Waitematā
District Health Board
Best Care for Everyone

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15 October 2021

[redacted]

Dear [redacted]

Re: OIA request – Contingency plans for community outbreak of COVID-19

Thank you for your Official Information Act request received as a transfer from the Ministry of Health on 20 September seeking information from Waitematā District Health Board (DHB) about our contingency plans for community outbreak of COVID-19

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.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

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

Copies of the most-recent version of DHB contingency plans for any community outbreak of COVID-19 and copies of any other such contingency plans produced, received or held by the ministry (such as all of government).

In response to your request, we can provide the following information, held by Waitematā DHB:

The Northern Region DHBs (Northland, Waitematā, Auckland and Counties Manukau) work together on a coordinated response to the COVID-19 global pandemic through the Northern Region Health Coordination Centre (NRHCC), drawing on resources and expertise from across the four DHB areas.

The DHBs fully align with NRHCC and Ministry of Health requirements for the management of COVID-19.

Please note that we have provided our COVID-19 preparedness documents as at 12 October 2021. These are living documents, regularly reviewed and subject to ongoing updates as required.

Please refer to the following documents, which are our contingency plans in the event of a community outbreak of COVID-19, such as the current Delta outbreak in Auckland:

Attachment 1 – COVID-19 Readiness Framework
Attachment 2 – Aged Residential Care (ARC) COVID-19 Outbreak Management Framework

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community 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 consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

[redacted]

[redacted]
COVID-19 Executive Lead
Waitematā District Health Board

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COVID-19 Readiness Plan

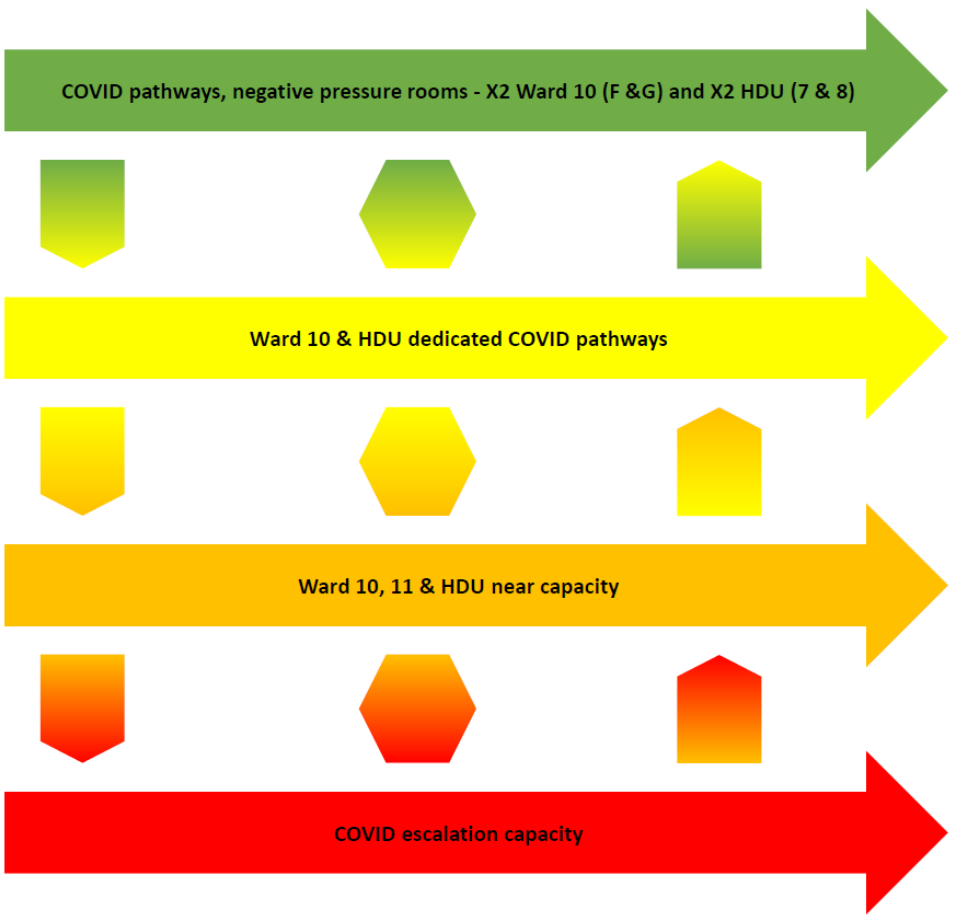
IMT Responses at various Alert Levels

Green	Light IMT with lead functions as per CIMS Model. Additional functions to be added as decided by the Incident Controller.
Yellow	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. • **Hospital Triggers:** Moving to Hospital Framework Yellow: One or more local case in hospital (excludes MIQF admissions for non COVID-19 reasons) and community transmission evident. • **Clinical Technical Advisory Group (CTAG):** would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • **Community Triggers:** Moving to Primary Care Response Framework Yellow: Any known community cases being actively investigated and managed.
Orange	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. • **Hospital Triggers:** Moving to Hospital Framework Orange: Multiple local COVID-19 cases in hospital. Uncontrolled community transmission, clusters evident. • **Clinical Technical Advisory Group (CTAG):** would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • **Community Triggers:** Moving to Primary Care Response Framework Orange: Community transmission of COVID-19 is not well controlled
Red	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. • **Hospital Triggers**: Moving to Hospital Framework Red: Multiple local cases in hospital (excludes MIQF admissions for non COVID-19 reasons). Uncontrolled community transmission. • **Clinical Technical Advisory Group (CTAG):** would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • **Community Triggers:** Moving to Primary Care Response Framework Red: There is uncontrolled community transmission of COVID-19.

Regional Bed Plan

The Northern Metropolitan Auckland Region coordinates the response to COVID-19 through the Northern Regional Health Coordination Centre (NRHCC) and the Regional Provider Capacity Planning Group oversees the day-to-day coordination, planning and response of hospital services.

WDHB COVID-19 Management Plan



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COVID-19 Readiness Plan

ED Blue Team Responders to Blue (COVID-19-positive) Patient Presentations

Blue Teams

Responders to Blue patient presentations

LEADS
Lead Dr & ACCN

Blue Team
Ambulance Bay
Triage RN
RN
Identified by BLUE Label
To be worn in view

Blue Teams
Identified at beginning of each shift
To Don PPE and remain in Blue Zones
Ambulance Bay
Back Corridor All rooms
Paeds Tx Room - Lazy-boy room
Flex Room
Room 21

Blue Team
Back Corridor
2 ED DR
? One Dr may (moves between zones dependent on workload)
2 Resus RN
1 – 2 RN
1- 2 HCA
Identified by BLUE Label
To be worn in view

Huddle at beginning of each shift to
Identify process & roles
- Wellness Check
- Transfer process from Ambulance bay to Blue corridor
- PPE Checked
- Equipment checked
- Communication process

Sign Huddle Checklist

Huddle at beginning of each shift to
Identify process & roles
- Lead RN identified
- Wellness Check
- Location of Pts (cares and treatments required)
- PPE Checked
- Covid rooms checked
- Equipment checked
- Communication process

Sign Huddle Checklist

Blue Patient Arriving in Department

Blue Patient Walk-In
ACCN notified
ACCN notifies lead Dr
Directed to appropriate Room in Blue Corridor
By Lead Dr & ACCN

Blue Patient ADU Expect
ADU ACCN notified when patient arrives

ADU sends RN in full PPE
Transfers patient to ADU Blue Zone

Blue Patient R40
Receiver notifies ACCN
ACCN notifies
- Lead Dr
- Blue Triage
- Blue corridor team

Transfer of Blue Patient
Ambulance Bay RN escorts patient
Hands over to Blue staff in allocated room
Doffs PPE per protocol
Dons PPE per protocol and returns to Ambulance Bay

ACCN notifies Blue Team Leader
Team Leader
Notifies Blue corridor team
Huddle to identify process and roles
- Location of patient
- Roles reconfirmed
- PPE Checked (per protocol)
- Plan - interventions, treatments (aerosols etc)
- Equipment required

Team locates to new patient area
- PPE Checked by another member of the team
- Gathers equipment
- Designated member/s enters patient area

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COVID-19 Readiness Plan

COVID -19 WDHB NSH EMERGENCY DEPARTMENT RESPONSE FRAMEWORK

COVID-19 Emergency Department Readiness GREEN ALERT	***Trigger Status: No COVID-19 positive patients in your facility; Any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes*** • Screen patients for COVID-19 symptoms and epidemiological criteria for any Emergency Department attendance • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Maintain ability to return, if necessary, to physically triage outside the Emergency department (Portacoms on stand –by) • Maintain a separate stream (blue) for COVID-19 suspected cases in the Emergency Department • Maintain PPE training for COVID-19 care in the Emergency Department • Follow WDHB COVID operational plan for admitting patients with suspected COVID-19
COVID-19 Emergency Department Initial Impact YELLOW ALERT	***Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gap*** • Continue screening and streaming patients for COVID-19 symptoms and epidemiological criteria as per Green alert • Plan for ability and immediate implementation for Emergency department triaging in physically separate settings – ie division of respiratory (Blue/Lilac)/non respiratory (White/Yellow) patients at triage • BAU nursing model (however additional resus resource for Iso rooms) • Continue a separate stream (blue) for COVID-19 suspected cases in the Emergency Department as per green alert ○ High risk COVID patients managed in negative pressure rooms (if available) or single door closed room in ED (Iso 1/Iso 2/Flex) • Preparation to open Urgent Care Community Mental health Hubs 8-4pm (to be functional if ED requires additional space for COVID-19 patient assessment. • Engage across other DHBs to appropriately transfer out of area patients back to domicile hospital or other setting (to be considered in conjunction with current hospital alert level at DHB)

COVID-19
Emergency Department
Moderate Impact
ORANGE ALERT
	Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered
	• Separate FOH Screening process to identify those entering the acute hospital environment with COVID-19 symptoms and epidemiological criteria (staff to be provided through IMT)
	• Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool)
	• Implement separate Emergency department triage process for respiratory/non respiratory streams
	• 'COVID Corridor' with 11 identified spaces for High Risk Blue stream patients
	  ○ Conversion of 'back corridor rooms' T1, T2,T3 as COVID spaces (appropriate nursing resource allocated)
	  ○ Conversion of Paeds Tr,1,2,3 as COVID spaces
	  ○ Paeds resus converted to adult CLOSED DOOR adult resus space
	  ○ Room 21 and Flex converted to COVID rooms
	• Paediatric diversion from NSH to WTH and Starship
	• Resus 3 converted to mixed Paeds/Adult resus area
	• Observation beds converted to acute spaces on Whiteboard
	• Modified nursing model (to staff back corridor, additional resus spaces and secondary patient screening space)
	• Modified medical model (additional Pod B spaces)
	• Urgent Care Community Mental Health Hubs extend to 8am-11pm
	• Provide Emergency department services with prioritisation on high acuity medical and trauma care
	• Confirm service level agreements for patient diversion for activation in RED
	• Plan for Forward Triage cabins and staffing arrangements for these

COVID-19 Emergency Department Severe Impact RED ALERT	***Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care*** • Emergency department services limited to high acuity medical and trauma care • Activate plans as described in green, yellow and orange alert levels. • Ensure Forward Triage cabins on site and operational • Activate forward triage process • Speciality service level agreement for non-emergent patients activated • Community patient redirection • Modified nursing and medical MOC • Minimal ED observation use

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COVID-19 Readiness Plan

COVID -19 WDHB WTH EMERGENCY DEPARTMENT RESPONSE FRAMEWORK

COVID-19 Emergency Department Readiness GREEN ALERT	***Trigger Status: No COVID-19 positive patients in your facility; Any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes*** • Screen patients for COVID-19 symptoms and epidemiological criteria for any Emergency Department attendance • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Maintain ability to return, if necessary, to physically triage outside the Emergency department (Portacoms on stand –by) • Maintain a separate stream (blue) for COVID-19 suspected cases in the Emergency Department • Maintain PPE training for COVID-19 care in the Emergency Department • Follow WDHB COVID operational plan for admitting patients with suspected COVID-19

COVID-19
Emergency Department
Initial Impact
YELLOW ALERT
	Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gap
	• Continue screening and streaming patients for COVID-19 symptoms and epidemiological criteria as per Green alert
	• Plan for ability and immediate implementation for Emergency department triaging in physically separate settings – ie division of respiratory (Blue/Lilac)/non respiratory (White/Yellow) patients at triage
	• BAU nursing model
	• Continue a separate stream (blue) for COVID-19 suspected cases in the Emergency Department as per green alert
	  ○ High risk COVID patients managed in negative pressure room (if available) or single door closed room in ED (Rm 22/23/27)
	  ○ Blue PPE team identified on each shift & team check-in documentation.
	• Preparation to open Urgent Care Community Mental health Hubs 8-4pm (to be functional if ED requires additional space for COVID-19 patient assessment)
	• Engage across other DHBs to appropriately transfer out of area patients back to domicile hospital or other setting (to be considered in conjunction with current hospital alert level at DHB)

COVID-19
Emergency Department
Moderate Impact
ORANGE ALERT
	Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered
	• Separate FOH Screening process to identify those entering the acute hospital environment with COVID-19 symptoms and epidemiological criteria (staff to be provided through IMT)
	• Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool)
	• Implement separate Emergency department triage process for respiratory/non respiratory streams
	• 'COVID Spaces' with 8 identified spaces for High Risk Blue stream patients
	  ○ Consults 1-4
	  ○ Iso 22, Rm 27, 16,17
	• Conversion of sedation room to RESUS 5 Paeds RESUS/Isolation space
	• Conversion of Procedure room to RESUS 4 additional adult resus/Isolation space
	• Mental health spaces 16/17 converted to blue stream patient rooms
	• Paediatric patients from NSH diverted to WTH (and Starship where appropriate)
	• Resus 3 converted to mixed Paeds/Adult resus area
	• Observation beds converted to acute spaces on Whiteboard
	• Modified nursing model (to staff back corridor, additional resus spaces and secondary patient screening space)
	• Modified medical model (additional Pod B spaces)
	• Urgent Care Community Mental Health Hubs extend to 8am-11pm
	• Expedited MH support in ED for timely care and disposition
	• Provide Emergency department services with prioritisation on high acuity medical and trauma care
	• Confirm service level agreements for patient diversion for activation in RED
	• Plan for Forward Triage cabins and staffing arrangements for these
	• Activate delivery of forward triage cabins if RED imminent (72hr required for functional units)

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COVID-19 Readiness Plan

Auckland Regional Public Health Service (ARPHS) Community Referral for COVID-19 Positive/Close Contact Patients via ED

Step	Action
1	**Auckland Regional Public Health Service (ARPHS)** contacts Emergency Department (ED) Associate **Clinical** Charge Nurse (ACCN) • **ED ACCN WTH 021 679 774** • **ED ACCN NSH 021 498 310**
2	**ARPHS** provides the following information: • Relevant patient details & clinical information • Patient's arrival time • Patient's contact details • Mode of transport (own car/Ambulance) • ARPHS contact details
3	**ED ACCN** then: • contacts patient • confirms patient's details, arrival time, transport details • gives patient arrival instructions, parking information • prepares the ED "BLUE" team for arrival • notifies Security, Duty Nurse Manager/Operations Manager for Waitemata Central
4	**Patient** arrives in hospital: • Patient remains in the car and contacts ED ACCN • ED ACCN (or nominated RN) meets the patient • Patient and visitor (x1) are given a mask • Patient and visitor are guided through to allocated ED Bed space • Patient's ED journey commences • ED ACCN notifies CNM/OM ED and DNM/OM Waitemata Central of patient's arrival • ED ACCN requests extra support/resource from Waitemata Central if applicable • ED OM/DNM Waitemata Central notifies COVID-19 Incident Management Team (IMT) of patient's arrival • If requiring admission – transfer procedure starts

Community-Facing Support Services

Allied Health (AH)
**** Blue Stream Patients ****
Adult Medical, Surgical, Orthopaedic or Maternity Patients
Blue stream patients admitted during usual work hours Monday to Friday
The relevant Clinical Leader(s) for the involved allied health discipline(s) will be alerted to any blue stream patients admitted during the week days. Referral(s) will be reviewed morning and afternoon as usual, and if essential need for allied health involvement is identified for blue stream patients the planned pathway will occur.

Blue stream patients admitted over the weekend
Physiotherapy
For admissions during the weekend **and after hours**, if deemed to require urgent Physiotherapy input, the on call respiratory Physiotherapist needs to be contacted via the operator. They will then contact their Clinical Leader (or delegate) as required. **Physiotherapy – refer Weekend On-Call policy.**

Social Work
Over the weekend the ED social worker should be alerted and will follow their normal consultation processes. They will then contact their Clinical Leader (or delegate) as required.
Link to Standard Operating Procedures

Dietetics
If patients are deemed to require dietetic input over the weekend the on-call dietitian should be contacted via the operator. They will then contact their Clinical Leader (or delegate) as required.

There is no Occupational Therapy or Speech Language Therapy service over the weekends or after-hours
Weekend or on-call referral(s) will be reviewed and if accepted the planned pathway will occur.

Maternity Social Workers
If a **blue stream** woman requires social work support, then clear discussion and planning with the Midwife Manager (or delegate) is required prior to contact. Staff will be supported by the 'runner' from the midwifery/HCA staff and auditor for donning and doffing of PPE.

Paediatric patients
Blue Stream children will not be admitted to Rangatira. Paediatric Allied Health Staff will not be requested to go to ED to look after blue stream patients in person.

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COVID-19 Readiness Plan

READINESS PLANS FOR OUR LOCALITIES AND COMMUNITY MENTAL HEALTH

Service	Community framework level	Response
Localities (Community Services, District Nursing)	Green	Business as usual (BAU)
	Yellow	Alert Level Yellow co-ordination of community-based care delivery
	Orange	Virtual clinics only Home visits for essential care only where no other alternative Ensure correct PPE and supply chain
	Red	Virtual clinics only Ensure clinical pathway for those who can't manage at home Ensure Level 4 plans activated Ensure PPE and supply chain
Community Mental Health	Green	BAU with Ministry guidelines as instructed Initiate plan for increased COVID levels Ensure correct PPE and supply chain Utilise virtual consults as appropriate
	Yellow	Services continue BAU with Ministry guidelines as instructed Increase telehealth / phone appointments where possible Active team "bubbles" Reduce clinics as appropriate
	Orange	Increase telehealth where possible Active team 'bubbles' Reduce clinics as appropriate
	Red	Defer all clinics unless deemed acute or urgent

Waitematā District Health Board
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COVID-19 – Aged Residential Care (ARC) Outbreak Management Framework

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	Final
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

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 68 Aged Residential Care (ARC) facilities 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 medical practitioner support is via contracted General Practitioner / Nurse Practitioner, predominantly 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 processes 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. In New Zealand there was an independent review of COVID-19 clusters in ARC facilities commissioned by the Director General of Health. 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 made the following recommendations for outbreak planning:

- 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 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.

Governance

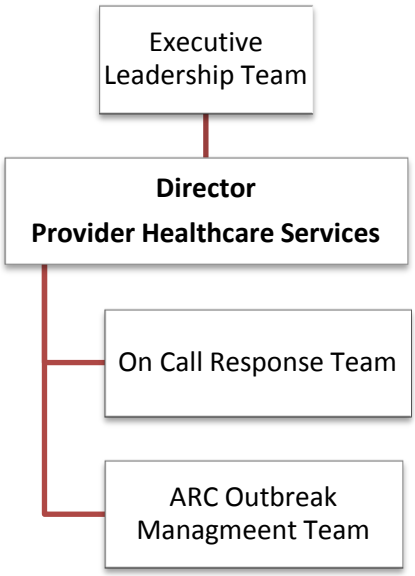


Figure: Project Governance

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

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, secure dementia, psycho geriatric care).	• Retirement/ lifestyle villages, other than aged care facilities situated within those villages. • Mental Health and Disability Residential care facilities.

Waitematā DHBs Response and Management Framework

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) • Operations Manager Clinical Support Services • 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)

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 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.

Actions to be taken in the first 1-72 hours

Action	Critical Information	Who/Lead
Convene first meeting within two hours of notification and establish meeting/huddle frequency, to continue until the ARC Outbreak Management Team is established.	Immediate review of ARC Facility COVID-19 Preparedness Action plan. (ARC Preparedness Assessments & Action Plans)	Exec On-call COVID-19 Executive Lead
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.	Establish early contact with ARC Facility Manager and complete an assessment of: - PPE - Equipment – environmental and clinical - Staffing - Environment - Cleaning - Laundry - Food	HOP Programme Manager
Review strengths and vulnerabilities of the specific ARC facility to continue to provide safe care during outbreak.	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.	HOP Programme Manager ID On-call ARPHS
Determine potential for number of residents who need to be transferred to hospital.	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	ID On-call ARPHS COVID-19 Executive Lead Geriatrician On-call
Initiate preparation process for designated ward to receive residents(s) with positive swab results (as per the Waitematā DHB COVID Readiness Plan).	Confirm the number of COVID-19 residents who will need to transfer to hospital – broken down by: - Residents who are medically well but need to transfer due to the inability to safely isolate - Residents who are unwell as a result of COVIS-19	ID On-call
Determine whether there is a need to commence surveillance	Commence contract tracing to identify staff and residents at risk of exposure to COVID-19.	ARPHS

swabbing of all residents and staff.		
Support the ARC Outbreak Management Team process outside the team's standard operating hours.	Debrief the Outbreak Management Team and provide sit reports	Exec On Call

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.

Action	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 Programme 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,	HOP Programme Manager ARC Facility Manager ADON/DON ARPHS Lead

	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	
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 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	Ops Manager Clinical Support
DHB 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 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

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).

Actions prior to seconding 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 resident 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

Contact Tracing Staff

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.

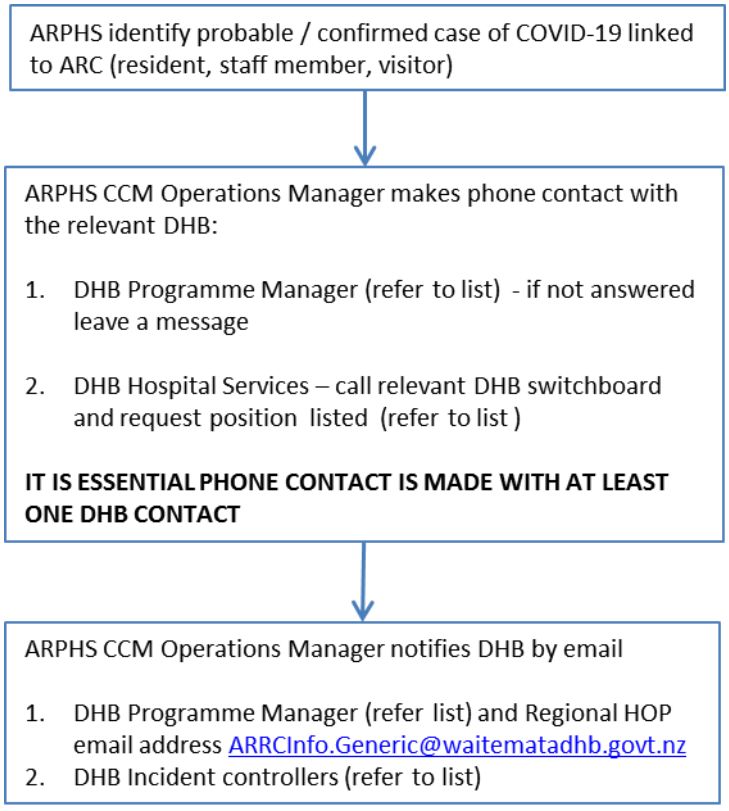
Waitematā DHB and Auckland Regional Public Health Service (ARPHS) work closely during contact tracing to ensure support and clarity around the management of confirmed/probable cases and close contacts of COVID-19. The National Contact Tracing System (NCTS) has been developed to allow this information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

Areas where there is Regional Alignment

Notification pathway

DHB / ARC Facility (Via HOP Programme Manager) to ARPHS

ARPHS to DHB/ARC



The need to transfer COVID-19 positive residents into hospital

Recognising that the current approach in the community is for all positive cases to be managed in a quarantine facility, the region recognises the need to adopt a similar approach with ARC residents – noting that hospitals are the appropriate quarantine facilities for this frail and vulnerable population. There may be individual exceptions to this which will require discussion and agreement with ARC, ARPHS and the DHB.

Integration with ARPHS

Having an ARPHS person based at North Shore Hospital during the Waitakere Hospital outbreak was beneficial. Agreement from ARPHS to aim to have ARPHS reps (likely PHN/PH Medic) based on site as part of outbreak response. Consideration should also be given to the potential for some reciprocation, which could include having someone regional based at ARPHS, and having observers from the other two DHBs.

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

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	• 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

	communications stakeholders (e.g. Applause Communications – St Margaret's)			
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 over from on-call team • Full hand over of actions, outcomes, risks, issues, concerns	• Within 24 hours of case identification • At notification • At point of handover	• Hand over meeting: face to face or via zoom, progress report	On-call team (exec on call)
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

Aged Residential Care Outbreak Management Process Map: Resident or Staff Confirmed or Probable COVID-19
Draft v 1.1 11 June 2020