Appendix 8: The Royal Brisbane and Women's Hospital Criteria for Acute Respiratory Illness Response Sub Plan – Part 1 (Updated by RBWH ELT 13/062023)

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

Inpatient Area

Tier 0 *Mild Community Transmission*	**Tier 1** *Minimal Community Transmission*	**Tier 2** *Moderate Community Transmission*	**Stand-Up** **Tier 3** *Significant Community Transmission*	**Recovery** **(Stand down)**
Consider- • *ARI admission conversion rate <u>less than</u> 20 preceding 24 hours*	***Consider-*** • *ARI admission conversion rate <u>≤</u> 20 preceding 24 hours* • *Small clusters of healthcare transmission within a ward*	***Consider—*** • *ARI admission conversion rate > 20 – 30 preceding 24 hours* • *Extension of ICU Capacity required.* • *Single rooms at capacity with ARI. Cases now requiring cohorting in a single ward according to infection type* • *Increasing clusters of healthcare transmission within a ward/s.*	***Consider—*** • *ARI admission conversion rate > 31 preceding 24 hours* • *Significant workforce deficits across all service lines/support services requiring extensive intervention* • *Extension of ICU Capacity required* • *Opening of dedicated wards for cohorting required* • *Sustained healthcare transmission leading to multiple outbreaks across multiple wards.* •	***Consider-*** • *ARI admission conversion rate <u>less than</u> 20 preceding 24 hours*
BED MANAGEMENT • Utilise priority risk matrix for Transmission Based Precaution to determine single room use <u>Ward beds</u> • Flexible use of 6C — up to **16 beds** [a] • Single rooms in home wards with air purifier when clinical care indicated– **up to 69 beds** **(Up to 85 ward beds)** <u>ICU beds</u> • ICU Pod 3/4 negative pressure rooms—**4 beds** • ICU Pod 2 single rooms—**2 beds** **(4-6 ICU beds)** **PATIENT MANAGEMENT** • If clinically stable admit to a single room in an appropriate ward. • Daily ward rounds to identify early discharge/HITH/virtual • Appropriate release from isolation. Active management of single room beds	**BED MANAGEMENT** • As per Tier 0 **PATIENT MANAGEMENT** As per Tier 0- ARI <u>plus</u> • High-risk patients (e.g., immune compromised) admitted to 6C or remain in home ward with air purifiers **WORKFORCE** • BAU • PPE per escalation matrix **GOVERNANCE** • BAU, if tolerated.	**BED MANAGEMENT** As per Tier 0- ARI <u>then</u> • Begin planning for activation of designated isolation ward(s) from Flexible Bed Capacity (FBC) [b] • One isolation ward brought online. **(30 isolation beds)** <u>Ward beds</u> • As per Tier 0- ARI <u>plus</u> • Progressive use of dedicated wards (no cohorting of different respiratory viruses) [c] • Single rooms preferentially used for patients with any virus requiring oxygen or CPAP/BIPAP followed by patients with COVID 19 • FBC beds opened for respiratory presentations (+30) **(Up to 30 additional dedicated beds online)** <u>ICU beds</u> • Consider activation of respiratory ICU pod 3/4 [d]—**18 beds** • ICU Pod 2 single rooms – **2 beds** **(Up to 20 ICU beds)** **PATIENT MANAGEMENT** As per Tier 1- ARI <u>plus</u> • Active daily management of single room bed stock • Consider cohorting close contacts in 2 and 4 bed bays **WORKFORCE** • Indirect staff are brought online to provide direct patient care. • Clinical staff redeployed to areas of greatest need. • PPE per escalation matrix **GOVERNANCE** • Consider activation of RBWH Emergency and Disaster Response Plan to Stand up • Consider reductions to planned care • IMT Tier 1/2 briefing	**BED MANAGEMENT** As per Tier 2- ARI <u>then</u> <u>Ward beds</u> • Additional isolation wards from FBC capacity brought online. **(Up to 90 isolation ward beds)** <u>ICU beds</u> • Additional ICU infill 'B' beds opened as required (+10 beds) **(Up to 30 ICU beds)** **PATIENT MANAGEMENT** • As per Tier 2- ARI **WORKFORCE** • Non-essential face to face training and non- critical meetings cancelled to prioritise patient care. • Non-patient facing staff with clinical qualifications are utilised to assist with patient care activities. • Ad-hoc satellite support teams deployed to assist with patient care activities. • PPE per escalation matrix **GOVERNANCE** As per Tier 2- ARI •	**BED MANAGEMENT** **Staged de-escalation of wards** 1. Outbreak wards returned to BAU function. 2. Patients in 4-bedded bays transferred to dedicated ARI wards 3. Gradual return of negative flow wards to BAU function as demand decreases. 4. Management of patients as per Tier 0-ARI **WORKFORCE** 1. Staged de-escalation of workforce strategies supported by ad-hoc satellite support teams. 2. Resumption of essential training and meetings as clinical demands permit.

Notes.
Patient management priorities, see 004661: Influenza and Respiratory Illness Management (health.qld.gov.au)
a. Capacity for other infectious diseases within Wattlebrae should be maintained
b. FBC as determined by RBWH Executive
c. If the number of patients requiring ICU support exceed 4 patients

The Royal Brisbane and Women's Hospital Criteria for Acute Respiratory Illness Response Sub Plan – Part 2 (Updated by RBWH ELT 13/062023)

Emergency and Trauma Centre

Tier 0 *Mild Community Transmission*	**Tier 1** *Minimal Community Transmission*	**Tier 2** *Moderate Community Transmission*	**Stand-Up** **Tier 3** *Significant Community Transmission*	**Recovery** **(Stand down)**
Consider- *ETC attendances-less than 10% of presentations for ARI* **ETC MANAGEMENT** • Usual triage, treatment, transfer arrangements. • Active admission avoidance including RADAR, Virtual ED/ward, and GP follow up • Testing of patients with respiratory symptoms requiring inpatient admission and high-risk groups.	***Consider-*** *ETC attendances->10 – 20% of presentations for ARI* **ETC MANAGEMENT** As per Tier 0- ARI • Flat surgical masks provided to patients with respiratory symptoms, if tolerated.	***Consider-*** *ETC attendances->20% - 30% of presentations for ARI* **ETC MANAGEMENT** As per Tier 1- ARI plus • Consider clinical contraindications for cohorting immune suppressed patients within ETC (page 8 TBP procedure). **BED MANAGEMENT** • Active processes to expedite patient movement into appropriate single bed/ward accommodation **WORKFORCE** • Indirect staff are brought online to provide direct patient care. • Redeployment of staff within service line to support patient care activities.	***Consider-*** *ETC attendances->% of presentations for ARI* **ETC MANAGEMENT** • Consider activating respiratory isolation area to cohort patients presenting with ARI. **BED MANAGEMENT** • As per Tier 2- ARI of RBWH employed staff.	***Consider-*** *ETC attendances-less than 10% of presentations for ARI* **ETC MANAGEMENT** Return to BAU departmental configuration