STARS Hospital COVID-19 Response Plan

October 2021 Edition 3

Metro North Health | Queensland Government

Version Control

Version Number	Date	Details
Version 1	November 2020	Initial Plan
Version 2	July 2021	Update post V24 MNH version
Version 3	October 2021	Update post VXX MNH COVID-19 response version

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An electronic version of this document is available at www.metronorth.health.qld.gov.au/extranet/coronavirus/response-plan

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1.0 Introduction

1.1 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-CoV-1). SARS-CoV-2 causes the illness now known as Coronavirus disease (COVID-19).

There are now a number of vaccines in use against COVID-19 and there is scientific evidence to support Remdesivir in shortening the time to recovery in adult patients hospitalised with COIVD-19 and evidence of lower respiratory tract infection (New England Journal Medicine) and Dexamethasone in lowering 28 day mortality amongst those receiving ventilation or oxygen alone compared with standard of care (NEJM). New preventive vaccines have also been released and widely used. In Australia we use Adenoviral and mRNA vaccines.

1.2 Purpose

The purpose of this pandemic response plan is to ensure continuity of health services and minimise the community impact within Metro North Hospital and Health Service (Metro North HHS) of COVID-19. Given the rapid rate the situations changes, this will remain a live document, updated as decisions are made. This plan is supplementary to the Metro North HHS COVID-19 Response Plan which is updated regularly and include the state and federal policy decisions impacting the HHS.

The strategic objectives of this plan are to ensure:

- The safety of staff by minimising risk to staff responding to COVID-19 through appropriate training, personal protective equipment (PPE) and infection control practices
- The safety of community by minimising the transmission of COVID-19 within the Metro North community and within healthcare settings through proactive identification and testing, effective infection control activities, and community messaging.
- Ensuring Metro North maintains critical services continuity
- Maximise the health outcomes of people with COVID-19

1.3 Authority

The World Health Organisation (WHO) declared that outbreak of COVID-19 a Public Health Emergency of International Concern on 30 January 2020.

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 Queensland Department of Health declared a public health event of state significance under the Public Health Act 2005 on 22 February 2020, and a Pandemic was declared on 12^{t}March 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 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:

- Facilitate the issuing of quarantine notices to international travellers and relevant interstate travellers at points of entry
- Provide information and guidance to general practitioners and the public regarding testing and isolation requirements
- Support the clinical management of persons who are in isolation
- Provide support to quarantined guests in government facilitated accommodation and provide required health checks
- Undertake case and contact management finding for confirmed COVID-19 cases and their close contacts to ensure compliance
- Undertake compliance and monitoring of Chief Health Officer (CHO) directions to persons and businesses/industry
- 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).

The COVID-19 response within Metro North HHS is authorised by the Health Incident Controller (HIC) under the Metro North Emergency Management Plan. Each Directorate within Metro North HHS including Surgical, Treatment and Rehabilitation Service (STARS) is required to develop their own individual pandemic response plan.

STARS support the prevention of a respiratory pandemic overseas or in Australia by:

- Promoting seasonal influenza vaccination of all health care workers (HCW), volunteers and contractors. Contributing to the state-wide influenza surveillance programs. This is achieved through the surveillance, review and reporting of respiratory pathology specimens.
- Promoting and advocating good personal hygiene measures to health care workers and the public e.g. respiratory hygiene, cough etiquette, not attending public places and work when unwell.
- Promoting the 5 moments of hand hygiene as the first and most important defence against transmission of pathogens.
- Ensuring a COVID safe workplace where possible
- Encourage the uptake of Coronavirus vaccine amongst staff.
- Providing inpatient vaccinations of influenza and COVID-19 to prevent transmission and minimise risks of a hospital outbreak.

1.4 Scope

This Control Phase response plan covers the Metro North health sector response to COVID-19 with a vaccine widely available, to ensure the continued delivery of critical clinical services to existing patients and the Metro North community.

This pandemic response plan covers how STARS responds to the pandemic.

This plan is supplementary to the Metro North HHS COVID-19 Response Plan which is updated regularly and includes the state and federal policy decisions impacting the HHS

1.5 Assumptions

This plan was developed based on the following assumptions:

- The incubation period of COVID-19 is up to 14 days (in line with WHO advice)
- Routes of transmission will be via respiratory droplets (>5-10µm) or contact routes
- Metro North will comply with national and state rules regarding identifying, testing, self-isolation, and clinical management for COVID-19
- 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 potentially reduced capacity
- There will be impacts to Metro North staffing
- Metro North will participate in Local Disaster Management Group and District Disaster Management Group activities

2.0 Pandemic phase

Australian 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.
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 (MNHHS)**	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.*

2.1 National and State policy decisions

- Aged Care Direction
- Border Restrictions Direction
- COVID-19 Testing and Vaccination Requirements (Contact by Health Workers with Cases) Direction
- Declared Hotspots direction
- Designated COVID-19 Hospital Network Direction
- Disability Accommodation Services Direction
- Hospital Visitors Direction
- Interstate Areas of Concern (Vulnerable Facilities) Direction
- Interstate Exposure Venues Direction
- Management of Close Contact Direction
- Management of Secondary Contacts Direction
- Mandatory Face Masks Direction
- Movement and Gathering Direction
- Point of Care Serology Tests Direction
- Prescribing, Dispensing or Supply of Hydroxychloroquine Direction
- Protecting Public Officials and Workers (Spitting, Coughing and Sneezing)
- Quarantine and COVID-19 Testing for Air Crew Direction
- Quarantine for International Arrivals Direction
- Queensland COVID-19 Restricted Areas
- Queensland Health Residential Aged Care Facilities (COVID-19 Vaccination) Direction
- Queensland Travel Declaration Direction
- Requirements for Quarantine Facility Workers Direction
- Restricting Cruise Ships from Entering Queensland Waters Directions
- Restrictions for Locked Down Areas (South-East Queensland) Direction

- Restriction on Businesses, Activities and Undertakings Direction
- School and Early Childhood Service Exclusion Direction
- Seasonal Workers Health Management Plans Direction
- Self-isolation for Diagnosed Cases of COVID-19 Direction

2.2 Partners and stakeholders

- STARS Staff Council
- General Practitioners
- MNHHS Facilities
- Community Pharmacies
- Aged Care
- Public Health
- Queensland Ambulance Service
- Private Hospitals
- Non-government / NGO homes services

STARS is a specialist public health facility for Metro North Hospital and Health Service (MNHHS).

Located at the Herston Health Precinct, STARS is part of a collaborative community home to more than 30 health facilities, medical research institutes, universities and organisations. The Precinct is made up of 13,000 clinical and non-clinical staff, scientists, researchers, and students, working together to deliver excellence in health. With some services open from February 2020 and with other services coming online for operation by the end of June 2023.

3.0 Activation

3.1 Command and Communication

Metro North EOC will activate all information via the Metro North EOC account. STARS local dissemination will come from the STARS EOC account.

Incident communication is to be via EOC accounts.

Metro North	EOC-MetroNorth@health.qld.gov.au
Redcliffe	EOC-Redcliffe@health.qld.gov.au

Caboolture	EOC-Cab&Kilcoy@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
Clinical support	EOC-MNCSS@health.qld.gov.au
Mental Health	EOC-MNMentalHealth@health.qld.gov.au
Public Health	EOC-MNPublicHealth@health.qld.gov.au

STARS COVID planning activity is being coordinated by the Director Safety and Quality and the CNC Infection Management and Prevention, through the STARS Executive Leadership Team and the Metro North EOC. The STARS IMT is activated as required.

3.2 Reporting

State Health Emergency Coordination Centre (SHECC) as indicated by SHECC via SHECC@health.qld.gov.au. STARS EOC provides a Sitrep to the Metro North EOC as requested by Metro North EOC. As per the Metro North Emergency Management Plan, all incident reporting is to use EOC email accounts with Metro North EOC being the single point of contact for all external reporting.

The SHECC Sitrep will be distributed as it is received to all Directorates via EOC email accounts, Executive Directors (Metro North and Clinical Directorates).

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

4 Roles and responsibilities

During the control phase, Metro North will continue to lead the implementation of response requirements at an HHS level, as outlined in the sustain phase plan.

5 Control phase responses

The control phase will continue to require a statewide approach to managing any outbreaks. Based on modelling the Delta variant, the Department of Health has modelled the below bed requirements and triggers for each tier response.

Current tiered response

Scenario	System Tier	COVID bed occupancy triggers	COVID ICU beds	Workforce	Triggers
Current Status	1	Up to 100 admitted in designated COVID facility. All admitted up to 50 cases then unwell only	6 pts or <3% of current capacity	TBD	Sporadic cases in community or small infrequent clusters (may involve high risk settings) **Low** community transmission risk Tier one not in complex setting or high volume contacts involved, with some emerging under tier two.
	2	Between 100 and 200 admitted within designated facilities. Unwell admitted only	145 pts or <40% of physical capacity	TBD	Sporadic cases in community or small infrequent clusters (may involve high risk settings) **Low-Medium** community transmission risk Tier one not in complex setting or high volume contacts involved, with some emerging under tier two.
Acute Surge	3	Between 200 and 1234 admission or < 14% of state-wide public bed capacity	353 pts or < 60% of expanded capacity	TBD	Large or increasing clusters and outbreaks with identified chains of transmission involving high risk settings **Medium** community transmission risk
	4	Between 1234 and 2698 admissions or up 31% of state-wide public bed capacity	700 pts or <85% of maximum capacity (physical, expanded and private)	TBD	Multiple unlinked cases with unknown source **Medium-High to High** community transmission risk
	5	Over 2698 admission or up 31% or state-wide public bed capacity	>700 pts	TBD	Expanding clusters and outbreaks with no epidemiological links **Very High** community transmission risk

Response

5.1 Triggers and response activity overview

The Metro North control phase response plan builds on the approach outlined in the sustain phase plan for each Tier as well as the Department of Health tiers, with specific additional considerations or requirements for the control phase. During the control phase there will continue to be a tiered response, spanning from Tier 1 to Tier 5.

The control phase response plan outlines STARS triggers and responses for each of the stages of response outlined below. Triggers are specific to directorates and services within the facility.

PPE risk will continue to be monitored separately to the tiered response, as per the sustain phase. For example, there may be lower community transmission placing the HHS in Tier 1, however due to the number of close contacts of the person who is positive for COVID-19 there may be a moderate risk of transmission. Further information on the implications for PPE use based on risk assessment is available in section **Error! Reference source not found.**.

5.2 Operational support and logistics

The Incident Management Command will effectively activate in Tier 1 and will maintain the principles of coordination of the emergency response ensuring that:

- Decision making is multidisciplinary
- Staff will be deployed to Priority Areas if required
- Portfolio roles for STARS IMT have nominated backfill

Four portfolios are managed by Executive Leads which include Logistics, Planning, Operations, and Communications. Refer to Appendix 1 for STARS IMT Emergency roles and allocation of positions.

5.3 Tier 0 Prevent local transmission and prepare

Governance	Personnel	Isolation	Facility
• IMT active • EOC – stand up • SEALS Report PPE daily, weekly PPE stock take to the ED, weekly reports are via the PPE Dashboard. • Medication stock take weekly to the IMT. • MN Response – Strategic Planning Group • SHECC twice weekly reporting by ED	**Staff** • All staff must be vaccinated • Wipe down personal iPad/phones; wipe down hard surfaces. • Establish weekly communication with staff vidcasts, emails, as appropriate • Do not attend work if you are unwell messages to staff. • Ensure vaccination status in line with the Health Service Directives. • Ensure staff are checking in using QR code at entry • Encourage testing if any COVID-19 symptoms. • Line managers should be assessing vulnerable employees in case of escalation to tier 1 and above. Refer to COVID-19 Vulnerable Employees guide. **Visitors** • Do not attend if unwell, as per CHO Direction. **Volunteers** • Do not attend if unwell, complete volunteer checklist, risk assess roles, engaged as appropriate. • Tier 0 Volunteer coordinator should be assessing vulnerable employees in case of escalation to tier 1 and above. Refer to COVID-19 Vulnerable Employees guide Consumer representation • Complete Consumer COVID checklist, risk assess roles • Refer to the STARS Volunteers COVID-19 response plan for detailed information.	STARS will not be accepting or keeping inpatients that have tested positive for COVID-19 in tier 0 or 1 and will collaborate with RBWH re care options.	• COVID-19 Check in QLD mandatory for all staff and visitors • Signage at entrances, alerting patients, visitors, and staff not to enter a health service if unwell • Electronic signage for general COVID-19 information and respiratory hygiene and testing information. • Entrances/Exits –sanitising stations at all entrances • Direct all patients with fever >37.5 to RBWH ED Triage or Fever Clinic • Security – maintain BAU • Cleaning – frequent touch point cleaning • Pharmacy – maintain 6 months' supply of pharmacy stocks (based on usual supply) • Food, linen and waste, security services – use PPE in accordance with Queensland Health and PPE quick reference guide. **Concierge** • No manned concierge • Desks at Ground Floor front entrance, Ground Floor Carpark entrance, level 1 Carpark entrance, and Level 3 entrance, with masks and hand sanitizer – stocks maintained by SEALS.

Meetings	Training	Service Operations	
• Adhere to social distancing • Wipe meeting desks and click share items between use. • Virtual meetings where able	• No training restrictions – social distancing to be observed • PPE training for at risk staff to continue • Fit testing to continue for at risk staff with high priority given to occupations involved in Aerosol Generating Procedures (AGPs) • Continue OVP training • Continue infection control training	• The STARS Outpatients MOC has planning for an increased demand of patients to be seen via telehealth • Consider layout of outpatient seating and the requirements for social distancing. • Consider patients wearing masks for clinics where social distancing is not possible on commencement of services • COVID safe signage to be placed to indicate maximum number recommended for each room. • Outpatients supplied with one month of medication. • 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	

5.4 Tier 1 Limited community transmission

*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.

During Tier 1, only designated COVID-19 facilities will accept patients with COVID-19.

Governance	Personnel	Inpatient COVID-19	Facility Protection
As per Tier 0 plus • SEALS continue PPE stock take - if stock take variance exceeds 5% (of prior day's closing balance) for three consecutive weeks, change to daily stock take. Weekly reports are via the PPE Dashboard.	**As per Tier 0 plus** **Staff** • Universal mask wearing for staff as per risk level and CHO advice. • All staff to be fit tested for at least 2 masks • Ensure cleaning wipes are available for staff and discourage hot desking. • Minimise staff movement across wards and facilities • Develop staff teams and minimise contact between teams • Reviews roles that can work remotely for future requirements. • Discourage congregation in tearooms and other shared spaces • Enact staff management plans • Communicate to staff COVID-19 HR hotline – hours as demand indicates • Volunteers and consumers - engage in low-risk roles, onsite arrangements as per visitor directions. Visitors – as per CHO Direction • Students – as per CHO Direction	**As per Tier 0 plus** • STARS will not be accepting or keeping inpatients that have tested positive for COVID-19 in Tier 0 or 1 and will collaborate with RBWH re care options. • COVID-19 ieMR checklist to completed for all inpatients and PreAC. Refer to the COVID-19 Clinical Screening Assessment quick reference guide (QRG) for instructions on how to access and complete the form. In the event of ieMR downtime a paper form can be accessed here. • Compliance of this screening will be reported to Nursing Directors once a month or as needed. • If COVID-19 symptoms are present on patient presentation the procedure must be cancelled, patient is swabbed and sent home	**As per Tier 0 plus** **Security** review model, measure need for enhanced traffic management, evaluate need for security present at building entrances **Concierge** • Concierge at Ground Floor Reception and Level 3 entrances • Reduce hospital access points, close level 1 Carpark doors • No sales representatives permitted onsite.

Meetings	Training	Service Operations	
As per Tier 0 plus • Discretionary suspension of non-essential meetings where they impact on clinicians' time to respond to COVID-19 • Interviews conducted via TEAMS • Activate IMT and related meetings – determine frequency as appropriate • STARS COVID-19 IMT –twice weekly or as directed by the Executive Director of STARS.	**As per Tier 0 plus** • 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 OVP training • Continue PAPR training (if applicable) • Commence ICU upskilling • Commence identification of nursing staff to assist in specialist units such as dialysis and SCN/NICU	**As per Tier 0 plus** • Follow directions from the Chief Health Officer which may direct mandatory mask wearing, working from home etc. **When no specific CHO directive applies:** • Patients to wear level 1 or 2 surgical masks when not in their bed space. • Maintain activity and critical referrals in from other HHSs • Increase virtual care • Identify locations outside of the outpatient clinic to provide virtual clinics • Outbreak management – reallocation of staff to other sites. • Reallocate staff to frontline roles as demand dictates • Prepare processes to enable suspension of Category 3 and 6 surgery, medical and non-emergency 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. • All OPD to be rescheduled for patients who are: ➢ Quarantined ➢ Under a public health order ➢ Been to a hot spot or contact tracing ➢ alert location. ➢ Awaiting a swab result ➢ Symptomatic	

5.5 Tier 2 Moderate community transmission

*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.

During Tier 2, only designated COVID-19 facilities will accept patients with COVID-19.

Governance	Personnel	Inpatient COVID-19	Facility Protection
As per Tier 1 plus • IMT Daily meetings • Report PPE daily, twice weekly PPE stock take – if stock take variance exceeds 5% (of prior day's closing balance) for three consecutive weeks, change to daily stock take. Weekly reports are via the PPE Dashboard.	**As per Tier 1 plus** **Staff** • Separate inpatient and outpatient teams • Consider reallocation of workload for vulnerable staff. Line manager to ensure Vulnerable employee checklist is completed. • All staff PPE wearing as per PPE Risk matrix • Staff to log in and out lunchrooms. • No volunteers engaged onsite • No consumer representatives engaged on site • Student placement as per the CHO directive. • Visitors – as per CHO direction	**As per Tier 1 plus** • STARS to respond to MN HHS direction regarding inpatient care and management in STARS • Existing inpatients who test positive to be assessed to remain in STARS single room under appropriate precautions contact IMPS to organize transportation to a COVID-19 Designated COVID-19 Hospital Network Direction (No. 2). • Inpatients wear level 1 or 2 surgical masks when away from immediate bed area	**As per Tier 1 plus** • Concierge and signage at entrances, alerting patients, visitors, and staff not to enter a health service if unwell • COVID-19 check in mandatory for all staff and visitors • A STARS staff member present 24 hours at entry points to triage and screen arrivals for COVID-19 symptoms • Refer all patients with COVID-19 symptoms to RBWH ED Triage or RBWH Fever Clinic, or closest fever clinic if applicable. • Identify locations for static fit testing stations • Identify locations for status PPE donning and doffing stations. • Increase PPE stockholding to 40 days at medium risk this reported and reflected on the PPE dashboard.

Meetings	Training	Service Operations	
As per Tier 1 plus • STARS COVID-19 IMT – daily • Virtual meetings only Suspension of non- essential meetings.	**As per Tier 1 plus** • Suspension of non-essential training • Orientation for new starters online • No face to face training, essential training delivered virtually • Fit testing to continue • PPE donning and training to continue. Social distancing measures in place.	**Outpatients** • Urgent face-to-face appointments only where virtual not clinically appropriate • Virtual appointments preferred. • All OPD patients must wear level 1 or level 2 masks in waiting rooms. Cloth masks not permitted. • Outsource activity as able • Repurpose OPD areas as appropriate • Category 1 and urgent category 2 only when directed by the CE • Surgery as directed by MN EOC • Repurpose surgical wards to medical wards as directed	

5.6 Tier 3, 4 and 5 Significant community transmission

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

	Governance	Personnel	Facility Protection	Inpatient COVID-19	Service Operations	Meetings	Training
Tier 3	**As per Tier 2**	**As per Tier 2**	**As per Tier 2** • Temperature checks on arrival under the direction of the CHO. • 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 plus** • Multiple designated wards or floors or designated COVID-19 hospital as directed by MN EOC	**As per Tier 2** • Utilise campus wide clinical area (partner organisations) • Convert non-clinical areas to clinical	**As per Tier 2**	**As per Tier 2** No face to face training, essential training delivered virtually

	Governance	Personnel	Facility Protection	Inpatient COVID-19	Service Operations	Meetings	Training
Tier 4	**As per Tier 3** Consider Metro North and Metro South HHS combined EOC	**As per Tier 3** Consider recruitment of non-clinical staff to assist with clinical load where appropriate	**As per Tier 3**	**As per Tier 3** • Utilise over census bed areas • Utilise private hospitals designated wards for COVID-19 patients	**As per Tier 3** • 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	**As per Tier 3** Frequency of meetings reviewed	**As per Tier 3**

	Governance	Personnel	Facility Protection	Inpatient COVID-19	Service Operations	Meetings	Training

Tier 5	**As per Tier 3**	**As per Tier 3** Activate workforce for temporary facilities	**As per Tier 4**	**As per Tier 4** Under MN EOC directions assist with the establishment of field hospital with designated COVID-19 areas	**As per Tier 4**	**As per Tier 4** Frequency of meetings reviewed	**As per Tier 4**

5.7 Clinical Management for suspected or confirmed COVID-19 positive patient

- STARS will manage potential COVID-19 presentations to the facility with an isolation process and transfer to Metro North for assessment as per the STARS Screening and Transport of high risk and confirmed patients with pandemic respiratory infections in line with Designated COVID-19 Hospital Network Direction (No. 2).
- Patients that are well and non-symptomatic, will be isolated under the appropriate precautions and be moved under the guidance of IMPS in line with Designated COVID-19 Hospital Network Direction (No. 2).
- See MNH COVID-19 Response Plan for more clinical management details.

STARS will consider the need to stand up fever assessment clinics on the direction of the State Health Coordinator or at the discretion of the HHS Health Incident Controller. During other times STARS will be directing testing to be done at the RBWH fever clinic. See Appendix 2 for more detailed information.

5.8 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 (if required)	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.	Nursing Staff Administration Officers
Dedicated staff (where possible) to be assigned to assess suspected cases	Nursing Team Leader Medical Team Leader Administration Manager
All patients regardless of risk factors and symptoms: Consider placement of patients who require use of nebulisers, CPAP or delivery of high flow oxygenation or possible AGPs which increases the risk of dispersal /transmission of ILI e.g. single room where the door can be closed to prevent air flow out of the area for the use of this patient group or alternative areas of the hospital where air circulation and return air flow can be minimised. Consider use of medication alternatives that does not require the use of a nebuliser.	Medical Team Leader Infection Management and Prevention for Subject Matter Expert Advice
Review patient allocation each shift to ensure: Tier 0 and Tier 1 -High risk staff (e.g. pregnant, immunocompromised) are not allocated to suspected / confirmed ILI patients, In Tier 2 High risk staff should be removed from clinical areas. Immunocompromised patients are encouraged to receive booster dose of vaccine. Staff have skills to look after the patient and are comfortable to do so. Staff are competent in their Donning and Doffing who are allocated to any patients that have ILI symptoms. Staff are encouraged to do the COVID-19 donning and doffing module on TMS. Staff have completed fit testing for two different masks Line managers need to have completed:COVID-19 Vulnerable employees' checklist for at risk staff.	Nursing Team Leader Medical Team Leader Administration Manager

Staff identified as pregnant need to be offered COVID-19 and pregnant staff	
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 Infection Management and Prevention CNC
A procedure for movement of patients within the facility may be advised by QLD Health. As per guidance of IMPS.	Patient Support Services Security Nursing

5.9 Personal Protective Equipment for staff

It is expected staff will comply with standard precautions, including hand hygiene (5 moments) for all patients with respiratory infections. In addition:

- Patients and staff should observe cough etiquette and respiratory hygiene
- Comply with transmission-based precautions for patients with suspected or confirmed COVID-19 in line with Pandemic Response Guidance Table 3 and Appendix 4 Healthcare Delivery for healthcare setting.
    - Contact + Droplet + Eye Precautions
    - Contact + Droplet + Eye Precautions
- If patient transfer outside the room is essential, the patient should wear a surgical mask during transfer and follow respiratory hygiene and cough etiquette.
- In certain circumstances patients will be required to wear a surgical mask within their own bedspace when staff are within in 1.5 meters of them this will be under the direction of the CHO.
- All staff are encouraged to complete the COVID-19 Donning and Doffing Module on Talent Management System (TMS)
- Staff are required as part of their induction training to complete in person donning and doffing training to be recorded on TMS.
- As per the Tier Response and CHO direction staff may be required to wear a surgical mask and eye protection for all patient cares.
- Fit testing requirements and training are completed and allocated in line with the Metro North EOC and Central Skills and development center.

Transmission Based Precaution recommendations for each precaution

For most inpatient contacts between healthcare staff and patients the following PPE is safe and appropriate and should be put on before entering the patient's room.

Tier 0:

Contact + Droplet + Eye Precautions – In addition to Standard precautions:

- surgical mask
- long sleeve impermeable gown
- gloves
- protective eyewear / face shield.

Tier 2 and above:

Contact + Airborne + Eye Precautions for AGPs (for example, taking respiratory specimens, suctioning, intubation, nebulisers), patients with significant respiratory illness, or prolonged exposure (i.e. > 15 minutes face-to-face contact or in same room for > 2 hours).

- negative pressure room where possible (Single room door shut within STARS)
- P2 / N95 mask – Fit check must be performed
- long sleeve impermeable gown
- gloves
- protective eyewear / face shield

5.10 Digital and IT Resources

The STARS IMT Logistics portfolio will manage digital and IT resources for Tier 1 – 5 activations.

The Director HIMs will oversee the deployment of patient related record management and resources to support the deployment of services and staff.

5.11 Resource management

STARS Hospital Command and Control / Incident Management Team (IMT) will review and consider Human Resource requirements daily. Daily Bed Management Meetings and Executive Huddle will provide a report to the IMT on current workforce requirements.

In the event of Tier 2 activation, the Operational and Planning Teams within STARS will activate the proposed staffing plan for supporting RBWH Fever Assessment Clinics and vaccination clinics. All other resources will be captured by the Finance Team in allocated cost centres.

5.11.1 Consumables and medication

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

- Flocked swabs for viral polymerase chain reaction (PCR)
- Central Pharmacy houses the State supply of antivirals. Pharmacies within all hospitals also have a supply of antivirals available and are responsible for approval and distribution though the hospital.
- Alcohol based hand rub (ABHR) supply managed through pharmacy

- Sufficient cleaning wipes managed through central stores
- STARS have a stock level of PPE sufficient for 2 weeks supply of increased use due to a respiratory pandemic. This can be reviewed on the PPE dashboard.
- STARS will receive a weekly allocation of PPE from Central Supply.

5.12 Contact tracing

Metro North has public health nurses and environmental health officers authorised as contact tracers. These officers have the associated function of serving the legal notices by the Emergency Officer (General) appointed under the Public Health Act. STARS have authorised contact tracers that sit within the Infection Management and Prevention Team which will work with the public health unit to contact trace staff and visitors under their direction.

In the event of a surge, capacity can be quickly increased by providing training and authorisation and drawing on staff from other areas of Metro North and local government environmental health officers available.

6 Human resources

6.1 Staff training and information

- Medical officers and nursing staff receive IMP training as part of orientation, induction, and work unit training programs.
- All staff complete Hand Hygiene refresher training and are encouraged to attend additional in-services for COVID-19 and influenza like illness (ILI) Infection Prevention sessions.
- All staff must complete the Talent Management System Infection Control Training.
- All staff are encouraged to complete the COVID-19 Donning and Doffing Module on Talent Management System (TMS)
- Staff are required as part of their induction training to complete in person donning and doffing training to be recorded on TMS.
- The CNC Infection Management and Prevention will organise 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 are also available on the STARS Intranet and STARS Infection Management and Prevention page.
- Line managers should be assessing vulnerable employees in case of escalation to tier 1 and above. Refer to COVID-19 Vulnerable Employees guide.
- Staff identified as pregnant need to be offered COVID-19 and pregnant staff guide and COVID-19 vaccination decision guide for women who are pregnant, breastfeeding, or planning pregnancy (health.gov.au)

6.2 Managing ill workers

Ill or quarantined workforce will be managed in line with the Queensland Health Human Resources Guidelines available on the intranet.

All staff under quarantine orders must inform STARS Infection Management and Prevention and their respective line manager.

6.2.1 Leave and returning to work

Different leave types, either paid or unpaid, may be granted to employees directly affected by this event.

Refer to the MNHHS COVID-19 Virus Pandemic Factsheet for information regarding specific leave options.

Quarantine All Metro North HHS staff impacted by isolation / quarantine must be registered with the Metro North Emergency Operations Centre via EOC-MetroNorth@health.qld.gov.au.

6.3 Staff wellbeing strategy

The Metro North Wellbeing Strategy – COVID-19 covers the emotional, financial, physical, and social domains of wellbeing.

Metro North's values of compassion, integrity, respect, teamwork, and high performance form the foundation of decisions and actions relating to the wellbeing strategy during COVID-19.

The aims of the strategy are to ensure staff feel supported and have their wellbeing considered, link to existing resources and provide access to new initiatives tailored to COVID-19. Whilst many of the initiatives will be offered on an ongoing basis, a number of them will be activated as required throughout the pandemic.

Profession focused support and initiatives are outlined in the Metro North Wellbeing Strategy as well as professional association support included below:

- Medical Professional Association Support
- Nursing Professional Association Support
- Allied Health Professional Association Support

Metro North's Employee Assistance Service (EAS) provider Benestar is offering expanded support as part of the Staff Wellbeing Strategy.

6.4 Industrial relations

STARS will partner with Metro North HHS and STARS Local Consultative Forum for any industrial related matters during the pandemic.

6.5 Workplace health and safety

STARS will involve Health and Safety representatives in planning for redeployments and any environmental workplace issues. Health and 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. Workplace health and safety will be responsible for all fit testing training and requirements.

6.6 Fatigue Management

Management of fatigue across Metro North occurs in accordance with the Metro North Fatigue Risk Management Procedure and the Department of Health Fatigue Risk Management Policy I1 (QH-POL-171). A summary document has been developed which outlines the general management of fatigue. Specific guidelines relating to fatigue risk management for Medical and Nursing and Midwifery professional streams has also been developed.

7 Aboriginal and Torres Strait Islander patient health considerations

All Aboriginal and/or Torres Strait Islander peoples are considered part of a vulnerable group when considering ILI and COVID-19. Practitioners should assess all Aboriginal and/or Torres Strait Islander peoples presenting with ILI for chronic diseases and other risk factors.

Health professionals should keep the following points in mind when assessing and treating any patients who may have COVID-19.

- Need to actively identify Indigenous person of Aboriginal and/or Torres Strait Islander origin.
- The high prevalence of chronic disease in Aboriginal and/or Torres Strait Islander populations that may predispose to severe outcomes.
- The social circumstances and needs of patients that are identified as Aboriginal and/or Torres Strait Islander origin.
- The possibility that the patient may be residing with a person who is vulnerable, for example, due to the presence of chronic disease(s).
- Would the patient benefit from support by the Indigenous Hospital Liaison Officer?
- Is the information provided in a culturally appropriate manner, so that the patient, contacts, and community understand the information by using culturally specific posters, brochures, and pamphlets?

Resources to support HHS's to address the COVID-19 needs of Aboriginal and Torres Strait Islander Queenslanders are available online at https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/information-for/first-nations.

Challenges to infection control in Aboriginal and/or Torres Strait Islander communities are acknowledged. As such, isolating cases from those who are more vulnerable to severe outcomes and recommending keeping a distance of one metre from others may be a more manageable approach to preventing spread of disease.

- The voluntary home isolation of patients with infection is strongly recommended to reduce transmission but consideration must be given to who else is at home.
- Other measures such as patients using masks can be considered depending on the vulnerability of contacts and living circumstances.
- Information about hand hygiene (hand washing and drying) and cough etiquette should be promoted to patients, contacts and community and are explained in a culturally appropriate manner.

There are a suite of culturally specific resources for COVID-19 on the Extranet Metro North Hospital and Health Service webpage and also the Australian Government Aboriginal and Torres Strait Islander Advisory Group on COVID-19 communiques.

8 Financial management

All associated costs for the management of COVID-19 will be tracked and monitored by the STARS Finance Department. A register of COVID-19 related activities including screening, pathology, follow up and clinical and non-related resources will be maintained. In addition, a register of all reductions of activity and services will also be recorded and will be aligned with items in the tier response accordingly.

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

9 Control

A National and State transition to a Stand Down phase will occur when the pandemic no longer presents a major public health threat.

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

10 Recovery strategies

The process of recovering STARS from a respiratory pandemic will be managed in accordance with the Metro North HHS 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.

The Recovery Phase is characterised by the pandemic being under control in Australia however further waves may occur if the virus drifts and/or is reimported into Australia. During this phase there is ongoing evaluation of the response, revision of plans and activation of recovery strategies.

The *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* outlines activities associated with this phase including:

- support and maintain quality care
- cease activities that are no longer needed, and transition activities to normal business or interim arrangements
- monitor for a subsequent wave of the outbreak
- monitor for the development of resistance to any pharmaceutical measures
- communicate to support the return from emergency response to normal business services
- evaluate systems and responses and revise plans and procedures.

Appendix 1 – STARS Incident Management Team and Emergency Response Roles and Responsibilities

IMT Role	Position 1	Position allocated when position 1 absent
Hospital Commander	Executive Director	Director of Medical Services
Deputy Hospital Commander	Director of Medical Services	Director of Nursing
Room Manager	Safety & Quality Director	S&Q Team Member
Operations Officer	Allied Health Director	Director of Pharmacy
Planning	Director of Nursing	Nursing Director Procedural Services
Intelligence	Nursing Director, Geriatric and Rehab Services	Nursing Director Procedural Services
Logistics Officer	Facility Services Director	Manager Administration Services
Communications	STARS Communications Advisor	Safety & Quality Director
Finance	Director of Finance	Business Manager - Finance
Logging Officer	Executive Support Officer – ED STARS	Executive Support Officer – DMS & DON

Appendix 2 - Infrastructure available for COVID-19 response – STARS

Single Room capacity

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

Type 4

Single rooms with an ensuite shower and toilet that is not shared. Suitable for patients with infections transmissible by means other than the airborne route and are designed to minimise the potential for such infections to be transmitted to other patients and staff.

Isolation Rooms

STARS have 121 basic single rooms and no dedicated negative pressure rooms and no anterooms

Oxygen Ports

STARS Hospital has 600 oxygen outlets and Cushman and Wakefield monitoring the supply.

Mortuary Capacity

STARS have a capacity of 2 in the Body Hold in the Basement with an agreement with Pathology Queensland about using the Mortuary at the RBWH. The risk of respiratory / pandemic influenza infection from deceased persons is low and is minimised by the use of transmission-based precautions.

- All staff handling persons who have died while infectious with pandemic / respiratory influenza should follow droplet + contact + eye precautions transmission-based precautions. For specific details on handling deceased patients with COVID-19 refer to page 18 of the Interim infection prevention and control guidelines for management of COVID-19 in healthcare settings.
- All bodies prior to release from mortuary require clearance for release by the approved delegate.
- Refer to Management of Deceased Persons Guideline.

Appendix 3: Definition of essential meeting

An essential meeting or workshop:

- directly relates to essential functions of Metro North HHS (as outlined in business continuity plans)
- directly relates to priority initiatives of the HHS, for instance, Value Oriented Systems initiatives
- will result in decisions or actions that are critical to patient care, the HHS achieving performance targets, or the COVID-19 response
- will result in decision or actions that will mitigate risks related to the HHSs legislative, industrial, and financial obligations
- directly supports the wellbeing of staff.

Additionally:

- The meeting or workshop will not prevent staff providing support to the COVID-19 response, who, if the meeting or workshop did not proceed, could be reallocated to the COVID-19 response. This includes the time spent planning for the meeting or workshop.
- The meeting or workshop can be delivered in a way that is compliant with the Chief Health Officers Directions.
- If the meeting or workshop is conducted in an offsite venue, they must have a COVIDSafe Plan.

Appendix 4: PPE Response guide

Table 3. *Healthcare settings*: Recommended PPE escalation according to risk of unexpected COVID-19 infections in patients or workers (in addition to standard precautions +/- transmission-based precautions if indicated for another reason)

	Community level risk → Client category ↓	Low risk	Moderate Risk As advised by Queensland Health, and Restricted Hospital[4]	High Risk As advised by Queensland Health
STAFF[1]	NO clinical or epidemiological evidence[2] of COVID-19	Standard precautions	Surgical mask[5] Protective eyewear	Surgical mask[5] Protective eyewear
	Clinical evidence of COVID-19 WITHOUT epidemiological evidence[2] of COVID-19	Surgical mask[5] Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves	P2/N95 respirator Protective eyewear Gown Gloves
	Confirmed COVID-19 OR Suspected COVID-19 (clinical evidence WITH epidemiological evidence[2] of COVID-19) OR Those subject to quarantine or other public health requirements	P2/N95 respirator[6] Protective eyewear Gown Gloves	P2/N95 respirator[6] Protective eyewear Gown Gloves	P2/N95 respirator[6] Protective eyewear Gown Gloves
	Staff during activities other than direct patient care	Not Applicable	Surgical mask unless working alone in their own office[3]	Surgical mask unless working alone in their own office[3]
PPE for patient use - clinical evidence of COVID-19 OR in quarantine OR suspected OR confirmed COVID-19 cases (excluding children under 12)		Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
PPE for patient use - non-COVID-19 (excluding children under 12)		Nil	Surgical mask where tolerated, unless inpatient in own bed	Surgical mask where tolerated, unless inpatient in own bed
PPE for visitors		Nil	Surgical mask OR Own mask if adequate[3]	Surgical mask OR Own mask if adequate[3]

Table 3 footnotes

[1]Healthcare staff who reside in an area that is designated a different risk level to the healthcare facility they work are to comply with their workplace facility risk PPE requirements.

[2]Epidemiological evidence includes, in the last 14 days: close contact with a confirmed case of COVID-19; international travel with the exception of green zone countries; workers supporting designated COVID-19 quarantine and isolation services; international border staff; international air and maritime crew; people who have been in a setting where there is a COVID-19 case e.g. in close contact category at a QH exposure location, in casual contact category at a QH exposure location pending a negative COVID-19 test result, QH interstate exposure venues; people who have been in areas with recent local transmission of SARS-Cov-2 e.g. QH hotspots. (Risk-assess health, aged and residential care workers)

[3]And in accordance with current Public Health Directions

[4]Restricted Hospital as per Chief Health Officer Public Health Directions.

[5]In these situations a P2/N95 respirator should be worn for Aerosol generating procedures (AGP), aerosol generating behaviours (AGB) and upon entering a room within 30 min of an AGP. AGP, AGB and other factors increasing the risk of transmission are outlined in Appendix 7 of the *Queensland Health infection prevention and control guidelines for the management of COVID-19 in healthcare settings*.

[6] Powered Air Purifying Respirators (PAPRs) may be used in certain circumstances as an alternative to P2/N95 respirators. The decision to use these devices is made at a local level following a risk-based assessment.