

COVID-19 SCHN Pandemic Plan

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COVID-19

- Novel Corona virus starting in China now Pandemic
- No immunity in the community
- 80% have a mild illness and up to 20% develop a lower respiratory tract infection and a smaller proportion become unwell requiring hospitalisation
- Children have a milder illness recover although vulnerable patients may be more affected
- We are following public health advice to contain virus with social distancing and hand washing
- Working together as a community we can reduce the impact of the infection

SCHN Response Phases

- Phase 1 - Initiation - cases through travel
- Phase 2 - Take off - occasional community cases ← We are here mid March 2020
- Phase 3 - Acceleration - widespread community cases
- Phase 4 - Exponential - widespread hospitalised cases
- Phase 5 - Deceleration - rate of increase of cases falls
- Phase 6 - Recovery - getting system back to normal

Actions – Phase 1 - Initiation

- Information – Public Health lead, set up regular communication
 - Reassure and inform staff regarding disease
- Planning – state-wide view
- Patients – test travellers with symptoms
 - Admit and isolate 1-2 cases not requiring hospitalisation for care
 - Screen patients on intake to outpatient clinics, admission, surgery, emergency and intensive care arrivals
 - Advise visitors who are unwell not to come to SCHN
- Staff – increase training and awareness of PPE, reduce travel by staff
- Resources – secure supplies of consumables (masks, hand sanitiser)
- Finance – start monitoring costs – staff, equipment, training

Actions – Phase 2 - Take Off

- Information – SCHN-wide communication, inform staff of risks, answer questions
- Planning - Groups – ED, Assessment Clinics, Vulnerable patients, Intensive care, Surgical Patients, Outpatients, Isolation planning, Treatments with increased PPE, Workforce, Corporate
- Patients – test travellers with symptoms, test potential cases with significant respiratory illness
 - Assessment clinics seeing moderate number of well patients
 - Admit and isolate 1-2 cases requiring hospitalisation
 - Communicate with families of vulnerable patients
- Staff – increase training in PPE, avoid domestic, international travel, avoid large external meetings, courses, exams
 - Reduce exposure for internal meetings (food, social distancing, digital attendance)
 - Screen staff for symptoms, test and send home potential cases, deliver results
 - Rotating work from home for staff able to work off site
- Resources – monitor supplies of consumables (masks, hand sanitiser)
 - Equipment – order critical care needs
 - Reduce people movement and attendance where possible
- Finance – Monitor system of costs – staff, equipment, training, sickness

Planning for Phase 3 – Exponential and Phase 4 – Acceleration (1)

- Information – Inform about planning, direct questions, aim for resilience, community and self care
 - Daily email, communicate through SCHN management structure, encourage group discussions, focus supporting community and each other,

- Staff – maintain meetings to enhance patient care, staff support and generate ideas for response
 - Plan for support of ongoing morale and resilience over a period of 3 months at least
 - Maintain sense of safety, regular breaks, leave plans
 - Anticipate leave through sickness and childcare needs
 - Identify key tasks and what can be delayed for 6 months
 - Redirect staff resources to use skills and provide support across SCHN

- Resources – monitor supplies of consumables (masks, hand sanitiser)
 - Plan for staff requirements for cleaning and security
 - Corporate – plan for tasks required and identify available skills

Planning for Phase 3 – Exponential and Phase 4 – Acceleration (2)

- Planning groups – meet regularly, record plans, identify further topics, deal with emerging issues
- Patients – elective surgical and outpatient reduction – delay, telehealth, time critical
 - Large numbers children with symptoms through Assessment clinic
 - Admitted cases – Phase 3 anticipate 10 cases require isolation – 1 ward
 - Phase 4 anticipate 40 cases requiring isolation – 2 wards
 - Isolation of patients and relatives
 - Provision of Intensive Care – anticipate double winter season, 2 weeks ventilation, consider when resources need to be directed to best outcome
- Support adult services – paediatric inpatients preferentially sent to SCHN
 - When adult resources are full SCHN will offer to treat people up to 25 years with COVID-19 needing ICU

Planning for Phase 5 - Deceleration

- Patients – Maintain capacity for treatment of new patients
- Staff – planned leave and reduced pressure
 - Planned recovery of delayed work
 - Catch up of patient care and other activities
 - Recognition of staff illness
 - Recognition of staff achievement



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