



Collective Prevention Services

Nursing Handover, Collective Prevention Services (CPS)

5.1.2e and 5.1.2e, Public Health, Social Development and Labour,

Sint Maarten (SXM)

Period: April - August 2020

8-8-2020

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1. Surveillance Team at CPS

We worked together with two nurses infectious diseases in the Surveillance Team (AGZ). During our period, there was no doctor infectious disease and the manager on maternity leave.

Our priority and focus was COVID-19. We had assistance from 2 nurses from the Youth Health Care team. Youth Health Care had to limit and priorities their activities, for their priority was the vaccination program on babies and infants.

The main tasks of the Surveillance Team was source and contact tracing, testing of persons with flu-like symptoms, spot checks on and calling isolated and quarantined persons. We also monitored persons who arrived in Sint-Maarten and had to stay in quarantine, such as vessel and marine staff.

2. Working hours

Because of the Dutch reforming proposals, political decisions on SXM were made. It resulted in financial cuts for the operational staff and employees, no payment or compensation for the (more than 60-80) over days work, and no clear document for working during the weekends. The nurses of CPS went to

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meetings of the Union to stand for their rights and strike. This resulted in situations, that nurses limited their work and did not work during the weekends. 5.1.2e continued working during the weekends, especially after positive cases came in during the weekends. At this moment, we are not sure whether improvements are made in the Labour Conditions for the Surveillance Team.

3. Internet and ICT

Internet function was slow and often there was no online connection. The disfunction demotivated and slowed down the work process.

Computers are old, were not equipped with necessary programs (such as connection with a printer) and do not have camera's and speakers. Webcams and speakers are most important, because virtual meetings become more common, during this COVID-19 pandemic.

4. Microsoft Teams (MSTeams)

We created VSA/CPS-Team in MSTeams. Folders were supplemented with protocols, guidelines, power point presentations, inspection reports and flow charts on various kind of topics. With subjects such as isolation, quarantine, source and contact tracing, mobile testing capacity, information leaflets for airports and vessels, hygiene, sanitizing and disinfectants protocols, PPE guidelines, inspection checklists, workflow and processes. MSTeams is a living program, drafts can be added or replaced by more recent versions, by all members. Via MSTeams, it is also possible to have virtual meetings, (with efficient working tools).

5. Go Data

At the beginning of the COVID-19 outbreak, the Surveillance Team worked with paper files and a CRM program. Go Data, a free surveillance program was introduced to put instead. Go Data is developed by the WHO, mainly for surveillance and epidemiologic purposes. There was no easy access to build a daily report, necessary to follow up the patient and the medical process. For it is important to have this follow up, we needed a nursing system. We putted many efforts to expand and build GoData, with more qualitative and efficient data (such as sources and clusters), which also includes surveillance and epidemiologic data.

After this, we made manuals and instruction movies and we trained the staff how to work with the program, mainly focusing on follow up with cases and contacts of cases.

6. Training Source and Contact tracing

We prepared a two-day training about source and contact tracing. The training consisted of two parts. The first part included general information about COVID-19 and the importance of source and contact tracing. The second part was more interactive, to have discussion and interaction on specific cases with the team. We also build a Kahoot quiz to test everyone's knowledge. The presentation and related tools have been placed in MSTeams. We supported the members to self-educate and train on the protocols.



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7. Community outreach

Community outreach started before our arrival on St. Maarten. It started off as Community Testing, based on suspected under reporting about Covid-19 symptoms in vulnerable neighborhoods. After limited success and discussions, the term was changed into Community Awareness, focusing on knowledge, behavior and practice, and simultaneously aimed to identify persons with symptoms. Persons with symptoms were tested by CPS the next day.

We have joined the group Community Awareness Volunteers 6 times, doing house-to-house visits in several neighborhoods. The number of persons reporting Covid-19 symptoms was very few. It was interesting to notice how many people live alone by themselves, fully dependent on the goodwill and support from neighbours, friends and family (if any).

We also noticed the poverty, lack of sanitation systems, lack of running water, the decrease of food and medical aid and supply. Some persons were difficult to make contact to, because of their fear of COVID-19, and their fear to be deported after announcing themselves. Therefore, the purpose of the outreach was also reaching out to the persons that are having less easy access to the health care system and information networks.

Together with the Red Cross, 5.1.2e provided several training sessions to existing and new volunteers, and a separate session for church leaders, particularly on community engagement. See:



Presentation
Community Awareness

Volunteers participated on local initiatives, the Medical University, Red Cross, Mental Health Foundation, Church Communities, CPS and American volunteers from AMI.

At the 24th of May, the Community Awareness activity was completed, as this was also the last weekend that businesses remained closed. Unfortunately not all vulnerable neighborhoods could be visited.

8. Risk Assessment at various institutions

5.1.2e visited and formed Risk Assessments and Evaluations, together with Red Cross and Inspectorate to various organizations and businesses, such as at the Detainment Centre, old people's home (White & Yellow Cross), SECDA (organization representing day care centers with 140 staff and 1000 children), quarantine facility hotels and entertaining clubs. Each were provided with suggestions and recommendations.



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9. Tips

- Comply efficient and open communication and discussion between management and staff in speech, meetings, feedback and written reports.
- Beware of hearing news via reading the daily newspaper. Sometimes management as well as staff were surprised by developments and policymaking decisions. (For example a quarantine protocol, without a clear quarantine policy)
- Collaborate as much as possible with Inspectorate VSA, Religious Community leaders, Bureau Tourism, Vessel Companies, Airport Health Team, Family doctors, SMMC, White and Yellow Cross, Day Care Centers, Mental Health Foundation, Red Cross, NIPA, Ambulance Department, Marine and many others.
- Reach the difficult to reach – explore possibilities to work with trusted local leaders of ‘vulnerable populations’, develop trust and confidence, and prepare feasible and practical ways in which the most vulnerable also benefit from emergency relief such as food distribution.
- Participate in EFS teams and on VSA-policy, whenever invited and needed.
- Make preparations on the necessity of a Mobile Drive Test Through.
- Keep noticing and mentioning the low capacity of staff, expired equipment and dysfunctional internet resources.
- Discuss the topic of frontline workers: Appreciation and righteous salary for the staff will be an issue of great importance, because of their strong, effortless and high work ethos, but also because their under payment for many years.

10. Tops

We felt welcomed by the team from the beginning.

The team has qualified nurses and staff, collegial and involved with their work. We laughed and had a good time together with the staff and loved to be around each other. At work, but also after, especially when we went had a great time on a boat trip.