## Appendix 8: The Royal Brisbane and Women's Hospital Criteria for Acute Respiratory Illness Response Sub Plan – Part 1 (Reviewed 2025)

Associated actions for RBWH Leadership Team Triggers and actions include, but are not limited to, the below:

## **Inpatient Area**

Minimal Community Transmission  Mediant Community Transmission  Moderate Community Transmission  An Advancement of the St 10to 2 perceiving 2 flows  Minimal Community Transmission  An Advancement of the St 10to 2 perceiving 2 flows  Moderate Community Transmission  An Advancement of the St 10to 2 perceiving 2 flows  Moderate Community Transmission  An Advancement of the St 10to 2 perceiving 2 flows  Moderate Community Transmission  Based Treatment of Community Transmission concersion rate 2 purported for Community Transmission on Community Transmission Community	Tier 0	Tier 1	Tier 2	Stand-Up	Recovery	
Consider  And indivision conversion rate (set short)  Preceding 24 hours  **Consecution to determine ward/LU single room use  BED MANAGEMENT  **Uillise priority risk martin for Transmission Based Precution to determine ward/LU single room use  **Delivity recurrence of the days in the first of the base of				Tier 3		
- All admission conversion rate less than 20 preceding 24 hours  - Small clusters of healthcare transmission within ward  - Workforce anglets, namageable within re-displophole resources or substitute staffing arrangements  - Workforce or Substitute staffing arrangements  - Workforce and led copacity deficits with millor impacts on service delivery in one or more service-lines.  - BED MANAGEMENT  - Utilise priority risk martis for Transmission - Based frequation to determine ward/fcU single room use - Patients with All admission conversion rate > 20/preceding 24 hours  - Workforce and led copacity deficits with millor impacts on service delivery in one or more service-lines All admission conversion rate > 20/preceding 24 hours - Southend healthcare transmission behavior to multiple outbreak word model of core required In the property of the property in the property of the property in the property of the property in the prop	willa Community Transmission	Willimia Community Transmission	Woderate Community Transmission	Significant Community Transmission	(Stand down)	
A file damission conversion rate less than 20 preceding 24 hours     Simple clusters of healthcare transmission within a world of control in 4-bit of both or service delivery in one or more service-diless.      BED MANAGEMENT      Utilise priority risk matrix for Transmission Based Precaution to determine ward/iCU single room use.     Patients with ARI admirated to single room in home ward with air purifier where clinically indicated.     Daily virtual ward round of patients with respiratory tract infections.     WORKFORCE      BAU      ARI admission conversion rate in 2 All remains on controling 24 hours providing to the control in 4-bit open or more service-direct.     Sang learning destroys destroy of phetiborar transmission involving a remains in personal in appraisant in precising coughts of phetiborar transmission involving a remains in precising coughts of phetiborar terminations in the matrix of precising clusters of phetiborar transmission involving a remains in precising coughts of phetiborar transmission involved with air purified evaluation of the precision destroy and precising coughts of phetiborar transmission involved with air purified proving delicits with impacts on clinical operations or service-lines.     Southwest of the province of phetiborar transmission involved with air purified proving delicits with impacts on clinical operations or service-lines.     Southwest of the province of the						
- All admission conversion rate less than 20 preceding 24 hours  - Small clusters of healthcare transmission within ward  - Workforce anglets, namageable within re-displophole resources or substitute staffing arrangements  - Workforce or Substitute staffing arrangements  - Workforce and led copacity deficits with millor impacts on service delivery in one or more service-lines.  - BED MANAGEMENT  - Utilise priority risk martis for Transmission - Based frequation to determine ward/fcU single room use - Patients with All admission conversion rate > 20/preceding 24 hours  - Workforce and led copacity deficits with millor impacts on service delivery in one or more service-lines All admission conversion rate > 20/preceding 24 hours - Southend healthcare transmission behavior to multiple outbreak word model of core required In the property of the property in the property of the property in the property of the property in the prop	Consider- Criteria Criteria					
Saged Precaution to determine ward/CU single room use patients with All admitted to single room in home ward with air purifier where clinically indicated.     Patients with All admitted to 6C.     Daily vard rounds to identify early discharge/HTH/virtual ward round of patients with All purifier where clinically indicated.     Appropriate release from isolation.     WORKFORCE     BAU     Consider vaccinations for flu (annual), whooping cough (10 year), COVID-19 (risk based)     Saper Tier 0      Saper Tier 0      Active daily management of single room bed stock      Active daily management of single room bed stock      Daily virtual ward round of patients with respiratory viruses in 4-bed bays.     Daily virtual ward round of patients with respiratory viruses in 4-bed bays in multiple ward locations across multiple service-lines.     Consider vaccinations (CVDID 19      WORKFORCE      BAU     Consider vaccinations for flu (annual), whooping cough (10 year), COVID-19 (risk based)     Saper Tier 0      Saper Tier 0 and 1 plus     Consider vaccinations for flu (annual), whooping cough (10 year), COVID-19 (risk based)     Saper Tier 0      Saper Tier 0 and 1 plus     Active daily management of single room bed stock      Consider vaccinations (CVDID, Flu, RSV) to optimise single room usage.      WORKFORCE      BAU     PEP per escalation matrix     GOVERNANCE      Stay home if unwell with respiratory symptoms (5 days)      No staff masking outside care for respiratory viruse independent on provide direct patient care.      No staff masking outside care for respiratory viruse independent on provide direct patient care.      Sanitise hands regularly.      GOVERNANCE      Stay home if unwell with respiratory symptoms (5 days)      No staff masking outside care for respiratory viruse independent and provide direct patient care.      Consider institution of RBWH Emergency and Disaster Response Plan to Lean Forward.      Public MESSAGING      Staged de-escalation of ward considerate variable stock on the variable state	ARI admission conversion rate <u>less than</u> 20	<ul> <li>ARI admission conversion rate ≤ 20 preceding 24 hours</li> <li>Small clusters of healthcare transmission within a ward</li> <li>Workforce deficits manageable within redeployable resources or substitute staffing</li> </ul>	<ul> <li>ARI admission conversion rate &gt; 20/preceding 24 hours</li> <li>Cases cohorted in 4-bed bays according to infection type or single outbreak ward model of care required.</li> <li>Increasing clusters of healthcare transmission within a ward/s.</li> <li>Workforce and bed capacity deficits with minor impacts on</li> </ul>	<ul> <li>ARI admission conversion rate &gt; 30/preceding 24 hours</li> <li>Extension of ICU Capacity required</li> <li>Sustained healthcare transmission leading to multiple outbreaks across multiple wards +/- multiple outbreak wards in operation</li> <li>Workforce and bed capacity deficits with impacts on clinical</li> </ul>	Return to BAU	
- Active daily management of single room be stock in particularly usingle room use single room is single room is stock in the particular of the patients with ARI admitted to single room in home ward with air purifier where clinically indicated.  - High-risk patients (e.g., immune compromised) admitted to 6C.  - Daily word rounds to identify early discharge/HITH/virtual  - Appropriate release from isolation.  - BAU  - BAU  - Consider vaccinations for flu (annual), whooping cough (10 year), COVID-19 (risk based)  - Stay home if unwell with respiratory symptoms (5 days)  - Stay home if unwell with respiratory symptoms (5 days)  - Stay home if unwell with respiratory symptoms (5 days)  - Stay home if unwell with respiratory symptoms (5 days)  - Sanitise hands regularly.  - Consider activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations across multiple ward olocations across multiple ward locations of respiratory to troop time of the days in multiple ward locations across multiple ward olocations deployed to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward locations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward incations. Activation of negative airflow to two or more wards. Cohort respiratory viruses in 4-bed bays in multiple ward incations. Activation of negat	BED MANAGEMENT	BED MANAGEMENT	BED MANAGEMENT	BED MANAGEMENT	BED MANAGEMENT	
PUBLIC MESSAGING  Stay away if unwell (sign)	Based Precaution to determine ward/ICU single room use  Patients with ARI admitted to single room in home ward with air purifier where clinically indicated.  High-risk patients (e.g., immune compromised) admitted to 6C.  Daily ward rounds to identify early discharge/HITH/virtual  Appropriate release from isolation.  WORKFORCE  BAU  Consider vaccinations for flu (annual), whooping cough (10 year), COVID-19 (risk based)  Stay home if unwell with respiratory symptoms (5 days)  No staff masking outside care for respiratory tract infections  Sanitise hands regularly.  GOVERNANCE  BAU  PUBLIC MESSAGING	<ul> <li>Active daily management of single room bed stock</li> <li>Daily virtual ward round of patients with respiratory tract infections (COVID, Flu, RSV) to optimise single room usage.</li> <li>WORKFORCE</li> <li>BAU</li> <li>PPE per escalation matrix         GOVERNANCE     </li> <li>BAU</li> <li>PUBLIC MESSAGING</li> </ul>	<ul> <li>Single rooms preferentially used for patients with any virus requiring oxygen or CPAP/BIPAP followed by patients with COVID 19</li> <li>Cohort respiratory viruses in 4-bed bays.</li> <li>Progressive use of 4-bed bays in single service-line ward location.</li> <li>Activation of negative airflow to one ward.</li> <li>Outbreak ward model of care for nosocomial transmission</li> <li>Consider cohorting close contacts in 2/4 bed bays or with patients with resolved infection.</li> <li>WORKFORCE</li> <li>Indirect staff are brought online to provide direct patient care.</li> <li>Clinical staff redeployed to areas of greatest need.</li> <li>PPE per escalation matrix</li> <li>GOVERNANCE</li> <li>Briefings at planned daily and additional leadership scrums</li> <li>Consider impacts to patient access, flow, and operations.</li> <li>Consider activation of RBWH Emergency and Disaster Response Plan to Lean Forward.</li> </ul>	<ul> <li>Progressive use of 4-bed bays in multiple ward locations across multiple service-lines.</li> <li>Activation of negative airflow to two or more wards.</li> <li>Consider activation of respiratory ICU (pod 3/4)</li></ul>		

## The Royal Brisbane and Women's Hospital Criteria for Acute Respiratory Illness Response Sub Plan - Part 2 (Reviewed 2025)

Tier 1

## **Emergency and Trauma Centre**

Tier 0

Mild Community Transmission **Minimal Community Transmission Moderate Community Transmission** Significant Community Transmission Consider-Criteria Criteria Criteria ETC attendances->10 of presentations for ARI ETC attendances->20% - 30% of presentations for ARI ETC attendances->30% of presentations for ARI ETC MANAGEMENT ETC MANAGEMENT **ETC MANAGEMENT ETC MANAGEMENT** As per Tier 0- ARI As per Tier 1- ARI plus Consider activating respiratory isolation area to cohort Usual triage, treatment, transfer • Flat surgical masks provided to patients • Consider clinical contraindications for cohorting patients presenting with ARI. arrangements. with respiratory symptoms, if tolerated immune suppressed patients within ETC (page 8 **BED MANAGEMENT** Active admission avoidance including RADAR, <u>Transmission Based Precaution</u> Procedure<sup>12</sup>). • As per Tier 2- ARI. Virtual ED/ward, and GP follow up **BED MANAGEMENT** Testing of patients with respiratory symptoms Return to BAU departmental configuration Active processes to expedite patient movement into requiring inpatient admission and high-risk appropriate single bed/ward accommodation groups. WORKFORCE Indirect staff are brought online to provide direct Redeployment of staff within service line to support patient care activities.

Tier 2

Stand-Up

Tier 3

Recovery

(Stand down)

Metro North Health ACUTE RESPIRATORY ILLNESS

<sup>12 &</sup>lt;u>001837: Transmission Based Precautions (health.qld.gov.au)</u>