

To: (10)(2e) (10)(2e) (10)(2e)@minvws.nl]
From: (10)(2e)
Sent: Fri 5/1/2020 2:18:04 PM
Subject: FW: Fwd: meeting with medical doctors
Received: Fri 5/1/2020 2:18:04 PM

Is het niet handiger als jij belt? Jij weet de laatste stand van zaken mbt Statia beter dan ik.

Verzonden met BlackBerry Work
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Van: (10)(2e) <(10)(2e)@statiagov.com>
Datum: vrijdag 01 mei 2020 3:18 PM
Aan: (10)(2e) <(10)(2e)@minvws.nl>
Onderwerp: Fwd: meeting with medical doctors

Beste (10)(2e)
Graag even 15-30 minuten telefonisch overleg. Ik wil graag een paar punten met je bespreken. Ondermeer over het onderstaande.

Mvg

(10)(2e)

Verstuurd vanaf mijn iPad

Begin doorgestuurd bericht:

Van: (10)(2e) <(10)(2e)@gmail.com>
Datum: 30 april 2020 om 21:36:13 AST
Aan: (10)(2e) <(10)(2e)@statiagov.com>, (10)(2e) <(10)(2e)@statiagov.com>
Kopie: (10)(2e) <(10)(2e)@statiagov.com>, Waarnemend Eilandsecretaris <(10)(2e)@statiagov.com>
Onderwerp: meeting with medical doctors

Dear all

I had together with Dr (10)(2e) today a good meeting with the medical doctors on the Island. Most were present (the (10)(2e) through phone) only Dr (10)(2e) was missing. Our pharmacist and (10)(2e) (10)(2e) as director of the hospital were also present

It was a very animated discussion with to my opinion a good discussion leading to a converged vision on how to deal with COVID19.

We agreed that me and Dr. (10)(2e) will on Monday make a organisational structure for the COVID response with clear responsibilities and interactions described.

This version will be sent for comments and the comments will be reflected in a new version which will be discussed in a new meeting on coming Wednesday or Thursday.

Globally the idea is to have four clusters: Hospital (COVID free) Quarantine (home of hotel) Isolation (home or hotel hospitainer (covid patient treatment. For each cluster a responsible organisation and a responsible medical doctor will be assigned. And the interactions with the other clusters will be describe. The clusters hospitainer and Isolation can be empty. During empty periods the staff of those clusters will be used to assist in the other clusters.

We also spoke on the scenario which we need to prepared for (we agreed on now focussing on a most credible scenario : i.e. moderate community outbreak in which the hospitainer has enough treatment capacity and later on

the worst credible scenario: a very large community outbreak in which the hospitainer capacity has not enough treatment capacity.

An interesting point is also the use of PPE and the limited confidence of groups of nurses that there are not enough PPE . We will address this issue separately coming week. I thought the simply solution would be to show a list with the number of available PPE, DR (10)(2e) agreed with this, but when we later asked to (10)(2e) (10)(2e) she was strongly opposing openness on the list of available PPE at the GGD.

(10)(2e) has by the work we did now enough information to write the inspector health care a good answer that we are busy implementing procedures and guidelines.

If anybody has further questions on this feel free to contact me,

Best regards,

(10)(2e)

(10)(2e)

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