

**UPDATE V2.0 FOR REVIEW**

SA Health

# COVID-19 Health System Response Strategy

3 December 2021

Version 2.0



Government  
of South Australia

SA Health

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# 1. Introduction

SA Health's system-wide strategy for the isolation, management and care of COVID-19 patients (cases) in South Australia is in place, as the State prepares to open borders and move towards living with COVID-19 in the community.

The **COVID-19 Health System Response Strategy** (the Strategy) forms part of the overall response to the South Australian (SA) Government's COVID-ready plan for managing the controlled entry of COVID-19 into SA following the reopening of State borders on 23 November 2021. More than 80% of South Australians aged 16+ are now fully vaccinated, and our hospitals, health services and providers are prepared for an increase in COVID-19 cases in our community, as we transition to living with COVID-19 once 90% of South Australians aged 12+ are fully vaccinated.

The focus of this document is on the models of care and pathways that will support an immediate response to manage the expected cases of COVID-19 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 the transition to **living with COVID-19 in our community**.

This Strategy has informed the:

- **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 the regional South Australian setting including critical partnerships.
- **Six regional LHN Response Plans** that articulate specific pathways and guidelines unique to their own geography, resource capacity and clinical capability.
- **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 **COVID-19 SA Health System Response Strategy** to inform the development of accompanying strategies including COVID-19 primary health care response strategy, COVID-19 acute care response strategy and COVID-19 enabling strategies.
- Guide the **development 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 development of **COVID-19 patient journey pathways** for specific population cohorts and/or clinical care streams.

- Summarise the **staged approach** that will be adopted as the State **moves towards 'living with COVID-19'**.
- Provide an overview of the **governance arrangements for the health system response to COVID-19** including roles and responsibilities of accountable responders.
- Identify the **enablers** that will need to be addressed to successfully execute the Strategy.

## 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 and its relationship to the key underpinning strategies (COVID-19 primary health care response strategy; COVID-19 acute care response strategy; and 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.

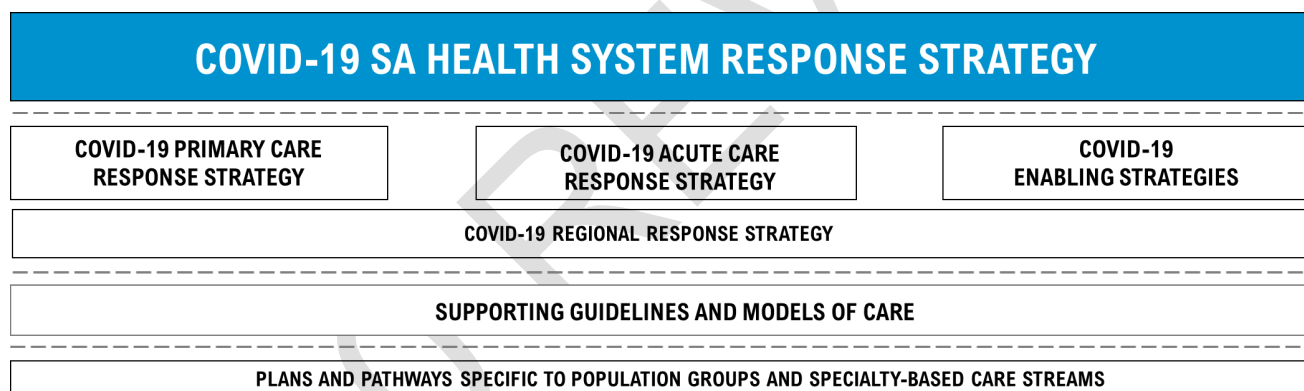


Figure 1. Scope of COVID-19 SA Health's response strategy

## 1.4. Review period

It is intended that the response documents will be reviewed fortnightly to ensure that the models of care, governance and healthcare provisions are adapted and evolve in real-time as new information comes to light in response to the COVID-19 requirements of this phase of the pandemic.

## 1.5. COVID-19 disease

### Delta variant

The Delta variant poses issues for disease control and management because of increased transmissibility, severity and vaccine resistance<sup>1</sup>.

Compared with previous variants, the Delta strain has resulted in more cases presenting in younger age groups. Risk of a hospital admission is approximately doubled in those with the COVID-19 Delta variant when compared with the Alpha strain. The risk of admission is

particularly increased in those with comorbid conditions<sup>2</sup>. Compared with previous variants, the Delta strain is considerably more transmissible and has been clearly demonstrated to infect other people through droplet, aerosol and to a lesser extent, fomite transmission. Whilst vaccination significantly reduces the transmissibility of those infected with the Delta strain, a fully vaccinated individual with the Delta strain can pass on the disease to others at about the same rate as an unvaccinated individual with the original Wuhan strain.

Importantly, COVID-19 and its variants have been found to have a variable disease trajectory and can impact younger people without underlying risk factors. Frequent and thorough clinical monitoring is required to detect clinical deterioration. Evidence indicates that hospitalisation is also more likely for those who are unvaccinated.

### **Risk of transmission of COVID-19 to others**

When a person is infected with the Delta strain they are highly infectious to others with those in the household at highest risk of all. The greater the symptoms, the higher risk they pose to transmitting the disease to others. Ensuring that people with active COVID-19 are isolated away from others, where possible, through physical separation and appropriate levels of Protective Personal Equipment (PPE) ensures that fewer people will become sick, chains of transmission are broken and the epidemic curve is flattened at a population level.

### **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<sup>3</sup> advises that the following groups are most at risk:

- Aboriginal and Torres Strait Islander peoples and remote communities
- older people
- people in aged care facilities
- people with chronic conditions
- people with disability.

**The Australian guidelines developed by the National COVID-19 Clinical Evidence Taskforce state, 'People infected with COVID-19 virus are most likely to only experience mild symptoms and recover without requiring special treatment.**

**However, some people will experience moderate or severe disease. Older people and those with underlying diseases or medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease and cancer) are more likely to develop serious illness that require special care and treatment.**

*National COVID-19 Clinical Evidence  
Taskforce*

Newer treatments, such as intravenous (IV) monoclonal antibody infusions, continue to enter testing and trial phases in Australia, showing 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.

**COVID-19 variants continue to pose challenges for disease control and management and are being monitored as more is learnt about their characteristics.**

**Given such challenges, this Strategy will require adaptation from time to time to ensure that it is informed by new information, research and innovative approaches that emerge, and incorporates the most effective models of COVID-19 patient care.**

## 2. Context

### 2.1. National COVID-19 Plan

National Cabinet has formulated a plan (the National Plan<sup>4</sup>) that provides a graduated pathway to transition Australia's COVID-19 response from its current pre-vaccination settings focused on continued suppression of community transmission, to post-vaccination settings focused on public health management of COVID-19 consistent with other infectious diseases. The targets in the National Plan were agreed in-principle by all the states and territories at National Cabinet on 6 August 2021.

### 2.2. COVID-19 Vaccination

SA Health, in partnership with Local Health Networks (LHNs), general practice, Commonwealth Vaccine Clinics and pharmacies, has delivered a strong vaccine program to ensure high rates of COVID-19 vaccinations are administered to the community. This will continue to occur until at least 90% vaccination levels have been achieved.

In addition, the Australian Technical Advisory Group on Immunisation (ATAGI) continues to provide recommendations regarding administering a third dose of a COVID-19 vaccine. This is to increase the level of immunity on severely immunocompromised people and individuals where there has been more than six months lapsed since the second dose. On 28 October 2021 the Australian Government announced a vaccine booster program would commence on 8 November 2021 to offer booster vaccines to all double vaccinated people aged 18+ six months after receiving their second dose. This document will be updated as further recommendations from ATAGI are made available.

### 2.3. COVID-19 scenario modelling for health service planning

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 recent mathematical modelling undertaken for South Australia has provided three scenarios to inform decision-making. The modelling reinforces the need to:

- ensure optimal test-trace-isolate-quarantine (TTIQ) is maintained in South Australia to reduce ward admissions and ICU admissions and to predict case thresholds which would result in a sub-optimal TTIQ response.
- include public health and social measures such as mask requirements and restrictions to public activities to ensure outbreak numbers do not exceed hospital capacity.

The modelling has informed hospital and community planning, with clear internal thresholds for further adjustments to the strategy. Ward occupancy of 200 beds and ICU occupancy of 30 beds were provided as the upper limit for health system capacity. The upper limit of 200 ward beds occupied was used to determine which scenario to use in terms of determining the level of public health social measures required for South Australia as borders open.

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 and social measures.

## 2.4. South Australia's COVID-ready Plan

The Government of South Australia developed a COVID-ready plan that safely positioned SA to adapt to 'living with COVID-19', following the reopening of domestic borders on 23 November 2021 (Figure 2).

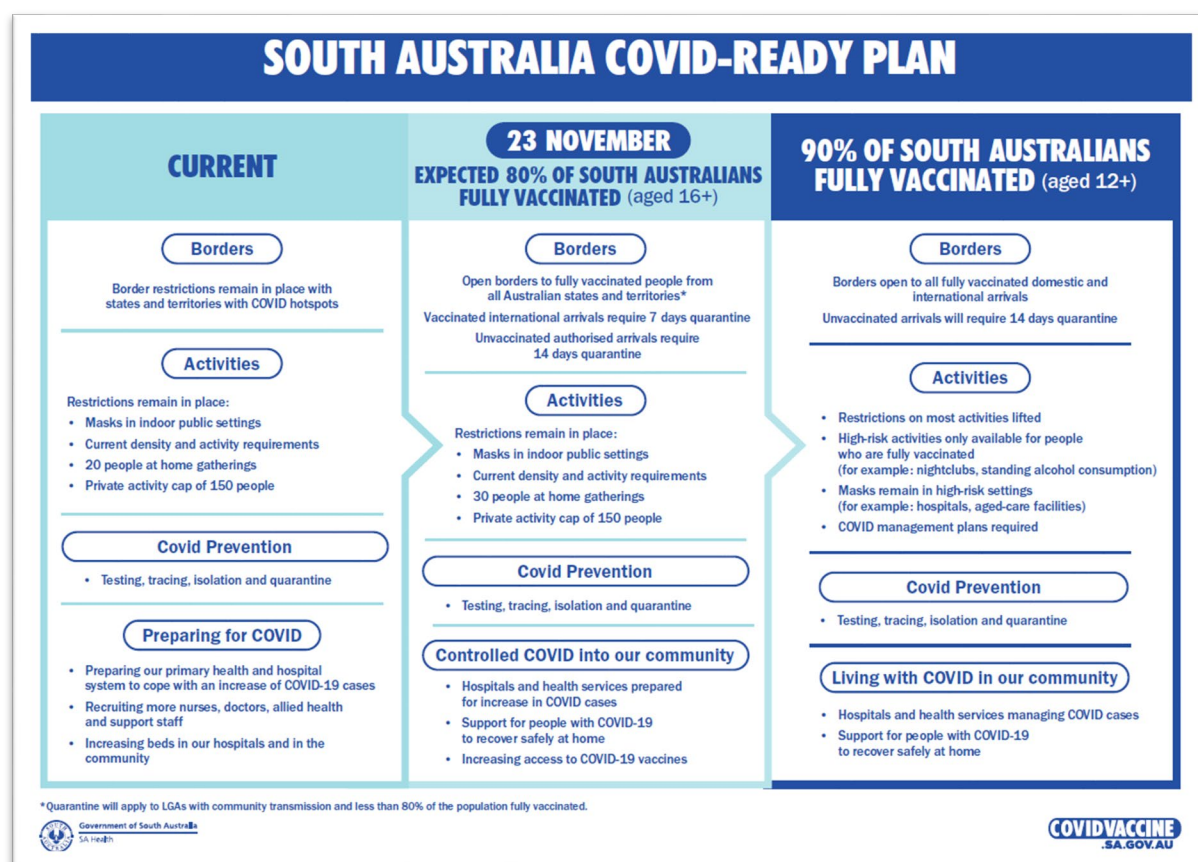


Figure 2. South Australian COVID-Ready roadmap

The Plan is based on:

- **Preparing for COVID-19** including preparing the primary health and hospital system to cope with an increase of COVID-19 cases.
- **Controlled COVID-19 into community** from 23 November 2021 by supporting people with COVID-19 to recover safely at home, preparing hospitals and health services for increased COVID-19 cases and increasing access to COVID-19 vaccinations.
- **Living with COVID-19 in the community** once 90% of South Australians are fully vaccinated (aged 12+).

## 2.5. SA Health's COVID-19 Health Response Strategy

SA Health is preparing the primary health and acute hospital system to cope with an increase of COVID-19 cases by ensuring that it provides people with increased access to vaccination, has systems in place to support people with COVID-19 isolating and recovering safely at home or in supervised and supported COVID-19 facilities, ensuring quarantine facilities are available for close contacts of cases and support preservation of public hospital capacity for people who are acutely unwell.

More specifically SA Health anticipates that:

- 85 percent of cases will be managed in community-based home or primary care COVID-19 care models.
- 10 percent of cases will be managed in supervised and supported COVID-19 care facilities, leveraging the success of the medi-hotel model of care and the dedicated positive facility established in South Australia in February 2021.
- 5 percent of cases will be managed in acute and tertiary care hospitals.

The COVID-19 Health System Response Strategy has been informed by the latest evidence, national and international experience and existing SA Health COVID-19 models of care that predict 95% of COVID-19 cases can be safely managed through home-based care or supervised facility-based care outside of the hospital setting.

As such, the **State-wide COVID-19 Patient Care Model** includes a **multi-level approach to care** (Figure 3) which will see most COVID-19 positive cases to be managed in the community (Level 1), supported by supervised COVID-19 care facilities, leveraging the success of the medi-hotel model (Level 2) with additional capacity to accommodate highly acute COVID-19 hospital admissions (Level 3).

Clear escalation pathways have been developed for COVID-19 positive patients who may deteriorate and need to go to hospital.

Clear pathways have been developed to assess and manage close contacts of positive patients who require a quarantine period but who are not yet positive.

An SA Health-led, centrally coordinated function will oversee the management of patients and care escalation pathways in the community in strong partnership with General Practice to support continued management of any chronic conditions and or other non-COVID-19 health conditions.

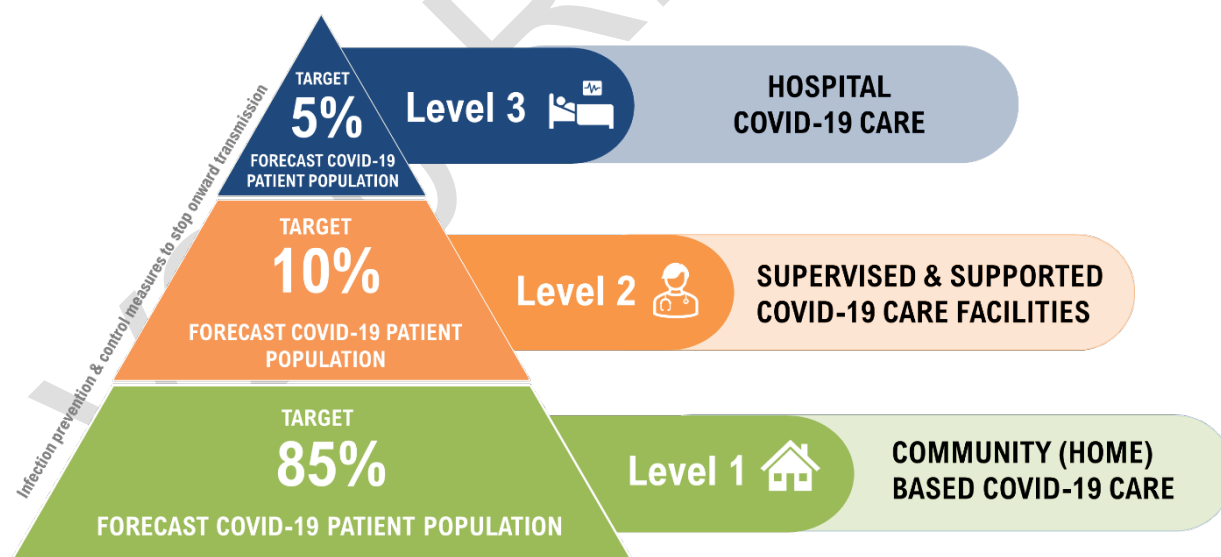


Figure 3. The multi-level approach to care of the State-wide COVID-19 Patient Care Model

The strength of the centrally coordinated, multi-level State-wide COVID-19 Patient Care Model is based on providing the right care, in the right location, with the right supports including clinical, social, and mental health services, at the right time, along with ensuring high level Infection Prevention and Control (IPC) and isolation compliance to stop further transmission of the disease.

## 2.6. Health workers exposure to COVID-19 in health care settings

### 2.6.1. National Work Permissions and Restrictions Framework for Workers in Health Care Settings

SA Health will apply the **National Work Permissions and Restrictions Framework for Workers in Health Care Settings**<sup>5</sup>.

The framework outlines nationally agreed recommendations that will support safe decision making when determining appropriate workplace restrictions and permissions for a health worker exposed to COVID-19. It also recognises that workers in health care settings who are vaccinated for COVID-19 are less likely to get infected with or transmit COVID-19.

As such, the framework supports health care settings to undertake timely risk assessments and apply appropriate mitigation measures to optimise workforce capacity and thereby ensure the continued safe delivery of health care. Specific arrangements should be in place for staff who are unable to be vaccinated due to a medical exemption, to ensure a higher level of PPE and risk mitigation measures, such as surveillance testing.

### 2.6.2. COVID-19 exposures in health settings

#### COVID-19 exposures in hospitals and facilities co-located with hospitals

SA Health has developed a guidance, namely, **DHW Assessing and managing the risk: COVID exposures in hospitals and facilities co-located with hospitals**<sup>6</sup>.

This document provides updated interim guidance on the public health management of a potential outbreak and unprotected exposures involving staff, patients, contractors and/or others to SARS-COV2 in a South Australian healthcare facility or associated service (for example, South Australian Ambulance Service (SAAS)).

This protocol considered the South Australia **COVID-Ready Plan** and changes that began from 23 November 2021 as well as the current version of the **Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units**.

The guidance includes recommendations following the identification of a positive COVID-19 case, and the investigation for exposure assessment and contact tracing of exposed healthcare workers, patients and visitors. Healthcare workers can include clinical and non-clinical staff such as HCF medical, nursing, allied health, orderlies, cleaning and administrative staff.

The intent of this document is to assist with risk assessment and the management of staff following possible exposures to COVID-19, while preserving critical healthcare facility functions and the continuity of safe patient care. It aims to provide guidance on staff management which reflects the situation existing at the time imposed by the degree of COVID-19 incursion into the community and the impacts on healthcare facilities.

The Outbreak Response Team (ORT), in collaboration with the healthcare facility Incident Management Team (or equivalent), will determine the appropriate response at differing stages of threat to the healthcare facility function by COVID-19 so that an effective workforce can be maintained.

## COVID-19 exposures in primary and community health care settings

SA Health has developed a guidance, namely, **DHW Assessing and managing the risk: COVID exposures in primary and community health care settings**<sup>7</sup>.

This risk assessment guidance is for primary and community health care settings and sets out guidelines to:

- detail the quarantine and testing requirements of COVID-19 contacts who work in primary and community health care settings and how their risk of exposure can be mitigated.
- provide a step-by-step guide for primary and community health settings to support the process of contact tracing in the event that SA Health have reduced capacity to undertake this work.

This guidance balances the COVID-19 transmission risk with the risk of furloughing staff to the extent that primary and community health care services become non-operational. It is to be used when any person with COVID-19 has attended a primary and community health care setting to assess the exposure risk level of contacts and guide their management in terms of quarantine and testing requirements. Guidance for staff who are contacts of a laboratory confirmed case of COVID-19 is also provided within the document.

### 2.6.3. Preparation of health workers

The COVID-19 pandemic has highlighted that protecting health staff is key to ensuring a functioning health system and a functioning society.

The prevention of COVID-19 infection in health staff needs responsive strategies to ensure there is adequate capacity to deliver services effectively. This requires a sufficient number of available staff with the necessary skills and expertise to meet the potential arising demands.

This is especially important in regional settings, as many smaller hospitals are minimally staffed and some services (often the most remote ones) have struggled to recruit to critical roles, due in part to competing demand from other parts of the national COVID-19 response. Locum GPs, agency nurses and midwives are currently very hard to recruit to regional locations.

As such, SA Health has taken a number of steps to get ready for the expected increase in COVID-19 positive patients. These include:

- protecting health staff by mandating COVID-19 vaccination.
- protecting health staff by providing access to and training in the use of personal protective equipment, including mask fit-testing for staff throughout regional South Australia.
- increased use of tele-health and virtual care, to reduce the risk from direct exposure to COVID-19 patients.
- splitting staff in some services into teams (where practical), so as to reduce the risk of an entire service being impacted by the same COVID-19 exposure.
- an increase in the number of nurses and midwives, and the recruitment, onboarding and upskilling of an additional 600 graduate nurses to ensure the broader public health system is equipped to meet the anticipated new demand.
- the additional training of up to 200 nurses to upskill them to work in the ICU if required.
- 'just-in-time' training available if additional surge staff needed to be rapidly engaged.
- mental health and wellbeing support for the health workforce.

### 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.



#### 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. Health system-wide COVID-19 response

The COVID-19 system-wide response pathway described below (Figure 4) is focused on providing the right care, in the right location, with the right supports including clinical, social and mental health services, at the right time.

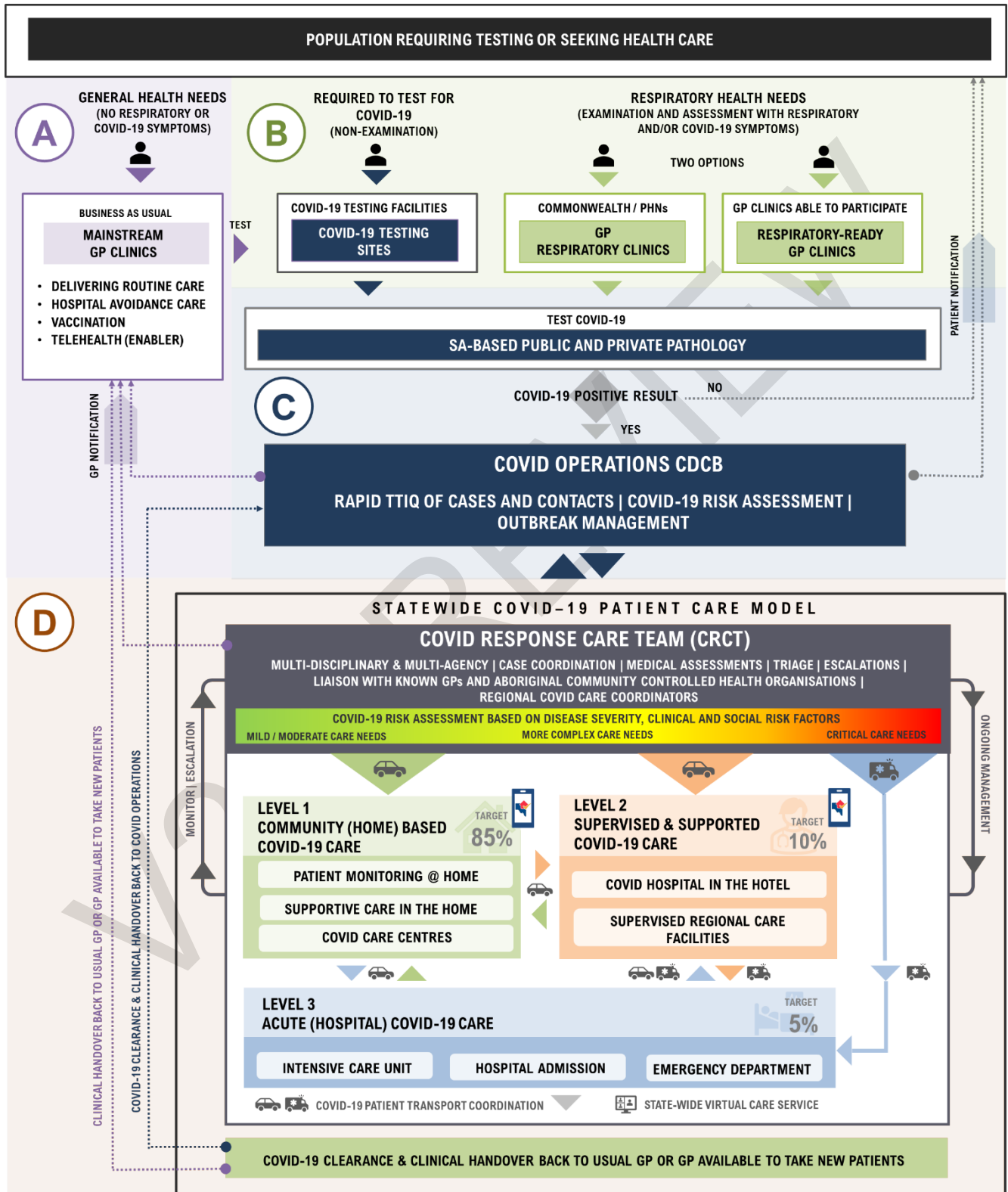


Figure 4. COVID-19 SA Health System-Wide Response Pathway

Core elements (labelled A to D in figure 4) of the health system-wide response pathway are summarised below.



## Routine Care

### Seeking care for non-respiratory or non-COVID-19 symptoms

General Practice plays a central role in the delivery of health care to the community. Patients will need the ability to continue to visit General Practice (GP) clinics, either in person or via telehealth, for their general health care needs. Mainstream GP clinics that do not have established respiratory capacity may not treat patients with respiratory or COVID-19 symptoms. Creating clearer pathways for respiratory care will reduce the risk of COVID-19 exposure in mainstream GP clinics for patients seeking general health care for non-respiratory or non-COVID-19 health matters.

The **Mainstream GP clinics** will be crucial in:

- continuing to support patients with non-COVID-19 related health requirements including the use of telehealth where the opportunity arises to minimise the need for patients to always attend appointments in person.
- continuing to offer preventative healthcare and vaccinations, including COVID-19 vaccination.
- liaising with the SA Health **GP Assessment Team** and **COVID Response Care Team** to support COVID-19 positive patients with their existing co-morbidities in their acute and post-acute illness.

Coordinated by the SA Health **COVID Response Care Team**, existing metropolitan and regional community nursing services and associated health care services in the community will be utilised to address the non-COVID-19 related health requirements of people who are COVID-19 positive and in home quarantine.

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.



## Possible COVID-19

### Seeking care for respiratory or COVID-19 symptoms

Patients requiring a test for COVID-19 will continue to have access to the range of COVID-19 testing facilities available within SA through both private and public laboratories including drive-through sites.

People with respiratory health needs will continue to be able to visit **GP Respiratory Clinics** established by the Commonwealth or self-nominated **Respiratory-Ready GP Clinics** that can provide COVID-19 safe spaces and access to staff wearing appropriate personal, protective equipment (PPE) to assess patients presenting with respiratory symptoms.

- There are 10 **GP Respiratory Clinics** currently operating across South Australia (4 in metro and 6 in country), with additional sites planned subject to Commonwealth funding.
- In addition, there will be a number of identified, self-nominated **Respiratory-Ready GP Clinics** that can maintain higher levels of infection prevention and control (IPC) measures to

reduce the risk of infection transmission between patients and staff. This will involve having access to appropriate PPE for staff, fit testing of particulate filter respirators (PFRs) and suitable clinical areas to keep clinics COVID-19 safe to be able to support respiratory care, whilst maintaining the safety of staff and other patients. Clear SA Health COVID-19 exposure matrix documentation, with risk and assessment, will need to be adopted to ensure that these clinics can remain open despite unknown COVID-19 positive patients seeking care.

It is important to note that **Mainstream GP Clinics**, **GP Respiratory Clinics** and **Respiratory-Ready GP Clinics** are not managing the journey of COVID-19 patients as part of the expected increase in cases and initial living with COVID-19 phase. They are 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 we move to 'living with COVID'.



## Testing, Tracing, Isolation and Quarantine

### Expanded capacity for testing, tracing, isolation and quarantine

The successful test-trace-isolate-quarantine (TTIQ) program will continue to minimise the burden of COVID-19 disease on the population of South Australia and protect our hospitals from being overwhelmed.

The COVID- Operations Communicable Disease Control Branch (**COVID Operations CDCB**) leads the contact tracing and outbreak response for COVID-19 cases in SA, predominantly the "trace" component of TTIQ but with input also into Isolation and Quarantine. This is achieved by preventing and controlling disease in the community through the application of epidemiological principles and public health control measures.

Isolation and Quarantine will be managed by the COVID Response Care Team supported by the HealthCheck SA App which allows quarantine compliance checking.

On receipt of the notification of a positive laboratory test a person diagnosed with COVID-19 is interviewed by COVID Operations CDCB. Information is gathered from the person on their symptoms and their contacts and locations while they are infectious.

People who have been in contact with an infectious case are advised to test and isolate to avoid spread of infection.

Contact tracing will be critical and prioritised based on the high-risk (to the community) cases. Utilisation of QR check in data and streamlining of the notification of contacts will increase efficiency.



### HealthCheck SA

**HealthCheck SA is a mobile app, supported by SA Health and SA Police that allows selected travellers to quarantine in their home.**

**It provides a safe, sustainable and cost-effective alternative to medi-hotel quarantine.**

**Features of the HealthCheck SA App include:**

- ▶ **Testing and quarantine schedule to help plan and manage quarantine**
- ▶ **Multiple, randomised location check-ins using live face recognition to confirm people are at an approved quarantine address**
- ▶ **Daily symptom checks**
- ▶ **Health and wellbeing resources.**

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

After initial rapid COVID Operations CDCB assessment, all positive cases of COVID-19 will be automatically escalated to the **COVID Response Care Team (CRCT)** who will provide coordination and care as part of the **State-wide COVID-19 Patient Care Model**.

**Release from isolation** for COVID-19 patients will follow national clearance guidelines and guidance regarding infectiousness provided by COVID Operations CDCB.

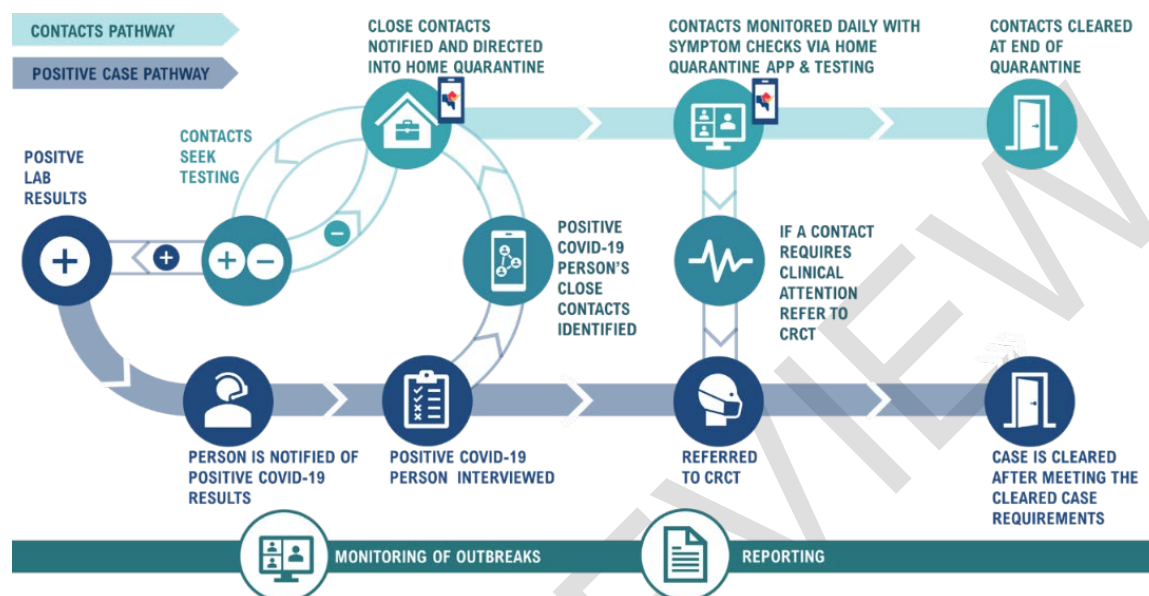


Figure 5. COVID-19 Contact Tracing Workflow



## State-wide COVID-19 Patient Care Model

Centralised coordination and management of COVID-19

The **State-wide COVID-19 Patient Care Model** has been informed by the latest evidence, national and international experience and existing SA Health COVID-19 models of care that predict 95% of COVID-19 cases can be safely managed through home-based care or supervised facility-based care outside of the hospital setting. Clear escalation pathways have been developed for COVID-19 positive patients who may deteriorate and need to go to hospital.

### D1: Use of the community quarantine program to support COVID-19 patients in Isolation

The COVID-19 community quarantine program will be expanded to support COVID-19 positive patients, enabled by virtual models of care including use of the HealthCheckSA App.

Overall home quarantine capacity will be available for up to 50,000 people, which includes up to 3,000 people who have tested positive to COVID-19, in addition to household members and other close contacts. Quarantine requirements, supported through the HealthCheck SA App will include quarantine compliance checking as well as assessing the need for active care of COVID-19 patients, utilising a range of existing and new models of community care in the home.

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.**

## D2: COVID Response Care Team

A SA Health-led, centrally coordinated approach will manage the escalation pathways, through a dedicated multi-disciplinary **COVID Response Care Team (CRCT)**, with strong partnerships with multiple agencies to provide social and wellbeing support services to COVID-19 positive patients.

The **CRCT** will operate a **24/7 service** and coordinate the care of all COVID-19 positive patients and individuals in quarantine, utilising standardised risk assessment, triage, social screening and referral processes to stream each patient into the care level that meets their needs.

Most COVID-19 patients (with asymptomatic or mild/moderate symptoms) will be managed in the community in their home (Level 1), supported by symptom monitoring and through referrals to newly established **COVID Care Centres** for patients requiring additional treatment interventions and medical modalities.

Patients requiring additional clinical and social support, which cannot be undertaken safely in the community will be cared for in supervised COVID-19 care facilities (Level 2). This includes through the establishment of the COVID Hospital in the Hotel which will leverage the success of the medi-hotel model and dedicated positive facility, established as a national first in South Australia in February 2021. In addition, regional supervised care facilities will be established to activate on demand, to manage and support local regional outbreaks. High acuity patients will be managed through hospital admissions (Level 3) in dedicated locations.

In country settings, selected regional hospitals will have the ability to assess and care for COVID-19 positive patients who present with non-COVID-19 related issues (for example, a COVID-19 positive person who has had a fall) and for patients who need escalation of care from the community, due to COVID-19. High risk patients and patients who require significant clinical support will be transferred to a metropolitan hospital or supervised facility for further care. This will be coordinated by the CRCT and LHN in liaison with local General Practice and existing community support systems.

The **CRCT** will provide the liaison between care and social providers across the three care levels and coordinate a centralised discharge and clearance process for all recovered patients.

The **CRCT** will be nurse-led and comprise of a multi-disciplinary team of:

- Nurses and midwives
- GP Assessment Team (GPAT) which is comprised of a recruited team of COVID-19 specially trained general practitioners
- Hospital based medical specialists, linked with the Virtual Command Centre.

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

- **Department of Human Services** for 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 referral and transportation
- **Department for Child Protection** for child protection support
- **Housing SA** for housing and homelessness support
- **DASSA** for drug and alcohol support
- **Not-for-Profit organisations** to provide additional supports around mental health and social related issues including refugee support.

The Department for Health and Wellbeing will leverage the existing Planning for Vulnerable Groups Workgroup which encompasses: Culturally and Linguistically Diverse; Residential Aged Care; Aboriginal communities and people experiencing homelessness.

Key responsibilities of the **CRCT** include:

- Provide screening to support triage and comprehensive care based on clinical and social risk assessment.
- Triage and oversee transfer of patients to the appropriate level including escalation between levels:
  - **Level 1 Community (Home) Based COVID-19 Care** where COVID-19 patients with mild/moderate care needs are safely cared for at home.
  - **Level 2 Supervised and supported COVID-19 Care** where COVID-19 patients with more complex care needs are cared for in a COVID Hospital in the Hotel care model with 24/7 nursing care.
  - **Level 3 – Acute (Hospital) COVID-19 Care** where COVID-19 patients with acute and critical care needs are safely cared for in a hospital setting.
- Oversee complex care coordination, case management and care transition across the continuum, with dedicated complex care nurse coordinators.
- Liaise with metropolitan and regional agencies, the State Control Centre - Health, and other public and private service providers as required to ensure that people with COVID-19 receive the most appropriate care in the most appropriate location.
- Provide the key interface to complementary operations including COVIDKids (for assessment and care of children and families) and **COVID Operations CDCB** (for public health risk assessment).

#### Clinical and Social Risk Assessment

There are three key components that 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 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; 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 will be supported with detailed escalation protocols and pathways to ensure COVID-19 patients are safely managed over the continuum of care.

- Manage the delivery and escalation of care and monitor the flow and capacity for **COVID Hospital in the Hotel**, home support and monitoring of health care needs and community care.
- Notify COVID Operations CDCB if contacts of cases become symptomatic, critical to ensuring any new cases are diagnosed with minimal delay.
- Support compliance and symptom checking of all COVID-19 positive patients.
- Liaise with a person's usual GP throughout the care pathway (via GPAT), particularly for patients with complex non-COVID-19 health needs. This will prepare for a smooth handover and improve quality of care for the patient.
- Provide a clinical handover (medical clearance via GPAT) for recovered patients.

**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.**

### D3: Multi-level approach to caring for COVID-19 patients

The strategies and models of care that form the multi-level approach to caring for COVID-19 positive patients vary in mode and duration.

An overview of the key strategies and models of care by level is provided below:

#### Level 1 Community (Home) Based COVID-19 Care

Community based COVID-19 care will see patients who test positive to COVID-19 being cared for and supported in the community, in their homes, with clinical, social and mental health supports.

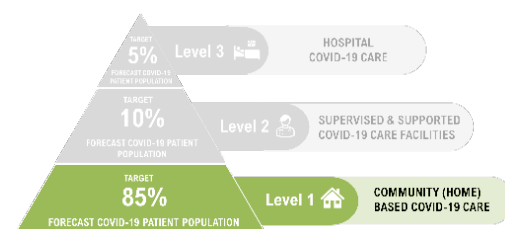
Up to 85% of the forecast COVID-19 patient population in South Australia will be cared for under the Level 1 model, subject to risk stratification assessment.

A large proportion of this group will live in rural and regional communities and will receive care in those communities, which will be coordinated by the CRCT in conjunction with the Local Health Networks.

New hubs for the rapid assessment and treatment of people with mild to moderate COVID-19 symptoms (**COVID Care Centres**) will also be established in metropolitan and regional areas and activated as demand increases during this reopening phase.

#### Monitoring at Home

All positive cases are initially contacted by COVID Operations CDCB for contact tracing and risk assessment. Then initial screening will be undertaken by the CRCT after an individual tests positive and is assessed as able to be safely cared for at home including determining their risk of deterioration while at home with community supports. Supported through the HealthCheckSA App, the active care of COVID-19 patients will utilise a range of existing and new models of



community care in the home both in metropolitan and regional areas, to support disease management and care needs. Daily symptom checks will be completed in the app, with access for all patients across South Australia to a home care kit, which includes a temperature probe and finger oxygen saturation monitor to further support clinical monitoring via telehealth.

### Supportive care in the home

Clinical and social support services will be provided to COVID-19 patients using a range of new and existing services and programs. Where appropriate, supportive care in the home will leverage existing home care support programs and services with existing government service providers and Local Health Networks.

The focus for care in the home will be on the non-COVID-19 related health concerns. Additional training in infection prevention and control, including in personal protective equipment will be coordinated by SA Health.

Care for the patient will initially be coordinated by the CRCT to ensure activation of existing community services to support the patient.

### COVID Care Centres

COVID Care Centres are new assessment and treatment hubs designed to care for people with mild to moderate COVID-19 symptoms as an alternative to Emergency Department or short stay admission within a hospital.

They are being established in regional and metropolitan areas to enable COVID-19 patients to receive day treatment interventions, closer to home, such as Monoclonal Antibody Infusion Therapy, without having to unnecessarily attend hospital.

The Centres will:

- care for COVID-19 positive patients who require medical treatment but do not need to be in hospital and are referred to the centre by the CRCT.
- provide treatment including IV fluids, antibodies, and provide assessments, such as chest x-ray and ECG as required.
- enable rapid pathways to hospital for people whose condition deteriorates quickly.

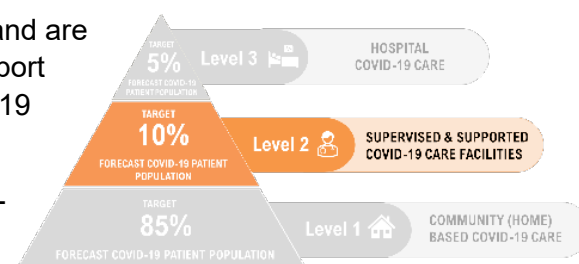
Each LHN will be responsible for the individual governance of the site and the operations, however, the referrals and baseline care provided will be uniform across the state.

In some smaller regional locations, local health services will provide the services that will be provided by COVID Care Centres in larger settings.

## Level 2 Supervised and supported COVID-19 care facilities

Individuals and families who test positive to COVID-19 and are risk stratified as requiring a higher level of care and support will be offered care in the supervised dedicated COVID-19 care facilities.

It is anticipated that up to 10% of the forecasted COVID-19 patient population in SA will be cared for under this model.



Adapting the successful and nationally recognised SA Health Medi-Hotels, by increasing the number of dedicated COVID-19 positive facilities, will enable additional supervised and

supported COVID-19 facilities. Care of individuals in COVID Hospital in the Hotel facilities and in the supervised regional care facilities will also be supported through the HealthCheck SA App.

### COVID Hospital in the Hotel

COVID Hospital in the Hotel will be formally established in metropolitan Adelaide, leveraging the systems and pathways that have been successfully utilised for medi-hotels. Individuals in COVID Hospital in the Hotel facilities will have access to 24/7 nursing care, appropriate medical care through the GP Assessment Team including face to face visits, appropriate cultural care and access to well tested and established escalation pathways to tertiary care when required.

This model has been successfully in operation in medi-hotels since April 2020 and in a dedicated facility (Tom's Court) since February 2021.

Regional COVID-19 patients assessed by CRCT requiring this level of support, will be transferred to a COVID Hospital in the Hotel in metropolitan Adelaide.

### Supervised Regional Care Facilities

Regional care facilities will be established in some regional communities, with the ability to activate the sites on demand with a short lead in period to manage and support regional outbreaks. This will provide a safe environment for people who are close contacts and require quarantine or COVID-19 positive cases who are required to isolate under supervision, with access to site based testing and clear pathways to hospital services when additional clinical care is required.

Appropriate security will be required to ensure separation of any close contacts from COVID-19 positive patients. These facilities will ideally be proximally located to a COVID Care Centre, to allow people to have rapid access to treatment, imaging and pathology services, and to enable people to remain within the facility, rather than require an admission to an acute setting.

### Level 3 Hospital COVID-19 Care

Capacity to treat COVID-19 patients in hospital will be increased to manage the expected increase in admitted acute COVID-19 inpatients including those admitted to the Intensive Care Unit (ICU).

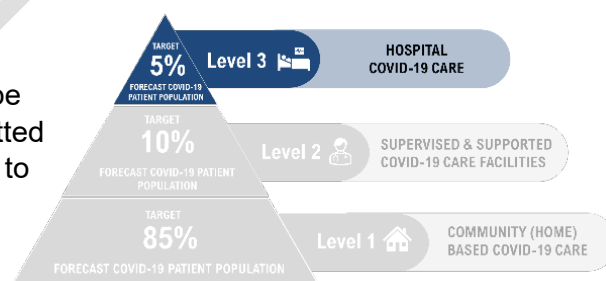
The number of general beds will be increased to enable hospitals to operate at a lower occupancy; there will be integrated decanting of hospital sites in readiness for managing acute COVID-19 inpatients, and the flow of acute inpatients within the hospital system will be managed to ensure that COVID-19 related care is delivered within COVID-safe infrastructure wherever possible.

The Royal Adelaide Hospital (RAH) will remain the designated hospital for adult patients with COVID-19, with the Women's and Children's Hospital (WCH) as the designated hospital for children with COVID-19 and Flinders Medical Centre (FMC) as the designated hospital for pregnant women with COVID-19. However, all other hospitals will need to remain ready to manage COVID-19 patients as part of the transition to 'living with COVID'.

The care pathway for managing acutely unwell COVID-19 patients in hospital spans:

- Emergency Department presentations
- Admission to hospital wards
- Admission/transfer to the ICU.

For detail on this care pathway please see Figure 6.



## 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 the Delta strain 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 6. 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](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

Three **key supporting strategies** will be adopted to ensure that the hospital system is ready to support an increase in high acuity cases.

### 1. Creating additional capacity

The health system will be creating additional general capacity to enable hospitals to operate at a lower occupancy, which in turn allows them to manage an increase in admitted acute COVID-19 inpatients. This will be achieved through the increase of 392 beds with:

- 140 public hospital beds
- 73 private hospital beds
- 179 community beds.

The increased capacity, as well as non-acute beds such as Hospital in the Home will also support health system flow (general medicine and surgical) for non-COVID-19 patients, as well as elective surgery.

Private hospital and community bed expansion will be focused on non-COVID-19 patient admissions to allow for public hospital beds to be focused on COVID-19 patients.

Key private hospitals in metropolitan Adelaide with ICUs will partner with public hospitals under the Acute Care Response Strategy to ensure that non-COVID-19 acute care be safely delivered. The partnership provides more capacity for general ward beds and ICU beds if required.

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

In preparation for the expected increase of COVID-19 cases, hospitals and related services are evolving decant and service reconfiguration plans in line with the most up to date modelling available.

To ensure that the RAH maintains its capacity as the designated hospital receiving COVID-19 positive patients, the decant and service reconfiguration plan for Central Adelaide Local Health Network (CALHN) involves transfer of services to other CALHN sites, partnering with the private/NGO sector and redirecting some services to other LHNs and private sector – as well as moving patients to alternate locations and care delivery models, reducing current inpatient occupancy, and reducing planned and non-planned activity where possible.

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

### 3. 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 such presentations will be supported by the Primary Care Response Strategy, including the CRCT and COVID Care Centres, will reduce the number of people with COVID-like symptoms who 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.

## **D4: COVID-19 patient transport coordination**

Coordinated transport is required to support suspected and known COVID-19 positive patients to be mobilised within the community, and between home / hotel/facility / COVID Care Centre / hospital.

Support for the transfer of positive COVID-19 patients will be increased including rural / regional transfers.

Emergency and non-emergency transportation of COVID-19 positive patients and suspected positive patients will utilise the most clinically appropriate modality of transport. The mobilisation of individuals between home or hotel and clinical care environment will be achieved through coordinated communications between existing emergency services (SAAS) and logistics teams within the State Control Centre – Health.

The Royal Flying Doctor Service and MedSTAR are both equipped for the transport of regional patients who are COVID-19 positive and in need of aeromedical transport.

The utilisation of SAAS vehicles will be limited to those individuals requiring acute emergency care where routine transfers can be delivered through partnership agreements with contracted providers or an individual's private vehicle.

COVID-19 positive patient transportation pathways are being established to ensure effective coordination across the health system.

## **D5: 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 COVID-19 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.

## D6: 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

In the initial phase of community transmission, regional COVID-19 positive patients who require hospitalisation due to their acuity, will be transferred to the RAH, considering case numbers within the state. Regional LHNs existing patient pathways for emergency and critical care will remain the basis for managing COVID-19 positive patients, who require stabilisation and retrieval for further care.

As patient numbers increase, some regional COVID-19 positive patients who require hospitalisation and have been assessed as appropriate for care in a regional setting will be cared for in selected regional hospitals.

Some regional hospitals have dedicated wards that can care for COVID-19 positive patients who need care for non-COVID-19 related reasons, who do not need tertiary metropolitan hospital care (for example, someone who has had a fall whilst in isolation but is otherwise well).

Regional LHNs existing patient pathways for emergency and critical care will remain the basis for managing COVID-19 positive patients, who require stabilisation and retrieval for further critical care.

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.

However, regional and rural sites need to be prepared to be able to manage COVID-19 as part of living with COVID-19, noting that admission of a patient who is COVID-19 positive may be unrelated to their COVID-19 illness, but due other comorbidities or illnesses.

### COVID-19 Paediatric Care

A virtual COVID-19 paediatric model of care, COVIDKids, will be established at the Women's and Children's Hospital (WCH), to allow experienced paediatric clinicians, nurses and other supporting staff (e.g. Social Worker and Aboriginal Support Worker) to assess COVID-19 positive children after initial assessment by the CRCT, including the GP Assessment Team.

An onsite space for face-to-face assessment of children at the WCH will be established, as a paediatric COVID Care Centre, should a child require clinical review. The service will also offer families and carers' telehealth support and advice without them having to leave home. Families

#### 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**
- **Maternal and Neonatal**
- **Pregnant women**
- **Mental health (care in the community and acute).**

will be able to self-refer at any time if a COVID-19 positive child is experiencing medical problems, in addition to being referred by the 24/7 CRCT.

The expansion of the Children's and Adolescent Virtual Urgent Care Service at the WCH will form part of this overall response. This service commenced in August 2021 and has seen more than 462 children to date, 88 percent indicating that they would have presented to the paediatric emergency department if this service was not available. A total of 97 percent of consumers indicated they would use the service again.

## 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. 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. Residents who are unvaccinated pose a much higher level of risk of transmission to others and this will be factored into resident transfer criteria.

The decision regarding RACF resident transfer will be based on an agreed risk-rated criteria. Based on the current experience and learnings from NSW and Victoria, it is expected that transfer of COVID-19 positive RACF residents to hospital will be the exception.

The decision to transfer a COVID-19 positive RACF resident to hospital will be made in consultation with the CDCB outbreak management team, resident / representatives, the CRCT and the RACF provider.

The Office for Ageing Well will continue 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

When treating people with COVID-19, the resident's wishes (including an Advance Care Directive or Plan), availability of control measures and the wellbeing of others must all be taken into account.

Decisions in regard to care in place 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. Support for palliative care staff with PPE and infection control training should be provided by SA Health to allow for existing services to continue and be offered for COVID-19 positive patients.

## 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.

Given the ever-changing environment and impacts of the COVID-19 pandemic, mental health has been considered as part of the system-wide response from supports in the home and community (Level 1), to supervised facilities (Level 2) through to acute (Level 3).

Clear pathways and planning are underway across community, acute, primary and tertiary mental health care 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.

## 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.

## Aboriginal Community Response Plans

**COVID-19 Aboriginal Community Response Plans** have been developed for the following 21 Aboriginal communities in South Australia. These plans are specific to each individual community and, led by the SA Health Aboriginal Health COVID-19 team, have been developed in partnership with community leaders and endorsed by the relevant Community Council, to ensure preparedness for a potential COVID-19 outbreak.

APY Lands		Communities	
<ul style="list-style-type: none"> <li>• Pipalyatjara</li> <li>• Kalka</li> <li>• Kanpi</li> <li>• Nyapari</li> <li>• Amata</li> <li>• Pukatja</li> </ul>	<ul style="list-style-type: none"> <li>• Kenmore Park</li> <li>• Kaltjiti</li> <li>• Mimili</li> <li>• Iwantja</li> <li>• Umawa</li> </ul>	<ul style="list-style-type: none"> <li>• Yalata</li> <li>• Maralinga Tjarutja</li> <li>• Koonibba</li> <li>• Umoona</li> <li>• Dunjiba</li> </ul>	<ul style="list-style-type: none"> <li>• Davenport</li> <li>• Nepabunna</li> <li>• Point Pearce</li> <li>• Raukkan</li> <li>• Gerard</li> </ul>

Each plan is based on five key principles:

- Transfer of COVID-19 positive cases to COVID-19 designated hospitals (RAH, FMC and WCH) by the RFDS or SAAS depending on location.
- Identification and movement of close contacts of positive cases for quarantining in a dedicated quarantine facility external to the designated Aboriginal Community, most likely in Adelaide.
- Ceasing movement into and out of the community and confining community members to their houses.
- Widespread community testing and ongoing daily assessment by the Health Rapid Response Team (HRRT) to identify new cases.
- Safe return of recovered patients or quarantined contacts back to the community.

### Managing an outbreak in a rural or remote Aboriginal community

A positive COVID-19 test in a rural or remote Aboriginal community will result in a co-ordinated SA Health, SA Police and SA Ambulance Service response to work alongside **Aboriginal Community Controlled Health Organisations (ACCHOs)**, other **Aboriginal Community Controlled Organisations (ACCOs)**, and/or key Aboriginal leaders, influencers and partners to implement that community's **COVID-19 Aboriginal Community Response Plan**. In summary:

- **SA Health** will deploy the Health Rapid Response Team (HRRT), who will travel to designated Aboriginal communities in the case of a COVID-19 outbreak to provide rapid on-ground assessment and management of the situation. The HRRT includes Communicable Diseases Control Branch and State Control Centre–Health staff, and other SA Health and support personnel. In some cases, regional SA Health staff and support personnel will be best placed to provide reinforcement to the HRRT response.
- The HRRT will work with **Aboriginal Community Controlled Health Organisations (ACCHOs)**, other **Aboriginal Community Controlled Organisations (ACCOs)**, and/or key Aboriginal leaders, influencers and partners to ensure a comprehensive and culturally appropriate COVID-19 response in each community to assist with response coordination. This includes culturally appropriate and effective communication within Aboriginal communities to ensure the right messages reach the right people at the right time.
- The response will be focussed on Testing, Tracing, Isolation, Quarantine, Vaccination and Treatment (TTIQVT), including:
  - widespread community testing (**T**) and tracing (**T**) and ongoing daily assessment to identify new cases.
  - **moving COVID-19 positive community members** to either the Royal Adelaide Hospital, Flinders Medical Centre or Women's and Children's Hospital or if appropriate a dedicated culturally appropriate supervised and supported care facility for care and isolation (**I**). The care and isolation of COVID-19 positive community members, once in Adelaide, will be coordinated by the SA Health-led COVID Response Care Team.
  - moving **close contacts of COVID-19 positive community members**, identified by Communicable Disease Control Branch staff, to Adelaide or a dedicated regional supervised care facility for quarantine (**Q**). The care and quarantine of

close contacts of COVID-19 positive community members will be coordinated by the SA Health-led COVID Response Care Team supported by the Regional COVID Care Coordinator, where appropriate.

- providing vaccinations where needed (**V**).
- commencing antiviral treatments such as intravenous monoclonal antibody infusions for COVID-19 positive community members prior to their movement to Adelaide (**T**).
- **SA Police** will provide security to the team and community and restrict the movement of people within, and in and out of the affected area. This is critical to reduce the chance of transmission. Access to essential supplies and services in the case of a lockdown will be managed including food security, access to health and social services and medication.
- **SAAS** and the Royal Flying Doctor Service (RFDS) depending on location will provide direct transfer to Adelaide for COVID-19 positive community members and close contacts of COVID-19 positive community members.
- **Regional LHNs** that have been involved in the development of COVID-19 Aboriginal Community Response Plans in their region will assist those communities and the HRRT in their response where possible.

## 5. Metropolitan and Regional COVID-19 key facilities

### 5.1. Metropolitan map of COVID-19 key facilities

The following map (Figure 7) 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) in the metropolitan area.

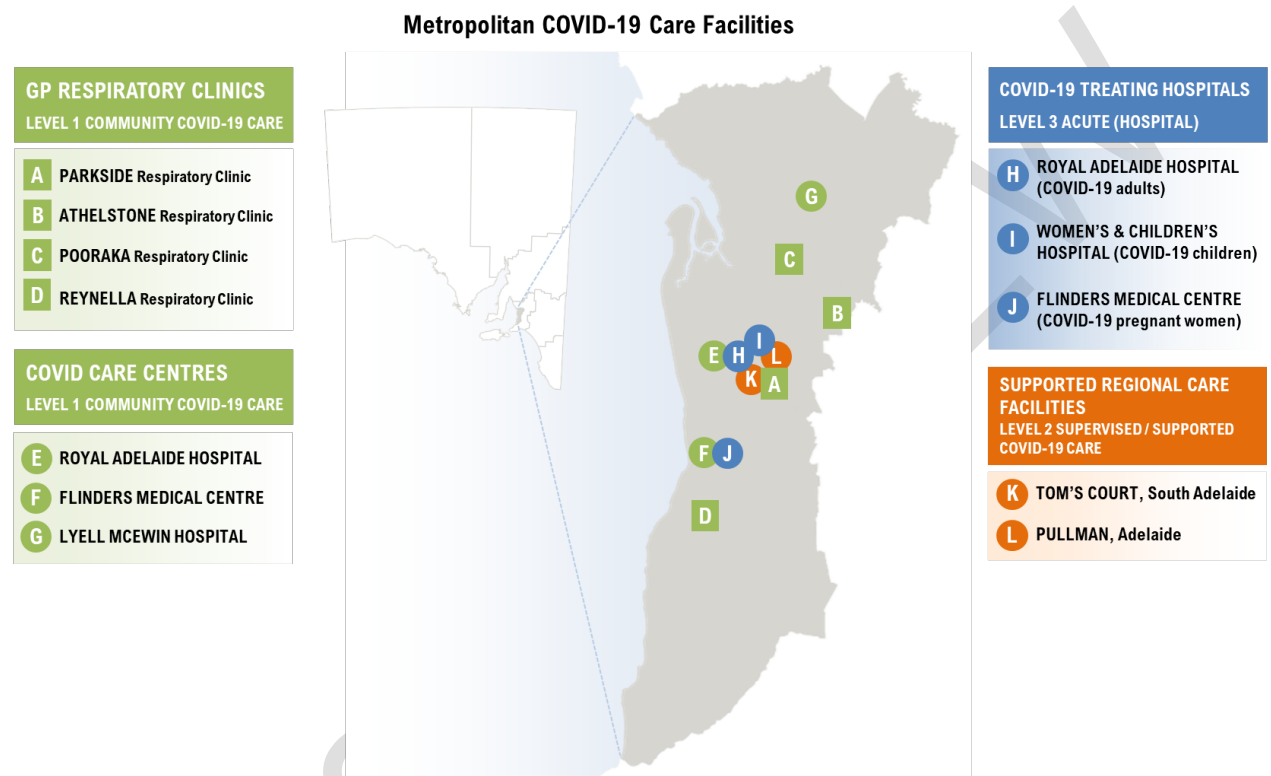


Figure 7. Metropolitan map of COVID-19 facilities

## 5.2. Regional map of COVID-19 key facilities

The following map (Figure 8) 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) in regional South Australia.

While regional hospitals are not designated COVID-19 treating hospitals, they will play a critical supporting role in the acute response by acting as **COVID-19 accepting hospitals** – to accept and stabilise acutely unwell COVID-19 regional patients and assist their transfer to the designated COVID-19 treating hospital (unless direct transfer by medical retrieval is required). 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.

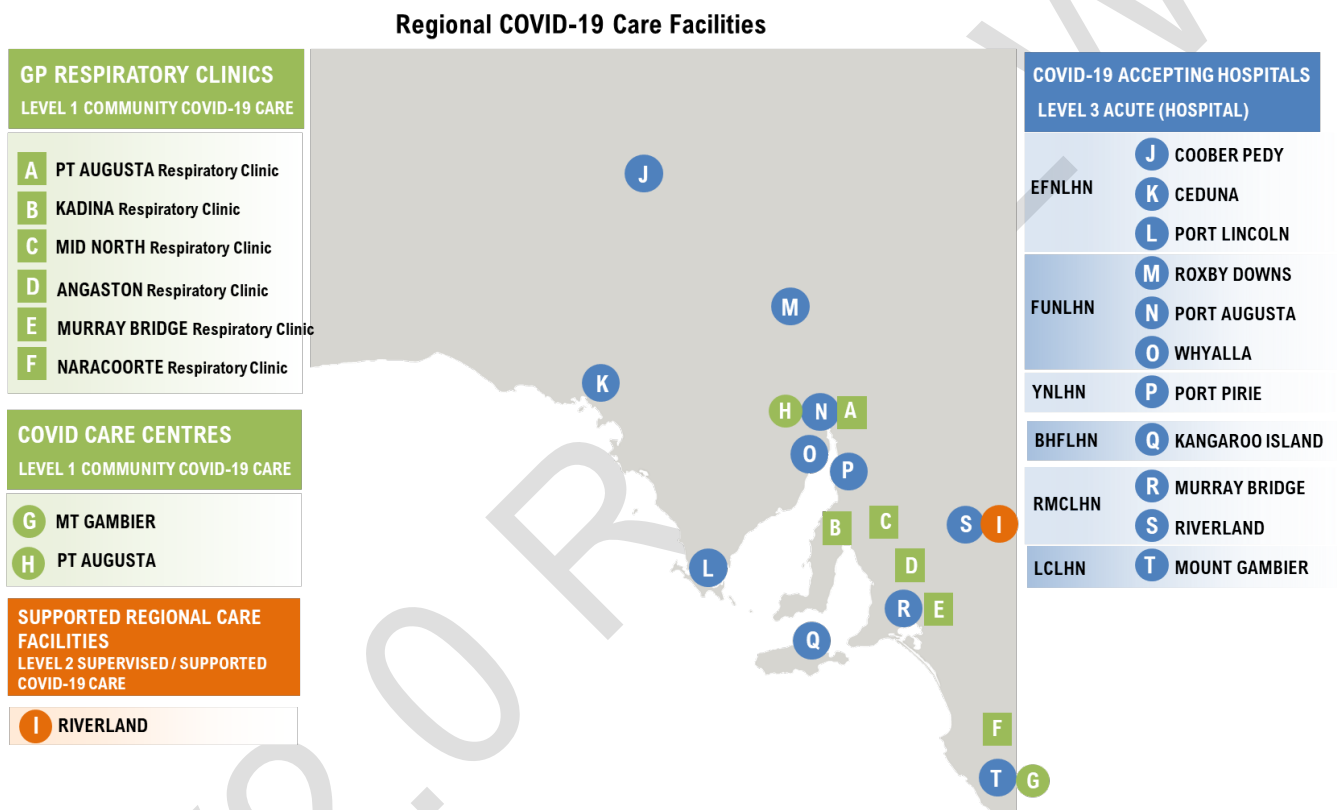


Figure 8. Regional map of COVID-19 facilities

## 6. Enablers

No.	Enabler
<b>E1</b>	<b>Additional surge nursing and midwifery workforce</b>
	<ul style="list-style-type: none"> <li>An expanded workforce will be critical to delivering testing, contact tracing and the COVID-19 community home based model, COVID Hospital in the Hotel facilities and intensive care backfill, including fast-tracking and upskilling extra graduate nurses and midwives to meet the demand.</li> </ul>
<b>E2</b>	<b>Public communication and awareness</b>
	<ul style="list-style-type: none"> <li>Establish a public communication and awareness campaign to clearly communicate and educate the South Australian community about the changing landscape of health care during an outbreak and pathways for COVID-19 testing, tracing, diagnosis and care to build confidence. Creating personas to help the community identify where their healthcare needs sit within the model.</li> </ul>
<b>E3</b>	<b>Use of HealthPathways</b>
	<ul style="list-style-type: none"> <li>HealthPathways to be created to ensure GPs and hospital-based specialists have access to referral protocols and patients linked in with the State-wide COVID-19 Patient Care Model and pathways for care to ensure limited delays in positive patients self-isolating, to reduce spread within the community and households.</li> </ul>
<b>E4</b>	<b>Clear pathways, guidelines and protocols for primary care</b>
	<ul style="list-style-type: none"> <li>Co-designed community care pathways for COVID-19 cases building on the GPAT experience to date, and a centralised COVID-19 response (including refinement of GPAT home based care guidelines and contact points with a patient's usual GP).</li> <li>Established pathways to the COVID Care Centres for assessment, diagnostic interventions, treatments and monoclonal infusions with discharge to community or supervised care or escalation to hospital admission.</li> <li>Development of guidelines and protocols for GP clinics to safely and effectively operate as <i>respiratory-ready GP clinic</i> or business-as-usual, including access to PPE and fit testing.</li> <li>SAAS Resilience and Surge plan to manage demand and support patient healthcare navigation and access.</li> </ul>
<b>E5</b>	<b>Pharmacy</b>
	<ul style="list-style-type: none"> <li>Pathways to be refined for scripts and delivery of medications to the home.</li> <li>Utilise pharmacy pathways for delivery of home care kit, which includes oral rehydration solution, analgesics temperature probe and finger pulse oximetry.</li> <li>Expanded education around SafeScriptSA and e-prescribing.</li> </ul>
<b>E6</b>	<b>Telehealth</b>
	<ul style="list-style-type: none"> <li>Advocate for patients to seek telehealth support for existing medical and underlying conditions with their usual medical practitioner when COVID-19 positive.</li> <li>Encourage clinicians to utilise telehealth appointments to screen patients prior to face-to-face visits, to reduce the risk of potential COVID-19 exposure within a healthcare facility.</li> </ul>

No.	Enabler
<b>E7</b>	<b>Personal Protective Equipment</b>
	<ul style="list-style-type: none"> <li>To ensure effective infection prevention and control and the continued provision of face-to-face services within primary care, there is a need for better access to Particulate Filter Respirators (PFRs) and fit testing for regional and rural practitioners, as well primary care practitioners.</li> <li>Access to additional supply of PFRs, noting limitations of the national stockpile.</li> </ul>
<b>E8</b>	<b>Vaccination</b>
	<ul style="list-style-type: none"> <li>Re-align mass vaccination clinics to ensure greater focus on vaccine booster programs for those most vulnerable. Increase in pharmacy and GP based vaccination, with pop-up and outreach models.</li> <li>Hospitals continue to offer vaccination to inpatients and expansion of opportunistic vaccination.</li> </ul>
<b>E9</b>	<b>COVID-19 safe spaces</b>
	<ul style="list-style-type: none"> <li>Establish criteria for COVID-19 safe spaces to examine and see patients with symptoms within primary care, without impacting administrative and key health service delivery within the clinic. Supporting the establishment of <i>Respiratory-Ready GP clinics</i>.</li> <li>It is acknowledged that many health professionals will not see patients face to face when community transmission is present, with clinicians unable to safely facilitate care with the required IPC setup at the practice.</li> </ul>
<b>E10</b>	<b>Procurement</b>
	<ul style="list-style-type: none"> <li>Streamlined procurement processes to be established that allow for state-wide purchasing of equipment, virtual monitoring devices, consumables and supplies to support the health system response.</li> <li>Effective tracking of supplies, allowing for quantity and location of critical COVID-19 supplies to be modelled and predicted.</li> </ul>

## 7. Staged approach to living with COVID-19

Consistent with the SA Government's COVID-Ready Plan, the COVID-19 SA Health System-Wide Response will be implemented in the three key stages linked to the SA vaccination targets:

**Stage 1:** Preparing for COVID-19

**Stage 2:** Controlled COVID-19 in our community

**Stage 3:** Living with COVID-19 in our community.

Each of these stages will have a unique public health response, with a variety of strategies being executed to support this, as illustrated in Figure 9.

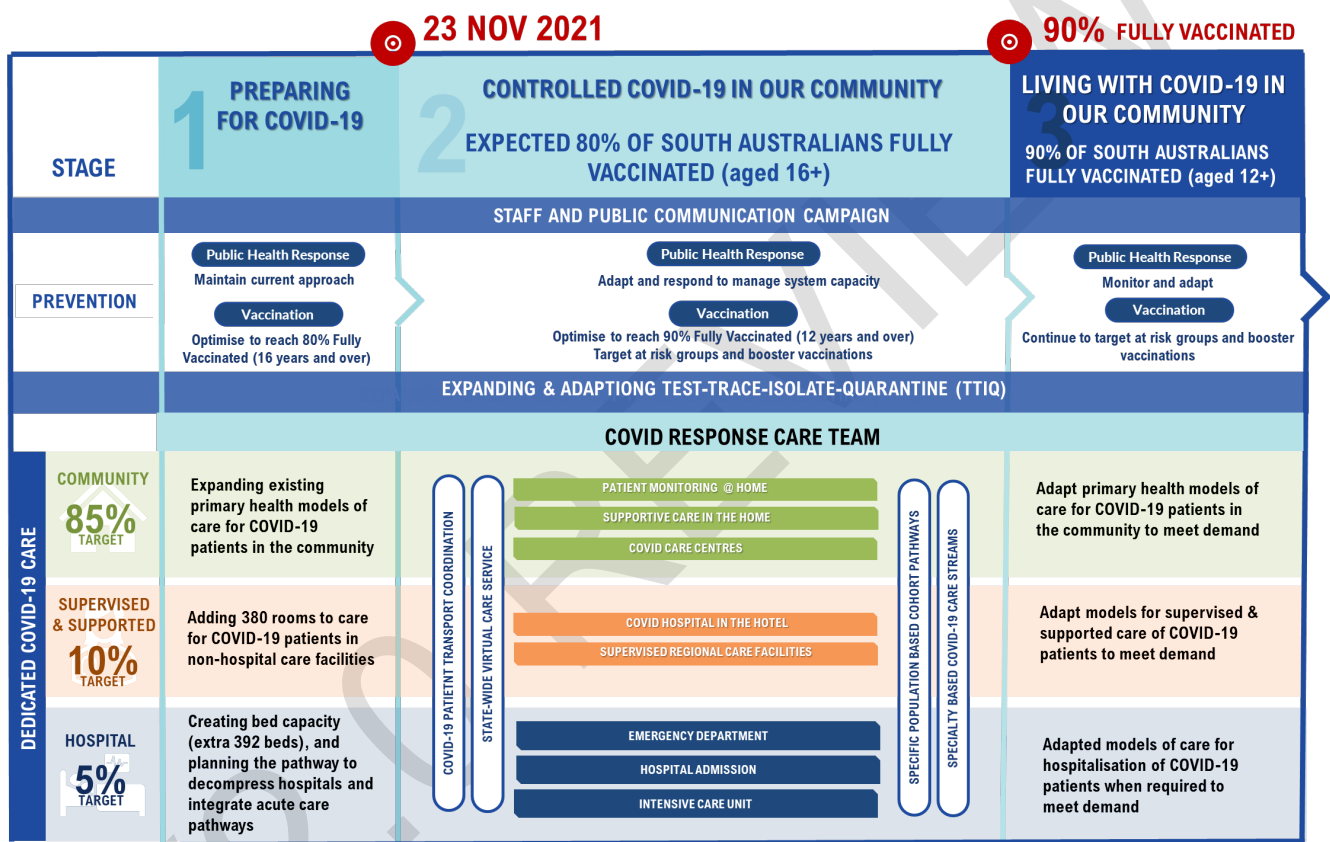


Figure 9. Staged approach to COVID-19 SA Health System-Wide Response

This Strategy is focused on an immediate response to **Stage 2: Controlled COVID-19 in our community**. It is acknowledged that models of care will require ongoing review as part of the transition to **Stage 3: Living with COVID-19 in our community**.

## 8. Governance for COVID-19

The governance chart below (Figure 10) 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 11.

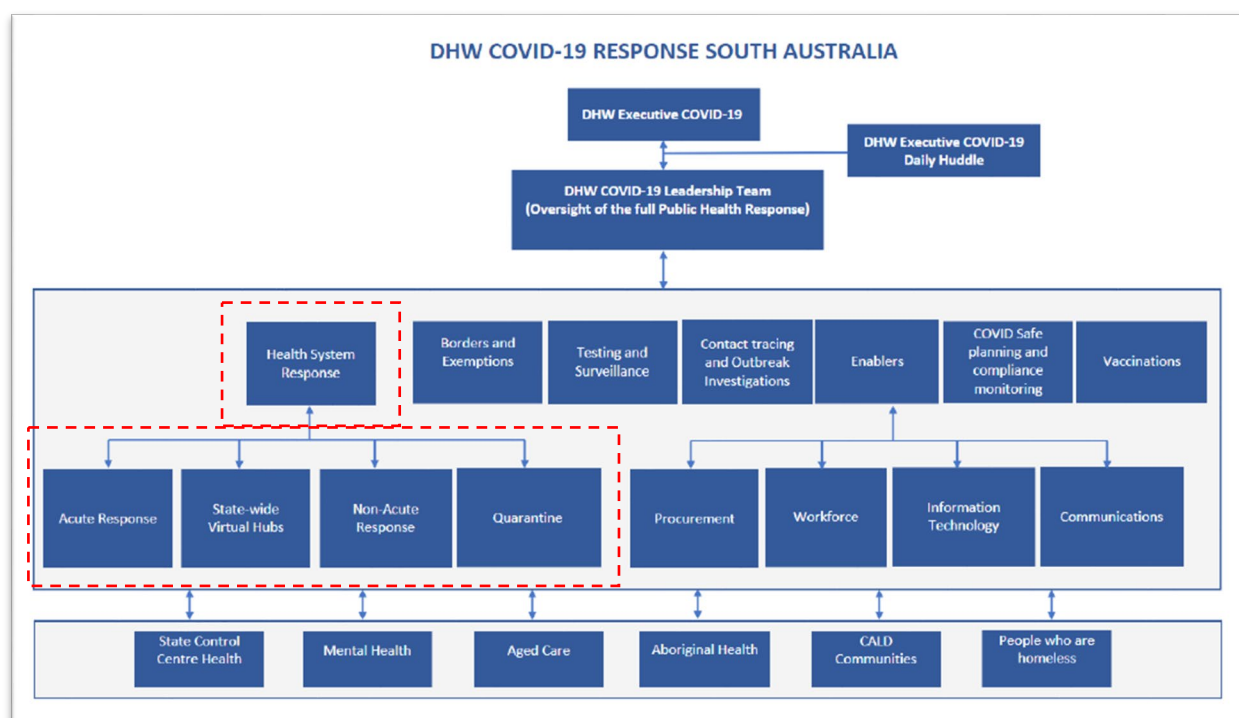


Figure 10. DHW COVID-19 Response South Australia

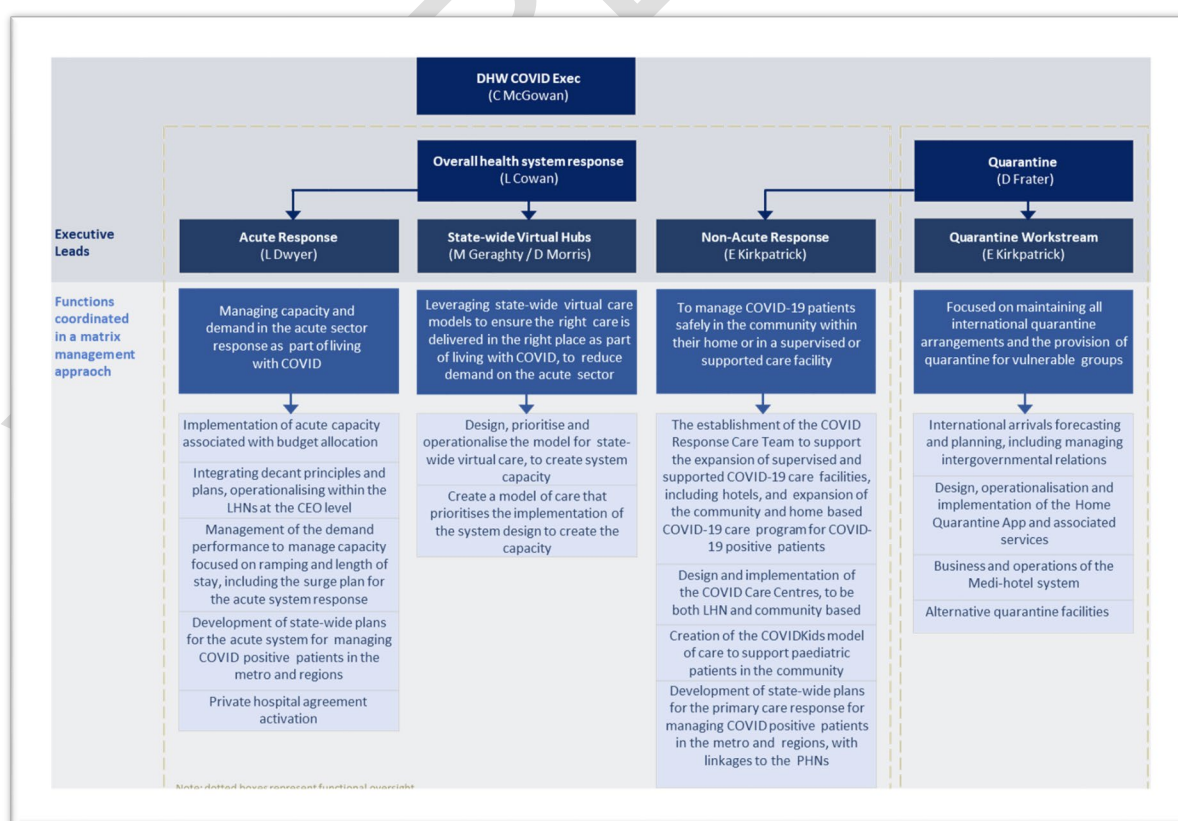


Figure 11. COVID-19 SA Health System-Wide Response Governance

## 9. Glossary of Terms

<b>Isolation</b>	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.
<b>Quarantine</b>	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.
<b>Mainstream GP Clinics</b>	General Practice (GP) clinics that routinely deliver healthcare to the community.
<b>GP Respiratory Clinics</b>	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).
<b>Respiratory-ready GP Clinics</b>	Self-nominated GP Clinics that will 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).
<b>COVID Response Care Team (CRCT)</b>	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.
<b>GP Assessment Team (GPAT)</b>	A dedicated team of general practitioners specially trained in the management of COVID-19 patients in the community, who sit within the CRCT.
<b>COVID Care Centres</b>	New referral assessment and treatment hubs designed to care for people with mild to moderate COVID-19 symptoms as an alternative to Emergency Department or short-stay admission within a hospital.
<b>COVID Hospital in the Hotel</b>	Modelled on the medi-hotel model for COVID-19 positive patients or their close contacts to quarantine under supervision in metropolitan Adelaide.
<b>Supervised Regional Care Facilities</b>	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. References

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- <sup>2</sup> ACI, NSW Agency for Clinical Innovation. Caring for Adults with COVID-19 in the Community. Sydney;; [https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0010/670528/ACI-Caring-for-adults-with-COVID-19-in-the-community.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0010/670528/ACI-Caring-for-adults-with-COVID-19-in-the-community.pdf), October 2021.
- <sup>3</sup> Coronavirus (COVID-19) health alert. Australian Government: Department of Health. 27 October 2021. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#advice-for-people-most-at-risk>, Accessed 27 October 2021.
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- <sup>7</sup> COVID exposures in primary and community health care settings, Department for Health and Wellbeing, Government of South Australia. FIS: 21113.3 24 November 2021. Available from the SA Health Testing, Tracing Isolation and Quarantine webpage <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/testing+and+tracing/test%2C+trace%2C+isolate+and+quarantine>.