

THS – North West

COVID-19

Escalation Management

Plan

August 2022

Version 6.0

# Version Control

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# Abbreviations

|  |  |
| --- | --- |
| ACAT | Aged Care Assessment Team  |
| ADON | Assistant Director of Nursing |
| AMU | Acute Medical Unit |
| ARI | Acute Respiratory Infection |
| ARIA | Acute Respiratory Infection Assessment (ARIA) |
| ATEOC | Ambulance Tasmania Emergency Operations Centre |
| BCP | Business Continuity Plan |
| CDC | Centres for Disease Control and Prevention |
| CDNA  | Communicable Disease Network Australia  |
| CNC | Clinical Nurse Consultant |
| ComRRS | Community Rapid Response Service |
| CT | Computerised tomography |
| DoH | Department of Health  |
| ECC | Emergency Coordination Centre  |
| ED | Emergency Department |
| EMU | Emergency Medical Unit |
| EOC | Emergency Operation Centres |
| EPRU | Emergency Preparedness and Response Unit  |
| GP | General Practitioner |
| HDUHITH | High Dependency UnitHospital in the Home |
| ICU | Intensive Care Unit |
| ID | Infectious Disease  |
| IPC | Infection Protection and Control  |
| LGH | Launceston General Hospital |
| MCH | Mersey Community Hospital |
| MGOC | Medical Goals of Care |
| NDIS | National Disability Insurance Services  |
| NHMRC | National Health and Medical Research Council |
| NNICU | Neonatal Intensive Care Unit |
| NWRH | North West Regional Hospital |
| NWPH | North West Private Hospital |
| OPD | Outpatient Department  |
| PHEOC | Public Health Emergency Operations Centre |
| PHS | Public Health Service |
| PPE  | Personal Protective Equipment  |
| RACF | Residential Aged Care Facility |
| RHEMT-NW | Regional Health Emergency Management Team – NW |
| RHH | Royal Hobart Hospital  |
| RN | Registered Nurse |
| SARS-CoV-2 | Severe Acute Respiratory Syndrome Coronavirus 2 |
| SCC | State Control Centre  |
| TBP | Transmission-Based Precautions  |
| TEMA | Tasmanian Emergency Management Arrangements  |
| THS EOC | Tasmanian Health Service Emergency Operations Centre |
| THS-NW | Tasmanian Health Services – North West |
| WHOZONE | World Health Organisation**ZONE A** (Location for patients with Acute Respiratory Illness - High Risk COVID-19 and COVID-19 suspected admission zone) **ZONE B** (Intermediate Zone - medium risk zone employed for an entire ward or area where physical distancing is not possible) **ZONE C** (Low Risk non-COVID-19 admitting areas) |

## **Introduction and** **Background**

The current outbreak of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was first reported from Wuhan, Hubei Province, China, in December 2019. SARS-CoV-2 is a new strain of coronavirus that is causing disease in humans and spreading from person-to-person.

The epidemiology of COVID-19 has changed over the course of the pandemic. This requires an adaptive response to planning and escalation strategies. Most people with COVID-19 experience mild symptoms that can be managed at home with limited medical intervention. Some people with coronavirus infection may get very sick very quickly, requiring hospitalisation and days of ventilatory support. The current case fatality rate in Australia is reported as 2.7%[[1]](#footnote-2) per cent. A small number of people experience long term effects from the disease known as ‘long-COVID syndrome’.

SARS-COV-2 can be transmitted through respiratory droplets, smaller particles (aerosols), direct physical contact with an infected individual, and indirectly through contaminated objects and surfaces[[2]](#footnote-3).

While the exact relative contributions of these routes remain unclear, those who have been in close contact with a COVID-19 case are at highest risk.

As the pandemic unfolds, SARS CoV-2 has become more divergent, and a number of these divergent strains have been designated as variants of concern (VoC) by the World Health Organisation and in Australia by the Communicable Disease Genomic Network. A variant of concern contains mutations that impact or have the potential to impact vaccine or drug efficacy or demonstrate high rates of transmission. It is anticipated that VoC will continue to emergence, with potential to cause explosive outbreaks in the future.

The short infectious period and high transmissibility of SARS CoV-2 place significant burden on public health resources and contract tracing. The newer variants are impacting younger adults and school age children, requiring health services to consider their response to supporting a younger age group in addition to increasing overall capacity to manage unwell adults with severe respiratory disease.

The COVID-19 vaccination rollout has reached an advanced stage in the Tasmanian community. As the pandemic progresses, vaccine recommendations have been and will continue to be modified to reflect national recommendations.

## **North West Specific Planning Considerations**

Health service planning and preparation needs to incorporate all the fundamentals of good infection prevention and control and be flexible enough to adapt to the rapidly changing epidemiology and variants of concern.

The North West Outbreak 29 April 2020[[3]](#footnote-4) and Independent review[[4]](#footnote-5) provided a series of recommendations largely implemented during 2020 and early 2021.

* Significant facility and infrastructure reconfiguration at North West Regional and Mersey Community Hospitals acknowledging human factors in transmissibility of contact, droplet and airborne disease.
* Increase critical human resource capacity including infection prevention and control nursing and medical staff
* Ongoing staff training - especially in relation to infection prevention and control and the safe utilisation of Personal Protective Equipment (PPE).
* The need to ensure all staff are offered Fit Testing of PPE and that the required supplies of N-95 masks are available in sufficient quantities to manage and respond to an outbreak.
* Systems and processes for screening staff and visitors at entry points to hospitals and health facilities.
* Improved communication and dissemination of information at regional and state level.
* Adjustments to HR policy allowing for pandemic leave to reduce presenteeism in the workplace.
* Increased availability of COVID-19 and respiratory PCR testing – a key requirement for rapid, accurate diagnostic testing to prevent and support outbreak management (with some ongoing supply challenges to onsite capacity of Rapid test kits in the North West mid-latter half 2021).

Other significant factors impacting Tasmania’s COVID-19 response include Public Health Directions restricting and controlling movement of persons into the state, establishment of quarantine hotels and compliance checking for those quarantining in residences.

## **Health Facility Response**

Patients diagnosed with COVID-19 will be treated in a way that best meets their needs ensuring hospital resources are reserved for those patients who have the greatest capacity to benefit. The latest Guidelines for prevention, assessment and management of SARS-CoV-2 are updated and available at [Department of Health | Coronavirus Disease 2019 (COVID-19)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)[[5]](#footnote-6).



On 20 March 2020 the Tasmanian Government declared a State of Emergency for Tasmania in response to COVID-19.

The State Control Centre (SCC) has been activated, meaning the whole-of-government response to COVID-19 is being led by the State Controller, in close liaison with Secretary of the Department of Health and Director of Public Health.

The THS North West COVID-19 Escalation Management Plan (the Plan) has been developed in response to the *State Special Emergency Management Plan (SSEMP): COVID-19* and is the operational document that describes the actions and duties taken by the North West Regional Hospital, Mersey Community Hospital and related facilities in response to COVID-19.

This plan will be subject to regular updates due to the changing epidemiology of this outbreak

## **Aims**

The aim of this expanded plan is to document the THS-NW response and recovery arrangements and how they align with agreed national and health sector arrangements, in order to minimise state and local-level health impacts.

The objectives of this plan are to:

* Document the THS-NW command, control and coordination arrangements for COVID-19
* Outline the actions that the THS-NW will undertake to prevent disease transmission between staff, patients and visitors
* Clarify the roles and responsibilities across the THS-NW and partners for the response to and recovery from a COVID-19 pandemic
* Assist all sites and campuses of the THS-NW COVID-19 effectively, including management of outbreaks,
* Outline surge capacity and response of the THS in the event of an escalation.

## **Communication Methods**

Communication Management

All communication provided to stakeholders including government agencies, state employees, local authorities, media and members of the public ***will be in line with*** the Public Information Document developed by the Public Information Unit within the Department of Premier and Cabinet and published at [www.coronavirus.tas.gov.au](http://www.coronavirus.tas.gov.au/).

***External*** communicationismanaged and coordinated through the Public Information Unit within the Department of Premier and Cabinet.  The Public Health Service within the Department of Health is the primary health communicator with private and public health care providers which includes general practitioners.

***Internal*** communication is managed through the Department of Health COVID-19 Emergency Coordination Centre (ECC). Regional Health Commanders provide communications to local stakeholders with frequency dependent upon escalation level.

Spokespersons

The ***external*** spokespersons for COVID-19 are the Premier, State Controller, Minister for Health and the Director of Public Health.  The ***internal*** spokespersons for COVID-19 are the Head of State Service, State Health Commander, Department of Health Chief Medical Officer and Regional Health Commander.

## **Business Continuity Planning**

The objective of the Business Continuity Plan (BCP) is to outline how the THS/HS will maintain business continuity management functions during an outbreak of COVID- 19 in order to ensure that the Tasmanian community is provided with essential health services. Business Continuity Plans have been developed for all clinical service streams.

District Hospital Escalation Plans are in a separate document.

# Governance

The Department of Health (DoH) is responsible for the delivery of integrated health services that maintain and improve the health and wellbeing of individual Tasmanians and the Tasmanian community. The DoH has several emergency advisory, prevention, preparedness, response and recovery roles and responsibilities under the Tasmanian Emergency Management Arrangements (TEMA)[[6]](#footnote-7). Details of how these responsibilities are performed and managed are contained in DoH system-level and service-level emergency management arrangements.

At the operational level, DoH service groups, including the Tasmanian Health Service, and Community, Mental Health and Wellbeing (including Ambulance Tasmania, State-wide Services and Public Health Services) provide the capability and capacity to deliver health services to the Tasmanian community in alignment with the policies, plans and standards set at the departmental level[[7]](#footnote-8),[[8]](#footnote-9).

**Department of Health COVID-19 Emergency Coordination Centre (ECC):** responsible for strategic, system-wide COVID-19 consequence management, including the strategic leadership, direction, coordination and management of system-wide and service level COVID-19 response operations and consequence management.

The COVID-19 Emergency Coordination Centre (ECC) is the central point within the DoH for strategic, system-wide COVID-19 consequence management, planning and communications. This includes functioning as a central point for strategic information flow into and out of DoH, providing short, medium and long-term consequence management of COVID-19 response planning at a strategic level. This is to ensure that DoH operational/service groups are not overloaded or unduly diverted from their core business functions. In addition, the ECC provides coordination support across all DoH Emergency Operation Centres (EOC’s) activated to give direction and coordinate the operational and health service delivery response to COVID-19.

The ECC will bring together public and private health sector capacity and capacity to manage the DoH COVID-19 response. The primary responsibilities of the ECC include:

* Monitoring the strategic coordination of DoH COVID-19 response operations and consequence management.
* Procurement and deployment of clinical, clinical support and corporate resources (human, financial and material) to support DoH COVID-19 response operations and consequence management.
* Collection, assessment, validation and distribution of information on the current and predicated situation.
* Establishing and maintaining liaison with key stakeholders at the intra/inter-agency and intergovernmental level.
* Facilitating and coordinating requests for information and/or assistance from and between the Australian Government and other States and Territories, as it relates to the health-system response.
* Through the DoH Incident Controller, providing advice and support to the Secretary DoH and portfolio Minister/s as required.

**Public Health Emergency Operations Centre (PHEOC):** responsible for the coordination and management of Public Health Services COVID-19 response operations and consequence management.

**Tasmanian Health Service Emergency Operations Centre (THS EOC):** responsible for the coordination and management of Tasmanian Health Service COVID-19 response operations and consequence management. The THS EOC is a communication and decision- making forum. Membership includes the Commander THS EOC, Regional Health Commanders (South, North, North-West), Chief Executive Hospitals-South, Chief Executive Hospitals-North/North West and the Deputy Secretary, Community Mental Health and Wellbeing. Representatives from ECC and EOCs attend as observers.

The THS EOC is supported by three Regional Health Emergency Management Teams, led by Regional Health Commanders, each responsible for the management and coordination of THS regional-level COVID-19 emergency response operations, in accordance with direction of the THS EOC Commander.

All decisions to change local service arrangements require approval through the Department of Health COVID-19 Emergency Coordination Centre and State Health Commander.

**Ambulance Tasmania Emergency Operations Centre (ATEOC):** responsible for the coordination and management of Ambulance Tasmania COVID-19 response operations and consequence management.

**Aged Care/ Disability Sector Emergency Operations Centre (ACEOC):** responsible for undertaking a system wide, coordination function in preparing and responding to COVID-19 outbreak in Tasmanian Residential Aged Care Facilities (RACF’s) and Disability Services.

**Tas Vax Emergency Operations Centre (TVEOC):** responsible for coordination of COVID-19 vaccine rollout. THS Operating Model

The below model outlines the operating model for the Department of Health, with THS COVID-19 Response elements in blue.

## **THS – North West response**

A Regional Health Emergency Management Team (RHEMT-NW) has been established and the Executive Director of Medical Services has been appointed as the Regional Health Commander in the North West. Lines of communication between the RHEMT-NW and the THS EOC have been established.

Frequency of the RHEMT-NW meetings varies to support progression of the actions outlined in the plan, identify risks, develop mitigation strategies, and escalate as appropriate

.

The membership RHEMT-NW includes:

* Regional Health Commander - Executive Director of Medical Services
* Regional Medical Coordinator – Deputy Director of Medical Services
* Operations and Planning Manager – NWRH Director Operations
* Operations Support MCH – MCH Director Operations
* Operations Support Primary Health – PHS Nursing Director
* Nursing Director Pandemic Response NW
* Logistics Manager – Director Corporate Services NW
* Public Information Manager – Media and Communications Officer
* Infectious Diseases Support – Staff specialist Infectious Diseases
* Liaison – Emergency Management Coordinator
* Executive Director of Nursing and Midwifery
* Executive Director of Allied Health Services
* Media and Communications Manager

**Support Staff**

* Nursing Director Critical Care & Acute Medicine NWRH
* Nursing Director Surgical & Perioperative Services NW
* Director of Nursing Mental Health Services NW
* Infection, Prevention and Control Clinical Nurse Consultants
* GP Liaison Officer
* Work Health and Safety Consultant
* Regional Manager Facilities and Engineering
* A/Regional Manager Hotel Services
* Warehouse Manager (PPE)
* Human Resources North/North West
* Business Manager North West
* Nursing Director Education and Research
* NUM Coronavirus Assessment Clinics
* ICT Manager
* Clinical Leads/Physicians

**External Stakeholders**

External stakeholders are invited to join the RHEMT-NW membership at increased escalation levels as determined by the Regional Health Commander to ensure a cohesive approach. This includes representation from:

* North West Private Hospital
* Ambulance Tasmania
* Tasmania Police
* Regional Emergency Management Committee
* Department of Health ECC Representative

The current objectives and priorities of the RHEMT are:

* Implement THS - NW incident management arrangements
* Coordinate the implementation of departmental surge management plans
* Effective human resource management
* Effective engagement of THS partners
* Development of logistics plan
* Development of internal communications plan
* Ongoing review of Infection Prevention and Control measures

The RHEMT is supported by 5 key subgroups:

* Operations
* Clinical Coordination
* Planning
* Logistics
* Media and Communications

The THS-NW RHEMT has responsibility for a number of District Hospitals, some of which include onsite Residential Aged Care Facilities which are subject to Commonwealth Government legislation. These facilities have a dedicated Escalation Management Plan.

# Current triggers and actions for escalation levels

The THS Emergency Operations Centre has agreed to the following statewide health service escalation trigger response plan. Declaration of Level 3 or above must be approved by the Secretary (as State Health Commander) in consultation with the Chief Executive and Regional Commander at each site. The triggers on their own do not mean an automatic change in level of response however they are designed to allow the RHEMT to consider the need for an escalation in response.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level 1 Response****Business As Usual** | **Trigger points of consideration of escalation**  | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)**  | <5  | <5 | ≤8\* | ≤5 | ≤21 |
| **Patients Admitted requiring ICU**  | <5 | <3 | 1  | 0 | <8 |
| **Community** | Endemic transmission in Tasmanian community with no new variants |
| **Staffing** | Staffing levels managed flexibly under existing THS patient flow escalation protocols |
| **Level 2 Response** | **Trigger points of consideration of escalation**  | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)**  | 5-10  | 5-10 | 9-11\* | 6-8 | 23-37 |
| **Patients Admitted requiring ICU**  | >5 | <4 | 1 | 0 | 8-10 |
| **Community** | Endemic Transmission in Tasmanian Community with an emerging variant of concern |
| **Staffing** | Staffing levels managed with only minimal service delivery impact |
| **Level 3 Response**  | **Trigger points of consideration of escalation**  | **THS South** | **THS North** | **TH NW -NWRH** | **TH NW -MCH** | **State** |
| **Patients Admitted with COVID-19 for treatment (not quarantine/isolation)**  | 11-28 | 11-25\*\* | 12-14 \* | 9-10 | 42-54 |
| **Patients Admitted requiring ICU**  | >8 | >5  | >1 | 0 | >14 |
| **Community** | Community outbreak within a region/state-wide with an emerging variant of concern |
| **Staffing** | Staffing Service delivery significantly compromised due to staffing levels - Consider service reconfiguration.  |
|  | **Trigger points of consideration of escalation**  |
| **Level 4 Response**  | **Patient Presentations / Inpatients** | Facility is at capacity and is unable to receive additional presentations or manage current bed numbers, numbers, including admitted or critical care cases.   |
| Responses for level 4 beyond this point is managed by a State-wide response  |
| **Staffing** | Service delivery compromised due to staffing levels. Services either requiring reduction or treatment unable to be provided due to insufficient staff.   |

*\* NWRH total includes patients accommodated in Medical C, Paediatrics and ICU, at the discretion of the Director of Operations.*

*\*\* Number may decrease in the latter half of 2021 due to reduced capacity to allow for upgrades to the Acute Medical Ward.*

## **Detailed Actions at each Level**

|  |  |
| --- | --- |
| **Level 1****Business As Usual** | Level 1 is the Business as Usual (BAU) Phase, which involves maintaining business continuity while plans are made for the Region to prepare for an escalation to Level 2.Facilities* Maintain business as usual in line with THS Escalation and Business continuity Plans.
* Implement COVID-19 Safety Plans[[9]](#footnote-10)
* Maintain COVID-19 screening for all staff and visitors – [DoH Health Screening](https://screening.health.tas.gov.au/).
* Implement BAU Visitor Restrictions[[10]](#footnote-11).
* Maintain appropriate and consistent signage at entrances, screening desks, reception and waiting areas.
* Ensure hand hygiene stations at all entrances, reception areas, screening desks and common areas. Maintain visitor screening and restrictions at all entrances including rural facilities.
* Maintain staff screening prior to work attendance. Staff understand and take responsibility for monitoring their own health status and know they are not to come to work if experiencing respiratory symptoms or feeling unwell.
* Maintain physical distancing practices in the workplace including–meetings, education sessions, workspace allocation and meal break areas.
* Maintain regular cleaning of high/frequent touch areas and terminal cleans of isolation or high risk areas.
* Maintain usual scheduled maintenance, capital works and regular deliveries to sites. Continue with the screening of all contract staff attending sites.
* Review stock and maintain adequate supplies and equipment including PPE, hand hygiene products, cleaning and pharmacy supplies to ensure prepared for Level 2 response.

Staffing* Plan and prepare staffing, maintain resources and equipment requirements enabling an imminent Level 1 & 2 Response. This includes programs such as the Introduction to HDU program, redeployment plans and individual staffing escalation plans for clinical areas.
* Provide regular information and education sessions to staff on COVID-19 transmission, signs and symptoms and risk minimisation, reminding staff of their individual responsibility for monitoring their own health status and to isolate, get tested and not come to work if experiencing any respiratory symptoms or feeling unwell.
* Identify staff who meet the Vulnerable Persons criteria and plan alternative duties or working from home arrangements (risk assessment based)
* Staff are able to work across units and facilities with reporting of requirement to isolate across all sites worked. Staff who have multiple employments must complete and submit an [*External Employment Disclosure Form*](https://doh.health.tas.gov.au/intranet/human_resources/hr_references_and_resources/hr_forms_and_templates)
* Maintain staff COVID-19 vaccination program and annual influenza vaccination.
* Ongoing PPE education on appropriate use, donning and doffing, competency assessment and auditing program ensuring they are tailored for both inpatient and community staff and position specific – mandatory for all staff and repeated annually.

Patient Flow* NWRH COVID-19 Patient Placement at BAU:
* Medical C: beds 89-97 (Neg Flow 91,92,93 & 97)
* Paediatrics: Neg Flow beds 111 and 112
* ED: Neg Pressure Isolation Room, Paediatric Room or Cubicles 1-3 and Resus 1 & 2 (all neg Flow)
* Spencer Clinic: Nil at BAU
* Intensive Care negative pressure room
* MCH COVID-19 Patient Placement at BAU:
* Ward 3b up to 5 patients
* ED Isolation Room and Resus Bay
* Planned preservation of surgical and medical capability – ongoing engagement with private hospital.
* ‘Criteria led discharge’ of non-infected patients (wherever possible). Relocate to alternative treatment locations (District Hospitals, Hospital in the Home or Community nursing). Ensure ID Physician, Public Health advice and any testing requirements are adhered to as part of discharge process.
* ICU: Onsite care at NWRH -ICU negative pressure room OR when statewide transfer is required interim management provided in the Emergency Department negative pressure isolation room.
* Comply with *THS-NW COVID-19 Patient Transfer Protocol* for transfer of inpatients to RACFs and other facilities.
* Maintain PPE Framework in place at the time.
* Please refer to the *MCH and NWRH Escalation Action Plans* for bed allocation information.
* CODE Black and CODE Blue responses – follow door card for PPE instructions (See *THS-NW COVID-19 NWRH MCH Escalation Management Plan* for detail)
* Implement regular scenario training for all staff involved in COVID-19 emergency and CODE BLUE responses.
* Maintain staff training to increase local Contact tracing capacity as per THS NW Contact Tracing and Outbreak Management Plans. [[11]](#footnote-12)

Screening, Testing and Vaccination* Maintenance of off-site COVID-19 PCR testing locations[[12]](#footnote-13) and encouragement of high levels of early testing where the person meets epidemiological criteria or has any symptoms.
* Maintain screening desks at entry points to health services with staff visitors and patients required to screen prior to entry to facility[[13]](#footnote-14)
* Promote, encourage and facilitate all staff to obtain a third booster dose of COVID-19 vaccination[[14]](#footnote-15) in addition to the mandated two doses.

Meeting Frequency and Communications* Fortnightly RHEMT – NW (internal membership), Clinical Stakeholder Briefings, THS EOC, DoH ECC meetings.
* Monthly local Operations Team, Statewide PPE Working Party meetings.
* Fortnightly Clinical Stakeholder Briefings to maintain communication with Heads of Department regarding COVID-19 Preparedness activities.
* Ensure regular communication and dissemination of information on emergency level and preparedness and containment strategies to all staff.

Further detail available in *THS-NW NWRH and MCH Escalation Action Plans for each level*.  |
| **Level 2 Response** **‘Activation Phase’** | Level 2 is the Response Activation Phase, involving an operationalisation of some plans and actions in preparation for an escalation to Level 3.Facilities* Maintain Staff, Outpatient and Visitor screening.
* Telehealth clinics utilised where appropriate and to provide service continuity for patients and staff who do not meet screening criteria to attend face to face.
* Maintain pre-screening and testing of elective surgery patients.
* Review visiting hours and outpatient department services to ensure appropriate scheduling is in place to ensure physical distancing is maintained and risk reduction measures are in place. The RHEMT will determine the level of visitor restriction based on the context for escalation.
* Maintain scheduled regular maintenance. Consider if additional contractor visits and delivery of goods to the site are deemed essential.
* Maintain cleaning of fleet vehicles with cleaning log sheets in each vehicle to be completed daily or between each user.
* Consider closure of hospital kiosk and remaining volunteer programs depending on contained cases versus community/other transmission and individual volunteer risk.

Patient Flow* Planned preservation of surgical and medical capability – ongoing engagement with private hospital.
* NWRH Patient placement as per BAU.
* MCH Patient Placement to expand to 6-8 beds on Ward 3B.
* ED Isolation room and Resus Bays
* ‘Criteria led discharge’ of non-infected patients (wherever possible). Relocate to alternative treatment locations (District Hospitals, Hospital in the Home or Community nursing). Ensure ID Physician, Public Health advice and any testing requirements are adhered to as part of discharge process.
* ICU: Onsite care at NWRH -ICU negative pressure room OR when statewide transfer is required interim management will be provided in the Emergency Department negative pressure isolation room OR Medical C, ICU equipped rooms.
* Other actions as per BAU Level.

PPE frameworks * Maintain PPE Framework in place at the time.
* Medical C Beds 89-97 implemented as dedicated COVID-19 Suspected/Confirmed Adult Ward; ED, Spencer Clinic and Paediatric Ward mixed model with Zone A (Acute Respiratory Infection) Zone B (non-ARI) designated beds.
* Modified CODE Black and CODE Blue responses in designated areas (Zone A areas or as per isolation door card for known or suspected COVID-19 patients).
* Maintain dedicated clinical spaces to treat infected patients in accordance with approved Provide ongoing training and education on IPC and PPE practices, conduct competency assessments and complete site audits.
* Utilise Community Case Management Facilities as required.

Staffing* Planned staffing, rostering and management of additional resources and equipment requirements enabling an anticipated/imminent Level 2 Response.
* Staff with multiple employments must complete and submit an [*External Employment Disclosure Form*](https://doh.health.tas.gov.au/intranet/human_resources/hr_references_and_resources/hr_forms_and_templates)
* Implement working from home arrangements as per individual Vulnerable Staff Management Plans.
* Allocate alternative duties or working from home arrangements to identified vulnerable staff[[15]](#footnote-16).
* Ensure adequate, and appropriately trained, cleaning staff available to conduct terminal cleans and increase cleaning of frequent touch point areas and confirm ability to resource an imminent escalation to Level 3.
* All gatherings and meetings to comply with social distancing requirements.

Meeting Frequency and Communications* RHEMT – NW meetings to escalate in frequency as required.
* Fortnightly Clinical Stakeholder Briefings, THS EOC and DoH ECC meetings as scheduled.
* Ensure regular communication and sharing of updated information with all THS-NW staff through regular REACH communiques, stakeholder briefings, memorandums, staff forums)
* All meetings and gatherings to comply with physical distancing requirements. Online meeting platforms preferred.
 |
| **Level 3 Response** | Level 3 is the Response Phase, involving activation of strategies and actions to respond to an increase in COVID-19 presentations and inpatients that require treatment.Escalation to Level 3 requires THS EOC Commander approval.Facilities* RHEMT to consider further restriction to Visitor access. In COVID-19 admitting wards, – no visitors unless by approved exemption.
* Essential staff only in COVID-19 admitting wards.
* Maintain Staff and Visitor Screening. Consider implementation of temperature checks.
* Review elective activity including elective surgery and general outpatient clinics to determine whether there is a need for rescheduling or postponements.
* Where negotiated, move surgical/medical activity to Private Hospital and District Hospitals to preserve capacity and prepare for further escalation. Infectious Diseases advice and strict testing criteria must be in place.
* Consider non-essential outpatient services and visiting health services for suspension if required to ensure effective use of resources. Telehealth clinics to continue for identified specialties subject to staffing availability.
* Closure of hospital kiosk and volunteer programs.

Patient Flow* ICU dedicated negative pressure room continues to be utilised for patients admitted to NWRH with suspected or confirmed COVID-19. Additional, ICU patients requiring Intensive Care or imminent ventilatory support are to be managed in the NWRH Emergency Department or Medical C most appropriate negative flow area (pending transfer to LGH or RHH ICU)
* NWRH Patient Placement:
* Expand Med C to include beds 98-106.
* Expand Paediatrics to include beds 107-110
* Spencer Clinic opens ‘Red Zone’ with resultant transfers of HCU patients to LGH
* Possible use of AMU as Cold ICU
* ED continue as per Level 1 with consideration of other isolation rooms/cubicles if neg pressure/flow cubicles exceeded.
* MCH Patient Placement:
* Ward 3B expands to maximum bed occupancy 9 with a 10th bed available in COU
* ED Isolation Room and Resus Bays
* NWRH commences transfers of COVID-19 Positive patients to MCH with Medical Goals of Care Category B2, C or D as required (depending on phase).

Staffing* Reallocate appropriately prepared clinical staff to COVID-19 admitting wards, the Zone A ED or Medical C.
* Staff with multiple employments must complete and submit an [*External Employment Disclosure Form*](https://doh.health.tas.gov.au/intranet/human_resources/hr_references_and_resources/hr_forms_and_templates)
* Consider Student Programs to ensure that students have been adequately prepared for any clinical placements. Avoid placement in COVID-19 admitting areas.
* Implement working from home arrangements for vulnerable staff where required.[[16]](#footnote-17).
* Staff working in front line clinical areas must be vaccinated, have had fit-testing and have completed PPE training.
* Ensure all staff have completed PPE training and competency assessment and maintain training and assessment documentation for auditing purposes.
* Conduct regular auditing of IPC practices and PPE donning and doffing.

PPE frameworks and PPE Supply Management* Implement approved PPE Framework in place at the time.
* NWRH ICU stands up a cold ICU as required to care for ICU/HDU level patients when unable to transfer ICU requiring patients to the LGH and RHH.
* COVID-19 Modified CODE Black and CODE Blue responses may be implemented for entire Zone A areas.
* Actively monitor staffing, equipment and resources, especially PPE, to ensure adequate stock and availability given rural location and delivery times.
* Actively monitor staffing, equipment & resources (especially PPE) to ensure availability in highest risk clinical areas.
* Access State Emergency Medical Stockpile (Pandemic stock) as required.

Meeting Frequency and Communications* Continue weekly to twice weekly communication and sharing of updated information with all THS-NW staff via REACH and Message Media.
* Continue to ensure regular communication and dissemination of information on emergency level, preparedness and containment strategies.
* Thrice weekly RHEMT-NW Meeting and commissioning of North West Emergency Operations Centre as required.
* Once to twice weekly Clinical Stakeholder Briefing, THS EOC, THS ECC meetings.
* Maintain Private Hospital and other external stakeholder representatives on RHEMT-NW.

Plan for anticipated / imminent Level 3 Response. |
| **Level 4 Response** | Level 4 is a Heightened Response Phase, where Level 3 capacity has been exceeded and a Statewide system response is necessary to manage service delivery and/or the number of presentations or patients with COVID-19.Escalation to and from to Level 3 requires approval from the State Health Commander.* Move to Statewide System Response.
* North West Emergency Operations Centre established for seven day per week support.

Facilities* Facility to be closed to all visitors unless by exemption granted by the Chief Executive Hospitals or Delegate.
* NWRH and MCH to negotiate support from LGH and RHH as directed by the THS EOC and ECC.
* Consider closure of service/wards to new admissions as required and notify the general public and clients of any cessation of services.
* Follow Outbreak Management Plan if Level 3 is triggered by an outbreak.
* Private facilities may be integrated into the public system.
* Increase capacity utilising temporary health facilities such as field hospitals.

Patient Flow* Maximise non-COVID-19 bed capacity within hospital through transfer of appropriate non-COVID-19 patients to alternate facilities (NWPH, RACF and District Hospitals provided demand does not relate to an outbreak). Public Health, Infectious Diseases advice along with strict testing criteria prior to transfers.
* Consider COVID19 CODE Black and CODE Blue responses facility-wide

Staffing* Staff movement between facilities, wards and departments to be reconsidered at this level – Follow direction from the THS EOC, ECC or Public Health as given.
* Staff with multiple employments must complete and submit an [*External Employment Disclosure Form*](https://doh.health.tas.gov.au/intranet/human_resources/hr_references_and_resources/hr_forms_and_templates)
* Seek assistance from external health care providers.

Meeting Frequency and Communications* Daily Clinical Stakeholder Briefings, THS EOC, THS ECC.
* Maintain communication and sharing of information with all staff members through REACH and Message Media.
* Closure of service notification via ECC/ Health Commander and Media Outlets to be coordinated centrally.
 |

# Summary of COVID-19 Statewide Surge Capacity

The following table provides a summary of the surge response capacity for the State (non ICU)

**Table 1: COVID-19 surge response capacity at Level 41**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **THS/HS** | **THS N** | **THS NW** | **Statewide** |
| COVID19 positive beds (excluding negative pressure beds) | 151 | 123 | 22 | 296 |
| Private Hospital Beds | 151 | 65 | 12 | 228 |
| Negative Pressure Rooms2 | 14 | 9 | 11 | 33 |
| Community Case Management Facility Beds | 50 | 25 | 0 | 75 |
| Capacity to manage COVID-19+ve patients in the community3 |  |  |  | 2 500 |

1. These numbers may vary based on input variables factors, including workforce availability.
2. Planned capital works may temporarily affect these numbers.
3. Work is currently underway to develop a model of care for the management of COVID-19 positive patients in the community. This number is indicative based on the number of monitoring devices currently purchased. MOC work will continue which will impact final model capacity.

**ICU Surge Capacity**

The Statewide [THS - Intensive Care Surge Capacity Plan](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/341) outlines the surge capacity of Tasmanian ICU’s. Please refer to this plan for most up to date statistics.

There are currently 34 ICU beds in Tasmania that are staffed and operational. This includes 6 beds at the Calvary Health Care Tasmania hospital at Lenah Valley and 28 beds in the THS public system.

In addition, to this there are currently 26 beds available within ICUs around the State but are not currently staffed. Therefore, the total available existing capacity within Tasmanian ICU is 60 beds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital** | **Location** | **ICU Beds Staffed** | **Total ICU Bed Capacity** |
| Royal Hobart Hospital | South | 15 | 23 |
| Calvary Lenah Valley | South | 6 | 11 |
| Launceston General Hospital | North | 9 | 18 |
| North West Regional Hospital | North West | 4 | 8 |
| **TOTAL** |  | **34** | **60** |

**Expanding ICU Capacity in Tasmania**

The THS Emergency Operation Centre (EOC) agreed that the THS will increase ICU capacity capable of supporting critical care patients in Tasmania, utilising 34 current operational ICU beds and adding a further 80 beds ring fenced for COVID-19 positive patients, of which there is a pharmacy stockpile to ensure 100% of patients can be continuously ventilated if clinically appropriate. The existing 34 operational ICU beds will be a mix of ventilated and non-ventilated patients and will be receiving critical care for various reasons, not necessarily COVID-19.

# Level 1 Reponses – Business As Usual Phase

THS North West NWRH and MCH staff can refer to the [NWRH and MCH Incident Action Plan Summary](https://www.health.tas.gov.au/intranet/nwtho/ceo/nw_rhemt_emergency_operation_centre_-_covid-19_response) or Unit Level Action Plans for more detailed information on the actions required at each escalation level.

[Coronavirus disease (COVID-19)](https://www.coronavirus.tas.gov.au/) for Current Situation

|  |
| --- |
| **Level 1 Business As Usual Response - ‘Preparation Phase’** |
| * Other measures detailed under level 1 Preparation Phase
* Maintain business continuity in line with THS Escalation Principles (‘Business as Usual’).
* Plan and quantify staffing, additional resources & equipment requirements enabling an imminent Level 1 Response, including development of a reserve staff register.
* Watching brief on current situation including borders and arrivals, regional COVID-19 (rapid) testing capacity, quarantine hotels, public health alerts re: community transmission.
* Identification and training of staff to perform contact tracing (UTAS MOOC[[17]](#footnote-18)). Increase and register local capacity.
* Review and amend Outbreak Management Plans.
* Regular Training on COVID-19 Code Blue, COVID-19 Intubations, Donning & Doffing, fit testing and checking.
* Prioritise COVID-19 vaccination rollout aiming for >85% coverage of Health and aged care workers.
* Other measures detailed under Level 1 Preparation Phase – see page 11.
 |
| **Testing, Screening and Assessment** **COVID-19 Respiratory Clinics** [Testing for COVID-19 | Coronavirus disease (COVID-19)](https://www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19)* Maintain scalable testing clinics to meet Tasmanian’s Public Health Services Testing Strategy with:
	+ Drive through testing capability
	+ Demountable pods to provide additional consulting rooms
	+ Dedicated Health Care Worker appointments
* Work with the Department of Health to assist with staffing of:
	+ centralised referral and intake hub to receive referrals and make bookings for all THS managed clinics, and
	+ centralised process for notification of negative COVID-19 results through SMS notification.
* Emergency Department:
* PCR/RAT all admissions
* Screen presentation with additional testing only for those requiring further stratification for COVID-19
* Risk factors for COVID-19 including symptoms or household contacts
* No testing for patients being discharged without risk factors.
* Utilise mobile bus testing clinics with drive-through testing capability to undertake community/cluster testing.
* Work with local General Practices and Primary Health Tasmania to ensure timely assessment and management of people with symptoms or meet epidemiological criteria suggestive of COVID-19.
* Work with NW Pathology to increase regional capacity for processing Rapid respiratory virus testing (COVID-19, Influenza A,B, Respiratory Syncytial Virus ) tests. Secure availability of stocks of rapid antigen testing as it becomes available.

Liaise with Public Health Services to ensure that all instructions for people to self-isolate are current and consistent. |
| **Intensive Care Capacity** * Collaborate with Statewide Critical Care Network to enable clinicians to consult, share and collaborate to make informed recommendations in relation to ICU:
	+ Bed capacity
	+ Equipment and consumables
	+ Workforce
	+ Admission/discharge protocols
	+ Patient Transport.
* Develop and maintain an ICU Capacity Surge Plan to provide a staged increase in ICU capacity supported by additional equipment purchases.
 |

# Level 2 Response

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| **Level 2 Response ‘Activation Phase’** |
| **Emergency Department Capacity / Planning****Placement of patients as follows: (See PPE Framework and observe door signage at all times)****NWRH*** ED to maintain patient placement as per BAU.
* 1 Negative pressure room for isolation.
* Designated COVID-19 suspected bays -6 Negative Flow Cubicles (Paediatric room, 3 cubicles, 2 resus bays)

**MCH (current configuration pre consolidation)*** MCH ED patient placement in Resus Bays and Negative Pressure Isolation
* 1 Negative pressure room for isolation.
 |
| **Intensive Care Capacity****NWRH** * Where a COVID-19 positive patient requires admission to ICU, they will be stabilised (+/- intubated) in the most appropriate location (negative pressure room in the NWRH ICU, ED or Med C depending on time to transfer) and if appropriate referred for admission to the LGH or RHH.
* NWRH ICU will provide appropriate care to the COVID-19 positive patient whilst awaiting transfer to tertiary facilities.
* If transfer is delayed, the COVID-19rooms on Medical Ward C will be utilised when necessary.
* Utilise anaesthetic intubation team to support intensivists/ED staff as able.
* Staff training for flex capacity.
* Staffing plan to be enacted on trigger – admission of COVID-19 ICU patient. Planning to redeploy vulnerable staff to non-COVID-19 areas.
* Planned and implemented training for intubation, ventilated care and required PPE for relevant staff.

**MCH –** No capacity to manage Invasive airways procedures. COVID-19 +ve patients requiring admission should be transferred to NWRH or LGH. Follow approved patient transfer protocol.  |
| **Inpatient ward reconfiguration****Maintenance of a COVID-19 Adult isolation ward*** Designated 14 beds on NWRH Medical ward with 7-9 beds deployed at Level 2
* Identify and facilitate non-COVID-19 patient discharge / transfer to district / private hospital, residential aged care from wards, as clinically appropriate.
* Paediatric Ward to maintain Zone A and Zone B configuration (6 beds Zone A and 8 beds Zone B) with flex between.
* MCH ward 3B able to admit 6-8 COVID-19 patients at Level .
 |
| **Surgical Services Response*** Ongoing screening and testing of all admissions to Surgical ward or scheduled for elective surgery.
* One positive pressure (Theatre 4) maintained with negative pressure capacity for COVID-19 surgeries. All remaining theatre positive pressure (can be converted to neutral with local engineering controls if needed)[[18]](#footnote-19).
* Maintain Elective Surgery. Review and act on any state-wide or national directives to restrict services to only Cat 1 and Cat 2 as required.
* Report on COVID-19 cancellations using the reason code in iPM for reporting purposes.
* Consider rapid test with input from ID physician for emergency surgery where indicated.
* Develop COVID-19 specific surgery postponement letter for patient and GPs.

**Private Hospital negotiations to mitigate impact on bed numbers and elective surgery** * Utilise contracted Theatre session and beds at the North West Private Hospital to assist with elective surgery and inpatient capacity for both elective and emergency non-COVID-19 patients.
 |
| **Outpatient Services Response** * Review current outpatient bookings and provide appointment via Telehealth or telephone consultation if clinically appropriate.
* Review all outpatient appointment patient cancellations and Did Not Attends to ensure urgent cases are not missed and are clinically reviewed.
* Maintain COVID-19 cancellation reporting via reason code in iPM.
* Send text message to all patients with booked appointments - advising to call OPD if they are showing signs of flu or fever.
* Use COVID-19 specific appointment postponement letter for patient and GP.
* Patient Screening at reception.
 |
| **Residential Aged Care** * Identify bed stock in residential aged care for sub-acute transfers.
* Sub-acute and interim care beds in District Hospitals to be utilised to move THS – NW patients when clinically appropriate.
* Ensure all inpatients that are to be transferred from an acute facility to a subacute facility, aged care home, group home have returned a COVID-19-19 test
 |
| **Equipment, Supplies and Consumables (PPE)** * Maintain inventory of all available PPE in Stores department with regular reporting to the RHEMT.
* Weekly review & monitoring of stock / orders / delivery dates via stock on hand reports
* Locking down pandemic supplies, counting and escalating to Australian Government regarding shortages (delays, non-delivery etc.).
* Setup of additional storage spaces. COVID-19 and non-COVID-19 areas.
* Securement of PPE pandemic store; amendment to PPE use for Transmission Based Precautions and determination of exact use for COVID-19 positive patients. These activities are in place to support the rationalisation of PPE across THS-NW and to assist with maintaining adequate PPE supplies to support staff, patients and our community.
* Ensure calculation of daily PPE supplies for Zone A areas and maintain up to 5 day supply in central stores at NWRH and MCH.
* Manage working from home equipment shortages e.g. computers.
* Communication tools e.g. mobile phones, walkie talkies, iPads / tablets (plus covers) to facilitate communication between COVID-19 / non – COVID-19 areas, patients and families.
* Determining state-wide equipment supplies and consistency of availability.
 |
| **Hospital Avoidance Strategies** Hospital Avoidance Strategies are aimed at reducing the burden on the hospital by redirecting patients that are not acute to alternate services.* Utilise (flex up where able) ComRRS to provide care in the community.
* Working with Community Case Management Facilities and COVID@home to support patients in self-isolation being maintained in the community, and to assist with the discharge of recovered COVID-19 patients.
* Reviewing district site/community nursing roles/capacity.

GP clinic consultation to reduce ED non – COVID-19 presentations.* Direct admission pathways for COVID-19-positive patients requiring admission.

Promote GP consultation and engagement to reduce COVID-19 Positive presentations |
| **Hospital Infection Control Measures**These measures are aimed at reducing unnecessary movement of people into the hospital. These strategies are part of COVID-19 Safe Work Measures.* Establish consistent patient/visitor information and access across all facilities
* Restrict hospital entry points to enable oversight of visitor flow / compliance with visiting hours.
* Restrict access to wards – swipe card access for designated COVID-19 areas.
* Staff compliance with PPE Framework at all times.
* Environmental separation of COVID-19 positive and non-COVID-19 patients across all ward areas.
* Any essential contractors screened.
* Cafeteria reduced seating capacity and service – staff only. Visitor meals by order for visitors granted exemptions. Cessation of ready to eat meals from external providers.
* Cashless payments encouraged.
* Change facilities for staff in COVID-19 Admitting areas.
* Increased cleaning of vehicle fleet. Possible reduction or relocation of fleet – subject to demand.
 |
| **Staff management and planning*** Vulnerable staff - identified and management plan in development.
* COVID-19 Immunisation Status identified via Employment Self Service and required on employment.
* Staff Quarantine - as per public health guidelines.
* Contingencies (identifying redeployment staff and working from home arrangements).
* Emotional health and wellbeing awareness and support for staff.
* Staff education on PPE and COVID-19 management.
* Upskilling staff for different roles to usual in case of surge.
* Review capacity for student placement/ roles
* Staff flu vaccination program brought forward.
* HR input required re: redeployment, recruitment, leave.
* Review and consider closure of higher risk volunteer programs.

**Staff Recruitment*** Plan to recruit above establishment numbers to enable prompt response to escalation.
 |
| **Communication Management*** Daily staff updates.
* Regular staff forums – EDMS Deputy EDMS, Nurse Director Operations.
* Situation reports to RHEMT-NW.
* Individual unit-based action plans.
 |
| **Private Hospitals** * CE/DON invited to join NWRHEMT as key stakeholder in the event of escalation.
* Commence joint preparations for private hospitals to accept public patients.
* Additional meeting with Private Hospitals where necessary for decisions in relation to public maternity service or utilisation of additional negative flow theatre capacity.
 |
| **Interhospital Transfers** * Liaise with Ambulance Tas and current transport providers, between, MCH, aged care facilities, District sites, NWRH, Tertiary facilities.
* Reinforcing MCH as non-COVID-19 to retain COVID-19 free site for as long as practicable.
 |

# Level 3 Response

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| **Level 3 Response Phase** |
| **Testing, Screening and Assessment****COVID-19 Testing Sites** * Flex up testing site capacity and use mobile testing in line with Public Health testing strategy.
* Increase Health Care Worker testing capability as required.
* Consider enhanced Emergency Department testing with possible reintroduction of external testing if required.
 |
| **Emergency Department Capacity** Review service model daily to ensure safest service continuity option across NW region. **NWRH*** Maintain NWRH ED Zones with restricted access to essential staff only. Visitors/support people by exemption at this level. Consider entire ED Zone A if required.
* Staff deployed to assist with increased demand. Consider increasing clinical and support rosters to maintain flow through the ED.
* Consider redirection of non-urgent ED patients to GP / MCH.

**MCH** * As for NWRH
* Consider redirection of non-urgent ED patients to GP / MCH.
 |
| **Intensive Care Capacity** * Establishment of second ICU Pod at NWRH AMU (as required) for COLD / non-COVID-19 ICU patients depending on statewide escalation level and ability of other hospitals to take transfers of NW ICU patients.
* Implementation of HOT and COLD ICU rosters.

**MCH** * Close Observation Unit - no capacity to manage Invasive airways.
* One negative pressure room.
* Possible staff redeployment to support NWRH ICU, rostering changes (e.g. 12hr shift).

Accept transfer of high acuity patients from other sites which are at capacity. |
| **Inpatient ward reconfiguration*** NWRH Medical C - ability to increase COVID-19 admissions between 10 to 14 beds.
* Medical Ward and AMU may consolidate if AMU required for ICU expansion or unable to be staffed.
* Medical Ward implements/maintains enhanced PPE Framework
* Lower risk/pending patients to be cared for in ward isolation rooms as required.
* Up to 10 COVID-19 Admissions between Ward 3B and COU Isolation Room.

**Women’s and Children’s Services*** Follow WACS Escalation Plan
 |
| **Surgical Services Response*** Review all elective surgery, case by case consideration of elective Cat 1 urgent cases.
* Utilise Private Hospital capacity for non-COVID-19 elective surgery.
 |
| **Outpatient Services Response** * Face to face clinics to be reviewed in case of direction from RHEMT to reduce service delivery. Service delivery may be reduced in order to redeploy clinical resources to inpatient areas, or to maintain staff safety in the event of variant of concern/high prevalence. Continue Telehealth clinics as able. This will be determined by clinical appropriateness and staffing availability.
* To ease pressure from ED, ensure that all specialities still have access to Outpatient services in a skeleton staff model.
* Communication to GPs / patients regarding reduced service.
* Redeploy nursing staff to ward areas if/when necessary and able to maintain clinics safe staffing levels.
* Utilise available environmental capacity for ward overflow and additional needs.
 |
| **Equipment, Supplies and Consumables (PPE)** * Daily reviews of equipment / stock.
* Ensure adequate stock of essential PPE stock / hand gel etc on Wards.
* As per level 1 response.
 |
| **Hospital Avoidance Measures** * As per level 1 response.
* Reviewing district site / community nursing service / roles.
* Expand Community Case Management capacity for well/stable COVID-19 patients, those with circumstances which make it difficult to self-isolate, febrile / unwell staff.
 |
| **Hospital Infection Control Measures** * Visitors by exception (exemption to be provided by RHC, Chief Executive or Delegate only).
 |
| **Interhospital Transfers** * As per Level 1 response - dependent on Ambulance Tas / private capacity to transfer patients - MCH / NWRH, RACF, district hospitals and tertiary hospitals.
* Compliance with Patient Transfer Protocol and Policy for Transfer of inpatients to RACF’s and other facilities.
 |
| **Staff and Workforce** * Consider implementation of roster segregation in ZONE A areas.
* Auditing PPE /physical distancing compliance.
* Manage vulnerable staff members in accordance with individual management plans and national guidelines.
* Rapid Upskilling in High Dependency and Critical Care for Registered Nurses –online ‘Medcast’ training
* Implement strategies to increase workforce capacity.
* Ensure staff returning to work following isolation or quarantine comply with the agreed return to work process.
* Implement strategies to manage staff illness and presenteeism.
* Enable workforce wellness and support program
* Student programs ceased.
* Close Kiosk and remaining volunteer programs.
 |
| **Private Hospitals** * Utilise private hospitals as per Commonwealth National Partnership Agreement and purchasing agreements.
* Ongoing NWPH participation in RHEMT -NW
 |

##

## Level 4 Response

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| --- |
| **Level 4 Response**  |
|  |
| Level 4 response will be activated upon level 3 response capacity being exceeded. This will normally occur when a facility/region reaches capacity to receive or manage patients which has been caused by patient numbers or staffing shortages. Once a facility reaches level 4, non-essential staff movement between wards and departments must cease.Escalation to and from to Level 4 requires approval from the State Health Commander.* Move to Statewide System Response.
* North West Emergency Operations Centre established for seven day per week support.

Facilities* Facility to be closed to all visitors unless by exemption granted by the Chief Executive Hospitals or Delegate.
* NWRH and MCH commence bypass to LGH and RHH of COVID-19 Gen Med.
* Consider closure of service as required and notify the general public and clients of any cessation of services.
* Follow Outbreak Management Plan if Level 4 is triggered by an outbreak.
* Private facilities to be integrated into the public system.
* Increase capacity utilising temporary health facilities such as field hospitals.

Patient Flow* Maximise non-COVID-19 bed capacity within hospital through transfer of appropriate non-COVID-19 patients to alternate facilities (NWPH, RACF and District Hospitals provided demand does not relate to an outbreak). Public Health, Infectious Diseases advice along with strict testing criteria prior to transfers.
* COVID19 CODE Black and CODE Blue responses facility-wide
* Consider use of Gen Med Ward at NWRH for COVID-19 Admissions as able.

Staffing* Seek assistance from external health care providers.

 Meeting Frequency and Communications* Daily Clinical Stakeholder Briefings, THS EOC (weekdays), THS ECC (weekdays).
* Maintain communication and sharing of information with all staff members.

Notify the general public and clients of any cessation of services.Response for Level 4 beyond this point is managed by a State-wide response, with the surge capacity of all hospitals utilised to meet to meet both COVID-19 and non-COVID-19 patient demand.  |

**Appendix 1: Staff and Workforce**

**Staff Health and Wellbeing**

Staff have a responsibility to help prevent the spread of COVID-19 and all respiratory illnesses. Staff are directed to the COVID-19 website for up to date information on how to prevent the spread and protect themselves. The website can be located at: <https://www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do>

[Healthcare Worker IPC Requirements during Coronavirus Disease 2019 (COVID-19) Pandemic](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/438) guidelines should be read in conjunction with Safe Workplaces (COVID-19 Response) and COVID-19 safety plans to minimise the risk of COVID-19 transmission in the workplace.

A focus on the care and protection of staff is essential for staff wellbeing, to ensure a safe, sustainable workforce and to maintain high quality clinical care. It is recognised that health care workers will likely have an increased workload with a heightened anxiety both at work and at home.

It is important to be aware of staff physical and mental wellbeing. This pandemic is physically and mentally challenging for all staff and it is vital that they feel supported and cared for throughout. Communication across departments, hospitals and the wider community will be vital to ensuring maintenance of staff safety and quality of care. Staff support can be provided at a state-wide, regional and individual department levels.

Mental Health and Employee Assistance and Wellbeing resources are available at:

<http://www.dhhs.tas.gov.au/intranet/COVID-19_staff_information>

<http://www.dhhs.tas.gov.au/intranet/corporate/human_resources/work_health_safety_and_wellbeing/worker_wellbeing_and_support/EAP> – Employee Assistance Program (EAP)

THS North West will also establish additional Wellbeing and Support programs through engagement with local service providers as required.

**Vulnerable Staff Members**

ANZICS COVID 19 guidelines recommend vulnerable staff should not enter the COVID-19 isolation area. This includes staff who are pregnant, have significant chronic respiratory illnesses or are immunosuppressed.

The international experience is that mortality is higher in older patients, particularly those with comorbidities related to cardiovascular disease, diabetes mellitus, chronic respiratory diseases, hypertension and malignancy. Staff member risk decisions should be made on a case by case basis by the unit director with the support of the local occupational health and safety unit. We recommend that vulnerable staff be reallocated to other roles and not enter COVID-19 areas.



[Australian Health Protection Principal Committee (AHPPC) advice to National Cabinet](https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-to-national-cabinet-on-30-march-2020)

[Employee in Vulnerable Groups Declaration](https://www.dhhs.tas.gov.au/intranet/corporate/human_resources/employment/hours/working_from_home/working_from_home_covid-19/Employee_in_Vulnerable_Groups_Declaration_COVID-19.docx)

**Testing**

Notwithstanding the Public Health Testing Strategy, where a Health Care Worker seeks a COVID19 test (symptomatic or asymptomatic) they are able to contact the Central Hub and utilise dedicated Health Care Worker appointments to obtain a test.

**Return to Work**

This section will be updated based on Public Health advice in relation to vaccinated healthcare workers.

Where a Health Care Worker has tested positive for COVID19, clearance of Health Care Workers to return to work is to be based on Public Health advice and THS Infection, Prevention and Control Advice.

It is important that staff feel both safe and confident to return to the workplace and their role.

To support this, Health Care Workers must undertake training through THEO that relates to infection control, hand hygiene and PPE.  The training can be found at:

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

Correct use of PPE is a skill that requires practice. To ensure that staff understanding of the appropriate use of PPE is optimal it is recommended that the HCW:

* ask a ‘PPE Buddy’ to review their PPE use and/or to observe them next time they use PPE
* ask a colleague or nurse working in a clinical area to observe them as they utilise PPE and invite them to guide their practice
* contact the RHH Infection Prevention and Control Unit on 6166 8658 and discuss any questions that they may about PPE.

**Dual Employment and Staff Movements**

Currently there are many clinical staff within Tasmanian who are employed across a number of health facilities both in and across the public and private sector. In addition, staff within facilities can work across many wards and Departments.

Dual employment will be managed from a risk perspective and in accordance with the escalation level under THS Escalation Management Plans and Outbreak Management Plans.

The [COVID-19 DoH Workers in High-Risk Settings with External Employment Policy](http://gormpr-cm01/PandP/showdoc.aspx?recnum=P21/499) provides a mechanism to rapidly identify DoH staff working in defined DoH high-risk settings that are also working at other (private) hospitals, health and/or aged care facilities, to expedite the timely assessment of whether restrictions on additional external employment is required to minimise the risk of COVID-19 transmission.

**Increasing Workforce Capacity**

The following strategies will be used throughout all levels of escalation to increase workforce capacity to address workforce shortages resulting from COVID-19:

* Department of Health Register of Health Professionals Agency (Medical, Nursing, Allied Health)
* Australian Health Practitioner Regulation Register of Practitioners
* Utilising the student workforce across all disciplines
* Accessing the recently retired workforce, including through sub-register arrangements
* Redeployment options for clinical staff in non-clinical roles, and
* Identifying staff with previous ICU experience.

Accessing the Register:



**Appendix 2: Training**

**Enhanced Critical Care Training**

In order to support the nursing workforce to respond to the COVID-19 crisis, the Australian Government Department of Health is sponsoring access to SURGE – Critical Care courses. SURGE – Critical Care provides education for Registered Nurses on the necessary minimum knowledge and skills required to work in High Dependency or Critical Care settings, such as Intensive Care Units (ICU).

Critical to quality outcomes in Australian and New Zealand ICUs is availability of experienced Intensive Care staff trained to provide high-quality care for critically ill patients. The THS does not currently have adequate levels of staff to operationalised the additional ventilators purchased to meet possible increases in COVID 19 demand. Regions are currently staffed for 28 public ICU beds. To facilitate additional ICU workforce capacity an ICU workforce working group has been established with State-wide ICU representatives. A Workforce Training Proposal was submitted, and in January 2021 the Tasmanian Department of Health approved the release of funding to enable operational areas to deliver additional clinical ICU training programs. These programs will increase the number of appropriately trained staff to work in ICU to operationalise the State-wide ICU surge capacity plan. The programs are presently being conducted in all regions.

THS delivers a number of critical care training programs including the RHH Introduction to Critical Care Program and UTAS Post Graduate Critical Care. These programs will continue to be delivered subject to workforce shortages.

Additional training has been provided to pharmacists through the Society of Hospital Pharmacists, in order to increase the number of trained ICU pharmacists.

**COVID-19 Training**

All staff should undertake training through THEO that relates to infection control, hand hygiene and PPE. The training can be found at:

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

**Appendix 3: Infection Prevention**

The North West Region will follow existing protocols and guidelines to minimise transmission and protect staff, patients and the community.

Infection Control Management Pathway for Suspected or Confirmed COVID-19 Hospitals North West

<https://cm.health.local/PandP/showdoc.aspx?recnum=P20/604>

Care of the Positive or Suspected COVID-19 Maternity and Neonatal Patient

<https://cm.health.local/PandP/showdoc.aspx?recnum=P20/260>

Infection prevention and control practices are a two-tiered system comprising ‘Standard Precautions’ and ‘Transmisison-Based Precautions’ which minimize the risk of transmission of infectious agents to patients/clients, staff, contractors, students, volunteers and visitors.

Patients with suspected or confirmed COVID-19 will be managed under standard and transmission -based contact, droplet and airborne precautions in accordance with the THS North West guidelines and protocols.

**Standard precautions**

Standard precautions including meticulous hand hygiene (5 Moments) are to be followed for all patients.

Staff should always observe cough etiquette and respiratory hygiene. Patients/clients are to be instructed in appropriate cough etiquette and respiratory hygiene and supported and encouraged to adopt these strategies.

Soiled linen and waste may also represent a risk for transmission. Management of these items if to be in accordance with established guidelines and protocols

Environmental hygiene is recognised as a key component to minimise the risk of transmission. Schedules for cleaning will be implemented in accordance with relevant documents, including Statewide and local protocols and guidelines.

**Transmission-Based Precautions**

Transmission-Based Precautions (TBP) are used in addition to Standard Precautions and are a combination of measures used to prevent transmission of specific infectious agents that may not be contained by Standard Precautions alone. Transmission-Based Precautions are applied to patients/clients suspected or confirmed to be colonised or infected with agents transmitted by the contact, droplet or airborne routes.

**Suspected or confirmed COVID-19 case Personal Protective Equipment (PPE)**

Patients with suspected or confirmed COVID-19 are to be managed in accordance with the Hospitals South Infection Control Management During COVID-19 Pandemic Guideline. This includes, at minimum, the following PPE:

* P2/N95 mask
* Approved protective eyewear or face shield
* Long-sleeved fluid impervious gown and
* Medical examination gloves

The sequence for putting on (donning) and removing (doffing) PPE is designed to reduce the risk of contamination to staff. All staff caring for patients with COVID-19 are required to be trained in the correct use of PPE. Staff are encouraged to have a PPE ‘buddy’ to support correct donning and doffing of PPE. A PPE ‘buddy’ can be any person who is familiar with and confident in the use of the required PPE. Doors signs will be displayed in agreed prominent locations both inside and outside the patient room, including in the anteroom where available, to act as a guide to consistent practices.

[THS- NW COVID-19 Personal Protective Equipment guideline](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/416)

**Fit Check/Testing**

As legislated within the Tasmanian WHS Regulations, managers and supervisors must ensure that PPE (including P2/N95 masks) is appropriately selected for use to minimise risk to employee health and safety.

Managers and supervisors have a responsibility to ensure that:

* PPE is suitable, having regard to the nature of the work and any hazard associated with the work; and
* PPE is of suitable size and fit; reasonably comfortable for the employee who is to use or wear it; and
* staff have been provided with information, training and instruction regarding its proper use.

To support staff in the safe and correct use of PPE, including P2/N95 masks, all staff should undertake training through THEO. The training can be found at:

<https://theo.dhhs.tas.gov.au/course/view.php?id=1197>

To support staff in the safe and correct use of PPE, including P2/N95 masks, the following resources are available:

[Tasmanian Public Health Service PPE Demonstration Video](http://www.dhhs.tas.gov.au/publichealth/tasmanian_infection_prevention_and_control_unit/healthcare_worker_education/proper_use_of_personal_protective_equipment)

[P2 (N95) Mask Fit Checking (fact sheet)](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/transmission-precautions/p2n95-mask)

**Intra-hospital Transfer**

If transfer outside of the room is essential, the patient should wear a surgical mask during transfer and follow respiratory hygiene and cough etiquette. If patient transfer requires the use of a lift, then no other patient or other staff (i.e. not acutely attending to the patient) should occupy the lift.

All staff attending should wear the following PPE:

* P2/N95
* Face shield or goggles
* Long-sleeved gown
* Disposable non-sterile glove.

THS-NW COVID-19 Patient Transfer – Hospitals North West Guideline<https://cm.health.local/PandP/showdoc.aspx?recnum=P20/419>

**Physical Distancing Measures**

Physical distancing is another strategy which will be adopted in conjunction with infection prevention and control measures to stop or slow the spread of infectious diseases. It means reduced contact between people.

Physical distancing is important because COVID-19 is spread by close contact with an infected person, or by contact with droplets or aerosolised particles from an infected person's respiratory tract.

In the context of COVID-19 physical distancing is defined as 1.5 metres or greater physical separation. Ensuring appropriate physical distancing measures for staff, patients, visitors and others who may enter healthcare settings is essential across all escalation measures. However, as the situation escalates, additional physical distancing measures will be put in place.

The COVID-19 Safe Workplaces Framework supports businesses and workplaces in Tasmania to continue to operate, or reopen, while protecting Tasmania's health and safety during the COVID-19 pandemic.

The Framework is made up of three key parts:

* Minimum standards to manage the ongoing risk of COVID-19 in workplaces. These have been established as a new regulation in the Work Health and Safety Regulations.
* COVID-19 Safe Workplace Guidelines to provide more detail on how sectors and workplaces can meet the minimum standards.
* COVID-19 Safety Plans to outline how each workplace complies with the minimum standards.

Safe Work Plans are in place in all areas and will need to be maintained and reviewed as the Pandemic progresses.

More information on the COVID-19 Safe Workplaces Framework can be located at:

<https://worksafe.tas.gov.au/topics/Health-and-Safety/safety-alerts/coronavirus/covid-safe-workplaces-framework>

**Reporting COVID-19 related Safety Events**

It is necessary to track related events to support accurate and consistent reporting. All related events should contain COVID-19 in the event description. This will assist the organisation to easily identify and investigate events where a patient or staff member has been exposed to the coronavirus in the health care setting or a break in Infection Control practice has occurrent.

All COVID-19 related SRLS incidents will be reviewed on a regular basis by key stakeholders, with improvement actions and escalation of issues as relevant.

Please see link below for details on reporting SRLS COVID 19 incidents including WHS exposure.

<http://www.dhhs.tas.gov.au/intranet/ths/patient_safety_service/images_and_files/SRLS_Update_-_Reporting_COVID-19_related_Safety_Events_Factsheet.pdf>

**Appendix 4: Outbreak Management**

Outbreaks of transmissible infectious pathogens in healthcare facilities have the capacity to cause significant disruption to service delivery and can pose a risk to healthcare workers, patients and visitors. The early detection and appropriate management of transmissible infectious pathogens, e.g. norovirus gastroenteritis, is critical to minimise the impact of these events.

Relevant frameworks and supporting documents include:

* [COVID-19 Case and outbreak management framework for Tasmanian Settings](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/586)
* [Tasmanian Health Service: Outbreak Management Plan](file:///%5C%5Clghlpr-fs01%5Cgrpdata%5Chas%5CCEO%5C2014%5CCOVID-19%5COPERATIONAL%20%26%20ESCALATION%20PLANS%5CTHS-NW%5C%E2%80%A2%09https%3A%5Ccm.health.local%5Cpandp%5Cshowdoc.aspx%3Frecnum%3DP20%5C281)

These documents clearly describe:

* THS command, control and coordination arrangements and alignment with the Tasmanian Emergency Management Arrangements (TEMA) and Tasmanian Health Action Plan for Pandemic Influenza (THAPPI)
* Roles and responsibilities,
* Broad strategies for the mitigation, preparedness for, response to and recovery from an outbreak in THS facilities and services, within the broader Tasmanian and national emergency management arrangements.

The [THS Outbreak Management Plan](http://gormpr-cm01/pandp/default.aspx?mode=folder&uri=1505779) and the [THS-NW Outbreak Management Protocol](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P2012/0517-013) can be located on the SDMS.

**Contact Tracing**

The World Health Organization (WHO)characterises Contact Tracing as the process of identifying, assessing and managing people who have been exposed to a disease in order to prevent onward transmission. To assist in timely identification of close contacts and to support the implementation of control measures, such as quarantine, for close contacts, contact tracing capacity will be in place in each region of the THS.

Local guidelines will be in place to provide a framework for contact tracing within the Tasmanian Health Service (THS) when a case of COVID-19 is detected in a THS service or facility. Staff within the THS regions will be trained in contact tracing to support this activity in the event of an outbreak. THS North West have a COVID-19 Contact Tracing Guideline, this document will be maintained to meet requirements in consultation with Public Health Services.

 [THS-NW Contact Tracing guideline](http://gormpr-cm01/pandp/showdoc.aspx?recnum=P20/144)

**Appendix 5: COVID-19 Patient Transfers Between Hospitals**

All THS staff must comply with the practice detailed herein. This includes junior and senior medical staff, nursing staff, and bed management staff involved in coordinating the transfer, acceptance and admission of adult and paediatric patients that are either confirmed, probable or suspect cases of COVID-19, as per Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units (COVID-19 SoNG) (hereafter referred to as COVID-19 patients).

Admission to Hospital should occur with minimal transfer locations. Cases in the community requiring admission should do directly to the COVID ward, avoiding the Emergency Department.

This COVID-19 Patient Transfer Protocol should be read in conjunction with other relevant THS patient transfer protocols, including clinical condition specific protocols.

The Private Hospitals in Hobart are designated as COVID-19 free hospitals at escalation levels 1-3.

**Overarching criteria for transfer**

Medical Goals of Care (MGOC) for each patient should guide the decision on whether a transfer should occur. MGOC for COVID-19 patients are to be developed in line with protocols in place in each THS region.

Transfers of COVID-19 patients with a MGOC A are to be approved, with transfer occurring in line with the process outlined in section 3.

Transfers of COVID-19 patients with a MGOC other than A are through agreement of transferring and receiving clinicians, with transfer occurring in line with the process outlined in Section 3 of the protocol.

This requirement recognises the increased risk in transferring COVID-19 patients.

The transfer destination is based on clinical need and the nearest required clinical service. ICU bed availability will not be taken into consideration unless there is a choice of hospitals providing the required clinical service that can be reached within a clinically appropriate timeframe.

**Intra-hospital Transfer**

See Appendix 3

**Appendix 6: Hospital Avoidance Measures**

**Private Hospital Utilisation**

The National Partnership Agreement for COVID-19 provides funding viability for private hospital and that states will enter into agreements with private hospitals requiring that private hospitals accept patients as directed by states.

The National Partnership Agreement has been signed and is in effect.

The NPA allows the state to utilise the following bed capacity to respond to COVID-19.

|  |  |
| --- | --- |
| **Hospital** | **Bed Capacity** |
| Hobart Private Hospital | 71 |
| Calvary North | 65 |
| Calvary South | 80 (+ 11 ICU) |
| North West Private Hospital | 12 |

**Management of Positive COVID-19 Cases in the Community**

Work is currently underway to revise and plan for the Model of Care for Management of Positive COVID-19 Cases in the Community. This model outlines the clinical care arrangements and public health requirements for positive COVID-19 clients to be managed in the community including home isolation supported by COVID@home and Community Case Management Facilities across Tasmania.

**Community Rapid Response Program**

The Community Rapid Response (CommRRs) provides acute care for patients in their home, including residential aged care facilities.  ComRRS program works in conjunction with local General Practitioners to manage care for clients in their homes removing the need for patients to attend the Emergency Department.

**Appendix 7: Clinical Support Strategies**

**Ambulance Tasmanian Deployment Clinical Assistance Team (DCAT)**

The DCAT is intended to:

* support Tasmanian hospitals in caring for critically unwell and injured patients in case of overwhelming surge or staffing shortages due to illness, and
* facilitate timely medical retrieval of critically ill cases between facilities in order to level clinical demand across the state.

**Partnership with Private Hospital**

Tasmania has established private sector viability guarantee agreements with Private Health facilities. This may support patient transfers or reallocation of services to facilitate Tasmania’s response to increase demand pressure due to the COVID-19 pandemic.

**AusMAT - Australian Defence Force**

The Australian Defense Force (ADF) AusMAT have the expertise, knowledge and experience in Disaster Management to aid and support communities in need. The decision to engage the ADF support is through consultation and communication between the Commonwealth and State Governments, and will be coordinated via the COVID-19 Control Centre.

**Appendix 8– Increased ICU Capability**

The Statewide [THS - Intensive Care Surge Capacity Plan](https://cm.health.local/pandp/showdoc.aspx?recnum=P20/341) outlines how ICU capability will be increased.

**Appendix 9 – Pharmaceutical Supply**

Tasmanian Health Service Statewide Hospital Pharmacy has:

* Increased medication stock holdings of all relevant medications to 12 weeks stock on hand.
* Determined specific COVID-19 medication requirements to maintain a strategic stockholding based on forecasting & actual usage

The strategic stockholding of COVID-19 medication is based on 80 patients requiring ICU admission and ventilation for a period of 11 days (mean length of stay).

The strategic stock hold of COVID-19 medication is maintained separate to the medications that are supplied for elective surgery.  This ensures the ability to rapidly respond to an escalation in the volume of cases requiring ICU admission and ventilation.

**Appendix 10 – Access to State Emergency Medical Stockpile (SEMS) Personal Protective Equipment (PPE)**

The SEMS has been established to increase the capacity of the Department of Health (DoH) to respond to Tasmanian public health system demands for PPE.

The SEMS will be utilised :

* when there are shortages of PPE in the Tasmanian public health system, either due to:
* increased usage resulting from an outbreak, epidemic or pandemic; or
* a disruption in the supply chain (e.g. manufacturing issues or goods have been lost in transit).
* for the supply of PPE to State, Australian Government and contracted agencies engaged in border control activities, from point of entry into Tasmania to release from hotel quarantine;
* for the supply of PPE to Government agencies engaged in the control of ports receiving freight; and
* for the emergency supply of PPE to private residential aged care service providers.

In the event that SEMS product volumes are insufficient or assessed as likely to be insufficient to address PPE demands, the DoH will request access to the Australian Government’s National Medical Stockpile, through the Tasmanian Chief Medical Officer.

Requests for the emergency supply of PPE to private residential aged care service providers will be managed through the DoH’s Emergency Coordination Centre / Aged Care Emergency Operations Centre in partnership with the Australian Government.

Requests to the DoH and subsequent need to draw on the SEMS for other purposes, will be considered on a case by case basis and the authority to draw upon the SEMS in these instances will be provided by the Secretary.

**Table 1: PPE Products in the SEMS**

|  |
| --- |
| Description |
| **Masks**  |
|  Surgical masks |
|  N95/P2 Respirator suitable for surgical use |
| **Gowns**  |
|  Impervious gowns |
|  Surgical gowns |
|  Chemotherapy gowns |
| **Gloves**  |
|  Long-cuff examination gloves |
|  Examination gloves |
|  Sterile surgical gloves |
| **Other Items**  |
|  Eye Protection – frames and lenses |
|  Eye Protection – goggles |
|  Face shields |
|  Aprons |
|  Coveralls |
|  Hospital grade hand sanitiser |
|  Surgical caps |
|  Shoe covers |
|  Thermometers |
|  Thermometer probes |
|  Wipes |

**Storage**

The SEMS is stored under a contractual arrangement with Tasmanian Storage and Logistics, Rokeby. The Director Finance and Procurement is responsible for approving changes to the storage location.

**Access and Requests**

The Statewide Supply Manager is responsible for assessing the request in the first instance.

Requests to access SEMS PPE must be made using standard form available from the following email: dfp@ths.tas.gov.au

Internal (Tasmanian Health Service) requests should only be made following consultation with the relevant local Supply Team and confirmation from them that there is no “business as usual” stock of the required PPE items.

The following information must be provided:

* requesting area
* reason for request
* products and quantities required
* cost centre
* location(s) for delivery
* timeframe for delivery
* risk(s) if request is not approved, and

details of the staff member making the request.

**Appendix 11- Winter Strategy**

**THS COVID-19 Winter Planning Support**

The Department of Health will lead a heightened response for the 2022 winter period which includes:

• Increased COVID-19 and Influenza vaccination access particularly for vulnerable cohorts

• Increased levels of community testing to detect influenza and COVID-19 and ensure timely and accurate treatment

• Increased hospital avoidance and primary care support through alternate care pathways including: COVID@Home+ supporting Primary Care Practitioners

* GP-Led Respiratory Clinics
* o Case Management Facilities
* o Government Managed Accommodation Facilities

• Continuing to build and maintain COVID-19 and influenza medication treatment stockpiles and increase availability, including through pre-positioning.

[Winter Strategy | Tasmanian Department of Health](https://www.health.tas.gov.au/about/what-we-do/strategic-programs-and-initiatives/winter-strategy)

COVID-19 prevention and management strategies implemented throughout the THS during the pandemic support flu prevention and winter management strategies for staff, visitors and patients in THS hospitals and facilities eg physical distancing, mask wearing, hand hygiene.

**Hospital Bed Capacity**

Expanded hospital bed capacity, as described in the above Summary of COVID-19 Statewide Surge Capacity (page 21), has been established to respond to COVID-19 and will be maintained across winter 2022 to meet both COVID-19 and non-COVID-19 demand, including Influenza admissions. Monitoring of bed closures will occur to ensure safe staffing levels and maximum availability. Staff absence will be monitored daily to inform response.

Each region has its own patient access and flow processes in place to manage daily and seasonal demand and oversee patient access and flow improvements.

**Outbreak Management Planning**

Each region has an up-to-date facility Outbreak Management Plan that provides staff information on measures to implement to interrupt transmission of outbreak agents as quickly as possible and prevent additional cases, particularly outbreaks of gastrointestinal or respiratory pathogens. This document references both COVID-19 and influenza.

**Screening**

All staff, patients and visitors must complete electronic screening questions to assess the risk of exposure to other staff, patients and visitors of contracting COVID-19. This screening tool can be modified to include additional flu related questions if required. The current question set would not permit entry to facilities of persons with flu-like symptoms.

**Testing**

PCR testing o hospital inpatients for COVID-19 will also include testing for other respiratory illnesses if indicated.

**Vaccination**

All staff and volunteers are offered influenza vaccines and are strongly encouraged to participate in this program. Vaccination rates will be monitored with appropriate targets set for staff. Vaccination will be mandatory for THS staff working in residential aged care facilities.

**Respiratory Safe Behaviour Target**

COVID-19 safety behaviours including respiratory and hand hygiene and physical distancing can all be applied to influenza-like illness.

Signage throughout facilities related to COVID-19 will remind staff, visitors and patients to adhere to these behaviours.

1. [COVID-19 Mortality | Australian Bureau of Statistics (abs.gov.au)](https://www.abs.gov.au/articles/covid-19-mortality-0#deaths-due-to-covid-19-in-australia) as at 31/8/20 [↑](#footnote-ref-2)
2. [Department of Health | Coronavirus Disease 2019 (COVID-19)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm) [↑](#footnote-ref-3)
3. [North\_West\_Regional\_Hospital\_Outbreak\_-\_Interim\_Report.pdf (health.tas.gov.au)](https://www.health.tas.gov.au/__data/assets/pdf_file/0006/401010/North_West_Regional_Hospital_Outbreak_-_Interim_Report.pdf) [↑](#footnote-ref-4)
4. [North-West\_Outbreak\_Report\_Final\_10\_May\_2021.pdf (dpac.tas.gov.au)](http://www.dpac.tas.gov.au/__data/assets/pdf_file/0004/564853/North-West_Outbreak_Report_Final_10_May_2021.pdf) [↑](#footnote-ref-5)
5. [Department of Health | Coronavirus Disease 2019 (COVID-19)](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm) [↑](#footnote-ref-6)
6. [Tasmanian Emergency Management Arrangements Issue 1 (d2kpbjo3hey01t.cloudfront.net)](https://d2kpbjo3hey01t.cloudfront.net/uploads/2020/02/DPFEM-TEMA-Issue1-13-Feb-2020-DIGITAL-ART.pdf) [↑](#footnote-ref-7)
7. Department of Health COVID-19 Emergency Coordination Centre Operating Guidelines, 9 March 2020 [↑](#footnote-ref-8)
8. [COVID-19 Emergency Coordination Centre | DHHS and THS Intranet (health.tas.gov.au)](https://www.health.tas.gov.au/intranet/ecc) [↑](#footnote-ref-9)
9. [Workplace COVID-19 plan (coronavirus.tas.gov.au)](https://www.coronavirus.tas.gov.au/__data/assets/pdf_file/0023/91238/Workplace-COVID-Plan-No.-2-18-Dec-20.pdf) [↑](#footnote-ref-10)
10. COVID-19 Visitor Policy for THS Sites – THS Statewide – Policy – SDMS P20/245 [↑](#footnote-ref-11)
11. THS Outbreak Management Protocol P2012/0517-013 [↑](#footnote-ref-12)
12. [Testing for COVID-19 | Coronavirus disease (COVID-19)](https://www.coronavirus.tas.gov.au/keeping-yourself-safe/testing-for-covid19) Currently 37 Marine Tce Portside and East Devonport [↑](#footnote-ref-13)
13. [DoH Health Screening](https://screening.health.tas.gov.au/) [↑](#footnote-ref-14)
14. Mandatory 1st dose for workers in Residential aged care facilities from 18/9/21 [↑](#footnote-ref-15)
15. Front line Health Care and Aged Care workers may be required to provide evidence of COVID-19 vaccination from October 2021 [↑](#footnote-ref-16)
16. [Working from Home (COVID-19) | DHHS and THS Intranet (health.tas.gov.au)](https://www.health.tas.gov.au/intranet/human_resources/employment/working_from_home/working_from_home_covid-19) [↑](#footnote-ref-17)
17. [COVID-19 Fundamentals of Case Interviews and Contact Tracing (2021.1) | Public Health: COVID-19 MOOC (utas.edu.au)](https://publichealth.mooc.utas.edu.au/) [↑](#footnote-ref-18)
18. 13 Aug to 6 Sep 2021 Theatre 4 refurbishment – separate plan in place to transfer High risk (potentially COVID-19 +ve patients) patients requiring emergency surgery to LGH [↑](#footnote-ref-19)