

Appendix 9: Redcliffe Hospital Criteria for Acute Respiratory Illness Response Sub Plan (Updated by RDH ELT May 2023)

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



Tier 0 Mild Community Transmission	Tier 1 Minimal Community Transmission	Tier 2 Moderate Community Transmission	Stand-Up Tier 3	Recovery (Stand down)
<p>ACTIONS</p> <p>ED Management</p> <ul style="list-style-type: none"> ○ Triage: usual process ○ Utilisation of VED and Rapid Access Services as ED and Hospital Avoidance ○ Single room/patient co-horting where possible ○ Testing of respiratory patients: only when clinically indicated or when admission is required ○ Rapid PCR vs standard PCR: guided by HHS response ○ PPE for staff: Guided by HHS response <p>Inpatient Units</p> <p>Prioritisation of Patient Placement</p> <ul style="list-style-type: none"> ● Novel Respiratory Virus, COVID 19, Airborne Precautions <ul style="list-style-type: none"> ○ 6 East Negative Pressure (x2) ○ 6 East Negative Flow (x5) ○ Paediatric Negative Flow (x1) ● Other ARI <ul style="list-style-type: none"> ○ home ward single room ● Co-infections- prioritise negative pressure rooms ● Results pending- MAU single room until result known ● Maternity Patients <ul style="list-style-type: none"> ○ ARI/Novel Resp Virus birthing mothers allocated to Birth Suite 1 & 2 with air purifiers ○ Birth suite 3 if more than 2 patients ● Neonatal Patients <ul style="list-style-type: none"> ○ Neonates who require isolation from mother <ul style="list-style-type: none"> ▪ Bed 13 Maternity ward <p>ICU</p> <ul style="list-style-type: none"> ● 7 ventilated equivalent beds ● 10 physical bed spaces 	<p>ACTIONS</p> <p>ED Management</p> <p>As per Tier 0</p> <p>Inpatient Units</p> <p>Tier 0 plus:</p> <ul style="list-style-type: none"> ● Virtual Ward <ul style="list-style-type: none"> ○ Promotion of virtual Ward <p>Prioritisation of Patient Placement</p> <p>As per Tier 0</p> <p>ICU</p> <p>As per tier 0</p> <p>Planned Care</p> <ul style="list-style-type: none"> ● Reduction in planned care as directed by Metro North 	<p>ACTIONS</p> <p>ED Management</p> <p>As per Tier 0 plus</p> <p>Consideration of expanding services</p> <ul style="list-style-type: none"> ○ Adult SSU overflow (4 additional chairs) 24h model ○ Ambulatory Care 24h nursing model to manage AWA greater than 10 ○ Medical Imaging for AWA. ○ Increase Paediatric Acute ED from 16 hour model to 24 hour model (5 additional beds) <p>Inpatient Units</p> <p>Tier 1 plus:</p> <ul style="list-style-type: none"> ● Cohorting of ARI from vulnerable patients <p>Prioritisation of Patient Placement</p> <ul style="list-style-type: none"> ● Novel Respiratory Virus <ul style="list-style-type: none"> ○ Adult trigger: 12 patients <ul style="list-style-type: none"> ▪ Consider opening 6 East “red zone” or; ▪ Utilise single rooms ○ Paediatric trigger >1 <ul style="list-style-type: none"> ▪ 6 East with paediatric nurse deployed, or; ▪ Open Paeds SSU as “red zone” ● Other ARI <ul style="list-style-type: none"> ○ cohort in home ward ● Co-Infections- prioritise negative pressure rooms <p>** Consideration to be given to isolation room requirements and overall bed demand to determine the most appropriate option.**</p> <p>ICU OVERFLOW</p> <p>Tier 1 plus:</p> <ul style="list-style-type: none"> ● Increase capacity to 10 ventilated beds ● Begin preparations for ICU expansion ● Load share with other ICU’s 	<p>ACTIONS</p> <p>ED Management</p> <p>As per Tier 2</p> <p>Consideration (depending on staffing levels)</p> <ul style="list-style-type: none"> ○ Increase Paediatric ED to 24-hour model to open beds across all areas including Fast Track (3-4 additional spaces) <p>Inpatient Units</p> <p>Tier 2 plus:</p> <p>Prioritisation of Patient Placement</p> <ul style="list-style-type: none"> ● Novel Respiratory Virus, COVID 19 <ul style="list-style-type: none"> ○ Trigger >18 patients <ul style="list-style-type: none"> ▪ Whole of 6 East becomes “red” zone ● Other ARI <ul style="list-style-type: none"> ○ Phase 1: 5W single rooms ○ Phase 2: Cohort in appropriate wards ● Co-Infections- prioritise negative pressure rooms <p>ICU OVERFLOW</p> <p>Tier 2 plus:</p> <ul style="list-style-type: none"> ● ICU expansion to 10 beds triggered on 5th patient requiring negative pressure accepted referral, or; ● Utilise isolation room with air purifiers 	<p>ACTIONS</p> <p>ED Management</p> <ul style="list-style-type: none"> ○ Revert to 16 hour Paediatric MOC with exception of Paed STTA <p>Inpatient Units</p> <p>RESPIRATORY WARDS</p> <ul style="list-style-type: none"> ● Stand down 5W as ARI ward beds ● Stand down 6 East ● Stand down Paediatric SSU <p>ICU OVERFLOW</p> <ul style="list-style-type: none"> ● Reduce back to 7 ventilated equivalent beds