

# Metro North Health COVID-19 Response Plan

\*Refer to PPE risk level response measures which may supersede some actions

## Tier 1

### Limited community transmission

Stay at home if you are sick /Get tested /Stay 1.5m apart from other people /Wash your hands with soap and water /Sneeze or cough into your arm or tissue

**\*Note: additional measures to those below may be implemented for periods of time at the discretion of the CHO or the Metro North executive if deemed necessary.**

Governance	Personnel	Facility Protection	Fever Clinic	ICU	Service Operations	Meetings	Training
<ul style="list-style-type: none"> <li>IMT active</li> <li>EOC – stood up</li> <li>Report PPE daily, weekly PPE stocktake at each site – if stocktake variance exceeds 5% (of prior day's closing balance) for three consecutive weeks, change to daily stocktake</li> <li>MN Response – Strategic Planning Group</li> <li>SHECC daily reporting</li> <li>Communicate to external stakeholders</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Universal mask wearing for all staff as per risk level*</li> <li>Minimise staff movement across wards and facilities</li> <li>Develop staff teams and minimise contact between teams</li> <li>Consider roles that can work remotely</li> <li>Discourage congregation in tearooms and shared spaces</li> <li>Enact staff management plans</li> <li>Activate COVID-19 HR hotline – hours as demand indicates</li> <li>Daily communication with all staff</li> </ul> <p><b>Visitors</b></p> <ul style="list-style-type: none"> <li>as per <a href="#">CHO direction</a></li> </ul> <p>Students as per CHO direction</p> <p>Volunteers and consumers - engage in low risk roles, onsite arrangements as per visitor directions unless individual has had first vaccination at least 10 days ago and consent to be on site</p>	<ul style="list-style-type: none"> <li>Signage at entrances, alerting patients, visitors and staff not to enter a health service if unwell</li> <li>Concierge at key entrances</li> <li>Fast track all patients with fever &gt;37.5 to ED Triage or Fever Clinic</li> <li>Security – review model, measure need for enhanced traffic management, evaluate need for security present at building entrances</li> <li>Reduce hospital access points</li> <li>Cleaning – frequent touch point cleaning, establish yellow clean surge teams</li> </ul>	<ul style="list-style-type: none"> <li>Adjacent or external to ED, community-based – adjust capacity based on demand</li> <li>Increase and/or reallocate staff</li> </ul>	<ul style="list-style-type: none"> <li>Children requiring ICU treatment will be transferred via QAS to QCH</li> </ul>	<ul style="list-style-type: none"> <li>Implement hypervigilant screening/testing</li> <li>Screening questions for all patients</li> <li>Patients to wear masks for OPD clinics</li> <li>Increase virtual care</li> <li>Maintain activity and critical referrals in from other HHSs.</li> <li>Increase HITH capacity including virtual capability</li> <li>Increase use virtual models for outreach services where able</li> <li>Outbreak management – reallocation of staff to other sites.</li> <li>Reallocate staff to frontline roles as demand dictates</li> <li>Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency dental procedural activity when advised. <b>NOTE:</b> suspension of activity not to occur without authorisation from the Chief Executive.</li> <li>Prepare processes to enable suspension of accepting Category 3 OPD referrals when advised. <b>NOTE:</b> suspension of activity not to occur without authorisation from the Chief Executive.</li> </ul>	<ul style="list-style-type: none"> <li>Adhere to social distancing</li> <li>Virtual meetings where able</li> <li>Suspend non-essential meetings</li> </ul> <p>Activate Metro North meetings –</p> <ul style="list-style-type: none"> <li>Logistics</li> <li>PPE Usage</li> <li>PPE Clinical advisory</li> <li>workforce management</li> <li>COVID modelling – determine frequency as appropriate</li> <li>Activate Directorate IMT and related meetings – determine frequency as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Suspend non-essential training</li> <li>Adhere to social distancing</li> <li>Essential training to be delivered virtually where able</li> <li>Continue PPE training</li> <li>Continue PAPR training</li> <li>Continue OVP training</li> </ul>
			<p><b>ED</b></p> <ul style="list-style-type: none"> <li>Relocate ED patient cohorts to alternate location outside ED as required e.g. fast track to OPD, to allow space for influenza like illness patients to be separated</li> <li>Increase and/or reallocate staff</li> <li>Utilise Virtual ED</li> </ul>	<p><b>Inpatient COVID-19</b></p> <ul style="list-style-type: none"> <li>Virtual Ward capacity increased</li> <li>Low intensity COVID-19 ward Increase and/or reallocate staff</li> <li>Single rooms, isolate suspected/confirmed COVID-19 patients</li> <li>Assess need for Designated COVID-19 wards</li> <li>Staff surveillance program</li> <li>Minimise inter-hospital transfers of suspected or confirmed COVID-19 patients unless higher level care is indicated</li> </ul>			

### Public Health

- Provide advice to suspected or confirmed COVID-19 cases on quarantine and isolation requirements. Health workers suspected or positive with COVID-19 will be managed and isolated in accordance with the Metro North Public Health Unit advice.

- Undertake contract tracing for all positive COVID-19 people and their close contacts, ensuring contact is made with these people and they are monitored to assess the presentation of symptoms.
- Issue isolation and quarantine orders where necessary
- Manage fluctuations in quarantine and isolation requirements in line with the changes to border restrictions