

CORPORATE OFFICE

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Christchurch Central
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Ralph.Jasalle@cdhb.health.nz

25 March 2021

9(2)(a)

RE Official information request CDHB 10518

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

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

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

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

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

Please note: Canterbury does not hold all of the individual documents that have been requested. The list below clarifies which documents have been provided and which documents were not able to be provided, as they are not held by the DHB.

Additionally, some areas of the documents have been redacted due to privacy concerns, pursuant to section 9(2)(a) of the Official Information Act, i.e. to “*protect the privacy of natural persons...*”

- **January 2020:** Canterbury DHB holds none of the requested documents for this period.
- **February 2020: Action Plan.** Other than this, Canterbury DHB holds none of the requested documents for this period.
- **March 2020: Situation Report; Action Plan & Incident Action Plan; Briefing Notes.** Other than this, Canterbury DHB holds none of the requested documents for this period.
- **April 2020: Recovery Plan*** – included as this was the only Recovery Plan document produced by Canterbury DHB.
- **May 2020: Situation Report; Briefing Notes.** Other than this, Canterbury DHB holds none of the requested documents for this period.
- **August 2020: Incident Action Plan.** Other than this, Canterbury DHB holds none of the requested documents for this period.
- **October 2020:** Canterbury DHB holds none of the requested documents for this period.
- **December 2020: Organisation Chart.** Other than this, Canterbury DHB holds none of the requested documents for this period.

***Although no documents were requested specifically for the month April 2020, Canterbury DHB has included the April Recovery Plan as this is the only COVID recovery plan available from the DHB.**

I trust this satisfies your interest in this matter.

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

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

Yours sincerely



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



1. 29 February 2020

CDHB Emergency Coordination Centre Activation Plan:

Date 2 March 2020

Activation agreed as for 3. Below – and as per the CDHB Pandemic Influenza Coordination plan – agreed by the Chief Medical Officer and Medical Officer of Health.

ECC Activation Criteria

| | Criteria | Considerations | Activate |
|---|---|---|----------|
| 1 | Local event which has severely impacted on [insert name] ability to deliver critical services | If the event is likely to impact or has impacted on the delivery of critical services and the restoration of services may exceed the maximum tolerable timeframe | Yes |
| 2 | Local, Regional or National Emergency Declaration | A Declaration will require coordination of efforts across the CDHB and all EOCs will support the coordination and reporting by CDHB ECC. | Yes |
| 3 | A CDHB Emergency Operations Centre has been activated and may need assistance | CDHB's EOC requires support | Yes |
| 3 | Pandemic Event | The CDHB Pandemic Influenza Coordination Plan requires activation of all CDHB EOC's and the CDHB ECC in support of their Pandemic response | Yes |
| 4 | Any Event where the response phase is likely to be matter of weeks, and / or the Recovery phase is likely to be complex and lengthy | Recovery begins as soon as an EOC or ECC is activated. Any event which is complex, and/or likely to be in the Response phase for more than a month will require an early Recovery Office set up prior to transition from Response to Recovery | Yes |



Initial ECC staffing

| Name | Alternate | EOC function |
|---------------------|------------|------------------------|
| Dr Sue Nightingale | | Controller |
| Rochelle Audeau | | Controller's Assistant |
| Megan Gibbs | Jane Lodge | ECC Manager |
| Megan Gibbs | Jane Lodge | Planning |
| HOLD - | | Intelligence |
| Renee Montgomery | | Logistics |
| Megan Gibbs | Jane Lodge | Operations |
| HOLD | | Welfare |
| Karalyn van Deursen | | Public Information |
| | | |
| | | |
| | | |

Notification text

Text to alert key stakeholders that Ashburton EOC has been activated:

“The CDHB ECC has been activated in response to COVID-19 at [time and date]. Our ECC Manager can be contacted on 9(2)(a) A situation update will follow by email within the next 60 minutes. Controller Sue Nightingale”

| Name | |
|--|--|
| ECC Controllers | David Meates, Hector Matthews, Dan Coward, Mary Gordon |
| Ministry of Health | SPOC + 9(2)(a) |
| ChCh Hospital | |
| SMHS | |
| OPH & R | |
| West Coast DHB | |
| NZ Police Canterbury | SPOC |
| St John Canterbury | SPOC + 9(2)(a) |
| FENZ | SPOC |
| Canterbury CDEM Group Duty Officer | SPOC |
| Executive Director, Planning and Funding | Carolyn Gullery |
| Health System 24/7 Contact list | |

Email message notifying of activation of CDHB ECC and situation update:

“The CDHB ECC has been activated in response to COVID-19 at [time and date]. Our ECC Manager can be contacted on ECCManagerCDHB@cdhb.health.nz

The ECC will provide support to the planning activity underway related to COVID-19.

The ECC will operate Monday – Friday 8am-5pm.

For liaison and planning purposes please confirm or update your site/organisations Single Point of Contact (SPOC) by return email.

Regular communication and liaison pathways will be established in the next 24 hours.”



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|---------------------|------------------------|
| Dr Sue Nightingale | Controller |
| Rochelle Audeau | Controller's Assistant |
| Megan Gibbs | ECC Manager |
| Megan Gibbs | Planning/Intel |
| Renee Montgomery | Logistics |
| Megan Gibbs | Operations |
| Karalyn van Deursen | Public Information |

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Approved: _____

Controller CDHB ECC

Date

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Situation Report Template 1004

Coronavirus19

Situation Report

23rd March 2020

| Situation Report approved by: | | |
|---|--------------------------|---|
| Date: for 23 rd March 2020 | Time: 1600 | Sitrep No: # 1 |
| Prepared By: CDHB ECC Intelligence | Contact mobile: 9(2)(a) | Contact email: ECCIntellCDHB@cdhb.health.nz |
| Next Sitrep to be issued at: | Time: | Date: To be advised |
| ECC/EOC name: Canterbury DHB ECC | | Controller: ECCControllerCDHB@cdhb.health.nz 9(2)(a) |
| EOC Location: 32 Oxford Terrace | EOC Manager Tel: 9(2)(a) | EOC Manager email: ECCManagerCDHB@cdhb.health.nz |
| <p>Situation Report Released to: ECCcontrollerCDHB@cdhb.health.nz; 9(2)(a)</p> <p>ECC Intelligence (CDHB) <ECCIntellCDHB@cdhb.health.nz>; 9(2)(a)</p> <p>ECC Logistics (CDHB) <ECCLogisticsCDHB@cdhb.health.nz></p> <p>ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz></p> <p>ECC Operations (CDHB) <ECCOpsCDHB@cdhb.health.nz>; 9(2)(a)</p> <p>ECC Public Information (CDHB) <ECCPubInfCDHB@cdhb.health.nz>;</p> <p>ECC Welfare (CDHB) ECCWelfareCDHB@cdhb.health.nz 9(2)(a)</p> <p>ECCPlanningCDHB@cdhb.health.nz 9(2)(a) 9(2)(a)</p> <p>CDHB sites including emergency.mgt@westcoastdhb.health.nz ;</p> <p>CDem cdem.dutyofficer@cdemcanterbury.govt.nz</p> <p>SI DHBs EOCs</p> <p>National EOC (NHCC) NHCC NationalCoordinator@health.govt.nz ;</p> | | |

| Event details: |
|---|
| <p>Situation Summary:</p> <p>An outbreak of novel coronavirus (COVID-19) originated in mainland China with the epicentre in Hubei Province. The Director-General of the World Health Organization (WHO) has stated that Europe has now become the epicentre of the pandemic. Overall, there have now been more cases reported outside of China.</p> <p>As at 1200 hrs 23rd March 2020 there are 102 cases confirmed and 0 deaths nationally.</p> <p>The situation in Canterbury is that an ECC was activated on 18 March 2020. There are 5 confirmed infections in Canterbury, 1 suspected, 50 in isolation and no one in hospital.</p> <p>There is community transmission and we are now in Alert Level 3 which is restrict. Moving to Level 4 within the next 48 hours.</p> |

| Assessment: |
|--|
| <p><i>Critical issues, progress made, assumptions and predicted incident development, ADVERSE EVENT.</i></p> <p><i>Reminder: Seek balance between speed and quantity/quality/source of the information.</i></p> <p><i>Checklist:</i></p> |

1. *Geographical area affected*
2. *Access*
3. *Health facilities status (total damages – partial damages – level of care provided – services lost)*
4. *Local health personnel status*
5. *Gaps identified (due to events)*
6. *Victims figure and sources (dead, missed, injured)*
7. *Figures, sources. Location, environmental health conditions, level of health service*
8. *Shelter, food and water access/availability*
9. *Action being taken in the health sector (MOH, UN, Red Cross, MSF, Oxfam and other international and local NGOs)*
10. *Lead agency and list of Health related clusters*
11. *Priority areas for intervention – type of intervention*
12. *Quality of the coordination*
13. *MFA/NZAid prioritised areas*

Actions Taken

Planning and Intelligence:

There is a real time dashboard being set up to provide information around demand and capacity. Further work is being undertaken on modelling different potential scenarios.

Actions Taken

Operations:

Operations have been triaging all requested for assistance and support.

Actions Taken

Logistics:

Logistics have been taking note of all offers of assistance and working for requests for resources as they have come to hand.

Actions Taken

Liaison:

A summary of liaison activities, liaison supplied elsewhere or supplied to your own EOC or required.

Actions Taken

Communications:

In development

Resources:

Resources In place:

Details of resources in place, those in reserve and where deployed or located. Included those resources being sourced and likely times for availability.

Resources that may be required:

Details of resources that may be required, why and where and possible sources.

Actions Taken:

Factors:

Critical elements, security/safety issues, weather and other factors or limitations that are impacting or likely to impact on the development of this incident and the response.

Predicted Incident Development:

How the situation is expected to evolve, including spread of disease, patient numbers, staff and resource availability.

Proposed Activities:

Proposed activity general:

Plans to respond to predicted incident development, resourcing issues, communications strategies, etc.

Proposed activity and strategy:

The proposed strategic development to meet any predicted changes.

Information Flow:

A summary of the departments, agencies, teams and individuals who may have information needed and/or need to be kept informed of actions taken and planned. Includes contact lists of specialists and briefing times and locations.

Communications Plan:

Includes telephone and cell phone numbers, email addresses, radio call signs and frequencies also calling schedules if required.

Checklist:

- *More reliable communication at the moment*
- *What is available, what has been restored and what is still unavailable*

Public Information (Includes information for staff):

Details of communications released, under preparation or planned for. Record how, when and to whom the information has and will be provided. Also include details of key media contacts.

Other relevant information:

Situation Report Approved by:

Name & Position:

Time:

Date:

Assessment valid as at:

| INFRASTRUCTURE ASSESSMENT (tick only where appropriate) | | | | | PERSONNEL ASSESSMENT (tick only where appropriate) | | |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|---|--|--|
| No damage; all utilities fully functional: <div style="text-align: right;">True False</div> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> | | | | | Critical Shortage | | |
| If false: | | | | | | | |
| | | Severe | Moderate | Isolated | None | | |
| 1. | Structural Damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. | Fire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. | Flooding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | |
| | | | Fully | Partially Functional | Not | | |
| 4. | Power | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. | Generators | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. | Water Supply | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. | Sewage | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. | Communications | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. | Gas Supply | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. | Other Utility (please identify): | | | | | | |
| | | | | | | | |
| | | | Fully | Partially Functional | Not | | |
| 11. | Overall Operational Status is: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SERVICE AVAILABILITY (tick only where appropriate) | | | | | BED AVAILABILITY | | |
| All services fully functional: <div style="text-align: right;">True False</div> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> | | | | | Available (Can Admit) Critical Shortage | | |
| If false: | | | | | | | |
| | | | Fully | Partially Functional | Not | | |
| 12. | Emergency Department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. | Satellite ED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14. | Operating Theatres | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15. | Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16. | Radiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. | Laboratory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18. | Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19. | Decontamination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 20. | Vehicles / Transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 21. | Mortuary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 22. | Pathology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 23. | Catering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 24. | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25. | Sterilisation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26. | Blood Products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27. | Other Services | | | | | | |
| | Service Name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Service Name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | Service Name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 28. ED Doctors | | | | | <input type="checkbox"/> | | |
| 29. Intensivists | | | | | <input type="checkbox"/> | | |
| 30. General Surgeons | | | | | <input type="checkbox"/> | | |
| 31. Orthopaedic Surgeons | | | | | <input type="checkbox"/> | | |
| 32. Specialist Surgeons | | | | | <input type="checkbox"/> | | |
| 33. Operating Theatre Staff | | | | | <input type="checkbox"/> | | |
| 34. Physicians | | | | | <input type="checkbox"/> | | |
| 35. Registered Nurses (specify type) | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| 36. Health Care Assistants | | | | | <input type="checkbox"/> | | |
| 37. X-ray Staff | | | | | <input type="checkbox"/> | | |
| 38. Lab Staff | | | | | <input type="checkbox"/> | | |
| 39. Clerical Staff | | | | | <input type="checkbox"/> | | |
| 40. Other: | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | | |
| CASUALTY INFORMATION (in last 24 hours) | | | | | CAN THIS HOSPITAL RECEIVE AND TREAT PATIENTS WITH? | | |
| 48. Patients Treated as Outpatients | | | | | Yes No | | |
| 49. Patients Admitted | | | | | <input type="checkbox"/> <input type="checkbox"/> | | |
| 50. Patients Awaiting Treatment | | | | | <input type="checkbox"/> <input type="checkbox"/> | | |
| 51. Patients Discharged | | | | | <input type="checkbox"/> <input type="checkbox"/> | | |
| 52. Deaths | | | | | <input type="checkbox"/> <input type="checkbox"/> | | |
| If Yes please Specify Below | | | | | | | |
| Additional Information (elaborate or comment on any of the above) | | | | | | | |

Facility Name:

Assessment valid as at:

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CDHB Emergency Coordination Centre Activation Plan:

Date 2 March 2020

Activation agreed as for 3. Below – and as per the CDHB Pandemic Influenza Coordination plan – agreed by the Chief Medical Officer and Medical Officer of Health.

ECC Activation Criteria

| | Criteria | Considerations | Activate |
|---|---|---|----------|
| 1 | Local event which has severely impacted on [insert name] ability to deliver critical services | If the event is likely to impact or has impacted on the delivery of critical services and the restoration of services may exceed the maximum tolerable timeframe | Yes |
| 2 | Local, Regional or National Emergency Declaration | A Declaration will require coordination of efforts across the CDHB and all EOCs will support the coordination and reporting by CDHB ECC. | Yes |
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| 4 | Any Event where the response phase is likely to be matter of weeks, and / or the Recovery phase is likely to be complex and lengthy | Recovery begins as soon as an EOC or ECC is activated. Any event which is complex, and/or likely to be in the Response phase for more than a month will require an early Recovery Office set up prior to transition from Response to Recovery | Yes |

Initial ECC staffing

| Name | Alternate | EOC function |
|---------------------|------------|------------------------|
| Dr Sue Nightingale | | Controller |
| Rochelle Audeau | | Controller's Assistant |
| Megan Gibbs | Jane Lodge | ECC Manager |
| Megan Gibbs | Jane Lodge | Planning |
| HOLD - | | Intelligence |
| Renee Montgomery | | Logistics |
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| HOLD | | Welfare |
| Karalyn van Deursen | | Public Information |
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Notification text

Text to alert key stakeholders that Ashburton EOC has been activated:

“The CDHB ECC has been activated in response to COVID-19 at [time and date]. Our ECC Manager can be contacted on 9(2)(a) A situation update will follow by email within the next 60 minutes. Controller Sue Nightingale”

| Name | |
|--|--|
| ECC Controllers | David Meates, Hector Matthews, Dan Coward, Mary Gordon |
| Ministry of Health | SPOC + 9(2)(a) |
| ChCh Hospital | |
| SMHS | |
| OPH & R | |
| West Coast DHB | |
| NZ Police Canterbury | SPOC |
| St John Canterbury | SPOC + 9(2)(a) |
| FENZ | SPOC |
| Canterbury CDEM Group Duty Officer | SPOC |
| Executive Director, Planning and Funding | Carolyn Gullery |
| Health System 24/7 Contact list | |

Email message notifying of activation of CDHB ECC and situation update:

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The ECC will provide support to the planning activity underway related to COVID-19.

The ECC will operate Monday – Friday 8am-5pm.

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| Megan Gibbs | Operations |
| Karalyn van Deursen | Public Information |

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Approved: _____

Controller CDHB ECC

Date

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**PUBLIC HEALTH
INCIDENT ACTION PLAN**

| | |
|--|---|
| INCIDENT: COVID-19 "stamp it out" phase PLAN No: 2 DATE: 24/03/2020 DURATION OF PLAN: 7 days PREPARED BY: Annabel Begg, Nicola Laurie CONTACT DETAILS: Location: Community and Public Health annabel.begg@cdhb.health.nz Public Health Incident Controller 24/03/2020: Kerry Marshall NEXT IAP TO BE ISSUED AT: 31/03/2020 or earlier if required | KEY ISSUES FOR THIS PERIOD: <ul style="list-style-type: none">• Continued case investigation and management• Consistent approach and messaging across key stakeholders• Continued management of household contacts• Supporting centralised contact management (for all but household contacts) by increasing CPH staff familiarity with REDCap and CCAT• Ongoing need for border presence, with expectation of exit screening• Impact of alert level 4 on staff, including transition to majority working from home |
| INCIDENT ACTION PLAN APPROVED BY: Name & position: Kerry Marshall, Incident Controller Time: 1045h Date: 25/03/2020 | |
| EVENT & IMPACT: <p>An outbreak of novel coronavirus (COVID-19) originated in mainland China in late 2019 with the epicentre in Hubei Province.</p> <p>Clinical description and severity:</p> <p>The clinical signs and symptoms of COVID-19 infection that have been reported as ranging from non-specific respiratory symptoms such as fever, cough, sore throat to shortness of breath and symptoms of pneumonia and severe acute respiratory infection.</p> <p>Most cases have mild illness, with about 20% having more severe illness requiring hospitalisation (mainly due to pneumonia). Case fatality rates increase with increasing age and are also higher for those with pre-existing health problems. The overall case fatality rate is estimated at 2%.</p> <p>Global situation:</p> <p>Europe has now become the epicentre of the pandemic, as stated by the WHO. Over recent days, reported case numbers have been increasing most rapidly in Italy, Spain, Iran, France and Germany. Globally, there were 332,930 confirmed cases in total as at 23/03/20.</p> <p>New Zealand situation:</p> <p>As at 1300 h on 24/03/20 there were 155 combined confirmed and probable cases in New Zealand. Forty-three of these combined confirmed and probable cases were reported in the last 24 hours.</p> <p>New Zealand is currently on level 3 of the COVID-19 alert system and will move to level 4 at 2359h on 25/03/20.</p> <p>Level 4 measures include: people instructed to stay at home, educational facilities closed, businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities, rationing of supplies and requisitioning of facilities, travel severely limited, and major reprioritisation of healthcare</p> | |

services.

CPH region:

There were -13 confirmed cases and 1 probable case at 1000h 24/03/20, all in the CDHB region.

Border response:

As of 1159hrs 19 March 2020, only New Zealand residents and citizens (and their children and partners) are currently permitted to enter New Zealand.

OVERALL GOAL:

To limit spread of COVID-19 in our community to reduce morbidity and reduce and/or delay burden on healthcare services.

PLAN PURPOSE:

To document for CPH staff and key stakeholders specific tasks, status of tasks at 24/03/2020, and priority tasks for the CPH response to COVID-19 over the next week.

CASE AND CONTACT DEFINITIONS AND MANAGEMENT:

Due to the rapidly evolving situation, readers are referred to the CPH Communicable Disease Protocol for COVID-19 for the current case definition, case management protocol, contact definition, and contact management protocol: <https://intel.cph.co.nz/media/47748/covid-19-protocol.pdf>.

RESOURCES AND CURRENT WORKING SITUATION

The majority of CPH staff are now working from home, with key operational staff continuing to work on site with physical distancing and hygiene measures in place. Staff also continue to be rostered on to meet all international flights.

Rostering is in place and is being reviewed frequently.

RESOURCES THAT MAY BE NEEDED THIS WEEK

Critical staffing issues, for example around specialised roles, are being identified and addressed.

CCC Environmental Health Officers (EHOs) are being orientated this week.

| Issue | Critical Elements | Specific Tasks – NB prepare in advance | CPH lead (and second if named) | Status 24 th March | Priority tasks this week (CPH lead) |
|---------------------|--|--|--------------------------------|---|---|
| Psychosocial impact | Community needs understood | <ul style="list-style-type: none"> Monitor media, social media, and feedback from staff | 9(2)(a) | Ongoing <ul style="list-style-type: none"> Health Promoters – working with normal channels/official information sources | <ul style="list-style-type: none"> Connect with 9(2)(a) Comms team for update. Ensure comms lined up with all psychosocial messaging |
| | Consistent information and messaging to multiple communities | <ul style="list-style-type: none"> Overall CDHB health systems communications plan, identifying stakeholders, information needs, communications channels, and responsibilities Development of consistent messages and “collateral” All Right? COVID-19 messaging Visible spokespeople Regular media releases CDHB & CPH websites | | Ongoing <ul style="list-style-type: none"> CDHB comms plan is in draft All Right? has reoriented to work on Covid-19 | <ul style="list-style-type: none"> Maintain connection with 9(2)(a) CDHB Comms team for update |
| | Community psychosocial support resourced and co-ordinated | <ul style="list-style-type: none"> Use CPH’s existing networks to support and provide information to agencies and groups working with our communities, especially vulnerable communities | | Ongoing | <ul style="list-style-type: none"> Liaison re CALD communities – 9(2)(a) Connect via Pacific networks Continue using Pacific messaging from Ministry of Pacific Affairs and Covid-19 All-of-Govt site. |
| Māori health | Māori communities’ needs understood and responded to | <ul style="list-style-type: none"> Liaise with and provide information to Ngāi Tahu, TPK, Nga Mata Waka, rūnanga, MWKW, Māori providers, Māori community links, kura kaupapa. Remain vigilant for any new issues. Communicate via Te Karere slot. | | Ongoing <ul style="list-style-type: none"> 9(2)(a) presented to Te Pūtāhitanga (heavily viewed on line -13,000 views) and Nga Mata Waka (40 attendees) Information provided to all marae, Māori providers Ngāi tahu are contacting all kaumatua and linking with Runanga | <ul style="list-style-type: none"> Ongoing liaison with Ngāi tahu 9(2)(a) Liaison with 9(2)(a) as contact for Te Pūtāhitanga Covid-19 plan. 9(2)(a) assisting with Comms Ongoing liaison with 9(2)(a) Link with Te Pūtāhitanga on whānau ora packs South Canterbury: Teleconference tomorrow re Māori and Pacific communities (with Director of Māori and Pacific Health, |

| Issue | Critical Elements | Specific Tasks – NB prepare in advance | CPH lead (and second if named) | Status 24 th March | Priority tasks this week (CPH lead) |
|-------------------------------------|--|---|--------------------------------|---|--|
| | | | | | marae, Arowhenua Whānau Services etc). Link in with 9(2) for more Information. |
| Case finding & control | Prompt isolation of cases | <ul style="list-style-type: none"> Manage lab test approval requests from primary care and ED Follow up as per protocols. Maintain protocols and documentation Support primary care to follow up any in-practice exposures | 9(2)(a) | Ongoing <ul style="list-style-type: none"> 13 confirmed cases as of 1000h today Case investigation team set up Protocol is reviewed and updated as required (version 10 currently in draft) Ongoing liaison with Primary Care | <ul style="list-style-type: none"> Discuss and confirm approach regarding case investigation for high priority suspect cases Strengthen referral and notification process with labs, ED and primary care Move to new rosters |
| Contact tracing & control | Restriction of susceptible contacts Consistent and accessible public messaging | <ul style="list-style-type: none"> Follow up as per protocols Maintain protocols and documentation Liaison with HealthPathways Liaison with primary care (see below) Liaison with support agencies (eg Ministry of Education) Public messaging: see above | | Ongoing | <ul style="list-style-type: none"> CCAT being used for case and household contacts Allocated staff using REDCap to enter details of other contacts (i.e. not household) for national follow up. Continuing liaison with Education, Health Pathways, Primary care. 9(2)(a) meeting with Health Pathways today Increase number of staff able to work in EpiSurv (Communities and Policy staff) |
| Use of statutory powers | Only likely in specific circumstances in this outbreak. | <ul style="list-style-type: none"> Draft “direction” letters in case needed Discuss with Ministry of Health if considering issuing directions | | Ongoing | <ul style="list-style-type: none"> 9(2)(a) update from National situation. |
| Isolation & quarantine arrangements | Manage within households wherever possible All cases and susceptible contacts need suitable accommodation during isolation/restriction; some may require support. | <ul style="list-style-type: none"> Remain alert for resistant or harder-to-reach groups and families and consider other ways of accessing and supporting those cases & contacts. Remain alert for any exceptional situations where household assistance is required. Contingency planning for cases or contacts without own accommodation arrangements during isolation or quarantine. | | <ul style="list-style-type: none"> Local arrangements are in place with motels and other accommodation providers Arrangements for Christchurch also being made at national level | |
| Border response | As required by Ministry: | <ul style="list-style-type: none"> Liaison with border agencies | | Ongoing | <ul style="list-style-type: none"> Prepare to respond to exit |

| Issue | Critical Elements | Specific Tasks – NB prepare in advance | CPH lead (and second if named) | Status 24 th March | Priority tasks this week (CPH lead) |
|---------------------------|---|--|--------------------------------|---|---|
| | <ul style="list-style-type: none"> Meet incoming flights/ships Provide information Identify/refer anyone with symptoms | <ul style="list-style-type: none"> Work with PHNs Roster staff Maintain protocols and documentation | 9(2)(a) | <ul style="list-style-type: none"> Involves HPOs, PHNs and other CPH staff | screening expectation – announcement re timing is awaited |
| Alternative accommodation | Potentially required for cases or contacts without own arrangements. | <ul style="list-style-type: none"> See above (isolation and quarantine requirements) | | As above –Isolation/Quarantine | |
| Primary care | Public messaging re phone ahead. Infection prevention & control Case notification and management. Follow up of in-practice contacts. Consistent advice to patients. | <ul style="list-style-type: none"> Provide clear advice via CPRG, and on HealthPathways and Healthline Feeding into CPRG primary care communications Providing Ministry info and other priority info via public health “alerts” Maintain connection with Testing /Assessment Centres (CBACs) | | <ul style="list-style-type: none"> Public health “alerts” going smoothly. Finalising documentation. 9(2)(a) | <ul style="list-style-type: none"> Support consistent messaging around PPE use and supply in primary care Consider how to manage exposure of a case within a primary care practice 9(2)(a) Ensure alignment around advice on Health Pathways and in Testing/Assessment Centre Connect with primary care EOC 9(2)(a) |
| Secondary care | Consistent advice to staff and patients | <ul style="list-style-type: none"> Work via IPCEC and CDHB response group Ensure consistency of IPC/Occ Health/Public Health advice to staff Liaise with hospital staff re discharge of cases and advice to their community contacts | | Ongoing | <ul style="list-style-type: none"> Ongoing liaison via IPCEC and COLT (Covid Leadership team) including providing public health overview 9(2)(a) |
| Education settings | Consistent advice re hygiene, staff & student sickness, exclusion, closures Keep informed of public health response | <ul style="list-style-type: none"> Monitor MoE communications Provide local advice as required Provide updates on evolving situation | | <ul style="list-style-type: none"> Situation substantially altered by 23/3/20 announcement of closure of all schools and ECEs by end of day tomorrow (25/3/20) | <ul style="list-style-type: none"> Liaise with schools around (1) what to do if impacted by a case and (2) ongoing liaison re communications to parents and caregivers while schools remain closed, including link to psychosocial support (various incl 9(2)(a)) |
| Civil Defence / NGOs | Provide information to help them manage community burden of illness and | <ul style="list-style-type: none"> Provide employers information sheet on website and shared via CECOC etc. Provide advice re welfare assistance | | <ul style="list-style-type: none"> Ongoing liaison Referral system in place for welfare assistance | <ul style="list-style-type: none"> Refer welfare issues directly to CDEM |

| Issue | Critical Elements | Specific Tasks – NB prepare in advance | CPH lead (and second if named) | Status 24 th March | Priority tasks this week (CPH lead) |
|---|--|---|--------------------------------|---|--|
| | isolation/quarantine | available | 9(2)(a) | | |
| Transition to “manage it” | Wind up border and case/contact management work Communicate transition to all stakeholders | <ul style="list-style-type: none"> Anticipate and identify trigger points Confirm transition with DHBs and Ministry Change border information materials as required Consistent advice to current cases & contacts Clear communication with public and professionals about transition | | No update | |
| Other | | • | | No update | |
| Recovery | Recovery needs understood | • Tbc | | No update | |
| | Effective interagency connexions | • Tbc | | No update | |
| | Community-led recovery supported | • Tbc | | No update | |
| CPH staff safety, wellbeing, & communications | CPH staff safe, resourced and supported, in the field and in the CPH office | <ul style="list-style-type: none"> Regular IC update to all staff Monitor workload Rotate staff Ensure breaks Dedicated Staff Welfare position | | Ongoing • 9(2)(a) is now staff welfare manager | <ul style="list-style-type: none"> Advise staff of 3-day roster Ensure breaks Weekly wellbeing email to all staff Consider impact of school closures on individual staff |
| Information | Up-to-date understanding of situation, including physical and psychosocial needs, across different communities | • See Psychosocial Impact (above) | | Ongoing | <ul style="list-style-type: none"> Alignment of CPH protocol with Health Pathways, Testing/Assessment Centre (CBAC) and Labs |
| | Effective information available to inform and support response. | <ul style="list-style-type: none"> Maintain/update documentation for staff and primary care | | Ongoing | |
| | Effective monitoring of response and recovery | <ul style="list-style-type: none"> Regular reports circulated to agreed list. Numbers to MoH as requested. | | <ul style="list-style-type: none"> Request received 23/3 for daily update to CDHB ECC at 1100h | <ul style="list-style-type: none"> Daily update to CDHB ECC at 1100h 9(2)(a) Share updates via email with agreed list (eg CPH staff) once discussed/agreed with IC |

| Issue | Critical Elements | Specific Tasks – NB prepare in advance | CPH lead (and second if named) | Status 24 th March | Priority tasks this week (CPH lead) |
|-------------------------------|---|---|--------------------------------|---|---|
| | | | 9(2)(a) | | 9(2)(a) |
| Liaison | Effective links with affected communities | <ul style="list-style-type: none"> Consider specific communities (CALD, Māori, Pacific, Muslim communities, travellers) etc in Comms Messaging re community gatherings, travel, etc | | See above | |
| | Effective partnership with other response agencies | <ul style="list-style-type: none"> Ongoing co-ordination via CPRG, IPCEC. | | Ongoing | <ul style="list-style-type: none"> Alignment of messages with CPRG and Testing/Assessment Centre (CBAC) 9(2)(a) |
| | Effective links with other EOCs | <ul style="list-style-type: none"> As above | | Ongoing | <ul style="list-style-type: none"> Connect with CDHB ECC 9(2)(a) primary care EOC 9(2)(a) |
| | Ministry of Health | <ul style="list-style-type: none"> Regular border meetings | | Ongoing | <ul style="list-style-type: none"> Attend teleconferences for: Border Operations, PHU Managers, Contact Management Connect re contact management centre if possible |
| | Christchurch Airport, Ports | <ul style="list-style-type: none"> Maintain relevant information at border Ongoing liaison with CIAL and port companies | | Ongoing <ul style="list-style-type: none"> CPH staff continue to greet and give advice to every incoming passenger | <ul style="list-style-type: none"> Preparation for exit screening - still to be confirmed |
| South Canterbury & West Coast | Effective communications with health professionals and the public | <ul style="list-style-type: none"> Ensure swab access understood and facilitated Maintain links and share material with SC and WC Comms staff as required | | Ongoing | <ul style="list-style-type: none"> Maintain effective communication |
| | Consistent follow-up of any cases & contacts | Maintain links across health protection staff via CPH teleconference and direct phone links with HPOs/MOSH | | Ongoing | |
| Outbreak wrap-up | Debriefs Outbreak report | Run internal (x) and external (x) debriefs for CPH and outside staff Capture relevant data during outbreak Write report Write up for publication | | | |

COVID-19
 Canterbury DHB COVID-19 Operational Planning Briefing
 31 March 2020

| Planning Briefing approved by: | | |
|--------------------------------|---------------------------------------|--|
| Date: 31 March 2020 | Time: 5pm | No: # 2 |
| Prepared By: ECC Planning | Contact mobile: 9(2)(a) [REDACTED] | Contact email: ECCPlanningcdhb@cdhb.health.nz |
| Next report to be issued at: | Date: Thursday 2 April | |
| Report Released to: CDHB EMT | | |

| Alert status NZ | Level 4 [Eliminate] |
|---|--|
| Canterbury DHB status on COVID-19 National Hospital Response Framework | Status Yellow Actively planning for any move to Status Orange |
| Number of COVID-19 cases (by Ethnicity: NZE, M, P, Unknown) (updated 1600 30/3) | 42 NZE, 3 M, 1 P, 4 unknown |
| Confirmed (updated 1600 30/3) | 43 |
| Probable (updated 1600 30/3) | 7 |
| Updated 0800 31/3 | 52 |
| Number COVID-19 patients in hospital by site | 1 at Christchurch Hospital |
| Number patients in ICU | 0 |
| Number patients on ventilators | 0 |
| Influenza immunisations Completed | 30/3/20 |
| Primary Care (General Practice) | 18,876 |
| Pharmacy | 1,820 |
| CDHB | approximately 5,000 |

| Key Planning Issues: |
|---|
| <ul style="list-style-type: none"> Chatham Islands are vulnerable, specifically transport of tests to the Lab, small workforce, limited mortuary capacity (2). Now linked into Ashburton EOC for additional support. Identified issues for cleaning and orderly workforce, there is a plan in place to address this utilising wider workforces across Canterbury eg VBase staff. |
| Planning Status: |
| Workforce: <ul style="list-style-type: none"> Process for identifying and managing at risk CDHB staff in place. Redeployment database for clinical, non clinical staff and volunteers being developed. Two team approach has been implemented to reduce cross contamination. Safe staff "going home" guidance has been developed. Redeployment of RNs to Greymouth for 2 weeks. General practice have a PHO pastoral care programme in place CBACs: <ul style="list-style-type: none"> Working towards readiness for CBACs at Amberley, Rangiora, Burwood and Kaikoura Policy being developed for the central CBAC to do outreach for house-bound patients who require testing. |

Hagley:

- Hagley ICU and ED radiology will be ready from 8th April.
- MOH waived need for Health Certification for ICU/ ED Radiology, ward levels 4 and 7 due to COVID response.

Vulnerable people

- Housing update for homeless – housing and urban developments have made significant progress and no issues to date within Canterbury.
- Through the process of contract tracing, people affected have signalled to C&PH staff their feelings of shame and stigma around diagnosis of COVID-19.
- Process to support vulnerable rural communities with meals now being established.
- Implementation and communication strategy for Welfare and Wellbeing response plan.
- All of government welfare number 0800 779 997 is operational.

PPE

- Supply of PPE and appropriate processes are being finalised to ensure transparent process and workflow with appropriate issue of stock.

Burwood Hospital, OPH & R

- Ryman has put out a letter to all DHBs that all patients transferring to their facilities must be tested for COVID-19 prior to discharge. Working with our ARC team and P&F to align appropriate supports.

Planning Response Status:

| Service | Response Status | Service | Response Status |
|--|-----------------|-----------------------------|-----------------|
| Christchurch Hospital | | Chatham Islands | |
| Labs | | Kaikoura | |
| Comm | | West Coast | |
| Support Services | | ISG | |
| People & Capability and programmes of work | | CPRG | |
| Procurement | | Community and Public Health | |
| Burwood Hospital and Older Persons Health | | Vulnerable populations | |
| SMHS | | Psychosocial: | |
| Rural (Oxford, Waikari, Ellesmere) | | Maintenance | |
| Ashburton | | Clinical Engineering | |
| | | Hagley Facility | |

On Track

Under pressure




High Risk

Report Approved by:

Name & Position:
Dan Coward, CONTROLLER

Time:
xx

Date:
31 March 2020

| | |
|---|-------------------------|
|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |

CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN

Draft @ 20/04/2020

[consider format as we don't want it to get confused with the Response plan]

Our Vision Tā Mātou Matakite

To improve, promote, and protect the health and well-being of the Canterbury community.




Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.

Our Values Ā Mātou Uara




- Care and respect for others. Manaaki me te whakaute i te tangata.
- Integrity in all we do. Hāpai i ā mātou mahi katoa i runga i te pono.
- Responsibility for outcomes. Te Takohanga i ngā hua.

Key Directions Nga Tāhū




1. Plan reflectively and system wide to reset ready for waves post Wave 1 immediate mortality and morbidity of COVID-19
 - a. Wave 2: impact of resource restriction on non-COVID conditions
 - b. Wave 3: impact of interrupted care on chronic cares
 - c. Wave 4: psychosocial effectiveness, mental illness, economic injury, burnout
2. Review innovative models of care used during the Wave 1 response and adopt those that added value into recovery and ongoing response phases
3. Identify and manage risks
 - a. Community and system impact: reduce physical, psychological and social consequences of Pandemic
 - b. Needs of vulnerable populations, including age related residential care
 - c. Workforce able to refresh, reset, recover and respond to new demands
 - d. System ability and timing to recover and respond into new business normal.
 - a. What might we have expected to have been doing across system @ February 2019
 - b. What was achieved across system @ February 2020 e.g. Planned Care Quickr, SfN, work being done by P&F/Decision Support
 - c. What is MOH likely to require [NB MOH Presentation to Chairs CONFIDENTIAL 17/04/2020]
 - d. Revised production planning across system: work being done by P&F/Decision support; Christchurch Hospital prioritisation of service restart [Deferred Planned Care: FSAs, followups, surgery]; Non-deferred delivery: FSAs, followups, surgery]

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




| CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN | | | | | | |
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| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| Phase 1 Reflect & Replan for Operational Recovery in parallel with Operational Response Plan for likely ongoing waves | | Reflect & Replan | <ul style="list-style-type: none"> Review and incorporate any changes to government or MOH policy, expectations e.g. Annual Plan ECC & EOC debrief processes to reflect and replan Application of Equity Lens and MOH COVID-19 Māori Response Action Plan to all Operational Response Activity and Operational Recovery Planning Plan by EOC to manage step down from national Alert Levels Plan by EOCs [Christchurch Hospital, OPH&R, SMHS] to manage agreed changes in National Hospital Campus & Facilities Management Framework ECC development and maintenance of Risk Register, with appropriate mitigations, linked to ECC Operational Response Risk Register P&F/Decision Support/ development, use and review of data modelling and actual data to manage phase safely: socialised with ECC and EOCs | | <p>Data to inform understanding of cumulative effects of system shocks on Planned Care delivery over past year (i.e. impacts of 2019 Outpatients flood, industrial action)</p> <p>Data and analysis to identify changes made to business processes during response phase: what changes have worked well, what have not, what clinical risks have been managed, what have not been e.g. use of virtual appointments, role of primary care management in conjunction with secondary care e.g. virtual ward; ensuring sustainability of primary care with reduced presnetations, maintaining appropriate Triage 1 & 2 presentations in ED while diverting other categories to primary care; managing cost issues for consumers; getting flu vax to vulnerable communities</p> | |
| | Mardi.Postill@cdhb.health.nz NGOs (P&F) Sandy.Mclean@cdhb.health.nz Hector Matthews Executive Director Maori & Pacific Health Maui Collective: Maori & Pacific providers Te Kāhui o Papaki kā Tai Manawhenua ki Waitaha | Support Vulnerable People | COVID-19 ongoing response level Reflect/Replan to non-COVID-19 <ul style="list-style-type: none"> Equity Lens used to review responsiveness during Operational Response Phase: vulnerable persons, Maori, Pasifika, other populations including ARC workforce, agencies such as Christchurch City Council, Christchurch City Mission, Christchurch Methodist Mission, Christchurch Resettlement Support, Consider results of Ihi Research whanau ora surveys [Dr 9(2)(a)] Consider #Manaaki 20 activity and whanau responses: Te Putahitanga 9(2)(a) Work with Te Puni Kokiri re recovery phases and support they can offer Work with CDEM Welfare | | | |
| | ECCs/all EOCs People & Capability Welfare Staffing Logistics All line managers/provider s | Protect and support wellbeing of health workforce | Plan developed for: <ul style="list-style-type: none"> Occupational health assessments: return to usual activity when safe to do so Staff re-entry to workplaces from working remotely when safe to do so Staff travel across facilities/sites/zones when safe to do so (including TransAlpine Agreement, and visiting clinics to other DHBs Redeployment planning for clinical, non clinical staff and volunteers to return back to usual roles when safe to do so Changes in physical distancing guidelines and workspace re-organising Review of virtual working and plan for future: staff, services Reversing two team approach to reduce cross contamination and maintain service levels when safe to do so | | | |
| | | CDHB Management | COVID-19 ongoing response level Reflect/Replan to non-COVID-19 <ul style="list-style-type: none"> Financial and P&C review of expenditure for COVID-19, including brought forward CapEx, OpEx requests, requests for staffing etc End of Financial year reconciliation 2019-20 | | | |

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




| CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN | | | | | | |
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| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | | | <ul style="list-style-type: none"> Resetting of financial request requirements for 2020-21 financial year | | | |
| | ECC/EOC Mark.lewis2@cdhb.health.nz Chief of People: Michael Frampton | People & Capability | COVID-19 ongoing response level Service Delivery Functions <ul style="list-style-type: none"> Workforce/Recruitment ER/HR – leave Redeployment Childcare Critical roles and skills Working from home guidelines Overseas workforce Onboarding Map new workforces Non employed workforce Service hub continuity Reflect/Replan to non-COVID-19 <ul style="list-style-type: none"> Review workforce/recruitment processes during response phase and make recommendations for priorities and timing to return to BAU phase. Ensure casual staff contracting clarified Union Engagement strategy Categorisation of workforces and hospital zones: what needs to stay Manage staff leave, redeployment in conjunction with services/line managers to ensure staff are well rested, welfare considered and able to return to duties, or be redeployed if required Psychosocial support continues in conjunction with ECCWelfare, Staff Logistics, Line Managers with clarity about responsibility and accountability MECA expiries and negotiation schedules development [in conjunction with national GPs HR and All DHBs team, Finance and other applicable areas] Training requirements understood Assessment of critical roles and skills: service and staff requirements understood, prioritised and implemented included visiting clinics, overseas fellows/locums, recruitment Review and prioritise Max requirements | | | |
| | ECC/EOC ISGCOVID19@cdhb.health.nz Stella Ward Executive Director SI ISSLA | Information Services Group | COVID-19 ongoing response level: Service Delivery Functions <ul style="list-style-type: none"> Workforce Support for critical services COVID/Non COVID teams Decontamination and sanitation of devices Telehealth Security and lockdown Supply chain Hagley and ICU detailed planning in progress ISG High Level Alert Plan completed Setting up a drop / clean zone in a portacom close to CHCH hospital for the ISG Field Techs HCS COVID-19 tasks are being bundled for release e.g. prescribing with no signature, developing forms for remote assessments and availability of the MOH Triage Form. Working on a resource plan for Hagley ICU. <ul style="list-style-type: none"> Prioritisation Framework for requests Reflect/Replan to non-COVID-19 | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> | |

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




| CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN | | | | | | |
|---|-----------------------------------|--|---|----------------------------|---------------------|--------|
| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | | Maintain provision of essential service delivery | | | | |
| | | Community & Public Health | <p>COVID-19 ongoing response level</p> <ul style="list-style-type: none"> • Surveillance and detection of COVID-19 • Continued case investigation and management of close/household contacts as per protocols. Non household contacts then handed over to national case and contact management system. • Discuss and confirm approach regarding case investigation for high priority suspect cases • Referral and notification process with Labs, ED and primary care • Ongoing border role • Liaison with Ministry of Health, including border response (airports and seaports) and statutory powers • Liaison labs, primary care, secondary care, Civil Defence, education settings • Reorientation of All Right? to COVID-19 • Support and provide information to agencies and groups working with communities, especially vulnerable communities using existing networks • Liaison with stakeholders to ensure timeliness of COVID-19 notifications • Ongoing liaison with Ngāi Tahu; Te Pūtāhanga [#Manaaki 20 Whanau Ora response]; Executive Director of Māori and Pacific Health, Pacific networks, CALD communities • Pacific messaging from Ministry of Pacific Affairs and COVID-19 All-of-Govt site. • Provide key MoH info to Primary Care via Public Health 'Alerts' • Psychosocial response plan in conjunction with National Psychosocial Response Plan for COVID-19: Phase 1 implemented • Mental Health Foundation and CDHB [CPH] provide the national COVID 19 promotion campaign " Getting Through Together" and will provide messaging for the whole population, and for identified priority communities. ? All Right campaign?: impact and learnings • Liaison with CDEM welfare <p>Reflect/Replan to non-COVID-19</p> <ul style="list-style-type: none"> • National Psychosocial Recovery Plan developed; CDHB Psychosocial Recovery Plan establish and implemented underway • CCC Environmental Health Officers (EHOs) are being orientated this week. PHNs also joining the team • Initiatives for vulnerable populations developed in conjunction with communities and evaluated: Maori, Pacific, CALD • Work with Te Putahitanga #Manaaki 20 programme, Ngai Tahu and Nga Maata Waka activities and evaluate impact on vulnerable populations • Health Promotion priorities • Health Protection priorities • Notifiable disease figures to recalibrate prevention activity • Review Rheumatic Fever plan follow up • Review interagency activity: Hauora Alliance, and 3 DHB CPH activity to plan to reprioritise focus as required | | | |
| | | Laboratories | <p>COVID-19 ongoing response plan</p> <p>Canterbury Health Limited</p> <ul style="list-style-type: none"> • Continue COVID-19 testing and reporting as indicated by Alert Level | | | |

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




| CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN | | | | | | |
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| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | | | <ul style="list-style-type: none"> Secure ongoing supply chain (including swabs) for all requirements Workforce across core services Supplies and sample delivery for CBACs <p>Reflect/Replan to reincorporate non-COVID-19 activity Canterbury Health Limited</p> <ul style="list-style-type: none"> Reinstate range of specialist services Reinstate Phlebotomy services inpatient, in community (including community collection centres) as planned and prioritised Reinstate chlamydia testing Monitor volumes of testing Monitor stock levels, expiry monitoring of reagents <p>Southern Community Laboratories</p> <ul style="list-style-type: none"> Reopening of collection centres | | | |
| | | Mortuary | <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> Manage cross sector Deceased Persons Pathway and Coroner's rules Work with Funeral Directors Family Viewings <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <ul style="list-style-type: none"> Review Cross sector Care of Deceased Pathway and end to end pathway as well as Coroner's rules Working with intersectoral focus [Police, Funeral Directors, Cultural & Spiritual Advisors] release tūpāpaku when permitted and advise families of processes | | | |
| | | Primary Care + Pharmacy [CPRG] | <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> Consider ongoing need for CBACs <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <ul style="list-style-type: none"> Reinstatement of usual business processes/face to face visits for Community Support Workers, Whanau Ora navigators, Mana Ake programme etc, review of virtual activity for lessons learned that will be useful for future Readiness for Influenza 2020 with sufficient stocks of vaccine for priority populations Reinstatement of standards audits, compliance actions Assessment of impact on General Practices: NB support package made available Consider management of red/green activity Consider models of care for virtual activity, including virtual ward, support for hospital sector recovery (service and funding models?) Consider PSAAP process, Annual Statement of Fees Consider Akaroa Health Centre Primary Mental Health Initiatives Demand for BIC services Te Tumu Waiora introduction <p>Pharmacy</p> <ul style="list-style-type: none"> Assessment of impact on Pharmacies <p>Related activity</p> | | | |

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




| CANTERBURY HEALTH SYSTEM COVID-19 OPERATIONAL RECOVERY PLAN | | | | | | |
|---|---|-----------------------|--|----------------------------|---------------------|--------|
| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | | | <ul style="list-style-type: none"> Timing and process for return to full business: readiness assessment and prioritisation for E-Products work programme [in conjunction with SI ISSLA] Timing and process for return to business as usual work programme for Community HealthPathways Timing and process for return to business as usual work programme for Canterbury Initiative Timing and process for return to business as usual work programme for Canterbury Initiative | | | |
| | | NGOs | <p>COVID-19 ongoing response plan</p> <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <p>HBSS</p> <ul style="list-style-type: none"> safe return to face to face delivery; reinstatement of home care only services, and continuation of personal care services <p>District Nursing</p> <ul style="list-style-type: none"> safe return to face to face delivery <p>Palliative Care</p> <ul style="list-style-type: none"> safe return to face to face delivery <p>Community Dental</p> <ul style="list-style-type: none"> safe return to face to face delivery; School Dental Service, Adolescent services non-urgent private dental services <p>Maori & Pacific providers</p> <p>safe return to full face to face activity: clinical [DSM nursing, WCTO, residential AOD] and non-clinical services [Community support workers, whanau ora navigators etc]</p> <p>Screening Programmes: Breast, Cervical [NSU]</p> <ul style="list-style-type: none"> National Immunisation Register Well Child/Tamariki Ora Community Mental Health Services Reinstatement of Meals on Wheels services | | | |
| | | ARC | <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> Implementation of plan in response to D-G letter (11/4/20) re ARC vulnerability, readiness, support & assistance requirements <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <ul style="list-style-type: none"> Reinstatement of H&DS Standards audits, compliance actions | | | |
| | ECC/All EOCs Planning & Funding Hospital Management Structure | Christchurch Hospital | <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> As per current response plan: red streams <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <ul style="list-style-type: none"> Consideration of Wave impacts and how hospital system will manage these with Red/Green flows [data modelling imperative – cumulative effects of delay clear] | | | |

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|  | Plans in place/on track |
|  | Under pressure |
|  | Issue identified |




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| | EMT | | <ul style="list-style-type: none"> Influenza 2020: ensure staff and vulnerable people across system have access to flu vax, pneumovax to avoid hospital admissions Reinstatement of reporting requirements to MOH at appropriate time Reinstatement of H&DS Standards audits, compliance actions at appropriate time Infection Prevention & Control advice and recommendations implemented for CDHB facilities CDHB Visitor policy reviewed and changes prioritised and phased Reconsideration business continuity plans Food, cleaning, laundry, public cafes Review changes at service, departmental levels e.g. <ul style="list-style-type: none"> Pharmacy changes Supply Maintenance schedule Allied Health, Scientific & Technical Maternity, including rurals, LMCs access agreements <ul style="list-style-type: none"> Clinical records: HCS, Cortex Management of contractors Recertification waivers TransAlpine agreement operations Relationships with unions locally, regionally, nationally including: Review rosters including safe staffing MECAs Review of training requirements (in association with Colleges etc) including: <ul style="list-style-type: none"> Medical Nursing Allied Health, Scientific & Technical Review of conference and training leave Review of recruitment processes with risk management approach to service impact, isolation or quarantine requirements Return to work programme for Hospital HealthPathways [decision re openness to other HP instances in NZ, and funding arrangements] Phased, prioritised decanting and reopening of wards as assessed and recommended by clinical and management teams Review of acute response capacity/capability to identify and manage residual risks by service, as assessed and recommended by clinical and management teams [Red/Green teams to manage wave responses alongside return to BAU] Phased, prioritised reintroduction of non-deferrable activity by service: in person or continuation of virtual, as assessed and recommended by clinical and management teams Phased, prioritised reintroduction of deferrable Planned Care Outpatients by service: in person or continuation of virtual as assessed and recommended by clinical and management teams | | | |

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| | | | <ul style="list-style-type: none"> Phased, prioritised reintroduction of Planned Care surgical activity ED volumes: review activity – Triage 1 & 2 maintained during COVID-19, reduction in Triage 3-5: maintain for Winter 2020 Radiology ICU: surge capacity requirements during Winter 2020 Hospital Dental Services Review policies, processes implemented e.g. Cardiology devices, IBD, Maternity patient flows, AnteNatal virtual appointments, virtual Gynae referrals, management of oncology patients, management of Oncology and other MDMs Review and reinstate audit and quality meetings by service ASB opening Private Hospital: surgical commitments Introduction of Bowel Screening Programme: MOH advised deferment to July 2020 – review Tertiary Services: IDF flows: review activity, destination policies, reinstatement of usual patient flows [STEMI, Acute Stroke Telehealth, Neurosurgery, Oncology] Review plans for services identified as vulnerable by SI AOG and SLA's, Workstreams and CDHB | | | |
| | ECC/ EOC Planning & Funding Hospital Management Structure | OPH & R | <p>Plans in place and implemented at appropriate</p> <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> Spinal pathway management <p>Reflect/Replan to reincorporate non-COVID-19 activity</p> <ul style="list-style-type: none"> Plan to prioritise and fully reinstate all services with appropriate red/green considerations: non-deferrable Outpatients, surgery; deferral outpatients, surgery; non/deferrable rehabilitation – and impact of Ward GG onsite: staff responses, impact on community confidence] <ul style="list-style-type: none"> BOPU [note likely to be outsourced for some months: P&F] Orthopaedics OPH&R Spinal Unit Older Person's assessments including interRAI, referrals and operation of day support, emergency and planned respite services are prioritised for reopening with clinical and management advice Residential care placements and transfers are reinstated as clinically appropriate according to care level requirements <p>Respite and Day Support Services</p> <ul style="list-style-type: none"> Plan to reinstate emergency, planned respite and day support services <p>Spinal Pathway</p> <ul style="list-style-type: none"> Review ongoing requirements to manage Spinal Pathway | | | |
| | ECC/EOC EOCMentalHealth@cdhb.health.nz Planning & Funding | Specialist Mental Health Services <ul style="list-style-type: none"> COVID/Non COVID teams Inpatients Outpatients Community | <p>Plans in place and implemented at appropriate</p> <p>COVID-19 ongoing response plan</p> <ul style="list-style-type: none"> | | | |

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| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | Sandy.Mclean@cdhb.health.nz Hospital Management Structure | <ul style="list-style-type: none"> Staffing Staff rotations Pharmacy Community MH&A NGOs (P&F) | Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Consider plan to prioritise and fully reinstate all services: non-deferrable Outpatients, deferral outpatients, non/deferrable rehabilitation; crisis respite Forensic, Mothers & Babies, Eating Disorders Plan to reopen inpatient and community Detox services Plan for CDHB and NGO response to people with drug dependence, including opioid dependence Plan to reinstitute community visits and CDHB/NGO community and residential services, appropriate to each Alert Level Review medication delivery plans: inpatient, community Review consumer management plans, staff case loads and prioritise responsiveness Review capacity register collated for Response phase – staff and facilities for future use in priority areas Reinstate site works for AT&R constructure Work with NGOs with housing services to identify issues and recalibrate/reactivate processes at each Alert Level DISC (Hep C): reinstitute clinic hours, manage any service and client risk issues identified during response phase, and during each Alert level PHOs – Pegasus Suicide Prevention Coordination <ul style="list-style-type: none"> Cross sectoral planning and readiness to respond (link with Psychosocial Recovery Planning) PHOs – Waitaha Health Brief Intervention Counselling Referrals being sent to central triage point and allocated | | | |
| | ECC/EOC Bernice.marra@cdhb.health.nz Planning & Funding Hospital Management Structure | Ashburton | Plans in place and implemented at appropriate COVID-19 ongoing response plan: Service Delivery Functions <ul style="list-style-type: none"> Workforce Consumables Inpatients Diagnostics Transport Hospital visitor policy Support services Supply chain Relationship with Primary Care [Waitaha PHO] Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Safe return to face to face activity, patient transfers, staff transfers Reconfirm service provision at each Alert Level and confirm supply chain for all services in operation Ensure workforce welfare and leadership rest Follow up vulnerable patients identified from existing community service delivery (Allied, CNS and District and SMHS) and connect to Civil Defence/Ashburton District Council volunteer planning to determine ongoing requirements Plan for reopening of Elizabeth St Day Centre and home based support service Plan to reinstate visiting specialist services in connection with Christchurch Campus Operations Group Air Chathams, 3 flights/week, ensuring transportation for prescriptions, blood tests and other essential health related supplies. | | | |
| | ECC/EOC | Rural Hospitals: Oxford, Darfield, Waikari, Ellesmere | Plans in place and implemented at appropriate | | | |

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| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | win.mcdonald@cdhb.health.nz Planning & Funding | | COVID-19 ongoing response plan: Service Delivery Functions <ul style="list-style-type: none">• Workforce• Consumables• Inpatients• Transport• Hospital visitor policy• Support services• Supply chain Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none">• Safe return to face to face activity, patient transfers, staff transfers• Rural hospital workzone categorisation assessment: Ellesmere, Darfield, Oxford, Waikari• Review MOH guidelines on admissions in ARC facilities (Rural Community Facilities) require all new admissions to go into single rooms and self-contained bathrooms for 14 days. CDHB rural facilities do not meet this requirement.• Meals on Wheels reviewed – reinstate as appropriate• Staff and patient vaccinations: confirm• Confirm access to 1Chart/MediMap for prescribing remotely• Reidentify admission processes [with OPH&R and other relevant services] | | | |
| | ECC/EOC Primary Bernice.marra@cdhb.health.nz Planning & Funding Secondary win.mcdonald@cdhb.health.nz | Chatham Islands | Plans in place and implemented at appropriate COVID-19 ongoing response plan Service Delivery Functions <ul style="list-style-type: none">• Workforce• Consumables• Inpatients• Diagnostics• Transport• Hospital visitor policy• Support services• Supply chain• Pharmaceuticals Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none">• Safe return to face to face activity, patient transfers, staff transfers• Ensure Flu Vax delivered and provided• Ensure all staffing requirements in place, including visiting locums• Confirm freight flights to enable transportation of specimens, prescriptions and other essential health related supplies• Ensure internet capability escalation has been responded to | | | |
| | ECC/EOC Angela.blunt@cdhb.health.nz Planning & Funding Hospital Management Structure | Kaikoura | Plans in place and implemented at appropriate COVID-19 ongoing response plan Service Delivery Functions <ul style="list-style-type: none">• Workforce• Consumables• Inpatients, outpatients, primary care• Diagnostics• Transport• Hospital visitor policy• Support services• Supply chain | | | |

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| | | | Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Safe return to face to face activity, patient transfers, staff transfers Ensure Flu vax for staff and priority vulnerable people delivered and provided Ensure psychosocial support and support for mental health and wellbeing in place given vulnerability of population [isolation, economic wellbeing] and work closely with Te Tai O Marokura, Kaikoura District Council welfare team and other local services to ensure continued contact with community and identified vulnerable people Ensure all services operational and equipment and support services, supply chain are maintained Agree timeframe to close CBAC with CPRG | | | |
| | EOCManager.WC.DHBEOC@wcdhb.health.nz | West Coast (Transalpine) | Plans in place and implemented at appropriate Service Delivery Functions <ul style="list-style-type: none"> Workforce including locum services Supplies Transport: acute, planned Patient Transport Support services Supply chain Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Ensure TransAlpine agreement is operational as appropriate at every Alert Level phase | | | |
| | Rachel.cadle@cdhb.health.nz Ralph.lasalle@cdhb.health.nz | Manage support services | Plans in place and implemented at appropriate COVID-19 ongoing response plan: manage Service Delivery Functions <ul style="list-style-type: none"> Onsite providers eg cafes, shops Telecommunications Cleaning Food Orderlies Transport <ul style="list-style-type: none"> Patient Transport Ambulance coordination Inter hospital transfers Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Resinstate onsite providers eg cafes, shops Telecommunications Cleaning Food Orderlies Waste services - manage hazardous waste bins Cleaning staff Patient travel Telephone office Meals on Wheels deliveries reduced to 3 days/week starting 30/3 Chch Hospital Park and Ride shuttle (Lichfield St carpark): reinstate when appropriate Patient transport reinstate when appropriate Interhospital transfers reinstated in conjunction with St John and 5 SI DHBs | | | |

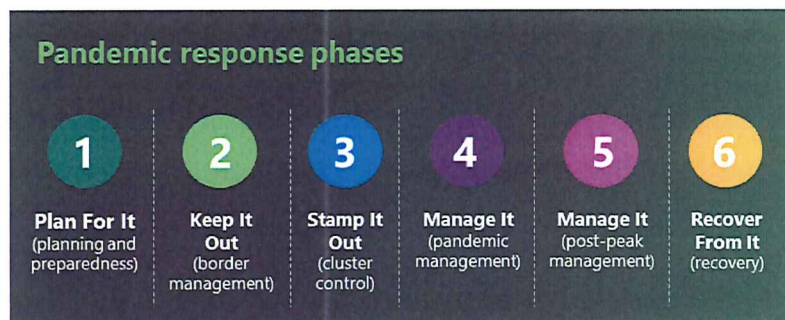
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| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| | | | <ul style="list-style-type: none"> Work with NASO re transport pathways Review destination policies | | | |
| | Terry.Walker@cdhb.health.nz | Maintenance | Plans in place and implemented at appropriate COVID-19 ongoing response plan Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Business continuity plan agreed | | | |
| | Tony.Hampton@cdhb.health.nz | Clinical Engineering | Plans in place and implemented at appropriate COVID-19 ongoing response plan Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Internal Clinical Engineering stocktake to enable 'ongoing service' to our medical devices (potential supply chain issues, overseas vendor servicing, technical knowledge shortage etc). | | | |
| | | Maintain delivery of essential services e.g. power, water, gases, transport | | | | |
| | Renee.montgomery@cdhb.health.nz | Procurement Main Service Delivery Functions <ul style="list-style-type: none"> Health Supply Chain Ventilators Other medical equipment Blood and Blood Products Renal Fluids Medial Gases Anaesthetic Gases Drugs PPE Sanitisers | Plans in place and implemented at appropriate level COVID-19 ongoing response plan <ul style="list-style-type: none"> Ensure national PPE mask supply is maintained for as long as required, with appropriately agreed clinical prioritisation of universal or targeted supply using national guidance Ensure Canterbury supply of PPE (other than masks) is sustained for as long as required Ensure hospital PPE supply is adequate for all response and recovery requirements Work closely with MoH and national agencies (MBIE, PHARMAC...) to secure key products Reflect/Replan to reincorporate non-COVID-19 activity <ul style="list-style-type: none"> Recalibrate procurement activity towards business as usual Reconsider Pandemic planning stocks and rotation policy and practice | | | |
| Phase 2 Reset Implement plan for change from Level 4 National Alert Status to Level 3: some time after 21 April Implement plan for change from Orange to Yellow on National Hospital Campus & Facilities Management Framework Continue with Red/Green teams to | | | ECC commence Operational Recovery Planning in parallel with Response Plan National: Government, Minister, Ministry expectations Regional Local TransAlpine Agreement Review of teaching and training requirements | | | |




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| draft | | | | | | |
| Level | Responsibility/ Contact Person | Planning Objective | Planning Strategy | Actions Underway/Completed | Gaps in Plan/Issues | Status |
| manage expected waves | | | | | | |
| Phase 3 Recover | | | Managing Government, Minister, MOH expectations Managing Winter 2020, influenza [SfN] Manage ongoing waves Managing acutes: Managing non deferrables Managing deferrables Managing tertiary services Managing IDFs Review of destination policies Managing professional teaching and training requirements | | | |
| Implement plan for change of National Alert Status | | | | | | |
| Implement plan for change from Yellow to Green on National Hospital Campus & Facilities Management Framework | | | | | | |
| Phase 4 Respond New system "normal" | | | | | | |

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RELEASED UNDER THE OFFICIAL INFORMATION ACT




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New Zealand COVID-19 Alert Levels

Unite
against
COVID-19

- These alert levels specify the public health and social measures to be taken.
- The measures may be updated on the basis of (i) new scientific knowledge about COVID-19 and (ii) information about the effectiveness of intervention measures in New Zealand and elsewhere.
- The alert levels may be applied at a town, city, territorial local authority, regional or national level.
- Different parts of the country may be at different alert levels. We can move up and down alert levels.
- In general, the alert levels are cumulative, e.g. Level 1 is a base-level response. Always prepare for the next level.
- At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employers in those sectors must continue to meet their health and safety obligations.

| LEVEL | RISK ASSESSMENT | RANGE OF MEASURES (can be applied locally or nationally) |
|--|---|--|
| Level 4 - Eliminate Likely that disease is not contained | <ul style="list-style-type: none"> • Sustained and intensive transmission • Widespread outbreaks | <ul style="list-style-type: none"> • People instructed to stay at home • Educational facilities closed • Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities • Rationing of supplies and requisitioning of facilities • Travel severely limited • Major reprioritisation of healthcare services |
| Level 3 - Restrict Heightened risk that disease is not contained | <ul style="list-style-type: none"> • Community transmission occurring OR • Multiple clusters break out | <ul style="list-style-type: none"> • Travel in areas with clusters or community transmission limited • Affected educational facilities closed • Mass gatherings cancelled • Public venues closed (e.g. libraries, museums, cinemas, food courts, gyms, pools, amusement parks) • Alternative ways of working required and some non-essential businesses should close • Non face-to-face primary care consultations • Non acute (elective) services and procedures in hospitals deferred and healthcare staff reprioritised |
| Level 2 - Reduce Disease is contained, but risks of community transmission growing | <ul style="list-style-type: none"> • High risk of importing COVID-19 OR • Uptick in imported cases OR • Uptick in household transmission OR • Single or isolated cluster outbreak | <ul style="list-style-type: none"> • Entry border measures maximised • Further restrictions on mass gatherings • Physical distancing on public transport (e.g. leave the seat next to you empty if you can) • Limit non-essential travel around New Zealand • Employers start alternative ways of working if possible (e.g. remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements) • Business continuity plans activated • High-risk people advised to remain at home (e.g. those over 70 or those with other existing medical conditions) |
| Level 1 - Prepare Disease is contained | <ul style="list-style-type: none"> • Heightened risk of importing COVID-19 OR • Sporadic imported cases OR • Isolated household transmission associated with imported cases | <ul style="list-style-type: none"> • Border entry measures to minimise risk of importing COVID-19 cases applied • Contact tracing • Stringent self-isolation and quarantine • Intensive testing for COVID-19 • Physical distancing encouraged • Mass gatherings over 500 cancelled • Stay home if you're sick, report flu-like symptoms • Wash and dry hands, cough into elbow, don't touch your face |

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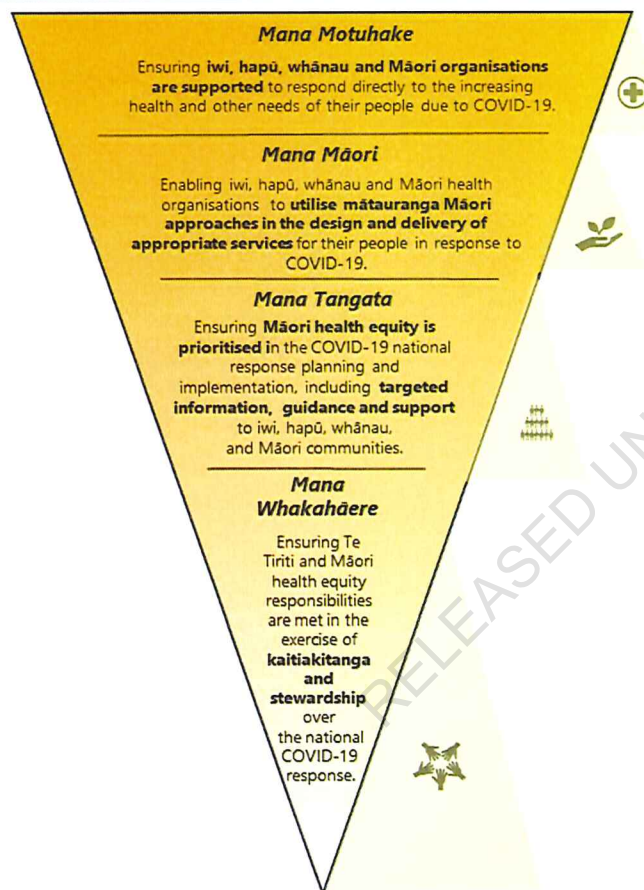
COVID-19 Māori Response Action Plan

v3.0 13 April 2020












Purpose: To prevent, mitigate, and protect whānau, hapū, iwi and Māori communities from the spread and transmission of COVID-19

| Te Tiriti o Waitangi | Equity in a COVID-19 context | COVID-19 Māori Response contributes to |
|---|--|--|
| <ul style="list-style-type: none"> The Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi Partnering with Māori whānau, hapū, iwi, communities and organisations is critical in the response to COVID-19 | <ul style="list-style-type: none"> Equity for Māori is a critical feature central to the Ministry's COVID-19 response Māori have been disproportionately affected by past pandemics Unequal distribution and exposure to determinants of health increase the risk for Māori | <ul style="list-style-type: none"> The COVID-19 Health and Disability System Response Plan (led by NHCC Planning) All-of-Government Māori response (led by Te Arawhiti and Te Puni Kōkiri) All-of Government Response |









| Objectives | Actions |
|------------|---------|
|------------|---------|



Māori health specific actions (lead)

-  Financial assistance for Māori provider networks to enable providers to meet increased demand
-  Supporting the backfilling and additional workforce capacity arrangements for Māori providers
-  Establish and maintain a Māori health Touchstone Group to provide advice and guidance on the Government's response to COVID-19 and continue to engage with a wide range of Māori whānau, hapū, iwi, communities and organisations
-  Supporting the Whānau Ora Commissioning Agencies to respond to the increased need in the community as a result of COVID-19
-  Packages of care including hygiene and sanitation packs, access to food, essential supplies, warm clothing and access to quality health information
-  Developing guidelines to help Māori whānau to prepare for self-isolation, particularly when self-isolating as part of a large whānau grouping
-  Supporting Māori communities (whānau, hapū, iwi and marae and Māori organisations) to provide locally specific support for those self-isolating, unwell, or generally in need of assistance
-  Provide financial support for whānau and Māori communities to eliminate barriers to health care, this includes payment for prescriptions and health services
-  Providing continuity of care for kuia and koroua – to keep kaumātua healthy and well (e.g. food parcels, medications, resources)
-  Ensure DHBs are partnering with iwi and Māori organisations in the development and delivery of COVID-19 response strategies
-  Active surveillance and monitoring of COVID-19 outcomes for Māori across DHB regions

Contributory actions (monitor, develop, and influence)

-  Supporting Māori providers to ensure continuity of mental health service delivery over the period of the COVID-19 response
-  Funding Māori-led and Māori-specific influenza vaccination programme to address equity issues, starting with Māori most at-risk of COVID-19
-  Establish and activate Community Based Assessment Centres in communities with a high proportion of Māori population groups
-  Establishing and delivering mental health support services in communities with a high proportion of Māori population groups.
-  Ensuring the equitable prioritisation of COVID-19 services and resources, with respect to Māori health equity
-  Ensuring equitable access to cancer treatment across the COVID-19 response
-  Developing a framework to assess cancer specific impacts across key areas for all patients, including Māori, looking at how issues will be addressed or alleviated across the COVID-19 response
-  Launching the getting through together campaign to help Kiwis cope with the stress of COVID-19
- Ensuring actions are supported by tailored Māori communications through appropriate and trusted channels

**CDHB Situation Report # 35 as at
10.00 hours on 01/05/2020
Submit to NHCC Intelligence@health.govt.nz by 10.00hrs**

| | |
|--|--|
| Event Name: COVID-19 v | Prepared by: Canterbury DHB ECC Planning & Intelligence team |
| Incident Controller: Dan Coward ECCControllerCDHB@cdhb.health.nz 9(2)(a) | Contact details: DDI: 9(2)(a) Email: ECCIntellCDHB@cdhb.health.nz |
| Report released to: NHCC | Next report expected at: 2nd May 2020 |

Incident Management Team

| Role | Email | Contact No |
|-------------------------|--|------------|
| Incident Controller | ECCControllerCDHB@cdhb.health.nz | 9(2)(a) |
| Operations | ECCOpsCDHB@cdhb.health.nz | |
| Planning & Intelligence | ECCPlanningCDHB@cdhb.health.nz ECCIntellCDHB@cdhb.health.nz | |
| Logistics | ECCLogisticsCDHB@cdhb.health.nz | |
| Welfare / Psychosocial | ECCWelfareCDHB@cdhb.health.nz | |
| Maori & Pacific Liaison | Hector.matthews@cdhb.health.nz | |
| Communications | ECCPubInfCDHB@cdhb.health.nz | |

Current Local Situation:

| Alert status NZ | Level 3 Restrict |
|--|---|
| Canterbury DHB status on COVID-19 National Hospital Response Framework | Status YELLOW for CDHB Health System; ORANGE for Burwood Hospital |
| Total COVID-19 cases (updated 1600 30/04/2020) | 162 |
| Confirmed | 96 |
| Probable | 66 |
| Number of COVID-19 cases (by Ethnicity) | 120 NZE, 7 Māori, 9 Pasifika, 17 Asian, 2 other, 7 unknowns |
| Number patient presentations & swabs | |
| Labs | Reported directly to MOH at 9am |
| Number COVID-19 patients in hospital by site (updated 0800 29/04/2020) | 0 |
| Number patients in ICU | 0 |
| Number patients on ventilators | 0 |
| Quarantine & Isolation Facilities | NB: Next Repatriation flight arrived at 2330 30/04/2020 Numbers from 30/4 flight not available yet |
| Quarantine | 7 |
| Isolation | 190 at 3 sites |
| Influenza Immunisations | |
| Total Influenza Immunisations (28/04/2020, NIR) | 89,728 |
| Primary Care (General Practice) | 70,238 |
| Pharmacy | 19,435 |
| DHB or other | 55 |
| CDHB staff influenza immunisations (30/04/2020) | 8,639 |

| Regional CBAC Information (Including planned CBAC open dates and times for ANZAC Weekend) | | | | |
|--|--------------------------|--|-------------------|---------------------------|
| CBAC Location (street address or name) | Operating Hours | Access | Capacity per day | Swabs taken last 24 hours |
| | Usual Hours of Operation | | | |
| 524 Hagley Avenue, Christchurch (outside CH Labs) | 9am to 5pm | Referral only | 64 | 66 |
| Ashburton Hospital | 11am - 4pm | Referral only | 30 | 13 |
| Halswell, 36 Ensign Street | 9am - 5pm | Referral only | 16 | 16 |
| Rangiora Waimakariri Hockey Turf, 291 Coldstream Road | 9am - 5pm | Referral only | 16 | 24 |
| Riccarton, 4 Yaldhurst Rd | 9am - 5pm | Referral only | 32 | 31 |
| Aranui (Haeata Community Campus, mobile SUV available) | 9am -5pm | Referral only | 32 + 16 Mobile | 31 |
| Whanau Ora CBAC, 250 Pages Road, (Aranui Nga Hau e Wha Marae, Wainoni) | 9 am- 5 pm | Walk in | | 68 |
| Amberley Medical Centre, 6 Hilton St | 1pm - 5pm | Referral only | 8 | 4 |
| Kaikoura Health Centre | 11.30 am - 1.30pm | Referral only Acutely unwell can be swabbed outside these hours | TBA | 3 |
| Central Health, 4/9 Masefield Drive Rolleston | 1 pm – 5pm | Referral | 9 | 7 |
| Canterbury Health System Staff CBAC, 247 Antigua Street | 8 am – 4.30pm | Referral by staff manager | TBA | 6 |
| 24 Hour Surgery, 401 Madras Street and Moorhouse Medical Centre, 3 Pilgrim Place, Sydenham | 7 days | Urgent care facilities that can swab if clinically indicated [not CBACs] | | |
| Rapid Response Mobile Unit | As needed | Referral/walk in | | |

Vulnerable Populations

ARC

- IPC have worked with Rosewood on their IPC plan in preparation for repatriation on the 4th May
- Number of requests for PPE coming through for new residents in ARC who are isolated, working with the facilities on this as current guidance is only to use "full PPE" for suspected or confirmed case
- 4 CDHB residential care facilities are to be audited by a MOH expert panel (Rosewood, George Manning, Rosecourt and Avon life)
- Ongoing issues with testing prior to admission to ARC, awaiting further MOH guidance as we enter level 3.
- Ongoing issues with PPE guidance for ARC, National HOP managers united in pushing MOH for clear consistent guidance
- Rosewood facility has been handed back to the owners. Staffing support still available. Planning for return of residents to Rosewood from 04/05/2020
- Rosewood requiring further support for staffing

Residential Facilities' Reviews [Arc and Disability]

- 49 IPC site visits now completed
- 5 site visits over last 2 days (2 on 28th, 3 on 29th) with no follow up actions required.
- All site visits now booked, all to be completed by 8th May.

Community Services

- Working with HCSS agencies on new level 3 guidelines re community visiting
- PPE supply working well to HCSS
- Student Nurse InterRAI phone assessments of all noncomplex HCSS clients beginning over next few days,
- Capacity available in CREST, HCSS and Community Nursing
- National PPE process for non-health funded requests for PPE: this website has been down due to overload

Community & Public Health

- CPH is contributing to the Ministry of Health proposed strategic plan and implementation plan for Close Contact Tracing preparedness.
- CPH is collating feedback for the Ministry of Health on the contact tracing indicators document.
- CPH's Incident Action Plan will be shared today (30/04).
- International repatriation flight from India expected today (30/04) 264 passengers. CPH training aircrew staff to assist with meeting inbound flights.

Labs

- Process for swabbing at Quarantine facilities clarified and implemented (POCT conversations for consideration for medical needs)
- Strategic planning for MOH testing response – multiple groups finalised plan sent to MOH 30/04/2020. .

CPRG

- Mobile testing at the Ashburton marae on Friday (today) and at Rakaia for Asian community on Saturday.
- Initial heat maps prepared of where testing has occurred to identify gaps.
- Planning underway for escalation/de-escalation strategies of Primary EOC and primary care response.
- Health One enabling LMCs to have visibility of when pregnant women are tested.
- Initial consideration of plans for future scaling up/down and linkage to the response framework for a system wide approach.
- Mapping across the PHOs of where testing has occurred to identify gaps.
- Community nursing undertaking to enhance connection with district nursing.

Christchurch Hospital Campus

- Allied Health are ensuring there is appropriate input to outsourced Orthopaedic Surgery
- Increasing patient numbers and complexity. Planning beginning for de-escalation to improve capacity as needed

Burwood Hospital, OPH & R

- Transitional Rehab to reopen Monday 4th May.
- Orthopaedic outpatients non-deferrable to start from next week
- There are 11 Older Persons Health patients who are awaiting ARC placement due to COVID testing requirement by facilities. For OPMH, there are 10 community, and 8 inpatients. The in-patients in OPH and OPMH will be tested on a graduated programme.

Mental Health & Addictions

Specialist Services

- Routine face-to-face assessments have recommenced in adult community service. There is a focus on gradually reducing the waitlist for new assessments created during level 4 restrictions.

Kaikōura

- Increase in number of patients presenting acutely unwell or having had an accident and number of ward bed numbers

ISG

- Planning commenced for Alert Level 2. Anticipating more staff in the office so are reviewing physical spacing between workstations, establishing one-way flows and reassessing vulnerable staff.
- Working on the deployment of a COVID-19 contact app for staff.

People & Capability

- Working on a communication to give people clarity around the differences between National advice and practicalities of working in health.
- Supporting staff returning from supporting Rosewood cluster

Actions/Priorities next 24 hours

Labs

- Identify some ARC facilities for targeted staff testing (asymptomatic, as per MOH plan)

Quarantine

- Logistics have provided supplies & equipment for the 4 facilities
- Staffing has been increased to manage the Thursday evening flight arrival from India.
- All guests ranked in priority order – currently working through priority 1 and hope to progress to some priority 2 guests before next flight
- Prepare Crowne Plaza
- Continued review of nursing roster and structure

Burwood Hospital & OPH

- Repatriation plan for Rosewood residents will commence Monday 04/05/2020.

Mental Health & Addictions

Specialist Services

- Planning for Alert Level 2.

Resources Needed: none

CPH Staffing Training planned for additional CPH staff to work in case investigation and case management

Psychosocial

Psychosocial preparedness and planning underway

- The Canterbury Psychosocial Committee met for the first time on 30/04/2020.

Current status of psychosocial needs of local communities

- Ongoing concern and stress for all involved with ARC facilities around use of PPE, stigma for staff working with those with COVID, concern for families of ARC residents around what safety protocols are in place for their relatives.

Current status of psychosocial needs of staff

- Lab staff heightened anxiety around social distancing/exposure etc, increasing as move towards level 2.
- Staff feeling more relaxed generally with the change to the Alert Level
- Some workers (in general) are reporting cumulative stressors from working from home, especially in relation to the ways in which online communication reduces access to body language and social and emotional information.

Māori and Pacific Health Responsiveness

- CPH is working closely with Te Rūnanga o Ngāi Tahu, Te Pūtahitanga and Te Puni Kōkiri to prioritise Te Tiriti, and an equity lens, across all psychosocial activity. The Regional Psychosocial Steering Group for South Canterbury, West Coast, Canterbury and the Chatham Islands has convened.

| Situation Report Approved by: | | |
|--|-------------------|---------------------------------------|
| Name & Position: Dan Coward, ECC Controller | Time: 0945 | Date: 1 st May 2020 |

Canterbury DHB COVID-19 Briefing Number 8

5 May 2020

| | |
|--------------------|---------------------------|
| Briefing to | Executive Management Team |
| Prepared by: | ECC Planning |
| Approved by | ECC Controller |
| Date | 5 May 2020 |
| Briefing No. 9 Due | 12 May 2020 |

| | |
|--|---|
| Alert Status NZ | Level 3 Restrict |
| Canterbury DHB status on COVID-19 National Hospital Response Framework (at 05/05/2020) | Status YELLOW for the Canterbury Health system; YELLOW for Burwood Hospital (as of 5 th May) |
| Total COVID 19 cases (at 1600hrs 04/05/20) | 163 |
| Confirmed | 97 |
| Probable | 66 |
| Number of COVID-19 cases (by Ethnicity: NZE, M, P, Asian, Unknown) | 121 NZE, 7 Māori, 9 Pasifika, 17 Asian, 2 other, 7 unknowns |
| Number COVID-19 patients in hospital by site (0700, 28/04/2020) | 0 |
| Number patients in ICU | 0 |
| Number patients on ventilators | 0 |
| Community Influenza Immunisations Total (05/05/2020) | 106,216 (increase of 8,560 since 1/5) |
| General Practice | 82,660 (increase of 6739 since 1/5) |
| Pharmacy | 23,388 (increase of 1758 since 1/5) |
| DHB or Other | 168 (increase of 63 since 1/5) |
| CDHB Staff Influenza Immunisations (05/05/2020) | 8,644 |

Planning Update

The Canterbury health system continues to manage the COVID-19 response post the move to Alert Level 3 on 27/04/2020. The system focus is on moving towards recovery, whilst maintaining response capability.

CDHB Asymptomatic Sentinel Screening May 4-8th (as part of the MOH Testing Strategy)

- MOH has identified four (4) clear areas for targeting, with a corresponding sample size:
- Public Hospitals (650 tests, equates to 130 per day)
- Named Aged Residential Care Facilities (650 tests, equates to 130 per day)
- Frontline Police (100 tests, one off day)
- Testing Laboratories (100 tests, one off day)

Of note, these tests relate to staff only, but do include all categories of staff

- CPRG are co-ordinating ARC, police and mobile units for Specialist Mental Health Services (Thurs 7th May) and Burwood Hospital, OPH&R (Tues 5th May)

- CDHB are co-ordinating Christchurch Campus (from Mon 4 May), Ashburton (across the week), Kaikoura (completed on Mon 4th May)) and Labs (across the week)

Report date: 5th May 2020 – to include specimens received to COB 4th May 2020

| MOH Priority Staff Group | Target Number of Tests | Tests Received to date (at Lab) | Outstanding Tests to meet Target |
|--------------------------|------------------------|---------------------------------|----------------------------------|
| Hospitals | 650 | 63 | 587 |
| Aged Residential Care | 650 | 14 | 636 |
| Testing Laboratories | 100 | 103 | complete |
| Police | 100 | 10 | 90 |
| Total | 1500 | 190 | |

As at 2pm on Tues 5th May a further **291** specimens have been received (67 ARC; 175, Christchurch Campus & Labs; 49 Ashburton & Labs) In total **32%** have been completed.

Laboratories

Activity has increased significantly with the requirement to process 1500 Canterbury Covid 19 swabs as well as those for the other DHBs they provide services to.

Self-Isolation and Quarantine Facilities

- Two international repatriation flights arrived from India in the last week (27/4 & 30/4).
- ECC is working with, CDEM and NZDF to coordinate the resourcing. This has included a significant increase in medical and nursing staff to undertake health assessments and management of the returning passengers.
- There are 460 people currently in the facilities, 34 of whom are in Quarantine
- The Crowne Plaza has been stood up as a facility.

ARC

- Rosewood residents from Burwood Hospital were repatriated on Monday 4th May. This reportedly went smoothly.

Residential Facilities' Reviews [Arc and Disability]

- **53 (48.2%)** IPC site visits completed as at 4/5/20
- All site visits now booked, all to be completed by 8th May.

Community Based Assessment Centres (CBACs)

- Targeted Testing since 27/4/2020:
 - St John staff
 - Fire & Emergency Staff
 - Mobile testing at Hakatere Marae, Ashburton
 - Further mobile rural testing at Rakaia targeting the Asian community
- Eleven CBACs continue to be operational with 3 mobile units
- Activity has increased since ANZAC weekend and the move to Alert Level 3

Vulnerable Populations

- As at 5/5 106,216 vaccinations were recorded in the NIR; 63,952(60%) for people over 65 and 18,918 (17.8%) for people with eligible conditions.

Christchurch Hospital Campus

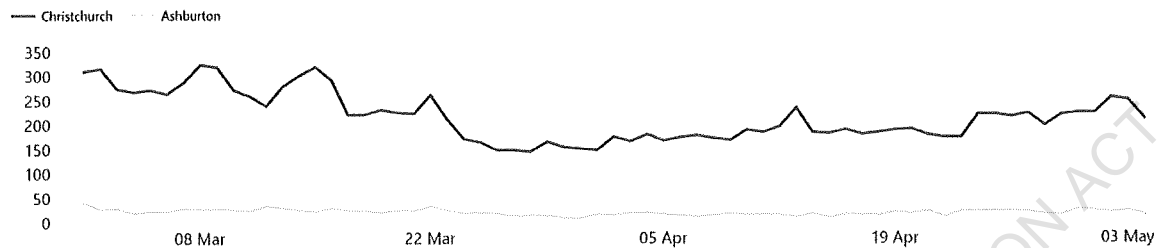
- A staff member at Christchurch Hospital has been tested for COVID-19 and further investigations are required to determine if this is a probable or confirmed case as results so far have been inconclusive.
- As a precautionary measure a small number of staff who had close contact with the person have been asked to self-isolate at home and self-monitor pending further information.
- A very small number of patients have been identified as close contacts and notified
- The Visitor Policy has been revised to meet Level 3 requirements. Work is underway on the visitor policy for Level 2.

Burwood Hospital

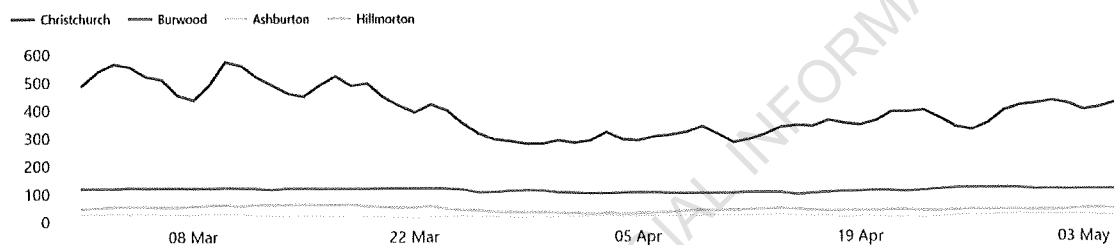
- Transitional Rehab reopened on Monday 4th May.
- For OPMH, there are **10** community patients awaiting transfer to ARC.

CDHB Volume Trends

ED Arrivals



Midnight Occupancy



ISG

- Extensive activity has been occurring to support clinical and non-clinical systems and staff to work effectively and flexibly. This work continues with the moves towards the recovery phase.

People & Capability

- Extensive work continues to be undertaken to support staff. Vulnerable Family communications distributed to CDHB managers.
- Protecting Vulnerable Employee webinars for managers have commenced this week.
- 10,031 vulnerable workforce occupational health assessments have been done, 2459 have been assessed

Community & Public Health

- Associated with the Ministry of Health strategic plan and implementation plan for Close Contact Tracing preparedness, CPH is responding to a request for information on how capacity would be increased including case investigation, intel, and quality.

Psychosocial Issues

- CDHB has expressed concerns about the proposed Caring for Communities welfare structure, which were not taken up in the final version.
- Level 3 appears to be a time of increased stress and uncertainty for some workers across agencies who are finding continued challenges (technical, familial, and emotional) working from home.
- Psychologist has been deployed to Burwood Ward GG to assist with psychological and welfare support of staff post repatriation
- Psychosocial concerns have been identified for staff across the Canterbury health system, particularly those who have been associated with clusters or working with COVID-19 positive people. However, some staff are reportedly more relaxed with the change to Alert Level 3.
- The Canterbury Psychosocial Committee has met for the first time and will meet weekly from now on. Dr 9(2)(a) gave an overview on the best evidence on psychosocial issues in this pandemic to both the regional Steering group and the Canterbury Psychosocial Committee. This group has significant Māori membership, and also includes Ministry of Pacific Peoples. Some local groups for each DHB have met.

| |
|--------------------------------------|
| System-Wide Intelligence View |
|--------------------------------------|

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| Activity across the system is being captured from a range of sources to provide a system-wide view. The information is available on the 'Seeing our System' portal. The information from local, national and international sources is being used to inform transitional recovery planning. |
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| Report Approved by: | | |
|----------------------------|--|--|

| | | |
|---|--------------------|-------------------------|
| Name & Position: Sue Nightingale, Controller | Time: hours | Date: 5 May 2020 |
|---|--------------------|-------------------------|

RELEASED UNDER THE OFFICIAL INFORMATION ACT

**PUBLIC HEALTH
INCIDENT ACTION PLAN**

| | |
|--|--|
| INCIDENT: COVID-19 "stamp it out" phase PLAN No: 16 DATE: 11/8/2020 DURATION OF PLAN: 21 days PREPARED BY: Annabel Begg, Hannah Mulrine CONTACT DETAILS: Location: Community and Public Health CPHIntell@cdhb.health.nz Public Health Incident Controller 11/8/2020: Gail McLauchlan NEXT IAP TO BE ISSUED AT: 3/9/2020 Note that the task table in this plan was updated prior to the announcement of new community-based cases in Auckland and consequent increase in Alert Levels. | KEY ISSUES/TASKS FOR THIS PERIOD: <ul style="list-style-type: none">Alert Levels have increased as of noon 12/8/2020. Auckland has moved to Alert Level 3 and the rest of New Zealand has moved to Alert Level 2, until at least midnight 14/8/2020.Supporting CPH staff and our wider community through the increase in Alert Level.Readiness to rapidly upscale (including staff and equipment) should case numbers significantly increase.Readiness for delegation of cases from other PHUs.Ongoing work with partner agencies around managed quarantine/isolation for incoming international passengers and passengers arriving on air bridge flights from locations within NZ.Ongoing work in relation to NCTS, including in-house training and clarification of delegation process.Ensure transmission risk is managed within CPH offices and in associated worksites. CPH staff will work to an updated version of the workplace safety guidelines for Alert Level 2 (distributed 12/08/2020). |
| INCIDENT ACTION PLAN APPROVED BY: Name & position: Gail McLauchlan, Incident Controller Time: 1206h Date: 13/8/2020 | |
| EVENT & IMPACT: <p>An outbreak of novel coronavirus (COVID-19) originated in mainland China in late 2019 with the epicentre in Hubei Province. A Public Health Emergency of International Concern was declared by the WHO on 30/1/2020. A global pandemic was declared on 11/3/2020. Novel coronavirus capable of causing respiratory illness was made a notifiable infectious disease under the New Zealand Health Act 1956 effective from 30/1/2020. It became a quarantinable disease on 11/3/2020. An Epidemic Notice under section 5 of the Epidemic Preparedness Act 2006 was issued on 23/3/2020. The initial 3-month Notice has been extended until 24/9/2020, unless the Government chooses to lift it earlier.</p> Clinical description and severity: <p>The clinical signs and symptoms of COVID-19 infection that have been reported as ranging from non-specific respiratory symptoms such as cough, fever, sore throat and anosmia, to shortness of breath and symptoms of pneumonia and severe acute respiratory infection. In the current case definition (Ministry of Health, 7/8/2020) the clinical criteria are defined as: 'Any acute respiratory infection with at least one of the following symptoms: new or worsening cough, sore throat, shortness of breath, coryza (head cold), anosmia (loss of sense of smell) with or without fever.'</p> <p>Most cases in New Zealand have had a mild illness, with approximately six percent having more severe illness requiring hospitalisation. The virus has an approximately one percent fatality rate with most of</p> | |

those who have died from the virus to date suffering from pre-existing health problems. The most common reported symptoms to date in New Zealand cases are cough, followed by headache, sore throat, and fever.

Global situation:

The highest numbers of new cases over the previous 24 hours as at 1000h CEST 11/8/2020 are as follows: India (53,601), USA (47,964), Brazil (23,010), Colombia (10,611), Peru (7,012), Philippines (6,725), Russia (4,945), Argentina (4,688), France (4,619), Spain (4,581), Mexico (4,376), South Africa (3,739), Iraq (3,484), Bangladesh (2,907), Iran (2,132), and Morocco (2,056).

Globally, 19,936,210 cases have been reported in total as at 1000h CEST 11/8/2020 (216,033 reported in the previous 24 hours).

Australia is continuing to see a surge in COVID-19 cases (353 confirmed cases reported in the previous 24 hours as at 2100h AEST 11/8/2020). The State of Victoria is currently under significant restrictions in an effort to limit further community transmission.

New Zealand situation, as at 0900h on 12/8/2020:

There have been 1,579 combined confirmed and probable cases in New Zealand. There are currently 26 active cases in New Zealand of which four are community-based and the remainder are among incoming international travellers accommodated in MIQ facilities. After 102 days with no cases in the community, four confirmed cases from one household, with an unknown source, were identified in Auckland on 11/8/2020. There are no cases currently in hospital.

New Zealand has had 22 deaths linked to COVID-19.

As of noon 12/8/2020, Auckland will move to Alert Level 3 and the remainder of New Zealand will move to Alert Level 2 until at least midnight 14/8/2020, with accompanying restrictions. In addition, at Alert Level 2, the Ministry of Health recommends wearing a face mask in situations where physical distancing is not possible. At Alert Level 3, it is highly recommended to wear a face mask when out in public. (MoH guidance as at 1400h, 12/8/2020)

Controls at the borders remain for those entering New Zealand; these are described below.

Cases in the CPH region, by DHB: [EpiSurv, 0900h 12/8/2020]

| | Canterbury DHB | South Canterbury DHB | West Coast DHB |
|-----------------------|----------------|----------------------|----------------|
| Total confirmed cases | 99 | 15 | 4 |
| Total probable cases | 65 | 2 | 1 |
| Total cases | 164 | 17 | 5 |

Cases identified at the border, accommodated in MIQ facilities in Christchurch: [EpiSurv, 0900h 12/8/2020]

| Week ending | 30/6 | 7/7 | 14/7 | 21/7 | 28/7 | 4/8 | 11/8 |
|-------------|------|-----|------|------|------|-----|------|
| Total cases | 2 | 5 | 5 | 1 | 0 | 1 | 0 |

Border control:

Only New Zealand and citizens and residents (with valid travel conditions) and their children and partners are currently permitted to enter New Zealand (in effect since 26/3/2020). A small number of limited exceptions apply, requiring approval from Immigration New Zealand.

From 10/4/2020 all travellers entering New Zealand are required to either go into 14 days of quarantine in a government-managed facility (hotel), or if symptomatic to go into an isolation facility (hotel). Routine COVID-19 testing of all of those in quarantine is carried out on day 3 and day 12.

PREDICTED INCIDENT DEVELOPMENT

The recent confirmation of community-based cases, with no known epidemiological link to the border, raises concern about the likelihood of community transmission (and further community-based cases), especially in the Auckland region.

Greatly increased demand for testing is apparent across the country following this announcement.

Should cases be identified in the community at Alert Levels 1 and 2, it is expected that each case will have more contacts due to the absence or low level of restriction of everyday activities, including gatherings.

The border response continues to be a key focus, especially effective managed quarantine (isolation if symptomatic) for those entering the country. Ongoing identification of cases among incoming passengers is expected. Cases identified among incoming passengers will have small numbers of close contacts due to their quarantine status. The process for allowing compassionate exemptions from managed quarantine is currently suspended.

DHBs have prepared contingency plans for the upscaling of the response. The delegation of cases between PHUs is possible should cases numbers increase further.

Extension or raising of the current Alert Level is possible, depending on the outcome of testing and other factors.

It is anticipated that case and contact identification and management will need to continue until a vaccine is available.

OVERALL GOAL:

To contribute to minimising the impact of COVID-19 in New Zealand by:

- supporting border control measures, including entry screening, case identification and investigation, and case and contact management in quarantine/isolation facilities
- limiting spread of COVID-19 in our community to reduce morbidity and reduce and/or delay burden on healthcare services
- providing support and guidance to our community, including psychosocial support.

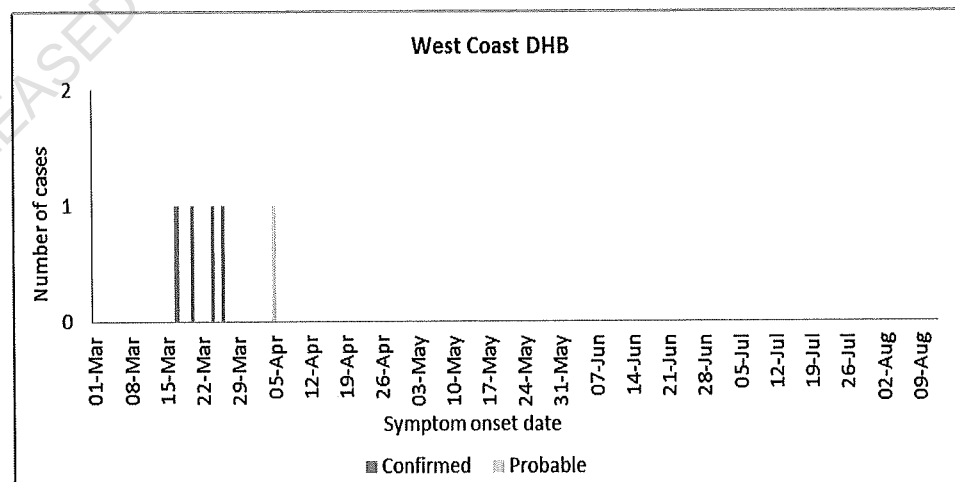
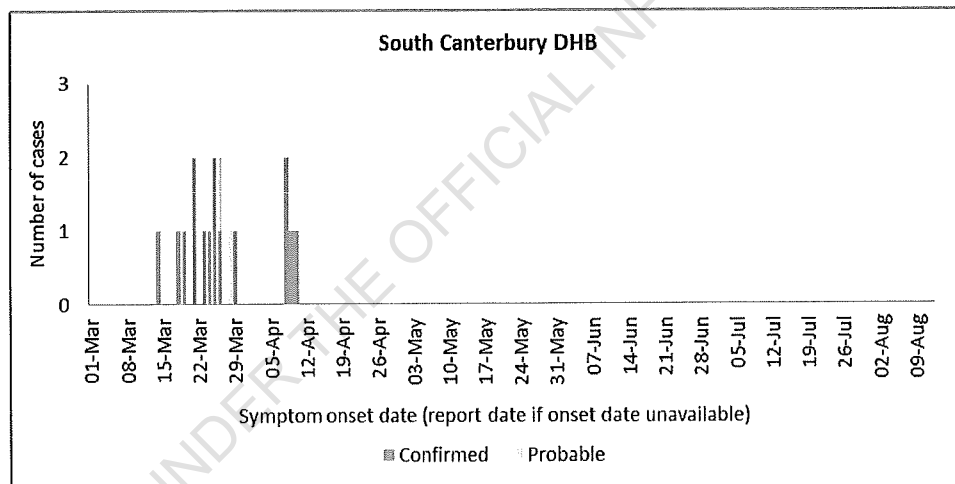
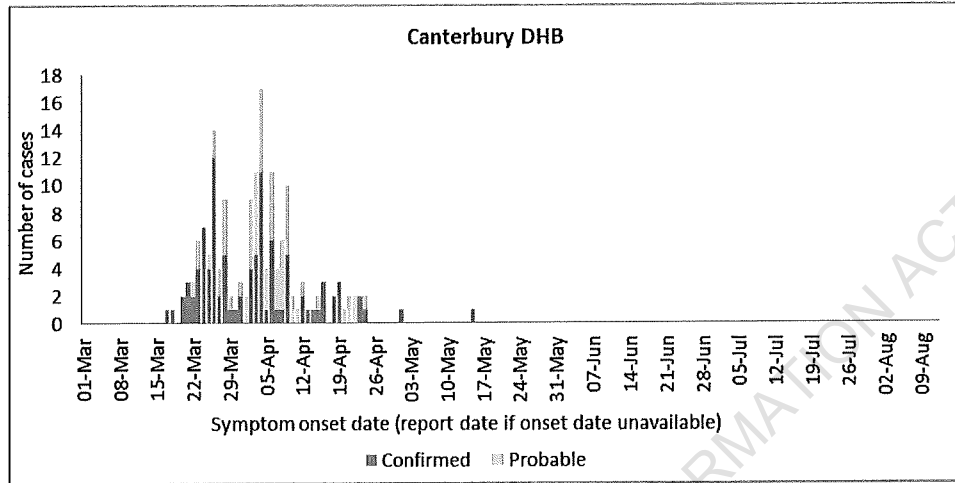
PLAN PURPOSE:

To support a strategic approach to CPH's COVID-19 response including identifying pressure points and priority tasks to align with strategic direction.

Additional plans that are in place or under development include a COVID-19 Readiness and Response Programme Plan, Business Continuity Plan, Workplace Safety Plan (risk reduction table revised at each new Alert Level), CPH Staff Wellbeing Plan, Uplift Plan, and CPH COVID Response Plan.

Epidemic curve

Epidemic curve – case numbers by District Health Board [data to week ending 12/8/2020]



CURRENT STATUS:**COVID-19 Readiness and Response Programme**

CPH is forming a new COVID-19 programme area to provide ongoing leadership and management of COVID-19 readiness and response work. A programme plan is currently being developed. The next IAP will be under the auspices of this programme area.

INCIDENT CONTROLLER**Uplift Project**

CPH's contribution to the National Contact Tracing Preparedness Plan (Uplift Plan) was submitted to the MoH on 15/5/2020. It outlined how CPH would increase its case management capacity to routinely manage 47 cases a day by the end of June, with plans in place to manage 67 cases a day within 3-4 days.

As of 7/7/2020 ongoing actions associated with the Uplift Plan have been incorporated within the relevant sections of this IAP.

Māori Health

The Hauora Māori response in the overall COVID-19 response has CPH participation at several key areas:

CPH continues to connect and link with Iwi, Māori providers, Mana Whenua Ki Waitaha, Te Pūtāhitanga, Ngāi Tahu, Ngā Maata Waka, and TKoPT to prevent and mitigate the impacts of COVID-19 within whānau, hapū, iwi and Māori communities.

In our planning we are committed to Te Tiriti o Waitangi to ensure equity considerations are continued to be integrated across the response.

Liaison**Primary care**

The COVID-19 protocol is shared with primary care each time it is updated.

A common ERMs and fax form has been implemented across CDHB, SCDHB and WCDHB (updated as necessary to reflect new case definition and other changing factors).

GPs are no longer required to report all suspect cases (due to the broad suspect case definition). GPs in the CPH region have been asked to notify probable cases and suspect cases where there is a high risk of further spread (eg patient meets the HIS criteria, or patient or household members reside or work in healthcare or aged residential care facilities). The number of notifications is greatly reduced with this system in place.

Public Health "alerts" continue as needed - these have been infrequent to date.

Secondary care

A Medical Officer of Health connects with secondary care via the Infection Prevention and Control Executive Committee (IPCEC).

Within Christchurch Hospital, clinicians can now use Cortex to send notifications to CPH from iPads, as emails. ED continue to notify using fax.

Clinical meetings have been held between the CPH Medical Officers of Health and Labs, Occupational Health and Infectious Diseases clinicians to ensure consistent testing and patient advice across the system -these are on hold at present. CPH staff attended an Occupational Health debrief on 31/7/2020.

Education settings

ECE, school and tertiary education facilities are open for all students and young people (since 18/5/2020).

A Governance Group for education settings has convened with representation from CPH, PHNs, MoE, and Māori and Pacific communities. A plan for education settings has been developed with a flow chart to capture the process should a case be identified in a school/ECE.

Single points of contact (SPoCs) have been identified and a case management process documented.

Civil Defence, NGOs

There is a referral system in place for welfare assistance for cases and contacts.

CPH staff are regularly in touch with the local CDEM. The Welfare Coordinating Group has been disestablished.

CPH has made a formal response to the Caring for Communities welfare structure policy drafted by Civil Defence.

LOGISTICS

Preparations for requirements of any increased case and contact numbers are ongoing. These include furnishing work spaces and monthly rostering options to accommodate additional staffing capacity. Draft position descriptions are pending direction from Management. Induction checklists are being finalised and an induction session is in development for seconded staff for any upsurge. An intranet page has been set up and is being updated with documents as they are finalised.

A process (spreadsheet) for recording staff induction has been developed, as has a process to identify ARA nursing students to work on the response, if needed.

The majority of CPH staff have completed COVID-19 onboarding via HealthLearn.

Current priorities include:

- Allocation of staff to CIMS weekly roster and circulating to distribution list
- Sourcing supplies, equipment and extra CPH staff as required for CIMS
- Supporting air and maritime border work, eg sourcing PPE and other equipment
- Supporting training requirements, eg rooms
- Implementing risk assessment table from Workplace Safety Plan (Alert Level 2 table updated 12/8/2020).

PLANNING AND INTELLIGENCE

The Planning and Intelligence outputs at present are:

- A regular IAP, shared with ECCs, NHCC and all CPH staff (frequency depending on the level of activity)
- A weekly intelligence summary report, shared with ECCs and all CPH staff, when new community-based cases arise in our region
- Daily updates, including case numbers, to CDHB ECC, WCDHB, SCDHB and CPRG EOCs, all CPH staff (CDHB only), and CDHB, WCDHB and SCDHB Comms, when new community-based cases arise
- Daily case numbers by TA to CDHB, WCDHB and SCDHB Comms for public websites, when new community-based cases arise.

Processes around information requests (such as OIAs, Parliamentary Questions, media requests) have been developed as part of the Uplift Plan.

QUALITY

A Quality Action Plan is established that tracks quality activities, including documentation, records and internal audits.

There is an ongoing Quality role including (but not limited to):

- Records management involving regular review and updates of file structure and contents
- Document control of operating procedures and associated documents
- Internal audit planning and monitoring of progress and outcomes

Maintaining an overview of COVID-related training processes including documentation and feedback/quality improvement processes.

Feedback has been provided to the MoH on a quality framework for case investigation, the final document is awaited.

OPERATIONS

Staff welfare

Team Leaders meet fortnightly with a PHS ^{9(2)(a)} and Manager ^{9(2)(a)} to discuss any staff welfare issues. The Operations Manager now also attends this meeting.

A regular wellbeing email is sent from the GM to all staff, with additional emails sent as required (eg on 12/8/2020 in response to shift to Alert Level 2).

A Workplace Safety Plan has been finalised and shared at each alert level. An updated Alert Level 2 summary table was shared with all CPH Staff on 12/8/2020.

The draft CPH Staff Wellbeing Plan is being revised to reflect the rapidly changing situation, especially in relation to work location.

Case management

Planning and delivery of training to additional staff continues.

Ongoing review of case documentation to align with new and amended MoH documents. For example, the case investigation form and guide have been updated with feedback and elements of the draft MoH Quality Standards, including a procedure for using electronic signatures.

The COVID-19 protocol is reviewed and updated as required (currently version 18).

CPH is using NCTS to facilitate information sharing with the NCCS and delegation of cases between PHUs. NCTS team-delivered training has been completed by a number of staff, including training for IS and Planning and Intelligence staff around the reporting functions of NCTS. Locally-led training has been developed with support from the national NCTS team and is continuing to be delivered.

NCTS business rules have been added to the Case Investigation Guide (formerly referred to as the flipchart).

Contact management

CPH is currently managing contacts travelling with identified cases in MIQ facilities; other 'close contacts' are managed by NCCS.

An initial review of contact management processes and documentation is complete. Documents are updated within EDMS as necessary, eg in response to protocol changes.

A report on the findings of a survey sent to cases and contacts has been finalised by CPH's Information Team and will be shared soon.

Psychosocial impact and response

The Mental Health Foundation/CDHB (All Right?) national COVID-19 wellbeing promotion campaign – Getting Through Together continues to roll out on TV, radio, and multiple social media channels. There has been high uptake - see <https://www.allright.org.nz/>.

CPH Health Promoters continue to gather information on determinants of health across settings and communities, including CALD communities.

The national Psychosocial Recovery Plan was released in May and CDHB has fed back, in partnership with CCC. A regional Psychosocial Steering Group has been convened and meets regularly to align work across Canterbury, South Canterbury and West Coast. Each of these DHB regions has their own Psychosocial Committee.

The main psychosocial issues which have emerged from the pandemic at this stage are related to border

management, especially the isolation and quarantine process for returning New Zealanders, and the significant and diverse stresses related to those on working visas, particularly within tourism, agricultural and overseas student sectors. There is also ongoing concern that pre-existing inequity (food insecurity, poverty, poor housing, family violence) exacerbates the wellbeing impacts of the pandemic. It is challenging to assess wellbeing trends accurately within diverse and dynamic environments. Social and economic impacts continue to emerge and affect individual and community wellbeing.

Border response

The CPH border role is changing frequently.

Requirements for screening of individuals on outbound repatriation flights are negotiated case-by-case, with this role undertaken by other agencies in most instances.

CPH staff have a role in meeting inbound flights, with health screening provided by former aircrew, HPOs and Communicable Disease Nurses (assisted by MIQ roster nurses). As of 7/7/2020 a temporary hold has been placed on new Air New Zealand flight bookings to assist in managing the capacity at MIQ facilities. Singapore Airlines has taken the same approach, although has honoured tickets already purchased.

Air bridge flights continue to arrive in Christchurch. These are either carrying newly-arrived international passengers or people who have already completed part of their quarantine in Auckland. The newly-arrived international passengers are health screened in Auckland prior to their bridging flight to Christchurch. Air bridge flights are met by former aircrew with CPH back-up by phone.

Small numbers of other, inbound and outbound, non-commercial flights continue.

The maritime border has become more complex of late with a new Maritime Border Order (effective as of 2359h on 30/6/2020). The Order is designed to strengthen maritime border controls to further mitigate risks of COVID-19 entering New Zealand via the maritime pathway.

A border response group of CPH staff has been convened.

The first draft of an airport border procedure has been completed. A maritime border procedure has been drafted and is on hold awaiting updated MoH advice.

IPC have undertaken an audit at the airport – all points noted have been actioned.

Isolation & quarantine arrangements

An inter-agency group is overseeing MIQ facilities in Christchurch with the lead for managing the facilities day-to-day undertaken by the New Zealand Army. Currently there are five hotels being utilised as MIQ facilities, plus one on stand by. Christchurch facilities along with newly stood up North Island facilities are accommodating additional guests from Auckland facilities, at times, due to high arrival numbers in Auckland.

CPH's key roles relate to entry health screening (where required), case identification and investigation, and case management for those in MIQ facilities. As noted above, contacts travelling with identified cases are also managed by CPH; other 'close contacts' are currently managed by NCCS.

An MIQ facility procedure has been finalised and published on EDMS. The MoH has published an operation framework guidance for MIQ facilities which is updated every two weeks.

There is daily virtual ward round between the 24 h Surgery, secondary care, CDHB Health Leads for MIQ facilities and CPH.

CDHB nurses are being rostered to work at MIQ facilities.

Enforcement

Written MoH guidance on the use of Health Act 1956 powers in COVID-19 was received on 10/7/2020.

Only a small number of directions have been required to date. All were earlier in the response, and there are no directions in place at present.

SOUTH CANTERBURY AND WEST COAST

The Christchurch office is the hub for case notification and case and control investigation and management.

South Canterbury and West Coast connect to Christchurch office via the 0915h CIMS meeting.

South Canterbury has a roster system covering staff to support work of HPOs and is continuing to cover the West Coast On-Call roster.

NON-COVID WORK

CPH has received priorities for drinking water activities from the MoH. The annual Drinking Water Survey received a two-week extension from the MoH.

Other priority non-COVID work is increasing, including ECE inspections, HSNO work, non-COVID communicable disease work, OIA requests, and TA permissions. Alert Levels 1 and 2 also allow a greater range of work within our communities, as COVID-19 demands permit.

CPH's Q3 and Q4 reporting against the CDHB and WCDHB Annual Plans has been completed and sent to the respective Planning and Funding contacts. A streamlined report against CPH's Public Health Plan (with COVID-19 summary) was submitted to the MoH on 31/7/2020.

CASE AND CONTACT DEFINITIONS AND MANAGEMENT:

Due to the rapidly evolving situation, readers are referred to the CPH Communicable Disease Protocol for COVID-19 for the current case definition, case management protocol, contact definition, and contact management protocol: <https://intel.cph.co.nz/media/47748/covid-19-protocol.pdf>.

RESOURCES AND CURRENT WORKING SITUATION

At Alert Level 1 CPH staff were able to return to work in the CPH offices. Staff have been able to continue to work some of their time from home by negotiation with their Managers. Physical distancing (1 metre as a guide to discourage crowding) and hygiene measures have been in place in the CPH offices.

With the 12/8/2020 shift to Alert Level 2, 2-metre distancing is required in the office, with a number of staff now working from home. This situation will continue to be reviewed.

Some staff from the Christchurch office are now based in a temporary, separate workspace at 320 Manchester Street.

PHNs, CCC Environmental Health Officers (EHOs), and other additional staff have assisted with case and contact management. Most of these additional staff are not required at present.

RESOURCES THAT MAY BE NEEDED IN THIS (3-WEEK IAP) PERIOD

CPH will need substantially more resources (staff and equipment) to rapidly scale up case and contact management should case numbers greatly increase. Addressing these issues is a key focus of the IAP (ie those activities formerly the focus of the Uplift Project). Expressions of interest have been sought from CDHB staff, Air New Zealand staff, and ARA nursing students re their availability to work if case numbers increase substantially.

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|----------------------------|--|---|--------------------------------|--|
| INCIDENT CONTROLLER | | | | |
| Liaison | | | | |
| General | Effective partnership with other response agencies, EOCs, Christchurch Airport, and Ports | Ongoing liaison (via CPH lead person) with: <ul style="list-style-type: none"> DHBs x 3 Primary care CBACs Hospitals IPC Occupational Health Local councils CDEM Airport agencies Port agencies MIQ MBIE | 9(2)(a) | <ul style="list-style-type: none"> Ongoing liaison around people in MIQ facilities and readiness for new arrivals Attend CDHB TAG meetings 9(2)(a) Weekly connection with MIQ facilities 9(2)(a) Develop a process and documentation for liaison with other agencies 9(2)(a) Meeting 12/8/20. Estimated to be in place within 1-2 weeks. |
| Ministry of Health | Connect with Ministry of Health | <ul style="list-style-type: none"> Regular border meetings Support ongoing development of NCTS Regular PHU meetings Ad hoc MOH and PHCN meetings Stay on top of MoH directions Fortnightly psychosocial meetings | | <ul style="list-style-type: none"> Ongoing liaison re NCTS especially re training and delegation Ongoing liaison re border Upcoming Ministry of Health case investigation practice scenario 25/8/20 |
| Primary care | Efficient notification processes Consistent information and advice to cases and contacts Clear roles and communication re shared management of cases in the community and in isolation/quarantine facilities | <ul style="list-style-type: none"> Provide clear advice re notification and public health management on Health Pathways and HealthInfo Provide MoH information and other priority information via public health "alerts" Maintain connections with primary care EOCs | | <ul style="list-style-type: none"> Implement process (via SI PICS) for alerting probable cases to GPs in Canterbury and add to procedure. Ensure mechanism in place for SC and WC 9(2)(a) Working with 9(2)(a) and team re border surveillance |
| Secondary care | Consistent advice to staff and patients Alignment of messaging and pathways | <ul style="list-style-type: none"> Work via IPCEC and CDHB response group Ensure consistency of IPC/Occ Health/Public Health advice to staff Liaise with hospital staff re discharge of cases and advice to their community contacts Ongoing liaison with Labs, Occ Health and ID staff to ensure consistent testing and patient advice across the system | | <ul style="list-style-type: none"> Ongoing public health input to IPCEC and CDHB TAG 9(2)(a) |
| Education | Consistent advice re hygiene, staff & | <ul style="list-style-type: none"> Monitor MoE communications | | <ul style="list-style-type: none"> Ongoing public health input into education settings |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|---|---|--|--------------------------------|--|
| settings | student sickness, exclusion, closures Keep informed of public health response, including wellbeing promotion | <ul style="list-style-type: none">Provide local advice as requiredProvide updates on evolving situationPlan for possible cases in education settings | 9(2)(a) | and liaison with PHNs |
| NGOs | Communication and Liaison with NGO networks | <ul style="list-style-type: none">Ongoing connection via Healthy Greater Christchurch newsletter and website | | <ul style="list-style-type: none">Continue to identify and engage with emergent regional recovery structures |
| Māori health | | | | |
| | Partner with Māori whānau, hapū, iwi, communities and organisations to respond to the needs of Māori | <ul style="list-style-type: none">Liaise with, and provide information to, Ngāi Tahu, TPK, Ngā Maata Waka, rūnanga, Mana Whenua Ki Waitaha, Māori providers, Māori community links, kura kaupapa and kōhanga reo to identify Māori health issues and priorities as we move between alert levelsOngoing liaison with hapū, iwi and whānauOngoing liaison with Hector Matthews | | <ul style="list-style-type: none">Ongoing monthly face-to-face meeting with TKoPT 9(2)(a)Further discussion with TKoPT re Māori involvement in COVID-19 response and evaluation 9(2)(a)Discussion on MoH updated COVID-19 Māori Health Response Plan and its implementation at TKoPT 9(2)(a)Liaise with Ngāi Tahu re appropriate resources for rūnanga 9(2)(a)Liaise with Ngāi Tahu re support for whānau in MIQ |
| | Overarching priority to ensure Te Tiriti and equity overlay all responses | <ul style="list-style-type: none">Ensure consideration of equity and Te Tiriti in all aspects of response, including planning processes, intelligence outputs, response to national consultationsLiaise with hapū, iwi and whānau and key agencies to ensure psychosocial priorities for Māori are identified and responded to | | <ul style="list-style-type: none">Support CPH region-wide work, led by Ngāi Tahu, to develop a psychosocial framework 9(2)(a) |
| LOGISTICS – staffing (recruitment, induction, welfare, roster, exit), work space, information systems (NCTS liaison, procurement support) | | | | |
| | Current and anticipated staffing, workspace and information systems requirements are supported | <ul style="list-style-type: none">Continue to prepare for requirements of increased case and contact numbersConfirm process for computer access and security access to buildings | | <ul style="list-style-type: none">Explore linking mock roster with 3 case investigation teams and 1 contact management team to upcoming MoH exercise scenario 9(2)(a)Identify other potential workspaces in the CDHBOngoing discussions re rostering, as staff numbers change |
| PLANNING AND INTELLIGENCE | | | | |
| Planning, Reporting & Intelligence | | | | |
| | Up-to-date understanding of context, including physical and psychosocial needs, across different communities | <ul style="list-style-type: none">See Psychosocial Impact (below)Monitor evidence as it is published; consider suitable outputs | | <ul style="list-style-type: none">Discuss output for recovery-related literature 9(2)(a) |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|--|---|---|--------------------------------|---|
| | Effective information and documentation available to inform and support response. | <ul style="list-style-type: none"> Maintain/update documentation for staff and primary and secondary care Manage CPH documents through EDMS Ongoing updating and alignment of CPH protocol with Health Pathways, CBAC, Labs, and CPH operational documents | 9(2)(a) | <ul style="list-style-type: none"> Continue discussions around developing a COVID-19 response plan 9(2)(a) Develop a Programme Plan for new COVID-19 Programme Area. Once complete, this will feed into the Response Plan 9(2)(a) |
| | Routine reporting on response and recovery | <ul style="list-style-type: none"> Regular reports circulated to agreed list Numbers to MoH as requested Contribute to development of local surveillance testing plans | | <ul style="list-style-type: none"> Create and share daily updates -unless community-based case numbers are static 9(2)(a) Create and share weekly case and contact intel summary -unless case numbers are static 9(2)(a) Develop and share an IAP in week beginning 31 August, under auspices of COVID-19 programme 9(2)(a) |
| Information requests | | | | |
| | Timely, appropriate response to information requests | <ul style="list-style-type: none"> Implement processes around information requests as necessary - OIAs, MoH requests, media requests, parliamentary questions, etc | | <ul style="list-style-type: none"> Continue to refine draft NCTS report from Ops 9(2)(a) Clarify if this report will work in the separate NCTS production environment set up for 25/8/20 exercise |
| QUALITY – audit, protocols, business processes, records, data quality, document control, training | | | | |
| | Quality systems are robust and current, and are regularly monitored through internal auditing | <p>Quality Action Plan includes continuous improvement activities by:</p> <ul style="list-style-type: none"> Documentation currency and control Records management including electronic file structure monitoring and updates Staff informed and have easy access to documentation Internal auditing schedule and plans Incident, accident and feedback management Satisfaction surveys | | <ul style="list-style-type: none"> Maintain CFS records – ongoing 9(2)(a) Trial new Healthscape templates for recording liaison interactions with agencies and stakeholders (PHS). PHS interaction workflows under development. Finalise records management procedure 9(2)(a) Finalise the Quality Programme procedure 9(2)(a) Finalise a new NCTS data quality check form |
| | Quality case and contact management and documentation | <ul style="list-style-type: none"> Review of case files EpiSurv data entry review Contact tracing database quality review MOSH oversight of investigations Provide quality input into training planning, delivery, quality improvement, and ongoing documentation | | <ul style="list-style-type: none"> Finalise the draft Personnel and Training Procedure 9(2)(a) Progress training evaluation process for participants 9(2)(a) Develop processes for collating training evaluation information 9(2)(a) |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|---|---|---|--------------------------------|---|
| | Quality border, quarantine and isolation response | <ul style="list-style-type: none"> Version control and filing of MoH border documents Local SOPs in place for isolation and quarantine | | <ul style="list-style-type: none"> Review and finalise draft border (airport) procedures 9(2)(a) Finalise draft border (port) procedures (awaiting updated MoH advice. 9(2)(a) Support the finalising of border procedures 9(2)(a) |
| OPERATIONS | | | | |
| CPH staff health, safety and wellbeing | | | | |
| | CPH staff safe, resourced and supported, at home, in the field and in the CPH office | <ul style="list-style-type: none"> Regular GM update to all staff Monitor workload Rotate staff Ensure breaks Dedicated Staff Welfare position Workplace Safety Plan implementation and review as necessary Staff Wellbeing Plan finalisation and implementation Consider sustainability and possible changes/solutions, especially for those working remotely Clarify responsibility of non-CPH staff (eg contractors, secondments) | 9(2)(a) | <ul style="list-style-type: none"> Any urgent workplace risk management advice is communicated via email if necessary Identify opportunities to rest staff (Managers, Team Leaders) Finalise Staff Wellbeing Plan 9(2)(a) Discuss approach to Staff Wellbeing Plan implementation, once it has been finalised 9(2)(a) |
| Case investigation | | | | |
| | Prompt isolation of cases Identification of source Effective investigation and management of clusters | <ul style="list-style-type: none"> Follow up as per protocols Maintain protocols and documentation Accurate data entry on EpiSurv and in NCTS Ensure cases are linked to outbreak number in EpiSurv as necessary, according to MoH requirements Check all information is up-to-date for each case file, and stored on CFS, to ensure accessibility Cluster meetings arranged as necessary | | <ul style="list-style-type: none"> HCS health warnings (via SI PICS) for GPs re probable cases to be implemented 9(2)(a) in progress Agree on a process for liaising effectively with Māori, Pacific and CALD groups if cases are identified within community settings (eg, marae, church), and add to Case Investigation Guide and protocol 9(2)(a) Distribute guide to group 9(2)(a) Increase HPO familiarity with NCTS -ongoing Trial new processes and documents -ongoing with new cases Include newly-trained staff in case investigation to build their skills Consider mock training scenarios after MoH exercise on 25/8/20. Some NCTS scenarios are running in-house at present. |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|---------------------------|---|---|--------------------------------|--|
| | Effective interfaces with: <ul style="list-style-type: none"> Primary and secondary care for SCDHB, CDHB, WCDHB IPC for SCDHB, CDHB, WCDHB Occupational Health for CDHB, WCDHB National Close Contact Service Other PHUs (for delegated cases) | <ul style="list-style-type: none"> Virtual meetings with IPC when cases are identified in ARC or hospital setting Attendance at regular PHU/MoH teleconferences Interface with NCCS and NITC | 9(2)(a) | |
| Contact management | | | | |
| | Restriction of susceptible contacts Consistent and accessible public messaging | <ul style="list-style-type: none"> Follow up as per protocols Maintain protocols and documentation Liaison with Health Pathways Liaison with primary care (see below) Liaison with support agencies (eg MoE) Interface with other PHUs, NCCS and Occ Health Public messaging as required | | <ul style="list-style-type: none"> Last NCTS training session to be held in Christchurch office on 12/8/20 Share report from feedback survey of cases/contacts within CPH; explore sharing externally 9(2)(a) Tidy up training and support documents -ongoing Documentation with NCTS information has been drafted and will be completed by the end of the week, ready for review 9(2)(a) Identify and train first cohort of CDHB staff |
| Psychosocial | | | | |
| | Community needs understood | <ul style="list-style-type: none"> Use intelligence to identify emerging wellbeing trends Share information through regional recovery structures | | <ul style="list-style-type: none"> Ongoing collation of information on determinants of health across settings and communities, including CALD, by Health Promotion Team Messaging via All Right?/Getting Through Together related to current Alert Level 9(2)(a) |
| | Consistent information and messaging to multiple communities | <ul style="list-style-type: none"> Contribute to CDHB health systems communications plan, identifying stakeholders, information needs, communications channels, and responsibilities Development of consistent messages and "collateral" All Right? COVID-19 messaging and ongoing role in national campaign Getting Through Together in partnership with the Mental Health Foundation and Te Huringa Hauora - Health Promotion Agency Maintain CDHB & CPH websites Maintain connection with CDHB Comms Team | | <ul style="list-style-type: none"> Get Getting Through Together messaging systematically into workplaces Develop All Right?/Getting Through Together campaign messages until September, supporting MHAW themes Plan campaign themes for the coming months, especially focusing on newly unemployed and those quarantined for repatriation Support MHF messaging to address stigma around COVID-19 |
| | Community psychosocial support resourced and co-ordinated | <ul style="list-style-type: none"> Use CPH's existing networks to support and provide information to agencies and groups working with our | | <ul style="list-style-type: none"> Local CDHB Psychosocial Group to meet monthly Regional Psychosocial Steering Group is producing |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|-------------------------------------|---|--|--------------------------------|--|
| | | <div>communities, especially vulnerable communities</div> <ul style="list-style-type: none">Connect via Pacific and CALD networks | 9(2)(a) | <div>an interim report for the MoH</div> <ul style="list-style-type: none">Agree on TOR and values for regional and DHB psychosocial committees, and develop integrated plans around priorities (led by Ngāi Tahu)Seek alignment between social and economic recovery work |
| | Engage with national conversations on wellbeing | <ul style="list-style-type: none">Liaison with MoH psychosocial leadsGetting Through Together partnership with CDHB, MHF and THH/HPA | | <ul style="list-style-type: none">Redraft regional plan to align with final national plan |
| Recovery | | | | |
| | Recovery needs understood | <ul style="list-style-type: none">Continue to identify and engage with emergent regional recovery structures | | |
| | Effective interagency connexions | <ul style="list-style-type: none">Ongoing facilitation of regional psychosocial steering group, and Canterbury Psychosocial Committee | | <ul style="list-style-type: none">Convene monthly Canterbury Psychosocial Committee meetingsIdentify ongoing priorities for the Psychosocial Committee |
| | Community-led recovery supported | <ul style="list-style-type: none">Shaping community information into shared programme of action | | <ul style="list-style-type: none">Explore potential for a wellbeing impact assessment process |
| Border | | | | |
| | Being responsive to the requirements of the day, including having sufficient numbers of trained staff (CPH and contractors) | <ul style="list-style-type: none">As required by MoH (statutory role): Meet incoming flights/ships; Identify/refer anyone with symptomsLiaison with border agenciesMaintain staffing, with a view to CPH providing oversight of staff from other organisations as border role increases againMaintain protocols and documentationAdvise incoming sea vessels if they have been at ports within 28 days, plus general COVID-19 advice re vessels' own crewEnsure on-call HPOs/MOSH are kept up-to-date with any changes in processes as they come through from the MoHSupport border surveillance testing | | <ul style="list-style-type: none">Respond as necessary at air and sea ports 9(2)(a)Provide border health screening of incoming passengers for weekly Singapore Airlines flights every Monday. Staffing implications will depend on passenger numbers. Work closely with isolation/quarantine team, especially around transport 9(2)(a)Provide exit screening where necessaryFinalise border procedure and share with MBIEAssist Pegasus team to establish border surveillance testingWork with airport company around safe travel zones |
| Isolation/quarantine | | | | |
| Isolation & quarantine arrangements | Successfully manage cases in large or complex households, including offering alternative accommodation | <ul style="list-style-type: none">Remain alert for harder-to-reach groups/families and consider other ways of accessing and supporting those cases & contacts | | <ul style="list-style-type: none">Contribute to setting up of additional MIQ facilities (hotels) to accommodate incoming international passengers 9(2)(a) |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|--|--|--|--|---|
| | to cases Suitable accommodation for all cases and susceptible contacts during isolation/restriction; additional support provided where necessary Contribute to effective management of quarantine/isolation facilities for incoming international passengers | <ul style="list-style-type: none"> Remain alert for any exceptional situations where household assistance is required Identify where alternative accommodation may be required for cases or contacts without own arrangements Consider instances where cases may require alternative accommodation, eg due to impact on household of prolonged quarantine/isolation Deliver agreed public health role (including case and contact identification and management; oversight of release from quarantine) and support or advise other aspects of response | Case and Contact Management Team Leaders | <ul style="list-style-type: none"> Continue to seek clarification re communication from MoH and PHU role in managing quarantine exemptions 9(2)(a). A memo on 'delegated authority for early exits' has been received and discussed with the MoH Ongoing liaison with MIQ facilities 9(2)(a) Liaise with CDHB Service Manager for Emergency Management regarding standing up of a hotel for COVID-19 cases arising in the community/voluntary isolation of CDHB staff 9(2)(a) Seek clarification from the MoH re accommodating maritime personnel at the border 9(2)(a). MoH has requested rooms are reserved for maritime guests at MIQ facilities Support transition of MIQ facilities to MBIE, in terms of consistency of approach and documentation Weekly call with MoH single point of contact via Zoom Supporting MIQ facility health leads to develop and implement an agreed alcohol policy for MIQ facility guests 9(2)(a) |
| Civil Defence / NGOs | Provide information to help Civil Defence/NGOs to manage community burden of illness and isolation/quarantine | <ul style="list-style-type: none"> Maintain link with CDEM and NGOs | 9(2)(a) | <ul style="list-style-type: none"> Respond as necessary |
| Enforcement | | | | |
| Use of statutory powers | Proportionate use of MOH powers to enforce isolation and quarantine | <ul style="list-style-type: none"> Clarify local MOH enforcement role for travellers, cases, and contacts at each alert level Develop required documentation Train relevant staff | 9(2)(a) | <ul style="list-style-type: none"> Implement process for responding to requests for information from NZ Police shared with MOH -in progress 9(2)(a) Follow-up on possible training session with 9(2)(a) |
| South Canterbury & West Coast | | | | |
| | Supporting Māori communities Effective psychosocial response Effective links with DHBs and other local agencies Effective remote working | <ul style="list-style-type: none"> Manage and support connections with GMs Māori and Māori providers Identify and respond to local psychosocial priorities Review ways of connecting with DHBs as alert and response levels change Review hardware, training, and ways of working | 9(2)(a) | <ul style="list-style-type: none"> Support promotion of Getting Through Together in regional offices <p>WC:</p> <ul style="list-style-type: none"> Continue to liaise with WC GM Māori and Poutini Waiora to respond to and identify local priorities Continue to participate in WC psychosocial |

| Issue | Critical Elements | Specific Tasks | CPH lead (and second if named) | Priority tasks this fortnight (CPH lead/s) |
|-------------------------|---|--|--------------------------------|--|
| | Managing changing alert levels, including BAU and staff welfare and wellbeing | <ul style="list-style-type: none">Review BAU requirements, including BAU connections across 3 CPH officesConfirm SC & WC Workplace Safety PlansBoost regional capacity by providing training for WC and SC staff eg NCTS, daily monitoring | 9(2)(a) | wellbeing and recovery sub-committee SC: <ul style="list-style-type: none">Continue to chair SC Māori and Pacific leaders monthly network meeting 9(2)(a)Continue to participate in SC Interagency Psychosocial Committee 9(2)(a)Upcoming meeting with SCDHB management in SeptemberSeek clarification re requirements and process for maritime surveillance 9(2)(a) |
| | Consistent follow-up of any cases & contacts | <ul style="list-style-type: none">Maintain links across health protection staff via CPH teleconference and direct phone links with HPOs/MOsH | | <ul style="list-style-type: none">Ensure staff remain aware of process and any changes/updates |
| Non-COVID priority work | | | | |
| | Priority non-COVID-19- work is identified and maintained | <ul style="list-style-type: none">Prioritisation of non-COVID tasks | | <ul style="list-style-type: none">Discuss prioritisation of CPH activities at next DLT meeting |
| Outbreak wrap-up | | | | |
| | Debriefs Outbreak report | <ul style="list-style-type: none">Run internal (x) and external (x) debriefs for CPH and outside staffCapture relevant data during outbreakWrite reportWrite up for publication | | <ul style="list-style-type: none">Discuss interim debrief document at next DLT meetingDiscuss an overall CIMS debrief as part of programme plan discussionsReview (PHS) and finalise two ARC cluster outbreak reports. Follow up and progress draft workplace cluster outbreak report 9(2)(a)Convene meeting to consider implications of cluster outbreak reports, once completedCollate information from staff debrief/feedback forms 9(2)(a) |

