

MESSAGE FROM THE COVID-19 HEALTH INCIDENT CONTROLLER

Metro North Hospital and Health Service

Dr Elizabeth Rushbrook



2 July 2021

Good afternoon colleagues,

Further to my quick update today, this message will expand on a number of items that staff have raised as requiring clarification.

Brisbane lockdown

Brisbane City Council and Moreton Bay Local Government Areas (LGA) have been extended to be declared **impacted areas** until tomorrow Saturday 3 July 18:00. Being in, or visiting an impact area means that you are subject to restrictions in accordance with the [Restrictions for Impacted Areas Direction No. 6](#). It looks like we will all have a quiet weekend in. Please note: if you have been in an impacted area since 18:00 on 29 June 2021, you must continue to follow the restrictions that apply, even when you leave these LGAs.

Put simply:

- Wear a mask when outside your home or private vehicle (some exceptions apply); and
- Only leave your principal place of residence only for permitted purposes

From 18:00 tonight, the LGAs of Noosa, Sunshine Coast, Ipswich, Logan, Redlands, Gold Coast, Scenic Rim, Lockyer Valley, Somerset, Palm Island and Townsville will be removed as impacted areas.

This is very different to a declared **restricted area** (although these are often the same). All of the above LGAs listed above will remain declared restricted areas in accordance with the [Queensland COVID-19 Restricted Areas Direction \(No. 16\)](#). This means that the restrictions on visitors to Hospitals, Residential Aged Care Facilities and Disability Accommodation Services remain in place.

However, there will be restrictions that continue to apply in these areas, which will remain in place for the next two weeks (e.g. mask wearing and hospital visitor restrictions). If you live in these areas but work in Brisbane City Council or Moreton Bay, you will still need to abide by the lockdown restrictions applicable to those areas when at home.

PPE for healthcare workers

Our LGAs remain on “moderate” risk PPE escalation. This means that anyone providing routine clinical care in any setting where physical distancing cannot be maintained (e.g. outpatient appointment, ward rounds, handover meetings, 1:1 cares) should be wearing a **surgical mask** and **protective eyewear**.

Care in higher risk settings require additional precautions as the circumstance dictates - including P2/N95 respirator, gown and gloves.

Secondary close contact isolation and quarantine

I would like to re-iterate my explanation yesterday regarding being a secondary close contact (when one of your household has been notified that they are a close contact) and your requirement as a healthcare worker to isolate until your quarantined close contact household member has returned two negative tests, 24 hours apart.

If your household member is unable to effectively quarantine from you, you are more than a secondary contact. That is, if you continue to live with, and interact with your close contact, you will need to quarantine with them for the entire time of their quarantine.

I have taken this seriously (and entered '*Liz Rushbrook prepper mode*') and made a plan for members of my household who may become close contacts to quarantine at a place separate to my family home. It is something that you might like to at least think about for you and your household.

This is a rapidly changing situation and is in place due to the high 'R naught' of the *delta variant*.

Exposure Venues

Queensland continues to respond to four separate outbreaks. One is the *alpha* variant, and three are different *delta* variants. This means that there is a lot of contact tracing occurring and has resulted in a lot of individuals and households entering quarantine. Please, if you know someone who has found themselves in quarantine, be kind, be supportive and be understanding.

I urge you to continue regularly checking the [contact tracing exposure sites](#), maintaining physical distancing and practicing good hand hygiene. Get tested if you have symptoms of COVID-19 no matter how mild, and isolate until you have a negative result.

We have so many teams working hard to respond to these outbreaks, to vaccinate our population and to keep all of our services up and running. Thank you for pulling together at this challenging time.

Kind regards,

Dr Liz Rushbrook
Metro North Incident Controller

Metro North Health – overview of cases*

HHS	Patients being managed by HHS						Fever Clinics		
	Total In-patients			Virtual Ward / HITH / or similar	Deaths **	Total cases managed by HHS (including recovered) ***	# of clinics	Presentations	
	ICU Pts		ICU-VENTILATED					YESTERDAY	TOTAL ^
	ICU-NOT VENTILATED	ICU-VENTILATED							
MN TOTAL	20	1	0	0	4	612	5	1196	197894
Vaccinations delivered by Metro North Health									
1/7/21	4066			Total delivered	142,112				

*As at 02/07/2021 at 1000

**Metro North Health has four recorded deaths (one person a return traveller into NSW, who passed away in NSW)

*** These numbers reflect the cases being managed by Metro North Health.