



SA Health
COVID-19
Omicron
Health System
Response

28 January 2022

Version 2.0



Government
of South Australia

SA Health

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1. Introduction

The **Omicron Health System Response Strategy** (the Strategy) forms part of the overall South Australian (SA) Government’s response for managing the **Omicron variant of COVID-19**.

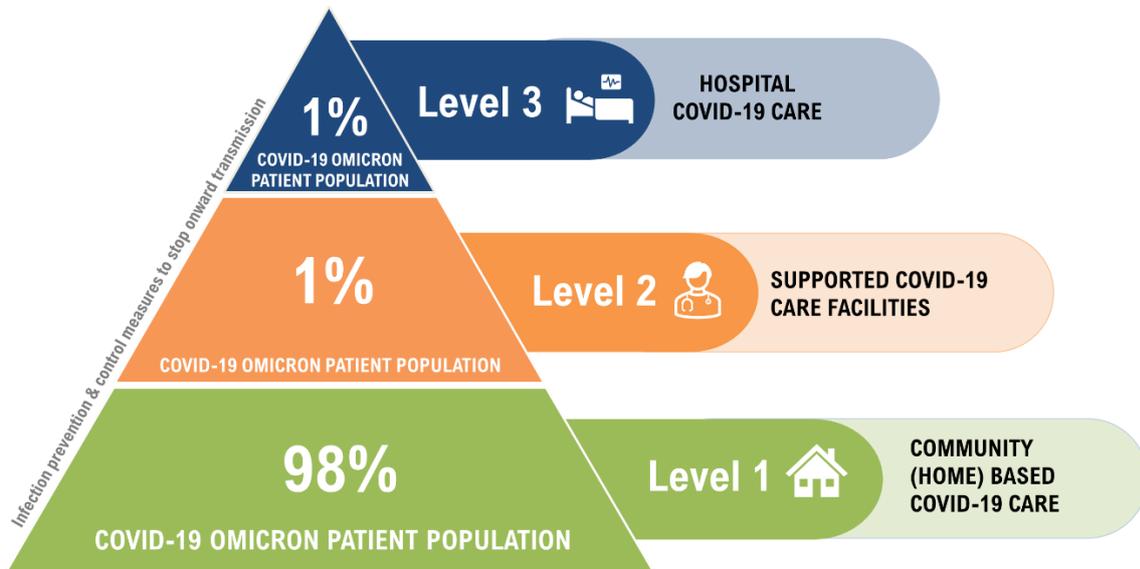
SA Health is implementing updated plans for managing the surge of Omicron cases in South Australia’s hospital system to ensure that demand can be managed across the state.

These updated plans build on the strong foundation of the COVID-19 Health System Response Strategy released in November 2021 and its accompanying plans.

The Omicron variant has provided a new set of challenges, with an increased volume of cases. Based on the Delta variant, the system planned for 85% of COVID-19 positive cases to be treated at home, 10% in supported Hotel accommodation and 5% would require hospitalisation, with an anticipated peak of 3,000 cases per day.

In the current Omicron outbreak, less than 1% of COVID-19 cases have required hospitalisation, but the volume of cases is much higher with an expected peak of between 6,000 and 10,000 cases per day.

It is expected that:



- 98% of positive COVID-19 cases will experience mild to moderate symptoms and will be able to safely isolate in their own home
- Less than 1% of positive cases will require supported care (i.e. Hospital in the Hotel)
- Less than 1% of positive cases will require hospitalisation.

Under Delta planning, SA Health anticipated approximately 300 COVID-19 positive cases would be in hospital at any one time, with numbers building over several months. In adapting to Omicron, SA Health is now planning to manage up to 500 cases in hospital.

The following state-wide system response strategies that underpin our planning continue to provide the basis for our overall response to the COVID-19 pandemic, with updates to reflect adjustments for Omicron response:

- **COVID-19 Primary Care Response Strategy** which outlines the response strategy in the primary care setting including critical partnerships.

- **COVID-19 Acute Response Strategy** which outlines the response strategy in the acute setting including designated COVID-19 hospitals and pathways for adults, children and adolescents, and pregnant women and neonates.
- **COVID-19 Regional Response Strategy** which outlines the response strategy in regional South Australia including six regional LHN response plans.
- **COVID-19 Positive Action Plan – Aboriginal Communities** that articulates specific pathways for Aboriginal communities in rural and remote areas as informed by the **COVID-19 Aboriginal Community Response Plans** developed for 21 Aboriginal communities in South Australia in partnership with community leaders and endorsed by Aboriginal Community Councils. These localised community plans have been informed by local service providers including Aboriginal Community Controlled Health Organisations, Local Health Networks, and other providers.

1.1. Purpose of document

The purpose of this document is to:

- Articulate the **Omicron Health System Response Strategy** to inform the review and adjustments of accompanying strategies for managing the surge of Omicron cases in SA including primary health care and acute care response strategies.
- Guide the **adjustment of clearly defined guidelines, escalation pathways and protocols for the isolation and care of COVID-19 patients** that consider risk of population transmission, disease severity, clinical and social risk factors.
- Guide the update of **patient journey pathways** for specific population cohorts and/or clinical care streams to manage the surge of Omicron.
- Provide the **governance arrangements for the health system response to Omicron** including roles and responsibilities of accountable responders.

The focus of this document is on the models of care and pathways that are supporting an immediate response to manage the expected cases of the Omicron COVID-19 variant in our community. The models will continue to evolve in response to the status in SA in real time and will require ongoing review as part of living with COVID-19 in our community.

1.2. Target audience

This document targets all health system stakeholders across multiple settings who are designing and activating the models of care articulated in this Strategy. It aims to create a shared understanding of the coordinated and centralised approach led by SA Health and supported by key partners across public, private, primary health and acute care sectors.

1.3. Scope

The scope of this document is focused on SA Health's system-wide response strategy for Omicron and informing the key underpinning strategies (Omicron variant of COVID-19 for primary health care response strategy; Omicron variant of COVID-19 for acute care response strategy; and Omicron variant of COVID-19 enabling strategies). It should be noted that these strategies are supported by a range of separate guidelines, models of care, and plans and pathways that are specific to population groups, specialty-based care streams (Figure 1), businesses and industry.

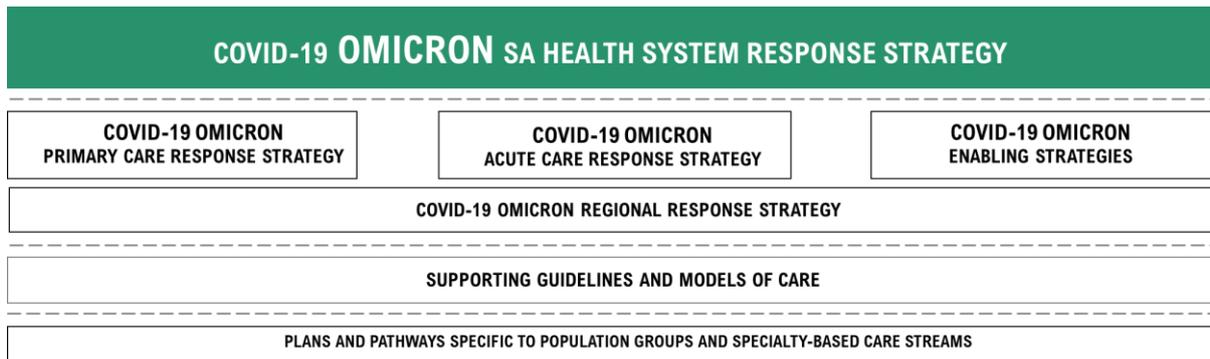


Figure 1. Scope of COVID-19 Omicron SA Health’s response strategy

1.4. Omicron variant of COVID-19

The [World Health Organisation](#) advises that the overall risk related to Omicron remains very high for a number of reasons. Globally the risk and impact of COVID-19 remains very high overall, and current data indicates that Omicron has a significant growth advantage over Delta, leading to rapid spread in the community. The rapid increase in cases will lead to an increase in hospitalisations and may pose overwhelming demands on health care systems and lead to significant morbidity, particularly in vulnerable populations globally.

Omicron case numbers continue to increase in South Australia and across Australia. Omicron continues to show greater infectivity than the Delta variant, but with much less severity in terms of hospitalisations, ICU and ventilated patients.

Regular genome sampling of hospitalised patients and random community sampling is taken to monitor the levels of Omicron within South Australia. As of 21 January 2022, 95% of samples taken returned an Omicron result. This figure continues to be updated as results are received (noting that genome sampling results are not reported daily).

Risk of serious illness from COVID-19

Some people are at greater risk of experiencing more serious illness from COVID-19. The [Australian Government Department of Health Coronavirus \(COVID-19\) health alert](#) advises that the following groups are most at risk:

- > People who are unvaccinated
- > Aboriginal and Torres Strait Islander peoples and remote communities
- > Older people including people in aged care facilities
- > People with chronic conditions
- > People with disability.

Newer treatments, such as intravenous (IV) monoclonal antibody infusions, continue to show promising signs of reducing the risk of serious illness. The ability to reduce the severity of COVID-19 with both vaccination and adjuvant treatments has been factored into the COVID-19 Health System Response Strategy.

1.5. Review period

This document will be reviewed regularly to ensure that the models of care and associated care pathways are adapted as new information comes to light in response to the Omicron variant of COVID-19.

Omicron continues to pose challenges for disease control and management and is being monitored as more is learnt about its characteristics.

Given such challenges, **this Strategy will require adaptation** on a regular basis to ensure that it is informed by new information, research and innovative approaches that emerge, and incorporates the most effective models of patient care in managing the Omicron variant of COVID-19.

2. Context

2.1. National COVID-19 Plan

On 13 January 2022, National Cabinet reaffirmed the [National Plan](#) to transition Australia’s National COVID-19 response and continue work to suppress the virus under Phase C of the National Plan - seeking to minimise serious illness, hospitalisation and fatalities as a result of COVID-19 with baseline restrictions.

2.2. COVID-19 vaccination

2.2.1. Vaccination rollout status

Australia has expanded its vaccination rollout with over 45 million doses of COVID-19 vaccines administered across the country. The status of vaccinations in Australia and South Australia is summarised below (figure 2). Vaccinations for 5-11 year olds commenced on 10 January 2022, with strong communications campaign to encourage the first dose to be administered before the commencement of the 2022 school year.

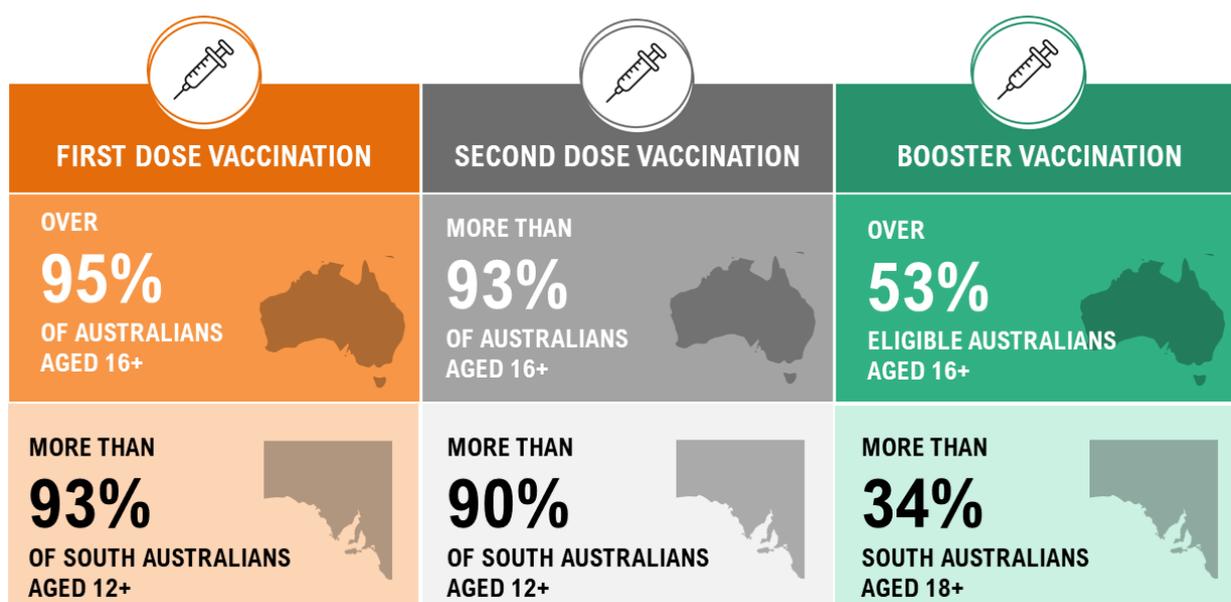


Figure 2. Vaccination status Australia and South Australia as at 25 January 2022

2.2.2. Booster vaccinations for health care workers

The [Emergency Management \(Healthcare Setting Workers Vaccination No 5\) \(COVID-19\) Direction 2022](#) has been signed to come into effect on 29 January 2022. This Direction has been updated to require people working in healthcare settings to have a booster of a TGA approved COVID-19 vaccine.

This requirement applies to all people engaged in work or duties at a health care setting including clinicians, allied health workers, cleaners, administrative and staff and students undertaking placement, regardless of whether they work in a patient or a non-patient area. It also applies to all people who attend a health care setting incidentally, such as delivery drivers or suppliers.

As such, all health care workers must have had, or have evidence of a booking to have, a booster dose within four months of their second dose. People aged 18 years and over are eligible to receive the booster dose three months after receiving the second dose of a COVID-19 vaccine.

A person may continue to engage in work or perform duties under the Direction if they have an exemption endorsed by the Chief Public Health Officer, based on the Australian Technical Advisory Group on Immunisation (ATAGI) temporary medical exemption criteria.

2.2.3. Omicron scenario modelling

South Australia's COVID-19 response strategy is based on public health advice and scenario modelling undertaken by expert, independent academics from the University of Adelaide.

The updated Omicron modelling for South Australia reinforces the need to:

- ensure optimal test-trace-isolate-quarantine (TTIQ) is maintained in South Australia, focused on high risk and vulnerable settings to reduce ward admissions and ICU admissions
- require public health and social measures such as mask requirements and restrictions to public activities to ensure outbreak numbers do not exceed planned hospital capacity.

The Omicron modelling has informed adjustments to hospital and community planning, with indicators and thresholds for further adjustments if required.

Although projected modelling in South Australia remains slightly uncertain and depends heavily on the behaviour of South Australians over the coming weeks, including the return to the workplace and schools, the updated Omicron modelling predicts peak cases to be between 6,000 and 10,000 per day assuming current public health measures remain in place.

SA Health anticipated approximately 300 COVID-19 positive cases would be in hospital at any one time under the Delta planning, with numbers building over several months. Under Omicron planning, in which there is a lower overall severity of illness, SA Health has revised plans to manage ward occupancy of 500 beds and ICU occupancy of 60 beds as the upper limit for health system capacity.

The model will remain dynamic and will be reviewed regularly in response to real events to determine if there needs to be further adjustments, in particular to public health measures.

3. Principles



Keep patients, carers and the community at the centre of what we do

The person with COVID-19 and their carer, families and the SA community are at the forefront of all considerations.



Build genuine partnerships

Effective partnerships between primary health care and acute care across the health system including private health providers will be paramount to ensure safety, continuity and integration of care, and quality health outcomes for the SA community.



Leverage existing effort and avoid duplication

Existing models and processes will be leveraged to build, expand and scale current systems and capabilities, and integrated to ensure that we are not wasting effort on duplication.



Be ready to adapt and collaborate to co-design new and innovative models of care

An agile and participatory approach will be adopted to the design of innovative and scalable new models of care and delivery modes in response to COVID-19 variants.



Provide services out of hospital wherever possible

Wherever it is safe and appropriate to do so, COVID-19 patients will be cared for and supported to recover outside the hospital environment to enhance their comfort and reserve hospital capacity for patients needing acute care, whilst reducing onward transmission of the disease.



Move patients and staff to the most appropriate location

There may be sudden and large increases in COVID-19 patients requiring care, and all parts of the system need to be prepared and ready to adapt. This includes having explicit COVID-19 and non-COVID-19 service pathways that allow patients and, where required, staff to move across sites and services to ensure the right care is delivered.



Share information to ensure continuity of care and public safety

Every opportunity will be taken to share information safely and securely in the interest of continuity of care for COVID-19 positive patients and the safety of the general public.



Create a safe learning environment and culture to enable us to adapt

A supportive environment will be fostered that focusses on learning and rapidly adapting models of care and systems as emerging evidence and lessons are discovered in the clinical care of people with COVID-19.



Ensure steps are taken to reduce onward transmission of COVID-19

Health care services will work in close partnerships with Public Health services to ensure steps are taken to reduce onward transmission of COVID-19.



The health system response meets the needs of the whole state and our communities

The health system response to COVID-19 recognises the contribution of business, industry, organisations, groups and services in keeping South Australian communities safe.

4. COVID-19 Health system response

The system-wide response pathway (figure 3) outlines how and where patients move through testing and isolation to receiving care and eventually clearance.

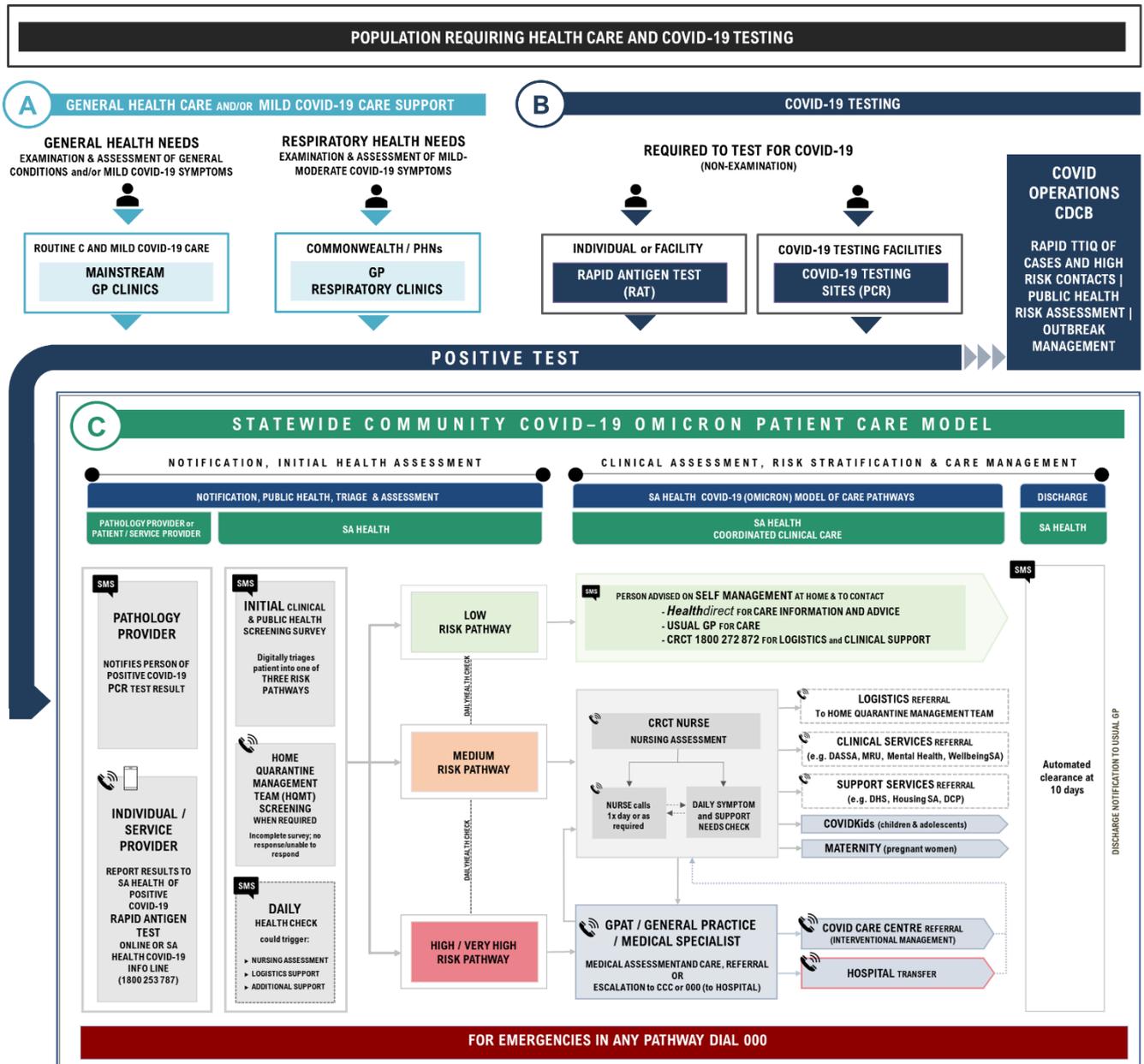


Figure 3. COVID-19 SA Health System-Wide Response Pathway

Key roles and functions of the response are designed and integrated to provide the right care, in the right location, at the right time:

- **COVID-19 Testing Sites** will continue to test and provide results to South Australians and the SA Health contact tracing team, and the COVID Response Care Team (CRCT)
- **COVID-19 Contact Tracers** will prioritise those cases that are high-risk to the community
- **Mainstream GP Clinics** will continue to support patients with non-COVID-19 health needs and asymptomatic and mild COVID-19 symptoms with escalation pathways
- **GP Respiratory Clinics** will continue to support patients with respiratory health needs, including examining, assessing and treating respiratory and COVID-19 symptoms

- **COVID Response Care Team (CRCT)** will oversee and coordinate COVID-19 patients requiring care and support.
- **COVID Care Centres** will provide see and treat assessment, with short-stay treatment options for people who need extra health support but don't need to be hospitalised.

Core elements (labelled A to C in figure 3) of the health system-wide response pathway are summarised below.



General health care and/or mild COVID-19 care support

Seeking non-COVID-19 care and support for mild COVID-19 symptoms

Mainstream GP Clinics

General Practice plays a central role in the delivery of health care to the community. Patients will need the ability to continue to receive care from their usual GP, either in person or via telehealth, for general health care needs and mild COVID-19 symptoms, in conjunction with Healthdirect.

The role of GPs in supporting patients under the state-wide community COVID-19 Omicron patient care model is summarised below. Mainstream GP clinics will:

- continue to support patients with non-COVID-19 health needs (either in person or via telehealth where the opportunity arises to minimise the need for patients to always attend appointments in person)
- continue to offer preventative healthcare and vaccinations (including COVID-19 vaccinations)
- perform COVID-19 tests in their clinic, if it is safe and appropriate to do so, including taking a swab test outside while the patient remains in their car, or they may send patient to a drive-through testing clinic
- support patients who are COVID-19 asymptomatic or have mild disease and symptoms (low / medium risk) of COVID-19
- escalate patients who deteriorate to moderate and severe disease (high/very high risk) ensuring those involved are aware of patient's status as COVID-19 positive and their risk factors for deterioration
- liaise with the SA Health **GP Assessment Team (GPAT)** and **COVID Response Care Team (CRCT)** for a patient's COVID-19 care and existing co-morbidities including in acute and post-acute illness (for IV infusion referrals).



HealthPathways is a **free** online portal for GPs, nurses and other health professionals to access **up-to-date clinical management, assessment, referral and local service** information for South Australia.

Access to **over 250 clinical and referral pathways** that are comprehensive, evidence-based assessment, management and localised referral resources for specific health conditions.

HealthPathways is both a model of working, bringing together clinicians across the health care sectors to co-develop pathways, and a tangible product in the form of an online health information portal.

Wellbeing SA, Adelaide PHN and Country SA PHN are working in partnership with SA Health to implement HealthPathways across South Australia to support consistent care and management of health conditions and to improve the health outcomes and journey of patients.

COVID-19 Pathway Suite

New pages are being developed and existing pages continually monitored and updated as new information continues to emerge.

GP clinics performing COVID-19 tests and supporting COVID-19 patients experiencing mild symptoms, will need to maintain higher levels of infection prevention and control (IPC) measures to reduce the risk of infection transmission between patients and staff. This involves having access to appropriate PPE for staff, fit testing of particulate filter respirators (PFRs) and suitable clinical areas to keep clinics COVID-19 safe.

SA Health has established care pathways for adults and children and adolescents based on the [National COVID-19 Clinical Evidence Taskforce](#) and [updated guidelines by the RACGP](#) to help with decision making around escalation of care.

Aboriginal people and communities will continue to receive general health care (non-COVID-19 care) through ACCHOs, GPs, rural nursing services, regional LHNs, RFDS and other rural and remote health care providers. Integration between these services and the CRCT is critical to ensure holistic health outcomes are achieved.



[healthdirect](#) provides 24/7 trusted online information and advice about a huge range of health issues including COVID-19, that covers conditions, symptoms, treatments, linkages to health services and more.

They work closely with Australia's leading health organisations and all information goes through a comprehensive clinical review.

State-wide COVID Treatment referrals

SA Health has developed pathways to facilitate direct referral from community-based clinicians for monoclonal antibody infusions for immunocompromised and unvaccinated, at-risk patients who develop COVID-19. Work is underway to expand the pathway based on recently approved oral therapies, expected to be available in the first quarter of 2022.

GP Respiratory Clinics

Commonwealth funded **GP-led Respiratory Clinics** operate across South Australia:

- Four in metropolitan Adelaide (Parkside, Athelstone, Pooraka and Reynella)
- Six in regional South Australia (Kadina, Mid North, Angaston, Murry Bridge, Naracoorte and Pika Wiya Port Augusta for Aboriginal people only).

The purpose of these clinics is to assess, test and treat people with mild-to-moderate respiratory conditions, including COVID-19, influenza and pneumonia. The clinics also administer COVID-19 vaccinations for people who are currently eligible.

As part of the expected increase in Omicron COVID-19 cases, it is important to note that **Mainstream GP Clinics** and **GP-led Respiratory Clinics** do not manage the end-to-end care pathway of COVID-19 patients, to enable a centralised initial algorithm-based assessment within the COVID Response Care Team. Primary care stakeholders are also key partners with SA Health in the management of non-COVID-19 symptoms for their COVID-19 positive patients. This arrangement will be reviewed as South Australia moves through to 'living with COVID'.



COVID-19 testing

Testing for COVID-19, Tracing, Isolation and Quarantine (TTIQ)

There are many options to get tested for COVID-19 in South Australia. Some require a booking, others are walk-in and some require a referral.

Individuals are able to contact the **SA COVID Information Line** on **1800 253 787** for further details and clarification.

Criteria for testing	Testing options
Close contact	<ul style="list-style-type: none"> • Rapid antigen test (RAT) for COVID-19 – person may register to collect two free tests • Person to quarantine for 7 days from exposure (date of exposure day 0) • Person to complete initial and day 6 test • Person must report positive COVID-19 result and may also report negative and invalid results (which will help give SA Health an accurate picture of rates of COVID-19 in SA).
COVID-19 symptoms, and no known contact	<ul style="list-style-type: none"> • PCR test • Quarantine until negative result received • Person who tests negative using a rapid antigen test but has symptoms must get a PCR test to confirm result.
No symptoms and no known contact	<ul style="list-style-type: none"> • Monitor for symptoms and seek a PCR test if symptoms develop

Rapid Antigen Testing

Rapid Antigen Testing (RAT) is an alternative to PCR testing.

Close contacts of individuals with COVID-19 can access a kit of two free rapid antigen tests from [RAT Collection Points](#) across the state.

If an individual tests positive to COVID-19 on a rapid antigen test, that individual does not need to get a PCR test to confirm the result, however, that individual is required to report the positive result to SA Health via online or phone (COVID Information Line 1800 253 787).

If the individual tests negative and has symptoms, that individual will need to confirm the result of a day 6 test with a PCR before that individual can leave quarantine.

SA Health has increased the provision of RATs to vulnerable communities to support early detection of COVID-19 as part of SA Health’s Test, Trace, Isolate and Quarantine (TTIQ) program.

PCR Testing

If an individual has COVID-19 symptoms, that individual is required to get a [PCR test](#) at one of the COVID-19 Testing sites located across South Australia.

An individual will also need to get a PCR test if that individual has COVID-19 symptoms and tests negative on a rapid antigen test.

SA Health or SA Police may also direct an individual to get a PCR test.



Rapid Antigen Test for COVID-19

In South Australia, rapid antigen tests are now used as a test to diagnose COVID-19. This means that if a person test positive using a rapid antigen test, the result does not need to be confirmed with a PCR test.

Close contacts can use an SA Health supplied rapid antigen test for initial and day 6 test.

Rapid antigen tests can also be used:

- before entering a high-risk setting, e.g. healthcare or aged care
- before going out where there may be crowds
- before going to work, especially if it is a critical worksite
- to provide reassurance if a person has no symptoms but is feeling anxious or worried.

The individual must quarantine until receipt of a negative result. If the individual is in quarantine, then that individual needs to remain in quarantine until the end of the required period even with a negative test result.

CLOSE CONTACT

In South Australia a 'close contact' is defined as:

- a household member or intimate partner of a COVID-19 case during their infectious period
- someone who has had close personal interaction with a COVID-19 case during their infectious period:
 - for 15 minutes or more and
 - where masks are not worn by the person and the COVID-19 case and
 - in close physical proximity and
 - in an indoor setting
- someone who has been notified by SA Health that they are a close contact
- someone who has been in a high COVID-19 transmission area.

COVID-19 cases are considered infectious two days before their symptoms started or if they didn't have any noticeable symptoms, they are considered infectious two days before they had their positive COVID-19 test taken. The infectious period ends 10 days after they had their positive test taken.

TTIQ program

The **COVID Operations CDCB** leads the contact tracing and outbreak response for COVID-19 cases in SA, predominantly the "trace" component of TTIQ especially in high-risk settings.

This is achieved by preventing and controlling disease in the community through the application of epidemiological principles and public health control measures.

Contact tracing is critical to terminate chains of transmission and is prioritised based on high-risk (to the community) cases or locations.

Utilisation of QR check in data through the **COVID SAfe Check In** and streamlining of the notification of contacts will increase the efficiency of contact tracing. COVID SAfe Check-In is a feature that has been added to the free mySA GOV app which can be downloaded from the App Store on smartphones.

If a person in South Australia tests positive to COVID-19, the COVID SAfe Check-In enables SA Health to help identify transmission sites and contact others who may have been exposed to the virus and stop the spread of COVID-19.

The COVID SAfe Check-In should be used to check in to businesses, venues or events by scanning their unique QR code.

COVID-19 vaccination digital certificates can also be added to the mySA Gov app. Once integrated, each time the COVID SAfe Check-In function is used, the check-in screen will display confirmation of a valid vaccination certificate.

Continued technical development of automatic processes linked with vaccination status will allow for a greater focus on the highest-risk cases.



COVID SAfe Check-In

The COVID SAfe Check-In enhances COVID-19 contact tracing to keep SA community COVID safe.

An overview of the requirements for people who test positive to COVID-19 and close contacts is outlined in the Testing, Isolating and Quarantine Requirements Fact Sheet (figure 4).

COVID-19 POSITIVE	CLOSE CONTACT		
ISOLATION: <ul style="list-style-type: none"> 10 days isolation from the date of first positive COVID-19 test. The day the test is taken is day 0. If symptoms persist at day 10 contact the COVID Response Care Team. 	Household contacts who <u>can</u> separate from the person with COVID.	Household contacts who <u>cannot</u> separate from the person with COVID.	<ul style="list-style-type: none"> Notified by SA Health that they are a close contact; or Visited a transmission site listed on the SA Health website; or Close personal interaction with a COVID-19 case during their infectious period.
TESTING: <ul style="list-style-type: none"> No testing requirements to leave isolation. 	QUARANTINE: <ul style="list-style-type: none"> 7 days from last day of contact with positive case. You must receive a negative COVID-19 test on day 6 to leave quarantine. 	QUARANTINE: <ul style="list-style-type: none"> 14 days from the date the person with COVID-19 had their test. 	QUARANTINE: <ul style="list-style-type: none"> 7 days from the last date of contact with the COVID-19 positive case. You must receive a negative COVID-19 test on day 6 to leave quarantine.
NOTES: <ul style="list-style-type: none"> Don't wait for a text message, notify your household, school or employer and anyone you have had close personal contact with in the 2 days prior to symptoms or testing positive. Close personal contact includes: <ul style="list-style-type: none"> close proximity, and indoors, and no mask, and for more than 15 mins You will receive a phone call or text message from SA Health with a survey to complete. 	TESTING: <ul style="list-style-type: none"> Get tested as soon as possible; and on day 6 after exposure. Get tested as soon as possible if symptoms develop. 	TESTING: <ul style="list-style-type: none"> Get tested immediately if symptoms develop. 	TESTING: <ul style="list-style-type: none"> Get tested as soon as possible; and on day 6 after exposure. Get tested as soon as possible if symptoms develop. If you know you are a close contact please do not wait for a text message, get tested and quarantine immediately.
NOTES: <ul style="list-style-type: none"> After leaving quarantine, between day 8-14: <ul style="list-style-type: none"> Do not attend high risk settings or COVID Management Plan events. Wear a surgical mask when around others. Avoid contact with vulnerable people. Avoid non-essential activities where possible and avoid shared spaces. Maintain physical distancing. 	NOTES: <ul style="list-style-type: none"> After leaving quarantine, between day 8-14: <ul style="list-style-type: none"> Do not attend high risk settings or COVID Management Plan events. Wear a surgical mask when around others. Avoid contact with vulnerable people. Avoid non-essential activities where possible and avoid shared spaces. Maintain physical distancing. 	NOTES: <ul style="list-style-type: none"> After leaving quarantine, between day 8-14: <ul style="list-style-type: none"> Do not attend high risk settings or COVID Management Plan events. Wear a surgical mask when around others. Avoid contact with vulnerable people. Avoid non-essential activities where possible and avoid shared spaces. Maintain physical distancing. 	NOTES: <ul style="list-style-type: none"> After leaving quarantine, between day 8-14: <ul style="list-style-type: none"> Do not attend high risk settings or COVID Management Plan events. Wear a surgical mask when around others. Avoid contact with vulnerable people. Avoid non-essential activities where possible and avoid shared spaces. Maintain physical distancing.
OTHER REQUIREMENTS			
<ul style="list-style-type: none"> Monitor for symptoms. If symptoms develop you should get tested as soon as possible and quarantine until you get the result. Visit the SA Health website for exposure sites. If you are made aware of a location you have been has had someone with COVID-19, such as a hospitality venue, place of worship or a recreation facility, monitor for symptoms. Wear a mask in indoor settings • Practice good hand hygiene • Keep 1.5m from others where possible. 			

Figure 4. Testing, Isolating and Quarantine requirements (5 January 2022)

The pathway for tracing COVID-19 positive patients and close contacts is summarised below (figure 5).

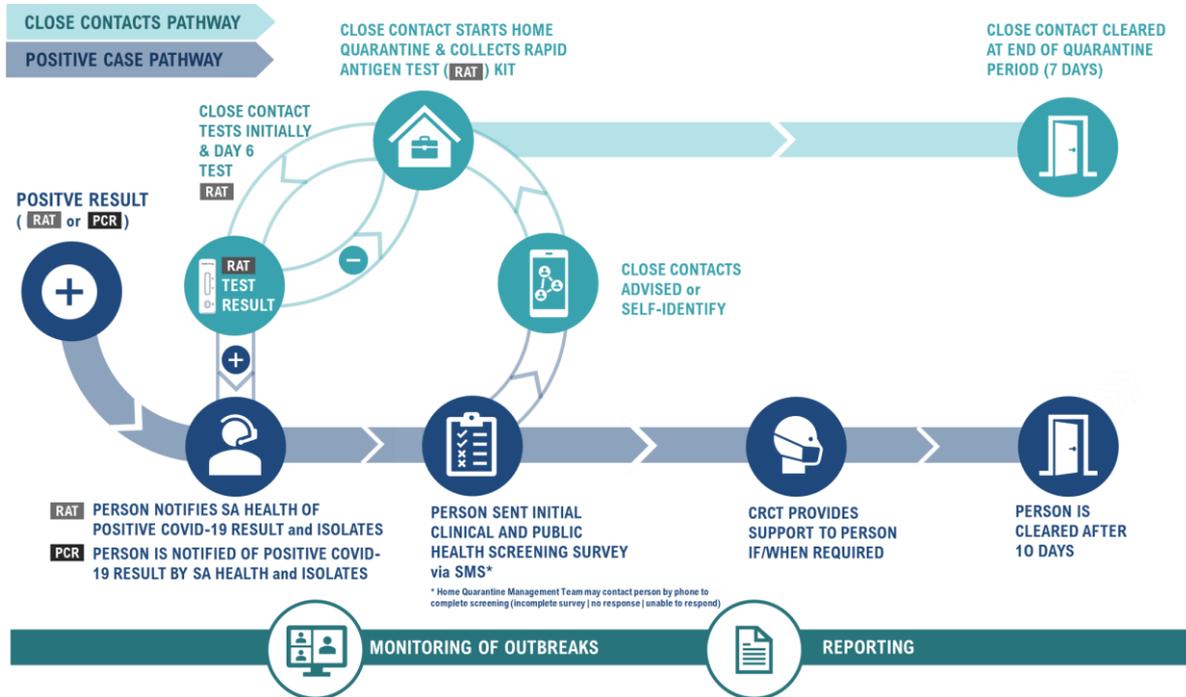


Figure 5. COVID-19 Contact Tracing Workflow

Keeping families together wherever possible is recognised as a critical component of disease management and care needs. While every endeavour to keep families together will be made, on occasions, some families may have to be separated to ensure safe isolation and appropriate quarantine of family members to reduce onwards transmission of COVID-19.

It is important to note that the COVID Operations CDCB and the COVID Response Care Team work closely together to support the prevention and control of COVID-19 in the community.



State-wide community COVID-19 Omicron Patient Care Model

SA-Health led coordination and management of Omicron variant of COVID-19

The **State-wide Community COVID-19 Omicron Patient Care Model** (figure 6) has been adjusted to meet the new set of challenges imposed by the Omicron outbreak, with 98% of positive COVID-19 Omicron cases safely being managed at home, less than 1% of positive cases in supported care (i.e. Hospital in the Hotel), and less than 1% of positive cases requiring hospitalisation.

The patient care model describes the process for notification, initial health assessment, clinical assessment, risk stratification and care management of positive COVID-19 Omicron patients.

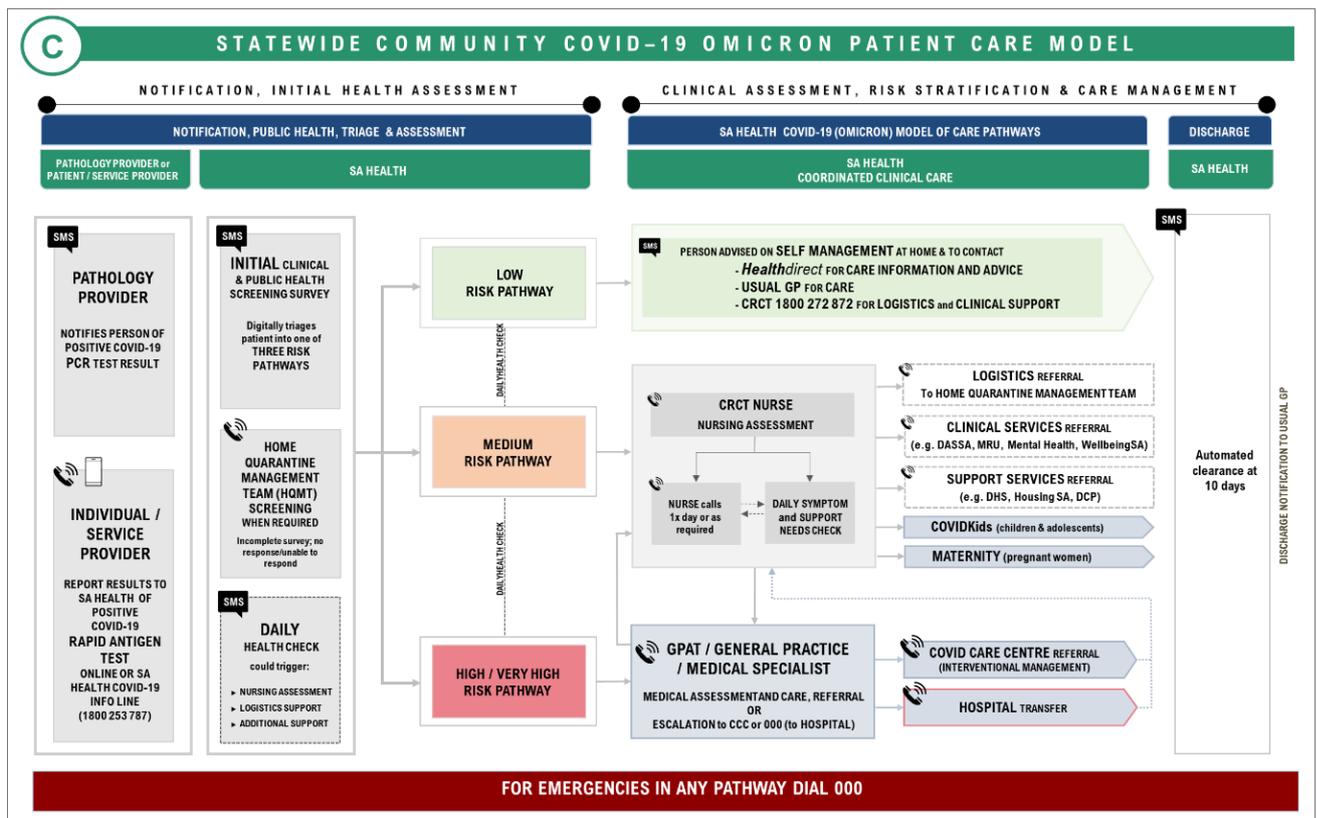


Figure 6. State-wide Community COVID-19 Omicron Patient Care Model

Key features of the model include:

- Initial clinical and public health screening survey to enable **digital triage** into one of three risk pathways
- **24/7 COVID Response Care Team (CRCT)** including Nursing Team and Medical Team (GPAT)
- **Daily health check** for medium risk pathway and where appropriate for high-risk pathways, with support provided through *HealthDirect* for low-risk pathway
- **Logistics support** (through Home Quarantine Management Team)
- **Referral pathways** for:
 - **COVID Care Centres** for interventional management (from GPs, GPAT and medical specialists)
 - **Clinical services** (for example, drug and alcohol, mental health)

- **Support services** (for example, housing, child protection).
- **Escalation pathway to Hospitals** (for adults, children and adolescents and pregnant women)
- **Automated clearance** at 10 days (via SMS).

Notification and initial health assessment

On receipt of a COVID-19 positive notification, the person will receive a text message from SA Health including a link to a short survey to complete. The aim of the survey is twofold:

- gather medical information to better understand that person's healthcare needs (clinical and support requirements); and
- gather high-risk setting exposure information to support public health contact tracing.

The survey results will help to determine whether that person can safely isolate away from others, and it will:

- assist **COVID Operations CDCB with contact tracing** to reduce community transmission and reduce spread of the disease; and
- **digitally triage patients into one of three risk pathways** to support initial determination of the most appropriate care – *right care, at the right location, at the right time*.

The **Home Quarantine Management Team (HQMT)** on behalf of CRCT will follow up incomplete surveys and individuals who are unable to respond, with the utilisation of interpreters as required. In addition, the **COVID Operations CDCB** may need to make a follow up phone call to the person if further information or clarification is required regarding contact tracing and public health related matters.

Clinical and Social Risk Assessment

Three key components influence disease outcome in its triage and decision-making models:

- **Disease severity levels** (mild, moderate, severe or critical) as defined by the [National COVID-19 Clinical Evidence Taskforce, Australian guidelines for the clinical care of people with COVID-19](#).
- **Clinical risk factors** including unvaccinated, Aboriginal people 50 years and older with one or more chronic medical condition; people 65 years and older with chronic medical conditions (including but not limited to chronic renal failure, coronary heart disease, congestive cardiac failure COPD, chronic lung disease, poorly controlled diabetes), pregnancy, obesity and people 70 years and older.
- **Social risk factors** including (but not limited to) low health literacy; social isolation; proximity to healthcare, risk of violence, abuse or neglect; large household / other members at risk including children; high level of anxiety regarding disease, food and housing security.

The linkage between the level of care, disease severity, clinical and social risk factors is supported with detailed care pathways and escalation protocols to ensure COVID-19 patients are safely managed over the continuum of care.

Care Pathways

A summary of the care pathways (figure 7) under the state-wide community COVID-19 Omicron patient care model is provided below.



Figure 7. Overview of care pathways

Low risk pathway

With the Omicron variant, most COVID-19 patients will experience mild symptoms and will be able to self-manage their symptoms at home (**low risk pathway**). During isolation, patients may contact:

- contact [Healthdirect](#) for care information and advice,
- their usual GP, or
- SA Health CRCT (1800 272 872) to access logistical and/or clinical support.

SA Health has developed an important resource to guide patients on how to monitor their symptoms and when to get help when managing COVID-19 at home (see **Appendix A**).

MILD SYMPTOMS You can safely stay at home if you or the patient you are caring for has any of these symptoms:	MONITORING SYMPTOMS Ask a GP or call the COVID-19 Response Care Team	SEVERE SYMPTOMS You should call 0000 (ambulance) if any of the following symptoms occur, or the person you are caring for:
<ul style="list-style-type: none"> • cough or sore throat • cold/flu like • loss of taste and smell • any change <p>If you qualify for a test for COVID-19, you can get a test at home or at a community testing site. If you qualify for a test, it may be easier than usual to get a test at home or at a community testing site. You should get a test as soon as you can. You should get a test as soon as you can. You should get a test as soon as you can.</p> <ul style="list-style-type: none"> • headache • loss of or change in voice and/or smell • loss of taste or smell • feeling tired, weak, or light-headed <p>Screening with a test kit should be able to detect if you have COVID-19 and help you decide if you need to get a test. You should get a test as soon as you can. You should get a test as soon as you can. You should get a test as soon as you can.</p>	<ul style="list-style-type: none"> • coughing so much you're having trouble sleeping or eating • feeling more tired and weak • feeling more breathless • feeling dizzy, lightheaded or faint • feeling more tired and weak • feeling more breathless • feeling dizzy, lightheaded or faint • feeling more tired and weak • feeling more breathless • feeling dizzy, lightheaded or faint 	<ul style="list-style-type: none"> • severe weakness or trouble with difficulty breathing • becoming short of breath when resting • becoming short of breath when walking or doing light activity • chest pain or discomfort • confusion or difficulty staying awake • persistent vomiting • skin color changes, pale or moist • severe headache or dizziness • feeling or looking like having other conditions • unable to get out of bed or look after self or others • confusion for changes can't recall the date, time or people's names • feeling a difficult to walk, speak, swallow

Medium risk pathway

Some patients may require clinical monitoring and care at home or in a supported COVID-19 care facility (**medium risk pathway**). This pathway, patients will receive a daily health check (via SMS) and will be monitored at home or in a supported facility (such as COVID-19 Hospital in the Hotel or regional care facilities which will be activated on demand to manage and support local regional outbreaks) by CRCT and/or GPAT with triggers for escalation and referrals for additional support (clinical, logistics and support services) as required.

People who are assessed as being at a higher risk of needing medical support will receive a home care kit. If required, this clinical observation kit will be delivered to a patient's home, which contains a thermometer, pulse oximeter (to measure heart rate and oxygen level), and other items. A patient will only receive a kit if assessed at being a higher risk of needing medical support with COVID-19. Kits are delivered through a courier service and left at the front door.

This will allow CRCT to closely monitor a patient's health (clinical observations) if they are unwell. CRCT nurse will send a daily SMS to assess physical and mental health and may contact the patient daily or as required.

CRCT nurse may escalate or make a referral for:

- **Medical assessment and care** by GPAT / doctor who may escalate and/or refer patient to:
 - COVID Care Centre for interventional management, or
 - Hospital / Virtual Care service for SA Ambulance Service (SAAS) escalation.

- **Logistics support** to the Home Quarantine Management Team
- **Clinical support** to partner agencies (such as DASSA, Wellbeing SA, mental health)
- **Support services** to partner agencies (such as Department of Human Services, Housing SA, Department of Child Protection)
- **COVID-Kids** at Women's and Children's Hospital for children and adolescents with complex care needs
- **Peri-natal care** for pregnant women (>16 weeks gestation) at Flinders Medical Centre.

In an emergency, or if patients have worsening symptoms such as difficulty breathing or chest pain or in any other emergency, CRCT (or patient) will contact Triple Zero (000) and tell them patient is COVID-19 positive.

CRCT also coordinates with multi-agencies to ensure social support coordination for COVID-19 patients. These include:

- **Department of Human Services** for access to alternative quarantine accommodation, early intervention to support health, disability, domestic violence, safety and wellbeing of children, screening services, youth justice
- **Office of the Chief Psychiatrist** for mental health support
- **Office for Ageing Well** for older people support
- **Department for Health and Wellbeing and Local Health Networks** for Aboriginal Liaison Officer and/or Aboriginal Health Worker support and additional local health support services, particularly in the regional and rural areas.
- **SA Ambulance Service, MedStar and the Royal Flying Doctors Service** to assist with patient assessment, referral and transportation
- **Department for Child Protection** for child protection support, including access to alternative quarantine accommodation
- **South Australian Housing Association** for housing and homelessness support, with a focus on alternative quarantine for Aboriginal communities
- **DASSA** for drug and alcohol support, including inpatient quarantine for COVID positive cases
- **Not-for-Profit organisations** to provide additional supports around mental health and social related issues including refugee support
- **Prison Services** for prisoner support and Prison Health clinical leadership in managing prison health outbreaks
- **Palliative Care** for palliative care patients, including in home care

COVID-19 Response Care Team

CRCT

CRCT is an SA Health-led 24/7 service comprised of multi-disciplinary team of:

- Nurses and midwives
- Doctors (GP Assessment Team (GPAT)) - a recruited team of COVID-19 specially trained General Practitioners (GPs)
- Hospital based medical specialists, linked with the Virtual Command Centre
- Administrative and support staff.

Key responsibilities of CRCT:

- **Nursing assessments** with COVID-19 patients with daily symptom checking and follow up calls if required, with complex care nursing assessments performed through Wellbeing SA
- **Coordinate the care** of COVID-19 positive patients including stream each patient into the care level that appropriately and safely meets their needs
- Make **referrals** for:
 - clinical support (i.e. DASSA, mental health, MRU)
 - support services (ie. housing, child protection)
 - logistics support (HQMT)
- **Coordinate escalation** of COVID-19 patient pathways for medical assessment which may be further escalated to COVID Care Centres or hospital.

- **DHW** will leverage the existing relationships and liaison roles within the State Control Centre – Health for Culturally and Linguistically Diverse; Residential Aged Care; Disability Care; Aboriginal communities and people experiencing homelessness.

High risk pathway

Some patients may require acute and hospital care in either a COVID Care Centre or a hospital (**high risk pathway**). High acuity patients may be referred to a COVID Care Centre for treatment interventions and medical modalities or transferred to hospital in dedicated locations (figure 8).

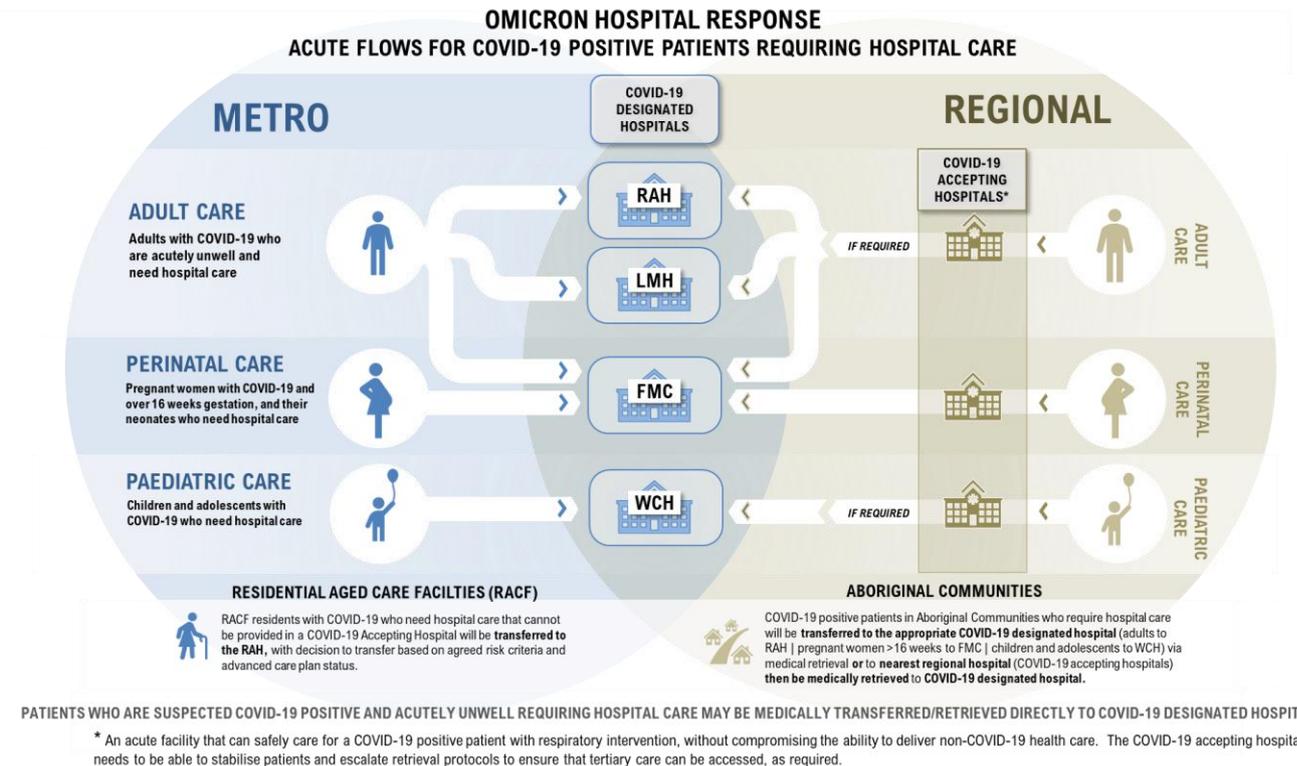


Figure 8. Acute flows for COVID-19 patients requiring hospital care

In country settings, regional COVID-19 Accepting Hospitals will have the ability to assess and care for COVID-19 positive patients in their community. High risk patients and patients who require significant clinical support will be assessed, stabilised and transferred to a service that can provide the level of care required (either a larger regional hospital or a metropolitan hospital). This would include people with conditions that provide a significantly increased risk if also COVID-19 positive as well as for COVID-19 related care.

This will be coordinated by the CRCT and LHN in liaison with **Regional COVID-19 Care Coordinators**, **local General Practice** and existing community support systems, or in the case of a clinical emergency, by SAAS.

The specific needs of vulnerable families and communities, older people and people with a disability have been considered within this Strategy.

Specific efforts will be made to ensure accessibility to home programs for South Australians with disabilities, those from culturally and linguistically diverse communities and those identifying as Aboriginal and Torres Strait Islander.

The care pathway (figure 9) for managing acutely unwell COVID-19 patients in hospital spans: Emergency Department presentations | Admission to hospital wards | Admission/transfer to the ICU.

The In-Hospital COVID-19 Care Pathway



Admission to hospital | When patients need to be admitted to hospital, all efforts will be made to ensure that it occurs in a timely way, in line with local hospital policies and procedures including: protocols for early escalation for deteriorating community patients; direct admission pathways; infection prevention and control protocols for placing and transferring patients within the hospital; and processes for communicating with patients and their families and carers.



COVID-19-specific wards | COVID-19-specific wards will be used to support the safe and effective care of patients with COVID-19, for example by using: cohorted areas as well as single and negative pressure rooms; de-isolation plans to support patient flow; and dedicated equipment and dedicated staffing models with the right skill mix.



Acute respiratory wards for COVID-19 care | Some sites will have the capability to provide respiratory support monitoring and therapies in a ward setting to prevent admission to intensive care. These wards can deliver specialised care as they have the equipment, skilled staff and local policies and procedures to deliver it safely.



Assessment of clinical severity and management approach | The assessment of the clinical severity of patients with COVID-19 is used to determine the appropriate evidence-based care including location of care, medical therapies, type of respiratory support, and to identify those patients at high risk of deterioration.



Clinical escalation and transfer of care to intensive care units | Patients with COVID-19 who deteriorate and reach the agreed maximum level of care that can be provided safely in the ward may be referred to intensive care. Discussions about the limitations of care and/or advanced care plans where available will inform the decision about transfer and the approach to medical care. Patients from regional areas who need this level of care will be transferred to a tertiary COVID-19 facility.



Discharge from hospital | Clinical teams will regularly consider the clinical status of patients who may be suitable for discharge back into the community and aim to do this at the earliest opportunity. This may include discharging patients to Hospital in the Home services or COVID Hospital in the Hotel facilities (with the support of the CRCT) or to a sub-acute facility. Clear guidelines will be used to determine readiness for discharge back into the community.



Follow-up investigations, referral to rehabilitation, and the management of long-term symptoms | Hospitalised patients who are positive for COVID-19 appear to have a high incidence of experiencing long-term symptoms and it is likely that patients who have been admitted to the acute inpatient environment will need ongoing care to support their recovery. While fatigue and breathlessness are commonly reported, attention to physical, mental, and emotional syndromes will be considered. The level of ongoing care to support recovery will vary from patient to patient – and may range from testing and monitoring through to participation in outpatient or inpatient rehabilitation programs.

Figure 9. The care pathway for managing acutely unwell COVID-19 patients in hospital

adapted from ACI, NSW Agency for Clinical Innovation. Care of adult patients with COVID-19 in acute inpatient wards. Sydney: https://aci.health.nsw.gov.au/_data/assets/pdf_file/0003/674526/ACI-Care-of-adult-patients-with-COVID-19-in-acute-inpatient-wards.pdf 2021

The three **key supporting strategies** identified under Delta planning will continue to ensure that the hospital system is ready to support the increase in high acuity cases during the Omicron outbreak.

Creating additional capacity

Under Delta planning, SA Health anticipated approximately 300 COVID-19 positive cases would be in hospital at any one time, with numbers building over several months.

Although the hospitalisation rate is lower in the Omicron outbreak than during the Delta Outbreak, the volume of COVID-19 infections from Omicron has generated a higher net requirement for hospital beds, and SA Health is now planning to manage up to 500 cases in hospital.



In addition, SA Health has partnered with the private hospital sector to undertake further capacity planning to manage potential further increases in COVID-19 Omicron cases across South Australia. This may include reduction in elective surgery in public hospitals if directed; support with staff for vaccinations; provision of ongoing care of incidental COVID-19 positive patients who become positive whilst admitted unless acuity demands alternative care.

Further details regarding capacity planning between public and private hospitals is detailed in the Acute Care Response Strategy (Omicron 500).

Decanting hospital sites in readiness for managing acute COVID-19 inpatients

To meet the increase of COVID-19 cases under Omicron, hospitals and related services are evolving their decant and service reconfiguration plans in line with the most up to date modelling and care pathways.

Decant plans for hospitals in regional settings ensure that patients with COVID-19 can receive care closer to home, where it is clinically appropriate.

Additional COVID-19 treatment capacity has been created in regional hospitals to reduce the need to transfer COVID-19 positive patients to metropolitan hospital. High risk patients and acutely unwell patients who require tertiary hospital care will still be transferred to a metropolitan hospital.

Managing the flow of acute inpatients within the hospital system

LHNs in metropolitan Adelaide will continue to manage the assessment and admission process for low to medium risk patients who present with COVID-like symptoms through their Emergency Departments – noting that the Primary Care Response Strategy, including the CRCT and COVID-19 Care Centres, continues to play a vital role in reducing the need for people with COVID-like symptoms to present to metropolitan Emergency Departments.

The LHNs in metropolitan Adelaide will manage non-COVID-19 admissions across sites within their LHN, and across sites between LHNs for specific cohorts, taking into account demand on the system, outpatient capacity and planned care, including elective surgery. The triggers for making the decision to redirect the flow of acute inpatients across the hospital system will be determined by system capacity and specifically enacted to ensure that care of COVID-19 positive patients in the ED, ICU and general inpatient wards is maintained in COVID-safe infrastructure.

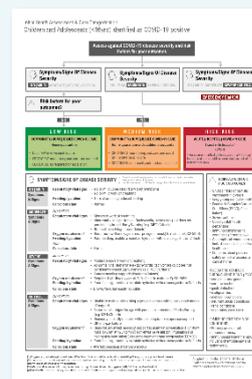
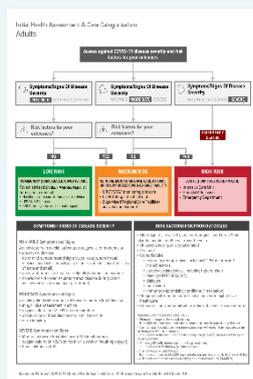
The CRCT will oversee the flow of COVID-19 positive patients across the system, linking with the State Control Centre – Health, the State-wide Virtual Command Centre and COVID Operations CDCB, to ensure patients are cared for at the most appropriate level and that care is escalated in a coordinated approach between levels and sites.

Pathways to Care

SA Health has incorporated the **Low**, **Medium** and **High-risk** pathways into two specific end to end pathways to care: one for adults with Omicron and the other for children and adolescents (<16 yrs) with Omicron.

The **ADULT** pathway (**SEE APPENDIX B**) is based on the National COVID-19 Clinical Evidence Taskforce – [Pathways to care for adults with COVID-19](#).

The **CHILDREN and ADOLESCENT (<16 yrs)** pathway (**SEE APPENDIX C**) is based on the National COVID-19 Clinical Evidence Taskforce – [Pathways to care for children and adolescents with COVID-19](#).



State-wide Virtual Care Service

Virtual care models including telehealth, video consultation and remote monitoring devices have been successfully adapted to provide monitoring of people during the pandemic, for both high risk COVID-19 patients and non-COVID-19 related care.

The Virtual Care Service will focus on leveraging state-wide virtual care models to ensure the right care is delivered in the right place, as part of living with COVID-19, creating system capacity and reducing demand on the system. The service will build on rural and regional partnerships whilst empowering local clinicians to deliver non-COVID-19 care in the point of origin and to plan for admissions to the appropriate receiving site.

The model aims to build on existing virtual monitoring systems across rural and metropolitan areas. The service aims to be flexible and anticipates that the model of care will need to change frequently to manage patients as they deteriorate in the community.

COVID-19 patient transportation

An approach has been established for managing transport requirements of COVID-19 positive patients and their carers. The approach defines the planned transport options for COVID-19 positive patients to ensure that patients are utilising the most clinically and situationally appropriate mode of transport. This will ensure that emergency transport is preserved to respond to COVID-19 positive patients requiring acute care and the ongoing emergency needs of the South Australian community.

There are five primary groupings of patients for whom transportation is a consideration. These patient groupings are outlined in Figure 10.

GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5				
COVID+ patient acute deterioration	COVID+ patient or Quarantined / Close contacts	COVID+ patient transfer to Medi-hotel or Covid Care Centre or facility	COVID CLEAR patient discharge from Hospital, Hospital in the Hotel to home	COVID+ Close Contacts / SCOVID / Quarantine				
COVID related acute deterioration	Emergency non-COVID related issues i.e. Heart Attack, broken leg, or for behavioural support for a COVID+ patient requiring transport or other complex transfer	Non-emergency alternative pathways: <table border="1"> <thead> <tr> <th>Planned</th> <th>Non-Scheduled</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> COVID Care Centre Hospital discharge Hospital in the Hotel Home </td> <td> <ul style="list-style-type: none"> COVID Care Centre treatment Isolation within families at time of COVID+ notification ED Discharge </td> </tr> </tbody> </table>	Planned	Non-Scheduled	<ul style="list-style-type: none"> COVID Care Centre Hospital discharge Hospital in the Hotel Home 	<ul style="list-style-type: none"> COVID Care Centre treatment Isolation within families at time of COVID+ notification ED Discharge 		Transfer for social / isolation / respiratory assessment / testing
Planned	Non-Scheduled							
<ul style="list-style-type: none"> COVID Care Centre Hospital discharge Hospital in the Hotel Home 	<ul style="list-style-type: none"> COVID Care Centre treatment Isolation within families at time of COVID+ notification ED Discharge 							
SA Ambulance Service BAU <small>* Transfer could be via aeromedical platform supported by SAAS MedSTAR</small>		Transfer via COVID+ Transfer Service <small>* Transfer could be via RFDS or other airline partner</small>	Transfer via taxi / private means	SCC-H managed Private Vehicle Transfer				

Figure 10: Patient Transport Pathway Groups within a COVID-19 Positive Community

Logistics support for transportation will be coordinated through the Home Quarantine Management Team in collaboration as referred by the CRCT, and in collaboration with the State Control Centre – Health and SAAS.

The following transport options are summarised below (figure 11) for moving COVID-19 positive patients. These include:

- **Self-drive** is the preferred mode of transport where a patient is deemed sufficiently clinically suitable by CRCT and has an appropriate license and vehicle. This may include household members who are quarantining with a patient requiring transport where CRCT deem appropriate.
- **COVID+ Transfer Service (CTS)** is a newly established 24/7 service where a patient is unable to self-drive. The CTS is a collaboration between State Control Centre-Health and SAAS.
- **SAAS** ambulances for patients requiring emergency transport.
- **Aeromedical** transport for:
 - COVID-19 positive patients in regional areas may be transported by an aeromedical platform (Royal Flying Doctor Service or private provider) in conjunction with a SAAS MedSTAR Retrieval Team.
 - Non-acute regional COVID-19 positive patients who need aeromedical transport may be transported by the Royal Flying Doctor Service and Wrightsair.

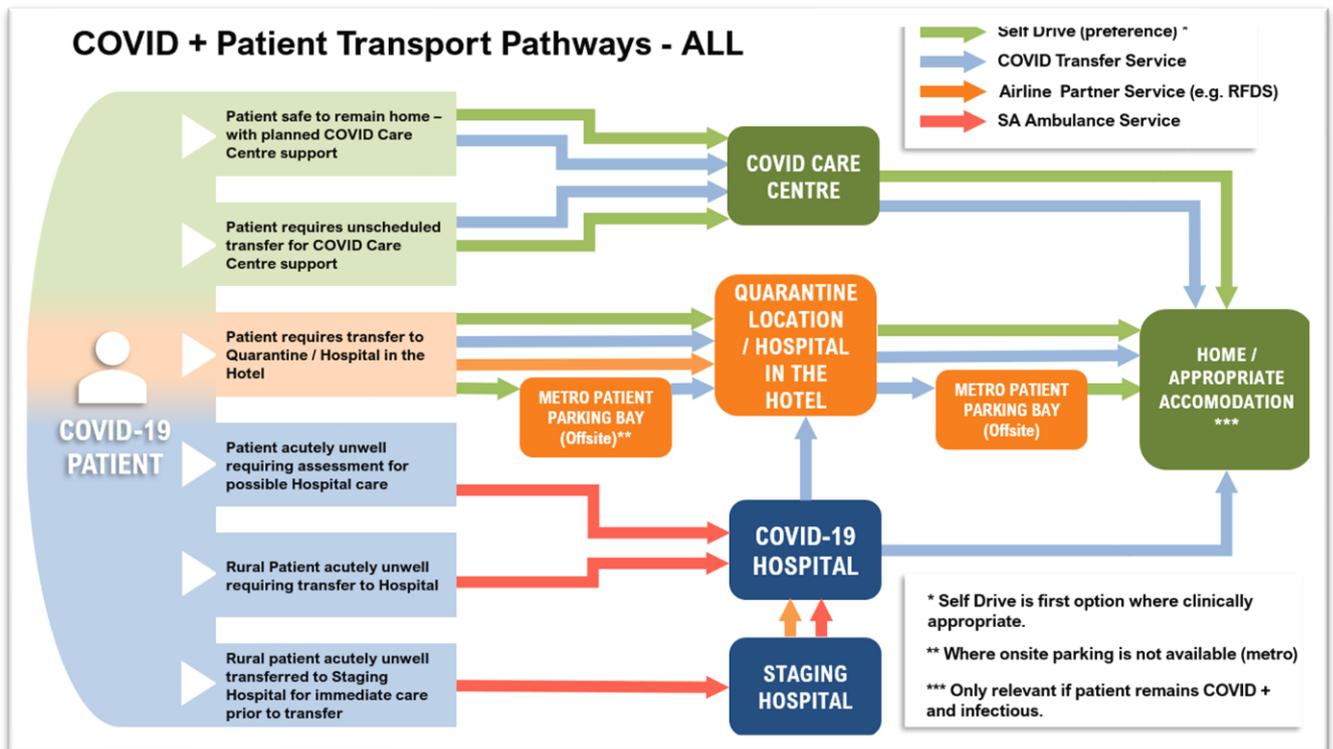


Figure 11: COVID+ Transport Pathways

COVID-19 patient journey pathways

COVID-19 pathways and guidelines for specific population-based cohorts and specialty-based care streams have been established to support coordination of care and assist health staff in the triage, referral and escalation process.

Key cohorts and care streams are summarised below.

COVID-19 Regional Care

Selected regional hospitals play a critical supporting role by acting as **COVID-19 Accepting Hospitals** – to accept, stabilise and treat acutely unwell COVID-19 regional patients who do not need tertiary hospital services or intensive care. Acutely unwell COVID-19 patients in regional areas will be assessed, stabilised and, if necessary, transferred directly to designated COVID-19 Accepting Hospital or a COVID-19 Treating Hospital, including by medical retrieval when it is clinically required. COVID-19 positive patients who are not acutely unwell, such as those presenting for other reasons who happen to coincidentally be COVID-19 positive, may be treated in larger regional COVID-19 Accepting Hospitals.

All larger COVID-19 Accepting Hospitals have dedicated wards that can care for COVID-19 positive patients who need hospital care but not at a tertiary metropolitan hospital site (for example, someone who has had a fall whilst isolating at home but is otherwise well).

Patients from regional locations who have a high risk of needing specialist COVID-19 related care due to their other underlying health conditions will be supported to quarantine in metropolitan Adelaide, in a hospital in the hotel quarantine facility, reducing their risk of becoming a very unwell patient in a regional setting. Examples include COVID-19 positive renal dialysis patients, COVID-19 positive pregnant women over 16 weeks gestation who are assessed as high risk, along with other high-risk groups.

COVID-19 positive patients in regional areas who do not require hospitalisation will continue to be treated in the community. Their care will be co-ordinated by the CRCT, in consultation with **Regional COVID Care Coordinators** and additional in-home supports provided by the regional LHNs.

COVID-19 Paediatric Care

All people who test positive to COVID-19 are first contacted by the SA Health COVID Response Care Team /General Practitioner Assessment Team (CRCT/GPAT) who will assess their condition and refer them to the relevant care.

Most children with COVID-19 will only experience a mild illness or will have no symptoms at all and can safely remain at home without the need for medical support. Where a child needs extra monitoring or support, they will be referred by the SA Health CRCT team to the COVID-Kids service at the Women's and Children's Hospital (WCH).

Specific population-based cohorts

- Aboriginal and Torres Strait Islander people and communities
- Regional and rural residents
- Culturally and Linguistically Diverse (CALD) community
- Adults
- Children
- People living with a disability
- Vulnerable groups, including those in residential aged care and those receiving child protection services.

Specialty-based care streams

- Paediatrics
- Maternity and Neonatal
- Mental health (care in the community and acute).

COVIDKids is a dedicated South Australian service for children and young people with COVID-19, managed by experienced paediatric clinicians, nurses and other supporting staff (e.g. Social Worker and Aboriginal Support Worker) at the WCH.

The COVIDKids team provides care to the child or young person and their family through regular phone or video appointments or at a dedicated on-site outpatients' clinic, if a face-to-face assessment or minor treatment is required.

In uncommon cases, when a child may need to be admitted to hospital, COVIDKids will coordinate the admission and communicate with the medical team looking after the child or young person to make the process as smooth as possible. On discharge, if needed, COVIDKids can support the child or young person again.

The expanded Children's and Adolescent Virtual Urgent Care Service at the WCH is an important component of the overall response by allowing children and young people (aged between 6 months and 17 years) who are well enough to avoid hospital receive expert advice virtually, without needing to present to the paediatric emergency department.

COVID-19 Maternity and Neonatal Care

As part of the state-wide response to the global COVID-19 pandemic, Flinders Medical Centre (FMC) is the dedicated hospital to provide care to COVID-19 positive maternity patients across the state.

Following a positive COVID-19 diagnosis, most pregnant women will be cared for in the community by the CRCT and/or GP Assessment Team and in conjunction with their usual GP or private obstetrician, with telehealth consults provided by an Obstetric Care Team from one of the Local Health Networks across SA.

COVID-19 positive pregnant women who need to attend FMC for assessment, to receive care or give birth will generally include:

- All COVID-19 positive pregnant women who are more than 16 weeks gestation and require face to face care or admission.
- COVID-19 positive pregnant women who are less than 16 weeks gestation, require acute care, and have pregnancy related complications.

COVID-19 positive pregnant women from regional areas who are greater than 16 weeks gestation who are assessed as high risk may be transferred to quarantine in Adelaide, so that they are close to specialist care, should they need it.

While FMC is the designated COVID-19 maternity hospital for pregnant women across the state, Maternity and Neonatal care stream planning has accounted for scenarios where FMC maternity and gynaecology services are at full capacity and COVID-19 positive pregnant women may need to give birth to their baby at another metropolitan hospital. Planning has also recognised that in some situations, COVID-19 pregnant women may also be cared for or have their babies delivered at the Women's and Children's Hospital if clinically required.

COVID-19 Residential Aged Care

Residential aged care facilities (RACF) residents who test positive to COVID-19 will be considered on a situation-specific basis overseen by COVID Operations CDCB in relation to whether they are cared for in-place or transferred to hospital or other care facility. This is consistent with the national Communicable Disease Network Australia (CDNA) guidelines which clearly state that transfer to

hospital should depend on the outbreak situation, the needs of the individual resident and the ability to manage the case on site without placing other residents at risk.

The decision to either care for COVID-19 cases in -place or transfer to hospital or other care facilities will be based on an agreed risk-rated criteria and person-centred principles and will be made in consultation with the CDCB outbreak management team, resident and representatives, CRCT/GPAT and the RACF provider.

The Office for Ageing Well continues to lead the response required to minimise the risk of exposure and spread of COVID-19 within RACF. This includes mandatory vaccination of all staff and visitors to RACF and decisions regarding state-wide policy on visitor access to RACF facilities to achieve the balance of protecting vulnerable older people from risk of COVID-19 transmission, whilst optimising essential family relationships and routine community engagement.

COVID-19 Palliative Care

Decisions about whether a person with COVID-19 who is receiving supportive or palliative care, or care in the terminal phase, is cared for in-place or transferred to hospital or other care facility must take a range of factors into account including the person's wishes (including an Advance Care Directive or Plan), the availability of control measures and the wellbeing of others.

Decisions should be made on a case-by-case basis by the individual with capacity or the person responsible, and the treating team (including the GP and COVID Operations CDCB).

Where a person with COVID-19 is identified as being at the end of life, and they (or the person responsible) have expressed a wish for no further life extending procedures, palliation should be supported in place where possible.

COVID-19 Mental Health Care

The COVID-19 outbreak is stressful and can impact on individual mental health and wellbeing. People who are self-isolating, or not able to see family and friends or enjoy their normal activities, may struggle with the unpredictable nature of the illness and long isolation periods. They may experience a range of emotions, such as stress, worry, anxiety, boredom or low mood.

People who have not previously experienced a mental health problem may also be at risk. For people with pre-existing mental health conditions, a pandemic can further heighten anxious thoughts or compulsive behaviours. Previously managed symptoms may escalate, requiring additional care. Disrupted support systems and social isolation can leave people vulnerable to acute stress reactions.

The risks from mental health sequelae of isolation and the economic impacts of the COVID-19 response are likely to persist for some time and it is critical that mental health and wellbeing supports are embedded in the broader system response.

Mental health support and service provision is integrated in the system-wide response within and across the home and community (Level 1), supervised facilities (Level 2) and acute (Level 3) pathways and is inclusive of people who are COVID-19 positive and those who are not. The RAH is the primary Mental Health inpatient COVID-19 positive receiving hospital for medically unwell patients.

SA Health has also established the Mental Health Support Network as a network of specialist services based in South Australia to ensure a whole-of-system response that is equipped to manage the differing levels of impact and need both during and following the pandemic. This includes the *Mental Health Emergency Triage Service* and *Urgent Mental Health Care Centre*, as well as other services such as the *SA COVID-19 Mental Health Support Line*; *ASKPEACE for Culturally and*

Linguistically Diverse (CALD) communities; Thirili for Aboriginal and Torres Strait Islander communities; Support for Carers - Uniting Care Wesley Bowden; Lived Experience Telephone Support Service (LETSS); Affordable SA; and Growing Resilience.

COVID-19 Aboriginal people and communities

Aboriginal people are particularly vulnerable when it comes to COVID-19 because:

- Living arrangements and social connectedness (particularly where many people are living or gathering in one household), makes transmission more likely.
- Aboriginal people have higher levels of pre-existing health conditions (particularly diabetes and respiratory conditions). People with these health conditions, especially those aged over 50, are at risk of more severe COVID-19 outcomes.
- Increased remoteness makes access to health care more challenging.
- COVID-19 can spread quickly—it will only take one person coming into the community with the sickness to put the whole community at risk.

The current strain of Omicron's lower severity and the rates of vaccination in Aboriginal communities has provided the health system with the opportunity to revise and adapt more sustainable models of care for Aboriginal people, with priority to preserving life, and monitoring and responding to symptomatic close contacts.

As South Australia transitions to living with COVID-19, the **SCC-H COVID-19 Positive Action Plan for Aboriginal Communities** has been reviewed by SA Health Aboriginal Health COVID-19 team, in partnership with community leaders and Community Councils, to ensure safe management of COVID-19 Omicron cases.

Key considerations include:

- Many people who identify as Aboriginal and/or Torres Strait Islander people with COVID-19 are in metropolitan Adelaide.
- Where a discrete Aboriginal community is within 80kms of a hospital, it is more palatable for COVID-19 positive and close contacts to quarantine in community with support from community leaders and Community Council.
- Aboriginal families and individuals through self-determination and person choice need to be supported to home quarantine if assessed as suitable.
- The pathway for caring for Aboriginal COVID-19 cases will be in accordance with the state-wide community COVID-19 Omicron Patient Care Model (figure 6).
- The final assessment to support a case in community care will be informed by COVID-19 risk assessment which is based on disease severity, clinical and social risk factors.
- To assist with the current demands, increased capacity is being implemented through:
 - CDCB Aboriginal Outbreak management with additional resources ready to commence (pending training)
 - CRCT and LHNs to reorient Aboriginal health resources to support community (home) based COVID-19 care.
- The current Omicron outbreak is now in complex Aboriginal groups (rough sleepers, large family groups that do not normally reside in metropolitan Adelaide).
- Port Augusta is a gateway between metropolitan and regional / remote Aboriginal communities with **Pika Wiya GP Respiratory Clinic** now configured as a culturally and clinically

appropriate facility for the support of Aboriginal and Torres Strait Islander patients, and as such it is available to Aboriginal and Torres Strait Islander people exclusively.

- The current facilities for supported quarantine for Aboriginal people are:
 - Hospital in the Hotel / Medi Hotel (where suitable)
 - Wiltja facility with capacity for 90 (Anangu close contacts including children)
 - DASSA Glenside for COVID-19 positive Aboriginal people with drinking and drug dependencies (risk assessed as suitable)
 - Port Augusta facility for home quarantine
 - Peri-urban facility for COVID-19 positive families who normally reside in regional or remote South Australia.
- The designated communities that may be affected are:
 - Koonibba (within 60km of Ceduna)
 - Davenport (within 5 kms of Port Augusta)
 - Point Pearce (within 30 kms of Maitland)
 - Raukkan (within 80 kms of Murray Bridge, noting ferry crossing).

Under the Omicron variant, the following principles (stated in **SCC-H COVID-19 Positive Action Plan for Aboriginal Communities**) will apply for the very remote communities of APY Lands, Yalata, Oak Valley and Umoona community (Coober Pedy) in recognition of the high rates of co-mobilities, the congregate living way that many Aboriginal families live, overcrowding and poorer condition of home hardware and the current health and medical capability within these communities:

- Extract only initial home / direct family of first COVID-19 positive case and symptomatic close contacts with complex needs out of the community
- Contact trace to identify close contacts for quarantining out of community
- Minimisation of movement into and out of the community with associated widespread community testing through the deployment of the Health Rapid Response Team (HRRT)
- Safe return of recovered COVID-19 patients or quarantined contacts back to community.

5. Metropolitan and regional COVID-19 key facilities

5.1. Metropolitan map of COVID-19 key facilities

The following map (Figure 12) provides an overview of the key COVID-19 facilities at Level 1 (community-based COVID-19 care), Level 2 (supervised and supported COVID-19 care) and Level 3 (Treating Hospital-based care and COVID Care Centres) in the metropolitan area.

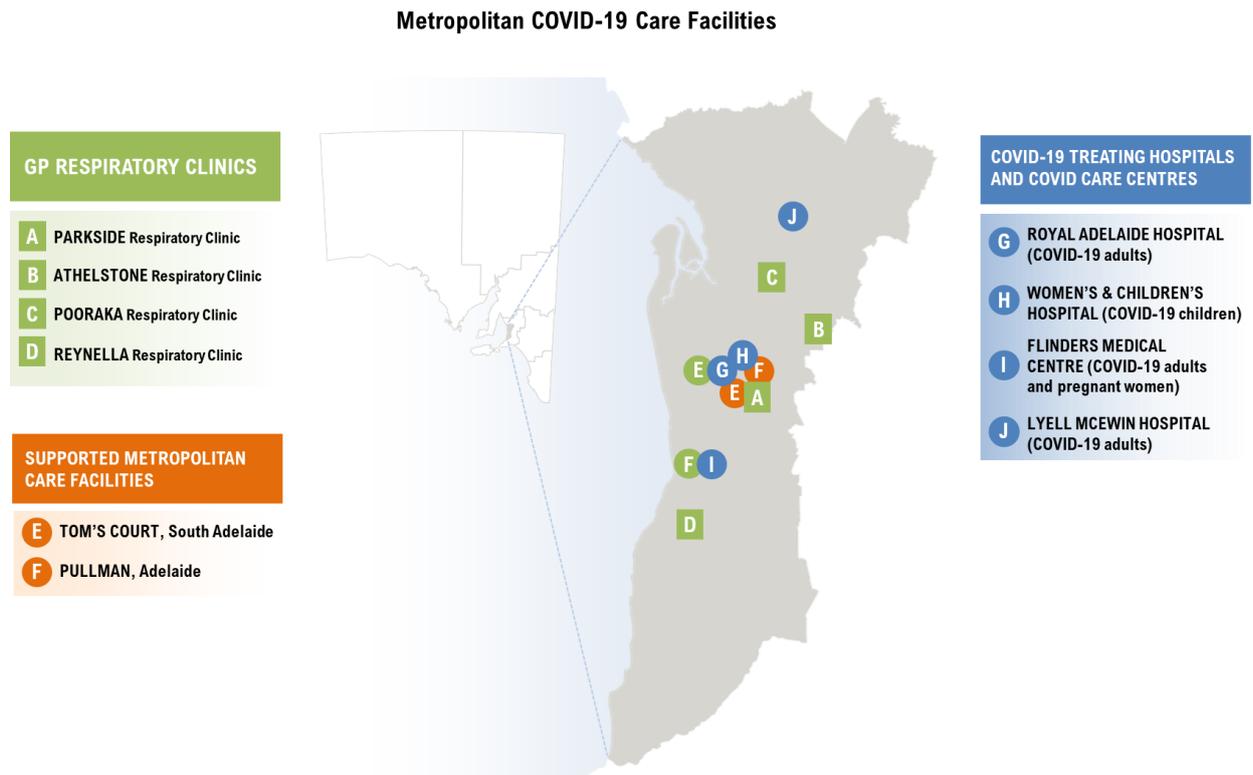


Figure 12. Metropolitan map of COVID-19 facilities

5.2. Regional map of COVID-19 key facilities

The following map (Figure 13) provides an overview of the key COVID-19 facilities at Level 1 (community-based COVID-19 care), Level 2 (supervised and supported COVID-19 care) and Level 3 (accepting hospital-based care and COVID Care Centres) in regional South Australia.

Key points to note:

- **Pika Wiya GP Respiratory Clinic** is configured as a culturally and clinically appropriate facility for the support of Aboriginal and Torres Strait Islander patients, and as such it is available to Aboriginal and Torres Strait Islander people exclusively.
- **Angaston District Hospital** has been designated as a dedicated **COVID-19 Accepting Hospital**.
- **COVID Accepting Hospitals** are regional hospitals that have wards and treatment spaces specifically prepared for the treatment of COVID-19 patients. They accept, stabilise and treat acutely unwell COVID-19 regional patients whose care needs can be met in a regional hospital – and support the transfer of patients whose care needs cannot be met in that setting to a designated COVID-19 Treating Hospital.
- Some smaller **COVID-19 Accepting Hospitals**, (for example, Coober Pedy and Kangaroo Island) are not intended to provide overnight care for COVID-19 positive patients, but have a critical role in assessing, stabilising and arranging transport of COVID-19 cases to specialist services in Adelaide, due to their unique geographic location.
- All other regional hospitals play a critical supporting role in the acute response by accepting, stabilising and then transferring acutely unwell COVID-19 patients from their communities to COVID-19 Accepting or Treating Hospitals (unless direct transfer by medical retrieval is required).

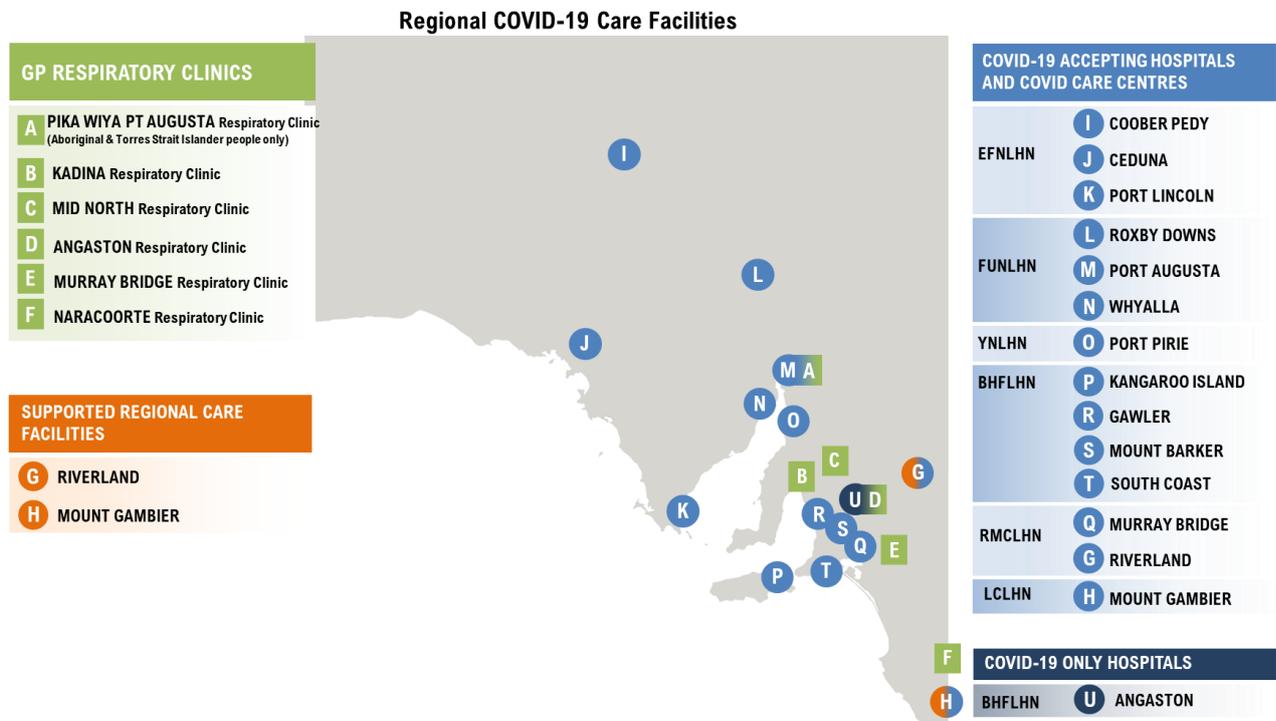


Figure 13. Regional map of COVID-19 facilities

6. Staged approach to living with COVID-19

Consistent with the SA Government’s COVID-Ready Plan, the COVID-19 SA Health System-Wide Response was implemented in the three key stages linked to the SA vaccination targets, with each stage aligned to a unique public health response and a range of supporting strategies:

- Stage 1:** Preparing for COVID-19
- Stage 2:** Controlled COVID-19 in our community
- Stage 3:** Living with COVID-19 in our community.

While the stages were established when the COVID-19 Delta variant was the dominant strain, they were designed to adapt when our Health System Response adjusted to manage new strains.

Compared to Delta outbreak modelling, the Omicron outbreak is demonstrating that a much smaller proportion of the population require hospitalisation (less than 1% of COVID-19 cases rather than 5% of cases), however the number of overall cases is higher so the health care response has adapted accordingly.

The adaption in response to Omicron in the current stage (**Stage 2. Controlled COVID in our Community**) is illustrated in Figure 14.

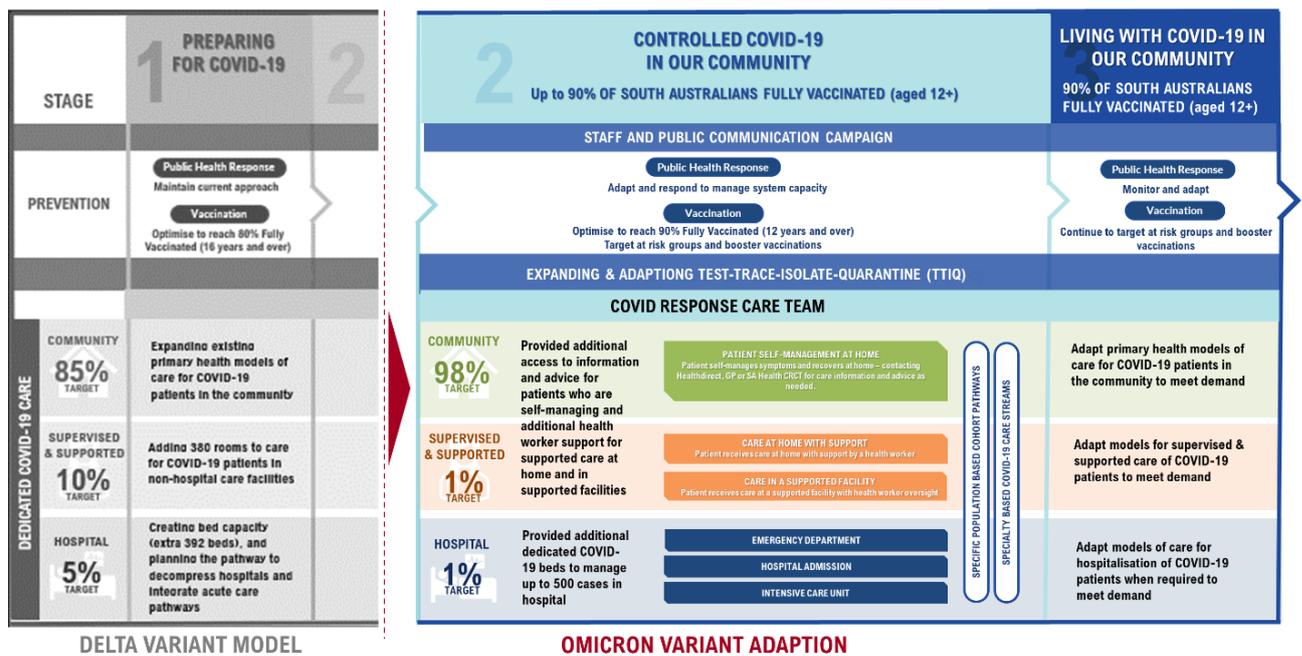


Figure 14. Staged approach to COVID-19 SA Health System-Wide Response

It is expected that further adaption of models of care and pathways will be required as South Australia transitions to **Stage 3: Living with COVID-19 in our community**.

It is also acknowledged that this staged approach may be subject to further disruption if a new variant of COVID-19 emerges.

7. Governance for COVID-19

The governance chart below (Figure 15) is the Department for Health and Wellbeing COVID-19 Response for South Australia, which depicts one of the key workstreams: Health System Response which is further described in terms of roles and responsibilities in Figure 16.

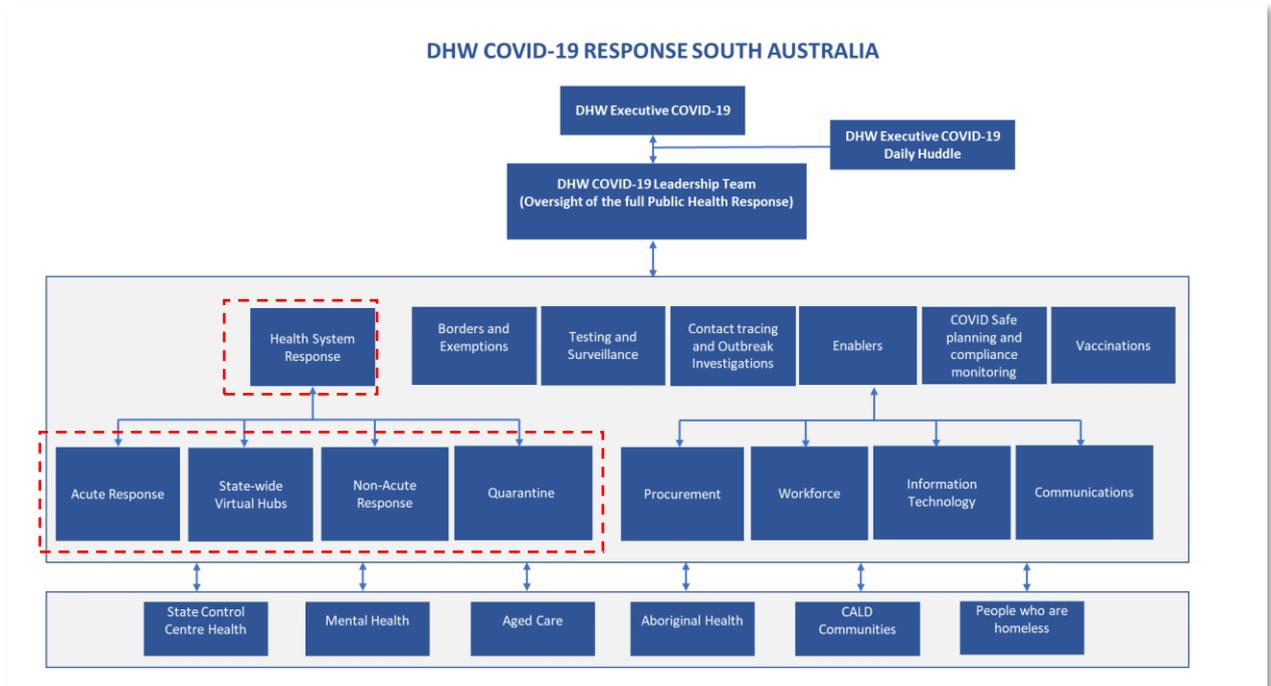


Figure 15. DHW COVID-19 Response South Australia

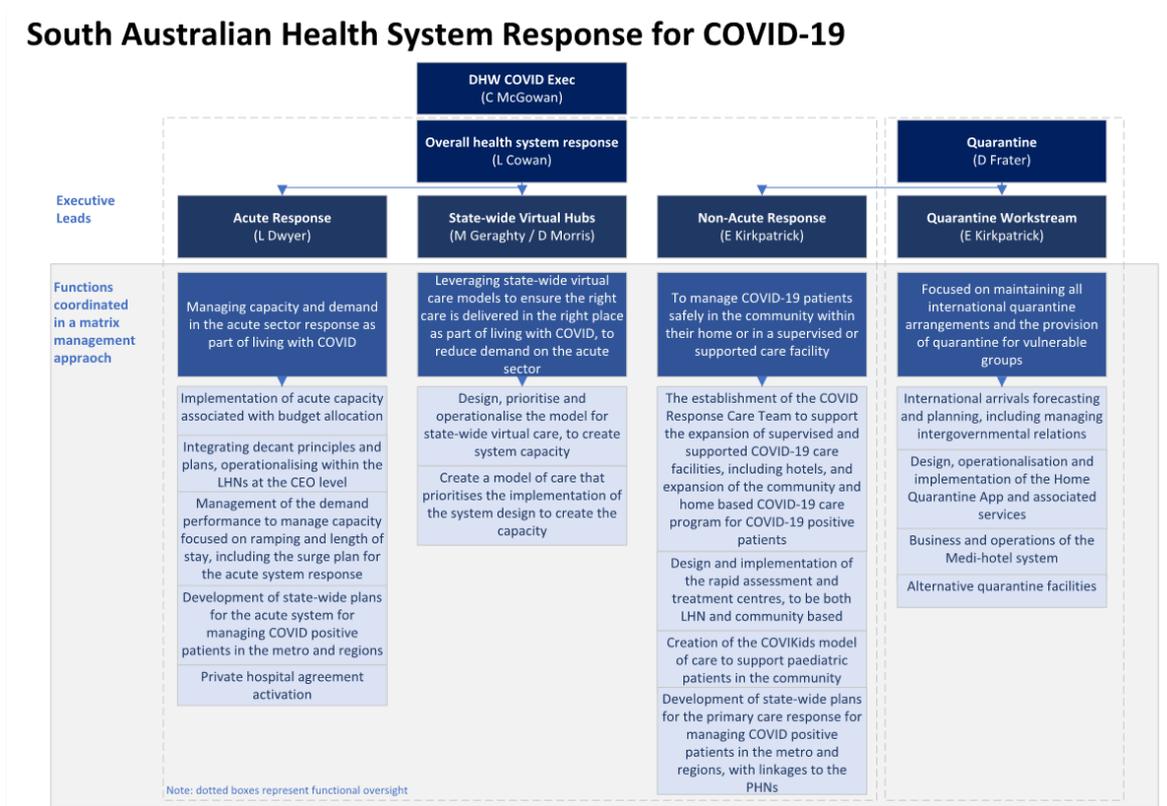


Figure 16. COVID-19 SA Health System-Wide Response Governance

8. Glossary of Terms

Isolation	Separation of people with COVID-19 (cases/patients) during their infectious period away from others in a way that maximally limits transmission of the virus to other people.
Quarantine	Limitation of movement of individuals exposed to a person/s with active (i.e. infectious) COVID-19 for a length of time consistent with the incubation period of the virus in order to prevent disease transmission to others if infection should occur during this period of time.
Mainstream GP Clinics	General Practice (GP) clinics that routinely deliver healthcare to the community.
GP Respiratory Clinics	GP Clinics established by the Commonwealth (4 in metro and 6 in country) to clinically assess people with respiratory symptoms and/or mild to moderate COVID-19 symptoms (a fever, cough, shortness of breath, a sore throat and/or tiredness).
COVID Response Care Team (CRCT)	SA-Health led multi-disciplinary and multi-agency 24/7 service that centrally coordinates the care of all COVID-19 patients, utilising standard risk assessment, triage, social screening and referral processes to stream each patient into the care level that meets their needs.
Home Quarantine Management Team (HQMT)	An SA Health led team that provide logistics support to individuals with COVID-19 who are isolating at home or in a supported facility.
GP Assessment Team (GPAT)	A dedicated team of general practitioners specially trained in the management of COVID-19 patients in the community, who sit within the CRCT.
COVID Care Centres	New referral assessment and treatment hubs designed to care for people with moderate COVID-19 symptoms as an alternative to Emergency Department or short-stay admission within a hospital.
COVID Hospital in the Hotel	Modelled on the medi-hotel model for COVID-19 positive patients or their close contacts to quarantine under supervision in metropolitan Adelaide.
Supervised Regional Care Facilities	Facilities established on demand within regional and rural areas to provide a safe environment for patients are close contacts or COVID-19 positive to quarantine under supervision.

10. Appendix A – Monitoring COVID-19 symptoms

COVID-19 Response

Care Team

Managing COVID-19 at home Monitoring symptoms and when to get help

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It is very important to monitor the symptoms when you or someone you care for tests positive for COVID-19, particularly if you feel that your symptoms are getting worse.

MILD SYMPTOMS rest and recover at home	WORSENING SYMPTOMS talk to a GP or call the COVID-19 Response Care Team	SEVERE SYMPTOMS get immediate help
<p>You can safely stay at home if you or the person you are caring for has any of these symptoms:</p> <ul style="list-style-type: none"> • runny or blocked nose • sore throat • aches and pains • dry cough <ul style="list-style-type: none"> – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours – if you usually have a cough, it may be worse than usual • feeling more tired than usual <ul style="list-style-type: none"> – but able to get out of bed, walk around the house and do normal daily activities • headache • loss of or change in taste and smell • loss of appetite or nausea • feeling sad, worried, or frightened. <p>Someone with mild symptoms should be able to speak in full sentences and move around the house to do normal activities without becoming breathless.</p>	<p>Contact your GP or the COVID-19 Response Care Team (on 1800 272 872) if you or the person you are caring for develops any of the following symptoms:</p> <ul style="list-style-type: none"> • mild shortness of breath when moving around or coughing <ul style="list-style-type: none"> – but still able to speak in full sentences without becoming out of breath • coughing up mucous regularly • severe muscle aches and pains • feeling very weak and tired <ul style="list-style-type: none"> – but still be able to get out of bed and move around the house • little or no urination <ul style="list-style-type: none"> – not urinating as regularly as normal or not needing to urinate at all • vomiting or diarrhoea • a temperature above 38 degrees Celsius • shakes or shivers. <p>Or if you feel that:</p> <ul style="list-style-type: none"> • the symptoms are getting worse, something is wrong, and you are concerned the ill person is getting much worse • you are unable to take care of yourself and others are unable to take care of you (things like showering, putting on clothes, going to the toilet or making food). 	<p>You should call Triple Zero (000) if any of the following happens to you, or the person you are caring for:</p> <ul style="list-style-type: none"> • severe shortness of breath or difficulty breathing <ul style="list-style-type: none"> – becoming short of breath even when resting and not moving around – becoming breathless when talking or finding it hard to finish sentences • breathing gets worse very suddenly • chest pain or discomfort • coughing up blood • lips or face turning blue • skin cold, clammy, pale or mottled • severe headaches or dizziness • fainting or feeling like fainting often • unable to get out of bed or look after self or others • confusion (for example, can't recall the day, time or people's names) • finding it difficult to keep eyes open.
<p>What do I do? Someone with mild symptoms is unlikely to need medical attention. You should monitor these symptoms and:</p> <ul style="list-style-type: none"> • rest • drink plenty of water (aim to drink 2 to 2.5 litres a day) • take paracetamol for pain relief • eat healthy food • take your regular medications. 	<p>What do I do? Call your GP as soon as possible to discuss the worsening symptoms. Your GP will tell you what to do next. Alternatively, you can contact the COVID Response Care Team on 1800 272 872 for advice.</p>	<p>What do I do? Call Triple Zero (000) immediately if you, or the person you are looking after, gets any of these symptoms. Do not wait to see if the symptoms change.</p> <p>When you call an Ambulance (dial 000), let the operator know you have COVID-19 so the paramedics know how to treat you safely. Ambulance transport to the nearest and most appropriate medical facility is free.</p>



sahealth.sa.gov.au/COVIDpositive

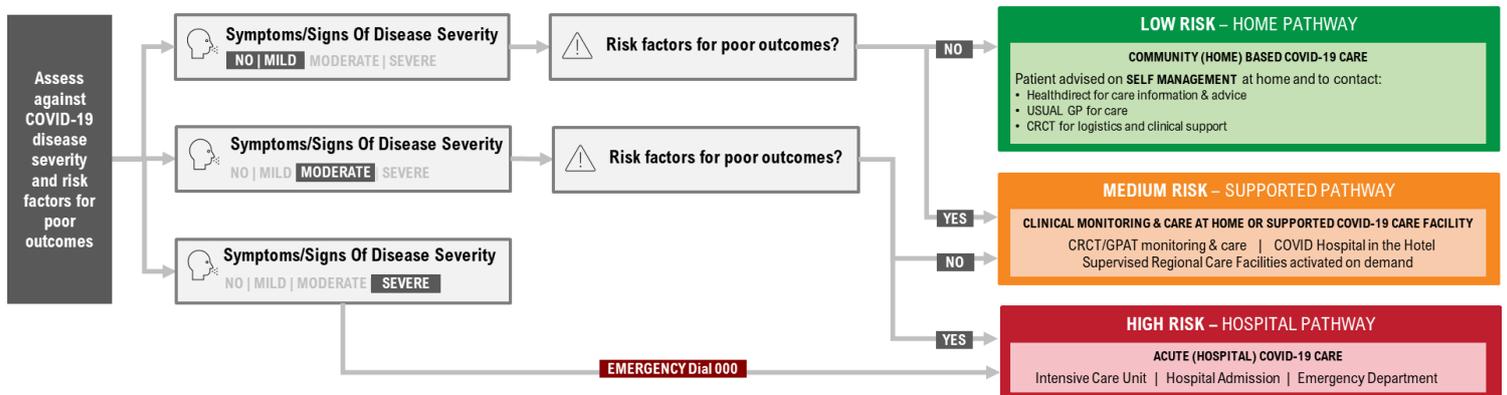


1800 272 872



Government of South Australia
SA Health

11. Appendix B – Care pathway for adults



Symptom/Signs of Disease Severity

NO | MILD Symptoms and Signs
An individual with no clinical features suggestive of moderate or more severe disease:

- no or mild symptoms and signs (fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhoea, loss of taste and smell)
- no new shortness of breath or difficulty breathing on exertion
- no evidence of lower respiratory tract disease during clinical assessment or on imaging (if performed)

MODERATE Symptoms and Signs
A stable patient with evidence of lower respiratory tract disease during clinical assessment, such as

- oxygen saturation 92–94% on room air at rest
- desaturation or breathlessness with mild exertion
- or on imaging

SEVERE Symptoms and Signs

- Moderate/Severe Breathlessness (≥30 breaths/min)
- oxygen saturation <92% on room air at rest or requiring oxygen)
- Lung infiltrates >50%

Risk Factors for Poor Outcomes

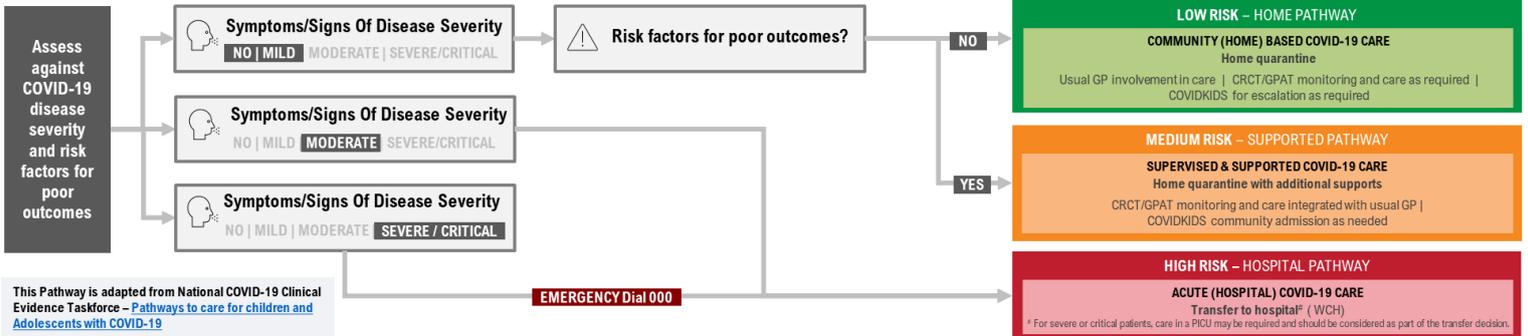
- Older Age, e.g. over 50 years for Aboriginal and Torres Strait Islander people, or otherwise over 65 years.
- Unvaccinated or partially vaccinated
- Pregnant
- Comorbidities:
 - respiratory compromise, including COPD, asthma and bronchiectasis
 - cardiovascular disease, including hypertension
 - obesity (BMI >30 kg/m²)
 - diabetes
 - renal failure
 - immunocompromising conditions (* see below)
- Geographical remoteness and lack of access to higher level healthcare
- Concerns about personal safety or lack of access to care at home

***IMMUNOCOMPROMISING CONDITIONS:**

- Primary or acquired immunodeficiency;
 - Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
 - Post-transplant solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
 - Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency or Down syndrome
- Other significantly immunocompromising conditions
 - Immunosuppressive therapy (current or recent)
 - Chemotherapy or radiotherapy
 - High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
 - All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

This pathway is based on the [National COVID-19 Clinical Evidence Taskforce – Pathways to care for adults with COVID-19.](#)

12. Appendix C – Care pathway for children and adolescents (<16 years)



This Pathway is adapted from National COVID-19 Clinical Evidence Taskforce – Pathways to care for children and Adolescents with COVID-19

SYMPTOM/SIGNS OF DISEASE SEVERITY		RISK FACTORS FOR POOR OUTCOMES	
<p>NO MILD Symptoms & Signs</p> <p>Respiratory/ vital signs</p> <p>Feeding/hydration</p> <p>Conscious state</p>	<ul style="list-style-type: none"> No or mild upper respiratory tract symptoms No or mild work of breathing Normal or mildly reduced feeding Normal 	<p>CRITICAL Symptoms & Signs</p> <p>Respiratory/ vital signs</p> <p>Oxygen requirement¹</p> <p>Feeding/ hydration</p> <p>Conscious state</p>	<p>ANY ONE OF:</p> <p>Respiratory/ vital signs</p> <ul style="list-style-type: none"> Unable to maintain breathing or prevent apnoea without advanced modes of support Abnormal vital signs for age with persistent breaches of Early Warning (e.g. MET) Criteria² Haemodynamically unstable without inotropic or vasopressor support Other organ failure <p>Oxygen requirement¹</p> <ul style="list-style-type: none"> Requires advanced modes of support to maintain oxygenation [High-flow nasal oxygen at > 2L/kg/min³; Non-invasive ventilation; Intubation and mechanical ventilation; Extracorporeal membrane oxygenation (ECMO)] <p>Feeding/ hydration</p> <ul style="list-style-type: none"> Poor feeding, unable to maintain hydration without nasogastric or IV fluids <p>Conscious state</p> <ul style="list-style-type: none"> Altered conscious state/unconscious
<p>MODERATE Symptoms & Signs</p> <p>Respiratory/ vital signs</p> <p>Oxygen requirement¹</p> <p>Feeding/ hydration AND</p> <p>Conscious state</p>	<p>ANY ONE OF:</p> <ul style="list-style-type: none"> Moderate work of breathing Abnormal vital signs for age (tachycardia, tachypnoea) but does not persistently breach Early Warning (e.g. MET) Criteria² Brief self-resolving apnoea (infants) Requires low-flow oxygen (nasal prongs or mask) to maintain SpO2 ≥95% Poor feeding, unable to maintain hydration without nasogastric or IV fluids 		
<p>SEVERE Symptoms & Signs</p> <p>Respiratory/ vital signs</p> <p>Oxygen requirement¹</p> <p>Feeding/ hydration</p> <p>Conscious state</p>	<p>ANY ONE OF:</p> <ul style="list-style-type: none"> Moderate-severe work of breathing Abnormal vital signs for age (tachycardia, tachypnoea) but does not persistently breach Early Warning (e.g. MET) Criteria² Apnoea needing support/stimulation (infants) Requires high-flow oxygen at 2L/kg/min³ to maintain SpO2 ≥95% Poor feeding, unable to maintain hydration without nasogastric or IV fluids Drowsy/tired but easily rousable 		

* Paediatric or adult severity grading can be applied based on physical size and/or developmental status of the patient
 * Use the more severe classification to manage illness if criteria span severity levels

[1] Oxygen saturation target should be modified for children and adolescents with pre-existing illness, such as cyanotic heart disease.
 [2] Temperature instability should be considered an abnormal vital sign in infants. Fever is common in children and does not contribute to determination of illness severity in isolation.
 [3] Infants and neonates <4 kg may be managed on high-flow nasal cannula oxygen at 2-4L/min irrespective of weight.

RISK FACTORS FOR POOR OUTCOMES (modified adult risk factors applied)

- Unvaccinated or partially vaccinated ≥12 years
- Very young age (<1 month)
- Paediatric Complex Chronic Conditions (PCCC) (**see below)
- Severe asthma
- Obesity (BMI >95th percentile)
- Immunocompromising conditions (**see below)
- Geographical remoteness and lack of access to higher level healthcare
- Concerns about personal safety / lack of access to care at home

*PAEDIATRIC COMPLEX CHRONIC CONDITIONS (PCCC):

- congenital and genetic
- cardiovascular
- gastrointestinal
- malignancies
- metabolic conditions
- neuromuscular conditions
- renal conditions
- respiratory conditions

**IMMUNOCOMPROMISING CONDITIONS:

- Primary or acquired immunodeficiency
- Immunosuppressive therapy, incl. chemotherapy & radiotherapy