## Appendix 10: Caboolture, Kilcoy, and Woodford Directorate Criteria for Acute Respiratory Illness Response Sub Plan (Updated by CKW ELT 09/06/2023)

Associated actions for CKW Leadership Team Triggers and actions include, but are not limited to, the below:

Tier 0 Mild Community Transmission	<b>Tier 1</b> Minimal Community Transmission	<b>Tier 2</b> Moderate Community Transmission	Stand-Up Tier 3 Significant Community Transmission
<ul> <li>ACTIONS <ul> <li>Staff vaccination campaign if directed</li> <li>Staff/patient/visitor education plan</li> <li>PPE access and availability</li> </ul> </li> <li>ED CONSIDER OVERFLOW AREAS <ul> <li>Consider numbers in waiting room</li> <li>surgical masks available for to all patients</li> <li>Consider Testing regime using 4PLEX or GeneXpert depending on circulating virus/s for surveillance and management purposes</li> </ul> </li> <li>EDSPIRATORY WARDS <ul> <li>Single room where possible for all confirmed</li> <li>Assess need to cohort positive patients - rooms with doors preferential to curtains</li> <li>Single room/negative pressure for aerosol generating procedures</li> <li>Use of Air Purifiers if not in negative pressure room</li> </ul> </li> <li>DVENEFLOW <ul> <li>Nurse positive patients in single rooms</li> <li>Use of Air purifiers if not in negative pressure room</li> <li>Use of Air purifiers if not in negative pressure room</li> <li>Use of Air purifiers of not in negative pressure room</li> <li>Use view casual and NSU supports</li> <li>Monitor roster finds to prepare for sick leave</li> <li>Review training and fit testing to support staff knowledge and preparedness</li> <li>Monitor and report ARI impact on absenteeism and service provision</li> </ul> </li> </ul>	<ul> <li>ACTIONS</li> <li>Activate Directorate Emergency Response Plan and Pandemic Plan</li> <li>Weekly local IMT meeting including Business Impact Assessments</li> <li>Attend MN IMT and complete directorate reporting</li> <li>ED CONSIDER OVERFLOW AREAS As per Tier 0 <ul> <li>Consider alternative triage/reception space for ILI</li> <li>Maintain PPE as per standard and transmission-based precautions</li> <li>Testing regime using 4PLEX or GeneXpert's for all presentations with ILI symptoms and to assist with patient flow management purposes</li> </ul> </li> <li>RESPIRATORY WARDS As per Tier 0 <ul> <li>Move towards dedicated respiratory space (3B)</li> <li>Maintain PPE as per standard and transmission-based precautions</li> <li>with increased precautions</li> <li>with increased precautions</li> <li>with increased precautions</li> <li>WORKFORCE As per Tier 0</li> <li>Monitoring and reporting of staff furlough related to ARI.</li> <li>Review of scheduled training and meetings with only essential to continue. Move towards virtual platforms for all.</li> <li>Decide on need to stand up concierge roles at entry points.</li> </ul> </li> </ul>	<ul> <li>ACTIONS</li> <li>Emergency Response Plan and Pandemic Plan initiatives addressed</li> <li>daily local IMT meeting including Business Impact Assessments</li> <li>Attend MN IMT and complete reporting for SHECC as requested if appropriate</li> <li>Establish and distribute internal and external communications</li> <li>ED CONSIDER OVERFLOW AREAS As per Tier 1</li> <li>Alternate housing of ILI patients to be considered if viable</li> <li>Maintain PPE as per standard and transmission-based precautions</li> <li>RESPIRATORY WARDS As per Tier 1</li> <li>Review room allocation and look to cohort where required/possible</li> <li>ICU OVERFLOW As per Tier 1</li> <li>Identify and source equipment needed to expand service if required.</li> <li>ELECTIVE SERVICES</li> <li>Review non-critical clinical services with option to reduce and/or suspend elective/non-urgent surgical and SOPD cases where possible</li> <li>WORKFORCE As per tier 1</li> <li>Cancellation of training and meetings</li> <li>Virtual meetings only</li> <li>Training and potential redeployment of staff to clinical areas</li> </ul>	<ul> <li>ACTIONS <ul> <li>Emergency Response Plan and Pandemic Plan ACTIVE</li> <li>IMT meetings as per Tier 2</li> <li>Attend MN IMT and complete reporting for SHECC as required</li> <li>Access controls established limited to essential movements only (is this patient movement or staff movement??)</li> </ul> </li> <li>ED CONSIDER OVERFLOW AREAS <ul> <li>As per Tier 2</li> </ul> </li> <li>RESPIRATORY WARDS <ul> <li>As per Tier 2</li> </ul> </li> <li>Dedicated unit (3B), cohorting inclusive</li> <li>ICU OVERFLOW <ul> <li>As per Tier 2</li> </ul> </li> <li>Awareness of MN/State need for ICU beds <ul> <li>Preparation of area and staff to meet needs with potential expansion into Theatre space</li> </ul> </li> <li>ELECTIVE SERVICES <ul> <li>As per Tier 2</li> </ul> </li> <li>Elective surgery and SOPD considered' <ul> <li>Postponement of surgeries requiring admission to inpatient bed</li> </ul> </li> <li>WORKFORCE <ul> <li>As per Tier 2</li> </ul> </li> <li>Redeploy staff from non-clinical and closed services to support</li> <li>Consideration of leave cancellation</li> </ul>

Recovery (Stand down)

## ACTIONS

- Transition from responding to an event back to normal core business and/or recovery operations.
- All areas gradually move to BAU
- Return to planned care
- Post event debrief completed and documented
- All learnings archived for future reference.