

THS – North West

COVID-19

District Hospital

Response Plan

December 2021

Version 4.1

# Version Control

| **Version Number** | **Creation Date** | **Description of Change** |
| --- | --- | --- |
| 0.A | 4 May 2020  | Initial Draft |
| 0.B | 8 May 2020 | Review and Feedback Nursing Director Primary Health North West |
| 1.0 | 21 May 2020 | Consultation with key stakeholders |
| 2.0 | 22 May 2020 | Final Document  |
| 3.0 | September 2021 | Updates throughout document |
| 4.0 | October 2021 | Update of preamble and Appendices |
| 4.0  | November 2020 | Approved by Secretary DoH |
| 4.1 | 16 December 2021 | Update references to multiple employment consistent with the COVID-19 DoH Workers in High-Risk Settings with External Employment Policy.  |

# Related Documents

| **Name** |
| --- |
| THS (NW Region) COVID-19 Escalation Plan |
| [COVID-19 Case and outbreak management framework for Tasmanian Settings](https://www.health.tas.gov.au/__data/assets/pdf_file/0003/414489/COVID-19_Case_and_outbreak_management_framework_for_Tasmanian_settings.pdf) |
| [COVID-19 Outbreaks in Residential Aged Care Facilities – Toolkit to support planning, preparedness and response](https://coronavirus.tas.gov.au/__data/assets/pdf_file/0034/89773/Aged-care-toolkit-for-COVID-19-outbreaks_Version-5.1.pdf) |
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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.

Contents

[Version Control 2](#_Toc91063118)

[Related Documents 2](#_Toc91063119)

[Context 5](#_Toc91063120)

[**Introduction and** **Background** 5](#_Toc91063121)

[**North West Specific Planning Considerations** 5](#_Toc91063122)

[**Health Facility Response** 6](#_Toc91063123)

[**Aims** 6](#_Toc91063124)

[**Communication Methods** 7](#_Toc91063125)

[**Business Continuity Planning** 7](#_Toc91063126)

[Governance 7](#_Toc91063127)

[**THS – North West response** 9](#_Toc91063128)

[**Current triggers and actions for escalation levels** 13](#_Toc91063129)

[Escalation Level Response 17](#_Toc91063130)

[Escalation Level Response 27](#_Toc91063131)

[Escalation Level Response 41](#_Toc91063132)

[**Appendix 1: Staff and Workforce** 55](#_Toc91063133)

[**Appendix 2: Training** 58](#_Toc91063134)

[**Appendix 3: Infection Prevention** 59](#_Toc91063135)

[**Appendix 4: Outbreak Management** 61](#_Toc91063136)

[**Appendix 5: COVID-19 Patient Transfers Between Hospitals** 62](#_Toc91063137)

[**Appendix 6: Hospital Avoidance Measures** 63](#_Toc91063138)

[**Appendix 7: Clinical Support Strategies** 64](#_Toc91063139)

[**Appendix 8– Increased ICU Capability** 65](#_Toc91063140)

[**Appendix 9 – Pharmaceutical Supply** 66](#_Toc91063141)

[**Appendix 10 – Access to State Emergency Medical Stockpile (SEMS) Personal Protective Equipment (PPE)** 67](#_Toc91063142)

# Context

## **Introduction and** **Background**

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 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. Several SARS-CoV-2 Variants of Concern[[3]](#footnote-3) have emerged during 2020/2021 are proving highly transmissible with an incubation period between 1 and 14 days.

The short infectious period and high transmissibility place an increasing burden on public health resources and contract tracing in the event of an outbreak. The delta variant is also 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.

COVID-19 vaccination rollouts are proceeding across the Tasmanian community. Two doses of COVID-19 vaccine decreases the likelihood of transmission but does not completely eliminate the risk. Full immunisation has been demonstrated to reduce the likelihood of severe disease, hospitalisation and death.

During the latter half of 2021, there will be increasing protection of the Tasmanian community from population-wide vaccination rollout. As of November 2021, COVID vaccine eligibility is restricted to Age 12-15 and above, with a priority focus on the vaccination of aged and vulnerable patient populations.

## **North West Specific Planning Considerations**

Health service planning and preparation needs to incorporate all the fundamentals of good infection prevention and control and be flexible enough to adapt to the rapidly changing epidemiology and variants of concern.

The North West Outbreak 29 April 2020[[4]](#footnote-4) and Independent review[[5]](#footnote-5) provided a series of recommendations largely implemented during 2020 and early 2021.

* Significant facility and infrastructure reconfiguration at North West Regional and Mersey Community Hospitals acknowledging human factors in transmissibility of contact, droplet and airborne disease.
* Increase critical human resource capacity including infection prevention and control nursing and medical staff
* Ongoing staff training - especially in relation to infection prevention and control and the safe utilisation of Personal Protective Equipment (PPE).
* The need to ensure all staff are offered Fit Testing of PPE and that the required supplies of N-95 masks are available in sufficient quantities to manage and respond to an outbreak.
* Systems and processes for screening staff and visitors at entry points to hospitals and health facilities.
* Improved communication and dissemination of information at regional and state level.
* Adjustments to HR policy allowing for pandemic leave to reduce presenteeism in the workplace.
* Increased availability of COVID and respiratory PCR testing – a key requirement for rapid, accurate diagnostic testing to prevent and support outbreak management(with some ongoing supply challenges to onsite capacity of Rapid test kits in the North West mid-latter half 2021).

Other significant factors impacting Tasmania’s COVID-19 response include Public Health Directions restricting and controlling movement of persons into the state, establishment of quarantine hotels and compliance checking for those quarantining in residences.

## **Health Facility Response**

Patients diagnosed with COVID-19 will be treated in a way that best meets their needs ensuring hospital resources are reserved for those patients who have the greatest capacity to benefit. The latest Guidelines for prevention, assessment and management of SARS-CoV-2 are updated and available at [Department of Health | Coronavirus Disease 2019 (COVID-19)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)[[6]](#footnote-6).



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, in close liaison with Secretary of the Department of Health and Director of Public Health.

The THS North West (THS-NW) COVID-19 Escalation Management Plan (the Plan) has been developed in response to the *State Special Emergency Management Plan (SSEMP): COVID-19* and is the operational document that describes the actions and duties taken by the North West Regional Hospital, Mersey Community 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 response and recovery arrangements 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-NW command, control and coordination arrangements for COVID-19
* outline actions that the THS-NW will undertake to prevent disease transmission between staff, patients and visitors
* clarify the roles and responsibilities across the THS-NW and partners for the response to and recovery from a COVID-19 pandemic
* assist all sites and campuses of the THS-NW COVID-19 effectively, including management of outbreaks, and
* outline surge capacity and reponses 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 submit communications to the ECC for approval prior to their release to local stakeholders, including health employees, general practice and local service providers such as Ambulance Tasmania and Private Hospitals.

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.

## **Business Continuity Planning**

The objective of the Business Continuity Plan (BCP) is to outline how the THS/HS will maintain business continuity management functions during an outbreak of COVID 19 in order to ensure that the Tasmanian community is provided with essential health services. Business Continuity Plans have been developed for all clinical service streams.

District Hospital Escalation Plans are in a separate document.

# 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)[[7]](#footnote-7). 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[[8]](#footnote-8)[[9]](#footnote-9).

**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, and
* 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 (THSEOC):** 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 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).

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

**THS Operating Model**

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

**THS – North West response**

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

Frequency of the RHEMT-NW meetings varies to meet the needs of each escalation level:

* Level 1: Weekly
* Level 2: Once – Twice weekly
* Level 3: Twice – Thrice weekly
* Level 4: Seven day a week support is commissioned through the North West Emergency Operations Centre.

The RHEMT-NW supports progression of the actions outlined in the plan: identify risks, develop mitigation strategies and escalates as appropriate.

The membership RHEMT-NW includes:

* Regional Health Commander - Executive Director of Medical Services
* Regional Medical Coordinator – Deputy Director of Medical Services
* Operations and Planning Manager – NWRH Nursing Director Operations
* Operations Support MCH – MCH Nursing Director Operations
* Operations Support Primary Health – PHS Nursing Director
* Logistics Manager – Director Corporate Services NW
* Public Information Manager – Media and Communications Officer
* Infectious Diseases Support – Staff specialist Infectious Diseases
* Liaison – Emergency Management Coordinator

**Support staff**

* Executive Director of Nursing and Midwifery
* Executive Director of Allied Health Services
* Nursing Director Pandemic Response NNW
* Nursing Director Critical Care & Acute Medicine NWRH
* Nursing Director Surgical & Perioperative Services NW
* Director of Nursing Mental Health Services NW
* Infection, Prevention and Control Clinical Nurse Consultants
* Media and Communications Manager
* GP Liaison Officer
* Work Health and Safety Consultant
* Regional Manager Facilities and Engineering
* A/Regional Manager Hotel Services
* Warehouse Manager (PPE)
* Human Resources North/North West
* Business Manager North West
* Nursing Director Education and Research
* NUM Coronavirus Assessment Clinics
* ICT Manager
* Clinical Leads/Physicians

**External Stakeholders**

External stakeholders are invited to join the RHEMT-NW membership at increased escalation levels as determined by the Regional Health Commander to ensure a cohesive approach. This includes representation from:

* North West Private Hospital
* Ambulance Tasmania
* Tasmania Police
* Regional Emergency Management Committee
* Department of Health ECC Representative.

The current objectives and priorities of the RHEMT are:

* Early detection of community cases
* Implement THS - NW incident management arrangements
* Coordinate the implementation of departmental surge management plans
* Effective human resource management including succession planning for key roles
* Effective engagement of THS partners
* Development of logistics plan
* Development of internal communications plan
* Ongoing review of Infection Control measures.

The RHEMT is supported by five key subgroups:

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

The THS-NW RHEMT has responsibility for a number of District Hospitals, some of which include onsite Residential Aged Care Facilities which are subject to Commonwealth Government legislation. These facilities have a dedicated Escalation Management Plan.

**District Hospitals North West – Services and Capacity**

Tasmania’s District Hospitals differ from tertiary hospitals. The District Hospital provides emergency services alongside inpatient services as required (often at moderate to low occupancy levels determined by community need), outpatient clinics, community health services and some offer Residential Aged Care. There is an array of diverse services across the spectrum from home help to life-support requiring medical retrieval and ambulance services.

District Hospitals are locally managed by a Director of Nursing (DON) role that is a significant organisational leader, responsible also for the ongoing engagement of key stakeholders in the community and who influence the sustainability of a facility. District Hospitals have minimal staffing levels that require Rural Medical Practitioners (RMPs) for on-call medical services support.

The scope of clinical practice is consistent with the Tasmanian Role Delineation Framework. They typically provide a mix of:

* Sub-acute care such as post-surgical rehabilitation, medical admissions, palliative care and respite
* Visiting specialist and allied health outreach services
* Aged care, including community home care services and residential aged care, and
* Community Health services.

District Hospitals play a key role within rural communities. Not only do they provide a range of health services but also a hub for various community activities. Many of the hospitals provide inpatient sub-acute and residential aged care, emergency and outpatient care, community health services and health promotion; they also host multiple visiting outreach clinics by medical specialists, midwives, allied health professionals, oral health services, social workers and child and parenting services.

Commonwealth subsidised residential aged care facilities (RACF) are required to operate under the [*Aged Care Act 1997*](https://www.legislation.gov.au/Details/C2020C00164) to be accredited. Accreditation requires adherence to infection control standards and management of high impact risks. The Aged Care Quality and Safety Commission ensures Commonwealth subsidised organisations providing aged care services in Australia are complying with the [*Aged Care Quality Standards*](https://www.agedcarequality.gov.au/providers/standards). All RACF are required to operate under the relevant Work Health and Safety legislation in their jurisdiction.

In the North West there are three dedicated District Hospitals: King Island Hospital & Health Centre (KIHHC), Smithton District Hospital (SDH) and West Coast District Hospital (WCDH).

**District Hospitals North West - Contracted Services**

**Ochre Health Pty Ltd**

Ochre Health are currently contracted to provide continuous medical services at WCDH, RCHC, KIHHC, and SDH

This supports:

* continuous medical service coverage (24/7/365)
* Inpatient care services (WCDH, KIHHC & SDH)
* Residential Aged Care Services at WCDH and KIHHC
* Emergency first response medical care for hospital patients only at WCDH, RCHC, KIHHC and SDH
* Limited scope Radiography services for hospital patients at WCDH, KIHHC & SDH

On Site private GP Surgery (co-located in District Hospital facility)

* WCDH
* KIHHC

**Regional Imaging**

* Contracted Radiography and Radiology Services to WCDH & SDH

**NW Pathology**

* Contracted pathology services are provided to WCDH during office hours (plus on-call out of hours) cover point of care testing and other pathology testing that are couriered to NW Pathology Mon-Fri.
* KI have a pathology service once a week for 6 hrs (this is a local RN employed by NW Pathology)
* SDH have courier service twice daily on weekdays

**Maintenance and Resource Services**

* Variety of services provide ongoing compliance, preventative and corrective maintenance at site e.g. testing & tagging
* Multiple organisations who regularly deliver required goods
* ***BSH Electrical:*** Fire Services Maintenance Contract including fire protection system and equipment all Primary Health North West sites (WCDH, RCHC, KIDH&HC, SDH)
* ***Veolia:*** Waste Management Services

**Visiting Services**

All District Hospitals have various visiting health services from THS North West, Statewide and / or private organisations. These are determined by identified community need and availability of required health professionals. There is a schedule for visiting services at each site with varied regularity of attendance from fortnightly to once or twice a year.

Continuation of visiting services during an escalation response would be reviewed on a site by site basis by the Nursing Director, Primary Health North West and respective District Hospital 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level 1 Response**   | **Trigger Points**  | **THS South** | **THS North**  | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)**  | <5  | <3  | 0 | 0 | <10 |
| **Patients Admitted requiring ICU**  | 0  | 0  | 0 | 0 | 0  |
| **Community** | No known transmission in Tasmanian community. There may be COVID positive cases in quarantine |
| **Staffing**  | Staffing levels managed without compromise to service delivery |
| **Level 2 Response**  | **Trigger Points** | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)** | 5-10  | 3-9  | 1-4 | 0 | 10-23 |
| **Patients Admitted requiring ICU** | 3 | 1  | 1\* | 0 | 1-4  |
| **Community** | A community transmission has occurred outside current quarantine |
| **Staffing** | Staffing levels managed with only minimal service delivery impact |
| **Level 3 Response**  | **Trigger Points**  | **THS South**  | **THS North**  | **TH NW -NWRH** | **TH NW -MCH** | **State**  |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)**  | 11-28 | 9-13\*\* | 5-9 | 1-6 | 24-56 |
| **Patients Admitted requiring ICU**  | >3 | >1  | >1 | 0 | >5 |
| **Community** | A community outbreak is evident. A case in an Aged Care Facility. |
| **Staffing**  | Service delivery significantly compromised due to staffing levels - Consider service reconfiguration.  |
| **Level 4 Response**   | **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 are managed by a State-wide response  |
| **Staffing**  | Service delivery critically compromised due to staffing levels. Services either requiring reduction or treatment unable to be provided due to insufficient staff.   |

*\* Awaiting transfer*

*\*\* Number may decrease in the latter half of 2021 due to reduced capacity to allow for upgrades to the Acute Medical Ward.*

**Summary of Escalation specific to North West District Hospitals**

|  |  |
| --- | --- |
|  | **Trigger Points** |
| **Level 1**  | Triggered by the wider COVID-19 response for THS-NW (as per THS-NW Escalation Management Plan) * No known transmission in Tasmanian community.
* There may be COVID positive cases in quarantine.
* Staffing levels managed without compromise to service delivery.
 |
| **Level 2**  | Triggered by the wider COVID-19 response for THS-NW (as per THS-NW Escalation Management Plan) utilise a risk assessment approach for each District Hopsital to enter Level 2If NWRH & / or MCH escalate their response level***and / or***a community transmission has occurred in the North West outside current quarantine***and / or*** local safe staffing levels are at risk or compromised due to CoVID response |
| **Level 3:**  | Triggered by the wider COVID-19 response for THS-NW (as per THS-NW Escalation Management Plan) utilise a risk assessment approach for each District Hopsital to enter Level 3If there is an increase in the number of positive cases in the NW region ie community outbreak***and / or*** an increase > 5-10 in transmission in the local community ***and/or***service demands exceed staffing or staffing levels are compromised due to CoVID response |
| **Level 4 Response** | Triggered by the wider COVID-19 response for THS-NW (as per THS-NW Escalation Management Plan) utilise a risk assessment approach for each District Hopsital to enter Level 4 When a staff member of the District Hospital who has worked on site in the past 14 days has tested positive for COVID-19***and / or***A presenting patient to Emergency First Response Unit or a current inpatient/aged care resident being cared for by DH staff has tested positive to COVID-19 ***and / or***There is an increase > 10 transmission in the local community ***and / or***Service delivery is critically compromised due to staffing levels. Services either requiring reduction or treatment unable to be provided due to insufficient staff.  **Responses for level 4 beyond this point are managed by a State-wide response** |

**Smithton District Hospital – Response Plan**

Smithton District Hospital (SDH) provides 12 subacute beds and a range of community-based health services. It **does not provide aged care**. SDH has an inpatient ward also used for post-acute step-down and palliative care. SDH provides low risk chemotherapy and supportive treatments for cancer and chronic disease patients and blood and iron transfusions for acute and chronic conditions and provides outpatient clinics for antenatal care, intra-venous antibiotics, PICC & Infusaport maintenance.

SDH is a small facility an hour away from the NWRH. It has low to moderate levels of occupancy and with a moderate utilisation by patients aged 65 years or over. There is a 24/7 emergency first response. There is an Ambulance Tasmania station staffed by a local Paramedic close by to the hospital; critical care management advice and retrieval services are provided by Ambulance Tasmania. Community Health Services (CHS) are also provided under management of the DON including Community Health Nursing, Home Care Services (Home Help/Personal Care) and HACC Nail Care Clinic.

***Visiting Services (V) & onsite State-wide Services include:***

*\*Rural Health Outreach Funding*

|  |  |  |
| --- | --- | --- |
| **THS North West Services** | **DoH / THS State-wide Services** | **External Health Services** |
| Physiotherapy (V)Podiatry (V)Paediatric Allied Health (V)NB SDH are responsible for preparing the meals for local Meals on Wheels program  | Child Health & Parenting Oral Health Services Adult Mental Health (V)Peri Natal Mental Health (V)Drug & Alcohol (V)\*Psychiatry (V)\*Early Intervention & Obstetrics Clinics(V) | Regional Imaging (Contracted)\*Optometry (V)Audiology (V)Diabetes Australia (V)\* Counselling (V) |

# Escalation Level Response

The below information provides a summary of the major actions within each ‘Level Response’ undertaken within Smithton District Hospital (SDH) in order to meet local and broader health service demands, COVID-19 considerations and response.

|  |
| --- |
| **Level 1 Response - Preparation Phase *involves maintaining business continuity whilst plans are made for the region to prepare for escalation to Level 2.*** |
| ***Smithton District Hospital**** Prepare and support SDH to maintain business continuity in line with THS Escalation Principles (‘Business as Usual’)
* Monitor Public Health information and management advice (clinical care & emergency response)
* Monitor information on status of the disease and current local response
* Ensure regular communication and sharing of information on emergency level, preparedness and actions with staff and key stakeholders (including the local Council)
* Ensure relevant and appropriate information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements
* Contact tracing training as per the *Statewide Outbreak Management Plan* and *COVID-19 Contact Tracing and Management-THS NW Guideline*
* Watching brief on current situation
* Consider and prepare for scenario training
* Prepare to open additional inpatient beds if required as a support role to NWRH/MCH
* Anticipate, plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response

**Environment*** Implement COVID Safe Workplace Measures (social distancing, signage and entry points)
* Complete and monitor SDH COVID Safe WorkPlace Plan
* Appropriate and consistent signage at entrances, reception and waiting areas
* Ensure Hand Hygiene stations at all entrance and reception points, and all common areas
* Ensure all visitors complete COVID-19 Facility Screening prior to entry to the facility
* Monitor social distancing practices in the workplace -monitor meetings, education sessions, workspace allocation and meal breaks
* Prepare outbreak kit at reception
	+ masks / tissues / gloves / information for people that present with respiratory symptoms
* Identify designated area for community presentations to the hospital who are concerned, but asymptomatic, and support to contact the Public Health Hotline
* Set up Isolation (single) room for suspected COVID presentation that requires assessment & intervention before transfer to NWRH
* Prepare to increase cleaning services to manage cleaning frequency of high touch areas
* Staff / Student Accommodation:
	+ communicate with staff around cleanliness of shared spaces in the THS Accommodation.
	+ review and replace signage.

**Service Delivery*** Provision of normal services whilst reviewing service administration, service delivery and business activity in preparation for level 2
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Review Community Health Services activity in preparation to reduce services to essential only or alter models of care
* Complete Pre-visit Community Client Risk Screening to be conducted for all new and existing community service referrals
* Consult with any onsite Statewide Services that providing visiting services at SDH
* Request information from visiting THS / external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program
* Clarify medical services requirements and supports with Ochre Health and Ochre Medical Centre Smithton
* Implement Visitor Restrictions as per THS COVID-19 Visitor Policy
* Comply with Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Review and update COVID-19 Safety plan as required

**Human Resources*** Plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response
* Ensure all contact lists of staff, students, families etc are updated and easily located (including on the Employee Self-Service Portal)
* Provide regular information, education and awareness sessions for all staff on COVID-19 transmission, signs and symptoms and risk minimisation
* All staff to complete Mandatory IPC Education and PPE Training Package (Refresher)
* Conduct regular auditing of IPC practices and PPE donning and doffing
* All staff to undertake COVID-19 screening prior to commencement on duty
* All staff to download the COVIDSafe App on all government mobile phones to assist with contract tracing in the event of exposure to COVID-19
* Provide regular updates to all staff to occur about incident management approach and direction from RHEMT Staff Communique
* Review Staffing / Roster: fill all vacancies to proposed benchmark plus additional capacity i.e. above establishment for 6 months with recruitment and or locum nursing staff to balance any surge activity
* Monitor health status of staff : ensure all staff understand and take responsibility for monitoring their own health status and know that they are not to come to work if experiencing any respiratory symptoms or feeling unwell
* Maintain Student Programs
* Maintain the PH NW COVID19 Workforce Workbook include the following information:
	+ Identify staff who meet the Vulnerable Persons criteria and plan alternative duties or working from home arrangements (risk assessment based) if move to Level 2 response
	+ Identify staff who are willing to do additional hours, and or 12-hour shifts
	+ Consider and plan redeployment options of staffing groups
* Consider and plan engagement of additional staffing group ward attendants & AINs
* Review all annual leave approvals and cover i.e. finalise SDH Leave Management Plan
* Offer COVID-19 Vaccination to all new staff

**Equipment & Supplies*** Implement Level 1 PPE Framework. Anticipate the impact of hospital supplies; take required action to ensure availability of adequate supplies
* Ensure and monitor a minimum of 72 hour stock supply is onsite in preparation for increased activity and estimate the consumption of essential supplies across the response levels

- personal protective equipment (gloves, gowns, masks, eyewear)- hand hygiene products (alcohol-based hand rub, liquid soap, hand towel)- cleaning supplies (detergent and disinfectant products)- linen- medical gas supplies- pharmacy (prepare for any disruptions in the supply chain)* Consult with Corporate Services to ensure the continuous provision of supplies
* Review and order any required additional equipment
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| **Level 2 Response - Alert Phase - *in addition to level 1 actions plus operationalisation of some plans and actions in preparation for an escalation to Level 3.*** |
| ***Smithton District Hospital***To minimise staff exposure, prevent/slow transmission of illness, preserve resource for escalating demand and ensure continued application of infection prevention and control strategies* Provide services as per normal business; hospital and community services
* All staff members to complete THS Health Screening Questionnaire before commencing on shift to ensure fit for duties
* Commence temperature checks if community transmission and when advised by RHEMT
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* 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
* Update hospital signage
* Implement Level 2 PPE Framework
* Ensure adequate PPE stocks
* Provide ongoing training and education to all staff on IPC and PPE practices
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Weekly review & monitoring of stock / orders / delivery dates.
* Setup of additional storage spaces. COVID and non-COVID areas.
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* All emergency presentations to be screened on presentation using EFRU COVID-19 Screening Tool
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Ensure regular communication and sharing of updated information with all District Hospital staff including RMPs
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff so aware of whole of THS-NW and State-wide status and actions
* Increase cleaning services to manage cleaning frequency of high touch areas
* Arrange on call service for after-hours high risk cleans
* Conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Maintain the PH NW Workforce COVID-19 Workforce Workbook
* include recording any staff requiring isolation due to displaying of signs & symptoms
* Vulnerable staff – action any management plans
* Consider separation of nursing and hotel services workforce
* Implement Level 2 Visitor Restrictions – as per Statewide Visitor Policy; subject to any additional Public Health Directions
* Continue with Visitor Facility Screening with the addition of temperature checks where community transmission is present.
* Support NWRH & MCH with non-infected patient discharge / transfers
* Consider flex up bed numbers if staffing allows
* Comply with THS-NW Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Consider students not to be located in COVID-19 suspected zones eg EFRU
* Students not to work outside facility whilst on placement
* Consider suspension of any volunteer programs depending on contained cases versus community/other transmission
* Communication tools e.g. mobile phones, walkie talkies, iPads / tablets (plus covers) to facilitate communication between COVID / non - COVID areas, patients and families
* Planned staffing, rostering and management of additional resources and equipment requirements enabling an anticipated/imminent Level 3 Response
* All locums must meet the current Essential Traveller requirements and follow the Tasmanian Government requirements for entry into Tasmania
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program

**Patient management for COVID positive or suspect patients:** * Liaise with RHEMT-NW Team Commander asap and follow instructions
* Adhere to directions as per the *THS-NW Managing Positive and Suspect COVID-19 Patients Protocol*
* Any person presenting as emergency case who is identified as suspected COVID-19 to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* a suspect category 1,2, &3 emergency clients to be managed whilst awaiting ambulance transfer to a tertiary hospitals directed by liaison with RHEMT-NW Team Commander
 |
| ***Smithton Community Health Services (CHS)**** Notify staff of the Level 2 Response activation and requirements - DON will maintain effective communications with staff
* All staff members to complete COVID-19 Health Screening Questionnaire before commencing on shift to ensure fit for duties
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Review Community Health Services activity in preparation to reduce services to essential only or alter models of care. Provide essential CHS only if safe to do so
* Ensure Pre-visit Community Client Risk Screening is conducted for all new and existing community service clients
* Review CHS as to appropriateness of continuing non-essential services and provide alternative methods of support for suspended service clients
* Review Community Health Nursing service activity and consider transition to essential - clinical only - Consider telephone contact / services for vulnerable community clients – case by case review
* Review Home Care Services client lists - Domestic Assistance service activity review- Consider telephone contact / services for vulnerable community clients – case by case review
* Suspend HACC Nail Care Clinic
* Inform Commonwealth via DoH of any changes re contractual requirements
* Provide ongoing training and education to all staff on IPC and PPE practices
* Maintain the PH NW COVID-19 Workforce Workbook. Concentrate on:
* Identify vulnerable health care workers and develop plans to reduce risks – reassignment of duties or working from home as per DoH Information Guide: Vulnerable Employees -COVID-19.
 |
| ***Smithton Visiting Services**** Request information from visiting THS NW and external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Consult with any onsite Statewide Services that providing visiting services at SDH
* All healthcare/locums must meet current Essential Traveller requirements and follow the required process
* DON and Primary Health North West Nursing Director to review scheduled visiting health services and determine if a priority to maintain in level 2 response
* scheduled services to be contacted by the DON to inform of site response 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
* if to continue confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Telehealth clinics to continue where possible
* Every visitor / outpatient to the site to complete the Facility Visitor Screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards
* Contracted staff undertake education on PPE use and IPC controls as required
* Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and social distancing and hand hygiene is supported.
 |
| ***Smithton Contracted Services**** Review all scheduled regular maintenance, contractor visits and delivery of goods to the site are deemed essential.

*Maintenance and Resource 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 contractors / organisations who access / attend the site to attend maintenance or works, or to deliver goods & services 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
* Request contracted staff undertake education on PPE use and IPC controls as required

*Ochre Health* * Clarify medical services requirements and supports with Ochre Health
* DON will ensure Ochre Health are informed of response status, requirements and processes, and will seek feedback on relevant operational matters
* Ochre Health will continue to provide contracted medical services to the SDH and comply with the current requirements within the SDH.
* THS NW to supply PPE for Ochre staff when on site
* DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and COVID-19 Response Plan and required processes
* RMPs will complete the THS Facility Screening tool when arriving at the facility
* RMPs 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.
* The locum must have a copy of the exemption letter with them at all times during their locum placement
* THS-NW Deputy Director of Medical Services and Nursing Director, Primary Health North West will meet as required with Ochre Health Director of Medical Services and Regional Manager

*Regional Imaging* * Regional Imaging will continue to provide radiography and radiology services to inpatients and outpatients as per contract
* DON will ensure Regional Imaging are informed of response status, requirements and processes
* Radiographer will complete the THS Facility Screening tool on arriving at the facility
* Radiographer will receive on-site education and training on IPC and PPE process as required
* All outpatients will be screened using the THS Facility Screening tool
* Outpatient appointments to be spaced to allow for social distancing and any additional requirements ie wearing masks, and for cleaning of medical imaging room / equipment
* Clients with respiratory symptoms to be place at the end of clinic & to wait in their vehicle until called. Must wear a mask on entry to the facility.
 |
| **Level 3 Response – Activation *involving activation of strategies and actions to respond to an increase in COVID-19 presentations and inpatients that require treatment.*** |
| **Movement to Level 3 requires State Health Commander approval.** ***Smithton District Hospital***Risk assess and prioritise usual business yet suspend non-essential services to minimize staff exposure, contain community transmission and ensure effective use of resources.* Notify associated organisations and personnel of the Level 3 Response activation and requirements
* Liaise and take direction from the RHEMT-NW Team Commander
* Hospital lockdown: restrict access to the SDH to essential staff only

- visitors and non-essential staff to be excluded to reduce the risk of casual contact transmission * Maintain EFRU
* Consider reducing open rural inpatient bed numbers
* All non-essential outpatient services and visiting health services to be suspended to minimise staff exposure, contain community transmission and ensure effective use of resources
* Visiting Services and contracted services as required and notify the general public and clients of any cessation of services.
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff, RMPs, contracted services and visiting health professionals
* Update all signage
* Implement *Visitor Restrictions as per THS COVID-19 Visitor Policy* - no visitors unless by approved exemption
* Implement staff and visitor temperature checks with screening
* Implement *Level 3 PPE Framework*
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Use of appropriate droplet and contact precautions PPE for staff providing direct care
* All staff members to complete THS Facility Screening (include temperature checks) tool before commencing on shift
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Student Programs ceased
* COVID-19 Swabbing for staff as required; directed by ID Consultant
* Closely monitor staff health & wellbeing
* Maintain the PH NW COVID-19 Workforce Workbook - SDH
* Offer alternative clinical duties to staff who cannot safely work inhigh risk areas.
* Implement working from home arrangements for non-clinical staff where require
* Record any staff requiring isolation due to displaying of signs & symptoms
* Continue to review staffing levels and rostering and allocate additional resources where required
* Actively monitor staffing, equipment and resources, especially PPE, to ensure adequate stock and availability given rural location and delivery times
* Seek direction from RHEMT-NW Team Commander if admissions cease and only presentations to EFRU are to be managed
* All emergency presentations to be screened on presentation using COVID-19 District Hospital Emergency Presentation Screening tool
* The triage of patients seeking emergency care should be via intercom /phone if requiring assessment
* Patients and support people attending hospital to wear a surgical mask and staff should DON full PPE
* One staff member to conduct patient assessment and the second staff member to provide supplies and equipment and to act as PPE guardian
* Any person presenting as emergency case who is identified as suspected COVID-19 to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* RHEMT NW Team Commander to determine if patients are admitted, transferred to a tertiary hospital – NWRH or transferred from another facility
* Plan for anticipated / imminent Level 4 Response
 |
| ***Smithton Community Health Services (CHSs)**** Notify staff of the Level 3 Response activation and requirements
* DON will maintain effective communications with staff
* CHSs to provide essential services only and only if safe to do so; strict review of service delivery if local outbreak
* Use of appropriate use of droplet and contact precautions PPE for staff providing direct care to community members
* Suspend local non-essential CHS’s i.e. Home Care Services with approval from RHEMT NW Team Commander and notify Commonwealth
* When current services are suspended consider alternative service provision and support for high needs outpatient and community service clients
* All staff members to complete THS Facility Screening (with temperature checks) tool before commencing on shift
* All community clients still receiving services to be screened using the CHS Client Risk Screening medical record form prior to each home visit occurring
* Maintain PPE supplies
* Provide ongoing training and education to all staff on IPC and PPE practices, conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* COVID-19 Swabbing for staff as required
 |
| ***Smithton Visiting Services**** Scheduled services to be contacted by the DON to inform of site response status
* All providers are to adhere to current Essential Traveller requirements for Border Protection – all visiting services are to be suspended at Level 3 if COVID-19 present in local community
* Review of visiting services to be conducted by the DON and Nursing Director Primary Health North West with all services, other than those assessed as high priority or urgent, to be cancelled. Individual services to be advised if scheduled site visits will be suspended or if to continue
* Where a service is to continue the RHEMT NW Team Commander must approve and the DON to confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place. Staff of the visiting service and all clients must be screened prior to entering the facility, wear PPE and to be informed of the required social distancing and hygiene standards
* Confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Every client and visitor to the site to complete the THS Facility Screening Tool prior to entering the facility and to be informed of the required social distancing and hygiene standards.
* Services could be provided via telehealth as an option.
 |
| **Smithton Contracted Services*** Review the continuation of contracted services and suspend all non-essential contractors
* Ensure appropriate infection control practices are in place when delivering / receiving services/goods
* Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site

*Ochre Health* * DON will ensure Ochre Health RMPs are informed of response status, requirements and processes
* Ochre Health will continue to provide contracted medical services to the SDH
* If Ochre cannot meet contracted requirements at this time,THS would review the requirements and seek alternative options for the provision of medical services at SDH
* 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
* RMP will complete the THS Facility Screening tool when arriving at the facility
* All RMPs 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-NW Deputy Director of Medical Services and Nursing Director, Primary Health North West, to meet as required with Ochre Health Director of Medical Services and Ochre Regional Manager

*Regional Imaging* * Suspension of visiting Regional Imaging Services to be considered
* DON / Nursing Director will ensure Regional Imaging are informed of response status, requirements and processes
* Radiologist will complete the THS Facility Screening tool when arriving at the facility
* All outpatients will wait in their car and when called will screened on entry to the facility and be required to wear a mask.
 |
| **Level 4 Response - Major Incident Phase - District Hospital North West** *Level 4 is a heightened Response Phase, where Level 3 capacity has been exceeded and a Statewide system response is necessary to manage service delivery and/or the number of presentations or patients with COVID-19.* |
| **Movement to Level 4 requires approval from the State Health Commander. Complete lock down and closure of subacute District Hospital beds on approval from the Public Health, State Health Commander via RHEMT NW Team Commander.*** Move to Statewide System Response.
* NW Emergency Operations Centre provides seven day per week support - Daily Clinical Stakeholder Briefings, THS EOC (weekdays), THS ECC (weekdays).
* Liaise and take direction from the RHEMT NW Team Commander regarding testing, quarantining and cleaning processes relating to decommissioning
* Consult with Ochre Medical Centre Smithton on hospital decommission plans as required
* Maintain communication and sharing of information with all staff members
* Notify the general public and clients of any cessation of services
* Follow Outbreak Management Plan if Level 4
* All sub-acute inpatients to be reviewed and either discharged home with support services, or transferred to a tertiary facility
* Testing of all patients and ALL staff (prior to transfer out and staff quarantine)
* No new admissions.
* SDH EFRU commence bypass - only to assess, manage and arrange retrieval if not able to bypass and if safe to provide care at SDH EFRU
* External operational guidance and management will be required including SES
* Updated signage in place
* Commence cleaning and recommissioning of the facility
* Maintain communication and sharing of information with all staff members
* Media & Communications to provide information to the public
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**King Island Hospital & Health Centre – Response Plan**

The King Island Hospital and Health Centre (KIHHC) provides 5 subacute beds, 24/7 Emergency First Response, plus manage and provide a 14 bed Residential Aged Care facility on site.

Access to and from the island occurs by air and may be affected by adverse weather. As such, local health professionals are capable of responding to and managing emergency presentations in the context of prolonged retrieval times. Being in a remote location, KIHHC plays a significant role in emergency care. There is an Ambulance Tasmania Volunteer Station staffed by volunteer ambulance officers. There is no local paramedic. Critical care management advice and retrieval services are provided by Ambulance Tasmania. Medical and Nursing staff are required to provide emergency critical care while awaiting aero-medical retrieval.

KIHHC provides a range of community health services including Community Health Nursing and Home Care Services (including being brokered to support Community Care Packages). Ochre Health provide a private General Practice service on site and are contracted to provide Rural Medical Services for KIHHC.

***Visiting Services (V) & onsite State-wide Services include:***

*\*TazReach Funding – Bass Strait Island*

*\*\*Rural Health Outreach Fund (RHOF)*

*Statewide Services*: Child and Parenting Services (CHaPS) are onsite.

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| **THS North West Services** | **DoH / THS State-wide Services** | **External Health Services** |
| Physiotherapy (V)Occupational Therapy (V)Podiatry (V)Dietetics (V)\*\*Maternity ServicesObstetrics & Gynae Services (V)\*Ophthalmologist (V)Paediatrics (V) | Child Health & Parenting Services Childrens Oral Health Services (V)\*Mental Health Services (V)Peri Natal Mental Health (V) | Diabetes Australia\* Geriatrician\* Rheumatologist\*Psychiatry\*Mental Health Social WorkerAdult Oral Health Service: *The Royal Flying Doctors Service are currently funded to provide AOHS*Dr Lex Bertrand (private dentist)Australian HearingPrivate chiropractor\*Eye lines |

# Escalation Level Response

The below information provides a summary of the major actions within each ‘Level Response’ undertaken within the King Island Hospital & Health Centre (KIHHC) facility in order to meet the health service demands, COVID-19 considerations and response.

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| **Level 1 Response - Preparation Phase *involves maintaining business continuity whilst plans are made for the region to prepare for escalation to Level 2.*** |
| ***King Island Hospital & Health Centre**** Prepare and support KIHHC to maintain business continuity in line with THS Escalation Principles (‘Business as Usual’)
* Monitor Public Health information and management advice (clinical care & emergency response)
* Monitor information on status of the disease and current local response
* Ensure regular communication and sharing of information on emergency level, preparedness and actions with staff and key stakeholders (including the local Council)
* Ensure relevant and appropriate information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements
* Contact tracing training as per the *Statewide Outbreak Management Plan* *and COVID-19 Contact Tracing and Management-THS NW Guideline*
* Watching brief on current situation
* Consider and prepare for scenario training
* Anticipate, plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response

**Environment*** Implement COVID Safe Workplace Measures (social distancing, signage and entry points)
* Complete and monitor KIHHC COVID-19 Safe WorkPlace Plan
* Appropriate and consistent signage at entrances, reception and waiting areas
* Ensure Hand Hygiene stations at all entrance and reception points, and all common areas
* Ensure all visitors complete COVID-19 Facility Screening prior to entry to the facility
* Monitor social distancing practices in the workplace -monitor meetings, education sessions, workspace allocation and meal breaks
* Prepare outbreak kit at reception
	+ masks / tissues / gloves / information for people that present with respiratory symptoms
* Identify designated area for community presentations to the hospital who are concerned, but asymptomatic, and support to contact the Public Health Hotline
* Set up Isolation (single) room for suspected COVID-19 presentation that requires assessment & intervention before transfer to NWRH
* Prepare to increase cleaning services to manage cleaning frequency of high touch areas
* Staff / Student Accommodation:
	+ communicate with staff around cleanliness of shared spaces in the THS Accommodation.
	+ review and replace signage.

**Service Delivery*** Provision of normal services whilst reviewing service administration, service delivery and business activity in preparation for level 2
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Review Community Health Services activity in preparation to reduce services to essential only or alter models of care
* Complete Pre-visit Community Client Risk Screening to be conducted for all new and existing community service referrals
* Consult with any onsite Statewide Services that providing visiting services at KIHHC
* Request information from visiting THS / external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program
* Clarify medical services requirements and supports with Ochre Health
* Implement Visitor Restrictions as per THS COVID-19 Visitor Policy
* Comply with Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Liaise with families / carers of Residents in Netherby Home
* Continue daily Health Screening for Residents in Netherby Home
* Review and update COVID-19 Safety Plan as required

**Human Resources*** Plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response.
* Ensure all contact lists of staff, students, families etc are updated and easily located (including the Employee Self-Service Portal)
* Provide regular information, education and awareness sessions for all staff on COVID-19 transmission, signs and symptoms and risk minimisation
* All staff to complete Mandatory IPC Education and PPE Training Package (Referesher)
* Conduct regular auditing of IPC practices and PPE donning and doffing
* All staff to undertake COVID-19 screening prior to commencement on duty
* All staff to download the COVIDSafe App on all government mobile phones to assist with contract tracing in the event of exposure to COVID-19
* Provide regular updates to all staff to occur about incident management approach and direction from RHEMT Staff Communique
* Review Staffing / Roster: fill all vacancies to proposed benchmark plus additional capacity i.e. above establishment for 6 months with recruitment and or locum nursing staff to balance any surge activity
* Monitor health status of staff : ensure all staff understand and take responsibility for monitoring their own health status and know that they are not to come to work if experiencing any respiratory symptoms or feeling unwell
* Maintain Student Programs
* Maintain the PH NW COVID-19 Workforce Workbook include the following information:
	+ Identify staff who meet the Vulnerable Persons criteria and plan alternative duties or working from home arrangements (risk assessment based) if move to Level 2 response
	+ Identify staff who are willing to do additional hours, and or 12-hour shifts
	+ Consider and plan redeployment options of staffing groups
* Consider and plan engagement of additional staffing group ward attendants & AINs
* Review all annual leave approvals and cover i.e. finalise KIHHC Leave Management Plan
* Offer COVID-19 vaccination to all new staff

**Equipment & Supplies*** Implement Level 1 PPE Framework. Anticipate the impact of hospital supplies; take required action to ensure availability of adequate supplies
* Ensure and monitor a minimum of 72 hour stock supply is onsite in preparation for increased activity and estimate the consumption of essential supplies across the response levels

- personal protective equipment (gloves, gowns, masks, eyewear)- hand hygiene products (alcohol-based hand rub, liquid soap, hand towel)- cleaning supplies (detergent and disinfectant products)- linen- medical gas supplies- pharmacy (prepare for any disruptions in the supply chain)* Consult with Corporate Services to ensure the continuous provision of supplies
* Review and order any required additional equipment

**Netherby Home*** Monitor changes to Australian Government COVID-19 guidelines, testing protocols and resources available for RACFs

[CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia)* As per Australian Government Depart of Health requirements – ensure on site qualified IPC expert staff member (and all mandated staff vaccination reporting is being completed)
* Ensure appropriate signage available
* Adhere to COVID-19 Resident, Staff and Visitor Screening tools and processes
* Where relevant adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy*
* Meet / consult with families to inform of plans if their family member becomes a suspect or positive case and to update all personal information, and ensure they are aware of visitor guidelines
* Ensure Advanced Care Directives / Goals of Care are up to date for each resident
* Plan ways to facilitate conversation and social connection between residents and their families in the event of an outbreak eg FaceTime
* Suport and encourage hand and respiratory hygiene by residents, staff and visitors and ensure handwashing stations, handgel, tissues and rubblish bins are available throughout the facility
* Outbreak Management Box on site specific for aged care residents, include;
	+ contact list of staff
	+ list of alternate suppliers/contractors for catering, laundry and cleaning, and all key contacts
	+ list of all contacts for each Resident
	+ pre-prepared and informative signs including for designated zones and for donning and doffing PPE stations
	+ templates: talking points, letters for residents families,
	+ review the [OPAN COVID-19 Communications Toolkit](https://opan.com.au/covidresourcesvic-3/) for additional resources – see approval through RHEMT
* Determine and plan how to provide food for Residents and staff in the event of an Outbreak / Escalation
* Ensure adequate available stocks of PPE and cleaning supplies; separate stock to the KIHHC Rural Inpatient & EFRU
* Ensure and monitor a minimum of 72 hour separate stock supply for aged care residents is onsite in preparation for increased activity and estimate the consumption of essential supplies across the response levels
* Draft Floor maps for cohorting (zones) to be displayed for staff and visitors and a copy stored in the Outbreak Management Box
* Plan how to separate staff if an outbreak occurs ie minimising staff interaction between shifts and ensuring a designated workforce to residents.
* Maintain a COVID-19 Vaccination register of all staff and residents
* Weekly mandatory report via MAC Provider Portal of the number of Residents and workforce that are vaccinated.
* Ensure all staff (including casual, domestic, hospitality and volunteer workers) are trained in IPC, PPE use and the activation of the RACF Outbreak Management Plan.
* Determine if cleaning schedules and waste management routines are adequate
* Assess all Residents that are to be admitted and / or transferred from other facilities; follow the current testing recommendations.
	+ If concerned about an incoming Resident consider admitting to a designated room for close observation and limit the residents movements within the facility for 14 days. Seek further advice to confirm appropriateness of staff wearing PPE to provide care.
 |
| **Level 2 Response - Alert Phase - *in addition to level 1 actions plus operationalisation of some plans and actions in preparation for an escalation to Level 3.*** |
| ***King Island Hospital & Health Service***To minimise staff exposure, prevent/slow transmission of illness, preserve resource for escalating demand and ensure continued application of infection prevention and control strategies* Provide services as per normal business; hospital and community services
* All staff members to complete THS Facility Screening Tool before commencing on shift to ensure fit for duties. Commence temperature checks if community transmission and when advised by RHEMT.
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* 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
* Update hospital signage
* Implement Level 2 PPE Framework
* Ensure adequate PPE stocks
* Provide ongoing training and education to all staff on IPC and PPE practices
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Weekly review & monitoring of stock / orders / delivery dates.
* Setup of additional storage spaces. COVID and non-COVID areas.
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* All emergency presentations to be screened on presentation using EFRU COVID-19 Screening Tool
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Ensure regular communication and sharing of updated information with all District Hospital staff including RMPs
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff so aware of whole of THS-NW and State-wide status and actions
* Increase cleaning services to manage cleaning frequency of high touch areas
* Arrange on call service for after-hours high risk cleans
* Conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Maintain the PH NW Workforce COVID-19 Workforce Workbook
* include recording any staff requiring isolation due to displaying of signs & symptoms
* Vulnerable staff – action any management plans
* Consider separation of nursing and hotel services workforce
* Implement Level 2 Visitor Restrictions – as per Statewide Visitor Policy; subject to any additional Public Health Directions
* Continue with Visitor Facility Screening with the addition of temperature checks where community transmission is present.
* Comply with THS-NW Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Consider students not to be located in COVID suspected zones eg EFRU
* Students not to work outside facility whilst on placement
* Consider suspension of any volunteer programs depending on contained cases versus community/other transmission
* Communication tools e.g. mobile phones, walkie talkies, iPads / tablets (plus covers) to facilitate communication between COVID / non - COVID areas, patients and families.
* Planned staffing, rostering and management of additional resources and equipment requirements enabling an anticipated/imminent Level 3 Response.
* All locums must meet the current Essential Traveller requirements and follow the Tasmanian Government requirements for entry into Tasmania
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program

**Patient management for COVID positive or suspect patients:** * Liaise with RHEMT-NW Team Commander asap and follow instructions
* Adhere to directions as per the THS-NW Managing Positive and Suspect COVID-19 Patients Protocol
* Any person presenting as emergency case who is identified as suspected COVID to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* a suspect category 1,2, &3 emergency clients to be managed whilst awaiting ambulance transfer to a tertiary hospitals directed by liaison with RHEMT-NW Team Commander

  |
| ***Netherby Home*** * Monitor changes to Australian Government COVID-19 guidelines, testing protocols and resources available for RACFs

[CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia)* As per Australian Government Depart of Health requirements – ensure on site qualified IPC expert staff member
* Ensure Advanced Care Directives / Goals of Care are up to date for each resident.
* Ensure all staff are competent with IPC and PPE use.
* Maintain an vaccination register of all staff and residents
* Weekly mandatory report via MAC Provider Portal of the number of Residents and workforce that are vaccinated.
* Ensure all staff (including casual, domestic, hospitality and volunteer workers) are trained in IPC, PPE use and the activation of the RACF Outbreak Management Plan.
* Determine if cleaning schedules and waste management routines are adequate
* Ensure adequate available stocks of RACF PPE and cleaning supplies
* Consideration of separating staff across work areas if possible
* Revisit discussion & review plans for cohorting (zones)
* Update appropriate signage
* Adhere to COVID-19 Resident, Staff and Visitor Screening tools and processes
* Adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy*
* Regular checks and monitoring of Outbreak Plan and kit (keep up to date)
* contact list of staff
* list of alternate suppliers/contractors for catering, laundry and cleaning, and all key contacts
* list of all contacts for each Resident
* pre-prepared and informative signs including for designated zones and for donning and doffing PPE stations
* templates: talking points, letters for residents families,
* review the [OPAN COVID-19 Communications Toolkit](https://opan.com.au/covidresourcesvic-3/) for additional resources – see approval through RHEMT
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies when appropriate to Residents / Families / Carers
* Conduct visits in the resident’s room, outdoors, or in a specific designated area (rather than communal areas where the risk of transmission to other residents is greater).
* Hand hygiene and respiratory hygiene by residents and staff: ensure handwashing stations, hand gel, tissues and rubblish bins are available throughout the facility
* All visitors must practice hand hygiene and social distancing
* Measures such as phone or video calls should be made available to all residents to enable continuation of communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate
* Postpone large group visits, gatherings, and external excursions.
* Assess all Residents that are to be admitted, returning and / or transferred from other facilities; follow the current testing recommendations.
* If concerned about an incoming Resident consider admitting to a designated room for close observation and limit the residents movements within the facility for 14 days. Seek further advice to confirm appropriateness of staff wearing PPE to provide care.
* Seek Commonwealth assistance for staff resourcing and PPE supplies if required
 |
| ***King Island Community Health Services (CHS)**** Notify staff of the Level 2 Response activation and requirements - DON will maintain effective communications with staff
* All staff members to complete COVID Facility Screening Tool before commencing on shift to ensure fit for duties
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Review Community Health Services activity in preparation to reduce services to essential only or alter models of care. Provide essential CHS only if safe to do so.
* Ensure Pre-visit Community Client Risk Screening is conducted for all new and existing community service clients
* Review CHS as to appropriateness of continuing non-essential services and provide alternative methods of support for suspended service clients
* Review Community Health Nursing service activity and consider transition to essential - clinical only - Consider telephone contact / services for vulnerable community clients – case by case review
* Review Home Care Services client lists - Domestic Assistance service activity review- Consider telephone contact / services for vulnerable community clients – case by case review
* Suspend HACC Nail Care Clinic
* Inform Commonwealth via DoH of any changes re contractual requirements
* Provide ongoing training and education to all staff on IPC and PPE practices
* Maintain the PH NW COVID-19 Workforce Workbook. Concentrate on;
* Identify vulnerable health care workers and develop plans to reduce risks – reassignment of duties or working from home as per DoH Information Guide: Vulnerable Employees -COVID-19.
 |
| ***King Island Visiting Services*** * Request information from visiting THS NW and external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Consult with any onsite Statewide Services that providing visiting services at SDH
* All healthcare/locums must meet current Essential Traveller requirements and follow the required process
* DON and Primary Health North West Nursing Director to review scheduled visiting health services and determine if a priority to maintain in level 2 response
* scheduled services to be contacted by the DON to inform of site response 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
* if to continue confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Telehealth clinics to continue where possible
* Every visitor / outpatient to the site to complete the Facility Visitor Screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards
* Contracted staff undertake education on PPE use and IPC controls as required
* Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and social distancing and hand hygiene is supported
 |
| ***King Island Contracted Services*** Review all scheduled regular maintenance, contractor visits and delivery of goods to the site are deemed essential.*Maintenance and Resource 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 contractors / organisations who access / attend the site to attend maintenance or works, or to deliver goods & services 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
* .
* Request contracted staff undertake education on PPE use and IPC controls as required

*Ochre Health* * Clarify medical services requirements and supports with Ochre Health
* DON will ensure Ochre Health are informed of response status, requirements and processes, and will seek feedback on relevant operational matters
* Ochre Health will continue to provide contracted medical services to the KIHHC and comply with the current requirements within the KIHHC
* THS NW to supply PPE for Ochre staff when on site
* DON will maintain regular communication with the local medical practice and staff and ensure all new locums are orientated to the site and COVID-19 response plan and required processes
* RMPs will complete the THS Facility Screening tool when arriving at the facility
* RMPs 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.
* The locum must have a copy of the exemption letter with them at all times during their locum placement
* THS-NW Deputy Director of Medical Services and Nursing Director, Primary Health North West will meet as required with Ochre Health Director of Medical Services and Regional Manager

*Co-Located General Practice* * Open communication and sharing of information are essential to ensure the locum / RMP is informed of response level, management strategies and requirements
* THS Facility Screening tool to be implemented for all ‘private’ patients when they arrive at the KIHHC facility
* GP patients will be allowed entry to the facility but will be directed straight to the waiting area which is separated from the inpatient area of the hospital
* 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.
* *NW Pathology*
* DON will ensure NW Pathology are informed of response status, requirements and processes
* NW Pathology will continue to provide pathology services to outpatients as per contract
* NW Pathology employee will complete the THS staff screening tool when arriving at the facility
* All outpatients will be screened using the visitor screening tool and appointments scheduled to meet

 social distancing requirements. |
| **Level 3 Response – Activation *involving activation of strategies and actions to respond to an increase in COVID-19 presentations and inpatients that require treatment.*** |
| ***King Island District Hospital & Health Centre***Risk assess and prioritise usual business yet suspend non-essential services to minimize staff exposure, contain community transmission and ensure effective use of resources.* Notify associated organisations and personnel of the Level 3 Response activation and requirements
* Liaise and take direction from the RHEMT-NW Team Commander
* Hospital lockdown: restrict access to the KIHHC to essential staff only

- visitors and non-essential staff to be excluded to reduce the risk of casual contact transmission * Maintain EFRU
* Consider reducing open rural inpatient bed numbers
* All non-essential outpatient services and visiting health services to be suspended to minimise staff exposure, contain community transmission and ensure effective use of resources
* Visiting Services and contracted services as required and notify the general public and clients of any cessation of services.
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff, RMPs, contracted services and visiting health professionals
* Update all signage
* Implement *Visitor Restrictions as per THS COVID-19 Visitor Policy* - no visitors unless by approved exemption
* Implement staff and visitor temperature checks with screening
* Implement *Level 3 PPE Framework*
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Use of appropriate droplet and contact precautions PPE for staff providing direct care
* All staff members to complete THS Facility Screening (include temperature checks) tool before commencing on shift
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Student Programs ceased
* COVID-19 Swabbing for staff as required; directed by ID Consultant
* Closely monitor staff health & wellbeing
* Maintain the PH NW COVID-19 Workforce Workbook - KIHHC
* Offer alternative clinical duties to staff who cannot safely work inhigh risk areas
* Implement working from home arrangements for non-clinical staff where require
* Record any staff requiring isolation due to displaying of signs & symptoms
* Continue to review staffing levels and rostering and allocate additional resources where required
* Actively monitor staffing, equipment and resources, especially PPE, to ensure adequate stock and availability given rural location and delivery times
* Seek direction from RHEMT-NW Team Commander if admissions cease and only presentations to EFRU are to be managed
* All emergency presentations to be screened on presentation using COVID-19 District Hospital Emergency Presentation Screening tool
* The triage of patients seeking emergency care should be via intercom /phone if requiring assessment
* Patients and support people attending hospital to wear a surgical mask and staff should DON full PPE
* One staff member to conduct patient assessment and the second staff member to provide supplies and equipment and to act as PPE guardian
* Any person presenting as emergency case who is identified as suspected COVID-19 to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* RHEMT NW Team Commander to determine if patients are admitted, transferred to a tertiary hospital – NWRH or transferred from another facility
* Plan for anticipated / imminent Level 4 Response
 |
| ***Netherby Home*** * Complete lockdown of the RACF
* Continued minimum daily communication with RHEMC, Nursing Director Primary Health THS-NW, DoN, Case Manager/s and other relevant stakeholders
* Review Outbreak Management Plan and Incident Management kit (keep up to date)
* Ensure all current and appropriate signage is inplace
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies when appropriate to Residents / Families / Carers. Full brief / update to be given to family members in the Netherby Car park at 1000 &1800hrs daily
* Resident and family access to independent advocacy support and ensuring contact details are provided for OPAN <https://opan.com.au/>
* Adhere to COVID-19 Resident, Staff and Visitor Screening tools as per relevant current guidelines
* Adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy and current guidelines*
* Visits to Netherby Home will be conducted according to the directions from the State Comander and the Public Health Act.
* If vists are allowed implement visitor screening & restriction strategies
* Measures such as phone or video calls should be made available to all residents to enable continuation of communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate
* If accepting residents; any reesidents being admitted or re-admitted from other health facilities and communities should be actively screened for the symptoms of COVID-19 and managed under contact and droplet precautions for 14 days. Appropriate infection prevention practices must be implemented for residents returning from treatment or care at other facilities
* Consideration if Resident and family preference is to take the Resident home
* Consideration of separating staff across work areas if possible
* Ensure masks and PPE use in accordance with national guidelines and public health orders
* Look at staff roster and attempt organising in teams/ cohorts – reduce risk of all staff becoming close contacts
* Review / Consider a plan for staff surge workforce
* Staff training and team discussions around modes of infection prevention and control such as resident cohorting
* Have staff areas for staff to change out of uniforms before going home
* Increase cleaning schedules
* A Case Manager will be appointed by the Commonwealth for positive residents .
* Seek Commonwealth assistance for staff resourcing and PPE supplies when required
* Notify the Department of Health and State officials immediately if any confirmed / positive cases of either resident or staff via agedcareCOVIDcases@health.gov.au
* Lessons from outbreaks in Australia have shown that it is vital to have widespread testing in facilities as soon as one case is detected. The [CDNA COVID-19 National Guideline](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)s for Public Health Units recommends testing all residents and staff when a case is identified.
 |
| ***King Island Community Health Services( CHS)**** Notify staff of the Level 3 Response activation and requirements: DON will maintain effective communications with staff
* CHSs to provide essential services only and only if safe to do so; strict review of service delivery if local outbreak
* Suspend local non-essential CHS’s i.e. Home Care Services with approval from RHEMT NW Team Commander and notify DOH Executive and Commonwealth
* When current services are suspended consider alternative service provision and support for high needs outpatient and community service clients
* All staff members to complete THS Facility Screening (with temperature checks) tool before commencing on shift
* All community clients still receiving services to be screened using the CHS Client Risk Screening form prior to each home visit occurring
* Use of appropriate use of droplet and contact precautions PPE for staff providing direct care to community members
* Maintain PPE supplies
* Provide ongoing training and education to all staff on IPC and PPE practices, conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* COVID-19 Swabbing for staff as required
 |
| ***King Island Visiting Services**** Scheduled services to be contacted by the DON to inform of site response status
* All providers are to adhere to current Essential Traveller requirements for Border Protection – all visiting services are to be suspended at Level 3 if COVID-19 present in local community
* Review of visiting services to be conducted by the DON and Nursing Director Primary Health North West with all services, other than those assessed as high priority or urgent, to be cancelled. Individual services to be advised if scheduled site visits will be suspended or if to continue
* Where a service is to continue the RHEMT NW Team Commander must approve and the DON to confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place. Staff of the visiting service and all clients must be screened prior to entering the facility, wear PPE and to be informed of the required social distancing and hygiene standards
* Confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Every client and visitor to the site to complete the THS Facility Screening Tool prior to entering the facility and to be informed of the required social distancing and hygiene standards
* Services could be provided via telehealth as an option.
 |
| ***King Island Contracted Services**** Review the continuation of contracted services and suspend all non-essential / FIFO contractors
* Ensure appropriate infection control practices are in place when delivering / receiving services
* Use alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site

*Ochre Health* * DON / Nursing Director will ensure Ochre Health RMPs are informed of response status, requirements and processes
* Ochre Health will continue to provide contracted medical services to the KIHHC
* If Ochre cannot meet contracted requirements at this time, THS would review the requirements and seek alternative options for the provision of medical services at KIHHC
* 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
* RMP will complete the THS Facility Screening tool when arriving at the facility
* All RMPs 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-NW Deputy Director of Medical Services and Nursing Director, Primary Health North West, to meet as required with Ochre Health Director of Medical Services and Ochre Regional Manager

*Co-Located General Practice* * Open communication and sharing of information is essential - ensure RMPs and Practice Manager are informed of response level, management strategies and requirements
* RMP will be utilising telehealth and phone consultations where possible
* All clients will undertake the THS Facility Screening tool when arriving at the facility
* All patients will be allowed entry to the facility but will be directed straight to the Ochre Clinic waiting room which is separated from the inpatient area of the hospital. If a patient is an identified risk on the THS Facility Screening Tool a discussion will occur with Ochre Practice Manager. The patient may be applicable to return to their car and wait for the RMP to be available and then return t the clinic wearing a face mask for their consult. Ochre will be responsible for any cleaning inbetween patients.
* Ochre patients will not access any other area of the hospital without a conversation with the DON / Nurse in Charge

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. Patent will be given a mask to wear.*NW Pathology* * DON will ensure NW Pathology are informed of response status, requirements and processes
* At level 3 the provision of outpatient pathology services will only be available for urgent requests only
* All outpatients will be screened using the THS Facility Screening Tool when arriving at the facility and will be directed straight to the clinic room.
 |
| **Level 4 Response - Major Incident Phase** *Level 4 is a heightened Response Phase, where Level 3 capacity has been exceeded and a Statewide system response is necessary to manage service delivery and/or the number of presentations or patients with COVID-19.* |
| **Movement to Level 4 requires approval from the State Health Commander. Complete lock down and closure of subacute District Hospital beds on approval from the Public Health, State Health Commander via RHEMT NW Team Commander.*** Move to Statewide System Response
* NW Emergency Operations Centre provides seven day per week support - Daily Clinical Stakeholder Briefings, THS EOC (weekdays), THS ECC (weekdays)
* Liaise and take direction from the RHEMT NW Team Commander regarding testing, quarantining and cleaning processes relating to decommissioning
* Consult with Ochre Medical Centre Smithton on hospital decommission plans as required
* Maintain communication and sharing of information with all staff members
* Notify the general public and clients of any cessation of services
* Activate alternative plans for Meals on Wheels program management
* Follow Outbreak Management Plan
* All sub-acute inpatients to be reviewed and either discharged home with support services, or transferred to a tertiary facility
* Testing of all inpatients and ALL staff (prior to transfer out)
* No new admissions.
* KIHHC EFRU commence bypass - only to assess, manage and arrange retrieval if not able to bypass and if safe to provide care at KIHHC EFRU
* External operational guidance and management will be required including SES
* Updated signage in place
* Commence cleaning and recommissioning of the facility
* Maintain communication and sharing of information with all staff members
* Media & Communications to provide information to the public

*Netherby Home** Activate the Outbreak Management Plan
* Lock down the Aged Care wing – no new admissions
* Residential Aged Care area to be closed off from the rest of the hospital area while determination made about future care provision and residents transferred out if this is deemed required action
* Transfer Residents to another facility if required
* If any residents are COVID positive cohort / isolate residents and split staff if possible to reduce spreading the infection to others.
* Ensure appropriate clinical management of the case with the local RMP – case by case basis
* Commence contact tracing if required
* Commence surveillance for additional cases
* Contact the Commonwealth to make a notification via agedcareCOVIDcases@health.gov.au. A case manager will be assigned.
* Discuss need for external surge workforce with case manager
* Ensure all appropriate IPC measures are followed – hand hygiene, social distancing and PPE,
* Increase environmental cleaning schedules
* Ensure appropriate signage
* Work with residents and their families to keep everyone informed and following correct procedures
* Increase monitoring of residents for symptoms; taking clinical observations three times a day
* Monitor and source adequate rapid supply of PPE
* Replace all servery items such as trays, cutlery and crockery with disposable items
* Review laundry arrangements
* Administrative staff to manage communications with the Media & Communications team
* Establish a single point for community & media enquires

[www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility](http://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility) |

**Health West: West Coast District Hospital & Rosebery Community Health Centre**

The West Coast District Hospital (WCDH) provides Queenstown and surrounding West Coast of Tasmania communities with access to quality health services including Emergency First Response, 9 subacute inpatient beds, plus manage and provide a 16 Residential Aged Care facility on site.

Being in a remote location, WCDH plays a significant role in emergency care. Ambulance Tasmania have a presence on the West Coast with local branch station with Paramedic in Queenstown plus branch station with 1 Paramedic in Zeehan; this service is supported by a small number of volunteers. Critical care management advice and retrieval services are provided by Ambulance Tasmania. Medical and Nursing staff ae required to provide emergency critical care while awaiting aero-medical retrieval.

Contracted pathology services during office hours (plus on-call out of hours) cover point of care testing and other pathology testing that are couriered to NW Pathology Mon-Fri

***Visiting Services (V) & onsite State-wide Services include:***

*\*Rural Health Outreach Funding (RHOF)*

|  |  |  |
| --- | --- | --- |
| **THS North West Services** | **DoH / THS State-wide Services** | **External Health Services** |
| Physiotherapy (V)Podiatry (V)\*Maternity Services (V)\*Paediatrics(V)\*Obstetrics & Gynae (V) | Child Health & Parenting Oral Health ServicesMental Health (V) | Regional Imaging (contracted)\* Australian Hearing (V)\* Eyelines (V)\* Private Dentistry (V) |

***State-wide Services*:**  that maintain a local presence include Ambulance Tasmania, ChaPS, and Oral Health Services

The Rosebery Community Health Centre (RCHC) is a non-inpatient facility that operates 24hrs/day, 7 days/week. This sits under the management of the Director of Nursing West Coast. RCHC provides emergency response and a range of community-based services including Community Health Nursing, Home Help/Personal Care and Home Maintenance and delivery of Home Care Packages

***Visiting services***: RHOF Midwifery outreach services, Obstetrics and Gynae clinics as well as Paediatric clinics.  Additional visiting services from private provide Eyelines.

# Escalation Level Response

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

|  |
| --- |
| **Level 1 Response - Preparation Phase - *involves maintaining business continuity whilst plans are made for the region to prepare for escalation to Level 2.*** |
| ***West Coast District Hospital & Rosebery Community Health Centre**** Prepare and support WCDH & RCHC to maintain business continuity in line with THS Escalation Principles (‘Business as Usual’)
* Monitor Public Health information and management advice (clinical care & emergency response)
* Monitor information on status of the disease and current local response
* Ensure regular communication and sharing of information on emergency level, preparedness and actions with staff and key stakeholders (including the local Council)
* Ensure relevant and appropriate information forwarded to local community through site newsletters and correspondence so community and family are aware of preparation actions and visitor requirements
* Contact tracing training as per the *Statewide Outbreak Management Plan* and COVID-19 Contact Tracing and Management-THS NW Guideline
* Watching brief on current situation
* Consider and prepare for scenario training
* Anticipate, plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response

**Environment*** Implement COVID Safe Workplace Measures (social distancing, signage and entry points)
* Complete and monitor WCDH & RCHC CoVID Safe WorkPlace Plans
* Appropriate and consistent signage at entrances, reception and waiting areas
* Ensure Hand Hygiene stations at all entrance and reception points, and all common areas
* Ensure all visitors complete COVID-19 Facility Screening prior to entry to the facility
* Monitor social distancing practices in the workplace -monitor meetings, education sessions, workspace allocation and meal breaks
* Prepare outbreak kit at reception
	+ masks / tissues / gloves / information for people that present with respiratory symptoms
* Identify designated area for community presentations to the hospital who are concerned, but asymptomatic, and support to contact the Public Health Hotline
* Set up Isolation (single) room for suspected COVID-19 presentation that requires assessment & intervention before transfer to NWRH
* Prepare to increase cleaning services to manage cleaning frequency of high touch areas
* Staff / Student Accommodation:
	+ communicate with staff around cleanliness of shared spaces in the THS Accommodation.
	+ review and replace signage.

**Service Delivery*** Provision of normal services whilst reviewing service administration, service delivery and business activity in preparation for level 2
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Review Community Health Services activity in preparation to reduce services to essential only or alter models of care
* Complete Pre-visit Community Client Risk Screening to be conducted for all new and existing community service referrals
* Consult with any onsite Statewide Services that providing visiting services at WCDH & RCHC
* Request information from visiting THS / external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program
* Clarify medical services requirements and supports with Ochre Health
* Implement Visitor Restrictions as per THS COVID-19 Visitor Policy at WCDH
* Comply with Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Liaise with families / carers of Residents in Lyell House
* Continue daily Health Screening for Residents in Lyell House
* Review and update COVID-19 Safety Plan as required

**Human Resources*** Plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response.
* Ensure all contact lists of staff, students, families etc are updated and easily located (including the Employee Self-Service Portal)
* Provide regular information, education and awareness sessions for all staff on COVID-19 transmission, signs and symptoms and risk minimisation
* All staff to complete Mandatory IPC Education and PPE Training Package / Refresher annually
* Conduct regular auditing of IPC practices and PPE donning and doffing
* All staff to undertake COVID-19 screening prior to commencement on duty
* All staff to download the COVIDSafe App on all government mobile phones to assist with contract tracing in the event of exposure to COVID-19.
* Provide regular updates to all staff to occur about incident management approach and direction from RHEMT Staff Communique
* Review Staffing / Roster: fill all vacancies to proposed benchmark plus additional capacity i.e. above establishment for 6 months with recruitment and or locum nursing staff to balance any surge activity
* Monitor health status of staff : ensure all staff understand and take responsibility for monitoring their own health status and know that they are not to come to work if experiencing any respiratory symptoms or feeling unwell
* Maintain Student Programs
* Maintain the PH NW COVID-19 Workforce Workbook include the following information:
	+ Identify staff who meet the Vulnerable Persons criteria and plan alternative duties or working from home arrangements (risk assessment based) if move to Level 2 response
	+ Identify staff who are willing to do additional hours, and or 12-hour shifts
	+ Consider and plan redeployment options of staffing groups
* Consider and plan engagement of additional staffing group ward attendants & AINs
* Review all annual leave approvals and cover i.e. finalise KIHHC Leave Management Plan
* Offer COVID-19 vaccination to all new staff

**Equipment & Supplies*** Implement Level 1 PPE Framework. Anticipate the impact of hospital supplies; take required action to ensure availability of adequate supplies
* Ensure and monitor a minimum of 72 hour stock supply is onsite in preparation for increased activity and estimate the consumption of essential supplies across the response levels

- personal protective equipment (gloves, gowns, masks, eyewear)- hand hygiene products (alcohol-based hand rub, liquid soap, hand towel)- cleaning supplies (detergent and disinfectant products)- linen- medical gas supplies- pharmacy (prepare for any disruptions in the supply chain)* Consult with Corporate Services to ensure the continuous provision of supplies
* Review and order any required additional equipment

**Lyell House*** Monitor changes to Australian Government COVID-19 guidelines, testing protocols and resources available for RACFs

[CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia)* As per Australian Government Depart of Health requirements – ensure on site qualified IPC expert staff member (and all mandated staff vaccination reporting is being completed)
* Ensure appropriate signage available
* Adhere to CoVID Resident, Staff and Visitor Screening tools and processes
* Where relevant adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy*
* Meet / Consult with families to inform of plans if their family member becomes a suspect or positive case and to update all personal information, and ensure they are aware of visitor guidelines
* Ensure Advanced Care Directives / Goals of Care are up to date for each resident.
* Plan ways to facilitate conversation and social connection between residents and their families in the event of an outbreak eg FaceTime
* Suport and encourage hand and respiratory hygiene by residents, staff and visitors and ensure handwashing stations, handgel, tissues and rubblish bins are available throughout the facility
* Outbreak Management Box on site specific for aged care residents, include;
	+ contact list of staff
	+ list of alternate suppliers/contractors for catering, laundry and cleaning, and all key contacts
	+ list of all contacts for each Resident
	+ pre-prepared and informative signs including for floor plan of designated zones and for donning and doffing PPE stations
	+ templates: talking points, letters for residents families,
	+ review the [OPAN COVID-19 Communications Toolkit](https://opan.com.au/covidresourcesvic-3/) for additional resources – see approval through RHEMT
* Determine and plan how to provide food for Residents and staff in the event of an Outbreak
* Ensure adequate available stocks of PPE and cleaning supplies; separate stock to the KIHHC Rural Inpatient & EFRU
* Ensure and monitor a minimum of 72 hour separate stock supply for aged care residents is onsite in preparation for increased activity and estimate the consumption of essential supplies across the response levels
* Draft Floor maps for cohorting (zones) to be displayed for staff and visitors and a copy stored in the Outbreak Management Box
* Plan how to separate staff if an outbreak occurs ie minimising staff interaction between shifts and ensuring a designated workforce to residents
* Maintain an vaccination register of all staff and residents
* Weekly mandatory report via MAC Provider Portal of the number of Residents and workforce that are vaccinated
* Ensure all staff (including casual, domestic, hospitality and volunteer workers) are trained in IPC, PPE use and the activation of the RACF Outbreak Management Plan
* Determine if cleaning schedules and waste management routines are adequate
* Assess all Residents that are to be admitted and / or transferred from other facilities; follow the current testing recommendations
	+ If concerned about an incoming Resident consider admitting to a designated room for close observation and limit the residents movements within the facility for 14 days. Seek further advice to confirm appropriateness of staff wearing PPE to provide care.
 |
| **Level 2 Response - Alert Phase  *involves operationalisation of some plans and actions in preparation for an escalation to Level 3.*** |
| ***West Coast District Hospital*** To minimise staff exposure, prevent/slow transmission of illness, preserve resource for escalating demand and ensure continued application of infection prevention and control strategies* Provide services as per normal business; hospital and community services
* All staff members to complete THS Facility Screening Tool before commencing on shift to ensure fit for duties. Commence temperature checks if community transmission and when advised by RHEMT
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* 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
* Update hospital signage
* Implement Level 2 PPE Framework
* Ensure adequate PPE stocks
* Provide ongoing training and education to all staff on IPC and PPE practices
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Weekly review & monitoring of stock / orders / delivery dates.
* Setup of additional storage spaces. COVID and non-COVID areas.
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* All emergency presentations to be screened on presentation using EFRU COVID-19 Screening Tool
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Ensure regular communication and sharing of updated information with all District Hospital staff including RMPs
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff so aware of whole of THS-NW and State-wide status and actions
* Increase cleaning services to manage cleaning frequency of high touch areas
* Arrange on call service for after-hours high risk cleans
* Conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Maintain the PH NW Workforce COVID-19 Workforce Workbook
* include recording any staff requiring isolation due to displaying of signs & symptoms
* Vulnerable staff – action any management plans
* Consider separation of nursing and hotel services workforce
* Implement Level 2 Visitor Restrictions – as per Statewide Visitor Policy; subject to any additional Public Health Directions
* Continue with Visitor Facility Screening with the addition of temperature checks where community transmission is present
* Comply with THS-NW Patient Transfer Protocol and Policy for transfer of inpatients to RACF’s and other facilities
* Consider students not to be located in COVID suspected zones eg EFRU
* Students not to work outside facility whilst on placement
* Consider suspension of any volunteer programs depending on contained cases versus community/other transmission
* Communication tools e.g. mobile phones, walkie talkies, iPads / tablets (plus covers) to facilitate communication between COVID / non - COVID areas, patients and families
* Planned staffing, rostering and management of additional resources and equipment requirements enabling an anticipated/imminent Level 3 Response
* All locums must meet the current Essential Traveller requirements and follow the Tasmanian Government requirements for entry into Tasmania
* Plan and monitor with local government regarding future planning for alternative arrangements for Meals on Wheels program

**Patient management for COVID positive or suspect patients:** * Liaise with RHEMT-NW Team Commander asap and follow instructions
* Adhere to directions as per the THS-NW Managing Positive and Suspect COVID-19 Patients Protocol
* Any person presenting as emergency case who is identified as suspected COVID to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* a suspect category 1,2, &3 emergency clients to be managed whilst awaiting ambulance transfer to a tertiary hospitals directed by liaison with RHEMT-NW Team Commander
 |
| ***Lyell House*** * Monitor changes to Australian Government CoVID guidelines, testing protocols and resources available for RACFs

[CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia)* As per Australian Government Depart of Health requirements – ensure on site qualified IPC expert staff member
* Ensure Advanced Care Directives / Goals of Care are up to date for each resident.
* Ensure all staff are competent with IPC and PPE use
* Maintain an vaccination register of all staff and residents
* Weekly mandatory report via MAC Provider Portal of the number of Residents and workforce that are vaccinated
* Ensure all staff (including casual, domestic, hospitality and volunteer workers) are trained in IPC, PPE use and the activation of the RACF Outbreak Management Plan
* Determine if cleaning schedules and waste management routines are adequate
* Ensure adequate available stocks of RACF PPE and cleaning supplies
* Consideration of separating staff across work areas if possible
* Revisit discussion & review plans for cohorting (zones)
* Update appropriate signage
* Adhere to COVID-19 Resident, Staff and Visitor Screening tools and processes
* Adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy*
* Regular checks and monitoring of Outbreak Plan and kit (keep up to date)
* contact list of staff
* list of alternate suppliers/contractors for catering, laundry and cleaning, and all key contacts
* list of all contacts for each Resident
* pre-prepared and informative signs including for designated zones and for donning and doffing PPE stations
* templates: talking points, letters for residents families
* review the [OPAN COVID-19 Communications Toolkit](https://opan.com.au/covidresourcesvic-3/) for additional resources – see approval through RHEMT
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies when appropriate to Residents / Families / Carers
* Conduct visits in the resident’s room, outdoors, or in a specific designated area (rather than communal areas where the risk of transmission to other residents is greater)
* Hand hygiene and respiratory hygiene by residents and staff: ensure handwashing stations, hand gel, tissues and rubblish bins are available throughout the facility
* All visitors must practice hand hygiene and social distancing
* Measures such as phone or video calls should be made available to all residents to enable continuation of communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate
* Postpone large group visits, gatherings, and external excursions
* Assess all Residents that are to be admitted, returning and / or transferred from other facilities; follow the current testing recommendations
* If concerned about an incoming Resident consider admitting to a designated room for close observation and limit the residents movements within the facility for 14 days. Seek further advice to confirm appropriateness of staff wearing PPE to provide care
* Seek Commonwealth assistance for staff resourcing and PPE supplies if required
 |
| ***Rosebery Community Health Centre**** Provide services as per normal business
* All staff members to complete THS Facility Screening Tool before commencing on shift to ensure fit for duties. Commence temperature checks if community transmission and when advised by RHEMT
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* 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
* Update CHC signage
* Implement Level 2 PPE Framework
* Ensure adequate PPE stocks
* Provide ongoing training and education to all staff on IPC and PPE practices
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Weekly review & monitoring of stock / orders / delivery dates.
* Review essential vs non-essential service delivery including any scheduled maintenance, capital works and regular deliveries to the site
* All emergency presentations to be screened on presentation using EFRU COVID-19 Screening Tool
* Review Outpatient Clinic activity and plan which Clinics are a priority to maintain if emergency response level escalates
* Ensure regular communication and sharing of updated information with all staff including RMPs
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff so aware of whole of THS-NW and State-wide status and actions
* Increase cleaning services to manage cleaning frequency of high touch areas
* Conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Implement Level 2 Visitor Restrictions – as per Statewide Visitor Policy; subject to any additional Public Health Directions
* Continue with Visitor Facility Screening with the addition of temperature checks where community transmission is present.
* Consider suspension of any volunteer programs depending on contained cases versus community/other transmission
* Planned staffing, rostering and management of additional resources and equipment requirements enabling an anticipated/imminent Level 3 Response.
 |
| ***West Coast Community Health Services**** Notify staff of the Level 2 Response activation and requirements - DON will maintain effective communications with staff
* All staff members to complete COVID-19 Screening tool before commencing on shift to ensure fit for duties
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Consider students not to be located in COVID suspected zones eg EFRU
* Students not to work outside facility whilst on placement
* All community clients still receiving service, and all new clients to be screened using the CHS Client Risk Screening form prior to each home visit occurring
* Provide essential CHS only if safe to do so. Review CHS as to appropriateness of continuing non-essential services and provide alternative methods of support for suspended service clients
* Review Community Health Nursing service activity and consider transition to essential - clinical only - Consider telephone contact / services for vulnerable community clients – case by case review
* Review Home Care Services client lists - Domestic Assistance service activity review- Consider telephone contact / services for vulnerable community clients – case by case review
* Inform Commonwealth via DoH of any changes re contractual requirements
* Provide ongoing training and education to all staff on IPC and PPE practices, conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Maintain the PH NW COVID-19 Workforce Workbook. Concentrate on;
* Identify vulnerable health care workers and develop plans to reduce risks – reassignment of duties or working from home as per DoH Information Guide: Vulnerable Employees -COVID-19.
 |
| ***West Coast Visiting Services*** * Request information from visiting THS NW and external clinicians regarding their intentions / plans to continue visiting etc. Assess visiting schedule
* Consult with any onsite Statewide Services that providing visiting services at SDH
* All healthcare/locums must meet current Essential Traveller requirements and follow the required process
* DON and Primary Health North West Nursing Director to review scheduled visiting health services and determine if a priority to maintain in level 2 response
* scheduled services to be contacted by the DON to inform of site response 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
* if to continue confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Telehealth clinics to continue where possible
* Every visitor / outpatient to the site to complete the Facility Visitor Screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards
* Contracted staff undertake education on PPE use and IPC controls as required
* Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and social distancing and hand hygiene is supported
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| **Level 3 Response – Activation *involving activation of strategies and actions to respond to an increase in COVID-19 presentations and inpatients that require treatment.*** |
| ***West Coast District Hospital***Risk assess and prioritise usual business yet suspend non-essential services to minimize staff exposure, contain community transmission and ensure effective use of resources.* Notify associated organisations and personnel of the Level 3 Response activation and requirements
* Liaise and take direction from the RHEMT-NW Team Commander
* Hospital lockdown: restrict access to the WCDH to essential staff only

- visitors and non-essential staff to be excluded to reduce the risk of casual contact transmission * Maintain EFRU
* Consider reducing open rural inpatient bed numbers
* All non-essential outpatient services and visiting health services to be suspended to minimise staff exposure, contain community transmission and ensure effective use of resources
* Visiting Services and contracted services as required and notify the general public and clients of any cessation of services.
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff, RMPs, contracted services and visiting health professionals
* Update all signage
* Implement *Visitor Restrictions as per THS COVID-19 Visitor Policy* - no visitors unless by approved exemption
* Implement staff and visitor temperature checks with screening
* Implement *Level 3 PPE Framework*
* Ensure all staff have completed PPE training and competency assessment
* Conduct regular auditing of IPC practices and PPE donning and doffing
* Use of appropriate droplet and contact precautions PPE for staff providing direct care
* All staff members to complete THS Facility Screening (include temperature checks) tool before commencing on shift
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* Student Programs ceased
* COVID-19 Swabbing for staff as required; directed by ID Consultant
* Closely monitor staff health & wellbeing
* Maintain the PH NW CoVID19 Workforce Workbook
* Offer alternative clinical duties to staff who cannot safely work inhigh risk areas.
* Implement working from home arrangements for non-clinical staff where require
* Record any staff requiring isolation due to displaying of signs & symptoms
* Continue to review staffing levels and rostering and allocate additional resources where required
* Actively monitor staffing, equipment and resources, especially PPE, to ensure adequate stock and availability given rural location and delivery times
* Seek direction from RHEMT-NW Team Commander if admissions cease and only presentations to EFRU are to be managed
* All emergency presentations to be screened on presentation using COVID-19 District Hospital Emergency Presentation Screening tool
* The triage of patients seeking emergency care should be via intercom /phone if requiring assessment
* Patients and support people attending hospital to wear a surgical mask and staff should DON full PPE
* One staff member to conduct patient assessment and the second staff member to provide supplies and equipment and to act as PPE guardian
* Any person presenting as emergency case who is identified as suspected COVID-19 to be directed to designated treatment area which is separate from inpatient and emergency room/area and IPC precautions implemented including allocated staff who will remain with this patient for duration of presentation
* RHEMT NW Team Commander to determine if patients are admitted, transferred to a tertiary hospital – NWRH or transferred from another facility
* Plan for anticipated / imminent Level 4 Response
 |
| ***Lyell House*** * Complete lockdown of the RACF
* Continued minimum daily communication with RHEMC, Nursing Director Primary Health THS-NW, DoN, Case Manager/s and other relevant stakeholders
* Review Outbreak Management Plan and Incident Management kit (keep up to date)
* Ensure all current and appropriate signage is in place
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies when appropriate to Residents / Families / Carers. Full brief / update to be given to family members daily
* Resident and family access to independent advocacy support and ensuring contact details are provided for OPAN <https://opan.com.au/>
* Adhere to COVID-19 Resident, Staff and Visitor Screening tools as per relevant current guidelines
* Adhere to Visitor Restrictions as per *THS COVID-19 Visitor Policy and current guidelines*
* Visits to Lyell House will be conducted according to the directions from the State Commander and the Public Health Act.
* If vists are allowed implement visitor screening & restriction strategies
* Measures such as phone or video calls should be made available to all residents to enable continuation of communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate
* If accepting residents; any residents being admitted or re-admitted from other health facilities and communities should be actively screened for the symptoms of COVID-19 and managed under contact and droplet precautions for 14 days. Appropriate infection prevention practices must be implemented for residents returning from treatment or care at other facilities
* Consideration: if Resident and family preference is to take the Resident home
* Consideration of separating staff across work areas if possible
* Ensure masks and PPE use in accordance with national guidelines and public health orders
* Look at staff roster and attempt organising in teams/ cohorts – reduce risk of all staff becoming close contacts
* Review / Consider a plan for staff surge workforce
* Staff training and team discussions around modes of infection prevention and control such as resident cohorting
* Have staff areas for staff to change out of uniforms before going home
* Increase cleaning schedules
* A Case Manager mwill be be appointed by the Commonwealth for poisitive residents.
* Seek Commonwealth assistance for staff resourcing and PPE supplies when required
* Notify the Department of Health and State officials immediately if any confirmed / positive cases of either resident or staff via agedcareCOVIDcases@health.gov.au
* Lessons from outbreaks in Australia have shown that it is vital to have widespread testing in facilities as soon as one case is detected. The [CDNA COVID-19 National Guideline](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)s for Public Health Units recommends testing all residents and staff when a case is identified.
 |
| ***Rosebery Community Health Centre**** Notify associated organisations and personnel of the Level 3 Response activation and requirements
* Liaise and take direction from the RHEMT-NW Team Commander
* Lockdown of facility outside of Co-located GP practice hours – negotiate with Ochre GP Clinic operations of clinic at this site
* All non-essential outpatient services and visiting health services to be suspended to minimise staff exposure, contain community transmission and ensure effective use of resources
* Signage erected on outside door to direct presenting client/patients to use intercom for screening purposes
* Notify key stakeholders – MMG, Ambulance Tas, West Coast Council, NWRH – facility closed and bypass activated
 |
| ***West Coast Community Health Services (CHS)**** Notify staff of the Level 3 Response activation and requirements: DON will maintain effective communications with staff
* CHSs to provide essential services only and only if safe to do so; strict review of service delivery if local outbreak
* Suspend local non-essential CHS’s i.e. Home Care Services with approval from RHEMT NW Team Commander and notify DOH Executive and Commonwealth
* When current services are suspended consider alternative service provision and support for high needs outpatient and community service clients
* All staff members to complete THS Facility Screening (with temperature checks) tool before commencing on shift
* All community clients still receiving services to be screened using the CHS Client Risk Screening form prior to each home visit occurring
* Use of appropriate use of droplet and contact precautions PPE for staff providing direct care to community members
* Maintain PPE supplies
* Provide ongoing training and education to all staff on IPC and PPE practices, conduct competency assessments and complete site audits ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas
* Reminder of social distancing practices within the workplace: no team gatherings, group in-service / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks
* COVID-19 Swabbing for staff as required
 |
| ***West Coast Visiting Services**** Scheduled services to be contacted by the DON to inform of site response status
* All providers are to adhere to current Essential Traveller requirements for Border Protection – all visiting services are to be suspended at Level 3 if COVID-19 present in local community
* Review of visiting services to be conducted by the DON and Nursing Director Primary Health North West with all services, other than those assessed as high priority or urgent, to be cancelled. Individual services to be advised if scheduled site visits will be suspended or if to continue
* Where a service is to continue the RHEMT NW Team Commander must approve and the DON to confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place. Staff of the visiting service and all clients must be screened prior to entering the facility, wear PPE and to be informed of the required social distancing and hygiene standards
* Confirm appropriate scheduling is in place to ensure social distancing is maintained and risk reduction measures are in place
* Every client and visitor to the site to complete the THS Facility Screening Tool prior to entering the facility and to be informed of the required social distancing and hygiene standards
* Services could be provided via telehealth as an option.
 |
| ***West Coast Contracted Services**** Review the continuation of contracted services and suspend all non-essential / FIFO contractors
* Ensure appropriate infection control practices are in place when delivering / receiving services
* Use alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site

*Ochre Health (WCDH & RCHC)** DON / Nursing Director will ensure Ochre Health RMPs are informed of response status, requirements and processes
* Ochre Health will continue to provide contracted medical services to the WCDH only
* If Ochre cannot meet contracted requirements at this time, THS would review the requirements and seek alternative options for the provision of medical services
* 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
* RMP will complete the THS Facility Screening tool when arriving at the facility
* All RMPs 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-NW Deputy Director of Medical Services and Nursing Director, Primary Health North West, to meet as required with Ochre Health Director of Medical Services and Ochre Regional Manager

*Co-Located General Practice (WCDH & RCHC)** Open communication and sharing of information is essential - ensure RMPs and Practice Manager are informed of response level, management strategies and requirements
* RMP will be utilising telehealth and phone consultations where possible
* All clients will undertake the THS Facility Screening tool when arriving at the facility
* All patients will be allowed entry to the facility but will be directed straight to the Ochre Clinic waiting room which is separated from the inpatient area of the hospital. If a patient is an identified risk on the THS Facility Screening Tool a discussion will occur with Ochre Practice Manager. The patient may be applicable to return to their car and wait for the RMP to be available and then return t the clinic wearing a face mask for their consult. Ochre will be responsible for any cleaning inbetween patients.
* Ochre patients will not access any other area of the hospital without a conversation with the DON / Nurse in Charge
* 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. Patent will be given a mask to wear.

*NW Pathology (WCDH)** DON will ensure NW Pathology are informed of response status, requirements and processes
* At level 3 the provision of outpatient pathology services will only be available for urgent requests only
* All outpatients will be screened using the THS Facility Screening Tool when arriving at the facility and will be directed straight to the clinic room.

*Regional Imaging (WCDH)** DON / Nursing Director will ensure Regional Imaging are informed of response status, requirements and processes
* Suspension of visiting Regional Imaging Services to be considered
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| **Level 4 Response - Major Incident Phase** *Level 4 is a heightened Response Phase, where Level 3 capacity has been exceeded and a Statewide system response is necessary to manage service delivery and/or the number of presentations or patients with COVID-19* |
| **Movement to Level 4 requires approval from the State Health Commander. Complete lock down and closure of subacute District Hospital beds on approval from the Public Health, State Health Commander via RHEMT NW Team Commander.*** Move to Statewide System Response.
* NW Emergency Operations Centre provides seven day per week support - Daily Clinical Stakeholder Briefings, THS EOC (weekdays), THS ECC (weekdays).
* Liaise and take direction from the RHEMT NW Team Commander regarding testing, quarantining and cleaning processes relating to decommissioning
* Consult with Ochre Medical on hospital decommission plans as required
* Maintain communication and sharing of information with all staff members
* Notify the general public and clients of any cessation of services
* Activate alternative plans for Meals on Wheels (WCDH) program management
* Follow Outbreak Management Plan
* All sub-acute inpatients to be reviewed and either discharged home with support services, or transferred to a tertiary facility
* Testing of all inpatients and ALL staff (prior to transfer out)
* No new admissions
* WCDH & RCHC EFRU commence bypass - only to assess, manage and arrange retrieval if not able to bypass and if safe to provide care at WCDH EFRU
* External operational guidance and management will be required including SES
* Updated signage in place
* Commence cleaning and recommissioning of the facility
* Maintain communication and sharing of information with all staff members
* Media & Communications to provide information to the public

*Lyell House** Activate the Outbreak Management Plan
* Lock down the Aged Care wing – no new admissions
* Residential Aged Care area to be closed off from the rest of the hospital area while determination made about future care provision and residents transferred out if this is deemed required action
* Transfer Residents to another facility if required
* If any residents are COVID positive cohort / isolate residents and split staff if possible to reduce spreading the infection to others
* Ensure appropriate clinical management of the case with the local RMP – case by case basis
* Commence contact tracing if required
* Commence surveillance for additional cases
* Contact the Commonwealth to make a notification via agedcareCOVIDcases@health.gov.au. A case manager will be assigned
* Discuss need for external surge workforce with case manager
* Ensure all appropriate IPC measures are followed – hand hygiene, social distancing and PPE,
* Increase environmental cleaning schedules
* Ensure appropriate signage
* Work with residents and their families to keep everyone informed and following correct procedures
* Increase monitoring of residents for symptoms; taking clinical observations three times a day
* Monitor and source adequate rapid supply of PPE
* Replace all servery items such as trays, cutlery and crockery with disposable items
* Review laundry arrangements
* Administrative staff to manage communications with the Media & Communications team
* Establish a single point for community & media enquires

[www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility](http://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility) |

**Appendix 1: 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: <https://www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do>

[Healthcare Worker IPC Requirements during Coronavirus Disease 2019 (COVID-19) Pandemic](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/438) guidelines 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:

<http://www.dhhs.tas.gov.au/intranet/covid-19_staff_information>

<http://www.dhhs.tas.gov.au/intranet/corporate/human_resources/work_health_safety_and_wellbeing/worker_wellbeing_and_support/EAP> – 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)

[Employee in Vulnerable Groups Declaration](https://www.dhhs.tas.gov.au/intranet/corporate/human_resources/employment/hours/working_from_home/working_from_home_covid-19/Employee_in_Vulnerable_Groups_Declaration_COVID-19.docx)

**Testing**

Notwithstanding the Public Health Testing Strategy, where a Health Care Worker seeks a COVID19 test (symptomatic or asymptomatic) they are able to contact the Central Hub and utilise dedicated Health Care Worker appointments to obtain a test.

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

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

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:

* ask a ‘PPE Buddy’ to review their PPE use and/or to observe them next time they use PPE
* ask a colleague or nurse working in a clinical area to observe them as they utilise PPE and invite them to guide their practice
* contact the RHH Infection Prevention and Control Unit on 6166 8658 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.

Multiple 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) provides a mechanism to rapidly identify DoH staff working in defined DoH high-risk settings that are also working at other (private) hospitals, health and/or aged care facilities, to expedite the timely assessment of whether restrictions on additional external employment is required to minimise the risk of COVID-19 transmission.

**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
* 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 Training**

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

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

**Appendix 3: Infection Prevention**

The North West Region will follow existing protocols and guidelines to minimise transmission and protect staff, patients and the community.

[THS- NW COVID-19 Personal Protective Equipment guideline](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/416)

**Fit Check/Testing**

As legislated within the Tasmanian WHS Regulations, managers and supervisors must ensure that PPE (including P2/N95 masks) 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 masks. Fit-checking involves a quick check each time the mask is put on, to ensure that the mask 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 masks, all staff should undertake training through THEO. The training can be found at:

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

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

[Tasmanian Public Health Service PPE Demonstration Video](http://www.dhhs.tas.gov.au/publichealth/tasmanian_infection_prevention_and_control_unit/healthcare_worker_education/proper_use_of_personal_protective_equipment)

[P2 (N95) Mask Fit Checking (fact sheet)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/transmission-precautions/p2n95-mask)

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

**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 a 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.

**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 or aerosolised particles 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 physical 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 have been 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.

Safe Work Plans are in place in all areas and will need to be maintained and reviewed as the Pandemic progresses.

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 occurrent.

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](file:///%5C%5Clghlpr-fs01%5Cgrpdata%5Chas%5CCEO%5C2014%5CCOVID-19%5COPERATIONAL%20%26%20ESCALATION%20PLANS%5CTHS-NW%5C%E2%80%A2%09https%3A%5Ccm.health.local%5Cpandp%5Cshowdoc.aspx%3Frecnum%3DP20%5C281)

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.

The [THS Outbreak Management Plan](http://gormpr-cm01/pandp/default.aspx?mode=folder&uri=1505779) and the [THS-NW Outbreak Management Protocol](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P2012/0517-013) can be located on the SDMS.

**Contact Tracing**

The World Health Organization (WHO)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.

Local guidelines will be in place to provide a framework for contact tracing within the Tasmanian Health Service (THS) when a case of COVID-19 is detected in a THS service or facility. Staff within the THS regions will be trained in contact tracing to support this activity in the event of an outbreak. Hospitals South have a COVID-19 Contact Tracing Guideline, this document will be maintained to meet requirements in consultation with Public Health Services.

 [THS-NW Contact Tracing guideline](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/144)

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

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 ward, avoiding the Emergency Department.

This COVID-19 Patient Transfer Protocol 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 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 utilise the following bed capacity to respond to COVID-19.

|  |  |
| --- | --- |
| **Hospital** | **Bed Capacity** |
| Hobart Private Hospital | 71 |
| Calvary North | 65 |
| Calvary South | 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.

**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 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 ICYU capability will be increased.

**Appendix 9 – Pharmaceutical Supply**

Tasmanian Health Service Statewide Hospital Pharmacy has:

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

The strategic stockholding of COVID 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 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.
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. [PHLN statement on reporting of SARS-CoV-2 variants of concern and interest | Australian Government Department of Health](https://www.health.gov.au/resources/publications/phln-statement-on-reporting-of-sars-cov-2-variants-of-concern-and-interest) [↑](#footnote-ref-3)
4. [North\_West\_Regional\_Hospital\_Outbreak\_-\_Interim\_Report.pdf (health.tas.gov.au)](https://www.health.tas.gov.au/__data/assets/pdf_file/0006/401010/North_West_Regional_Hospital_Outbreak_-_Interim_Report.pdf) [↑](#footnote-ref-4)
5. [North-West\_Outbreak\_Report\_Final\_10\_May\_2021.pdf (dpac.tas.gov.au)](http://www.dpac.tas.gov.au/__data/assets/pdf_file/0004/564853/North-West_Outbreak_Report_Final_10_May_2021.pdf) [↑](#footnote-ref-5)
6. [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-6)
7. [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-7)
8. Department of Health COVID-19 Emergency Coordination Centre Operating Guidelines, 9 March 2020 [↑](#footnote-ref-8)
9. [COVID-19 Emergency Coordination Centre | DHHS and THS Intranet (health.tas.gov.au)](https://www.health.tas.gov.au/intranet/ecc) [↑](#footnote-ref-9)