

Needs assessment CPS Sep 1 2020 - March 1 2021

To: VSA, CPS, VWS, RIVM ([REDACTED] 5.1.2e [REDACTED] 5.1.2e, H. [REDACTED] 5.1.2e)
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Introduction

This needs assessment and capacity planning document is a follow up on prior requests for support (bijstandsverzoeken d.d. April 17, August 3 and the document by SLS, August 12, all attached). More in particular the request dated August 3 states: 'VSA will remain in direct contact with VWS and RIVM to further discuss logistics on how this and other future matters pertaining to COVID-19 resurgence prevention should be approached henceforth, ... an additional request will also be forthcoming regarding support to CPS as well as the laboratory...'

This needs assessment is not a minimum nor a maximum scenario, but the needs and demands are real and realistic. At the present time there is not yet a well-funded scenario, but we do know that we are in the second wave and numbers are rising and the situation is serious.


To fight Covid effectively an integrated approach is needed and was indeed applied for the whole healthcare system on Sint Maarten during the first wave (the so called ESF6, the Emergency Support Function for Public Health). For this reason this needs assessment to not only include CPS and the laboratory, but also included other important stakeholders: Ambulance Services, SMMC and the Public Health Department at VSA.

Lessons learned in the first wave:

- 1 It takes time to build capacity, do not scale down too quickly.
- 2 More attention should be paid to monitoring and reporting for decision making purposes on scaling up/down.
- 3 Planning must take a mandatory quarantine period into account; also take into account people coming in from USA vs lower risk countries.
- 4 There is a strong preference for local staffing, try to limit external capacity. However, it is inevitable that extra capacity is brought in from abroad.
- 5 Lots of people coming and going, so preferably 6 months period's as a minimum that will enable a more stable work environment at the receiving end.
- 6 All support must be needs based.

Attachments:

- 1) bijstandsverzoek 17 april; 2) bijstandsverzoek 3 augustus; 3) bijstandsverzoek SLS lab capacity.

Public Health Department of Ministry of Public Health, Social Development and Labor					
What	Current	Need	C-N= Demand	Appeal	Remarks
PMER officer (planning, monitoring, evaluation, reporting)	0	1 FTE	1 FTE	VWS	Tasks: <ul style="list-style-type: none"> Liaison VSA/VWS and other stakeholders Monitoring execution of requests (bijstandsverzoeken) Every 1 or 2 weeks report for decision making (scaling up/down measures/staff/material) Preparing and coordinating requests (bijstandsverzoeken) Report on first wave Onboarding and hands on when needed for NL staff
Sint Maarten Laboratory Services (SLS)					
What	Current	Need	Demand	Appeal	Remarks
Expanding lab capacity	64 Samples/day	150 per day 900/week + 150 a day at ports	 2020811PCRinSLS.d oox See attachment	TBD: SZV , private equity, VWS	<ul style="list-style-type: none"> The document has been drafted by SLS, costs 5.1.2b staffing not included. SLS is a 'Naamloze Vennootschap', the majority of the shares (>51%) is owned by St Maarten's government. Possible other shareholders are unknown to me at the present moment. A BD-max machine was purchased and financed by the Yacht Club 5.1.1c Although the proposal will not solve the current urgent capacity problem, it will give a more stable and independent solution since there will be no more need for supplies by (expensive) closed PCR manufactures. The Curacao laboratory does already jumps in with extra capacity. Other labs on other islands can jump in as well. The projected timeline seems very optimistic to say the least. Construction work needs to be done. HCLS-lab not included, however they run at max machine capacity (4 runs a day 24 per run so 96/d). Mainly doing airport tests presently. SZV suggested mass testing and stated that SZV could finance the expansion of test capacity.

Collective Prevention Services (CPS)					
What	Current	Need	Demand	Appeal	Remarks
914 hotline & intake	3 FTE CPS staff 75 calls /day	8 FTE 200 calls per day	5 FTE	Sint Maarten Government; Local staff	<ul style="list-style-type: none"> 1 FTE =25 calls/day Local staffing by other government organisations and departments, e.g. ministry of Justice, ministry of Tourism As of August 22 4 additional staff start from other government departments.
Test team	5 FTE: 2 RN's @CPS + 3RN's @AMI	5 FTE	0 additional FTE, continuation of 3 RN's @AMI	VWS	<ul style="list-style-type: none"> Test drive thru is much more efficient, there is room for further efficiency (extending hours to the afternoons/more tests per hour/ testing by 2 instead of 3 persons) In the longer run local staff could be recruited and trained Possible contractors e.g. AMI /TMI /Healthz /BKV /White&Yellow Cross
Swabs@CPS	360 Backup stockpile		900x26 weeks = 23400		<ul style="list-style-type: none"> A robust supply chain is needed A batch of 500 will be delivered
Port Health Team	12 FTE	16 FTE	4 FTE	Sint Maarten Government; Local staff	<ul style="list-style-type: none"> checking every visitor for test results and temperature Currently working under supervision of the cabinet, not CPS
EHAS	0,2	1,2	1	Sint Maarten Government; Local staff	<ul style="list-style-type: none"> Electronic Health Authorization System for every visitor Currently there is no follow up whatsoever.
Data entry	1 FTE	5 FTE	4 FTE	Sint Maarten Government; Local staff	<ul style="list-style-type: none"> 1 FTE = 20 A0-forms per day Local staffing by other government organisations and departments, e.g. ministry of Justice.
Source & Contact Tracing (S&CT)	4 FTE: 3RN's @CPS (2x S&CT + 1 x baby clinic), 1 @AMI	8 FTE	5 FTE in total: 4 additional, continuation of 1	VWS/RIVM	<ul style="list-style-type: none"> 1 nurses coming in from RIVM, Possibly 1 other nurse from RIVM (decision 5.1.2e August 25) Background preferably in public health, indeed rather not ER or ICU so they will work exclusively for CPS by definition. Local staffing thru White and Yellow Cross Care Foundation ,

					paid by VWS/RIVM. Needs further discussion on 'how'.
Contact follow up	4 FTE On average 8 contacts per case 30 cases/day= 240 contacts per day	FTE 8	4 FTE	VWS/RIVM Local staff	<ul style="list-style-type: none"> Local staffing thru White and Yellow Cross Care Foundation , paid by VWS/RIVM. Needs further discussion. Currently done by AMI staff, no med background needed.
Isolation Location & CPS transitional facility	18 bed capacity in a hotel (2 floors)	@ full capacity: 3 nurses 2,5 CNA's 0,5 paramedic 0,5 doctor 0,5 RT		TBD	<ul style="list-style-type: none"> Currently under-utilised; no human resources to staff the facility as a medical facility. This could/ should be used as the transitional facility but would need medical staff: Staffing ratio's to patients: Nurses 1:5 , Ass Nurses (CNA) 1:7 , Param 1:30 Dotor 1:30 , Respiratory therapist 1:30
Epi's	2 FTE	3 FTE for duration of the outbreak	1 FTE + prolongation 5.1.2e	VWS/RIVM	<ul style="list-style-type: none"> 5.1.2e started as a CPS employee on August 10. 5.1.2e started that same day via AMI, (initial) contract for 6 weeks, needs to be prolonged ASAP Is the incoming doctor ok for this position?
Communication officer for CPS	0	1 FTE	1 FTE	TBD	<ul style="list-style-type: none"> Develop and execute a media strategy on behalf of CPS, this officer has to work directly under the CPS lead (since it concerns PH messages exclusively) and therefore should not have to report to anyone else.
PPE management	1	1	0	-	<ul style="list-style-type: none"> CPS
Operational management	2 FTE, the section managers had to jump in at ops	2 FTE	0 FTE	-	<ul style="list-style-type: none"> Extra staffing will enable the managers to fulfil their management jroles Quality management to be assigned to Epis/managers
Management support	0		1 FTE	Sint Maarten Government	<ul style="list-style-type: none"> The current support is coordinating the hotline 914
Office space	750 m	35	250 m	Sint Maarten Government	<ul style="list-style-type: none"> Not only for Covid but structural need
Desks/chairs etc	20	35	15	Sint Maarten Government	<ul style="list-style-type: none"> IT & Facilityman.
Computers & printers	28+2	3	8	Sint Maarten Government	<ul style="list-style-type: none"> 8 laptops provided by IT department aug 14

Telephone lines Headsets/central with up to date functionality	3 + 1 broken	35 phones 15 with headsets	5 extra lines 35 phones, 15 headsets centrale	Sint Maarten Government	<ul style="list-style-type: none">• Tel com/facility man.
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Ambulance Services					
What	Current	Need	Demand	Appeal to	Remarks
	3000+ dispatches per year mostly B (non-emergency) dispatches for SZV 9 nurses, 10 ambulances 5 dispatchers 1 team leader 1 commander 3 ALS ambulances 2 Covid ambulances Mass casualty tent + equipment	12 nurses 12 drivers	See remarks	-	<ul style="list-style-type: none"> Structural shortage of staff (as in NL). But do not fix it if it is not broken! Excellent cooperation with safety region Midden West Brabant that coordinates since 2014 support for the Ambulance services. Support (bijstand) is well organised + plan in place for structural support (meerjarenplan) Keep current cooperation going and intensify if needed along existing lines.

Sint Maarten Medical Centre (SMMC) TBD, input steel needed.					
What	Current	Need	Demand	Appeal to	Remarks
Hospital beds (24hr)	76	110	34		Based on San Marino projections. Physically 34 extra beds is not possible
Intermediary Care Beds (24hr)	4 SMMC 4 in ICU containers (AMI) will be on line next week				TBD, input requested Currently have ICU beds that are not available for COVID-19 patients (4 in total, possibly 6)
ICU beds (24hr)	6 currently in tent (AMI) 12 (AMI) (these 12 can move between ICU and IMC) due in next few weeks				For 6 ICU beds: 1 paramedic 1 resp ther (for all) 1 CNA 1 nurse 1 doctor (for all)