

DEPARTMENT OF HEALTH

Winter Demand Management Plan 2020



Tasmanian
Government

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Message from the Secretary

As people become unwell with flu and respiratory illnesses during winter this can increase demand on our hospitals and ambulance services across the state.

This winter we also have the challenge of managing coronavirus (COVID-19).

Tasmania has responded well to COVID-19 through decisive and proactive action to keep our community safe and to ensure our health system isn't overwhelmed.

Our response to COVID-19 has included measures to:

- prevent the spread of the virus with a focus on high risk groups;
- maximise testing for COVID-19;
- actively case manage and treat people who have COVID-19; and
- develop capacity in our health system to respond to increased demand for services due to COVID-19.

A similar approach will be adopted to manage flu and respiratory illnesses to help people stay well over winter.

Managing demand on our hospitals and ambulance services over winter will include community-based options to divert people from unnecessary hospital care; creating additional bed capacity at our hospitals to treat flu, respiratory illness and COVID-19; optimising patient flow and discharge across our hospitals and collaboration and coordination with key partners in the Tasmanian health system including primary care and private providers.



Kathrine Morgan-Wicks
Secretary and State Health Commander
Department of Health

Introduction

Coronavirus and COVID-19

What are coronaviruses?

Coronaviruses are a large family of viruses. Some coronaviruses cause illness in humans and others cause illness in animals, such as bats, camels, and civets. Human coronaviruses generally cause mild illness, such as the common cold.

Rarely, animal coronaviruses can evolve to infect and spread among humans, causing severe diseases such as Severe Acute Respiratory Syndrome (SARS) which emerged in 2002, and Middle East Respiratory Syndrome (MERS) which emerged in 2012.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a new strain of coronavirus that is causing disease in humans and spreading from person-to-person. The name of the disease is COVID-19.

What we know about COVID-19?

The current COVID-19 situation is changing rapidly. We are still learning about how this new virus spreads and the disease it causes. We know:

- the virus causes respiratory disease that can spread from person to person
- most people experience mild flu-like symptoms, including fever, cough, sore throat and shortness of breath
- some people experience severe illness and, sadly, a small proportion die
- older people and people with underlying medical conditions seem to be more at risk of severe illness
- there is no treatment for COVID-19, but medical care can treat most of the symptoms – antibiotics do not work on viruses
- a vaccine is currently not available.

How does it spread?

The virus most likely spreads through:

- close contact with an infectious person
- contact with droplets from an infected person's uncovered cough or sneeze (if you are within 1.5 metres or two large steps of an infected person)
- touching objects or surfaces (like doorknobs, sink taps and tables) that have cough or sneeze droplets from an infected person, and then touching your mouth, nose or eyes.

What are the symptoms?

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly.

People with coronavirus may experience:

- fever
- symptoms such as coughing, a sore throat and fatigue
- shortness of breath

People with severe illness may have difficulty breathing, which is a sign of pneumonia and requires immediate medical attention.

It can take up to 14 days for symptoms to show after a person has been infected.

Widespread testing is vital to track and slow the spread of COVID-19.

Who is most at risk?

The following people are at higher risk of serious illness:

- Aboriginal and Torres Strait Islander people 50 years and older, with one or more chronic medical conditions
- people 65 years and older, with one or more chronic medical conditions
- people 70 years and older
- people with a weakened immune system

Chronic medical conditions include diabetes, lung disease, heart disease, cancer and kidney failure. To minimise your risk, it is important to follow advice about [preventing the spread](#), [cleaning](#) and [physical distancing](#).

What is the treatment for COVID-19?

Around the world, no medication has been found to safely and effectively treat COVID-19. Antibiotics do not work on viruses.

There is a huge amount of global effort going in to finding a safe treatment as quickly as possible.

Some medicines are being investigated through clinical trials, to see how well they work and if they are safe. There are 90 countries, including Australia, working together with World Health Organization to find an effective treatment for COVID-19.

While there is no proven treatment for COVID-19, medical care can treat most of the symptoms.

Many people who get COVID-19 have relatively mild symptoms. Most recover over a week or two at home without treatment.

Flu (influenza)

Flu is a virus that causes an infection of the respiratory system (nose, throat and lungs). Flu symptoms often start with fever, muscle aches and fatigue together with headache, cough and sore throat. Symptoms can be quite similar to COVID-19.

Like COVID-19, flu is spread easily from person to person through contact with droplets from an infected person's cough or sneeze or by touching objects or surfaces that have cough or sneeze droplets from an infected person and then touching mouth, nose or eyes.

People who get flu will usually improve over one week, however complications of the flu, such as pneumonia can be life threatening particularly for older people or for people with certain medical conditions. People at higher risk of serious illness from flu include:

- all children aged from six months to less than five years
- all adults aged 65 years and over
- pregnant women at any stage in their pregnancy
- adults and children aged from 6 months with chronic medical conditions such as heart, lung, liver or kidney disease, asthma, diabetes, cancer, impaired immunity and neuromuscular conditions
- Aboriginal and Torres Strait Islander people from six months of age

Flu vaccine

The best protection we have from getting flu is to have a flu vaccine. This means getting as many Tasmanians vaccinated against flu as possible. Tasmanians need a flu vaccine every year to help stay protected.

The flu season usually occurs each year in Tasmania between June and September. It is best to have a flu vaccine anywhere from mid-April through to the end of May. This will maximise protection in time for the peak flu period.

Although flu vaccine will not protect against COVID-19, those who are vulnerable to flu are also vulnerable to COVID-19. It is important that people who are at higher risk of developing serious illness from flu receive a flu vaccine.

The following people are eligible for a free flu vaccine because they are at greater risk of getting severe flu and complications:

- all children aged from six months to less than five years
- all adults aged 65 years and over
- pregnant women at any stage in their pregnancy
- adults and children aged from 6 months with chronic medical conditions such as heart, lung, liver or kidney disease, asthma, diabetes, cancer, impaired immunity and neuromuscular conditions
- Aboriginal and Torres Strait Islander people from six months of age

Free vaccine is available for these people through general practitioners (GP's). A consultation fee may apply.

Free flu vaccination for all children aged from six months to less than five years is now funded under the National Immunisation Program.

Free flu vaccine for all Department of Health, Ambulance Tasmania and Tasmanian Health Service staff is also provided to help reduce the overall impact of flu within our community.

Tasmanians who are not eligible for a free flu vaccine can access a flu vaccine with a prescription from their GP or through authorised pharmacies.

Immunisation guidelines have been developed to help flu immunisation providers deliver services safely by observing COVID-19 requirements and managing the risk of the spread of COVID-19. More information about these guidelines is available at:

- www.coronavirus.tas.gov.au/business-and-employees/health-and-aged-care-workers
- www.health.gov.au/resources/publications/atagi-guiding-principles-for-maintaining-immunisation-services-during-covid-19-pandemic

Health measures to prevent spread of COVID-19 and flu

Unlike flu there is no vaccine currently available for COVID-19. Existing vaccines do not protect against the virus that causes COVID-19.

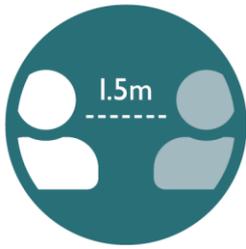
COVID-19 is a new disease, so there is no existing immunity in our community. This means that COVID-19 can spread widely and quickly. Preventing the spread of COVID-19 is therefore critical and requires a focus on individual and public health measures. Many of these measures are also relevant to preventing the spread of flu.

Individual health measures

Individual health measures to prevent the spread of COVID-19 will also assist to prevent the spread of flu during our winter season. These include:

- washing hands frequently for at least 20 seconds with soap and water or using an alcohol-based hand sanitizer
- covering the mouth when coughing and sneezing with the elbow or a tissue to cover your nose and mouth and disposing of the tissue in a rubbish bin afterwards and washing of hands
- avoiding close contact with others (staying more than 1.5 metres from people wherever possible)
- staying home when not feeling well
- avoiding visiting people likely to get really unwell from flu, including infants and young children, pregnant women, those with medical problems and the elderly
- calling ahead to see a doctor if people have flu like symptoms to allow the medical service to plan visits to prevent infection spreading to others

A range of public health measures have also been put into place to prevent the spread of COVID-19. These measures with their strong focus on social distancing will also help to prevent the spread of flu.



**Keep 1.5m
from others**



**Cover coughs
and sneezes**



**Wash your
hands regularly**



**Stay home
when sick**

Public health measures

Public health measures to prevent the spread of COVID-19 include directions issued under the *Emergency Management Act 2006* and the *Public Health Act 1997*. These measures are aimed at reducing opportunity for COVID-19 to spread. The measures have a strong focus on social distancing through limitations in relation to gathering and requirements to stay at home except in specifically identified circumstances; separation of people who are at risk of getting COVID-19 or who have contracted COVID-19 and protection of high risk groups by restricting visits to residential aged care facilities and hospitals.

Directions have therefore targeted particular activities which by their nature increase the risk of spreading COVID-19. Directions include:

- **Gatherings** – limitations in relation to numbers of people who can gather, locations and operation of premises and businesses that facilitate gatherings.
- **Quarantine** – requirement for an identified contact of a person with COVID-19 upon being notified to travel directly to a suitable place for the purposes of quarantine and to remain in quarantine at that place consistent with the terms of the direction.
- **Isolation** – requirement for a person diagnosed with COVID-19 on being diagnosed with the disease to travel directly to or remain at a suitable place for the purposes of isolation and remain at that place until the person has been informed by a relevant authority that the person is released from isolation.
- **Residential aged care facilities** – restrictions on visitations to residential aged care facilities.
- **Hospitals** - restrictions on who may enter or remain on the premises of a hospital in Tasmania.

More information on current Public Health and other COVID-19 restrictions is available at www.coronavirus.tas.gov.au

To assist with the easing of these restrictions safeguards to prevent the spread of COVID-19 are being put in place. These safeguards include:

- expanding testing for COVID-19
- improving contact tracing of people testing positive for COVID-19, including encouraging as many people as possible to download the Australian Government's COVID Safe Tracing App
- establishing local rapid response capabilities that can be implemented in regions or industry specific sites if required to respond to outbreaks. Rapid response teams will help trace, track and quarantine the virus wherever our enhanced testing finds it. This will enhance current public health capabilities in the response to an outbreak
- developing COVID-19 Safety Plans, to make workplaces, public spaces and meeting places as safe as they can be

Protecting older people from COVID-19 and flu

As noted above older people are at higher risk of contracting COVID-19 and flu and having a serious illness as a result. The risk of serious illness from COVID-19 increases with age. The highest rate of fatalities is among older people, particularly those with serious health conditions or a weakened immune system.

For people living with dementia or some other form of cognitive impairment, the ability to follow instruction or to alert others about potential symptoms may also be a challenge.

In recognition of this a number of measures are targeted at protecting older Tasmanians from COVID-19 and from the flu. Public Health Services also provides ongoing education, advice and support to Tasmanian aged care providers to help them protect their residents and staff from COVID-19 and flu.

Flu

Specific flu vaccines have been developed for people aged 65 years and over to better protect this vulnerable age group. These vaccines have been specifically designed to create a greater immune response in people, who are known to have a weaker response to standard flu vaccine.

For older Tasmanians living in aged care facilities annual flu vaccinations are recommended for all residents. This is an important measure to help protect people vulnerable from severe flu and prevent flu outbreaks.

Due to the COVID-19 pandemic, the Australian Health Protection Principal Committee (AHPPC), the key medical decision-making committee for health emergencies, provided advice that all residential aged care staff and visiting workers should be vaccinated by 1 May 2020. This has the dual benefit of reducing illness in staff members and helping to prevent the spread of flu from staff to vulnerable residents. Tasmania has issued directions to give effect to these requirements.

Each year Public Health Services provide statewide workshops for aged care facility representatives to help them prepare and plan for the flu season. This includes staff and resident flu vaccination, recognising flu-like illness and outbreaks and the importance of infection, prevention and control measures. Public Health Services continue to work with the aged care sector in Tasmania to support residents and staff to be vaccinated and to support the development of flu outbreak management plans. Flu Management Plans are valuable preparation for an outbreak, and together with high vaccination coverage, will help protect residents against flu.

This year, Primary Health Tasmania has also had a specific role, as directed by the Australian Government, in supporting all Tasmanian aged care facilities to ensure staff and residents of these facilities have a flu vaccine.

Public Health Services also works with general practitioners who play a central role in the planning, preparation and management of outbreaks in aged care.

The Communicable Diseases Prevention Unit within Public Health Services is available to provide advice in relation to managing and controlling outbreaks of flu. More information is available at www.flu.tas.gov.au

COVID-19

In response to the risk that COVID-19 poses to older Tasmanians restrictions have been put in place in relation to visits to residential aged care facilities. Residential aged care facilities are also required to have in place appropriate precautions and management plans to ensure residents continue to remain safe from COVID-19. These precautions include monitoring for COVID-19, assessment, testing and having space and resources prepared in the unlikely event a resident is required to be isolated.

Testing for COVID-19 and flu

Testing for COVID-19 and flu is critical over the winter period as symptoms are similar, so distinguishing the two – flu versus COVID-19- by clinical examination can be challenging. Testing for flu and COVID-19 will allow people who test positive for flu or COVID-19 to be isolated with special procedures to prevent the spread of the virus. This is essential to ensure people receive appropriate care, to protect the community and also to protect nurses, doctors and other healthcare professionals.

Testing for COVID-19 when combined with public health measures is also a critical component of Tasmania's response to COVID-19.

It is recommended that people with any of the following symptoms get tested for COVID-19:

- fever
- runny nose
- cough
- sore/itchy throat, or
- shortness of breath.

If you become very unwell or have difficulty breathing, call Triple Zero ([000](tel:000)) and ask for an ambulance.

COVID-19 Testing is also being encouraged for people who fall into the following criteria:

- All persons presenting with respiratory symptoms, or with history of recent respiratory symptoms (within the last 7 days)
- Health and aged care workers displaying symptoms. Household members of healthcare and aged care workers who are displaying symptoms are also encouraged to be tested
- Close contacts of confirmed cases between days 10-12 of quarantine period
- People in government-provided accommodation on days 5 and 12 of their quarantine period
- Tasmanians in home quarantine on day 12 of their quarantine period.

The Tasmanian Government has established COVID-19 testing clinics across the state including Hobart, Launceston, Devonport and Burnie. Anyone with symptoms can be tested at a Government testing clinic, in particular, anyone with a higher risk of having COVID-19 including:

- healthcare, aged care and residential care workers or staff with direct patient contact
- people who travelled outside Tasmania or had close contact with a confirmed case within 14 days of developing symptoms
- people in quarantine

These clinics provide sample collection (testing) services only and do not provide health assessments or management of symptoms. Results are usually provided within 48 hours. These clinics are free, including for people who are not covered by Medicare.

To support efforts to broaden testing the Tasmanian Government is also providing pop up clinics across the state and mobile testing clinics in regional areas.

More information is available at:

www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19

Testing is also available in Tasmania through GP-led respiratory clinics funded by the Australian Government.

These clinics are for people who have mild-to-moderate cold and flu symptoms and provide assessment, testing and initial treatment of symptoms. Clinics are free, including for people who are not covered by Medicare.

More information is available at www.primaryhealthtas.com.au/respiratory-clinics

Active case management and treatment

There is currently no treatment for COVID-19, but medical care can manage most of the symptoms. It is critical that each case of COVID-19 is clinically assessed to determine treatment and medical support (as required) and to ensure that the instructions of Public Health in relation to isolation of the case and quarantining of identified close contacts of the case are followed.

Mild to moderate cases of COVID-19 can generally be isolated and managed at home and treatment of symptoms is similar to treatment for flu symptoms including:

- resting
- eating well
- drinking lots of fluids
- taking fever-reducing medication when necessary
- taking pain medication when necessary
- monitoring temperature.

Current treatment for symptoms arising from severe and critical cases of COVID-19 vary on a case by case basis, and will depend on a number of factors, such as age and health status of the person. Treatment for people experiencing severe and critical symptoms needs to be carried out in a professional healthcare setting. This will generally occur at Tasmania's public hospitals.

For flu, mild flu will generally get better on its own without treatment and symptoms can be relieved by:

- resting
- drinking fluids, particularly water
- taking paracetamol to reduce pain and fever
- using decongestant medicines.

People with a serious case of the flu may however need to go to hospital for treatment.

Health system preparedness and response

Flu and other respiratory illnesses can increase demand on Tasmania's healthcare system during winter. This year we also have the challenges of managing COVID-19 and the potential demand this may have on Tasmania's health system.

To date most people in Tasmania with COVID-19 have been able to recover in the community without the need for hospitalisation.

Due to the evolving nature of COVID-19 our health system needs to have contingency plans in place to ramp up health care if required. This includes intensive care surge capacity and the Tasmanian Health Service (THS) has dedicated escalation and surge plans that will enable Tasmania to increase its emergency, respiratory ward and ICU capacity to respond to COVID-19 or pandemic influenza should this be required.

The THS remains ready to implement dedicated COVID-19 escalation plans which re-configure emergency departments, wards, surgery and ICU areas to enable hospitalisation and treatment of COVID-19 patients when required. Plans are also in place for District Hospitals and Private Hospitals across the state to support the State's COVID-19 response, as required.

In addition to hospital escalation plans, Tasmanian Health has implemented the following arrangements to support any further change to COVID-19 transmission in the community, or an above normal increase in influenza presentations:

- Staff and Visitor Screening, outlining processes for screening to ensure people with flu-like or COVID-19 symptoms do not enter health facilities, except to seek testing or medical treatment as required.
- Respiratory Clinics, to divert patients away from hospitals to undertake testing and/or assessment for flu-like symptoms.
- A COVID-19 dedicated pandemic stockpile of key PPE and Ventilators, enhanced COVID-19 training for all staff on infection control and PPE use, and agreed access arrangements with the Commonwealth managed National COVID-19 Stockpile.
- Patient Transfer Protocols adapted specifically for COVID-19, to minimise the transfer of suspected COVID-19 cases, except if clinically directed.
- Outpatient Services, outlining changes to service delivery that achieve hospital avoidance through the use of Telehealth and Community Services.
- Telehealth Expansion, with our capability for online consultations expanded from 20 to 5000 virtual rooms in early 2020.
- Community Case Management of COVID-19 patients, which provide facilities for well COVID-19 patients who are unable to home isolate, minimising the risk of passing on the infection.
- COVID-19 Outbreak Management Plans, relating specifically to outbreaks within a health facility and actions in the event that this occurs.

The Tasmanian Department of Health led plans and strategies continue to evolve as information and knowledge regarding COVID-19 management increases and global and national response developments occur. Public hospitals will also manage patients with flu-like illness in line with infectious disease requirements, including allocating wards as flu wards as and when needed.

Management of demand on Tasmania's health system due to flu and respiratory illnesses that are more common during winter and the ongoing challenge of managing COVID-19 requires action to manage demand for beds, optimise patient flow and discharge and coordination with key partners in the Tasmanian health system including primary care and private providers.

Managing demand for beds

A number of strategies have been identified to manage demand for beds at our public hospitals during winter. These strategies have been tailored to each region and include community-based options to divert people from unnecessary hospital care and creating additional bed capacity to specifically treat flu, respiratory illness and COVID-19.

Royal Hobart Hospital (RHH)

The RHH aims to prevent avoidable hospital admissions through:

- The Community Rapid Response Service (ComRRS) hospital diversion initiative to support people to stay well in the community and avoid unnecessary hospitalisation. In the South, Allied Health Services are trialling a program with ComRRS to further support people to be treated in their own home and avoid unnecessary presentations to hospital.
- The ComRRS model is a shared care model between GPs and THS nursing staff. It provides early intervention and rapid response in the community for people with an acute illness or injury or people with an acute exacerbation of a pre-existing illness including chronic conditions. Services are provided in the person's home or workplace, residential aged care facilities and through clinics located in community health centres.
- Commencement of the RHH Hospital in the Home Service. This service provides an additional 12 virtual acute medical hospital beds and provide hospital level care to people in their own home or community clinics, who would otherwise require an acute inpatient bed.
- Continued use of the Mental Health Hospital in the Home service. This service provides an additional 12 virtual beds in the community and provides intensive, hospital-level short term support to people in their own home, who would otherwise need a mental health inpatient bed.
- Supporting people who have COVID-19 with mild to moderate symptoms to recover in their home or community case management facility.

In addition, the RHH is increasing its bed capacity through its staged commissioning and occupancy of the new K-block (commenced April 2020).

- K-block is providing additional beds in the RHH, including 15 additional funded surgical beds and 13 funded medical beds. These beds will provide an increased capacity to respond to demand during winter. K-block will also significantly bolster the capacity to provide treatment and care for people with COVID-19 or infectious illness, providing a total of 22 negative pressure rooms.
- K-block's expanded transit lounge has opened. This will assist to reduce pressure on the emergency department by providing a safe clinical area for admitted patients from the emergency department who are waiting for an inpatient bed to be prepared or discharging patients who are waiting to be picked-up, freeing up an inpatient bed for other admissions.

Launceston General Hospital (LGH)

The LGH aims to prevent avoidable hospital admissions through:

- Continued use of the ComRRS hospital diversion initiative to support people with an acute illness or injury or people with an acute exacerbation of a pre-existing illness including chronic conditions to stay well in the community and to avoid unnecessary hospitalisation.
- Utilising available capacity within the local private hospital to accommodate both private and appropriate public patients as required.
- Supporting people who have COVID-19 with mild to moderate symptoms to recover in their home or community case management facility.

In addition, the LGH is increasing bed capacity through:

- Continued use of flex capacity in day stay beds and planning to ensure appropriate staffing levels during periods of unplanned leave over winter.
- Using the role of Allied Health Complex Care Co-ordinator to enable a coordinated and consistent approach to the management of potentially long stay patients who require intensive planning to enable discharge from hospital and to reduce readmissions.
- Additional cleaning supports to reduce turn-around times for cleaning of beds to enable new patients to be accepted.

North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH)

Preventing avoidable hospitalisations through:

- Continued use of ComRRS hospital diversion initiative to support people with an acute illness or injury or people with an acute exacerbation of a pre-existing illness including chronic conditions to stay well in the community and to avoid unnecessary hospitalisation.
- Supporting people who have COVID-19 with mild to moderate symptoms to recover in their home or community case management facility.

Increasing bed capacity at the NWRH through use of an 8 bed Acute Medical Unit and at the MCH by use of flexible surgical beds to support interim care between the emergency department and medical ward.

Optimising patient flow and discharge

Improving access and patient flow across all of our Tasmanian Hospitals is a critical priority, in particular during our peak Winter months, or to respond to pandemic conditions.

The Department of Health Access and Patient Flow Programme is responsible for addressing all of the actions identified in the 2019 Access Solutions Ministerial Statement and recent external and internal reviews relating to patient flow, engaging closely with key stakeholders as each initiative is implemented and rolled-out.

Ensuring effective planning is used

Hospitals continue to work to improve timeliness of discharge especially in the high turnover areas through identifying and reducing the causes of avoidable delays such as discharge of medications, diagnostic testing and/or treatment services needed before a patient can be discharged.

Hospitals continue to use 'pull' model (pulling patients from acute services to subacute and community services) transit lounges in the major hospitals. They are effective and will be monitored and refined.

Discharge planning on day-of-arrival including a key focus on identification of patient pathways for length of stays likely to be over 10 days.

Discharge strategies for key wards during winter, such as respiratory units, will be improved.

All public hospitals will maintain and deliver post-discharge support during winter to assist with management of patient flow.

Patient flow meetings at all hospitals

Our hospitals continue to work to improve coordination of parties involved in patient flow and patient care.

All public hospitals are working to more quickly discharge long stay and potential long stay patients where it is safe to do so.

Strong coordination between Ambulance Tasmania and hospitals

Ambulance Tasmania continues to work with Department of Health, Tasmanian Health Service and the aged care sector to manage demand throughout winter.

Ambulance Tasmania and THS have worked collaboratively and consulted with key stakeholders to determine agreed practice for the management of ambulance off-load delay and to ensure the rapid release of ambulance resources, at the RHH. It is planned that review of ambulance offload delay processes will be extended to include LGH and NWRH.

Ambulance Tasmania has recently reviewed its demand escalation response and the revised Ambulance Tasmania Escalation Plan (ATEP) is being finalised prior to implementation.

Ambulance Tasmania has progressed the implementation of its Secondary Triage service, with the employment of nurse and paramedic clinicians. The service will be operational as soon as practicable and will enable triple zero calls to be assessed and where an emergency ambulance response is not required, patients will be referred to alternative care providers, as appropriate.

Through the Secondary Triage Project Ambulance Tasmania will continue to identify and correspond with frequent callers, ahead of the winter season, providing information on influenza and the benefits of vaccination.

In response to COVID-19, Ambulance Tasmania has introduced an additional role in the State Operations Centre, providing an increased clinical focus on respiratory patients. The role will assist in the clinical assessment of patients presenting with influenza type symptoms.

Extended care paramedics are provided with up-to-date information on alternative service providers statewide. This includes information on after-hours GP clinics, private facilities and pharmacies.

Ongoing coordination with community and primary healthcare providers

Primary Health Tasmania continues to work closely with the Department of Health in preparing for and managing suspected COVID-19 cases by GPs in the Tasmanian community, planning for flu in the winter season and supporting a whole-of-system approach to increases in winter presentations, surge and demand.

Primary Health Tasmania and Public Health Services will work together to ensure community and primary healthcare providers continue to be engaged in the evolving planning approach to managing COVID-19, common winter conditions and mitigation strategies and plans in place to help protect vulnerable Tasmanians.

Both organisations will work with GPs and other community-based healthcare providers to share information and resources on COVID-19 and winter illness strategies.

They will also maximise awareness of all of the care options available to providers and their patients in and outside normal operating hours.

These options include use of the Tas After Hours website, Healthdirect Australia and GP Assist services in the out of hours period.

Stay Informed

For up to date information on COVID-19 visit

www.coronavirus.tas.gov.au

For up to date information on flu visit

www.flu.tas.gov.au

Emergency Departments are for emergencies

Emergency Departments at hospitals can get extremely busy, especially in winter. It's a place where life and death situations are dealt with every day. For this reason, people are encouraged to remember that Emergency Departments are for emergencies only.

Medical advice around the clock

If you think you might have COVID-19 because of recent travel or contact with a confirmed case, phone the Tasmanian Public Health Hotline, 1800 671 738 or speak to your GP.

It is recommended that people with any of the following symptoms get tested for COVID-19:

- fever
- runny nose
- cough
- sore/itchy throat, or
- shortness of breath.

If you become very unwell or have difficulty breathing, call Triple Zero ([000](tel:000)) and ask for an ambulance.

Up to date information in relation to COVID-19 can be found at www.coronavirus.tas.gov.au

For other health conditions, speak to your GP or alternatively you can call healthdirect on 1800 022 222 to speak to a registered nurse about your symptoms. This service is free and available 24 hours a day, 7 days a week.

Primary and community care

People should continue to manage their general health and see their GPs and/or community healthcare providers during the coronavirus pandemic.

Save Triple-zero (000) for saving lives

Ambulances are for getting people with urgent or life threatening conditions to hospital quickly. They are not taxis.

Calling an ambulance for a non-urgent condition might delay someone else with an urgent condition getting to hospital quickly.

Arriving at an Emergency Department by ambulance with a non-urgent condition will not get you seen sooner.



Department of Health

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