



25 May 2021

Via Email: [REDACTED]

Response to a request for official information

Dear [REDACTED]

Thank you for your request for official information received 19 March 2021 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 16 April 2021, where you seek the following information.

- 1. The number of patients placed in isolation in a DHB hospital in the 2018, 2019 and 2020 calendar years, broken down by year***

NMH response: Please see Table One.

TABLE ONE

Calendar Year	Total Patients
2018	1351
2019	1358
2020	1777

- 2. What condition each person had***

NMH response: This information is not electronically captured and it would take significant time and resources to manually go through individual patient files. As such, NMH declines to respond under section 18(f) as *'the information requested cannot be made available without substantial collation and research'*.

- 3. What type of isolation were they in - contact, droplet, airborne, protective etc***

NMH response: Please see Table Two.

TABLE TWO

Isolation Description	Total Patients
Contact Precautions	1953
Droplet Precautions	1863
Airborne Precautions	196
Protective Isolation	414
Cohort Isolation	52

- 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.***

¹ Nelson Marlborough District Health Board

NMH response: A person required 65 days contact isolation related to a potentially contagious condition.

The actual condition is withheld under section 9(2)(a) to 'protect the privacy of natural persons, including that of deceased natural persons'. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

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

NMH response: In addition to Standard Personal Protective Equipment (PPE) Precautions (including goggles / face shields where body fluid splashes are likely), Isolation Precautions outlined in Table Three are measures used when extra barriers are required to prevent transmission of specific infectious diseases. Isolation Protocols are outlined on the attached *NMH Isolation Guideline Summary*.

TABLE THREE

Isolation Description	Isolation Precautions
Contact Precautions	Gloves, gown
Droplet Precautions	Gloves, surgical mask
Enhanced Droplet Precautions	Gloves, gown, surgical mask (N95 for aerosol generating procedures)
Airborne Precautions	Gloves, N95 particulate respirator mask

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

NMH response: In 2020, 165 patients were admitted and managed in Enhanced Droplet isolation until negative swab results were returned. We had three confirmed COVID-19 cases in hospital.

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

NMH response: Yes, alongside already established Isolation Precautions used in the care of infectious patients, the Droplet Precautions category was divided into Routine and Enhanced; the latter category is used when caring for patients who meet the Ministry of Health Higher Index of Suspicion criteria or Clinical criteria for COVID-19. This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea
Chief Executive

Encl: *NMH Isolation Guideline Summary* (1 page)

NMDBH ISOLATION GUIDELINE SUMMARY

Isolation precautions described below are in ADDITION to standard precautions.

INFECTION/DISEASE – known / suspected	TYPE OF ISOLATION	DE-ISOLATION CRITERIA
Abscess, burn, cellulitis, ulcer or wound infection – major and drainage not contained		Drainage stops OR can be contained by dressing
Boils – in infants or young children		When boils healed
Chickenpox		Vesicles crusted and dried
Diarrhoea – acute and incontinent, poor personal hygiene or infectious cause e.g. norovirus, C. difficile		48 hours after diarrhoea ceased
Fever – no focus - children		Afebrile 24 hours or viral cause excluded
Head lice – ‘nits’		24 hours of effective treatment
Herpes simplex (cold sore) – disseminated, neonatal or severe		Lesions crusted and dried
Impetigo		24 hours of effective antibiotic
Measles		4 days after onset of rash If immunocompromised then until rash has resolved
Meningitis - bacterial		24 hours of effective antibiotic
Multi-drug resistant organism – e.g. MRSA, VRE, carbapenem-resistant GNR		In discussion with Infection Prevention Team
Mumps		9 days after onset of swelling
Paediatric viral exanthem		Asymptomatic 24 hrs or infectious cause excluded
Pharyngitis – child or known Group A strep		24 hours of effective antibiotic
Pneumonia – bacterial – community-acquired		5 days after onset of symptoms AND 48 hours of appropriate antibiotic therapy
Respiratory viral infection: SARS-CoV-2 (COVID-19)	Enhanced	10 days after onset of symptoms AND asymptomatic for 48 hours
Respiratory viral infection: Influenza		5 days after onset of symptoms If immunocompromised then 7 days after onset of symptoms 3 days of oseltamivir and afebrile
Respiratory viral infection: common (RSV, parainfluenza, HMPV, rhinovirus, adenovirus)		5 days after onset of symptoms AND afebrile AND resolution of symptoms Rhinovirus – 3 days after onset of symptoms AND resolution of symptoms RSV - 8 days after onset of symptoms and resolution of symptoms
Respiratory viral infection: novel, unusual or high-risk e.g. MERS-Co-V		When cleared by Infectious Diseases / Public Health
Rubella		7 days after onset of rash
Scabies		24 hours of effective treatment
Shingles - disseminated or immune-suppressed		Vesicles crusted and dried
Shingles - localised		Vesicles crusted and dried
Streptococcus, Group A - pharyngitis, pneumonia, necrotising infection, toxic shock, other severe invasive infections		24 hours of effective antibiotic
TB - consider in upper lobe or cavitary pneumonia		When cleared by Infectious Diseases / Public Health
Vomiting – suspect infectious cause		48 hours after vomiting ceased
Whooping cough (pertussis)		14 days from onset of cough OR 5 days of effective antibiotic

CONTACT ISOLATION	DROPLET ISOLATION	AIRBORNE ISOLATION	GASTROENTERITIS ISOLATION
<ul style="list-style-type: none"> Single room preferred Door may be left open Mask not required Gown for all patient contact Gloves for all contact with patient or objects within the room Patients leaves room only when essential – washes their hands before leaving 	<ul style="list-style-type: none"> Single room preferred Door may be left open Surgical mask required Patient leaves room/cubicle only when essential – wears surgical mask <p style="text-align: center; font-weight: bold; color: white;">ENHANCED DROPLET ISOLATION</p> <ul style="list-style-type: none"> Single room Surgical mask required Eye protection required Gown required Gloves required Patient leaves room only when essential – wears surgical mask N95 mask for aerosol-generating procedures 	<ul style="list-style-type: none"> Single room with negative pressure Door must be closed Don PPE before entering the room Particulate respirator mask (N95) required Paediatrics - gown required Paediatrics - gloves required Patient leaves room only when essential – wears surgical mask 	<ul style="list-style-type: none"> Single room Door must be closed Particulate respirator mask (N95) if patient is vomiting or when emptying bowls / pans Gown for all patient contact Gloves for all contact with patient or objects within the room Wash hands with soap and water after removing gloves Patients leaves room only when essential – washes their hands before leaving

NB: Patients with transient neutropenia do not require isolation precautions, please use orange “Vulnerable Patient” sign

For details see NMH Isolation Precautions Policy and Appendix 4 - Precautions for Selected Infections and Conditions or phone Infection Prevention