

AT THE READY COVID-19 Planning and Response

Nova Scotia Health Authority's management of COVID-19 is considered an emergency management response. This means that we have taken on the same approach to planning and responding to COVID-19 as we do for other emergencies that affect the health care system, our patients and our teams.

Our All-Hazards Plan guides our response to pandemics, mass casualty events, natural disasters and more. It is based on guidelines from Public Safety Canada, and includes activities and risk management measures in the following critical areas:

- **Prevention and Mitigation:** efforts to prevent hazards from developing into disasters altogether, or to reduce the effects of disasters when they occur
- **Preparedness:** the activity of developing plans of action for when disaster strikes
- **Response:** the activation of a plan or process to a recognized hazard that engages decisionmakers at key points in the response continuum
- **Recovery:** the process of returning to pre-event level and applying lessons learned



Mitigation and Preparedness

Our executive leadership team has been monitoring the development of COVID-19 (Coronavirus) since news of this virus began emerging out of Asia and Europe.

In January we ramped-up efforts, bringing together team members to revisit our All-Hazards Plan and initiate preparations for the eventual arrival of this virus in Canada. This included drawing upon and adapting our plans used to respond to the 2009 H1N1 Pandemic.

The nature of COVID-19 and current lack of a vaccine to prevent its spread, requires a different type of response and preparedness than others we have seen in the past.

Our efforts have been focussed on planning for the resources and strategies needed to limit and slow its spread, protect our population and avoid overwhelming our health system's ability to respond.



NSHA COVID-19 MANAGEMENT AND RESPONSE STRUCTURES

The following are in place to ensure continuous oversight and coordination of our response:

- NSHA Incident Management Team
- Provincial working groups focussed on:
 - medical/clinical requirements,
 - physician affairs,
 - infection prevention and control,
 - occupational health and safety,
 - supply management, and more
- Zone Incident Management Teams
- Provincial all-system team meetings with government, IWK, EHS, unions and other partners
- Daily updates and reporting

www.nshealth.ca/coronavirus

Our COVID-19 response plan involves two overarching phases, each involving multiple elements. The first phase is designed to help us contain the spread and identify cases of COVID-19. The second focusses on enhancing our health system's capacity, so that we have the right resources, providers, equipment and protocols in place to effectively respond.



COVID-19 Containment and Identification of Cases

Slow down the spread and flatten the curve so that we do not overwhelm the health system

- Promote social distancing to limit/slow exposure
- Public health measures to reduce risk of transmission and identify close contacts
- Ready community through proactive communication
- Reduce unnecessary interactions with the health system

Build capacity to assess and support COVID-19 patients to protect patients and providers in emergency departments and hospitals

- Use 811 and web-based tools to allow for timely and appropriate testing
- Open internal primary assessment sites to test (in hospitals)
- Add community primary assessment sites for testing to help with surge in demand
- Add secondary assessment sites (in hospitals) to treat COVID-19 patients, if more capacity is needed



Enhance System Capacity

Create capacity in acute care to manage the influx of COVID-19 patients and continue to provide care safely

- Delay scheduled care (elective surgery, endoscopy, etc.)
- Be deliberate about the patient populations that we serve by creating decision-making tools to support care decisions
- Create decision-making tools to support care decisions
- Shift to virtual models of care for ambulatory care
- Move patients out of acute settings where possible
- Prevent social admissions

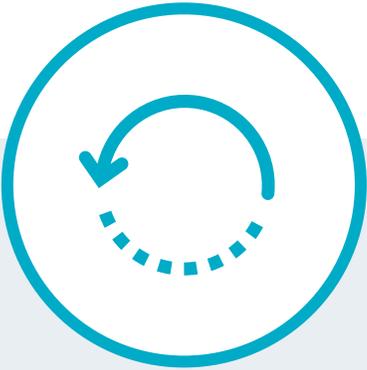
Create COVID-19 specific care locations and practices

- Create care pathways and order sets to guide care
- Create designated COVID-19 units at specific hospitals
- Add secondary assessment sites (in hospitals) to treat COVID-19 patients, if more capacity is needed
- Create critical care surge capacity

Implement workforce plan and response to ensure right care providers, teams and resources are in place to respond to increased demands

- Lead business continuity planning to manage physical (ventilators, masks, gowns) and human resources:
 - Redeploy staff and physicians where skills and expertise are required
 - Recruit locum physicians and casual staff (consider roles for learners and retired providers)
- Apply health and safety measures, including direction around use of personal protective equipment
- Confirm ethical framework for decision-making
- Provide clinical education and communication to providers related to protocols

The Recovery Phase of our COVID-19 plan is essential to help us restore our normal operations as quickly as possible after the COVID-19 pandemic is under control.



Recovery Phase

Follow a planned and coordinated approach to restore normal operations

- Begin to gradually return to normal service levels and operations
- Reschedule patients whose appointments and procedures were temporarily postponed
- Return to normal staffing levels, roles, schedules and compensation models
- Continue monitoring situation
- Evaluate response to identify opportunities to enhance All-Hazards Plan
- Stand-down formal response structures