

**CORPORATE OFFICE**

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32 Oxford Terrace  
Christchurch Central  
CHRISTCHURCH 8011

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

3 July 2020

9(2)(a)

**RE Official information request CDHB 10317**

I refer to your email dated 22 May 2020 requesting the following information from Canterbury DHB under the Official Information Act. Specifically:

1. I request any emails, memos or reports held by the DHB which relate to concerns or complaints about Personal Protective Equipment (PPE) from staff at Burwood Hospital. The period I am requesting this information is from March 15 until May 20.  
*This should include but not be limited to any emails from hospital management or senior leadership staff, any nurse, resident medical officer or consultant who's worked at the hospital during this period. This should include but not be limited to any correspondence relating to PPE issues or concerns sent to any member of staff at Burwood Hospital from any member of the DHB's Incident Management Team (IMT), executive team or any senior manager.*
2. I request any emails from the DHB's IMT, senior leaders or executive team which relate to the decision by the DHB to provide additional PPE to staff at Burwood Hospital, including N95 masks and visors. The period I am requesting this information is from April 12 until April 17.
3. I request any emails, reports or documents held by the DHB regarding nurses or medical staff at Burwood Hospital speaking to journalists or any media organisation. This should include but not be limited to any correspondence which relates to any investigation (either internally or externally) being carried out into nurses or hospital staff talking to journalists, and or, patient confidentiality being breached. The period I am requesting this information is from March 15 to May 20.

Please find attached as **Appendix 1** all correspondence in response to your request between 15 March and 20 May 2020.

**Please note:** We have redacted information we consider to be 'Out of Scope' of your request and information pursuant to the following sections of the Official Information Act:

- section 9(2)(a) of the Official Information Act i.e. "...to protect the privacy of natural persons, including that of deceased natural persons", and
- section 9(2)(g)(i) "...to maintain the effective conduct of public affairs through the free and frank expression of opinions by employees in the course of their duty."

I trust that this satisfies your interest in this matter.

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

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


Yours sincerely

A handwritten signature in black ink, appearing to read 'Carolyn Gullery', with a long, sweeping horizontal line extending to the right.

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



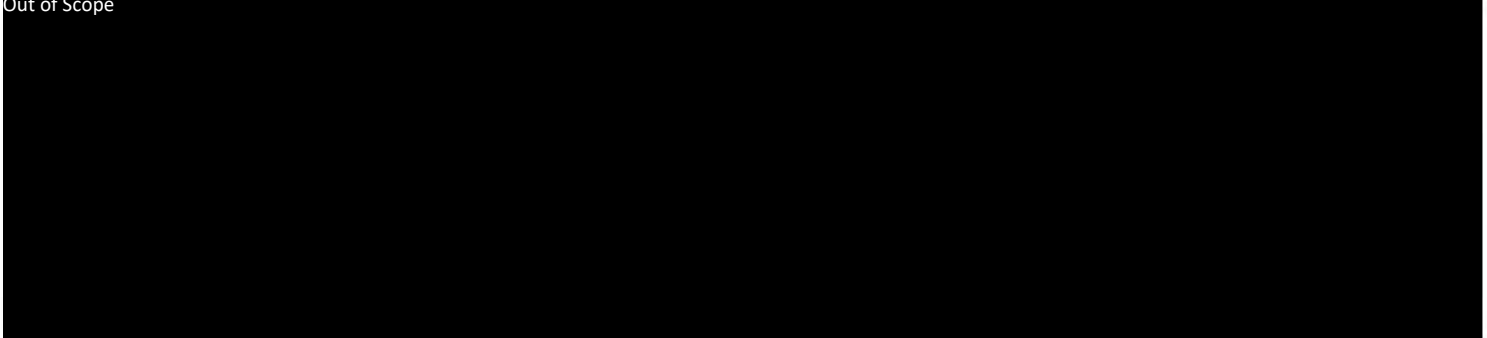
Out of scope



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Out of Scope



**From:** Sally Nicholas

**Sent:** Saturday, 28 March 2020 3:51 p.m.

**To:** Ngahuia Murray <Ngahuia.Murray@cdhb.health.nz>

9(2)(a)



**Subject:** PPE Burwood Hospital - Note to all CNM's

Ng – please forward to the CNM's across Burwood first thing Monday morning

Kia ora All

Following concerns about the levels of PPE at Burwood Hospital and the amount of it which appears to be going from some of the Imprest rooms the decision to move all excess stock from the Imprest Rooms was made on Friday night. This is now is a secure location and DNM Management.

If staff require access please contact the Duty Nurse Manager number and appropriate stock will be made available.

We will be working through Inventory management of key items over this week and will keep you informed. About processes for this.

Sally

On behalf of Burwood EOC

**Sally Nicholas**

**Operations Manager Older Persons Health and Rehabilitation**

Canterbury District Health Board

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

Christchurch | New Zealand

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

Values – Ā Mātou Uara

Care and respect for others - Manaaki me te whakaute i te tangata.

Integrity in all we do - Hāpā i ā mātou mahi katoa i runga i te pono.

Responsibility for outcomes. - Te Takohanga i ngā hua.

**From:** Sue Nightingale

**Sent:** Saturday, March 28, 2020 4:59 PM

**To:** Helen Skinner <Helen.Skinner@cdhb.health.nz>; Diana Gunn <Diana.Gunn@cdhb.health.nz>

9(2)(a)

**Subject:** FW: Letter of concern

Hi Helen and Di

Could you respond to this for David? I'm not sure if the updated advice sent out on Friday helps or whether or not it needs to be slightly modified for your direct admissions. Please advise.

Thanks.

Sue

**From:** David Meates

**Sent:** Saturday, 28 March 2020 4:03 p.m.

**To:** Sue Nightingale <[Sue.Nightingale@cdhb.health.nz](mailto:Sue.Nightingale@cdhb.health.nz)>

**Subject:** Fwd: Letter of concern

Sue

We will need to think about response

David Meates MNZM

CEO Canterbury and West Coast DHBs

Begin forwarded message:

**From:** 9(2)(a)  
**Date:** 28 March 2020 at 3:53:33 PM NZDT  
**To:** "[j.ardern@ministers.govt.nz](mailto:j.ardern@ministers.govt.nz)" <[j.ardern@ministers.govt.nz](mailto:j.ardern@ministers.govt.nz)>  
**Cc:** David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>  
**Subject:** Letter of concern

Please read the attached letter outlining some valid concerns from a healthcare worker perspective.

Kind regards

9(2)(a)

Registered Nurse



Virus-free. [www.avg.com](http://www.avg.com)

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28 March 2020

David Meates

Canterbury District Health Board

Dear Sir,

I would like to express my disappointment over the lack of concern regarding healthcare staff and, by extension, their families.

I work as a registered nurse on a ward at Burwood Hospital. Most admissions to hospitals go through ED, but some, like us, take admissions directly from the community. I asked what the protocol was for ensuring our safety after an admission from the community. I was told they would be "screened". This means they would be asked

- Have you been overseas within the last 14 days?
- Have you been around anyone who's been overseas or has been diagnosed with COVID19?
- Do you feel unwell?

If the answer is no, they are fine to come and mix with the other patient, AND the staff are not to wear PPE. If, in the following 2-10 days they show symptoms they will be isolated. TOO LATE,

Our ward is full of patients 65+. An outbreak would be catastrophic for patients, staff, and their families at home. We have an intellectually and physically disabled immunocompromised child at home. I hate to think what would happen if she caught this.

We've also been told not to wear PPE until we have a confirmed case as we need to conserve supplies. This goes against everything we are being told by the government. In any case, the PPE as it stands is only partially affective. So if we do nurse someone with COVID 19 we would isolate and wear the following:

A gown which covers 2/3 of your body leaving your feet, lower legs and neck exposed.

A mask and goggles which will cover your mouth, nose and eyes but will leave parts of your face and your whole head uncovered.

Once you leave the isolation area you remove the PPE and walk your contaminated head, face, neck, legs and feet throughout the ward and home to your family. We only have 1 shower on the ward for staff so would be impossible for us all to shower before going home, and if we've been infected at work that would be pointless anyway. The above is also if you have someone in isolation only once they've shown symptoms as prior to that they would have been in general population.

I've discussed this with other members of staff. The general opinion is they expect some patients and staff to get this and will just try and contain it once it happens. The worldwide trend is up to one third of healthcare staff get the virus where they have protocols in place like in New Zealand. If you look at countries where that doesn't happen they have more comprehensive controls/protection in place. If a third of healthcare staff then take this home to their families, the number of people infected will sky rocket. This leaves staff feeling as though DHB have absolutely no regard for the safety of frontline staff, or their families.

I don't want to be alarmist but my family are constantly asking what's in place and I'm not able to tell them anything that alleviates their fears.

I would appreciate some clarification on this as the restrictions being pushed on TV and assurances being made on TV do not seem to be in effect on the ground.

I look forward to hearing from you.

Kind Regards

9(2)(a)

A large black rectangular redaction box covers the signature area.

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**From:** Dan Coward

**Sent:** Sunday, March 29, 2020 6:28 PM

**To:** Sally Nicholas <Sally.Nicholas@cdhb.health.nz>; Helen Skinner <Helen.Skinner@cdhb.health.nz>; Diana Gunn <Diana.Gunn@cdhb.health.nz>

**Subject:** Fw: Protection of higher risk staff

As a FYI

I'll connect in the morning re what support is needed for both communication on site, P&C, IPC etc

Also I will need to review our responses that will be provided back to PM and Director General from David please

Look to short call sometime tomorrow

Thanks

Dan

Sent being mobile

----- Original Message -----

**Subject:** Re: Protection of higher risk staff

**From:** Dan Coward

**To:** David Meates ,Michael Frampton

**CC:**

I'll connect with team at Burwood but this is the second email and very similar in structure to the other and strategy of sending to the PM.

Micheal- let's talk about what support the leadership team there need

Thanks

Dan

Sent being mobile

----- Original Message -----

Subject: Fwd: Protection of higher risk staff

From: David Meates

To: Dan Coward ,Michael Frampton

CC:

David Meates MNZM  
CEO Canterbury and West Coast DHBs

Begin forwarded message:

From: [REDACTED] 9(2)(a)  
Date: 29 March 2020 at 6:03:14 PM NZDT  
To: David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>  
Cc: "[jacinda.ardern@parliament.govt.nz](mailto:jacinda.ardern@parliament.govt.nz)" <[jacinda.ardern@parliament.govt.nz](mailto:jacinda.ardern@parliament.govt.nz)>  
Subject: Protection of higher risk staff

Hello David and Jacinda

As a CDHB nurse working in Ward GG at Burwood Hospital (currently closed as an elective surgery ward) with chronic asthma on high dose steroid inhalers all year round, I'm putting myself at risk every time I go to work. No plan has been put in place to protect the higher risk staff who are in contact with patients. Yes, they are currently screening staff but this could take days while we are still caring for patients. We are told that PPE will be supplied if we are looking after Covid-19 patients and we don't need this equipment until then. No visitors are allowed in the hospital which decreases the risk of spread but gifts/packages have been dropped off at the main entrances and delivered to patients on wards even though the virus can survive on items up to 72 hours therefore increasing the risk to other patients and staff working. One of the wards had visitors from the USA and that 14 day period ends tomorrow but we have been sent to that same ward to work. There has been no communication regarding the wearing of our uniforms home(to protect our families) and there seems to be a vast difference on what is being told to us about whether or not to wear them home dependent on the ward you go to. Staff are not being supplied with PPE to protect themselves in the 14 day incubation period of an asymptomatic patient especially those patients who are coughing and unable to cover their mouth. Our elective surgery ward has been shut down so we are now being utilised as pool staff to go to different wards each shift therefore our individual "Bubbles" are becoming bigger every single day we go to work and the risk to our families is increasing. My 10 year old son has the same condition since he was 6 months old and I need to protect him. I don't have the option to take time off as I have no sick leave or annual leave left after taking time off when my Mum died in February and currently still needing to deal with the coroner/police regarding this.

Under the Health and Safety at Work Act 2015, I feel that my employer the CDHB is not taking their responsibility for the health and safety of their employees. I am not the only one of higher risk staff

who are required to remain at work. There is no DHB plan put in place despite knowing that the risk of Covid-19 coming into New Zealand has been known for some time. Not knowing what is happening day to day is increasing the stress in staff.

The hardest part of all is knowing that an asymptomatic patient could develop symptoms anytime over the next 14 days and the waiting time.

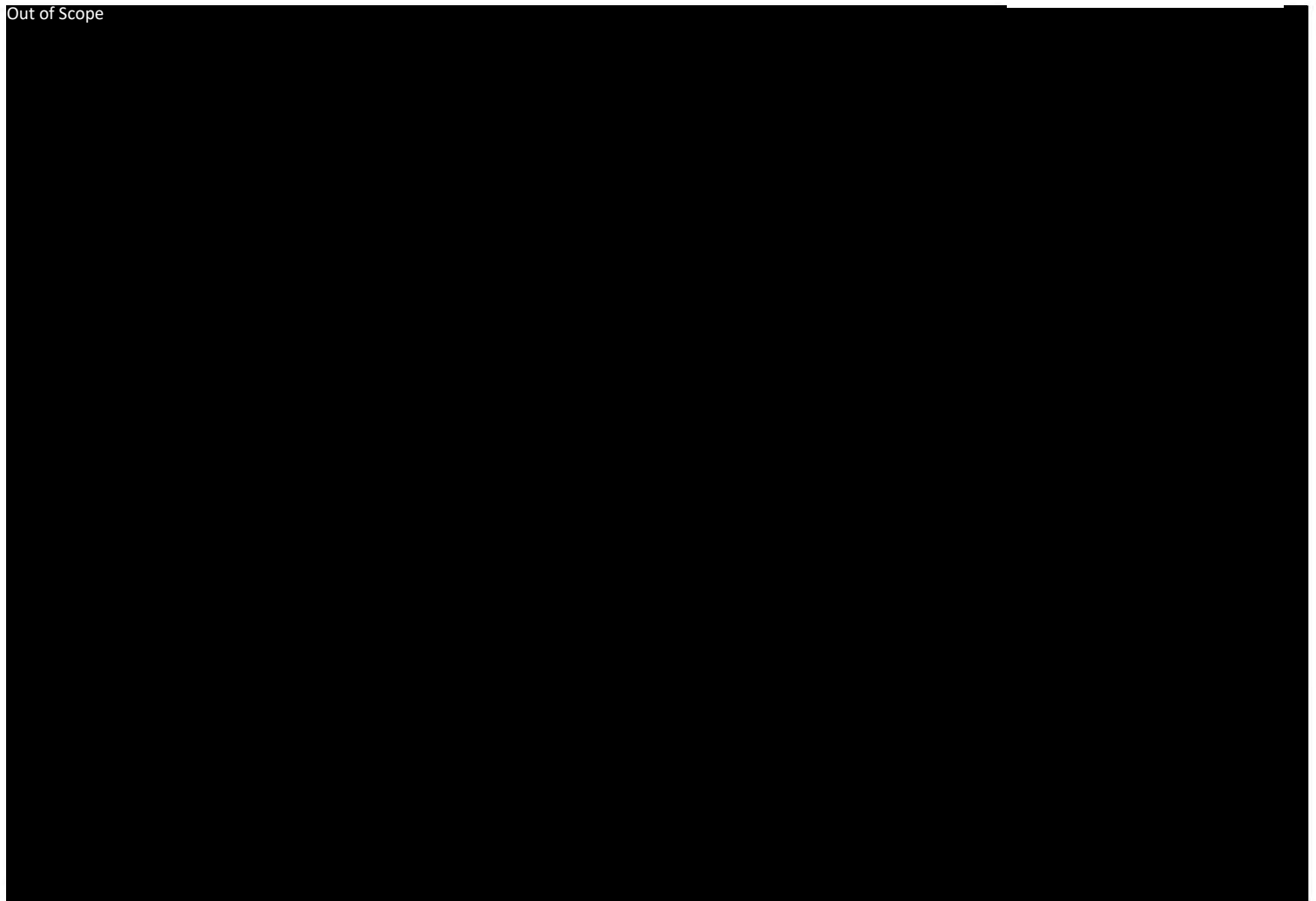
Kind regards

9(2)(a)

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Out of Scope



**From:** Helen Skinner  
**Sent:** Thursday, April 02, 2020 11:48 AM  
**To:** Lynn Brice <Lynn.Brice@cdhb.health.nz>  
**Subject:** FW: Response to <sup>9(2)(a)</sup> [REDACTED]

**Helen Skinner**  
**Chief of Service**  
Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892  
Extn: 99279  
Mobile <sup>9(2)(a)</sup> [REDACTED]  
Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Helen Skinner  
**Sent:** Monday, March 30, 2020 4:39 PM  
**To:** Dan Coward <[Dan.Coward@cdhb.health.nz](mailto:Dan.Coward@cdhb.health.nz)>  
**Subject:** FW: Response to <sup>9(2)(a)</sup> [REDACTED]

Dear Dan,

As requested please find draft letter in response to 9(2)(a) letter.

I have spoken with Sarah Berger, who is happy to do a Q&A session at Burwood, which I will arrange.

Please let me know if any changes are required and how you want this letter to be sent out.

Thank you.

Best wishes,

Helen

**Helen Skinner**

**Chief of Service**

Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892

Extn: 99279

Mobile 9(2)(a)

Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Fiona Armitage

**Sent:** Monday, March 30, 2020 3:46 PM

**To:** Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>

**Subject:** Response to 9(2)(a)

Hi Helen,

Letter in response to 9(2)(a) attached.

Thanks

Fe

**Fe Armitage**

PA to Helen Skinner, Chief of Service, Older Persons Health & Rehabilitation  
Canterbury District Health Board and West Coast District Health Board

E: [fiona.armitage@cdhb.health.nz](mailto:fiona.armitage@cdhb.health.nz)

P O Box 1600, Christchurch

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

**Canterbury**

District Health Board

Te Pori Hauka o Wairarapa

**Values – Ā Mātou Uara**

Care and respect for others - Manaaki me tē 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

Dear 9(2)(a)

Response to 9(2)(a)

Thank you for your letter dated 28<sup>th</sup> March 2020 raising concerns about community admissions into OPMH and staff PPE usage.

We acknowledge that this is a difficult time for staff and any uncertainty makes this more challenging.

We are continuing to screen patients coming into Burwood Hospital using the current Ministry of Health (MOH) suspect case definition. If or when this case definition changes the screening will be renewed to reflect this.

Concerning the use of PPE, the CDHB recommends the use of enhanced droplet and contact precautions i.e. surgical masks, gown, gloves and eye protection in suspected or confirmed COVID-19 patients, not only in confirmed cases. In addition to this if patients have respiratory symptoms a surgical mask is to be worn if coming within 2 metres of them. The enhanced PPE droplet and contact precautions is in line with World Health Organisation recommendations and NZ MOH guidelines.

The Occupational Health risk assessment framework provides another layer of risk mitigation for staff to identify at risk staff and potentially redeploy to lower risk areas. In addition CDHB staff who are identified as vulnerable to COVID-19 through an occupational health assessment are to wear a surgical mask when coming within 2 metres of any patients regardless of patient symptoms. This goes beyond current MOH recommendations.

Whilst PPE is required to reduce risk in the above circumstances the best way to lessen the risk to healthcare workers is to reduce the burden on our healthcare facilities by preventing and slowing community transmission.

We are also organising a question and answer session for Burwood Hospital and Older Persons and Rehabilitation staff in the next few days with Infection Protection and Control to assist in alleviating staff concerns.

Thank you for bringing your concerns to our attention and I hope this helps to explain the processes we have in place to protect staff at this challenging time.

**From:** Helen Skinner  
**Sent:** Thursday, April 02, 2020 11:48 AM  
**To:** Lynn Brice <Lynn.Brice@cdhb.health.nz>  
**Subject:** FW: <sup>9(2)(a)</sup> [REDACTED]

**Helen Skinner**  
**Chief of Service**  
Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892  
Extn: 99279  
Mobile <sup>9(2)(a)</sup> [REDACTED]  
Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Helen Skinner  
**Sent:** Monday, March 30, 2020 6:19 PM  
**To:** Dan Coward <[Dan.Coward@cdhb.health.nz](mailto:Dan.Coward@cdhb.health.nz)>  
**Cc:** Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>  
**Subject:** <sup>9(2)(a)</sup> [REDACTED]

Dear Dan,

Please find attached draft response for 9(2)(a) email.

As previous email, we are organising a Q&A session with Sarah Berger to address staff questions, in conjunction with P&C and Health & Safety.

Any queries please let me know. Also if you require us to send this out.

Best wishes,

Helen

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Dear [REDACTED] 9(2)(a)

Response to [REDACTED] 9(2)(a)

Thank you for your email dated 29 March 2020 raising your Health & Safety concerns regarding risks associated with COVID-19.

We acknowledge that this is a difficult time for staff and any uncertainty makes this more challenging.

The Occupational Health Risk assessment framework provides a layer of risk mitigation for staff to identify at risk staff and potentially redeploy staff to lower risk areas. In addition, CDHB staff who are identified as potentially vulnerable to COVID-19 through an occupational health assessment are recommended to wear surgical masks when coming within 2 metres of any patients regardless of symptoms. We urge you, if you haven't already, to complete a self-assessment form.

This and other PPE recommendations go beyond Ministry of Health (MOH) recommendations.

All community admissions including those for non-deferrable surgery are being screened using the pre-admission National MOH suspect case definition. If or when this definition changes, the screening will be updated to reflect this.

Concerning packages left for patients at the main entrance we have taken IP&C advice, their expert opinion is that this is safe to continue. They emphasise the need to continue good hand hygiene and we will supply this information in today's staff update.

Advice has come out today concerning uniforms in the Staff Communications Update titled "Don't bring it home", as per the following link ['Don't bring it home' information sheet](#)

Canterbury DHB PPE advice is the use of enhanced droplet and contact precautions i.e. surgical masks, gown, gloves and eye protection in contact with suspected or confirmed COVID -19 patients. If patients have respiratory symptoms a surgical mask is to be worn if coming within 2 metres of a patient with an acute respiratory illness.

Whilst we are generally having staff working in zones at Burwood Hospital at times we require staff to work in different areas to support clinical service requirements. This will continue to develop and evolve.

As an employer we take staff safety very seriously and the PPE guidance, Occupational Health risk assessment framework; and patient screening detailed above demonstrates this.

We are also organising a question and answer session for Burwood Hospital and Older Persons Health and Rehabilitation staff in the next few days with Infection Protection and Control to assist in alleviating staff concerns.

Thank you for bringing your concerns to our attention and I hope this helps to explain the processes we have in place to protect staff at this challenging time.

**Rochelle Audeau**

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**From:** Sarah Metcalf  
**Sent:** Sunday, 12 April 2020 9:24 AM  
**To:** Joshua Freeman  
**Cc:** 9(2)(a)

**Subject:** Re: 11/4/20 COVID-19 - positive result in a CDHB staff member

HI

I agree this is incredibly unfortunate 9(2)(a) and concerning from a staff management perspective - in GG and the wider ARC setting.

We need to manage this extremely carefully and ensure there is substantial IPC support to the staff working in GG.

Sarah

Sent from my iPad

On 11/04/2020, at 11:26 PM, Joshua Freeman <Joshua.Freeman@cdhb.health.nz> wrote:

Thanks Euna, extremely unfortunate for this woman. It will also have a significant impact on staff confidence.

A wet surgical mask or perspiration and discomfort due to being hot and unable to change gear could certainly have breaches more likely.

I think we'll need to take a systematic approach to learning from this (maybe not formal RCA but something formal, thorough and documented with concrete recommendations).

A concerted and united response will be needed to restore staff confidence. It's going to be a big challenge for everyone.

Josh

**From:** Euna Sahng

**Sent:** Saturday, 11 April 2020 10:36 p.m.

**To:** Andrew Hilliard <Andrew.Hilliard@cdhb.health.nz>; Stella Howard <Stella.Howard@cdhb.health.nz>; Marilyn McLeod <Marilyn.McLeod@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Sacha Mcmillan <Sacha.Mcmillan@cdhb.health.nz>; Suzy Rogers <Suzy.Rogers@cdhb.health.nz>; Julie White (Wangford) <Julie.White@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Anja Werno <Anja.Werno@cdhb.health.nz>; Annalie Shears <Annalie.Shears@cdhb.health.nz>; Cheryl Brunton <Cheryl.Brunton@cdhb.health.nz>; CPHOps <CPHops@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; David Murdoch

<David.Murdoch@cdhb.health.nz>; Euna Sahng <Euna.Sahng@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Kirsten Beynon <Kirsten.Beynon@cdhb.health.nz>; Mark Birch <Mark.Birch@cdhb.health.nz>; Meik Dilcher <Meik.Dilcher@cdhb.health.nz>; Michael Harrington <Michael.Harrington@cdhb.health.nz>; Rachel Patel <Rachel.Patel@cdhb.health.nz>; Ramon Pink <Ramon.Pink@cdhb.health.nz>; Rodger Linton <Rodger.Linton@cdhb.health.nz>; Rosemary Ikram <Rosemary.Ikram@cdhb.health.nz>; Sarah Metcalf <Sarah.Metcalf@cdhb.health.nz>; Simon Dalton <Simon.Dalton@cdhb.health.nz>; Sue Nightingale <Sue.Nightingale@cdhb.health.nz>

**Cc:** ECC Welfare (CDHB) <ECCWelfareCDHB@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>

**Subject:** 11/4/20 COVID-19 - positive result in a CDHB staff member

Hi everyone,

A bit of an issue. One of the staff members Julie and I swabbed this afternoon has come back positive for COVID-19.

9(2)(a)

Once 9(2)(a) has been informed tomorrow, I will make contact with 9(2)(a) Nurse in charge GG) and let her know.

Regards,

Euna Sahng  
Microbiology Registrar  
Canterbury Health Laboratories  
Ph: 03 364 0640 ext 86367



## Rochelle Audeau

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**From:** David Meates  
**Sent:** Monday, 13 April 2020 5:51 PM  
**To:** Sue Nightingale  
**Subject:** FW: From <sup>9(2)(a)</sup> a nurse working on Ward GG at Burwood with Covid rest home patients.

**Categories:** Completed

Ngā mihi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: [david.meates@cdhb.health.nz](mailto:david.meates@cdhb.health.nz)

P O Box 1600, Christchurch 8140

[www.cdhb.health.nz](http://www.cdhb.health.nz) | [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz)



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

**From:** <sup>9(2)(a)</sup>  
**Sent:** Monday, 13 April 2020 5:45 PM  
**To:** David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>  
**Subject:** From <sup>9(2)(a)</sup> a nurse working on Ward GG at Burwood with Covid rest home patients.

Dear David,

My name is <sup>9(2)(a)</sup> and I am a nurse that works on Ward GG at Burwood hospital. I am currently working with the resthome patients that were transferred from Rosewood Resthome last week.

May I firstly say that I am very glad to work with these patients, and I count it a privilege. I was nursing one of the patients, who was the second to pass away, on Friday night and I was glad to be with him and provide comfort to him. They are a group of beautiful elderly people who are so vulnerable and deserve the best of care.

I do have concerns as to whether the current PPE provided is adequate. This consists of a basic surgical mask, a pair of glasses/goggles (which don't seal around the edges), a gown and a double pair of gloves. I know this is consistent with the WHO's recommendations, but I am concerned that there is currently not enough data to prove that this is adequate, and I think it would be better to err on the side of caution. Hearing today that one of my colleagues has tested positive for Covid 19 confirms my concerns.

I am writing to you to ask whether you would consider providing face shields, N95 masks and hair coverings, to us who are directly in contact with these Covid positive patients? The Covid positive dementia patients we are dealing with are unpredictable and cough and spit without warning, so we are at high risk of exposure.

I believe AMAU are using face shields and masks, even though they are not necessarily dealing with positive Covid patients.

I saw an article that was about a NZ company that are producing face shields at cost with 3D printers – they can be reused once sterilised (which is what we are doing with the current glasses provided by Infection Control anyway). The link is as follows:

<https://i.stuff.co.nz/national/health/coronavirus/120608686/coronavirus-the-volunteer-army-using-kiwi-ingenuity-to-3d-print-face-shields-for-medical-workers>

Again, I feel privileged to work with these patients, and I thank you for your consideration. I thought that this matter should be brought to your attention so that you can make an informed assessment, and I look forward to hearing from you.

Kind regards,

9(2)(a)



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**From:** Helen Skinner On Behalf Of EOC Burwood Hospital OPH&R

**Sent:** Tuesday, April 14, 2020 10:19 AM

**To:** Alan Pithie <Alan.Pithie@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>

**Cc:** Helen Skinner <Helen.Skinner@cdhb.health.nz>

**Subject:** PPE

Dear Alan, Josh and Sarah,

We have had a number of queries from staff about PPE and whether we need to increase this or change recommendations following the staff who have tested positive.

I have had questions about whether different masks should be used e.g. whether respirator masks with seals such as being used in UK etc. for high risk areas. Also whether visors v goggles. Also around head coverage.

I know we are following MoH guidance but Burwood EOC would be keen to have an update on whether any changes are needed for our staff.

Thank you.

Best wishes,

Helen

**Helen Skinner**  
**Chief of Service**



Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892

Extn: 99279

Mobile: 9(2)(a)

Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Tracey Holtslag

**Sent:** Tuesday, April 14, 2020 9:53 AM

**To:** Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>

**Subject:** FW: Ward GG, staff member worried

FYI

**From:** Alan Pithie

**Sent:** Tuesday, 14 April 2020 7:44 AM

**To:** Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; Tracey Holtslag <[Tracey.Holtslag@cdhb.health.nz](mailto:Tracey.Holtslag@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>

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

**Subject:** RE: Ward GG, staff member worried

Hi Tracey/Josh

I agree with Josh's comments. I think 9(2)(a) can safely return to work.

I've heard other similar stories, and this is clearly an issue with this group of confused and frail patients. Would full face visors be a better option than mask and goggles? Worth discussing?

Regards

Alan

**From:** Joshua Freeman

**Sent:** Monday, 13 April 2020 9:14 PM

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

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

9(2)(a)

**Subject:** RE: Ward GG, staff member worried

Hi Tracey,

I think risk sounds quite low here and this breach alone would not meet the standard criteria used by the Community and Public Health team to define "close contact" and justify stand down.

Sounds as if 9(2)(a) did all the right things and while we can never say the risk of transmission from an event like this is zero, I think it sounds low.

I've copied in Alan who may also wish to comment.

We'll also check in with our Occupational Health physician, 9(2)(a) but suspect we'll all be on the same page with this.

Josh

From: Tracey Holtslag

Sent: Monday, 13 April 2020 9:05 p.m.

To: Sarah Berger <Sarah.Berger@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>

Cc: [REDACTED]

Subject: Ward GG, staff member worried

Hi Sarah,

One of my Nurses, [REDACTED] was working in ward GG this morning shift and was helping another Nurse give a patient her medications.

This was at approximately 1230.

The patient [REDACTED] was leaning over when [REDACTED] grabbed her left cheek and mask.

The mask was not removed by the patient but there was contact with her skin.

[REDACTED] immediately went and doffed her PPE and washed her face with Azowipes and then with hot soapy water.

She then went back and donned clean PPE and carried on working.

After discussing this with Sarah I have asked [REDACTED] to not come to work tomorrow and self-isolate until someone contacts her.

[REDACTED]

Kind regards,

Tracey

Tracey Holtslag

CNM Operations

Burwood Hospital

Canterbury District Health Board

[REDACTED]

**From:** Sally Nicholas  
**Sent:** Tuesday, 14 April 2020 1:49 p.m.  
**To:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>

9(2)(a)

**Subject:** RE: URGENT: media question re PPE at Ashley Bloomfield's stand up today

Hi Karalyn

Response as discussed by phone:

Hair protection and shoe covers are not recommended by the NZ MOH or WHO.

Why – evidence that more complicated the PPE is the more risks there are when you remove the PPE.

Sally on behalf of Josh / Sarah

---

**From:** Helen Skinner  
**Sent:** Tuesday, 14 April 2020 1:44 p.m.  
**To:** Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>  
**Subject:** FW: URGENT: media question re PPE at Ashley Bloomfield's stand up today

**Helen Skinner**  
**Chief of Service**  
Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892  
Extn: 99279  
Mobile: 9(2)(a)  
Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Karalyn van Deursen  
**Sent:** Tuesday, April 14, 2020 1:29 PM  
**To:** Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>

9(2)(a)



9(2)(a)

**Subject:** URGENT: media question re PPE at Ashley Bloomfield's stand up today

Hi all

A reporter asked Ashley the following question:

'We've been told by a staff member working in ward GG at Burwood that she hasn't been offered full PPE -- i.e. no foot protection and no hair covers'

Ashley said he would check what was appropriate – it would depend on the role of the person and what they were doing...

Can someone please advise what our usual practice is?

Thanks

kvd

Ngā mihi

**Karalyn van Deursen**

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

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against  
COVID-19**



**From:** Helen Skinner On Behalf Of EOC Burwood Hospital OPH&R

**Sent:** Tuesday, April 14, 2020 4:48 PM

**To:** 9(2)(a)

**Subject:** RE: OP Suite Sit Rep

Dear 9(2)(a)

Thank you for your feedback, we couldn't tell from your sit rep where this was still a problem.

There has been a meeting this morning with ECC about Rosewood staffing and how IP&C will support staff in Rosewood around support with PPE.

Best wishes,

Helen

**Helen Skinner**

**Chief of Service**

Older Persons Health & Rehabilitation

Level 2 Admin, Outpatients Building

Burwood Hospital

Canterbury District Health Board

Phone: (03) 3377892

Extn: 99279

Mobile 9(2)(a)



Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** 9(2)(a)  
**Sent:** Tuesday, April 14, 2020 3:36 PM  
**To:** EOC Burwood Hospital OPH&R <[EOCBHOPH&R@cdhb.health.nz](mailto:EOCBHOPH&R@cdhb.health.nz)>  
**Subject:** RE: OP Suite Sit Rep

Hi Helen,

Our staff are happy going to D1 & DG to help over meal times & getting patients ready for bed. Although they are being told their help is not required, we have been requested by 9(2)(a) to help out there. Tonight the staff rostered on here will go to both these wards & provide interaction with the patients as able, even if just sitting and chatting. We have no concerns regarding these areas.

Out of Scope

Kind regards,

9(2)(a)

9(2)(a)

*Burwood Hospital.*

9(2)(a)

*Fax: 033836813 or 99803*

**Canterbury**

District Health Board

Tūhono Hauora o Waitaha

**From:** Helen Skinner **On Behalf Of** EOC Burwood Hospital OPH&R

**Sent:** Tuesday, 14 April 2020 3:17 p.m.

**To:** 9(2)(a)

**Subject:** OP Suite Sit Rep

Dear 9(2)(a)

Thank you for your sit rep today, with your concerns around assurances for redeployed staff around orientation, support and PPE, which remains in red and therefore current on your sit rep. I have checked with the OPH Nursing Director, the nurses have been helping on wards D1 and DG including during meal times and receiving orientation and support.

Please let Burwood EOC know if there are concerns around how this is going.

Thank you.

Best wishes,

Helen

**Helen Skinner**

**Chief of Service**

Older Persons Health & Rehabilitation

Level 2 Admin, Outpatients Building

Burwood Hospital

Canterbury District Health Board

Phone: (03) 3377892

Extn: 99279

Mobile: 9(2)(a) [REDACTED]

Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

RELEASED UNDER THE OFFICIAL INFORMATION ACT

## Rochelle Audeau

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**From:** Jeanie Watson on behalf of ECC Public Information (CDHB)  
**Sent:** Tuesday, 14 April 2020 5:22 PM  
**To:** ECC Manager (CDHB); Mardi Postill  
**Cc:** 9(2)(a)  
**Subject:** RE: Media request for comment - issues around safe practice  
**Categories:** Completed

Thanks Jan.

Unfortunately, media can film from the footpath, however, they are not to be on the premises or enter the facility without express permission, and should not be approaching or harassing staff.

If media breach these rules, we need to know the name of the media outlet so we can follow up with the managing editor.

Also, just confirming: the ECC PIM email is [ECCPubInfCDHB@cdhb.health.nz](mailto:ECCPubInfCDHB@cdhb.health.nz).

Karalyn Van Deursen is on as PIM tomorrow.

Cheers

Jeanie

---

**From:** Jan Van der heyden On Behalf Of ECC Manager (CDHB)  
**Sent:** Tuesday, 14 April 2020 5:02 PM  
**To:** Mardi Postill <Mardi.Postill@cdhb.health.nz>; ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz>  
9(2)(a)

**Subject:** RE: Media request for comment - issues around safe practice

Out of Scope

To assist the protection of staff from unwanted approaches by media we have supplied security staff on premise with instruction to prevent any intimidation by media. Unfortunately they are entitled to be there – hopefully no movement will see crews disappear. We are answering calls that come via the correct channels (see below)

All media requests are to be channelled through the comms team [ECCpublicinformationcdhb@cdhb.health.nz](mailto:ECCpublicinformationcdhb@cdhb.health.nz)

Many thank for all your patience  
Regards Jan van der Heyden

---

**From:** Mardi Postill  
**Sent:** Tuesday, 14 April 2020 4:29 p.m.  
**To:** ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz>  
**Subject:** FW: Media request for comment - issues around safe practice

See below

**Mardi Postill**

Team Leader, Older Persons' Health  
Planning and Funding

Canterbury & West Coast District Health Board  
32 Oxford Tce | PO Box 1600 | Christchurch 8140 |

T: 9(2)(a)

Email: [mardi.postill@cdhb.health.nz](mailto:mardi.postill@cdhb.health.nz)

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



**From:** Richard Scrase

**Sent:** Tuesday, 14 April 2020 4:23 p.m.

**To:** Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>

**Subject:** Fwd: Media request for comment - issues around safe practice

Sent from my Samsung Galaxy smartphone.

----- Original message -----

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

**Date:** 14/04/2020 4:18 pm (GMT+12:00)

**To:** 9(2)(g)(i) Richard Scrase <[Richard.Scrase@cdhb.health.nz](mailto:Richard.Scrase@cdhb.health.nz)>, "ECC Logistics (CDHB)" <[ECCLogisticsCDHB@cdhb.health.nz](mailto:ECCLogisticsCDHB@cdhb.health.nz)>

9(2)(a)

**Subject:** RE: Media request for comment - issues around safe practice

Hi – it appears the TV cameras have been here all day. TV three are currently on this side of the road filming – they haven't entered the property but it's spooking the staff and hard enough without them there.

Anything anyone can do?

Thanks

Kind regards

9(2)(a)

**From:** 9(2)(g)(i)

**Sent:** Tuesday, 14 April 2020 9:41 am

**To:** 9(2)(a) Richard Scrase <[Richard.Scrase@cdhb.health.nz](mailto:Richard.Scrase@cdhb.health.nz)>; ECC Logistics (CDHB) <[ECCLogisticsCDHB@cdhb.health.nz](mailto:ECCLogisticsCDHB@cdhb.health.nz)>

9(2)(a)

**Subject:** Re: Media request for comment - issues around safe practice

Hi 9(2)(a) all media responses go through the comms team.  
Have included comms in this email.

Ali

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: 9(2)(a)

Date: 14/04/20 9:17 AM (GMT+12:00)

To: 9(2)(g)(i) Richard Scrase <[Richard.Scrase@cdhb.health.nz](mailto:Richard.Scrase@cdhb.health.nz)>  
9(2)(a)

Subject: FW: Media request for comment - issues around safe practice

9(2)(g)(i) and Richard

Who's responding to media (if anyone)?

Kind regards

9(2)(a)

Out of Scope





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## Rochelle Audeau

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**From:** Karalyn van Deursen  
**Sent:** Tuesday, 14 April 2020 9:31 PM  
**To:** ECC Controller (CDHB); Helen Skinner; Sally Nicholas; Joshua Freeman; Anna Williams; Michael Frampton; Mardi Postill; ECC Manager (CDHB)  
**Cc:** David Meates; Jendy Harper; Mick O'Donnell  
**Subject:** RE: URGENT & CONCERNING COMMENTS ON STUFF FROM A NURSE IN GG  
**Categories:** Completed

And a similar story on newshub – not so detailed, this one more focused on lack of ppe at Bwd.

<https://www.newshub.co.nz/home/new-zealand/2020/04/coronavirus-ppe-still-not-available-to-some-nurses-at-burwood-hospital-site-of-six-covid-19-deaths.html>

**From:** Karalyn van Deursen  
**Sent:** Tuesday, 14 April 2020 6:54 p.m.  
**To:** ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>; Helen Skinner <Helen.Skinner@cdhb.health.nz>; Sally Nicholas <Sally.Nicholas@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Anna Williams <Anna.Williams@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Mardi Postill <Mardi.Postill@cdhb.health.nz>; ECC Manager (CDHB) <ECCManagerCDHB@cdhb.health.nz>  
**Cc:** David Meates <David.Meates@cdhb.health.nz>; Jendy Harper <Jendy.Harper@cdhb.health.nz>; Mick O'Donnell <Mick.O'Donnell@cdhb.health.nz>  
**Subject:** URGENT & CONCERNING COMMENTS ON STUFF FROM A NURSE IN GG  
**Importance:** High

Hi all – please see the story at the link below.

It quotes a staff member from GG who has made some extremely disparaging comments about the care being provided – including the first comment here that I imagine would be distressing for all families with a loved one in there:

- The nurses who care for the remaining patients have a prediction that is both grim, and realistic; no-one is likely to come out of Ward GG alive.
- But repeated calls for better protective equipment for staff appear to have fallen on deaf ears.
- At the beginning of each shift, nurses use the staffroom to dress in the only personal protection available to them; a yellow paper gown, blue gloves, plastic glasses that do not form a seal, a regular surgical mask that is not rated to keep out coronavirus particles, the nurse says.
- "Our shoes are not covered, our hair is not covered, the gown does not cover all of our clothing."
- "It's not okay that we're popping into their rooms once an hour, really to check whether they've died yet."

<https://www.stuff.co.nz/national/health/coronavirus/121012048/coronavirus-inside-burwood-hospitals-covid19-ward>

9(2)(g)(i)

Also re the PPE – we have this response from Josh:

Hair protection and shoe covers are not recommended by the NZ Ministry of Health or the World Health Organization.

The evidence shows that the more complicated the PPE is the more risks (or becoming infected) there are when you remove the PPE.

Ngā mihi

**Karalyn van Deursen**

Executive Director Communications

Canterbury and West Coast District Health Boards

Corporate Office, 32 Oxford Terrace, Christchurch

T: +64 3 364 4103 or ext. 62103 | M: 027 531 4796

Values – *A matou uara*

Care and respect for others – *Manaaki me te kotua i etahi*

Integrity in all we do – *Hapai i a matou mahi*

Responsibility for outcomes – *Kaiwhakarite i ka hua*

**Unite  
against  
COVID-19**



**Rochelle Audeau**

---

**From:** David Meates  
**Sent:** Tuesday, 14 April 2020 8:10 PM  
**To:** 9(2)(a)  
**Cc:** ECC Controller (CDHB); Anna Williams  
**Subject:** Re: From 9(2)(a) a nurse working on Ward GG at Burwood with Covid rest home patients.

**Categories:** Completed

9(2)(a)

As promised I have raised this with our infectious disease team who discussed this very request with infection prevention control to ensure the right clinical decisions are informing what we do.

Hair protection and shoe covers are not recommended by the NZ MOH or WHO.

Why - the evidence is that the more complicated the PPE is, the more risks there are when you remove the PPE.

However the IPC / ID teams have reviewed your question and are recommending that for the staff in Ward GG that N95 masks are made available along with eye protection visors. This is not due to the science changing for what PPE that should be accessed for care nor that the virus has changed, but acknowledges the unique situation you are working in at Burwood with this group of residents from Rosewood.

I have asked the Burwood team to organise through the ECC tomorrow morning this PPE to be sourced and delivered to the ward.

Again I wanted to say thank you for the care you, and the wider teams at Burwood are providing in Ward GG, and it is a privilege to have you working within our health system.

Thank you

David

Sent from my iPad

On 13/04/2020, at 6:31 PM, [REDACTED] wrote:

Many thanks for your prompt reply David.  
I am very proud of the team I am working with and take comfort that the patients are getting the best of care.  
And I really appreciate you forwarding the concerns to the ECC.

Kind regards,  
[REDACTED]

**From:** David Meates <David.Meates@cdhb.health.nz>

**Date:** Monday, 13 April 2020 at 6:08 PM

**To:** [REDACTED]

**Subject:** RE: From [REDACTED] a nurse working on Ward GG at Burwood with Covid rest home patients.

[REDACTED]

Firstly thank you for the care and compassion that you providing for these very vulnerable people. It is so important that our elderly can be treated with dignity. I have already had some wonderful feedback about the whole team and the incredible care being provided in very trying circumstances.

Re the PPE query, I have put this through to the ECC (Emergency Coordination Centre) now and ask that what you have outlined below is reviewed asap.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: [david.meates@cdhb.health.nz](mailto:david.meates@cdhb.health.nz)

P O Box 1600, Christchurch 8140

[www.cdhb.health.nz](http://www.cdhb.health.nz) | [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz)

<image001.jpg>

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

**From:** [REDACTED]

**Sent:** Monday, 13 April 2020 5:45 PM

**To:** David Meates <David.Meates@cdhb.health.nz>

**Subject:** From [REDACTED] a nurse working on Ward GG at Burwood with Covid rest home patients.

Dear David,

My name is 9(2)(a) and I am a nurse that works on Ward GG at Burwood hospital. I am currently working with the resthome patients that were transferred from Rosewood Resthome last week.

May I firstly say that I am very glad to work with these patients, and I count it a privilege. I was nursing one of the patients, who was the second to pass away, on Friday night and I was glad to be with him and provide comfort to him. They are a group of beautiful elderly people who are so vulnerable and deserve the best of care.

I do have concerns as to whether the current PPE provided is adequate. This consists of a basic surgical mask, a pair of glasses/goggles (which don't seal around the edges), a gown and a double pair of gloves. I know this is consistent with the WHO's recommendations, but I am concerned that there is currently not enough data to prove that this is adequate, and I think it would be better to err on the side of caution. Hearing today that one of my colleagues has tested positive for Covid 19 confirms my concerns.

I am writing to you to ask whether you would consider providing face shields, N95 masks and hair coverings, to us who are directly in contact with these Covid positive patients? The Covid positive dementia patients we are dealing with are unpredictable and cough and spit without warning, so we are at high risk of exposure.

I believe AMAU are using face shields and masks, even though they are not necessarily dealing with positive Covid patients.

I saw an article that was about a NZ company that are producing face shields at cost with 3D printers – they can be reused once sterilised (which is what we are doing with the current glasses provided by Infection Control anyway). The link is as follows:

<https://i.stuff.co.nz/national/health/coronavirus/120608686/coronavirus-the-volunteer-army-using-kiwi-ingenuity-to-3d-print-face-shields-for-medical-workers>

Again, I feel privileged to work with these patients, and I thank you for your consideration. I thought that this matter should be brought to your attention so that you can make an informed assessment, and I look forward to hearing from you.

Kind regards,

9(2)(a)



## Rochelle Audeau

**From:** Joshua Freeman  
**Sent:** Wednesday, 15 April 2020 9:26 AM  
**To:** Karalyn van Deursen; Anna Williams; David Meates; Sally Nicholas; Sarah Berger; Helen Skinner; Diana Gunn; Mardi Postill  
**Cc:** Communications; Jendy Harper; Mick O'Donnell; ECC Controller (CDHB); Alan Pithie  
**Subject:** RÈ: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking  
**Categories:** Completed

Some points following a meeting of the hospital based members of the IPC Executive Committee late yesterday afternoon:

- According to the World Health Organisation, the NZ MOH, the Australian Communicable Disease Network, and many other national bodies, the mode of transmission of SARS-CoV-2 is via **droplets** and **contact**. A higher level of protection can be produced in a hospital environment with certain procedures such as non-invasive ventilation, bronchoscopy and intubation that produce aerosols.
- Aerosols are small particles (<5microns) that drift many metres. A higher specification mask is required to filter out aerosols (N-95 mask). Droplets are larger particles (>5 microns) that settle to the ground within 1-2 metres of the patient and require a surgical mask for protection.
- Surgical masks are recommended by the WHO, the NZ MOH and many other jurisdictions for healthcare workers caring for COVID-19 patients unless aerosol generating procedures (such as those listed above) are being performed.
- Interviews with the cases at Burwood indicate that surgical masks have sometimes been worn until they become damp and soggy, which reduces their effectiveness. While staff have been encouraged to change masks when damp and there have been processes in place to help ensure masks and other PPE are changed regularly, this can prove difficult in a busy and demanding work setting.
- As a measure to reduce the risk of masks becoming damp, it was decided yesterday to offer N-95 masks as an alternative. The hope and intention is that these masks maybe less inclined to become damp and soggy when worn for prolonged periods. It's important to note that these masks have NOT been offered because of concerns about aerosol production of "airborne" spread.
- It was decided the two types of mask should be provided as options, with staff left to decide which they prefer (some people find N-95 masks uncomfortable to wear over long periods). Masks must be changed when they become damp, regardless of the type.
- Interviews with cases and feedback from staff also highlighted concerns about goggles not always fitting well and occasionally falling off when bending over, particularly in the first few days the unit was opened. In response to this, it was decided to offer visors in addition to goggles and leave individual staff to decide which they prefer. It is not believed that visors provide an intrinsically higher level of protection but may be easier to fit for some people and be better tolerated.
- It was also thought that at least one additional floating "PPE champion" within the unit would be a good move. This person would be charged with supporting staff with PPE use during the course of the work, identifying breaches and assisting with any actions required in the event of a breach or if a practical problem arises. Providing this level of support is perhaps the most important risk mitigation measure.
- The question of shoe covers and hair covers was also raised. These are not recommended by the WHO or the NZ MOH. One of the reasons is that the more elaborate the PPE, and the more different components there are the greater the risk of contamination during the doffing (taking off) process

If anything needs clarification let me know.

Nga mihi,

Josh

Josh Freeman  
Acting CD IPC

**From:** Karalyn van Deursen

**Sent:** Tuesday, 14 April 2020 7:03 p.m.

**To:** Anna Williams <Anna.Williams@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>; Sally Nicholas <Sally.Nicholas@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Helen Skinner <Helen.Skinner@cdhb.health.nz>; Diana Gunn <Diana.Gunn@cdhb.health.nz>; Mardi Postill <Mardi.Postill@cdhb.health.nz>

**Cc:** Communications <Communications@cdhb.health.nz>; Jendy Harper <Jendy.Harper@cdhb.health.nz>; Mick O'Donnell <Mick.O'Donnell@cdhb.health.nz>

**Subject:** URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Hi all – please see the query below.

I won't go back to her until tomorrow morning, but would appreciate your input to the highlighted questions.

We have one answer re the hair and shoe covering.

Cheers

kvd

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

**Sent:** Tuesday, 14 April 2020 6:55 p.m.

**To:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>

**Subject:** Burwood hospital nurse - PPE lacking

Hi there,

I know it's very unlikely to get a response tonight, but just putting these questions through now on the off chance...

Can the DHB please comment on claims by a nurse at Burwood Hospital that the DHB is not taking safety seriously enough?

Specifically, she claims the PPE gear includes a regular surgical mask that is not rated to keep out coronavirus, their shoes and hair are not covered and the gown does not cover all of their clothing.

She also says staff are not required to change their gowns or glasses between dealing with individual patients on Ward GG.

The claims relate to this story.

<https://www.stuff.co.nz/national/health/coronavirus/121012048/coronavirus-inside-burwood-hospitals-covid19-ward>

Thanks very much,

9(2)(a)



**From:** Joshua Freeman  
**Sent:** Wednesday, 15 April 2020 10:08 a.m.  
**To:** Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>  
**Subject:** RE: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Hi Sally –

Do you think the “PPE champion” idea can be actioned? This needs to be a nurse who has been trained up by the IPC team and is available in the unit to oversee and support PPE practice /assist if there are breaches. They would not be assigned to direct patient care but could assist if needed where there is a risk of PPE breaches (eg patients grabbing at masks etc).

Alan, Sarah B and I believe this is a key risk mitigation measure.

I'm sure you'll agree at this point we need some substantive risk mitigation measures.

Feel free to give me a call to discuss.

Cheers,

Josh

9(2)(a)

**From:** Sally Nicholas  
**Sent:** Wednesday, 15 April 2020 9:59 a.m.  
**To:** Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>  
**Subject:** RE: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Thanks Josh

**From:** Joshua Freeman  
**Sent:** Wednesday, 15 April 2020 9:26 a.m.  
**To:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>; Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>; Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>; Diana Gunn <[Diana.Gunn@cdhb.health.nz](mailto:Diana.Gunn@cdhb.health.nz)>; Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>  
**Cc:** Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; Jendy Harper <[Jendy.Harper@cdhb.health.nz](mailto:Jendy.Harper@cdhb.health.nz)>; Mick O'Donnell <[Mick.O'Donnell@cdhb.health.nz](mailto:Mick.O'Donnell@cdhb.health.nz)>; ECC Controller (CDHB) <[ECCControllerCDHB@cdhb.health.nz](mailto:ECCControllerCDHB@cdhb.health.nz)>; Alan Pithie <[Alan.Pithie@cdhb.health.nz](mailto:Alan.Pithie@cdhb.health.nz)>  
**Subject:** RE: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Some points following a meeting of the hospital based members of the IPC Executive Committee late yesterday afternoon:

- According to the World Health Organisation, the NZ MOH, the Australian Communicable Disease Network, and many other national bodies, the mode of transmission of SARS-CoV-2 is via **droplets** and **contact**. A



higher level of protection can be produced in a hospital environment with certain procedures such as non-invasive ventilation, bronchoscopy and intubation that produce aerosols.

- Aerosols are small particles (<5microns) that drift many metres. A higher specification mask is required to filter out aerosols (N-95 mask). Droplets are larger particles (>5 microns) that settle to the ground within 1-2 metres of the patient and require a surgical mask for protection.
- Surgical masks are recommended by the WHO, the NZ MOH and many other jurisdictions for healthcare workers caring for COVID-19 patients unless aerosol generating procedures (such as those listed above) are being performed.
- Interviews with the cases at Burwood indicate that surgical masks have sometimes been worn until they become damp and soggy, which reduces their effectiveness. While staff have been encouraged to change masks when damp and there have been processes in place to help ensure masks and other PPE are changed regularly, this can prove difficult in a busy and demanding work setting.
- As a measure to reduce the risk of masks becoming damp, it was decided yesterday to offer N-95 masks as an alternative. The hope and intention is that these masks maybe less inclined to become damp and soggy when worn for prolonged periods. It's important to note that these masks have NOT been offered because of concerns about aerosol production of "airborne" spread.
- It was decided the two types of mask should be provided as options, with staff left to decide which they prefer (some people find N-95 masks uncomfortable to wear over long periods). Masks must be changed when they become damp, regardless of the type.
- Interviews with cases and feedback from staff also highlighted concerns about goggles not always fitting well and occasionally falling off when bending over, particularly in the first few days the unit was opened. In response to this, it was decided to offer visors in addition to goggles and leave individual staff to decide which they prefer. It is not believed that visors provide an intrinsically higher level of protection but may be easier to fit for some people and be better tolerated.
- It was also thought that at least one additional floating "PPE champion" within the unit would be a good move. This person would be charged with supporting staff with PPE use during the course of the work, identifying breaches and assisting with any actions required in the event of a breach or if a practical problem arises. Providing this level of support is perhaps the most important risk mitigation measure.
- The question of shoe covers and hair covers was also raised. These are not recommended by the WHO or the NZ MOH. One of the reasons is that the more elaborate the PPE, and the more different components there are the greater the risk of contamination during the doffing (taking off) process

If anything needs clarification let me know.

Nga mihi,

Josh

Josh Freeman  
Acting CD IPC

From: Karalyn van Deursen

Sent: Tuesday, 14 April 2020 7:03 p.m.

To: Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>; Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>; Diana Gunn <[Diana.Gunn@cdhb.health.nz](mailto:Diana.Gunn@cdhb.health.nz)>; Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>

Cc: Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; Jendy Harper <[Jendy.Harper@cdhb.health.nz](mailto:Jendy.Harper@cdhb.health.nz)>; Mick O'Donnell <[Mick.O'Donnell@cdhb.health.nz](mailto:Mick.O'Donnell@cdhb.health.nz)>

Subject: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Hi all – please see the query below.

I won't go back to her until tomorrow morning, but would appreciate your input to the highlighted questions.



We have one answer re the hair and shoe covering.

Cheers  
kvd

From 9(2)(a)

Sent: Tuesday, 14 April 2020 6:55 p.m.

To: Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>

Subject: Burwood hospital nurse - PPE lacking

Hi there,

I know it's very unlikely to get a response tonight, but just putting these questions through now on the off chance...

Can the DHB please comment on claims by a nurse at Burwood Hospital that the DHB is not taking safety seriously enough?

Specifically, she claims the PPE gear includes a regular surgical mask that is not rated to keep out coronavirus, their shoes and hair are not covered and the gown does not cover all of their clothing.

She also says staff are not required to change their gowns or glasses between dealing with individual patients on Ward GG.

The claims relate to this story.

<https://www.stuff.co.nz/national/health/coronavirus/121012048/coronavirus-inside-burwood-hospitals-covid19-ward>

Thanks very much,

9(2)(a)

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**From:** Sally Nicholas  
**Sent:** Wednesday, 15 April 2020 10:18 a.m.  
**To:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>  
**Subject:** RE: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Hi Karalyn

Do you have enough info to respond to this ? DO you need anything further from us, Helen is having a day off today. and 2 Anna Williams ☺

**From:** Karalyn van Deursen  
**Sent:** Tuesday, 14 April 2020 7:03 p.m.  
**To:** Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>; Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>; Diana Gunn <[Diana.Gunn@cdhb.health.nz](mailto:Diana.Gunn@cdhb.health.nz)>; Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>  
**Cc:** Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; Jendy Harper <[Jendy.Harper@cdhb.health.nz](mailto:Jendy.Harper@cdhb.health.nz)>; Mick O'Donnell <[Mick.O'Donnell@cdhb.health.nz](mailto:Mick.O'Donnell@cdhb.health.nz)>  
**Subject:** URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

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kvd

**From:** [REDACTED]  
**Sent:** Tuesday, 14 April 2020 6:55 p.m.  
**To:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>  
**Subject:** Burwood hospital nurse - PPE lacking

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She also says staff are not required to change their gowns or glasses between dealing with individual patients on Ward GG.



The claims relate to this story.

<https://www.stuff.co.nz/national/health/coronavirus/121012048/coronavirus-inside-burwood-hospitals-covid19-ward>

Thanks very much,

9(2)(a)

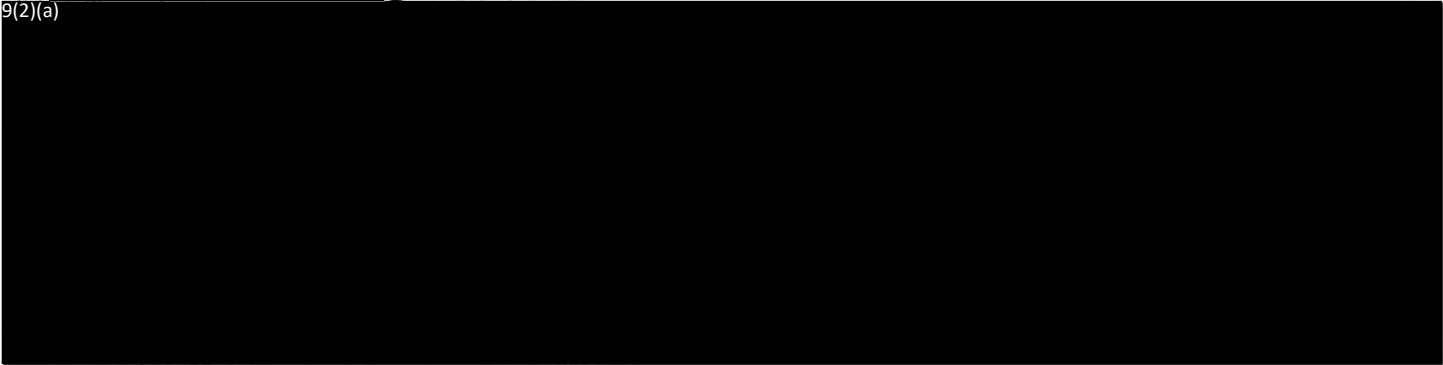


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**From:** Helen Skinner

**Sent:** Wednesday, April 15, 2020 1:25 PM

**To:** 9(2)(a)@cdhb.health.nz>  
9(2)(a)



**Subject:** Re: Agenda for consultants meeting tomorrow

Thanks 9(2)(a) I can reassure you we are working both with IP&C and the amazing staff on ward GG who are providing excellent care. The number of compliments from patient's relatives attests to the care being provided by the team.

As I mentioned yesterday in the OPH meeting I asked formally from Burwood EOC for an update on PPE from IP&C (after discussions with them over the weekend when we, the EOC did the contact tracing with IP&C) despite the fact we are following MoH guidance on PPE. IP&C are meeting with those working on GG and giving them options to do with masks etc. Which I can share with you after all the staff have been spoken with.

A huge amount of work is being done concerning ARC and I want to thank 9(2)(a) for her ongoing involvement in this.

Best wishes,

Helen

Sent from my iPhone

On 15/04/2020, at 12:46 PM, <sup>9(2)(a)</sup> [REDACTED] <[\[REDACTED\]@cdhb.health.nz](mailto:[REDACTED]@cdhb.health.nz)> wrote;

Hi all,

I'm not putting a lot of weight on what I see reported in the media e.g Stuff article about GG. I do agree best equipping staff in a dangerous and challenging work environment sounds good, but I'm not sure it is our brief as an SMO group to make suggestions about how this should be done, unless highlighting specific evidence based information that is new or not previously considered. Maybe I am naïve, but I trust those already working on this e.g. Helen on our behalf to advocate for our patients and service.

Jackie – there was an Internal email on 13/04/2020 from Sue Nightingale with a link near the end giving an incident controllers update. This includes quite a lot of specific and recent information about aged residential care.

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

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

*Geriatrician,  
Older Persons Health Specialist Service,  
2<sup>nd</sup> Floor Administration Floor,  
Burwood Hospital,  
300 Burwood Road,  
Christchurch 8083  
New Zealand*

*Postal Address*

*Burwood Hospital, Private Bag 4708  
Christchurch 8140*

<sup>9(2)(a)</sup> [REDACTED] <[\[REDACTED\]@cdhb.health.nz](mailto:[REDACTED]@cdhb.health.nz)>

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

*Fax ++64 3 3377823*

*Cell phone* <sup>9(2)(a)</sup> [REDACTED]

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**From:** Jackie Broadbent

**Sent:** Wednesday, 15 April 2020 12:05 p.m.

**To:** <sup>9(2)(a)</sup> [REDACTED] <[\[REDACTED\]@cdhb.health.nz](mailto:[REDACTED]@cdhb.health.nz)>

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

9(2)(a)

**Subject:** Re: Agenda for consultants meeting tomorrow

At home so missed the discussion today re GG.

In addition to concern about GG - where at least we have close monitoring and a degree of control

Out of Scope  
Out of Scope

If this has already been discussed, I'll catch up when the minutes are circulated.

Jackie

Sent from my iPhone

On 15/04/2020, at 10:57 AM, 9(2)(a)

9(2)(a) @cdhb.health.nz> wrote:

There is a rather damning Stuff article today about GG. I agree with 9(2)(a) that the nurses need better protection than they are using - hair covering and better masks at least. What they are doing is not working if they are getting infected. What is being used in other hospitals in NZ for Covid + pt contact (ICU?). I know not aerosol generating procedures but there is more time contact. Are we failing these nurses (our colleagues) and being implicit in not protecting them by not speaking out? There are so few patients in hospital that the stock is surely not in threat, and who are we saving it for, if not the people who are having significant contact? They need buddy checks - as 9(2)(a) said yesterday it is much harder than it looks to doff and don. If these were our patients, what would we want? I would want an N95 mask or equivalent, hair and neck and body covering at the very least.

9(2)(a)

On 15/04/2020, at 10:09, 9(2)(a)

9(2)(a) @cdhb.health.nz> wrote:

Thank goodness we are in NZ but while we work out our best approach to future issues if things go bad.....

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5705692/>

an article that maybe of interest.



I don't know if others have better data and presume the figures are better if staff are very careful.

A 50% reduction is not bad if you are a consultant on a round with a covid patient and your base risk maybe 1%.

If you are a nurse doing a full 8 hr shift in GG I would guess the base risk is 80% without PPE.

I would argue that in this scenario the general advice re PPE is insufficient and hence what's happened.

I suspect we could do better.

Hair shielding. If you put coronavirus in your hair you will be doing pretty well if you can wash it off without any water and virus ending up on your face.

I suspect shields over the mask and covering neck could help.

I suspect the re circ air filters do better which is why some front line countries use them

I guess the dhb response is that have followed national guidelines but perhaps this guidance is too general

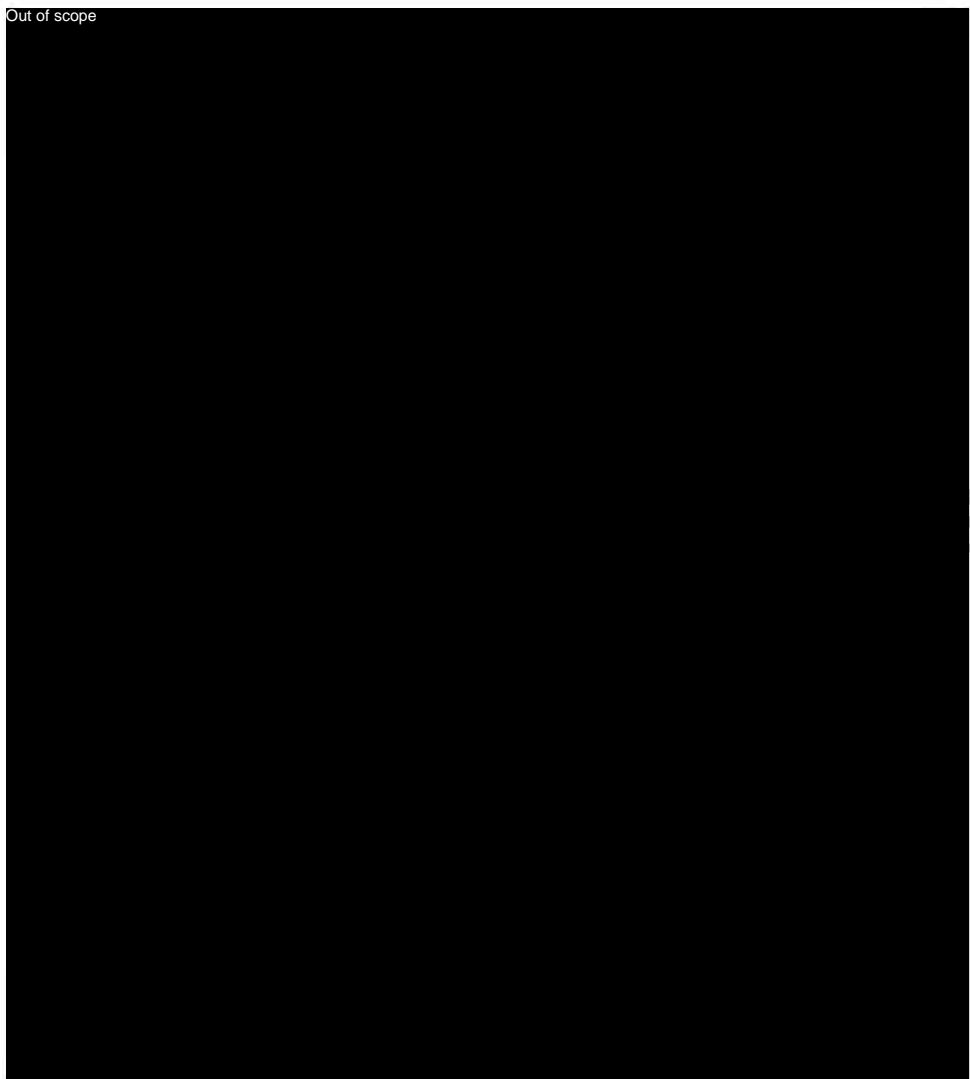
Re the point that it is unacceptable for individuals to blame the staff working on GG, I think if the DHB doesn't apologise to the staff member and acknowledge the issue and do something then there is a risk that the staff member will be seen as the problem. I think there is a misconception amongst staff that wearing PPE means that your risk is almost 0, which is correct if your base risk is low but not if the risk is high

Cheers

9(2)(a)

Out of scope

Out of scope



## Rochelle Audeau

---

**From:** Jendy Harper  
**Sent:** Wednesday, 15 April 2020 5:52 PM  
**To:** ECC Controller (CDHB); Karalyn van Deursen  
**Subject:** FOR APPROVAL 9(2)(a) - Burwood PPE

**Categories:** Completed

Hi Ali,

Please find our response to your query and a statement from Dr Josh Freeman, Clinical Director Microbiology, Canterbury DHB.

Kind regards,  
 Jendy

Jendy Harper  
 Media Advisor  
 Canterbury District Health Board

### More is not always better when it comes to PPE

What really matters is how PPE is used, what is appropriate for the work being carried out and how comfortable staff feel wearing the various options available to them.

We know that COVID-19 is spread via **droplets** and **contact** and a higher level of protection is warranted when staff are carrying out 'aerosolising procedures' such as intubation, and non-invasive ventilation. During these procedures a higher spec mask should be worn such as an N-95 as they filter out aerosols.

Regular surgical masks are recommended by both the World Health Organization and the Ministry of Health for healthcare workers caring for people who are suspected of having or have tested positive to COVID-19. These masks have a long track record of effectiveness and are used when caring for patients with a wide range of infectious diseases.

Surgical masks should be removed and replaced with a clean dry mask as soon as they become damp. A damp, soggy surgical mask is not effective, and we know that in a busy and demanding work environment it can be difficult for staff to stop what they are doing and change their PPE, but this is so important.

To encourage safe use of PPE we have increased our efforts to remind staff to change PPE regularly and have a plan to add 'PPE Champions' to the teams working in both the isolation ward at Burwood and Rosewood Rest Home to check that PPE is being worn correctly and importantly that it is removed safely to minimise the risk of cross-contamination.

Canterbury DHB is committed to continue to work to make it easy for staff to do the right thing when it comes to the effective use of PPE.

From today we are offering some alternative PPE options for staff working with the psychogeriatric dementia patients in Burwood – this includes visors for those who want to wear them and N-95 masks for



those who feel more comfortable with the fit of the N-95 mask rather than a surgical mask. For some people, it's possible the N-95 mask may be less prone to becoming damp but this remains to be seen. Note: the N-95 masks are not needed for clinical reasons as no aerosolising procedures are carried out in that ward. The visors are an option for those who find goggles uncomfortable.

A question regarding the use of disposable shoe covers and hair covers has been raised. In response: these are not recommended by the World Health Organization or the New Zealand Ministry of Health. One of the reasons for this is that the more elaborate the PPE, and the more different components there are, the greater the risk is of contamination during the doffing (taking off) process.

Evidence shows that during the Ebola outbreak, a common cause of healthcare workers contracting the disease was by self-contamination when removing their PPE, which is why more is not always better.

Canterbury DHB is 100% committed to ensure the health, safety and wellbeing of its staff and patients through the effective use of personal protective equipment. It is however important to remember that PPE is one form of protection. Other staff actions are equally important to ensure their own and their patient's safety, such as regular hand hygiene (the 5 moments), sound environmental cleaning practices and appropriate waste disposal.

Draft responses below.

Last night at 7:30pm the DHB sent an email to Stuff's Christchurch newsroom which included the following response by David Meates to a question about the use of PPE at Burwood Hospital:

*This staff member is now a patient, as such we won't be providing detailed comment to protect their privacy. We can say – our public health team are carrying out their usual investigation and identifying close contacts. We are also reviewing our PPE practice to ensure systems allow staff to regularly change their PPE according to best practice.*

By contrast, this morning on RNZ Morning Report, when pressed, Mr Meates said nursing staff in Ward GG at Burwood were conducting a full change of PPE "between every patient" on the ward.

\*Are you able to confirm this is the case in Ward GG?

*Canterbury DHB's Infection Prevention and Control team together with the Infectious Diseases team are advising the ward on the most appropriate PPE protocols.*

*In a situation where staff are moving between COVID and non-COVID patients confined to single rooms, full PPE changes are recommended.*

*However in a ward full of mobile, COVID positive patients with advanced dementia, glove changes and appropriate hand hygiene between patients is recommended. Mandating full PPE changes between every patient would substantially increase risk to staff and would be logistically unworkable.*

*In this highly exceptional and challenging scenario, full PPE changes are recommended if there is a breach, or if concerns about grossly visible soiling, or if PPE becomes damp for any reason. Routine full PPE change is also recommended at 2 hours. If the healthcare worker is in doubt or wishes to change PPE more frequently then this is left to their discretion.*

*See our statement on PPE for further details.*

\*If so, when was this change of PPE protocol implemented?



*Additional PPE options have been introduced today which include visors and N-95 masks for staff who prefer to wear them. See our statement on PPE for further details.*

*\*In his weekly newsletter update, Mr Meates spoke of staff using PPE in an "appropriate" manner. Does the between each patient approach constitute a change of practice?*

*No. it means what is appropriate for the setting. You will also note in his newsletter that in some areas such as our Acute Medical Assessment Unit staff are changing their PPE between patients (this can see staff changing a full set of PPE every 15 minutes) Appropriate also means changing a mask when it becomes damp.*

*\*What were the factors involved in the decision?*

*Our decisions are guided by evidence and international best practice and guidelines from the WHO and Ministry of Health.*

*\*When was the review Mr Meates referred to last night completed, and what were the results?*

*A review and decision on offering staff on ward GG a choice of additional PPE was made last night.*

*\*Were nursing staff consulted and if so, when and how were they told that they must change their full PPE between each patient? n/a*

*\*Has the DHB consulted with the DG of Health as mooted in yesterday's national Covid-19 press conference? What is this in reference to?*

*\*If so, what was the result of those discussions?*

---

## **Rochelle Audeau**

---

**From:** Natalie King on behalf of ECC Operations (CDHB)  
**Sent:** Thursday, 16 April 2020 1:16 PM  
**To:** ECC Controller (CDHB)  
**Cc:** ECC Operations (CDHB)  
**Subject:** PPE staff request - feedback from Burwood and Renee Montgomery  
**Attachments:** RE: Staff request for PPE - Action required by latest 12:30 today; RE: Staff requests for PPE - Action required asap

**Categories:** Completed

### **Renee Montgomery/Supplies (phone conversation)**

- Most areas are on imprest at ChCh and Burwood.
- Team goes around every 2 days at ChCh and daily at Burwood to stock up to enhanced levels.
- Other areas not on imprest directly order through supplies BAU. Any orders which seem large or unusual are reviewed and discussed with IPPC.

### **Problems identified**

Areas moving their PPE stock to different locations to possibly stockpile and PPE being "stolen" (No specific examples)

I've asked if any areas are running out. Renee will get back to us.

---

### **Burwood's feedback**

- Staff do not request PPE, they retrieve standard PPE from the imprest rooms that are fully stocked
- The imprest rooms are scanned and restocked by Supply on a daily basis.
- If all the PPE was all used the Duty Nurse Manager has access to a separate emergency supply of stock.
- We provide all the standard PP&E.
- If is something specific that Infection prevention request for a patient that is not standard, then we order it directly from Supply

Christchurch campus were unable to respond by 12:30 as they are all in a conference call (coms attached) I will provide their feedback when it arrives.

Regards

Nat

Sent from CDHB ECC Operations

Natalie King

9(2)(a)

**From:** Louise Brown  
**Sent:** Monday, 20 April 2020 11:53 a.m.  
**To:** Sally Nicholas <Sally.Nicholas@cdhb.health.nz>  
**Subject:** FW: PPE breach Burwood

Email 1 of 2

**From:** Joshua Freeman  
**Sent:** Saturday, 11 April 2020 10:08 a.m.  
**To:** Euna Sahng <Euna.Sahng@cdhb.health.nz>; Louise Brown <Louise.Brown@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Julie White (Wangford) <Julie.White@cdhb.health.nz>; Kathryn Howden <Kathryn.Howden@cdhb.health.nz>  
**Cc:** Steffany Whittaker <Steffany.Whittaker@cdhb.health.nz>  
**Subject:** RE: PPE breach Burwood

Yes I agree with Euna's advice. This eye protection is not ideal but additional risk, if any, is likely to be small compared to other factors.

As well as educational messaging, we need to check our systems to ensure that only the correct PPE can be easily accessed.

Obviously extremely important to expedite testing on the symptomatic staff member. I would suggest a respiratory multiplex in parallel.

I assume there is no reason to believe this person may have been exposed due to PPE breaches?

**From:** Euna Sahng  
**Sent:** Saturday, 11 April 2020 9:41 a.m.  
**To:** Louise Brown <Louise.Brown@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Julie White (Wangford) <Julie.White@cdhb.health.nz>; Kathryn Howden <Kathryn.Howden@cdhb.health.nz>

9(2)(a)

**Subject:** RE: PPE breach Burwood

Hi Louise

The theatre masks with visors would be alright (though probably slightly less than ideal given less protection from the top end) and I wouldn't take extra precautions in these staff members. However, they should have enough goggles and we need to stress them to use what has been provided so it doesn't happen again.

The symptomatic staff member should be off work and be tested. Julie and I already have 4 coming at lunch but I will contact 9(2)(a)

Euna Sahng  
Microbiology Registrar  
Canterbury Health Laboratories  
Ph: 03 364 0640 ext 86367





**Canterbury Health  
Laboratories**  
www.chl.co.nz | 0303THELAB

**Address:** Corner of Hagley Avenue & Tuam Street  
PO Box 151, Christchurch, New Zealand



**Canterbury**  
District Health Board  
Te Aka Hauora o Waitaha

**From:** Louise Brown

**Sent:** Saturday, 11 April 2020 8:56 AM

**To:** Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; Alan Pithie <[Alan.Pithie@cdhb.health.nz](mailto:Alan.Pithie@cdhb.health.nz)>; Euna Sahng <[Euna.Sahng@cdhb.health.nz](mailto:Euna.Sahng@cdhb.health.nz)>; Julie White (Wangford) <[Julie.White@cdhb.health.nz](mailto:Julie.White@cdhb.health.nz)>; Kathryn Howden <[Kathryn.Howden@cdhb.health.nz](mailto:Kathryn.Howden@cdhb.health.nz)>

9(2)(a)

**Subject:** PPE breach Burwood

Hi all,

I touched base with Burwood this morning and discovered that all three night staff and potentially some of the afternoon staff obtained masks with visors from the operating theatre stock and used them instead of goggles while working on ward GG with the Rosewood patients. Can you please advise what action needs to be taken.

We also have a symptomatic staff member from working on GG on Monday, phoned in today, 9(2)(a) is managing ward GG today and is contacting Diana Gunn to organize testing, Julie perhaps you could contact 9(2)(a) and see her in your carpark testing station today. 9(2)(a)

A second Rosewood resident died yesterday 9(2)(a)

Regards

Louise Brown

Sent from my Samsung Galaxy smartphone.



## Rochelle Audeau

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**From:** Sarah Berger  
**Sent:** Monday, 20 April 2020 5:37 PM  
**To:** Alex Taylor (Communications); Karalyn van Deursen  
**Cc:** ECC Controller (CDHB); Joshua Freeman; EOC Burwood Hospital OPH&R; Alan Pithie; Ramon Pink  
**Subject:** RE: DRAFT RESPONSE FW: Stuff: investigation into how Burwood Hospital staff got Covid  
  
**Categories:** Completed

Have edited somewhat:

*Our technical experts from public health, infection prevention and control and infectious diseases have all been closely involved in looking into the circumstances that led to three staff becoming unwell after caring for COVID-19 positive residents from Rosewood (some of whom were transferred to Burwood). Their collective view is that a PPE 'breach' is the most likely scenario.*

*It appears that due to the demands on staff, in particular on the day of resident transfer from Rosewood to Burwood and the day after, it was not always easy for them to interrupt care for very unwell dependant patients in order to change PPE as frequently as was desirable. Some staff reported their PPE had become moist with the physical exertion occurring over some hours. This factor is likely to have led to exposure to COVID-19.*

*Staff caring for Rosewood residents (both at Rosewood and at Burwood) change their PPE every two hours when they take their breaks – or sooner if needed due to it becoming moist or soiled. In addition, PPE Champions have been introduced to facilities caring for COVID-19 residents, with some areas using a 'buddy' system, as a strategy to ensure staff safety by having someone check PPE.*

*CDHB is working with MOH to ensure on-going security of PPE supply chains despite significant reshuffling going on internationally and currently have good stocks of PPE.*

**From:** Alex Taylor (Communications)  
**Sent:** Monday, 20 April 2020 4:30 p.m.  
**To:** Sarah Berger <Sarah.Berger@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Ramon Pink <Ramon.Pink@cdhb.health.nz>; EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>  
**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>  
**Subject:** DRAFT RESPONSE FW: Stuff: investigation into how Burwood Hospital staff got Covid

Thanks Sarah – Karalyn has drafted the below following our conversation for you all to review.

Any comments/edits appreciated pls.

Draft 1:

*The circumstances which led to three staff caring for COVID-19 positive residents Rosewood to Burwood. Our public health, infection prevention and control and infectious diseases teams have all been involved in looking into what happened for these three staff, and their collective view is that a PPE 'breach' is the most likely scenario.*

*It appears that due to the demands on staff on the day of transfer from Rosewood to Burwood it was not always easy to stop what they were doing and safely change their PPE.*



*It appears that if staff put the needs of residents ahead of their own need to change their PPE and this may have been a factor in them contracting COVID-19.*

*To minimise the chance of this happening in the future, PPE Champions have been introduced to these facilities caring for COVID-19 residents, with some areas using a 'buddy' system to check each other's PPE.*

*Those staff caring for Rosewood residents (both at Rosewood and at Burwood) change their PPE every two hours when they take a break – or sooner if needed due to it becoming moist or soiled*

*We have good stocks of PPE and are working with the MOH to secure on-going security of supply chains despite significant reshuffling going on internationally*

ONCE WE AGREE ON FINAL WORDING, CAN SOMEONE PLEASE SHARE THIS WITH THE THREE STAFF BEFORE IT'S SENT TO MEDIA – SO THERE ARE NO SURPRISES FOR THEM.

**From:** Sarah Berger

**Sent:** Monday, 20 April 2020 3:06 p.m.

**To:** Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>; Ramon Pink <Ramon.Pink@cdhb.health.nz>; EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>

**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>

**Subject:** RE: MEDIA ENQUIRY FW: Stuff: investigation into how Burwood Hospital staff got Covid

Have had a quick chat to Alex with some background for him to discuss with Karalyn

**From:** Joshua Freeman

**Sent:** Monday, 20 April 2020 2:36 p.m.

**To:** Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>; Ramon Pink <Ramon.Pink@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>

**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>

**Subject:** RE: MEDIA ENQUIRY FW: Stuff: investigation into how Burwood Hospital staff got Covid

Apologies, I'm just too swamped to respond to this today and have to prioritise.

Josh

**From:** Alex Taylor (Communications)

**Sent:** Monday, 20 April 2020 2:28 p.m.

**To:** Ramon Pink <Ramon.Pink@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>

**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>

**Subject:** RE: MEDIA ENQUIRY FW: Stuff: investigation into how Burwood Hospital staff got Covid

Just looping you in Alan – I understand you may be able to help with a response the reason is something to do with breaches in the PPE from perspiration?

**From:** Alex Taylor (Communications)

**Sent:** Monday, 20 April 2020 10:50 a.m.

**To:** Ramon Pink <Ramon.Pink@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>

**Cc:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>; ECC Controller (CDHB) <[ECCControllerCDHB@cdhb.health.nz](mailto:ECCControllerCDHB@cdhb.health.nz)>

**Subject:** MEDIA ENQUIRY-FW: Stuff: investigation into how Burwood Hospital staff got Covid

Hi all,

Please see below media enquiry re investigating the infection of the three staff members at Burwood.

Can you please help with answers to these questions?

Kind regards

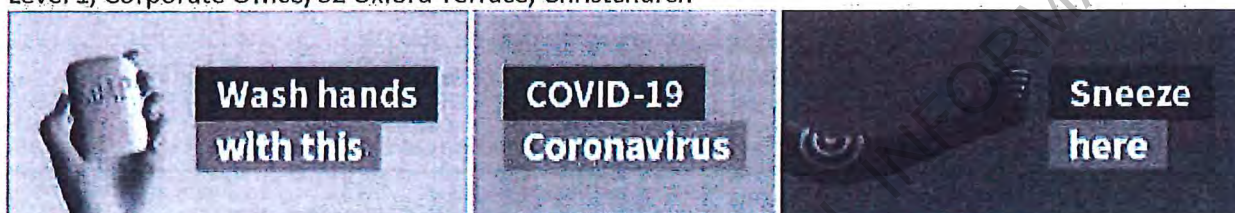
**Alex Taylor**

**Senior Media Advisor**

Canterbury and West Coast District Health Boards

T: 03 364 4122 or ext: 62122 | M: 027 567 5343

Level 1, Corporate Office, 32 Oxford Terrace, Christchurch



From [REDACTED] 9(2)(a)

Sent: Monday, 20 April 2020 9:40 a.m.

To: Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>

Subject: Stuff: investigation into how Burwood Hospital staff got Covid

Hi all,

I believe the CDHB said it was investigating how the three staff associated with the Rosewood cluster got Covid-19.

Questions below:

- 1) Has the investigation finished? If not, how long is it expected to take?
- 2) Has it identified any failings in terms of the use of PPE?
- 3) Were the three staff members wearing sufficient PPE when they came into contact with the Rosewood members?
- 4) Anything else you want to add, please do.

Can you please let me know when you get this, and if you can provide a response by 2pm.

Cheers,

[REDACTED] 9(2)(a)

9(2)(a)

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## Rochelle Audeau

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**From:** Alex Taylor (Communications)  
**Sent:** Wednesday, 22 April 2020 3:54 PM  
**To:** ECC Controller (CDHB); Joshua Freeman; Sarah Berger; Alan Pithie; Michael Frampton; Stephanie Manning  
**Cc:** Karalyn van Deursen; Justine White  
**Subject:** FOR APPROVAL FW: Nurses Union statement  
**Categories:** Completed

Sorry this has been updated by David now Dan for you to review below for approval.

To be attributed to Dan Coward, DHB Incident Controller, Canterbury DHB:

*The allegations regarding a lack of PPE supply are false and completely unfounded. Staff have been supplied with adequate PPE throughout the pandemic and this was most certainly not a factor in this instance.*

*In fact, as a result of a staff member's request we made additional items available to some staff caring for residents with COVID-19 and this included N-95 masks in addition to the standard surgical masks and visors as an alternative to goggles.*

*These aren't required in the ward for clinical reasons (as no aerosolising procedures are carried out in that area) but were made available to provide alternative options for staff.*

*As previously stated, it is believed damp masks may be the source of the breach. This factor is likely to have increased risk of exposure to COVID-19, not a lack of supply of PPE.*

---

*The staff response to COVID-19 and the relocation of residents from Rosewood to Burwood has been exemplary – see this week's staff newsletter: [https://issuu.com/canterburydhb/docs/canterbury\\_dhb\\_ceo\\_update\\_-\\_monday\\_20\\_april\\_2020?e=9501145/59360931](https://issuu.com/canterburydhb/docs/canterbury_dhb_ceo_update_-_monday_20_april_2020?e=9501145/59360931).*

**From:** Alex Taylor (Communications)  
**Sent:** Wednesday, 22 April 2020 4:51 p.m.  
**To:** ECC Controller (CDHB) <ECCControllerCDHB@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Stephanie Manning <Stephanie.Manning@cdhb.health.nz>  
**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>  
**Subject:** FOR APPROVAL FW: Nurses Union statement

Thanks Josh – Dan, Justine and Sarah also happy with this so are you happy to approve?

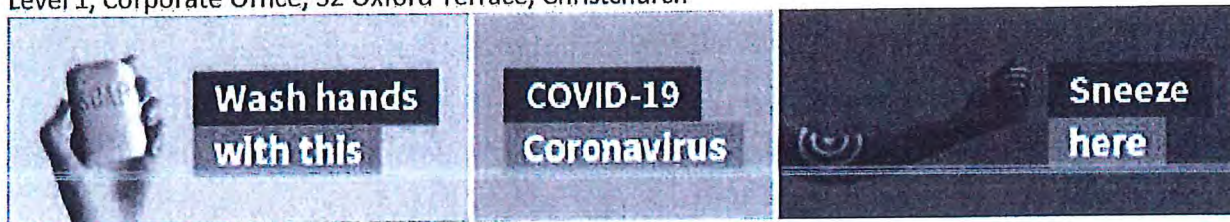
*The allegations regarding a lack of PPE supply are false and completely unfounded. Staff have been supplied with adequate PPE throughout the pandemic and this was most certainly not a factor in this instance.*

*As previously stated, it is believed damp masks may be the source of the breach. It appears that due to the demands on staff, in particular on the day of resident transfer from Rosewood to Burwood and the day after, it was not always easy for them to interrupt care for very unwell dependant patients in order to change PPE as frequently as recommended.*

*This factor is likely to have increased risk of exposure to COVID-19, not a lack of supply of PPE.*

Kind regards

**Alex Taylor**  
**Senior Media Advisor**  
 Canterbury and West Coast District Health Boards  
 T: 03 364 4122 or ext: 62122 | M: 027 567 5343  
 Level 1, Corporate Office, 32 Oxford Terrace, Christchurch



**From:** Joshua Freeman  
**Sent:** Wednesday, 22 April 2020 3:45 p.m.  
**To:** Alex Taylor (Communications) <Alex.Taylor2@cdhb.health.nz>; Sarah Berger <Sarah.Berger@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Stephanie Manning <Stephanie.Manning@cdhb.health.nz>  
**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>  
**Subject:** RE: URGENT MEDIA ENQUIRY FW: Nurses Union statement

Sorry Alex, I think this looks good.

**From:** Alex Taylor (Communications)  
**Sent:** Wednesday, 22 April 2020 2:43 p.m.  
**To:** Sarah Berger <Sarah.Berger@cdhb.health.nz>; Joshua Freeman <Joshua.Freeman@cdhb.health.nz>; Alan Pithie <Alan.Pithie@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>; Stephanie Manning <Stephanie.Manning@cdhb.health.nz>  
**Cc:** Karalyn van Deursen <Karalyn.Vandeursen@cdhb.health.nz>  
**Subject:** URGENT MEDIA ENQUIRY FW: Nurses Union statement  
**Importance:** High

Hi all,

Please see below NZNO's statement in regard to what we've said about the PPE breach.

Can you please provide some comment re the PPE supply. Can we say something like the below?

*The allegations regarding a lack of PPE supply are false and completely unfounded. Staff have been supplied with adequate PPE throughout the pandemic and this was most certainly not a factor in this instance.*

*As previously stated, it is believed damp masks may be the source of the breach. This factor is likely to have increased risk of exposure to COVID-19, not a lack of supply of PPE.*

**From:** 9(2)(a)  
**Sent:** Wednesday, 22 April 2020 2:27 p.m.  
**To:** Communications <Communications@cdhb.health.nz>  
**Subject:** Nurses Union statement

Kia ora,

I'm following up the statement from Dr Sue Nightingale, sent to RNZ this morning, about a PPE breach being the possible cause of three Burwood Hospital staff becoming sick with covid-19.



I've just had a response from the Nurses Organisation, which will be included in a piece <sup>9(2)(a)</sup> and is copied below.

But I am keen to quickly run it past your team, in case there is any further comment you'd like to add.

Please let me know if there is, and I'll try and include it before submitting the story at 3.45pm, or in follow up stories later on.

Thank you

<sup>9(2)(a)</sup>

*The health board says staff caring for Rosewood residents now change their PPE at least every two hours, and a buddy system has been introduced to ensure they use PPE correctly.*

*But the Nurses Organisation said that should have happened sooner because staff had already been asking for better PPE by the time they moved patients to Burwood Hospital, citing shortages of supplies, and gowns that ripped.*

*Its <sup>9(2)(a)</sup> said it was unfair for the health board to effectively point the finger at employees.*

*"It's unfair to lay the blame on the nursing staff not changing regularly when there actually wasn't in stock available, or quality stock to make them feel comfortable and be safe at work," she said.*

*"I appreciate that this is still under investigation - but employers have an obligation under the Health and Safety at Work Act to ensure that all staff, when you're dealing with a situation needing PPE gear, are kept safe."*

*<sup>9(2)(a)</sup> said PPE availability had improved across the country over the past four weeks, but it was important to ensure that "steady supply" continued.*

*"We need to make sure that we've got PPE to deal with COVID-19, should we have cluster outbreaks, but we also need to make sure that we've got supplies to cope with a winter ailments."*

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**From:** Helen Skinner <Helen.Skinner@cdhb.health.nz>  
**Date:** 30 April 2020 at 12:13:00 PM NZST  
**To:** Sue Nightingale <Sue.Nightingale@cdhb.health.nz>  
**Subject:** PPE

Dear Sue,

This was the summary from IP&C re PPE and staff members and the actions taken.

Please let me know if you need any further details.

Best wishes,

Helen

**Helen Skinner**  
**Chief of Service**  
Older Persons Health & Rehabilitation  
Level 2 Admin, Outpatients Building  
Burwood Hospital  
Canterbury District Health Board

Phone: (03) 3377892

Extn: 99279

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

Email: [helen.skinner@cdhb.health.nz](mailto:helen.skinner@cdhb.health.nz)

**From:** Sally Nicholas  
**Sent:** Wednesday, April 15, 2020 10:00 AM  
**To:** EOC Burwood Hospital OPH&R <EOCBHOPH&R@cdhb.health.nz>  
**Subject:** FW: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking



**From:** Joshua Freeman

**Sent:** Wednesday, 15 April 2020 9:26 a.m.

**To:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>; Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>; Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>; Diana Gunn <[Diana.Gunn@cdhb.health.nz](mailto:Diana.Gunn@cdhb.health.nz)>; Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>

**Cc:** Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; Jendy Harper <[Jendy.Harper@cdhb.health.nz](mailto:Jendy.Harper@cdhb.health.nz)>; Mick O'Donnell <[Mick.O'Donnell@cdhb.health.nz](mailto:Mick.O'Donnell@cdhb.health.nz)>; ECC Controller (CDHB) <[ECCControllerCDHB@cdhb.health.nz](mailto:ECCControllerCDHB@cdhb.health.nz)>; Alan Pithie <[Alan.Pithie@cdhb.health.nz](mailto:Alan.Pithie@cdhb.health.nz)>

**Subject:** RE: URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Some points following a meeting of the hospital based members of the IPC Executive Committee late yesterday afternoon:

- According to the World Health Organisation, the NZ MOH, the Australian Communicable Disease Network, and many other national bodies, the mode of transmission of SARS-CoV-2 is via **droplets and contact**. A higher level of protection can be produced in a hospital environment with certain procedures such as non-invasive ventilation, bronchoscopy and intubation that produce aerosols.
- Aerosols are small particles (<5microns) that drift many metres. A higher specification mask is required to filter out aerosols (N-95 mask). Droplets are larger particles (>5 microns) that settle to the ground within 1-2 metres of the patient and require a surgical mask for protection.
- Surgical masks are recommended by the WHO, the NZ MOH and many other jurisdictions for healthcare workers caring for COVID-19 patients unless aerosol generating procedures (such as those listed above) are being performed.
- Interviews with the cases at Burwood indicate that surgical masks have sometimes been worn until they become damp and soggy, which reduces their effectiveness. While staff have been encouraged to change masks when damp and there have been processes in place to help ensure masks and other PPE are changed regularly, this can prove difficult in a busy and demanding work setting.
- As a measure to reduce the risk of masks becoming damp, it was decided yesterday to offer N-95 masks as an alternative. The hope and intention is that these masks maybe less inclined to become damp and soggy when worn for prolonged periods. It's important to note that these masks have NOT been offered because of concerns about aerosol production of "airborne" spread.
- It was decided the two types of mask should be provided as options, with staff left to decide which they prefer (some people find N-95 masks uncomfortable to wear over long periods). Masks must be changed when they become damp, regardless of the type.
- Interviews with cases and feedback from staff also highlighted concerns about goggles not always fitting well and occasionally falling off when bending over, particularly in the first few days the unit was opened. In response to this, it was decided to offer visors in addition to goggles and leave individual staff to decide which they prefer. It is not believed that visors provide an intrinsically higher level of protection but may be easier to fit for some people and be better tolerated.
- It was also thought that at least one additional floating "PPE champion" within the unit would be a good move. This person would be charged with supporting staff with PPE use during the course of the work, identifying breaches and assisting with any actions required in the event of a breach or if a practical problem arises. Providing this level of support is perhaps the most important risk mitigation measure.
- The question of shoe covers and hair covers was also raised. These are not recommended by the WHO or the NZ MOH. One of the reasons is that the more elaborate the PPE, and the more different components there are the greater the risk of contamination during the doffing (taking off) process



If anything needs clarification let me know.

Nga mihi,

Josh

Josh Freeman

Acting CD IPC

**From:** Karalyn van Deursen

**Sent:** Tuesday, 14 April 2020 7:03 p.m.

**To:** Anna Williams <[Anna.Williams@cdhb.health.nz](mailto:Anna.Williams@cdhb.health.nz)>; Joshua Freeman <[Joshua.Freeman@cdhb.health.nz](mailto:Joshua.Freeman@cdhb.health.nz)>; David Meates <[David.Meates@cdhb.health.nz](mailto:David.Meates@cdhb.health.nz)>; Sally Nicholas <[Sally.Nicholas@cdhb.health.nz](mailto:Sally.Nicholas@cdhb.health.nz)>; Sarah Berger <[Sarah.Berger@cdhb.health.nz](mailto:Sarah.Berger@cdhb.health.nz)>; Helen Skinner <[Helen.Skinner@cdhb.health.nz](mailto:Helen.Skinner@cdhb.health.nz)>; Diana Gunn <[Diana.Gunn@cdhb.health.nz](mailto:Diana.Gunn@cdhb.health.nz)>; Mardi Postill <[Mardi.Postill@cdhb.health.nz](mailto:Mardi.Postill@cdhb.health.nz)>

**Cc:** Communications <[Communications@cdhb.health.nz](mailto:Communications@cdhb.health.nz)>; Jendy Harper <[Jendy.Harper@cdhb.health.nz](mailto:Jendy.Harper@cdhb.health.nz)>; Mick O'Donnell <[Mick.O'Donnell@cdhb.health.nz](mailto:Mick.O'Donnell@cdhb.health.nz)>

**Subject:** URGENT - MEDIA QUERY: Burwood hospital nurse - PPE lacking

Hi all – please see the query below.

I won't go back to her until tomorrow morning, but would appreciate your input to the highlighted questions.

We have one answer re the hair and shoe covering.

Cheers

kvd

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

**Sent:** Tuesday, 14 April 2020 6:55 p.m.

**To:** Karalyn van Deursen <[Karalyn.Vandeursen@cdhb.health.nz](mailto:Karalyn.Vandeursen@cdhb.health.nz)>

**Subject:** Burwood hospital nurse - PPE lacking

Hi there,

I know it's very unlikely to get a response tonight, but just putting these questions through now on the off chance...

Can the DHB please comment on claims by a nurse at Burwood Hospital that the DHB is not taking safety seriously enough?

Specifically, she claims the PPE gear includes a regular surgical mask that is not rated to keep out coronavirus, their shoes and hair are not covered and the gown does not cover all of their clothing. She also says staff are not required to change their gowns or glasses between dealing with individual patients on Ward GG.

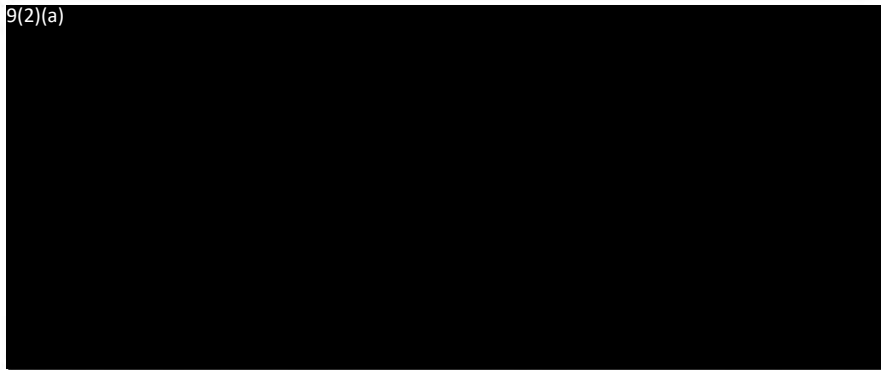
The claims relate to this story.

<https://www.stuff.co.nz/national/health/coronavirus/121012048/coronavirus-inside-burwood-hospitals-covid19-ward>

Thanks very much,

9(2)(a)

9(2)(a)



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