

# Interim COVID-19 Guidance for Respiratory Services

## Statewide Respiratory Clinical Network

The purpose of this document is to inform health care workers of the need to plan for the impact of COVID-19 epidemic on delivery of normal respiratory health services.

## Background

COVID-19 is a viral respiratory illness and patients with lung conditions may be at increased risk for COVID-19 infection.

## Associated Documents

- Australian guidelines for the clinical care of people with COVID-19, [Australian guidelines for the clinical care of people with COVID-19|Introduction \(magicapp.org\)](https://www.magicapp.org.au/clinical-care-of-people-with-covid-19/introduction).
- Australian evidence-based guidelines available via the [National COVID-19 clinical evidence taskforce](#) are aligned to the Australian context and have clinical flow-charts and guidelines that encompass care needs of sub-populations

## Guideline for considering COVID-19 pandemic impact on Respiratory Services in Queensland

The purpose of this guideline is to provide Queensland Health Respiratory Units with advice about key issues to consider when planning and preparing for the provision of services as we move into the next phase of living with COVID-19. This guideline should be used in conjunction with statewide and local COVID-19 response plans, frameworks and operational guidelines to support the COVID-19 response.

Disclaimer: the exact nature of local service preparations will be dependent on overarching requirements such as the Queensland Health COVID-19 Hospital Response Plan and associated requirements for considerations such as staff furloughing and quarantining, which are anticipated to be in place once 80 per cent of the eligible population are double vaccinated and borders re-open.

Consideration should be taken with regards to the impact of COVID-19 pandemic on Respiratory Services using the following guidelines:

- Patients with lung conditions require care through all stages of disease.
- Patients with lung conditions require care delivery in all health care settings and at all stages of life.
  - a. Care is provided in primary care settings, acute, sub-acute, pediatric settings in remote, regional and metro areas.
  - b. Concurrent illness in patients with lung conditions can exacerbate their illness and increase the level and intensity of intervention required. Patients with lung conditions are a high-risk population.
  - c. Patients with lung conditions may require access to uninterrupted medication (orally or inhaled) over long periods of time.
  - d. Community health services may have reduced capacity to deliver usual care to patients with respiratory disease.
- Patients with lung conditions may be at higher risk of severity of illness due to COVID-19 exposure.
  - a. Education and unified messaging to patients with lung conditions and the risk to this patient cohort of illness if exposed to COVID-19.
- Workforce

- a. Risk to delivery of standard patient care in primary and pre-hospital setting due to increased demand on health workers and reduced face-to-face consulting as a result of COVID-19.
- b. Reduction in availability of respiratory specific services and acute hospital beds due to increase demand for COVID-19 patients.
- c. Reduction in workforce due to COVID-19 related illness will significantly reduce access to treatment and interventions for patients with respiratory disease.
- Supply chain/equipment/procurement
  - a. Patients with respiratory disease require long-term medication. Disruptions to supply and access to these medications is a risk to patients with respiratory disease.
  - b. Increased demand on respiratory equipment in community and hospital settings may reduce access to this equipment for patients requiring access for their disease/condition as standard care.

## Respiratory Services for consideration in COVID-19 pandemic

### Pre-existing Lung Conditions

1. **Issue** – Many lung conditions are associated with Potentially Preventable Hospitalisation (PPH).  
**Action** – Work with Primary Health Networks (PHNs) to enhance care to these patients in the community and reduce impact on acute inpatient beds to reduce rates of PPH.  
**Advice** – Implement plan as per Health Service Chief Executive’s (HSCE) brief (Attachment 1).
  
2. **Issue** – Triage of Respiratory patients into a hospital Emergency Department and potential increased risk of exposure to COVID-19 in co-mingled spaces.  
**Action** – Identify pathways for access to emergency care for patients with lung conditions.  
**Advice**
  - Liaise with Emergency Departments for consultation of other pathways to access emergency care.
  - Consider implementation of respiratory hot clinics.
  - Consider direct General Practitioner access to Respiratory physicians.
  - Consider Respiratory Nurse specialist in Emergency Department.

### Newly diagnosed lung conditions including COVID-19

1. **Issue** – Clinician reported no clear guidelines and standard operating procedures for clinical management of patients with COVID-19 during different stages of the illness and management of sequelae of COVID-19.  
**Action** – Clear guidance for front line clinicians required for delivery of care and management of COVID-19 patients during different stages of illness. Practical protocols for how to provide care is needed for all health care workers.  
**Advice**
  - Refer to the Australian guidelines for the clinical care of people with COVID-19 published by the National COVID-19 Clinical Evidence Taskforce for current evidence based clinical recommendations ([Australian guidelines for the clinical care of people with COVID-19|Introduction \(magicapp.org\)](https://magicapp.org/)).
  - Develop and implement local work instructions for delivery of care to COVID-19 cases.

2. **Issue** – Complex care needs for patients with lung conditions may be disrupted in the presence of COVID-19. Increased demand on respiratory service, medical, nursing, allied health, pharmacy may reduce capacity for care delivery to patients with lung conditions.

**Action** – Focus on maintaining health in patients with existing lung conditions.

**Advice**

- Consider public health awareness campaign for patients with lung conditions with advice on maintaining health, wellbeing and reducing risk for exacerbation of lung conditions.
- Liaise with Lung Foundation Australia to promote consistent public health messaging.
- Support primary care teams to optimise respiratory health in patients with lung conditions.

3. **Issue** – Transfer of patients between hospitals for different levels of respiratory care may increase exposure of COVID-19 and increase workload demand on Queensland Ambulance Service, Retrieval Services Queensland and Royal Flying Doctor Service.

**Action** – Patients should be provided care in the hospital closest to their home unless hospital is unable to deliver appropriate level of care.

**Advice**

- Communicate widely to the Network to consider reducing transfer of patients between hospitals unless clinically appropriate.
- Consider direct communication with Respiratory physician to determine need to transfer of patients to other settings.

## Community and Outpatient services

1. **Issue** – Access to medication (new as well as already prescribed).

**Action** – Ensure community and hospital pharmacy has adequate access to standard medications as well as anticipated need during COVID-19 pandemic.

**Advice**

- Liaise with pharmacy sector, PHNs and other community partners to communicate potential need to increase supply and stock.
- Consider methods to deliver medication to those in self-isolation.

2. **Issue** – Community seeking source of truth for education and understanding of minimising risk of exposure.

**Action** – Determine Department of Health plan for community engagement and education and in which methodologies.

**Advice**

- Consider providing advice and educational materials for minimising exposure to COVID-19 for use in primary, outpatient and ED settings specific for patients with respiratory disease. There are well-developed education materials available through both Queensland Health and Commonwealth COVID information portals (see links below).
- [Queensland Government – How to protect yourself and others – \(COVID-19\)](#)
- [Australian Government – How to protect yourself and others from coronavirus](#)

3. **Issue** – Reduce the impact of influenza on the health system by opportunistic influenza and COVID vaccinations in hospital clinics and hospital inpatients settings.

**Action**

- Utilise trained pharmacists for delivery of vaccines in outpatient departments and inpatient

settings.

- Consider earlier implementation of influenza vaccination schedule.

#### **Advice**

- Consider expedited education and training delivery to hospital pharmacists.
- Embed pharmacists in outpatient departments and inpatient settings with primary goal to opportunistically vaccinate consumers.
- Consider free vaccinations at whole population level.

4. **Issue** – Potential need for increased screening within the respiratory population. – similar respiratory symptoms may be displayed between respiratory and COVID-19 patients.

**Action** – Education and awareness required to determine the clinical differences between COVID-19 and other lung conditions.

#### **Advice**

- Consider consistent public health messaging for location of fever clinics.
- Consider using existing pathways, e.g., Lung Foundation Australia, to communicate any further needs for screening in patients with existing lung conditions.

## Education considerations

1. **Issue** – Inconsistent opportunities N95 Fit check and Personal Protective Equipment (PPE) simulation/practical skill of don/doffing practical assessment for all workers in hospital and outpatient settings.

**Action** – Benchmark education materials and education programs across Hospital and Health Services.

**Advice** – Immediately implement education strategy for don/doffing PPE and for N95 mask fit check.

2. **Issue** – Maintaining staff safety during intubation and invasive respiratory procedures/interventions

**Action** – Ensure adequate training, education and policies to maintain staff safety and reduce risk of exposure to COVID-19.

**Advice** – Consider immediate development of protocols and education opportunities for front line clinicians to reduce exposure during critical procedures/interventions.

## Equipment Procurement and infrastructure considerations

1. **Issue** – Use of nebulisers, high flow oxygen circuits, non-invasive ventilation may increase risk of exposure – clarity required for use of spacers only to reduce exposure risk and droplet spread of virus.

**Action** – Provide clear guidance for use of nebulisers, high flow humidification circuits and non-invasive ventilation systems for use in which patient cohorts.

#### **Advice**

- Implement education on the use of closed circuits ventilators and reducing risk of exposure during circuit change.
- Development of education materials for staff to reduce use of nebulisers.
- Development of policy and procedure to guide use of inhalers and spacers only.

2. **Issue** – Access to equipment for patients with lung disease and those requiring mechanical ventilation.

**Action** – Ensure adequate increased procurement of equipment and consumables for use in respiratory settings, Intensive Care Unit (ICU), Emergency Department, and theatres.

**Advice** – Consider liaising with ICU network and the State Health Emergency Coordination Centre (SHECC) to identify equipment and consumable needs for patients with lung conditions in the presence of COVID-19.

## Workforce and Funding

Workforce and funding to be considered in the next iteration of this guideline. For more information, see [Work permissions and restrictions framework for workers in health care settings](#).

## Role of the Statewide Respiratory Clinical Network

The Statewide Respiratory Clinical Network (SRCN) will:

- Advise and support Queensland Health on respiratory and lung condition considerations and strategic planning for COVID-19.
- Engage with the wider network, Non-Government Organisation partners and wider community to ensure continuity of messaging on Queensland Health response to COVID-19.
- Assist SHECC on request.
- Liaise with other networks as required.

## Version Control

Version	Date	Author	Changes	Date approved by CSRG	Proposed Review Date
0.1	12/03/2020	Statewide Respiratory Clinical Network Steering committee	New document		
1.0	27/10/2021	Changes made and endorsed by the Statewide Respiratory Steering Committee	Updated content and format changes.		
2.0	9/12/2021	Statewide Respiratory Clinical Network Steering committee	Endorsed by the COVID Response Group pending changes below.		
2.1	20/12/2021	Changes made and endorsed by the Statewide Respiratory Steering Committee	Purpose statement added and incorporated feedback from COVID Response Group (CRG).	22/12/2021	27 April 2022

