Appendix 11: Community and Oral Health Directorate Criteria for Acute Respiratory Illness Response Sub Plan (Updated by COH ELT 30/05/2023)

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

Tier 0 Mild Community Transmission	Tier 1 <i>Minimal Community Transmission</i>	Tier 2 Moderate Community Transmission	Stand-Up Tier 3 Significant Community Transmission	Recovery (Stand down)
Criteria: Evidence of very low inpatients/residents with ARI in COH	Criteria: Evidence of some inpatients/residents with ARI in COH	Criteria: Evidence of inpatients/residents with ARI in multiple bedded services throughout COH and the Chief Health Officer is reporting increased ARI impacting on the community	Criteria: Evidence of multiple areas with inpatients/residents with ARI in multiple bedded services throughout COH and/or the Chief Health Officer is reporting significant ARI impacting on the community	
Patient Management:	Patient Management: - As per Tier 0 plus	Patient Management: - As per Tier 1 plus	Patient Management: - As per Tier 2	
Subacute/RTCP/Residential Services	Subacute/RTCP	Subacute/RTCP		
 All symptomatic patients to be tested using GeneXpert 4Plex 	Cohort of like for like ARI confirmed cases in double and triple rooms, if	 Open up to 4 beds if funding and staffing available 		
Single rooms for all ARI confirmed cases (if available)	single room not available Residential Services	 Cohort ARI like for like cases if no single rooms available 		
	 If greater than 3 cases of confirmed ARI within 24 hours RACF – outbreak declared 	Residential Services		
		As per Tier 1 plus		
	 Consider visitor restrictions in consultation with Infection Control Services and Safe Visiting Procedure 			
Medical Governance:	Medical Governance: - As per Tier 0 plus	Medical Governance: - As per Tier 1 plus	Medical Governance: - As per Tier 2	
Subacute/RTCP/Residential Services		Subacute/RTCP		
Business as Usual (BAU)	Residential Services	Review on call arrangements for after		
	 Early notification to RADAR services of situation so they can prepare for increased support 	hours and weekends to optimise after hours decision making		
		Residential Services		
		Engage with RADAR outreach service		
Logistics:	Logistics: - As per Tier 0 plus	Logistics: - As per Tier 1 plus	Logistics: - As per Tier 2 plus	
 Business as Usual (BAU) 	Review current PPE stock holdings	 Increase stock holdings of PPE 	PPE utilisation as per Infection Control risk	
PPE as per risk matrix	 Consider increasing stock holdings of 	Workforce: - As per Tier 1 plus	matrix	
Workforce:	PPE	Move all non-essential training and	Review frequency of distribution of PPE	
Business as Usual (BAU)	 Extra surgical masks available to ensure sufficient supply for visitors 	meetings to virtual	Workforce: - As per Tier 2 plus	
Actions:	Workforce: - As per Tier 0 plus	 Consider redeployment of non-frontline clinical staff to clinical areas 	Cancel all non-urgent meetings and	
Annual staff flu vaccination program	Review all recruitment strategies and	Actions: - As per Tier 1 plus	education	
Safety & Quality Facilitator – Emergency Management, sycilable during hydrogen	deployment and upskilling of workforce	COH EOC to be staffed 5 days per week	 Deploy non-frontline clinical staff to clinical areas 	
Management, available during business hours to support mild community	Actions: - As per Tier 0 plus	with on-call weekends	Actions: - As per Tier 2 plus	
response in COH facilities	COH IMT minimum monthly	COH IMT once a week	COH IMT as required	
COH IMT as requiredVirtual staff COH huddles as required	 Staff COH huddles/update as required via TEAMS 	 Staff COH huddles once a week via TEAMS 	Staff COH huddles/update via TEAMS as required	

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