HBDHB COVID-19 RESPONSE PLAN

FOR THE HAWKE'S BAY HEALTH SYSTEM

Version 4.1 – Updated as at 8 February 2022

Contents

VERSION CONTROL

Version	Author	Purpose/ Change	Date
1.0	Ken Foote	Development of plan	20 April 2021
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R	Responsible	Sandra Bee, Emergency Management Advisor
A	Accountable	<u>Overall Accountability</u> Chris McKenna, Executive Director COVID-19 <u>Accountable for Alignment with Emergency Procedures Manual and specifically the Pandemic Plan</u> Chris Ash, Chief Operating Officer HBDHB
C	Consulted	HBDHB Executive Leadership Team CEO Health Hawke's Bay NKII Locality Leadership Civil Defence Emergency Management
I	Involved	Relevant clinical experts and frontline staff

INTRODUCTION

The HBDHB COVID-19 Response Plan is a summary of plans, processes, guidelines and resources that have been developed to guide the management of COVID-19 when it is identified to be in the Hawke's Bay community and impacting on the delivery of Health services.

This is a live electronic document which has links to the current HBDHB plans and processes, and relevant resources from NZ Government and Ministry of Health.

PLANNING ASSUMPTIONS

Given the COVID-19 environment in Hawke's Bay, assumptions about the future include:

- The overall size, speed, and duration of any further outbreaks may well be more challenging compared with previous outbreaks, particularly due to new variants
- The severity of the disease and the population groups affected may (or may not) be like previous outbreaks, but ongoing vigilance will be needed to detect and respond to any changes in affected/at risk populations and severity
- In order to minimise the impact on the Hawke's Bay population we would need to get to greater than 90% vaccination rate in the general population and greater than 95% in priority populations such as Maori and Pasifika whanau, people over 60 years old, those with chronic conditions such as heart disease, respiratory conditions, diabetes, those who smoke and particularly those whanau with a combination of these factors
- The Hawke's Bay Public Health Unit has adequate resource for its ongoing infectious disease work and to support Public Health Units in other areas as required
- Required training will be provided for key roles
- A level of BAU will be retained during response
- Health workers will be suffering fatigue which will need to be managed
- GPs will be doing telephone triage/consults
- Appropriate balance will need to be struck between pausing health services to prevent the spread of infection and harm caused to people who are unable to access timely healthcare
- There will be an effective recovery programme to resolve backlog of health service provision

PLANNING OBJECTIVES

Activity for any increase in case numbers will continue to focus on:

- Applying the principles of Te Tiriti o Waitangi
- Ensuring a proportionate, scalable, evidence based and flexible response
- Providing a coordinated approach across the health and disability sector and with other sectors
- Balancing COVID-19 with other Business as Usual (BAU) health and disability services
- Recognising that other emergencies (e.g. natural disasters) may occur during this time
- Recognising the limited capacity of the Health System to meet increased demand from COVID-19
- Supporting and maintaining quality health and disability services
- Focusing on priority at risk populations and responding equitably
- Communications to engage, empower and build confidence in key stakeholders and the wider community (customising as appropriate for certain populations) ensuring consistency of messaging
- Supporting the health, welfare, and social needs of health care workers and their whanau
- Prioritising the ongoing maintenance of effective infection prevention and control practices
- Protecting individuals who are most at risk of severe infections from exposure to COVID-19
- Ensuring ongoing training of responding staff

RESPONSE MANAGEMENT

COVID Directorate

A COVID Directorate has been established, under the leadership of the Executive Director COVID-19, to build the readiness and resilience in the Hawke's Bay Health System needed to manage COVID as an endemic disease. A diagram setting out the operating model for the COVID Directorate is set out at Appendix 1.

The main objectives of the Directorate are to:

- Keep the number of people who contract COVID-19 as low as possible
- Meet the health and social needs of people with COVID-19 in the home and community, with effective pathways into hospital care when needed
- Maintain health system capacity to manage acute and planned care
- Manage the overarching response to resurgence (as set out in this document), in partnership with the Emergency Management function

In the event the health system was impacted by COVID-19 that the planned response was unable to function as designed and/or health services were overwhelmed, a Coordinated Incident Management System structure would be activated (see CIMS Structure, below).

Operational and Response Assurance Functions

The COVID Directorate has direct operational responsibility (through the Executive Director COVID-19) for:

- COVID Community Coordination Centre
- Vaccination Programme
- Testing

It works in partnership with operational leads across a variety of organisations to guide, specify, oversee and account for delivery of this Response Plan, including:

- DHB Population Health and Public Health Teams
- Integrated Local Response (see Locality Hubs section below)
- Welfare (via pathways into Locality Hubs)
- General Practice (coordinated via Health Hawke's Bay)
- Primary Care Providers and NGOs (coordinated via Planning, Funding & Performance)

Detailed resurgence plans have been developed for Hawke's Bay's Hospital and Specialist Services, via an extensive, clinically led process, that are explained later in this document (see Hospital below).

Liaison Functions

The Executive Director COVID-19 holds the Executive lead on COVID-19 for Hawke's Bay District Health Board. This individual works as part of a triumvirate leadership structure, with the Medical Director Population Health, and with the Executive Director Māori Health, to discharge the following liaison and expert advisory functions at a whole-of-response level:

- Equity
- Iwi partnership (under terms of NKII Memorandum of Understanding), and broader Māori and Pacific community leadership
- Locality leadership, including interface with territorial authorities

- Clinical and technical (via a combined Clinical Technical Advisory Group and COVID Vaccination Clinical Advisory Group)
- Civil Defence Emergency Management, including HB CDEM Welfare Advisory Group (via the Emergency Management Advisor)

The Executive Director COVID-19 maintains regular liaison with DHB Health Services and the Primary Health Organisation via the Chief Operating Officer (HBDHB) and the Chief Executive (Health Hawke's Bay) respectively. This enables ongoing coordination and alignment of resources, in addition to joint decisions about risk management and prioritisation.

CIMS Structure

A CIMS structure (see Appendix 2) will be employed to manage the response to COVID-19, in the event that the level or nature of resurgence exceeds the system's capacity to respond effectively.

When CIMS is active a roster of Incident Controllers will lead the response, chairing Incident Management Team (IMT) meetings. IMT meetings are supported by a Planning & Intelligence function, which collates and presents data and modelling relevant to the management of the response, and generates a daily situation report (sitrep) that can be circulated to CIMS units.

The Incident Controllers will operate to the direction of the Response Coordinator and the CIMS approach can be scaled up or down as the situation demands.

The Executive Director COVID-19, in partnership with the Emergency Management function, holds this Response Plan. The development of some service-specific plans will be led by Emergency Management to ensure an integrated and coordinated response. Other plans have been developed locally within services and quality assured by Emergency Management.

EOC Desk

The Emergency Operations Centre (EOC) Desk is the point of administrative coordination for the response. In CIMS, the EOC Desk plays a vital role - in addition to administering IMT meetings, the function follows up key actions on behalf of the Incident Controller.

However, the EOC Desk is also a single point of record in managing all documents and records related to the DHB's response to COVID-19. All correspondence and information relating to the response should be copied to the EOC Desk (emergency.response@hbdhb.govt.nz), which is monitored 7 days a week.

Clinical Technical Advisory Group

Response Coordination (whether COVID Directorate or CIMS) has access to a Clinical Technical Advisory Group (CTAG), which can be convened to provide advice to Hawke's Bay District Health Board (HBDHB) and the wider health sector in Hawke's Bay on specific clinical and technical issues arising from the COVID-19 Pandemic. The group, which may co-opt experts as appropriate to the topic under consideration, has the delegated authority to make decisions on specific issues.

Hospital Advisory Group

The Hospital Advisory Group (HAG) is a clinical advisory group that meets weekly to help plan and oversee the response in Hawke's Bay Hospital. In addition to clinical representatives from departments who are core to the hospital's COVID response, the HAG includes experts from key advisory functions such as Emergency Management, Infection Prevention & Control, the Integrated Operations Centre, and Nursing Leadership.

The group is responsible for ensuring up-to-date screening protocols to identify and manage suspect cases, and to ensure that guidelines covering core parts of the hospital response are in place and regularly reviewed. It is required to work with accountable managers in Health Services to ensure these plans are consistently applied, and updated when context so requires.

Matters can be referred for consideration by HAG from the group leadership teams within Health Services, or by its members. In its advisory capacity, if the group cannot reach consensus an issue it is referred to the Health Services Executive Group (HSEG) for resolution.

Figure 1: Hospital Advisory Group – Core and Associated Services

Infection Prevention and Control

Infection Prevention & Control (IPC) practices are reinforced through education, policies, signage and ready availability of supplies. Personal Protective Equipment (PPE) guidance is agreed in collaboration between the IPC Team, Safety & Wellbeing and senior clinical leadership, and communicated as the situation evolves. Red and green zones are designated in each core responding area to enable separation of COVID positive patients.

Hawke's Bay DHB has a team of Infection Prevention Clinical Nurse Specialists (CNSs) who provide consultation and support services to all staff within the district, including primary health and residential care. The CNS (Community IPC) actively engages with community providers to ensure their IPC processes are current, and that staff are well trained on key IPC processes.

Communications

A Communications COVID-19 Response Plan has been developed Communications Response Plan.docx.

The goal of this plan is to ensure widespread consistent messaging is able to be cascaded quickly to all identified stakeholders and to identify areas of concern quickly and monitor social media to prevent rumours and wrong information from spreading.

The plan sets out:
- The context (including likely scenarios)
- Audiences (internal, health sector, external)
- Useful communication approaches (including multi-dimensional approach with other relevant agencies
- Communications and engagement approach
- Call to action
- High risk settings (specifically targeting Maori, Pacific and Aged Care)
- Key campaign channels
- Next steps

Messaging and education for health care personnel and the general public has been developed as part of communications plan. A comprehensive repertoire of messages has been developed and sourced for internal and external audiences. These messages have been stored for release at each tier/alert level to reinforce national public messaging and to specifically target health care personnel. Regular communications with the provider network include weekly reminders about the importance of hand hygiene, social distancing, and use of the COVID-19 tracer app and sourcing of PPE.

Logistics

Supply Chain

The MoH Supply Chain team will continue to centrally manage the sourcing and distribution of PPE to Aged Residential Care, Mental Health & Disability Residential Care, Community Pharmacy and General Practice.

A Supply Chain Response Plan has been developed in order to provide supplies to HBDHB hospitals and health centres. Other actions will be addressed through standard HBDHB procurement practices (modified as necessary due to supply lines impacted by COVID-19).

The HBDHB Equipment Loan Store continues to operate during an emergency supporting the active discharge of patients into the community as well as proactive equipment placement to reduce admissions when identified. This is managed through task scheduling to allow clean and dirty runs to manage flow and infection prevention control measures.

Enable NZ is a key supplier for the MOH providing disability equipment into the community. ACC continues to supply as per their current process however any equipment requiring assessment by clinician (wheelchair / complex) will not likely be assessed and or supplied during a significant outbreak.

Workforce

Processes and procedures have been developed covering:
- Accommodation (including for staff who cannot return home between shifts)
- Identification of staff available for redeployment
- Requesting additional staff
- Managing external people who could be used for the surge workforce

Occupational Health are using the nationally developed guidelines to identify staff who are able to work in different areas in the hospital against vulnerability criteria, relevant employee status is being added to TrendCare. Increasing the capacity of the health workforce (including the potential use of volunteers), matching skills and capability with health workforce need and providing training as required is the main focus of the workforce group.

A systematic approach will be taken to unwell staff, including absenteeism and symptomatic staff following national guidelines. Testing of staff can be accessed through Occupational Health.

The plan for Staff Welfare During an Emergency Event can be implemented as required Staff Welfare During an Emergency Event.docx.

Facilities

The Facilities unit provides professional support across the COVID response. The unit works with the COVID Directorate and DHB Health Services (via HAG) to identify and prioritise COVID-related requests for work, and then with operational Group Leadership Teams and key support functions (such as IPC and Safety & Wellbeing) to commission works and ensure acceptance testing.

Finance

Providers of services have operational contractual agreements in place. If modifications are required to address existing agreements in connection to the COVID-19 response, this would occur via a letter changing the scope of the service. For new services, agreement letters are put in place and followed up with agreements relating to actual provision.

Guidance has been developed to give clarity on the approval process for funds Finance Authorisation Process.docx.

Digital Enablement

The Digital Enablement team provides technical support to the COVID response. Service Design support is also available to support the process of reconfiguring people, process and technology in significant or urgent areas of the response.

EQUITY AND SUPPORT FOR PRIORITY POPULATIONS

Māori

A COVID-19 Māori Response Plan has been developed Rauawatia te Waka.pdf. The overarching goal of the plan is to support HBDHB in meeting its obligation under Te Tiriti o Waitangi in the COVID-19 response, including to protect Māori health wellbeing and the achievement of equity. To achieve this, the plan outlines four objectives based on the articles of Te Tiriti o Waitangi:

Mana Motuhake

> Ensuring iwi, hapū, whānau and Māori organisations are supported to respond directly to the increasing health and other needs of their people due to COVID-19.

Mana Māori

> Enabling iwi, hapū, whānau and Māori health organisations to utilise mātauranga Māori approaches in the design and delivery of appropriate services for their people in response to COVID-19.

Mana Tangata

> Ensuring Māori health equity is prioritised in the COVID-19 national response planning and implementation, including targeted information, guidance and support to iwi, hapū, whānau, and Māori communities.

Mana Whakahaere

> Ensuring Te Tiriti and Māori health equity responsibilities are met in the exercise of kaitiakitanga and stewardship over the national COVID-19 response.

Ngāti Kahungunu Iwi Inc. are partnering with the Hawke's Bay District Health Board to enable the establishment and delivery of a by Māori for Māori response to COVID-19 in Ngāti Kahungunu. This has been named 'Tīhei Mauri Ora' to represent the breath of life and a positive collective response to Covid-19. This is a collaborative approach involving the; Hawke's Bay DHB, Health Hawkes Bay (PHO); Ngāti Kahungunu Iwi Inc.; Te Taiwhenua o Heretaunga; Wairoa (WDC), Napier (NCC), Hastings (HDC) and Central (CHBDC) Councils, PSGEs, Māori social and health providers, Te Puni Kōkiri, Ministry of Social Development, Corrections and Police.

Maori communities (whānau, hapū, iwi and marae and Māori organisations) will be supported to provide locally specific support for those self-isolating, unwell, or generally in need of assistance. Financial support will also be provided for whānau and Māori communities to eliminate barriers to health care. This includes payment for prescriptions and health services.

Specific provision for testing and vaccination programs in particular, to be targeted to address equity issues, starting with Maori most at risk of COVID-19, and all communities with a high proportion of Maori population groups.

Pacific

A Pacific Health COVID-19 Resurgence Plan has been developed [Pacific Health COVID Response Plan.docx](). The ultimate goal of the plan is to ensure that the Pacific community are safe and have access to support for their health and wellbeing needs at any given time of a resurgence. Underpinning the response is the need for strong relationships with Pacific community leaders and across the Health sector to deliver messages and actions in a timely and responsive manner. This will ensure that responses are culturally safe and scalable according to scenarios and respective level conditions as they occur at any given time.

An integrated Pacific team of health navigators, health promoter's and community champions, leaders, influencers through Pacific NGO's and agencies will provide the specific Pacific response. The Pacific HUB will coordinate an outreach and virtual response for COVID-19 health and welfare needs.

There is provision within the plan for appropriate use of both Public Health and navigation roles across the sector and community.

Older Persons

It has been reported overseas that in pandemics / epidemics usual care for people with long term conditions can become compromised due either to the focus of health services in dealing with the pandemic, and /or the desire of people to keep themselves safe by avoiding places that might have higher chance of acquiring illness such as health facilities. Communications need to be targeted to ensure that these groups understand how to keep themselves safe.

It is important that people with pre-existing conditions and older people continue with their usual medication and care plan, contacting their general practice if they have any problems. A key message is that they do not delay with seeking medical help.

Primary Care providers are accountable for care provision and monitoring of high-risk patients. HBDHB clinical staff provide a proactive approach to maintaining contact and support for people with LTCs based on the prioritised need of the patient.

Ministry of Social Development (MSD) Regional Commissioner Advisor chairs an Older Persons Network Group. Older Persons service providers have been encouraged to connected with this group.

Disabled Persons

Disability providers have incident management plans in place that can be activated at short notice.

The Unite against COVID website https://covid19.govt.nz/about-this-site/contact-and-support/ has consumer facing messages including how to access health care and emergency services during alert levels.

Where necessary, if a Provider identifies a client who requires additional support when attending appointments, the Portfolio Manager will receive requests and facilitate a link with the relevant teams and service manager/s. Any concerns outside of the community supported isolation and quarantine process will be escalated to the relevant navigator. Disability Services do not employ registered health professionals to care for their clients. Therefore, any advance care management of clients would require the re-deployment of appropriate workforce. If the appropriate registered health professionals are re-deployed, disability clients could be cared for in their home or residential facility.

Mental Health

HBDHB Mental Health and Addiction Services (MHAS) have developed a response plan.
Mental Health and Addiction Services COVID Response Plan.docx

All Mental Health NGOs have a response plan. These will be collated and integrated where necessary by HBDHB MHAS.

Residential Care

A COVID-19 Outbreak Management Plan for Residential Care Facilities has been developed Residential Care Outbreak Management Plan.docx. The purpose of this plan is to provide clarity around the range of DHB roles and functions that are involved in an outbreak, in order to ensure an effective partnership between an affected facility and the DHB in the event of a future COVID-19 outbreak.

The document sets out the following:
- Communication cascade within the DHB for initial notification of outbreak
- The initiation of a DHB Outbreak Team
- Agenda for first meeting of DHB Outbreak Team
- The establishment of a Navigator to support the facility during the outbreak CIMS Navigator PP.docx
- Roles and responsibilities during an outbreak

Immediately upon notification of an outbreak at a Facility, a DHB Navigator will be made available to the facility to ensure clinical support and flow of information.

The purpose of the DHB Navigator role is to support a facility during an outbreak and to facilitate the accurate and appropriate flow of information across services in health, disability, mental, social or any other services that are appropriate so that the organisations involved are enabled to make judgements and decisions appropriately for the necessary outcomes.

UNIT PLANS

Public Health

The Public Health Unit is prepared to scale up to meet demand. COVID-19 surge planning and operational procedures are in place and can be activated at short notice Public Health COVID Surge Plan 21-22.docx. A national COVID-19 Public Health Policy and Operational Standards Framework is currently being finalised and will be available through Microsoft Teams.

The HB PHU Surge capacity response consists of:
- Case Investigation and Contact Tracing Teams
- Contact Monitoring Teams
- Administration Team

Scenario-based training for each of these teams to maintain competency and readiness is in place. The training plan is currently being refreshed to retrain staff to use the latest version of the National Contact Tracing System (NCTS - R6).

For the 2021-22 year, the Ministry of Health has significantly increased its expectations of PHUs, and their readiness to respond to case and contact tracing. Using updated modelling, the PHU will require an additional 50 people available for case and contact tracing. This additional ready workforce is currently being identified, and training schedules are being developed and implemented.

Ministry of Health expectation's is that HBDHB PHU will manage:

PHU	New Cases / day	New contacts / day	Calls per / day
Hawke's Bay District Health Board	7	80	348

Outbreak investigation and management frameworks, plans and relationships are in place in residential care facilities, schools, prisons, and other residential institutions. Investigation and management issues are covered in SOPs.

Testing

A COVID-19 Resurgence Testing Plan has been developed COVID Resurgence Testing Plan.docx. Additional laboratory test equipment has been purchased to limit the requirement to send swabs out of area for testing. This testing plan is scalable and adaptable to respond to a range of scenarios from any one of many known triggers. HBDHB will apply the Ministry of Health testing guidance for the health sector: COVID-19: Testing Strategy and Testing Guidance | Ministry of Health NZ

Workforce requirements have been calculated to deliver testing at each level identified in the Plan, and appropriate clinical, and administration staff are being identified and trained as necessary to meet these requirements. This additional workforce to be deployed as required to meet surge demands.

In addition, a Community Mass Testing Plan can be activated to respond to a situation of sudden, significant increase in testing demand. TTOH Mass Testing Plan.docx Mobile testing and pop up sites

are also available to respond to the needs of the community. COVID-19 testing has been set up at the entrance to ED to mitigate the risk of spread of the virus in the hospital.

Vaccination

A Vaccination Plan has been developed and is being updated and additional detail added as planning and implementation progresses Vaccination Plan.docx. The main objectives of the plan are to maximise vaccination uptake by the Hawke's Bay population, and to achieve this in an equitable manner.

The plan provides an overview of the COVID-19 vaccination roll-out for HBDHB to support our communities. The plan aims to identify the national response and additionally how HBDHB will operationalise this at the local level.
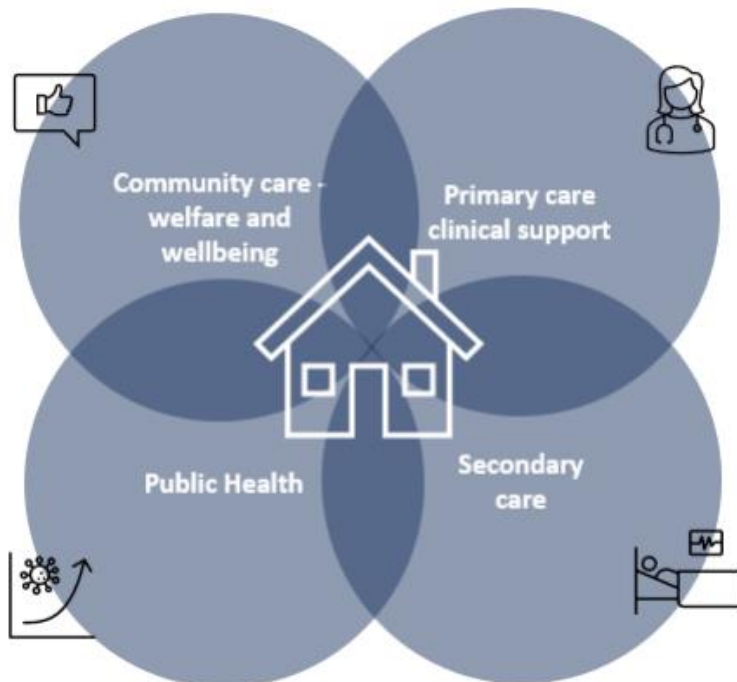
COMMUNITY RESPONSE

Mana Ora, Mana Motuhake, whītiki kia ū, whītiki kia mau ki tō ūkaipō

To maintain our wellbeing let us be bonded to our homelands and communities

Mana Ora, Mana Motuhake informs our intent and focus towards Māori wellbeing, validating Te Ao Māori paradigms and informing approaches that are responsive. It is the foundation through which the Ministry of Health COVID-19 Care in the Community framework has been interpreted, localised and operationalised for the communities of Hawke's Bay.

Figure 2: National COVID-19 Care in the Community Framework (Ministry of Health)
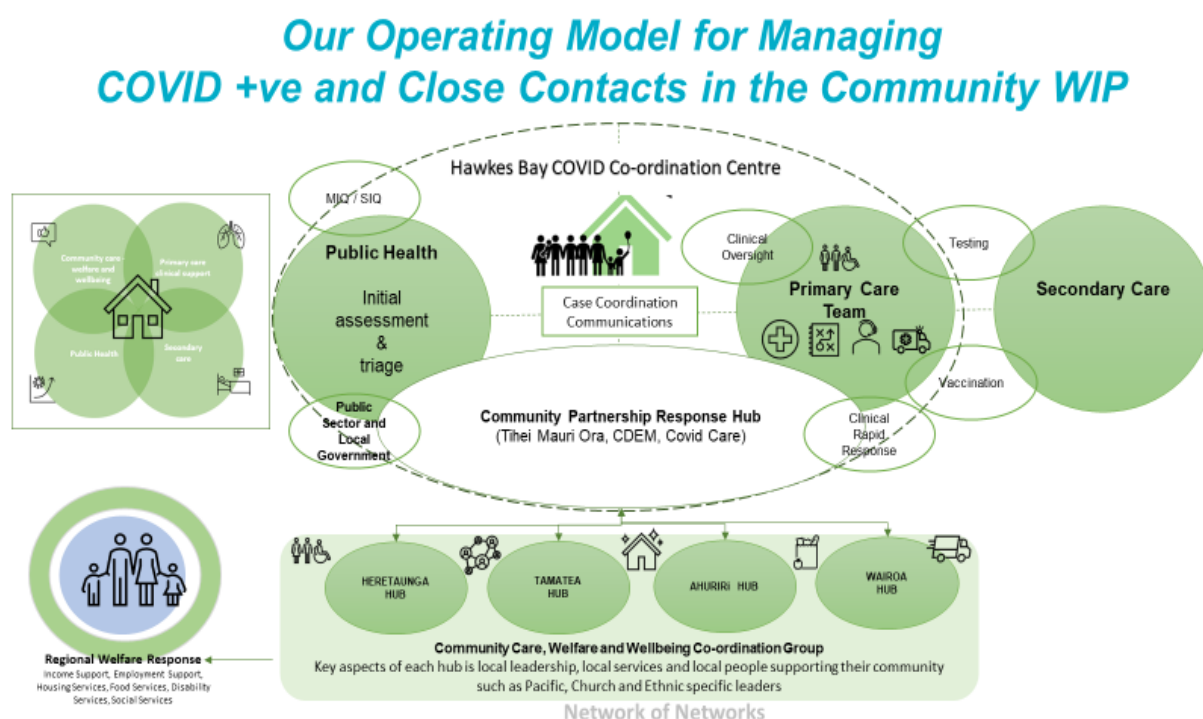

The local response will be built around locality COVID Coordination Centre, which will work in conjunction with a network of locality hubs. The live operating model will be updated in version 5.0 and is illustrated in Figure 3 below.

Hawke's Bay Community COVID Coordination Centre

Positive notifications of COVID-19 are made to the Public Health team, who will then undertake an initial holistic assessment of the patient and their whānau circumstances. Details of these assessments, and a range of service requirements, will be passed to a COVID Coordination Centre.

The *Hawke's Bay COVID Coordination Centre* exists to manage and oversee delivery of appropriate care and support for COVID positive people and close contacts in the community. It is designed to manage the provision of appropriate clinical, psychosocial, wellbeing and/or welfare packages of care. It does not replace any services or outreach programmes already in place. Rather, it will work in partnership with those business as usual health and welfare response services to ensure there is an integrated response.

Figure 3: COVID Community Operating Model

Locality Hubs

A network of locality hubs will work alongside the Coordination Centre and have brought together processes and resources with Tihei Mauri Ora to achieve this. Their focus is on:

- Coordinating a reliable, consistent and equitable local response
- Providing a trusted human dimension to the system to create a user experience where manaaki is at the forefront
- Ensuring appropriate clinical oversight, delivered in a way that is complementary to the local approach

Locality Hubs have been established in:

- Wairoa
- Tamatea (Central Hawke's Bay)
- Ahuriri (Napier) and
- Heretaunga (Hastings)

General Practice

In respect of the primary care role within the response to COVID-19, the PHO (Health Hawke's Bay) has responsibility for the ongoing clinical assessment and oversight of patients.

Between the hours of 8am and 5pm, this will be completed by the provider the individual is enrolled with. In the event that an individual is not enrolled with a primary care provider, four practices (one in each of the locality hub areas) have been contracted to provide this care. Out of hours and at weekends a virtual service will operate whereby any person experiencing an escalation of symptoms can receive a telehealth assessment from a team of Emergency Care clinicians.

Care delivery under this model will be as per the COVID-19 Care in the Community Framework and enabled by telehealth. Contact with positive patients will be, at a minimum, every second day, with some whānau receiving daily support.

Health Hawke's Bay Ltd (PHO) have developed a COVID-19 Resurgence Plan. The aim is both to support the response to COVID-19 and to ensure that the routine primary care needs of the population are not disrupted as a result of resurgence. Health Hawke's Bay Resurgence Plan.docx

Community Pharmacy

A Community Pharmacy Pandemic Plan has been developed and was updated in December 2021 Community Pharmacy Pandemic Plan.doc. This Plan includes:
- Guidance to pharmacies on the pandemic related content of their Business Continuity Plan
- Dispensing
- Specific Pharmacy Services
- Pandemic Operational Procedures
  - Pharmacy cluster groups for support / communication within the cluster
  - Each pharmacy has a link with identified pharmacy to provide staff / support

PHARMAC manage medicine supply chain nationally via the Pharmaceutical Schedule rules, so many aspects HBDHB does not have influence or control over. During a pandemic there are likely global supply issues, resulting in PHARMAC:
a. Changing the dispensing frequency rules
b. Changing a medicine brand via a new supplier (this may or may not be approved via Medsafe e.g. increase in use of Section 26 / 29 medicines)
c. Issuing a maximum volume of a specific medicine able to be dispensed
d. Discontinue funding a medicine and provide guidance on alternatives

Each Pharmacy has a Business Continuity/Contingency Plan that has been developed in conjunction with HBDHB Emergency Response. Mutual support arrangements are included in the Community Pharmacy Pandemic Plan (as above) Pharmacy Mutual Support Backup.docx.

Community pharmacies encouraged to continue current delivery service. DHB staff can be redeployed provide delivery service for medicines using DHB vehicles (activated by EOC).

SIQ / MIQ

Large-scale accommodation, transport, and medical care options for those required to go into quarantine are made available through the Community SIQ Service.

A HBDHB Quarantine & Isolation Plan COVID-19 Facility Guideline has been developed. A formal agreement has been entered into with the Kennedy Park Complex and the plan operationalised. Implementation of the plan will be led by the Community SIQ Manager who is responsible for managing isolation and quarantine facilities in the community and providing welfare services for people and whānau that are isolating or quarantining in either their usual place of residence or in a local MIQF. Quarantine and Isolation Plan.docx, Community Supported Isolation.pdf.

Wellbeing guidance and necessary support is available to those self-isolating (see Welfare Process.docx detailing Structures and Roles, and Referral Process for Welfare Support for Health Patients/Clients).

Telephone monitoring is in place for individuals who may be at risk of non-compliance. Agreements in place with NZ Police on processes and procedures to target visits of suspected non-compliant individuals/groups.

Palliative Care

Cranford Hospice Trust (CHT) provide Specialist Palliative Care services in the community and their inpatient hospice. CHT will stand up a CIMS structure and plan to continue to provide as much service as possible while keeping both staff and patients safe. This plan includes keeping up to 4-6 hospice inpatient beds available. Availability can be impacted if system flow is interrupted, i.e. restrictions on new admission into Aged Residential Care.

NGO's

All NGO's dealing directly with people have emergency and business continuity plans. Training has been provided covering response to an outbreak of COVID and how to don and doff PPE.

Psychosocial Support & Welfare

HBDHB has developed Manu Taiko as Hawkes Bay's psychosocial response to COVID-19. Psychosocial Response (Manu Taiko).docx

For any resurgence of COVID-19 in our community, this plan operationalises the Hawkes Bay DHB Psychosocial Response Plan and outlines actions to ensure community (general population and health and welfare agencies) are supported. The plan is designed to be dynamic and responsive as psychosocial recovery is not a linear process. Therefore, additional initiatives will be added when the need arises and others will be scaled back when need is not present.

The key principles of an emergency psychosocial response are ensuring safety, calm, self-efficacy, community efficacy, connectedness and hope.

Furthermore, this plan aims to partner with the COVID Directorate, Civil Defence Emergency Management (CDEM), Coordinated Incident Management System (CIMS) and Tihei Mauri Ora to ensure we meet all the needs of the Hawke's Bay population.

The Hawke's Bay Psychosocial Response Plan (July 2019, Emergency Procedures Manual) outlines the goals as being:
- To eliminate or reduce the risk of suffering psychosocial injury
- To reduce distress among the population
- To contribute to prevention and control of the range of social problems arising among the population, especially among those most affected
- To identify, treat and assist in the recovery of people experiencing a mental health condition as a direct or indirect consequence of the COVID-19 pandemic
- To provide support and psychosocial care for the members of the response teams

- To ensure the psychosocial recovery of the population affected by COVID-19 pandemic after the acute phase

A Manu Taiko COVID-19 Psychosocial Response Communications Plan provides a communication plan which will support the reduction of the risk of suffering psychosocial injury or distress among the population during the COVID-19 pandemic and as part of recovery. Manu Taiko Psychosocial Support Communications Plan.docx

Specific Management Plans and Processes (Community & Primary)

Specific plans are currently in draft version and will be updated in version 5.0.

HOSPITAL

A hospital management plan and triggers for activation are in place. Strategies to maintain services for at risk-patients are in place and implemented as required. Enhanced mortuary facilities have been agreed with the NZ Police, the mass fatality plan will be activated if required. Detailed plans can be found on I:\Emergency Response\Novel Coronavirus 2020\Hospital Guidelines.

Front of House

Front of house is managed via the ED and Main entrances. People attending the hospital are screened prior to entrance. Security is present at both doors to assist with the screening process and ensure staff safety.

Mask exemptions for visitors are not accepted with the exception of a support person required for a patient who cannot advocate for themselves.

Out-patient clinics screen following day patients by telephone and seek advice if a patient declares symptoms.
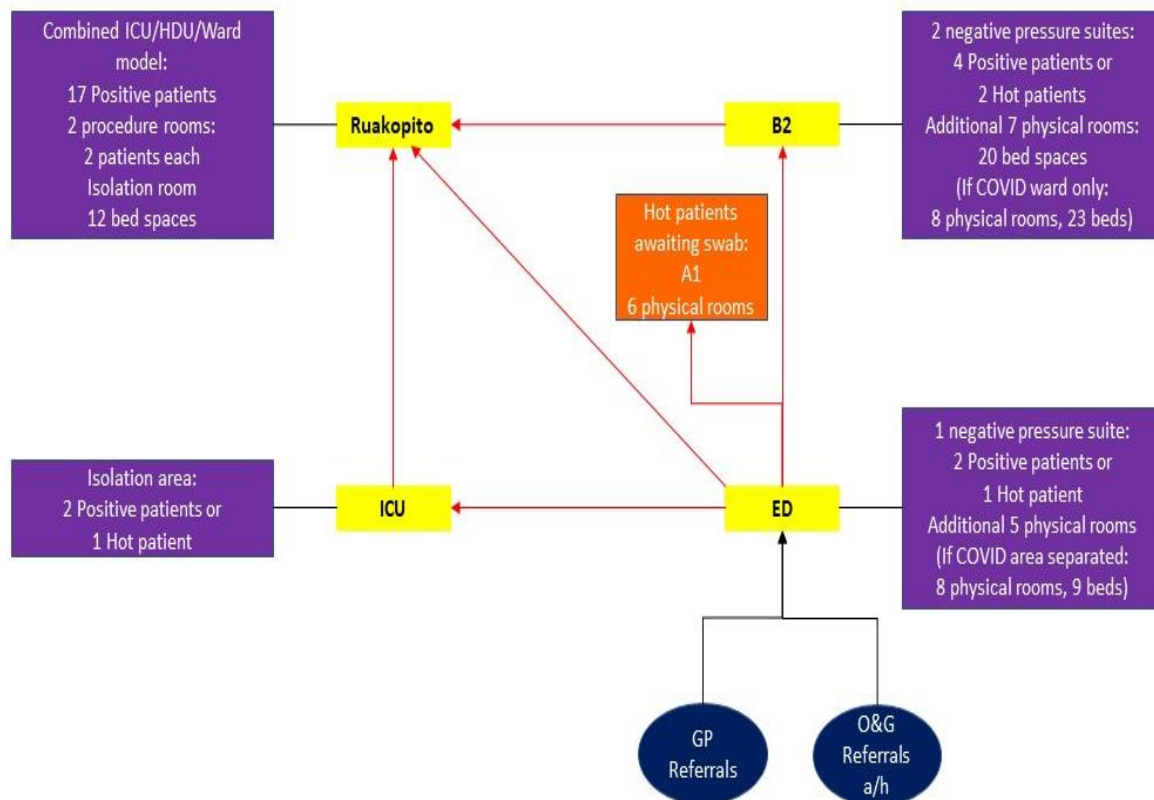
Visitor Policy

All visitors must sign in using the Covid Tracer app or provide their details on arrival. Generally only one person may visit a patient at a time. The Emergency Department and Out-patient Clinics do not allow visitors or support people unless the patient cannot advocate for themselves. Discretion may be applied on a case-by-case basis. No children under 16 years are allowed on the wards.

Emergency Department

Patients attending the Emergency Department are screened, triaged and tested prior to entering the department. Patient flow is split into Cold, Hot and COVIDStream with designated pathways into the department for each stream. Staff are currently wearing PFR95 masks and eye protection and will move to include gowns on community spread in Hawke's Bay. For more information see ED Response in the I-drive folder.

Inpatient Capacity

Triggers for the use of inpatient facilities are dependent of the number of COVID-19 positive patients admitted to hospital (see figure below). Detailed plans for B2, Ruakopito and A1 are in the I-drive folder.

Combined ICU/HDU/Ward model:
17 Positive patients
2 procedure rooms:
2 patients each
Isolation room
12 bed spaces

Ruakopito

B2

2 negative pressure suites:
4 Positive patients or
2 Hot patients
Additional 7 physical rooms:
20 bed spaces
(If COVID ward only:
8 physical rooms, 23 beds)

Hot patients awaiting swab:
A1
6 physical rooms

Isolation area:
2 Positive patients or
1 Hot patient

ICU

ED

1 negative pressure suite:
2 Positive patients or
1 Hot patient
Additional 5 physical rooms
(If COVID area separated:
8 physical rooms, 9 beds)

GP Referrals

O&G Referrals a/h

Children and maternity patients will be cared for in their service unless requiring ICU level care. For more information see Paediatric Ward COVID Plan and COVID maternity Care Pathways in the I-drive folder.

Intensive Care

The Intensive Care Unit currently has 7 ICU and 4 HDU beds plus an additional 2 negative pressure beds. Beds and equipment are not limiting factors to COVID surge but staff is. Training has been undertaken to upskill ward staff as surge capacity while recognising that maintaining the skills learned is problematic. For more information see ICU Response in the I-drive folder.

Theatres – Acute and Elective

The Perioperative Unit has a plan for response through the triggers for activation process. This involves reassessment of elective surgeries, maintenance of a COVID theatre and staff redeployment. Acute surgery will continue to be performed with all patients being COVID screened. For more information see Perioperative Plan in the I-drive folder.

Maternity

Maternity services at Hawke's Bay Hospital have the provision to shut off Waioha where COVID hot patients would be housed. With 35% of women who are pregnant currently being unvaccinated and the heightened probably of severe illness amongst pregnant women who contract COVID-19 this is an area of concern. COVID positive women in labour can decompensate in the second stage potentially requiring caesarean section. For more information see response documents in the I-drive folder.

Paediatrics

The Childrens Ward has a plan in place to effectively create two separate areas, the PAU end of the ward to house COVID positive patients and the other end for Cold patients. Staff will function in two separate bubbles once the COVID area is activated. For more information see Children's Ward Plan in the I-drive folder.

Community Based DHB Services

District Nursing and Community Mental Health services will be reducing face-to-face consultation in preference to telehealth whenever possible. Staff will wear PPE for all face-to-face contacts.

Specific Management Plans and Processes (Hospital)

Emergency Department and ICU
ED Response.doc
ED Screening Checklist.pdf
COVID-19 De-escalation Tool.pdf
ICU Response.doc
Checklist Main Reception.doc

Wards and Departments
A1 Response.doc
B2 Respiratory Admission Unit.doc
Ruakopito Response.doc
COVID Maternity Care Pathways.docx
Paediatric Ward COVID Plan.doc
Perioperative Plan.xlsx

Infection Prevention and Control
Checklist for Donning and Doffing PPE.pdf
COVID Cleaning Guidance.doc
IPC COVID-19 Isolation Room Poster.pdf
Stand Down Poster.pdf
Reusable Glasses.doc
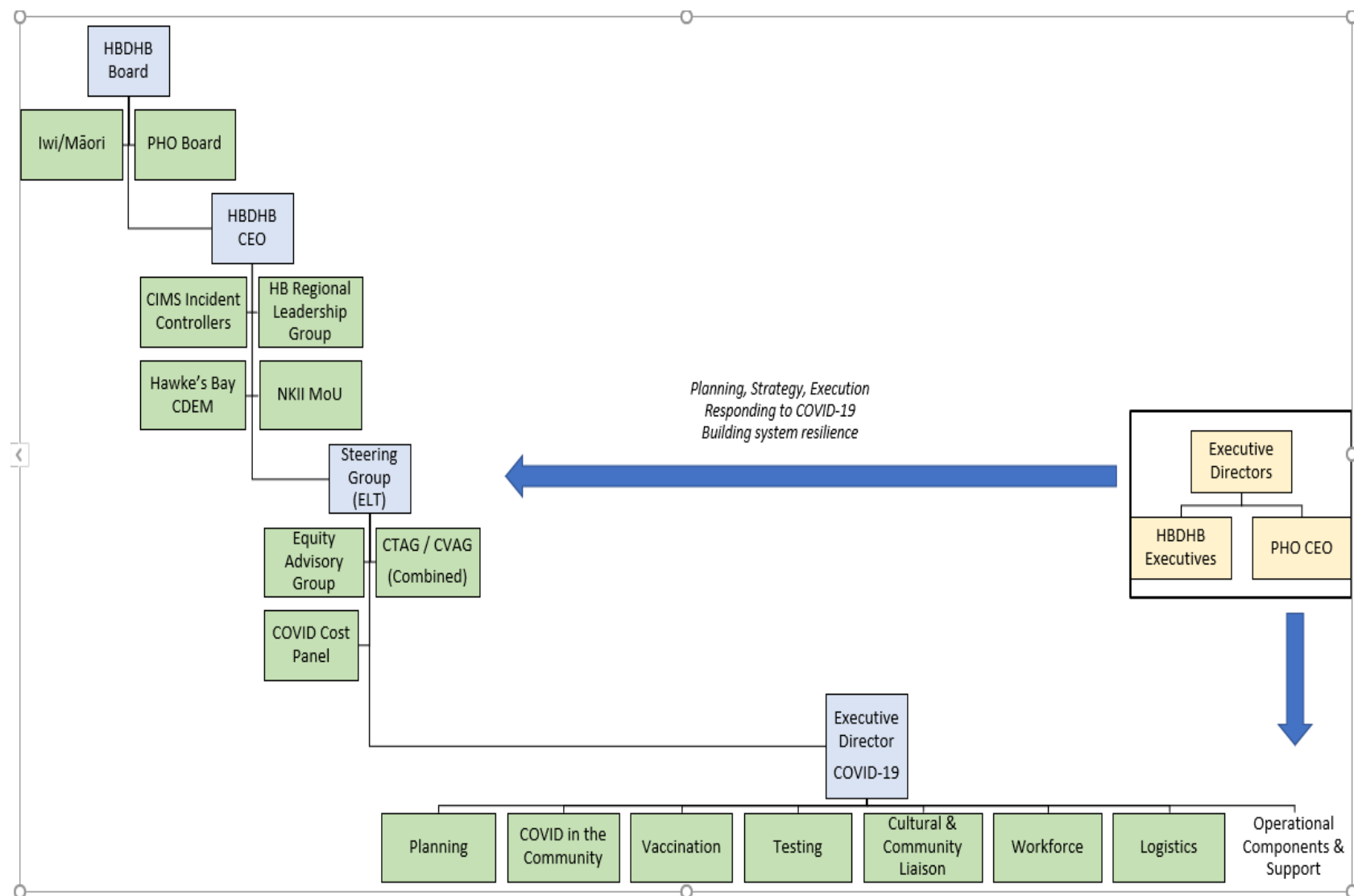
Procedures
COVID-19 Specimen Collection.docx
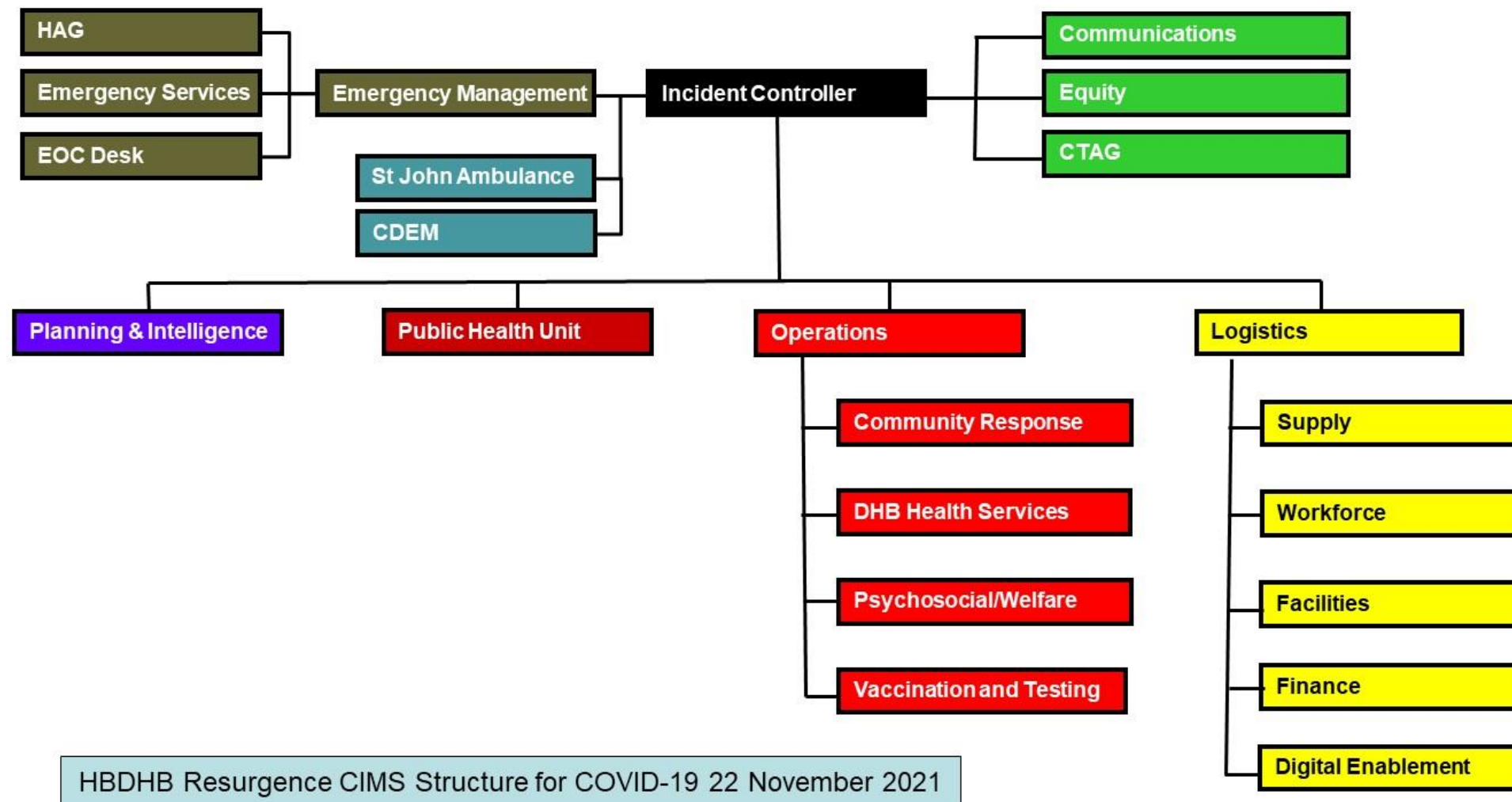Staff Testing.docx

COVID DIRECTORATE STRUCTURE

CIMS STRUCTURE

HBDHB Resurgence CIMS Structure for COVID-19 22 November 2021

LEGISLATION

COVID-19 Public Health Response Act 2020

The COVID-19 Public Health Response Act 2020 (COVID-19 Act) is the primary legislation for addressing COVID-19 Response and recovery issues. The purpose of the Act is to support a public health response to COVID-19 that:

- Prevents and limits the risk of, the outbreak or spread of COVID-19 (considering the infectious nature and potential for asymptomatic transmission of COVID-19)
- Avoids, mitigates, or remedies the actual or potential adverse effects of COVID-19 outbreak (whether direct or indirect)
- Is coordinated, orderly and proportionate has enforceable measures, in addition to the relevant voluntary measures and public health and other guidance that also support the response.

This Act created a comprehensive legal framework to support the Government's alert level system to limit the spread of COVID-19 in NZ and other measures necessary to respond to COVID-19.

Particularly relevant is that the COVID-19 Act enables the Director General of Health or the Minister of Health to make 'Section 11' Orders which can require specific actions to be taken, measures to be complied with, or restrictions to be put in place to prevent or limit the extent or spread of COVID-19. This power is broadly based on the powers in sections 70 and 921 of the Health Act 1956 but lifts the 'approval' level to the Minister of Health rather than just the Director General.

The COVID-19 Act provides the legislative authority for all Maritime and Aviation Orders for the effective management of relevant issues at our borders. With a port (receiving overseas ships) and an airport within Hawkes Bay, our Medical Officers of Health and Public Health Unit are actively involved in monitoring and managing compliance with these Orders.

The COVID Act also over-rides many of the powers conferred on Group Controllers under the Civil Defence Emergency Management Act 2002, when dealing with COVID-19 related issues.

A number of amendments have subsequently been made to this Act.

Epidemic Preparedness Act 2006

The principal purpose of this Act is to ensure that there is adequate statutory power for government agencies:

- To try to prevent the outbreak of epidemics in New Zealand; and
- To respond to epidemics in New Zealand; and
- To respond to certain possible consequences of pandemics (whether occurring in New Zealand or overseas)

This Act also has the following purposes:

- To ensure that certain activities normally undertaken by people and agencies interacting with government agencies can continue to be undertaken during an epidemic in New Zealand; and
- To enable the relaxation of some statutory requirements that might not be capable of being complied with, or complied with fully, during an epidemic.

Civil Defence Emergency Management Act 2002 and CDEM Plan Order 2015

The CDEM Act 2002 and CDEM Plan Order 2015 provide the legislative basis for CDEM Groups to coordinate the multi-agency response to an emergency (declared or undeclared) within their region.

The CDEM Act s17 (1)(d) provides that it is a function of CDEM Groups to respond to and manage the adverse effects of emergencies in its area. The CDEM Act contains provisions relating to the declaration of emergencies and gives Group Controllers a variety of powers to manage an emergency.

Section 6 of the CDEM Act provides that the '*CDEM Act does not limit, is not in substitution for, and does not affect the functions, duties or powers of any person under the provisions of any enactment or other rule of law'.* This means that the COVID-19 Act provisions take precedence over the CDEM Act, and that powers under the CDEM Act will only be used to fill any 'gaps' not covered in the COVID Act.

New Zealand Public Health & Disability Act 2000

Under this Act, an objective of DHBs is to improve, promote and protect the health of people and communities.

To this end DHBs have a number of statutory functions, including 'ensuring the provision of services for its resident population' and 'collaborating with relevant organisations to plan and coordinate at local, regional and national levels for the most effective and efficient delivery of health services'.

Health Act 1956

The Health Act 1956 (HA) is the primary statute for the prevention and control of infectious diseases within the country and at the border. This Act works alongside the more general CDEM Act and other statutes.

Of particular relevance, with the Prime Minister issuing an epidemic notice pursuant to s5 of the Epidemic Preparedness Act 2006, this triggers the ability of the Director General of Health and Medical Officers of Health to make orders pursuant to s70 of the Act.

Section 70 notices can cover a wide variety of topics. Potentially relevant, the order may:

- Require persons to report themselves or submit themselves for medical examinations
- Require people to report or submit themselves for medical testing
- Require persons, places, buildings, ships, vehicles, aircraft, animals, or things to be isolated, quarantined, disinfected, or tested
- Forbid persons, ships, vehicles, aircraft, animals, or things to come or be brought to any port or place in the health district from any port or place which is or is supposed to be infected with any infectious disease
- Require people to remain in the health district or the place in which they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as the Medical Officer of Health may prescribe
- Forbid the removal of any ships, vehicles, aircraft, animals, or things from the health district, or from the place where they are isolated or quarantined, until they have been disinfected or examined and found to be free from infection
- Use or authorise any local authority to use as a temporary site for a special hospital or place of isolation any reserve or endowment suitable for the purpose
- Require a premise to be closed (conditions apply)
- Forbid people to congregate in outdoor areas (conditions apply)

In terms of property, s 71(1) of the HA empower the Medical Officer of Health to:

- Take possession of, occupy, and use any land or building that in his or her opinion is required for the accommodation and treatment of patients
- Take possession of, occupy, and use any land, building, or craft (other than an aircraft), that in his or her opinion is required for the storage or disposal of bodies
- Take possession of or use any vehicle or craft that in his or her opinion is required for the transport of:
  - patients, medical personnel, medicine, medical equipment or devices, food, or drink
  - clothing, bedding or tents or other temporary facilities or structures
  - personnel involved in loading, moving, distributing, erecting, or otherwise dealing with anything transported under the above.

Coordination and Enforcement

The COVID-19 Act, Health Act and CDEM Act work together to create and maintain controls over the management and responses to COVID-19. There is a significant overlap between their powers. Coordination is therefore important.

COVID-19 is, at least during the response phase, primarily a health issue. Locally this means responsibility sits with HBDHB. The wider social and economic impacts, however, require an all-of-government approach, which at a local level is coordinated by HBCDEM and the Regional Leadership Group.

If a person refuses to comply with any requirement issues under any of the three Acts, it is ultimately for the Police to exercise enforcement powers as is needed. Section 71A of the Health Act confers upon the police significant, and broad, powers to assist the Medical Officer of Health in the implementation of s70 and s71 powers. As a final port of call, s72 of the Health Act makes it an offence to obstruct or hinder a Medical Officer of Health or the Police in the execution of their duties under this Act.

RELATED DOCUMENTS

Coordinated Incident Management at HBDHB EPM/008
Pandemic Influenza Plan for Health Services EPM/015
Psychosocial Response Plan EPM/037
Mass Fatality Plan EPM/036
HBDHB Business Continuity Plan EPM/006

REFERENCES

https://www.health.govt.nz/publication/covid-19-health-and-disability-system-response-plan

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-advice-all-health-professionals#adult-management

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/case-definition-and-clinical-testing-guidelines-covid-19

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-advice-community-allied-health-scientific-and-technical-providers

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-primary-care#communityresponse

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/personal-protective-equipment-use-health-and-disability-care-settings

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/covid-19-infection-prevention-and-control-recommendations-health-and-disability-care-workers

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-disability-and-hospice-providers

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-aged-care-and-disability-providers/covid-19-aged-care-providers

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-updates-health-sector

PRIMARY & COMMUNITY RESURGENCE PLAN MATRIX

Scenario	Primary Care	Resurgence Plan Primary Care Assumptions	Implications/Impact
1 positive case in community	Daily Sitreps Activate communications plan Use of existing testing centres COVID-19 Upsurge Testing Response + Surge Capacity.docx Reintroduce COVID checklist to all first points of contact Checklist - Suspected 2019-nCoV 1-10-20 Community.doc	500-800 tests per day	Increased anxiety in community and among staff Increased need for a single source of truth Update COVID Screening Tool, likely community source
Additional cases linked to index	Outbreak investigation Increase PPE supplies Increase PPE training Increase cleaning services and waste collection Assess front facing staff for vulnerability category Add additional testing lanes Increase staffing in testing centres Ensure screens at reception areas and hand gel availability	1000 tests per day	Increased PPE use in testing centres
50 community cases 1-2 ICU 2-4 ward Hawke's Bay at Level 3	Consider additional testing centres Increase supplies deliveries to testing centres Ensure PPE availability in all care providers Roster staff according to vulnerability category Confirm staff who can work from home Plan for workforce surge capacity Activate social distancing plan Non essential work deferred Increased use of telemedicine Increase IPC support Contact at-risk patients, complete action plan for care Activate Pharmacy Plan Pandemic Plan - Pharmacy.doc Activate Residential Care Plan as required Residential Care Facilities Plan.docx Assess level of community service provision to continue Activate Welfare Plan Welfare Response.docx Ensure preparedness to activate Quarantine Plan Quarantine and Isolation Plan COVID-19.docx MIQ Welcome Pack April 2021.docx Staff wellness monitoring	1500 tests per day People not wanting to come to general practice CIMS structure scaling up Front Line and Personnel Units activated	Continued increase in PPE use Significant increase in staffing requirements Significant impact on BAU in some providers
200 community cases 2-6 ICU 2-10 Ward	Community Based Assessment Centre activation Re-evaluate what services can continue to function	2000 tests per day 10% of staff not able to work Other regions will have outbreaks At-risk patients afraid to attend general practice	Additional staffing burden on testing centres Heightened concern among staff Potential for reduced staff to fill rosters Potential for need to cover gaps where services are limited
400 community cases > 6 ICU > 10 Ward		>2000 tests per day, some tests sent to Canterbury Many services no longer operating	Some staff refusing to work Increased need for staff welfare provision

HOSPITAL RESURGENCE PLAN MATRIX

Resurgence Plan Secondary Care

Scenario	Secondary Care	Assumptions	Implications/Impact
1 positive case in community	Daily Sitreps Activate communications plan Reintroduce COVID checklist to ED and all first points of contact Checklist - Suspected 2019-nCoV 6-10-21.doc ED Screening Checklist (November 2021).pdf Convene Hospital Advisory Group	500-800 tests per day	Increased anxiety in community and among staff Increased need for a single source of truth Update Covid Screening Tool, likely community source
Additional cases linked to index	Maintain ED readiness to isolate presenting HOT patients Implement strategies for decreasing workload in ED Assess front facing staff for vulnerability category Increase PPE training Inform Endoscopy of potential need to relocate Reintroduce screens at reception areas and hand gel availability Review position on visiting hospital Inform B2 of potential for admissions	1000 tests per day ED and hospital not overcrowded	Inability to isolate patients when ED overcrowded Increased PPE use ED, outpatients, perioperative unit
50 community cases 1-3 ICU 2-4 ward Hawke's Bay at Level 3	Maintain ED readiness to isolate presenting HOT patients Increase PPE supplies throughout hospital Activate social distancing plans Implement visiting restrictions Use of existing isolation beds in ICU and B2 Follow ICU and B2 guidelines ICU Response.doc COVID ICU escalation flowchart dec 2020.docx Process and Flow chart for opening ICU Covid Isolation Suite.docx Ruakopito Response.doc B2 Respiratory Admission Unit.doc ED screening at front of department Influenza-like illness to A1 - SMO decision Preparation for use of Waioha and PAU if required Regular testing of staff in hot areas (ED, ICU, B2), flight team and others Activate Childrens Ward plan as required Paediatric Ward COVID Plan.doc Implement Perioperative Unit plan and Ruakopito preparation Perioperative Plan.xlsx Roster staff according to vulnerability category Rostering to allow B2 and ICU to run 2 teams Monitoring of bed occupancy Confirm tertiary referral pathways Assess level of community service provision that will continue Redeploy staff as required Identify non essential work that can be deferred Increase cleaning services and waste collection in hospital Confirm staff who can work from home Implement staff welfare plan Staff Welfare During an Emergency Event.docx Staff wellness monitoring Update Our Hub and HBDHB website Contact at-risk patients, complete action plan for care	1500 tests per day People not wanting to come to hospital Decreased ED presentations Elective surgery and outpatient clinics continue ED and hospital not overcrowded Other regions impacted Flight staff available from out of region CIMS structure scaling up Front Line Services and Personnel Units activated	Inability to isolate patients when ED overcrowded Increased need for IPC support in hospital Increased PPE use ICU, B2 Significant impact on BAU in ICU escalation plan ICU December 2020.docx Significant increase in staffing requirements in ICU and B2 Covid Staffing Model ICU.docx ICU Nursing Staff availability both units.docx COVID medical staffing.docx Need 24 hour registrar cover for both units Need an additional RN and security 24/7 for ED screening Increased use of PACU for HDU patients Cannot staff flight team with ICU nurses Increased need for Security and Orderly staff Anaesthetists and registrars redeployed to ICU, reduced surgical

200 community cases 2-6 ICU 2-10 Ward Hawke's Bay at Level 4	Split ED - HOT and COLD patient areas Cohort all cases in COVID ICU Follow combined ward/ICU model Follow COVID medical guidelines Guidelines on the Clinical Management of SARI-COVID-19.docx Non essential work deferred Consider how outpatient clinics will continue to operate Perioperative Unit to run 3-4 acute theatres triaging elective and acute Consider opening quarantine facilities in both Napier and Hastings, Activate staff accommodation	2000 tests per day Decrease in elective surgery by 50% - semi urgent/acute 10% of staff not able to work Other regions will have outbreaks At-risk patients afraid to attend hospital Increased use of telemedicine Rapid testing with <2 hour turnaround required to maintain	Additional staffing burden on ICU and B2 Endoscopy service working outside of area Use of anaesthetic staff in ICU Heightened concern among staff Potential for reduced staff available to fill rosters Potential for need to cover gaps where services are limited If rapid testing unable to maintained for ED patients will need to If rapid testing unable to maintained for ED patients will need to Anaesthetists and registrars redeployed to ICU, reduced surgical
400 community cases > 6 ICU > 10 Ward	Split ED - HOT and COLD patient areas Use of B2 isolation ward and COVID ICU Follow COVID ICU and B2 guidelines Preparation for potential activation of mass fatality plan Mass Fatality Plan - EPM036 (Nov-19).doc	>2000 tests per day, some tests sent to Canterbury Elective surgery stopped Increased use of telemedicine Many community services no longer operating Rapid testing with <2 hour turnaround required to maintain	Significant increase in RN's able to work in ICU required Some beds in B2 closed if patient numbers do not fill Some staff refusing to work Increased need for staff welfare provision If rapid testing unable to maintained for ED patients will need to