

Metro North Health COVID-19 Response Plan

Tier 0

Prevent local transmission and prepare

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

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	Fever Clinic	ICU	Service Operations	Meetings	Training
<ul style="list-style-type: none"> IMT active EOC – stood up Report PPE daily, weekly PPE stocktake at each site Medication stocktake at each site daily MN Response – Strategic Planning Group SHECC twice weekly reporting 	<p>Staff</p> <ul style="list-style-type: none"> wipe down personal ipads/phones; wipe down hard surfaces establish weekly communication with staff – vidcasts, emails, as appropriate <p>Visitors</p> <ul style="list-style-type: none"> 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"> Signage at entrances alerting patients, visitors and staff not to enter a health service if unwell Entrances/Exits – separate staff entrances, sanitising stations at all entrances Fast track all patients with fever >37.5 to ED Triage or Fever Clinic Security – maintain Cleaning - frequent touch point cleaning 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 and Metro North guidance 	<p>Adjacent or external to ED, community-based – adjust capacity based on demand</p> <hr/> <p>ED</p> <ul style="list-style-type: none"> Identify locations in ED for patients with ILI symptoms. 	<p>Maintain as is</p> <hr/> <p>COVID-19 positive patients</p> <ul style="list-style-type: none"> Single rooms, isolate suspected/confirmed COVID-19 patients or those in quarantine Virtual Ward – as required Staff surveillance program Minimise movement of inpatients with confirmed or suspected COVID-19 within wards or across the hospital, use portable x-rays and ultrasounds where able. All blood collection and ancillary services managed within the ward Low intensity COVID-19 ward 	<ul style="list-style-type: none"> Implement hypervigilant screening/ testing All non-urgent review appointments to be done virtually. Consider patients wearing masks for OPD clinics where social distancing is not possible Increase procedural and outpatient clinic activity to address any demand issues – maximise category 1 and 2, focus on category 3 waiting longer than 240 days and current long waits. Utilise flexible theatre templates Outsource activity where appropriate Outpatients supplied with one month of medication Outreach services to continue 	<ul style="list-style-type: none"> Adhere to social distancing Virtual meetings where able <p>Activate Metro North meetings:</p> <ul style="list-style-type: none"> MN COVID-19 IMT – twice weekly MN Response – Strategic Planning Group – twice weekly MN EOC Logistics Team MN PPE Usage update MN PPE Clinical advisory group – determine frequency as appropriate 	<ul style="list-style-type: none"> No restrictions – social distancing to be observed PPE training for all staff Assess PAPR protocols, cleaning and training

Public Health

1. 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.
2. Undertake contact 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.
3. Issue isolation and quarantine orders where necessary
4. Manage fluctuations in quarantine and isolation requirements in line with the changes to border restriction