

COVID-19 SIMULATION & TABLETOP EXERCISE (TTX)

COVID CLINICAL RESPONSE

Tuesday 3rd November 2020 @ 11am

LEVEL 3 CONFERENCE ROOM

OBJECTIVES

1. To **examine and strengthen existing plans, procedures and capabilities** to manage an imported case of COVID-19
2. To raise **awareness and confirm procedures** related to the **management of a suspected case/s before and after laboratory confirmation**
3. To review preparedness for COVID-19 cases with focus on **evaluating the critical functions and ability of clinical responses**

OBJECTIVES

5. To provide an **opportunity to discuss and explore key issues**, using a structured scenario loosely based on real life events
6. To help **identify any key gaps in preparedness**, and ensure **continuity of essential health services** in the **face of a single case vs community transmission**

OBJECTIVES

7. Confirm arrangements for **notification, coordination and internal communications** before and after the confirmation of a COVID-19 case
8. Review plans to **clarify lines of accountability** (roles & responsibilities) and **communication** to enable a timely, well-coordinated and effective response

OVERALL AIM:

**IDENTIFYING GAPS AND
STRENGTHENING
PREPAREDNESS**

DG
Leausera Dr Take
Naseri

HEOC
Communications

**Partner
Coordination &
External Relations**

**Information &
Planning**

**Health operations &
technical expertise**

**Operations support
& logistics**

**Finance &
Administration**

EMT Lead:
Team/Contact: Dr Leavai

Lead: Risk Comm
**Information
Management**

**Co-Lead: DDG PH &
DDG CHS**
Health Service Delivery
Acting DDGCS
Case Management
Dr Folototo
MHPSS
Dr George Tuitama
Lab Testing - Leaupepe
***IHR/POE, Surveillance**
Tagaloa Dr R. Thomsen
RCCE
Mae U. Silva

**Lead: Gaualofa
Matalavea**
Logistics
Glenn/Lucilla
Procurement –
Lilomaiava/Seiyuli

Lead:
Finance & Budgets -
Agnes
HR/Admin - Melesete
**HR Support & Staff
Wellbeing**

ROLE	NAME	TELEPHONE	E-MAIL	INSTITUTION
COVID TASK FORCE TEAM LEAD	Leausa Dr. Take Leausa			MOH
DDG PUBLIC HEALTH	Tagaloa Dr. Robert Thomsen			MOH
DDG CHS	Atoa Dr. Glenn Fatupaito			MOH
LOGISTICS & COORDINATION	Gaualofo Matalavea			MOH
LIASON TEAM LEAD	Glenn/Lucilla Katenari			MOH
EMT LEAD	Dr. Folo Leavai			MOH
EMT NURSING TEAM LEAD	Natasha Matilda			MOH

ROLE	NAME	TELEPHONE	E-MAIL	INSTITUTION
PROCUREMENT WAREHOUSE	Lilomaiava Seiuli			MOH
LABORATORY & TESTING	Talamatavao Hinauri Leaupepe			MOH
MENTAL HEALTH DEPARTMENT	Mulitalo Dr. George Tuitama			MOH
SOCIAL SUPPORT SERVICES	Merina Ieremia			MOH
MEDICAL RECORDS	Kilisitina Etuale			MOH
BIOMED	Sunema Talapusi			MOH
IT	Lenara Tupai			MOH

ROLE	NAME	TELEPHONE	E-MAIL	INSTITUTION
HEALTH CARE WASTE	Lucie Isaia			MOH
AMBULANCE DRIVERS	Kotimani Taavao			MOH
OXYGEN PLANT & BOILER	Iosefo Faaumu			MOH
SECURITIES	Su'emalo Mose Faafeu			MOH
DOMESTIC AND LAUNDRY	Kristy Tyrell			MOH
PORTERS	Pasene Willy			MOH
NUTRITION	Suafa'I Salima			MOH

RULES OF THE TTX

- **Not an individual test**
- **Respect the views of others**
- **Respond as you would in real life and allow others to do likewise**
- **Use your existing plans, guidelines and regulations to inform your responses**
- **Focus on solutions**



World Health Organisation

QUESTIONS BEFORE WE START?



1 IN 7 PEOPLE IS A PERSON WITH DISABILITY



During COVID-19, persons with disabilities face more discrimination, violence, and barriers to accessing information, education and services related to gender-based violence and sexual and reproductive health.

WOMEN AND GIRLS WITH DISABILITIES ARE AT HIGHER RISK



COVID-19 response must engage organizations of persons with disabilities (OPDs) and networks in decision making



During COVID-19, GBV among women and girls with disabilities increases due to social isolation, disrupted routines and if caregivers can't reach them

x3

Persons with disabilities are 3 times more likely to experience different forms of violence than persons without disabilities



COVID-19 PERSONS WITH DISABILITIES KEY MESSAGES



To prevent GBV during COVID-19, persons with disabilities should be able to use accessible hotlines, reach trusted family and caregivers and have persons who check on them to ensure their safety



During COVID-19, persons with disabilities face discrimination and barriers to access information, education and services



Persons with disabilities have the same rights to SRHR on an equal basis as others during COVID-19



SCENARIO #1 (QUARANTINE)

- **Repatriated passenger F/47yrs from Los Angeles (USA) develops FLI**
 - *cough, shortness of breath, fever, body aches, reduced appetite, diarrhea*
- **after 4 days in quarantine at Orator Hotel (Tanumapua)**
- **Negative test prior to leaving**
- **Background of COPD & Hypertension**
 - Medications: Albuterol & Symbicort, Lisinopril & Amlodipine
- Tested **positive** by Public Health team

SCENARIO #1 (QUARANTINE): DISCUSSION

1. Public Health team responses

- Re-assessment and testing
- **TESTED POSITIVE**
- **RESPONSE:**
 - **MILD**
 - BP128/74, HR 92/min, SPO2 96% (RA), RR18/min
 - **MODERATE-SEVERE:**
 - BP 156/95 HR 107/min SPO2 92% (RA) RR 26/min
 - Needing oxygen

2. CLINICAL TEAM INVOLVEMENT & RESPONSE

- ED, COVID EMT, Logistics,

SCENARIO #1 QUARANTINE

[illegible]

Reduce Your COVID-19 Risk

Remember the 3 Ws!

1

Wash your hands frequently

Use soap and water for 20 seconds



2

Watch your distance

Keep 6 feet apart and avoid large crowds



3

Wear a mask

Prevent spread of COVID-19 and protect others



SCENARIO #2 (APCC)

- Mr. TJ, 58 year old presents to **APCC** with history of being quarantined 3 days ago.
- Developed FLI - dry cough, fevers, generalised body aches after being released.
- Claims had a negative test
- Isolated in APCC: public health respond and ***tested positive for COVID-19***

SCENARIO #2 (APCC): DISCUSSION

1. RESPONSE TO: (POSITIVE CASE)

- MILD

- MODERATE-SEVERE


2. PATIENT TRANSFERRED FROM APCC TO ISO WARD

- Processes (SOP)
- Personnel involved: medical and support teams
- Line of Communication
- Timing of events:
 - AM?
 - PM?

3. ACTIVATION PLAN AND RESPONSE

SCENARIO #2: APCC→ISO WARD

[illegible]



**STAY
HOME**

**STAY
WELL**

**STAY
SAFE**

SCENARIO #3 (ED)

- Immigration Officer (F/30yrs) at Faleolo airport with FLI 5 days after last repatriation flight (Friday)
- C/o dry cough, sore throat, altered taste, SOB
- BP 140/86 HR 112/min RR 24/min SPO2 94%
- **GP called in to ED for advice and referral**

OR

- **Suspect calls in to hospital asking for directions where to present**
- ***REFERRAL FROM GP/SELF REFERRAL → ED***

SCENARIO #3 (ED): DISCUSSION

- **ADVICE OVER THE PHONE AND DIRECTIONS**
- **REFERRAL PROCESS FROM GP**
- **ED RESPONSE**
- **TRANSFER TO ISO WARD – TEAM RESPONSE**

SCENARIO #3: ED→ISO WARD

[illegible]

OTHER AREAS

1. LABORATORY

- Procedure of transportation and receiving bloods
- Process of doing test and reporting of results

2. RADIOLOGY: Patient is Critical and needs x-ray

- Procedure (contact person/s)
- Personnel assigned to covid ward (PPE training, quarantine?)

3. SECURITIES

- Information (notices) to public
- Closure of area

4. NUTRITION

- **SOP (delivery of meals, PPE, etc)**

BE
KIND
HELP OTHERS...
HOWEVER YOU CAN



ASK Your
NEIGHBOURS
IF THEY NEED
GROCERIES



SCENARIO #4 (SAVAII)

- Repatriated passenger M/34yrs develops FLI after 5 days post-quarantine

OBJECTIVES:

- **CLINICAL AND PUBLIC HEALTH RESPONSES IF:**
 - **Suspect**
 - **Positive**

SCENARIO #4: SAVAII

[illegible]

HEALTHY PARENTING DURING COVID 19

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READ BOOKS

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SING A SONG

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HELP SCHOOL WORK

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MAKE PAINTING

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DEBRIEFING

FAAFETAI TELE LAVA

- **NEXT TABLETOP EXERCISE:**
 - Tuesday 10th November 2020 @ 11am
- **UPDATE RECOMMENDATIONS AND GUIDELINES**
 - RESPONSIBLE PERSONNEL
 - TIMELINESS

OTHER TTX EXERCISES

- **DELIVERY (BIRTHING) SUITE**
- **NEWBORNS**
- **SURGICAL EMERGENCY OPERATIONS**
 - **Obstetrics**
 - **Surgical**
 - **Others: orthopaedics**
- **SURGE CAPACITY: COMMUNITY TRANSMISSION**
 - **TTMH & UPOLU RESPONSE**
 - **MTIIH & SAVAII RESPONSE**
- **OTHER SECTORS: GPs, DISTRICT HOSPITALS, SFESA**

OTHER TTX EXERCISES

- **SHORTAGE OF PPE's**
- **STAFF SHORTAGE:**
 - Staff caring for family members
 - Staff getting infected
 - FEAR of the virus and impact/absenteeism
- **WELFARE OF FAMILIES FOR COVID PATIENTS**
- **WELFARE OF STAFF & THEIR FAMILIES**
 - PSYCHOSOCIAL SUPPORT
- **RISK COMM: NEWS OF STAFF INFECTED**

OTHER TTX EXERCISES

- COVID-19 STAFF WELFARE
- MAINTAINING NON COVID ESSENTIAL HEALTH SERVICES