

THS – South

COVID-19

District Hospital

Response Plan

Version 2.1

16 December 2021

# Version Control

| **Version Number** | **Creation Date** | **Description of Change** |
| --- | --- | --- |
| 0.1 | 08/05/2020 | Initial Draft |
| 0.1.1 | 27/05/2020 | Draft following feedback with DoN’s and Facility Managers and rural GPs |
| 1.0 | 30/06/2020 | Final Document |
| 2.0 | November 2021 | Update of preamble and Appendices |
| 2.0 | November 2021 | Approved by Secretary DoH. |
| 2.1 | 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

| **Date Approved** | **Name** | **Hyperlink** |
| --- | --- | --- |
|  | THS-South COVID-19 Escalation Management Plan – April 2020 |  |
|  | COVID-19 Planning Template for District Hospitals |  |

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# Introduction

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

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

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 have emerged during 2020/2021 and are proving highly transmissible with an incubation period between 1 and 14 days.

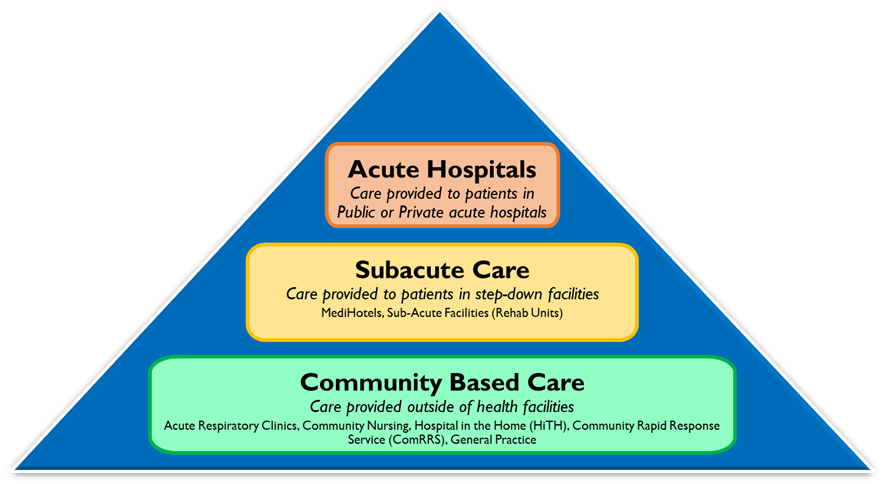
The short infectious period and high transmissibility place an increasing burden on public health resources and contract tracing in the event of an outbreak. The delta variant is also impacting younger adults and school age children, requiring health services to consider their response to supporting 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.

## **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)[[2]](#footnote-2).



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 the Secretary of the Department of Health and the Director of Public Health.

The THS South (THS-S) 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 Royal Hobart Hospital (RHH) 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 plan is to document the THS-S response and recovery arrangements for the THS-S’s District Hospitals: New Norfolk District Hospital and Midlands Multipurpose Centre, as well as the THS S’s contracted sub-acute beds at Tasman Multi Purpose Service (Nubeena), Esperance Multi Purpose Centre (Dover), Huon Regional Care (Franklin) and May Shaw (Swansea). This Plan is a sub plan of the THS-S COVID-19 Escalation Management Plan and is used to guide specific response at the District Hospital level.

The objectives of this plan are to:

* document the THS-S command, control and coordination arrangements for COVID-19
* outline the actions that the THS-S will undertake to prevent disease transmission between staff, patients and visitors at its District Hospitals and other contracted sub-acute beds
* define and prioritise essential business functions, and
* manage risk.

## **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 Public 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.

# Governance

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

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

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

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

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

* Monitoring the strategic coordination of DoH COVID-19 response operations and consequence management.
* Procurement and deployment of clinical, clinical support and corporate resources (human, financial and material) to support DoH COVID-19 response operations and consequence management.
* Collection, assessment, validation and distribution of information on the current and predicated situation.
* Establishing and maintaining liaison with key stakeholders at the intra/inter-agency and intergovernmental level.
* Facilitating and coordinating requests for information and/or assistance from and between the Australian Government and other States and Territories, as it relates to the health-system response, 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 (THS EOC):** responsible for the coordination and management of Tasmanian Health Service COVID-19 response operations and consequence management. The THS EOC is a communication and decision-making fora. Membership includes the Commander THS EOC, Regional 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.

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

## **THS South– District Hospitals Local Response**

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

The RHEMT-S meets three times per week and at other times as necessary to support progression of the actions outlined in the plan, identify risks, develop mitigation strategies and escalate as appropriate. Daily COVID-19 huddles are scheduled to keep the THS-S Executive up to date with all activity and information.

The membership RHEMT-S includes:

* Regional Health Commander / Executive Director Medical Services
* Chief Executive Hospitals South
* Executive Director of Nursing
* Director Allied Health
* Registrar Medical Administration
* Director, Medical Education & Training
* Clinical Director - Women’s Adolescent & Children’s Services
* Nursing Director - Women’s Adolescent & Children’s Services
* Nursing Director - Cancer, Chronic Disease & Sub-acute Care
* Clinical Director - Cancer, Chronic Disease & Sub-acute Care
* Dr Eve Merfield (rural GP)
* Nursing Director – Critical Care, Clinical Support & Investigation
* Clinical Director – Critical Care, Clinical Support & Investigation
* Nursing Director – Surgical & Perioperative Services
* Clinical Director – Surgical & Perioperative Services
* Nursing Director – Acute Medical Services
* Clinical Director – Surgical & Perioperative Services
* Nursing Director – Acute Medical Services
* Clinical Director – Acute Medical Services
* Director - Emergency Department
* Staff Specialist - Pathology/Microbiology
* Nursing Director – Integrated Operations
* Director - Corporate Services
* Project Manager – F&EM
* Infection Control Nurse Manager
* Manager ICT THS – South
* Manager - Medical Orderlies / Security Services
* ADON On-Call
* Clinic Coordinator COVID -19
* ADON – Access & Plow Flow Unit
* A/ Emergency Management Consultant
* Emergency Management Coordinator
* Work Health and Safety Consultant
* Manager Communications
* Southern Region GP Liaison
* A/Manager Media and Communications
* Pharmacy Site Manager
* Project Manager COVID-19
* Human Resource Manager
* Manager Recruitment
* CNC Infection Control
* Staff Specialist Microbiology and Infectious Diseases
* Police Liaison
* Ambulance Tasmania Liaison

The current objectives and priorities of the RHEMT are:

* Early detection of community cases
* Implement THS - South incident management arrangements
* Coordinate the implementation of departmental surge management plans
* Effective human resource management
* Effective engagement of THS partners
* Develop a logistics plan
* Development of internal communications plan
* Ongoing review of Infection Control Measures

The RHEMT is supported by 5 key subgroups:

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

## **Outbreak Reviews**

Where outbreaks occur, either in a community or a hospital, a review report will be completed by Public Health Services and the Department of Health. Any recommendations from the review will be implemented at all levels within the THS to ensure consistency in practice and improvement to operations.

## **District Hospital Services and Capability**

### New Norfolk District Hospital

The New Norfolk District Hospital (NNDH) is a small Tier 2 facility within 30 minutes of the RHH. NNDH operates 14 acute/sub-acute beds. NNDH is collocated with the New Norfolk Community Health Centre which provides a range of community health services, including to the Derwent Valley and the Central Highlands communities. Local GPs employed by the THS as Rural Medical Practitioners and a GP Hospitalist supported by Nurse Practitioner, provide medical care to the inpatient beds, including on call after hours. NNDH has three single rooms which can be used for patients requiring end-of-life care.

### Midlands Multipurpose Health Centre

The Midlands Multipurpose Health Centre (MMPHC) is a Tier1 facility located one hour from the RHH with four acute/sub-acute beds (one of which can be used for palliative care), 18 residential aged care beds and a 24/7 emergency service. Local GPs are employed by the THS as Rural Medical Practitioners to provide medical care to inpatient beds, including on-call after hours. GPs also are available 24/7 (on-call after hours) to provide emergency care. MMPHC has a collocated GP practice.

## **Contracted Services**

### Tasman Multipurpose Service, Nubeena (Huon Regional Care)

Tasman MPS is a Tier 2 facility operated under contract to the THS and Commonwealth. The MPS operates 22 flexible-use beds and a range of community-based services. The current bed allocation is 18 residential aged care and four sub-acute beds. Medical care is provided by a locum GP service currently owned and operated by Huon Regional Care.

### Esperance Multipurpose Health Centre, Dover (Huon Regional Care)

The Esperance Multi-Purpose Health Centre is a Tier 2 facility operated and managed by Huon Regional Care. It has 16 residential aged care beds licensed to Huon Regional Care. The THS-S has a contract with Huon Regional Care to provide three Tier 2 acute/sub-acute beds and nursing support for a 24/7 emergency service to the community. Local GPs are employed by the THS as Rural Medical Practitioners to provide medical care to sub-acute inpatient beds including on-call after hours. The General Practice is collocated at Esperance Multi-Purpose Health Centre. GP Assist is used in the after-hours period by Huon Regional Care for residential aged care.

### Huon Regional Care, Franklin

Huon Regional Care at Franklin is a residential aged care facility with 80 licensed aged care beds. The THS South has contracted nine Tier 2 acute/sub-acute beds at this facility. Local GPs are employed by the THS as Rural Medical Practitioners to provide medical care to the sub-acute inpatient beds including on call after hours. GP Assist is used in the after-hours period by Huon Regional Care for residential aged care.

### May Shaw Inc. (Swansea)

May Shaw Health Centre is a medium sized not-for-profit residential aged care facility operating 47 aged care and three respite beds. The THS-S has a contract with May Shaw to provide three Tier 1 acute/sub-acute beds and provision of nursing support for a 24/7 emergency service to the community. Local GPs are employed by the THS as Rural Medical Practitioners to provide medical care to sub-acute inpatient beds including on-call after hours. GPs are also available 24/7 (on-call after hours) to provide emergency care. The General Practice is collocated with the May Shaw facility.

**Statewide Services**

State-wide Services that provide a visiting service to rural inpatient facility sites in the South include Oral Health, the Child and Parenting Service (CHaPS) and Mental Health Services.

**Contracted Services**

* Huon Regional Care for provision of 12 sub-acute beds at Franklin and Dover and 22 flexible MPS beds at Nubeena. Huon Regional Care also provides nursing support for a 24/7 emergency service at Esperance Multi Purpose Centre (Dover)
* May Shaw for provision of three acute/sub-acute beds and nursing support for a 24/7 emergency service
* **On Site GP Practices (collocated in District Hospital facility)**
* MMPHC
* Esperance Multipurpose Health Centre, Dover
* May Shaw Inc. (Swansea)
* **Part time imaging Service operated by THS-S at New Norfolk District Hospital**
* **Wormalds**
* Fire Services Maintenance Contract including fire protection system and equipment
* **Maintenance and Resource Services**
* Variety of services that provide ongoing compliance, preventative and corrective maintenance at site
* Multiple organisations who regularly deliver needed goods, e.g. PDF Food Services

*THS S contracts sub-acute beds at Nubeena, Dover, Franklin and Swansea. Therefore, governance at these facilities differs from that at the THS-S owned facilities - NNDH and MMPHC*

**Visiting Services**

All District Hospitals/Multi Purpose Centres and contracted services have several visiting health services as outlined above (either at facility or in other buildings on onsite). These are determined by identified community need and availability of health professionals.

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

If, due to escalation level, continuation of visiting services was required to be reviewed; this would be done on a site- by-site basis by the Nursing Director - Cancer, Chronic Disease and Subacute Care, and respective District Hospital Director of Nursing or site managers.

# Current triggers and actions for escalation levels

The THS Emergency Operations Centre has agreed to the following statewide health service escalation trigger response plan. These triggers relate specifically to the THS S District Hospital’s and contracted sub-acute beds and should be read in conjunction with the overarching THS S Escalation Management Plan Triggers.

|  |  |
| --- | --- |
| **Level 1– Preparation Phase** | **Trigger Points** |
| Triggered by the wider COVID-19 response for THS-S |
| **Level 2– Alert Phase** | Triggered by the wider COVID-19 response for THS-S  If the RHH escalates its response tier  *and/or*  local safe staffing levels (including nursing, RMP’s and support staff) are at risk or compromised |
| **Level 3– Activation Phase** | Triggered by the wider COVID-19 response for THS-S  there is an increase in the number of COVID-19 positive cases and / or in transmission in the local community  *and/or*  service demands exceed staffing or staffing levels are compromised  *and/or*  when a presenting patient to \*emergency room or a current inpatient being cared for by District Hospital staff has tested positive to COVID-19  and/or  where a staff member of the hospital has tested positive for COVID-19  \*May Shaw (Swansea), Esperance Multi Purpose Centre and Midlands Multi Purpose Health Centre only. |
| **Level 4– Major Incident Management** | Triggered by the wider COVID-19 response for THS-S  *and/or*  there is an increase in the number of COVID-19 positive cases and / or in transmission in the local community  *and/or*  where a District Hospital, Multi Purpose Centre or contracted inpatient service demand is exceeded and staffing levels are compromised  *and/or*  when a presenting patient to Emergency First Response Unit or a current inpatient being cared for by DH staff has tested positive to COVID-19;  and/or  where a staff member of the District Hospital has tested positive for COVID-19 |

# Escalation Level Response

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

# Level 1 Response - Preparation Phase

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| **Level 1 Response - ‘Preparation Phase’ (All Facilities)** |
| * Maintain business continuity in line with THS Escalation Principles (‘Business as Usual’) * Plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 2 Response * Watching brief on current situation * Provision of normal services while reviewing service administration, service delivery and business activity in preparation for level 2 * Consider and plan for suspension of non-essential services based on social distancing requirements. * Ensure regular communication and sharing of information on emergency level, preparedness and actions with staff and key stakeholders. Ensure communication with the local Councils to inform of the Level 1 Response and preparedness * Anticipate and plan for Level 2 response * Watching brief on current situation   *Environment*   * Arrange appropriate and consistent signage at entrances, reception and waiting areas * Ensure Hand Hygiene stations at all entrance and reception points, and all common areas * Prepare outbreak kit at reception including masks / tissues / gloves / information for people that present with respiratory symptoms * Set up Isolation (single) room for suspected COVID-19 presentation that needs assessment & intervention before transfer to RHH * Prepare to increase cleaning services to manage cleaning frequency of high touch areas * Staff / Student Accommodation - Communication with staff around cleanliness of shared spaces in the THS Accommodation. Review and replace signage. (MMPHC and May Shaw only)   *Maintain service delivery*   * Review essential vs non-essential services * Review Outpatient Clinic Activity (as applicable) * With  Community Health Nursing Service (CHNS) and Home Care Service Managers, review activity in preparation to reduce services to essential only * Request information from visiting THS / External clinicians regarding their intentions / plans to continue visiting etc * Clarify medical services (RMP) requirements and supports. * Consider COVID-19 Assessment & Screening area (drive through) to identify and manage patients who meet the COVID-19 case definition – working with local GP and Public Health   *Human resources*   * Covid vaccination a condition of employment * All staff to complete the DoH Screening (encourage to download App) * Personal hygiene, particularly hand hygiene, sneeze and cough etiquette * Appropriate use of PPE such as gloves, gowns, eye protection and masks, including how to don and doff PPE correctly. Staff to watch instructional videos and advise any issue with fit checks to infection prevention and control (IP&C) Service. Documentation kept on all staff who have completed education sessions * Ensure procedures and process to safely handle clinical waste disposal is in place * Regular updates to occur about management approach and direction from RHEMT Staff Communique * Update all contact lists of staff, students, families, and Regional Incident Management Team & clear communication tree to be completed * Surge Plan consultation to occur with staff * Review Staffing - Fill all vacancies to proposed benchmark * Monitor health status of staff a. staff returning from overseas & Interstate, and the need to self-isolation for 14 days b. all staff both hospital and community screened each shift * Ongoing communication to staff not to attend work if unwell. Seek Covid test as per criteria. * Review all annual leave approvals and cover (i.e. leave management plan) * Identify vulnerable staff develop plan to manage * Consider requirement for psychological support for staff * Identify (and plan) staff who are willing to do additional hours, and or 12-hour shifts * Consider and plan engagement of additional staffing group ward attendants and Assistant in Nursing (AINs) * Consider and plan redeployment options of staffing group/s * HCS staff allocated tasks if service hours reduced   *Equipment and supplies*   * Pharmacy - stock reviews / preserve to commence in preparation for increased activity * General Stock reviews / preserve to commence in preparation for increased activity:   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   * Review and order additional equipment * Order medical equipment is required for surge phases and purchase/procure   *Specific to MMPHC, EMPC and May Shaw Emergency Rooms*   * All presentations to emergency room should be screened at entrance - if possible - using formal emergency COVID-19 Screening Tool * Separate area in emergency for respiratory illness presentations. |

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# Level 2 Response - Activation Phase

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| **Level 2 Response ‘Activation Phase’** |
| **New Norfolk District Hospital (NNDH)**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council.   *Facility wide*   * Support other THS-S facilities with patient discharge / transfers: acceptance of non-COVID19 subacute patients from other THS South facilities, including RHH * Visitor policy to comply with Public Health directions and THS Policy * Update signage & communication * Commence social distancing practices within the workplace - no team gatherings, group Inservice / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks * Increase cleaning services to manage cleaning frequency of high touch areas * Screen all visitors, outpatient / contractors etc   *Service Review*   * Review CHN & HCS service activity * Review services and consider transition to essential - clinical only * Consider telephone contact / services for vulnerable clients – case by case review * Service managers to review Home Care Client Lists * Service managers to review Domestic Assistance service activity review * Consider commencement of COVID-19 Assessment & Screening Clinic area to identify and manage patients who meet the COVID-19 case definition * Awareness of Testing clinics - requirements and booking process * Early discharge of local inpatients able to be managed by Community Service   *Staffing*   * DoN, Community Nursing and other service managers to develop plan for redeployment of Community staff within hospital if appropriate * Review availability of part time staff to do additional shifts * Confirm process to fast track staffing support from RHH casual pool * Increase clinical, administrative and hotel services as required * Review Allied Health Professional staffing and increase as required to ensure ability to provide needed services and discharge planning * Review & identify vulnerable staff and develop plan to manage - follow formal application process for Vulnerable Staff * Consider Working from Home for relevant staff - ensure IT requirements * Set up roster for segregation of nursing staff / cleaning staff if possible * Ensure effective Staff Information & Awareness * Monitor staff health & wellbeing * Maintain staff screening prior to work attendance. 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 * Ensure the wellbeing of staff, and their immediate family, is monitored and encourage access of EAP support when required * Daily review / risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs * Develop framework to provide staff with formal psychosocial support * Monitor and address all staffing groups ongoing training and education needs specifically regarding IPC practices, and the use of IT * Consider Outbreak Management response - staff trained in contact tracing * Communication with all staff about escalation   *Equipment / stock*   * Increase Pharmacy stock - increase stock of respiratory medications & intubation meds * Increase Stores stock - weekly order of PPE & cleaning consumables * Specific patient equipment needs to be obtained from RHH equipment stores prior to transfer   **NNDH – Contracted Services**   * Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards. Non essential work deferred * Review any scheduled minor or capital works and reschedule if non-urgent * Inform organisations who will continue regular delivery goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility * Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as social distancing requirements and hygiene standards that must be adhered to.   **NNDH Visiting Services**   * Scheduled services to be contacted by the Director of Nursing (DON) to inform of site response status and measures initiated to minimise community and direct contact spread * DON NNDH to review scheduled visiting health services and determine if a priority to maintain in the current environment * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and social distancing is supported * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **Midlands Multipurpose Health Centre (MMPHC)**  Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council *Facility wide*   * Support other THS-S facilities with patient discharge / transfers: acceptance of subacute patients from other THS South facilities (COVID-19 Neg) * Update signage & communication * Commence social distancing practices within the workplace: no team gatherings, group Inservice / PD, accommodate changes for staff handover practices, and for staff workspace allocation and meal breaks * Increase cleaning services to manage cleaning frequency of high touch areas * Visitor policy to comply with Public Health directions * Screen all visitors - outpatient / contractors etc   *Service Review*   * Review and modify outpatient activity * CHN & HCS managers to review service activity. Review services and consider transition to essential - clinical only * CHN and HCS Managers to consider telephone contact / services for vulnerable clients – case by case review * Home Care Client Lists reviewed * Domestic Assistance service activity review * Consider Commence COVID-19 Assessment & Screening Clinic area to identify and manage patients who meet the COVID-19 case definition * Awareness of Testing clinics - requirements and booking process * Early discharge of local inpatients able to be referred to Community Services   *Staffing*   * Redeploy Community staff to hospital if appropriate * Review availability of part time staff to do additional shifts * Confirm process to fast track available staff from RHH casual pool * Increase clinical, administrative and hotel services as required * Review Allied Health Professional staffing and increase as required to ensure ability to provide needed services and discharge planning * Review & identify vulnerable staff and develop plan to manage - follow formal application process for Vulnerable Staff. Consider Working from Home for relevant staff - ensure IT requirements * Set up roster for segregation of nursing staff / cleaning staff if possible * Roster staff into teams where possible (emergency, sub-acute, RAC) * Ensure effective Staff Information & Awareness * Monitor staff health & wellbeing * All staff members to complete COVID-19 screening tool before commencing on shift to ensure asymptomatic – must contact Public Health Hotline when indicated and remain on leave until cleared by Public Health to return to work. Completed screening tools to be stored on O drive for auditing purposes * Ensure the wellbeing of staff, and their immediate family, is monitored and encourage access of EAP support when required * Daily review / risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs * Consider options / develop framework to provide staff with formal psychosocial support * Monitor and address all staffing groups ongoing training and education needs specifically regarding IPC practices, and the use of IT * Outbreak Management response coordinated from RHH * Communication with all staff about escalation * Assessment of staff requiring accommodation options if unable to return to home if nursing people with suspect COVID-19 positive status   *Equipment / stock*   * Increase Pharmacy stock - increase stock of respiratory medications & intubation meds * Increase Stores stock - weekly order of PPE & cleaning consumables   **Collocated General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * GP and practice staff will complete screening tool when arrive at the facility * Open communication and sharing of information are a priority * GP patients will be allowed entry to the facility but will be directed straight to the GP Practice which is separated from the inpatient area of the hospital * GP patients will 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   **MMPHC – Contracted Services**   * Review requirement for any scheduled maintenance and defer site visits if deemed non-urgent or not required to meet regulatory compliance standards * Review any scheduled minor or capital works and reschedule if non-urgent * Inform organisations who will continue regular delivery goods and resources to the site of the need to complete the visitor screening tool prior to entry or alternative delivery methods to negate need to enter the facility * Inform contractors who will access the site to attend maintenance or works of the requirement to complete the visitor screening tool prior to entry as well as social distancing requirements and hygiene standards that must be adhered to.   **MMPHC Visiting Services**   * Scheduled services to be contacted to inform of site response status and measures initiated to minimise community and direct contact spread * DON MMPHC to review scheduled visiting health services and determine if a priority to maintain in the current environment * Individual services to be advised if scheduled site visits will be suspended and the need to source alternative accommodation to continue their service or to cancelled client appointments * Every visitor to the site to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Visiting service appointments to be scheduled to ensure that the number of people in the waiting area are kept to a minimum and social distancing is supported * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **Huon Regional Care Contracted Beds (Tasman Multipurpose Service, Nubeena; HRC, Franklin; Esperance Multi Purpose Centre, Dover)**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Councils   Huon Regional Care management to implement the following practices and processes:  *Facility wide*   * Patient discharge / transfers: acceptance of subacute patients from THS South facilities (COVID-19 Neg) * Visitor policy to comply with Public Health directions * Update signage & communication * Social distancing practices within the workplace * Increase in cleaning services to manage cleaning frequency of high touch areas * Commence Screening of all visitors - outpatient / contractors etc   *Service Review*   * Review and limit community activity. Consider telephone contact / services for vulnerable clients – case-by-case review * COVID-19 Assessment & Screening Clinic as directed by area to identify and manage patients who meet the COVID-19 case definition * Awareness of Testing clinics - requirements and booking process * Early discharge of local inpatients able to be referred to Community Service   *Staffing*   * Staffing plans in place (clinical and support) * Segregation of nursing staff / cleaning staff if possible * Staff Information & Awareness * All staff members to complete COVID-19 screening tool before commencing on shift to ensure asymptomatic – must contact Public Health Hotline when indicated and remain on leave until cleared by Public Health to return to work. Completed screening tools to be stored on O drive for auditing purposes * Daily review / risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs * Identify support/resources required to facilitate education needs specifically regarding IPC practices. Discuss requirements with THS-S. * Outbreak Management response - staff trained in contact tracing * Communication with all staff about escalation   *Equipment / stock*   * Ensure adequate pharmacy stock, in particular respiratory medications. * Ensure adequate stores stock – in particular PPE & cleaning consumables * Specific patient equipment needs   **Esperance Multipurpose Health Centre only**  ***Collocated General Practice***   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * Ensure GP and practice staff to complete screening tool when arriving at the facility * Open communication and sharing of information are a priority * GP patients will be allowed entry to the facility but confined to GP Practice area (separated from the inpatient and residential aged care area) * 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 HRC staff prior to transfer so any needed precautions can be undertaken, and patient diverted to separate designated treatment area if clinically indicated * Ensure increased cleaning of shared treatment/emergency room. |
| **May Shaw (Swansea)**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council   May Shaw management to implement the following practices and processes:  *Facility wide*   * Patient discharge / transfers: acceptance of subacute patients from THS South facilities (COVID-19 Neg) * Visitor policy to comply with Public Health directions * Update signage & communication * Social distancing practices within the workplace * Increase in cleaning services to manage cleaning frequency of high touch areas * Commence Screening of all visitors - outpatient / contractors etc   *Service Review*   * Review and limit community activity. Consider telephone contact / services for vulnerable clients – case by case review * COVID-19 Assessment & Screening Clinic as directed by area to identify and manage patients who meet the COVID-19 case definition * Awareness of Testing clinics - requirements and booking process * Early discharge of local inpatients able to be referred to Community Service   *Staffing*   * Staffing plans in place (clinical and support) * Segregation of nursing staff / cleaning staff if possible * Staff Information & Awareness * All staff members to complete COVID-19 screening tool before commencing on shift to ensure asymptomatic – must contact Public Health Hotline when indicated and remain on leave until cleared by Public Health to return to work. Completed screening tools to be stored on O drive for auditing purposes * Daily review / risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs * Identify support/resources required to facilitate education needs specifically regarding IPC practices Discuss requirements with THS-S. * Outbreak Management response - staff trained in contact tracing * Communication with all staff about escalation   *Equipment / stock*   * Ensure adequate pharmacy stock, in particular respiratory medications. * Ensure adequate stores stock – in particular PPE & cleaning consumables * Specific patient equipment needs   **Collocated General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * Ensure GP and practice staff to complete screening tool when arriving at the facility * Open communication and sharing of information are a priority * GP patients will be allowed entry to the facility but confined to GP Practice area (separated from the inpatient and residential aged care area) * 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 HRC staff prior to transfer so any needed precautions can be undertaken, and patient diverted to separate designated treatment area if clinically indicated |

# Level 3 Response – Activation Phase

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| **Level 3 Response** |
| **New Norfolk District Hospital**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council   *Service overall*   * Liaise and take direction from the Regional Health Commander and RHH Emergency Operations Centre about required actions * Risk assess and prioritise usual business and suspend non-essential services to minimise staff exposure, contain community transmission and ensure effective use of resources * Monitor and Coordinate service changes, activity, and staffing * Community Health Services - essential services only – ACAT, CHNS & SPCS. Suspend all other local CHSs with approval - notify DoH / Commonwealth * Support other THS-S facilities as possible / directed * Continue to transfer COVID-19 suspect / positive patients to the RHH * Daily status reports through to the RHEMT   *Staffing*   * Enhance and optimise staff screening * Staff testing will be made available for healthcare workers * Daily review of staffing resources (i.e. risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs) * Establish roster for segregation of nursing staff / cleaning staff / kitchen staff * Additional Medical / Nursing / Admin / Hotel Services staff - internal from other areas - or external arrangements * Increase hotel services & redeploy additional staff to assist (use of casual staff and additional part time hours) * Ensure all staff have completed PPE training and competency assessment and maintain training and assessment documentation for auditing purposes * Conduct regular auditing of IPC practices and PPE donning and doffing   *Equipment / stock*   * Maintain adequate supply of PPE * Maintain stock of consumables, pharmacy and food supplies * Anticipate and plan for Level 4 response   **Contracted Services**   * Suspend any non-essential contractor visits to the site * Suspend scheduled capital works on site * Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site. Includes use of external delivery points   **Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) with all services, other than those assessed as high priority or urgent, to be cancelled * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool. |
| **Midlands Multipurpose Health Centre**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council   *Service overall*   * Risk assess and prioritise usual business and suspend non-essential services to minimise staff exposure, contain community transmission and ensure effective use of resources * Monitor and Coordinate service changes, activity, and staffing * Community Health Services - essential services only – ACAT, CHNS & SPCS. Suspend all other local CHSs with approval - notify DoH / Cwlth * Support other THS-S facilities as possible / directed * Continue to transfer COVID-19 suspect / positives patients to the RHH * Daily status reports through to the RHEMT   *Triage Emergency Presentations*   * Emergency presentations to be triaged via telephone if requiring assessment. If unwell with respiratory illness -referred to RHH * Nurse to don full PPE before letting into building * Patient to apply surgical mask and be escorted to Treatment Room for assessment. Second nurse to remain outside of room to supply necessary equipment & act as PPE guardian * Assessment, manage and arrange retrieval to RHH or send home   *Staffing*   * Enhance and optimise staff screening * Staff testing will be made available for healthcare workers * Daily review of staffing resources (i.e. risk assessment on staff fatigue, illness, ability to maintain current acuity and volume for next 24hrs) * Establish roster for segregation of nursing staff / cleaning staff / kitchen staff * Additional Medical / Nursing / Admin / Hotel Services staff - internal from other areas - or external arrangements * Increase hotel services & redeploy additional staff to assist * Ensure all staff have completed PPE training and competency assessment and maintain training and assessment documentation for auditing purposes * Conduct regular auditing of IPC practices and PPE donning and doffing   *Equipment / stock*   * Maintain adequate supply of PPE * Maintain stock of consumables, pharmacy and food supplies * Anticipate and plan for Level 4 response   **Collocated General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * Open communication and sharing of information continue to be a priority * GP will be utilising telehealth and phone consultations where possible   **Contracted Services**   * Suspend any non-essential contractor visits to the site * Suspend scheduled capital works on site * Consider alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site   **Visiting Services**   * Further review of visiting services to be conducted by the Director of Nursing (DON) with all services, other than those assessed as high priority or urgent, to be cancelled * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool |
| **Huon Regional Care Contracted Beds (Tasman Multipurpose Service, Nubeena; HRC, Franklin; Esperance Multi Purpose Centre, Dover)**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council   Huon Regional Care Management to implement the following practices and processes:  *Service overall*   * Liaise and take direction from the Regional Health Commander and RHH Emergency Operations Centre about required actions * Risk assess and prioritise usual business and suspend non-essential services to minimise staff exposure, contain community transmission and ensure effective use of resources * Assist with decisions on service changes, activity, and staffing * Community Health Services - essential services only – ACAT, CHNS & SPCS. Suspend all other local CHSs with approval - notify DoH / Cwlth * Continue to transfer COVID-19 suspect / positive patients to the RHH * Daily status reports through to the RHEMT   *Staffing*   * Enhance and optimise staff screening * Staff testing will be made available for healthcare workers * Daily review of staffing resources * Enact plan to segregate nursing staff / cleaning staff / kitchen staff * Options to access additional Medical / Nursing / Admin / Hotel Services staff - internal from other areas - or external arrangements * Assist as able with increase hotel services * Ensure all staff have completed PPE training and competency assessment and maintain training and assessment documentation for auditing purposes * Conduct regular auditing of IPC practices and PPE donning and doffing   *Equipment / stock*   * Maintain adequate supply of PPE * Maintain stock of consumables, pharmacy and food supplies * Anticipate and plan for Level 4 response   **Contracted Services**   * Confirm suspension of non-essential contractor visits to the site * Confirm suspension of any capital/minor works on site * Negotiate alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site   **Visiting Services**   * Review visiting services. Other than those assessed as high priority or urgent, to be cancelled * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool   **Esperance Multi Purpose Centre only:**  *Triage Emergency Presentations*   * Emergency presentations to be triaged via telephone if requiring assessment. If unwell with respiratory illness -referred to RHH * Nurse to don full PPE before letting into building * Patient to apply surgical mask and be escorted to Treatment Room for assessment. Second nurse to remain outside of room to supply necessary equipment & act as PPE guardian * Assessment, manage and arrange retrieval to RHH or send home   *Collocated General Practice*   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * Open communication and sharing of information continue to be a priority * GP will be utilising telehealth and phone consultations where possible |
| **Swansea (May Shaw)**   * Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies to the local Council   May Shaw Management to implement the following practices and processes:  *Service overall*   * Liaise and take direction from the Regional Health Commander and RHH Emergency Operations Centre about required actions * Risk assess and prioritise usual business and suspend non-essential services to minimise staff exposure, contain community transmission and ensure effective use of resources * Assist with decisions on service changes, activity, and staffing * Community Health Services - essential services only – ACAT, CHNS & SPCS. Suspend all other local CHSs with approval - notify DoH / Cwlth * Continue to transfer COVID-19 suspect / positive patients to the RHH * Daily status reports through to the RHEMT   *Staffing*   * Enhance and optimise staff screening * Staff testing will be made available for healthcare workers * Daily review of staffing resources * Enact plan to segregate nursing staff / cleaning staff / kitchen staff * Options to access additional Medical / Nursing / Admin / Hotel Services staff - internal from other areas - or external arrangements * Assist as able with increase hotel services * Ensure all staff have completed PPE training and competency assessment and maintain training and assessment documentation for auditing purposes * Conduct regular auditing of IPC practices and PPE donning and doffing   *Equipment / stock*   * Maintain adequate supply of PPE * Maintain stock of consumables, pharmacy and food supplies * Anticipate and plan for Level 4 response   **Contracted Services** Confirm suspension of non-essential contractor visits to the site   * Confirm suspension of any capital/minor works on site * Negotiate alternative delivery methods for the delivery of goods and resources which negate the need for accessing the site   **Visiting Services**   * Review visiting services. Other than those assessed as high priority or urgent, to be cancelled * Every visiting health professional is to complete the visitor screening tool prior to entering the facility and to be informed of the required social distancing and hygiene standards * Each client entering the facility for an appointment with a visiting health service or professional is to also complete the visitor screening tool   **Triage Emergency Presentations**   * Emergency presentations to be triaged via telephone if requiring assessment. If unwell with respiratory illness -referred to RHH * Nurse to don full PPE before letting into building * Patient to apply surgical mask and be escorted to Treatment Room for assessment. Second nurse to remain outside of room to supply necessary equipment & act as PPE guardian * Assessment, manage and arrange retrieval to RHH or send home   **Collocated General Practice**   * Ensure General Practitioner (GP) and Practice Manager informed of response level, management strategies and requirements * Open communication and sharing of information continue to be a priority * GP will be utilising telehealth and phone consultations where possible |

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# Level 4 Response – Major Incident Phase

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| **Level 4 Response (All facilities)** |
| The following applies to both THS operated and Contracted services:   * Liaise and take direction from the Regional Health Commander and RHH Emergency Operations Centre regarding testing, quarantining and cleaning processes * Complete lockdown of rural facility and other services on site (on approval and when appropriate) – no admissions. * Cease Emergency presentations and admissions * First Response Unit only to assess, manage and arrange retrieval * External operational guidance and management is required * Testing of all patients / residents and ALL staff (prior to transfer – staff quarantine) * All sub-acute inpatients to be transferred to be reviewed and either discharged home, with support services, or transferred to a tertiary facility * Aged care residential areas 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 (as applicable) * Quarantine for staff and other close contacts * Commence cleaning and recommissioning of the facility * Maintain communication and sharing of information with all staff members * Advise local Council of increase to Level 4 Response and required containment actions * Community Health Services Suspend if impacted directly all CHS services with approval - notify general public and DoH / Commonwealth * Depending on variables essential CHNS might still be required * External staffing support |

**Appendix1: Staff and Workforce**

**Staff Health and Wellbeing**

Staff have a responsibility to help prevent the spread of COVID-19 and all respiratory illnesses. Staff are directed to the COVID-19 website for up to date to date information on how to prevent the spread and protect themselves. The website can be located at: <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**

Staff of **THS South** will follow existing protocols and guidelines to minimise transmission and protect staff, patients and the community.

[Tasmanian Health Service South Guideline Infection Control Management During COVID-19 Pandemic.](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/175)

Infection prevention and control practices are a two-tiered system comprising ‘Standard Precautions’ and ‘Transmission-Based Precautions’ which minimise the risk of transmission of infectious agents to patients/clients, staff, contractors, students, volunteers, and visitors.

Patients with suspected COVID-19 will be managed under standard and transmission-based contact, droplet and airborne precautions in accordance with the *Hospitals South Infection Control Management During COVID-19 Pandemic Guideline*. Precautions will be maintained until both the Respiratory PCR and SARS-CoV2 PCRs are negative, **AND** expiry of any quarantine period as prescribed by Public Health Services.

Patients with confirmed COVID-19 will be managed under standard and transmission-based contact, droplet and airborne precautions in accordance with the *Hospitals South Infection Control Management During COVID-19 Pandemic Guideline*. Precautions will be maintained until clearance has been guided by Public Health Services.

**Standard precautions**

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

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

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

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

**Transmission-Based Precautions**

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

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

Patients with suspected or confirmed COVID-19 are to be managed in accordance with the Hospitals South Infection Control Management During COVID-19 Pandemic Guideline. This includes, at minimum, the following PPE:

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

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

**Fit-Check/Fit-Test**

As legislated within the Tasmanian WHS Regulations, managers and supervisors must ensure that PPE (including P2/N95 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>

THS/Hospital South Fit Testing Guideline provides information and guidance to employees and employers regarding the THS/Hospital South 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.

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)

THS South Fit Testing Guideline provides information and guidance to employees and employers regarding the THS/Hospital South 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 the lift, then no other patient or other staff (i.e. not acutely attending to the patient) should occupy the lift.

All staff attending should wear the following PPE:

* P2/N95
* Face shield or goggles
* Long-sleeved gown
* Disposable non-sterile glove

Staff are to comply with the [**Transfer of Suspected or Confirmed COVID-19 Adult and Paediatric Patients within The Royal Hobart Hospital**](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/172)guidelines when transferring suspected or confirmed COVID-19 patients between clinical areas of the Royal Hobart Hospital. This applies to Paediatric and Adult patients, with separate guidelines for newborn patients transfers.

**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 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:///C:\Users\sayre\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\Y3OB1GJ9\•%09https:\cm.health.local\pandp\showdoc.aspx%3frecnum=P20\281)

These documents clearly describe:

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

**Contact Tracing**

The World Health Organization (WHO)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.

**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 COVID19 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 (two hospitals) | 65 |
| Calvary South (two hospitals) | 80 (+ 11 ICU) |
| North West Private Hospital | 12 |

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

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

**Hospital in the Home (South)**

The Hospital in the Home (HITH) provides acute care for inpatients in their home, including Residential aged care facilities.  HITH is a joint initiative of the Community Rapid Response Services ComRRS) and the General Medical Unit at the RHH.  The HITH ward opened with 4 beds on 20 April 2020 and increased to 12 beds by 1 July 2020.

Patients can be admitted and transferred to HITH from the Emergency Department or transferred to HITH during an admission to another ward. Patients must be referred by a medical consultant who identifies that the admitted patient care required is suitable to be delivered in the patient’s home. To be eligible for the HTIH you must:

1. Meet the criteria of an admitted patient
2. Be eight years or older
3. Be clinically stable
4. Have appropriate support to be managed safely at home
5. Consent to receiving their acute care at home
6. Should not be suitable for non-admitted alternatives for care (e.g. ComRRS, OPAT, Specialist Palliative Care, ACC, Community Nursing, Primary Care)
7. Live in a 30-minute radius of the Glenorchy Health Centre
8. Have a place of residence that is safe (for patient and staff), accessible for crisis care and with adequate communication facilities and access to transportation.

More information on the HITH program can be found at: <http://www.dhhs.tas.gov.au/intranet/stho/ceo/group_director_clinical_operations/seo/projects/hith>

**Appendix 8: 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 increased 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 9 – Increased ICU Capability**

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

**Appendix 10 – 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 11 – 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](mailto: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. [Tasmanian Emergency Management Arrangements Issue 1 (d2kpbjo3hey01t.cloudfront.net)](https://d2kpbjo3hey01t.cloudfront.net/uploads/2020/02/DPFEM-TEMA-Issue1-13-Feb-2020-DIGITAL-ART.pdf) [↑](#footnote-ref-3)
4. Department of Health COVID-19 Emergency Coordination Centre Operating Guidelines, 9 March 2020 [↑](#footnote-ref-4)
5. [COVID-19 Emergency Coordination Centre | DHHS and THS Intranet (health.tas.gov.au)](https://www.health.tas.gov.au/intranet/ecc) [↑](#footnote-ref-5)