

Tier 2

Moderate 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 a tissue

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

Governance	Workforce	Metro North Virtual Care Services and HiTH	Intensive Care Unit	Service operations	Meetings
<ul style="list-style-type: none"> Twice weekly MN Response Management meeting Twice weekly reporting of MN and State surveillance, and monitoring of National and overseas trends – ND Performance Planning, Office of the CNMO Communicate and collaborate with external stakeholders 	<ul style="list-style-type: none"> All staff providing clinical care are strongly encouraged to wear surgical masks. P2/N95 masks when caring for suspected/confirmed ARI, once defined – change accordingly (see appendix 3 & 4) Eye protection in line with PPE matrix (see appendix 3 & 4) Review workforce business continuity plans and consider staff redeployment on a need's basis Where able, discourage congregation in tearooms and other shared spaces Where able take breaks outdoors Regular MNH Executive comms to all staff Prioritise new staff fit testing and annual reviews for existing staff. 	<ul style="list-style-type: none"> Promote Metro North Virtual Care Services – <i>stretch targets per service to be confirmed</i> Virtual ED Virtual Ward HiTH Daily reporting on referral and utilisation of all services 	<ul style="list-style-type: none"> Review ICU capacity plans and prepare to activate over-census bed areas. 	<ul style="list-style-type: none"> Provide new and review outpatient consultations for all urgency categories Provide category 1 & 4, and long wait cat 2 & 3 surgery and cat 5 & 6 procedures, Prioritise new appointments for long wait category 1 & 4 outpatients Optimise virtual outpatient care where possible Review room allocation methods (Plan sect 5.2) Stand up extension of Private Hospital Facility Funding Arrangements (PHFFA) in consultation with DoH Daily reporting on referral and utilisation of PHFFA services Review and report weekly on Surgery Connect. 	<ul style="list-style-type: none"> Teams link to be included in all meetings Face-to-face meetings only where essential; flat surgical masks required
		<p style="text-align: center;">Emergency Department</p> <ul style="list-style-type: none"> Review PCR collection services & testing criteria (Plan sect 5.3) Review ED capacity plans and prepare to activate over-census bed areas. 	<p style="text-align: center;">Bedded Services</p> <p>Placement of patients with ARI, are based on the following principles</p> <ul style="list-style-type: none"> Transmission-based precautions should be applied in addition to standard precautions SARS-CoV-2 will not be cohorted with other infections Co-infection (SARS-CoV-2 and Influenza) patients will not be cohorted Surgical masks will be provided at point of TRIAGE, but should be provided whenever the ARI is first recognised Utilise over-census bed areas as per MNH Acute Capacity Framework. 		

For more information, refer to Metro North Health Acute Respiratory Illness Plan – Click link to access <https://metronorth.health.qld.gov.au/extranet/ari>