

**Redcliffe Hospital
COVID-19 Response Plan**

December 2021

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**COVID-19
RESPONSE PLAN
AUTHORISATION**

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Introduction

Situation

In December 2019, China reported cases of viral pneumonia caused by a previously unknown pathogen that emerged in Wuhan, China. The initial cases were linked to exposures in a seafood market. The pathogen was identified as a novel (new) coronavirus (recently named Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)), which is closely related genetically to the virus that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS). SARS-CoV-2 causes the illness now known as Coronavirus disease (COVID-19). Currently, there is no specific treatment or antiviral against this virus. A number of vaccinations are approved for protection against COVID-19. A national vaccination program has commenced.

Purpose

The purpose of this pandemic response plan, is to ensure continuity of health services and minimise the community impact within Metro North Health of COVID-19:

The strategic objectives of this plan are to:

- minimise risk to staff responding to COVID-19 through appropriate training, personal protective equipment (PPE) and infection control practices
- minimise the transmission of COVID-19 within the Metro North Health community and within healthcare settings through proactive identification, testing, effective infection control activities, and community messaging
- ensure Metro North Health maintains its critical services continuity
- maximise the health outcomes for people with COVID-19

Authority

Nationally, the Biosecurity Act 2015 and the National Health Security Act 2007 authorises activities to prevent the introduction and spread of listed human diseases (LHD) in Australia and the exchange of public health surveillance information (including personal information) between state and territory governments, the Australian Government and the World Health Organisation (WHO). The World Health Organisation (WHO) declared that the outbreak of COVID-19 a Public Health Emergency of International Concern on 30th January 2020.

The Queensland Department of Health declared a public health event of state significance under the Public Health Act 2005 on 22nd February 2020. Public Health Agreements are issued by designated Emergency Officers (Environmental Health Officers) under this act. The issuance of Detention Order by an Emergency Officer (Medical) (Public Health Physicians) is also under this Act.

The Chief Health Officer (CHO) directed all health services to:

- Provide health staff to screen and conduct clinical assessment of passengers identified by Australian Border Force as having a travel history to mainland China including the transfer of symptomatic persons to emergency departments for testing / treatment and/or supporting access to government provided accommodation where travellers are identified as not being able to isolate in the same location for 14 days.

Via Public Health Units:

- Issue isolation agreements to travellers at points of entry who meet COVID-19 case definition, suspect case definition or close contact case definition
- Provide information and guidance to general practitioners and the public regarding testing and isolation requirements
- Contact trace any persons who may have been in contact with confirmed cases
- Support the clinical management of persons who are in isolation
- Plan for new or expanded models of care (such as telehealth/hospital in the home, virtual fever clinics and treatment of chronic conditions at home)¹

¹ 25 February 2020

The COVID-19 response within Metro North Health is authorised by the Health Incident Controller (HIC) under the Metro North Emergency Management Plan. Each Directorate within Metro North Health is required to develop their own individual pandemic response plan.

Scope

This pandemic response plan covers the health sector response and recovery actions to COVID-19 to ensure the continued delivery of critical clinical services to existing patients and the Brisbane Metro community. This includes Metro North Health.

This plan is a response plan under the Metro North Emergency Management Plan and is specific to how Redcliffe Hospital (RH) responds to the pandemic. This plan is supplementary to the Metro North Health COVID-19 Response Plan which is updated regularly and include the state and federal policy decisions impacting Metro North Health. Metro North Health and Redcliffe Hospital will implement directives from the Chief Medical Officer, as they emerge, and will be in addition to this plan.

Assumptions

This plan was developed based on the following assumptions:

- The incubation period of COVID-19 up to 14 days (in line with current WHO advice)
- Transmission is by aerosolization and in certain circumstances, droplet, and fomite route
- Telecommunication networks (or adequate redundancies) are operating
- The Queensland Health ICT Network remains operational
- Support services (e.g. Australian Red Cross Blood Bank, eHealth, Health Support Queensland (HSQ) (including linen and central pharmacy), Queensland Urban Utilities, Unity Water and ENERGEX) remain available, albeit at potential reduced capacity
- There will be impacts to Metro North Health staffing
- There will be refurbishment work throughout response tiers

Version Control

Version #	Implemented by	Revision date	Approved by	Approval date	Reason
V1	EOC Duty Manager	January 2022	Louise Oriti	8.10.21	Review required
V2	EOC Duty Manager	January 2022	Louise Oriti	01.11.21	MN Feedback
V3	EOC Duty Manager	January 2022	Louise Oriti	23.12.21	Amended to reflect current status with nil ventilation works

Pandemic phases

Phase	Description
ALERT OS3	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.

Phase	Description
DELAY OS4/OS5/OS6	Novel virus has not arrived in Australia. OS4 Small cluster of cases in one country overseas. OS5 Large cluster(s) of cases in only one or two countries overseas. OS6 Large cluster(s) of cases in more than two countries overseas.
CONTAIN AUS 6a - January 2020	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.
SUSTAIN AUS 6b – 25 March 2020 (Metro North HHS)	Pandemic virus is established in Australia and spreading in the community.
CONTROL AUS 6c – September 2021	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.
RECOVER AUS 6d	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.

* Note 2008 Australian Phases version used over 2019.

Infrastructure

Single Room capacity

Classifications of single rooms accommodation which have the potential to be used for patients with influenza-like illness (ILI):

Class S (Standard):

Surgical service Line

6West – 4 singles with ensuite (27,28,29,30)

5 West – 4 Single with ensuite (27,28,29,30)

Medicine Service Line

6East - 7 single rooms with ensuite – (1,2,3,4,5,25,26) (25 & 26 negative pressure rooms)

5East – 2 single rooms however share an ensuite (13, 14)

4 West - 4 Singles with ensuite (27,28,29,30) (bed 27 has hard wired Cardiac monitoring available)

4East - 6 Single rooms with ensuite (1,2,3,4,5,18) (Bed 1 has a ceiling hoist for bariatric)

Rehab – No single rooms built but has 2 double rooms which we can close a bed in to make single room

Palliative care – 5 Single rooms all have ensuite (12,13,14,15,16)

Critical Care, Women's and Children's Service line

Paediatric ward - 4 single rooms with ensuite

Maternity ward - 3 single rooms with ensuite

ICU – 2 single rooms without ensuite

Class N (Negative Pressure): ED x 1, L6E x 2, ICU x 4

1. Single rooms with an ensuite that is not shared and preferably an anteroom. Suitable for patients requiring respiratory precautions, e.g. pulmonary tuberculosis, varicella zoster virus (chickenpox), disseminated herpes zoster (shingles), and measles, SARS and pandemic / avian influenza
2. Air conditioning flow is designed to prevent recirculation of exhaust to prevent pathogen spread

3. One theatre can be flexed up/down from positive to negative.

There are 7 negative pressure room throughout the hospital: 1 x ED, 2 x 6 East and 4 x ICU.

Oxygen Ports

Redcliffe Hospital has 447 oxygen outlets and Metro North Building, Engineering & Maintenance Services have a service management agreement in place with an external contractor to monitor, inspect, service and refill the supply. An emergency downstream break away system provides a backup supply.

Mortuary Capacity

Redcliffe Hospital has a capacity of 15 in the mortuary with a further service level agreement in place with local funeral directors in the event of the mortuary exceeding this capacity for an additional 20 spaces.

- The risk of respiratory / pandemic influenza infection from deceased persons is low and is minimised by the use of infection control precautions
- All staff handling persons who have died while infectious with pandemic / respiratory influenza should follow droplet and contact transmission-based precautions
- All bodies prior to release from mortuary require clearance for release by the approved delegate.
- Refer to Redcliffe Sub plan COVID-19 Care of the Deceased and Morgue

Partners and stakeholders

- Primary Health Network
- RH Clinical Council
- GP Super Clinic on campus
- Moreton Bay Council / Showgrounds committee
- GP's
- Community Pharmacies
- Aged Care
- Red Cross
- Public Health
- Institute for Urban Indigenous Health
- Queensland Ambulance Service
- Private Hospitals
- Non-government / NGO homes services
- Critical infrastructure and suppliers e.g. Airport

Activation

Metro North Health has activated its Emergency Management Plan and its Health Emergency Operations Centre.

Command and Communication

All incident communication is to be via EOC accounts.

Metro North Health	EOC-MetroNorth@health.qld.gov.au
Redcliffe	EOC-Redcliffe@health.qld.gov.au
Caboolture	EOC-CabKilcoy@health.qld.gov.au
TPCH	EOC-TPCH@health.qld.gov.au
COH	EOC-COH@health.qld.gov.au
RBWH	EOC-RBWH@health.qld.gov.au
STARS	EOC-STARS@health.qld.gov.au
Mental Health	EOC-MNMentalHealth@health.qld.gov.au

Redcliffe Hospital planning activity is being coordinated by Planning Cell Lead of the COVID-19 Incident Management Team.

Reporting

Metro North HEOC is responsible for providing HHS-wide reporting to the SHECCC as required.

Escalation beyond Metro North Health capacity

All requests for assistance outside Metro North Health are to be coordinated through the Metro North HEOC.

Response

Triggers and response activity overview

Redcliffe Hospital will also implement the tiered response as directed by the Incident Controller, Metro North Emergency Operations Centre or by the Chief Health Officer.

The COVID-19 response plan outlines Redcliffe Hospital triggers and responses for each of the stages of response. Triggers will be specific to facilities and specific services within the facility such as emergency department, intensive care, inpatient services and outpatient services.

The following section outlines the Redcliffe Hospital triggers that will activate the response in that area of care. Along with what the response entails for Tiers 0 to 3, whether this be establishing a new service, increasing capacity or decreasing capacity. Management of Tier 4 & 5 will be completed in partnership with Metro North Health.

1. Tier 0 Prevent local transmission and prepare

Governance	Personnel	Fever Clinic	ICU
<ul style="list-style-type: none"> IMT active EOC – stood up Report PPE daily, weekly PPE stocktake Medication stocktake at each site weekly of COVID critical medications MN Response – Strategic Planning Group SHECC twice weekly reporting Report rapid COVID test cartridge use twice weekly 	<p>Staff</p> <ul style="list-style-type: none"> Wipe down personal ipads/phones, wipe down hard surfaces Make available, and ensure the use of, the check-in QR code in accordance with CHO directions Establish weekly communication with staff – vidcasts, emails, as appropriate <p>Visitors</p> <ul style="list-style-type: none"> All entry requirements and exemptions will align to the current health directives. Do not attend if unwell, as per CHO direction <p>Volunteers</p> <ul style="list-style-type: none"> Do not attend if unwell, complete volunteer checklist, risk assess roles, engaged as appropriate <p>Consumer representation</p> <ul style="list-style-type: none"> Complete Consumer COVID checklist, risk assess roles 	<ul style="list-style-type: none"> External to ED, standalone building at front of RDH campus - community-based <i>Refer Fever Clinic capacity management</i> 	<ul style="list-style-type: none"> Maintain as is COVID-19 bed capacity – Zero. 4 negative pressure beds if required, at Metro North and CHO exemption approval. Enact ICU upskilling of nominated staff
		<p>ED</p> <ul style="list-style-type: none"> Identify locations in ED for patients with ILI symptoms. Transfer protocols for confirmed COVID-19 and patients under International quarantine order. Admission protocols for domestic quarantine 	<p>COVID-19 Positive Person</p> <ul style="list-style-type: none"> RDH refer to Internal COVID -19 Outbreak Response Plan COVID-19 positive patients and international quarantine to be isolated and transferred to a designated COVID-19 hospital if clinically safe to do so. Staff surveillance program as per the Designated COVID-19 Hospital Network Direction
<p>Meetings</p> <ul style="list-style-type: none"> Adhere to social distancing Virtual meetings where able <p>Activate Redcliffe meetings:</p> <ul style="list-style-type: none"> RH COVID-19 IMT – twice weekly or as required RH Good to Go - twice weekly or as required RH Clinical Advisory Group- Fortnightly or as required 	<p>Training</p> <ul style="list-style-type: none"> No restrictions – social distancing to be observed PPE training for all staff Establish PAPR protocols, cleaning and training Fit Testing OVP training 	<p>Service Operations</p> <ul style="list-style-type: none"> Implement hypervigilant screening/ testing <p>Outpatients/Planned Care</p> <ul style="list-style-type: none"> All non-urgent review appointments to be done virtually Consider patients wearing masks for clinics where social distancing is not possible Increase procedural and outpatient clinic activity including extended hours and Saturday sessions – maximise category 1 and 2, focus on category 3 waiting 	<p>COVID-19 Suspect/Home Quarantine Person</p> <ul style="list-style-type: none"> Use of MAU for suspect patients or requiring isolation or quarantine as directed by Public health Staff surveillance testing as directed by Metro North
			<p>Facility</p> <ul style="list-style-type: none"> Signage at entrances alerting patients, visitors and staff not to enter a health service if unwell or unvaccinated. Entrances/Exits –sanitising stations and QR codes at all entrances Concierge and screening at key entrances Fast track all patients with fever >37.5 to ED Triage or Fever Clinic Security – maintain Cleaning - frequent touch point cleaning

		<p>longer than 240 days and current long waits</p> <ul style="list-style-type: none"> Utilise flexible theatre templates Outsource activity where appropriate Outpatients supplied with one month of medication Outreach services to continue Renal Services outlined in the Metro North Kidney Services response plan 	<ul style="list-style-type: none"> Pharmacy – maintain 6 months supply of pharmacy stocks (based on usual supply) Consider allocation of CT scanner for suspected or confirmed COVID-19 patients Food, linen and waste services – use PPE in accordance with Queensland Health Pandemic response guidance - Escalation of Personal Protective Equipment
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2. Tier 1 Limited community transmission

Governance	Personnel	Fever Clinic	ICU
<p>As per Tier 0 plus:</p> <ul style="list-style-type: none"> PPE stocktake - if stocktake variance exceeds 5% (of prior day's closing balance) for three consecutive weeks, change to daily stocktake 	<p>As per Tier 0 plus:</p> <p>Staff</p> <ul style="list-style-type: none"> All staff to wear PPE as per PPE risk matrix Staff, visitors and contractors to comply with directive for mandatory COVID-19 Vaccination - All entry requirements and exemptions will align to the current health directives. Minimise staff movement across wards and facilities Develop staff teams and minimise contact between teams Consider roles that can work remotely Discourage congregation in tearooms and other shared spaces Enact staff management plans Activate COVID-19 HR hotline – hours as demand indicates Daily communication with all staff <p>Volunteers - engage in low risk roles</p> <p>Consumers – engaged in low risk activities</p> <p>Visitors and Students – As per CHO Directive</p>	<p>As per Tier 0 plus:</p> <ul style="list-style-type: none"> Increase and/or reallocate staff <i>Refer Fever Clinic capacity management</i> 	<ul style="list-style-type: none"> COVID-19 bed capacity – Zero. 4 negative pressure beds if required at Metro North and CHO exemption approval Children requiring ICU will continue to be seen as per BAU
		ED	COVID-19 Positive Person
		<ul style="list-style-type: none"> Consider relocation of ED patient cohorts to alternative locations. This may include OPD purple area, to allow space for influenza like illness patients to be separated Increase and/or reallocate staff Utilise Virtual ED if activated by Metro North 	<ul style="list-style-type: none"> As per Tier 0
		Service Operations	COVID-19 Suspect/Home Quarantine Person
		<p>As per Tier 0 plus:</p>	<ul style="list-style-type: none"> As per Tier 0 plus if more than 4 Amber beds required to utilise 5 West 5 West to combine with 6 west
Meetings	Training	Service Operations	Facility Protection
<p>As per Tier 0 plus:</p> <ul style="list-style-type: none"> Compliance of room capacity/ m2 as per current CHO Directive 	<p>As per Tier 0 plus:</p>	<p>As per Tier 0 plus:</p>	<p>As per Tier 0 plus:</p> <ul style="list-style-type: none"> Security – review model, measure need for enhanced traffic

<ul style="list-style-type: none"> Discretionary suspension of non-essential meetings where they impact on clinicians' time to respond to COVID-19 Activate IMT and Good to Go meetings – determine frequency as appropriate 	<ul style="list-style-type: none"> Discretionary suspension of non-essential training where they impact on clinicians' time to respond to COVID-19 Adhere to social distancing Essential training to be delivered virtually where able Continue PPE training Continue PAPR training Continue OVP training Continue Fit testing Continue essential clinical training eg, intern and new graduates 	<ul style="list-style-type: none"> Patients wearing level 1 or 2 surgical masks in accordance with CHO directions. Maintain activity and critical referrals in from other HHSs Increase HITH capacity including virtual capability Increase use of virtual models for outreach services where able Outbreak management – reallocation of staff to other sites if required Reallocate staff to frontline roles as demand dictates Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency dental procedural activity when advised. NOTE: suspension of activity not to occur without authorisation from the Chief Executive Prepare processes to enable suspension of accepting Category 3 OPD referrals when advised. NOTE: suspension of activity not to occur without authorisation from the Chief Executive 	<p>management, evaluate need for security present at building entrances</p> <ul style="list-style-type: none"> Reduce hospital access points QR code and swipe access for staff
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3. Tier 2 Moderate community transmission

Governance	Personnel	Fever Clinic	ICU		
<p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> RDH EOC staffed 6am-6pm Report PPE daily, twice weekly PPE stocktake – if stocktake variance exceeds 5% (of prior day's closing balance) for three consecutive weeks, change to daily stocktake Enact contract with private hospitals as required Establish regular meetings with private hospitals 	<p>As per Tier 1 plus:</p> <p>Staff</p> <ul style="list-style-type: none"> Separate inpatient and outpatient teams Develop staff teams and minimise contact between teams Remote working where able. Consider reallocation of workload for vulnerable staff Continue COVID-19 HR hotline All staff wear PPE as per PPE risk matrix Community hotline activated when required 	<p>Deactivate Fever clinic consistent with MNEOC direction</p> <tr> <td data-bbox="866 1246 1599 1321" style="text-align: center;">ED</td> <td data-bbox="1599 1246 2190 1321" style="text-align: center;">COVID-19 Positive Person</td> </tr> <p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> Enact preparedness work for Tier 3 	ED	COVID-19 Positive Person	<p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> Assess need to expand ICU footprint into DPU Expand ICU footprint as required. COVID-19 bed capacity – Zero 4 negative pressure beds available if required by Metro North. CHO exemption approval required. <p>As per Tier 0 plus:</p> <ul style="list-style-type: none"> Utilise COVID Care at Home or COVID Well Medi Hotel
ED	COVID-19 Positive Person				

<ul style="list-style-type: none"> ▪ Good-to-Go with cell leads daily. ▪ Daily reporting as required. 	<p>No volunteers engaged onsite No consumer representatives engaged on site</p> <ul style="list-style-type: none"> ▪ Visitors, students & contractors – as per MNHHS or CHO direction 	<ul style="list-style-type: none"> ▪ Expansion of ED spaces to other locations e.g. into SSU and relocate SSU to accommodate all patients maintaining separation of patients 	<p>COVID-19 Suspect/Home Quarantine Person As per Tier 1</p>
Meetings	Training	Service Operations	Facility Protection
<p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> ▪ Virtual meetings only ▪ Suspension of non-essential meetings. ▪ RH COVID-19 IMT –Mon-Fri ▪ RH Clinical Advisory Group-Weekly ▪ Report rapid COVID test cartridge use daily 	<p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> ▪ Suspension of non-essential training ▪ Orientation for new starters online 	<p>Outpatients</p> <ul style="list-style-type: none"> ▪ Category 1 and urgent category 2 only when directed by the CE ▪ All patients wear level 1 surgical masks in waiting rooms ▪ Outsource activity as able ▪ Repurpose OPD areas as appropriate ▪ Virtual appointments where able <p>Surgery/procedures</p> <ul style="list-style-type: none"> ▪ Category 1 and 4 and urgent category 2 and 5 only when directed by CE ▪ Repurpose surgical wards to medical wards as demand dictates ▪ Increased scope of services to private sector ▪ Dental emergency only when directed by CE ▪ Inpatients wear level 1 surgical masks when away from immediate bed area 	<p>As per Tier 1 plus:</p> <ul style="list-style-type: none"> ▪ Concierge and signage at entrances, alerting patients, visitors and staff not to enter a health service if unwell ▪ 24-Hr Concierge at ED Triage to screen arrivals for COVID-19 symptoms and ensure temperatures <37.5 ▪ Fast track all patients with COVID-19 symptoms and temperatures >37.5 to ED Triage or Fever Clinic ▪ Cleaning – frequent touch point cleaning teams enhanced ▪ Visitor log established and QR posters available at all access points ▪ Staff entry control via QR Code and/or swipe card access as required

4. Tier 3, 4 Significant community transmission

The following assumes at least Tier 2 response and only identifies additional actions by exception.

	Governance	Personnel	Facility Protection	Fever Clinic	ICU	Service Operations	Meetings	Training
Tier 3	As per Tier 2 <ul style="list-style-type: none"> RDH EOC increase hours in line with MN EOC Twice Daily IMT meetings 	As per Tier 2 <ul style="list-style-type: none"> Recruitment of additional PSO and support staff 	<ul style="list-style-type: none"> Installation of IR heat cameras at ED triage to ensure arrival temperatures <37.5 Cleaning –engage contract cleaning service to meet demand. Initiate HHS-wide cleaning rapid response team Security – engage additional security and traffic control providers to meet demand 	As per Tier 2	<ul style="list-style-type: none"> Expand into DPU Utilise private hospital ICUs for COVID-19 patients COVID-19 bed capacity increased from 4 to 10 	<ul style="list-style-type: none"> Utilise campus wide clinical area (partner organisations) Convert approved non-clinical areas to clinical. 	As per Tier 2	<ul style="list-style-type: none"> Essential COVID 19 response training delivered
				ED	Inpatient COVID-19/ COVID-19 Positive Person			
				As per Tier 2 plus divert patients to private sector	As per Tier 2 plus: <ul style="list-style-type: none"> Refer to the RDH Medical Service line Sub Plan to initiate: <ul style="list-style-type: none"> * Phase 1- occupy negative pressure beds within 6E (2 beds). Enact Rehab building and services decant. * Phase 2 – 5 East patients to be re-located. Rehab patients who can be discharged to home all other Rehab patients to be moved to 5E 			
Tier 4	As per Tier 3 <ul style="list-style-type: none"> Consistent with MN EOC direction 	As per Tier 3 <ul style="list-style-type: none"> Consistent with MN EOC direction 	As per Tier 3	As per Tier 3	COVID-19 bed capacity 16.	<ul style="list-style-type: none"> Emergency activity only Utilise private hospitals for emergency medical and surgical activity Utilise other facilities such as residential and other health care facilities for patient still requiring medical care 	Frequency of meetings reviewed	As per Tier 3
				ED	Inpatient COVID-19/ COVID-19 Positive Person			
				As per Tier 3	As per Tier 3			

5. Clinical Management

Clinical Management of suspect COVID -19 and confirmed COVID -19 patients will be determined by Metro North Tier response and associated sub – plan.

Within Tier 0- 2 any confirmed COVID-19 patient will be escalated to the Metro North Health Incident Controller for a decision on which declared COVID-19 Hospital the patient should be transferred to.

Fever Assessment Clinics

Fever Assessment Clinics are facilities separate from existing hospital Emergency Departments (EDs). Fever clinics relieve the diagnostic burden on hospitals and reduce the risk of disease transmission to vulnerable populations by triaging, assessing and providing treatment (if appropriate) to individuals with influenza-like illness who are not in need of emergency care. This enables ED to continue to provide clinical services to non-influenza and critically ill patients.

The role of fever assessment clinics are to:

- assess, treat, and refer suspected or probable, cases of pandemic COVID-19
- reduce the impact on scarce health resources through use of a controlled triage system
- initiate isolation for suspected, probable, or confirmed cases and household contacts
- liaise with the hospital's HEOC to facilitate/participate in contact tracing
- collect clinical and epidemiological data on cases

RH has established the need to stand up fever assessment clinics on the direction of the State Health Coordinator or at the discretion of Metro North Health Incident Controller.

RH has stood up a Fever Clinic external to the Emergency Department.

Vaccination

Vaccination Clinic

The Vaccination clinic that was located in the MBICC building was consolidated to assist Metro North's mass vaccination hub located Boondall Entertainment Centre in September 2021. Patient appointments were moved and honoured at the Kippa-Ring Vaccine clinic. The Saturday Indigenous vaccination clinic remained until it's nominated completion date mid-October 2021.

Vaccination of Inpatients

RDH has developed the procedure, Management of COVID-19 Vaccinations for Inpatients to ensure current inpatients are offered access to a COVID-19 vaccination.

Patient Presentation and Assessment

The following principles and actions are required to manage the presentation and assessment of patients who have confirmed or suspected pandemic respiratory illness.

Action	Responsible/Accountable
Activation of Fever Assessment Clinic	Incident Management Team
Clear signage should be in place to advise symptomatic cases to inform triage staff if they have influenza like illness (ILI)/ respiratory pandemic symptoms.	Logistics Team
All patients presenting with ILI / respiratory pandemic symptoms should be provided with a surgical mask and directed to perform hand hygiene prior to further assessment.	Triage Nursing Staff Administration Officers
Emergency departments should have in place a plan for managing infectious patients on presentation including:	Nursing Team Leader Medical Team Leader
Separate waiting area e.g. cohort suspected / confirmed ILI patients in the internal waiting room and non-suspected confirmed ILI patients in the reception area waiting zone.	Tier 1 - Internal Courtyard Emergency Department Tier 2 - Forecourt of Emergency Department Level 1
Specific Emergency Department Isolation room can be utilised, however, when patient numbers extend beyond this capacity, use alternative cubicles in the Department	ED Director – Infectious Diseases Team
Dedicated staff (where possible) to be assigned to assess suspected cases	Nursing Team Leader Medical Team Leader Administration Manager
Avoid nebulizers if at all possible. High flow oxygen should only be used in negative pressure rooms.	Medical Team Leader
Review patient allocation each shift to ensure: High Risk Staff (e.g. pregnant, immunocompromised) are not allocated to suspected / confirmed ILI patients. Staff have skills to look after the patient and are comfortable to do so.	Nursing Team Leader Medical Team Leader Administration Manager
Specific procedures for assessment, testing and notification of respiratory pandemic / pandemic influenza are usually guided by QLD Health based on known / suspected organism.	Notifications from CHO via Infectious Diseases Team
Specific procedures for management of cases, especially with regard to use of nebulisers are usually guided by QLD Health based on known / suspected organism.	Notifications from CHO via Infectious Diseases Team
Specific procedures for movement of patients within the facility may be advised by QLD Health. As a minimum RH procedure should be followed regarding quarantining of patients in transport lifts etc.	Patient Support Services

6. Digital and IT Resources

The Redcliffe Hospital Strategic Operational Group Logistics portfolio will manage digital and IT resources for Tier 1, 2 and 3 activations. The Director Clinical Information Services will oversee the deployment of patient related record management and resources to support the deployment of services and staff.

7. Resource management

Redcliffe Hospital Command and Control / Incident Management Team (IMT) will review and consider Human Resource requirements daily. Daily Bed Management Meetings will provide a report to the IMT on current workforce requirements. In the event of Tier 2 activation, the Operational and Planning Teams will activate the

proposed staffing plan for standing up Fever Assessment Clinics. All other resources will be captured by the Finance Team in allocated cost centres.

8. Consumables and medication

Clinical consumables and medication notable for management of COVID-19 include:

- Flocked swabs for viral polymerase chain reaction
- GeneXpert® Influenza A/B RT-PCR cartridges
- Dexamethsone IV and oral.
- Other drugs that are either part of trails or emerge as standards of care post research.

RH nurses in the target areas for accommodation of patients requiring isolation are responsible to maintain proficiency in in pandemic preparedness and PPE donning and doffing and to oversee the donning and doffing of other healthcare workers attending to / visiting the patient

RH must have a stock level of PPE sufficient for 20 business days of increased use due to a respiratory pandemic.

RH will receive a weekly allocation of PPE from Central Supply.

Monoclonal Antibody Infusion Therapy will be centrally coordinated by Metro North EOC and administered at a site external Redcliffe Hospital.

9. Internal hospital signage

Redcliffe Hospital has implemented a signage and wayfinding strategy, all material is provided by the Metro North Emergency Response Team. Current information is available at COVID-19 (corona virus)

Human resources

1. Staff training & information

Medical Officers and nursing staff receive infection control training as part of orientation, induction and work unit training programs, including periodic refreshers as per Clinical Directorate requirements.

All staff complete Hand Hygiene refresher training and are encouraged to attend additional in-services for COVID-19 and Infection Control sessions. Staff are to maintain mandatory training requirements.

The Infection Prevention and Management Team will be providing increased training sessions for all staff on COVID-19 management, the appropriate use of PPE and strategies for Standard Precautions and Transmission Based Precautions.

Training and information is also available on the [Redcliffe Hospital Infection Management and Prevention Service Homepage](#) & [Infection Control Expert Group \(ICEG\) | Australian Government Department of Health](#).

Any staff member caring for a confirmed COVID-19 positive patient, must be fit tested for the correct N95 mask and must have received COVID-19 vaccinations.

Training - Fever Assessment Clinics

All staff, volunteers and contractors working in the fever clinic must:

- Have completed the PPE on line [PPE donning and doffing](#) education
- Be competent and confident in donning and doffing PPE
- Risk assess to determine the required PPE
- Hand Hygiene practices are compliant

Training - Vaccination

All staff working in the vaccination clinic or administering COVID-19 vaccination on the ward must:

- Complete the Commonwealth Government COVID-19 vaccination training modules
- Or complete the Queensland Health COVID-19 Vaccination modules

Refer to the most current Queensland COVID-19 Vaccinations Training Matrix for which training and modules are required for different roles

- Complete induction and orientation in the vaccination clinic
- Completion of the declaration checklist, signed by NUM vaccination clinic, DON&M or Director of Pharmacy and Executive Director
- Hand Hygiene practices are compliant
- Medication Safety practices are compliant

2. Managing ill workers

Professional Leads and Line Managers are to provide information to EOC-Redcliffe for the management and tracking of impacted workers.

3. Industrial relations

Redcliffe Hospital will partner with Metro North Health for any industrial related matters.

4. Workplace health and safety

RH will involve Health and Safety representatives in planning for redeployments and any environmental workplace issues. Health & Safety will be invited to participate in groups that will make decisions regarding new working environments when services may be redeployed for the provision of service in unfamiliar environments. Health & Safety will be able to provide advice and assistance to Incident Management Team regarding any issues or concerns. Risk Assessments are completed as required.

Aboriginal and Torres Strait Islander Health Considerations

RDH will operate and assist our Aboriginal and Torres Strait Islander staff in accordance with the Metro North Vulnerable workers guide.

Aboriginal and Torres Strait Islander resources are available on Queensland Government [website](#).

Financial management

All associated costs for the management of COVID-19 will be tracked and monitored by the RH Finance Department. A register of COVID-19 related activities including screening, pathology, follow up and clinical and non-related resources will be registered. In addition, a register of all reductions of activity and services will also be recorded.

Emergency cost centres will be available for resources to be allocated outside of normal service delivery expenditure.

Operational support and logistics

RH has implemented the Strategic Operational Planning Group to prepare for a surge from COVID-19 event.

The Incident Management Command / Control will effectively stand up in Tier 2 and will maintain the principles of coordination of the emergency response ensuring that:

- decision making is multidisciplinary
- Moreton Bay Integrated Care Centre
- Staff will be deployed to Priority Areas if required
- Portfolio roles (Strategic Operational Planning Leads) have nominated backfill

[Five portfolios](#) are managed by Executive Leads which include Logistics; Planning; Operations, Workforce and Communications.

Current phase

Control

The RH HIC will transition to the Stand Down phase when it is determined that impact of the pandemic (or surge) on RH service provision has been sufficiently resolved to enable a change in focus from response to recovery.

Next phase

Recover

The process of recovering RH from a respiratory pandemic will be managed in accordance with the Metro North Health Disaster and Emergency Incident Plan and constituting documents. This process will include, but not be limited to:

- Appointing personnel responsible for facilitating and monitoring organisational recovery
- Supporting local areas to manage resource and operational requirements as they return to normal business operations
- Facilitate the debriefing and post incident review process.

Medicine Service Line

CCWC Service Line

- ICU
- Emergency (inc. Fever Clinic)
- Maternity
- Paediatrics
- Neonates
- Child Protection

Surgical Service Line

Outpatients & Ambulatory Care

Allied Health

Pharmacy

Redcliffe Internal COVID-19 Outbreak Plan

Medical Imaging

Management of the Deceased and Morgue

Patient Support Plan

Workforce

Logistics (covers)

- Procurement
- Digital/Medical Records
- Cleaning, Portage & Linen
- Patient Food
- Engineering / Infrastructure
- Medication – separate sub plan from Pharmacy
- Staff Areas for Breaks / Meals
- Staff Food
- Staff Showers and Toilets
- Staff Lockers and Storage Areas
- Volunteers
- Accommodation for Staff
- Communication Devices for COVID Patients
- Storage
- Waste Management

Entrance Points (security of facility)

Concierge

Volunteer Plan

Touch Point Cleaning

Medical Gases – Oxygen

Staff Health and Wellbeing

Workforce

Redeployment of Non-Clinical staff

Appendix 2 Capacity at Tier Level

	Fever Clinic capacity	ED Spaces	ICU Beds	Isolation Rooms	Beds
Tier 1	100	33	COVID capacity -0	As outlined on page 6 Infrastructure	144
Tier 2	250	42	COVID capacity -0		174
Tier 3	300	61	COVID Capacity-10		189

Appendix 3 Fever Clinic Capacity Management

	<i>Numbers</i>	<i>Actions/Location</i>	<i>Workforce #</i>
TIER 0	50-100 presentations per 24 hours	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain 2 demountable pods at front of ED <input type="checkbox"/> Extend opening hours 8am – 8pm, 7 days 	RN model AH Model
TIER 1	100-250 presentations per 24 hours	<ul style="list-style-type: none"> <input type="checkbox"/> Opening hours 8am – 4pm, 7 days 	<ul style="list-style-type: none"> <input type="checkbox"/> RN model <input type="checkbox"/> Training and credentialling of physio and speech therapists to be undertaken as an adjunct to support nursing
TIER 2 & 3	250+ presentations per 24 hours	<ul style="list-style-type: none"> <input type="checkbox"/> Maintain 2 x demountable pods for presentations to ED <input type="checkbox"/> Opening hours Tier 2, 8am – 4pm Tier 3, 6am – 11pm, 7 days 	<ul style="list-style-type: none"> <input type="checkbox"/> RN & Allied health model <input type="checkbox"/> Increase staffing numbers to reduce wait times <input type="checkbox"/> Security/concierge to direct traffic if offsite

Establish a system to limit staff working in fever clinic and then working in non-COVID areas

