

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY SENATOR S.C. FERGUSON  
ANSWER TO BE TABLED ON TUESDAY 24th MARCH 2020**

**Question**

In respect of measures to be taken to address the current situation with Covid-19, will the Minister advise –

- (a) how many respirators are available for use in Jersey and what is considered the optimal number in the current circumstances;
- (b) whether any training of staff in the use of such respirators has been undertaken;
- (c) whether the current available supplies of oxygen are considered sufficient for anticipated demand;
- (d) how many ventilators are available for use in Jersey and what is considered the optimal number in the current circumstances, based on expected demand;
- (e) whether any consideration has been given to using hotel accommodation as an overflow for the Hospital;
- (f) whether operations which are not considered to be ‘life or death’ will be postponed; and
- (g) whether it is planned to use surgery areas as supplementary intensive care areas?

**Answer**

- (a) how many respirators are available for use in Jersey and what is considered the optimal number in the current circumstances;

In normal circumstances, the critical care service has the capability of ventilating 7 patients. With our contingency planning, the critical care service has capability to ventilate up to 24 patients. This will be achieved as routine non-urgent surgery will be stopped to release anaesthetic machines to support the needs of the critical care service. As part of our Covid-19 preparations, additional clinical training and procurement of more ventilators is currently being undertaken, but this is set against the current challenge of global demand for this specialised equipment. (Note: Ventilators and respirators are being treated as one and the same on the basis of advice from medical staff.)

- (b) whether any training of staff in the use of such respirators has been undertaken;

Please see answer to a) above

- (c) whether the current available supplies of oxygen are considered sufficient for anticipated demand;

The General Hospital has 3 PSA (oxygen) units which extract oxygen from the air and provide 450l/min to the piped circuit within the General Hospital. This is also supplemented with oxygen cylinders, which increases our capacity to approximately 600l/m. Evidentially, patient demand in relation to this supply will be a key factor. HCS is seeking to procure more cylinders from the UK distributors, but Department of Health & Social Care (DHSC) restrictions along with requests from other hospitals means they are difficult to obtain. As a further measure to support our oxygen

contingency HCS has 70 on-site, and has procured a further 100, patient-specific oxygen concentrators that can deliver 4l/m. HCS is continuing to seek the support of the DHSC in obtaining further oxygen supplies.

- (d) how many ventilators are available for use in Jersey and what is considered the optimal number in the current circumstances, based on expected demand;

The number of ventilators is covered in a). In relation to expected demand, this is a very difficult permutation to determine. HCS's strategy is to flatten the wave by a contain and delay approach, which should hopefully have the desired effect of smoothing out the number of critically ill as well as the number of acutely ill patients requiring hospitalisation over a longer period of time. Such an approach will optimise HCS's ability to meet demand.

- (e) whether any consideration has been given to using hotel accommodation as an overflow for the Hospital;

As part of its planning, HCS has finalised its optimal bed capacity. In relation to expanding bed capacity further, HCS is currently reviewing on-Island options.

- (f) whether operations which are not considered to be 'life or death' will be postponed; and

HCS has established a control and command structure of Gold (Executives), Silver (Senior Officers) and Bronze (Officers). Meetings are convened daily where the Hospital's activity and bed capacity is reviewed. It is part of the HCS Covid Readiness Plan to de-escalate clinical activity in a planned manner to ensure HCS maintains sufficient capacity and resource to support the management of Covid patients. On Friday, HCS announced that with immediate effect it was postponing all non-urgent outpatient appointments, operations and procedures for all patients for the next four weeks.

- (g) whether it is planned to use surgery areas as supplementary intensive care areas?

Whilst HCS will maintain an emergency surgical service, some operating theatres and the recovery suite will be designated temporary areas for delivering critical care.