Kimberley Renal Services
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Phone: (08) 914 3207 Fax: (09) 9192 2500
12 Napier Terrace. BroomeWA 6725
PO Box 1377 Broome WA 6725
Website: http://www.kamsc.org.au

KIMBERLEY RENAL SERVICES COVID-19 Response Plan

Version number	Date of revision	Revised by	Changes
V12 DRAFT	15/12/21	KRS	Changes to Workforce surge capacity
V11	5/10/21	KRS	Revised sections on imprest management and vaccination policy
V10	21/9/21	KRS	Major re-write to incorporate content of KAMS toolkit and KRS BCP, and changes requirements of document.
V9	Not released.	KRS	KRS restructure – pathways for escalation/communication given changes to Execute Manager role Screening Checklist updates given changes to WA hard border
V8	15/09/2020	KRS	CDNA SoNG updates 3.8 Appendix 5: Incorrect number for Broome host – updated Modification of screening tool (Appendix 5)
V7	8/7/20	KRS	CDNA SoNG updates 3.4 (1/7/2020) – note maintaining airborne precautions for severe cough as local policy (page 6) Feedback from WACHS/EOC re:definitions Elements of preparation moved to defined section Modification of outbreak management pathway into flowchart (Appendix 1)
V6	5/6/20	KRS	Update case definition / clinical criteria as per CDNA SoNG v3.1 (4/6/2020) Updated section re: travel in light of Kimberley biosecurity barrier being lifted Added sections re: Graduated return to service

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			Added sections re: Forward Planning and Outbreak Response. Added Appendix 4 regarding communication pathways for care requirements in isolation
V5	23/4/20	KRS	Updated case definition and definition of close contact as per CDNA COVID-19 Interim SoNG v2.6 (updated 17/4/20)

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Acronyms

ACC	Aboriginal Care Coordinator
BRHC	Broome Renal Health Centre
CNS	Clinical Nurse Specialist
COO	Chief Operating Officer
CRG	Clinical Response Group
DRHC	Derby Renal Health Centre
FRHC	Fitzroy Crossing Renal Health Centre
DoH	Department of Health
HoD	Head of department
KAMS	Kimberley Aboriginal Medical Service
KPHU	Kimberley Population Health Unit
KRHC	Kununurra Renal Health Centre
KIMT	KAMS Incident Management Team
KRS	Kimberley Renal Services
KRHC	Kununurra Renal Health Centre
KPHU	Kimberley Public Health Unit
LARU	Licensing and Regulatory Unit
MDU	Mobile Dialysis Unit
RHC	Renal Health Centre
RSM	Renal Services Manager
Sitrep	Situation Report
WACHS	Western Australian Country Health Services

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Term definitions

Contact and Airborne Precautions

National guidelines have evolved to classify COVID-19 as having airborne transmission potential regardless of presence of aerosol generating procedures or behaviours. PPE requirements for suspect or confirmed COVID-19 patients now include **contact and airborne** precaution PPE (gown, gloves, eye protection, P2/N95 mask).
Further Information can be found at:
https://www.health.gov.au/resources/publications/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.

Close contact

Contact with a confirmed or suspected case during the infectious period, including includes any of:

- Face to face contact of any duration OR:
- Sharing of a closed space for a prolonged period (eg. at least an hour) OR:
- Living in the same household or household-like setting (e.g. hostel) OR:
- Attendance at a venue where transmission has been proven to have occurred.

The definition of a close contact may be revised over time and the most up to date definition can be found in the CDNA guidelines (see next page for link). **However, it is likely that if a patient who tests positive for COVID-19 has received haemodialysis during their infectious period most or all of the staff and patients who dialysed on the same shift will be considered close contacts and require testing and isolation.**

KPHU may provide more specific working definitions of close contacts case-by-case. Casual contacts (not meeting the above criteria) and secondary close contacts (close contact of a close contact) may meet criteria for enhanced testing – follow KPHU advice.

Incubation period

The period between initial exposure to the onset of clinical illness. For COVID-19 this ranges from 1 – 14 days with an average of 5 – 6 days. The upper limit of 14 days is sometimes referred to as “one incubation period” for public health planning.

Infectious period

The period prior to the onset of clinical illness that a confirmed case is considered to have been infectious. For the purposes of contact tracing, usually considered to be 48 hours before symptom onset until case classified as non-infectious / recovered by treating team, but in individual cases alternate public health advice may apply.

Isolation

Additional requirements for confirmed or suspected cases, including staying at home except for accessing essential medical services. Further information can be found:
https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/how-to-protect-yourself-and-others-from-coronavirus-covid-19/isolation-for-coronavirus-covid-19.

P2/N95 Mask

P2/N95 masks are designed to protect a wearer from small aerosol particles. The mask needs to create a seal for effect and the wearer should perform a fit-check each time one is worn to ensure it is properly applied.

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Quarantine

Additional requirements for someone who may have come into contact with COVID-19 based on epidemiological criteria. Includes people returning from overseas or crossing regional state and territory borders, or moving between regions in WA, according to the most recent public health advice.

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Document purpose and scope

This document is intended to be used in conjunction with existing resources as per Table 1 below. It provides additional guidance for:

- Screening, and triage of patients attending a Kimberley Renal Service facility
- Acceptance for dialysis and use of isolation for patients meeting "suspected case" criteria
- Preventive care provided by Kimberley Renal Services
- Changes to service delivery at a Kimberley Renal Service facility in the event of response activation

Other resources should be consulted for up to date advice on the following:

Table 1: Additional resources for COVID-19 advice

Advice required	Resource
Useful contacts General guidance on PPE General guidance on cleaning and disinfection	KAMS COVID-19 toolkit http://kams.org.au/wp-content/uploads/2020/03/kams_Covid-19_toolkit.pdf
Government updates and resources Infection control posters	KAMS COVID-19 main page https://kams.org.au/covid19/covid19_clinical/
Public health technical advice	COVID-19 CDNA National Guidelines https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm
Major disruption to service	KRS Business Continuity Plan: Doc 1312 on LogiQC
COVID-19 vaccination	KAMS COVID-19 Vaccination Standard Operating Procedures https://kams.org.au/covid-19-vaccine-clinical-resources/

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Case definitions

Suspected case

Cases defined by a combination of epidemiological criteria, clinical criteria.

Clinical:

- Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) OR:
- Acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR:
- New loss of smell or loss of taste.

Epidemiological:

In the 14 days prior to illness onset:

- Contact with a confirmed case
- International travel or passengers or crew who have travelled on a cruise ship OR:
- Healthcare, aged or residential care workers and staff with direct patient contact OR:
- Interstate travel to an area with elevated risk of community transmission, as defined by public health authorities OR:
- Travel within WA where the patient has visited any locations visited by a confirmed case at the date and time listed on the HealthyWA website OR:
- As per any additional epidemiological criteria supplied by KPHU.

Confirmed case

Cases with laboratory testing confirming SARS-CoV infection, by either nucleic acid testing or IgG seroconversion.

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Screening and triage of dialysis patients

Dialysis patients will be triaged against clinical and epidemiological criteria before entering a Renal Health Centre to ensure correct pathway and precautions taken (using screening form included at Appendix 5). Staff should familiarize themselves with the locations visited by any confirmed cases in WA by visiting: https://healthywa.wa.gov.au/Articles/A_E/Coronavirus/Locations-visited-by-confirmed-cases.

Patients who access dialysis via KRS transport will be screened on collection. Patients who transport themselves to dialysis will be screened on arrival.

Patients answering 'yes' to any item on the screening form will apply a surgical mask and be referred for testing. Where possible and depending on local testing availability, patients who require COVID-19 testing should be taken directly to the testing facility rather than to the dialysis unit. If the patient is unwell they should be taken to the local emergency department for testing and assessment. Before bringing any patient who has answered 'yes' to any screening item to the dialysis unit, the clinician in charge of the current shift must be notified.

Patient triage status will be documented and monitored within the MMEx medical record software with the COVID-19 clinical coding tab – classifying status as:

- COVID-19 suspected (for patient who meet testing criteria)
- COVID-19 confirmed (for patients who have tested positive)
- COVID-19 contact (close contacts of a patient who has tested positive)
- COVID-19 negative – negative test for COVID-19 and low clinical suspicion

COVID-19 tests are not 100% sensitive. Patients who have respiratory symptoms must wear a mask whilst at a KRS RHC even if they have had a negative test.

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Management of suspected cases

A patient is considered a suspected case where they meet testing criteria but:

- Decline testing OR:
- Can't be tested due to a logistical or laboratory issues, OR:
- Have been tested but the results are pending OR:
- Where specific advice has been received from KPHU or from the treating team of a hospitalized patients where no other clinical focus of infection or alternate explanation of the patient's illness is evident.

These patients are considered COVID-19 suspected. The clinician in charge and the on-site and / or on-call Renal GP should be informed to determine whether the patients should be dialysed and the appropriate level of precautions (PPE and isolation). As per national guidelines, airborne and droplet precautions should be used for the routine care of patients with confirmed or potential COVID-19.

Factors to be considered in risk assessment of the suspected case include:

- Other identified causes of infection in febrile patients
- Other identified causes of respiratory symptoms e.g. fluid overload
- Chronicity of respiratory symptoms
- Recent negative COVID-19 tests

These factors can be used to guide use of precautions in individual cases as well as cohorting of patients within the dialysis unit if multiple suspected cases are being managed.

Table 2: Precautions by Triage Category

Category of containment	Category of patient
Standard precautions, no isolation at dialysis required	Background risk, no additional epidemiological or clinical criteria.
Isolation, airborne and droplet precautions	Patients under precautionary home isolation. Contacts, asymptomatic. Possible, probable or confirmed COVID where symptoms are mild.
Isolation, airborne spread precautions, consider hospital transfer	Probable or confirmed COVID where symptoms are severe (fever and breathing difficulty, frequent severe productive coughing episodes).

The capacity of a RHC to accept a patient for dialysis under isolation will be determined by both an individual risk assessment (according to usual acceptance criteria for satellite dialysis - LogiQC Doc 308), the current response tier of the RHC (Appendix 1) and the current isolation capacity of the RHC (Appendix 2). As per usual operating procedures, treatment for reversible conditions (e.g. hyperkalaemia, infections) may be required to stabilize the patient prior to acceptance. The RHC will not accept patients requiring mechanical ventilation or Non-Invasive Ventilation (NIV).

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Phased response

Preparation and prevention

Preparation and prevention activities are those that will continue in the absence of any increased risk conferred by community transmission or active cases in the region that trigger an escalated response, until a time when the KRS COVID-19 response plan is formally stood down.

KRS COVID-19 Vaccination Policy

Staff:

As a contracted service of the WA Country Health Service, Kimberley Renal Services is required to comply with the Health Worker (Restrictions on Access) Directions, as set out in respect of COVID-19 pursuant to section 167 of the Public Health ACT 2016 (WA).

All staff and all visiting health care workers or health support staff must have received their first COVID-19 vaccine dose by 1 October 2021 and their second dose by 1 November 2021. Unfortunately, any persons who are not vaccinated by this date, in accordance with the WA Government direction will be unable to access any KRS premises post this date.

As per above vaccination policy, all service provider employees who attend a KRS facility must be able to present a certificate or confirmation of immunisation prior to entry being granted.

All KAMS Workers must be fully vaccinated against COVID-19) including booster vaccinations where required) unless a valid exemption applies as per the KAMS Mandatory COVID-19 Vaccination Policy. Staff are required to submit proof of vaccination to the KAMS infection control coordinator (infectioncontrol@kamsc.org.au) and HR.

COVID-19 vaccination will be available free of charge at a variety of clinical sites. Alternatively, vaccine availability and appointment times through the hospital vaccination programs can be accessed by registering with VaccinateWa, see: https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-vaccine.

Uptake of the annual influenza vaccination will be promoted to reduce risk of serious illness and work absenteeism associated with influenza. Free vaccination can be accessed via programs established with member services or by staff reimbursement if accessed through a private provider.

Patients:

Haemodialysis patients are an important priority population for COVID-19 vaccination. KRS will support primary service providers to include haemodialysis patients and other renal patients in their vaccine rollout plans. KRS will adhere to KAMS procedural documentation regarding the storage and administration of COVID-19 vaccines. See the KAMS Kimberley Covid-19 Vaccine Clinical Resources web page: https://kams.org.au/covid-19-vaccine-clinical-resources/ for the KAMS COVID-19 Vaccination Standard Operating Procedure.

The goal is 100% of patients counselled for vaccination (COVID-19 and influenza) with patients either recorded as having been vaccinated or having declined vaccination.

Programs to promote and deliver annual influenza vaccinations and pneumococcal vaccinations are also a priority, to reduce the risk associated with potential co-infection. KRS will contribute to

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regular audits of influenza vaccination rates, the results of which will be fed back to clinical management team and primary care services.

Patients who decline a COVID-19 vaccination should be recorded using a progress note in their MMEX file, selecting **COVID-19 Vaccine Declined* from the COVID-19 drop-down menu.

Symptom screening on entry

All contractors and visitors to Renal Health Centres are screened using the form at Appendix 4. If they answer "Yes" to any of the screening questions, further advice will be sought from the SMO or Renal GP on call. Patients will be screened using Appendix 5 as per the process outlined on page 9.

Health promotion and education activities for KRS patients

Dialysis staff, Chronic Kidney Disease Educators (CKD Educators), Aboriginal Care Coordinators (ACCs) and Pre-Dialysis Coordinators will provide education to patients. Education will cover basic COVID-19 information and measures they can take to protect themselves and their families. All patients will receive regular updates with any relevant changes around COVID-19, patient scheduling and transport. Relevant, culturally appropriate education materials as endorsed by the KAMS COVID-19 Communications Team, available from the KAMS website, will be utilised for this education.

Staff education and policy updates

Active involvement in multi-disciplinary scenario testing including specific renal scenarios will allow for testing of internal policy and pathways. Staff will be expected to be familiar with the KAMS COVID-19 Toolkit and to know what health promotion resources are available through the KAMS website.

Staff will also be expected to be aware of the current state of community transmission in WA and in the Kimberley, including relevant hotspots on the HealthyWA website (https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Locations-visited-by-confirmed-cases). These will usually be provided by the KAMS CEO or Medical Director through all staff e-mails.

Workforce surge capacity

As of December 2021, KRS has the capacity to manage the workforce requirements to maintain the functioning of any single Renal Health Centre affected by a COVID-19 outbreak which will be managed by KIMT. Where more than one Renal Health Centre is affected by an outbreak, KRS would require outside staffing support which will be escalated and managed by KIMT.

Clinical and Non-Clinical Teams:

Isolation requirements (staff and patient) may impose additional workforce requirements to maintain dialysis capacity. Staff have been identified with renal dialysis experience within the organization for potential transition to clinical delivery roles when needed. Staff have also been identified within the organization with either a clinical or nursing background (e.g. AHW, medical, pre-dialysis coordinators, transplant coordinator) that could be upskilled in the provision of dialysis.

Other non-clinical staff (i.e. ACCs) will be used utilized in education roles initially – with the option for potential transition to non-clinical/para-clinical support roles if needed to maintain dialysis service delivery.

Renal GP/SMO:

Phone: (08) 914 3207 Fax: (09) 9192 2500
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If Renal GP and SMO staffing is impacted by suspected or COVID positive cases, or in the event of critical Renal GP workforce shortage at the time of response activation, the shortage will be escalated to the KAMS Medical Director for a KAMS GP to be allocated to KRS. In this circumstance GP will assume all Renal GP identified responsibilities noted in the COVID Response Plan, utilising Royal Perth Hospital as needed as the contracted nephrology service in the region. Telehealth may be used to compensate for a lack of Renal GP availability on site at the Renal Health Centres.

Management of clinical escalation and on-call support:

All organisational policies for clinical escalation and the deteriorating patients should be followed. During normal KAMS operating hours (8am - 4:30pm Monday - Friday) Renal units will first use their on-site hierarchy to resolve clinical issues (e.g. level 2 nurse, CNS, RSM).

Weekdays outside of hours (6am-8am or 4:30pm-9pm), OR if on-site support unavailable, nurses will contact the **senior nurse on-call (08 9194 0340)** to see if clinical issue can be resolved. Weekends (Saturday 6am to 9pm, Sunday 6am to 2pm), nurses will contact RPH as the primary support service.

The nurse in charge of any shift may decide a clinical situation should be managed by terminating the dialysis session and calling an ambulance to transfer the patient to hospital. Escalation to the **senior nurse-on call / medical on call** may be required in order to ensure adequate clinical handover. The relevant CNS / RSM should also be made aware using usual communication channels. Medical support will be rostered using as first preference, the KRS Renal GP/s and SMO. The KAMS GP on-call service will function as the back-up for Renal GP workforce shortages, with Royal Perth Hospital assistance as needed.

Supply management

A stocktake of supplies of dialysis consumables, PPE and cleaning products are routinely undertaken on a weekly basis by Patient Care Coordinators (PCA) at each site. Orders are submitted monthly to maintain a stock level that accounts for 4 weeks supply based on current consumption rates.

Each dialysis unit is maintained with a 'Pandemic pack' – 50 full-length gowns, 150 surgical masks and 90 P2 masks. These packs are to be utilised in an emergency scenario when regular stocks are exhausted.

Response Phase

Response activation

An escalation in response beyond that of preparation and prevention may be considered in the following circumstances:

- One or more confirmed cases of COVID-19 in KRS patients
- One or more confirmed cases of COVID-19 in KRS staff members
- Community transmission in the Kimberley region, bordering regions or in Perth
- The requirement to manage many suspected cases at one time

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At the time of response activation, and regularly during a period of response activation, each RHC should assess their response category (Appendix 1). Tiers 3 and above should trigger activation of the KRS Business Continuity Plan (BCP).

In the event of response activation, the following processes need to be considered:

Patient transport management

Where transport of suspected cases to a testing site or to the dialysis unit is required they will be collected last with driver wearing airborne precaution PPE. A maximum of two seated patients (in a minibus) or one patient (in a sedan) will be collected per trip to maintain physical distancing. If a patient in a wheelchair requires transport, only that one patient will be accommodated. The driver will clean the inside of the van and door handles with appropriate cleaning products after collection of the patients for the session. All patients admitted to hospital with a clinically compatible illness or suspected/confirmed COVID-19 will be transported to/from hospital via ambulance.

Restriction on visitors to RHC

Only one patient will be in the waiting room at any given time. The distance of seating will be a minimum of 1.5 meters apart. There will be limits on numbers of staff per room depending on the size of room. Dedicated spaces at all patient facing facilities (i.e. reception desk) will allow for 1.5m distancing. Only essential staff and visitors are able to enter the RHC. Signage will advise that non-essential staff or visitors are not to enter to the RHC.

Patient flow

During a response phase, acceptance of patients returning from Perth will depend on:

- Adequate handover from the Perth treating team regarding COVID-19 symptoms, COVID-19 testing, and epidemiological information including contacts with known cases and visits to identified hotspots as per the HealthyWA website:
- Dialysis and isolation capacity
- Clinical stability (transfer approved by the RSM and Renal SMO)
- Time needed to mobilise additional requirements such as isolation capacity and staff

Workforce management

Activation of response phase may necessitate roster modification (e.g. 12hr shifts) and cohorting of staff to regular shifts and / or patients to reduce risk of cross exposure. Consultation will occur as per Award and in conjunction with KAMS HR services. To maintain essential service provision, external staff may be temporarily seconded to KRS and internal staff may be reallocated from non-clinical roles.

Communication

Within KRS

During response, in addition to routine clinical handovers, additional information around isolation requirements, testing undertaken and PPE stocks will be discussed at regular team handovers. Daily feedback and reporting on isolation demand, unit response tiers and PPE or staffing concerns will be communicated to the KRS General Manager and SMO. The KRS Renal GP will be on call to take direct queries from all clinical staff regarding patient care. Additional operational meetings with RSMs, CNSs, ISMs and Renal GPs + / - the KRS General Manager will be scheduled as needed.

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Anticipated major disruption to service (response tier level 3 or above) should trigger the activation of the KRS BCP and the Clinical Response Group (CRG). The CRG is the clinical team that will discuss availability in the service and support the transfer of triaged patients. This group includes the medical team across the KRS centres and the KAMS Medical Director.

- KAMS Medical Director
- KRS Senior Medical Officer
- Renal GPs
- Renal Services Managers across KRS

Additional KRS staff who have been allocated COVID-19 coordination roles may also be required to participate.

Within KAMS

Communication within KAMS will be facilitated by the KAMS COVID Clinical Response Group, which will include representation from the KRS General Manager, SMO + / - KRS Renal GPs. Regional updates on epidemiology and response will be provided here and can be communicated back to KRS.

With external stakeholders

The WACHS Kimberley renal program manager and Royal Perth Hospital HoD will be liaised with as the initial contacts for their organisations. They will advise if additional representatives from their organisations should be included in communications ongoing.

Supply management

Supplies of dialysis consumables, PPE and cleaning products will be stocktaked on a twice-weekly basis by Patient care coordinators (PCA) at each site. All stock levels on PPE and cleaning products are reported to the KAMS Infection Control Coordinator for entry on the KAMS/KRS PPE dashboard. Any site that is running critically low (ie. Supplies will be exhausted within a week based on current or predicted usage rates) may require re-distribution of supplies between Renal Health Centres as organised by the Infection control coordinator.

Orders are submitted monthly to maintain a stock level of PPE and cleaning products that accounts for 8 weeks supply based on current consumption rates.

Sites that are expecting an increase in dialysis demand (ie. Broome Renal Health Centre) should increase residual stock levels of dialysis consumables also to an 8 week level.

Pandemic packs at each site are utilised in an emergency scenario if regular supplies are exhausted. If any component of the pandemic pack has to be utilised – this should be considered a critical shortage, and trigger immediate notification to the Renal Health Centre Manager, KRS Executive Manager, KAMS Infection Control Coordinator, KRS Senior Medical Officer and KAMS medical director.

Deployment of the Mobile Dialysis Unit

The Mobile Dialysis Unit (MDU) plays a key role in initial isolation and surge capacity for Broome Renal Health Centre, and for initial response phases of mandatory isolation for patients returning from Perth via Broome. If isolation response is exceeded in other RHC (see Appendix 2), there may be the option to deploy the MDU to other sites. The decision to do so would only be made after

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review by the CRG. The relevant time to offsite deployment and activity for the MDU is roughly 7 days – to allow for travel to site, water/sewerage connections, water testing and machine disinfection. This time will need to be factored into response planning.

Appendix 1: Response tiers

Table 3: Response tiers in event of reduced RHC capacity

Response Tier	Patient sessions	Shift Staffing capacity	Staffing hours	Additional staff	Unit operating hours
1	Not impacted	Fully staffed shifts	Normal.	None.	Normal.
2	Not impacted	Fully staffed shifts	Normal.	Seconded external staff OR Internal staff working outside of usual role.	Normal.
3	Unable to meet requirements for dialysis sessions (including where increased above usual requirements)	Shifts not fully staffed, but meeting licensing requirements for all shifts	Staff working outside normal contracted hours.	Seconded external staff AND Internal staff working outside of usual role.	Extended beyond usual operating hours into weekend OR outside of usual operating hours.
4	Significant impairment of ability to deliver required sessions resulting in reduced dialysis sessions or reduced hours.	Shifts not fully staffed, NOT able to meet licensing requirements for all shifts.	Staff working outside normal contracted hours, with significant risk of staff fatigue	Capacity to second additional staff exhausted, no additional support available.	Extended beyond usual operating hours into weekend AND outside of usual operating hours.

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5	Critical unit failure – unable to deliver any sessions. Patients will need to be relocated to other sites.	Unit closed due to critical staffing issue, unable to meeting licensing requirements	Unit closed due to critical staffing issue, unable to meeting licensing requirements	Unit closed due to critical staffing issue, unable to meeting licensing requirements	Unit closed.

Appendix 2: Isolation capacity

Table 4: Baseline isolation capacity by RHC

Renal Health Centre	Current Patient Capacity	HD Machines	Baseline Isolation Capacity	Isolation Comments
BRHC	56	10	**8**	Two bay closed room with door
DRHC	48	13 + 2	**4**	Single isolation room, two chair side room (closed room with door)
FRHC	16	6	**8**	Single isolation room main building, additional isolation capacity in bay two
KRHC	39	11	**12**	Single isolation room, two chair side room (closed room with door)
MDU	8	3	**8**	
TOTAL	154	43	**32**	

All levels of isolation incur additional PPE supplies, waste disposal and cleaning support, supplies for which need to be regularly assessed. Unit hours may need to be extended for additional cleaning.

Table 5: Isolation capacity at BRHC utilising MDU

Patients requiring isolation	Isolation plan	Additional staff required	Additional shifts required
1-8	Isolate in MDU	2 (MDU)	0
8-16	Isolate in MDU AND in isolation rooms	2 (MDU) + 1 (isolation room)	0

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16-28	Isolate in MDU AND cohort one wing in main unit for suspected / confirmed patients	2 (MDU)	0
28-40	Isolate in MDU AND cohort two to three shifts in main unit for suspected / confirmed patients	2 (MDU) + TBC	Expand mid-shift
>40	Reverse isolation + / - cohort vulnerable patients not suspected / confirmed in MDU		Expand mid-shift + / - additional weekend shifts

Providing dialysis to patients requiring isolation will normally utilize the MDU in the first instance, depending on the number of patients requiring isolation and the ability to meet staffing requirements. To utilize the MDU two additional staff members are required, including at least one RN and at least one dialysis competent staff member for licensing purposes.

Table 6: Isolation capacity at DRHC

Patient requiring isolation	Isolation plan	Additional Staff required	Additional shifts required
1-2	Isolate in in isolation room	0	0
3	Isolate in isolation room AND use bays 9 – 10. Risk assess, highest risk in isolation room.	1 dialysis staff	0
4-5	Isolate in isolation room AND use bays 7 – 10. Risk assess, highest risk in isolation room.	1 dialysis staff + 1 PCA for transport	1
6-10	Isolate in isolation room AND use bays 4 – 10. Risk assess, highest risk in isolation room.	2-3 dialysis staff + 1 x PCA	1
10-20	Consider reverse isolation –vulnerable patients not suspected / confirmed dialysed in isolation room.	1 dialysis staff 1 PCA for transport	1

Isolation capacity at FRHC

Use in order of preference for patients requiring isolation: isolation room, then single room, two chairs in clinical area. Consider reverse isolation for vulnerable patients not suspected / confirmed.

Table 7: Isolation capacity at KRHC

Patients requiring isolation	Actions	Additional Staff required	Additional shifts required
1-4	Isolation room	0	0

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4-8	Isolation room + side room	0 (one nurse does iso patients) + 1 PCA for transport	0
8-12	Isolation + side room		0
12-18	Cohort entire afternoon shift/s	0	0
18-27	Cohort entire day + one afternoon shift	0	0
Above 20	Reverse isolation (GREEN in isolation)	1 dialysis staff + 1 PCA for transport	0

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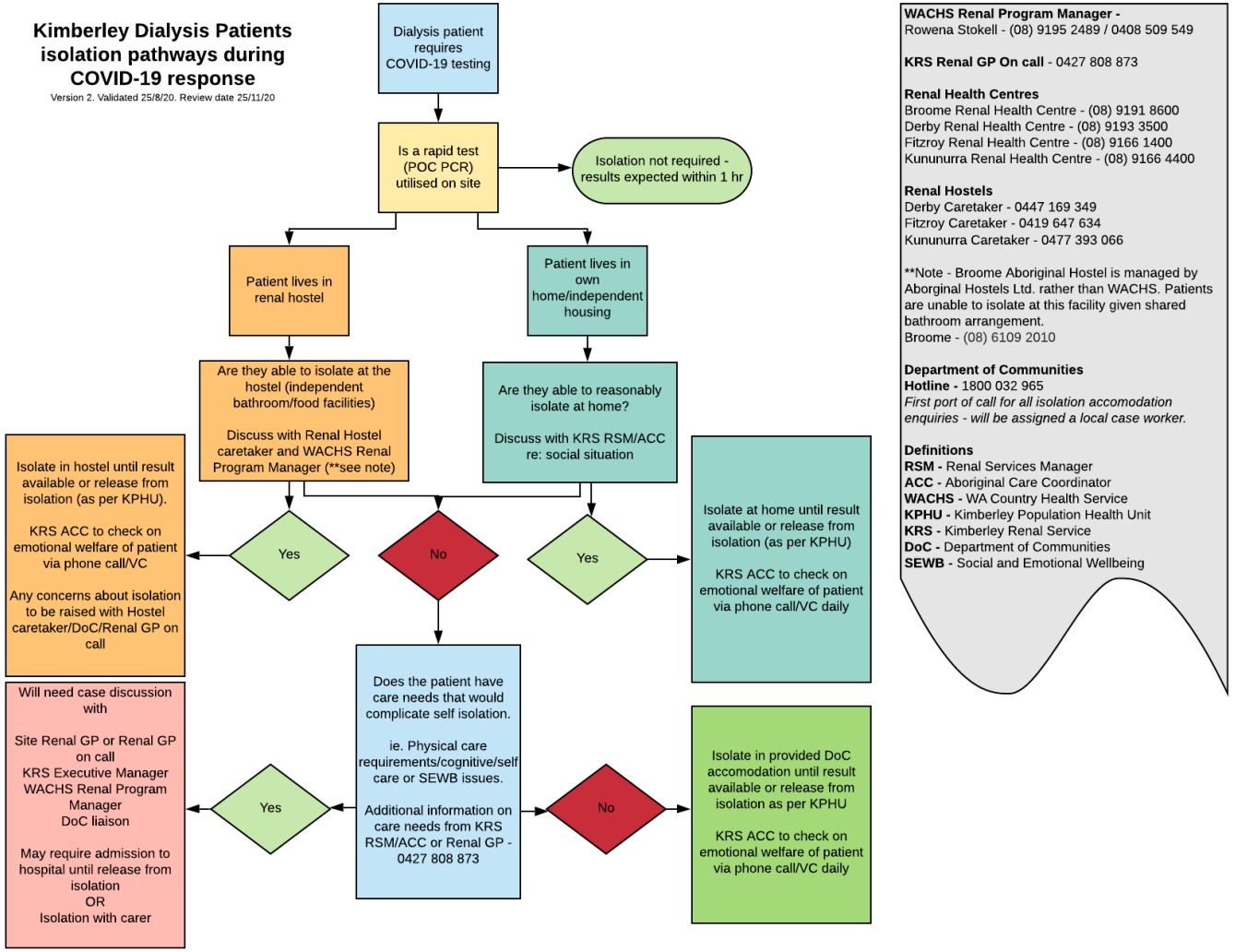
Appendix 3: Isolation pathways and accommodation planning for dialysis patients requiring COVID-19 testing



WACHS Renal Program Manager -
Rowena Stokell - (08) 9195 2489 / 0408 509 549

KRS Renal GP On call - 0427 808 873

Renal Health Centres
Broome Renal Health Centre - (08) 9191 8600
Derby Renal Health Centre - (08) 9193 3500
Fitzroy Renal Health Centre - (08) 9166 1400
Kununurra Renal Health Centre - (08) 9166 4400

Renal Hostels
Derby Caretaker - 0447 169 349
Fitzroy Caretaker - 0419 647 634
Kununurra Caretaker - 0477 393 066

**Note - Broome Aboriginal Hostel is managed by Aborginal Hostels Ltd. rather than WACHS. Patients are unable to isolate at this facility given shared bathroom arrangement.
Broome - (08) 6109 2010

Department of Communities
Hotline - 1800 032 965
First port of call for all isolation accomodation enquiries - will be assigned a local case worker.

Definitions
RSM - Renal Services Manager
ACC - Aboriginal Care Coordinator
WACHS - WA Country Health Service
KPHU - Kimberley Population Health Unit
KRS - Kimberley Renal Service
DoC - Department of Communities
SEWB - Social and Emotional Wellbeing

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Appendix 4: KRS COVID-19 Visitor Screening Questionnaire

For contractors and visitors to a Renal Health Centre

Renal Health Centre visited:	
Date of visit:	
Date of questionnaire completion:	
Time of arrival:	Estimated time of departure:
Business:	
Mobile phone contact:	
Email contact:	

In the last 14 days, have you been:

- Overseas? YES / NO
- Outside of the state (WA)? YES / NO
- On a cruise ship? YES / NO
- In any location under lockdown or other public health directions?
- Tested for COVID-19? YES / NO
    - If yes, have you received the results? YES / NO
- Been in contact with a confirmed case of COVID-19? YES / NO
- Visited any locations visited by a confirmed case at the date and time listed on the HealthyWA website? YES / NO
- Been told to isolate or quarantine? YES / NO

Over the past 14 days, including today, have you experienced:

- Fevers or chills? YES / NO
- A cough? YES / NO
- Shortness of breath? YES / NO
- Cold or flu symptoms? YES / NO
- Any loss of smell or taste? YES / NO

Recorded temperature: _____

Should there be an answer "yes" to any of the above questions, or temperature over 37.5 degrees, or if the visitor or contractor does not meet KRS COVID-19 vaccination policy requirements, further assessment will be required prior to accessing the Renal Health Centre.

Declaration: I declare the above information is correct to the best of my knowledge.

Name: _____

Signed: _____

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Appendix 5: KRS COVID-19 Patient Screening Questionnaire

For patients dialyzing at a Renal Health Centre

Tick RHC: ☐ Broome ☐ Derby ☐ Fitzroy Crossing ☐ Kununurra ☐ MDU

Questions:

Since your last dialysis session have you been:

- Travelling within the Kimberley? YES / NO
- Travelling outside of the Kimberley? YES / NO
- In contact with a confirmed case of COVID-19? YES / NO
- Have you attended hospital? YES / NO
- Have you been tested for COVID-19? YES / NO

Over the past 14 days, including today, have you experienced:

- Fevers or chills? YES / NO
- A cough? YES / NO
- Sore throat? YES / NO
- Runny nose? YES / NO
- Short of breath? YES / NO
- Can't taste or smell things like usual? YES / NO

If answer to any of the above is YES or patient has a temperature over 37.5 provide patient with mask and advise appropriate clinician in charge.

Patient name:	
Patient temperature:	
Completed by:	