COVID-19 Delta Variant Response Guide

QUICK, PRACTICAL ACCESS TO KEY PRINCIPLES & TOOLS TO IMPLEMENT COVID-19 RESPONSE ACTIVITIES

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future.

We acknowledge the stories, traditions and cultures of Aboriginal and Torres Strait Islander peoples on this land and commit to building a brighter future together.

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Introduction

The delta variant of COVID-19 has adapted from the original virus and appears to be more transmissible and more difficult to control compared to the 2020 variant.

Delta has an incubation period of four days instead of six, making people contagious sooner and paving the way to possibly infect others before the person even knows they are sick. Delta also has a much higher viral load than the original strain of COVID-19.

As at September 2021, NSW has entered a phase of an increasing incidence of locally acquired, widely dispersed cases detected in the past 14 days: transmission less focused in certain population sub-groups and moderate risk of infection for the general population. Unless the current containment measures such as lockdowns and increased surveillance and testing mange to bring the incidence down it is likely that the current situation will escalate to high risk or even extreme risk.

The aim of this document is to provide guidance in the management and response to outbreaks in multiple locations or in case numbers that stress the ability of local resources to manage.

Primary care providers play a key role in managing COVID-19 in several ways including:

- Identification of COVID-19 positive cases
- Managing COVID-19 positive cases who do not require hospitalisation
- Provide consistent and clear messages.

The PHN role in supporting primary care providers is to:

- Maintain services to those in need while minimising the risk to individuals, providers and to practices, clinics, and service outlets
- Develop and adapt key information into easily accessible and quickly digested communications, tools, and fact sheets
- Identify and support at risk providers and service outlets
- Act as a key conduit between the primary care and tertiary sectors and government.

INTRODUCTION TO THE GUIDE

The guide is intended to be a resource to help staff support primary health sector providers through an adaptive pandemic response.

The guide provides direction for the primary Health Network in adaption to a large-scale widespread number of community transmitted COVID-19 cases.

Given that there is now in NSW widespread community transmission, increasing case numbers and increasing stress on the secondary care system the need for adapted response from primary care is imminent.

STRATEGIES – ALL PROVIDERS

Containment

Containment, or preventing the spread of disease through measures such as early detection and isolation of cases is still one of the keys to manage the spread of the virus.

Mitigation

Mitigation, or minimising the epidemic impact, delaying the outbreak peak, and reducing the peak number of cases is required to reduce strain on the healthcare system is still largely through public health and social measures and in some cases specific treatments.

Vaccines are the key to reducing the impact by reducing the severity of the illness and as such the burden on the health system allowing the system to function.

Managing a Delta Variant COVID-19 response

KEY APPROACHES – ALL PRIMARY CARE PROVIDERS

- Use data to drive decisions – when cases numbers in the community and surrounding communities are high move to telehealth, implement strict pre-visit screening, separation, and segregation of work. Monitor the daily briefing from NSW Health, watch for cases in the catchment and neighboring communities
- Adapt the national, subnational, and local contexts to maximize the benefit at a practice level
- Engage with patients/clients early, frequently and consistently (same message repeated frequently) e.g "please don't come to the clinic/office location - call ahead".

PREPARE THE RESPONSE

- Establish a functional incident management structure at the business level – identify and appoint a lead clinician, administration lead
- Ensure adequate supplies of PPE and other consumables – a minimum of 8 weeks supply in the event of an escalating pandemic
- Practice and test donning and doffing of PPE
- Do daily walk throughs and rounding with staff
- Assume the worst-case scenario.

EFFECTIVELY MANAGE A COORDINATED RESPONSE

- Establish a functional incident management structure at the business level – who is the lead clinician, administration lead?
- Listen to the daily briefings from a trusted source on case counts, countermeasures, recommendations
- Clearly communicate with the team, daily huddles
- Clearly communicate with patients/clients – update the phone on hold message, update the website, use social media to communicate with patients/ clients and the community
- Daily check on staff physical and mental health.

REDUCE THE RISK OF TRANSMISSION IN A CLINICAL SETTING

- Implement strict individual (hand/cough/illness) and environmental hygiene
- Consider clothing that is not worn home e.g. scrubs or workplace only uniforms
- Consider a team A and a Team B to spread the risk
- Test widely to provide and support accurate surveillance. Either test or ensure access to testing to avoid undetected cases continuing to circulate in the community
- Pre-screen **ALL** patients / clients utilising syndromic surveillance e.g., influenza-like illnesses (ILI) and respiratory conditions to determine the pathway to care. Use Telehealth and dedicated respiratory sessions to separate cases.
- Separate patient / clients cohorts to minimise the risk of cross infection

- Mornings for pre-screened clearly non syndromic patients – childhood immunisation, non-respiratory chronic conditions
- Afternoon sessions for separate respiratory clinics using strict PPE and physical separation
- General Practices implement separate vaccination clinics, consider off site locations or driveway type settings
- Implement a telehealth model of care for all care that does not require physical examination e.g prescription renewals, pathology ordering
- Equip and protect staff with appropriate PPE and physical controls (screens and barriers) to prevent workplace infections.

Resources

Prepare the response	
Key principles	**Tools**
• Establish a functional incident management structure at the business level – identify and appoint a lead clinician, administration lead • Ensure adequate supplies of PPE and other consumables – a minimum of 8 weeks supply in the event of an escalating pandemic • Practice and test donning and doffing of PPE • Do daily walk throughs and rounding with staff • Assume the worst-case scenario.	• Central Coast Health Pathways: COVID-19 • Hunter New England Health Pathways: COVID-19 • Department of Health: Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19 • National COVID-19 Clinical Evidence Taskforce: Respiratory and Eye Protection for Health Care Workers During the COVID-19 Pandemic • RACGP: Coronavirus (COVID-19) information for GPs • RACGP: Managing Emergencies and Pandemics • RACGP Posters: PPE and Patient Alert • RACGP: Principles of infection prevention and control

Effectively manage a coordinated response	
Key principles	**Tools**
• Establish a functional incident management structure at the business level – who is the lead clinician, administration lead? • Listen to the daily briefings from a trusted source on case counts, countermeasures, recommendations. • Clearly communicate with the team, daily huddles • Clearly communicate with patients / clients – update the phone on hold message, update the website, use social media to communicate with patients and the community • Daily check on staff physical and mental health.	• Central Coast Health Pathways: COVID-19 • Hunter New England Health Pathways: COVID-19 • NSW Government: COVID-19 • RACGP: Coronavirus (COVID-19) information for GPs • RACGP: New South Wales COVID-19 updates • RACGP: Managing Emergencies and Pandemics • The PHN: Coronavirus (COVID-19) Latest Information

Reduce the risk of transmission	
Key principles	**Tools**
- Implement strict individual (hand/cough/illness) and environmental hygiene - Consider clothing that is not worn home e.g. scrubs or workplace only uniforms - Consider a team A and a Team B to spread the risk - Test widely to provide and support accurate surveillance. Either test or ensure access to testing to avoid undetected cases continuing to circulate in the community. - Pre-screen ALL patients / clients utilising syndromic surveillance e.g., influenza-like illnesses (ILI) and respiratory conditions to determine the pathway to care. Use Telehealth and dedicated respiratory sessions to separate cases. - Separate patient cohorts to minimise the risk of cross infection - Mornings for pre-screened clearly non syndromic patients – childhood immunisation, non-respiratory chronic conditions - Afternoon sessions for separate respiratory clinics using strict PPE and physical separation - Implement separate vaccination clinics, consider off site locations or driveway type settings - Implement a telehealth model of care for all care that does not require physical examination e.g prescription renewals, pathology ordering - Equip and protect staff with appropriate PPE and physical controls (screens and barriers) to prevent workplace infections	- Australian Government Department of Health: Managing your COVID-19 vaccination bookings - Australian Government Department of Health: Providing health care remotely during COVID-19 - Central Coast Health Pathways: COVID-19 - Hunter New England Health Pathways: COVID-19 - National COVID-19 Clinical Evidence Taskforce: Assessment for Suspected COVID-19 - RACGP: Coronavirus (COVID-19) information for GPs - RACGP Posters: PPE and Patient Alert - RACGP: Principles of infection prevention and control - RACGP: Managing Emergencies and Pandemics

Key Approaches – Primary Health Network

The PHN role in supporting primary care providers is to:

- Maintain services to those in need while minimising the risk to individuals, providers and to practices, clinics, and service outlets.
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- Identify and support at risk providers and service outlets
- Act as a key conduit between the primary care and tertiary sectors and government.

PREPARE THE RESPONSE

- Review and agree incident management structure and response for a sustained period including the virtual Emergency Operations Centre (EOC), daily sitreps
- Ensure adequate emergency supplies of PPE and other consumables to support many providers in the event of supply failure
- Do daily briefing with teams and additional rounding with staff as a whole
- Review comms material and develop quick response standardised templates
- Assess weekly the workload of staff to determine capacity to support a heightened and sustained response.

EFFECTIVELY MANAGE A COORDINATED RESPONSE

- Switch from business-as-usual (BAU) to response including commencement of including the virtual EOC, daily sit reps, co-opt and reassign staff to response activities
- Appoint and refer to response roles by response titles e.g. incident controller, liaison officer to create a mindset separation for staff from BAU to response
- Implement a Team A and Team B pattern of work to sustain the effort at a heightened level and for longer periods
- Cease all non-response related communication with providers to reduce the level non-essential information flowing to providers to allow clear air for the essential material
- Listen to the daily briefings from a trusted source on case counts, countermeasures, and use this information in communications
- Initiate clear regular communication channels with key stakeholders such as Department of Health, Local Health Districts and sector partners
- Clearly communicate with the board, staff, and partners, state the facts and don't underplay or overplay the capacity of the PHN to response and support
- Daily check on staff physical and mental health
- Increase the frequency of COVID-19 related webinars, information session in collaboration with key partners.

REDUCE THE RISK OF TRANSMISSION

- Close all office to non-essential staff and initiate a mandatory approval process for work related travel
- Use commercial transport providers to move and distribute PPE.

Other Resources

[Hunter New England HealthPathways](#)

[Central Coast HealthPathways](#)

[Australian Government Department of Health](#)

[NSW Health](#)