology wards, ICU) RAT every third day for long term regular visitors <p>*Clear exemption processes and pathways for exempt unvaccinated support person/s to be in place. Refer to visitor guidelines</p>	<ul style="list-style-type: none"> Limitations on visitor hours and only two visitors per patient at a time Proof of vaccination required All visitors and essential carers/parents/guardians presenting to any department to wear a surgical mask Pre-attendance health screening for all visitors and essential carers/parents/guardians based on clinical factors, at a minimum Must register attendance via Service WA or Safe WA app, or manual register Unvaccinated visitors recommended to undertake a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours Outside of visitor hours, only approved essential visitors/ exemptions for emergency, compassionate, labour or approved parent/guardian/carer scenarios as set out in Visitor Guidelines Refer to Visitor Guidelines for detailed guidance and operational principles RAT for permitted visitors and essential carers/parents/guardians each visit if in an area defined as high risk (e.g. Critical care units (NICU, PICU, ICU), haematology unit, radiotherapy, Mental health inpatient units, oncology ward, renal dialysis unit, burns, transplant units, and labour & birth suite, maternal foetal assessment units & post natal wards) <p>*Clear exemptions process and pathway for unvaccinated visitors to be in place for short, controlled, ushered visits in emergency/ end of life situations, and/or for appropriate maternity or parent/guardian access</p>	<p><i>As per red guidance</i></p> <ul style="list-style-type: none"> Limitations on visitor hours and only two visitors per patient at a time Proof of vaccination required All visitors and essential carers/parents/guardians presenting to any department to wear a surgical mask Pre-attendance health screening for all visitors and essential carers/parents/guardians based on clinical factors, at a minimum Must register attendance via Service WA or Safe WA app, or manual register Unvaccinated visitors recommended to undertake a supervised RAT test every visit, unless person has proof of negative PCR within last 24 hours Outside of visitor hours, only approved essential visitors/ exemptions for emergency, compassionate, labour or approved parent/guardian/carer scenarios as set out in Visitor Guidelines Refer to Visitor Guidelines for detailed guidance and operational principles RAT for permitted visitors and essential carers/parents/guardians each visit if in an area defined as high risk (e.g. Critical care units (NICU, PICU, ICU), haematology unit, radiotherapy, Mental health inpatient units, oncology ward, renal dialysis unit, burns, and transplant units, and labour & birth suite, maternal foetal assessment units & post natal wards) <p>*Clear exemptions process and pathway for unvaccinated visitors to be in place for short, controlled, ushered visits in emergency/ end of life situations, and/or for appropriate maternity or parent/guardian access</p>

3

Appendices

Appendix 1 - Supporting guidance materials

The following guidance materials provide detail to the high level advice which has been mapped and collated into the SAR. Updated links will be provided as updated WA Health COVID-19 guidelines are signed-off

Document name	Link or location	Comments
National guidelines		
CDNA National guidelines for public health units	https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm	Version: 6.7, published 22 March 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	Dated 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	Published 10 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	Dated 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	Dated 10 June 2021
Risk Management Principles for Dentistry – During the COVID-19 Pandemic	https://www.ada.org.au/Covid-19-Portal/Dental-Professionals	Dated 22 October 2021
Australian Guidelines for the Prevention and Control of Infection in Healthcare	https://app.magicapp.org/#/guideline/Jn37kn	Version: 11.10, published 31 August 2021
State guidelines for WA		
COVID-19 Public Hospital Visitor Guidelines	COVID-19 Public hospital visitor guidelines (health.wa.gov.au)	Published 28 April 2022
Health worker (restrictions on access) Directions	https://www.wa.gov.au/government/publications	Published on 29 January 2022
Identification and Use of Personal Protective Equipment in the Clinical Setting During the Coronavirus (COVID-19) Pandemic Policy	https://ww2.health.wa.gov.au/~media/Files/Corporate/Policy-Frameworks/Public-Health/Policy/Identification-and-Use-of-Personal-Protective-Equipment/Identification-and-Use-of-PPE-in-the-Clinical-Setting.pdf	MP 0133/20 - Effective from: 19/07/2021 - Update in Progress
Infection Prevention and Control in Western Australian Healthcare Facilities Guideline	COVID-19 Infection Prevention and Control in Hospitals (healthywa.wa.gov.au)	Published 24 January 2022
Mental Health Infection Control Directions	Mental Health Infection Control Directions	Published 3 March 2022
COVID-19 Guidelines for outpatient services	COVID-19 guidelines for outpatient services (health.wa.gov.au)	Update in progress
WA COVID-19 Healthcare Worker Furloughing Guidelines of Healthcare Staff	WA COVID-19 Healthcare Worker Furloughing Guidelines	Updated 3 May 2022
Proof of Vaccination Directions	https://www.wa.gov.au/government/publications	Published on 29 January 2022
COVID Transition (Face Covering) Directions (No 7)	https://www.wa.gov.au/government/publications/covid-transition-face-covering-directions-no-7	Published on 29 February 2022
COVID-19 Guidelines for public hospital discharge and interhospital transfer of positive or suspect COVID-19 cases	COVID-19 Guidelines for public hospital discharge and inter-hospital transfer of positive or suspect COVID-19 cases (health.wa.gov.au)	Dated 5 May 2022

Appendix 2 - Glossary (1 of 2)

The below outlines some high level definitions for terms used in the SAR and provides some links for further clarification and information (i.e. in relevant policy guidance)

Term	High level definition	Reference for further information
Population cohorts / groups		
Carer/Essential visitor/ support person	Carer including essential visitors such as 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 No. 4
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 No. 4
High risk clinical care	Patients who access certain care procedures and treatments, or who may be considered immunocompromised or at greater risk of complications from contracting COVID-19, such as: dialysis patients, high risk of endoscopy group (in most cases), cancer treatment, organ transplant, immunology, haematology, Critical Care Units (NICU, PICU and ICU), Radiotherapy, Mental Health inpatient unit (no isolation rooms, group therapy frequent AGBs, specialised workforce), Burns, labour and birth suite and post-natal wards	Informed by subject matter experts
Statutory Personnel including Mental Health Advocates	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 No 4
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 essential visitors, ad hoc visitors, ad hoc volunteers, in reach service providers and visitors in quarantine that have a modified quarantine direction to visit a HCF in exceptional circumstances.	Proof of Vaccination Directions (No 4) Health Worker (Restrictions on Access) Directions

Appendix 2 - Glossary (2 of 2)

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

Term	High level definition	Reference for further information
Care settings		
Clinical and Epidemiological risk factors	<p>Clinical risk factors are symptoms of COVID-19 infection</p> <p>Epidemiological risk factors are:</p> <ul style="list-style-type: none"> close contacts of cases, people at higher risk of exposure to COVID-19 (e.g. travel history to areas with higher rates of COVID-19, people who care for people with COVID-19 or who have contact with people more likely to have an active infection) people in high and special-risk settings, including where disease amplification is likely, or where people live or visit others who have an increased risk of severe disease and death e.g. health care settings, residential aged care settings, primary schools, high-density/crowded housing, Aboriginal and Torres Strait Islander communities, correctional and detention facilities, homeless shelters and residential/crisis hostels, mining sites, food processing/distribution/cold storage facilities including abattoirs 	<p>CDNA PHLN Testing framework</p> <p>CDNA National guidelines for public health units</p>
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
Long episodes of care	As per definition for Prolonged episodes of care: direct face to face contact with a patient when duration is 15 minutes or more and where physical distance cannot be maintained	Coronavirus Disease - 2019 (COVID-19) Infection Prevention and Control in Western Australian Healthcare Facilities
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
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	Coronavirus Disease 2019 (COVID-19): CDNA National Guidelines for Public Health Units

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	MHAU	Mental Health Assessment Unit
AGBs	Aerosol-Generating Behaviours	NSW	New South Wales
BAU	Business As Usual	NPIR	Negative Pressure Isolation Room
CAHS	Child and Adolescent Health Service	PAPR	Powered Air Purifying Respirators
CDNA	Communicable Diseases Network Australia	PFR	Particulate Filter Respirator
CHO	Chief Health Officer	PHLN	Public Health Laboratory Network
COB	Close of Business	PHSM	Public Health and Social Measures
DG	Director General	PPE	Personal Protective Equipment
DoH	Department of Health	PSP	Purchasing and System Performance
ED	Emergency Department	PCR	Polymerase Chain Reaction
ECT	Electroconvulsive Therapy	rTMS	Repetitive transcranial magnetic stimulation
HCF	Healthcare Facility	RAT	Rapid Antigen Testing
HCW	Healthcare Worker	SA	South Australia
HEC	Health Executive Committee	SAR	WA Health COVID-19 Framework for System Alert and Response
HSPs	Health Service Providers	SHICC	State Health Incident Control Centre
ICEG	Infection Control Expert Group	SMEs	Subject Matter Experts
IC	Incident Controller	TB	Tuberculosis
ICU	Intensive Care Unit	TBC	To be confirmed
IDPAG	Infectious Diseases Physicians Advisory Group	VIC	Victoria
LWC	Living with COVID-19	WA	Western Australia
MfH	Minister for Health	WACHS	Western Australian Country Health Service
MHEC	Mental Health Emergency Centre		

Appendix 4 - Key SMEs

The SAR has been developed by SHICC Health Operations Cell, with significant input from SMEs across the WA Health System. The below lists key contributors and groups consulted during the development of the SAR

Key SMEs (roles)	Key Advisory Groups
Chief Health Officer (Sign-Off)	WA Health Executive Committee
COVID-19 HSP Executive Lead (and CE, EMHS)	SHICC Planning teams (Public Health, including Infection Prevention and Control) previously Public Health Emergency Operations Centre (PHEOC) team/s
Assistant Director General, Clinical Strategy and Planning, DoH	Health Service Provider COVID-19 Leads
State Health Incident Controller	Infection Prevention and Control Clinical Advisory Group
Deputy Chief Health Officer (Office of the CHO)	Infectious Diseases Physicians' Advisory Group
Deputy Chief Health Officer (Public Health)	COVID-19 Mental Health Clinical Working Group
Deputy Incident Controller (Public Health)	