COVID Peak

Pandemic Planning & Model of Care Revision

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Employee Forum

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Monash Health

The changing face of COVID-19

The situation today

- Delta strain – moving quickly
- Cohort
  - Family groups & younger (mobile workers/young people bringing it households)
  - People not isolating / delaying testing
  - Diverse cultural backgrounds
  - Children
- Not as prevalent in the elderly (higher proportion vaccinated & lock-down compliant)

- Hospitalisation only in the unvaccinated group
- 1:5 ICU to ward ratio overall
- Reduced healthcare worker transmission
  - Covid Ready (PPE, Fit tested, Vaccinated)

57% of Monash Health employees are “COVID Ready”

The changing face of COVID-19

Preparations for the next 4 to 6 weeks

- Significant increase in hospital admissions
- Increase in the South East
- Possible doubling of new cases every 3 days
- Similar outbreak trajectory to NSW
- 3-4 weeks behind Sydney

- Different to NSW
  - Lockdown in place
  - Higher vaccination rate when this started

Need additional employees COVID Ready

The changing face of COVID-19

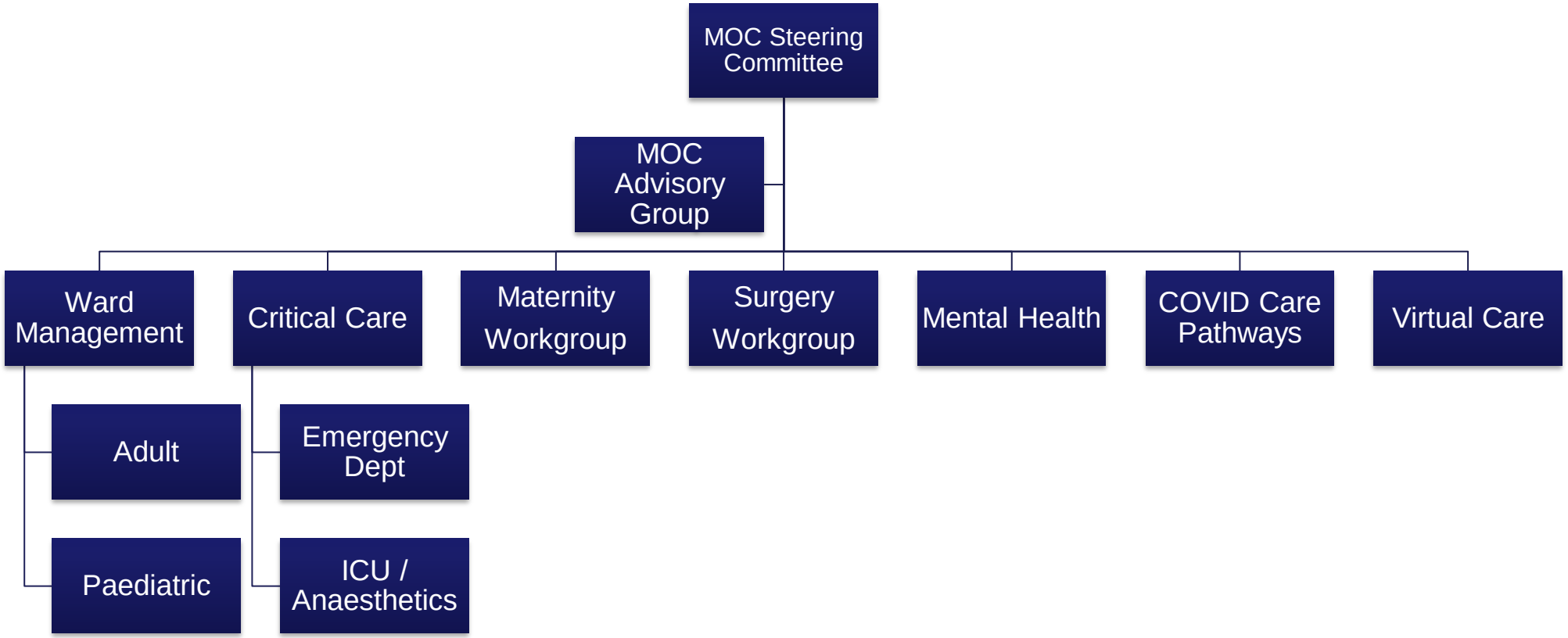
Before November

- Easing of restrictions once 70% of eligible population vaccinated
  (23 September predicted for 70% to have had first dose)
- More Health care workers vaccinated

- COVID+ve patients?
  - Unvaccinated Population
    - Under 12 years
    - Greater than 12 years old
      (un-vaccinated)

Targeting: 100% of Monash Health employees to be “COVID Ready”

We are standing up key clinical workstreams to ensure we are well prepared for an increase in community COVID-19 transmission, hospital presentations and admissions….



- Working Group Leadership and Membership finalised
- Confirmation of scope and key deliverables

Our COVID-19 Model of Care has been revised to reflect our responsibilities as a COVID-19 Streaming Health Service and based on learnings from the NSW experience…

- We are to become a designated streaming hospital for:
  - Maternity (existing commitment)
  - Adults
  - Paediatrics
- Predictions based on NSW data
  - 5-11% of all adult cases will need admission
  - 0.3% of all paed cases will need admission (up to 2% in UK/US)
  - 1 in 5 admissions will need ICU level care
  - One third of cases in ICU will require ventilation

Our work is based on agreed Model of Care Principles….

1. The safety and wellbeing of our **employees** is paramount

2. We will **protect** our non-COVID inpatients from transmission, especially our most vulnerable patient cohorts (immunocompromised and elderly)

3. We will equip our employees with the **resources** they need to provide care (PPE, IT systems, equipment, training, psychosocial support)

4. Where demand exceeds our capacity to provide care, care will be prioritised based on **agreed clinical policies**

Numerous factors have been reviewed to determine the “best” phased ward configurations, if / when, demand increases

Key considerations

- Best airflow in rooms / wards
- Clinical service implications
- Predicted patient demand – COVID and SCOVID
- ICU to Ward ratio 1:5

Based on recent airflow research

- ‘PPE does not sufficiently protect against virus aerosol unless combined with advanced air purification or ventilation techniques’ – Simon Joosten

Addition of Hepa-Filters

- Achieving optimal Air Changes per Hour (ACH) in single rooms
- Air scrubbers

COVID Peak Phased MOC

	Phase 1 CURRENT FOOTPRINT	Phase 2 TRIGGER FOREST (from Wednesday 08/09)	Phase 3 NON-TERTIARY ADULTS CASEY HOSPITAL
Location	Ward 32	3A Forest (1/2 capacity)	IPU 2
Capacity	4 beds	16 beds (5 designated ICU)	24 beds
Details	2 x N Class Rooms 2 x S Class Rooms (to be converted to N Class)	1 x N Class Room All other beds with supplemental Hepa-Filters	1 x N Class Rooms 15 single rooms, 4 double rooms All other beds with supplemental Hepa-Filters Mixed COVID / Non-COVID
Type	Maternity and Adults	Maternity, Adults and Paeds (admit Paeds to Forest first)	Non-tertiary adults
ICU	Clayton ICU (3 beds)	Clayton ICU/PICU then flip to Forest pending Paeds demand	Level 1 ICU (up to 6 beds) Mixed COVID / Non-COVID N Class then singles with Hepa-Filters
Trigger for next phase	≥4 beds in Ward 32 ≥2 beds in Clayton ICU Other metro HS nearing capacity	≥16 beds Forest Then consider other side of Forest	≥24 beds IPU 2 Then consider IPU 5

Our scale-up planning is being undertaken based on a 1:5 (ICU bed : General Bed) model.
This ratio is based on the NSW delta variant hospital experience to date.

We have revised our level of PPE to provide our employees with greater levels of protection – N95 and face shields in patient facing areas….

COVID-19

Monash Health

Personal Protective Equipment compulsory standards

Conventional use

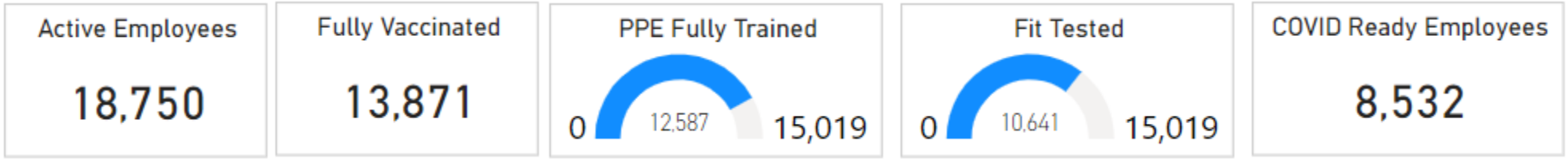
Tier	For use in	Hand hygiene	Disposable gloves	Disposable plastic apron	Disposable gown	Surgical mask	P2 / N95 respirator[1]	Eye protection (face shield preferred)
Tier 0 Face mask	Face masks, as a minimum, are mandatory	✓	As per standard precautions[2]	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Tier 1 N95 and eye protection	All patient-facing areas	✓	As per standard precautions	As per standard precautions	As per standard precautions	✗	✓	✓
Tier 2 Droplet and contact precautions	Not currently in use							
Tier 3 Airborne and contact precautions and Aerosol Generating Procedures	All exposure/care/contact with SCOVIDs and confirmed COVIDs Patients with or without symptoms consistent with COVID-19, who also meet the current epidemiological risk factors	✓	✓	✗	✓	✗	✓	✓

Our Health Service is well PREPARED and PROTECTED to navigate an increase in COVID-19 in our community…. BUT we can do better…

Priority 1A Employees

84% Vaccinated | **90% PPE Trained** | **90% Fit Tested** | **77% COVID Ready**

All Employees



74% Vaccinated | **84% PPE Trained** | **71% Fit Tested** | **57% COVID Ready**

We have also implemented a COVID-19 Surveillance Program across our hospital sites for asymptomatic employees requiring surveillance testing.

- Surveillance testing is routine testing for COVID-19, designed to serve as an early warning system and identify any transmission of COVID-19.
- Employees undergoing surveillance testing do not need to isolate.

Compulsory screening

- All employees after caring for a COVID-19 positive patient
- All employees in streaming areas and high-risk areas across other health services
- All clinical staff in ED as caring for public / SCOVID
- All employees who have worked in an exposure area

Voluntary screening

- All employees in ICUs who are showing no COVID-19 symptoms and not caring for a COVID positive patient
- All employees working in community settings where increased transmission is present

Surveillance Program

Guidance for employees/contractors working in streaming areas and high-risk areas at Monash Health

	Category 1 High-risk rostered to a streaming area (prolonged and direct contact)	Category 2 High-risk ad hoc direct contact or non-clinical	Category 3 Other high-risk HCW

Definition	• Rostered to COVID streaming ward (e.g., nurses, medical team dedicated to COVID ward)
	• Rostered to COVID birth suite (midwife 1:1)
	• Rostered to direct COVID care in ICU or ICU pod (medical and nursing)
		• Enter COVID streaming area or room
		• Providing brief direct care to a confirmed case: e.g.
		  • medical consulting team
		  • visiting medical staff
		  • birth suite medical
		  • birth suite midwife manager
		  • anaesthetics, theatre nurses
		  • sonographer
		  • allied health
		• Medical Emergency / Code Blue team(s)
		• Home care/visits to COVID patients
		• Non-clinical
		  • support services (cleaners)
		  • streaming ward clerical
			• Radiology, theatre, ED where cases have been in the area
			• ED or ICU if elevated community transmission
			• Working in wards/dialysis/outpatients if elevated community transmission in the LGA of the health service
			• Working in a screening clinic if elevated community transmission in the LGA of the clinic

Vaccination/fit testing	Yes - both required	Yes - both required	Ideally vaccinated. Fit testing required
Surveillance testing	14 days from the last contact with COVID positive patient • 1 x throat-nose swab PCR and 4 saliva swab PCR (or on all days attending work) per week*	14 days from the last contact with COVID positive patient • 1 x throat-nose swab PCR and 4 saliva swab PCR (or on all days attending work) per week*	1 x throat-nose swab PCR prior to working at Monash Health
Moving between wards	Risk assessment based on reported breaches, vaccination, fit testing	Risk assessment based on reported breaches, vaccination, fit testing	No restrictions
Moving between Monash Health hospitals or campuses	3 day break and negative test at 48 hrs	Risk assessment based on reported breaches, vaccination, fit testing	No restrictions
Employees visiting patients in hospital	No restrictions	No restrictions	No restrictions
Employees requiring medical care	Tier 3 if symptomatic Tier 1 if asymptomatic	Tier 3 if symptomatic Tier 1 if asymptomatic	Tier 3 if symptomatic Tier 1 if asymptomatic