

# Covid 19 Pandemic Response Plan

## for “Kowhai” Medical Centre

**EXAMPLE ONLY**

Disclaimer: May not apply to all regions and some sections may need updating as the pandemic evolves.



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*NB: Appendices are not attached with this plan – template example only*

## 1 INTRODUCTION

Pandemics are typically characterised by the rapid spread of a novel type of virus to all areas of the world, resulting in unusually high morbidity and deaths for approximately two to three years. Factors that need to be present for a pandemic to occur include: the emergence of a new viral subtype; the capacity for the virus to spread efficiently from person to person; and being virulent enough to cause disease.

The primary purpose of this plan is to provide the framework and methodology to efficiently respond to a pandemic in general practice. This purpose must consider as the situation develops primary care response will necessarily evolve with additional forms of care delivery being activated.

## 2 DEFINITIONS

**Pandemic:** An epidemic that becomes very widespread and affects a whole region, a continent or the world.

**Epidemic:** A widespread occurrence of an infectious disease in a community at a particular time.

**Endemic:** Prevalent infection amongst a specific group of people.

**Influenza:** A contagious viral disease of the respiratory tract.

**SARS:** Sudden acute respiratory syndrome

**Outbreak:** An outbreak may be defined as a greater rate of infection than expected within a population over a period of time. The point at which intervention is required will vary according to the risks of infection to those exposed and the transmissibility of the pathogen.

An outbreak of infectious disease may either seriously affect individuals' health or have the ability to disrupt the organization's ability to provide normal services.

An outbreak may be identified by:

- Local/national surveillance systems
- Laboratory microbiological data
- Regional Community & Public Health, National or International alerts

## 3 COVID-19

### SARS-CoV-2

Coronaviruses are a big family of RNA viruses with a broad host spectrum including birds, sea mammals, rodents, civet cats, raccoon dogs, camels, bats, reptiles, fish and humans. So far coronaviruses pathogenic to humans include four viruses with global distribution, OC43, HKU1, NL63 and 229E contributing to up to 30% of upper respiratory tract infections (URTI) each year similar to the common cold and two additional localised/sporadic coronaviruses, SARS-CoV and MERS-CoV, that infect the lower respiratory tract and can cause acute respiratory distress syndrome (ARDS).

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days). Most people infected with COVID-19 virus have mild disease and recover.

Although for most people COVID-19 causes only mild illness, it can make some people very ill. More rarely, the disease can be fatal. Older people, and those with pre-existing medical conditions (such as high blood pressure, heart problems or diabetes) appear to be more vulnerable.

## 4 CASE DEFINITION AND TESTING

**NB: Check Ministry of Health website at an appropriate frequency (according to current situation) for any updates to case definition and testing**

## 5 STRATEGY AND PLANNING

From the New Zealand Influenza Pandemic Plan: A framework for action (MoH)

<p><b>Plan For It</b> Planning and preparedness <b>Objective:</b> To plan to reduce the health, social and economic impact of a pandemic on New Zealand</p>
<p><b>Keep It Out</b> Border management Potential trigger Community-level outbreaks overseas through verified human-to-human transmission, significant increase in risk of a pandemic. <b>Objective</b> To prevent or delay the arrival of the pandemic virus into New Zealand by implementing border management controls, and to prepare for the next phases.</p>
<p><b>Stamp It Out</b> Cluster control Potential trigger Novel influenza virus or pandemic virus detected in case(s) in New Zealand. <b>Objective:</b> To control and/or eliminate any clusters that are found in New Zealand.</p>
<p><b>Manage It</b> Pandemic management Potential triggers • Multiple clusters in New Zealand at separate locations or clusters spreading out of control. • Logistically impossible to maintain cluster control activities. • Sustained and substantial transmission in the population. <b>Objective:</b> To reduce the impact of pandemic influenza on New Zealand's population Recover from it</p>
<p><b>Manage It: Post-Peak</b> Potential trigger: Wave decreasing, but the possibility of a resurgence or new wave remains. <b>Objective:</b> To move towards the restoration of normal services, expediting recovery, while preparing for a re-escalation of the response.</p>
<p><b>Recover from It</b> Recovery Potential trigger Population protected by vaccination or pandemic abated in New Zealand. <b>Objective:</b> To expedite the recovery of population health, communities and society where they have been affected by the pandemic, pandemic management measures or disruption to normal services.</p>

MOH guidance

Kowhai Medical’s strategy is to actively participate in public messaging and vaccination campaigns and also prepare our facilities to cope with patients presenting with respiratory/flu like symptoms. This planning will include screening patients NOT presenting with respiratory/flu like symptoms from those presenting with respiratory/flu like symptoms, to prevent the virus from spreading.

**6 COVID19 ALERT LEVELS as at 24<sup>th</sup> March 2020**

NB: visit [www.Covid19.govt.nz](http://www.Covid19.govt.nz) for updated alert level information

LEVEL	RISK ASSESSMENT	RANGE OF MEASURES (can be applied locally or nationally)
<b>Level 4 - Eliminate</b> Likely that disease is not contained	<ul style="list-style-type: none"> <li>Sustained and intensive transmission</li> <li>Widespread outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>People instructed to stay at home</li> <li>Educational facilities closed</li> <li>Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities</li> <li>Rationing of supplies and requisitioning of facilities</li> <li>Travel severely limited</li> <li>Major reorganisation of healthcare services</li> </ul>
<b>Level 3 - Restrict</b> Heightened risk that disease is not contained	<ul style="list-style-type: none"> <li>Community transmission occurring OR</li> <li>Multiple clusters break out</li> </ul>	<ul style="list-style-type: none"> <li>Travel in areas with clusters or community transmission limited</li> <li>Affected educational facilities closed</li> <li>Mass gatherings cancelled</li> <li>Public venues closed (e.g. libraries, museums, cinemas, food courts, gyms, pools, amusement parks)</li> <li>Alternative ways of working required and some non-essential businesses should close</li> <li>Non face-to-face primary care consultations</li> <li>Non acute (elective) services and procedures in hospitals deferred and healthcare staff prioritised</li> </ul>
<b>Level 2 - Reduce</b> Disease is contained, but risks of community transmission growing	<ul style="list-style-type: none"> <li>High risk of importing COVID-19 OR</li> <li>Uptick in imported cases OR</li> <li>Uptick in household transmission OR</li> <li>Single or isolated cluster outbreak</li> </ul>	<ul style="list-style-type: none"> <li>Entry border measures maximised</li> <li>Further restrictions on mass gatherings</li> <li>Physical distancing on public transport (e.g. leave the seat next to you empty if you can)</li> <li>Limit non-essential travel around New Zealand</li> <li>Employers start alternative ways of working if possible (e.g. remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements)</li> <li>Business continuity plans activated</li> <li>High-risk people advised to remain at home (e.g. those over 70 or those with other existing medical conditions)</li> </ul>
<b>Level 1 - Prepare</b> Disease is contained	<ul style="list-style-type: none"> <li>Heightened risk of importing COVID-19 OR</li> <li>Sporadic imported cases OR</li> <li>Isolated household transmission associated with imported cases</li> </ul>	<ul style="list-style-type: none"> <li>Border entry measures to minimise risk of importing COVID-19 cases applied</li> <li>Contact tracing</li> <li>Stringent self-isolation and quarantine</li> <li>Intensive testing for COVID-19</li> <li>Physical distancing encouraged</li> <li>Mass gatherings over 500 cancelled</li> <li>Stay home if you're sick, report flu-like symptoms</li> <li>Wash and dry hands, cough into elbow, don't touch your face</li> </ul>

**7 MANAGEMENT WITHIN CARE PRIMARY**

**During inter-pandemic period**

- Encourage annual influenza immunisation.

**During pandemic alert:**

- Determine daily activities that can be deferred during the pandemic event.
- Contact at-risk patients to determine coping strategies/action plans, this may include influenza and /or pneumococcal vaccination to reduce incidence and severity of secondary infection. Ensure access to updated clinical information on the emerging infectious disease including case definition and management and treatment guidelines.
- Assess staff availability. Purchase sufficient supply of personal protective equipment
- Initiate staff training plan.

**During pandemic imminent stage:**

- Fully activate the practice response plan.

- Obtain contact details for advice about, and referral of, suspect patients.
- Obtain the pandemic hospital admission criteria and treatment guidelines produced by our local DHB.
- Increase cleaning services in all areas.
- Place appropriate visible signage advising patients and others of any restrictions or required actions.
- Educate all patients who think they may have Covid19 to call Healthline before presenting at the practice.
- Ensure provision for additional supplies of oxygen, pulse oximetry and radiology services along with increasing supplies of oxygen masks and tubing.

#### **During the pandemic:**

- Notify the Medical Officer of Health of all probable cases of Covid19 and related deaths in the community.
- Administer anti-viral agents (if applicable) and flu vaccines to patients and staff according to national recommendations.
- Administer Covid19 vaccines once according to the vaccine rollout legislation.
- Utilise telephone service for general practitioners at our local hospitals for advice and support.
- Admission criteria and treatment guidelines will be written by the Infectious Diseases Physicians nationally on confirmation of the virus involved and disseminated to all general practices.
- Utilise triage checklist to screen suspected cases as per practice protocol – see appendix 1

#### **Practice Responsibilities**

Kowhai Medical Centre's Nurse Manager will:

1. Take lead responsibility for all infection control issues affecting the practice.
2. Ensure that general practitioners, practice nurses and reception staff are kept up to date with current information from the DHB and the Ministry of Health.
3. Ensure that all staff are adequately trained in infection control practice.

### **8 ALTERNATE OPTIONS FOR SERVICE DELIVERY**

#### **Options to consider:**

- Patients booking appointments – not online but by phone so quick assessment and categorisation of patient complaint may be identified. See appendix 2 for documented process
- Video and telephone consultations – as per Kowhai Medicals documented process. See appendix 3
- E-prescribing – as per Kowhai Medicals documented process. Appendix 4.
- Repeat prescribing - as per Kowhai Medicals documented process. Appendix 5
- Refer patients to community testing stations for Covid10 tests – especially if patient is unwell with acute respiratory symptoms and a cough.
- Consider shift-based working, staggered meal breaks and flexible leave arrangements, 2 teams working in separate bubbles

- Physical distancing between colleagues whenever possible

## 9 TRIAGE AND MANAGEMENT

### Triage Protocol

Separation of patients with potential COVID-19 symptoms – red/green streams

Staff assigned to triage

#### Identify and prioritise high risk /vulnerable patients which include:

- Patients with severe clinical respiratory-like symptoms
- Patients with severe clinical respiratory-like symptoms who are at high risk of (immunocompromised or suppressed patients, pregnant women, severe or poorly controlled congestive heart failure, severe chronic respiratory disease, diabetes and severe asthma
- Patients with severe clinical respiratory-like symptoms who live or work in high risk institutions (residents of nursing home or other chronic care facility, people who provide services in relatively closed settings to persons at high-risk).

## 10 MANAGEMENT AND TREATMENT OF SUSPECTED, PROBABLE, AND CONFORMED COVID19 CASES

Most cases of COVID-19 in New Zealand have come from overseas. Once a case has been identified, the Ministry of Health and district health boards track down people who may have been exposed to the virus through a process called contact tracing.

Health services use contact tracing to find people who may have been exposed to an infectious disease. There are two types of 'contacts' – close contacts and casual contacts. Health services give advice to both of these contact types on what they need to do.

Fact sheets are available for close contacts at the below link.

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/contact-tracing-covid-19>

## 11 MEDICAL SUPPLIES AND EQUIPMENT

Kowhai Medical Centres' suppliers of pandemic resources and equipment are: Medent and MEDSTAR, and possibly DHB and PHO . Order all medical supplies required, including PPE, from these suppliers in the first instance, broaden search if they become out of stock to include EBOS AND USL.

Practice staff will use the resources available responsibly and sensibly, using the Ministry of Health guidelines <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-workers/personal-protective-equipment-use-health-care>

The PHO (via the DHB) is responsible to supply PPE to practices in a pandemic, this may be subject to nationwide availability and prioritisation of resource allocation in areas of greatest risk

During the pandemic, a stocktake of our PPE will be done weekly by the Infection Control lead.

Authorised by:  
Next Review date:

Written 01/02/20

Last updated 08/05/20

## 12 TRAINING

At the earliest stage possible in the pandemic, Kowhai Medical Centre will run a drill to ensure the entire team know how to:

- Manage a suspected case of Covid19
- Classify and report a case of Covid19
- Correctly put on and take off PPP gear
- Use distancing techniques
- Clean the area
- Exercise hand hygiene

## 13 INFORMATION SOURCES FOR COVID19

Ministry of Health <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-advice-all-health-professionals>

WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

NZ Government  
<https://covid19.govt.nz/>

## 14 COMMUNICATION PLAN

### Externally

Name Title Contact After hours Availability

DHB: Emergency Response Advisor 1256 1254 and 021 123 456 789 On-call

Infection Control Advisor 123 4567 8-4.30 Mon-Fri

Public Health Unit: 123 456 789 8-5.30 Mon-Fri

PHO: 123 456 759 8-5.30 Mon-Fri

### Internally

Activate phone tree to communicate with practice team on urgent developments

Practice pandemic lead (Practice Manager) to check frequently and provide updates to team members from practice approved information sources

### Technology

Up to date virtual consult technology installed on PMS

Practice pandemic lead (Practice Manager) and Nurse Manager to help coordinate dissemination of information to enrolled patient population at Kowhai Medical Centre.

## 15 REPORTING CASES

Surveillance means collecting and reporting data about cases to describe the evolving epidemic to help guide a response. Surveillance will be carried out by the Public Health Service.

### 1. Early in the epidemic

Immediate notification of the first suspected cases is crucial. Phone 123 456

Authorised by:

Written 01/02/20

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Next Review date:



(seven days). Ask to speak to a Medical Officer of Health (MOH). Do not leave a message. Make sure you get to speak to a MOH. Detailed information will be required about each case and the MOH will work closely with the practice to formulate an immediate plan of action, including investigation and management of the case and contacts.

2. When the MOH advises an epidemic/pandemic is established  
At this point the MOH will advise all centres that the reporting requirements are to be reduced to a minimum, Pandemic Minimum Data Set (PMDS), e.g. report date, name, age, gender, ethnicity and suburb or street address. PMDS Forms to be faxed to the DHB's Emergency Operations Centre.

## 16 ISOLATION OF SUSPECTED CASES

Separating routine patients from those suspected of having Covid 19 must be planned. This can be achieved by the following strategies: minimising time spent in waiting rooms, separating suspected patients as quickly as possible, providing separate entrance/waiting rooms for these patients, placing suspected patients directly into a single, dedicated room. Designated staff should manage the patients in this area. Prompt triage will assist in patient placement. Providing a surgical mask will minimise contamination of others and the environment.

Patients should also be asked to cough/sneeze into a tissue and to dispose of the tissue afterwards, then wash hands in warm water with soap or use an antiseptic hand gel, hands must be thoroughly dry.

## 17 INFECTION CONTROL PRECAUTIONS

Initial precautions

Such a major health event can only be handled by the whole general practice team including the cleaners.

It is recommended that all staff at Kowhai Medical Centre be vaccinated each year against seasonal influenza. While this will not protect against Covid19, it will maintain the general wellness of our team. Additionally, if any staff are sick, they should stay at home.

**Initial precautions for people dealing with someone suspected of having Covid 19 include:**

- Keep your distance where possible 2 metres (for non-clinical staff)
- Wear a surgical mask and gloves/PPE as per MoH guidelines
- Also offer a mask to any patient and support people
- Rigorous, frequent hand washing
- Wash in warm water with soap, or use an alcohol based antiseptic hand gel, dry hands with paper towels
- Separate patients with respiratory symptoms from other patients
- Ensure the rooms are well ventilated; keep windows open if possible, if air conditioning is used, ensure that designated areas can be isolated from the rest of the facility.

### Handwashing

Authorised by:  
Next Review date:

Written 01/02/20

Last updated 08/05/20

Place signs throughout the medical centre to promote hand washing and the use of tissues when coughing or sneezing, or sneezing/coughing into the elbow

### **Linen**

Linen will be replaced with disposable clinic sheets and couch rolls.

Examination tables will have plastic pillow slip covers. Paper towels for drying hands.

### **Environmental cleaning and spills management**

All infectious and medical waste will be placed in the biohazard bags and collected by the designated provider.

Cleaner will be briefed on safe cleaning processes, additional areas and cleaning products and advised re PPE.

The practice will use an anti-viral sanitiser to wipe down all frequently touched surfaces including door handles

A roster for daily environmental cleaning will be established. Please see attached template. See appendix 6

### **Essential supplies**

- Gloves
- Surgical masks
- N95 masks
- Face shields and/or goggles
- Disposable thermometers
- Tissues – for both waiting and consulting rooms
- Waste disposal bins and medical waste disposal bags – with lids for infection control
- Soap or antiseptic hand gel and paper towels for drying

## **18 WORKFORCE MANAGEMENT**

At Kowhai medical Centre it is a priority to keep all staff safe. Methods for ensuring this are:

Having a register of staff vaccination status, offer early influenza and consider pneumococcal vaccine for vulnerable staff -Health and Safety Monitor responsible.

All team members are trained in pandemic response including PPE and a record of training kept.

Infection control lead monitors the appropriate use of PPE and hand hygiene by regular auditing and stock taking

Alternate ways of working considered

### **Monitoring staff wellbeing and wellness and reduce risk of spreading COVID-19:**

- a. The Pandemic Lead communicates frequently with the team including those in self-isolation
- b. Vulnerable/at risk team members will be encouraged and supported to work from home

- c. If staff are unwell with respiratory symptoms and/or a fever- they are not to come to work and are to contact the Practice Manager and talk to a trusted clinician about their symptoms.
- d. If a staff member becomes a confirmed, probable or suspected case, they are to self-isolate and may mean Kowhai Medical Centre closes until the test result is received and will be dependent on the level of risk and advice from Public Health.
- e. All suspected, confirmed or febrile staff do not return to work until cleared of infection: afebrile for 48hrs, have NO symptoms AND have been cleared by a doctor

Your health and welling is important to us and staff who are feeling stressed are encouraged to access the practice Employee Assistance Programme (EAP) counselling service.

EAP are using Doxy for all video sessions, which is a highly recommended and an approved technology for Telehealth. Data is encrypted, client sessions are anonymous, with no footprint left on the device, ensuring all privacy is protected. The technology is also very User friendly, with no downloads required.

### **Staff with a suspected, probable or confirmed case of COVID-19**

Trace all contacts within Kowhai Medical Centre

Close contacts to isolate as per MoH and PHU advice

Immediately follow the current Ministry of Health guidelines and public health unit advice.

The team member is not to come to work until 48 hours after symptoms have resolved or 14 days (whichever is advised)

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection>

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-self-isolation-close-contacts>

### **RISK MANAGEMENT**

Update risk register to incorporate Covid19

### **RELATED POLICIES AND DOCUMENTS**

- Infection Control
- Health and Safety (risk management)
- Privacy policy

### **References**

1. World Health Organization. Pandemic influenza risk management: WHO guidance. Geneva: WHO, May 2017
2. New Zealand Influenza Pandemic Plan A framework for action: Released 2017 health.govt.nz
3. <https://covid19.govt.nz/>

4 <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

5. <https://www.nzma.org.nz/journal-articles/sars-cov-2-a-novel-deadly-virus-in-a-globalised-world>

6. [https://www.primaryhealthresponse.org.nz/previous\\_event/sample-practice-covid-19-checklist-auckland-pho/](https://www.primaryhealthresponse.org.nz/previous_event/sample-practice-covid-19-checklist-auckland-pho/)