

**CORPORATE OFFICE**

Level 1  
32 Oxford Terrace  
Christchurch Central  
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160  
Fax: 0064 3 364 4165  
[carolyn.gullery@cdhb.health.nz](mailto:carolyn.gullery@cdhb.health.nz)

10 June 2020

9(2)(a)

**RE Official information request CDHB 10304**

We refer to your email received 1 May 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- **All correspondence received and sent by Dan Coward and received and sent by Sue Nightingale about the provision of PPE equipment to rest homes between March 3 and April 3, inclusive.**

Please find attached as **Appendix 1** correspondence received and sent by Dan Coward and received and sent by Sue Nightingale about the provision of PPE equipment to rest homes between 3 March and 3 April 2020, inclusive.

Please note we have redacted information pursuant to section 9(2)(a) of the Official Information Act i.e. “....*protect the privacy of natural persons, including that of deceased natural persons*”. We have also withheld and redacted information which is ‘Out of scope’ of your request.

I trust that this satisfies your interest in this matter.

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

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

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

**From:** Natacha Maher  
**Sent:** Wednesday, 11 March 2020 4:45 PM  
**To:** Joshua Freeman; Sarah Metcalf; Alan Pithie  
**Cc:** S (9) (a) IPC Executive Committee; S (9) (a) IPC Nursing;  
 S (9) (a)  
**Subject:** RE: IP & C and COVID-19 advice to the community ARC/LTCF sector

Hi All

Thanks for this discussion. I agree with Sarah Metcalf and Josh Freemans feedback  
 However 2 things that I would just like to point out for my experience is that:

- Out of Scope

- Further support for PPE, in particularly Masks, is urgently required as part of the winter readiness and preparedness planning.

During my visits to ARC facilities last week the feedback has been that they are unable to order masks and have to cope with the existing stock that they have.

Thank you for considering this feedback in this korero .

Natacha Maher CNS IPC

**From:** Joshua Freeman  
**Sent:** Sunday, 8 March 2020 3:38 PM  
**To:** Sarah Metcalf <Sarah.Metcalf@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>  
**Cc:** S (9) (a) IPC Executive Committee <IPCECommittee@cdhb.health.nz>; S (9) (a) IPC Nursing <IPCNursing@cdhb.health.nz>; S (9) (a)  
**Subject:** RE: IP & C and COVID-19 advice to the community ARC/LTCF sector

Thanks Sarah for highlighting some of the key areas that need to be addressed as we consider how to support IPC planning and ID management for this sector. Some responses below in red,

**From:** Sarah Metcalf  
**Sent:** Sunday, 8 March 2020 3:08 p.m.  
**To:** Alan Pithie <Alan.Pithie@cdhb.health.nz>  
**Cc:** S (9) (a) ; IPC Executive Committee S (9) (a) IPC Nursing S (9) (a)  
**Subject:** Re: IP & C and COVID-19 advice to the community ARC/LTCF sector

Out of Scope

Out of Scope

They need to put in place robust policies regarding staff sickness, as we also need to for the hospital. Agree Patients in ARC facilities who do not need hospital management - ie. no oxygen requirement do not get admitted to hospital and should be managed in isolation in their facility. Yes agree They don't meet the case definition which hinges on hospital admission (which makes a nonsense of it in my humble opinion) so officially don't need to be managed in full PPE, should be managed with PPE in single room and tested if ILI, I suggest we have a low threshold for testing as early detection so important in these facilities but they should be managed in their room until they have recovered.

Out of Scope

Sarah

Sent from my iPhone

On 8/03/2020, at 12:09 PM, Alan Pithie <[Alan.Pithie@cdhb.health.nz](mailto:Alan.Pithie@cdhb.health.nz)> wrote:

Hi Suzy and Josh

Out of Scope

Alan

**From:** Joshua Freeman

**Sent:** Sunday, 8 March 2020 1:04 PM

**To:** S (9) (a)

Executive Committee S (9) (a)

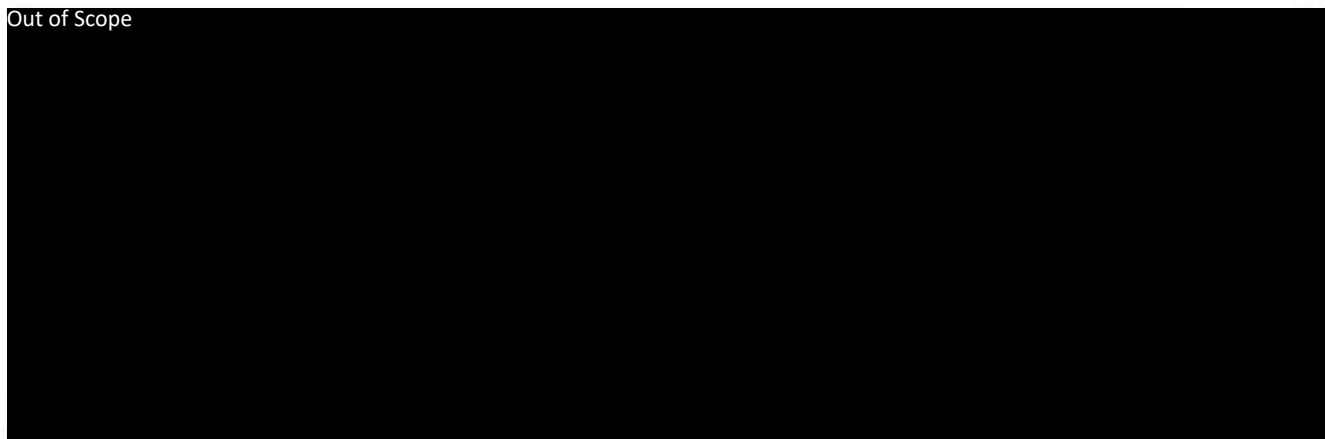
**Cc:** IPC Nursing S (9) (a)

**Subject:** RE: IP & C and COVID-19 advice to the community ARC/LTCF sector

Thanks Suzy,

Out of Scope

Out of Scope



Regards,

Josh

**From:** Suzy Rogers

**Sent:** Sunday, 8 March 2020 12:11 p.m.

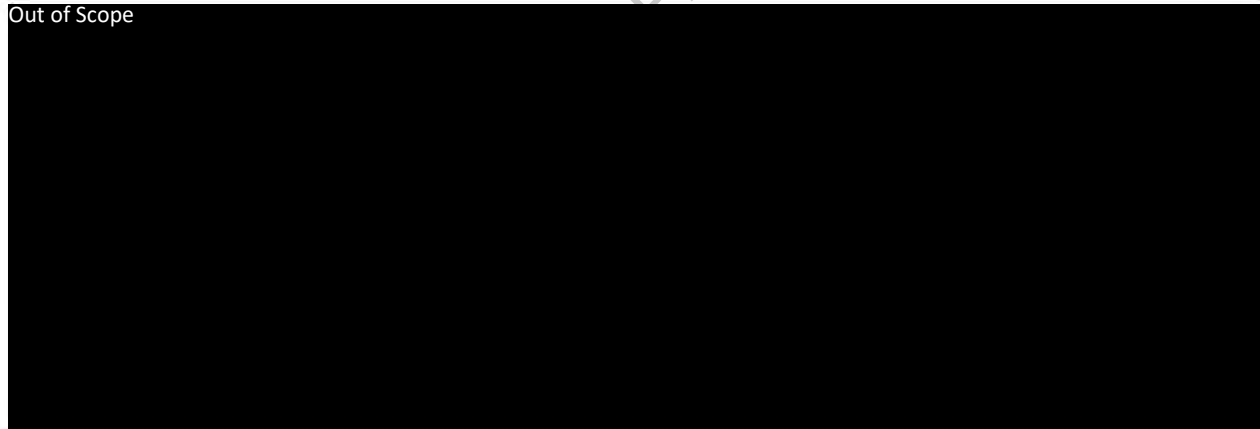
**To:** Megan Gibbs <Megan.Gibbs@cdhb.health.nz>; IPC Executive Committee  
 9(2)(a) Sue Nightingale <Sue.Nightingale@cdhb.health.nz>

**Cc:** IPC Nursing 9(2)(a)  
 S (9) (a)

**Subject:** RE: IP & C and COVID-19 advice to the community ARC/LTCF sector

Hi

Out of Scope



Out of  
Scope



- There has already been increasing requests to IPC Team from Aged and Long term Care facilities for information regarding management of COVID-19 cases in ARC/LTCFs and possible supply of resources e.g. PPE Hand Sanitiser, etc. by CDHB to facilities and lots of requests for education. The above criteria may be interpreted by ARC/LTCFs/residential NGOs, etc. that every case will indeed be admitted to hospital and screened.

Out of Scope





As co-ordinator of Community IPC, we are planning an education session at ARC Forum on 26 March for ARC/LCFTs on screening and management of COVID-19 and MDROs - to update providers on CDHB policies and processes that will impact ARC/LTCFs.

- Can I request that before this presentation, we meet to develop a response and resources (in addition to above training), that will address anxiety, needs and expectation regarding the support and resource that CDHB CPHU, Primary Care and inpatient services will be able to provide ARC/LTCFs if they have suspected or confirmed cases of COVID-19. This will be in addition to planning for the expected seasonal influenzas. We are also planning MH NGO training, and need to look at supporting other community residential care health providers e.g. learning disabilities, brain injury units, etc. who are likely to have similar issues as above.

Many Thanks, Suzy

**Suzy Rogers**

Clinical Nurse Specialist, Infection Prevention and Control,  
Christchurch Hospital and Community  
Manawa | Level 5, 276 Antigua Street | PO Box 1600 | Christchurch | New Zealand  
Mobile 9(2)(a) [REDACTED]  
[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)

<image001.png>

**From:** Megan Gibbs

**Sent:** Friday, 28 February 2020 2:38 PM

**To:** Suzy Rogers <[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)>; Hamish Sandison  
<[Hamish.Sandison@cdhb.health.nz](mailto:Hamish.Sandison@cdhb.health.nz)>

**Cc:** S (9) (a) [REDACTED]  
9(2)( [REDACTED] <[@siapo.health.nz](mailto:@siapo.health.nz)>; Communications  
<[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; S (9) (a) [REDACTED]  
9(2)(a) [REDACTED] <[@pegasus.org.nz](mailto:@pegasus.org.nz)>

**Subject:** RE: IP & C and COVID-19 advice to the community sector

Hi Suzy

Out of Scope

M

**From:** Suzy Rogers <[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)>

**Sent:** Friday, 28 February 2020 12:03 PM

**To:** Hamish Sandison <[Hamish.Sandison@cdhb.health.nz](mailto:Hamish.Sandison@cdhb.health.nz)>; Megan Gibbs  
<[Megan.Gibbs@cdhb.health.nz](mailto:Megan.Gibbs@cdhb.health.nz)>

**Cc:** S (9) (a) [REDACTED]  
9(2)( [REDACTED] <[@siapo.health.nz](mailto:@siapo.health.nz)>; Communications

<Communications@cdhb.health.nz>; S (9) (a)  
 9(2)(a) @pegasus.org.nz

**Subject:** RE: IP & C and COVID-19 advice to the community sector

Hi

Awesome planning for Community Sector COVID-19 collaboration and training is progressing for.

We have not yet put together a formal ARC presentation for COVID 19, though I have spoken about this with the Elder Care Canterbury providers and am planning on talking to Planning and Funding ARC/LTCF Forum on 26 March which is at Burwood 3.00-4.30pm.

We are getting lots of e-mails re PPE, management of potential cases and requests for individual education sessions, which we are holding off and providing e-mail advice mostly at present.

See attached the resources we have put together from Hamish's original slides, with yesterday's updated MOH case definition, etc for our Inpatient areas at CDHB, this includes, clinical staff training (plus a shorter one for handovers), a non-clinical training and a general information sheet for anyone. Also a Donning and Doffing PPE poster that has moments for hand hygiene included. Please feel free to utilise and adapt these as needed and I am happy to support further as needed.

It may be worthwhile having a range of resources and training media available, including electronic, face to face and paper based for Primary, ARC, NGO and disability Sector Providers.

**Hamish** very happy to come to training on 5 March, can you send through a meeting invite please?

Kind regards, Suzy

**Suzy Rogers**

Clinical Nurse Specialist, Infection Prevention and Control,  
 Christchurch Hospital and Community  
 Manawa | Level 5, 276 Antigua Street | PO Box 1600 | Christchurch | New Zealand  
 Mobile 9(2)(a)  
[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)

<image001.png>

Hi

Out of Scope

**From:** Hamish Sandison

**Sent:** Thursday, 27 February 2020 4:30 PM

**To:** Megan Gibbs <Megan.Gibbs@cdhb.health.nz>

**Cc:** S (9) (a)  
 9(2)(a) @siapo.health.nz S (9) (a)  
 Communications <Communications@cdhb.health.nz>; S (9) (a)  
 S (9) (a) 9(2)(a) @pegasus.org.nz

**Subject:** RE: IP & C and COVID-19 advice to the community sector

Hi Megan,

Out of Scope

Out of Scope

Kind regards,  
Hamish

Hamish Sandison  
Emergency Preparedness Coordinator  
Community and Public Health  
(A Division of CDHB)  
310 Manchester Street  
Christchurch

9(2)(a)

E Mail: - [Hamish.Sandison@cdhb.health.nz](mailto:Hamish.Sandison@cdhb.health.nz)

**From:** Megan Gibbs

**Sent:** Thursday, 27 February 2020 2:26 PM

**To:** Hamish Sandison <[Hamish.Sandison@cdhb.health.nz](mailto:Hamish.Sandison@cdhb.health.nz)>; Sarah Berger  
<[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>

**Cc:** S (9) (a) 9(2)(a)

9(2)(a) @siapo.health.nz; S (9) (a) Communications  
<[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; S (9) (a)

9(2)(a) @pegasus.org.nz>

**Subject:** IP & C and COVID-19 advice to the community sector

Good afternoon!

I'm aware that you two have been and are in the process of attending various community and other agency providers to discuss COVID-19 and good IP & C practice.

I'm also aware that the more you do this, the more requests you are likely to have and that with respect to emergency management the DHB is required to support all Primary care and community providers involved in health care – including the Disability sector.

I've had a couple of conversations in the last couple of days around development of a resource that might be a good introduction/catch all to direct these agencies to in the first instance and provide guidance around both PPE (what to have, donning and doffing etc) and management of a patient who might have some sort of illness that needs careful care. I'm also aware that currently there is not any national resource that might provide this.

SO to cut a long story short I've had a chat with Emelia around how we might develop and make available an online resource. Emelia is keen to assist and has suggested in the first instance she come along to the next meeting you are having, observe your presentation and work from there. I expect there may be some tooing and froing from there around what might be useful to be included and Comms team would appreciate any thoughts you have and also some advice to Emelia on other work in place or how we can develop this to be accessible for agencies that don't have access to Healthlearn.

9(2)(a) especially keen that if and once we have something substantive we ensure it will also provide good info to your communities.

Happy to discuss further, and also to hear any other suggestions on how to achieve this - reply all or give me a call.

M

*Megan Gibbs*

Manager, Service Continuity  
CDHB and WCDHB  
32 Oxford Tce,  
Christchurch 8140,  
New Zealand.

Mobile: 9(2)(a)

[Megan.Gibbs@cdhb.health.nz](mailto:Megan.Gibbs@cdhb.health.nz)

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**From:** Mardi Postill  
**Sent:** Tuesday, 17 March 2020 5:02 PM  
**To:** Sarah Berger; Megan Gibbs  
**Cc:** S (9) (a)  
**Subject:** RE: ARC Sector and IPC (COVID-19 PREPAREDNESS)

Thanks Sarah

We are working with the MOH on national guidance to ARC of which we are expecting an update tomorrow morning

We will provide a further update to you then

As of today a number of facilities are closing to visitors

At this stage we are advising ARC to look at the MOH website which to date is for all suspected cases to call the health line and general practice and advice re handwashing and PPE

#### **Mardi Postill**

Team Leader, Older Persons' Health  
 Planning and Funding

Canterbury & West Coast District Health Board  
 32 Oxford Terrace | PO Box 1600 | Christchurch 8140 |  
 T: S (9) (a)  
 Email: [mardi.postill@cdhb.health.nz](mailto:mardi.postill@cdhb.health.nz)

<https://www.livestronger.org.nz/>



**From:** Sarah Berger  
**Sent:** Tuesday, 17 March 2020 4:19 p.m.  
**To:** Megan Gibbs <Megan.Gibbs@cdhb.health.nz>; Mardi Postill <Mardi.Postill@cdhb.health.nz>  
**Cc:** S (9) (a)  
 S (9) (a)

**Subject:** ARC Sector and IPC (COVID-19 PREPAREDNESS)

Hi Megan and Mardi,

I received the email below from a staff member and was told that this was in a recent CEO update.  
 I understand Planning and Funding are liaising with ARC about preparing for potential COVID-19 cases in their facilities.

Please let us know how we can help.



It would be especially good to have clarity on processes ahead of the ARC Forum next week, where Suzy Rogers will be a guest speaker.

At this stage, she is unclear what she should advise in terms of processes to follow in the event that an ARC facility has a resident with COVID-19.

I look forward to hearing from you.

Sarah

**Dr. Sarah Berger MN(Hons) MBA BA RN FCNA(NZ)**

Nursing Director | CDHB Infection Prevention & Control Service

[www.cdhb.health.nz/ipc](http://www.cdhb.health.nz/ipc)

M: 9(2)(a) | E: [sarah.berger@cdhb.health.nz](mailto:sarah.berger@cdhb.health.nz)

Manawa | Level 5, 276 Antigua Street | PO Box 1600 | Christchurch 8011 | New Zealand

Personal Assistant – Tracy Meekin | M: 9(2)(a) | E: [tracy.meekin@cdhb.health.nz](mailto:tracy.meekin@cdhb.health.nz)



<https://cdhbintranet.cdhb.health.nz/hospitalsupportandlabs/microbiology/SitePages/MULTIDRUG-RESISTANT%20ORGANISMS.aspx>

**From:** Mike O'Callaghan

**Sent:** Tuesday, 17 March 2020 1:41 p.m.

**To:** IPC Nursing <[IPCNursing@cdhb.health.nz](mailto:IPCNursing@cdhb.health.nz)>

**Subject:** CEO update 16/3/20

As mentioned at huddle today:

Our Planning and Funding team are working with community health providers including Age Related Residential Care (ARRC) providers to ensure they are well supported with infection prevention and control advice and are well equipped to manage a case, or cases in their own facility. While the majority of Canterbury's 103 ARRC facilities have the support of their parent organisations, there are around 20 in Canterbury who are independent.

Mike O'Callaghan

Clinical Nurse Specialist

Infection Prevention Service

Level 5, 276 Antigua St, PO Box 1600, Christchurch

E Mail [Mike.Ocallaghan@cdhb.health.nz](mailto:Mike.Ocallaghan@cdhb.health.nz)

Mobile 9(2)(a)

**From:** Renee Montgomery  
**Sent:** Tuesday, 24 March 2020 3:33 PM  
**To:** ECC Controller (CDHB); ECC Manager (CDHB)  
**Cc:** ECC Logistics (CDHB); S (9) (a)  
**Subject:** Process for PPE requests - Externals  
**Categories:** Completed

Hi all

We have drafted the text as requested, please ensure the communication below is circulated widely.

Alison - please also add the relevant contact email address e.g. ECC logistics? for ARC and Mental Health facilities as discussed.

Please note that we really need the coordination of this to come via the ECC to ensure we can respond to requests that have been through the process below

Thanks  
 Renee, Sarah and Steve

Due to limited supplies and increased demand (especially for PPE and cleaning / disinfection products), the CDHB needs to manage the allocation of products in a structured and equitable way that ensures our ability to support the entire health system through a prolonged pandemic. In every instance please attempt to source products through your existing supply chains and only rely on the CDHB when all alternative avenues have been exhausted.

The CDHB will support you when your supply chain has broken down or you have an immediate need driven by a highly suspected or confirmed COVID-19 case within your care.

The regional emergency coordination centre is operating throughout the pandemic, 7 days a week and will be closely supported by CDHB Supply Department. Individual community requests will now be coordinated through CPRG, please ensure requests are sent to [eoc@cprg.org.nz](mailto:eoc@cprg.org.nz) and that you include:

- Evidence of your inability to source requested products; and/or
- Evidence of delays within your supply chain coupled with your current stock on hand and consumption rates to highlight the shortfall; and/or
- Evidence of a highly suspected or confirmed COVID-19 case within your care

We must insist that you follow the Ministry of Health recommendations for the use of PPE and decontamination of equipment and the environment to ensure that as a health system we do not waste our precious resources.

The CDHB Supply Department is fully committed to supporting the health system and if the requested evidence is supplied this will ensure the most timely provision of goods to support your request.

**Renee Montgomery**  
 Supply Chain Manager | Canterbury & West Coast District Health Boards

Canterbury District Health Board, 211 Blenheim Road, Riccarton 8041

Private Bag 4710, Christchurch 8140, New Zealand

Telephone DDI: 03 364 0079

Mobile: 9(2)(a)



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**From:** Dan Coward  
**Sent:** Tuesday, 24 March 2020 9:59 PM  
**To:** Renee Parsons; Sarah Berger; ECC Manager (CDHB); ECC Controller (CDHB)  
**Cc:** S (9) (a)  
**Subject:** RE: Provision of PPE

**Categories:** Completed

Hello all

Before we progress further we are awaiting an update from MoH. Tonight was advised that this is coming out tomorrow. The following information was sent:

"We are pulling an email together tomorrow with updated infection, PPE advice. We will include Emergency Managers, PHOs, primary care in comms as discussed today to bridge the communication gap. Also we will send you tomorrow a copy of a sitret we are developing for DHB input."

Once we receive this we can then look to confirming the process and messaging external

We will be in touch then

Regards

Dan

**From:** Renee Parsons  
**Sent:** Tuesday, 24 March 2020 9:31 p.m.  
**To:** Sarah Berger <Sarah.Berger@cdhb.health.nz>; ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz>; Dan Coward <Dan.Coward@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>  
**Cc:** S (9) (a)  
**Subject:** RE: Provision of PPE

Hi there,

Out of Scope

Cheers,  
 Renee (P)

**From:** Sarah Berger  
**Sent:** Tuesday, March 24, 2020 6:48 PM  
**To:** ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz>; Dan Coward <Dan.Coward@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>  
**Cc:** S (9) (a)  
**Subject:** RE: Provision of PPE

Hi all

This is the message that Renee, Steve and I have prepared for community / external providers and we ask that ECC coordinate this against the criteria listed as it is too much to manage now:

Due to limited supplies and increased demand (especially for PPE and cleaning / disinfection products), the CDHB needs to manage the allocation of products in a structured and equitable way that ensures our ability to support the entire health system through a prolonged pandemic. In every instance please attempt to source products through your existing supply chains and only rely on the CDHB when all alternative avenues have been exhausted.

The CDHB will support you when your supply chain has broken down or you have an immediate need driven by a highly suspected or confirmed COVID-19 case within your care.

The regional emergency coordination centre is operating throughout the pandemic, 7 days a week and will be closely supported by CDHB Supply Department. Individual community requests will now be coordinated through CPRG, please ensure requests are sent to [eoc@cprg.org.nz](mailto:eoc@cprg.org.nz) and that you include:

- Evidence of your inability to source requested products; and/or
- Evidence of delays within your supply chain coupled with your current stock on hand and consumption rates to highlight the shortfall; and/or
- Evidence of a highly suspected or confirmed COVID-19 case within your care

We must insist that you follow the Ministry of Health recommendations for the use of PPE and decontamination of equipment and the environment to ensure that as a health system we do not waste our precious resources.

The CDHB Supply Department is fully committed to supporting the health system and if the requested evidence is supplied this will ensure the most timely provision of goods to support your request.

**From:** Megan Gibbs **On Behalf Of** ECC Manager (CDHB)

**Sent:** Tuesday, 24 March 2020 7:26 a.m.

**To:** Dan Coward <[Dan.Coward@cdhb.health.nz](mailto:Dan.Coward@cdhb.health.nz)>; ECC Controller (CDHB) <[ECCControllerCDHB@cdhb.health.nz](mailto:ECCControllerCDHB@cdhb.health.nz)>

**Cc:** S (9) (a)

**Subject:** Provision of PPE

**Importance:** High

Hi Dan

Without any guidance on prioritisation or messaging nationally we are now being inundated with requests from a range of health providers for PPE. It is unclear whether they are trying their usual channels or now coming directly.

Yesterday our supply team received direct requests from a dermatologist in private practice and a home for people with intellectual disabilities.

I have taken the liberty of replying to the Supply team saying no at present to the dermatologist and suggested redirecting the home to the Disability Support Team at the Ministry of Health who I understood were planning support for their services.

On top of the demands from General Practice our remaining supply of PPE is at risk of being decimated.

I have raised this twice on the weekly DHB/NHCC teleconference and informed the controller of the impact on our supply, they have been silent in response. I have not received any indication that there is any work being done to support DHB's in this respect or that we have the ability to propose any limits on these demands.

All our PPE now requires an internal special approval before release but without any national guidance on priorities it's almost free for all.

This requires some urgent attention and support nationally to manage, would appreciate your advice and escalation.

Thanks

Megan

*Megan Gibbs*  
ECC Manager

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**From:** 9(2)(a)@health.govt.nz  
**Sent:** Monday, 30 March 2020 8:15 PM  
**To:** 9(2)(a)

**Cc:** NHCC\_NationalCoordinator@health.govt.nz  
**Subject:** Fw: PPE guidance update now on MOH website  
**Categories:** Completed

Good afternoon

Updated information is now available on the MoH website regarding the revised PPE rational use guidelines and resources. Below is the link, please disseminate to your stakeholders including primary care, community care, care workers etc.

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-personal-protective-equipment-essential-workers>

Ngā mihi nui | Kind regards

9(2)(a)  
Deputy Director COVID-19  
National Health Coordination Centre  
Ministry of Health  
Mobile: 9(2)(a)

<http://www.health.govt.nz>  
[mailto:9\(2\)\(a\)@health.govt.nz](mailto:9(2)(a)@health.govt.nz)

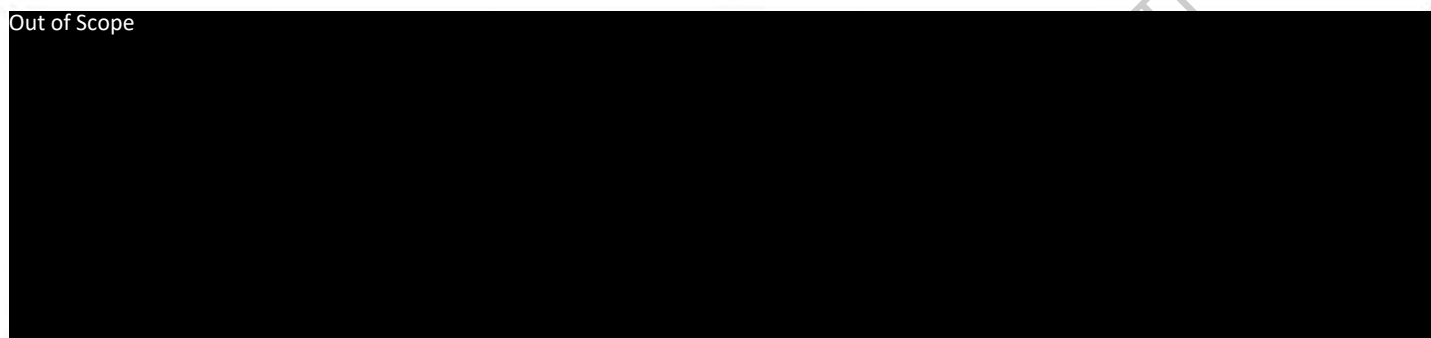
\*\*\*\*\*

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**From:** 9(2)(a) [REDACTED]@health.govt.nz on behalf of  
NHCC\_NationalCoordinator@health.govt.nz  
**Sent:** Tuesday, 31 March 2020 12:52 PM  
**Cc:** NHCC\_NationalCoordinator@health.govt.nz; NHCC\_PIM@health.govt.nz;  
Ashley.Bloomfield@health.govt.nz; 9(2)(a) [REDACTED]@health.govt.nz  
**Subject:** Update from the National Supply Chain Governance Group for Health  
**Categories:** Needs logging, Completed

Update from the National Supply Chain Governance Group for Health

Out of Scope



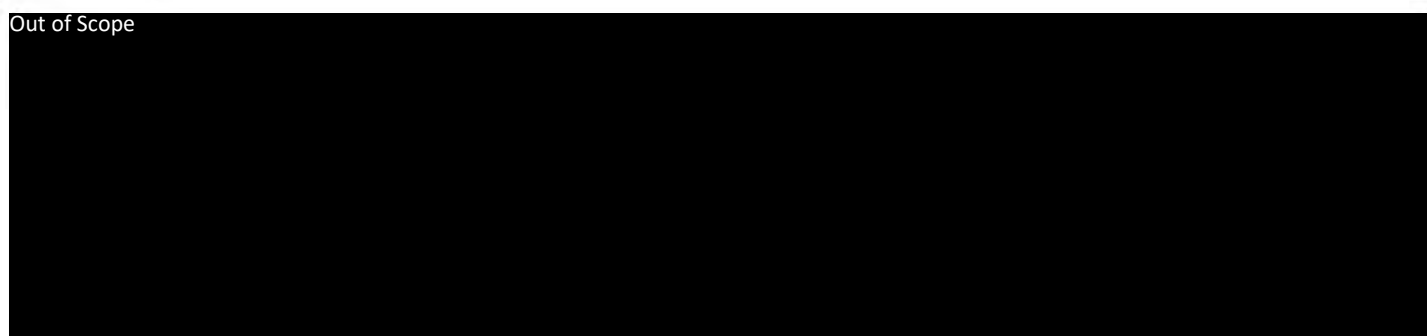
5. A national process coordinated from the NCMC (National Crisis Management Centre) is being established to understand supply and demand for PPE across Health and other essential workforces, coordinate supply chain orders at a national level and assess any funding constraints to ensure continuity of supply. An initial meeting between Canterbury DHB procurement, Health Partnerships and Health Source is planned for 31 March. More information will follow.

6. Over the next 48 hours, 1.2 million masks are being released to DHBs for distribution to all health and disability providers in their districts (whether or not they are funded by DHBs).

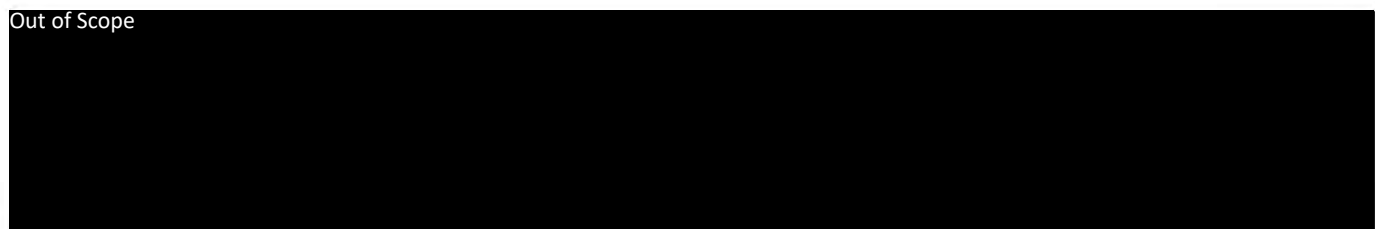
Out of Scope



Out of Scope



Out of Scope



Ngâ mihi nui

Dr Ashley Bloomfield \*\*\*\*\*

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If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

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This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

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**From:** Becky Hickmott on behalf of ECC Welfare (CDHB)  
**Sent:** Wednesday, 1 April 2020 9:52 AM  
**To:** ECC Controller (CDHB)  
**Cc:** S (9) (a) [REDACTED]  
**Subject:** ACTION REQ'd - Help to distribute PPE to ARC and Community

**Importance:** High

**Categories:** Decision Made

Hi Dan

Can you please request approval for us to access support from the military to support the vulnerable peoples team to get the PPE from CPRG out to the key areas that Mardi will list.

If you could gain approval from CDEM to proceed Mardi will get the lists and numbers organised.

Thanks  
Becs



**From:** Rebecca Heyward (nee Winsor) on behalf of ECC Welfare (CDHB)  
**Sent:** Wednesday, 1 April 2020 11:12 AM  
**To:** ECC Controller (CDHB)  
**Subject:** RE: ACTION REQ'd - Help to distribute PPE to ARC and Community

**Categories:** Completed

Thanks Dan

**From:** Dan Coward **On Behalf Of** ECC Controller (CDHB)  
**Sent:** Wednesday, 1 April 2020 10:56 a.m.  
**To:** ECC Welfare (CDHB) <ECCWelfareCDHB@cdhb.health.nz>  
**Subject:** RE: ACTION REQ'd - Help to distribute PPE to ARC and Community

Happy if you connect directly with CPRG EOC for the contact.  
 Thanks

Dan

**From:** Rebecca Heyward (nee Winsor) **On Behalf Of** ECC Welfare (CDHB)  
**Sent:** Wednesday, 1 April 2020 10:35 a.m.  
**To:** ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>  
**Cc:** S (9) (a) [REDACTED] ECC Welfare (CDHB) <ECCWelfareCDHB@cdhb.health.nz>; ECC Operations (CDHB) <ECCOpsCDHB@cdhb.health.nz>  
**Subject:** RE: ACTION REQ'd - Help to distribute PPE to ARC and Community

Hi Dan,

Confirming that Mardi Postill will be the single point of contact around this S (9) (a) [REDACTED] – Please could you confirm who the contact at CPRG is to send this info to, so we can liaise with them around their volumes they have accessible to them?

Thanks,  
 Rebecca

**From:** Dan Coward **On Behalf Of** ECC Controller (CDHB)  
**Sent:** Wednesday, 1 April 2020 10:01 a.m.  
**To:** ECC Welfare (CDHB) <ECCWelfareCDHB@cdhb.health.nz>; ECC Operations (CDHB) <ECCOpsCDHB@cdhb.health.nz>  
**Cc:** S (9) (a) [REDACTED]  
**Subject:** RE: ACTION REQ'd - Help to distribute PPE to ARC and Community

I have asked the CDEM Controller to source support from NZDF. If you can confirm with CPRG the volume, a single point of contact so details around volumes, timelines, location and then support a discussion about distribution to who they should be able to support this process.

ECC Operations please note - Ill loop Ops in to support this process.

Many thanks

Dan



**From:** Becky Hickmott **On Behalf Of** ECC Welfare (CDHB)  
**Sent:** Wednesday, 1 April 2020 9:52 a.m.  
**To:** ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>  
**Cc:** S (9) (a) [REDACTED]  
**Subject:** ACTION REQ'd - Help to distribute PPE to ARC and Community  
**Importance:** High

Hi Dan

Can you please request approval for us to access support from the military to support the vulnerable peoples team to get the PPE from CPRG out to the key areas that Mardi will list.

If you could gain approval from CDEM to proceed Mardi will get the lists and numbers organised.

Thanks  
Becs

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Hi Suzy

Out of Scope

Alan

**From:** 9(2)(a)  
9(2)(a)

Out of Scope

- Mask, gloves, gown and goggles and that the patients environment and equipment including frequently touched surfaces are cleaned and then disinfected. Any unwell staff must stay off work or be sent home and vulnerable staff e.g. pregnant or immune suppressed should not nurse these residents. We are also couriering 2 packs of PPE out to you for user during outbreak.

Out of Scope

Kind regards, Suzy

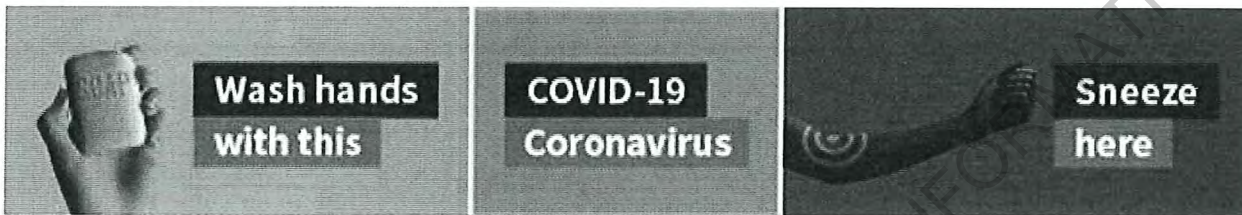
**Suzy Rogers**

Clinical Nurse Specialist, Infection Prevention and Control,  
Christchurch Hospital and Community

Manawa | Level 5, 276 Antigua Street | PO Box 1600 | Christchurch | New Zealand

Mobile 9(2)(a)

[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)

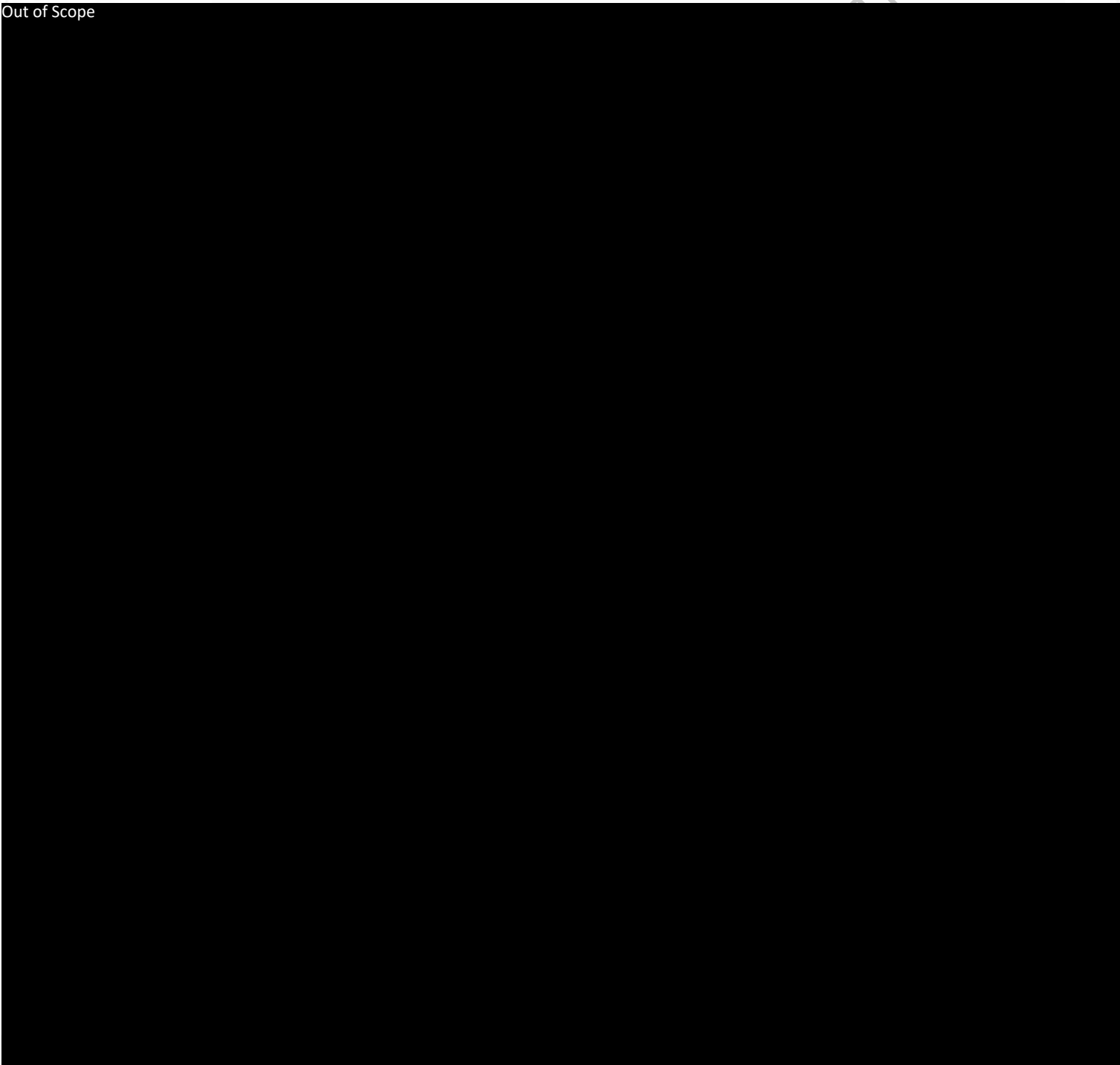


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**From:** Suzy Rogers  
**Sent:** Friday, 3 April 2020 7:04 PM  
**To:**  
**Cc:** S (9) (a)  
**Subject:** ECC Controller (CDHB)  
**Attachments:** RE: 9(2)(a) Lik.ey VCOVID-19 outbreak  
COVID-19 DRAFT Community Aged and Residential Care Guidelines 2020.pdf  
**Categories:** Completed

Hi Diane

Out of Scope



- The IPC Team and Older Persons Mental Health and Gerontology Team and the Emergency Control Centre are sending out COVID 19 outbreak packs , including PPE, etc. to <sup>9(2)(a)</sup> [REDACTED] tonight, - ( 7days stock for 32 staff) and staffing support to <sup>9(2)(a)</sup> [REDACTED] for over the weekend as well as welfare support
- I have attached Draft ARC Guidelines for you to follow, it has all the relevant IPC management, cleaning, screening and close contact follow up details.

Out of Scope

[REDACTED]

Kind regards, Suzy

**Suzy Rogers**

Clinical Nurse Specialist, Infection Prevention and Control,

Christchurch Hospital and Community

Manawa | Level 5, 276 Antigua Street | PO Box 1600 | Christchurch | New Zealand

Mobile <sup>9(2)(a)</sup> [REDACTED]

[Suzy.Rogers@cdhb.health.nz](mailto:Suzy.Rogers@cdhb.health.nz)



**Canterbury**District Health Board

Te Poari Hauora o Waitaha

## Community Aged and Residential Care Infection Prevention and Control

# COVID-19 Guidelines for Patient Management

**March 2020**



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**NB:** This information is subject to review in a rapidly changing environment and further advice will be provided as required.

## Management Guidelines for Suspected and Confirmed COVID-19 Cases and Outbreaks

### Purpose

To provide guidance to aged, residential and long-term care staff on the infection prevention and control precautions and other measures necessary to minimise the risk of transmission of COVID-19 cases and outbreak management measures.

This guidance is an additional resource to be utilised in conjunction with your own organisations policies and procedures.

### 1. Case Definition for COVID-19

The [case definition](#) is changing rapidly and is updated in line with the global situation and information received from the Technical Advisory Group (TAG) at the Ministry of Health (MOH). It provides updated information on the website:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

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

#### **Ministry of Health definition:**

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection>

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

- Direct contact with the body fluids or the laboratory specimens of a case
- Presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- Living in the same household or household-like setting (eg, shared section of a hostel) with a case
- Face-to-face contact in any setting within 2 metres of a case for 15 minutes or more
- Having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
- Aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)

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

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

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



**NB:** It is important that aged care facilities have processes in place to identify cases and limit the spread of COVID-19 in their facilities.

### Incubation period

Provisionally, the incubation period is considered to be from 1-14 days (commonly 3 to 7 days).

### Early Case Finding Strategy – Testing for COVID-19

Testing of suspect cases is to be discussed with the residents usual G.P. who must notify the Medical Officer of Health, on suspicion, of any patient who meets the (new) case definition. Please continue to use either ERMS or the notifiable disease fax form to notify COVID-19 cases.

**Please only refer patients who meet the current Ministry of Health COVID-19 case definition.**

**\*\*\*All non-urgent swabbing for other viruses including seasonal Influenza like virus (ILI) and other respiratory infections should cease**

**Unnecessary swabbing will deplete stocks of swabs and impact on testing for patients who meet the COVID-19 criteria.**

It is essential good swabbing practice is followed as per the collection guidelines; **See Appendix A. Laboratory Instructions for Respiratory Viral Testing**

*Table 1: PPE Use in Current Environment*

<b>Suspected or confirmed COVID-19 residents</b> <ul style="list-style-type: none"> <li>Enhanced droplet and contact precautions i.e.: surgical mask, gown, gloves and eye protection (safety glasses or face shield)</li> </ul>
<b>Residents with respiratory symptoms</b> <ul style="list-style-type: none"> <li>Surgical mask to be worn when coming within 2m of any resident with an acute respiratory illness (as part of "Droplet Precautions")</li> </ul>
<b>Additional PPE recommendations</b> ARC/LTCF staff who are the <u>very first points of contact</u> should wear a surgical mask when within 2m of an unwell resident <u>until COVID-19 risk assessment is completed</u> (ie symptoms / travel /exposure history) e.g. nursing staff and health care assistants <ul style="list-style-type: none"> <li>Surgical mask to be worn when coming within 2m of any residents (regardless of symptoms) who have               <ol style="list-style-type: none"> <li>Arrived from overseas in the preceding 14 days</li> <li>Have had casual or close contact with a suspected or confirmed case of COVID-19 within the preceding 14 days</li> </ol> </li> <li>ARC/LTCF staff who are identified as vulnerable to COVID-e.g. based on pregnancy, risk factors or an underlying medical condition) to wear a surgical mask when coming within 2 metres of any residents (regardless of resident symptoms)</li> </ul>

## 2. Case Classification

- Under investigation:** A case that has been notified, but information is not yet available

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

### 3. Suspected COVID-19 cases in aged, residential and long term care facilities (IPC precautions)

If **one or more** confirmed COVID-19 cases have occurred within a health care or aged-care facility, **an outbreak management team should be convened**, including a senior facility manager, an infection control practitioner and appropriate clinical staff, in consultation with CDHB CPH and Community IPC Nursing staff. For more information see [Interim Advice for Health Professionals](#).

**NB: See Appendix C COVID-19 Suspected Case Risk Assessment Form.** Testing of suspect cases is to be discussed with the CDHB Community Public Health Unit, Clinical Microbiologist or ID Physician.

- Ensure resident is isolated in their room/bed space with door closed.
- Initiate **CONTACT and DROPLET** transmission-based precautions. Standard precautions apply at all times.

Only staff who will be in contact with the resident for more than 15 minutes and within 2 metres need to wear PPE. As a result, reception staff do not need to wear a face mask or any other PPE.

Hand hygiene is essential to prevent infection following contact with infectious secretions.

PPE is recommended for direct care staff who cannot maintain at least 2 metres of contact distance from people with COVID-19 symptoms.

Staff PPE must include:

- Disposable, fluid resistant gown (long sleeved)
- Gloves
- Surgical mask
- Eye protection (eg safety glasses or face shield)
- Particular care must be taken to avoid touching eyes, nose or mouth with contaminated hands (gloved or un-gloved)
- All PPE must be removed on leaving the room and disposed of in medical (yellow) waste stream
- Reusable eye protection shall be transported to the dirty utility room in a designated receptacle. Refer to reprocessing reusable safety glasses/face shield.

- Nebulisers should be avoided. Consider alternative method of medication delivery.



- Educate resident on the importance of correct Hand Hygiene and Respiratory Hygiene and Cough Etiquette practice

Additional information on safe putting on and removal of PPE is available in the CDHB [Transmission Based precautions Policy](#) and demonstration in this [video](#).

Ensure careful hand hygiene is followed at all times as per the 5 Moments for Hand Hygiene and when removing PPE as per CDHB [Hand Hygiene policy](#)

It is also important for all residents of aged care facilities to practice good hand hygiene and to wear a face mask if they have respiratory symptoms.

**NB:** It is likely that residents with COVID-19 infection will require isolation for a significant length of time during the patient journey. This will be in consultation with the Infectious Diseases Physician.

- Residents should not be removed from isolation without consultation with Infection Prevention and Control Outbreak Team

#### 4. Management of Outbreaks and Cohorting

- Commence a line listing of affected residents and staff, see appendix B.
- Contact Community IPC Outbreak Team for advice regarding outbreak Management.

Cohorting only for confirmed cases of COVID -19 for socialisation purposes, to offer psychological relief from isolation and would only occur for brief periods of time, in dedicated lounge or dining area, away from other non-affected residents.

#### 5. Contact Tracing

This will be initiated by CPHU staff, ARC staff must provide a regularly updated line listing of affected and newly symptomatic or confirmed COVID -19 residents and staff

#### 6. Visitor Restrictions

•Restricted visiting and IPC precaution signage will be clearly visible on entrance to aged, residential, long term care facility

- Visitors should be actively discouraged. Alternative systems for communication should be supported e.g. telephone
- Visitors should be assessed for risk of having or being exposed to known or suspected COVID-19, See COVID-19 Suspected Case Risk Assessment Form
- Visitors (as contacts) may be required to be in self isolation for 14 days if they have visited overseas/high risk countries and have had direct contact with a confirmed or suspected COVID-19 case. They should not visit the facility in this 14 day period.
- While visitor restrictions may be difficult for families and whanau, it is an important temporary measure for their protection.

**NB:** Exceptions for compassionate care only in consultation with CPHU, Community IPC Nurses, ID Physician e.g. end of life situations.

Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement

counsellors, etc.) for fever or respiratory symptoms. Such visitors will be given recommended PPE and the visit will be limited to a specific room only.

## 7. Palliative Care

- Those who are elderly, frail, and/or with underlying chronic or serious illness are most at risk from COVID-19.
- Utilizing the unique skills and strengths found in palliative care must be part of the response.
- If ventilators and hospital ICU beds are in short supply, hospitals will have to triage cases and communicate to ARC/LTCFs, patients and families an alternative path.

## 8. Resident Movement and Transport

- Only as essential e.g. admission to hospital or transfer back to long term care facility
- Residents requiring transfer are to wear a surgical mask during transport and perform hand hygiene before leaving their room.
- Transfer staff e.g. ambulance or taxi and escorting staff are not required to wear PPE during transit, however, may carry disposable gloves/surgical mask for use if required e.g. if they are within 1 metre or in close contact with resident.

## 9. Laundry, Food Services and Waste

- Manage as for Contact Precautions.
- Food service staff are not to enter rooms of COVID-19 patients (do not bag food trays)
- Manage waste as per contact precautions
- Staff must perform hand hygiene after handling trays, waste and linen bags.

## 10. Daily Cleaning and Disinfection

- Staff to wear full PPE and ensure careful hand hygiene performed.
- Frequent cleaning of patient equipment and environment **each shift** is 2-step clean.
- Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) e.g. Oxivir or a chlorine-based product such as sodium hypochlorite (that is known to be effective in killing influenza viruses)..
- This includes frequently touched fixtures e.g. handles, call bells taps, knobs, bed frame and rails
- Also all horizontal surfaces including locker and bed table
- Use disposable equipment where available.
- Shared equipment must be cleaned and disinfected between residents e.g. hoists, slings, thermometers, BP cuffs, stethoscopes, eye protection.
- Floors will require daily mopping with a bleach-based solution (as above) – a disposable mop head will be required and re-usable handle and bucket

## 11. Terminal Clean

- A terminal clean is required following resident discharge or transfer to another ward/facility including curtain change.
- All cleaning processes for contact precautions must be followed by or combined with a disinfectant process (see \*2-step clean below).
  - a) Ensure room is prepared prior to cleaning, remove medical equipment and patient used items.
  - b) Environmental staff to wear PPE – gown/gloves (protective eyewear and mask may be used as required)



- c) Remove bed screens and privacy/window curtains (including disposable curtains/screens)
  - d) Focus to be placed on:
    - o Horizontal surfaces including windows, sills and frames
    - o Furniture and fittings
    - o Bed frames, rails and mattress
  - e) Mop floor and discard mop head as per normal process
  - f) Remove PPE and perform hand hygiene
- All cleaning equipment should be wiped over with a disinfectant and returned to the cleaners' room or storage area
  - Discard waste in appropriate area
  - Perform hand hygiene on completion

### **\*\*2-step clean**

Physical cleaning with detergent followed by disinfection with an IPC Service approved, hospital-grade disinfectant with activity against viruses (according to label/product information). This is currently either a chlorine-based product such as sodium hypochlorite or a combined cleaning/disinfection product e.g. Oxivir.

## **12. Care after Death**

- Personal cares after death as per nursing procedure
- The deceased is wrapped in a disposable sheet and placed in a body bag
- Body bag is to be identified with the deceased's name (which is copied from the patient ID tag on the deceased not from the notes).
- The closed body bag is to be wiped down with Presept (1000 ppm) or sodium hypochlorite solution (or your hospital grade disinfectant) and not reopened.
- Transport to mortuary on mortuary trolley, which is to be cleaned with Presept (1000 ppm) or your hospital grade disinfectant once the deceased has been removed.
- There are to be no viewings of the deceased by the family in the mortuary.
- NB: Please contact your preferred Funeral Director to discuss this possibility.

## **13. Symptomatic Staff**

Aged, residential and long term care staff cannot go to work if they:

- have cold or flu symptoms. Workers should be symptom-free for 48 hours before returning to work
- have been overseas in any country in the previous 14 days
- have been in close contact with a suspected, probable or confirmed case of COVID-19 other than clients you support

For staff with a suspected or confirmed case of COVID-19, they should isolate at home or on premises if possible. Contact your usual health care provider and register your details with Healthline on [0800 358 5453](tel:08003585453).

Support workers should also be encouraged to speak to their employers if they have underlying health conditions that make them at-risk of COVID-19.

Self-isolation means staying away from situations where you could infect other people, including going to work. Find out more about [self-isolation](#).

**14. The symptoms of COVID-19 are:**

- cough
- fever
- shortness of breath
- sneezing or a runny nose.

**15. Advice for employers**

Employers should:

- Provide information for all staff about procedures to prevent the spread COVID-19 and how to protect people who are more at risk of infection
- Brief all employed staff including contract, domestic and cleaning staff where applicable
- Provide staff with information on your organisation's business continuity plan or pandemic plan if you have one
- Plan and make provisions for staff absences
- Circulate or put up posters about staying away if sick and how to practise good hand hygiene and cough/sneeze etiquette. These posters are available at [health.govt.nz/covid-19](https://health.govt.nz/covid-19)
- Managers of essential workers should provide their staff with a letter stating that they are essential workers. We are developing a letter template that we will share with you when this has been developed.

## Specimen collection and transportation:

- **One Nasopharyngeal Swab** collected and immediately placed in UTM (universal transport medium). These are provided as a kit and instructions for collection can be found on Health Pathways.

Nasopharyngeal swab in Viral Transport Media



For nasopharyngeal kits Contact CHL: [labinfo@cdhb.health.nz](mailto:labinfo@cdhb.health.nz) or call 364 0484, or Community IPC Nurses for advice 03 3786966

**Prior to taking specimen, ensure staff have donned the correct PPE:**

Gloves,  
Gown  
Mask  
Eye Protection



## Specimen collection and transportation:

- **All suspected cases where testing is being considered MUST firstly be discussed with the CDHB Microbiology Registrar or ID Consultant.**
- 2. Respiratory material (nasopharyngeal swab placed in individual collection tubes).
- 3. Diagnostic request forms are to be filled out carefully and include clinical symptoms and relevant patient history.
- Specimens to be bagged and be delivered by hand /courier to CHL (Canterbury Health Laboratory).



# COVID-19 Laboratory Form Request Example

02/18 QF00050

GENERAL REQUEST FORM

Name of ARC/LTCF



Canterbury Health Laboratories  
www.hzl.co.nz | 0800 812 124



Surname

Given Names

D.O.B.

Sex

Hosp.

Patient No.

e.g. Dr Josh Freeman

Ward

Consultant

PROFILES - see pink pages pg 29

Urgent (circle tests requested urgently)

Phone

Fax

Canterbury Health Laboratories will rely on the requestor to obtain informed consent for the requested tests, and any additional related tests, to be performed by the laboratory.

LAB USE ONLY - ORDER OF DRAW - INDICATE NO. SAMPLES TAKEN

8. CULTURE CITRATE PLAIN LINEP EDTA FLUORIDE OTHER

IMMUNOLOGY

ANA Coeliac Screen  
Tissue Abs Rheum Factor  
ANCA Screen Complement  
PR3/MPO CCP  
DNA Abs Cardiolipin Abs  
ENA Abs IgE (total)  
Myositis Ab Skin Ab  
Neuronal (specify below)

IMMUNOLOGY

Specimen: Nasopharyngeal  
Test: Multiplex

TOXICOLOGY

Cyclosporin Tacrolimus  
Dose  
Dose time  
Dose duration (in mins.) if IV  
Dose interval

GENETICS

CF HLA-B27

OTHER TESTS Specify Sample Type

\* COVID-19

Tests: \*Duration of illness in days

SEROLOGY

CSF SPUTUM SWAB ASPIRATE TISSUE

BLOOD CULTURE

Micro URINE Specify Sample Type

Midstream Catheter Bag Other

Test Req'd

Micro/Culture

FAECES: Test(s) Req'd

HAEMATOLOGY

CBCL (+DIFF) Relic  
CBCF (+DIFF+FILM) Infect. Mono

Patient on anticoagulants: Yes No

INR D-Dimer Coag Screen

APTT DIC screen

BIOCHEMISTRY

BIOCHEM URINE Random 24 hour  
UNA, UK UCRN UOSM  
UPRO UURE MALB %

BLOOD GAS O2 therapy: %  
Arterial Venous  
Blood Gas Co-oximetry  
Blood Gas + Electrolytes

Dose duration (in mins.) if IV  
Dose interval

CLINICAL DETAILS

Recent Transfusions (Y/N)

Drug/Antibiotic Therapy: g p wk

Obstet: g p wk

Respiratory Outbreak Screening Symptoms:

NB: Swabs to be hand delivered to Canterbury Health Laboratory, Corner of Tuam and Antigua Streets, Christchurch



[illegible]

## Appendix C COVID-19 Suspect Case Assessment Form

### 1. Symptoms

a) Have you any of the following:

☐ Fever or history of fever (**37.5°C** or higher)? ☐ Cough ☐ Shortness of breath ☐ Sore throat

**AND**

### 2. Recent travel or contact with someone with novel coronavirus

a) Have you travelled to or from (excluding airport transit) **overseas countries or areas of concern\*** within 14 days before onset of illness?

☐ Yes ☐ No If **YES**, please provide details

OR

b) Have you been in close contact<sup>†</sup> with a person with confirmed infection of novel coronavirus (COVID-19) in the 14 days before the onset of illness?

☐ Yes ☐ No

Date/s of contact

### 3. Do the symptoms and risk assessment meet the suspected case definition for COVID-19?

☐ Yes ☐ No

#### Action:

- ☐ Discussed with CDHB Clinical microbiologist or ID physician
- ☐ COVID-19 Screen
- ☐ Public Health notified if suspected case

#### Comments:

Date ...../...../.....

Time: ..... hrs

**YES to 1 and 2, manage as a suspected case of COVID-19.**

\* The list of countries or areas of concern will be updated regularly – please check the Ministry of Health website daily: [health.govt.nz/covid19-countries-areas-concern](https://health.govt.nz/covid19-countries-areas-concern)

\*\* **Close contact** is defined as:

- Direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a health care setting When an aerosol generating procedure is undertaken on the case, without appropriate personal protective equipment (PPE)
- Living in the same household or household-like setting (eg, in a hostel) as a COVID-19 patient
- A person who spent two hours or longer in the same room (such as a general practice or ED waiting room)
- Those seated within two rows either side of a symptomatic case on a flight, bus or train for two hours or longer
- Face-to-face contact for more than 15 minutes with the case in any other setting not listed above.
- The epidemiological link may have occurred within a 14-day period before or after symptomatic illness in the case under consideration.



## Appendix D Enhanced Contact and Droplet Precautions Signage

**ENHANCED PRECAUTIONS**



## DROPLET + CONTACT

(in addition to Standard Precautions)



**RESTRICTED VISITING (only on approval)**  
Encourage other forms of communication, e.g. phone call or video call

	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>PLACEMENT</b></div> <ul style="list-style-type: none"> <li>✓ Single Room (cohort as advised by IP&amp;C)</li> <li>✓ Door closed</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>MASK</b></div> <ul style="list-style-type: none"> <li>✓ Surgical Mask</li> <li>✓ Put on at entrance to room</li> <li>✓ Remove when exiting the room</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>EYE PROTECTION</b></div> <ul style="list-style-type: none"> <li>✓ Safety glasses</li> <li>✓ Put on at entrance to room</li> <li>✓ Remove when exiting the room</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>GLOVES / GOWN</b></div> <ul style="list-style-type: none"> <li>✓ Put on at entrance to room</li> <li>✓ Remove before exiting room</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>PERFORM HAND HYGIENE</b></div> <ul style="list-style-type: none"> <li>✓ As per 5 Moments of Hand Hygiene</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>PATIENT TRANSPORT</b></div> <ul style="list-style-type: none"> <li>✓ Limit to essential purposes only</li> <li>✓ Patient to wear surgical mask during transport</li> <li>✓ Patient to perform hand hygiene</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>WASTE</b></div> <ul style="list-style-type: none"> <li>✓ Place in the infectious/medical waste bag</li> </ul>
	<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;"><b>PATIENT CARE EQUIPMENT / ENVIRONMENT</b></div> <ul style="list-style-type: none"> <li>✓ Dedicated equipment</li> <li>✓ Clean and disinfect on frequently high-touch points &amp; equipment</li> </ul>

Ref: 2405826

Authorised by: Infection Prevention & Control Service

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## References

1. New Zealand Ministry of Health [Internet]. Wellington: Influenza; [updated 16 January 2020; cited 2020 March 03]. Available from: <https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/influenza>
2. National Influenza Strategy Group (NISG) [Internet]. Auckland: Influenza information for health professionals [update not stated; cited 2019 May 15]. Available from: <https://www.influenza.org.nz/>
3. Centers for Disease Prevention and Control. [Internet]. Druid Hills, Georgia: Influenza (Flu); [updated 28 February 2020; cited 2020 March 03]. Available from: <https://www.cdc.gov/flu/>
4. New Zealand Ministry of Health [Internet]. Wellington: COVID-19; [updated 15 March 2020; cited 2020 March 15]. Available from: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>
5. JAMA. Corona Virus Resource Centre; [updated 15 March 2020; cited 2020 March 15]. Available from: <https://jamanetwork.com/journals/jama>
6. New England Journal of Medicine. Coronavirus (Covid-19); [updated 15 March 2020; cited 2020 March 15]. Available from: <https://www.nejm.org/coronavirus>
7. World Health Organisation. Coronavirus disease (COVID-19) outbreak; [updated 15 March 2020; cited 2020 March 15]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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