

Case Study: Launch of Greater Sudbury's COVID-19 Assessment Centre on March 13, 2020

Purpose

The launch of Health Sciences North's COVID-19 Assessment Centre in Greater Sudbury, in partnership with Public Health Sudbury & Districts and the City of Greater Sudbury, was identified at the COVID-19 Provincial Command Table on March 13, 2020 as a "gold standard".

A Sudbury Star reporter also commented on March 13th 8:13pm on Twitter:



HSN was requested to document the approach taken for sharing and learning with other communities.

Benefits of such assessment centres include:

- Avoiding presence of potential COVID-19 cases in the ED;
- Enabling ED staff to focus its work on emergency care;
- Increasing public confidence in the health system's responsiveness by taking visible proactive steps;
- Ensuring a controlled environment in which all providers are best prepared to receive and test potential positive cases.

How It Works

As of March 13th, Health Sciences North (HSN) is operating a COVID-19 Assessment Centre in the North Laboratory 1 area of the Health Sciences North Research Institute (HSNRI) at 56 Walford Road in Greater Sudbury, 650 meters from HSN's Ramsey Lake Health Centre.

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The centre's purpose is to assess and, only where appropriate, swab people who may be infected with COVID-19 with a goal of minimizing the significant number of patients presenting themselves to the Emergency Department at HSN. This COVID-19 Assessment Centre **is by appointment only**. For safety reasons, **"walk in" appointments are strictly prohibited**. Not everyone who attends the clinic will be swabbed.

Individuals meeting the criteria below must **call HSN's assessment centre at 705-671-7373 between the hours of 9:00 am and 5:00 pm, 7 days per week**, instead of presenting themselves to HSN's Emergency Department. The patient will give their basic intake information and will receive a call back from a clinician for next steps.

Individuals with general questions must not call HSN. Instead, please call **Public Health Sudbury & Districts at (705) 522-9200 (toll-free 1-866-522-9200)**

Individuals must meet the following criteria for an Assessment Centre appointment:

1. Symptoms:

Fever (over 38 degrees Celsius) and/or cough (new or worsening)

AND

2. Exposure History within the last 14 days prior to onset of symptoms:

- Travel outside of Canada
- Travel to an impacted area within Canada. Until March 18th, this includes attendance at the Prospectors and Developers Association of Canada (PDAC) 2020 conference in Toronto
- Had close interactions with a confirmed or probable case of COVID-19
- Had close interactions with someone who has symptoms of COVID-19 who recently travelled outside of Canada or to an impacted area within Canada

There are two steps to be followed to receive an appointment at the COVID-19 Assessment Centre:

- Patients need to complete an assessment by telephone and will be triaged by a nurse from HSN;
- Patients triaged by the HSN nurse will be given an appointment to the COVID-19 Assessment Centre as required.

For patients who may have difficulty presenting for an assessment, arrangements will be made for an assessment at home from an employee of the Greater Sudbury Community Paramedicine Program.

Chronology

- January 24, 2020: First special meeting of the Infectious Disease Planning and Response Committee (IDPRC) to address novel coronavirus response. IDPRC is co-chaired by Dr. Ariella Zbar (Associate Medical Officer of Health, Public Health Sudbury & Districts) and Mark Hartman (Senior Vice-President, HSN). Committee brought together wide range of sectors involved in infectious disease response and were asked to begin preparing for potential pandemic scenario.

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- IDPRC meetings continued on a weekly basis for situational updates and opportunities to share best practices and address questions or concerns.
- In the weeks to follow, Public Health Sudbury & Districts in partnership with HSN began exploring community-based means of testing persons under investigation.
- March 3, 2020 12-1:30pm: First conference call of COVID-19 Northern Ontario Regional Planning and Implementation Table. One of the suggestions made is for the Medical Officer of Health and the CEO of the largest hospital in each of Northern Ontario's seven public health areas to work together towards creation of an assessment centre in each public health area. HSN comments that the launch of assessment centres for H1N1 took too long. Participants informed by Ontario Health Transitional Regional Lead that provincial direction is expected by March 6th with regards to assessment centres. HSN CEO identifies needs for confirmation that assessment centres will be funded as for H1N1.
- March 3, 2020 1:30pm: CEO of HSN and Medical Officer of Health task a Senior VP of HSN and the Associate Medical Officer of Health, who co-chair the Infection Diseases Planning and Response Committee (IDPRC), to develop by the next conference call of the Northern Ontario Regional Planning and Implementation Table a high-level plan on what a community assessment effort could look like in Greater Sudbury.
- March 4, 2020: A sub-set of IDPRC (Associate Medical Officer of Health Dr. Ariella Zbar, HSN Senior VP Mark Hartman, Deputy Chief of Emergency Services at City of Greater Sudbury Melissa Roney and local primary care physician leader Dr. Dennis Reich) met to discuss 1) specimen collection in the community and 2) assessment of potential COVID-19 cases in the community, outside of the ED
- March 5, 2020 10:03pm: Medical Officer of Health and HSN CEO submit to Ontario Health Transitional Regional Lead a high-level five-page "COVID-19 Community Assessment and Treatment Plan for Greater Sudbury, Sudbury East, Espanola, Manitoulin Island and Chapleau" developed by sub-set of IDPRC, for discussion purposes. The plan contemplates an assessment centre and mobile paramedicine program.
- March 5, 2020: HSN Senior VP asks HSN Director of Facilities to assess potential HSN facility locations for an assessment centre.
- March 6, 2020 12-1pm: Second conference call of COVID-19 Northern Ontario Regional Planning and Implementation Table. Provincial direction with regards to assessment centres has not yet been received. Ontario Health Transitional Regional Lead asks participants for specifics on proposed assessment centres and community-based testing: opening dates, location, staffing, etc. None of the participants on the call are yet able to provide such specifics for their respective community.
- March 6, 2020 1pm: HSN CEO contacts City of Greater Sudbury, requests that City identify potential municipal or other sites that could serve as assessment centre. City CAO immediately puts his team in action.
- March 6, 2020 5:16: HSN Senior VP seeks assistance from local Ontario Health leadership, and requests input from City of Greater Sudbury Paramedic Services with regards to planning the logistics of establishing COVID-19 assessment centres, supporting community-based testing, and supporting the engagement of primary care in managing COVID-19.
- March 7, 2020 4:15pm: Ontario Health CEO contacts HSN CEO, confirms that approved assessment centres would be funded and that target is to have Provincial Command Table approve centres at its March 12th meeting.
- March 7, 2020 5pm: HSN CEO proposes to HSN Senior VP that details be finalized by March 11th for the launch of assessment centre no later than March 23rd

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- March 7, 2020 6pm: HSN CEO contacts Public Health, City of Greater Sudbury and local Ontario Health leadership reminding them that establishment of H1N1 clinics too long, sharing information that it is expected that three assessment centres will be in operation in the coming week in Toronto, that the provincial table hopes to sign off at its meeting on March 12th on the other centres to be opened provincially, with start date (e.g. who can start in next two weeks), and that as requested, that they will be funded. HSN CEO suggests that we aim to have the details on the Sudbury clinic(s) finalized before the next Northern table call on Wednesday noon (building on the work done by Associate Medical Officer of Health, HSN Senior VP and their team that week), and aim to have it/them up and running no later than Monday, March 23rd. HSN CEO suggests that while there may be a provincial guidance document issued in the following week on such community clinics, we should not wait for the guidance - plans can be refined along the way. HSN Senior VP assigned to follow up with partners.
- March 8, 2020 8:26am: Medical Officer of Health asks that interim strategies begin March 16th – not full assessment centres but an option for testing in the community that could be implemented more quickly, if even stop gap until assessment centres are up and running. Encourages partners to ensure that we have options that are scalable to meet circumstances and protect acute care capacity. HSN Senior VP advises that City of Greater Sudbury Community Paramedicine confirms that home testing can be operational by March 16th deadline.
- March 8, 2020 10am: At request of City CAO, HSN Senior VP identifies seven preliminary desired attributes of assessment centre:
 1. An accessible entrance that can be used exclusively for this purpose;
 2. A relative large area where patients can be registered and wait with large separation between them;
 3. Multiple separate individual rooms that can be set up for examination and testing. The more rooms the better for separating people;
 4. Ideally handwashing in individual rooms however this can be set up with temporary alternatives;
 5. Close by accessible washroom;
 6. Lockable storage to secure Personal Protective Equipment;
 7. Internet connection available for remote access to medical record.
- March 8, 2020 4:30pm: Ontario Health Transitional Regional Lead shares with Ontario Health Northern Ontario Regional Planning and Implementation Co-Chairs (including local Medical Officer of Health and HSN CEO) draft *Toronto Region COVID-19 Assessment Centre Planning Document*, draft *Recommendations to Support Implementation of COVID-19 Assessment Centres* in Toronto Region and draft *Ontario Health – Toronto Region COVID-19 Assessment Centres: Planning Guidelines, Operation Readiness Check List and Submission Process*
- March 9, 2020 am: HSN assigns manager with experience working with Emergency Medical Assistance Team (EMAT) EMAT to plan assessment centre logistics. City of Greater Sudbury Paramedic Services assign lead manager to plan logistics of community based testing by Community Paramedicine.
- March 9, 2020 9:30am-3:30pm: Public Health Sudbury & Districts hosts over 120 participants from 60 agencies in a COVID-19 community planning session hosted by the City of Greater Sudbury. HSN CEO informs participants that plans are under development to have assessment centre in operation within the next two weeks.
- March 9, 2020 3:30pm: IDPRC including local Ontario Health management reconvenes to flesh out specifics of assessment centre and community based testing.

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- March 9, 2020 4:17pm HSN Director of Facilities Management delivers an assessment of 7 HSN space options using 22 assessment criteria to rank the options in order of suitability. Criteria are:
 1. Negative pressure rooms for testing;
 2. Cleanability;
 3. Recirculated air;
 4. Hand wash sinks;
 5. Dedicated entrance;
 6. Area outside;
 7. Speed of supply readiness if supplies available once space is empty;
 8. Concern with intermingling with other patients;
 9. Location isolation from others;
 10. Time to implement (days) assuming area is empty;
 11. Is area currently occupied;
 12. Parking spaces available for this purpose;
 13. Number of private testing locations proposed;
 14. Do testing rooms have local sinks;
 15. Shower facilities for staff;
 16. Lockers for staff;
 17. Lunch room for staff;
 18. Cost to complete;
 19. Network drops or phones;
 20. Nurse call;
 21. Carts required for supplies;
 22. Supplies required.
- March 10, 2020 4:30pm: First positive case confirmed in Northern Ontario, for a patient swabbed at HSN's ED
- March 10, 2020: IDPRC Co-Chairs requested and received community based testing operations framework and funding requirements.
- March 11, 2020 11am: HSN CEO, HSN Incident Commander (VP and Chief Nursing Executive), HSN Medical Director and Manager of Infection Prevention and Control tour the proposed assessment centre
- March 11, 2020 12-1pm: HSN CEO recommends at third conference call of Northern Ontario Regional Planning and Implementation Table that an assessment centre be operational effective March 13th in the North Laboratory 1 area of the Health Sciences North Research Institute (HSNRI) at 56 Walford Road in Greater Sudbury, 650 meters from HSN's Ramsey Lake Health Centre. HSN CEO outlines positive features of proposed space and confirms that the seven operational readiness check list requirements identified by the Ministry have been met. This plan includes a simultaneous implementation of community paramedicine testing by City of Greater Sudbury (CGS) EMS.
- March 11, 2022 2pm: Medical Officer of Health endorses HSN and CGS EMS plans.
- March 12, 2020 4:30-5:30pm: Fourth conference call of Northern Ontario Regional Planning and Implementation Table. Ontario Health Transitional Regional Lead confirms verbally that Greater Sudbury assessment centre is approved and will be funded and can therefore proceed. No specifics of funding provided. HSN decides to proceed despite lack of funding specifics. CGS EMS confirms they will proceed despite lack of funding specifics.
- March 12, 2020 6pm: HSN CEO drafts external communication

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- March 12, 2020 7pm: HSN CEO, HSN Senior VP and assessment centre manager visit the facility, review the proposed external communication
- March 12, 2020 7:52pm: HSN Senior VP seeks feedback from Public Health and City of Greater Sudbury on proposed external communication
- March 13, 2020: Assessment Centre opens and Community Paramedicine testing services ready.
- March 13, 2020 4:14pm: External and internal communication sent on opening of assessment centre
- March 13, 2020 7pm: Ontario Health Transitional Regional Lead informs HSN CEO that launch of Greater Sudbury's assessment centre is held provincial as "gold standard" and requests HSN to do a "write up" and plan a webinar to share its experience

Summary of Enabling Conditions

- Encouragement of Ontario Health Regional Transitional Lead to consider assessment centres
- Early feedback from HSN to set up assessment centres faster than was done for H1N1
- Frequent daily interactions between hospital CEO, Medical Officer of Health, Ontario Health Transitional Regional Lead, City representatives
- Member of Provincial Command Table providing additional useful background to hospital CEO in absence of written provincial direction with regards to assessment centres
- Target launch date of assessment centre and community testing proposed by hospital CEO to hospital team, Public Health and City peers – deadlines focus efforts
- Medical Officer of Health early advice to further accelerate launch of assessment centre or identify interim strategies
- Daily and effective focus of Ontario Health Regional Transitional Lead in escalating potential barriers identified by HSN and Medical Officer of Health
- Existing strong relationship between HSN, City of Greater Sudbury Emergency Services, Public Health Sudbury & Districts through ongoing Infectious Disease Planning and Response Committee.
- Early participation of primary care/urgent care advisor.
- Public commentary from hospital four days prior to launch that an assessment centre was forthcoming.
- Hospital manager assigned to lead the set up and operation of assessment centre
- Manager of assessment centre is experienced regional manager of Centre for Prehospital Care program with extensive experience working with Emergency Medical Assistance Team in various Incident Management roles.
- Community Paramedicine services well established in City.
- Manager and staff of assessment centre and ED Chief and Medical Director participated in COVID-19 efforts of Emergency Medical Assistance Team (EMAT) in both Trenton and Cornwall
- Regional Medical Director of Centre for Prehospital Care also an ED doc, enabling quick engagement with ED in planning
- Involvement of ED Chief and Medical Director in providing advice to manager of assessment centre
- Location of assessment centre within close proximity of acute care site and Emergency Department (650 metres)
- Site contains negative pressure rooms (no longer an absolute requirement as Ontario follows since March 12, 2020 direction from World Health Organization, but was a positive feature of site when it was confirmed on March 11, 2020)

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- Facilities, Security and Information Technology support of chosen site already provided by the hospital accelerate implementation
- Use of Incident Management Structure to mobilize as highest priority activity for support services including Facilities, Environmental Services, Human Resources, Information Technology, Registration, Decision Support, Materials Management, Communications.
- Involvement of medical and administrative leadership of Infection Prevention and Control, and Emergency Preparedness
- Involvement of medical leadership of Public Health in finalizing operational details of assessment centre
- Staffed by physicians and nurses who have experience with personal protective equipment, front line medicine.
- Availability of paramedics to perform assessment and testing for patients who are non ambulatory or do not have means of transportation to assessment centre
- Clear external communication to media on opening of assessment, with prior sign off from hospital, Public Health and municipality. First communication needs to include specific articulation with regards to:
 - Telephone number to call;
 - Definition of circumstances that should lead residents to call;
 - That no “walk in” visits or appointments are allowed;
 - Steps that patients can expect;
 - That not all patients who call will be assessed;
 - That not all patients assessed will be tested.
- Timing of external and internal communication deliberately planned for the end of the first day of operation of assessment centre to give the room to assessment centre staff to iron out details and not be distracted by potential media presence
- Space with its dedicated entrance and exit with no interaction required with other occupants of the building
- One-storey space
- Free parking (parking meter system was covered to avoid patients paying parking and therefore touching parking meter buttons)
- Ramp built to enable patients in wheelchair to use dedicated exit
- External camera surveillance at entrance with monitor at registration desk in the assessment centre
- Security guard at assessment centre entrance
- Additional triage desk created at entrance of ED – symptomatic patients without appointment, not requiring emergency care, directed to return to their car and call assessment centre number
- The telephone number of the assessment centre is communicated broadly in the media and on social media.

Set Up of Assessment Centre

During the four-day period before the hospital team opened the assessment centre, the following steps were taken:

- Site evaluation undertaken and plans well articulated;

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- All Information Technology/Telecommunications needs assigned to be overseen by a single lead to coordinate implementation; included running phone and internet cabling, procurement of hardware needs and network set-up for new outpatient clinic;
- Plan for integration of documentation into existing Meditech platform;
- Floor plan and patient flow designed;
- Ordering and delivery of start-up stock;
- Process dry runs included representatives of the following: clinicians (RNs, medical lead), Infection Prevention and Control nurses, Security, Emergency Preparedness, Facilities Management, Materials Management, Building Services, Laboratory, Information Technology;
- Secure lockable area arranged for personal protective equipment;
- Site level EOC established;
- Signage created.

Day One of Assessment Centre

On day one of its operation, the assessment team implemented the following steps:

- Staff oriented to new site and safety briefings occurred;
- Dry run of process from patient arrival through to post discharge cleaning protocols;
- Documentation of daily checks;
- Demonstration by all clinicians of appropriate donning and doffing performed and signed off by clinician lead;
- Telephone intake form developed;
- Additional phones installed in anticipation of call volume;
- Courier schedule established;
- Prioritization of patients waiting for swab in ED done and decanted to assessment centre;
- Phone number released publically near end of day.

Future Areas for Consideration

As the assessment centre has completed its third day of operation, the following steps have been identified as requiring attention:

- Call volume has necessitated the addition of minimum two clinicians to the originally planned staffing model;
- A stable staffing complement is imperative to decrease variations in practice and need for continuous orientation;
- Refinement of processes continues;
- Additional capacity has been planned for up to double of appointment volume planned to begin on the fourth day of operation (March 16th);
- Referral process to community paramedics for additional capacity continues to be refined to enable full utilization of this resource over next few days

Other Considerations

- Hospital went ahead with opening of assessment centre with only verbal confirmation of approval by Ontario Health Transitional Regional Lead.

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- No details have been provided yet by the Province as of day three of operation of the assessment centre (March 15, 2020) with regards to forthcoming funding to operate the assessment centre.
- No details have been provided yet by the Province as of day three of operation of the community-based testing by City of Greater Sudbury Community Paramedics.

Staffing

In its first two days of operation (March 13th and March 14, 2020), the assessment centre was staffed as follows:

- March 13th: 4 RNs, 1 MD, 1 Registration Clerk, 1 Security Guard, 1 Environmental Services
- March 14th: Staffing as above plus additional staff urgently added to address call volumes: 2 community paramedics, 2 RNs, 1 registration clerk.
- March 15th: Staff as above minus 1 RNs (calls were better spaced out during the day)

Statistics

As of end day 3 of operation (March 13-15, 2020):

- Total number of assessments completed over the phone: 237 (115 on day 3)
- Total number of appointments given: 32 (19 on day 3)
- Total number of swab tests at centre: 30 + 5 (community paramedic)
- Total number of community paramedic referrals: 5

Advice to Other Communities

- Do not under-estimate how fast your team can deploy.
- Capitalize on the expertise of staff from various areas of the institution.
- Enable rapid deployment of resources and resist decision-making by committee in early days.
- Incorporate a table top of planned processes and then several dry runs prior to going live and implement lessons learned in a rapid fashion.
- Front load human resources early in the operation.
- Leverage existing infrastructure (i.e. existing hospital facilities, existing Information Technology capacity).

References

<https://www.hsnsudbury.ca/portalen/News-Events/Latest-News-Media-Releases/enhanced-covid-19-assessment-in-greater-sudbury> (March 13, 2020 4:14pm)

Media Coverage

The following stories were posted by the media within two (2) hours of the announcement of the assessment centre on the afternoon of March 13, 2020:

<https://www.cbc.ca/news/canada/sudbury/covid-19-site-1.5497415>

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<https://northernontario.ctvnews.ca/sudbury-covid-19-screening-centre-to-reduce-hospital-burden-1.4852553>

<https://www.thesudburystar.com/news/local-news/hsn-opens-covid-19-assessment-centre-on-walford-road>

<https://www.sudbury.com/local-news/hsn-sets-up-enhanced-covid-19-assessment-centre-2163316>

Contact

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Note from Author

I want to acknowledge the work of the following colleagues who validated the first draft and provided input under very tight timelines within 29 hours during a weekend while managing the COVID-19 response. You are a dream team and it's a privilege to work with you:

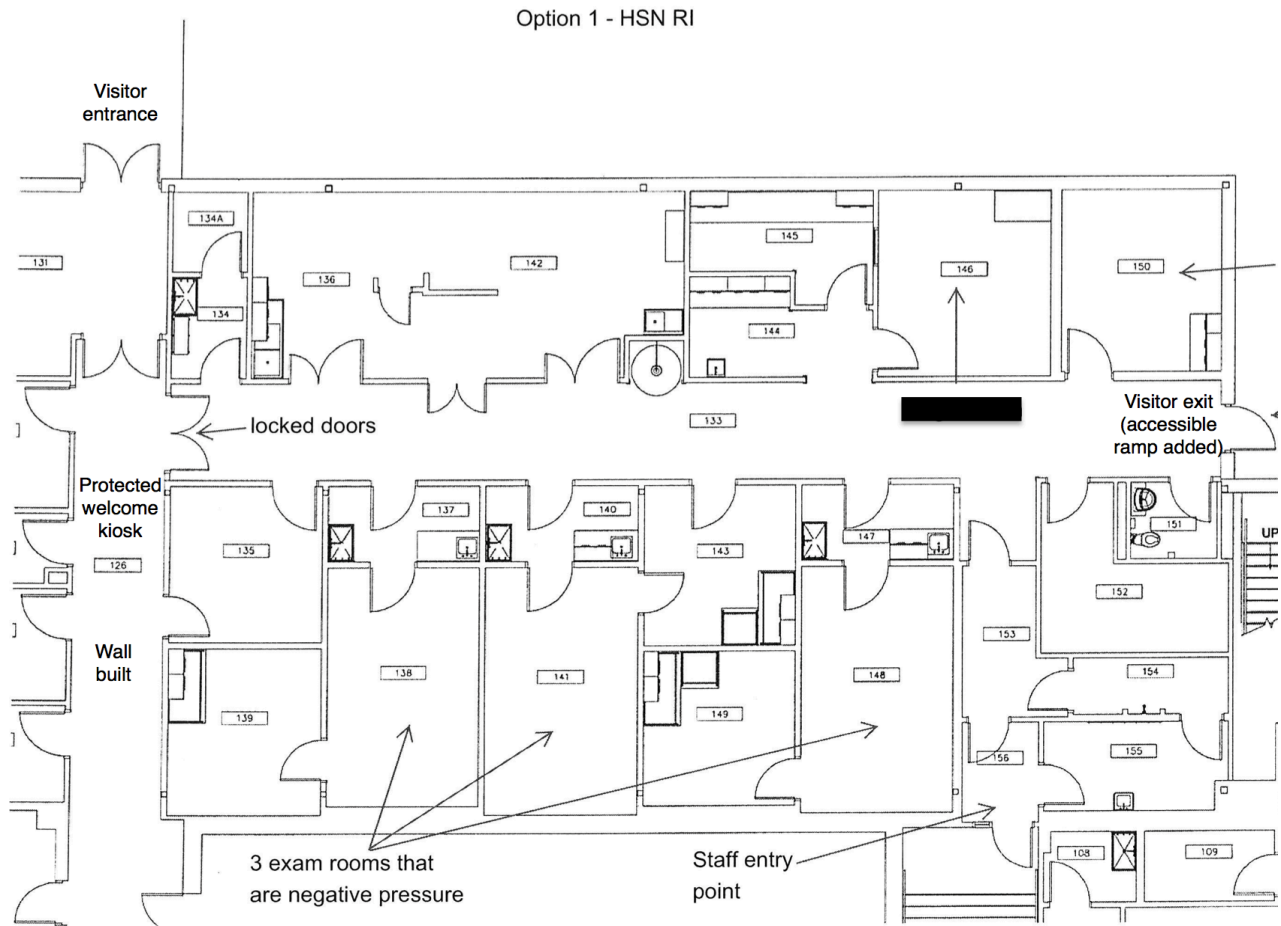
- From Health Sciences North: Senior VP Patient Experience and Digital Transformation **Mark Hartman**, Regional Program Manager – Centre for Prehospital Care **Nicole Sykes**, Medical Director – Centre for Prehospital Care **Dr. Jason Prpic**, Chief Information and Privacy Officer **Gaston Roy**, Director of Facilities Management **Pat Tessier**, Infection Prevention and Control Manager **Shelli Fielding-Levac**
- From Public Health Sudbury & Districts: Associate Medical Officer of Health **Dr. Ariella Zbar**
- From City of Greater Sudbury: Deputy Chief of Emergency Services **Melissa Roney**

Dominic Giroux

Appendices

1. Floor plan of assessment centre
2. Incident Status Summary at end of day 3 (May 15, 2020)
3. HSN news release (March 13, 2020)
4. Operational checklist signed off by Ontario Health Transitional Regional Lead (March 12, 2020)
5. Scoring of site options (March 9, 2020)
6. COVID-19 Community Assessment and Treatment Plan for Greater Sudbury, Sudbury East, Espanola, Manitoulin Island and Chapleau – High Level Plan for Discussion Purposes (March 5, 2020)

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IMS 209: COVID Assessment Clinic Incident Status Summary-Generic

REVISED March 13, 2020

IMS Form 209 – COVID Assessment Clinic

INCIDENT STATUS SUMMARY	1. Incident Name	2. Date/Time Prepared	3. Operational Period
	COVID Assessment Centre	March 15, 2020	0900-1700hrs
Current Situation			
CLINIC # of telephone assessments today: 115, Total to date: 237 # Clinic Assessments today: 19, Total to date: 32 Total swabs today: 19 Total to date: 30 (+4 CP) Community Paramedic Referrals: 4, Total to date: 4 ED redirects list from March 14: 1			
OPERATIONS HSNRI will host the screening/testing area for this patient population. <ul style="list-style-type: none">• Clinic will run 9-5 / 7days/week• Clinic provide COVID 19 screening, assessment and testing.• Clinic phone number open to the public. 2 clinicians and 2 intake workers answering phone.• Referral process from Assessment Centre to Community Paramedics refined today and trialed with both a single swab home visit and then a 3 person swab home visit. Lessons learned to be debriefed in AM to determine and operationalize any needed adjustments.• Primary assessment inclusive of donning/doffing processes, contact/droplet for swabbing (negative pressure rooms utilized as this is where clinic rooms set up.• Clinic will coordinate with local Paramedic Service regarding transport for ill individuals to the hospital as required.• Courier will deliver swabs to main site / align with shipment to PHO at 1200 & 1700hrs daily• Clinic maintained with identified cold, warm and hot zones for staff.• Engineering, administrative controls along with personal protective equipment will be maintained onsite.• Finance: defined cost centre• Safety Officer: Ongoing risk/hazard assessments and control measure identification – working with IP&C. Re-enforcing principles during daily briefings.• IP&C: PPE process/protocol monitoring review and revision as required.• Safety and Breach processes defined for clinic staff.			
LOGISTICS Communications: 4 phones for receipt of Assessment Centre maintained. Contingency plan for move to conference room if volumes increase but feedback from screening clinicians indicates a preference to stay in proximity to MD for consultation of ambiguous cases. Supplies maintained at adequate level, order placed for replenishment of weekend usage made at end of day. Contingency plan for PPE Community pharmacy process in place for home delivery of prescriptions if required Medical waste process maintained as defined with facilities			
SAFETY Safety debrief 9am. Evacuation plans reviewed with staff / Code response reviewed All new staff completing PPE donning/doffing sign off / procedure review / negative isolation procedures Updated all N95 mask fit for individuals on site			

IMS 209

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IMS 209: COVID Assessment Clinic Incident Status Summary-Generic

REVISED March 13, 2020

Perimeter safety check – complete
Reviewed lab specimen label and courier process
Security on site and included on all briefings.
One patient attended clinic without appointment; redirected to

LIAISON

N.Sykes liaise with Incident command at main site

PLANNING

IMS 209's will continue to be sent out daily for clinic.
Contingency phone intake available with additional lines / cables
Custom report to print daily at 1700hrs with all information for PHU/Incident Command
Changes in objectives may need to increase scheduling for intake call capacity – will assess daily. For March 15th, maintained upstaff of additional Reg clerk, and two RNs on caller screening and assessment. One Paramedic Service staff on site to facilitate link to community paramedics also functioned as intake clerk. Unless call volume decreases significantly, this model will be required. Staffing appears stable for March 16th.
Charts complete and housed in locked cabinet on site – to be brought to Main site on Monday, are bar coded and will be scanned into EMR.
Advanced Planning with the assistance of Planning Chief will continue to work on the schedule for ramp up with intake calling / assessment

FINANCE

Tracking and reconciliation – ongoing.

4. Future Outlook

- Scheduling to be reviewed with changes in objectives associated to intake / assessment
- Move to more sustainable staffing model required for early to mid-week.

5. Anticipated Actions

Revise and review operational period objectives as required

- Adjust staffing pattern, accommodation requirements, and advanced planning for extension(s) of team members – dependant on call volume / assessment

6. PREPARED BY (ONSITE PLANNING)

Nicole Sykes

7. APPROVED BY (CLINIC LEAD)

Nicole Sykes



March 13, 2019

For Immediate Release

Enhanced COVID-19 Assessment in Greater Sudbury

SUDBURY, ON – As of March 13th, Health Sciences North (HSN) is operating a COVID-19 Assessment Centre in the North Laboratory 1 area of the Health Sciences North Research Institute (HSNRI) at 56 Walford Road in Greater Sudbury, 650 meters from HSN's Ramsey Lake Health Centre.

The clinic's purpose is to assess and, only where appropriate, swab people who may be infected with COVID-19 with a goal of minimizing the significant number of patients presenting themselves to the Emergency Department at HSN. This COVID-19 Assessment Centre **is by appointment only**. For safety reasons, **"walk in" appointments are strictly prohibited**. Not everyone who attends the clinic will be swabbed.

Individuals meeting the criteria below must **call HSN's assessment centre at 705-671-7373 between the hours of 9:00 am and 5:00 pm, 7 days per week**, instead of presenting themselves to HSN's Emergency Department. The patient will give their basic intake information and will receive a call back from a clinician for next steps.

Individuals with general questions must not call HSN. Instead, please call **Public Health Sudbury & Districts at (705) 522-9200 (toll-free 1-866-522-9200)**

Individuals must meet the following criteria for an Assessment Centre appointment:

1. Symptoms:

Fever (over 38 degrees Celsius) and/or cough (new or worsening)

AND

2. Exposure History within the last 14 days prior to onset of symptoms:

- a. Travel outside of Canada
- b. Travel to an impacted area within Canada. Until March 18th, this includes attendance at the Prospectors and Developers Association of Canada (PDAC) 2020 conference in Toronto
- c. Had close interactions with a confirmed or probable case of COVID-19
- d. Had close interactions with someone who has symptoms of COVID-19 who recently travelled outside of Canada or to an impacted area within Canada

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1. Patients need to complete an assessment by telephone and will be triaged by a nurse from HSN;
2. Patients triaged by the HSN nurse will be given an appointment to the COVID-19 Assessment Centre as required. For patients who may have difficulty presenting for an assessment, arrangements will be made for an assessment at home from an employee of the Greater Sudbury Community Paramedicine Program.



Sudbury's COVID-19 Assessment Centre, funded and approved by the Ministry of Health, is among the first to be opened in Ontario. It's the result of proactive and collaborative planning by a number of programs at HSN, including its Centre for Prehospital Care, as well as Public Health Sudbury & Districts, the City of Greater Sudbury and Ontario Health (North).

Jason Turnbull

Communications Specialist
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Our purpose is to provide high quality health services, support learning and generate research that improves health outcomes for the people of Northeastern Ontario. HSN and HSNRI are grateful for the ongoing support of the community through the HSN Foundation, the Northern Cancer Foundation, the NEO Kids Foundation and the HSN Volunteer Association. Learn more about our key goals and the 2019-2024 Strategic Plan at www.yourhsn.ca.

Your Voice. Your Vision.

#YourHSN #YourHSNRI

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Le 13 mars 2020

Pour diffusion immédiate

Évaluation intensifiée de la COVID-19 dans le Grand Sudbury

SUDBURY (Ontario) – Le 13 mars, Horizon Santé-Nord (HSN) a ouvert un Centre d'évaluation de la COVID-19 dans le secteur du laboratoire nord 1 de l'Institut de recherches d'Horizon Santé-Nord (IRHSN), situé au 56, chemin Walford dans le Grand Sudbury. Cet emplacement se trouve à 650 mètres du Centre de santé du lac Ramsey d'HSN.

L'objectif du Centre consiste à évaluer et, seulement dans les cas appropriés, à prélever des échantillons à l'écouvillon chez les personnes qui pourraient être infectées par la COVID-19. Le but est de réduire le nombre important de patients qui se présentent au Service des urgences d'HSN. Vous pouvez vous présenter au Centre d'évaluation de la COVID-19 **sur rendez-vous seulement**. Pour des questions de sécurité, **il est strictement interdit aux personnes de se présenter sans rendez-vous**. Nous ne prélèverons pas d'échantillons chez toutes les personnes qui se présentent au Centre.

Les personnes qui satisfont aux critères ci-dessous doivent **appeler le Centre d'évaluation d'HSN au 705 671-7373 entre 9 h et 17 h, 7 jours par semaine**, au lieu de se présenter au Service des urgences d'HSN. En appelant au centre, elles devront fournir des renseignements de base après quoi un clinicien les rappellera pour leur indiquer les prochaines étapes.

Les personnes qui ont des questions d'ordre général doivent éviter d'appeler HSN. Communiquez plutôt avec **Santé publique Sudbury et districts en composant le 705 522-9200 (sans frais : 1 866 522-9200)**.

Les personnes doivent satisfaire aux critères suivants pour obtenir un rendez-vous au Centre d'évaluation :

1. Symptômes :

Fièvre (supérieure à 38 degrés Celsius) ou toux (nouvelle ou qui s'aggrave)

ET

2. Antécédents d'exposition au virus dans les 14 jours précédant l'apparition des symptômes :

- a. Voyage à l'extérieur du Canada
- b. Voyage dans une région touchée du Canada – jusqu'au 18 mars, cela comprend une participation au congrès de 2020 de l'Association canadienne des prospecteurs et entrepreneurs (ACPE) à Toronto
- c. Interactions étroites avec un cas confirmé ou probable de COVID-19
- d. Interactions étroites avec une personne qui a des symptômes de COVID-19 et qui a récemment voyagé à l'étranger ou dans une région touchée du Canada



Deux étapes sont nécessaires pour prendre rendez-vous au Centre d'évaluation de la COVID-19 :

1. Les patients doivent participer à une évaluation par téléphone et une infirmière d'HSN procédera ensuite au triage;
2. À la suite du processus de triage par l'infirmière d'HSN, nous donnerons rendez-vous aux patients au Centre d'évaluation de la COVID-19, au besoin. Si des patients ont de la difficulté à se présenter pour une évaluation, des arrangements seront pris pour une évaluation à domicile effectuée par un employé du Programme communautaire de soins paramédicaux du Grand Sudbury.

Le Centre d'évaluation de la COVID-19 de Sudbury, financé et approuvé par le ministère de la Santé, est l'un des premiers centres du genre à ouvrir ses portes en Ontario. C'est le résultat d'une planification proactive et collaborative à laquelle ont participé bon nombre de programmes d'HSN, dont son Centre de soins préhospitaliers, ainsi que Santé publique Sudbury et districts, la Ville du Grand Sudbury et Santé Ontario (dans le Nord).

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Notre raison d'être consiste à offrir des services de santé de grande qualité, à favoriser l'apprentissage et à effectuer des recherches qui améliorent la santé de la population du Nord-Est de l'Ontario. HSN et l'IRHSN remercient la communauté de son appui soutenu par l'entremise de la Fondation Horizon Santé-Nord, de la Fondation du Nord en oncologie, de la Fondation Enfants NEO et de l'Association des bénévoles d'HSN. Apprenez-en plus sur nos objectifs clés et le plan stratégique 2019-2024 sur www.votrehsn.ca.

Votre Voix. Votre Vision.
#VotreHSN #VotreIRHSN

votrehsn.ca | hsnsudbury.ca

Case Study: Launch of Greater Sudbury's COVID-19 Assessment Centre on March 13, 2020

Proposed Assessment Centre Operational Details

To be completed by MOH/Hospital Leads

	Insert Region	Greater Sudbury (North East)	Greater Sudbury (North East)
	Sample Hospital	Health Sciences North	Community Paramedicine
Location(s)	List sites and proximity to hospital (if applicable) • Provide address if applicable	Health Sciences North Research Institute 56 Walford Road, Sudbury, P3E 2H3	In home visits via EMS
Operating Hours	Provide days and hours per site	7 Days/week: Phase 1 - 8 hrs, 2 rooms; Phase 2 - 8 hrs, 3 rooms; Phase 3 - 12 hrs, 3 rooms; Future phases include increasing # of rooms and integration of community paramedics to support in-home intervention	7 days / wk 24 hrs Capacity up to 3 units
Capacity per day	Provide # of patients/per site	Phase 1 - 10; Phase 2 - 15, Phase 3 - 24, Phase 4 to include increasing rooms and inclusion of community paramedics	18 in home visits/day/unit
Staffing	Provide list of types of clinicians/staff • Include # staff if known	MD x 1 per shift up to 12 hr shift. RN x2 up to 3 rooms max. Registration clerk x 1. Environmental services x2.	1 paramedic field/unit 1 paramedic intake
Negative Pressure	Yes or No • Include # of rooms	Yes; 2	No
Operational	Provide date and/or # of days/weeks to readiness per site Trigger required by agency to start the assessment centre	13-Mar-20	Within 12 hours pending sign-off
Threshold		Diminished ED capacity; +ve case; Required immediately	Diminished ED capacity; +ve case; Required immediately
Issues Noted		<u>Required:</u> Adequate supply of PPE and swabs; physician payment	<u>Required:</u> Adequate supply of PPE and swabs;

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Option	Negative pressure rooms for testing	Cleanability	Recirculated air	Hand wash sinks	Dedicated entrance	Area outside	Speed of supply readiness if supplies available once area is empty	Concern with intermingling with other patients	Location isolation from others time to implement (ways) readiness (assuming area is empty)	Is area currently occupied	Parking spaces available for this purpose	Number of testing locations proposed (Private)	Do testing rooms have local sinks	Shower facilities for staff	Lockers for staff	Lunch room for staff	Cost to complete	Network drops or phones	Nurse call	Carts required for supplies	Supplies required	Overall ranking from Facilities Group
HSN RI level 1 North Segment	Yes	1 No	Yes	Yes	Yes		1	2	3	No	40	3	Yes	Yes	Yes	Yes	Low	Yes	No	Yes	Yes	1
SOC Bariatric area	No	2 Yes	Yes	Yes	Yes		2	4	4	6 Yes	50	6	Yes	No	No	No	Low	Yes	No	Yes	Yes	2
ACU 1 afternoon RLHC	No	2 Yes	Yes	No	No		2	5	5	5 Yes	50	8	Yes	Some	Some	Some	Low	Yes	No	Yes	Yes	3
Portable trailers at RLHC	Can	3 Can	Can	Yes	Yes		3	3	2	60 N/a	50 U	U	U	U	U	U	High	No	No	Yes	Yes	4
Hospital laundry services	Can	4 Can	Can	Yes	Yes		3	1	1	60 No	30 U	U	U	U	U	U	High	No	No	Yes	Yes	4
CTC wing	No	2 Yes	No	Yes	Yes		2	4	2	60 Yes	50 U	U	U	U	U	U	High	Yes	No	Yes	Yes	4
Cottage 1	No	3 Yes	No	Yes	Yes		3	3	2	30 No	20 U	U	U	U	U	U	High	Some	No	Yes	Yes	4
U = Undetermined																						
N/a = Not applicable																						

COVID-19 Community Assessment and Treatment Plan for Greater Sudbury, Sudbury East, Espanola, Manitoulin Island and Chapleau

High Level Plan for Discussion Purposes, March 5, 2020

Goal:

- Establish and scale-up community management of COVID-19 to reduce burden on acute care system

Objectives:

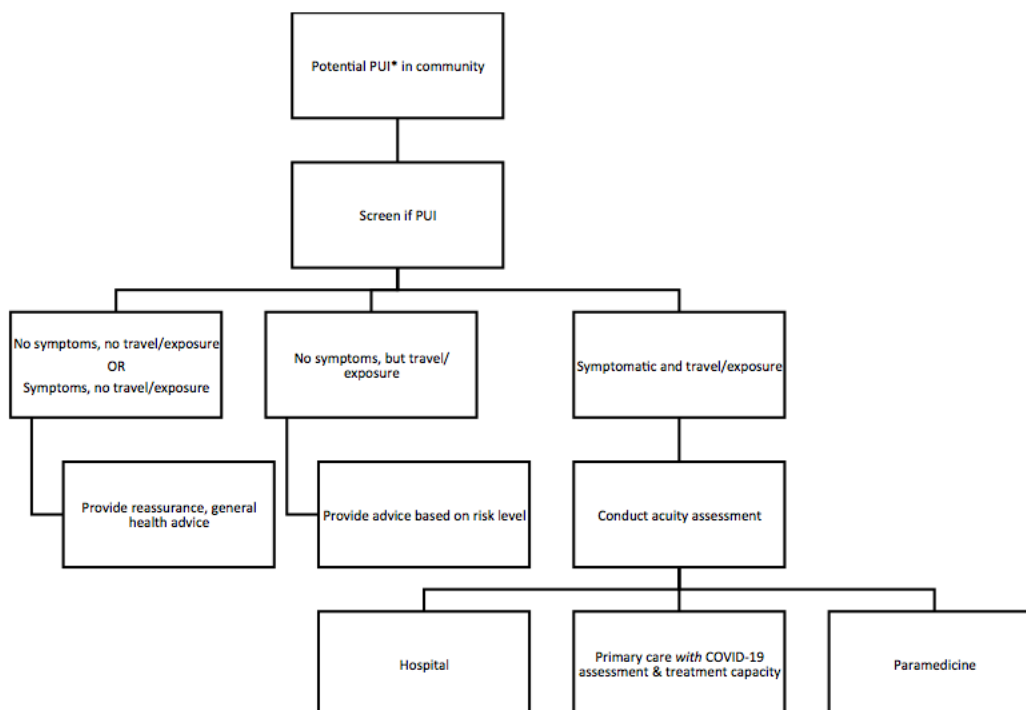
- Establish community-based assessment and testing via:
 - Paramedicine
 - Primary care
- Establish means of scaling-up to pandemic (mitigation & response) situation from current containment strategy

Assumptions and unknowns:

- Transition from containment to pandemic strategy:
 - Testing may be reserved for high-acuity cases (ex. ICU patients) versus broader testing approach used in containment strategy
 - Scaling-up up of community-based capacity to assess and treat cases
- Additional guidance pending from Ministry on assessment centres
- Primary care can provide care up to and including nebulizer therapy before referring to hospital/acute care
- Communities will have variable capacity in type and level of services provided

Plan for current containment strategy:

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*Person under investigation

Step	Description	Gaps/needs
PUI in community	Notification (phone/in-person) received by primary care, public health, EMS/911, hospital, or Telehealth	<ul style="list-style-type: none"> Clear and consistent messaging to all identified receivers on how to process calls and ensure all kept up-to-date (ex. changes in case definition) Consider how to divert calls from 911 (ex. Telehealth to undertake initial screening, non-urgent lines or call centre, communication with public on when to use 911 for COVID-19 concerns)
Screening	Determine if PUI <ul style="list-style-type: none"> If PUI (symptoms + travel/exposure), go to next step (acuity assessment) If no symptoms, but travel/exposure, counsel based on risk level If no symptoms and no travel/exposure OR if symptoms and no travel/exposure, reassure and offer general medical advice 	<ul style="list-style-type: none"> Educate all receivers on screening process (ex. when to notify public health), ensuring process is kept up-to-date
Acuity assessment	If PUI is calling into primary care, public	<ul style="list-style-type: none"> Educate all receivers on

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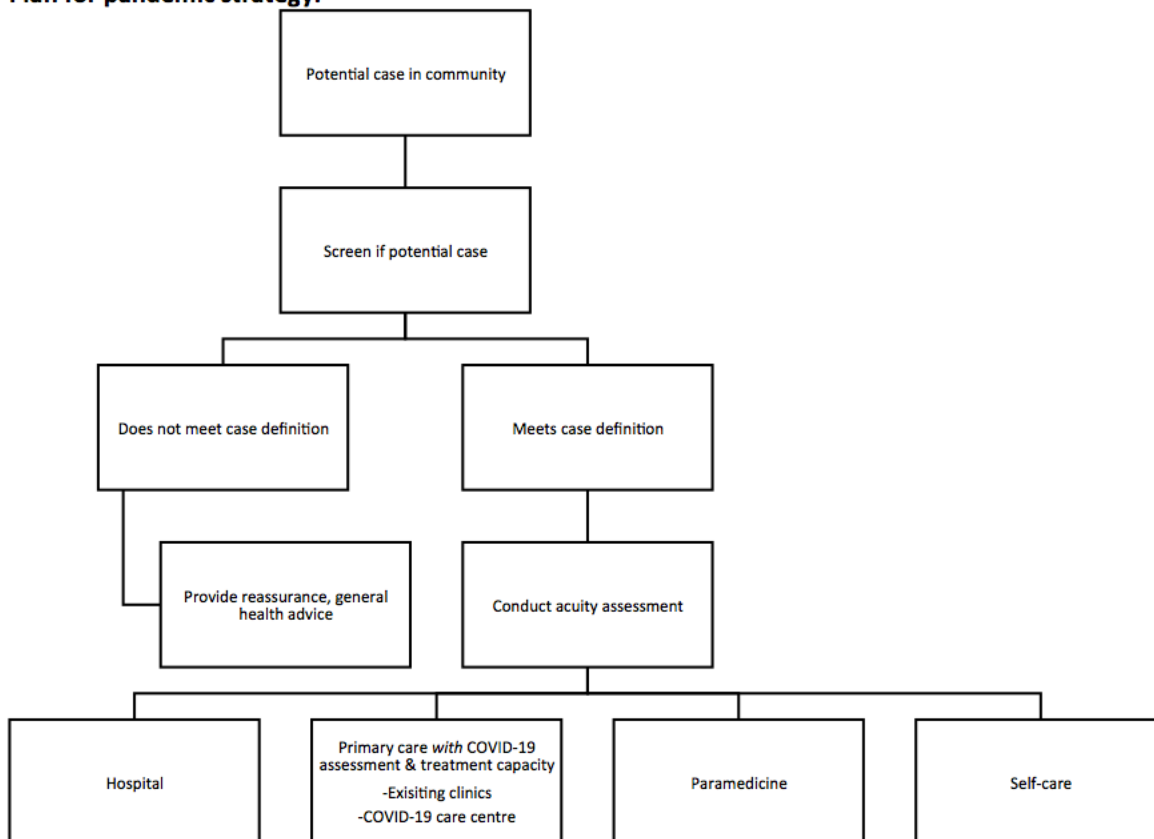
	<p>health, EMS/911, hospital, Telehealth:</p> <ul style="list-style-type: none"> • Contact EMS/911 to determine if appropriate for home visit vs primary care vs hospital <p>If PUI presents to primary care site unable to safely assess/test, or another setting unable to assess/test (ex. public health):</p> <ul style="list-style-type: none"> • Assess level of acuity (if able, such as by phone triage, or contact EMS/911) and re-direct to paramedicine, primary care with capacity, or hospital as appropriate <p>If PUI presents to primary care site able to assess/test or to hospital:</p> <ul style="list-style-type: none"> • Assess/test as appropriate 	<p>acuity assessment and referral process, ensuring process is kept up-to-date</p> <ul style="list-style-type: none"> • EMS/911 to develop triage process to determine level of service to dispatch to community
PUI referred to paramedicine	Paramedicine dispatched to provide assessment and testing	<ul style="list-style-type: none"> • Training to test for COVID-19 • IPAC needs including PPE • Determine capacity to go to primary care clinic without assessment/testing capacity • Determine capacity to scale-up by reassigning other paramedics • This option is not available or funded across the catchment – address increasing capacity for this model
PUI referred to primary care	<p>Primary care provider assesses and tests PUI</p> <ul style="list-style-type: none"> • May be in clinic, virtually or in-home depending on availability of isolated clinical space 	<ul style="list-style-type: none"> • PPE • Testing equipment • Support staff (ex. RN) to help scale-up capacity • Treatment supplies (up to and including nebulizer therapy) • Coordination with EMS if patient requiring hospital transport • Some communities may not have walk-in capacity and may rely on appointment-based services • Some communities may not have capacity to safely reconfigure existing primary care clinics to avoid mixing of general population and

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		PUIs
PUI sent to hospital/ED	Hospital/ED assessment and testing for PUI	N/A (discussion focused on community-based approach)

Plan for pandemic strategy:



Step	Description	Gaps/needs
Potential case in community	Notification (phone/in-person) received by primary care, public health, EMS/911, hospital, Telehealth	<ul style="list-style-type: none"> As with containment strategy
Screening	Determine if potential case <ul style="list-style-type: none"> If potential case, go to next step (acuity assessment) If not, reassure and offer general medical advice 	<ul style="list-style-type: none"> As with containment strategy
Acuity assessment	If potential case is calling into primary care, public health, EMS/911, hospital, Telehealth: <ul style="list-style-type: none"> Contact EMS/911 to determine if appropriate for home visit vs primary care vs hospital, or self-treat at home If potential case presents to primary care site	<ul style="list-style-type: none"> As with containment strategy

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	<p>unable to safely assess/test, or another setting unable to assess/test (ex. public health):</p> <ul style="list-style-type: none"> Assess level of acuity (if able, or contact EMS/911) and re-direct to paramedicine, primary care with capacity, or hospital as appropriate <p>If potential case presents to primary care site able to assess/test, alternate site or to hospital:</p> <ul style="list-style-type: none"> Assess/test as appropriate 	
Potential case referred to paramedicine	Paramedicine dispatched to provide assessment (+/- testing)	<ul style="list-style-type: none"> As with containment strategy, but likely less need for testing as per assumptions
Potential case referred to primary care (existing clinic)	Primary care provider assesses potential cases at own clinic (+/- testing)	<ul style="list-style-type: none"> As with containment strategy, also needing to determine triggers to close clinics and redeploy staff to alternate site as below
Potential case referred to primary care (COVID-19 care centre)	Primary care provider assesses potential cases (+/- testing) at alternate site (COVID-19 care centre)	<ul style="list-style-type: none"> Requirements will be as above for existing clinics (PPE, support staff, nebs, etc.)
Potential case sent to hospital/ED	Hospital/ED assessment and testing for potential cases	N/A (discussion focused on community-based approach)

Supporting items to above plans:

- Surveillance/monitoring of community capacity to handle COVID-19 cases as will trigger, for example, clinic closures and redeployment of staff to alternate testing site
- Communications
 - Healthcare providers: hold education sessions w/all community primary care to educate on COVID-19 and determine who can provide assessment/treatment services
 - Consider central "portal" for rapid communications/updates of clinical guidelines
 - Community: socialize this plan so they are aware of health system approach to COVID-19 and are prepared for potential interactions within this approach