

Chatham Islands Health Centre

Appendix D



SECONDARY CARE SERVICES RESPONSE

INCIDENT ACTION PLAN
Chatham Islands Health Centre

RURAL SERVICES

Operational Objective	Strategies	Anticipated Resources	Use of Resources	Service Continuity
<p>Pre Pandemic & Novel Virus Phases:</p> <p>Modify/adapt HBDHB action plans for state of readiness</p>	<p>All staff familiar with the HBDHB action plans in particular;</p> <ul style="list-style-type: none"> ◆ Section C - the response procedures and, ◆ Rural Health Centre Response (Influenza) <p>Eg Stakeholder meetings, review contingency plans etc.</p> <p>Ongoing updating</p>	<p>Statistical information as supplied by HBDHB.</p> <p>Information supplied by HBDHB</p> <p>Medical, Clinical and Support Staff from HBDHB</p> <p>Unit Manager & GP</p> <p>Extra purchase of PPE and equipment.</p> <p>Practice Nurses</p>	<p>Gather data to estimate potential number of primary visits.</p> <p>Review caseloads to estimate minimal services.</p> <p>Establish priority ratings for community patients.</p> <p>Conduct tabletop exercises.</p> <p>Offer update training for retired and/or community staff and review possibility of outsourcing other critical services such as food preparation.</p> <p>Revamp contingency plans based on results of table top exercises.</p> <p>Staff training in use of PPE.</p>	<p>Business as usual.</p> <p>Plan drop off points for clinical supplies and use of media.</p>

Operational Objective	Strategies	Anticipated Resources	Use of Resources	Service Continuity
<p>Pandemic Alert and Imminent Phases:</p> <p>Follow the imminent phase of pandemic plan, in particular;</p> <ul style="list-style-type: none"> ▶ Section C - the response procedures and, ▶ Rural Health Centre Response (Influenza) 	<p>Cancel staff leave.</p> <p>Set up communication channels with alternative facilities.</p> <p>Develop rosters and alert back up outsourced staff and suppliers.</p> <p>Increase cleaning service regime.</p> <p>Arrange appropriate morgue facilities.</p> <p>Ensuring oxygen facilities are in working order, and back up supplies are available.</p>	<p>As above (Pre pandemic phase)</p> <p>Support staff</p> <p>Outsourced staff</p> <p>PPE</p> <p>Turn chiller on.</p>	<p>A list of potential at risk groups to be produced.</p> <p>Regular audit of infection control practices at rural health centres.</p> <p>Instigate necessary training regime.</p> <p>Unit Manager to discuss with PHO, the rapid decant of patients.</p>	<p>Down-scaling of non emergency cases.</p> <p>After hour emergency services as per normal services.</p>
<p>During Pandemic:</p> <p>Activate Pandemic phase of pandemic plan, in particular;</p> <ul style="list-style-type: none"> ▶ Section C - the response procedures and, ▶ Rural Health Centre Response (Influenza) ▶ Operational Contingency Plans 	<p>Activate telephone service with GP's.</p> <p>Activate morgue facilities.</p> <p>Activate communication strategy with HBDHB.</p> <p>Introduce Visitor's Policy</p>	<p>As above</p> <p>Consultant Physicians</p>	<p>Ensure cleanliness of morgue containers and use of PPE's and distribute anti-viral medication as appropriate.</p>	<p>As per Operational Contingency Plans</p>

**SECONDARY CARE SERVICES RESPONSE
Attachment 2**

**UNIT OPERATIONAL CONTINGENCY PLAN
(to be completed in consultation with medical staff)**

UNIT: Chatham Islands Health Centre

DATE: November 2005

Part 1 – Patient Numbers Management

STRATEGY	ACTION	RESPONSIBILITY
Patient Transfers	No action taken in pre pandemic stage but when Pandemic is evident in the community, need to stop taking non-flu admissions, discharge where possible and/ transfer out if possible, so beds are available and unit can be declared an Isolation unit. No maternity admissions or transfers. Patients with serious complications, e.g. meningitis, will need to be transferred to the Regional Hospital.	Manager/ Rural Manager/ DHB maternity services
Admissions Management	In conjunction with nominated 'Influenza GP,' patients will be admitted on an as necessary basis. Patients with influenza will only be admitted if they have secondary complications and are too ill to be nursed at home or have no help.	GP/ Nurse manager/Rural Manager
Discharge Planning	Patients discharged asap in the pre-epidemic stage, with normal discharge planning in place. Influenza patients discharged as soon as symptoms can be managed adequately and safely at home. Actively communicate to community/public via communications unit the requirement for early discharge of patients.	GP/ Nurse manager/nursing staff
Service Reductions (Electives, Clinics etc)	All Out Patient clinics discontinued while Health Centre used as an Isolation Unit.	GP/ Nurses/ Manager
Redirection to Other Providers	Following communication with alternate facilities as in [f] of the Pandemic Imminent stage, non flu patients may need to be transferred to rest homes for rehabilitation.	CCN/ GP/ Ward staff.

UNIT OPERATIONAL CONTINGENCY PLAN
(to be completed in consultation with medical staff)

UNIT: Chatham Islands Health Centre

DATE: November 2005

Part 2 – Service Provision with Reduced Staff Numbers

Estimated Staff Numbers: 2 a.m. 1 p.m. nocte 1 on-call

RISKS	ACTIONS	RESPONSIBILITY
Staff Training	All staff working in the clinical area and in contact with patients will need PPE training and basic Infection control training Encourage discussion amongst all staff in all areas about strategy and planning, bearing in mind that because of our small numbers of staff the SA may end up being required to do nursing duties. Carry out re-training in use of satellite phone.	Nurse manager/ IC
Acute Services	Since the ward normally has non acute patients only, the impact will be reasonably low.	
High Risk Patients	Any high risk patients whose illness is beyond the scope of the Chatham Islands Health Centre medical personnel and facility will have to be transferred out to the Base hospital. <i>Pandemic Phase:</i> Ensure communication channels are kept open between ourselves and Hastings Bed Manager. Regular updates would be required. Contact with local media via telephone, email or fax.	GP
Maintenance of Current Services	GP clinics, Maternity services and the general ward admissions will be put on hold until the Health Centre is no longer being used as an Isolation Unit.	

Support Services	Community Maori health Team will resume duties when able. Backup food services required in event of contractors becoming ill <i>Prepandemic:</i> Organise extra staff for kitchen, cleaning. Organise extra storage space for waste and rubbish. Begin stockpiling linen and non perishable foodstuffs. <i>Pandemic:</i> Investigate outsourced kitchen and support service staff availability as and when required.	
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SECONDARY CARE SERVICES RESPONSE
Attachment 2
UNIT OPERATIONAL CONTINGENCY PLAN
(to be completed in consultation with medical staff)

UNIT: Chatham Islands Health Centre

DATE: November 2005

Part 1 – Patient Numbers Management

STRATEGY	ACTION	RESPONSIBILITY
Patient Transfers	No action taken in pre pandemic stage but when Pandemic is evident only very acute patients would be transferred (non influenza). If provision for more space is required due to excessive influenza admissions, discussions with Hastings Bed Manager will take place as required re status or priority of which patients should be transferred.	Manager/GP/Flight Team
Admissions Management	<p><i>Acute Ward pre pandemic:</i> Triageing done by telephone by GP's. No Status 4 admissions, eg back pain, and early discharges where possible.</p> <p><i>Acute Ward pandemic phase:</i> 3 beds with oxygen, 1 with oxygen & suction tagged to influenza patients. 1 bed used for non influenza acute patients.</p> <p><i>Maternity Ward pre pandemic:</i> Business as usual, including ante natal and post natal care.</p> <p><i>Maternity Ward pandemic phase:</i> Avoid admission for birthing – home birthing encouraged.</p>	GP/ nurse manager
Discharge Planning	<p><i>Pre pandemic – business as usual.</i></p> <p><i>Pandemic phase:</i> Early discharge with family support or those needing minimal community service. Home Help services would be asked to contribute their services to community based care provision.</p>	GP/ Nurse manager

<p>Service Reductions (Electives, Clinics etc)</p>	<p><i>Pre pandemic</i> – business as usual. <i>Pandemic phase:</i> Stop Out Patient clinics. Any minor surgery would cease. Only urgent x-rays would be carried out, no influenza patients would be x-rayed. Laboratory – business as usual during pandemic phase.</p>	<p>Management Team</p>
<p>Redirection to Other Providers</p>	<p><i>Pre pandemic</i> – business as usual. <i>Pandemic phase:</i> We have no private hospital, laboratory or x-ray facilities easily available to us. There are no rest homes for community facilities, this need to be looked into further ? Use of marae facilities, taking cognisance of the risk to residents!</p>	<p>GP with input from Hastings Bed Manager</p>