COVID-19 Preparedness

ADHB escalation tool scenario test 2021 07 30

Meeting Notes

Date and Time: Friday, 30th July 2021 (12.30 hrs. to 13.30 hrs.)

Venue: Via Zoom only

Members: Charlotte Lay, Emma Maddren, Ian Dittmer, Kieron Millar, Liz Boucher, Marina Reyes, Mark Edwards, Mark Friedericksen, Mel Dooney, Michael Shepherd, Taylor Carter, Wendy Stanbrook-Mason, Jennie Montague, Nicole Hillis.

Apologies: Ailsa Claire, Alex Pimm, Anita Jordan, Anthony Jordan, Carly Orr, Duncan Bliss, Greg Williams, Ian Costello, Margaret Dotchin, Margaret Wilsher, Maxine Stead, Richard Sullivan, Sally Roberts, Vicki Nuttall.

Scenario: Delta Variant - 42 Year old Female on ED requires oxygen, she has been sick for 3 days and came out from MIQ 5 days ago, she has got at home 4 close family members in self isolation and all ok but she has a big family and got a number of contacts across the Metro Region, they have been contacted now and they will be isolating.

TRIGGERS		
	Barometer	**Comments**
Community Prevalence	Low	- As it is a community case
Volume or Complexity of possible/actual patients with COVID-19	Moderate	- Taking Hospital as it is as the moment as we are having high presentations of respiratory cases
Wellbeing of our people	Moderate	- Currently we are having moderate increase - MSh The one thing that would modify that is that if we understood our staff vaccination better the risk might be different
Workforce capacity	Red	- As we would need to support staff for ARPHS
External	Mild	- We would need to cease vaccination
Volume or Complexity of non COVID-19 work	Moderate	- Stress is more the workforce that amount of work

CONTROLS (ON/OFF on escalation tool)	
LOW PREVALENCE	**Comments**
Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	- Risk screen all patients prior to attending on site appointments or community care – take out as BAU - Review and update screening protocols and processes as necessary – Being done but we should take this away - Physical distancing signage and physical changes to spaces – Don't think we are properly set up to do the physical distancing thing - Implement compulsory face coverings and supply face

	coverings at entrances – Strongly encouraged not compulsory - Restrict onsite worker access (for employees, contractors and people where ADHB is their place of work) to essential work-related activities only – to be reviewed tomorrow, we want less people on site - Introduce patient and visitor screening at points of entry for all ADHB sites – we never had this on
Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation Deployment of our People & Resources	- Implement community based models for vulnerable populations where appropriate – connected with NRHCC work, we should review this one
Supportive Measures for our People's Safety & Wellbeing	- Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community – we should work on this one and Occ Health Team should review - Inform and deploy vulnerable staff to safe work arrangements – In ED or 7A, this is already in process, we shouldn't work around this at all - Support staff to stay home if they are unwell and to isolate as required – this is a BAU - Support staff whose role intensity will increase significantly with an escalating COVID situation – this is a ED or 7A kind of space, maybe we should change wording to COVID-19 specific areas - Promote digital documentation of COVID response and planning works that can be accessed appropriately by the required people – this should be a BAU thing - Review PPE stock usage and test scenarios to maintain critical stock holdings – this is constantly done on IMT Procurement Meetings, to take off as BAU - Take actions to ensure supply chain resilience – to take off as BAU - Promote hand hygiene and other harm reduction policies related to infectious disease transmission – this is a BAU, Liz to talk to cleaning services
Patient Streaming Pathways	- Use standard patient management pathways – BAU - Activate critical care escalation plan stage 1 – this work was never completed - Non-invasive ventilation pathway activated for possible, probably or confirmed COVID-19 – we have this pathway already and is BAU - Identifying side room availability by CHIPS, and regular eview of side room allocation – this is BAU - Open Ward 7A to COVID-19 suspected/confirmed patients – this has been BAU for a while now - Utilise rapid testing to expedite best practice – been

	doing this already, BAU - Separate patients with suspected COVID-19 from other patients – has been doing this already, BAU - Use screening tool for all patients (inpatient, outpatient, community) – has been doing this already, BAU - Activate critical care escalation plan - stage 2 – has to be reviewed
Training & Education	- Undertake training and education in managing whānau distress and conflict relating to quarantine. Engage with Kaumatua and community groups – to be reviewed as not sure what this one means - Fit-test all staff for face masks - prioritise high risk areas – should be BAU, probably to change the wording - Ongoing training of staff to enable effective and consistent patient/visitor screening – we need to work around this one
HIGH PREVALENCE	**Comments**
Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	- Restrict visitor access with exceptions for young and vulnerable patients and on compassionate grounds only – seems to be too strong, should be reviewed
Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation Deployment of our People & Resources	- Centralise, monitor and distribute resources - people, space and PPE – BAU - Prioritise PPE to essential services - BAU
Supportive Measures for our People's Safety & Wellbeing	None
Patient Streaming Pathways	None
Training & Education	None

Conclusion:

- Based on this information we can work on comms improvements, guidance and what to expect
- As IMT we would be establishing a small group to start with to be monitoring the situation on Fridays and depending what happens during the weekend we would re-establish the whole IMT group the next week
- What key information are we monitoring for and what trigger our response
- Data wise we would want to know what the regional activity was and any contribution we needed to make there particularly if there were regional decisions that might impact us or that we might contribute to, also potential work around national advice and government comms. Also we would looking for the Public Health Response in Vax response, and what that means around reducing

the community transmission risk but also flow of resource from one part of the system to another, likely the vaccination would be concentrated on this case. Also looking at external and internal factors. What look like is that all comms are very standard but people needs to find something new (why this is relevant to me and why is this different, what is new). Would work on HIPPO better and information we provide there and how

- Would try to understand the impact of request for standing up Workforce to ARPHS with the acute situation we have currently, where a nurse we would find the staff to do so and think about the immunization places Mass Vax going on, we would set grounds for people getting vaccinated, we would try to reduce this or use the momentum to have more people vaccinated
- We would be in a moderate outbreak we have been tasked to reconcile our surge workforce within 72hrs 20FTEs to ARPHS in critical situation and working on this now and the process, also we have requested ARPHS to rapid up skilling some of our vax staff so doesn't take from the hospital staff, this is already on-going
- OIA for admin staff to do swabbing's while the contact tracing has to be done by a registered professional according to ARPHS
- We cannot rely on the fact that people is vaccinated as you can still get sick and we have to be aware and conscious about it
- How can we safely do a similar kind of comms or exercise without panicking staff, are you ready, have you thought about this kind of thing
- How to support Occ Health as well
- We need to let Leaders know what they need to do, mostly during weekends
- Liz will work on this Escalation Tool, review, work on the wording and let the people on this group know and regroup in a week if possible