

THS – North

COVID-19

District Hospital

Response Plan

Version 4.0

May 2022

# Version Control

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| | **Version Number** | **Creation Date** | **Description of Change** | | --- | --- | --- | | 0.A | 4 May 2020 | Initial Draft | | 0.B | 8 May 2020 | Review and feedback | | 0.C | 21 May 2020 | Consultation with key stakeholders | | 1.0 | 22 May 2020 | Final Document | | 1.1 | 25 September 2020 | Addition of COVID-19 Screening for staff and visitors in Level 1 Response Plan | | 2.0 | 19 January 2021 | Updates throughout document | | 3.0 | 12 October 2021 | Updated standard sections across all Regional Plans | | 4.0 | 06 April 2022 | Updated Introduction and Internal Communications Methods  Update to Triggers and Actions across escalation Levels 1, 2 and 3  Update to Escalation Level Responses for Levels 1, 2, 3 and 4  Renumbering of Appendices 7 to 11  Update to Appendices 1, 2, 3, 4, 5 and 11  Appendix 12 – Winter Strategy 2022 added | | 4.0 | 13/5/22 | Approved by Secretary - Department of Health |   **Related Documents**   | **Name** | | --- | | THS (N, S & NW Region) COVID-19 Escalation Plans | | COVID-19 Planning Template for District Hospitals | | THS Working Across Multiple Sites/Facilities Protocol | | [Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/604) Guideline | |  |  |
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| We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live, and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against  COVID-19 across Tasmania. |  |  |

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# Introduction

The current outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was first reported from Wuhan, Hubei Province, China, in December 2019. SARS-CoV-2 is a new strain of coronavirus that is causing disease in humans and spreading from person-to-person.

The epidemiology of COVID-19 has changed over the course of the pandemic. This requires an adaptive response to planning and escalation strategies. Most people with COVID-19 experience mild symptoms that can be managed at home with limited medical intervention. Some people with coronavirus infection may get very sick very quickly, requiring hospitalisation and days of ventilatory support. The current case fatality rate in Australia is reported as 2.7%[[1]](#footnote-1) per cent. A small number of people experience long term effects from the disease known as   
‘long-COVID-19 syndrome’.

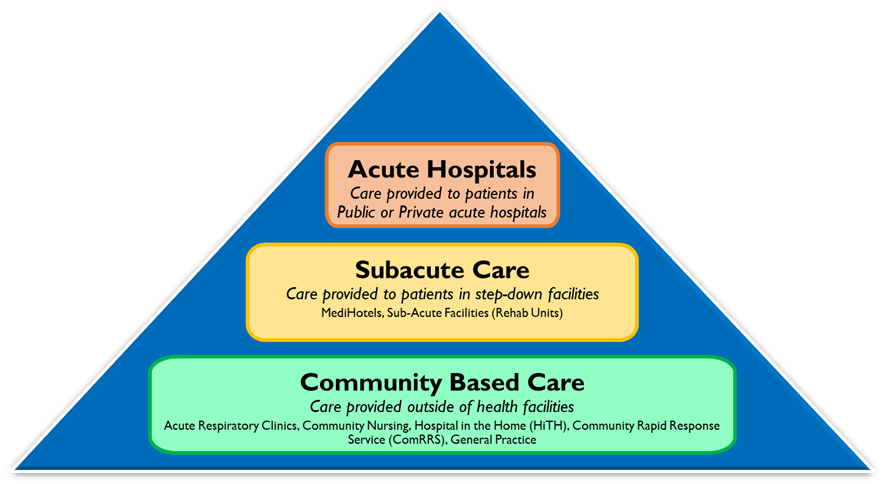
SARS-COV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces[[2]](#footnote-2).

While the exact relative contributions of these routes remain unclear, those who have been in close contact with a COVID-19 case are at highest risk.

As the pandemic unfolds, SARS CoV-2 has become more divergent, and a number of these divergent strains have been designated as variants of concerns (VoC) by the World Health Organisation and in Australia by the Communicable Diseases Genomic Network. A variant of concern contains mutations that impact or have the potential to impact vaccine or drug efficacy or demonstrate high rates of transmission. It is anticipated that VoC will continue to emerge, with the potential to cause explosive outbreaks in the future.

The short infectious period and high transmissibility of SARS CoV-2 place significant burden on public health resources and contract tracing. The newer variants are impacting younger adults and school age children, requiring health services to consider their response to supporting a younger age group in addition to increasing overall capacity to manage unwell adults with severe respiratory disease.

The COVID-19 vaccination rollout has reached an advanced stage in the Tasmanian community. As the pandemic progresses, vaccine recommendations have been and will continue to be modified to reflect national recommendations.



On 20 March 2020, the Tasmanian Government declared a State of Emergency for Tasmania in response to COVID-19. The State Control Centre (SCC) has been activated, meaning the whole-of-government response to COVID-19 is being led by the State Controller – Commissioner of Police– in close liaison with Secretary of the Department of Health and Director of Public Health.

The THS North COVID-19 Escalation Management Plan and the District Hospital North Response Plan (the Plan) have been developed in response to the *State Special Emergency Management Plan (SSEMP): COVID-19* and are the operational documents that describe the actions and duties taken by the Launceston General Hospital and related facilities in response to COVID-19.

This plan will be subject to regular updates due to the changing epidemiology of this outbreak.

## **Aims**

The aim of this expanded plan is to document the ‘THS-North’ response and recovery arrangements for District Hospitals and associated community services and how they align with agreed national and health sector arrangements, in order to minimise state and local-level health impacts.

The objectives of this plan are to:

* Document the THS-N command, control and coordination arrangements for COVID-19.
* Outline actions that the THS-N will undertake to prevent disease transmission between staff, patients and visitors at District Hospitals and when delivering community based services.
* Clarify the roles and responsibilities across the THS-N and partners for the response to and recovery from a COVID-19 pandemic.
* Assist all sites and campuses of the THS-N manage COVID-19 effectively, including management of outbreaks.
* Outline surge capacity and actions of the THS in the event of an escalation.

## **Communication Methods**

Communication Management

All communication provided to stakeholders including government agencies, state employees, local authorities, media and members of the public ***will be in line with*** the Public Information Document developed by the Public Information Unit within the Department of Premier and Cabinet and published at [www.coronavirus.tas.gov.au](http://www.coronavirus.tas.gov.au/).

***External*** communicationismanaged and coordinated through the Public Information Unit within the Department of Premier and Cabinet.  The Public Health Service within the Department of Health is the primary health communicator with private and public health care providers which includes general practitioners.

***Internal*** communication is managed through the Department of Health COVID-19 Emergency Coordination Centre (ECC). Regional Health Commanders provide communications to local stakeholders with frequency dependent upon escalation level.

Spokespersons

The ***external*** spokespersons for COVID-19 are the Premier, State Controller, Minister for Health and the Director of Public Health.  The ***internal*** spokespersons for COVID-19 are the Head of State Service, State Health Commander, Department of Health Chief Medical Officer and Regional Health Commander.

**Governance**

The Department of Health (DoH) is responsible for the delivery of integrated health services that maintain and improve the health and wellbeing of individual Tasmanians and the Tasmanian community. The DoH has several emergency advisory, prevention, preparedness, response and recovery roles and responsibilities under the Tasmanian Emergency Management Arrangements (TEMA)[[3]](#footnote-3). Details of how these responsibilities are performed and managed are contained in DoH system-level and service-level emergency management arrangements.

At the operational level, DoH service groups, including the Tasmanian Health Service, and Community, Mental Health and Wellbeing (including Ambulance Tasmania, State-wide Services and Public Health Services) provide the capability and capacity to deliver health services to the Tasmanian community in alignment with the policies, plans and standards set at the departmental level[[4]](#footnote-4),[[5]](#footnote-5).

**Department of Health COVID-19 Emergency Coordination Centre (ECC):** responsible for strategic, system-wide COVID-19 consequence management, including the strategic leadership, direction, coordination and management of system-wide and service level COVID-19 response operations and consequence management.

The COVID-19 Emergency Coordination Centre (ECC) is the central point within the DoH for strategic, system-wide COVID-19 consequence management, planning and communications. This includes functioning as a central point for strategic information flow into and out of DoH, providing short, medium and long-term consequence management of COVID-19 response planning at a strategic level. This is to ensure that DoH operational/service groups are not overloaded or unduly diverted from their core business functions. In addition, the ECC provides coordination support across all DoH Emergency Operation Centres (EOC’s) activated to give direction and coordinate the operational and health service delivery response to COVID-19.

The ECC will bring together public and private health sector capacity and capability to manage the DoH COVID-19 response. The primary responsibilities of the ECC include:

* Monitoring the strategic coordination of DoH COVID-19 response operations and consequence management.
* Procurement and deployment of clinical, clinical support and corporate resources (human, financial and material) to support DoH COVID-19 response operations and consequence management.
* Collection, assessment, validation and distribution of information on the current and predicated situation.
* Establishing and maintaining liaison with key stakeholders at the intra/inter-agency and intergovernmental level.
* Facilitating and coordinating requests for information and/or assistance from and between the Australian Government and other States and Territories, as it relates to the health-system response.
* Through the DoH Incident Controller, providing advice and support to the Secretary DoH and portfolio Minister/s as required.

**Public Health Emergency Operations Centre (PHEOC):** responsible for the coordination and management of Public Health Services COVID-19 response operations and consequence management.

**Tasmanian Health Service Emergency Operations Centre (THS EOC):** responsible for the coordination and management of Tasmanian Health Service COVID-19 response operations and consequence management. The THS EOC is a communication and decision- making forum. Membership includes the Commander THS EOC, Regional Health Commanders (South, North, North-West), Chief Executive Hospitals-South, Chief Executive Hospitals-North/West and the Deputy Secretary, Community Mental Health and Wellbeing. Representatives from ECC and EOCs attend as observers.

The THS EOC is supported by three Regional Health Emergency Management Teams, led by Regional Health Commanders, each responsible for the management and coordination of THS regional-level COVID-19 emergency response operations, in accordance with direction of the THS EOC Commander.

All decisions to change local service arrangements require approval through the Department of Health   
COVID-19 Emergency Coordination Centre and State Health Commander.

**Ambulance Tasmania Emergency Operations Centre (ATEOC):** responsible for the coordination and management of Ambulance Tasmania COVID-19 response operations and consequence management.

**Aged Care/Disability Sector Emergency Operations Centre (ACEOC):** responsible for undertaking a system wide, coordination function in preparing and responding to COVID-19 outbreak in Tasmanian Residential Aged Care Facilities (RACF’s) and Disability Services.

**Tas Vax Emergency Operations Centre (TVEOC):** responsible for coordination of COVID-19 vaccine rollout.

**THS Operating Model:**

The below model outlines the operating model for the Department of Health, with THS COVID-19 Response elements in blue.

## **THS – North District Hospitals and Community Services Local Response**

A Regional Health Emergency Management Team North (RHEMT-N) has been established and the Executive Director of Medical Services has been appointed as the Regional Health Commander in the North. Lines of communication between the RHEMT-N and the THS EOC have been established.

Frequency of the RHEMT-N Emergency Operation Centre Meetings varies to support progression of the actions outlined in the plan, identify risks develop mitigation strategies and escalate as appropriate.

The current objectives and priorities of the RHEMT-N are to:

* Implement THS-North incident management arrangements
* Coordinate the implementation of departmental surge management plans
* Effective human resource management
* Effective engagement of THS partners
* Effective logistics management
* Development of internal communications plan and manage ongoing communications
* Ongoing review of Infection Prevention and Control Measures

The THS-N EOC is supported by five key subgroups:

* Operations
* Clinical Planning
* Planning
* Logistics
* Communications and Media

The RHEMT-N has overarching responsibility for Primary Health North facilities. Additionally, the Aged Care Emergency Operations Centre will assist with support and emergency coordination to the District Hospitals with Commonwealth funded aged care beds in Campbelltown, Beaconsfield and Flinders Island.

The membership of the RHEMT-N includes:

* Regional Health Commander / Executive Director Medical Services
* Chief Executive Hospitals North/North West
* Executive Director of Nursing
* Director of Operations
* Director Allied Health
* Nursing Director Pandemic Response
* Nursing Director - Women’s & Children’s Services
* Clinical Director - Women’s & Children’s Services
* Nursing Director – Northern Cancer Service
* Nursing Director – Critical & Acute Inpatient Services
* Clinical Director – Department of Medicine
* Nursing Director – Integrated Operations
* Nursing Director – Surgical & Perioperative Services
* Clinical Director – Surgical & Perioperative Services
* Nursing Director – Sub Acute & Ambulatory Care Services
* Nursing Director – Primary Health North
* Staff Specialist – Infectious Diseases Physician
* Director - Corporate Services
* Nurse Manager – Infection Prevention and Control Unit
* Manager ICT THS/Hospitals North
* Manager – House Services / Medical Orderlies / Security Services
* Emergency Management Coordinator
* Community Engagement and Communications Officer
* Northern Region GP Liaison
* Pharmacy Site Manager
* Human Resource Manager
* WH&S Advisor

## **District Hospital Services and Capability**

**Beaconsfield District Health Service**

The Beaconsfield District Health Service (MPS) provides a range of health and community care services. It also provides inpatient and residential aged care. The facility has four sub-acute inpatient beds and 18 aged care beds jointly funded under a service agreement with the Australian Department of Health and Ageing and DOH.

The Hospital also provides a range of community services including Community Nursing, Personal Care, Home Care Services, Day Centre Program, Social Work and Physiotherapy. Visiting health services include Podiatry, Continence Services, Wound Care and Community Groups – Exercise Group, Eating with Friends, Slimming Group and Health and Wellbeing Association.

**Campbell Town Health and Community Service**

The Campbell Town Health and Community Service (MPS) provides a range of primary health and community care services. It also provides inpatient and residential aged care. The facility has a flexible arrangement for beds, presently there are four sub-acute inpatient beds and 24 aged care beds funded under a service agreement with the Australian Department of Health and Ageing and DOH. Campbell Town Health and Community Service is also a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements in Campbell Town. Community services provided include Community Nursing, Personal Care, Social Work, Physiotherapy, Carer Respite Program, Community Options Program, Home Help, Community Day Centre, Volunteer Service, Home Maintenance Program and Transport Service. Visiting health services include Oral Health, Optometrist, Hearing Service, Podiatry, Child Health & Parenting.

**Deloraine District Hospital**

The Deloraine District Hospital provides a range of primary health and community care services. It also provides inpatient care with 20 sub-acute inpatient beds funded by DOH. Deloraine District Hospital is also a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements in Deloraine. Deloraine District Hospital community services include Community Nursing, Community Options, Day Centre, Home Help, Personal Care, Physiotherapy and Social Work. Visiting services include Alcohol & Drug Services, Continence Clinic, Hearing Clinic, Podiatry and Antenatal Clinic.

**Flinders Island Multi-Purpose Centre**

The Flinders Island Multi-Purpose Centre (MPC) provides a range of primary health and community care services. It also provides residential aged care. The facility has four sub-acute inpatient beds and nine aged care beds and has a designated emergency area. Flinders Island MPC is a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements on the Island. Community Services include Community Nursing, Day Centre Program, Men’s Program, Home Help, Home Maintenance, Meals on Wheels, Radiology and Oral Health. Visiting health services include Psychologist, Dermatologist, Diabetes Team, Optician, Physiotherapy, Podiatry, Ophthalmology and Hearing Service.

Cape Barren Community Health Centre has a Community Health Clinic that operates Monday – Friday staffed by a sole Registered Nurse who also provides a 24 hour on call service and emergency care and coordinates visiting health services to Cape Barren Island supported by an Aboriginal Health Worker.

**George Town Hospital and Community Centre**

The George Town Hospital and Community Centre provides a range of primary health and community care services. It also provides inpatient care with 15 sub-acute inpatient beds. Community health services include Community Nursing, Personal Care, Home Care Services, Physiotherapy and Social Work. Visiting Health Services include Podiatry, Private Physiotherapy, Audiology, Osteopathy, Drug and Alcohol, Diabetes Australia, Oral Health, Private and Cornerstone Youth Services. Community Groups include Cancer Support Group and the Hospital Auxiliary.

**North Eastern Soldiers Memorial Hospital – Scottsdale**

North Eastern Soldiers Memorial (NESM) Hospital Scottsdale provides a range of primary health and community care services. The hospital provides 18 sub-acute beds and a designated emergency area. NESM Hospital Scottsdale is also a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements in Scottsdale. Community services include Community Nursing, Home Help, Antenatal and Extended Midwifery Services, Physiotherapy, Radiology and Social Work. Visiting servicesincludePsychologist, Podiatry, Dental, Diabetes Tasmania, Dietetics, Rehabilitation Clinic, Hearing Services.

**St Helens District Hospital**

St Helens District Hospital provides a range of primary health and community care services. It also provides inpatient care with 10 sub-acute inpatient beds and a designated four bed emergency area. St Helens District Hospital is also a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements in St Helens. Community Services include Community Nursing, Home Help, Social Work and Physiotherapy. Visiting servicesinclude Optometry, Ophthalmology, Diabetes Tasmania, Hearing Services, Cardiology, Urology and Mental Health Services.

**St Marys Community Health Centre**

The St Marys Community Health Centre provides a range of primary health and community care services. It is 40 minutes from the St Helens District Hospital and provides inpatient care with eight sub-acute inpatient beds. St Marys Community Health Centre is also a University Department of Rural Health teaching site providing facilities for students to stay and undertake clinical placements at St Marys. Community services provided include Community Nursing and Home Help. Visiting health services include Community Podiatry, Eye Lines, Diabetes Australia, CHAPS, RFDS, Youth Justice, Tas. Lymphoedema Clinic, Antenatal Clinic, Breast Screen Van, Oral Health and Bone Density Van.

**Statewide Services**

As noted above Statewide Services that provide a visiting service to District Hospitals in the North include Oral Health, CHAPS and Mental Health Services.

**Contracted Services**

* **Ochre Health Pty Ltd**

Tasmanian Health Service North has a long-term contract with Ochre Health Pty Ltd to provide the following service:

* Continuous Medical Coverage – Flinders Island, Scottsdale and St Helens
* Emergency Medical Care – Hospital Patients Only
* Inpatient Care Services
* Medical services for Aged Care Residents as initiated by THS for Flinders Island
* Limited scope radiography services – Flinders Islands
* **On Site GP Practices (co-located in District Hospital facility)**
* St Marys General Practice
* Campbell Town Surgery
* **Regional Imaging**
* Contracted Radiography and Radiology Services to St Helens District Hospital
* **Wormald**
* Fire Services Maintenance Contract including fire protection system and equipment
* **Maintenance and Resource Services**
* Variety of services who provide ongoing compliance, preventative and corrective maintenance at site
* Multiple organisations who regularly deliver needed goods, e.g., PDF Food Services

**Visiting Services**

All District Hospitals have a number of visiting health services as outlined above. These are determined by identified community need and availability of identified health professionals.

There is a schedule for visiting services at each site with varied regularity of attendance from monthly to once or twice a year.

If due to escalation level continuation of visiting services was required to be reviewed this would be done on a site by site basis by the Nursing Director, Primary Health North, and respective District Hospital Director of Nursing (DON).

# Current triggers and actions for escalation levels

The THS Emergency Operations Centre has agreed to the following statewide health service escalation trigger response plan. Declaration of Level 3 or above must be approved by the Secretary (as State Health Commander) in consultation with the Chief Executive and Regional Commander at each site. The triggers on their own do not mean an automatic change in level of response however they are designed to allow the RHEMT to consider the need for an escalation in response.

|  |  |  |  |  |  |  |
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| **Level 1 Response - 'Business as Usual'** | **#Trigger points of consideration of escalation** | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| Patients Admitted with  COVID-19 for treatment (not quarantine/isolation) | <5 | <5 | ≤6 | ≤5 | ≤21 |
| Patients Admitted requiring ICU | <5 | <3 | 0 | 0 | <8 |
| Paediatric Patients Admitted with COVID-19 for treatment | NA | NA | <2 | N/A | N/A |
| Mental Health Patients Admitted to Spencer Clinic | NA | NA | 0 | N/A | N/A |
| Community | Endemic transmission in Tasmanian community with no new variants | | | | |
| Staffing | Staffing levels managed flexibly under existing THS patient flow escalation protocols | | | | |
| **Level 2 Response** | **Trigger points of consideration of escalation** | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| Patients Admitted with  COVID-19 for treatment (not quarantine/isolation) | 5-10 | 5-10 | 7-9 | 6-8 | 23-37 |
| Patients Admitted requiring ICU | >5 | <4 | 1\* | 0 | 8-10 |
| Paediatric Patients Admitted with COVID-19 for treatment | N/A | N/A | <2 | N/A | N/A |
| Mental Health Patients Admitted to Spencer Clinic | N/A | N/A | 1-4 | N/A | N/A |
| Community | Endemic Transmission in Tasmanian Community with an emerging variant of concern | | | | |
| Staffing | Staffing levels managed with only minimal service delivery impact | | | | |
| **Level 3 Response** | **Trigger points of consideration of escalation** | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| Patients Admitted with  COVID-19 for treatment (not quarantine/isolation) | 11-28 | 11-25\* | 10-14 | 9-10 | 42-54 |
| Patients Admitted requiring ICU | >8 | >5 | >1 | 0 | >14 |
| Paediatric Patients Admitted with COVID-19 for treatment | N/A | N/A | >3 | N/A | N/A |
| Mental Health Patients Admitted to Spencer Clinic | N/A | N/A | >5 | N/A | N/A |
| Community | Community outbreak within a region with an emerging variant of concern | | | | |
| Staffing | Staffing Service delivery significantly compromised due to staffing levels - Consider service reconfiguration. | | | | |
| **Level 4 Response** | **Trigger points of consideration of escalation** | | | | | |
| Patient Presentations / Inpatients | Facility is at capacity and is unable to receive additional presentations or manage current bed numbers, including admitted or critical care cases. | | | | |
| Responses for level 4 beyond this point is managed by a State-wide response | | | | |
| Staffing | Service delivery compromised due to staffing levels. Services either requiring reduction or treatment unable to be provided due to insufficient staff. | | | | |

*#The triggers on their own do not mean an automatic change in level of response, however they are designed to allow the RHEMT-N to consider the need for an escalation in response.*

*\* Awaiting transfer to LGH*

# Escalation Level Response

The below information provides a summary of the major actions within each ‘Level Response’ undertaken within the THS-N facilities in order to meet the health service demands, COVID-19 considerations and response.

# Level 1 Response - Business as Usual

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| **Level 1 Response - ‘Business as Usual’** |
| * Maintain business continuity in line with THS Escalation Principles (‘Business as Usual’). * Monitor Public Health information and management advice (clinical care and emergency) including vaccination requirements. * Plan and quantify staffing, additional resources and equipment requirements enabling an imminent Level 2 Response. * Provision of normal services whilst reviewing service administration, service delivery and business activity in preparation for level 2. * Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff including Rural Medical Practitioners. * Ensure regular communication with the local stakeholders including the Council to inform of the current status. * Ensure relevant information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements. * Implement Visitor Restrictions and staff and visitor screening processes as directed by THS EOC. * Plan and implement staff training to increase local tracing capacity. Ongoing review and audit of  COVID-19 Safety plans.   **Environment**   * Implement COVID-19 Safe Workplace Measures (social distancing, signage and entry points). * Ensure hand and respiratory hygiene stations at all entrances, reception areas and common areas as per THS EOC directions[[6]](#footnote-6). * Continue physical distancing practices in the workplace – monitor meetings, education sessions, workspace allocation and meal breaks. * Plan, allocate and equip designated isolation room for suspected COVID-19 respiratory illness presentations. * Maintain environmental cleaning and services for terminal cleans and frequent touch areas. * Staff / Student induction to include COVID-19 safety behaviours for workplace and THS accommodation.   **Maintain Service Delivery**   * Maintain all current services and outpatient activity and plan which Clinics are a priority to maintain if emergency response level escalates. * Advise scheduled visiting services of response level planning and review on-site management of these services to ensure risk reduction strategies in place e.g., scheduling of client appointments to limit number of people in reception/waiting areas. * Review scheduled maintenance, capital works and regular deliveries to sites and assess if essential for these to continue if escalate to Level 2 response.   **Human Resources**   * Provide regular information and education sessions to staff on COVID-19/respiratory illness transmission, signs and symptoms and risk minimisation and incident management approach and direction from RHEMT-N Staff Communique. * Plan and quantify staffing, additional resources and equipment requirements enabling an imminent Level 2 Response. * All staff members to undertake screening prior to commencement on duty - [DoH Health Screening](https://screening.health.tas.gov.au/). * All staff to complete Mandatory IPC Education and PPE Training Package * Conduct regular auditing of IPC practices and PPE donning and doffing. * Staff contact list is current and updated * Identify staff who meet the Vulnerable Persons criteria and plan alternative duties if move to Level 2 Response and monitor health status of staff as per DoH Information Guide: Vulnerable Employees -COVID-19. * Maintain a Multiple Employee table/data base to monitoring secondment of staff across multiple sites. * Maintain Student Programs   **Equipment and Supplies**   * Maintain stock and order additional supplies and equipment as required including PPE, hand hygiene products, cleaning and pharmacy supplies to ensure prepared for Level 2 response. |

# Level 2 Response - Activation

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| **Level 2 Response ‘Activation’** |
| Level 2 is the Response ‘Activation’ Phase, involving an operationalisation of some plans and actions in preparation for an escalation to Level 3.  Staffing  To minimise staff exposure, prevent/slow transmission of illness, preserve resource for escalating demand and ensure continued application of infection prevention and control strategies:   * Sites with Commonwealth Aged Care Beds – consider Commonwealth assistance for resourcing . * Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff including visiting services, contractors and Rural Medical Practitioners (RMP’s) so aware of whole of THS-N and Statewide status and actions. * Ensure the wellbeing of staff, and their immediate family, is monitored and encourage access of EAP support when required. * Plan staffing, rostering and management of additional resources and equipment requirements to enable an anticipated or imminent Level 3 Response. * All staff members to undertake screening prior to commencement on duty - [DoH Health Screening](https://screening.health.tas.gov.au/). * Visitor policy as per THS EOC and update of hospital signage accordingly. * Ensure all visitors (family members, contractors, visiting health professionals, outpatient clients) complete screening prior to entry as per current protocol and THS EOC directions. * All emergency presentations to be screened/tested as per current requirements. * Emergency presentations to be allocated to correct designated area for management of respiratory illness * Increase training and education and auditing on IPC and PPE practices * Ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas throughout the facility and provided staff/student accommodation. * Review visiting and outpatient health services; if to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Continue to support acute care facilities with patient transfers to sites. * Allocate alternative duties to identified vulnerable staff as per DoH Guideline: Management of Vulnerable Workers (COVID-19).   Facility   * Review all scheduled regular maintenance, contractor visits and delivery of goods to the site are deemed essential. * Notify associated organisations and personnel of the Level 2 Response activation and requirements if deemed that they will continue with planned attendance at the site. * Ensure regular communication with the local stakeholders including the Council to inform of the current status. * Ensure relevant information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements.   Infection Prevention Control   * Ensure adequate PPE stocks. * Anticipate and plan for Level 3 response. |
| **Beaconsfield District Health Service – Contracted Services**   * Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards. * Review any scheduled minor or capital works and reschedule if non-urgent. * Inform organisations who will continue regular delivery goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility. * Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as social distancing requirements and hygiene standards that must be adhered to. |
| **Beaconsfield District Health Service – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status and measures initiated to minimise community and direct contact spread. * DON and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **Campbell Town Health and Community Service - Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to. |
| **Campbell Town Health and Community Service - Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing (DON) and Primary Health North Nursing Director to review scheduled visiting. health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool.   **Co-Located General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements. * GP and practice staff will complete screening tool when arrive at the facility. * Open communication and sharing of information are a priority. * GP patients will be allowed entry to the facility but will be directed straight to the GP Practice which is separated from the inpatient area of the hospital. * GP patients will complete the Visitor Screening Tool on arrival at the facility. * GP patients will not access any other area of the hospital. * If a patient needs to go to the hospital emergency area identification of any respiratory symptoms or risk factors will be communicated with hospital staff prior to transfer so any needed precautions can be undertaken, and patient diverted to separate designated treatment area if clinically indicated. |
| **Deloraine District Hospital – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to. |
| **Deloraine District Hospital – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing (DON) and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended and the need to source. alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **Flinders Island Multi-Purpose Centre – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to.   **Ochre Health**   * DON / Nursing Director will ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the Flinders Island Multi-Purpose   Centre.   * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * Medical staff can receive on-site education and training on IPC and PPE. * Medical staff will complete the staff screening tool when arriving at the facility. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * All locum doctors due to travel to Tasmania must submit the relevant Exemption Application form to Public Health within the required timeframe. The exemption letter will be sent directly to the doctor with a cc to the service prior to them arriving for their locum placement in TAS. * The locum must have a copy of the exemption letter with them at all times during their locum placement. * Ochre Health mut have all the necessary PPE on site for their staff. * THS-N Director of Medical Services and Nursing Director, Primary Health North will meet as required with Ochre Health Director of Medical Services and Regional Manager. |
| **Flinders Island Multi-Purpose Centre – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing (DON) and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **George Town Hospital and Community Centre – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgen.t         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to. |
| **George Town Hospital and Community Centre – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **North Eastern Soldiers Memorial Hospital – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to.   **Ochre Health**   * Ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the North Eastern Soldiers   Memorial Hospital.   * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * Medical staff can receive on-site education and training on IPC and PPE. * Medical staff will complete the staff screening tool when arriving at the facility. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * All locum doctors due to travel to Tasmania must submit the relevant Exemption Application form to Public Health within the required timeframe. The exemption letter will be sent directly to the doctor with a cc to the service prior to them arriving for their locum placement in TAS. * The locum must have a copy of the exemption letter with them at all times during their locum placement. * Ochre Health must have all the necessary PPE onsite for their staff. |
| **North Eastern Soldiers Memorial Hospital – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended for an undefined period and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **St Helens District Hospital – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to.   **Regional Imaging**   * Ensure Regional Imaging are informed of response status and requirements. * Will continue to provide radiography and radiology services to inpatients, outpatients and emergency   cases as per Contract.   * Radiographer will receive on-site education and training on IPC and PPE. * Radiographer will complete staff screening tool each shift. * All outpatients will be screened using the visitor screening tool and appointments scheduled to meet   physical distancing requirements.  **Ochre Health**   * Ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the St Helens District Hospital. * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * Medical staff can receive on-site education and training on IPC and PPE. * Medical staff will complete the staff screening tool when arriving at the facility. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * All locum doctors due to travel to Tasmania must submit the relevant Exemption Application form to Public Health within the required timeframe. The exemption letter will be sent directly to the doctor with a copy to the service prior to them arriving for their locum placement in TAS. * The locum must have a copy of the exemption letter with them at all times during their locum placement. * Ochre Health must have all the necessary PPE onsite for their staff |
| **St Helens District Hospital – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **St Marys Community Health Centre – Contracted Services**   * + - * + Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards.         + Review any scheduled minor or capital works and reschedule if non-urgent.         + Inform organisations who will continue regular delivery of goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility.         + Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as physical distancing requirements and hygiene standards that must be adhered to. |
| **St Marys Community Health Centre – Visiting Services**   * All healthcare/contractors must meet current Essential Traveller requirements and follow the required process. * Director of Nursing (DON) and Primary Health North Nursing Director to review scheduled visiting health services and determine if a priority to maintain in the current environment. * Scheduled services to be contacted by the SMCHC DON to inform of site emergency status and measures initiated to minimise community and direct contact spread. * Individual services to be advised if scheduled site visits will be suspended for an undefined period and the need to source alternative accommodation to continue their service or to cancelled client appointments. * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and physical distancing is supported. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool.   **Co-Located General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements. * GP and practice staff will complete screening tool when arrive at the facility. * Open communication and sharing of information are a priority. * GP patients will be allowed entry to the facility but will be directed straight to the GP Practice which is separated from the inpatient area of the hospital. * GP patients will complete the Visitor Screening Tool on arrival at the facility. * GP patients will not access any other area of the hospital. * If a patient needs to go to the hospital emergency area identification of any respiratory symptoms or risk factors will be communicated with hospital staff prior to transfer so any needed precautions can be undertaken, and patient diverted to separate designated treatment area if clinically indicated. |

# Level 3 Response

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| **Level 3 Response** |
| Staffing   * Liaise and take direction from the Regional Health Commander (RHC) and RHEMT-N about required actions. * Notify associated organisations and personnel of the Level 3 Response activation and requirements. * Access to sites as per direction of THS EOC or RHEMT-N. * All non-essential outpatient services and visiting health services to be reviewed to minimise staff exposure, contain community transmission and ensure effective use of resources. * Actively manage vulnerable health care workers and develop plans to reduce risks as per DoH Information Guideline: Management of Vulnerable Workers (COVID-19). * Actively monitor staffing, equipment and resources, especially PPE, to ensure adequate stock and availability given rural location and delivery times. * Update signage at entrances as required. * All staff must have completed PPE training and competency assessment * Continue to review staffing levels and rostering and allocate additional resources where required. * Emergency presentations to be allocated to correct designated area for management of respiratory illness. * All emergency presentations to be screened/tested as per THS EOC directions.   Facility   * Ensure regular communication with the local stakeholders including the Council to inform of the current status. * Ensure relevant information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements. * If a current service is suspended, consider alternative service provision * Sites with Commonwealth Aged Care Beds - Seek Commonwealth assistance for resourcing * Screen/test of transfer from other facilities as per regional Transfer Guideline. * Ensure representation at RHEMT-N meetings and dissemination of information out to District Hospital sites. * RHC to determine if COVID-19 positive or suspected patients are admitted, transferred to a tertiary hospital – LGH or transferred from another facility. * Provide status reports through to the RHEMT-N as requested. * Plan for anticipated / imminent Level 4 Response.   Infection Prevention Control   * Conduct regular auditing of IPC practices and PPE donning and doffing. |
| **Beaconsfield District Health Service – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. |
| **Beaconsfield District Health Service – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * if to continue confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **Campbell Town Health and Community Service - Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. |
| **Campbell Town Health and Community Service - Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status * Individual services to be advised if scheduled site visits will be suspended. * if to continue confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards.   **Co-Located General Practice**   * + Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements.   + Open communication and sharing of information continue to be a priority.   + GP will be utilising telehealth and phone consultations where possible. |
| **Deloraine District Hospital – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. |
| **Deloraine District Hospital – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * if to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **Flinders Island Multi-Purpose Centre – Contracted Services**   * Suspend any non-essential contractor visits to the site. * Suspend scheduled capital works on site. * Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site.   **Ochre Health**   * Ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the Flinders Island Multi-Purpose Centre. * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * Medical staff will complete the staff screening tool when arriving at the facility. * All Medical staff will receive on-site education and training on THS IPC and PPE requirements. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. |
| **Flinders Island Multi-Purpose Centre – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status * Individual services to be advised if scheduled site visits will be suspended. * if to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **George Town Hospital and Community Centre – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. |
| **George Town Hospital and Community Centre – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * if to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **North Eastern Soldiers Memorial Hospital – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site.   **Ochre Health**   * Ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the North Eastern Soldiers Memorial Hospital. * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * Medical staff will complete the staff screening tool when arriving at the facility. * All Medical staff will receive on-site education and training on THS IPC and PPE requirements. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. |
| **North Eastern Soldiers Memorial Hospital – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * If to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **St Helens District Hospital – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site.   **Regional Imaging**   * Ensure Regional Imaging are informed of response status and requirements. * Inpatient and emergency radiography and radiology services to inpatients and emergency cases will   continue as per contractual requirements.   * All outpatient services to be reviewed and suspended unless assessed as urgent. * Radiographer will continue to complete staff screening tool each shift.   **Ochre Health**   * Ensure Ochre Health are informed of response status, requirements and processes. * Ochre Health will continue to provide contracted medical services to the St Helens District Hospital. * DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and response plan and required processes. * All Medical staff will receive on-site education and training on THS IPC and PPE requirements. * Any locum RMPS are to have ID, APHRA card or a copy of their registration, and the letter of exemption. * Medical staff will complete the staff screening tool when arriving at the facility. * THS-N Executive Director of Medical Services and Nursing Director, Primary Health North, to maintain regular meetings and communication with Ochre Health Director of Medical Services and Regional Manager. |
| **St Helens District Hospital – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * If to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards. |
| **St Marys Community Health Centre – Contracted Services**   * + - * + Suspend any non-essential contractor visits to the site.         + Suspend scheduled capital works on site.         + Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. |
| **St Marys Community Health Centre – Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) and Primary Health North Nursing Director with all services, other than those assessed as high priority or urgent, to be cancelled. * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status. * Individual services to be advised if scheduled site visits will be suspended. * If to continue confirm appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. * Adhere to current Essential Traveller requirements for Border Protection. * Services provided via telehealth only. * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required physical distancing and hygiene standards. * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool and to be informed of the required physical distancing and hygiene standards.   **Co-Located General Practice**   * + Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements.   + Open communication and sharing of information continue to be a priority.   + GP will be utilising telehealth and phone consultations where possible. |

# Level 4 Response – Major Incident Phase

|  |
| --- |
| **Level 4 Response** |
| **Level 4 moves to statewide emergency management control. Complete lock down and closure of subacute District Hospital beds on direction from the State Health Commander via  RHEMT-N in consultation with Public Health Services and the ECC and the COVID-19 Control Centre.**  **– no admissions unless approved by the Regional Health Commander (RHC).**   * Liaise and take direction from the RHC and RHEMT-N regarding testing, quarantining, and cleaning processes. * Liaise and take direction from the RHC and RHEMT-N re aged care beds and provision of services for Emergency on Flinders Island. * Advise local Council of increase to Level 4 Response and required containment actions. * Schedule testing, as directed by the Regional Health Commander, of all patients and staff including Rural Medical Practitioners. * Public Health & Media & Communications to provide information to the public. |

**Appendix1: Staff and Workforce**

**Staff Health and Wellbeing**

Staff have a responsibility to help prevent the spread of COVID-19 and all respiratory illnesses. Staff are directed to the COVID-19 website for up to date to date information on how to prevent the spread and protect themselves.

The website can be located at: [What you can do | Coronavirus disease (COVID-19)](https://www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do).  [[Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/438)](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/438) guideline should be read in conjunction with Safe Workplaces (COVID-19 Response) and COVID-19 safety plans to minimise the risk of COVID-19 transmission in the workplace.

A focus on the care and protection of staff is essential for staff wellbeing, to ensure a safe, sustainable workforce and to maintain high quality clinical care. It is recognised that health care workers will likely have an increased workload with a heightened anxiety both at work and at home.

It is important to be aware of staff physical and mental wellbeing. This pandemic is physically and mentally challenging for all staff and it is vital that they feel supported and cared for throughout. Communication across departments, hospitals and the wider community will be vital to ensuring maintenance of staff safety and quality of care. Staff support can be provided at a state-wide, regional and individual department levels.

Mental Health and Employee Assistance and Wellbeing resources are available at:

[COVID-19 Coronavirus](https://doh.health.tas.gov.au/intranet/human_resources/work_health_safety_and_wellbeing/worker_wellbeing_and_support/covid-19_coronavirus)

[COVID-19 Staff Information | DHHS and THS Intranet (health.tas.gov.au)](https://doh.health.tas.gov.au/intranet/covid-19_staff_information)

[Employee Assistance Program (EAP) | DHHS and THS Intranet (health.tas.gov.au)](https://doh.health.tas.gov.au/intranet/human_resources/work_health_safety_and_wellbeing/worker_wellbeing_and_support/employee_assistance_program_eap)

**Vulnerable Staff Members**

ANZICS COVID-19 guidelines recommend vulnerable staff should not enter the COVID-19 isolation area. This includes staff who are pregnant, have significant chronic respiratory illnesses or are immunosuppressed.

The international experience is that mortality is higher in older patients, particularly those with comorbidities related to cardiovascular disease, diabetes mellitus, chronic respiratory diseases, hypertension and malignancy. Staff member risk decisions should be made on a case by case basis by the unit director with the support of the local occupational health and safety unit. We recommend that vulnerable staff be reallocated to other roles and not enter COVID-19 areas.

[Australian Health Protection Principal Committee (AHPPC) advice to National Cabinet](https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-to-national-cabinet-on-30-march-2020)

[Working from home (COVID-19) | DHHS and THS Intranet (health.tas.gov.au)](https://doh.health.tas.gov.au/intranet/human_resources/employment/working_from_home/working_from_home_covid-19)

**Testing**

Notwithstanding the Public Health Testing Strategy, where a Health Care Worker seeks a COVID-19 test (symptomatic or asymptomatic) they are able to walk in for a PCR appointment at the Public Health Launceston Testing Clinic and/or obtain a RAT test via the Public Health website. ([Request a Rapid Antigen Test Kit (health.tas.gov.au)](https://forms.health.tas.gov.au/220306333551040).

**Return to Work**

This section will be updated based on Public Health advice in relation to vaccinated healthcare workers.

Where a Health Care Worker has tested positive for COVID19, clearance of Health Care Workers to return to work is to be based on Public Health advice.

It is important that staff feel both safe and confident to return to the workplace and their role.

To support this, Health Care Workers must also undertake training through THEO that relates to infection control, hand hygiene and PPE.  The training can be found at:

[THEO - Tasmania Health Education Online (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/)

[Course: THS North Mandatory COVID-19 PPE Training (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/course/view.php?id=1323)

[Course: THS Hand Hygiene (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/course/view.php?id=1568)

[Course: Covid19 Education Courses (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/course/view.php?id=1217)

[COVID19 eLearning: Infection Control Training - COVID19 (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/mod/scorm/view.php?id=18199)

Correct use of PPE is a skill that requires practice. To ensure that staff understanding of the appropriate use of PPE is optimal it is recommended that the HCW

* Asks a ‘PPE Buddy’ to review their PPE use and/or to observe them next time they use PPE
* Asks a colleague or nurse working in a clinical area to observe them as they use PPE and invite them to guide their practice
* Contact the LGH Infection Prevention and Control Unit on 6777 6669 and discuss any questions that they may about PPE.

**Dual and Multiple Employment and Staff Movements**

Currently there are many clinical staff within Tasmanian who are employed across a number of health facilities both in and across the public and private sector. In addition, staff within facilities can work across many wards and Departments.

Dual employment will be managed from a risk perspective and in accordance with the escalation level under THS Escalation Management Plans and outbreak Management Plans.

The [COVID-19 DoH Workers in High-Risk Settings with External Employment Policy](http://gormpr-cm01/PandP/showdoc.aspx?recnum=P21/499) has been developed to guide the management of employees who work across multiple THS facilities.  This protocol focuses on reducing risk and restricting employment to one site only as a last option (where service delivery is not impacted).

At this time there is no blanket restriction that staff cannot work across facilities, however we need to be mindful of infection control policies and protocols.  Unnecessary movement of staff between facilities should be avoided.

In the event of an outbreak dual employment and staff movement between hospital wards and departments poses significant risk of exposing multiple facilities to outbreaks. To prevent the likelihood of or respond more quickly to the development of an outbreak, the following will apply for medical, nursing and support staff:

* At Escalation Level 3 dual employment and staff movement between hospital facilities must be reviewed and risk-based restrictions implemented.
* At Escalation Level 4 dual employment and staff movement between wards and departments must cease.

Additional strategies to reduce non-essential movement of staff between facilities outlined in the Outbreak Management Framework must also be adhered to.

**Increasing Workforce Capacity**

The following strategies will be used throughout all levels of escalation to increase workforce capacity to address workforce shortages resulting from COVID-19:

* Department of Health Register of Health Professionals Agency (Medical, Nursing, Allied Health)
* Australian Health Practitioner Regulation Register of Practitioners
* LGH COVID-19 Nursing and Midwifery Workforce Surge Capacity Plan
* Utilising the student workforce across all disciplines
* Accessing the recently retired workforce, including through sub-register arrangements
* Redeployment options for clinical staff in non-clinical roles, and
* Identifying staff with previous ICU experience.

Accessing the Register:



**Appendix 2: Training**

**Enhanced Critical Care Training**

In order to support the nursing workforce to respond to the COVID-19 crisis, the Australian Government Department of Health is sponsoring access to SURGE – Critical Care courses. SURGE – Critical Care provides education for Registered Nurses on the necessary minimum knowledge and skills required to work in High Dependency or Critical Care settings, such as Intensive Care Units (ICU).

Critical to quality outcomes in Australian and New Zealand ICUs is availability of experienced Intensive Care staff trained to provide high-quality care for critically ill patients. The THS does not currently have adequate levels of staff to operationalised the additional ventilators purchased to meet possible increases in COVID-19 demand. Regions are currently staffed for 28 public ICU beds. To facilitate additional ICU workforce capacity an ICU workforce working group has been established with State-wide ICU representatives. A Workforce Training Proposal was submitted, and in January 2021 the Tasmanian Department of Health approved the release of funding to enable operational areas to deliver additional clinical ICU training programs. These programs will increase the number of appropriately trained staff to work in ICU to operationalise the State-wide ICU surge capacity plan. The programs are presently being conducted in all regions.

THS delivers a number of critical care training programs including the RHH Introduction to Critical Care Program and UTAS Post Graduate Critical Care. These programs will continue to be delivered subject to workforce shortages.

Additional training has been provided to pharmacists through the Society of Hospital Pharmacists, in order to increase the number of trained ICU pharmacists.

**COVID-19 Training**

All staff must undertake training through THEO that relates to infection control, hand hygiene and PPE. The training can be found at:

[Course: THS North Mandatory COVID-19 PPE Training (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/course/view.php?id=1323)

**Appendix 3: Infection Prevention**

The Hospitals North will follow existing protocols and guidelines to minimise transmission and protect staff, patients and the community. Infection prevention and control practices are a two-tiered system comprising ‘Standard Precautions’ and ‘Transmission-Based Precautions’ which minimise the risk of transmission of infectious agents to patients/clients, staff, contractors, students, volunteers and visitors.

Patients with suspected COVID-19 will be managed under standard and transmission-based contact, droplet and airborne precautions in accordance with the [Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/604) guideline. Precautions will be maintained until both the Respiratory PCR and SARS-CoV2 PCRs are negative, **AND** expiry of any quarantine period as prescribed by Public Health Services.

Patients with confirmed COVID-19 will be managed under standard and transmission-based contact, droplet and airborne precautions in accordance with the [Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/604) guideline. Precautions will be maintained until the patient meets clearance criteria and has been formally de-isolated by the daily COVID-19 management meetings.

**Standard precautions**

Standard precautions including meticulous hand hygiene (5 Moments) are to be followed for all patients.

Staff should always observe cough etiquette and respiratory hygiene. Patients/clients are to be instructed in appropriate cough etiquette and respiratory hygiene and supported and encouraged to adopt these strategies.

Soiled linen and waste may also represent a risk for transmission. Management of these items if to be in accordance with established guidelines and protocols

Environmental hygiene is recognised as a key component to minimise the risk of transmission. Schedules for cleaning will be implemented in accordance with relevant documents, including Statewide and local protocols and guidelines.

**Transmission-Based Precautions**

Transmission-Based Precautions (TBP) are used in addition to Standard Precautions and are a combination of measures used to prevent transmission of specific infectious agents that may not be contained by Standard Precautions alone. Transmission-Based Precautions are applied to patients/clients suspected or confirmed to be colonised or infected with agents transmitted by the contact, droplet or airborne routes.

**Suspected or confirmed COVID-19 case Personal Protective Equipment (PPE)**

Patients with suspected or confirmed COVID-19 are to be managed in accordance with the [Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/604) guideline. This includes, at minimum, the following PPE:

* P2/N95 respirator
* Approved protective eyewear or face shield
* Long-sleeved fluid impervious gown and
* Medical examination gloves

The sequence for putting on (donning) and removing (doffing) PPE is designed to reduce the risk of contamination to staff. All staff caring for patients with COVID-19 are required to be trained in the correct use of PPE. Staff are encouraged to have a PPE ‘buddy’ to support correct donning and doffing of PPE. A PPE ‘buddy’ can be any person who is familiar with and confident in the use of the required PPE. Doors signs will be displayed in agreed prominent locations both inside and outside the patient room, including in the anteroom where available, to act as a guide to consistent practices.

**Fit-Check/Fit-Test**

As legislated within the Tasmanian WHS Regulations, managers and supervisors must ensure that PPE (including P2/N95 respirators) is appropriately selected for use to minimise risk to employee health and safety.

Managers and supervisors have a responsibility to ensure that:

* PPE is suitable, having regard to the nature of the work and any hazard associated with the work; and
* PPE is of suitable size and fit; reasonably comfortable for the employee who is to use or wear it; and
* staff have been provided with information, training and instruction regarding its proper use.

Fit-checking is the minimum standard at the point of use for healthcare workers using P2/N95 respirators. Fit-checking involves a quick check each time the respirator is put on, to ensure that the respirator is properly applied, that a good seal is achieved over the bridge of the nose and mouth that and there are no gaps between the mask and face. No clinical activity should be undertaken until a satisfactory fit has been achieved via the fit-check process.

To support staff in the safe and correct use of PPE, including P2/N95 respirators, all staff should undertake training through THEO. The training can be found at:

[Mask Fit Training face to face (dhhs.tas.gov.au)](https://theo.dhhs.tas.gov.au/enrol/index.php?id=1407)

THS/Hospital North Fit Testing Guideline provides information and guidance to employees and employers regarding the THS/Hospital North Fit Testing Program for healthcare workers that require the use of disposable particulate filter respirators (PFR) (e.g. P2 or N95 respirators) for transmission-based infection control precautions.

To support staff in the safe and correct use of PPE, including P2/N95 respirators, the following resources are available:

[Personal Protective Equipment demonstration videos | Tasmanian Department of Health](https://www.health.tas.gov.au/health-topics/infection-prevention-and-control/healthcare-worker-education/personal-protective-equipment-demonstration-videos)

THS-North Fit Testing (P2 / N95 mask) guideline (<https://cm.health.local/pandp/showdoc.aspx?recnum=P21/163>)

**Intra-hospital Transfer**

If transfer outside of the room is essential, the patient should wear a surgical mask during transfer and follow respiratory hygiene and cough etiquette. If patient transfer requires the use of the lift, then no other patient or other staff (i.e., not acutely attending to the patient) should occupy the lift.

All staff attending should wear the following PPE:

* P2/N95
* face shield or goggles
* long-sleeved gown
* disposable non-sterile glove

Staff are to comply with the Hospitals North COVID-19 Patient Transfer guideline **(**<https://cm.health.local/pandp/showdoc.aspx?recnum=P22/69>) when transferring suspected or confirmed COVID-19 patients between clinical areas of the Launceston General Hospital. This applies to Paediatric and Adult patients.

**Physical Distancing Measures**

Physical distancing is another strategy which will be adopted in conjunction with infection prevention and control measures to stop or slow the spread of infectious diseases. It means reduced contact between people.

Physical distancing is important because COVID-19 is spread by close contact with an infected person, or by contact with droplets from an infected person's respiratory tract.

In the context of COVID-19 physical distancing is defined as 1.5 metres or greater physical separation. Ensuring appropriate social distancing measures for staff, patients, visitors and others who may enter healthcare settings is essential across all escalation measures. However, as the situation escalates, additional physical distancing measures will be put in place.

The COVID-19 Safe Workplaces Framework supports businesses and workplaces in Tasmania to continue to operate, or reopen, while protecting Tasmania's health and safety during the COVID-19 pandemic.

The Framework is made up of three key parts:

* Minimum standards to manage the ongoing risk of COVID-19 in workplaces. These minimum standards will be established as a new regulation in the Work Health and Safety Regulations.
* COVID-19 Safe Workplace Guidelines to provide more detail on how sectors and workplaces can meet the minimum standards.
* COVID-19 Safety Plans to outline how each workplace complies with the minimum standards.

Regional Emergency Management Teams are in the process of auditing COVID-19 Safe Work Plans.

More information on the COVID-19 Safe Workplaces Framework can be located at:

<https://worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/covid-safe-workplaces-framework>

**Reporting COVID-19 related Safety Events**

It is necessary to track related events to support accurate and consistent reporting. All related events should contain COVID-19 in the event description. This will assist the organisation to easily identify and investigate events where a patient or staff member has been exposed to the coronavirus in the health care setting or a break in Infection Control practice has occurred.

All COVID-19 related SRLS incidents will be reviewed on a regular basis by key stakeholders, with improvement actions and escalation of issues as relevant.

Please see link below for details on reporting SRLS COVID-19 incidents including WHS exposure.

<http://www.dhhs.tas.gov.au/intranet/ths/patient_safety_service/images_and_files/SRLS_Update_-_Reporting_COVID-19_related_Safety_Events_Factsheet.pdf>

**Appendix 4: Outbreak Management**

Outbreaks of transmissible infectious pathogens in healthcare facilities have the capacity to cause significant disruption to service delivery and can pose a risk to healthcare workers, patients and visitors. The early detection and appropriate management of transmissible infectious pathogens, e.g. norovirus gastroenteritis, is critical to minimise the impact of these events.

Relevant frameworks and supporting documents include:

* [COVID-19 Case and outbreak management framework for Tasmanian Settings](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/586)
* Tasmanian Health Service: Outbreak Management Plan (<https://cm.health.local/pandp/showdoc.aspx?recnum=P20/281> )
* Outbreak Management -THS North Protocol (<https://cm.health.local/pandp/showdoc.aspx?recnum=P2010/0278-001> )

These documents clearly describe:

* THS command, control and coordination arrangements and alignment with the Tasmanian Emergency Management Arrangements (TEMA) and Tasmanian Health Action Plan for Pandemic Influenza (THAPPI)
* Roles and responsibilities and;
* Broad strategies for the mitigation, preparedness for, response to and recovery from an outbreak in THS facilities and services, within the broader Tasmanian and national emergency management arrangements

**Contact Tracing**

The World Health Organization (WHO)[1] characterises Contact Tracing as the process of identifying, assessing and managing people who have been exposed to a disease in order to prevent onward transmission. To assist in timely identification of close contacts and to support the implementation of control measures, such as quarantine, for close contacts, contact tracing capacity will be in place in each region of the THS.

Contact tracing for COVID-19 within Hospitals North is overseen by the Infection Prevention and Control Unit with additional staffing resources sourced as required. COVID-19 specific contact tracing is outlined in the [Infection Control Management for Suspected or Confirmed COVID-19 Hospitals North](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/604) guideline and the Hospitals North Outbreak Management Protocol.

**Appendix 5: COVID-19 Patient Transfers**

All THS staff must comply with the practice detailed herein. This includes junior and senior medical staff, nursing staff, and bed management staff involved in coordinating the transfer, acceptance and admission of adult and paediatric patients that are either confirmed, probable or suspect cases of COVID-19, as per Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units (COVID-19 SoNG) (hereafter referred to as COVID-19 patients).

Admission to Hospital should occur with minimal transfer locations. Cases in the community requiring admission should do directly to the COVID-19 ward, avoiding the Emergency Department.

This COVID-19 Patient Transfer guideline (<https://cm.health.local/pandp/showdoc.aspx?recnum=P22/69> **)** should be read in conjunction with other relevant THS patient transfer protocols, including clinical condition specific protocols.

The Private Hospitals in Hobart are designated as COVID-19 free hospitals at escalation levels 1-3

**Overarching criteria for transfer**

Medical Goals of Care (MGOC) for each patient should guide the decision on whether a transfer should occur. MGOC for COVID-19 patients are to be developed in line with protocols in place in each THS region.

Transfers of COVID-19 patients with a MGOC A are to be approved, with transfer occurring in line with the process outlined in section 3.

Transfers of COVID-19 patients with a MGOC other than A are through agreement of transferring and receiving clinicians, with transfer occurring in line with the process outlined in Section 3 of the protocol.

This requirement recognises the increased risk in transferring COVID-19 patients.

The transfer destination is based on clinical need and the nearest required clinical service. ICU bed availability will not be taken into consideration unless there is a choice of hospitals providing the required clinical service that can be reached within a clinically appropriate timeframe.

**Intra-hospital Transfer**

**See Appendix 3**

**Appendix 6: Hospital Avoidance Measures**

**Private Hospital Utilisation**

The National Partnership Agreement for COVID-19 provides funding viability for private hospital and that states will enter into agreements with private hospitals requiring that private hospitals accept patients as directed by states.

The National Partnership Agreement has been signed and is in effect.

The NPA allows the state to use the following bed capacity to respond to COVID-19.

|  |  |
| --- | --- |
| **Hospital** | **Bed Capacity** |
| Hobart Private Hospital | 71 |
| Calvary North (two hospitals) | 65 |
| Calvary South (two hospitals) | 80 (+ 11 ICU) |
| North West Private Hospital | 12 |

**Management of Positive COVID-19 Cases in the Community**

Work is currently underway to revise and plan for the Model of Care for Management of Positive COVID-19 Cases in the Community. This model outlines the clinical care arrangements and public health requirements for positive COVID-19 clients to be managed in the community including home isolation and Community Case Management Facilities across Tasmania.

**Community Rapid Response Program**

The Community Rapid Response (CommRRs) provides acute care for patients in their home, including residential aged care facilities.  ComRRS program works in conjunction with local General Practitioners to manage care for clients in their homes removing the need for patients to attend the Emergency Department.

**Appendix 7: Clinical Support Strategies**

**Ambulance Tasmanian Deployment Clinical Assistance Team (DCAT)**

The DCAT is intended to:

* support Tasmanian hospitals in caring for critically unwell and injured patients in case of overwhelming surge or staffing shortages due to illness, and
* facilitate timely medical retrieval of critically ill cases between facilities in order to level clinical demand across the state

**Partnership with Private Hospital**

Tasmania has established private sector viability guarantee agreements with Private Health facilities. This may support patient transfers or reallocation of services to facilitate Tasmania’s response to increase demand pressure due to the COVID-19 pandemic.

**AusMAT - Australian Defence Force**

The Australian Defense Force (ADF) AusMAT have the expertise, knowledge and experience in Disaster Management to aid and support communities in need. The decision to engage the ADF support is through consultation and communication between the Commonwealth and State Governments, and will be coordinated via the COVID-19 Control Centre.

**Appendix 8 – Increased ICU Capability**

The Statewide [THS - Intensive Care Surge Capacity Plan](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/341) outlines how ICU capability will be increased.

**Appendix 9 – Pharmaceutical Supply**

Tasmanian Health Service Statewide Hospital Pharmacy has:

* Increased medication stock holdings of all relevant medications to 12 weeks stock on hand.
* Determined specific COVID-19 medication requirements to maintain a strategic stockholding based on forecasting & actual usage.

The strategic stockholding of COVID-19 medication is based on 80 patients requiring ICU admission and ventilation for a period of 11 days (mean length of stay).

The strategic stock hold of COVID-19 medication is maintained separate to the medications that are supplied for elective surgery.  This ensures the ability to rapidly respond to an escalation in the volume of cases requiring ICU admission and ventilation.

**Appendix 10 – Access to State Emergency Medical Stockpile (SEMS) Personal Protective Equipment (PPE)**

The SEMS has been established to increase the capacity of the Department of Health (DoH) to respond to Tasmanian public health system demands for PPE.

The SEMS will be utilised:

* when there are shortages of PPE in the Tasmanian public health system, either due to:
* increased usage resulting from an outbreak, epidemic or pandemic; or
* a disruption in the supply chain (e.g. manufacturing issues or goods have been lost in transit).

for the supply of PPE to State, Australian Government and contracted agencies engaged in border control activities, from point of entry into Tasmania to release from hotel quarantine;

* for the supply of PPE to Government agencies engaged in the control of ports receiving freight; and
* for the emergency supply of PPE to private residential aged care service providers.

In the event that SEMS product volumes are insufficient or assessed as likely to be insufficient to address PPE demands, the DoH will request access to the Australian Government’s National Medical Stockpile, through the Tasmanian Chief Medical Officer.

Requests for the emergency supply of PPE to private residential aged care service providers will be managed through the DoH’s Emergency Coordination Centre / Aged Care Emergency Operations Centre in partnership with the Australian Government.

Requests to the DoH and subsequent need to draw on the SEMS for other purposes, will be considered on a case by case basis and the authority to draw upon the SEMS in these instances will be provided by the Secretary.

**Table 1: PPE Products in the SEMS**

|  |
| --- |
| Description |
| **Masks** |
| Surgical masks |
| N95/P2 Respirator suitable for surgical use |
| **Gowns** |
| Impervious gowns |
| Surgical gowns |
| Chemotherapy gowns |
| **Gloves** |
| Long-cuff examination gloves |
| Examination gloves |
| Sterile surgical gloves |
| **Other Items** |
| Eye Protection – frames and lenses |
| Eye Protection – goggles |
| Face shields |
| Aprons |
| Coveralls |
| Hospital grade hand sanitiser |
| Surgical caps |
| Shoe covers |
| Thermometers |
| Thermometer probes |
| Wipes |

Storage

The SEMS is stored under a contractual arrangement with Tasmanian Storage and Logistics, Rokeby. The Director Finance and Procurement is responsible for approving changes to the storage location.

Access and Requests

The Statewide Supply Manager is responsible for assessing the request in the first instance.

Requests to access SEMS PPE must be made using standard form available from the following email: dfp@ths.tas.gov.au

Internal (Tasmanian Health Service) requests should only be made following consultation with the relevant local Supply Team and confirmation from them that there is no “business as usual” stock of the required PPE items.

The following information must be provided:

* requesting area
* reason for request
* products and quantities required
* cost centre
* location(s) for delivery
* timeframe for delivery
* risk(s) if request is not approved, and
* details of the staff member making the request.

**Appendix 11 – Fit Testing**

**THS-N Fit Testing Program**

THS-North Fit Testing (P2/N95 mask) guideline (<https://cm.health.local/pandp/showdoc.aspx?recnum=P21/163>)

**Rationale**

A risk management approach has been adopted within the THS for the provision of fit testing to healthcare workers with priority to be given to staff who are likely to require P2/N95 respirators to be donned during their employment.

A facial fit test is a validated method of matching a respirator to an individual and verifies whether a specific type, model and size of mask is likely to provide an adequate seal for individuals.

**Type of Fit Testing**

Disposable particulate filter respirators (PFR) (e.g., P2 or N95 respirators) are close fitting respirators worn by individuals to provide respiratory protection

THS-N will use Quantitative Fit Testing of these masks to employees. It is an outsourced service facilitated by an accredited Occupational Hygienist.

This will involve an objective measurement of the leakage of particles from inside the person’s mask using a Porta Count™ instrument to measure a numerical indicator called the ‘fit factor’, the ratio of ambient generated salt particles detected on either side of the wearer’s mask.

This QNFT will be undertaken by a competent fit test operator with the THS-N program outsourced for the THS-N.

**Frequency**

Fit testing is not mandatory in THS but strongly recommended for staff working in identified high-risk areas.

Sessions are conducted on site at regular intervals throughout the year.

**Appendix 12 – Winter Strategy 2022**

**THS COVID-19 Winter Planning Support**

The Department of Health will lead a heightened response for the 2022 winter period which includes:

* Increased COVID-19 and Influenza vaccination access particularly for vulnerable cohorts.
* Increased levels of community testing to detect COVID-19 and Influenza and ensure timely and accurate treatment.
* Increased hospital avoidance and primary care support through alternate care pathways including:
* COVID@Home+ supporting Primary Care Practitioners
* GP-Led Respiratory Clinics
* Case Management Facilities
* Government Managed Accommodation Facilities
* Continuing to build and maintain COVID-19 and Influenza medication treatment stockpiles and increase availability, including through pre-positioning.

[Winter Strategy | Tasmanian Department of Health](https://www.health.tas.gov.au/about/what-we-do/strategic-programs-and-initiatives/winter-strategy)

COVID-19 prevention and management strategies implemented throughout the THS during the pandemic support flu prevention and winter management strategies for staff, visitors and patients in THS hospitals and facilities e.g., physical distancing, mask wearing, hand hygiene.

**Hospital Bed Capacity**

Expanded hospital bed capacity, as described in the above Summary of COVID-19 Statewide Surge Capacity (page 21), has been established to respond to COVID-19 and will be maintained across winter 2022 to meet both COVID-19 and non COVID-19 demand, including Influenza admissions.

Monitoring of bed closures will occur to ensure safe staffing levels and maximum availability.  Staff absence will be monitored daily to inform response.

Each region has its own patient access and flow processes in place to manage daily and seasonal demand and oversee patient access and flow improvements.

**Outbreak Management Planning**

Each region has an up-to-date facility Outbreak Management Plan that provides staff information on measures to implement to interrupt transmission of outbreak agents as quickly as possible and prevent additional cases, particularly outbreaks of gastrointestinal or respiratory pathogens.  This document references both COVID-19 and influenza.

**Screening**

All staff, patients and visitors must complete electronic screening questions to assess the risk of exposure to other staff, patients and visitors of contracting COVID-19. This screening tool can be modified to include additional flu related questions if required.  The current question set would not permit entry to facilities of persons with flu-like symptoms.

**Testing**

PCR testing of hospital inpatients for COVID-19 will also include testing for other respiratory illnesses including Influenza and RSV if indicated.

**Vaccination**

All staff and volunteers are offered influenza vaccines and are strongly encouraged to participate in this program.  Vaccination rates will be monitored with appropriate targets set for staff. Vaccination will be mandatory for THS staff working in residential aged care facilities.

**Respiratory Safe Behaviour Target**

COVID-19 safety behaviours including respiratory and hand hygiene and physical distancing can all be applied to influenza-like illness.

Signage throughout facilities related to COVID-19 will remind staff, visitors and patients to adhere to these behaviours.

1. [COVID-19 Mortality | Australian Bureau of Statistics (abs.gov.au)](https://www.abs.gov.au/articles/covid-19-mortality-0#deaths-due-to-covid-19-in-australia) as at 31/8/20 [↑](#footnote-ref-1)
2. [Department of Health | Coronavirus Disease 2019 (COVID-19)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm) [↑](#footnote-ref-2)
3. [Tasmanian Emergency Management Arrangements Issue 1 (d2kpbjo3hey01t.cloudfront.net)](https://d2kpbjo3hey01t.cloudfront.net/uploads/2020/02/DPFEM-TEMA-Issue1-13-Feb-2020-DIGITAL-ART.pdf) [↑](#footnote-ref-3)
4. Department of Health COVID-19 Emergency Coordination Centre Operating Guidelines, 9 March 2020 [↑](#footnote-ref-4)
5. [COVID-19 Emergency Coordination Centre | DHHS and THS Intranet (health.tas.gov.au)](https://www.health.tas.gov.au/intranet/ecc) [↑](#footnote-ref-5)
6. [DoH Health Screening](https://screening.health.tas.gov.au/) [↑](#footnote-ref-6)