

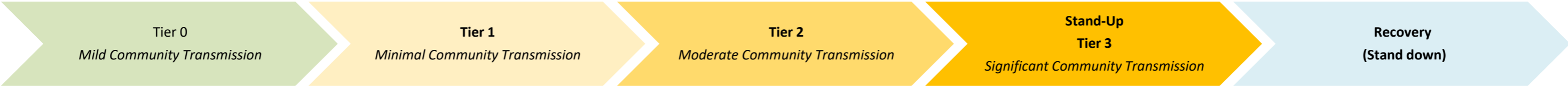
Appendix 14: STARS Directorate Criteria for Acute Respiratory Illness Response Sub Plan - Part 1 (Reviewed 2025)

<div>Tier 0</div> <div>Mild Community Transmission</div>	<div>Tier 1</div> <div>Minimal Community Transmission</div>	<div>Tier 2</div> <div>Moderate Community Transmission</div>	<div>Stand-Up Tier 3</div> <div>Significant Community Transmission</div>	<div>Recovery (Stand down)</div>
Criteria – Evidence of low in patients with Acute respiratory Illness (ARI)	Criteria - Evidence of some inpatients, with ARI	Criteria - Evidence of inpatients/residents with ARI in multiple bedded services throughout STARS and the Chief Health Officer (CHO) is reporting increased ARI impacting on the community	Criteria - Evidence of multiple areas with inpatients/residents with ARI in multiple bedded services throughout STARS and/or the CHO is reporting significant ARI impacting on the community	Criteria – Reduction in community cases through either general herd immunity from viral infection and or vaccine induced. Cessation to be announced by MN-EOC.
Patient Management Sub Acute <ul style="list-style-type: none">- All symptomatic ARI patients require COVID-19 PCR and a full respiratory panel PCR.- Only Consider GeneXpert for patients who are critically unwell and require transfer or patients who are expressing aerosol generating behaviours.- COVID-19 clinical screening questionnaire is required on all admissions. Statewide questionnaire within the ieMR.- Single room transmission-based precautions and air purifier in situ. Patient Management Procedural <ul style="list-style-type: none">- COVID-19 clinical screening questionnaire is required on all admissions. Statewide questionnaire within the ieMR- COVID-19 screening to be completed by the pre-admissions booking teams.- All symptomatic patients who present will be tested for ARI and rebooked as required.	Patient Management Sub Acute As per Tier 0 <ul style="list-style-type: none">- Consider cohorting only on the advice of Infection Management and Prevention Service (IMPS). Given STARS large number of single rooms recommended that single rooms be utilised first. Patient Management Procedural As per Tier 0	Patient Management Sub Acute As per Tier 1 <ul style="list-style-type: none">• Review number of patients with pandemic virus and consider, in consultation with IMPS, collocating in the one dedicated area as needed. Patient Management Procedural As per Tier 0	Patient Management Sub Acute As per Tier 1 Patient Management Procedural As per Tier 0	Patient Management Sub Acute As per Tier 0 <ul style="list-style-type: none">- Continue to monitor and screen for cases with a process for a return of BAU. Patient Management Procedural As per Tier 0 <p>Continue to monitor and screen for cases with a process for a return of BAU</p>

STARS Directorate Criteria for Acute Respiratory Illness Response Sub Plan – Part 2 (Reviewed 2025)

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)
Criteria – Evidence of low inpatients with Acute respiratory Illness (ARI)	Criteria - Evidence of some inpatients, with ARI	Criteria - Evidence of inpatients/residents with ARI in multiple bedded services throughout STARS and the Chief Health Officer (CHO) is reporting increased ARI impacting on the community	Criteria - Evidence of multiple areas with inpatients/residents with ARI in multiple bedded services throughout STARS and/or the CHO is reporting significant ARI impacting on the community	Criteria – Reduction in community cases through either general herd immunity from viral infection and or vaccine induced. Cessation to be announced by MN-EOC.
Medical Governance <ul style="list-style-type: none">- Business as usual (BAU) Logistics <ul style="list-style-type: none">- Business as Usual (BAU)- Personal Protective Equipment (PPE) as per current PPE risk matrix- Review PPE capacity and numbers within STARS. Workforce <ul style="list-style-type: none">- Business as usual (BAU)	Medical Governance <ul style="list-style-type: none">- Early notification from Geriatric Rehabilitation Liaison Service (GRLS) and triage process to identify patients for transfer to assist bed capacity at other hospitals. Logistics <ul style="list-style-type: none">- As per Tier 0 plus- COVID-19 clinical screening questionnaire is required on all admissions. Statewide questionnaire within the ieMR- COVID-19 screening to be completed by the pre-admissions booking teams.- All symptomatic patients who present will be tested for ARI and rebooked as required. Workforce <ul style="list-style-type: none">- As per Tier 0 plus- Review all recruitment strategies and deployment and upskilling of workforce.- Review staffing plans and options in the event of staff shortages of 50%, planning for future Tier Levels.- Ensure fit testing is being completed and all staff are fit tested for up to 2 masks. Prioritise as needed.- Ensure PPE training has been completed and continue to prioritise training as needed.	Medical Governance <ul style="list-style-type: none">- As per Tier 1- Review on call arrangements for after hours and weekends to optimise after hours decision making Logistics <ul style="list-style-type: none">- As per Tier 0 and 1 plus- Increase stock holdings of PPE Workforce <ul style="list-style-type: none">- As per Tier 0 and 1 plus- Move all non-essential training and meetings to virtual- Consider redeployment of non-frontline clinical staff to clinical areas	Medical Governance <ul style="list-style-type: none">- As per Tier 2 Logistics <ul style="list-style-type: none">- As per Tier 0,1 and 2 plus- PPE utilisation as per current PPE risk matrix- Review frequency of distribution of PPE Workforce <ul style="list-style-type: none">- As per Tier 0,1 and 2 plus- Cancel all non-urgent meetings and education- Deploy non-frontline clinical staff to clinical areas	Medical Governance <ul style="list-style-type: none">- As per Tier 2 Logistics <ul style="list-style-type: none">- As per Tier 0,1 and 2 plus- PPE utilisation as per current PPE risk matrix- Review frequency of distribution of PPE Workforce <ul style="list-style-type: none">- As per Tier 0,1 and 2 plus- Cancel all non-urgent meetings and education- Deploy non-frontline clinical staff to clinical areas

STARS Directorate Criteria for Acute Respiratory Illness Response Sub Plan – Part 3 (Reviewed 2025)



Criteria – Evidence of low inpatients with Acute respiratory Illness (ARI)	Criteria - Evidence of some inpatients, with ARI	Criteria - Evidence of inpatients/residents with ARI in multiple bedded services throughout STARS and the Chief Health Officer (CHO) is reporting increased ARI	Criteria - Evidence of multiple areas with inpatients/residents with ARI in multiple bedded services throughout STARS and/or the CHO is reporting significant ARI	Criteria – Reduction in community cases through either general herd immunity from viral infection and or vaccine induced. Cessation to be announced by MN-EOC.
Actions <ul style="list-style-type: none">- Continue regular VPD screening processed to ensure staff compliance to limit staff sickness to other VPDs.- Annual influenza vaccination program to continue- Dedicated pandemic vaccination clinics as needed for staff (When available).- Continue to offer inpatient vaccinations for COVID-19 when available to prevent and minimise outbreaks	Actions <ul style="list-style-type: none">- As per Tier 0 plus- STARS IMT fortnight or as required.- Staff STARS huddles/updates as required via TEAMS	Actions <ul style="list-style-type: none">- As per Tier 0 and 1 plus- Consider dedicated staff in the STARS IMT. to be staffed 5 days per week with On-Call weekends- STARS IMT once a week or as required.	Actions <ul style="list-style-type: none">- As per Tier 0,1 and 2 plus- STARS IMT as required – Possible daily dependent on patients currently within STARS and staffing impacts on service.	Actions <ul style="list-style-type: none">- As per Tier 0 plus

Bed information at STARS <ul style="list-style-type: none">1. Single Room capacity<ul style="list-style-type: none">- Classifications of single rooms accommodation which have the potential to be used for patients with influenza- like illness (ILI).2. Room Types<ul style="list-style-type: none">- STARS has 96 single rooms classified as Type 1 and Type 2 Inboard ensuite. These room types are defined by the Australian Asian Health Facility guidelines (AusHFG).- These are single rooms with an ensuite shower and toilet that is not shared. Suitable for patients with infections transmissible by means other than the airborne route and are designed to minimise the potential for such infections to be transmitted to other patients and staff.- There are no dedicated negative pressure rooms and no anterooms within STARS- Refer to AusHFG for full details:<ul style="list-style-type: none">Type 1 inboard ensuiteType 2 inboard ensuite3. Oxygen Ports<ul style="list-style-type: none">- STARS Hospital has 600 oxygen outlets with Cushman and Wakefield monitoring the supply.	Mortuary Capacity <p>STARS have a capacity of 2 in the Body Hold in the Basement with an agreement with Pathology Queensland about using the Mortuary at the RBWH if required. The risk of respiratory / pandemic influenza infection from deceased persons is low and is minimised by the use of transmission-based precautions.</p> <ul style="list-style-type: none">- All staff handling persons who have died while infectious with a pandemic organism must wear the appropriate PPE in line with Transmission Based Precautions and current guidelines.- All bodies prior to release from mortuary require clearance for release by the approved delegate.- Refer to guidance of Deceased Persons -Certifying COVID-19.- For management of the deceased person, refer to appendix 7: Management of the deceased persons of the Infection prevention and control guidelines for the management of COVID-19 in the healthcare settings for full details.
---	---