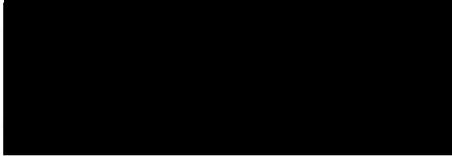




13 April 2021



Dear 

Re: OIA request – Patients in isolation

Thank you for your Official Information Act request received 19 March seeking information from Waitematā District Health Board (DHB) about patients placed in isolation.

You requested the following information:

I would like to request, under the Official Information Act, information about patients placed in isolation within DHB hospitals to prevent the spread of disease.

Could you please provide the following data in an excel spreadsheet?

- 1. The number of patients placed in isolation in a DHB hospital in the 2018, 2019 and 2020 calendar years, broken down by year.*
- 2. What condition each person had?*
- 3. What type of isolation were they in - contact, droplet, airborne, protective etc.?*

Also, can you please tell me:

- 4. What the longest stint in continuous isolation was during those three years, what condition it was for and what type of isolation they were in?*
- 5. What PPE and protocols are required for each type of isolation (contact, droplet, airborne, protective, etc)?*
- 6. How many of last year's cases were COVID-19 related?*
- 7. Did the emergence of COVID-19 cause changes to any of the PPE or protocols required?*

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

Please see our responses to your questions below:

- 1. The number of patients placed in isolation in a DHB hospital in the 2018, 2019 and 2020 calendar years, broken down by year.**
- 2. What condition each person had.**
- 3. What type of isolation were they in - contact, droplet, airborne, protective etc.?**

We are unable to provide figures for the number of patients placed in to isolation at either North Shore or Waitakere hospitals specifically for the purpose of containing the spread of a communicable disease. This is because isolation or side rooms are used for a number of reasons including for palliative care purposes, security or other.

To provide the information you are seeking would require the review of thousands of individual clinical records of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review these individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

However, we are able to provide the total number of times isolation or side room was used at either North Shore or Waitakere hospitals for all purposes, including those outlined above, and how many of these events were COVID-19-related.

Due to the limited amount of information we are providing, the figures are provided in the table below rather than in an excel spreadsheet, as requested:

Table 1: Number of patients placed in isolation or a side room for any event including medical, palliative, security or other broken down by year from 2018-2020

Year	COVID-19 related	Isolation event – medical, palliative, security or other
2018	0	4,011
2019	0	3,310
2020	38*	3,103

*Isolated as a confirmed case of COVID-19 or as a patient under investigation.

These figures should be seen in the context of our total patient admission numbers which average around 130,000 per year.

- 4. What the longest stint in continuous isolation was during those three years, what condition it was for and what type of isolation they were in?**

As above, we are unable to provide this information as it would require the review of individual clinical records of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review these individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have,

therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

5. What PPE and protocols are required for each type of isolation (contact, droplet, airborne, protective, etc)?

Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection. TBPs are used for patients known or suspected to be infected or colonised with epidemiologically important or highly transmissible pathogens that can transmit or cause infection.

The type of TBPs applied is based upon the mode of transmission of the pathogen. For diseases that have multiple routes of transmission, more than one TBP category is applied. The following are the routes of transmission:

- airborne transmission, e.g., pulmonary tuberculosis, chickenpox, measles
- droplet transmission, e.g., influenza, pertussis (whooping cough), rubella
- contact transmission (direct or indirect), e.g., viral gastroenteritis, MRSA, scabies.

Please find attached for your information a copy of our Patient Management protocols for transmission based precautions - **Attachment 1**.

6. How many of last year's cases were COVID-19 related?

As previously stated, 38 people were isolated as either a confirmed case or a patient under investigation for COVID-19.

It should be noted that patients presenting with **any** symptoms of a respiratory tract infection or risk factors are initially isolated as a precaution and not because they have COVID-19 or another infectious disease. We approach such situations with an "abundance of caution" to avoid inadvertent onward transmission of COVID-19.

Once we establish that patients do not have an acute respiratory tract infection and their respiratory panel is negative (which includes COVID-19), then they no longer require isolation. For the majority of patients, this is done within 24hrs.

7. Did the emergence of COVID-19 cause changes to any of the PPE or protocols required?

Yes, as this was a new type of Coronavirus, SARS CoV-2, and the disease was spread across multiple countries, this was declared a pandemic, which created a new health and safety risk for hospitals worldwide to manage.

As the disease was constantly evolving, so did the management of the patients and increased use of PPE. There was also a combination of transmission-based precautions i.e. PPE used to manage COVID-19 patients based on a patient's clinical presentation.

At Waitematā DHB, patients are screened for COVID-19 and, if needed, an appropriate management stream is determined based on clinical criteria and epidemiological risk (where there is a higher index of suspicion of COVID-19).

Our policies and procedures for COVID-19 management are continuously updated to comply with national Ministry of Health and global Centers for Disease Control and Prevention (CDC) and World Health Organisation (WHO) guidelines.

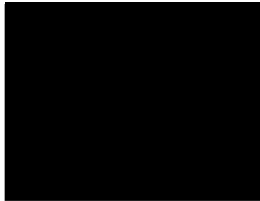
You have the right to seek an investigation and review by the Ombudsman of the decisions taken in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Executive Director Hospital Services
Waitematā District Health Board**

4. Patient Management (Contact, Droplet, Airborne, Enteric)

	Contact Precautions	Droplet Precautions	Airborne Precautions	Enteric Precautions
Hand Hygiene <i>As per the Five Moments and the Hand Hygiene Policy</i>	Yes	Yes	Yes	Yes NB after patient contact, wash hands with soap and water
Personal Protective Equipment (PPE) – Gloves	Yes For contact with patient and/or contaminated surfaces/equipment	Yes For contact with respiratory secretions and/or contaminated surfaces/equipment	Yes For contact with respiratory secretions	Yes For direct contact with patient and or patients environment
PPE – Gown	Yes For contact with patient and/or contaminated surfaces/equipment	No as per standard precautions	No As per standard precautions	Yes For contact with patient and/or surfaces equipment
PPE – Mask	No	Yes <i>Surgical Mask</i> When within 1-2 meters of the patient	Yes <i>High particulate filter mask - N95</i> Before entering the room remove after exiting room and closing door	Yes High particulate N95 mask if patient has suspected Noro Virus and is actively vomiting

	Contact Precautions	Droplet Precautions	Airborne Precautions	Enteric precautions
PPE – Protective Eyewear	As indicated	As indicated	As indicated	As indicated

	refer to standard precautions	refer to standard precautions	refer to standard precautions	refer to standard precautions
PPE Application & Disposal	<u>Must be applied (as required) before entering the patients room and disposed of before leaving the patients room</u>	<u>Must be applied (as required) before entering the patients room and disposed of before leaving the patients room</u>	<u>Must be applied (as required) before entering the patients room, N 95 mask should not be removed until after exiting patients room</u>	<u>Must be applied (as required) before entering the patients room, N 95 mask if indicated should not be removed until after exiting patients room</u>
WDHB IP&C Door Sign	Yes The Contact Precautions door sign <u>must</u> be displayed	Yes The Droplet Precautions door sign <u>must</u> be displayed	Yes The Airborne Precautions door sign <u>must</u> be displayed	Yes The Enteric Precautions door sign <u>must</u> be displayed
Yellow Bag <i>(for heavily blood & body fluid soiled items)</i>	Yes	Yes	Yes	Yes
Isolation Room (Single)	Yes May cohort for specific MDRO's Door may stay open	Yes May cohort curtains closed in certain cases Door may stay open	Yes A negative pressure ventilated room if possible. Door <u>must</u> stay closed at ALL times	Yes With dedicated bathroom facilities
Isolation Trolley/Shelf required	Yes	Yes	Yes	Yes

Note: Some patients may require a combination of the above precautions e.g. Contact and Airborne Precautions for Chicken Pox. Refer to IPC Disease Specific Issues Policy for further details of isolation requirements.