West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
Fax 03 769-7791

25 March 2021

9(2)(a) [redacted]

RE Official information request WCDHB 9512

I refer to your email received on 28 December 2020, and clarified via TAS on 23 February 2021, requesting the following information under the Official Information Act from West Coast DHB regarding the organisation's COVID-19 response. Specifically:

Key dates and events for COVID Response and Recovery Documents Request – one document per type:

- **January 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **organization charts**
- **February 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **organization charts**
- **March 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **organization charts**
- **May 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **Recovery plans**
  - **organization charts**
- **August 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **Recovery plans**
  - **organization charts**
- **October 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **Recovery plans**
  - **organization charts**

- **December 2020:**
  - **Initial situation/intelligence/insight reports**
  - **action plans**
  - **briefing notes**
  - **Recovery plans**
  - **organization charts**

Please refer to **Appendix 1**, which contains in chronological order the list of available documents requested.

Please note: West Coast DHB does not hold all of the individual documents that have been requested. The list below clarifies which documents have been provided and which documents were not able to be provided, as they are not held by the DHB.
Additionally, some areas of the documents have been redacted due to privacy concerns, pursuant to section 9(2)(a) of the Official Information Act, i.e. to "*protect the privacy of natural persons…*"

- **January 2020:** West Coast DHB holds none of the requested documents for this period.
- **February 2020:** West Coast DHB holds none of the requested documents for this period.
- **March 2020: Situation Report; Action Plan; Organisation Chart.** West Coast DHB holds none of the requested documents for this period.
- **May 2020: Situation Report; Action Plan; Organisation Chart.** West Coast DHB holds none of the requested documents for this period.
- **August 2020:** West Coast DHB holds none of the requested documents for this period. Situation reports ceased in June 2020 when WCDHB ECC was disbanded. West Coast DHB started resurgence planning from this period onward.
- **October 2020: Resurgence plan draft.** Other than this, West Coast DHB holds none of the requested documents for this period.
- **December 2020: Recovery plan – COVID Testing Operations; Organisation Chart.** Other than this, West Coast DHB holds none of the requested documents for this period.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

Appendix 1

West Coast – District Health Board – Te Poari Hauora a Rohe o Tai Poutini

West Coast Te Tai o Poutini Primary Health Organisation

SITUATION REPORT

NOVEL CORONAVIRUS 2019-nCoV
Report 01
Issued: {5.20pm Wednesday 18 March 2020

New information in red

If you have any question regarding Coronavirus, preparedness, or response Contact the Single Point Of Contact (SPOC) Emergency.mgt@westcoastdhb.health.nz.

Summary

1. As at 3.11pm on 18 March, in New Zealand there are 20 confirmed cases, 2 probable cases and 501 cases are classified as under investigation. The eight new cases are all overseas travel related.

2. An outbreak of novel coronavirus (COVID-19) originated in mainland China with the epicentre in Hubei Province. The Director-General of the World Health Organization (WHO) has stated that Europe has now become the epicentre of the pandemic. The total number of cases and deaths outside China has overtaken the total number of cases in China.

3. As reported by the WHO on 17 March 2020, globally there has been an increase of 11,526 confirmed cases (179,112 confirmed cases in total) and 475 new deaths reported (7,426 confirmed deaths in total).

4. Announced today was the early start of the influenza campaign and an increased number of vaccines – 400,000 more than last year. This is to particularly protect our priority groups of people aged 65 and over, people who are pregnant, people with certain chronic conditions, and young children with a history of severe respiratory illness.

5. It's important to note that health professionals will look at each case on an individual basis and they are able to order testing for a person, even if they don't meet the current COVID-19 case definition.

6. WHO currently recommends testing contacts of confirmed cases only if they show symptoms of COVID-19. This is what we're doing in New Zealand.

Clinical update

Case definition of COVID-19 infection 14 March 2020

Case definition of COVID-19 infection

The Ministry of Health has developed the following case definition for COVID-19 based on expert advice from our Technical Advisory Group. The case definition takes into account both the epidemiology of the virus as well as its clinical presentation. The criteria are provisional only and will be revised as more precise information emerges on the outbreak including characteristics of transmission, incubation and infectious period and geographical spread.

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following three scenarios (i.e. in the same row):

	Clinical criteria		Epidemiological criteria
1	Fever (≥38°C) OR any acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever.	AND	Travel to or from (excluding airport transit) **countries or areas of concern** within 14 days before onset of illness
	OR		
2	Fever (≥38°C) OR any acute respiratory illness with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever	AND	Close contact[1] or casual contact[4] with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
	OR		
	Healthcare workers[3] with moderate or severe community-acquired pneumonia	AND	Regardless of any international travel

In addition to the suspect case definition above, consider, for surveillance purposes, testing the following patients[2]

3	Critically ill patients in ICU/HDU with bilateral severe community-acquired pneumonia AND no other cause is identified	AND	No source of exposure has been identified (ie, regardless of travel history)

Note that due to the ongoing changing global and domestic situation, clinical judgement should apply as to whether someone who doesn't quite meet the current case definition should be tested or not.

1. A 'Close contact' is defined as any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):

- direct contact with the body fluids or the laboratory specimens of a case
- presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- living in the same household or household-like setting (eg, shared section of in a hostel) with a case
- face-to-face contact in any setting within two metres of a case for 15 minutes or more
- having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
- having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)

- aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)

2. While at this point this criterion is predominantly for surveillance purposes. Case management, including isolation and PPE, should be based on clinical judgement.

3. For the purpose of testing, healthcare workers are defined as those who may have been exposed to respiratory droplets from patients or residents.

4. Casual contact: Any person with exposure to the case who does not meet the criteria for a close contact.

Laboratory criteria

Laboratory definitive evidence requires at least one of the following:

- detection of SARS-CoV-2 from a clinical specimen by NAAT (PCR) and confirmed by NAAT on a second specific genomic target
- detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available).

Laboratory suggestive evidence requires detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR).

Note: If all laboratory tests are negative, other respiratory pathogens should be excluded

Case classification

- **Under investigation**: A case that has been notified, but information is not yet available to classify it as suspect, probable or confirmed.
- **Suspected**: The patient is classified as a suspected case, pending further investigation, if they satisfy both the clinical and epidemiological criteria.
- **Probable**: A case that meets both clinical and epidemiological criteria where other known aetiologies that fully explain the clinical presentation have been excluded, and either has laboratory suggestive evidence or for whom testing for SARS-CoV-2 is inconclusive.
- **Confirmed**: A case that has laboratory definitive evidence.
- **Not a case**: A case that has been investigated and subsequently found not to meet either the probable or confirmed case definition.

Hospital Response update

- "How to Handbook" is just being finalised for CBAC.
- Infection Control in conjunction with Ops Manager working on isolation ward.
- Have been communicating with staff ensuring clear, concise communication on how we move services.
- TrendCare code has gone in for Pandemic and the template on the shared drive is going to be set up to enable capture of data for staff.
- Pulse oximeters ordered for CBACs.
- CBACs are prepared and ready to go in 24 hours.

Intel Response update

- E-texting to West Coast DHB operated general practices has commenced (needs to be phased due to load).
- Staff 20% reduction projections are being compiled.
- Vulnerable people – lists of vulnerable people and support agencies are being collated to identify options for targeted communications.
- NHI Trauma pack availability is being confirmed.

Primary Response update

- Primary providers continuing to respond as to date.
- CBACs prepared as per above.
- Individual contact being established with primary medical practices.
- Providers signalling increased pressure to meet demands, plus logistics/supply issue.
- Flow chart for Primary response as current is drafted pending approval today.
- Flow chart for Primary/ED response once CBAC is established also drafted for review.
- Flow chart for Pharmacy response as current also drafted pending approval today.
- Issue identified around charging/seeing patients, particularly those not registered.

Pharmacy Update

- A call has been sent out to pharmacy to check their BCPs and a list of considerations for planning. They will have f/u contact for their responses, any identified issues and support or communications needed.
- We have supplied posters to Westland pharmacy for their doors. The other pharmacies have them in place.
- Working on a flow chart for them like the primary care one. [redacted] has this and hopefully we have final versions to go out today.

Age Residential Care Update

- Meeting held with West Coast ARCs yesterday to discuss plans and procedures including screening, supplies etc.
- HealthCert Teleconference held 8.30am today.
- Currently the Ministry does not advise a total lock-down due to no community outbreaks in NZ at present. Should facilities have to totally prohibit visiting at any stage, this needs to be done based on clinical evidence and advice from the MoH.
- ARCs are being kept well informed from all levels.
- ARCs are being liaised with in regards to their PPE supplies.
- HCSS staff being provided this week with information with MoH information, flow chart and memo. (Ratified by [redacted] CDHB).
- Vaccinations – All ARCs have had consent forms provided. One ARC has received their vaccinations, with another ARC receiving theirs tomorrow 19/3/20.

Northern Intergrated Health Serivce Updates

Planning of CBACs/Assessment units

- Staffing – Reefton has long term staffing well planned
  Westport, has a lead identified for staffing but not as long term.
- Preparation Both sites fully prepared, waiting activation as peer EOC

Staffing

- Planning for several scenarios/phases are being planned for i.e. activation on initiation; escalation of the pandemic mode; long-term continuation of services
- Planning for continuous review and monitoring of resource requirements
- Planning for continuous review and monitoring of staff welfare.
- Integration of service resources for maximum and appropriate placement of skill sets.

Staff Comms

- Urgently required and waiting for EOC's initial release

Community Comms

- Meeting last evening Bulller Emergency Management and partner Agencies. Advised of the activation of the WCDHB EOC and the state of preparedness for Buller. Activation of the unit is via the EOC.
- Tomorrow meeting with CEO District Council and [redacted] by phone

Karamea and Ngakawau

- Well supplied with PPE
- Comms will be followed up with the respective areas as above.

Logistic update

- The list of essential PPE supplies has been collated and confirmed for both CBAC and wards, both normal and isolation.
- Work continues on the relocation of the wards. Hannan Ward to Kahurangi meeting room; Parfitt Ward to Hannan Ward; Isolation Ward into Parfitt Ward.
- Still requiring access to Parfitt Ward to complete isolation areas.
- The RMOs have relocated from Hannan Ward to old ISG.
- Internal laundry has gone to old CBU.
- Continuing work on on-site laundry.

Welfare update

- Contacted by email the Welfare Coordination Group to update them on the current situation.
- Working our way through to do list.
- Teleconference this morning with National Welfare Groups sharing updated information.
- Nothing else to report at this stage – yet to make contact with Helen Archer from Oranga Tamariki to let her know we are available if she has any queries.
- Have made contact [redacted] centres to let her know our contact details if needed.

Communications update

- Media - steady number of enquiries; the Ministry of Health is regularly reporting on the number of tests/cases during their daily media briefings, please access the MoH website for updates.
- Text message to patients 9(2)(a) to provide detail)
- 0800 (DHB phone) and process currently under draft
- CBAC signage and media information - awaiting info.

Infection Prevention and Control Update

- We are following MOH guidelines.

a. Early recognition: triage staff to have a high level of clinical suspicion. Ask any patients with respiratory symptoms if they have travelled within the last 14 days.

b. **PERSONAL PROTECTIVE EQUIPMENT** includes wearing the following when entering isolating rooms or triaging patients.

a. **Staff:** N95 mask, full sleeved isolation gown, faces visor or goggles and gloves.
b. **Patient**: should be given a surgical mask to wear on presenatation to hospital or clinic.

c. **For those staff undertaking aerosol generating procedures** e.g. intubation, bronchoscopy, suctioning where their face is in close proximity to the patient an N95 mask and eye protection e.g. safety goggles or a face shield is recommended.

d. Nebulisers should be avoided

e. Currently the advice from the MOH is that the **suspected case is isolated in a single room**, and in addition to standard precautions, contact and droplet precautions should be adhered. This applies until advised otherwise by the Infection Prevention & Control Service.

f. Within the single room if no negative pressure room is available patient to wear surgical mask.

g. Maintain a log of staff entering the room. Low ratio of staff to patients.

h. Normal infectious waste stream.

i. Due to limited isolating facilities within the WCDHB clinics, and some ED areas triage patient in their car or car park area if possible – CBAC.

j. Apply respiratory hygiene practise to minimise the transmission risk of respiratory infections (cough & sneeze etiquette)

Staff Returning from Travel

- Staff returning to work after travel in the previous 14 days should contact their line manager before returning to work and register with HealthLine and self isolate.

Canterbury Health Laboratories
www.chl.co.nz | 0800THELAB

COVID-19

INSTRUCTIONS ON SPECIMEN COLLECTION FOR PRIMARY CARE

Updated 17 March 2020

Significant changes have been made regarding specimen collection in the anticipation of limited supply of swabs and increasing demand for testing.

PERSONAL PROTECTIVE EQUIPMENT

COVID-19 infection prevention and control advice for primary care is available on the Ministry of Health website under "Primary Care Quick Reference Guide."

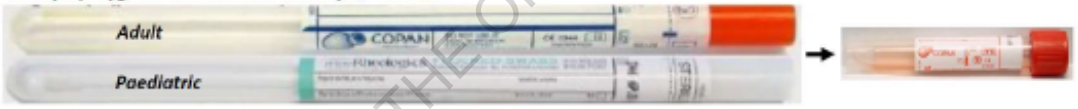
Droplet and contact precautions are advised when collecting specimens, which includes the use of:

- Disposable, fluid resistant gown (long sleeved)
- Gloves
- Surgical mask
- Eye protection (e.g. goggles or face shield)

SWAB TO USE

In anticipation of increasing testing requirements and limited supply of swabs (these originate from Italy), we now recommend using a single nasopharyngeal swab only – *this is a change from previous where two separate swabs were used for two sites.*

Nasophyarygeal swab in Viral Transport Media



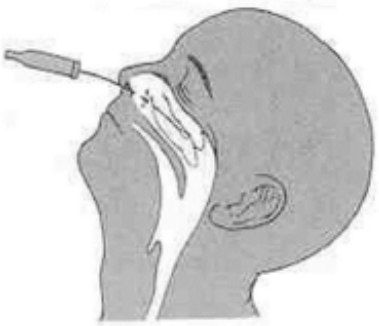
Adult: orange top swab / Paediatric: white top swab

For replacement nasopharyngeal kits contact labinfo@cdhb.health.nz or call (03) 364 0484

INSTRUCTIONS

1. Wear appropriate PPE.
2. ENSURE PATIENT BLOWS NOSE PRIOR TO COLLECTION.
3. Using a synthetic fibre-tipped nasopharyngeal swab, insert swab into one nostril. For adequate collection the swab tip must extend well beyond the anterior nares until some resistance is met (see diagram).
4. Press on swab tip and rotate the swab tip several times across the mucosal surface to collect cellular material.
5. Break swab into VIRAL TRANSPORT MEDIUM and recap. Ensure there is no leakage.

6. Label specimen with patient's name, date of birth AND/OR NHI number, and collection time and date.
7. Enclose the request form with your specimen and send via your usual collection service.



West Coast DHB EOC Contacts

If you have any question regarding Coronavirus, preparedness, treatment protocols, etc. Contact the Single Point Of Contact (SPOC) Emergency.mgt@westcoastdhb.health.nz.

03 769 7400 followed by ext below

WDHB EOC Roles	Email	Phone Ext
Controller	wcdhbcontol1@westcoastdhb.health.nz	
Controller Assistant	Controlassist.wcdhbeoc@wcdhb.health.nz	[redacted]
Response Manager	Eocmanager.wcdhbeoc@wcdhb.health.nz	[redacted]
Operations Hospital	Operations.wcdhbeoc@wcdhb.health.nz	[redacted]
Operations Primary	TBA	
Planning	Planning.wcdhbeoc@wcdhb.health.nz	[redacted]
Intelligence	Intel.wcdhbeoc@wcdhb.health.nz Mobile	[redacted]
Logistic	Logistics.wcdhbeoc@wcdhb.health.nz	[redacted]
PIMS	Pims.wcdhbeoc@wcdhb.health.nz	
Welfare	Welfare.wcdhbeoc@wcdhb.health.nz	
Northern IHS	wcdhbeocbuller@westcoastdhb.health.nz	
PHO Liaison		
ST John Liaison		
CDEM Liaion	cdemduty@wcrc.govt.nz	03 769 9323

West Coast DHB Response to COVID-19

Category	Action purpose	Green Activities	Service options	Yellow Alert - Additional/Alternate Activities	Service options	Orange Alert	Service options	Orange Alert post-Red	Red Alert	Service options	Equity Issues	Assigned to	Progress
COVID-19 status	National COVID status	Keep it out/stamp it out.		Stamp it out.		Stamp it out. Manage it.			Stamp it out. Manage it.		EOC ONLY		
COVID-19 status	South Island COVID 19 status	No South Island transmission cases. Occasional imported cases.		Local cases relating to travel exposure or local transmission. A few admissions into hospital have occurred.		Spread of coronavirus in community unrelated to travel. Increasing presentations and admissions to hospital. Public health measures still being implemented to control spread.			Infection widespread in community. Population level measures being taken to control spread including school closures.				
Staff	Reducing transmission among staff: return from overseas travel.	Staff who have returned from overseas locations must self isolate for 14 days. Prevent staff training overseas.		Staff training will be restricted and NOT approved until further notice		Staff training will be ceased and NOTapproved until further notice			Staff training will be ceased and NOTapproved until further notice		Regional		
Staff	Reducing transmission among staff: stay home if sick	Hand washing essential for all staff. Staff who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (37.8° C or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). *See staff sickness guideline for details.* COVID-19 testing not recommended in green phase unless returned from international travel within the last 2 weeks or known COVID-19 contact or are showing symptoms		Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.		Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.			For those who have been working in the isolation ward, testing not required. Assume Covid-19. Quarenteen staff member and family . Contact trace		Regional		
Staff	Reducing transmission among staff: go home if sick	Go home if you arrive sick or get sick at work. Staff who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) on arrival to work, or who become sick during the day should put on a mask, be separated from other employees and go home immediately. If no mask, cover nose and mouth with a tissue when coughing or sneezing (or use an elbow or shoulder if no tissue is available). COVID-19 testing not recommended in green phase unless returned from international travel within the last 2 weeks or known COVID-19 contact.	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicitly approved to cease by operations manager) while retaining ability to transition to yellow status if required within 48 hrs notice	Green actions and break into teams where possible. Team 1 coming into work on odd days, team two coming into work on *(This needs to be on an as required bases in yellow, possibly ok with larger teams but hards with small teams)*	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. plus Teams to work in the most efficient way possible (alternate room useage, social distancing, split shifts and alternate rosters maintained unless explicitly approved to cease by operations manager) while retaining ability to transition to yellow status if required within 48 hrs notice	Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.		Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.Teams to work in the most practicable way to minimise spread in any way possible (alternate room useage, social distsancing, split shifts and alternate rosters) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.		Regional		
Staff	Reducing transmission among staff: hands and face	Stop handshakes, hugs, hongi. Stop touching your face. Regular hand hygiene.		Continue green actions		Continue green actions			Continue green actions		Regional		
Staff	Reducing transmission among staff: reducing person to person contact	Get in the habit of making phone calls instead of visiting others at their desks/in work areas ie reduce the number of contacts we might have to trace. Graham Medley, Professor of Infectious Disease Modelling, told BBC Newsnight people shouldn't act like someone who is avoiding contracting the virus but rather as someone who already has the virus and is trying not to pass it onto others	Same as yellow	Make phone calls instead of visiting others at their desks/in work areas ie reduce the number of contacts we might have to trace. Teach patients who are able to do their own dressings	No home visits for dressings, unless absolutely necessary (ie to teach patients to do own dressings etc.) Homecares stopped. Family to do these where possible. Phone calls to ensure patients have taken medications.	No home visits for dressings, teach patients to do own dressings etc. Homecares stopped. Family to do these where possible. Phone calls to ensure patients have taken medications.		No Change From Red	No home visits for dressings, teach patients to do own dressings etc. Homecares stopped. Family to do these where possible. Phone calls to ensure patients have taken medications.	☑	Regional		
Staff	Reducing transmission among staff: travel routes	Get in the habit of no unnecessary travel through others work areas. Specialist travelling to provide a service to regional areas, look at lists and adjust to prioritisation of telehealth or virtual clinics	Urgent and acute services provided as normal. Clinics with face to face contact as necessary to provide routine care, preferably off site but where practicable in home telehealth provided for patients with sub acute needs	Specialist services from out of region to cease clinics and go virtually. Specialists who operate in Regional areas to priortise pateitns on their health and age.	Urgent and acute services provided after approval by CMO or operations manager. Clinics with face to face contact as necessary to provide routine care, preferably off site (with operations manager approval) but where practicable in home telehealth provided for patients with sub acute needs	All services supplied from specialists out of the regions to be discontinued. Consider maintaing life and limb preserving services		Urgent and acute services provided after approval by CMO or operations manager. Where practicable in home telehealth provided for patients with sub acute needs	All services supplied from specialists out of the regions to be discontinued. Consider maintaing life and limb preserving services	☑	Regional		
Staff	Reducing transmission among staff: meetings	Review regular meetings and identify which ones are essential. Identify what reduced or non-contact options have you got for clinical meetings, teaching etc including tele and video conferencing with people able to join from their desks or home.	Review regular meetings and identify which ones are essential. Identify what reduced or non-contact options have you got for clinical meetings, teaching etc including tele and video conferencing with people able to join from their desks or home.	Reduce face to face meetings to essentials. Transition to using tele and video conferencing with people able to join from their desks or home.	Reduce face to face meetings to essentials. Transition to using tele and video conferencing with people able to join from their desks or home.	Stop face to face meetings. Use tele and video conferencing. Stop traveling between DHB sites for meetings		Stop face to face meetings. Use tele and video conferencing. Stop traveling between DHB sites for meetings	Stop face to face meetings. Use tele and video conferencing. All face to face meetings may be suspended.	☑	Regional		
staff	Reducing transmission among staff: meetings	Identify reduce or non-contact options including tele and video conferencing with people able to join from own departments, desks or home. Services should review what changes they would have to make to their services meeting room bookings to support being able to accommodate their teams remote attending MDMs from service meeting room if required.	Maintain on-contact options including tele and video conferencing with people able to join from own departments, desks or home. Services should review what changes they would have to make to their services meeting room bookings to support being able to accommodate their teams remote attending MDMs from service meeting room if required.	Reduce face to face meetings to essentials. Transition to using tele and video conferencing with people able to join from their desks or home.	Face to face meeting only when to essential. Use tele and video conferencing with people able to join from their desks or home.	Stop face to face meetings. Use tele and video conferencing.		No Change From Red	Stop face to face meetings. Use tele and video conferencing. MDMs may be suspended. Stop traveling between DHB sites for meetings		Regional		
Staff	Reducing transmission among staff: handover meetings	Identify what reduced or non-contact options you have for handover meetings including tele and video conferencing with people able to join from their desks or separate work areas. Maintain 1m separation at all times	Maintain non-contact options for handover meetings where practicable. Maintain social distancing.	Introduce non-contact options for handover meetings. Implement single person handovers rather than whole team. For higher risk meetings (teams frontline in COVID-19 response) transition to non-contact handovers.	Maintain non-contact handovers wherever possible. Use of Trendcare handover sheets. MDT meetings rotate staff through meeting	Use non-contact handovers wherever possible. Use of Trendcare handover sheets. MDT meetings rotate staff through meeting		No Change From Red	Use non-contact handovers where-ever possible. MDT meetings rotate staff through meeting		Regional		
Staff	Reducing transmission between staff: social spaces/cafes	Consider options for reducing visits to social spaces such as cafeterias. Separate shifts for lunchbreaks.	Kitchen and cafeteria	Close cafeteria fully. Meals delivered to outside doors of wards and units		Close cafeteria fully. Meals delivered to outside doors of wards and units			Close cafeteria fully. Meals delivered to outside doors of wards and units		Regional		
Staff	Reducing transmission among staff: environmental cleaning	Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Have disposable wipes for use on commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, shared workstations including in meeting rooms) so they can be wiped down by employees before each use.		Continue as green. Public areas that dont need to be utilised closed to all staff and people	☑	Continue as green. Public areas that dont need to be utilised closed to all staff and people			close all Public areas		Regional		
Staff	Reducing transmission among staff: reducing sharing of equipment	Identify opportunities to reduce the number of people sharing clinical and non-clinical equipment eg consistent staff share an item/space.	Logistics: We will need to be advised of pinch points and plan from there. Pharmacy currently return medications from one ward if unused, to reuse in another area. This process should be reviewed - dispensing smaller quantities more often to minimise wastage, and not accept returns from wards (?only COVID-19 ward, or all wards?) (*Logistics have had nothing to do with Pharmacy during this event)*	Reduce sharing to minimum possible.		Reduce sharing to minimum possible. Shift equipment from areas that have moved to areas of need			Reduce sharing to minimum possible. Shift equipment from areas that have moved to areas of need		Regional		
Staff	Protecting people who are at higher risk for adverse health complications (older adults and those with chronic medical conditions): identify those at risk	Create a register of vulnerable staff in your service (over 60 years with chronic conditions or immune supressed.	P&C proces to transition all vulnerable staff back to usual role (where appopriate)	Keep at risk staff away from dirty areas e.g. CBAC , isolation wards. Ask vunerable staff who can work from home to do so. *(there needs to be clear guidelines and P&C staff available to Managers to answer questions as they arrive, not 24 hours later, ie a buddy system??)*	As yellow	Keep at risk staff away from dirty areas e.g. CBAC and isolation wards		No Change From Red	ask vulnerable staff to stay away and work from home.		Regional		
Staff	Maintaining/minimising adverse effects on service delivery: prepare for childcare/school/care facility closures	Ask staff now to consider what options they might have to cover school or other care facility closures so they could continue to work. Note need to be thoughtful about who is caregiver eg avoid elderly at risk grandparents. Encourage them to have the conversations now. Campus/CDHB leadership considering options to redeploy staff whose work changes/decreases to child care (while aiming to avoid large groups).	Work with individula staff to identify suitable options to return to normal duties as rostered	As per Green. Safety of children is paramont, enusre staff looking after children for others meet safety requirments. Use Teams who are on Home to look after children of their areas staff, keep children to a minimum of three per person. Also think about services that have been vetted through vunerable child act who do not have any work to look after childeren	As yellow	As per Green. Safety of children is paramont, enusre staff looking after children for others meet safety requirments. Use Teams who are on Home to look after children of their areas staff, keep children to a minimum of three per person. Also think about services that have been vetted through vunerable child act who do not have any work to look after children		No Change From Red	As per Green. Safety of children is paramont, enusre staff looking after children for others meet safety requirments. Use Teams who are on Home to look after children of their areas staff, keep children to a minimum of three per person. Also think about services that have been vetted through vunerable child act who do not have any work to look after childeren		Regional		

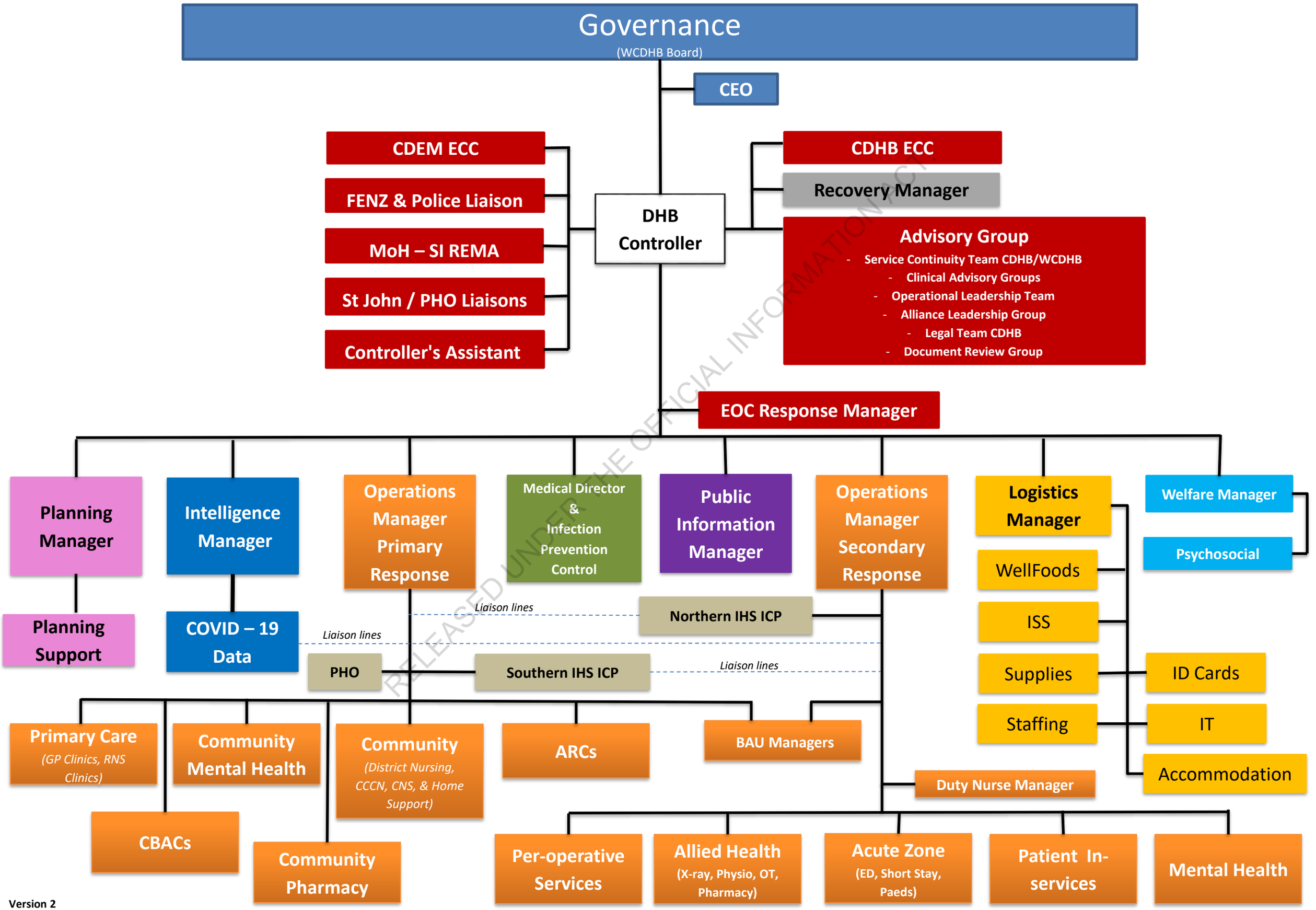
Staff	**Maintaining/minimising adverse effects on service delivery: work from home**	Identify who could work from home and what would be required to support work from home. Consider equipment, remote access, process documents etc. See Max? for information on working from home.	Logistics: We will need to be advised of pinch points and plan from there, ie enough ISG Plant? *(to collate a list of what staff can do and are able to work where would be a full time job, even MAX is weeks behind with normal BAU, an emergency questionaire/spread sheet could be ready to go out to Managers once the balloon goes up and can then be returned and melded into a document quickly??)*	Ues team working senario. Teams in on different days. Work from home where possible.		Relocate other staff to work from home.			non essential services to be sent home.		**Regional**		
Staff	**Reducing transmission to and amongst staff: frontline**	Consider clean versus dirty teams' model for front line staff. Avoid having people at higher risk in dirty teams. Consider how teams can avoid each other to reduce transmission. Once staff COVID-19 infection/immune status becomes known, this could help with configuring teams.	Plan how to supply medications to the COVID ward - staff in the ward already (eg. nurses) to check the imprest and then fax(?) to Pharmacy. Pharmacy staff then collect and leave for 'dirty' team to restock shelves in the ward. Would minimise pharmacy staff Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Plan to implement clean versus dirty teams model. Identify and put a roster together for staff to work in CBAC and isolation ward	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. plus Teams to work in the most efficient way possible (alternate room useage, social distsancing, split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Implement clean versus dirty teams model. (there needs to be clear guidelines and P&C staff available to Managers to answer questions as they arrive, not 24 hours later, ie a buddy system)		Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.Teams to work in the most practicable way to minimise spread in any way possible (alternate room useage, social distsancing, split shifts and alternate rosters) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Continue to use clean versus dirty teams model where possible		**Regional**		
Staff	**Reducing transmission to and amongst staff: Reduce staff rotations including SMOs, RMOs**	Consider if RMO and other staff rotations or movements between teams could be/should be temporarily halted until the risk of transmission reduces. Aim is trying to decrease staff movements.	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Reduce staff rotations.	Same as yelow plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. plus Teams to work in the most efficient way possible (alternate room useage, social distsancing, split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Stop staff rotations if possible.		Stop staff rotations if possible and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.Teams to work in the most practicable way to minimise spread in any way possible (alternate room useage, social distsancing, split shifts and alternate rosters) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Stop staff rotations if possible.		**Regional**		
staff	**Reducing transmission among staff: changing when people work to decrease numbers on-site at same time**	Consider if there are staff who could work shifts across the days/weekends to spread out staff cover and reduce total number in one place at the same time. Start planning and breaking staff into teams	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Implement plans as per green	Same as Green plus and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until until their symptoms resolve AND they have a COVID-19 negative test. plus Teams to work in the most efficient way possible (alternate room useage, social distsancing, split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Implement plans as per green		Green actions and staff who develop symptoms of an acute respiratory illness should be tested for COVID-19 and Influenza. They should not return to work until their symptoms resolve AND they have a COVID-19 negative test.Teams to work in the most practicable way to minimise spread in any way possible (alternate room useage, social distsancing, split shifts and alternate rosters) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	Implement plans as per green		**Regional**		
Staff	**Ambassador educator role**	Video IPC talks, make COVID-19 information including manage it strategy readily accessible so staff can answer questions of family, friends. Staff education session supplied to CBAC and Isloation staff on PPE donning and doffing and doffing. Watch healthlearn package		As per green. And trial putting on and taking off of PPE		As per yellow			As per yellow		**Regional**		
Staff	**Jury duty and other professional meetings**	Campus leadership/P+C: Consider opportunities to defer or do via teleconference. Consider if P+C liaise with Justice re Jury duty. Consider if P+C should ask for 6 month extension on expiration of vulnerable childrens for previously screened workers.	as Green	Jury service for front line staff stopped	As yellow	Jury service for front line staff stopped		No Change From Red	Jury service for front line staff stopped		**Regional**		
Staff	**Reduction in number of staff availability**	Staff at full capacity	Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	20% decrease of staff, combine surgical and medical wards and decrease bed numbers by 4 (13 beds), Theatre acute, non deferable urgent surgery only		20% decrease in staff and isolation ward open. Postpone elective work. Utilise theatre staff to help in ward. Theatre to go to Acute roster only, acute surgery priority on trauma cases. Utilise CNS workforce for specialised areas			40-50% decrease in staff and isolation ward functioning. Acute wards decrease further by 4 beds. Taking total beds down to 9 beds for both medical/surgical				
Clinical service delivery	**Outpatients**	**Plan** options for telephone/videoconferencing follow-up outpatient clinic activity. **Develop outpatient appointment letter** for patients to support this.	Clinics with face to face contact as necessary to provide routine care, preferably off site but where practicable in home telehealth provided for patients with sub acute needs	**Begin to implement** telephone/ videoconferencing for follow-up outpatient clinic activity. Telephone consultations where appropriate. **Defer non urgent** pre-assessments and non-urgent clinic patients.	Urgent and acute services provided after approval by CMO or operations manager. Clinics with face to face contact as necessary to provide routine care, preferably off site (with operations manager approval) but where practicable in home telehealth provided for patients with sub acute needs	**postpone all elective outpatient** activity and pre-op assessments, virtual /telehealth for urgent cases only if staffing allows, only highly urgent outpatient referrals considered		Urgent and acute services provided after approval by CMO or operations manager. Where practicable in home telehealth provided for patients with sub acute needs	postpone all elective outpatient services - as per yellow		**Regional**		
Clinical service delivery	**Outpatients**	**Standard messaging for all outpatient appointment letters** including who to call/what to do. Include FAQ and education 1 page on COVID-19 with outpatient letters. Current information for outpatients on external website that letters and texts can refer to.	as Green	Use standard messaging.	As yellow	**Change standard messaging** to reflect postponement of elective services.		No Change From Red	Use standard messaging.		**Regional**		
Clinical service delivery	**Outpatients and elective services/surgery**	BAU - **Review patients on waiting lists** (surgery, day case, other interventions) and group by urgency	Clinics with face to face contact as necessary to provide routine care, preferably off site but where practicable in home telehealth provided for patients with sub acute needs	**Reduction in outpatient services and elective surgery/services will be initiated** via Campus leadership level when advised to do so. Acute surgery, urgent elective and non-deferable cases to continue dependant upon hospital capacity. **Plan to segregate flows.** All **doors locked** into the facility except for two entrances.	Urgent and acutes services provided after approval by CMO or operations manager. Clinics with face to face contact as necessary to provide routine care, preferably off site (with operations manager approval) but where practicable in home telehealth provided for patients with sub acute needs	As per yellow, acute surgery only with priority on trauma cases as staffing facility allows		Urgent and acute services provided after approval by CMO or operations manager. Where practicable in home telehealth provided for patients with sub acute needs	As per orange, acute surgery only as staffing and capacity allows.				
Clinical service delivery	**Reducing transmission: facilities**	Elective GA cases. Proposed recommendation is all areas to follow Dept of Surgery guideline	Routine surgery recommences with suitable gaps between patients to ensure appropriate sterilisation as per IPC guidelines	**Elective surgery postponed** Acute and non deferrables only	Urgent and acute services provided after approval by CMO or operations manager. Clinics with face to face contact as necessary to provide routine care, preferably off site (with operations manager approval) but where practicable in home telehealth provided for patients with sub acute needs	**Elective surgery postponed** Acute and non deferrables only		Urgent and acute services provided after approval by CMO or operations manager. Where practicable in home telehealth provided for patients with sub acute needs	Acute only				

Clinical service delivery	**Reducing transmission: company representatives and other work related visitors on-site**	Proposed recommendation is all areas to follow same guideline. **Stop non-essential** international company representative visits now (border restrictions now in place). Essential visits with permission of site GM who may seek further advice on risk before approving. An example of essential is an engineer coming to repair a piece of essential equipment. 16/3 in view of new border restrictions we need to understand if there are any services with service/support related issues as a result.	as Green	**Consider** options to reduce New Zealand based on-site visitors/contractors. International on-site visitors/contractors essential only with visit by visit permission eg essential equipment repairs.	As yellow	Essential on-site visitors/contractors only eg equipment repairs, non-deferrable procedures. Visit by visit permission.		No Change From Red	Essential on-site visitors/contractors only eg equipment repairs, non-deferrable procedures. Visit by visit permission.		**Regional**		
Clinical service delivery	**Reducing transmission: uniforms Scrubs**	Campus leadership: prepare for frontline line/dirty team COVID-19 staff to transition to use of scrubs. **All staff to change uniforms and not wear them out of the facility** Logistics: ISS training/ laundry alternatives *(we need a DHB policy going forward on who wears what and when, and stock somewhere that gets rotated)*	COVID-19---Memo-and-dont-bring-it-home-poster.pdf	Frontline line/dirty team COVID-19 staff to transition to use of scrubs. Again not to wear home and must be washed at 60 degrees. PPE training for anyone dealing with potential cases	infection-control/Coronavirus-Readiness-Resources.asp#ppe	Frontline line/dirty team COVID-19 staff to use scrubs. And PPE over scrubs, shower prior to leaving area.			As per orange		**Regional**		
Clinical service delivery	**Working between sites and between DHBs**	Campus/DHB leadership. Continue but consider contingency plans for reducing visits for when the situation changes and visits are no longer safe. Decision making in conjunction with other DHBs.		**Implement plans for reducing visits.**		Stop visits to other regions and DHB's. stop visiting doctors coming into DHB's from other regions			Stop visits to other regions and DHB's. stop visiting doctors coming into DHB's from other regions		**Regional**		
Clinical service delivery	**Reducing decision making distress in staff**	**Provision of timely clear guidance to staff.** Readily accessible from internally and externally.		**Provision of timely clear concise communication to staff.** Readily accessible. Mindful of Manaakitanga		**Provision of timely clear concise communication to staff.** Readily accessible. Mindful of Manaakitanga			Provision of timely clear concise communication to staff. Readily accessible. Mindful of Manaakitanga		**Regional**		
Clinical service delivery	**Reducing transmission: patient relatives on-site**	visiting hours continue but try to **reduce visitors entering wards,**	media-release/temporary-changes-to-limit-visitor-numbers-2020-03-25/	**Reduce visiting hours and reduce visitors entering wards, ensure visitors are screened and sign into facility. Stop non essential visiting, essential visiting limited to I per person.**	media-release/temporary-changes-to-limit-visitor-numbers-2020-03-25/	1 visitor to pallitive patients, 1 support person with maternity and peadiatric patients. These visitors need to be signed in through the main entrance	covid-19-alert-level-four-updated-hospital-and-clinic-visitor-policy/		Stop visitors all together.		**Regional**		
Clinical service delivery	**Reducing transmission: Reduce waiting room exposure**	**Limit** non essential outpatient clinic activity. **Reconfigure** wait areas to allow physical distancing, **increase** clinic appointment time to allow PPE, post pt cleaning, **reduce** waiting room exposure	Logistics: Advice required/ we will then act. *(a drawn up plan can now be done on the old hospital and materials got to hand) (as for the new????* Utilise off site clinics where practicable, continue to maximise telehealth in pt home, stage waiting times to reduce cross over	**Postpone** Face to face outpatient clinics and identified patients who can be seen via telehealth. Anyone who needs to have essential treatment through clinics will continue to have treatment provided.	Utilise off site clincis where practicable, continue to maximise telehealth in pt home, stage waitign times to reduce cross over	As per yellow		Utilise off site clincis where practicable, continue to maximise telehealth in pt home, stage waitign times to reduce cross over	Life and limb only treatment		**Regional**		
Clinical service delivery	**Educate patients and families**	**Development of information** for at risk patients and groups. Rapid agreement on single point of dissemination to public/pts. Minimise different advice from individual services	Logistics: planning by Operations? *(probably not Logistics)*	**EOC to disseminate all communication** out to our public and staff using Manaakitanga and Aroha principles.		EOC to desseminate all communication out to our public and staff using Manaakitanga and Aroha principles.			stop all family and friends visiting communication has been deseminated as per orange		**Regional**		
Clinical service delivery	**Supply line risks**	**Increase normal supplies** to ensure PPE available at short notice *(this will need to be policy , to be well worked on so levels and rotaion is correct)*	**Maintain clinical and emergency supply and PPE levels at 25% higher than normal** **Pharmacy:** No mention of pharmaceuticals for inpatients. Is these being categorised as 'clinical supplies'? I believe we need to review what pharmaceuticals may be required, and then specify minimum quantities on hand. I don't think that we need to increase levels at the 'green' stage, but at least identify what will be needed and create a master list. The pandemic antibiotics that have been specified by the MoH for DHBs to have on hand aren't all appropriate for potential COVID-19 admissions (ie. flucloxacillin IV specified to have on hand, but not particularly useful in respiratory infections). Also worth noting that it isn't just 'treatment' of COVID-19 that we need to consider, but what supportive medications will be needed (eg. increased use of ventilators, so increased propofol etc.).	**Ensure clinical supplies and emergency equipment supplies** are 25% higher level than normal. **Increase** PPE, scrubs and swab levels by 50% PPE ensuring available at all time and 1 member of supplies is keeping an eye on this	**Same as Yellow** **Pharmacy:** Would need to monitor what medications are being used and maintain supplies of these (25% higher as per other clinical supplies). Early identification of OOS/short supply medications. Clinical considerations - access to trial entry for admitted patients (liaising with ID/microbiology in CDHB/other tertiary centres).	**Ensure clinical supplies and emergency equipment supplies** are at a higher level than normal. Ensure good volumes of swabs, scrubs and PPE available at all time and 1 member of supplies is monitoring this	**Pharmacy:** As Previous	No Change From Red	Ensure clinical supplies and emergency equipment supplies are at a higher level than normal. Ensure good volumes of swabs, scrubs and PPE available at all time and 1 member of supplies is keeping an eye on this	Pharmacy: As Previous	**Regional**		
Clinical service delivery	**relocating services**	**Prepare** for opening of isolation ward, **move doctors** (RMO) to ISG room, **move Laundry** to old CBU office, **move infusions** to Kahurangi. **Build walls** in Parfitt ward. **staff identified** to work in isolation ward	*I would suggest Logistics be part of this conversation, Wall and equipment concerns*	as per green, Paediatrics in progress of moving into Hannan ward to allow **set up of isolation ward. Blessing of paediatric ward**		as per yellow, **relocate staff** to help in community and CBAC's as able and as clinically required. **Evaluate staffing** numbers and **consider combining** surgical and medical wards in the surgical ward	Guidance-on-staff-movement-to-other-facilities.pdf		as per orange				
Clinical service delivery	**provide separate treament area for covid-19 patients**	**Prepare procedures and rosters** for opening of isolation wards, **Move service**s now that need to be moved prior to the isolation ward being functional. **Once moved this needs to be communicated widely to public and staff**	Maintain Isolation Ward and ready to go within 12 hours notice	same as green. Preparation stage and ready to open same as green. Preparation stage and ready to open	Maintain Isolation Ward , Sufficient staff rostered and ready to go as required to commence operation (under 2 hours notice)	**Open isolation ward** with rostered staff. Ward full, ventilator patients in isolation ward. **Consider utilising** the medical ward for covid-19 patients. **Shift staff** who do not want to go home can stay in the Whanau house.		As per orange	Over capacity and unable to manage with current staffing levels. Close CCU, transport appropriate ventilated patients out to CDHB or another ICU who has capacity. Consider advance patient triage.				
Clinical service delivery	**Coordinating with private providers**	BAU for private providers. **Private providers encourage to review** their Business continuity plan		minimal support provided. Ask the question if BAU needs to be reviewed, e.g. cut down on services		Decreased level of support provided			Unable to provide support.		**Regional**		
Clinical service delivery	**CBAC**	**Separate workstream.** Due to come on line this week. CBAC Grey soft opening 0800-1630 Buller/Reefton/ Hokitika state of readiness prepare to be operational witin 2 hrs		**CBAC opened coast wide** when confirmed case opening hours **extended** to 7 days a week. If patients come up for screening after hours ED staff are to do this in their cars.	CBAC-Patient-handout.pdf	**Utilise staff** from within hospital to support CBAC and community monitoring as resources allow and **communicate out to community.** Maybe increase hours of opening.	Guidance-on-staff-movement-to-other-facilities.pdf		as per orange		**Regional**		
Clinical service delivery	**Maintain essential services**	BAU - all services running at full capacity		In some services which are staffed as sole practitioners, **services will need to consider alternative staff** with skills and ability to help within that service. If 2 or more staff off and can't be suitably replaced, then we will **look at integrating that service or halting the service.** areas with **excess capacity on duty - staff will be re-distributed** to support other services where possible and as prioritised.	Guidance-on-staff-movement-to-other-facilities.pdf	**Decrease number of beds** available within services as necessary. **Move vulnerable services** into other areas to keep functional. Once unable to maintain service then service will be re-distributed			Merge wards as necessary depending on available resources. Service no longer available unless high-priority and maintained at the expense of other services		**Regional**		
Primary & Community	**Protect primary care workforce**	**Ensure adequate supplies of appropriate PPE** (incl. masks, gowns, sanitising hand-gel) across general practice, community pharmacy, district nurses, public health nurses, home support providers and aged care providers *(as before a lot of work around this will need to be done)*	Includes provision of PPE supplies as well as training in correct use relevant to activities undertaken	**Redirect suspect COVID-19 case**s from routine general practice flow to a dedicated assessment and testing option. This may be located away from usual general practices or co-located but with appropriate separation. Once established, and once practices are aware of the change, there will need to be a **comprehensive signage and public messaging** process to ensure effective re-direction of patients in order to achieve the intended protection of regular general practice facilities and staff to maintain routine services	**Co-locate on-site** or establish at stand-alone location. NOTE - HOKITIKA - establish in Physio area of Hokitika Health Centre (off-site from Westlanad Medical) - GREY - establish at RAGP - ALL OTHER LOCATIONS - maintain flow as per GREEN. Further options exist regarding (a)opening locations at different times subject to local need - e.g. open Grey but not Hokitika, etc; (b) 'soft-opening' where local practices are made aware but the message is not widely communicated to the general public - could be used to simply assist practices to manage occasional surges of presentations **Consider supplies of take-home packs** of paracetamol to be held in the CBACs to allow patients to take home directly without having to go to the community pharmacies.	Maintain until futher notice or until swabs run out.			as per orange. One CBAC stood down, redirect staff as required.		**Regional**		
Primary & Community	**Protect primary care workforce**	**District nurses to call patients** ahead of visiting and screen as to whether a contagion risk exists		continue green actions		continue green actions, and **increase triage / prioritisation** of visits. **? Train family members.**			continue yellow actions		**Regional**		

Primary & Community	**Establish consistent management protocol of suspect cases**	Based on MoH guidance as issued from time to time, **support general practices and pharmacies** to follow those approved processes for assessing suspect cases including swabbing/testing where appropriate	**Issue guidance flow chart to general practices and community pharmacies**	**Ensure revised guidance on processes** for assessing suspect cases, including swabbing/testing where appropriate, are clearly communicated as necessary	**Issue guidance flow chart**	as per yellow			as per yellow		**Regional**		
Primary & Community	**Protect vulnerable communities**	Age-Care/Residential-Care facilities to **establish** social-distancing, hand-sanitising/washing protocols, limiting of groups/gatherings within the facility. **Screen visitors** for possible infection risk, **limit visitors** to one per resident at a time who must register prior to visit, no children under 16		as per green	Facilities to **determine** their own restrictions with guidance from sector-groups and the Ministry of Health	**Raise access restriction to maximum level.**			**stop visitors**		**Regional**		
Primary & Community	**Protect vulnerable communities**	**Accelerate seasonal influenza vaccination** programme to minimise illness and presentations to both primary and secondary care to avoid a 'double-whammy' - even delaying the seasonal influenza presentations by a few weeks will greatly assist in remaining within health system capacity	OPTIONS (a) provide trained DHB vaccinators to support general practices to provide flu vaccination clinics; (b) provide trained DHB vaccinators to support general practices to provide 'off-site' flu clinics (e.g. to large workplaces); (c) providing trained DHB vaccinators to run additional community-based vaccination clinics	**Further accelerate seasonal influenza vaccination programme**	(c) providing trained DHB vaccinators to run additional community-based vaccination clinics	as per yellow					**Regional**		
Primary & Community	**Protect primary care capacity**	General practices operating BAU - plus **consider options** to regulate patient access to GP facilities		**General practices implement** a 'restricted access' process whereby arriving patients are met at the door and checked prior to being permitted access to the facility only if not a suspect COVID-19 case	Essentially a 'lock-down' scenario that will require additional personnel resource to manage access	**Combine GP practices** a la "field clinics".					**Regional**		
Primary & Community	**Protect primary care capacity**	**General practices encouraged to consider** requirements, limitations and enablers to achieve greater use of telehealth for patient consultations including calls between the practice and the patient's home		**Increase** use of phone & video consultations to address routine patient presentations	all-coast-gp-practices-have-changed-the-way-they-are-operating/	**Consider** all non urgent general practice appointments to be completed via phone/virtual/telehealth	media-release/coasters-can-still-access-their-general-practice-team-for-health-care-appointments-20200408/		Consider cesation of face to face general practice appointments		**Regional**		
Primary & Community	**Medications supply**	BAU		**Activate NZ e-prescribing** full electronic capability (removing current double-handling requirements)		**Consider relaxing the minimum requirement** for repeat prescription (currently must be seen by GP/NP within last 6-months plus stable conditions) - potentially relax to 9-months during peak period	Use Telehealth ? Central interim approval process				**Regional**		
Primary & Community	**Maintain supply of GPs & NPs**	**Undertake stocktake** of April & May General practitioner/nurse practitioner rosters to identify any gaps resulting from international travel restrictions	may also highlight additional availability of staff unable to leave NZ	**Maintain a West-Coast wide snapshot** of GP/NP (un)availability and **seek to address significant gaps** identified		If GP/NP resources are restricted then **consider centralising services** within common-sense geographical areas to ensure essential services continue to be provided	See above.				**Regional**		
Maori Health	**Engaging Treaty Partner**	**Working with Maori partners** under the korowai of Te Tiriti of Waitangi **Engage** Iwi Partners		**Regular korero with Iwi chairs** led by GM Maori and **feedback to EOC** any issues, Chair of Tatau Pounamu and members. A weekly update between the two local hapu, GM WCDHB , GM Maori health and any other appropriate personnel. At a practical level working with the Hauora Maori team, Poutini Waiora and Managers from both Runanga on any activity that will action the high level planning. GM Maori providing support and guidance to the health sector with regard to how they engage with Maori using a Treaty Framework.						**Regional**		
Primary & Community	**Expectation is that equity is one of the key cornerstones of this plan**	All planning with regards to Covid-19 will be assessed using equity tools. **Access National Pandemic guidelines for Maori to inform the WCDHB response - National Maori Pandemic group**									**Regional**		
Maori Health	**Community Engagement and involvement**	**Regular update to Tatau Pounamu (Iwi Advisory Board)** Actively engaging and seeking support and advice for initiatives that aim to protect Maori population from Covid-19 **Engage Poutini Waiora** - Maori Health Provider early in the planning stage through regular debriefs **Identify Maori community leaders and champions** and actively engaging Kaumatua and Maori Health and Disability Workforce across the system to support the response to Covid-19. **Actively work with Maori Health Leadership** at Regional and National level - (Tumu Whakarae, Public Health Units, Ngai Tahu) - ensuring quick and up to date dissemination of information regarding Covid-19 to Iwi, Whanau and Hapu		As above there will be regular **verbal updates** provided to the Chair of Tatau Pounamu and the two Iwi Chairs. Additionally there will be **joint meetings** between chair of Tatau Pounamu, Iwi Chairs, GM Maori Health and GM WCDHB with the purpose of: -Reciprocal sharing of information -Act on advice from Iwi -Strategise on ways to effectively reduce harm to Maori regarding Covid-19 -To honour our obligations under Te Tiriti o Waitangi Linking the Kaihautu of Poutini Waiora with the Emergency Response Manager for any communication. Meetings every three days via TC between Hauora Maori team, Poutini Waiora, Clinical Manager WCPHO with the intention of identifying strategies to minimise poorer outcomes for high risk Maori whanau. Iwi leaders, Community leaders, Health and Disability leaders and Kaumatua are identified to assist with responses. Keeping up to date with the National information being fed down by Tumu Whakarae GMs Maori Health, National Maori Pandemic Group, Ngai Tahu, Whanau ora Commissioning Agency Question and Answer on a regular basis from the National Pandemic group available on the website.						**Regional**		
Primary & Community	**Planning and resourcing**	**Ensure that resource is available for Maori** community led response e.g. clinical support within Maori communities, clinical resources **Connect with MSD and other NGO service**s to identify Maori whanau who have low incomes to offer support									**Regional**		
Maori Health	**Strategy specific to secondary care for Maori**	**Consideration given** not only to physical health but respecting Tikanga Maori (Te Whare Tapa Wha) ensuring that Maori needs are met **Plan in place** to ensure Maori entering into secondary services with Covid-19 are provided with cultural support **Equity is prioritised** in clinical triaging tools and any clinical decision making		**Practical advice for tikanga, hui and tangihanga is shared** **Condensed version of the HEAT tool is adapted and used by EOC**							**Regional**		
Maori Health	**Whanau Education**	Flu Vaccinations - **educating whanau on the benefits of vaccination - prioritise Maori for flu injection**s Whanau mobile clinics **Engage and support** Maori Provider, Maori Health Promoters, Whanau ora Navigators to deliver education to whanau	https://www.wcdhb.health.nz/tag/immunisation-programme/								**Regional**		

Maori Health		**Support Maori Providers** to work within the emergency framework									**Regional**		
Maori Health	**Comms Plan for Maori**	Understand how whanau communicate and engage **Whanau phone line put in place** **Work with primary care to ensure** Maori in the at risk population are being targeted in terms of awareness. Identify Māori most at risk with your PHOs down to the practice level and implement a targeted campaign.		Creation of a National Maori Pandemic Planning team. http://www.uruta.maori.nz/latest-updates							**Regional**		
Primary & Community	**Protect primary care workforce**	District nurses, Home & Community Support Workers, Community Mental Health Workers and others providing service within people's homes to c**all patients ahead of visiting and screen** as to whether a contagion risk exists, **ensure appropriate PPE carried by staff**		continue green actions		continue green actions			continue green actions		**Regional**		
Primary & Community	**Protect vulnerable communities**	ARC facilities **review** current BCPs and **pre-plan** any additional actions identified relating to the current issue		ARC facilities **activate** their BCP provisions as necessary/indicated by circumstances		as per yellow			as per yellow		**Regional**		
Primary & Community	**Maintain essential Home based services**	**Review** BCP for HCSS & CCCN, as part of which, a list of more vulnerable clients, and a clinically-based decision-making process, has been developed to facilitate ready prioritisation of services as and when there is a reduction in staff capacity	NOTE - Specific staff changes in availability by location may require change ahead of a formal shift of COLOUR STAGE	**Implement prioritisation process** to accommodate service provision within available resources as per BCP		Continue to use prioritisation process			Continue to use prioritisation process		**Regional**		
Staff	**Ensure effective communications with all staff**	**review information dissemination processes** to ensure all staff are able to access/receive all relevant communications particularly recognising changed working arrangements and noting differing computer access across staff groups		as per green		as per green			as per green		**Regional**		
Destination Policy	**Patient cared for in the right place by the right team**	BAU - **Ventilated patients transferred** to CDHB within 8 hours if possible.		**Winter planning sitRep daily** to Janis Donaldson which feeds into the South Island sitRep for ICU. Operations Manager WCDHB and CDHB **communicate** on occupancy and ability to transfer.		ICU getting close to full capacity, **look at alternative areas** to transport too such as Wellington, Auckland			Consider ability to keep ventilator going this will be a clinical decision by numerous senior clinicians.				
Destination Policy	**Patient cared for in the right place by the right team**	Triage 1 patients, Fracture NOF's, multi traumas **follow current** Destination policy		**Communication with CDHB daily**, regarding occupancy and status		**Look at alternative destinations**			Try to manage patients locally then follow recommendations from CDHB		**Regional**		
Destination Policy	**Patient cared for in the right place by the right team**	Sick Neo Natals follow current policy		**Communication with CDHB daily**, regarding occupancy and status		**Look at alternative destinations**			Follow CDHB policy for escalation				
Destination Policy	**Patient cared for in the right place by the right team**	Clott retrieval and MI pathway continue, follow current policy		**Communication with CDHB daily**, regarding occupancy and status		**Look at alternative destinations**			Follow CDHB policy for escalation		**Regional**		
Information Services Group	**Ensure ISG is able to support the West Coast DHB effectively**	**Review and update** BCP for ISG. **Trial working from home** for team, and address any shortcomings. **Increase remote access** token licensing. **Install** BCP licensing for Xenapp. **Bring forward** ability to deploy new Xenapp environment. **Enable** Microsoft Teams for West Coast DHB.		**Monitor** usuage of remote access.		**Activate** working from home for ISG team members. Monitor usuage of remote access.			**Monitor** usuage of remote access.				
Mental Health	**Reduction in staff numbers**	Business as usual fully staffed		**20% reduction in staff** - Vulnerable staff to work from home - need remote access. **Initiate** shifts for community teams (incl. AOD and CAMHS), morning & afternoon, to minimise numbers in offices		**50% reduction in staff - Shift work** across weekends, as well as during week (morning & evening) for community, AOD and CAMHS). Start with 'single point of entry' for all referrals across the services.			**More than 50% reduction in staff -** Amalgamate all services into one team, including referrals, triage, ongoing follow up & crisis work.				
Mental Health	**Provision of psychological care**	**Send memo out** to all staff and primary care to inform around available of online resources and apps that will guide clients through the psychosocial distress of pandemic		as per green		as per green			as per green		**Regional**		
Mental Health	**Administration of depot medications (IM antipsychotics)**	**Minimise** visits to health care facilities where possible & **administer** depots at home with prior call to screen for infection risk		**Administer depots** in Central region in Rangimarie area of Manaakitanga if cannot be done in client's home. **?Screen** for infection risk prior to appt. **Ensure appropriate PPE** available to staff									
Mental Health	**Crisis, assessment and triage**	BAU, with all **attempts made to reduce** face-to-face contact, Phone calls & VC utilised where possible		Face-to-face only for crisis assessment. PPE to be used where appropriate. Triage referrals & inform of increased wait time & current difficulties.		As per yellow - only crisis assessments where possible			Only crisis assessents completed		**Regional**		
Infection prevention and Control	**Maintain services**	**Utilise** Arianne McKenzie as able to assist with the PPE training she has a package ready to go, to get to more staff trained. **Expedite** IPC succession planning by pulling in the designated staff member Caitlin Iles to assist with IPC tasks as able		As per green - **Utilise the theatre receptionist** to support IPC should theatre no longer be working as BAU.									
Labs	**Maintaining reagent supplies**	**increase stock levels** to 3 months across sections where expiry dates allow.	Maintain levels to 3 months across sections where expiry dates allow.	**Implement restrictions** on routine lab testing	Maintain restrictions on routine lab testing	**Priortise testing** to clinically unwell		No Change From Red	as per red		**Regional**		
Labs	**Sample collection supplies**	**Audit of stock levels** throughout the DHB. **Supply clinics** with swab collection kits. **Order** swabs from CHL as and when required.		Continue green actions		Continue green actions			Continue green actions		**Regional**		
Labs	**Phlebotomy Services**	BAU - Includes provision of ward rounds, Rest Home and private home visits. Appointments remain in place. Phlebotomists **contact** private homes to check if any self isolation or risk prior to visiting.	as Green	**Reduce** patient presentations in Lab. GP's and OP clinics to **restrict** lab testing. GP's defer routine wellness routine checks. Increase in home collects for our most vulnerable clients. Phone ahead to check risk level. Utilise perspex screen in phlebotomy service. Relocate service out of the Laboratory space. Reduce patient presentations in Lab. GP's and OP clinics to restrict lab testing to urgent services only. GP's/Patients must phone ahead for appointment. Increase in home collects for our most vulnerable clients. Installation of perspex screen.	As yellow	**Significant reduction** in patient presentations for blood tests. Only provide home collects for our most vulnerable clients. PPE worn for all patient contacts. Significant reduction in patient presentations in Lab. Only provide home collects for our most vulnerable clients. Signage stating Essential blood testing only availabe place on closed lab doors.		As per orange	Continue red actions				
Labs	**Staff roster**	BAU	Teams continue to work in the most efficient way possible reverting to usual room useage (split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	**Prepare** roster for how to split staff into teams working alternative days.	Teams to work in the most efficient way possible (alternate room useage, social distsancing, split shifts and alternate rosters maintained unless explicity approved to cease by operations manager) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	**Split** staff into teams isolated from each other working alternate days. ~~If work increases review roster options - longer shifts, engage casual staff.~~		.Teams to work in the most practicable way to minimise spread in any way possible (alternate room useage, social distsancing, split shifts and alternate rosters) while retaining ability to transition to yellow staturs if required withing 48 hrs notice	as per yellow				
Labs	**Lab Facility**	BAU		Lab doors locked. Access only to Lab staff and authorised personnel.		Continue yellow actions			Continue yellow actions				

Emergency Coordination Centre – COVID-19 Incident Management Team Structure



Version 2

West Coast – District Health Board – Te Poari Hauora a Rohe o Tai Poutini

West Coast Te Tai o Poutini Primary Health Organisation

SITUATION REPORT

CONFIDENTIAL – NOT FOR WIDER CIRCULATION

NOVEL CORONAVIRUS COVID-19
Report 47
Issued: 5.00pm Wednesday 6th May 2020 Current Situation

New information in red

If you have any question regarding COVID-19, preparedness, or response Contact the Single Point of Contact (SPOC) Emergency.mgt@westcoastdhb.health.nz.

Nationally:

06/05/2020 at 1400hrs

NATIONAL COVID-19: ALERT LEVEL: 3

NATIONAL (MOH) ALERT LEVEL: ORANGE

- National Pandemic Emergency declared
- Pandemic Notice issued

Summary of COVID Cases in New Zealand

	Total to date	New in Last 24hrs
Total Confirmed Cases	**1,138**	**1**
Total Probable Cases	350	1
Total Number of Confirmed and Probable Cases	**1,488**	**2**
COVID Cases in Hospital	2	-2
Recovered Cases	1,316	14
Total Deaths	**21**	**1**

West Coast:

06/05/2020 at 1700hrs

WEST COAST HEALTH ALERT LEVEL: YELLOW

Summary of COVID Cases in West Coast

	Total to date	New in Last 24hrs
Active Cases	**0**	-
Probable cases	**0**	-
Recovery Cases	**4**	-
In Hospital Cases	**0**	-
Deaths	**1**	-
Total West Coast COVID-19 Cases	**5**	-

Source: ESR EpiSurv and MoH extract as at 09:00, 6 May 2020

Significant Developments in last 24 hours

05/05/2020

- Sentinel Testing Reefton & Springs Junction 5/5/20
- Community testing planning underway for 200-250 MoH target per week including some essential workers.
- Sentinel clarity from Medical Officer of Health – how we will proceed for testing in the West Coast.

- About to communicate de-escalation plans – Traffic Lights – ability to re-escalate.
- Working with labs around increasing ability to return to BAU.

Current Key Strategies (refer Staged Response Plan for details)

Aged Residential

23/04/20

- Visitor restrictions remain in place.

In-Home Services

Nil

General Practice

Nil

CBACs

06/05/20

- Planning for Sentinel testing at Arahura Marae on 8/5/20.

Hospital/Outpatients

05/05/20

- Visitor restrictions remain in place.

General/Other

05/05/20

- Labs – planning around BAU and increasing services.

Assessment

Planning is focused on identification and containment of COVID-19 and managing Health System capacity.

Critical issues/areas of focus:

- Maintaining Public health border activities
- Increasing capacity for contact tracing

West Coast CBAC

West Coast CBAC Normal Hours:

Location	Address	Phone number	Operating Days/Hours	Mode	Email
Grey	Greymouth Hospital (across from the ED doors)	9(2)(a) 9(2)(a)	7-days per week 08:00 – 16:30	Walk-in – please call ahead if possible	grey.cbac@wcdhb.health.nz
Buller	Pakington Street	9(2)(a)	Monday - Friday 08:00 – 12:00 and 12:30 – 16:30 Saturday & Sunday 10:30 – 16:30	Walk-in – please call ahead if possible	buller.cbac@wcdhb.health.nz
Reefton	120 Broadway Reefton	9(2)(a)	Monday – Friday 08:00 – 12:00 and 12:30 – 16:30	Walk-in – please call ahead if	reefton.cbac@wcdhb.health.nz

			Saturday & Sunday – Closed	possible	
Hokitika	59 Sewell Street, Hokitika	9(2)(a)	Monday – Friday 08:00 – 12:00 and 12:30 – 16:30 Saturday & Sunday – Closed	Walk-in – please call ahead if possible	hokitika.cbac@wcdhb.health.nz

West Coast COVID-19 Data

COVID-19 Swab Throughput

– 4 CBACs Combined, PHO/GP Combined, ED Combined & Pre-Op DHB

As at 12pm, 06/05/20 Note: this data was finalised at midday, and reflects data from 05/05/20.

	Totals to date:	New in Last 24hrs
Assessed	1010	94
Tested	943	94

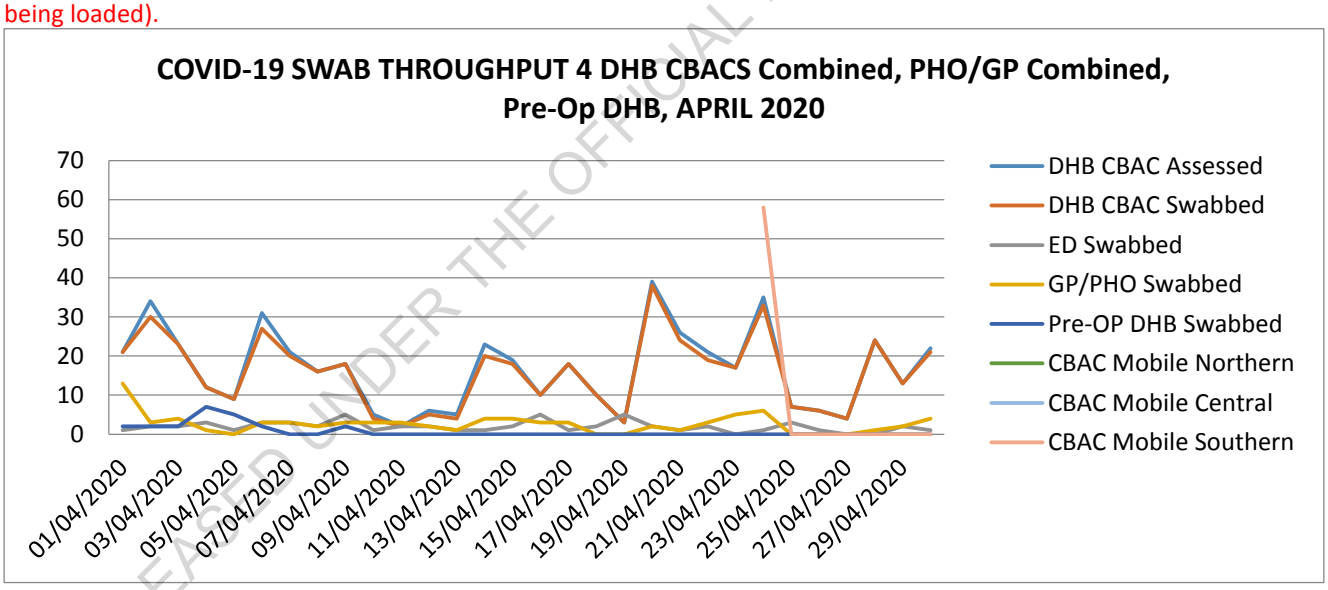
COVID Data Reporting

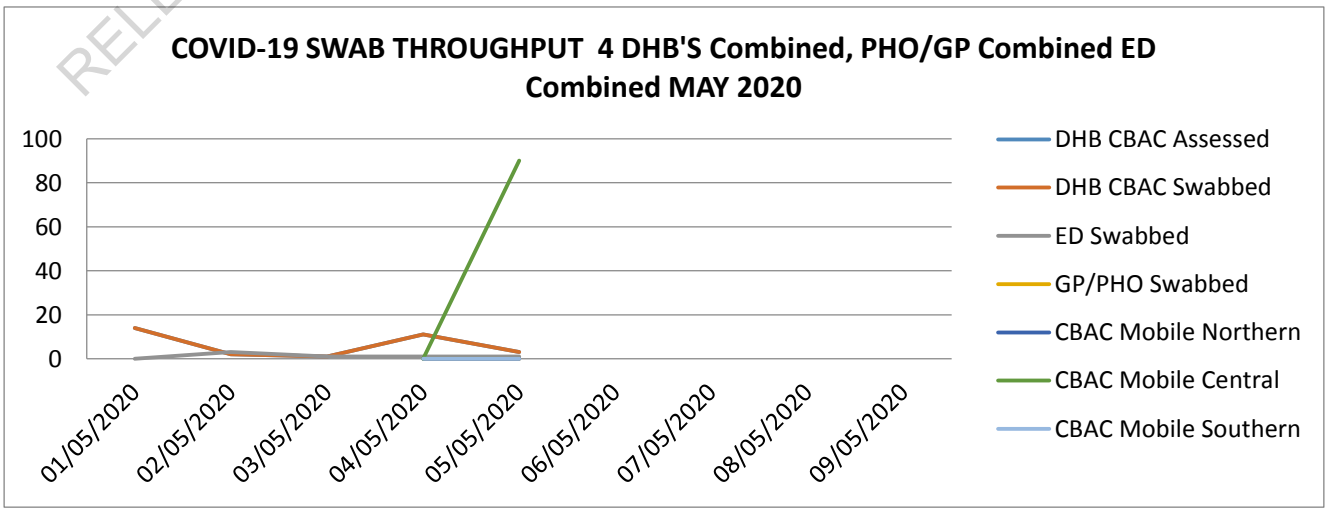
West Coast CBAC Data Report

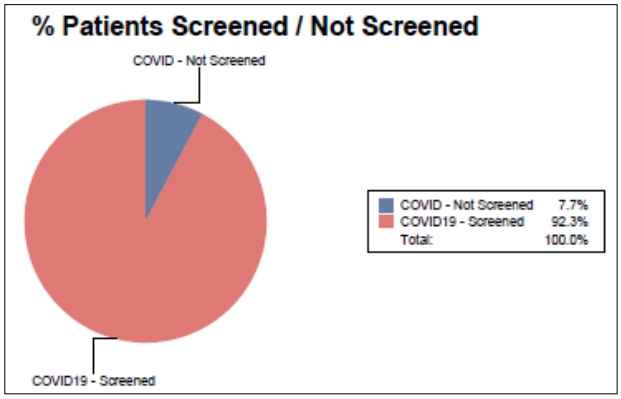
As at 12pm, 06/5/20

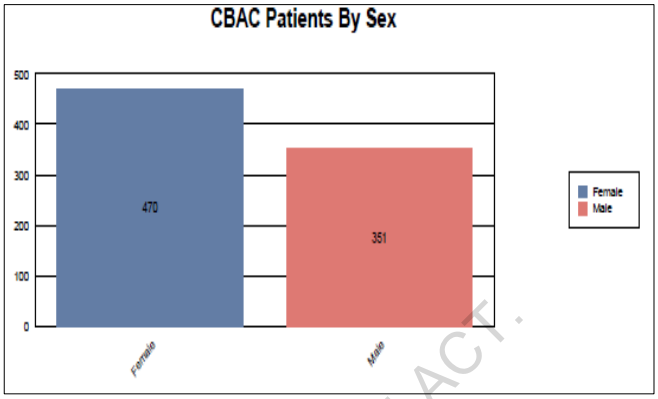
Note: this data was finalised at midday and reflects data from 05/05/20.

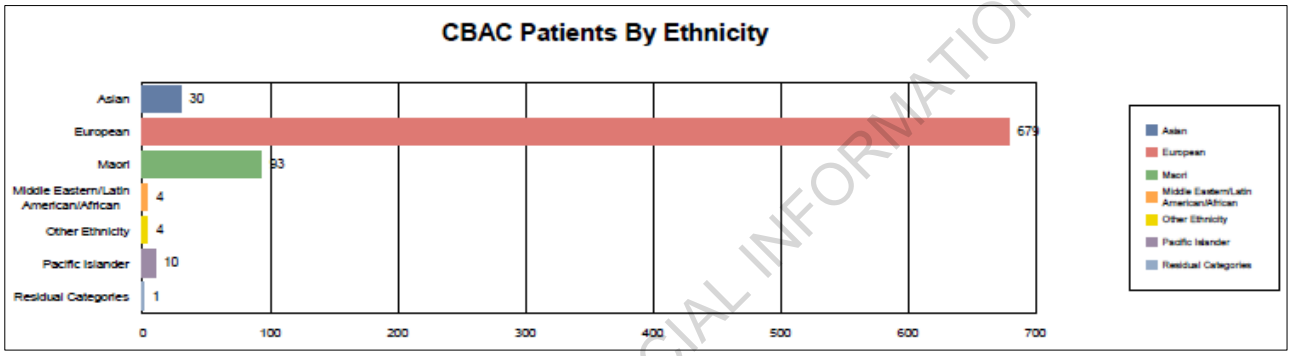
(Sentinel testing took place in Reefton and Springs Junction on 5/5/2020. An extra 90 swabs were taken, and data is still being loaded).

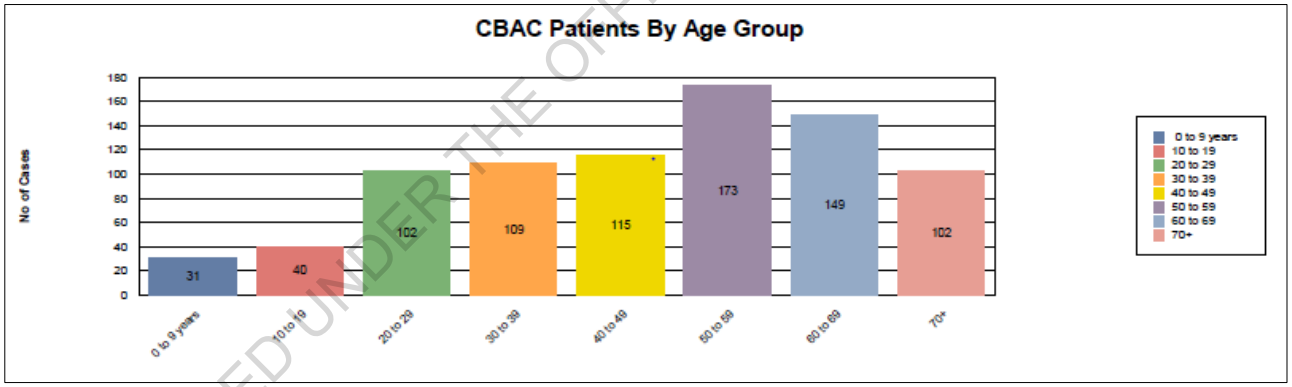












CLINICAL DIRECTIVES – Clinical Team

16/4/20

- Transportation of Patient to Theatre – link on intranet: http://coastweb/intranet/docstore/policies/policy_n_procedure/covid-19/Transport-of-Patients-to-Operating-Theatre-from-Isolation-Ward.pdf
- Dealing with deceased, and updated pandemic plan.

Updated Ministry of Health Guidelines

1. **Primary care quick reference guide 10/4/20**
   https://www.health.govt.nz/system/files/documents/pages/covid-19-primary-care-quick-referencp-guide-10-april-2020.pdf

2. **Aged Residential Care Guidlines 11/4/20**
   https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-disability-and-aged-care-providers

3. **Revised Case Definition 17/4/20**
https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection

4. **Guidelines for PPE use in healthcare poster 25/4/20**
https://www.health.govt.nz/system/files/documents/pages/covid-19-guidance-managing-staff-residents-covid-19-infection-aged-residential-care-facilities-26apr20.pdf

5. **FAQ about PPE poster 25/4/20**
https://www.health.govt.nz/system/files/documents/pages/covid-19-guidance-managing-staff-residents-covid-19-infection-aged-residential-care-facilities-26apr20.pdf

6. **Covid-19 Guidance Admissions Aged Residential Care Facilities, 27/4/20**
https://www.health.govt.nz/system/files/documents/pages/covid-19-guidance-managing-staff-residents-covid-19-infection-aged-residential-care-facilities-26apr20.pdf

7. **Covid-19 Guidance Managing Staff Residents Infection ARC facilities 26/4/20**
https://www.health.govt.nz/system/files/documents/pages/covid-19-guidance-managing-staff-residents-covid-19-infection-aged-residential-care-facilities-26apr20.pdf

8. **Advice Aged Care Providers Resdients Dementia 27/4/20**
https://www.health.govt.nz/system/files/documents/pages/advice-aged-care-providers-residents-dementia-27apr20.pdf

9. **Alert Level 3 guidance for disability community residential care providers 25/4/20**
https://www.health.govt.nz/system/files/documents/pages/alert-level-3-guidance-for-disability-community-residential-care-providers-25042020.pdf

CLINICAL ADVISORY GROUP

Current Actions Taken / Resource required

- Nil

OPERATIONS PRIMARY RESPONSE

PRIMARY - General Practice and PHO

Current Actions Taken / Resource required

- Nil

PRIMARY - Aged Residential Care, In-Home Services, General Practice, CBAC, Dental, Pharmacy etc.

Current Actions Taken / Resource required

- **Aged Residential Care**
  06/05/20
  The MoH and members of the Aged Care Association have developed a COVID-19 Screening Form for a person to enter an aged residential facility. This form has been circulated to ARCs by CDHB via Eldernet this morning
  04/05/20
  PPE
  National Zoom meeting held with MoH re PPE today. Updated guidelines for ARC/HCSS/Disability are expected out shortly.

- **In-Home Services**
  - Nil

- **CCCN**
  - Nil
- **General Practice** – maintaining usual business; working to reduce face-to-face consultations by using phone and video alternatives.
- **CBACs** - 4 x CBACs operating (Buller, Reefton, Greymouth & Hokitika)
  06/05/20
  - Mobile sentinel testing undertaken as per **WCDHB Testing Plan** in Reefton and Springs Junction yesterday (5 May 2020) with 90 swabs taken (76 Reefton & 14 Springs Junction)
  - Planning being finalised for sentinel testing at Arahura Marae on Friday 8th May
  - Outward testing plan being refined incorporating latest MoH guidance and with specialist input from Medical Officer of Health
- **OTHER** – teams establishing separate streams of staff; working from home; vulnerable staff; redeployment preferences/skill-sets - EOC coordination of seasonal flu vaccination programme being established to ensure enhanced equity outcomes

Outstanding Issues/Challenges/Problems:

- **Age Residential Care** – Nil
- **In-Home Services** – Nil
- **General Practice** – Nil
- **CBACs** – Nil
- **OTHER** – Nil

Anticipated Priorities/Activities (for future operational periods):

- **Age Residential Care** – maintain isolation, continuity of staffing.
- **In-Home Services** – continuity of staffing
- **General Practice** – maintaining supplies of PPE, continuity of staffing.
- **CBACs** – Nil
- **OTHER** – nil

Other comments/Issues

- **OTHER** – Nil

Community Pharmacy

Current Actions Taken / Resource required

30/4/20

- Community Pharmacy meeting last night helped clarify some issues
  - Pharmacies are not charging fax fees where there is no extra work involved.
  - Because of the requirement for pharmacies to receive an original prescription for ALL controlled drugs (not just Class B which require a triplicate form, but also class C which includes codeine and benzodiazepines), the signature exempt procedure is not as efficient as envisaged
  - This is because controlled drugs are covered by a different piece of legislation to ordinary medicines (ie Misuse of Drugs Act).
  - Some insight provided as to the issues with processing NZePS prescriptions
- Turnaround. Please don't set high expectations of quick turnaround on prescriptions at this time
  - Most prescriptions will be ready next working day
  - If an item is required same day, please phone pharmacy or add 'urgent' to email subject line so they can prioritise it amongst the other workload.
  - Delays of up to half an hour have occurred with email transmission of scripts.
  - For discharge prescriptions, suggest fax ahead of patient leaving hospital, or advise them ot settle at home and send a messenger out to collect.

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

Other comments/Issues:

29/4/20

- Mental Health Clinical Manager (James McLean) has shared the Hospital Pharmacists' Association guidance around clozapine blood monitoring during COVID-19 response with West Coast community pharmacists.

Dental

Current Actions Taken / Resource required

30/4/20

- Traffic lights sent to dental leads.

Outstanding Issues/Challenges/Problems:

24/4/20

- Please continue refer to the Single Point of Contact, as per HealthInfo.

Anticipated Priorities/Activities (for future operational periods):

- Nil

Other comments/Issues

30/4/20

- Transalpine Oral Health Service Development Group leadership has asked clinicians to present a proposal around continuing the gains made since invoking the single point of referral. Hoping this will improve consistency for emergency dental between Canterbury and the West Coast.

OPERATIONS HOSPITAL

DON

Current Actions Taken / Resource required

- Nil

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

Other comments/Issues:

- Nil

DAHST

Current Actions Taken / Resource required

05/05/20

- WCDHB is on Yellow level, once we change to 'green', we will disband the teams
- Services are preparing to return to full capacity, with some elective surgery and SMO clinics starting up this week. We are exploring how AH will move forward, we are likely going to increase service

provision when either we go nationally to level 2 or sooner if the hospital goes to 'green'. The need for allied health will increase as we return to previous levels of work.
- There are two ortho surgeries planned for next week

Outstanding Issues/Challenges/Problems:

05/05/20
- Teams will stay split until green level when the Gym needs to return to being a Gym
- Home visits will be more viable on level 2 and we are waiting for MoH guidelines and input
- Some out-patient work will be done while still at yellow but nationally at level 2, we are working on details and location and will update when things are more sorted. (out-patient work can not take place in allied health at Grey Base until we are green).

Anticipated Priorities/Activities (for future operational periods):
- Nil

Other comments/Issues:
- Nil

Health Pathways

Current Actions Taken / Resource required
- Nil

Outstanding Issues/Challenges/Problems:

10/4/20
- Only a placeholder exists for the page "COVID-19 Impact on Local Services" https://wc.healthpathways.org.nz/index.htm?723635.htm - work on this is related to outstanding task about aligning referrals with Canterbury.

11/4/20
- Previous task still outstanding

Anticipated Priorities/Activities (for future operational periods):

10/4/20

Incomplete/ongoing tasks:
- Localisation of Aged Residential Care COVID-19 pathways (under approval).
- Request (referral) pathways to be adapted for COVID situation and to align West Coast w Canterbury
- Talking with Pharmacy about using ERMS for prescriptions – ongoing opportunity with future benefits.

11/4/20
- Previous tasks still outstanding

Other comments/Issues

05/05/20
- ERMS volumes significantly reduced for April. Request in to decision support to analyse nature of reduced volume (by speciality, practice, ethnicity). Answer expected before next week Tuesday 12th May 2020.

Laboratory

Current Actions Taken / Resource required

06/05/20
- Labs actively looking for alternate space to re-locate Phlebotomy service. Have made proposal to move to Community Services and am awaiting EOC approval.

- Communicating with Maria Giles and preparing for next Mobile CBAC 8-5-20.

Outstanding Issues/Challenges/Problems:

06/05/20

- Staffing pressure - Labs have 2 staff members that are unable to work within the Lab – considered at risk. CHL have written proposal regarding zoning within Labs. Awaiting outcome as this could potentially increase staffing within the Lab. Have now raised this with WC P&C to follow up. This is still an issue.
- Phlebotomy Service (Grey Hospital) - current location under pressure as OPD becomes busier.

Anticipated Priorities/Activities (for future operational periods):

- Nil

Hospital Pharmacy

Current Actions Taken / Resource required

04/05/20

- Perspex screens in Pharmacy are a 'game changer' These allow a consultation to occur with a patient in an 'almost' normal environmnent and afford safety for the staff. Could consider these at other sites eg. General Practice/Te Nikau reception.

Outstanding Issues/Challenges/Problems:

28/4/20

- Need to clarify the perceptions of community pharmacies around the various new waivers and technologies, given
  - fax fees are still being charged.
  - advice that two of four pharmacies are requiring original prescriptions to be forwarded by prescribers.

Other comments/Issues

04/05/20

- Unintended consequences noted whilst working in Pharmacy on Friday
  - For South Westland patients, additional charges for freight are incurred when medications dispensed monthly instead of 3 months all at once.
  - Intercity bus not running so pharmacy deliveries go via couriers – the cut-off time is the day before for delivery next working day, rather than same day at lunchtime. Items prescribed on Friday won't arrive before Monday morning (Mitigation: ensure sufficient imprest stock at practices via Hospital Pharmacy)

28/4/20

- Low uptake of systems designed to improve efficiency reduces the ability of pharmacies on the West Coast to deliver care that improves patient outcomes.

Mental Health

Current Actions Taken / Resource required

- Nil

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

Other comments/Issues

- Nil

ED

Current Actions Taken / Resource required

- Nil

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

Med-Surg Ward / CCU / Isolation Ward

Current Actions Taken / Resource required

01/05/20

- Morice Ward will be opened for day surgery patients on Monday 4/5/20 due to full Integrated Ward.

Outstanding Issues/Challenges/Problems:

04/05/20

- Awaiting Telemetry cabling in Isolation Ward

Anticipated Priorities/Activities (for future operational periods):

06/05/20

- Telemetry cabling in Isolation Ward (work in progress)
- Recruitment of Fixed Term RNs in progress (nearly completed)
- Basic ICU Online Training in progress (25 staff enrolled)

04/05/20

- Staffing coverage for Morice Ward Wing 9-14, recruitment of Fixed Term RNs in progress.

Other Comments/issues

- Nil

Maternity

Current Actions Taken / Resource required

28/4/20

- McBrearty Ward seeking clarity regarding birthing partner and visitor policy under Level 3 as they have received conflicting advice.

Outstanding Issues/Challenges/Problems:

- Nil

Other comments / Issues

- Nil

NORTHERN INTEGRATED HEALTH SERVICE

Current Actions Taken / Resource required

04/05/20

- CBAC –3 Assessments, 3 swabs taken
- Daily leadership engagement occurring to address the re-introduction of LTC clinics, Minor Op clinics, discusses Patient Flow throughout the facility to minimise transmission.

- Planning to think and discuss a 'new normal' based on COVID Learnings and how to process these in the Virtual space

Outstanding Issues/Challenges/Problems:

- Nil

COMMUNITY PUBLIC HEALTH UPDATE

Situation Update (Week 15 of Public Health Response)

- CPH staff are continuing to work on COVID-19 case and contact management; a case and contact welfare coordinator has been added to our CIMS structure; cluster work remains reduced; ARC cohort who have been at Burwood Hospital have returned to their facility; CPH following up regarding status of these patients.
- Associated with the Ministry of Health strategic plan and implementation plan for Close Contact Tracing preparedness, CPH is responding to a request for information on how capacity would be increased including case investigation, intel, and quality.
- Ministry of Health has advised of additional information required regarding contract tracing. These include outlining why the person was tested, the severity of the illness (and symptoms), status of testing for close contacts, risk factors, and any pre-existing medical conditions or comorbidities.
- There are no commercial international flights (inbound or outbound) expected at present. No repatriation flights into Christchurch are currently scheduled. CPH is working with other agencies to improve health-related processes when meeting inbound flights.
- CPH staff continue to advise sea vessels and meet as necessary.
- Four quarantine/isolation hotels are currently in place. Village Health Medical Centre is providing healthcare oversight at the facilities. CDEM is the lead organisation. CPH is the public health lead. Interface between public health and clinical team remains busy; due primarily to recent arrivals requiring health input for pre-existing health conditions/issues (i.e. non-COVID-19 related).
- Regular teleconferences with the Ministry of Health, including border response (airports and seaports) concerns and ongoing responsibilities; Public Health Managers to address any issues/queries as they arise.
- CPH's updated Incident Action Plan will be shared today (06/05).

INTELLIGENCE

Current Actions Taken / Resource required

- Nil

LOGISTICS

Current Actions Taken / Resource required

- Nil

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

WELFARE

Current Actions Taken / Resource required

24/4/20

- Checking criteria for regional travel exemptions on compassionate grounds during Level 3 (staff/clients). Application form circulated to staff.

- Social Isolation Pathway for DHB/ARC staff: Transalpine framework is in final stages. Awaiting CDHB P&C to advise/forward final version to EOC before wider release.
- Welfare are preparing a FAQ sheet for staff in self isolation, as we had some very similar questions from all the staff so far
- Regional psychosocial planning meeting held last week, meetings ongoing.
- Meeting being planned with a coast-wide professional network to identify and brainstorm solutions for at-risk children. Initial invitations sent and feedback already coming in.

Outstanding Issues/Challenges/Problems:

11/04/20

- ECC have reported WC staff using the ECC Vulnerable People email address – THIS IS JUST FOR CDHB.

Anticipated Priorities/Activities (for future operational periods):

28/4/20

- Liaising with MSD re: addressing financial needs of affected families and those families who have FIFO members not able to get back to work in Australia (and falling through the gaps between NZ and Aus benefits relief).
- Liaise with relevant managers re: possible support for staff in Kahurangi.
- Planning for how the welfare team will adjust as the country moves down the level is scheduled for Friday.

Other comments/issues

17/4/20

- REMINDER: all visiting staff (ie Ara, CDHB) need to be offered meals from the kitchen when they are on shift. DNM can order, and kitchen to charge this to the relevant Covid-19 cost centre.

MĀORI HEALTH AND EQUITY

Current Actions Taken / Resource required

04/05/20

- MOH funded Maori flu vaccine programme: Proposal in draft, activity includes support to GP Practice, Connectors, Programme Incentives, Promotion, Outreach and Programme Management

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

PUBLIC INFORMATION / COMMUNICATION

Current Actions Taken / Resource required

01/05/20

Media releases:

- 'West Coast DHB to start further mobile COVID-19 sentinel testing on the Coast' release ready to be issued.

Outstanding Issues/Challenges/Problems:

- Nil

Anticipated Priorities/Activities (for future operational periods):

- Nil

Other comments/issues

- Nil

Recovery Planning

- De-escalation planning to drop down levels
  - Primary
  - Secondary Care
  - Developing better care models
- 'Build back better' in line with NZ Resilience strategies to build a stronger resilient health sector.

West Coast DHB EOC Contacts

If you have any question regarding Coronavirus, preparedness, treatment protocols, etc. Contact the Single Point Of Contact (SPOC) Emergency.mgt@westcoastdhb.health.nz.

WDHB EOC Roles	Email	Phone
Controller	wcdhbcontol1@westcoastdhb.health.nz	9(2)(a)
Controller Assistant	Controlassist.wcdhbeoc@wcdhb.health.nz	
Response Manager	Eocmanager.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Operations Hospital	Operations.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Operations Primary	opsprimary.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Planning	Planning.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Intelligence	Intel.wcdhbeoc@wcdhb.health.nz Mobile	9(2)(a)
Logistic	Logistics.wcdhbeoc@wcdhb.health.nz	9(2)(a)
PIMS	Pims.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Welfare	Welfare.wcdhbeoc@wcdhb.health.nz	9(2)(a)
Northern IHS	wcdhbeocbuller@westcoastdhb.health.nz	
Māori Health	kylie.parkin@westcoastdhb.health.nz	9(2)(a)
	gary.coghlan@westcoastdhb.health.nz	9(2)(a)
CDEM Liaison	cdemduty@wcrc.govt.nz	9(2)(a)

Glossary

ARC	Aged Residential Care
BAU	Business as usual
BCP	Business Continuity Plan
CBAC	Community Based Assessment Centre
CCCN	Complex Clinical Care Network
F/u	Follow up
HCSS	Home and Community Support Services
LMC	Lead Maternity Carer, community-based midwife.
NZePS	New Zealand ePrescription Service
PPE	Personal Protective Equipment
MoH	Ministry of Health
MOoH	Medical Officer of Health

Compiled by:	Planning	Approved by:	Controller

West Coast DHB COVID-19 Emergency Response Planning for Secondary Services Post-Red Level Activation

Secondary Services Alert Level: RED	KEY CURRENT STRATEGIES
Communication	• Ensure good communication goes out in a timely manner prior to any implementation of a change of service • Community engagement needs to be timely and applicable in keeping with the MOH communication • Staff engagement prior to changes in levels needs to occur prior to this happening
Age Residential Care: Kahurangi	• Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Restricted visitor access (per MoH guidelines) • Stop staff movement between Kahurangi and other services
Outpatient Services	• In person outpatient clinics reduced to non-deferrable and acute determined by the triaging clinician using the usual national criteria • Virtual consultations either by phone or video link • Staff utilised to assist with other services such as manning the main entrance
Theatre Services	• Acutes and non-deferrable urgent cases only, determined by the clinician caring for the patient • Use of appropriate PPE when dealing with potential covid-19 case.as(per MoH PPE guidelines • Follow procedure for potential covid-19 patient requiring surgery e.g. use the dedicated isolation theatre • Separated patient flows and split-teams wherever possible when dealing with Covid-19 patient. • Transport patient to isolation ward once stable • On call staff as normal • Utilise PACU for day cases
Med/Surg Services	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Integrated ward upstairs to ensure less contact with possible or probable cases in isolation ward. • Decrease beds to 17 in Med/surg with ability to flex into Day stay unit with a moc roster done and ready to go if we need to open the old Morice ward • Move CCU upstairs close to Med/Surg (decrease beds to 3) • Split rosters one for isolation area and one for Med/Surg • Continue to care for acute and non-deferralbe surgical patients • No visitors unless palliative patient or end of life care (keep to one visitor for 15 minutes at a time) • One on one hand overs limited to within 15 minutes • MDT virtually where possible or one on one presenting at a time. • Make sure showers and change areas are available for staff at all times
Paediatrics	• Move paediatrics to Hannan Ward and decrease beds to 4 • Virtual consultations either by phone or video link • 1 support person per child
Maternity	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • 1 support person for labour and delivery until 1 hour post-partum • LMC's to do virtual consultations where possible
Emergency Department	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Split ED into Zones • Resuscitation area set up for Covid-19 triage 1 and 2 patients • Triage patients who arrive as self-referral in cars utilising appropriate criteria before moving them into the emergency department • Set out seating in waiting room to reflect 2 meter rule for distancing • Patient's arriving by ambulance, screened and triaged in the ambulance. • Triage and screen patients with respiratory symptoms who self- refer, in their vehicle prior to moving them into the emergency department • No visitors expect paediatric, palliative care patients and mothers in labour
Mental Health	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Restricted access to visitors • Plans in place for managing secluded patients • Screening patients in the community before attending call outs or visits • Virtual meetings where possible for outpatients • Virtual court hearings • Minimising traffic through ED
Patient transfer service	• Appropriate use of PPE (per MoH PPE guidelines) • Restrict amount of patients travelling between facilities to 1 patient per transfer over and back. • Restrict support persons at this time to none, unless absolutely necessary for safety of travel
Allied Health	• Continue to care for inpatients requiring assessment and treatment with appropriate use of PPE • Integrated ward team provide isolation ward service at the end of shift as requested by the ward • Virtual attendance at MDT and for ward consultations where possible • In person outpatient clinics reduced to non-deferrable and acute, to take place in ED/Outpatients area • All other outpatient clinics delivered by phone or video link by community team (see Primary Community framework) • Staff utilised to assist with other services such as nursing staff on the ward, in CBACs, and staffing public entrances • For radiology please see the National Radiology Department response framework. This can be found on the Y drive – Shared - Emergency Operation Centre - Covid-19 - Planning
Workforce	• Reinforcement of unwell staff to stay at home • Continue PPE training and scenario training, random audits by IPC team re the use of PPE • Continue good communication flow between EOC and front line staff • Ensure front line staff have access to the influenza vaccination programme • Continue daily updates to staff • CNM continue to monitor staff moral and welfare. • Continue to work with staff supporting those who are vulnerable
Education cluster	• Support staffing levels/availability by cancelling scheduled In person courses. • Work with Resuscitation Service leader to plan and deliver education around amended resuscitation guidelines. • Support key staff – Resuscitation Service leader/ICU staff to upskill staff around ventilation skills. • Education of WCDHB primary and secondary services staff, ARC staff, HBSS. Education to include: • Safe and appropriate use of PPE and other immediate education required to maintain safety for health workers and public. • Supporting, developing & delivering education, orientation upskilling of staff being redeployed. • Lead rapid recruitment processes for WCDHB. (This would mean require a direct link with EOC and P&C to ensure that recruitment purposes and requirements were well understood.)

	• Lead Rapid On boarding orientation for new staff. • Support Rapid recruitment of ARC staff if required. • Work with the Tertiary Education facilities to rapidly and safely withdraw students • MH Educator to support Welfare team
Equity Issues, clinical governance	• An Equity lens should be over all decisions policy and procedures using the HEAT tool • Ensure no decision is made without Maori Health consultation and input • Consideration of targeted public messaging to encourage Māori to seek COVID-19 screening and testing • Encourage vulnerable people including Maori to seek medical advice for their chronic or acute health care needs • Use Clinical governance to highlight unintended consequences
Data and Documentation	• Collection of data such as admissions to Isolation ward by ethnicity • Audits such as correct use of PPE, Hand Hygiene and safety first incidents are disseminated into the EOC and utilised as a way to improve processes. • Number of positive covid-19 swabbed patients verses negative ones for patients swabbed within secondary services • Volumes of PPE utilised • Document all processes for each step of the plans • Ensure clear concise documentation of policies so there is no confusion for staff

Secondary Services Alert Level: ORANGE 2 (current as at 10 April 2020)	**KEY CURRENT STRATEGIES**
NOTE: *the alert level will be determined to be* ***ORANGE*** *once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be* ***made by*** *the Incident Controller based on the* ***recommendations of*** *the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Communication	• Ensure good communication goes out in a timely manner prior to any implementation of a change of service • Community engagement needs to be timely and applicable in keeping with the MOH communication • Staff engagement prior to changes in levels needs to occur prior to this happening
Age Residential Care: Kahurangi	• Maintain Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Maintain Restricted visitor access (per MoH guidelines) • Stop staff movement between Kahurangi and other services • Increase RN staffing levels by 3, allowing for staff sickness or 1:1 nursing of sick patient and or caring for a patient in isolation
Outpatient Services	• In person outpatient clinics reduced to non-deferrable and acute determined by the triaging clinician using the usual national criteria • Maintain Virtual consultations either by phone or video link • Maintain Staff utilised to assist with other services such as manning the main entrance
Theatre Services	• Acutes and non-deferrable urgent cases only, , determined by the clinician caring for the patient • Use of appropriate PPE when dealing with potential covid-19 case.as(per MoH PPE guidelines • Follow procedure for potential covid-19 patient requiring surgery e.g. use the dedicated isolation theatre • Separated patient flows and split-teams wherever possible when dealing with Covid-19 patient. • Transport patient to isolation ward once stable • On call staff as normal • Utilise PACU for day cases
Med/Surg Services	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Maintain integrated ward upstairs to ensure less contact with possible or probable cases in isolation ward. • Decrease beds to 17 in Med/surg with ability to flex into Day stay unit or the old medical ward down stairs • Move CCU upstairs close to Med/Surg (decrease beds to 3) • Split rosters one for isolation area and one for Med/Surg • Continue to care for acute and non-deferrable surgical patients • No visitors unless palliative patient or end of life care (keep to one visitor for 15 minutes at a time) • One on one hand overs limited to within 15 minutes. This will be monitored by the ward clerk • MDT virtually where possible or one on one presenting at a time.
Paediatrics	• Move paediatrics to Hannan Ward and decrease beds to 4 • Virtual consultations either by phone or video link • 1 support person per child
Maternity	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • 1 support person for labour and delivery until 1 hour post-partum • LMC's to do virtual consultations where possible
Emergency Department	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Split ED into Zones • Resuscitation area set up for Covid-19 triage 1 and 2 patients • Triage patients who arrive as self-referral in cars utilising appropriate criteria before moving them into the emergency department • Set out seating in waiting room to reflect 2 meter rule for distancing • Patient's arriving by ambulance, screened and triaged in the ambulance. • Triage and screen patients with respiratory symptoms who self- refer, in their vehicle prior to moving them into the emergency department • One designated visitor per patient per visit, for a limited time, unless exception group, one- time entry only.
Mental Health	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Restricted access to visitors • Plans in place for managing secluded patients • Screening patients in the community before attending call outs or visits • Virtual meetings where possible for outpatients • Virtual court hearings • Minimising traffic through ED
Patient transfer service	• Appropriate use of PPE (per MoH PPE guidelines) • Restrict amount of patients travelling between facilities to 1 patient per transfer over and back. • Restrict support persons at this time to none, unless absolutely necessary for safety of travel
Allied Health	• MAINTAIN Continue to care for inpatients requiring assessment and treatment • MAINTAIN Integrated ward team provide isolation ward service at the end of shift • MAINTAIN Virtual attendance at MDT and for ward consultations where possible • MAINTAIN In person outpatient clinics reduced to non-deferrable and acute • MAINTAIN All other outpatient clinics delivered by phone or video link by community team (see Primary Community framework) • MAINTAIN Staff utilised to assist with other services such as in CBACs, and staffing public entrances • Continue to use the National Radiology Department Response Framework for Radiology services. This can be found on the Y drive – Shared - Emergency Operation Centre - Covid-19 - Planning
Workforce	• Continue reinforcement of unwell staff to stay at home • Continue PPE training and scenario training, random audits by IPC team re the use of PPE • Continue good communication flow between EOC and front line staff • Ensure front line staff have access to the influenza vaccination programme • Continue daily updates to staff • CNM continue to monitor staff moral and welfare. • Continue to work with staff supporting those who are vulnerable
Education Cluster	• Maintain support as in Red level • Plan for working within green level

Equity Issues, Clinical Governance	• An Equity lens should be over all decisions policy and procedures using the HEAT tool • Ensure no decision is made without Maori Health consultation and input • Consideration of targeted public messaging to encourage Māori to seek COVID-19 screening and testing • Encourage vulnerable people including Maori to seek medical advice for their chronic or acute health care needs • Use Clinical governance to highlight unintended consequences
Data and Documentation	• Collection of data such as admissions to Isolation ward by ethnicity • Audits such as correct use of PPE, Hand Hygiene and safety first incidents are disseminated into the EOC and utilised as a way to improve processes. • Number of positive covid-19 swabbed patients verses negative ones for patients swabbed within secondary services • Volumes of PPE utilised • Document all processes for each step of the plans • Ensure clear concise documentation of policies so there is no confusion for staff

Secondary services Alert Level: YELLOW 2	KEY CURRENT STRATEGIES
NOTE: *the alert level will be determined to be **YELLOW** once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be **made by** the Incident Controller based on the **recommendations of** the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Communication	• Ensure good communication goes out in a timely manner prior to any implementation of a change of service • Community engagement needs to be timely and applicable in keeping with the MOH communication • Staff engagement prior to changes in levels needs to occur prior to this happening
Age Residential Care	• MAINTAIN - Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • **CHANGE – subject to any changed MoH guidance - Visitor access widened subject to revised MoH guidelines** • Restrict staff movement between Kahurangi and other services • Continue to have staff redeployed to Kahurangi
Outpatient Services	• In person outpatient clinics reduced to only those who cannot be seen virtually. This will be determined by the clinician • Virtual consultations either by phone or video link • Staff utilised to assist with other services such as manning the main entrance • **Look at what type of clinics could be held in the community and where.**
Theatre Services	• Continue with Acute and non-deferrable cases • Start back with a small number of elective cases depending on staffing levels and occupancy, **(this needs to be carefully monitored and maintained by the clinicians and Operational managers)** • Use of appropriate PPE when dealing with potential covid-19 case.as(per MoH PPE guidelines • Follow procedure for potential covid-19 patient requiring surgery e.g. use the dedicated isolation theatre • Separated patient flows and split-teams wherever possible when dealing with Covid-19 patient. • Transport patient to isolation ward once stable • On call staff as normal • Hold day surgery cases longer in PACU • **Day cases to go to Link clinic awaiting discharge**
Med/Surg Services	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • **Status quo with integrated ward upstairs to ensure less contact with possible or probable cases in isolation ward. Continue as we would in new facility** • **Utilise Day stay surgery beds for elective surgery (8 beds in total)** • Maintain 17 beds in Med/surg for acute presentations • Continue CCU in room (3 beds in total) • Split rosters for lower ground wards and Med/Surg • acute and non-deferrable surgical patients continue • **Start up a small number of elective surgery depending on staffing levels and occupancy (this needs to be carefully monitored and maintained by the clinicians and Operational managers)** • **Restricted visitors allowed through day for 15 minutes, this will be monitored by ward clerk** • **Hours of visiting restricted to 1000-1400 hours (keep to one visitor for 15 minutes at a time)** • One on one hand overs limited to within 15 minutes • MDT virtually where possible or one on one presenting at a time. • **Room 4 to be made into a four bed HDU unit with staff office across hall way**
Paediatrics	• Move paediatrics to Hannan Ward and decrease beds to 4 • Virtual consultations either by phone or video link • 1 support person per child
Maternity	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • 2 support people if they are already in the women's bubble for labour and delivery otherwise 1 person • Elective C/S 1 support person and no LMC in attendance • Postnatal 1 visitor per day within DHB visiting hours. • No support person staying over night • LMC's to do virtual consultations where possible
Emergency Department	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Split ED into Zones • Resuscitation area set up for Covid-19 triage 1 and 2 patients • Triage patients who arrive as self-referral in cars utilising appropriate criteria before moving them into the emergency department • Set out seating in waiting room to reflect 2 meter rule for distancing • Patient's arriving by ambulance, screened and triaged in the ambulance. • Triage and screen patients with respiratory symptoms who self- refer, in their vehicle prior to moving them into the emergency department • One designated visitor per patient per visit, for a limited time, unless exception group, one- time entry only.
Mental Health	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Restricted access to visitors as per MOH guidelines • Plans in place for managing secluded patients • Screening patients in the community before attending call outs or visits • Virtual meetings where possible for outpatients • Virtual court hearings • Minimising traffic through ED, low stimulus area provided for assessment within the Mental Health service
Patient transfer service	• Appropriate use of PPE (per MoH PPE guidelines) • Restrict amount of patients travelling between facilities to 1 patient per transfer over and back. • Restrict support persons at this time to none, unless absolutely necessary for safety of travel
Allied Health	• MAINTAIN Continue to care for inpatients requiring assessment and treatment • MAINTAIN Integrated ward team provide isolation ward service at the end of shift • MAINTAIN Virtual attendance at MDT and for ward consultations where possible, with physical distancing/appropriate use of PPE (per MoH PPE guidelines) for all on ward interactions • MAINTAIN In person outpatient clinics reduced to non-deferrable and acute • MAINTAIN All other outpatient clinics delivered by phone or video link by community team (see Primary Community framework) • MAINTAIN Staff utilised to assist with other services such as in CBACs, and staffing public entrances • NEW – Identify non-urgent/routine services that could also be delivered using non In person methods • Continue to use the National Radiology Department Response Framework for Radiology services. This can be found on the Y drive – Shared - Emergency Operation Centre - Covid-19 - Planning
Workforce	• Continue reinforcement of unwell staff to stay at home

	• Continue PPE training and scenario training, random auditing of correct use of PPE • Continue good communication flow between EOC and front line staff • Continue daily updates to staff • CNM continue to monitor staff moral and welfare. • Continue to work with staff supporting those who are vulnerable • Ensure front line staff have access to the influenza vaccination programme
Education Cluster	• Maintain support as in Red level • Plan for working within green level
Equity Issues, Clinical Governance	• An Equity lens should be over all decisions policy and procedures using the HEAT tool • Ensure no decision is made without Maori Health consultation and input • Consideration of targeted public messaging to encourage Māori to seek COVID-19 screening and testing • Encourage vulnerable people including Maori to seek medical advice for their chronic or acute health care needs • Use Clinical governance to highlight unintended consequences
Data and Documentation	• CONTINUE the Collection of data such as admissions to Isolation ward by ethnicity • Audits such as correct use of PPE, Hand Hygiene and safety first incidents are disseminated into the EOC and utilised as a way to improve processes. • Number of positive covid-19 swabbed patients verses negative ones for patients swabbed within secondary services • Volumes of PPE utilised • Document all processes for each step of the plans • Ensure clear concise documentation of policies so there is no confusion for staff

Secondary Services Alert Level: GREEN 2	KEY CURRENT STRATEGIES
NOTE: *the alert level will be determined to be* ***GREEN*** *once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be* ***made by*** *the Incident Controller based on the* ***recommendations of*** *the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Communication	• Continue to supply clear concise communication goes out in a timely manner prior to any implementation of a change of service • Maintain Community engagement needs to be timely and applicable in keeping with the MOH communication • Staff engagement prior to changes in levels needs to occur prior to this happening
Age Residential Care	• **MAINTAIN -** appropriate use of PPE (per MoH PPE guidelines) • Subject to revised MOH guidance - Lift lock-down on facility access / relax social distancing measures • Subject to revised MOH guidance - Visitor access widened • Continue to restrict flow between secondary services and the ARC facility (Kahurangi)
Outpatient Services	• In person outpatient clinics reduced. Maintain virtual clinics where possible and look at different venues to provide those clinics in. • Virtual consultations either by phone or video continue for remote patients or vulnerable • Clinics in the community
Theatre Services	• Continue with acute and non –deferrable cases determined in B.A.U way prior to Covid-19 • Elective cases depending on staffing levels and occupancy • Use of appropriate PPE when dealing with potential COVID-19 case as {per MOH PPE guidelines}. • Follow procedure for potential COVID-19 patient requiring surgery e.g use the dedicated isolation theatre. • Separated patient flows and split-teams wherever possible when dealing with COVID-19 patient. • Transport patient to isolation ward once stable. • On call staff as normal. • Hold day surgery cases longer in PACU • Day cases to go to Link Clinic awaiting discharge.
Med/Surg Services	• Social distancing measures/ appropriate use of PPE {per MOH PPE guidelines}. • Continue integrated ward upstairs to ensure less contact with possible or probable cases in isolation ward. • Day surgery beds for elective surgery {8 beds}. • Maintain 17 beds in Med/Surg for acute admissions. • Continue CCU in room 2 { 3 beds in total }. • Continue to split rosters for lower ground wards and Med/Surg. • Acute and non-deferrable surgical patients continue. • Elective surgery depending on staffing levels and occupancy {this needs to be carefully monitored and maintained}. • Visitors allowed for 15 minutes, monitored by ward clerk. • **Hours of visiting 1000-1500. 1830-2000 hours {one visitor at a time}.** • One on one hand overs limited to within 15 minutes • **MDT In person discussions with whole team.** • Room 4 to be made into a four bed HDU unit with staff office across hall way
Paediatrics	• Paediatric unit remains in Hannan ward {4 bed unit}. • Virtual consultations continue either by phone or video link • Support person/guardian can stay with child
Maternity	• Appropriate use of PPE {per MOH guidelines}. • Support persons for labour and delivery and during post natal care as per MOH guidlines. • LMC's can tend to post natal follow up within home setting but should continue to use virtual consultations as much as possible
Emergency Department	• Social Distancing measures/appropriate PPE {per MOH guidelines}. • ED split into zones • Resuscitation area remains set up for COVID-19 triage 1 and 2 patients. • **Triage patients who arrive as self- referrals exhibiting signs & symptoms of COVID-19, utilizing appropriate criteria before moving them into the emergency Department.** • Seating in waiting room to reflect 2 metre rule.
Mental Health	• Social Distancing measures/appropriate use of PPE (per MOH PPE guidelines) • Monitor visitor access • Plans in place for managing secluded patients • Screening patients in the community before attending call outs or visits • A combination of virtual or In person outpatient meetings whichever is deemed most appropriate. • A combination of virtual or physical attendance to court hearings. • Minimising traffic through ED, low stimulus area provided for assessment within the Mental Health Service
Patient transfer service	• Appropriate use of PPE (per MOH PPE guidelines}. • **Continue to restrict patients travelling in close proximity {2 metre rule}. 2 patients per transfer over and back.** • **One support person in attendance through prior arrangement with the team, to ensure safety of transfer**.
Allied Health	• MAINTAIN Continue to care for inpatients requiring assessment and treatment • MAINTAIN Integrated ward team provide isolation ward service at the end of shift • CHANGE Attendance at MDT and ward consultations, with physical distancing/appropriate use of PPE (per MoH PPE guidelines) as required • MAINTAIN All outpatient clinics that can continue to be delivered by phone or video link (particularly for those members of our community living remotely) • MAINTAIN – Identify non-urgent/routine services that could also be delivered using non In person methods • NEW – Initiate Improvement Process analysis for those changed service delivery models which align to Model of Care, improve Access, reduce Inequity and Cost • Continue to use the National Radiology Department Response Framework for Radiology services. This can be found on the Y drive – Shared - Emergency Operation Centre - Covid-19 - Planning
Workforce	• Continue reinforcement of unwell staff to stay at home • PPE training and scenario training as required. • Continue with clear concise communication flow between EOC and front line staff • Continue to ensure frontline staff have access to the influenza vaccination programme • Continue daily updates to staff • CNM continue to monitor staff moral and welfare. • Continue to work with staff supporting those who are vulnerable
Education Cluster	• Maintain support as per Yellow/Orange level • Reschedule and reintroduce work cancelled in Red Level. • Plan for return of students • Plan for "catch up" of programmes e.g. NETP etc.
Equity Issues & Clinical Governance	• An Equity lens should be over all decisions policy and procedures using the HEAT tool

	• Continue to ensure no decision is made without Maori Health consultation and input. • Public messaging such as {radio, TV}, to encourage Maori to seek COVID-19 screening and testing • Continue to encourage vulnerable people including Maori to seek medical advice for their chronic or acute health care needs. • Use Clinical governance to highlight unintended consequences
Data and Documentation	• Collection of data such as admissions to Isolation ward by ethnicity • Audits such as correct use of PPE, Hand Hygiene and safety first incidents are disseminated into the EOC and utilised as a way to improve processes. • Number of positive covid-19 swabbed patients verses negative ones for patients swabbed within secondary services • Volumes of PPE utilised • Document all processes for each step of the plans • Ensure clear concise documentation of policies so there is no confusion for staff

West Coast DHB COVID-19 Emergency Response Planning for Primary & Community Services Post-Red Level Activation

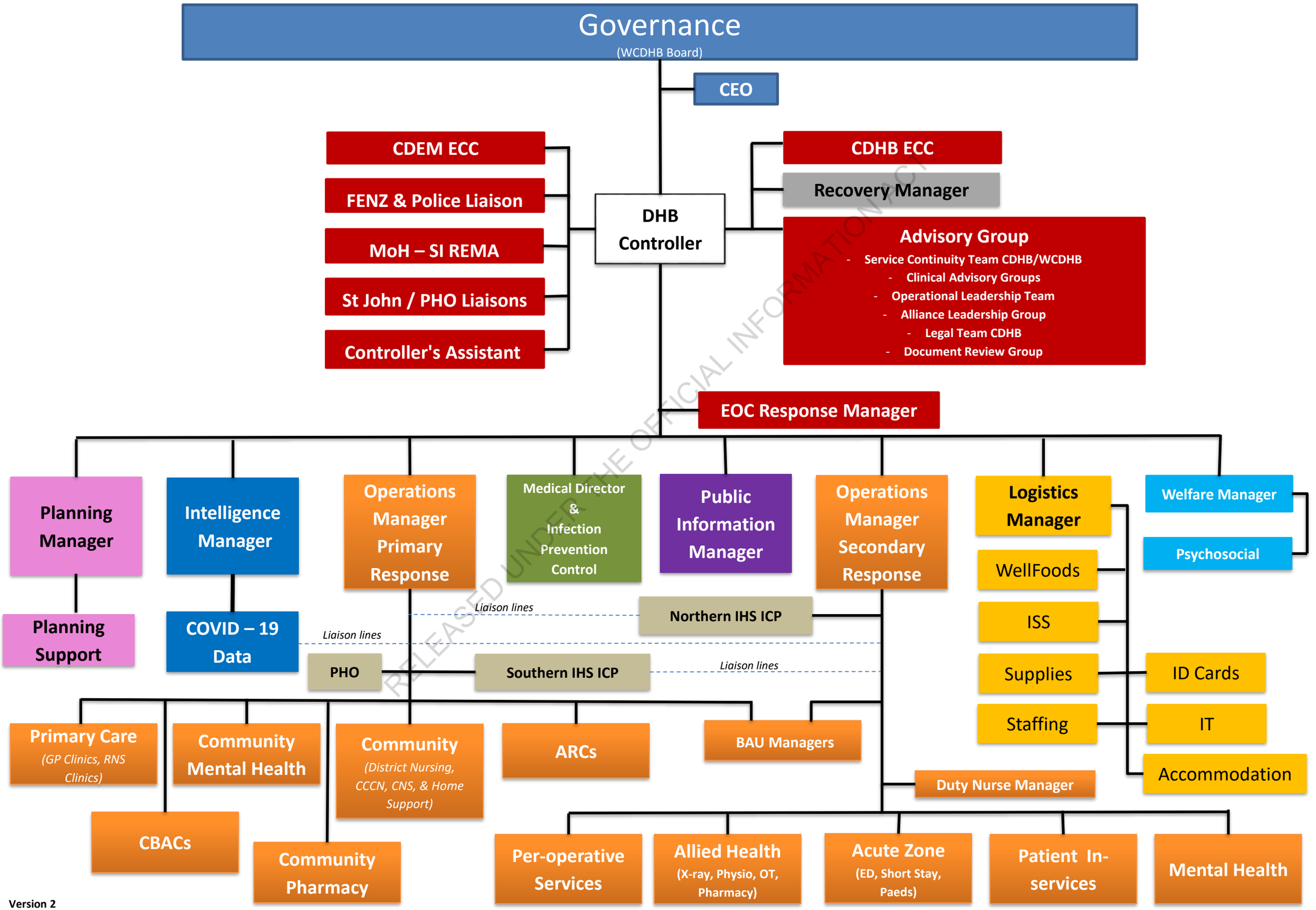
Primary & Community Alert Level: RED	KEY CURRENT STRATEGIES
Age Residential Care	• Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Restricted visitor access (per MoH guidelines)
In-Home Services (Home Support, District Nursing, Allied Health, Community Mental Health, etc)	• Services reduced to essential only • Phone-ahead and doorstep screening prior to entering home / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Split-teams wherever possible
General Practice	• Continuing to provide services (usual opening hours and after-hours arrangements) • Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Only face to face patient contact where essential – otherwise maximising use of phone/video consultations • Separated patient flows and split-teams wherever possible
Community Pharmacy & Community Dental Services	• Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • Establish mechanisms to implement electronic transmission of prescriptions • Contactless prescription deliveries where possible • Contactless payment (including on account) where possible • Urgent dental care accessible via the Community Dental Service on 0800-846-983 between 8.30 am and 4.30 pm, Monday to Friday - otherwise call 027-683-0679
CBACs (refer handbook)	• 4 x CBACs operational: Buller: 7 days per week / Reefton: 5 days per week / Greymouth: 7 days per week / Hokitika: 5 days per week • Additional testing at Karamea and South Westland plus in general practice per guidance flowchart • General Practices in Greymouth encouraged to refer (per current case definition) freely to CBAC – to extend across Coast as of Tuesday 14th subject to volume/capacity review
Other	• All primary & community services actively monitoring for patients/clients who may be 'missing out' or whose conditions may be worsening without input • Public communications to encourage people to seek health services as the need arises • Seasonal influenza vaccination programme underway for essential services and priority groups
Equity Issues & Other Unintended Consequences	• Collaboration among providers to support Poutini Waiora to maximise vaccination uptake among Māori • Consideration of targeted public messaging to encourage Māori to seek COVID-19 screening and testing

Primary & Community Alert Level: ORANGE 2 (current as at 10 April 2020)	**KEY CURRENT STRATEGIES**
NOTE: *the alert level will be determined to be* ***ORANGE*** *once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be* ***made by*** *the Incident Controller based on the* ***recommendations of*** *the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Age Residential Care	• MAINTAIN - Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN – Restricted visitor access per MoH guidelines • NEW – review all protective measures and determine any additional measures/resources/communications required for short- to medium-term (4-6 weeks) • ???? NEW – Establish some kind of local expert technical group RATIONALE – the MoH are indicating that ARCs represent the most vulnerable community locus
In-Home Services (Home Support, District Nursing, Allied Health, Community Mental Health, etc)	• MAINTAIN – Services reduced to essential only • MAINTAIN - Phone-ahead and doorstep screening prior to entering home / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • NEW – allied health services to review referred patients with ongoing follow-up requirements and to develop processes for prioritising and providing that follow up utilising non-face-to-face/video-based contact where possible • MAINTAIN - Split-teams wherever possible
General Practice	• MAINTAIN - Continuing to provide services (usual opening hours and after-hours arrangements) • MAINTAIN - Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN - Only face to face patient contact where essential – otherwise maximising use of phone/video consultations • MAINTAIN - Separated patient flows and split-teams wherever possible • NEW – proactively contact vulnerable patients and those with ongoing or emerging health issues for review potentially including by- Māori for Māori option • NEW – establish robust mechanism for effective management of patients with Long Term Conditions
Community Pharmacy & Community Dental Services	• MAINTAIN - Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • NEW – Implement electronic transmission of prescriptions • MAINTAIN - contactless prescription deliveries where possible • MAINTAIN - Contactless payment (including on account) where possible • MAINTAIN – Urgent dental care accessible via the Community Dental Service on 0800-846-983 between 8.30 am and 4.30 pm, Monday to Friday - otherwise call 027-683-0679
CBACs (refer handbook)	• MAINTAIN - 4 x CBACs operational: Buller: 7 days per week / Reefton: 5 days per week / Greymouth: 7 days per week / Hokitika: 5 days per week • NEW OPTION [agreed 14/4/20] – establish mobile CBAC response capability RATIONALE – ability to provide rapid response to ARC facility as required; to target remote/vulnerable communities (equity); to increase testing numbers • MAINTAIN - Additional testing at Karamea and South Westland plus in general practice per guidance flowchart • CHANGE - General Practices Coast-wide encouraged to refer (per current case definition) freely to CBAC
Other	• MAINTAIN - Public communications to encourage people to seek health services as the need arises • MAINTAIN - Seasonal influenza vaccination programme underway for essential services and priority groups
Equity Issues & Other Unintended Consequences	• MAINTAIN - Collaboration among providers to support Poutini Waiora to maximise vaccination uptake among Māori • NEW - Targeted public messaging to encourage Māori to (a) seek COVID-19 screening and testing; (b) access health services as neede

Primary & Community Alert Level: YELLOW 2	KEY CURRENT STRATEGIES
NOTE: *the alert level will be determined to be **YELLOW** once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be **made by** the Incident Controller based on the **recommendations of** the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Age Residential Care	• MAINTAIN - Lock-down facility access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • CHANGE – subject to any changed MoH guidance - Visitor access widened subject to revised MoH guidelines
In-Home Services (Home Support, District Nursing, Allied Health, Community Mental Health, etc)	• CHANGE – Resume further less-than-essential services • MAINTAIN - Phone-ahead and doorstep screening prior to entering home / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN - Split-teams wherever possible
General Practice	• MAINTAIN - Continuing to provide services (usual opening hours and after-hours arrangements) • MAINTAIN - Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN - Only face to face patient contact where essential – otherwise maximising use of phone/video consultations • MAINTAIN - Separated patient flows and split-teams wherever possible • MAINTAIN – proactively contact vulnerable patients and those with ongoing or emerging health issues for review • MAINTAIN – "by- Māori for Māori" option to proactively contact vulnerable patients and those with ongoing or emerging health issues for review • NEW – each general practice to review mechanisms in place to communicate directly with its enrolled population (eg practice Facebook page, phone trees, etc) • NEW – establish robust mechanism for effective management of patients with Long Term Conditions
Community Pharmacy & Community Dental Services	• MAINTAIN - Restricted (triaged) building access / social distancing measures / appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN – Implement electronic transmission of prescriptions • MAINTAIN – Contactless prescription deliveries where possible • MAINTAIN – Contactless payment (including on account) where possible • MAINTAIN – Urgent dental care accessible via the Community Dental Service on 0800-846-983 between 8.30 am and 4.30 pm, Monday to Friday - otherwise call 027-683-0679
CBACs (refer handbook)	• MAINTAIN - 4 x CBACs operational: Buller: 7 days per week / Reefton: 5 days per week / Greymouth: 7 days per week / Hokitika: 5 days per week • NEW OPTION – consider closing static CBACs (? Retain Grey CBAC) maintaining a mobile CBAC service – could operate at set locations for set hours • MAINTAIN - Additional testing at Karamea and South Westland plus in general practice per guidance flowchart • MAINTAIN - General Practices Coast-wide encouraged to refer (per current case definition) freely for COVID-19 screening/testing
Other	• MAINTAIN - Public communications to encourage people to seek health services as the need arises • MAINTAIN - Seasonal influenza vaccination programme underway for essential services and priority groups
Equity Issues & Other Unintended Consequences	• MAINTAIN - Collaboration among providers to support Poutini Waiora to maximise vaccination uptake among Māori • MAINTAIN - Targeted public messaging to encourage Māori to (a) seek COVID-19 screening and testing; (b) access health services as needed

Primary & Community Alert Level: GREEN 2	KEY CURRENT STRATEGIES
NOTE: *the alert level will be determined to be **GREEN** once the bulk of the changed/reduced strategies identified at this level are in place – decisions to implement each of these strategy elements will be **made by** the Incident Controller based on the **recommendations of** the Incident Management Team (including expert technical guidance particularly from Community & Public Health and from the Clinical Advisory Group)*	
Age Residential Care	• **MAINTAIN** - appropriate use of PPE (per MoH PPE guidelines) • CHANGE subject to revised MoH guidance – Lift lock-down on facility access / relax social distancing measures • CHANGE - subject to revised MoH guidance - Visitor access widened
In-Home Services (Home Support, District Nursing, Allied Health, Community Mental Health, etc)	• CHANGE – full range of in-home services resumed • CHANGE – Discontinue phone-ahead and doorstep screening prior to entering home / social distancing measures • MAINTAIN - appropriate use of PPE (per MoH PPE guidelines) • CHANGE – Revert to standard staffing model
General Practice	• MAINTAIN - Continuing to provide services (usual opening hours and after-hours arrangements) • CHANGE – Relax building access / social distancing measures / • MAINTAIN - appropriate use of PPE (per MoH PPE guidelines) • CHANGE – Resume face-to-face patient contact as appropriate but MAINTAIN – maximum use of phone/video consultations • CHANGE – Consolidate revised patient flows and staffing models • MAINTAIN – proactively contact vulnerable patients and those with ongoing or emerging health issues for review • NEW – establish robust mechanism for effective management of patients with Long Term Conditions
Community Pharmacy & Community Dental Services	• CHANGE – Relax building access / social distancing measures • MAINTAIN - appropriate use of PPE (per MoH PPE guidelines) • MAINTAIN - Contactless prescription deliveries where possible • MAINTAIN - Contactless payment (including on account) where possible • CHANGE – Access to urgent dental care reverts to normal
CBACs (refer handbook)	• MAINTAIN - 4 x CBACs operational: Buller: 7 days per week / Reefton: 5 days per week / Greymouth: 7 days per week / Hokitika: 5 days per week • MAINTAIN - Additional testing at Karamea and South Westland plus in general practice per guidance flowchart • CHANGE - General Practices Coast-wide encouraged to refer (per current case definition) freely to CBAC
Other	• MAINTAIN - Public communications to encourage people to seek health services as the need arises • MAINTAIN - Seasonal influenza vaccination programme underway for essential services and priority groups
Equity Issues & Other Unintended Consequences	• MAINTAIN - Collaboration among providers to support Poutini Waiora to maximise vaccination uptake among Māori • MAINTAIN - Consideration of targeted public messaging to encourage Māori to seek COVID-19 screening and testing

Emergency Coordination Centre – COVID-19 Incident Management Team Structure



Version 2

West Coast CDEM Group
COVID-19 Resurgence Planning

September 2020

Contents

Section 1 Introduction and response context

Background

CDEM Groups have had to prepare for and respond to COVID-19, which is a globally circulating coronavirus strain, that is having wide-ranging and damaging effects.

An All-of-Government approach throughout New Zealand is required to ensure readiness across all sectors. CDEM are expected to coordinate and support the response and recovery across All-of-Government and to manage the ongoing health, safety and wellbeing of people and communities, manage the economic impacts and maintain the provision of services throughout the different phases of the event.

Purpose

The purpose of this document is to provide an overview of the resurgence planning that is taking place across agencies on the West Coast. The document will give a brief description of activities underway and those that will take place should a resurgence of COVID-19 occur in the Region.

It will not cover the tactical level of operations but will focus on high level actions with the understanding that there is a great deal of planning across all agencies. To capture that in one document would be time consuming and the document would lose its effectiveness.

Objective

Our objective is to ensure the wellbeing and needs of the West Coast are met during the resurgence of COVID-19. This plan is based on the wider All-Of- Government Resurgence Plan "Operationalising the Stamp it out". To do this all agencies need to coordinate and communicate their plans and actions.

Scenario

The West Coast CDEM Group is basing the resurgence planning on Scenario 3 of the AOG Resurgence Plan. The scenario is as follows.

Multiple clusters, spread nationally – large sporting event, concert or tangi

- Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks this triggers outbreaks across the country, with several locations reporting confirmed community transmission.
- In this scenario, an increase in Alert Level will be implemented, in line with the risk presented by the outbreaks
- The Prime Minister and Cabinet will provide national oversight and strategic decision-making, and depending on the risk level, take control of the response
- Government agencies will implement Ministerial orders under the Health Act and/or the COVID-19 Public Health Response Act, and also provide support and guidance to iwi, business, schools, communities, and the public to support the response

AOG Response Principles

- **Principle 1:** Continue to pursue an elimination strategy for COVID 19. This means a sustained approach of keeping it out, finding it, and stamping it out.
- **Principle 2:** The core of our response will be personal hygiene, staying home when sick, testing, contact tracing, and isolation.
- **Principle 3:** Where this is insufficient, we will seek to control COVID 19 with the least intrusive measures, including tailored local responses, that give us confidence that we will continue to deliver on our strategy of elimination.
- **Principle 4:** We will seek to avoid going to Alert Levels 3 or 4 if possible, although we will do so if necessary.

- **Principle 5:** There will be strong national oversight over any response, regardless of whether the response is local or national in scale. This will ensure adequate national level support and resourcing, continued confidence in our response, and the ability for the government to take appropriate action.

Section 2 - Readiness and Response Coordination

Regional Leadership Group (RLG)

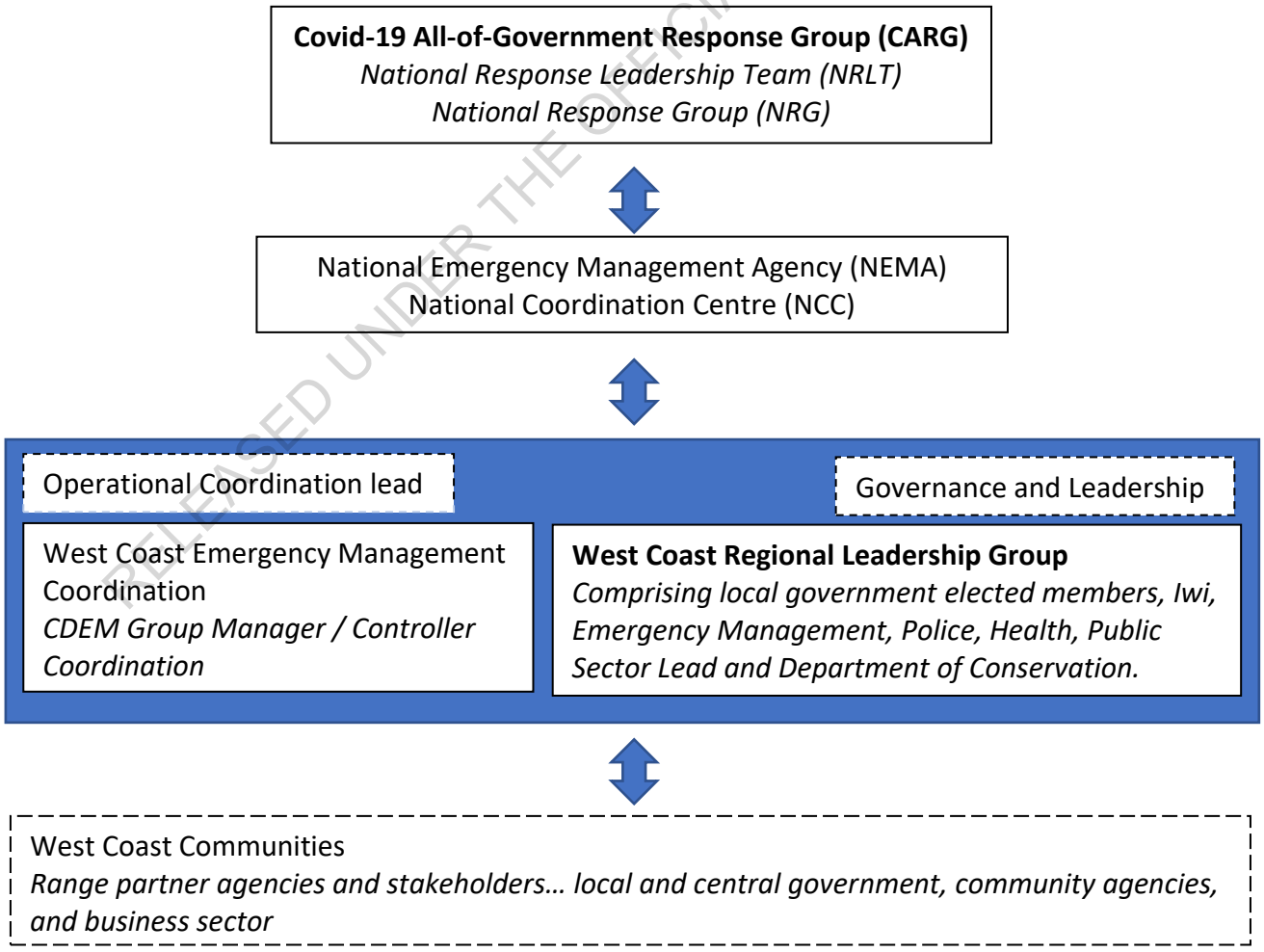
Regional Leadership Group are established under the All-of-Government "Caring for Communities" work stream to provide governance and executive oversight at a regional level to guide and support community resurgence planning and response activity.

The role consists of:

- convening leadership and ensure a regional strategy / plan that caters to different communities
- connecting local government, iwi, Pasifika, ethnic communities, and key central government personnel
- supporting the distribution of key messages and aid to community networks. This would wrap around and support the implementation of the resurgence plan (led by CDEM).
- receiving advice from the National Response Leadership Group.

Regional Leadership Groups are nationally mandated to:

- provide regional support and leadership
- look at how we will respond and recover long-term
- link various partners and stakeholders and work for the region as a whole



The West Coast RLG membership.

The core members are:	Westland District Council Mayor – **Chair** Grey District Council Mayor Buller District Council Mayor West Coast Regional Council Chair Te Rūnanga o Makaawhio Chair Te Rūnanga o Ngāti Waewae Chair Regional Director, West Coast Emergency Management NZ Police Area Commander West Coast District Health Board General Manager Department of Conservations Regional Director Public Sector Lead (MSD Regional Commissioner)
Ex Officio:	Westland District Council Chief Executive Grey District Council Chief Executive Buller District Council Chief Executive West Coast Regional Council Chief Executive Fire Emergency New Zealand Area Commander St John Territory Manager

Other agency representation may be invited to join the Group, whose members are determined will add a different perspective or represent a community or sector which would otherwise be absent.

Section 3 – Regional Roles and Responsibilities

West Coast Councils - Councilors

The Elected officials and CDEM Group and will provide reassurance to the community and act as an important pathway for information. Elected officials key role in their areas is community leadership.

- Identify the high-level needs of the community.
- Directing community members towards the right place to get support if needed.
- Act as a conduit for information as requested by the Mayor or Controller.
- Dispelling rumours, correcting information, and validating issues.
- Start considering recovery issues that may arise.
- Support the response team in the during an emergency by liaising with the Controller who is responsible for all decisions on how the emergency is managed, and this includes the release of information. This means that elected representatives act in accordance with the Group controllers' authority for the duration of the emergency.

West Coast Emergency Management Group

The Group is continuing to monitor the current situation around the country. The Group Joint Emergency Coordination Centre (JECC) is setup and can be ready to respond within a matter of hours if required. Group staff are on site during normal business hours.

The Group Controller will coordinate the regional response to the emergency as required, leading operational coordination. The Group Controller will utilise the CDEM Group structures and facilities as required and this may include activation of other coordination centres as required.

The JECC will monitor and coordinate the actions of all District Councils, which will operationally support the COVID response if there is a need.

Trigger points for the Joint ECC activating are

- Any area in NZ moves into Alert Level 3, JECC will activate into monitoring mode with Group staff.
- Group staff identify a need to monitor or activate due to concurrent events.
- Request to activate from NEMA.

Trigger points for Activating EOC's

- If any action is needed to be undertaken within that District which has been directed from the AOG response through the JECC.
- Request to activate by CDEM Regional Director or Group Controller.
- Local Controllers identify a need to activate, due to identified issues or pre-empting a response.

The Group Controller will engage with the Regional Leadership Group. The Group Manager will represent the Group Controller at RLG meetings during the monitoring phase, if an escalation in response is require the Group Controller will maintain regular contact with the RLG on operational issues.

Group Welfare Manager will along with NEMA and CDEM Groups continue to have the mandated responsibility to coordinate the provision of emergency welfare services via the NWCG and WCG mechanisms, respectively. This involves supporting communities with emergency welfare services.

Council CEO's are being engaged and informed of the potential requirement for staff and the commitment required. This enables them to plan for staff to be away from their business as usual and assisting in the COVID response at a Local or Group level. Councils are being asked to plan for the following.

- Ensure that the Joint Emergency Coordination Centre can be staffed by a combination of both WCRC and GDC staff and volunteers for the next two months.
- Ensure District Emergency Operations Centres can be staffed by a combination of both council staff and volunteers for a rolling two-month period.
- Provide nominated staff as per the staffing standard operating procedure. (staff may not have to be in attendance, but provision must be made to call them in as required at potentially short notice)
- Staffing requirements in the SOP are a guide and TLA's must be prepared for an escalation.

West Coast CDEM Group Planning

The following is a summary of actions the Group has taken to date and actions going forward. The headings align with 'Regional Coordination and Leadership: COVID-19 Resurgence Plan'.

1. Effective decision-making and governance

Engage with Regional Leadership Groups and Joint Committee as required

The RLG has been established with a Terms of Reference agreed to. Meetings are scheduled to update and seek guidance from that group.

Group Controllers maintain effective coordination mechanisms, processes and structures with partner agencies as required.

Currently the Group has its established groups and relationships functioning as per normal group activities. These include WCG, CEG, Lifelines Utilities Group, Farming Community Advisory Group and Community Response Groups.

These groups continue to meet and are informed of developments and will be engaged as a response requires them to be.

Be prepared to activate and maintain Emergency Coordination Centre or EOC operations where and when required with appropriate public-health mitigation measures in place.

The Group has established a fulltime ECC setup which is fully resourced. The ECC incorporates the Grey District EOC and is referenced as the Joint Emergency Coordination Centre (JECC). There are arrangements in place to have the

facility setup for at least the next 12 months. This will enable the Group to fully activate within hours of the need to, subject to staffing.

Group Controllers should lead on the operational response coordination where required, embed within the Regional Leadership Group structure in the most appropriate way and call on its leadership for support where required.
The Group Controller will engage with the Regional Leadership Group. The Group Manager will represent the Group Controller at RLG meetings during the monitoring phase, if an escalation in response is require the Group Controller will maintain regular contact with the RLG on operational issues.

2. Effective and coordinated support to the Health System

Maintain liaison with DHB/PHUs and support them to achieve the health outcomes associated with national objectives 1 and 2.
The Group has appointed a liaison person to the DHB who attends meetings and reports back.

Ensure alignment of local health response planning (DHB & PHU) and CDEM planning to Ministry of Health Resurgence Action Plan.
@Jason MacAskill to input@

Proactively support the localised implementation of the Health Resurgence Action Plan.
The Group will support actions required from the local Health Action Plan.

3. Establishment of effective regional coordination mechanisms

The CDEM Group Controller will lead on operational response, be embedded into the RLG structure, keep the RLG abreast of issues and call on its leadership for support.
@Lauren for input@

The West Coast CDEM Group Regional Director is the point of contact for the RLG. The Group Controller will attend meetings and keep the RLG informed of operation matters as they arise.

Lead, coordinate and deliver emergency welfare services

Lead multi-agency regional and local coordination for emergency welfare services.
The Group has a new Welfare Manager who is connecting with local welfare managers and partner agencies as per the Group Welfare Plan 2018.

Provide those emergency welfare services that CDEM is a responsible agency for, in partnership with support agencies, to people whose lives and livelihoods have been affected by COVID-19 where these needs cannot be met by other sources of support.
The Group is using the system that were in use for the first COVID Response. This include the ability to quickly cater for needs that cannot be met by other agencies.

Any requests are assessed and passed onto relevant agencies if possible.

If the Āwhina COVID-19 Welfare Needs Assessment system is being used, provide support to users where possible.
Currently the Group is not using Āwhina but is planning to transition to it. Currently the Group is limited by the technology available.

Implement integrated plans with WCG member agencies, iwi, and community groups to identify and meet community needs where there are no other means of support.

4. Ensure the CDEM response adheres to Legal and Regulatory Requirements

Support implementation of s.11 orders under the Public Health Response Act, in coordination with partner agencies and local stakeholders, on issue by Director General of Health.

In conjunction with regional and local Health representatives, coordinate agency and stakeholder roles at the local level to ensure detailed understanding legislative freedoms and constraints during resurgence response.

Be prepared to revise and refresh contingency planning for a concurrent event where CDEM is lead agency (e.g. natural hazard applicable to the region).
All Districts have completed concurrent event planning during the first COVID response. These have subsequently refreshed by Group staff. The Group is acutely aware of the implications of the frequent weather events that affect the West Coast and have undertaken planning around these.

Coordinate and liaise with regional and local partner agencies to monitor local compliance.
During a regional response, a Police liaison person is present in the JECC. Updates were provided to the Group Controller on Police activities and non-compliance. Police have confirmed they will make a liaison person available to the JECC.

In consultation with partner agencies, confirm capability and capacity for implementation of Alert Level restrictions under s.11 orders, and any requirements for gap closure.
@Discussion with Police needed@

Be prepared to support NZ Police in the coordination, establishment and operation of checkpoints and cordons where required.
A meeting was held with Police regarding checkpoints. Police and CDEM have agreed that Police will lead any operations but will need support from other Districts to implement any checkpoints. CDEM and NZTA have also met and have plans in place to work with Police to ensure checkpoints can be established in appropriate locations.

5. Support and contribute to Intelligence processes

Implement confirmed arrangements for the efficient reporting and sharing of information across partner agencies and stakeholders at the local level of response.
RLG, C4C, Group.

Engage with agreed reporting requirements, and prioritise the servicing of Critical Information Requirements to support rapid regional and national decision-making.
The Group staff have access to the Emi Teams environment. The Group is using the National templates as they become available. During the monitoring phase of an activation, staff are assigned to the Intelligence Function to monitor the Intelligence channel.

The Group will comply and participate in National meetings as required.

6. Support AOG COVID-19 Communications and local implementation of Public Information Management requirements

Support and facilitate the local distribution of COVID-19 AOG campaign communications through various media and channels (eg fliers, letter drops as well as radio and print etc).
Existing media channels will be utilised for distribution of AOG messaging

Develop and communicate CDEM-specific communications in support of support AOG campaign messaging.
Messaging will be consistent and align with AOG communications
Develop and deliver relevant communications to high-risk/vulnerable audiences, businesses, Iwi and other key stakeholders specific to the area of resurgence.
Specific messaging will be developed as required in conjunction with District Health Board and other agencies dependent of the issue

Agencies Resurgence Planning

The following section is for agencies to summarise their planning for a COVID-19 resurgence on the West Coast. The intention is that it will be a brief outline of planning that has occurred.

Te Rūnanga o Makaawhio

We work in collaboration with Te Rūnanga o Makaawhio to ensure that they are supported in the delivery of identified needs in their community.

Te Rūnanga o Ngāti Waewae

We work in collaboration with Te Rūnanga o Ngāti Waewae to ensure that they are supported in the delivery of identified needs in their community.

Te Puni Kōkiri

Te Puni Kōkiri has a formal Resurgence Plan, which was activated on 12 August. The plan, which is tactical in its approach, sets out high-level arrangements for Te Puni Kōkiri, how we align within the government COVID-19 response, including the national planning approach for Māori.

Te Puni Kōkiri regional staff role is to:

- Ensure connections to and provide support for the national all of government response
- Contribute to the Iwi Māori communications response. Currently, we are coordinating the Iwi Māori Communications Specialists.
- Brokering and information support for Iwi Māori to the relevant support agency.
- We provide Sit Reps three times a week that report on how the community is mobilising in the face of the Covid-19 resurgence and raise any areas of concern with a focus on finding solutions to these issues. At this stage, Te Puni Kōkiri holds funding that is Covid-19 response related. This fund is not yet open.

@TPK to review@

West Coast District Health Board

@DHB for input@

MBIE

@MBIE to input@

Police

@Police for input@

St John

@Nils Walzal for input@

Fire Emergency New Zealand

@Mark Boere for input@

Department of Conservation

@Mark Davies for input@

Ministry for Primary Industries

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Lifelines

West Coast Lifelines and Utilities group continues to be updated and involved in resurgence planning. A focus has been on individual and interdependent business continuity planning due to staffing, supply chain or freight movement issues. Key stakeholders have been involved in initial movement control planning in resurgence. A September meeting is scheduled to discuss and share resilience and recovery projects that have utilised emerging funding streams, and look at how to be best placed to attract funding going forward.

@Jo for input@

Supporting Documents

As stated, the West Coast COVID – 19 Resurgence Plan September 2020 refers to and aligns with many other documents. The plan should be read in conjunction with the following documents. These documents are subject to change and the AOG direction is adjusted to new intelligence on COVID-19 and subsequent response actions.

- Regional Coordination and Leadership: COVID-19 Resurgence Plan
- 2020-08-17 FINAL_COVID-19 CDEM Welfare Resurgence Planning Guidance_version 1
- West Coast CDEM Group Welfare Plan
- Covid-19 health and safety plan for the Group Joint Emergency Coordination Centre
- Joint ECC Safety Protocol for Operation During COVID-19 Response (updated regularly to reflect best practice and current alert levels)
- Access to council services and operations through alert levels 2, 3 and 4
- Protocol on the management and response to election disruptions

Section 5 - Key Legislative Frameworks for CDEM and Regional Leadership

There are several key legislative frameworks which provide the framework for how we will respond, which are summarised below. There is a wide range of other legislation which supports or enables other elements of the response.

CDEM Act 2002 and National CDEM Plan Order 2015

The CDEM Act 2002 and National CDEM Plan Order 2015 provide the legislative basis for CDEM Groups to coordinate the multi-agency response to an emergency (whether declared or undeclared).
CDEM Act S. 17 (1)(d) provides that it is a function of CDEM Group, and of each member, to respond to and manage the adverse effects of emergencies in its area.

COVID-19 Public Health Response Act 2020

The COVID-19 Public Health Response Act 2020 creates a comprehensive legal framework to support the Government's alert level system to limit the spread of COVID-19 in New Zealand, and other measures necessary respond to COVID-19.

The COVID-19 Public Health Response Act 2020 is the primary legislation for addressing COVID-19 response and recovery issues. Therefore, we expect that there is less likely to be a need for emergency powers under the Civil Defence Emergency Management Act e.g. through a state of emergency or transition period.

Section 6 of the CDEM Act provides that the 'CDEM Act does not limit, is not in substitution for, and does not affect the functions, duties, or powers of any person under the provisions of any enactment or any rule of law'. This means that CDEM Act powers should not be used in substitution for other legislation, such as the COVID-19 Public Health

Response Act 2020 but may be used to complement other legislation if required (e.g. enabling access to emergency powers to fill any gaps if no alternative means are available and the legal requirements are met).

A copy of the COVID-19 Public Health Response Act 2020 is available at www.legislation.govt.nz .
The purpose of the COVID-19 Public Health Response Act 2020 (COVID-19 Act) is to support a public health response to COVID-19 that:

a) prevents, and limits the risk of, the outbreak or spread of COVID-19 (taking into account the infectious nature and potential for asymptomatic transmission of COVID-19); and
b) avoids, mitigates, or remedies the actual or potential adverse effects of the COVID-19 outbreak (whether direct or indirect); and
c) is coordinated, orderly, and proportionate; and
d) has enforceable measures, in addition to the relevant voluntary measures and public health and other guidance that also support that response.

The COVID-19 Act enables the Director-General Health or the Minister of Health to make 'Section 11' Orders which can require specific actions to be taken, measures to be complied with, or restrictions to be put in place to prevent or limit the extent or spread of COVID-19.
Although 48 hours' notice is normally required these orders can be issued urgently where required. These Orders are the mechanism whereby for example businesses could be required to close or implement other restrictions, members of the public required to quarantine themselves at home, or close or restrict movement over roads.

Health Orders

It is important that CDEM Groups and partner agencies understand the implication of any Health Orders issued under S.11 of the COVID-2019 Public Health Response Act which will be used to apply the public health interventions which give effect to an increase in Alert Level.
S.70 Orders may also be issued by Medical Officers of Health to more defined groups of people or individuals to manage specific public health risks.
Links to all S.11 and S.70 orders are routinely published to the COVID-19 website here: https://covid19.govt.nz/updates-and-resources/legislation-and-key-documents/

Process for emergency declarations at the local level for COVID-19

COVID-19 is a matter that affects all New Zealanders and is being managed nationally.

As noted above, the CDEM Act powers may not be used in substitution for any other legislation. All legal tests required under the CDEM Act to enable a State of Local emergency to be declared must be met and, in addition, the CDEM Act requires approval from the Minister of Civil Defence prior to any state of local emergency or local transition period being declared for COVID-19**.** This is because a local declaration for any purpose related to COVID-19 could potentially diminish the necessary national coordination that will continue to be required at all Alert Levels. The additional ministerial test will help determine whether declaring a state of local emergency or local transition period is appropriate, required and in support of the national management of COVID-19 and the COVID-19 Public Health Response Act 2020. The CDEM Act already provides a similar type provision where ministerial approval is needed where a local transition period is proposed, and no prior state of emergency was in place for the emergency.

If the Minister approves a state of local emergency being declared for an area, for a purpose related to COVID-19, the declaration may then be made by either a person appointed for that purpose by the CDEM Group for that area or the mayor of a territorial authority.

Should a state of local emergency for COVID-19 be allowed for any area, before exercising any power under the CDEM Act in relation to COVID-19, it is important that CDEM Groups first check if the power is available in the COVID-19 Public Health Response Act 2020.
For example, the COVID-19 Public Health Response Act 2020 provides for the power to close roads and public places for the purpose of enforcing related measures contained in a section 11 Order (orders made to provide for COVID-19

alert levels and responding to COVID 19). CDEM Groups should not use the power in the CDEM Act to close roads and public places if the same road closure could be done under the COVID-19 Public Health Response Act 2020.
If the Group Controller believes that additional powers available under a local emergency declaration are required to manage the wider consequences of COVID-19, they should immediately contact the Duty REMA who will escalate the issue. NEMA will coordinate the provision of advice to the Minister of Civil Defence in conjunction with the All of Government COVID-19 Controller and Director CDEM.

It should be remembered that the COVID-19 Act contains the necessary legislative tools to manage the direct impact of COVID-19 and that a local declaration is not required for movement control, closing businesses or other similar functions, unless powers are inadequate to manage the wider consequences of COVID-19, or powers available under the CDEM Act 2002 are required for a concurrent event.

Process for local emergency declarations not related to COVID-19

Section 68 of the CDEM Act allows for a local emergency to be declared for any reason not related to COVID-19, even in the event there is a state of national emergency for COVID-19 in place. This would, for example, allow a local emergency to be declared for a flood event. Normally there cannot be two states of emergency in place for the same geographical area – but there are special legislative provisions in place in relation to COVID-19.

West Coast
– District Health Board –
Te Poari Hauora a Rohe o Tai Poutini

COVID-19 TESTING OPS PLAN

CHRISTMAS & NEW YEAR PERIOD 2020-2021

ISSUED: 14/12/2020 – 9/02/2020

VERSION: 1.3

Document Control

Document History

All amendments and updates to this Plan must be recorded below:

Version	Amendments	Author	Dates
1	Draft	J. MacAskill	03.12.2020
1.2	Amendments / feedback	J. MacAskill	10.12.2020
1.3	Finial	J. MacAskill	14.12.2020

Approval

This plan is approved by:

Philip Wheble
General Manager West Coast District Health Board |
DHB COVID-19 ECC/EOC Incident Controller

Dated: 14.12.2020

Contents

1. Purpose

The purpose of this COVID-19 Testing Operation plan is to provide assurance to the DHB, MoH, Stakeholders, and the wider West Coast community that the WCDHB has a COVID-19 Surge / Testing plan in place to cover the Christmas and New Year period 2020/2021.

This document should be read in conjunction with the West Coast DHB Health Emergency Plan, Pandemic Outbreak Coordination Response Plan and West Coast District Board (WCDHB) COVID-19 Health Strategic Resurgence Plan.

2. Activation

This plan will be activated in response to:

1. A community outbreak of COVID-19 on the West Coast, or
2. An increase in alert level 2 or above
3. At request of MoH
4. At request of Medical Officer of Health
5. At the direction of the COVID-19 Readiness Group or WCDHB Emergency Operation Centre

The most critical aspect of any activation will be the early/immediate activation of the WCDHB ECC/EOC to ensure effective implementation of the response.

This Plan will be activated in conjunction with West Coast Health Emergency Plan, Pandemic Outbreak Coordination Response Plan and the COVID-19 Health Strategic Resurgence Plan.


WCDHB Health Emergency Plan v1.6


Pandemic-and-Outbreak-Coordination


West-Coast-Health-COVID-19-Strategic-


Emergency Operations Procedu

3. Location(s)

The WCDHB has several key locations pre-identified if required to stand-up COVID-19 testing centres. Along with these static Testing Sites, we also have the capability to deploy mobile testing teams if required.

Static Testing Sites

Location	Address	Phone number	Email	Operating Days/Hours	Mode
Greymouth	**Te Nikau Hospital Campus** High St Greymouth Located by Stores Department	**TBA**		**Monday – Friday** **08:00 – 12:00 and 12:30 – 16:30** **Saturday & Sunday** **TBA**	when directed by a health professional or Healthline
Westport	**Buller Health** Pakington Street	[redacted]		**Monday – Friday** **08:00 – 12:00 and 12:30 – 16:30** **Saturday & Sunday** **TBA**	when directed by a health professional or Healthline
Reefton	**Reefton Health** 120 Broadway Reefton	[redacted]		**Monday – Friday** **08:00 – 12:00 and 12:30 – 16:30** **Saturday & Sunday** **TBA**	when directed by a health professional or Healthline
Hokitika	**Hokitika Health Centre** 59 Sewell Street, Hokitika	[redacted]		**Monday – Friday** **08:00 – 12:00 and 12:30 – 16:30** **Saturday & Sunday** **TBA**	when directed by a health professional or Healthline

Mobile Testing Sites

The deployment of Mobile COVID-19 testing teams will occur as directed by the Medical Officer of Health and DHB Emergency Operation Centre.
These can be deployed to support at-risk communities (including local iwi & Marae), Rural Practices, Age Residential Care Facilities

Traffic Control

- Traffic Management will need to occur at mobile sites and some static sites.
- Road cones will be required to be put around testing areas to manage traffic flow and to provide a safe working area for staff.
- The Facilities / Trades Team will need to be notified of this requirement so that they can prepare sites.
- Mobile Testing Sites need to ensure staff safety, the EOC will need to liaise with Traffic Management (Fulton & Hogan, NZTA, Police)

4. Surge Planning

During the Christmas and New Year periods it is expected that the West Coast may see an increase of local tourism, with New Zealanders travelling, that could result in a potential COVID-19 outbreak on the West Coast. The WCDHB and WCPHO have worked together to develop COVID-19 Escalation plans that outline which non-essential services are able to be suspended if an outbreak is to occur on the West Coast.

This planning is in line with the National Response Frameworks and allows for the West Coast Health System to redeploy Clinical and Allied Health staff away from their BAU work to support a COVID response to a community outbreak.

These documents are attached

Hospital services Alert Levels - v2.pptx

COVID Response PrimaryCommunity -

5. COVID-19 Data Reporting

1. COVID-19 Data will be collected using the attached COVID-19 Testing Form
2. Data will be collected in the General Practice claiming portal, Halcyon, with reports sent to the DHB from the PHO which are then transmitted to MoH and filed as previously specified.
3. COVID-19 Data reporting will occur as to the Ministry of Health COVID-19 reporting requirements

6. Equipment / Logistic Support

Mobile Testing Equipment

1. The cache of mobile testing equipment is located in the Te Nikau Hospital Disaster Equipment Storage Room by the Ambulance bay
2. Staff need to ensure the "kits" are replenished and re-stowed back in the Disaster Equipment Storage Room and stacked onto the shelves at the end of deployment.
3. Scrubs may be collected from the uniform bay on lower ground floor of Te Nikau.
4. Attached is an equipment list of what is required and where it is being stored

Moblie Testing Equipment.docx

Testing Site / CBAC Set up / Running

Refer to attached document for CBAC / COVID-19 Testing site set up

CBAC HOW TO GUIDE VERSION 4 27

Te Nikau - Static Testing Site

Arrangement **will need to be made for** access to Stores area for toilets and to store equipment over night. Facilities/trades are able to supply a key.

1. The key will be left for pick up at Te Nikau Hospital Reception
2. Screening at main doors will occur with patients diverted into the Green or Red streams
3. The preferred place is to manage testing from the patient's car. If this is not possible there is a specific room prepared for testing with direct external access via the Red Stream as outlined in the pandemic plan.
4. The COVID testing and PPE equipment is available for immediate operation
5. To facilitate the process, two lap tops and printer/copier/scanner will be installed.
6. Roster – we cannot plan a roster for CBAC for that entire period, but we have listed staff availability and who can be called back from leave if required

Buller Ops Plan

The following key points will occur when standing up a COVID-19 response at Buller Health

1. The preferred place is to manage testing from the patient's car. If this is not possible there is a specific room prepared for testing with direct external access.
2. The COVID testing and PPE equipment is available for immediate operation
3. To facilitate the process, a printer/copier/scanner will be installed. This is in progress.
4. Roster – we cannot plan a roster for CBAC for that entire period, but we have listed staff availability and who can be called back from leave if required, see below in section 7

St John / CDEM Air Shelter Tents

1. St. John and CDEM Group have available Air Shelter Tents that can be deployed at request to support static or mobile testing sites.

Location	Available
St John Grey	1
St John ChCh	1
CDEM Group	2

2. An official request will need to be made to either St John or CDEM **from the DHB COVID-19 Readiness Group or ECC/EOC.**
    i. Contact details for requesting Air Shelters are as follows

St John [redacted]

b.

CDEM [redacted]

c. [redacted]

3. Logistic support from St John Major Incident Support Team (MIST) or CDEM will be required for setting up the tents.
4. **Static sites will require Security to keep an eye on these tents as part of their patrol at nights.**

Logistic Support

1. If required, additional logistical support or setting up mobile testing and possible assistance with non-clinical operations **may be available** from the CDEM group.
2. This could be in the form of the following support:
    a. Setting up Air Shelters
    b. Relocating mobile testing sites and supporting their set-up.
    c. Providing drivers / vans for transport of equipment to sites or drivers for transport of lab specimens

7. Staffing Roster

A list of EOC Staff availability and Duty Manager rosters are attached below.

ECC/EOC

EOC Xmas Roster 2020-2021.xlsx

DHB EOC Staff list xmas 2020 - feb 202

Emergency Coordination Centre

West Coast DHB EOC Contacts Detail

wcdhb eoc EMAILS.docx

EOC Basic Structure Xmas-newyear 2020

Duty Manager Rosters

Roster 2020.xlsx

Roster 2021.xlsx

Communications team

Xmas-New-Year-Leave-Roster-2020 - 202

Community and Public Health

WCHPOOnCallRosterJanuary21v1.docx

WCHPOOnCallRosterDecember20v1.do

Testing Staff

Position	Name	Work	personal
Testing Coordinator	[redacted]	[redacted]	
Testing Coordinator	[redacted]		

Over the period from 16th Dec to 9th Jan the DHB will pool testing staff from the DN, CNS, Allied Health teams, CCCN if we are required to stand up testing

Buller Staffing

CBAC / Testing	[redacted]
PPE	[redacted]

Door Roster people will be rostered on the entry to carry out screening and divert people into the Green or Red streams	[redacted]

HCSS Drivers (Courier for Lab Samples)	[redacted]	[redacted]
CCCN Roster	CCCN Staff Christmas leave (1).d	
Population Health	TBA	

8. Delegations Over Christmas / New Year

The following delegations are in place for while senior managers are on leave during the period of 14th Dec 2020 to 9th Feb 2021

CMO delegations	[redacted]
DON	[redacted]
Central IHS	[redacted]
Nursing director operations	[redacted]

9. COVID-19 Testing and Referral

Referral

All testing will be carried out in accordance with the current MoH Testing Guidance, Case Definition, Clinical Criteria and HIS Criteria.

1. When directed by a health professional or Healthline for Testing
2. People **with symptoms** that meet the HIS criteria
3. People that request a test with **no symptoms can also** be tested but only as per the Testing in asymptomatic people guidelines

COVID-19 Testing

1. When Testing a Patient, the following forms must be completed
   a. WCDHB Lab request form — **MUST** note on form COVID-19
   b. COVID-19 Testing from — This form is for collecting patient information and used to enter information to Halcyon for reporting purposes.
   c. Patient Information Sheet — Give to patients post swabbing

2. Attached is the COVID-19 Testing from that must be completed, and the Patient Information Sheet


COVID-19-Testing-v5.pdf


COVID-19-Undergoing-Testing-Patient-Inf

If a Person has NO Registered GP

1. If someone has no registered GP, then the **Doctor rostered to the unplanned clinic** should be used. This should be in the minority of cases as most will have a GP somewhere in NZ.
2. Staff **MUST** ensure all personal information is up to date, as **mobile phone number will be used to send negative results notifications via text.**
3. If a patient does not have a GP or NHI number, they will need to be enrolled prior to the testing.

10. Positive COVID-19 Results

1. Anyone with a Positive COVID-19 result will be contacted by the Community and Public Health Team. CPH will contact the case and immediately start their investigation for close contacts.
2. The WCDHB has developed a plan to support people in the community if suspected or confirmed with COVID-19. This plan details the wrap around services that would be put in place to manage someone in their home, provided the MOoH is willing to approve them to remain at home.
3. Anyone that **cannot be managed** within their homes or where wrap around services **are not** available **they will be moved to** a Managed Isolation Facility.
4. GP and Nursing staff will have to provide daily follow-up on confirmed and suspected cases and liaising with CPH and MoH
5. Attached:
   a. Wrap-around Services for Managed Self-Isolation in the Community on the West Coast
   b. MoH Interim guidance for isolation of confirmed (or probable) COVID-19 cases and their household contacts in the community


Community wraparound service


Community Quarantine Interim A

11. Laboratory

1. In the event of the activation of community testing WCDHB **Labs will need to be notified** and included in early discussions to ensure that:
    a. Labs can arrange appropriate staffing to process specimens and prepare them to be sent to Canterbury Labs to be tested.
    b. Ensure that we have enough swabs and transport medium to conduct testing.
2. There may be a requirement over the period from 14th December to 6th February 2021 where drivers may be required to transport lab samples where there are no couriers available
    a. The Labs Tech will call the rostered driver to arrange a pick-up time and transport to CDHB.

Number of Swabs Held by integrated Health Services locations

Location	Number of swabs held
Buller	40
Te Nikau Labs	300
Hokitika	65

12. Drivers / Transport / Car

1. Drivers can be sourced from HCSS, orderlies, Allied Health staff (drivers that will be available from HCSS are listed above).
2. **Drivers will be paid for 8 hours**
3. A DHB **Car will need to be booked** when standing up testing sites
4. They will require the access code to the Transport Office, so they can collect keys. The car booking list will be on the wall as usual.
5. For Transport of Mobile Testing Equipment, a van will need to be arranged with the facilities manager or on-call trades

13. DHB COVID-19 COSTS

1. All DHB Associated COVID-19 costs **MUST** have the COVID-19 project code loaded against them along with the appropriate cost centre.

2. The COVID-19 project code is [redacted]

3. To record cost charges to [redacted]

14. Communication

The following need to be advised of the COVID-19 Testing Operations and operating hours of the testing facility:

- Healthline / Healthpoint / HML
- West Coast PHO
- Te Nikau Operators/Reception
- Duty Nurse Managers
- DHB Duty Manager
- Emergency Department
- Police
- CDEM
- General Practice(s) (including the On-Call)
- Labs
- Drivers
- Community & Public Health
- St John
- Security
- Facilities/Trades Department

Media

1. A media release is to be issued by DHB Communications (refer to Christmas/New Year on-call roster) that will contain relevant information about the COVID-19 testing locations and health messaging.
    a. An example media release is available on the WCDHB website – here.
2. All Media enquires **must** be referred to DHB Communications for appropriate sign off.
3. On-call DHB Comms Roster refer to following link: https://www.cdhb.health.nz/wp-content/uploads/5c157fa8-communications-team-contacts-christmas-roster-2020.pdf
4. From Tuesday, 5 January until 18/01/2021 – enquiries will be redirected to the Comms Team inbox - communications@cdhb.health.nz