Waitematā
District Health Board

Best Care for Everyone

Planning, Funding and Outcomes
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20 May 2021

[redacted]

Dear [redacted]

Re: Official Information Act request – Aged Residential Care (ARC) facilities during COVID-19

Thank you for your Official Information Act request dated 22 April 2021 seeking information from Waitematā District Health Board (DHB) about complaints received about ARC facilities.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

Waitematā DHB has contracts with 69 privately owned and operated facilities in our district for the delivery of aged residential care services. In line with national DHB practice, we are responsible for monitoring audit outcomes of the facilities in our district and ensuring any identified actions are completed within the required time frame.

In response to your request, we are able to provide the following information:

1. **Copies of all complaints received about aged care facilities/rest homes since January 1 2020, and all related correspondence, reports, documents and memoranda**

The DHB is withholding copies of complaints about residential care and any related investigation findings under section 9(2)(a) of the Official Information Act 1982 to protect the privacy of individual residents. We are also withholding under clause s9(2)(b)(ii) to ensure the commercial interests of ARC facilities are not unreasonably prejudiced by the disclosure of the information.

However, we are providing a summary of complaints received by Waitematā DHB since 1 January 2020 and the related DHB investigation findings.

Complaints and findings regarding ARC facilities in the Waitematā DHB district from 1 January 2020			
ARC facility	**Complaint description**	**Outcome**	**Overall finding**
Amberwood Rest Home; Oceania Healthcare	Cockroaches in resident's bed	Ecolab pest control service attends the facility regularly. Staff reminded to report pest issues promptly so they can be managed in a timely manner	Partially substantiated
Beachhaven Care Home, Bupa	Concerns with managing a resident's wounds	Incomplete documentation on how wounds were being managed. Action	Partially substantiated

Complaints and findings regarding ARC facilities in the Waitematā DHB district from 1 January 2020			
ARC facility	**Complaint description**	**Outcome**	**Overall finding**
		plan of improvements implemented by facility and signed off by DHB	
Briargate	Concerns raised about the practice of a registered nurse (RN) manager.	RN manager left the facility and DHB escalated the case to the Nursing Council	Substantiated
Craigweil House	Alleged Alert Level 4 breaches by staff	DHB COVID-19 preparedness assessment of facility showed appropriate policies and protocols were in place	Not substantiated
Craigweil House	Concerns about poor communication around a relative's condition, lack of planning for a clinical appointment and incurring travel costs. Lack of infection control supplies	Recommended the facility meet with the resident's family to agree options for communication. A review of clinical care, travel costs and stocktakes of infection prevention supplies did not substantiate concerns in these areas	Partially substantiated
Edmonton Meadows	Altercation between a resident and a health care assistant	Police attended the facility and reviewed CCTV footage; no charges were laid. The DHB review identified improvements to care, post a fall. Action plan of improvements implemented by facility and signed off by DHB	Partially substantiated
Fairview Care	Resident had an unwitnessed fall when left unattended	Resident should not have been left unattended. Action plan of improvements implemented by facility and signed off by DHB	Substantiated
Glenhaven Rest Home	Resident left the facility during lockdown and entered neighbouring property; concerns about deterioration in mental health	Resident admitted to hospital/ mental health services for support	Partially substantiated
Terence Kennedy House	Alleged abuse and neglect of resident	Resident being well cared for at facility	Not substantiated
West Harbour Gardens	Alleged staff shortages leading to deteriorating care	Reviewed unannounced surveillance audit report and staffing plan; appropriate staffing levels	Not substantiated
Shoal Bay Villa	Concern about a resident's behavior – shouting out	Resident's care needs were being appropriately managed; secure dementia unit	Not substantiated

2. Copies of any reports, documents, memoranda, correspondence, legal advice or emails, both internal and external regarding how aged care facilities/rest homes and their residents fared during COVID-19 related restrictions (such as lockdowns but also ongoing visitor restrictions), including any concern about the impact on residents, or staffing levels. This part of the request is not intended to capture usual or normal correspondence with facilities, but more any documents etc. that mention or outline how the unprecedented events of 2020 affected facilities.

Waitematā DHB does not have reports, documents, memorandum or legal advice on how all of the aged care facilities / rest homes and their residents fared during COVID-19 restrictions.

However, specific information in relation to CHT St Margarets' residents during the COVID-19 lockdown restrictions is available on our website in previous OIA responses.

Please refer to these responses published in May and June 2020 at:
http://www.waitematadhb.govt.nz/news/official-information-act-releases/

In addition, deconditioning of some residents due to the lockdown restrictions was identified as an issue for CHT St Margarets' during the COVID-19 outbreak at the facility in April 2020. The following is an extract from a Waitematā DHB situation. The remainder of the report is out of the scope of your request.

Extract from situation report dated 23 April 2020:

- 23/04 – concerns about deconditioning of residents due to isolation. DHB currently investigating possibility of allied health staff supporting 1. Staff 2. Support plans for residents

Allied health staff did not enter the facility due to the restrictions during lockdown Alert Levels 3 and 4. However, a geriatrician and nurse practitioner were visiting the facility daily.

3. Copies of all correspondence involving DHB board members relating to CHT St Margaret's residential aged-care home.

Please find attached a report to the Board in August 2020 that, as a result of events at CHT St Margaret's, outlines how ARC facilities were affected during the unprecedented events due to COVID-19 last year and sets out contingency planning based on our experiences during this time.

It should be noted that we continue to manage ARC preparedness through our standard audit processes. Risks and issues that were identified at the time the paper was written have since been addressed. Where a risk cannot be corrected (e.g. physical layout of a facility), contingency plans have been put in place to manage this in the event of a COVID-19 outbreak.

Attachment 1 – Aged Residential Care COVID-19 Preparedness.

Please note staff members' mobile phone numbers have been redacted on pages 18 and 19 to protect privacy under section 9(2)(a) of the Official Information Act 1982.

Appendix 2 has been redacted as the information is outside of the scope of your request.

Please find attached copies of emails involving DHB board members relating to CHT St Margaret's residential aged-care home.

Attachment 2 – Attachment 2 - Board notification - Te Atatu rest home.msg
Attachment 2a – CHT St Margaret's COVID-19 cluster statement 140420
Attachment 3 - CEO Update - St Margaret's Hospital and Rest Home.msg
Attachment 3a - NRHCC media release Update on transfer of St Margaret's residents
Attachment 4 - Board notification - Newshub.msg
Attachment 4a - St Margaret's - claims incorrect
Attachment 5 - Re CEO Update - St Margaret's Hospital and Rest Home.msg

You have the right to seek an investigation and review by the Ombudsman of the decisions made in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.
I trust that this information meets your requirements. Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

[redacted]

Director Funding
Waitemata District Health Board

5.5.1 Aged Residential Care COVID-19 Preparedness

Recommendation:

That the report be received.

That the Board notes:

1. **The three stage approach (prepare, alert, outbreak) to preventing and controlling COVID-19 in aged residential care facilities that has been adopted by the Northern Region DHBs**
2. **The Aged Residential Care Preparedness Assessment Outcome Report for Waitematā DHB facilities that shows all facilities have made positive changes that have better prepared them to prevent and manage a COVID-19 outbreak**
3. **Contingency planning for a COVID-19 outbreak in an ARC facility remains a priority for Waitematā District Health Board at Alert level 1**
4. **A draft local COVID-19 ARC Outbreak Management Process has been developed based on our experience from the CHT St Margaret's outbreak and insight gained from the ARC preparedness assessments. The aim of the plan is to reduce the risk of further spread and ensure resident wellness and staff safety and underpinned by:**
    a. **an ARC On-Call Response Team providing executive oversight and management working collaboratively with ARC and ARPHS, determining a swift and definitive response to the first notification recognising the importance of getting it right in the first 72 hours**
    b. **an ARC Outbreak Management Team to cover all facets of day to day support and management to an ARC facility throughout an outbreak**
5. **The regional planning response is underway and our local plans will be updated as required to reflect the outcome of this.**

Prepared by: Kate Sladden (Funding and Development Manager Health of Older People); Brian Millen (General Manager Specialty Medicine and Health of Older People),
Endorsed by: Debbie Holdsworth (Director Funding); John Scott (Head of Division Specialty Medicine and Health of Older people), David Resoli, Tamzin Brott (COVID-19 Executive Lead)

Glossary

ARC	Aged Residential Care
ARPHS	Auckland Regional Public Health Service
DHB	District Health Board
IMT	Incident Management Team
NRHCC	Northern Region Health Coordination Centre
PPE	Personal Protective Equipment

1. Executive Summary

This paper updates the Waitematā DHB Board on the approach taken to prepare aged residential care (ARC) facilities to prevent and control COVID-19 including assessments undertaken by the DHB of each facility's readiness and DHB contingency planning for a future outbreak.

2. Introduction/Background

Within Waitematā DHB there are 67[1] ARC facilities ranging in size from 16 beds to over 150 beds and providing care to close to 4000 residents.

A COVID-19 outbreak in an ARC facility can be devastating due to the high risk of poor health outcomes for vulnerable residents if they become infected; this has been demonstrated overseas and in recent months in New Zealand. Waitematā DHB has first-hand experience of the extreme challenges associated with an outbreak in an ARC facility through the outbreak at CHT St Margarets, a 68 bed rest home/hospital facility in Te Atatu. A staff member at the facility was the first COVID-19 case, notified on 4 April; this quickly became an outbreak including residents and household contacts of staff. The most significant challenge was safely staffing the facility as a high number of staff members were stood down as close contacts. The DHB took over managing the staffing and staffing levels reached a critical point, where residents were transferred to Waitakere Hospital and North Shore Hospitals on the 17 and 18 April. Cases of COVID-19 subsequently occurred amongst Waitakere hospital staff from 24 April.

The DHB started communicating with its contracted ARC facilities at the end of January about the risks of COVID-19 and preparedness measures they should take. It was Chinese New Year and a few facilities had staff returning from celebrations in mainland China and required advice. At the time there was no national guidance tailored to the ARC sector and the focus was on preparing primary care and acute hospitals. In response to the need for ARC specific guidance, the Northern Region DHBs developed initial information for the ARC setting that provided advice to staff, residents and visitors, screening questions and isolation requirements. A forum was held for Waitematā DHB ARC providers that highlighted their concerns and anxieties but also their commitment to do everything possible to protect their residents and staff from COVID-19. There was also a plea from the sector to receive consistent and timely information and an adequate supply of personal protective equipment (PPE).

As the national focus shifted to the ARC sector and its criticality in preventing and controlling COVID-19 in New Zealand, the Director General of Health requested that all ARC facilities be comprehensively assessed on their preparedness. The Northern Region DHBs also adopted a three stage COVID-19 prevention and control approach (prepare; alert; outbreak) for ARC facilities. Both the preparedness assessments and the three stage management approach are detailed in this paper.

At the end of May, the Ministry of Health released an Independent Review of COVID-19 Clusters in ARC Facilities. The Review included the five ARC facilities in New Zealand that had COVID-19 outbreaks including CHT St Margarets in Waitematā DHB and included a number of recommendations.

[1] A new ARC facility opened in mid June 2020; increasing the number of facilities in Waitematā DHB from 66 to 67

3. Approach to Controlling COVID-19

The Northern Region DHBs' guidance to ARC facilities for the prevention and control of COVID-19 adopted a three stage approach. A guidance document[2] detailing each stage was supplied to all Waitematā ARC facilities. The three stages comprise:

1. **Prepare** – preventing and preparing for an outbreak
2. **Alert** – an early response to any suspect case of COVID-19 in a resident, staff member or visitor who has close contact with residents or staff of the facility
3. **Outbreak** – the response to any confirmed or probable case of COVID-19 in a resident or staff member, or a visitor who has close contact with residents or staff of the facility.

The Prepare stage includes education of residents, staff and visitors; measures to prevent infection from being introduced into the facility; measures to prevent transmission of infection within a facility; plans to maintain business continuity; and other protective measures.

The Alert stage focuses on identifying COVID-19 cases as early as possible by testing staff and residents who are unwell and then reducing the risk of people who are under investigation from spreading COVID-19 whilst their test result is not yet known. The Alert Stage requires facilities to act quickly and decisively.

An outbreak is defined as one or more confirmed or probable cases of COVID-19 in a facility; the case may be a resident, staff member or visitor. The Outbreak stage details the recommendations for establishing an Outbreak Management Team and the roles and responsibilities of the parties involved i.e. the facility (owner operator or organisation), the DHB and Auckland Regional Public Health Service (ARPHS). This stage also includes developing an outbreak investigation plan, management plan and communications plan, and the process for monitoring the outbreak progress and declaring the outbreak over.

4. Assessments for COVID-19 Preparedness

In early April the Director General of Health requested that all ARC facilities be comprehensively assessed on their level of preparedness for COVID-19. An ARC Response Team was stood up within the Waitematā Incident Management Team (IMT) to undertake these assessments, which were to identify areas where facilities might need additional support or where they could make changes to improve their current processes to prevent and manage a COVID-19 outbreak. A tool was developed by the Northern Region Health Coordination Centre (NRHCC) comprising 18 factors for assessment. The Aged Residential Care Preparedness Assessment Outcome Report for facilities in Waitematā DHB is attached (Appendix 1).

The assessments were completed in late April / early May by gerontology nurse specialists (GNS) or nurse practitioners (NP) in partnership with the facility managers. All assessments were reviewed by the ARC Response Team, which contained medical, nursing, infection prevention and control, cleaning and operational expertise. The assessments were then used to develop tailored packages of advice to facilities to improve areas of preparedness, where such areas were identified, noting that issues were often able to be addressed at the time of the assessment. The GNSs and NPs followed up with facilities to support and monitor implementation of the recommendations each facility had received.

[2] The outbreak component in particular of the guidance document was adapted for local relevance from the Health Quality and Safety Commission's *Guidance for preventing and controlling COVID-19 outbreaks in New Zealand aged residential care*

All facilities have made positive changes that have better prepared them to manage an outbreak of COVID-19. Thirty-nine facilities now report no significant issues in their preparedness to manage an outbreak of COVID-19 and some (generally the large / multi-site facilities) believe they are in a position to fully meet all 18 criteria. Just six facilities are considered to have three or more significant issues that they have been unable to resolve. These typically relate to sustainable staffing issues, structural issues that limit the ability to isolate residents with suspected or confirmed COVID-19 and challenges with isolating severely cognitively impaired residents.

The assessments also capture information that Waitematā DHB can quickly access in the event of needing to support a facility to manage a COVID-19 outbreak e.g. number of single rooms, number of staff and the ability to draw from an additional pool of staff. The DHB Quality and Monitoring Manager will incorporate review and maintenance of ARC preparedness assessments as part of business as usual site visits and have identified a range of factors (e.g. change in manager / clinical manager, significant complaint, facility re-design) that would trigger a reassessment.

5. Independent Review of COVID-19 Clusters in Aged Residential Care

Following the classification of five clusters of COVID-19 in ARC facilities (including CHT St Margarets within Waitematā DHB), the Director General of Health commissioned a review to quickly learn what was effective and what needs to be improved in order to avoid or better manage any outbreaks in the future.

The review highlighted that few facilities had fully comprehended the impact of a confirmed or probable COVID-19 case on their facility. The most pressing issue was the stand down of a high proportion of the facility's staff, the limited prospects of backfilling and the ensuing stress on staff. Stress was compounded by adverse social and conventional media reporting.

Communication to facilities was not always clear or consistent including variations in 'expert opinion' and use of epidemiological terminology, which is not part of ARC day to day discourse. The working relationship between the ARC facilities, DHBs, public health units and infection prevention and control experts varied across the country

Some facilities noted a lack of available PPE leading into the pandemic contributed to an inability to practice wearing PPE.

Following feedback from key stakeholders on the report and recommendations, the Ministry has developed an Action Plan that comprises of seven workstreams. All workstreams are underway and completion dates have been set.

6. Outbreak Management Process

Based on the learning's from the CHT St Margarets outbreak and the insight gained from the ARC preparedness assessments, the Waitematā DHB plan and process developed for managing COVID-19 outbreaks in ARC facilities has two key components with associated teams:

1. The ARC On-call Response Team; the primary purpose of this team is to provide executive oversight and management in the first 0-72 hours following notification of an outbreak in an ARC facility and to ensure the DHB processes for reducing risk of further spread of COVID-19 are initiated. The intention is to have a swift and definitive response from first notification

and to determine the need and viability for immediate transfer of resident(s) with positive results and those determined as probable cases to a DHB facility. It is also essential the DHB provides the ARC facility with the necessary support to provide safe care for remaining residents and upholds staff safety.

2. The ARC Outbreak Management Team; the primary purpose of this team is to provide support and management to the ARC facility throughout the outbreak using the DHB processes to reduce further spread of COVID-19 and increase opportunities to maintain resident wellness during this period. The Outbreak Management team is activated by the ARC On-Call Response Team and takes over management from this team until such time as the outbreak has been declared over.

Detailed terms of reference and critical functions have been developed for both teams.

The ARC outbreak management process encompasses: the response time frame; senior clinical engagement in planning and delivery; decision to transfer residents into hospital; outbreak decision process; situation reporting process; community COVID-19 testing capacity; PPE availability. The plan also reflects the capacity that varies between standard business hours and after hours' operations.

A necessity is for the ARC outbreak management process to form a cohesive approach with the Hospital Preparedness Plan for COVID-19 and this aspect has been well recognised in planning.

6.1 Regional ARC response

The Waitematā DHB local plan is more advanced than regional planning which is also underway. A meeting of Metro Auckland DHBs and ARPHS (including representatives from DHB Funder, DHB provider arm and ARPHS) has been held and as a result two working groups are in the process of being set up, supported by Northern Region Alliance (NRA) who have taken on the regional emergency planning function. This group is scheduled to meet again on 28 August.

1. Notification process working group will met 13 August. The focus of this group is to determine a process (including timeframes) for notifying all key parties of a confirmed or probable COVID-19 case in ARC (resident, staff, visitor) to ensure a coordinated timely response.
2. COVID-19 Outbreak clinical and public health decision making for ARC working group will meet on 27 August. The focus is around developing a framework for decision making during an Outbreak including delineating key roles and responsibilities across parties.

Further work regarding staff contingency planning for an ARC facility during an Outbreak is required and is being discussed at a national level.

7. Conclusion

The DHB has put significant effort in to supporting ARC facilities in preparing for COVID-19 and through the preparedness assessments has a clear understanding of any limitations a facility may have in managing an outbreak in the future. The Independent Review of COVID-19 Clusters in ARC also notes the substantive work done by the ARC sector itself in preventing and managing COVID-19 outbreaks.

Notwithstanding the effort to put robust prevention processes in place and prepare for a COVID-19 outbreak, from the experience to date any future outbreak in an ARC facility is still likely to require substantial DHB resource to manage the situation. It is unlikely that many, if any, facilities could

manage an outbreak without DHB support. On this basis readiness by the DHB for a future COVID-19 outbreak in an ARC facility remains a priority at Alert level 1.

Based on learning's from the CHT St Margarets outbreak and insight gained from the ARC preparedness assessments, the DHB has formed both an ARC On-Call Response Team noting the significance of getting things right in the first 72 hours, and an ARC Outbreak Management Team that covers all facets of day to day management during an outbreak. The focus is to reduce the risk of further spread of COVID-19 and ensure resident wellness and the safety of all staff involved in an outbreak.

Waitematā District Health Board
Best Care for Everyone

COVID-19 – Aged Residential Care (ARC) Outbreak Management Process

Prepared By:	Brian Millen; General Manager Specialty Medicine and Health of Older People; COVID-19 IMT Lead Aged Residential Care
Input Provided By:	Dr John Scott, Senior Medical Officer Head of Division Speciality Medicine and Health of Older People Karla Powell, Programme Manager, HOP Planning Funding and Outcomes Helen Bowen, Gerontology Nurse Practitioner, Health of Older People Melody Rose Mitchell, Associate Director of Nursing Kate Sladden, Programme Manager HOP Planning Funding and Outcomes Sandie Gamon, Quality Improvement Advisor, Infection Prevention and Control Dr Willem Landman, CD Emergency Services; COVID-19 Clinical Lead Tamzin Brott, Director AHST and COVID-10 Executive Lead Jacky Bush, Quality and Risk Manager Michael Field, Group Manager, Occupational Health and Safety.
Approval required from:	Tamzin Brott COVID-19 Executive Lead Dr Willem Landman COVID-19 Clinical Lead
Document status	DRAFT
Glossary	ARC Aged Residential Care ARPHS Auckland Regional Public Health Service COVID-19 Disease caused by the novel coronavirus SARS-CoV-2 ELT Executive Leadership Team GP General Practitioner IMT Incident Management Team PHO Primary Health Organisation RACF Residential Aged Care Facility RN Registered Nurse
Version control	V 1.0 10 June 2020 V 1.1 11 June 2020 V 1.2 17 June 2020 V 1.3 25 June 2020 V 1.4 01 July 2020 V 1.5 30 July 2020 V 1.6 30 July 2020 V 1.7 04 August 2020 V 1.8 04 August 2020 V 1.9 10 August 2020

Contents

1. Background

Learnings from COVID-19 residential care outbreaks, and the Aged Residential Care (ARC) preparedness and outbreak management review, provide opportunities to improve our processes and response to the possibility of further community transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in New Zealand.

The Waitematā DHB district has 67 Residential Aged Care Facilities (RACF) providing care to approximately 4000 residents. Facility size ranges from 25 to over 100 residents per facility. The model of care in such facilities is that most care is provided by trained health care workers, with a low registered nurse to resident ratio and all medical practitioner support via contracted General Practitioner / Nurse Practitioner during standard business hours. Reports from ARC facilities in the United States, the United Kingdom and Hong Kong have provided useful insights into actions and process that either contributed to facilities being overwhelmed (with associated high mortality rates) or being able to withstand and recover from the impact of an outbreak. There has also been a Ministry of Health review of the outbreaks that have occurred in facilities in this country. These reports have provided useful learning and guidance and are incorporated into planning for this document.

The Incident Review Report into COVID-19 Staff Infections Waitakere Hospital April 2020[1] made the following recommendations for outbreak planning:

[1] Waitematā DHB. May 2020. Incident Review Report COVID-19 Staff Infections Waitakere Hospital April 2020 COVID-19 Incident Review Report

- Ensure a plan is in place to support ARC facilities during the COVID-19 pandemic (point 42).
- Develop a plan for managing a cohort(s) of COVID-19 patients transferred from ARC facilities to North Shore Hospital (NSH) (point 43).
- Review plans to receive and place patients with confirmed COVID-19 at North Shore and Waitakere Hospitals (point 45)

The Executive Leadership Team has requested a process and plan that encompasses the findings and recommendations from this report and supports the organisation to move from Incident Management Team (IMT) oversight into a business as usual delivery.

2. Objective

This plan details the actions that need to occur in response to an outbreak of COVID-19 Outbreak in an ARC facility. It reflects the capacity that varies between standard business hours and after-hours operations, the need for an immediate and decisive response and the actions required to protect the safety and wellbeing of staff and residents. This plan follows on from the ARC Preparedness Action Plans which outline the level of preparedness and remaining vulnerability in each facility.

An outbreak is defined as:

"any confirmed case of COVID-19 in a resident; or confirmed case in any staff member or visitor that has close contact with residents or staff of the facility. If one or more cases of the COVID-19 virus (SARS-CoV-2) is confirmed within an ARC facility this meets the criteria for a COVID-19 outbreak. [2]"

This plan outlines the responsibilities of two DHB teams, an 'On-call Response Team' that consists of existing on-call roles who can provide a focused immediate response in the first 1-72 hours and an 'Outbreak Management Team' who will provide support and management to the ARC facility throughout the outbreak. Both teams will need to work in close partnership with the Auckland Regional Public Health Service (ARPHS) and the facility.

The plan covers the following ARC Outbreak process:

1. Response time frames
2. Function and responsibilities of the On-call Response Team
3. Decision process to transfer residents into hospital
4. The activation of the Outbreak Management Team
5. Function and responsibilities of the Outbreak Management Team
6. Personal Protective Equipment availability and mask fit testing
7. Staff redeployment
8. Resident wellness
9. Staff well being
10. COVID-19 testing
11. Areas benefiting from regional alignment

[2] NRHCC Guidance for Control of COVID-19 Outbreaks for Aged Residential Care. Interim Guidance 13 April 2020; page 3

3. Principles, assumptions, constraints

- All ARC facilities are aware of this plan and agree to engage with the DHB in the event of a COVID-19 outbreak within the facility.
- ARC facilities have participated in COVID-19 Preparedness Assessments as a baseline assessment in understanding individual facility support needs in the event of an outbreak (ARC Preparedness Assessment & Action Plans)
- ARC facilities maintain ongoing preparedness as per Waitematā DHB ARC Incident Management Team Recommended COVID-19 Preparedness Action Plans
- Actions recommended are within scope and capacity of ARC facilities to achieve and DHB to support where required.
- Northern Region Health Coordination Centre (NRHCC) will ensure ARC facilities and DHB have up-to-date information and access to required resources to achieve optimal preparedness status.
- All relevant unions are involved and in agreement with processes.
- DHB maintains capacity to provide rapidly available designated COVID-19 clinical care areas (and associated staff capacity) within its acute hospitals.

4. Outcome

A. COVID-19 ARC On-call Response Team and ARC Outbreak Management Team process map (Appendix 13.1 and 13.2)
B. Outbreak process aligns with Ministry of Health and Northern Region plans
C. Formation of DHB ARC On-call Response Team and ARC Outbreak Management Team
D. Terms of reference for On-call and Outbreak Management teams
E. Define On-call response Team and Outbreak Management team roles, actions and resource requirements for engagement with ARC Facility and escalation within DHB.
F. Document templates.
G. Process to record and track actions, progress and outcomes.

5. Governance

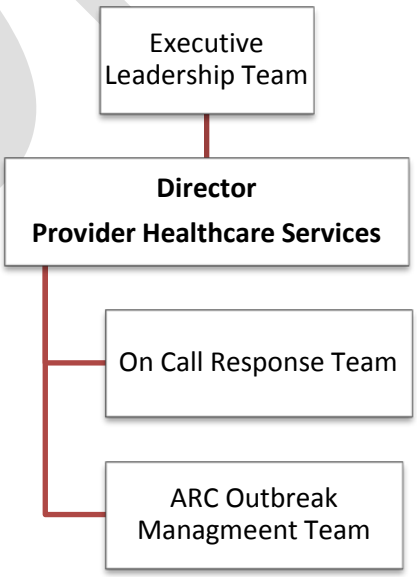


Figure: Project Governance

The ARC COVID-19 Outbreak Management Team will maintain oversight of processes, outcomes and reporting during a COVID-19 outbreak in an ARC facility.

6. Scope

In Scope	Out of Scope
• All ARC facilities in the Waitematā DHB catchment area providing one or more of the contracted levels of care (rest home, private hospital, dementia unit, psycho geriatric care).	• Retirement/ lifestyle villages, other than aged care facilities situated within those villages. • Mental Health and Disability Residential care facilities.

Note: whilst not in scope, this plan may have transferrable processes to Mental Health and Disability Residential care facilities.

7. National Response Plan

The Independent Review of COVID-19 Clusters in Aged Residential Care (ARC) Facilities Report contained 19 recommendations that have subsequently been divided into seven workstreams:

- The development of a 'National Outbreak Management Policy' (November 2020)
- The development of a 'Pandemic Management Workbook' for ARC (December 2020)
- Process for PPE supply, stock management and guidance on its use (January 2021)
- Acknowledgement by the Ministry of the work already done in the ARC sector to prevent and manage COVID-19 (August 2020)
- ARC providers to have access to information on relevant quality improvement initiatives and learnings (January 2021)
- Alignment of expectations from ARC in relation to IPC and pandemic planning (June 2021)
- Strengthened IPC Standard within the new Health and Disability Service Standards (April 2021)

While work on these progresses, DHBs are advised to continue development of their local response and management plans.

8. Waitematā DHBs Response and Management Plan

8.1 Waitematā ARC Outbreak and Response Team Scope and Membership

On-call Response Team:	**Outbreak Management Team:** (as required)
• Executive On Call (O/C) • COVID-19 Executive Lead (Tamzin Brott) • COVID-19 Transition Team Lead (David Resoli) • Infectious Diseases (ID) Consultant O/C • DHB Geriatrician O/C • Health Older People (HOP) Programme Manager Director of Provider Healthcare Services (DOPHS)	• Executive O/C (briefing only) • Director of Provider Healthcare Services (DOPHS) • COVID-19 Clinical Lead (Willem Landman) • Infectious Diseases Consultant (as allocated) • Infection Prevention Control Nurse (as allocated) • Senior Nursing Representative (Associate Director or Director of Nursing) • General Manager Speciality Medicine and Health

	of Older People (SMHOP) • Health of Older People (HOP) Senior Medical Officer (SMO) • Health of Older People (HOP) Programme Manager • Occupational Health Nurse Lead • Gerontology Nursing Team Leader (with ability to co-opt facility Gerontology Nurse Specialist (GNS) as required). • Communications Service Team Representative • Staff and Resident Welfare representative • Allocated Auckland Regional Public Health Service representative • ARC facility Manager / Clinical Manager / Area Manager / CEO • Facility GP / Nurse Practitioner (NP)

8.2 Functions of the On-call Response Team

The On-call Response Team consists of existing on-call roles that operate 24 hours per day throughout the year. Their collective clinical and operational knowledge allows them to provide a strong and focused immediate response in the first 1-72 hours following notification of an outbreak in a facility. Their primary focus in this critical period is to ensure processes are put in place with urgency to reduce risk of further spread COVID-19 in facility staff and residents. See Terms of Reference for COVID-19 On-call Response Team for further detail.

To reduce risk of exposure to the virus to other residents the On-call Response Team will immediately commence planning to transfer any resident(s) with positive results and those determined as probable cases to North Shore Hospital (as per the Waitematā DHB COVID-19 Readiness Plan). Note, that in most situations, the initial confirmed positive cases are likely to be staff which reduces the likelihood of needing to urgently transfer residents in this initial phase.

If any residents have been confirmed as COVID-19 positive, urgent discussion will occur with the facility, Auckland Regional Public Health Service (ARPHS) and the On-call ID SMO regarding the risk of the resident(s) remaining in the facility, and whether this risk can be managed. The ARPHS Medical Officer of Health has decision making authority in this regard.

It is also essential that the On-call Response Team provide the ARC facility with the necessary support to provide safe care for the remaining residents and uphold staff safety.

Action	Critical information requirement
A. Convene first meeting within two hours of notification and establish meeting/huddle frequency, to continue until the ARC Outbreak Management Team is established. **B.** Connect with ARC facility, establish facility key contact, positive/probable case details and outline provisional plan for resident(s) testing positive to transfer to DHB facility and facility's actions to support resident and whānau through process. **C.** Initiate preparation process for designated ward to receive residents(s) with positive swab results (as per the Waitematā DHB COVID Readiness Plan). **D.** Review strengths and vulnerabilities of the specific ARC facility to continue to provide safe care during outbreak. **E.** Determine whether there is a need to commence surveillance swabbing of all residents and staff. **F.** Determine potential for number of residents who need to be transferred to hospital. **G.** Stand up ARC Outbreak Management Team and handover daily management of outbreak when team fully operational. **H.** Support the ARC Outbreak Management Team process outside the team's standard operating hours.	To meet Actions **B – H** the following information is essential: • Immediate review of ARC Facility COVID-19 Preparedness Action plan. (ARC Preparedness Assessments & Action Plans) • HOP Manager needs to establish early contact with ARC Facility Manager and complete an assessment of: - PPE - Equipment – environmental and clinical - Staffing - Environment - Cleaning - Laundry - Food • The team needs to determine the facility's capacity to isolate and monitor residents, develop resident / staff cohorts and increase staffing as needed to ensure isolation and clinical monitoring. Establishing this is a priority as the information will determine actions needed to reduce risk of further spread, resident wellness and the need to transfer residents. • The team (ARPHS lead) needs to commence contract tracing to identify staff and residents at risk of exposure to COVID-19. • A lower level of DHB support may be considered in cases where contact tracing suggests limited exposure and the facility can meet all of the following criteria: - All single rooms with full ensuite bathroom - Capacity to manage all residents in isolation rooms with no risk of mixing - Facility has capacity to meet surge in staffing demands - Staff meet all PPE and IPC controls and have access to adequate supplies of same
Actions/considerations outstanding to support On-call Response Team: • templates for daily meeting structure – require development • template for meeting outcome, actions/decision log and progress updates – require development	

8.3 Functions of the Outbreak Management Team

The primary purpose of this team is to provide support and management to the ARC facility throughout the outbreak using Waitematā DHB agreed processes to reduce the risk of further spread and increase opportunities to maintain resident wellness during this period.

Item	What needs to be done	Who/Lead
Team activation	• Contact team members • Send ARC Facility Preparedness Plan to team members ahead of first meeting; request each team member review risks and likely support • Establish link with ARC facility manager • Establish link with ARPHS lead and expected testing updates Set up first meeting • Confirm administration support • Confirm location of daily huddle/meeting • Create a daily zoom meeting series (note that meetings may be needed more frequently than daily in the case of a complex outbreak) • Generate Situation Report (SitRep) details for daily reporting • Generate decision logs	Exec On-call Director of Provider Healthcare Services (DOPHS)
Isolation	• Consider information handed over from ARC On-call response team; determine if further assessment is required to support isolation process. • Determine if assessment can be done remotely or onsite. • Confirm current isolation capabilities • Identify support needed to create further isolation capacity e.g. equipment, policy, staff, signage, hygiene and waste management	HOP Manager ARC Facility Manager IPC Lead GNS Lead
Staffing	• Establish link with ARC facility lead Manager and lead RN and ARPHS • Identify any need to stand down facility staff • Confirm that symptom checking and temperature checks are occurring (and documented) for everyone entering the facility • Discuss daily information needs to help determine support requirements and support planning for potential surge in staff demands: cover all staffing groups e.g. RN, HCA, cleaners, medical, and kitchen. • Confirm daily staff levels per shift, for all staff groups for current day, 48 hours ahead and expected issues for week ahead. • Identify any staff education needs to meet onsite requirements during the outbreak • Identify and agree on facility plans to cover staff absence – bureau, agency, other facilities. • Confirm agreement and process to restrict staff movement between teams/pods and other facilities during the outbreak • Identify and agree the threshold decision point and provisional plans for needing to deploy any staff from the DHB	HOP Manager ARC Facility Manager ADON/DON ARPHS Lead
Non-clinical support services	• Determine extra non-clinical support needs and supply chain process to maintain safe service. • Identify any requirements around cleaning equipment, chemicals and storage capacity for increased stock • Confirm correct waste disposal process, frequency of collection and storage of increased waste volume • Confirm correct laundry equipment, chemicals and capacity to manage resident laundry (whānau will not be able take items home) • Ensure food service and appropriate food handling process are in	Barbara Schwalger

	place to reduce risk of contamination, • Confirm staff capacity to deliver increased cleaning, waste and laundry opportunities and reduction in whānau presence to support meal times	
Staff Welfare/ Wellbeing	• Determine staff welfare needs • Identify risk to staff and how these can be mitigated/managed including staff vulnerabilities • Identify risk of staff fatigue and implement measures to address • Ensure effective hazard identification and control measures are in place • Consider periodic surveillance testing for staff working in areas where there is a risk of exposure to COVID-19	Occ Health Nurse Lead David Price ADON/DON
IPC and PPE	• Confirm staff confidence and skill with use of PPE, and ongoing training and support requirements • Ensure staff have undergone mask fit testing and that the mask they have been cleared for is available for them to use. • Determine the need to undertake an IPC onsite assessment within 24-48 hours to ensure support with correct ICP control measures in place and correct use of PPE • Recommend implementation of a buddy/check system for PPE • Include a Medical Officer of Health on site or working closely with the response team • Confirm Personal Protective Equipment (supply chain process) - Availability - Restock capacity - Signage / posters available for isolation	IPC Lead ID Lead HOP Manager Occ health Nurse Lead
Swabbing	• Determine staff capacity to undertake nasopharyngeal swabbing of residents. • Confirm facility has supplies of nasopharyngeal swabs • Establish single testing register of who has been swabbed, and process identified to follow-up / swab contacts, and criteria and timing for follow up swabs • Confirm ARPHS notification • Where a resident requires a swab outside of standard business hours, and it is deemed that it cannot wait until the next business day, contact the Northern Region Health COVID-19 Control Operational lead to request a mobile team collection (if still operating). • If the mobile teams are not available, determine the need to use a hospital team.	ARC Facility Manager Facility GP / NP GNS Lead ID Lead

8.4 Occupational Health Process

The Occupational Health and Safety Service play a vital role in ensuring compliance with the Health and Safety at Work Act 2015 (HSWA) and manage the safety and wellbeing of Waitematā District Health Board (Waitematā DHB) staff entering and working in Aged Residential Care (ARC) Facilities. The scope of work undertaken by Occupational Health includes hazard identification and management, training, security, fatigue management, physical and emotional wellbeing support and auditing compliance with working between sites (final guidance for this is currently being developed regionally).

This work is covered in multiple existing documents, including, but not limited to:

- Health and Safety at Work Act 2015
- Health, Safety and Wellbeing Policy
- Hazard Identification and Risk Management Policy
- Staff safety (personal security) in the Community Policy
- COVID-19 Wards 10 and 11b Preparedness Plan
- Health care workers working between several community sites (NRPCC Planning & Intelligence Paper, April 2020)

Actions prior to seconding W Waitematā DHB staff to an ARC facility	Steps required to complete
Selection	• Selected staff for secondment to ARCs (as identified in Section 8.3 of this document) will be notified to the Occupational Health and Safety Service • The staff's Pre-Employment Screening (PES) documentation will be reviewed by the Occupational Health Physicians to ensure no physical/psycho-social contraindications prior to deployment • Pre-deployment wellbeing checks with manager including offer to available support networks. This discussion must include shift rosters/fatigue management • Consideration of pre deployment COVID-19 swabbing (regardless of symptoms)
Training	• Mask fit testing completed and staff aware of which mask they have passed with • Mandatory online training completed • Infection, Prevention, Control (IPC) Training completed- with particular emphasis on donning/doffing • Hazard Risk Assessment and reporting training • Nasopharyngeal swabbing training, including ARPHS notification process • Contact Tracing process induction/overview given • Ensure all staff are aware to stay home if unwell and to follow the current "I'm Sick, What Should I Do?" guidelines
Environment	• Local induction to the new area reviewed/started • ARC site check/ floor plans reviewed. Health and Safety advisor to visit site with IPC representative to scope ward setup, donning/doffing sites, review on site safety plans, identify any potential risks/hazards to staff, etc.

Actions during secondment	Steps required to complete
1st day of secondment	• Day one to have no patient contact but to be orientated to the area, complete local area induction training • Ensure correct PPE (based on mask fit testing results) are available for staff • Liaise with Waitematā DHB manager about any concerns/ identified risks/hazards or welfare concerns
Daily	• Workers must report to their hiring manager if they are unwell prior to being expected at work and follow the current guidelines • Staff to have a start of shift temperature check and/or "huddle" for wellness checks and to review PPE donning/doffing guidance from IPC • Ensure buddy system in place for safe donning/doffing of Personal Protective Equipment (PPE), disposal of soiled equipment/clothing/bagging
Weekly checks	ARC and Waitematā DHB Managers to link with staff to ensure: • Staff understand and follow the guidance around sickness and reporting of symptoms (as above) • Provide opportunity for welfare check/ to provide psychological support for staff • Discuss any review potential risks/hazards identified by staff on site

On-going Actions	Steps required to complete
Biological Monitoring	• Periodic COVID-19 nasopharyngeal swabbing/serology for staff – frequency to be advised on by the COVID Steering Group
Psychosocial Monitoring	• Managers to keep a dialogue with staff on a weekly basis, but to be available on an as needed basis for staff that identify any stress or concerns
Auditing	• IPC have identified the need to provide an on-site assessment/audit of PPE (see Section 7.3 of this document) • On-going hazard/risk identification/reporting and management by the Occupational Health and Safety Service

8.5 Contact Tracing Staff

COVID-19 - Contact Tracing of Staff (OH &SS)

Within the pre-secondment training, the selected Waitematā DHB staff will be orientated to the expectations of them in the event that they are tested as positive for COVID-19 and the processes involved with contact tracing i.e. stand down periods, special pay, return to work pathway, etc.

This allows them to be fully informed of the process to allow for feedback and support from the Occupational Health and Safety Nurses who will be running our Contact Tracing, should it occur.

Waitematā DHB and Auckland Regional Public Health Service (ARPHS) work closely during contact tracing to ensure support and clarity around the management of confirmed/probable cases and close contacts of COVID-19. The National Contact Tracing System (NCTS) has been developed to allow this information sharing for daily decision making to occur in a safe and efficient manner.

8.6 Areas Benefiting from Regional Alignment

Note: at a meeting with the Auckland DHBs and ARPHS 29/07/2020:

Broad support for:

- *having an ARPHS person based at North Shore Hospital during the Waitakere Hospital outbreak was beneficial. In principle agreement from ARPHS to have ARPHS reps (likely PHN/PH Medic) based on site as part of outbreak response. This was in contrast to the remote management provided during the outbreak at St Margarets.*
- *Potential for some reciprocation, which could include having someone regional based at ARPHS, and having observers from the other two DHBs.*

With regard to notifications:

- *Acknowledgement that the first 24 hours can be crucial. ARPHS process is that an e-notification of a positive test will be received directly from the lab. If the notification comes in at 10pm, scoping will not commence until the following morning.*
- *Some changes with the e-notifications. Primary care and CBACs should still be doing e-notifications however when conducting a COVID-19 test (even though not required to notify to Medical Officer of Health unless clinical and higher index of suspicion criteria met).*
- *Agreement for a smaller working group to form to address the notification process, including e-notifications (with representative from ARPHS, DHB programme manager).*

Regarding the need to transfer COVID-19 positive residents into hospital:

- *Acknowledgement that this is challenging. Need to recognise that primarily outbreaks in ARC facilities are outbreaks among staff, with a need to be thinking ahead of an accelerating infection.*
- *Public health can have input into decisions around transfer to hospital, but ultimately this is a clinical decision*
- *Discussed that there would be benefits in having a clear process or pathway to make these decisions. It was noted that there can be inherent challenges with decision trees as there can be significant differences between facilities. However, there was agreement that it would be beneficial to develop a consistent approach that could be applied in different situations, while avoiding adding additional complexity to existing plans and structures.*
- *Agreed to establish a working group (clinical) to develop a strategy focussed on first 24/48 hours, which would include decision making around resident placement and approaches to staff stand-downs, etc.*

It was noted that there is risk of duplication and loss of efficiency where there is not regional alignment. For ARPHS, as a metro Auckland organisation, there needs to be some consistency of process across the DHBs, recognising that there will necessarily be operational differences at a local level.

Going forward there will be an opportunity to gain insight into the Victorian experience, and for the Northern region's work to be fed through to the national approach.

The issue of staffing was noted on several occasions as critical. The need to gather information and escalate this as an issue was noted.

8.7 Facility Contact Tracing process

All contact tracing related to the facility staff and their whānau / families is managed directly between the facility and ARPHS. Updates should be provided at the daily zoom meetings and recorded in the sit reports. As contact tracing can identify staff who need to be stood down at any time, it is essential there is a clear process to report newly stood down staff to OMT to ensure facility and DHB can allow for changes to staffing plans, and new requirements for staffing support.

8.8 Closure of Outbreak

What needs to be done	Action	Who
Establish repatriation process and timeline	• Determine: • Transport requirements • Frequency and safe transfer timing • GP/NP engagement for resident arrival • Medicine reconciliation with designated GP and allocated pharmacy • Set up process for supporting resident and whānau through repatriation process and integration back to ARC facility	• HOD • Willem Landman Brian Millen • Powell/Kate Sladden
Confirm completion of final documents and file storage	• Confirm document storage location • Check for outstanding item completion • Write close out report	• Brian Millen • Karla Powell/Kate Sladden • Dr Willem Landman

9. Risks and issues

Risk	Impact	Pre Mitigation			Mitigations	Post Mitigation		
		Consequence	Likelihood	Score		Consequence	Likelihood	Score
Lack of current (ARC facility) preparedness or business continuity plan	Low visibility of facilities ability to effectively manage an outbreak of COVID-19	4	5	20	Regular review and continuous involvement of HOP programme manager and facility GNS to build a longstanding partnership with facility staff and management.	4	2	8
ARC facility resistance to DHB support/ involvement	Low visibility of risks with in facility (staffing, potential admissions), delayed information as to status of outbreak	4	4	16	Ongoing involvement of HOP programme manager and facility GNS to ensure longstanding relationship with facility.	4	2	8

Unable to access timely and appropriate GP care	Limited support for swabbing and wellness checks	4	4	16	Establish early link to support a strong primary care / GP response, ensure GP knows how to access further clinical advice and support	4	2	8
Potential DHB staff exposure to COVID-19 if facility requires on-site response	Personal stress and requirement to monitor and/or stand down staff Staff member may contract COVID-19	5	4	20	Pre-identification of DHB staff who are willing to provide on-site support and ensure these staff have been fit-tested, appropriately trained and have ready access to required equipment Review welfare options for accommodation for staff who are unable to return to their homes due to exposure or infection	5	2	10
Inability to identify COVID positive residents due to staff not trained to swab, lack of mobile testing units, availability of swabbing kits or residents declining tests	Potential to spread COVID-19 Residents do not receive appropriate care	5	4	20	Where a resident requires a swab outside of standard business hours, and it is deemed that it cannot wait until the next business day, contact the Northern Region Health COVID-19 Control Operational lead to request a mobile team collection (if still operating). Work with GNS and facilities to train staff in swabbing technique and process If the mobile teams are not available, determine the need to use a hospital team.	5	2	10
Facility environment not suited to isolation of COVID possible and positive residents; dementia residents may not comply with isolation requirements	Spread of COVID 19 within facility	5	4	20	The On-call Response Team will immediately commence planning to transfer any resident(s) with positive results and probable cases to North Shore Hospital Surveillance swabbing of staff and residents to identify any new cases OMT will continually review optimum strategy to minimise transmission risk given environmental and resident characteristics	5	2	10
Inability to maintain infection control processes in facility due to lack of PPE, IPC knowledge, training and support	Potential to spread COVID-19 Staff anxiety, low morale, absenteeism, negative media coverage	5	5	25	Immediate review of ARC Facility COVID-19 Preparedness Action plan at start of outbreak Immediate assessment of: PPE, IPC practices, equipment, staffing, environment, cleaning, laundry and food Check that staff have undergone mask fit testing and	5	2	10

					appropriately trained in PPE and that the mask they have been cleared for is available for them to use Implementation of a buddy/check system for PPE DHB to provide support (PPE +/- training) to whatever level required by the facility			
Potential for staff to be stood down at one facility but continue working at another facility, or casual staff working across multiple sites may continue to do so	Contamination of second facility, spread of outbreak	5	4	20	Facilities to identify all sites where staff work and minimise use of casual staff Facilities to document prior work history of casual staff Identify staff who have the ability to work at one preferred facility Work with ARC facilities to identify and implement strategies to support staff at risk of needing welfare support	5	2	10
Staff attending work when unwell with respiratory symptoms	Minimum: Complicate outbreak response via spread of other respiratory infections even if not COVID (staff need to be stood down until test results negative) Worst case: Spread of COVID-19	5	4	20	Symptom checking and temperature checks occurring (and documented) for everyone entering the facility Escalation to occupational health of unwell staff for screening; staff stood down as soon as they become unwell Work with staff to identify risks in the home environment.	5	2	10
ARC facility unable to staff the facility to the required levels to meet residents' increased care /monitoring needs	Staff working long hours or reliance on bureau / agency Inadequate care	4	4	16	ARC facility is reliant on bureau, agency or other facility to provide staff. Regional DHBs might have some staff. All positive residents transferred to hospital OMT to provide support to identify extra staff If all options exhausted residents may need transfer to hospital.	4	4	

Substitute staff who are not familiar with residents may not recognise deterioration from usual status	Undetected deterioration in mental or physical condition	4	4	16	Understand and document resident premorbid level of function Ensure care plans are in place Zoom/teleconference to connect with facility staff on stand down who are not unwell, to support continuity of care conversations	4	2	8
DHB unable to redeploy staffing to facility/ unable to source external staff (bureau, other DHBs)	Facility cannot be staffed at safe levels Not all resident cares provided and patient may need to be relocated to another facility/DHB	5	4	20	Pre-identification of staff willing to work in a facility should an outbreak occur Contingency plan for support from other DHBs and agencies to support facility if Waitematā lacks capacity Prioritise resident cares and consider transferring residents from ARC facility to hospital	5	3	15
Waitematā DHB hospitals are at capacity and unable to admit residents from the ARC facility	Potential spread of COVID-19 within facility if positive cases cannot be removed Stress to staff, residents, and their families Other poor clinical outcomes due to compromised care in facility	5	4	20	Waitematā DHBs 'C0VID-19 Readiness Plan' contains an escalation pathway if multiple admissions are required. ESC Cullen ward identified as the preferred ward where there are more than 4-6 confirmed cases.	5	2	10
Lack of clear co-ordinated communications and decision making between ARPHS, Waitematā DHB, ARC staff and management, residents, whanau and unions	Failure to manage stand down of ARC staff Staff not willing work in ARC facilities Unintended errors in processes and practices	4	5	20	Prior socialisation and agreement on Waitematā DHBs 'COVID-19 ARC Outbreak Management' plan. ARPHS Medical Officer placed on site and working as part of the management team Clear communications plan	4	2	8
An outbreak will result in significant cost to the facility in terms of additional staffing, equipment and PPE, and smaller facilities may	Facilities may not have ability to meet extra costs. Potential for facility to go into liquidation or receivership; if so the DHB will be required to	4	3	12	DHB to support the facility until the outbreak is officially closed ameliorating any financial impact. If a facility does cease operation post an outbreak the DHB will follow the ARC Closure Guidelines that are well tested and cover all components of	4	3	12

not be able to absorb cost.	find alternative accommodation at short notice which could be very challenging if a facility has had an outbreak and residents are not "clear".				transferring residents to new facilities.			

10. Communications in the event of an Outbreak

Who needs to be communicated with	Information to be communicated	When should information be delivered	Communication channel	Responsible
ARC Facilities ARPHS	• On call team • Hand over to Outbreak team process • Primary contact person for on-call and Outbreak team • Huddle/meeting times • Information required for Huddles	• At initiation of process • Prior to handover • At initiation of process • At initiation of process • At initiation of process	• Phone, email and via zoom at daily Huddle	Exec on call
ELT	• Risks, issues, help required, progress update	• As matters arise	• Meeting, report	COVID-19 Executive Lead
Communications (Northern Region and Waitematā DHB)	• Initial overview of situation • Regular development updates • Any need for internal and external communications • Liaison with other communications stakeholders (e.g. Applause Communications – St Margaret's)	• At initiation of process • Within 48 hours of notification and then daily updates • ASAP, as required	• Phone, text, email, daily IMT meetings.	COVID-19 Executive Lead Clinical Lead Brian Millen ADON/DON Executive on-call
External (media and general public)	• As required	• ASAP, as required	• Media release, social media, website	Comms lead
On-Call Response Team	• As soon as 1st positive case or probable case known	• ASAP	• Phone	Executive on-call
Outbreak Management Team	• Readiness to stand process up • Date proposed to take	• Within 24 hours of case identification • At notification	• Hand over meeting: face to face or via	On-call team (exec on call)

	over from on-call team • Full hand over of actions, outcomes, risks, issues, concerns	• At point of handover	zoom, progress report	
DHB operational staff	• Ward preparedness for receiving residents • Staff redeployment process activation • Initiation of Repatriation process	• Within 2 hours of notification of outbreak • When first threshold for standing up redeployment process reached • 72 hours prior expected outbreak end date	• Meetings, email, phone, briefing	COVID-19 Executive lead/ COVID-19 Clinical Lead Brian Millen ADON/DON
DHB staff	• Outbreak confirmed • Outbreak management process • Overview and Ongoing developments • General operational and clinical information/ guidance/ education (e.g. PPE, Welfare, Health and Safety, case definitions, regional and national comms, local processes and practices etc)	• Within 4 hours of notification of outbreak • Within 4 hours of first notification to all staff • ASAP, as required	• Cascaded down via managers with oversight from Comms • Via Comms team – via multiple platforms as outlined in the **COVID-19 Communications Plan** (e.g. email, intranet, CEO updates, social media, site champions etc.) • Daily stand-ups	Comms' lead with Northern Region lead COVID-19 Executive COVID-19 Clinical Lead Multiple tiers of management (ELT, SMT, HODs, GMS, line managers etc.)
St John Ambulance Service	• Confirmation of outbreak at facility • Notification of need to establish transfer • Staff precautions	• Within 2 hours of notification of outbreak	• Phone	On-call response team; Exec On-call

11. Key Contacts

Name	Role	Contact details
Brian Millen	COVID-19 ARC Lead General Manager Specialty Medicine and Health of Older People	Brian.Millen@waitematadhb.govt.nz Mob: [redacted]
Dr John Scott	COVID-19 ARC Clinical Lead Head of Division: Specialty Medicine and Health of Older People	John.Scott@waitematadhb.govt.nz Mob: [redacted]
Karla Powell	Programme Manager, Health of Older	Karla.Powell@waitematadhb.govt.nz

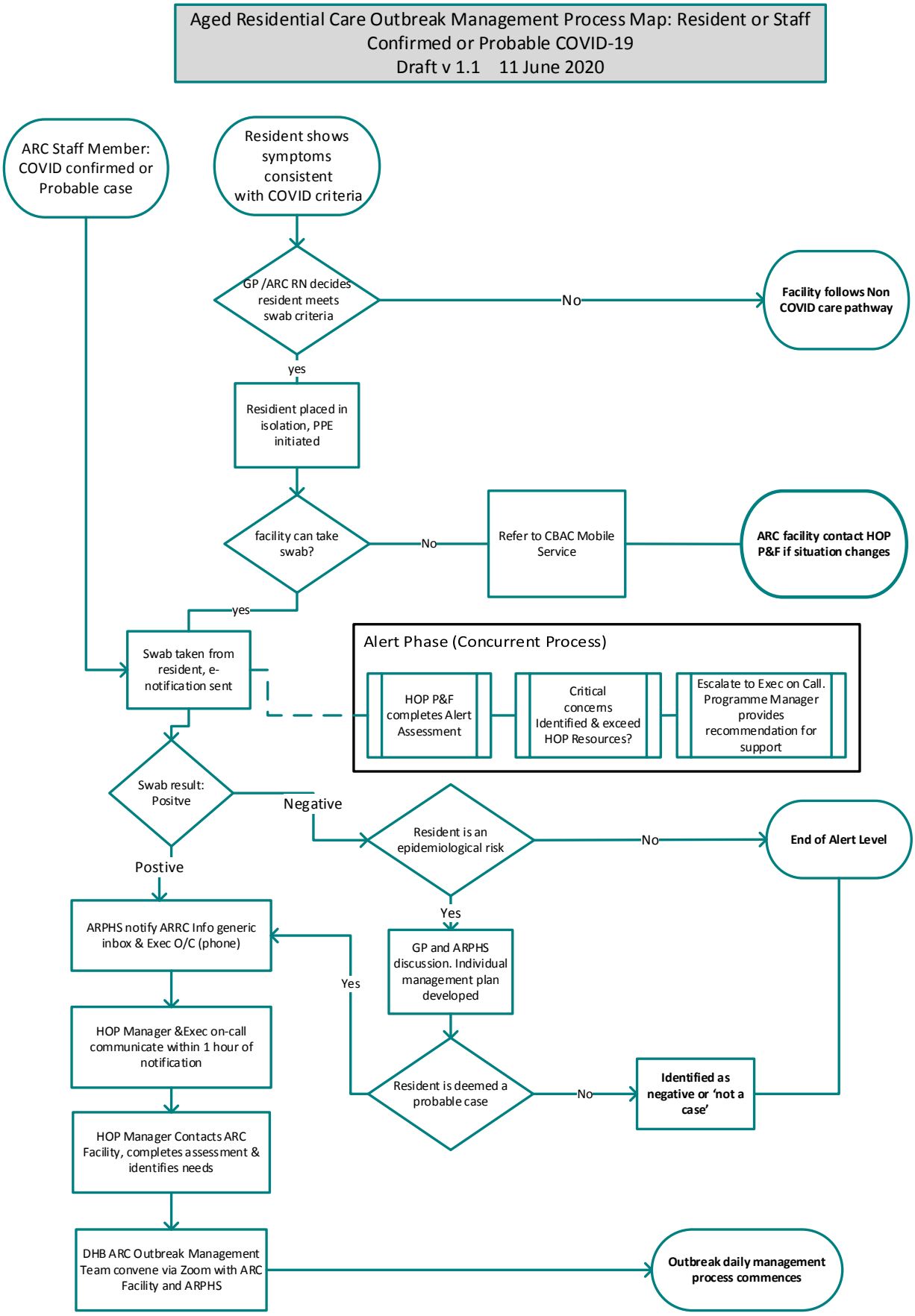
	People Planning Funding and Outcomes	Mob: [redacted]
Kate Sladden	Funding and Development Manager, Health of Older People Planning Funding and Outcomes	Preferred email contact: KateS@adhb.govt.nz [redacted] (preferred email address0
Helen Bowen	Gerontology Nurse Practitioner Health of Older People	Helen.Bowen@waitematadhb.govt.nz Mob: [redacted]
Melody Rose Mitchell	Associate Director of Nursing	Melody-Rose.Mitchell@waitematadhb.govt.nz [redacted]
Katrina Holland	Clinical Nurse Director Waitematā Central	Katrina.Holland@waitematadhb.govt.nz [redacted]
Barbara Schwalger	Operation Manager; Clinical Support	Barbara.Schwalger@waitematadhb.govt.nz Mob: [redacted]
Matthew Gray	Associate Director Communications	Matthew.Gray@waitematadhb.govt.nz [redacted]
David Price	Director of Patient Experience	David.Price@waitematadhb.govt.nz Mob: [redacted]

12. Related Documents and Links

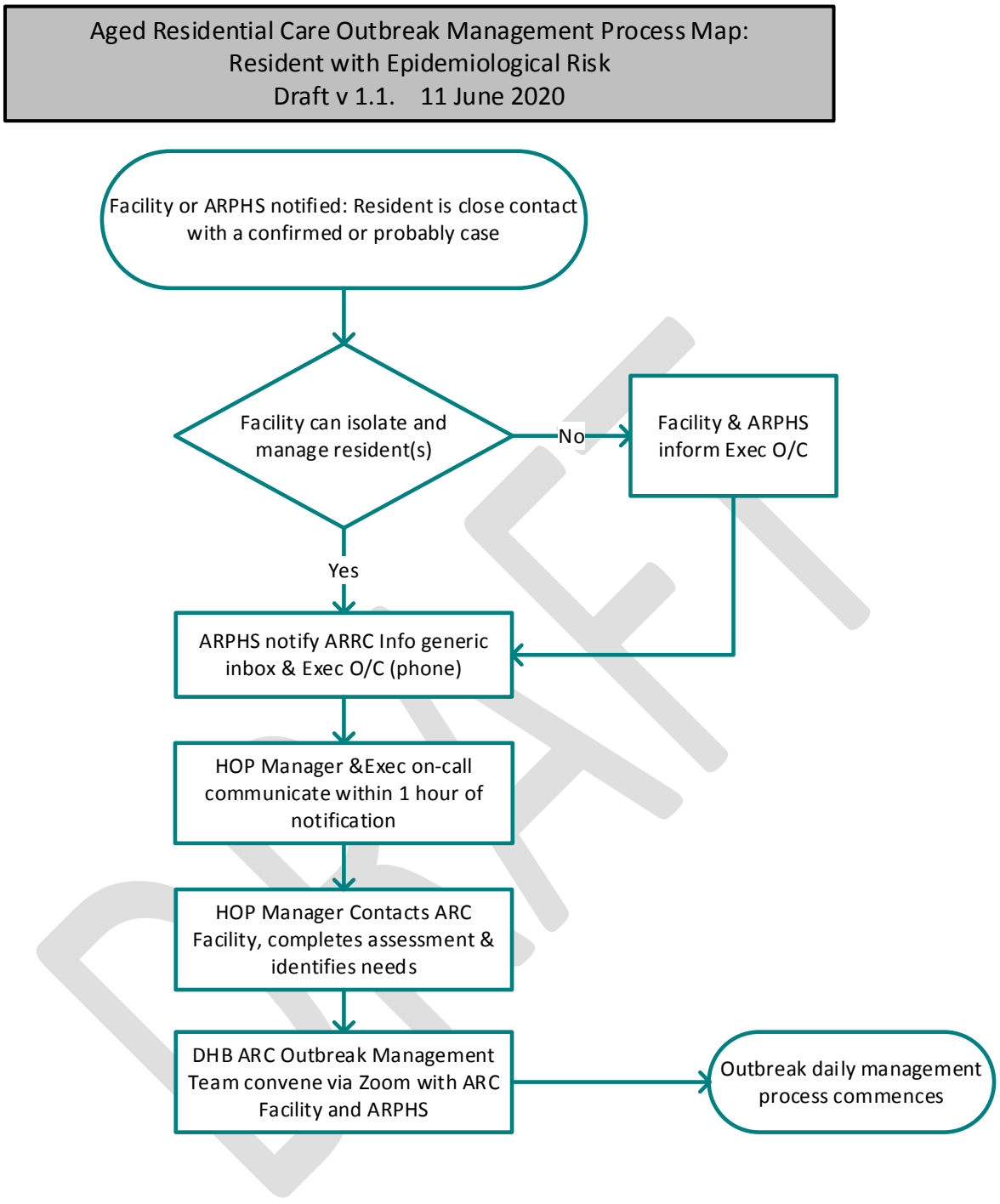
- Health Care Pathways: https://aucklandregion.healthpathways.org.nz/index.htm?738661.htm
- Independent Review of COVID-19 Cluster in Aged Residential Care Facilities https://www.health.govt.nz/system/files/documents/publications/independent-review-covid-19-clusters-aged-residential-care-facilities-may20.pdf

13. Appendices

13.1 Resident or Staff confirmed or probable case



13.2 Resident meets epidemiological risk criteria



Appendix 2

(Information redacted - outside the scope of your request)

Appendix 3

Independent Review of COVID-19 clusters in Aged Residential Care Facilities

Highly Recommended

1. Acknowledgement by the Ministry of the substantive work done by the ARC sector to prevent and manage the COVID-19 cluster outbreaks.
2. ARC, DHB, and PHU to develop a national outbreak management policy with leadership roles, reporting processes and communication channels, and including policy on, IPC strategies, case recognition, staff and resident management and support, supply and use of PPE, testing, screening, isolation, lockdown, and resident transfers and admissions.
3. The development of protocols for the rapid formation of a regional ARC IMT, which includes representation and decision-making capability from both the ARC sector, PHU, DHB and relevant specialist units, and the training and practise scenarios that are undertaken to sustain this capacity on agreed occasions.
4. Identify and provide psychosocial support for staff wellbeing during a stand down and in the period after, taking into account the unique circumstances of the individual including accommodation, whānau/family, and community.
5. Identify and provide psychosocial support for residents' wellbeing during and after outbreaks including alternatives to visitation during lockdown, taking into account the unique circumstances and identity of the resident.
6. Review IPC standards and develop a national IPC strategy as it relates to the ARC sector. This should then be applied regionally and locally. This should be done with a working group consisting of representatives from the ARC sector, DHBs, and the Ministry.
7. That protocols clarify case recognition to identify infections early and the place of surveillance during a pandemic in high risk environments.
8. A pandemic management workbook relevant to the ARC sector is developed through collaboration between the ARC sector, PHUs, DHBs, IPC, and the Ministry.
9. Further consideration be given to the reputational consequences for ARC facilities and stigmatisation of ARC staff, for example reconsider method for naming outbreaks.
10. Reporting requirement to PHUs, DHBs, and others need simplification and streamlining including appropriate software, spreadsheets, and documentation to improve this.

Attachment 2

From:	Peta Molloy (WDHB)
To:	"Judy McGregor - AUT"; Allison Roe; Arena Williams; Chris Carter; Edward Benson-Cooper; John Bottomley (WDHB); Board Chair (WDHB); Judy McGregor - AUT; Kylie Clegg; Max Abbott; Renata Watene; Sandra Coney; Warren Flaunty
Cc:	Dale Bramley (WDHB); Matthew Rogers (WDHB)
Subject:	Board notification - Te Atatu rest home
Date:	Wednesday, 15 April 2020 10:08:28
Attachments:	CHT St Margarets COVID-19 cluster statement 140420.docx

Dear Board members

A rest home within our district, CHT St Margarets in Te Atatu, is one of the latest COVID-19 clusters to be identified.

The Director-General of Health is expected to name St Margarets in his media stand-up today, consistent with the approach taken with identifying other COVID clusters around the country.

There are currently 15 cases connected to St Margarets, including residents and staff.

Waitemata DHB is working closely with the facility, including intensive observation and temperature-checking of residents to ensure any cases are quickly identified.

Our clinical staff are working inside the facility and anyone who is symptomatic or has a temperature is being swabbed as a precaution.

The facility began communicating with families about the imminent announcement of cluster status yesterday, which resulted in RNZ running the following story:

https://www.rnz.co.nz/news/national/414222/covid-19-cht-st-margarets-facility-identified-as-auckland-rest-home-cluster

A copy of CHT Healthcare Trust's statement to RNZ is attached for your information.

I will keep you updated on any developments.

Kind regards

Dale

Dr Dale Bramley

Chief Executive Officer

Waitemata District Health Board

Private Bag 93 503, Takapuna 0740

www.waitematadhb.govt.nz

Statement regarding COVID-19 cases at CHT St Margarets

Tuesday 14 April 2020

We can confirm that the Auckland Regional Public Health Service has notified us that the staff and residents confirmed as positive and probable COVID-19 cases at CHT St Margarets residential aged care facility in Auckland, are now part of a larger cluster.

As with some other clusters around the country, this one includes people from both within CHT St Margarets and also in the community, all linked by transmission.

The situation within this cluster continues to evolve day by day, so I will not be providing a breakdown of staff, resident and family member numbers of positive or probable cases. Nor will we be providing the number of people in precautionary isolation.

Auckland Regional Public Health Service was notified as soon as the first result was confirmed in early April and we have been working closely with them since then.

We swiftly identified all staff and residents who had close contact with the confirmed and probable cases. All residents, families and staff have been notified of this situation and I will continue to provide updates should the situation change.

Residents in isolation are currently asymptomatic, stable and are under the constant care and careful monitoring of our team. The staff members remain in self-isolation at home and are only mildly unwell, and are receiving the appropriate health advice and support.

We are not aware of the circumstances around how the virus originated, and will not be sharing any further information on them.

We continue with our existing efforts to protect the health of our staff and residents in line with the Level 4 lock down and guidance from the Ministry of Health, Auckland Regional Public Health Service and Waitemata DHB. This guidance includes appropriate use of PPE, extra cleaning, actively monitoring our residents for symptoms, appropriate testing of staff and residents, and not allowing visitors on the property.

We have adequate levels of PPE and enough committed staff to continue delivering quality care for our residents.

Max Robins
Chief Executive
CHT Healthcare Trust

Attachment 3

From:	Peta Molloy (WDHB)
To:	"Judy McGregor - AUT"; Allison Roe; Arena Williams; Chris Carter; Edward Benson-Cooper; John Bottomley (WDHB); Board Chair (WDHB); Kylie Clegg; Max Abbott; Renata Watene; Sandra Coney; Warren Flaunty
Cc:	Dale Bramley (WDHB); Matthew Gray (WDHB); Matthew Rogers (WDHB)
Subject:	CEO Update - St Margaret"s Hospital and Rest Home
Date:	Saturday, 18 April 2020 13:34:17
Attachments:	NRHCC media release Update on transfer of St Margarets residents.pdf image001.jpg

Kia ora koutou Board members

Further to my update on Friday, Waitemata DHB is now in the process of receiving another nine residents from the St Margaret's Hospital and Rest Home in Te Atatu.

This is in keeping with what was agreed with St Margaret's and announced yesterday as a temporary measure to help the facility cope with a COVID-19-related shortage of staff.

The residents will return to St Margaret's as soon as those issues are resolved.

There is a lot of renewed media interest in this situation today and we have issued the attached statement following a number of queries in the last hour or so.

The intent, again, is to encourage accurate, non-alarmist reporting.

I will keep you updated on any further developments.

Nga mihi

Dale

Dr Dale Bramley
Chief Executive Officer
Waitemata District Health Board
Private Bag 93 503, Takapuna 0740
www.waitematadhb.govt.nz

cid:image003.jpg@01D60CD9.27B024A0

Attachment 3a

18 April 2020

Update on transfer of St Margarets residents to Waitematā DHB

A further nine residents from St Margarets Hospital and Rest Home in Te Atatu are temporarily transferring to Waitematā District Health Board today.

The follows the temporary transfer of six residents yesterday due to a lack of available staff at the facility due to the requirement for some to self-isolate as they had been in close contact with confirmed COVID-19 cases.

Some of the residents require medical support. Further information on the care being provided will not be released in order to protect the privacy of the individuals concerned.

It is intended that the residents will return to St Margarets once staff have returned to work following isolation.

In the interim, Waitematā DHB staff continue to be stationed within the facility to assist with business-as-usual management of other residents.

- Ends -

Notes for editors

The Northland and metro Auckland DHBs (Counties Manukau, Waitematā and Auckland DHBs) are operating a regional response to the COVID-19 pandemic through the Northern Region Health Coordination Centre (NRHCC).

Media contact

NRHCC media line: 09 375 3499

Attachment 4

From:	Peta Molloy (WDHB)
To:	"Judy McGregor - AUT"; Allison Roe; Arena Williams; Chris Carter; Edward Benson-Cooper; John Bottomley (WDHB); Board Chair (WDHB); Judy McGregor - AUT; Kylie Clegg; Max Abbott; Renata Watene; Sandra Coney; Warren Flaunty
Cc:	Dale Bramley (WDHB); Matthew Rogers (WDHB); Matthew Gray (WDHB); Tamzin Brott (WDHB); Fiona McCarthy (WDHB)
Subject:	Board notification - Newshub
Date:	Wednesday, 22 April 2020 18:11:32
Attachments:	St Margaret's - claims incorrect.pdf image001.jpg
Importance:	High

Dear Board members

A story is likely to run on the 6pm Newshub bulletin concerning DHB staff working at St Margarets Hospital and Rest Home in Te Atatu.

You will recall that a number of our staff are working inside the facility to cover the work of aged care staff who have had to go into isolation due to close contact with residents confirmed positive for COVID-19.

Newshub has been told that the DHB did not disclose to staff asked to temporarily transfer to St Margarets that there were COVID-positive cases at the facility. According to our senior staff overseeing our response this is not correct.

They have also been told appropriate PPE was not provided and some staff taped garbage bags to their feet to protect themselves.

All appropriate PPE (including masks, gowns and gloves) was provided by the DHB. Ministry of Health guidelines for aged residential care do not require foot protection.

We have also checked with senior management at St Margarets and they have received no complaints from staff about foot protection. This has been pointed out to Newshub but they are running the story regardless.

It is unfortunate that these claims have been linked to our DHB at the very time we are stepping in to assist St Margarets and its residents in their time of need.

A copy of our statement to Newshub is attached for your information.

Kind regards

Dale

Dr Dale Bramley
Chief Executive Officer
Waitemata District Health Board
Private Bag 93 503, Takapuna 0740
www.waitematadhb.govt.nz

Attachment 4a

Waitematā
District Health Board
Best Care for Everyone

22 April 2020

St Margaret's - claims incorrect

Waitematā District Health Board (DHB) rejects claims put to Newshub that it did not disclose to staff asked to work at St Margaret's Hospital and Rest Home that there were COVID-19-positive residents at the facility.

All DHB staff approached and who agreed to temporarily work at St Margaret's were advised the reason for the DHB needing to transfer some staff was due to members of the facility's own workforce needing to go into isolation due to close contact with positive cases. This was made absolutely clear at the outset.

All appropriate personnel protective equipment was made available to those DHB staff who went into St Margaret's, including masks, gloves and gowns - consistent with Ministry of Health guidance for aged residential care facilities.

The use of PPE footwear is not required under the MoH guidelines.

St Margaret's is a facility run by the Christian Health Trust which has had a number of cases of COVID-19, as is a matter of public record.

Waitematā DHB has stepped in to assist the facility to continue to operate due to a high volume of staff needing to be in isolation, with 50 DHB staff working inside the facility to stabilise its business-as-usual activities and avoid the need to transfer more residents to hospital.

The provision of PPE to St Margaret's staff and any non-DHB contract staff it may have engaged is a matter for its management to address.

ENDS

Attachment 5

From: Dale Bramley (WDHB)
To: Sandra Coney; Andrew Brant (WDHB)
Cc: Peta Molloy (WDHB); Judy McGregor - AUT; Allison Roe; Arena Williams; Chris Carter; Edward Benson-Cooper; John Bottomley (WDHB); Board Chair (WDHB); Kylie Clegg; Max Abbott; Renata Watene; Warren Flaunty; Matthew Gray (WDHB); Matthew Rogers (WDHB)
Subject: Re: CEO Update - St Margaret"s Hospital and Rest Home
Date: Thursday, 30 April 2020 20:09:45
Attachments: image001.jpg

Kia ora koutou

Andrew will be sending a board alert and notification out tomorrow. He is working on this currently with Matt.

There are several things to update the board on both at St Margarets and Waitakere Hospital.

Andrew has taken over the executive leadership for the response to St Margarets since the end of last week.

Kind regards

Dale

> On 30/04/2020, at 7:50 PM, Sandra Coney <s_coney@xtra.co.nz> wrote:
>
> Can we have an update on the St Margarets situation? Regards Sandra Coney
>
> ---
>
> **From:** Peta Molloy (WDHB) <Peta.Molloy@waitematadhb.govt.nz>
> **Sent:** Saturday, 18 April 2020 1:34 PM
> **To:** Judy McGregor - AUT <judy.mcgregor@aut.ac.nz>; Allison Roe <allisonroe@xtra.co.nz>; Arena Williams <arenawilliams@gmail.com>; Chris Carter <carterchris1973@gmail.com>; Edward Benson-Cooper <ebensoncooper@gmail.com>; John Bottomley (WDHB) <John.Bottomley@waitematadhb.govt.nz>; Board Chair (WDHB) <BoardChair.WDHB@waitematadhb.govt.nz>; Kylie Clegg <m.k.clegg@xtra.co.nz>; Max Abbott <max.abbott@aut.ac.nz>; Renata Watene <renata@occhiali.co.nz>; Sandra Coney <s_coney@xtra.co.nz>; Warren Flaunty <chemist@xtra.co.nz>
> **Cc:** Dale Bramley (WDHB) <Dale.Bramley@waitematadhb.govt.nz>; Matthew Gray (WDHB) <Matthew.Gray@waitematadhb.govt.nz>; Matthew Rogers (WDHB) <Matthew.Rogers@waitematadhb.govt.nz>
> **Subject:** CEO Update - St Margaret's Hospital and Rest Home
>
> Kia ora koutou Board members
>
> Further to my update on Friday, Waitemata DHB is now in the process of receiving another nine residents from the St Margaret’s Hospital and Rest Home in Te Atatu.

This is in keeping with what was agreed with St Margaret's and announced yesterday as a temporary measure to help the facility cope with a COVID-19-related shortage of staff.

The residents will return to St Margaret's as soon as those issues are resolved.

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I will keep you updated on any further developments.

Nga mihi

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