

COVID TASK FORCE

A COMBINED HEALTH AND COMMUNITY RESPONSE

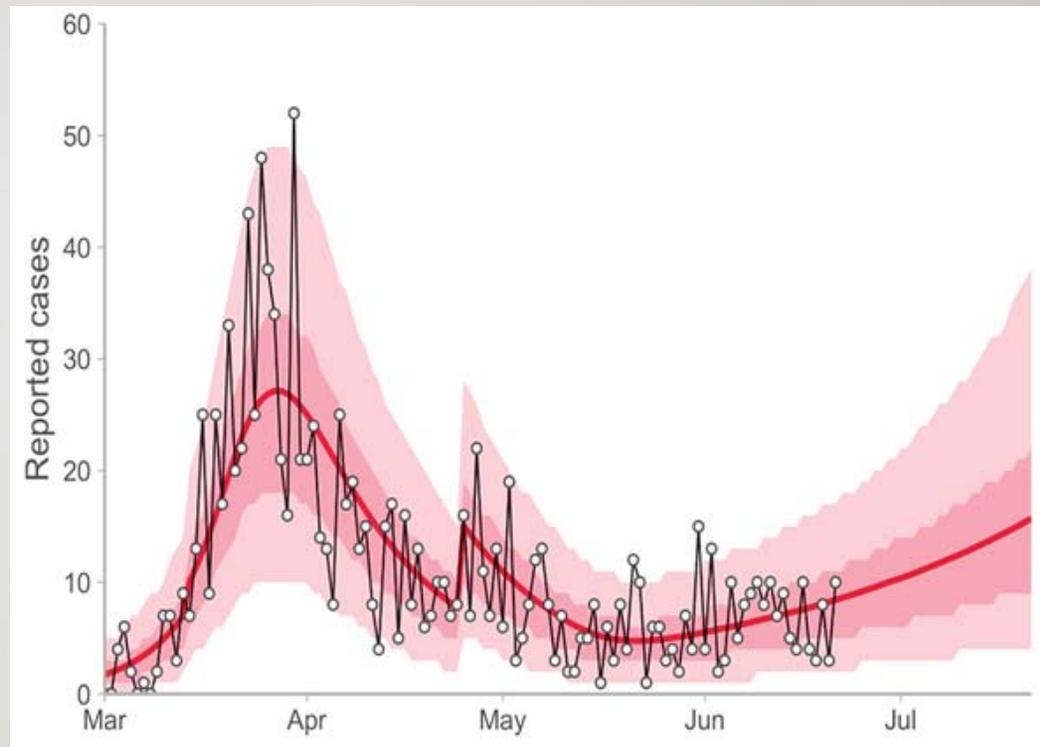
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- Epidemiology and disease patterns
 - Characteristics of future healthcare response
 - Coordination at the community level

PH goal is to limit to localized outbreak

Data is important to decisions

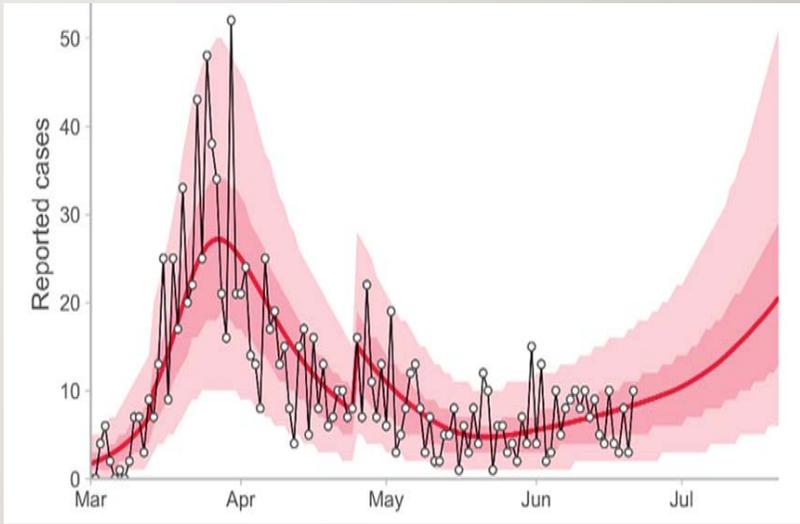
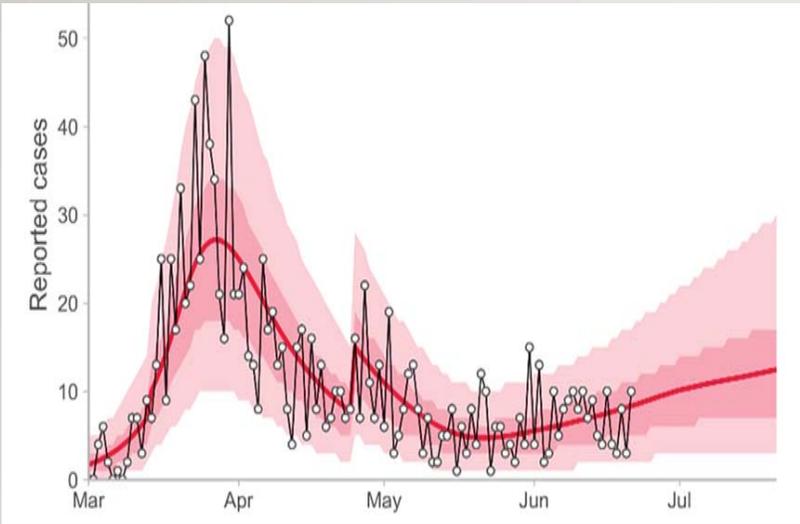
Potential in terms of world experience

Is the burden of COVID changing?



SCENARIOS BASED ON SOCIAL INTERACTIONS

BCCDC JUNE 23, 2020



HEALTH SYSTEM RESPONSE

SYSTEM

- Decrease in elective care
- Increase available bedspace
- Dual stream patient flow
- Cohorting patients

BEHAVIOURAL

- Mask up and head covering
- Subdued
- Stressed
- Patient presentation changed through 3 months

IMPACT OF OUTBREAK

- Increased measures to prevent spread
- ? Pandemic fatigue
- Haven't seen, don't know anyone, no prior experience
- Confidentiality of healthcare

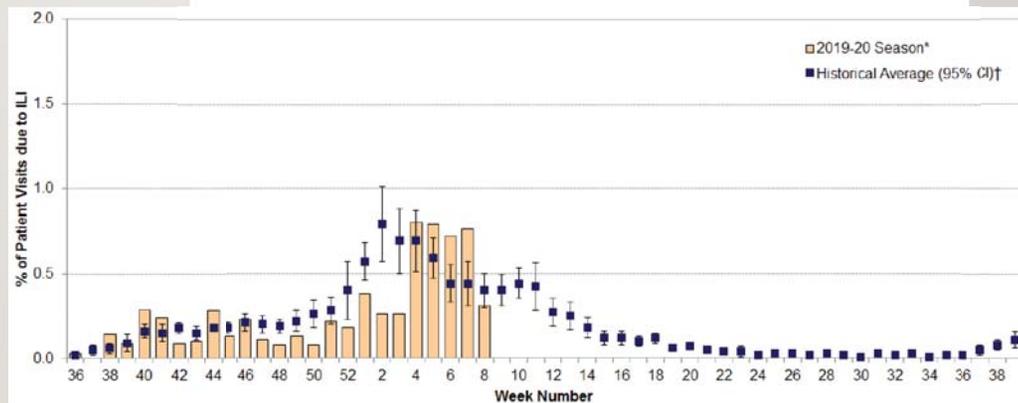
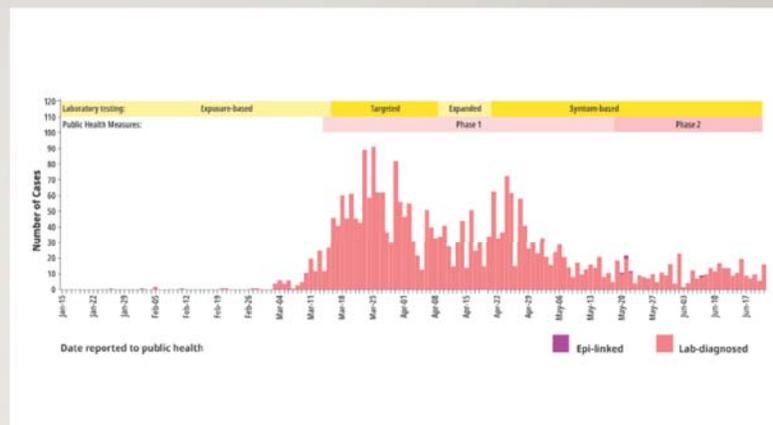
FUTURE HEALTHCARE RESPONSE

- Preservation of services – dual cohorting
- Respiratory illness streams – ED as an example
- Maintain diversity of medical care – Primary care
- ? COVID ? Flu ?Cold virus

WINTER HEALTH PATTERNS

What keeps me awake at night?

- Combined respiratory illnesses
- Pandemic fatigue



COORDINATION WITH HEALTHCARE

Buildings of opportunity

Screening centre

Clinical assessment centre

Support primary care

.....Alternate Care Site



Building	Whom	Minimum requirements & recommendations								
		Access requirements		Adjacent area	Minimum recommended size & distances	Space allocation	Ventilation	Exhausted air system	Recommended location	Dedicated toilet
		IN & OUT	From/to							
Reception	Patients	IN	From outside	Waiting room, triage	5 mq	Staff only	Natural	Dilution	Ground floor	In staff area
	Staff	OUT	Toward waiting room							
waiting room	Patients	IN	From staff area	waiting room	2m between patients in all directions	Mixed	Natural	Dilution	Ground floor	Patients only, wc and washbasin
	Staff	OUT	Back to staff area							
triage	Patients	IN	From reception	reception, triage, toilet, staff area	Transparent surface: 2 m deep x 1 m wide for patient; without: 1 m distance between patient and staff	Mixed	Natural 60/l/s/patient	Dilution	Ground floor	Patients only, wc and washbasin
	Staff	OUT	Toward triage							
Sampling	Mixed	IN	From staff area	Triage, patient wards	9 mq, one room for each patient	Mixed	Natural 60/l/s/patient	Dilution	Ground floor	Patients only, wc and washbasin
	Staff	OUT	Back to staff area							
Staff entrance	Staff	IN	From outside	Staff area		Staff only	Natural	Dilution	Ground floor	In staff area
	Staff	OUT	Toward outside							
Changing room	Staff	IN	From staff entrance	Staff entrance, staff area		Staff only	Natural	Dilution	Ground floor	In staff area
	Staff	OUT	Toward staff area							
Offices	Staff	IN	From staff area	Staff area		Staff only	Natural	Dilution		In staff area
	Staff	OUT	Toward staff area							
Logistic area	Staff	IN	From staff area	Staff area, outside for goods offloading	According to bed capacity and estimated consumption	Staff only	Natural	Dilution	Ground floor	In staff area
	Goods	OUT	Toward staff area							
Mild/Moderate cases wards	Patients	IN	From mixed area	Mixed area, staff area	2m between patients in all directions	Rooms: mixed	Natural 60/l/s/patient	Dilution	It can be replaced by community facility	Patients toilet only
	Staff	OUT	Toward mixed area			Corridor: staff only				
Severe wards	Patients	IN	From staff area or form mixed area	Mixed area, staff area	3,5 x 3,2 meters	Rooms: mixed	Natural or mechanical 160/l/s/patient	Dilution	As closed as possible to triage and critical ward	Patients toilet only
	Staff	OUT	Toward staff area or toward mixed area			Corridor: staff only				
Critical ward	Patients	IN	From mixed area	Mixed area, staff area	3,5 x 3,2 meters	Rooms: mixed	Natural or mechanical 160/l/s/patient	Dilution	As closed as possible to triage	Patients toilet only
	Staff	OUT	Toward mixed area			Corridor: staff only				
Morgue	Body	IN	From mixed area	Mixed area, staff area			Natural	Dilution		
	Staff	OUT	Toward outside							

COORDINATION OF ORGANIZATIONS

Joint planning groups

Clear leadership

Data driven

Utilize skills and resources

