

Tier 3

Significant 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"> Daily MN Response Management meeting Daily 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"> P2/N95 masks and eye protection in all clinical areas Stand up workforce business continuity plans and staff redeployment deployment Discourage congregation in tearooms and other shared spaces Take breaks outdoors Regular MNH Executive comms to all staff Continue to 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"> Defer all non-essential planned elective surgery; continue cat 1 and cat 4 surgery / procedures Continue category 1 (urgent) outpatient new and reviews Prioritise new appointments for long waiting category 1 outpatients transition to virtual outpatient care where possible Review room allocation methods Assess current requirement of Private Hospital Facility Funding Arrangements (PHFFA) in consultation with DoH. Daily reporting on referral and utilisation of PHFFA services Assess current requirement of Surgery Connect arrangements. 	<ul style="list-style-type: none"> Cease meetings not directly related to clinical care or staff wellbeing that involve clinical staff.
		<p style="text-align: center;">Emergency Department</p> <ul style="list-style-type: none"> Review ED capacity plans and prepare to activate over-census bed areas. Review ‘front door reception’ process changes (e.g., alternate triage stations) Continue to review PCR collection services & testing criteria (Plan section 5.3) 	<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 <p>Utilise over-census bed areas as per MNH Acute Capacity Framework.</p>		

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