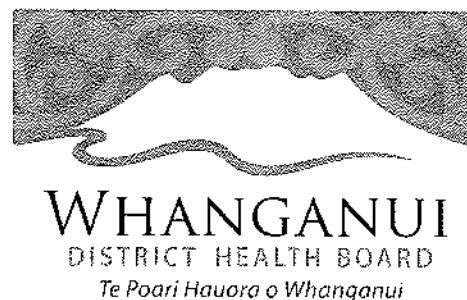


15 March 2021

Jon Mitchell  
Joint Centre for Disaster Research  
Massey University  
Wellington



100 Heads Road, Private Bag 3003  
Whanganui 4540, New Zealand

**Via email:** [j.mitchell@massey.ac.nz](mailto:j.mitchell@massey.ac.nz)

Dear Jon

**Official Information Act Request – OIA 13299 COVID-19 Response Plans**

On 11 February 2021, under section 12 of the Official Information Act, you requested the following revised information from Whanganui District Health Board (WDHB):

"As you may be aware, a multi-agency meeting about my request for COVID 19 Response and Recovery documentation was organised by DPMC on 26 January. Following that meeting an agreement was reached with DPMC and its various business units on a refined approach to the documents requested. The revised approach, which represents considerably less work than may have been required to meet my original request, is contained in the attached table.

Please take the attached table as either a modification to my original request or a new request for response and recovery documentation, depending on how your organisation manages requests of this nature.

Several organisations have already provided all of the documents they have been requested, which has enabled early analysis to commence. Other organisations have notified me that they are now compiling the documentation and expect to be able to provide the document in the next few weeks.

I look forward to working with you in further refining and informing this research project."

We request the following documentation from your organisation, as per table below:

<b>Date(s)</b>	<b>Event / Stage</b>	<b>Document Types</b> (One exemplar of each)
January 2020	Initial international response. NZ watch group formed.	Initial situation/intelligence/insight reports, action plans, briefing notes, organization charts
February 2020	Initial NZ response.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, organization charts
March 2020	First cases in NZ. Alert levels announced.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, organization charts
May 2020	Lockdown in effect. Economic response in place.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts

Chief Executive | Phone 06 348 3140 | Fax 06 345 9390

August 2020	Auckland city region lockdown.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts
October 2020	NZ at Level 1, election postponed, recovery planning	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts
December 2020	Level 1, new government, resurgence planning	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts

**Whanganui District Health Boards response:**

Please see attached information, and feel free to contact us if you require any further clarification or detail.

Please note that the January 2020 information is in the form of diary notes from our emergency management officer. We have provided photocopies of the original; should you wish to receive further clarification on these, Simon Ward would be happy to have a telephone conversation with you.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at [anne.phoenix@wdhb.org.nz](mailto:anne.phoenix@wdhb.org.nz)

Yours sincerely



PP Russell Simpson  
**Chief Executive**

**Connex 13299 Jon Mitchell**

TAS OIA &lt;oia@tas.health.nz&gt;

Tue 23/02/2021 1:33 PM

To: O365.DHB - OIA Contacts &lt;DHB-OIAContacts@tas.health.nz&gt;

Cc: TAS OIA &lt;oia@tas.health.nz&gt;

📎 1 attachments (5 MB)

FW: UPDATE RE: Information Request COVID-19 Response and Recovery Documentation 2020;

Hi there

Please find attached the significantly rescoped and reduced OIA for each of you from Jon Mitchell.

**New request**

Jon's first request was paused within seven days, and this clarification now serves as a **new request**. Jon provided the same OIA clarification to all other government agencies, a few days before he provided the same document to TAS for all DHBs.

I am sorry for the slight delay in getting the clarification to you, due to some internal discussions at TAS and with the Ministry.

The new due date (from the time TAS received this request, on behalf of all DHBs) is 15 March. You may wish to seek an extension, once you have scoped your material.

**Request**

Roughly about 30 documents are being requested from each of you.

I have discussed the attached table with the Ministry of Health. They are applying the following approach to each dated row (example below) and we recommend DHBs do the same.

Date(s)	Event / Stage	Document Types (One exemplar of each)
January 2020	Initial international response. NZ watch group formed.	<ul style="list-style-type: none"> <li>• Initial situation/intelligence/insight reports, <b>ONE DOCUMENT ONLY (not three)</b> – choose whether your document is an initial situation/intelligence/or insight report</li> <li>• action plans <b>ONE DOCUMENT</b></li> <li>• briefing notes <b>ONE DOCUMENT</b></li> <li>• organization charts <b>ONE DOCUMENT</b></li> </ul>

You may wish to select exemplar documents that are already in the public arena, or have already been supplied under previous OIAs.

**Process**

Please go ahead and answer this OIA yourselves, working with your own subject matter experts. Please treat this update to TAS as an update to all DHBs (as advised in the attachment) and as a new OIA. The Ministry of Health will share their final response with us when it is ready, they are currently working on it.

Could you all please upload your final responses to Connex when complete.

**Next steps**

Jon is going to analyse all material from all agencies, which will take a little bit of time. He may then come back with more queries, he could request interviews with some specific managers, for example. At that stage decisions will be made, by all the govt agencies involved, as to how they wish to progress his queries. DPMC may get involved again as a facilitator, at that stage.

regards



Adrienne Perry

**Customer Communications Manager**

M: 027 419 6276

E: [adrienne.perry@tas.health.nz](mailto:adrienne.perry@tas.health.nz)

69 Tory Street, PO Box 23075, Wellington 6140

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



## Anne Phoenix

---

**From:** Mitchell, Jon <J.Mitchell1@massey.ac.nz>  
**Sent:** Monday, 15 February 2021 3:26 pm  
**To:** TAS OIA  
**Subject:** FW: UPDATE RE: Information Request COVOD-19 Response and Recovery Documentation 2020  
**Attachments:** Outlook-d2yc2cn2.png; Outlook-2daj2yil.png; Outlook-nmvmfzqa.png; Outlook-40tcvr2s.png; Outlook-eyfymb5g.png; Outlook-bneso1qy.png; Outlook-ti02q1tl.png; Outlook-iup3gbcx.png; Outlook-52k0mckt.png; Outlook-1xpmfaa1.png; Outlook-w0oppwc3.png; Outlook-0o3e54ec.png; Outlook-svrw54s1.png; Outlook-seihkllc.png; Outlook-zho2nn33.png; Outlook-zsmo2x.png; Outlook-dyyrxgil.png; Outlook-hmns3ji2.png; NZ COVID Response + Recovery Document Request by Event or Stage 29 January 2021.docx

Please find attached an updated request for information, as discussed. If you were able to share this with all relevant DHB contacts that would be marvellous.

*Ngā mihi*

*Mitch*

*Jon (Mitch) Mitchell  
Capability Development Manager  
Joint Centre for Disaster Research  
Massey University  
Wellington  
New Zealand*

Phone (+64) 0272 080 375

**JOINT  
CENTRE FOR  
DISASTER  
RESEARCH**



**MATATŌ MATAORA AOTEAROA  
RESPONSE & RECOVERY AOTEAROA NEW ZEALAND**

---

**From:** Mitchell, Jon  
**Sent:** Thursday, 11 February 2021 5:08 PM  
**To:** Mitchell, Jon <J.Mitchell1@massey.ac.nz>  
**Subject:** UPDATE RE: Information Request COVOD-19 Response and Recovery Documentation 2020

Dear colleague

As you may be aware, a multi-agency meeting about my request for COVID 19 Response and Recovery documentation was organised by DPMC on 26 January. Following that meeting an agreement was reached with DPMC and its various business units on a refined approach to the documents requested. The revised approach, which represents considerably less work than may have been required to meet my original request, is contained in the attached table.

Please take the attached table as either a modification to my original request or a new request for response and recovery documentation, depending on how your organisation manages requests of this nature.

Several organisations have already provided all of the documents they have been requested, which has enabled early analysis to commence. Other organisations have notified me that they are now compiling the documentation and expect to be able to provide the document in the next few weeks.

I look forward to working with you in further refining and informing this research project.

Please call me if you would like to discuss any of this with me.

Ngā mihi

*Mitch*

Jon (Mitch) Mitchell

Master of Emergency Management. BA. PGDip (Geography + Planning). MIAEM NZIIP

Deputy Director

Matatū Mataora Aotearoa

Response + Recovery Aotearoa New Zealand

Capability Development Manager  
Disaster Risk and Emergency Management  
Joint Centre for Disaster Research  
Massey University  
Wellington  
New Zealand

Cell: 0272 080 375

[www.rranz.org.nz](http://www.rranz.org.nz)



**Key dates and events for COVID Response and Recovery Documents Request**  
**Jon Mitchell, Joint Centre for Disaster Research, Massey University in Wellington**

**27 January 2021**

<b>Date(s)</b>	<b>Event / Stage</b>	<b>Document Types</b> (One exemplar of each)
January 2020	Initial international response. NZ watch group formed.	Initial situation/intelligence/insight reports, action plans, briefing notes, organization charts
February 2020	Initial NZ response.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, organization charts
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May 2020	Lockdown in effect. Economic response in place.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts
August 2020	Auckland city region lockdown.	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts
October 2020	NZ at Level 1, election postponed, recovery planning	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts
December 2020	Level 1, new government, resurgence planning	Organisation/agency situation/intelligence/insight reports, action plan, briefing notes, recovery plans, organization charts

24 JANUARY

2020

Friday

Week 4: 24-342

0202 WJ

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2020

25 JANUARY

January

Week 4: 25-341

Saturday

Conversion of St Paul

29/01/20 - Teleconference 1600hrs

+ Car, ATR

+ Most quality info in risk - com spec

+ THE ML 3 stream still 6 & 6 months

+ General guidance ->

\* Use other address \*

+ Can lead stop -> CP

→ SR Tech  
→ Path - separate

+ Sam again tomorrow at 1600hrs +  
3pm

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28  
JANUARY

2020

Tuesday *Making with CE Patrick May* week 5 : 28-338

+ *Meeting with Ed ch. body, lunch tomorrow*

+ *Send STREET & CE*

+ *May be interested health system document w/ add'l.*

+ *Yours. To Reg. filing with you get copy in Sept. 1st.*

2020

JANUARY

Wednesday week 5 : 29-337

*1000 meeting* → *MT, no JP, WY, CA, VA.*

+ *Send Rick body*

+ *Abdul & John, re car*

+ *Patrick comm? Not at our stop*

+ *Pat has meeting & meeting*

+ *to be updated by 7 if not need*

+ *rethink anything to come if anything can be made*

+ *can comm.*

+ *no sent pattern* → *bring that's possible*

+ *CE call re action in Friday email/available.*

*Spain*

+ *Set up meeting & return the 6*

+ *Salick office*

+ *staff/legislative*

+ *Dorm stuff*

+ *EX pattern*

*Tolson/Johnson*

+ *Set meeting 2/11 for + details*

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**Whanganui DHB response to potential coronavirus case 27 January 2020, 1630 hours.**

**Sitrep number one.**

A novel coronavirus currently called 2019-nCoV has caused a cluster of viral respiratory illness in Wuhan. The cluster was initially reported on 31 December 2019. The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020. Laboratory testing was conducted on all suspected cases identified through active case finding and retrospective review. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) and Middle East Respiratory Syndrome coronavirus (MERS-CoV) were ruled out.

**Situation**

65 year old male presented to Whanganui emergency department on 27 January 2020 with signs and symptoms of a respiratory type illness.

He called ahead and was met by emergency staff in his car. Protective equipment was used for staff and public safety (as in an influenza case).

The gentleman was placed in a negative pressure room and medically cared for.

The travel history involved recent travel to Wuhan, China.

The case definition of coronavirus from Ministry of Health (MOH) New Zealand was reviewed and this case met the majority of the criteria.

The gentleman has since been cleared for discharge home and public health advice to be followed.

**Response**

**Medical:**

The gentleman was seen, examined and treated by the medical team in emergency department. He was fit for discharge 1530 hours 27 January 2020

**Public health:**

Public health team, led by Medical Officer of Health have interviewed the potential case and formed a public health response. He was mainly self-isolated at home, contacts if required will be followed up.

Medical Officer of Health to provide written advice to all education providers with international students.

**Medlab:**

Testing for coronavirus has been organised. At time of briefing testing type to be approved by Christchurch laboratory microbiologist, as per MOH procedure.

	<p><b>PSU:</b></p> <p>Infection prevention teams have educated staff with isolation and cleaning requirements</p> <p>Posters advising what to do are in printing and will be displayed in WAM/Emergency reception. These have been shared with WRHN.</p> <p>Emergency management coordinator has been providing advice re coordination of situation and potential early elevation requirements</p> <p>Briefing provided to Centre for Patient Safety General Manager, Communication Manager, and Chief Medical Officer, 1500 hours 27 January 2020.</p> <p><b>Communications:</b></p> <p>Any communications from the public or media will be responded to by the communication department. Consistent messaging will be provided in a structured manner. These messages will be via the Medical Officer of Health.</p>
<p><b>Incident Management Team</b></p>	<p>The EOC is not opened as of 1630 hours, 27 January 2020. The current incident management team is:</p> <p>Medical Officer of Health (Dr Patrick O'Connor)</p> <p>Health Protection Officer (Margaret Tunbridge)</p> <p>Emergency Management Coordinator ( Simon Ward)</p> <p>Patient Safety (Jacqui Pennefather)</p> <p>Communications Manager (Mark Dawson or Cass Alexander)</p> <p>Infection Prevention (Kath Harding)</p> <p>Next meeting 28 January 2020 TBC</p>
<p><b>Communications</b></p>	<p>Ministry of Health will be notified by the Medical Officer of Health (potential of case)</p> <p>Microbiologist Christchurch ( Medlab Manager Whanganui)</p> <p>Regional Emergency Management Advisor (Emergency Management Coordinator) of potential case</p>
<p><b>Risk or concerns</b></p>	<p>Potential for media interest that requires management via communications department and Ministry of Health (Medical Officer of Health)</p> <p>Mitigation of community and staff concerns if case is in a public domain</p>
<p><b>Discussion</b></p>	<p>The hospital is at business as usual, this case will be discussed tomorrow. Earlier if required.</p>

## Simon Ward

---

**From:** Simon Ward  
**Sent:** Monday, 27 January 2020 1:23 pm  
**To:** 'Murray.Mills@health.govt.nz'  
**Cc:** Louise Allsopp; Jacqueline Pennefather  
**Subject:** RE: Coronavirus

Hi Murray

My responses in red below

**From:** Murray.Mills@health.govt.nz [mailto:Murray.Mills@health.govt.nz]  
**Sent:** Monday, 27 January 2020 8:54 a.m.  
**To:** Darren.Horsley@midcentraldhb.govt.nz; sandra.bee@hawkesbaydhb.govt.nz; Dianne.Mazey@wairarapa.dhb.org.nz; EPM@huttvalleydhb.org.nz; Greg.Phillips@ccdhb.org.nz; Simon Ward; christine.mutlow@lakesdhd.govt.nz; trevor.ecclestone@waikatodhb.health.nz; Martin.Buet@health.govt.nz; jocelyn.stowers@bopdhd.govt.nz; mike.broker@tdhb.org.nz; steve.hooper@tdh.org.nz  
**Cc:** Dion.Anderson@health.govt.nz; Murray.Halbert@health.govt.nz  
**Subject:** Coronavirus

Morning all (Just covering Midland as Martin is away and Dion is on Anniversary day.)

Just a quick heads up. We know some, if not most DHBs, have established an IMT for the above.

The DG is requesting some detail around sector planning for the above.

My request is can you confirm whether you have  
a. an IMT or project group to consider CoronaVirus risks.

We have formed a project group that consists of the clinical manager of patient safety, infection control, medical officer of health, health protection, and myself – will bring in subject matter experts as needed, including a primary health rep when one is ID'ed. We've met today to scope things out and will be meeting again on Wednesday to discuss any updates etc..

b. What steps you are taking in the planning process for CoronaVirus.

We're putting together a response plan based on previous outbreak response plans, but with updated info

c. Are you producing Sitreps on CoronaVirus

Not at this stage

d. any specific issues you have around planning for the CoronaVirus i.e. Infectious disease protocols, PPE, etc

- Supply manager and myself are reviewing pandemic supply store on Wednesday – many items will have expired and will need to be disposed of and reordered.

- Met with pharmacy manager to discuss medication – pandemic specific meds are that we hold IV antibiotics only (3 types) and Tamiflu. She is circulating a message to clinicians to see if they're happy with the quantities of IV antibiotics held. We hold no specific oral meds for a pandemic (eg antibiotics, paracetamol) just the usual hospital stock of same. If there is any guidance around the need to hold this type of medication, pharmacy will happy to get it in. Pharmacy manager will be one of the subject matter experts we utilise as required.

e. you are engaging with your PHUs

Yes, closely

Public Health are contacting schools and UCOL with specific messaging to dampen any fires that spark up if any international students become unwell.

f. and Greg, you have plans for a CBAC

I will be meeting with primary health this week to discuss same

The sitrep from us (the MoH) should now be making it to you on a daily basis. The sitrep will be released at 1100. If you have anything you consider could be valid for the national sitrep could you get it to your REMA by 0830 in the morning .....(that's intentional Trevor). We are not asking for regular sitreps presently (but they may come) but any exception reporting would be most appreciated.

Central Regioners if you reply to me. Midlanders to Dion please and we will collate.

Cheers

MM

Murray Mills, CPP  
MEmergMgt (Massey)  
Team Leader Sector Response  
Regional Emergency Management Advisor (Central)  
Emergency Management Team  
Population Health and Prevention Directorate  
Ministry of Health  
Mobile: 027 444 0761

"Excellence is not an exception, it is a prevailing attitude" - Colin Powell

<http://www.health.govt.nz>  
<mailto:Murray.Mills@health.govt.nz>

\*\*\*\*\*

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

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

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Feb 2020

Wha  
outb  
Brief

9-nCoV	04/02/2020	 <b>WHANGANUI</b> DISTRICT HEALTH BOARD <small>Te Pūnaha Hauora o Whanganui</small>
	Brief #1	

**Sum**

In January, a new type of coronavirus, now known as 2019-nCoV, which causes a respiratory illness.

A new type of coronavirus, now known as 2019-nCoV, which causes a respiratory illness.

The Ministry of Health is closely monitoring the situation and following guidance from the World Health Organization (WHO).

On the 31/01/20 WHO declared the outbreak to be a Public Health Emergency of International Concern.

The NZ risk assessment on 03/02/2020 determined that the likelihood of an imported case in New Zealand is high, however the likelihood of a widespread outbreak remains low.

Please note that this is an evolving situation and we can expect to changes to the international and national landscape which will affect our actions and response.

**Ministry of Health**

The National Health Coordination Centre is running the health response under a CIMS structure with daily situation reports sent to the health sector and national teleconferences held on a regular basis.

Guidelines have been issued that cover areas such as case definitions and advice for managing presentations, lab testing, the use of personal protective equipment, public health advice, etc...

Given the high public and media interest in this, the Ministry of Health have issued advice and guidance to DHB communications advisors on consistent health messages.

There is a Ministry of Health webpage dedicated to this outbreak <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov#whatis>

**Whanganui DHB**

Under the Guide to the National Civil Defence and Emergency Management Plan 2015, Whanganui DHB has a number of responsibilities. For the purposes of this brief, key responsibilities can be summarised below

- Ensure that there is capacity and capability to respond to an local outbreak
- Lead and coordinate planning around the local health sector
- Provide professional advice to the local health sector and partner agencies
- Provide reassurance and advice to the community

An informal Incident Management Team (IMT) has been formed to respond to this event. Members of the IMT meet on a daily basis and review developments and decide on any actions to take. This team is led by the Medical Officer of Health.

- Dr Patrick O'Connor, Medical Officer of Health
- Margaret Tunbridge, Health Protection Officer



- Jacqui Pennefather, Infection Prevention and Control and Clinical Manager of Patient Safety
- Mark Dawson, Communications Manager
- Simon Ward, Emergency Management Coordinator

From a health emergency management perspective, actions are being taken to reflect the 'readiness' phase of emergency management – that is, ensuring that we are ready to respond. Given that pandemics are well recognised as a significant hazard, we have a number of pre-existing plans to guide us in our planning.

- WDHB Pandemic Plan
- WDHB and WRHN Community Based Assessment Plan
- WDHB Pandemic Influenza Guideline for Patient Management
- WDHB Health Emergency Plan
- NZ Influenza Pandemic Plan
- NZ Health Emergency Plan

We also have Ministry of Health mandated stockpile of medication and personal protection equipment (PPE) supplies – these are currently being checked and reviewed.

#### Actions of the IMT to date

- Public Health response to coronavirus 2019-nCoV plan developed
- WDHB response to coronavirus 2019-nCoV plan developed
- Meeting scheduled with primary health on 04/02/20 to discuss primary health planning arrangements and respond to any questions
- Ongoing briefings to senior leadership team at the WDHB

#### Future activities

Our actions will continue to be guided by Ministry of Health requirements and expectations and local Subject Matter Expert (SME) advice on the situation.

We will continue to work with the local health sector to ensure readiness arrangements are in place and a coordinated response can occur in the event of a local case or outbreak.

If required, we will escalate our activities to the Emergency Operations Centre and formalise our response.

**Simon Ward - Emergency Management Coordinator, Whanganui DHB**

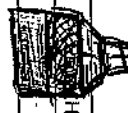
[simon.ward@wdhb.org.nz](mailto:simon.ward@wdhb.org.nz)

021 192 7844



week 6 : 40-376

Travis Purnan 100hrs



For Golds + most staff  
+ Natak: Roll down (add upon recontact with us)

Tilcofurnan will win

Why + what has not up to date info

Work coming to do make shadow

What's coming - Policy + System updates, strategy

Tha/Dalton rephrasing. Change good again - what happens?

John's goals

Meeting with Dave Condon, Andy, + Kelly

+ Call + a generic

+ workshop

+ get more regular talk

January: 20

February: 20

March: 20

April: 20

May: 20

June: 20

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September: 20

October: 20

November: 20

December: 20

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11

FEBRUARY

2020

Tuesday

Week 7: 42-324

*Work*

\* DHS BCJ - Staffing & school order

\* Community & provided BCP

\* To mid way CE re car stop

\* CBAC project

\* Clarify responsibilities of representatives

\* Roundtable meeting - EMT

- EMT

- IAS

- EO

- Planning

- DHS

- Amish

- Risk agency

- Risk agency

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2020

*WEDNESDAY*

FEBRUARY

12

Week 7: 43-323

Wednesday

~~Work~~ and pm

~~Said spreadsheet to Patrick~~

~~Meeting - Patrick~~

~~Patrick to update weekly~~

~~Takeoff~~

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27 \* Termi + Community

FEBRUARY

2020

Thursday *work from home*

week 9 : 58-308

\* BCP - Lucy met with hospital involved

\* DAC - start working on how bill work

\* Flu vaccine clinics - Arriving April  
-> Campaign

\* Hand hygiene / hand gel - infection control activities

\* *Health* exhibit - *at* activities - Discussion on BCP workshop

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2020

FEBRUARY

week 9 : 59-307

Friday

*Systems* *??* *stopping*

APC Modelling (com) Hospital (community)

Supply/APC | ERP Modelling | (com)

-com

*Not yet*  
*general*  
*plan*



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<p><b>19/02/2019</b></p> <p><b>1500hrs</b></p> <p><b>Room one</b></p>	<p><b>COVID-19 IMT meeting with health and partner agencies</b></p>	
<p><b>Present</b></p>		
<p><b>Key actions taken or underway</b></p> <ul style="list-style-type: none"> <li>▪ IMT established and regular meetings held –Medical Officer of Health, Health Protection, Infection Control, Patient Safety, Emergency Management, Communications</li> <li>▪ COVID-19 response plan and procedure developed for presentation and care of cases</li> <li>▪ Public Health response plan developed</li> <li>▪ Pandemic PPE stocktake and supply manager liaison with IMT and Ministry of Health – ongoing discussion needed</li> <li>▪ Daily SITREP and teleconferences with the Ministry of Health</li> <li>▪ Ongoing Primary Health liaison meetings</li> <li>▪ Planned - Pandemic BCP planning with primary care</li> <li>▪ Planned CBAC planning session</li> <li>▪ Planned – DHB staffing in a pandemic BCP</li> <li>▪ Planned – EOC familiarisation</li> </ul>		
<p><b>Discussion points</b></p> <p>Latest updates and outlook</p> <p>GP, ambulance, and hospital management of suspect cases</p> <p>NEMA position</p> <p>Details around specimen collection and lab testing</p> <p>The role of public health, PHOs, and the DHB in the response</p> <p>Triggers for escalation</p> <p>Question and answer session</p>		



## **COVID-19 Meeting**

Date: 25/02/2020

Time: 1000hrs

Location: Louise's office

Present: Louise, Margaret, Jacqui, Simon

### **Accommodating suspected or confirmed COVID-19 patients in the WDHB region not normally resident, eg tourist**

*Accommodation options explored.*

- RMO houses
- Mauri Ora
- Local Motels
- Stanford House self-contained flat
- Landguard's Bluff (NZDF base by Whanganui Airport)
- Local Marae

As well as needing medical support/follow up/daily needs provided, there will also be a need to supply food, cleaning, and laundry services.

Preferred option is an RMO house on hospital grounds.

Outcome: RMO House Unit 13 will be kept free for COVID-19 response until further notice. This is a three bedroom unit with capability of sleeping two people per room. Any RMO or health professional needing accommodation will be housed in a local motel.

*Other accommodation options still need to be explored.*

#### **Actions**

- JP will talk to Rihī to discuss the use of Mauri Ora and local Marae
- LA will talk to Stanford House re flat and Nursing Resource Unit manager re MOUs with local motels
- MT will approach local motels

Landguards Bluff has been approved by NZDF as accommodation option for large numbers of people. If this occurs, it will be a multiagency approach, with health as the lead and support from Civil Defence.

*Accommodation queries still to be resolved*

- Laundry – Allied Laundry? JP and MT
- Food - meals on wheels? JP and MT
- Cleaning – Spotless? JP and MT
- Medical/Clinical Support – JP and MT
- Individual/Daily needs – JP and MT

### *Needs assessment*

Needs assessment for patients being developed by MT.

SW will source example from Red Cross or similar based on welfare centre assessment and forward to MT

### *Other supplies needed to support this*

Thermometers

### **Financial**

Discussion around the need to have a distinct budget code for WDHb COVID-19 ongoing response.

Action: LA to get approval from CE and speak to finance dept re this

Outcome: Approval obtained and code will be allocated.

### **Transitioning from Informal IMT to formalised IMT**

Given escalation of response at an international level and likelihood of a similar NZ response, discussion held around formalising WDHb COVID-19 IMT.

EOC not required to be opened at this stage, but CE to be given advice on EOC and possible staffing options

- Incident Controller – CE or delegate (RS, LA, PM)
- Operations – Rosie
- Logistics – Andrew
- Planning – JP, Maurice
- Intelligence – Kath FC
- Welfare – Jennie
- Iwi Liaison – Rihi/Rowena
- PIMS – Mark/Cass
- Subject Matter Experts – Patrick and MT
- EOC Manager – LA and SW

All IMT meetings going forward will be recorded in anticipation of escalation of the NZ response. Existing IMT group remains as is. LA to join as required.

### **Extra staffing**

MT has spoken to Bruce from Public Health around utilising Public Health nurses to assist with response, if needed, and this has been approved.

Discussion around 'training' small number of extra staff to support JP and KH for care and monitoring of suspect cases.

Action: LA to speak to ?NRU

Meeting ended 1100hrs

## **Whanganui DHB Staff Update on COVID-19: Thursday 27 February 2020**

### **International**

Daily case reports in China have been decreasing since a peak on 5 February. On 27 February the daily report total from China (412) was less than that from outside China (459). While COVID-19 has been found in various parts of China, nearly all recent reports have been from Hubei province. Other countries with significant numbers of confirmed cases include South Korea (1261), Italy (322), Japan (164), Singapore (91) Iran (95) and Thailand (40).

### **New Zealand**

There are no confirmed cases in New Zealand. From 3 February there has been an entry restriction into New Zealand on all foreign nationals travelling from, or transiting through, mainland China. Other travellers returning from mainland China, or who have transited through there, in the previous 14 days, are asked to phone Healthline on 0800 358 5453. They will receive advice about self isolation.

### **Case Definition and “Areas of Concern”**

Case definitions now refer to areas of concern. Category one is mainland China. Category two is Hong Kong, Iran, Italy, Japan, Republic of Korea, Singapore and Thailand. Self-isolation, regardless of symptoms, is required following recent travel to mainland China. A suspect case is now defined as someone who has travelled to a category one or two area of concern in the past 14 days, and who has characteristic symptoms (fever or history of fever ( $\geq 38^{\circ}\text{C}$ ) and acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat).

### **Laboratory Testing**

Those who meet the suspect case definition will be tested with either a lower respiratory sample, or with throat and nose swabs. Before taking samples, please contact the Medical Officer of Health (Dr Rob Weir in Palmerston North, Dr Patrick O’Connor in Whanganui, or on-call MOH after hours). This is to ensure compliance with suspect case definition, and to check the range of samples required.

The Medical Officer of Health will advise where sample collection will take place. This may be at Whanganui Hospital Emergency Department (especially if the person is clinically unwell) or at the person’s home where a hospital staff member can visit them. Please give a warning to ED if you wish to send someone there. The person is to wear a mask and stay in their car until escorted to ED.

### **Personal Protection Equipment**

Spread of infection is by droplets. This means that the suspect case and attending health staff should wear surgical masks. Risk is further reduced by staying at least one metre apart. For a procedure where aerosol may be generated, full protection (gown, N95 mask, gloves, eye protection) is recommended. Current advice is that nasopharyngeal and oropharyngeal testing is not generally aerosol-producing, and that hand washing before donning gown, gloves and surgical mask, plus standing a little to the side of the patient, are suitable precautions. The situation is different if the patient has severe symptoms.

### **Other Information Sources**

WHO Situation Updates: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Ministry of Health resources for health professionals: <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov/novel-coronavirus-resources-health-professionals>.



March 2020

## **Psychosocial Welfare Plan for COVID 19 Novel Coronavirus**

**3 March 2020**

**Version 1**

### **Psychosocial Scope**

- Responsible for ensuring staff welfare and psychosocial support during and post event
- Responsible for ensuring patient welfare and psychosocial support during and post event
- Responsible for ensuring volunteer welfare and psychosocial support during and post event

### **How can COVID 19 potentially impact on staff welfare and psychologically**

Planning and access to information and knowledge about COVID 19 and how it spreads, makes it easier for those affected to feel supported and calm and able to comply with instructions.

Psychosocial support to staff and volunteers will help the operation as work conditions have the potential to become extremely stressful during this time and during the recovery phase.

At this stage it is difficult to determine the exact risk factors for staff leading to psychological stress, however below are some examples of triggers for staff – (being aware these may change):

- Managing increased workloads
- Having to work in unfamiliar work environments using different skills eg managers/ administrators working in clinical areas
- Reductions of staff available to work
- Fear of catching the virus or passing to families/ whanau
- Own health problems that make one more susceptible eg long term respiratory health conditions
- Sick leave- if haven't got sick leave may still come into work
- Family/whanau members may be being laid off or shortage of work depending on their employment
- Staff morale and emotions

### **How psychosocial support/welfare will occur:**

Welfare is currently in the planning stage which includes:

- Working closely with Te Hau Ranga Ora, Social Workers, Psychologists
- Meeting with psychologists, haumoana, social workers - 23 March 2020 re training for staff
- Upskilling and training staff with Psychology First Aid
- Linking with Whanganui Welfare Co-ordinator Civil Defence and Central Regions Welfare
- Teleconference with Mid Central DHB Psychosocial welfare coordinator – 16 March 2020
- Using current resources examples - people can call or txt 1737 Need to Talk? (free seven day week service) or Healthline 0800 358 5453

Jennie Fowler  
Welfare Coordinator  
Cell Phone 027 6758 344

29

FEBRUARY

Saturday

week 9 : 60-306

2020

Surprising for (10) - in Victoria



MARCH

Sunday

week 9 : 61-305

Children's Day (NZ), St David's Day

Performance 03/03/20 16:00 hrs

+ Division around reading to clarify case definition in Italy

+ Contacting Guying (New) with pupil writing notes & putting up notes to be taken

Quarantine around pushing workplan info on what to do when sick - PIMS

+ Psychosocial - making what of Trust - will be fed back to PIMS psychosocial centres

+ IPE decision charging - & isolation charging Tomorrow

+ PIMS to have a

plz f related

facilitation - by

teleconference today

to have a

lots of variation across

no

to next standard

to hospital? mobility

to show in a day

so? will report

March at end of the year

to show in a day

to show in a day

MARCH

29

FEBRUARY

Saturday

week 9 : 60-306

2020

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2 MARCH T, T, F 2020

Monday week 10 : 62-304

Labour Day (WA) 3rd March - Kathy Crowe

17/01 - Mc Pao form → Andru → 7 cost

\* 4/12 beer in sled theater will be got for Dave

\* Budget by Steph for

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\* Jenny (L) - Whangarei \* Marky Mark locally \*  
 2020 April - CD Making 11AM (02/3/20) MARCH

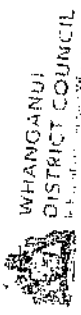
week 10 : 63-303 Tuesday

\* Jenny 123 : yesterday King Island Show (IAS)

\* via CP to help with comm.

\* Micky - CE and ILC 17.04

\* Cardboard, Ruff + need some stuff



Whanganui District Council

Simon Ward  
WDHB

Seeing Timothy Crowe  
Visitor

11:08 AM  
2/03/2020



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See ideas approx 20 Kana  
Mishy

Mullin - CCU

EA EST

2020

MARCH

Friday

week 10 : 66-300

World Day of Prayer

\* Meeting with Jo K & JP - Air Am's discuss  
 - J&K gurn mngs - discuss  
 - new presentations  
 - F&J & Corg pending  
 - Corg questions

\* Meeting with Corg, Steph, Jacqui

BOC

Eric	- Corg Russell Paul
Ally	- Maria Sher Trade
Carin A	Jan
Stefel	- Harold Killy's Sandra
Alex	Alex
Shany	- Corg J. Alex
Walter	- Jenni
Rubi	
Les	- Andrew Finnan sp. Mark FC
Admin	- ECT EAS
Morgan	- Jim Ann B
Paul	- Sandra
Tim	- Mark C
Mark	- Rick/Hes - Clogy
Mark	- Rick/Hes
Jo	
Mark	
Mark	
Mark	

January: 20	February: 20	March: 20	April: 20	May: 20	June: 20
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7

MARCH

Saturday

week 10 : 67-299

General market discussion 01/03/20  
 \* Em research with Play checked 027449252  
 - Eפקיה control around collecting books hospital/park bus  
 - Electronic death cert  
 - Evening prep person see 3 plan  
 - Mass forability

High

- 10 forest direction
- Eפקיה control
- Police
- ~~Adm~~ Dr sp = Ian
- Richard sp = Adam
- Patrick
- Mesart
- Anath
- Facilities

Timothy planned to wed 11 Oct in Est  
 Eפקיה in Oct and 5 May '20 scheduled  
 of next Monday 16 = wed 18/1

July: 20	August: 20	September: 20	October: 20	November: 20	December: 20
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12 MARCH Thursday  
 Sim - To record  
 infect lab → council

week 11: 72-294

Council  
 \* Covid - indirect economic impact  
 - small → media affected  
 - Mycobacterium  
 - Flu vaccine campaign: PAB & WAC  
 - Flu → CO staff etc.

\* Phil → Tim - modelling  
 \* Using council staff to support PAB if  
 council services closed.

\* India flight schools / ~~pub~~ - public health  
 note  
 - India AI

\* July - mail group & council \*

\* CO to meet with ~~with~~ WARR ZMT  
 met week ~~at~~ Wed

\* Captiff &

\* ~~PH & \*~~

January: 20							February: 20							March: 20							April: 20							May: 20							June: 20																															
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13 MARCH Friday  
 Council  
 Sarah - Comm  
 Public Health - Ask  
 CA, SW, CA, MA (PHH)

week 11: 73-293

\* Council (PSE) - How this will affect council  
 - Working on BCP planning  
 - Sim - manager on board  
 + BCP  
 + staffing impact  
 + clipboard  
 - Using MREEM as a guide  
 - Focus on public cases & lab  
 = Concern about consistency  
 + Tim concerned about impact &  
 was good contact in earlier

\* Louis  
 - Call in embassy  
 - Explain of PHH report  
 - Need to improve staff infra

\* Sarah  
 - Embed info page  
 - HR staff

\* Embed may be affected for Monday?

\* Sim - formal staff - check a comm

\* meeting 1152

July: 20							August: 20							September: 20							October: 20							November: 20							December: 20																															
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**First meeting of the COVID-19 IMT held Friday 13 March 2020 in the Board Room at 1.30pm**

**Present:** Louise Allsopp, Incident Controller  
Rowena Kui, Iwi Liaison  
Judith MacDonald, Operations  
Paul Malan, Planning & Intelligence  
Andrew McKinnon, Logistics  
Mark Dawson/Cass Alexander, PIMS  
Rihi Karena, Welfare  
Simon Ward, Emergency Manager Co-ordinator  
Lucy Adams, Director of Nursing/Chief Operating Officer  
Anne Babbage, Minutes Taker

**Apologies:** Alex Forsyth  
Jennie Fowler

**Welcome:** Louise welcomed our COVID-19 Incident Management Team (CIMT)

**1. Recap Wednesday's ELT meeting.** Scope – to manage COVID-19 area wide.

**2. Confirm CIMT leads** – confirmed.

**3. Set objectives:**

- Clear and consistent local messages and consistent with national strategies and learning and whole of government approach is understood
- Continue to deliver safe and effective health care to our community equitably
- Measure and assess capability in the community to respond and manage accordingly
- Visibility of other direction that is valid, impact on our community and how we lever off that
- Deliver one health team response across the region
- Fair and equitable allocation of resources
- Welfare and wellbeing is paramount in the community including health workforce and vulnerable communities
- Maintain and manage wellbeing of EOC staff (role of EOC manager)

**4. Visitors' information** – public information – signed off by EOC & CE – Wednesday  
Hospital – Mark will print off latest set of info sheets received

**Action:** **DON/COO and Mark to coordinate information for visitors.**

Judith – from WRHN comms person

Service and Business –

**Action:** **Paul to collate health system wide events over next four months in order to determine whether they should be held or not. Also, education sessions scheduled to be held at WDHB.**

**5. Events in the community**

Statis quo at the moment

Information – messages and hand washing,

## 6. EOC education and upskilling

Civil Defence has an excellent on-line course covering EOC positions – takes four to six hours. This course then leads on to more advanced courses. CIMT agreed to participate in on-line course.

**Action: Simon to send out link to on-line course.**

## 7. Education re PPE

WDHB has already invited external agencies to infection control training.

**Action: Louise to check if the invite can go out to a wider audience.**

## 8. All areas planning :

- Hospital – planning and preparedness
- Aged Care – do have experience
  - Proactively manage
- Hospice – proactively
- Support services into peoples own homes
- Long-term conditions in the community

Need a robust plan to be able to support rest homes with low staff levels so they can provide palliative care instead of sending residents to hospital.

**Action: Paul to ascertain what emergency plans/continuity plans agencies have so their vulnerabilities can be assessed, including those not contracted with WDHB e.g. IHC.**

**Action: Paul/Phil Murphy to check what percentage of presentations to ED in the past were elderly who should have stayed at rest homes.**

## 9. When does BAU reduce – key roles

Can CIMT members cope with present work plus increasing COVID-19 workload?

Louise advised she is clearing her diary of non-essential work in order to concentrate on this. Each CIMT to consider on an individual basis.

**Action: Louise to explore whether there are any return-to-work staff who may be able to help.**

**Action: Statement to providers around DHB approach to contracts.**

## 10. Working from home – across sector

Encourage people not to attend work if not well

Union stance on this?

**Action: Andrew to check with HR and also ICT re capabilities required to enable staff to work from home.**

Virtual or telephone consults or face to face.

## 11. Technical Advisory Group

Technical Advisory (clinical, facilities) group to be stood up Monday. This includes Ian Murphy (Chair), Patrick O'Connor, Margaret Tunbridge, Jacqui Pennefather, Kathryn Harding, Megan Geertson, Mark Stegmann, Tom Thompson, Simon Ward, Louise (as link to EOC).

## 12. Mapping/planning

**Action: Paul/Phil Murphy to ascertain peaks and troughs in previous years – respiratory, influenza, age, staff sickness (clinical and non-clinical) etc. This can then be overlaid with MoH figures when available.**

### **13. Work streams – what do leads need from this group or who can assist?**

RC5944 - code for COVID-19

Operations – will advise when thought through

Planning and Intel – as above

Logistics – ICT, HR, Supply and Facilities

Iwi Liaison –

- Iwi leaders
- Māori providers
- Māori community groups
- Rural communities
- Homeless
- General practice

PIMS – TVNZ has already asked if DHBs have made any calculation of impact if schools are closed and parents won't be at work. This is now underway (see action below).

**Action: Mark to respond to TVNZ question.**

#### **Key points for providers - Monday**

Things to consider: staff with small children. Suggest they include this in their emergency plans.

**Action: Andrew to ascertain how many staff have school aged children as there will be an impact if schools are closed.**

Messaging WAM & ED – how to manage as partnership

Judith suggested having a regular spot in the local newspaper where we can provide messages for the health sector, not just for the DHB.

**Action: Mark to follow up.**

**Action: Mark/Cass/Jacqueline/Margaret to work on messaging to patients who present (walk-up patients).**

### **14. Iwi Liaison – new role**

New role so the purpose and responsibilities of the role were discussed.

Iwi leadership for the region – high level messaging to ensure they know what is going on.

As at this morning there are no changes to the WDHB tikanga – hongi is still to be the traditional greeting or the shaking of hands and powhiri will continue.

Rowena will work closely with Judith as a link re providers.

Mal Rerekura will provide expertise over messages in te reo to ensure they are correct.

### **15. COMMS In –**

- Request from MoH for Public Health RNs to go to Auckland to assist with contact tracing.

**Action: Paul to follow up re releasing RNs to Auckland.**

- Counselling email – to be discussed on Monday.
- Community testing and CBAC/ED/WAM – decision not to use ED but dental caravans could be mobilised to carpark and rurals.

**Action: Andrew to work on possibility of mobilising caravans – where do we put them and who staffs them?**

- TAS key contacts

**Action: Louise to take this on.**

- DHB teleconference 10 March

**Action: Louise to send info out.**

**16. COMMS OUT –**

**Action: Need message out to staff and Karen (health sector) advising that COVID-19 IMT met today, who is n team, meeting every Monday, Wednesday and Friday etc.**

**17.** Whanganui District Council/Civil Defence invited to meeting next Wednesday.

All to meet in Board Room Monday at 9am.

**Meeting closed at 3.45pm**

## **Meeting of the COVID-19 IMT held Monday 16 March 2020 in the Board Room at 9am**

**Present:** Louise Allsopp, Incident Controller  
Russell Simpson, CE  
Rowena Kui, GM, Maori  
Judith MacDonald, Operations  
Steve Carey, Planning & Intelligence  
Kath Fraser-Chapple, Planning & Intelligence  
Andrew McKinnon, Logistics  
Mark Dawson/Cass Alexander, PIMS  
Jennie Fowler, Welfare  
Lucy Adams, Director of Nursing/Chief Operating Officer  
Ian Murphy, CMO  
Alex Forsyth, Director, Allied Health  
Anne Babbage, Minutes Taker

**Apologies:** Paul Malan  
Rihi Karena  
Simon Ward

### **1. Update from Sunday 15 March 2020 – Judith**

MoH want details of CBAC plans/where CBACs will be stationed. Judith advised that general practices want the swabbing separated from the practices. Taihape will use the old hospital, Marton will use part of the health centre, Waimarino will also use part of the health centre, Bulls – home-based swabbing service.

In the city two dental caravans will be used – one at Gonville Health and one at Te Oranganui, RMO house seven (near Mauri Ora) will be used at the WDHB as it is already vacant. AI lead is also needed for each CBAC.

Need to advise MoH by noon today on plans for CBACs.

Two dental caravans are on the way back to Whanganui where some equipment will be removed and provision made to allow swabbing of potential COVID-19 patients. CBACs will match the current facility hours but if incident becomes large then the individual CBACs will close and one large facility will be manned day and night.

UCOL tutors are still registered and may be used if necessary.

Margaret and Jacqui are following up with flight school and boarding schools.

Working group created to encircle vulnerable persons. Pacifika also need to be involved and kept up to date.

### **2. Current situation – Patrick**

Five people have been swabbed in our area so far, all with negative results. The last isolated person is due out today.

At present there is a cap on 700 swabs per day due to staffing but this is going to be increased.

What about community events? Ring of Fire will involve about 700 people, Open Studios weekend also on.

Patrick will continue with comms.

Mark/Cass will update the WDHB sites on the current EOC status, which Russell has declared open.

### **3. Update from Saturday 14 March 2020 – Russell**

Meeting of DHB CEs held after latest communication from Prime Minister. DHBs then tasked to work with PHO CEs.



By Friday need to have CBACs ready to be opened.  
Need to be over-prepared, keep calm and keep all in the loop.  
Louise to remain as IC for the next two to three weeks at this stage.  
Admin resource is a great concern.  
Need to meet every day and plan for weekends too.  
Floods of enquiries from the public but opening the EOC will firm up the comms and roles.

#### **4. Key messages**

- EOC open
- CBAC planning this week
- Regular comms – workforce, public, EOC, all

#### **5. Updates from CIMT**

**Welfare** – very low key at present, is on the K drive

**GM, Maori** – formalising process with hauora iwi to leaders. Comms from Russell and Rowena to go out re tikanga, Maori media, tangis, vulnerable people.

**Planning & Intel** – no update at present

**Technical Advisory Group (TAG)** – meeting on Wednesday. Is there a TOR or just page 9 of Pandemic Plan? What is needed from the group? Louise to discuss with Ian.  
Judith will advise TAG who the clinical lead is in primary care.

**Operations** – no update.

**Logistics** – extra caravans are available.

HR don't have a list of staff with school-aged children but will sort out a list of staff who claimed "sick family" leave.

**PIMS** – putting out a release re opening EOC. Will send draft to Russell and Louise.

Mark made contact with Chronicle re having regular slot for updates – contact will get back to Mark.

**6. National travel for staff** – Russell suggested that all staff need to be on deck at present.  
To be discussed again tomorrow.

**Meeting closed at 10.45 am.**

## COVID19 - Whanganui District Health Board – 16 March 2020 Situation Report

<b>Incident Name: COVID19 - Whanganui District Health Board</b>		
<b>Date:</b> 16/03/2020	<b>Time:</b> 1630hrs	<b>Sitrep No:</b> WDHB-0001
<b>Prepared By:</b> Steve Carey	<b>Contact telephone:</b> 8072	<b>Contact email:</b> Steve.carey@wdhb.org.nz
<b>Next Sitrep to be issued at:</b>	<b>Time:</b> 1130hrs	<b>Date:</b> 17/03/2020
<b>Organisation or Team Name:</b> Whanganui District Health Board		<b>Incident Controller:</b> Louise Allsopp
<b>EOC Location:</b> Board Room WDHB	<b>EOC Telephone:</b> 021466756	<b>EOC email:</b> Louise.allsopp@wdhb.org.nz
<b>Situation Report Released to: EOC team</b>		

### Event details:

#### Situation Summary:

An outbreak of novel coronavirus (COVID-19) continues in mainland China with the epicentre in Hubei Province. The number of confirmed cases reported in mainland China is trending down. The numbers of confirmed cases and deaths in the Republic of Korea, Iran and Italy continue to rise. Many EU countries are reporting significant increases in the number of confirmed cases. **There are eight confirmed cases in New Zealand.**

#### EOC Opened for Whanganui District Health Board at 1300hrs on the 16/03/2020.

#### Overall Goal:

New Zealand is in the Stamp It Out phase with continued border management and containment measures in place. Whanganui District Health Board will support the Ministry of Health in a localised Whanganui specific response.

### Assessment:

No change to the risk status as reported by WHO. On 31 January 2020 WHO declared a Public Health Emergency of International Concern (PHEIC). On 11 March 2020, WHO stated that COVID-19 can be characterized as a global pandemic. New Zealand's risk assessment is that the likelihood of more imported cases of COVID-19 infection is high. The likelihood of limited transmission is high, the likelihood of sustained transmission is moderate, and the likelihood of widespread outbreaks is low. The overall public health risk from this event is considered high.

Whanganui District Health Board have swabbed 7 patients to date, 5 results have been negative, 2 remain pending. We will be placing 2 patients in self isolation pending results.

Tested: 7

Positive: Nil

In Isolation: 2 known

Health facilities status (total damages – partial damages – level of care provided – services lost:

Nil

Local health personnel status:

Nil

Gaps identified (due to events):

We are currently still identifying the needs of the CBACs and step up primary care facilities. This is in line with the MoH requests. The MoH response that was requested has been completed.

Action being taken with partners in care:

- Partners in care meeting planned for week commencing 16/03/2020
- Funeral directors meeting held 16/03/2020
- Teleconference held with regional horizons civil defence controllers held 16/03/2020
- Meeting held with Whanganui Regional Council Civil Defence on the 13/03/2020

Priority areas for intervention – type of intervention:

Week Commencing 16/03/2020:

- Central Baptist Church visit and meeting (MOU already in place)
- Primary Care liaison meetings via operations lead
- Territorial Agencies Civil Defence Controllers invited to EOC once a week

**Actions Taken**

**Planning and Intelligence:**

- Needs assessment is underway to understand vulnerabilities in the system.
- Provider contracts and addresses compiled for communications and planning requests.

**Actions Taken**

**Operations:**

General Practice position separate of BAU - facility for screening - will match opening hours of facility they support. Escalation will be to open CBAC 24/7 at Central Baptist facility in town and close all other assessment centres:

- Waimarino - space there at the rear
  - Taihape - Hospital
  - Marton - Health Centre
  - Bulls - home based service
  - Whanganui CBAC plan Dental caravans at Gonville and Te Oranganui
  - Opening facility to divert WAM and ED patients to RMO 7 unit.
- Lucy and Ian are working on finalising the hospital approach.
  - Phil working on tool to connect information.
  - Working group to coordinate ARC/Hospice understanding needs and capacity - meeting Wednesday 4.00pm this is planned and communicated.

Workforce

- UCOL nursing staff have practicing certificates
- Health Promotion staff are an option
- Workforce needs full consideration

Vaccination Plan For Influenza

Redeployed staffing to focus on this area:

Payment as a barrier - MOH co-payments will be covered - mechanism for this needs to be understood from the Ministry. [ACTION: Mechanism for co-payments in Primary Care and Pharmacy to be identified by Andrew and operationalised by Steve]. Rationing flu vaccines to healthcare staff and the most vulnerable patients in the first instance.

Travel

All international business travel has been postponed indefinitely until MoH and Government response and guidelines change.

All domestic travel; awaiting MoH guidance – staff are encourage to consider whether attendance is mandatory or appropriate – Zoom or teleconference ability should be considered.

**Actions Taken**

**Logistics:**

Priority for logistics is to deliver on the step-up primary care facilities and have a CBAC implementation plan which can be stood up within 24 hours by the 20/03/2020. Hentie is currently working through staff modelling, e.g. school aged children, sickness patterns, co-location.

- Options for working from home
- Request from MoH for public health nurses to go to Auckland - response sent – 2 PHNs available [no further communications received].

Dental Caravans have been mobilised to be relocated to Gonville Health and TOHA to be active step up facilities. Caravans will be at the new locations on the 17/03/2020.

Status of the health supply chain coming from NZ and system implemented locally to manage imports and donations:

- Currently being co-ordinated with NZHP. Daily monitoring being advised by Inwards Goods department.

Storage and warehousing capacity and condition:

Currently active.

**Actions Taken**

**Liaison:**

General Manager Maori Health and Equity update:

- Link with Iwi leaders group (HAI), Mary to consider how we make this link with iwi that don't have HAI representation.
- Communications from Rowena and Russ (tikanga yet to be agreed from an iwi perspective, but DHB will communicate stance).
- Using Māori media to get messages out is an option.

As per Assessment, liaison with territorial partners and Partners in care has commenced.

**Actions Taken**

**Welfare:**

Meeting planned with Mental Health Psychologists week commencing 16/03/2020.

Report of staff that are self-isolating post travel - understanding numbers and the impact on staffing – EOC have requested future information on specifics for this.

**Actions Taken**

**Communications:**

Specific communications for pasifika community - Semisi, PJ, ministers and others – planned.

**Key Messages**

- EOC open from today
- Increasing capacity for swabbing potential patients
- Communication channels

**Resources:**

**Resources In place:**

EOC is now in operation – 1300hrs 16/03/2020.

**Resources that may be required:**

- Roster to be prepared to staff EOC 7 days.
- Facility (Board Room) needs to be made permanently available for EOC
- Admin support required for EOC

**Actions Taken:**

**Factors:**

- No personal security issues at this time.
- We need to continue to monitor supplies – namely hand sanitiser and masks (PPE)

**Predicted Incident Development:**

The likelihood of limited transmission is high, the likelihood of sustained transmission is moderate, and the likelihood of widespread outbreaks is low. The overall public health risk from this event is considered high.

**Proposed Activities:**

**Proposed activity general:**

- Daily meetings at 0900hrs for EOC

**Proposed activity and strategy:**

- CBAC implementation with 24hrs notice as of the 20/03/2020.

**Information Flow:**

Health provide Staff updates are planned (including to external providers) and SITREPS daily to EOC members.

**Communications Plan:**

To be finalised

**Public Information (Includes information for staff):****Key Messages**

- EOC open from today
- Increasing capacity for swabbing potential patients
- Communication channels

**Other relevant information:**

Nil currently

**Situation Report Approved by:****Name & Position:**

Louise Allsopp (Incident Controller)

**Time:**

1500hrs

**Date:**

16/03/2020

# 17-03-20 COVID-19 meeting

Tuesday, 17 March 2020

8:12 am

**Meeting Date:** 17/03/2020 9:00 am

**Location:** Board Room

**Link to Outlook Item:** [click here](#)

## Participants

- ELT**
- Centre for Patient Safety Meeting Room (Meeting Organizer)
- Steve Carey
- Katherine Fraser-Chapple
- Simon Ward
- Jacqueline Pennefather
- Mark Dawson
- Cass Alexander
- Judith MacDonald
- Jennie Fowler
- Rihi Karena
- Patrick OConnor
- Margaret Tunbridge
- Anne Babbage
- Russ Simpson
- Alex Forsyth
- Lucy Adams
- Andrew McKinnon
- Paul Malan
- Ian Murphy
- Rowena Kui

## Notes

Area	Update	Action
<b>Controller</b>	<ul style="list-style-type: none"><li>• Sitrep sent yesterday and will not be responsibility of planning and intelligence</li><li>• Council emergency management group will do a site visit</li><li>• Administration support for key roles required</li><li>• Ministry have formally requested 2 PHNs to go to Auckland. Put this in planning</li><li>• CBAC plan to be updated, by Thursday this week</li><li>• Technical advisory group meeting for the first time</li><li>• Horizons update - MidCentral in similar position. TO receive sitreps from other DHBs with TLAs</li></ul>	<b>Andrew</b> <b>Simon and Jude</b>

<b>Operations</b>	<ul style="list-style-type: none"> <li>• CBACs ready to go by end of today - hours 8.30 to 5pm, WAM 8pm-8pm. MOH will advise when will need to be open but will give 24 hours' notice.</li> <li>• Delivering packs of PPE to Waimarino and Taihape today. Waste disposal issues. Technology support at each site</li> <li>• Request for redeployment of staff (public health) - surge of patients to primary care and difficulty filling rosters at Gonville and te Oranganui</li> <li>• Signage will be sorted today, outsourced production</li> <li>• Staffing 1 clinician for swabbing and 1 administration on day one, and will escalate to more staff (request for staff from PHNs)</li> <li>• Escalation to larger CBAC will be at Central Baptist and will be when demand is in the hundreds. not there yet</li> <li>• Expect surge next week when travellers hit the region</li> <li>• Big day today</li> </ul>	Staffing for CBACs via PHN team (Paul or Andrew?)
<b>Dental Team (Barb and Helen)</b>	<ul style="list-style-type: none"> <li>• Brought in mobiles capable of clinical work. Caravans are smaller and harder to clean. In town right now being stripped down to basics, equipment being stored, records in Te Whare Kakariki. (autoclave, suction and chair, x-ray staying). Have oxygen, need emergency trolley. Electrical connections being checked. Taken to sites this evening. Security codes will be updated to allow access to CBAC staff.</li> <li>• Staff will be absorbed into other units and rosters to continue work. Techniques need to be adapted (aerosol techniques not allowed so longer treatment times)</li> <li>• What happens if schools close and what staff will be available</li> <li>• Des Healy has been out with community pharmacies - they "dusting down" emergency plans and keeping in contact</li> </ul>	
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• Pool car use - can we free these up for BAU and Covid Response</li> <li>• Supplies -PPE, swabs etc - ministry requesting update on stock by midday. Russell has contact for alternative supplier of PPE - advised nationally, but we can use them directly.</li> <li>• Change in patterns of behaviour -</li> </ul>	Andrew

	<p>departments over ordering. Signoff for orders required</p> <ul style="list-style-type: none"> <li>Working with ICT to accelerate office 365 roll out to enable working from home and via citrix on the internet. Timeframe answers by end of the week. May take weeks rather than days to enable.</li> </ul>	
<p><b>Planning and Intelligence</b></p>	<ul style="list-style-type: none"> <li>Register of events being collated by Judith Pene-Jones</li> <li>Health emergency plans from providers (not to send in but confirm that they have one and what they need to support) Dave Jack has a role - Simon to link in</li> <li>Non contracted health providers (optoms, IHC) need an inroad into these</li> <li>Contracted providers understanding - list available and email addresses for updates</li> <li>ARRC providers, HBSS community providers - capacity issues currently</li> <li>ED visits from rest homes - very low proportion of volumes</li> <li>FFS providers and how we will continue to pay them</li> <li>Modelling of flu movement through communities (difficulties - coding not precise)</li> <li>ZOOM for telehealth (HISO standards) (Alex has information that she can share)</li> <li>Health protection has a role in understanding events that should or shouldn't take place (infection control etc)</li> </ul>	
<p><b>Communications</b></p>	<ul style="list-style-type: none"> <li>sign off - EOC sent to Russ and Louise yesterday and released. Steve will send to contractors. Should this go to media? No.</li> <li>Emails for promulgation through the community needs to go to Karen Veldhoven at WRHN for forwarding.</li> <li>NHC email addresses - local manager for Hamilton and Whanganui (Paul to provide email address)</li> <li>Russ's question - enquiries from media. Needs national media coordinated response, rather than local detailed questions from journalists. Russ to raise with Ministry and Kath Cook. Wasted resource in multiple responses.</li> <li>Hospital handouts, advertising on digital bill board (develop comms working group to work on signage and handouts)</li> </ul>	<p>Steve to forward to contractors</p> <p>Russell</p> <p>Mark, Cass and Simon</p>



<b>Workforce</b>		
<b>Public health</b>	<ul style="list-style-type: none"> <li>• Swabbing three patients in Marton today, two yesterday</li> <li>• 8 Swabbed so far</li> <li>• Do not have visibility of patients returning to NZ and in self isolation</li> </ul>	
<b>Welfare</b>		
<b>Iwi</b>	<ul style="list-style-type: none"> <li>• Linking with HAI today and Wheturangi and chairs from Maori Health Advisory Group. Rawiri Jensen today - work around decision to treat and equitable decision making (decision for Technical Advisory Group)</li> <li>• Funeral Directors - infection control 24 hour refrigeration prior to release (impact on tangihanga). They are getting national guidelines.</li> <li>• Mortuary capacity 3, with 20 spaces available via funeral directors</li> </ul>	
<b>Technical Advisory Committee</b>		
<b>Welfare</b>	<ul style="list-style-type: none"> <li>• Welfare plan shared</li> <li>• National welfare group meeting</li> <li>• Regional groups have started activating and planning</li> </ul>	
<b>Communications from EOC</b>		
<b>Russell/Louise</b>	<p>People returning from overseas - what is the situation for their housemates - information on website</p> <p>Domestic Travel</p> <p>Update from Ruapehu - Mayors keen to receive information direct from DHB, sitreps to be sent to emergency groups at council</p> <p>Events cancelled Ring of Fire, questions around T42 event and the Ruapehu Gutbuster. Military keen to help. Consistency of messaging between DHB's where there are boundary crossovers</p>	
<b>Next Steps</b>		

## Meeting Notes – Partner Agency Meeting – 26 March 2020

Held at 10am in the Lecture Theatre, Whanganui District Health Board

### Present:

WDHB:

Russell Simpson, Louise Allsopp, Hentie Cilliers, Paul Malan, Simon Ward, Maree Langford (notes)  
Chè Whitaker – Spotless.

Name	Agency
Andrew Prescott	St Johns
Paul Chaffe	Rangitikei District Council
Kym Fell	Whanganui District Council
Mike Craig	Police
Shayne Wainhouse	Police
Stephanie Muir	Corrections
Alan Henderson	Corrections
Nigel Allan	Area Commander NZ Police
Timothy Crowe	CDEM Whanganui
Tommo	Police

### 1) The potential impacts of COVID-19 on our district

Russell summarised the potential impact of COVID-19 on our region based on the modelling done. On the higher end of the risk spectrum we would be looking at 600-800 deaths and five times that number in hospital.

Currently there are no cases of COVID-19 in our district (awaiting 20 swab results as of this morning). Discussion was held as to how this status could be protected, particularly via border controls (Whanganui city – cordons around the whole district would be not feasible). Overall, there was support for this concept. Some challenges and constraints were raised and discussed. The concept can be pushed further at group level. Strict enforcement of the Level 4 restrictions is the current approach.

Police will be out on the roads and in public areas to offer reassurance and education to the public. There will be police function checking people's reasons for travelling and checking they carry essential service documents or ID cards.

### 2) Co-ordination of emergency response

If various EOCs have been set up, then we need to co-ordinate our response. No other agency had officially activated their EOC's at this stage.

All were agreed that WDHB are the lead agency in the district's COVID-19 response at this stage. WDHB will need help. Tim encouraged people to lead in their own area of expertise. All agency's offered their support, and the following organisations offered specific teams/ resources for WDHB use:

- Whanganui District Council – have a strength in EOC team. Kym offered WDHB four controllers that could assist, plus one retiree that could be recalled, as well as some staff to help main our EOC
- St John Ambulance – primarily welfare work stream, care and call initiative.

- Police – can increase liaison desk capacity to include partner agencies.
- CDEM Whanganui – building logistics capability, e.g. vaccination stations, MDU, etc. Tim has significant experience in dealing with emergencies and will look for any gaps in the response and assist and advise the DHB. May also be able to provide controllers.

### **3) Feedback for the WDHB EOC team**

Overall the partner agencies are happy with the communications from the EOC and CE. Please contact Simon Ward if you have any other feedback for the EOC team – [Simon.Ward@wdhb.org.nz](mailto:Simon.Ward@wdhb.org.nz).

### **4) Check of PPE stocks across the region**

All agencies currently have sufficient stock. Please keep in communication about stock levels and needs. There is a local supplier of PPE that can be utilised.

### **5) Other Business**

The Whanganui Chronicle are being issued a daily media release but it is not always being published promptly and the information is out of date. Please use any influence you have with the Whanganui Chronicle to assist.



## COVID EOC Daily Briefing

### Minutes and outcomes

#### Incident name:

<b>Date</b>	27 March 2020	<b>Briefing no.</b>	6
<b>Time</b>	0830	<b>Recorder</b>	Maree Langford
<b>Controller</b>	Louise Allsopp		

#### 1. CE Update

- Russell sent through the notes from the CE meeting.
- Police are focussing on reassurance patrols at all entrances to Whanganui. They are stopping and speaking to people coming in.
- Letter received from local iwi – sent on to Civil Defence (CD).
- Received confirmation of our PPE order coming from China.
- Also a local business that produces PPE that can provide us with supplies.
- Communication escalation – one person to pass on essential communications to CE.  
**Action:** Louise to arrange someone to be on-call to receive updates and update the CE.
- Working to arrange additional ventilators.
- WDHB is doing a fantastic job.

#### 2. New business - Controller

Met with Whanganui District Council (WDC) who will provide some advice about optimising the EOC. Plan will go to Russell. WDC can provide approximately six people work with us on different shifts in different roles. They have advised not to reduce briefing numbers, but instead increase teams so that the actions can get down. **Action:** EOC team members to review how you can increase your team if extra resource is needed.

The briefing may move into the open plan area on the fourth floor, and the Board Room may become an incident room. We will be advised if and when this happens.

Kath advised a new Sit-Rep template is through – some new information need to be provided. This will become part of our briefing.

Prison running short on swabs. Our CBAC reporting needs to include all places swabs are done.

CE advised that there are staff walking around with masks on. PPE is not needed currently.

Che advised that cleaners are upset – there has been some miscommunication around PPE and they are frequently asked to do more than the usual isolation clean. It needs to be followed up again – more instances in ED last night. **Action:** Louise will speak to Jacqui Pennefather – infection prevention.

### 3. Status report – All

#### Operations

- Alex is monitoring our CBAC, sorting issues as they arise and providing information to Paul and Kath.
- Decisions to open further CBACs needs to come to Alex/Operations.
- Jude advised Alex that they are swabbing in rurals - minimal numbers.
- Te Oranganui and Gonville up and running. No security last night, Police helped out. Security arranged for tonight.
- Plan for additional beds - progressing
- Working on scrubs with Hentie.
- Community health plan will take a bit longer. Māori and iwi providers need to be incorporated.

#### Logistics

##### Supplies

- PPE distribution criteria in place.
- Tier 3 manager approval required for mask orders.
- Supply levels increased.
- Scrubs usage and return remains an issue – Ian, Lucy & Alex requested to manage. EOC message required.
  - No scrubs at home, please return into soiled linen.
  - Do not order scrubs for future use or in case of
  - Non-essential staff not in scrubs – please enforce.
  - Please enforce uniform protocols.
- Driver and vehicle for urgent Pharmacy deliveries.

##### Facilities

- Access cards provided for Council/Civil Defence.
- Any changes to access doors due to visitor restriction? It was agreed both doors can be open. Please notify Hentie if any changes are required.
- Site being cleared for three 20-foot shipping container refrigeration units. Shelving planning underway.
- Access doors modified as required.
- Security organised for TOIHA CBAC.

##### IT

- Main focus on is staff working from home.

##### Hardware

- 34 additional notebook devices have been sourced locally. These will be given to staff that can work remotely in the Office 365 environment.
- Please don't take desktop PCs home against ICT advice.

##### Connectivity

- WDHB owned laptops with our secure image installed can connect directly through a VPN on our firewall.
- Non-DHB owned devices create a security issue and can only connect through the virtual desktop.
- Increased concern of hackers
- There are limitations and stability and performance issues with the virtual desktop and we are managing it as best we can.
- Working with Microsoft and Spark to stand up a virtual desktop in the cloud and they have been fantastic in their responses to assist us. This should be ready for testing within a week and will eventually replace the current virtual desktop.

#### Vendor offers

- Many of our traditional vendors are offering concessions and some temporarily free solutions to assist in this situation. We are looking at where any of these will add value to us.

#### ICT staff

- The majority of our team are working from home.
- We have a small but dedicated team on site.

#### HR

- List of admin staff for redeployment.
- Updated guidance on people, pay and working from home to go out today.
- Exploring options for staff working in district where they are living.
- Non DHB staff still a challenge.

Large numbers of staff that are non-essential still on site.

**Action:** Hentie to communicate with managers – they are to check staff and ensure non-essential workers are not coming to work.

#### **Planning & Intelligence**

Sit-Rep requirements have changed. Information was gathered for the Sit-Rep report:

- Awaiting yesterday's swab data from Med-Lab.
- Low hospital occupancy (85/171)
- Community: assessment team increased to keep people out of hospital and support Primary Health.
- Predicted progression for next 24 hours: increasing EOC positions, bringing in staff including controllers from WDC. Starting plan for our community hospital 'Low Dependency Unit'.
- Any resources needed for report NHCC: PPE is still a problem.  
**Action:** PIMs to add PPE stock number to staff update to reassure staff.
- Psychosocial – Kath will speak to Pauline.
- Additional comments: we are working with Red Cross already (engaged for 10 days).

The CMO gave an update about swabbing. One person has tested positive in our facility, however their domicile is Waverley (Taranaki District Health Board). Some community contact. Contacts being traced by TDHB. This patient felt more unwell and presented at ED last night. Isolated and contained – correct care was given in CBAC and ED. Patient is now isolating at home.

#### **Welfare**

- Pauline has been in contact with Lauren and Terry.
- Staff welfare team set up – two staff are triaging.
- Split two pieces of work – staff and patients. Louise advised not to develop too much about patients without speaking to Lauren, and work with in with Alex (operations).
- Rihi advised cultural support is also available.
- Anne Babbage can also help with psychosocial.

#### **PIM**

We need to run more as a PIM. She suggested no longer doing internal communications as they are time intensive; there is a lot of BAU and not a lot of community messages going out. Cass suggested we formalise messages for the day at our briefings. Extra PIM resource is needed.

#### **Controller**

Nil new.

### EOC Manager

Spoke to Ruapehu CD last night. Good news - Civil Defence officer will be based on Ohakune. They'll continue to liaise with us as needed.

### GM Maori

- Māori health provider requested a document to identify them as essential services.
- Also asking for resources – PPE. Andrew gave the advice that they need to use what they have, and then request additional supply through logistics. PPE use procedure also sent. Wheturangi (Te Oranganui) is disseminating the information.
- Tamihana – leaders want this information around this ASAP.

Louise gave feedback from the Council – they acknowledge iwi relationships are a strength of ours.

### CBAC Update

- All ones in town are open and working well.
- Taihape and Ruapehu went live yesterday.
- Marton still to be finalised.
- Hours same as the GP hours wherever they are based.
- Sit-Rep has been requested from each.

## 4. Old business – follow up from previous briefing

Who/Role	Action	Update	Update Due
Cass & Paul PIMS and Planning & Intelligence	Decide what aspects of the dashboard to be published to staff and other entities	Carried over	1pm meeting 27.03.20
Alex & Kath Operations & Planning & Intelligence	Linking of hospital and wider sector plan	In progress Hospital plan final draft has been done.	1pm meeting 27.03.20
Cass PIMS	Comms for home and community support – patients and media – advising that the DHB support reduction in services and why.	Paul sent a letter to affected people. If external comms are needed please advise	1pm meeting 27.03.20
Deanne Admin – Email support	Update on COVID-19 (rolling comms) email	Due for 29 March 2020.	8.30am meeting 29.03.20
Rihi Māori Health	Make contact with Iwi partners and advise them that if they are need of supplies they can make contact with the DHB via the logistics email.	<b>CLOSED</b>	<b>CLOSED</b>
Alex Operations	Collate details of staff working across DHBs or elsewhere (e.g. private practice) – and provide to Hentie.	<b>CLOSED</b>	<b>CLOSED</b>
Cass PIMS	Comms to go out to staff about – reassurance and what they need to do if stopped by police on the way to work in the CE's message.	Sent in CE's message and will go out again tonight <b>CLOSED</b>	<b>CLOSED</b>
Kath/Steve Planning & Intelligence	Latest Sit-Rep to be sent to partners by Kath/Steve.	<b>CLOSED</b>	<b>CLOSED</b>

Paul, Kath and Louise Controller & Planning & Intelligence	Call Ian Murphy regarding outreach, co-dependency and Collegiate School availability.	<b>CLOSED</b>	<b>CLOSED</b>
Alex Operations	Additional 200 beds – operations to contact Lily with details needed to add additional beds into webPAS. Track-It – how many additional wards, how many beds per ward.	In progress.	1pm meeting 27.03.20

## 5. Resource priorities

Nil

## 6. Probabilities & predictions

Nil.

## 7. Communications

Some social media talk in Whanganui – about being COVID-19 free and therefore under reduced restrictions. **Action:** PIMs to arrange public comms to reinforce importance of keeping to keep Whanganui COVID-19 free. Some comms also need to go to our Māori population – liaise with Māori Health team.

## 8. Priorities & objectives

Nil new.

## 9. Agreed actions

Who/Role	Action	Update Due
Louise Controller	Arrange someone to be on-call to receive updates and update the CE	1pm meeting 27.03.20
All	Review how you can increase your team if extra resource is needed.	1pm meeting 27.03.20
Hentie Logistics	Communicate with managers – they are to check staff and ensure non-essential workers are not coming to work.	1pm meeting 27.03.20
Cass PIMS	Add PPE stock numbers to staff update to reassure staff	1pm meeting 27.03.20
Cass PIMS	Public communication to go out reinforce importance of keeping the rules to keep Whanganui COVID-19 free. Some comms also need to go to our Māori population – liaise with Māori Health team.	1pm meeting 27.03.20
Louise Controller	Speak to Jacqui Pennefather (infection prevention) about the cleaner's concerns regarding PPE and requests to more than standard isolation cleans.	1pm meeting 27.03.20
Simon EOC Manager	Tamihana – details required to go out to leaders ASAP.	1pm meeting 27.03.20







**COVID E**  
**Minutes**

May 2020

**Incident name:**

<b>Date</b>	5 May 2020	
<b>Time</b>	1300	
<b>Controller</b>	Stuart Hylton	

**1. Government Update**

**Dr Ashley Bloomfield – Director General of Health**

- No new cases to report today.
- One probable case has been reclassified as confirmed.
- 1,137 confirmed cases, 350 probable cases. Total in New Zealand of 1,487 cases.
- 1,276 recovered cases (an increase of 10 on yesterday) with 86% of all cases now recovered.
- No further deaths. The total New Zealand death toll is 20.
- 7 cases in hospital, no cases in ICU.
- 16 significant clusters, 3 are considered closed.
- Lab testing numbers were 2,473 yesterday. Total number of tests to date is 152,696.
- The statistics are encouraging today, but it is only a 'snapshot in time'. The true test of 'new cases' in the community following the shift to alert level three will be evidenced in case numbers later in the week – which will take into account the incubation period of the virus and the time taken to display symptoms following exposure.
- Encouraged discipline in adhering to the alert level 3 rules to protect the gains made at alert level 4.
- Marist College – staff and students will be offered free Covid-19 testing this week.
- Flu vaccinations have been an important part of the strategy to protect vulnerable New Zealanders. A record number of flu vaccines arranged this year - an additional 400,000 doses ordered and 1.35 million doses distributed to providers to date. Vulnerable groups have been prioritised in the administration of flu vaccines. Over 451,000 New Zealanders over the age of 65 have been vaccinated so far this year and more Māori in this age group have been vaccinated in the last few weeks than were vaccinated in total last year. A total of 700,000 doses have been recorded as administered to date. More flu vaccine stock is arriving in the next fortnight. There is a low level of influenza and other respiratory viruses circulating our community following alert level 4 lockdown measures.
- Three important messages:
  1. Anyone with flu-like symptoms should seek advice about getting tested as soon as possible.
  2. Check that your contact details are up to date with your GP.
  3. The media were thanked for their role in providing accountability and keeping the public informed.

**2. Health Update – WDHB Chief Executive**

- Not present.

**3. Key Priorities/Workstreams Status Update**

**Reset, Redesign and Recovery**

- *Health Recovery* - Louise Allsopp advised Gabrielle Baker will attend the WDHB ELT and Recovery Manager's hui, both on Wednesday.
- *Social Recovery* - Charlotte Almond - work is continuing on situational analysis and structure. The three recovery managers are meeting with Paul Bailey tomorrow.
- *Economic recovery* – Leighton Toy - the situational analysis report being done by recovery managers will provide an overarching and integrated picture of what recovery looks like.

## **4 Exception Reporting**

### **4.1 Incident Controller**

- We are one week into alert level 3 lockdown and are one week away from the next review of alert levels (11 May). The Prime Minister of New Zealand has indicated that we will not move from alert level 3 on 11 May - there will be a lag following the decision to any implementation in level change.
- No new cases locally. Hospital occupancy 71%
- Alert level compliance: 5,000 reports to the compliance response team about breaches: 1,800 businesses; 1,400 individuals; 1,800 mass gatherings. Checkpoints – some issues reported around general public and tourist movement.

### **4.2 Health Incident Management Team**

- Nil to report.

### **4.3 Operations**

- 27 cases swabbed over the weekend, all 27 tested – 100% swab rate.
- MOH requested 1,500 asymptomatic swabs be taken this week. Jude MacDonald outlined the frontline groups and Iwi Health Providers that will be approached for voluntary testing. The 1,500 target is large - progress to be evaluated on Wednesday. The asymptomatic testing carried out nationwide will inform the alert level decision on Monday 11 May.

### **4.4 Logistics**

- No requests for assistance.
- Logistics may be able to assist later in the week with CBAC testing requirements.

### **4.5 Planning and Intelligence**

- Formalising the Elimination Strategy into a single document.
- Ambulatory care briefing paper in progress.
- Recovery strategy work progressing.
- Reset, Redesign and Recovery - started strategic leader interviews today – learnings and feedback from the pandemic response.

### **4.6 Welfare**

- Steady weekend in terms of demand.
- There is more up-front work talking with requestors to understand their needs and how they have come about. This ensures we are providing support for the right reasons.
- Urgent housing request received last night.
- Some initial discussions being held about the possible transition of some welfare tasks, e.g. a regional call centre.
- Evaluating deliveries.
- The national Caring for our Communities document outlines that we will need to provide welfare into alert level 2 – working through what this looks like.

### **4.7 PIMs**

- Media briefing tomorrow – let PIMs know if any advice/research for answers is required.
- Community testing - working on a comms plan with Louise Allsopp, Judith MacDonald and Stuart Hylton.
- MOH working on a media release about the widespread asymptomatic testing, then our own comms can be developed.
- Queried why our DHB visiting hours are different to other DHBs – visiting hours are decided by individual DHB's; there is no directive or consistent approach across DHBs.
- If you see a need for particular messages please advise PIMs.

### **4.8 IT**

Not present.

### **4.9 EOC Manager**

Nil to report.

### **4.10 Māori Health**

Nil to report

#### **4.11 Police**

Not present.

#### **4.12 Fire Department**

Not present.

#### **4.13 Iwi Representatives**

Nil to report.

#### **4.14 Spotless**

Nil to report.

### **5 EOC Admin**

- EOC was run on an 'on-call' basis over the weekend. Overall worked well, but a roster needs to be developed for weekend on-call work so any urgent tasks can progress efficiently.

**Meeting closed** at 1324 hours



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# Situation Report

**DHB Situation Report #**  
as at 09.00 hours on /05/2020  
Submit to: \_\_\_\_\_ by 10.00hrs

<b>Event Name:</b> Covid-19	<b>Prepared by:</b> Planning and Intelligence
<b>Incident Controller:</b> Stuart Hylton	<b>Contact details:</b> DDI: 021 466 756 Email: Controller.eoc@wdhb.org.nz
<b>Report released to:</b> NHCC Intelligence@health.govt.nz	<b>Next report expected at:</b> 1000hrs 06/05/20

**Incident Management Team**

Role	Name	Contact No
<b>DHB TEAM</b>		
Incident Controller	Stuart Hylton	027 446 5352
Operations	Jude MacDonald	021 428 123
Planning & Intelligence	Steve Carey	027 423 7974
Logistics	Len Wilsher	021 967 044
Welfare / Psychosocial	Jennie Fowler	027 675 8344
Maori Health	Rowena Kui	027 229 1073
Communications	Cass Alexander	021 583 205
Recovery Manager	Louise Allsopp	021 466 756
<b>CIVIL DEFENCE/COMMUNITY TEAM</b>		
Welfare	Lauren Tamehana	027 446 4207
EOC Manager	Anthony Edwards	027 262 6944

**Overview**

**Current Local Situation:**

**Total tests completed: 2012 tests, 1823 negative, 8 positives. 181 results pending.**  
**Total Seen in CBACs to date: 2926, Total CBAC swabs to date: 1766. Overall 60.4% swab rate.**

As at 23:59H 04 May 2020, Whanganui District Health Board Public Health report total of 9 (combined confirmed/probable) cases of which:

- 8 confirmed cases
- 1 probable case
- 7 cases are related to overseas travel
- 9 of the 9 cases have recovered
- 0 of 9 cases are in hospital

*Distribution by Territorial Authority:*

Territorial Authority	Number of Cases	Number recovered
Whanganui	4	4
Rangitikei	0	0
Ruapehu	5	5
<b>Total</b>	<b>9</b>	<b>9</b>

- Total patients presented to CBACs on 04 May was 183 with 178 patients swabbed. 97.3% swab rate.

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- Hospital Occupancy Level: Total = 76%; excluding special care units = 73%
- Patients in Medical ward: 35 patients as a result of high acute admissions. Each patient is reviewed for delays and appropriateness of discharge. (Have moved back to medical/surgical configuration)
- Total patients swabbed and awaiting results: 4 (3 in medical Ward, 1 in CCU)

### Emergency Department Volume Comparisons

Daily average presentations for 12 months Mar 19 to Feb 20 - **60.16**

Average daily presentations for 7 days beginning 20 April 2020 – **47.7**

Total Patient presentations for previous day - **47**

Average daily admissions from ED for April (**2019 – 20.36, 2018 – 19.53**)

Average daily admissions from ED for week beginning 20 April 2020 – **12.42**

Total daily admissions from ED for previous day - **17**

Planned Care Elective Surgery delivery for Tuesday 5 May 7 cases

### Predicted Progression next 24 hours:

- Continued compliance with the health notice and continued swabbing and testing.
- Planning for System Wide Recovery (social governance led planning)
- Elimination strategy for alert levels 3 and 2 being rolled out this week - asymptomatic surveillance swabbing.

### Actions Taken Last 24 Hours:

#### Operations

- Recovery planning - whole of system co-ordination.
- Elimination strategy planning for alert levels 3 and 2 – delivery across the week

#### Logistics

- Support the elimination strategy and resource requirements.
- Strategy for elimination completed.

#### Welfare

##### Whanganui:

- 10x food parcels delivered Monday 4 May

##### DHB:

- Welfare Centre continues to be manned 1300 -1600hours M-F –hours reduced
- Community welfare intervention – 0
- Walk around- some concerns expressed about confusion whether families/whanau can visit- in the process of being followed up \*
- Liaising with EAP and 1737 regarding increase in referrals and their capacity
- Tablets for wards arrived
- Liaising with rural – no issues

#### Planning and Intelligence

- Recovery planning – whole of system co-ordination strategy

#### Maori Health

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- Continue to work on Maori health funding contract processes - ongoing

## Communications

### Media

- Planned care media release
- Hand hygiene day

## Incident Management Team

- Planning for locums and staff coming from overseas.
- Planning for delivery of planned care and maintaining essential services through the alert levels.
- Primary and Community services planning to move to level three.
- Readiness, Reset and Redesign - understanding potential for post COVID systems development (in early stages).
- Planning for green ED in WAM space at level 4 response with Whanganui Regional Health Network.

## Actions/Priorities next 24 hours:

### Operations

- Recovery planning - whole of system co-ordination.
- Elimination strategy planning for alert levels 3 and 2 – delivery across the week

### Logistics

- Support the elimination strategy and resource requirements

### Welfare

#### Whanganui:

- Recovery planning continuing.

#### Welfare DHB:

- Hui with welfare team 5 May 2020 to determine resource capacity for when EOC shifts to Recovery and review current resources.
- Central Regions Welfare hui 5 May

### Planning and Intelligence

- Recovery planning – whole of system co-ordination strategy

### Maori Health

- Maori health role at EOC / IMT moving into recovery
- Support Gabrielle Baker equity conversation with EMT and EOC

## Communications

### Media

- Planned care media release
- Hand hygiene day

## Incident Management Team

- Planning for locums and staff coming from overseas.
- Planning for delivery of planned care and maintaining essential services through the alert levels.



## CONFIDENTIAL

<ul style="list-style-type: none"> <li>• Primary and Community services planning to move to level three.</li> <li>• Readiness, Reset and Redesign - understanding potential for post COVID systems development (in early stages).</li> <li>• Planning for green ED in WAM space at level 4 response with Whanganui Regional Health Network.</li> </ul>
<b>Resources Needed:</b> <ul style="list-style-type: none"> <li>• No update</li> </ul>
<b>Psychosocial:</b> <ul style="list-style-type: none"> <li>• DHB Staff Welfare Centre manned 1300 -1600 hours Monday to Friday</li> <li>• Community Welfare calls continuing</li> </ul>

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Standard Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Whanganui Hospital Campus, 100 Heads Road Whanganui	0800-2100	Walk in	138	137
Gonville Health, Abbot Street Whanganui	0900-1600	Walk in	16	12
Te Oranganui Medical Centre, Wicksteed Street Whanganui	0830-1700	Walk in	13	13
Taihape Health	0900-1630	Walk in	14	14
Ruapehu, Raetihi Community Space, 42 Seddon Street	0900-1630	Walk in	2	2

<b>Additional Concerns/comments (if any):</b> <ul style="list-style-type: none"> <li>• Elimination strategy for alert levels 3 and 2 being rolled out this week - asymptomatic surveillance swabbing.</li> <li>• Welfare: There has been a notable trend towards some members of the community trying to “use the system” with regard to requests for food parcels.</li> </ul>
<b>Facilities</b> <ul style="list-style-type: none"> <li>• Trying to capture Covid-19 costs incurred by third parties. All facilities related costs are to be captured on BEIMS</li> </ul>

Situation Report Approved by:		
<b>Name &amp; Position:</b> Harriet McKenzie, Planning & Intelligence	<b>Time:</b> 1000hrs	<b>Date:</b> 05/05/2020

# Whanganui Regional COVID-19 Recovery Structure

## 1.1 Background

The impact of COVID-19 on New Zealand is far-reaching and profound. To-date about 1,500 people have contracted the virus and 20 people have died. Across the globe, over 3.4 million people have contracted the virus and over 240,000 people have died. Health systems have been overwhelmed in many countries and the economic impact is huge and unfolding.

The COVID-19 pandemic has tested all aspects of New Zealand society, but with every emergency new opportunities are created. An emergency operations centre was opened on the 16<sup>th</sup> of March 2020 in response to the pandemic. As this response now moves towards recovery, an integrated Regional Recovery Group (RRG) comprising the Whanganui District Health Board (WDHB), the district councils within the Whanganui DHB rohe boundaries (Whanganui, Ruapehu and Rangitikei), and Iwi, has been established to lead the recovery phase of the COVID-19 pandemic. The intention is to plan for recovery from COVID-19 by thinking strategically about 'reset and redesign'. This is best achieved through key strategic leaders working collaboratively and planning together for the new norm. Integrated planning, redesign and ultimately provision of services will provide our community with the best opportunity to increase its economic and social capital and wellbeing. It is proposed that a Strategic Leaders' Group (SLG) is established to provide strategic advice to the recovery managers, with the aim that this will develop into a Social Governance Group (SGG) to lead the social service delivery post COVID-19. This structure is presented in appendix 1.

## 1.2 Vision

Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga

Together we will support our region to build resilient communities, empowering whānau and individuals to determine their own wellbeing.

## 1.3 Mission

The RRG will foster a model to build a thriving, stronger, smarter, better, more sustainable community and environment.

## 1.4 Strategic Leaders' Group

The SLG comprises the WDC Chief Executive, Rangitikei DC Chief Executive, Ruapehu DC Chief Executive, WDHB Chief Executive, Iwi Representation, Whanganui Police Commander, MOE Representation, MSD Representation and Whanganui & Partners Chair. This group will provide strategic advice to the RRG to ensure an intersectoral approach is taken to recovery and 'reset & redesign' initiatives.

## 1.5 Values

### Aroha

- The value of love, respect and empathy, demonstrating compassionate and non-judgemental relationships.

### Kōtahitanga

- The value of unity and vision sharing where we demonstrate trust and collaboration.

### Manaakitanga

- The value of respect, support and caring where we demonstrate doing our very best for others.

### Tino Rangatiratanga

- The value of self-determination where we empower individual/whānau choice.

### Pro-equity

We are committed to achieving equity in population outcomes, across all population groups, with a view of eliminating disparity, particularly for Māori. We are going beyond the language of 'equity', to be 'pro-equity'. This means that we:

- have rohe-wide goal of achieving pro-equity in our recovery
- are putting systems and processes in place to support our equity goal
- are working across the wider social determinants of health
- have a robust understanding of the drivers of inequities and
- work in partnership with Māori across the district. Inequitable differences between different groups within our population include differences by age, gender, socioeconomic position, ethnicity, impairment and geographical region.

### Partnership

Our Treaty commitment means ensuring tino rangatiratanga and self-determination, which involves working in partnership with iwi, hapū, whānau, Māori communities and Māori who use our services.

## 1.6 Objectives

The key objectives of the RRG are to:

- Challenge the status quo
- Hear our communities' experiences and aspirations post COVID-19
- Provide a powerful voice for our rohe
- Facilitate knowledge sharing and shared thinking
- Coordinate different parties to deliver change
- Position us to take opportunities

The RRG will develop a Recovery to Development Plan (RDP). This plan will stipulate how the WRG will deliver a *Thriving Communities* that are *Stronger, Smarter, Better*, and a more *Sustainable Whanganui Region*. It is vital that there is a shared

understanding of *Thriving Communities* that is *Stronger, Smarter, Better*, and a more *Sustainable* Whanganui Region means to the RRG in the implementation of the RDP.

### **Thriving Communities**

Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing. We will ensure that our recovery places people and their whānau at the centre of everything we do with and for them. We will support and empower individuals and whānau to determine their own wellbeing. We are committed to working in authentic partnership with other providers, iwi, government, social and community agencies to build strong, resilient, connected people and whānau. As part of our commitment to Whānau Ora, we recognise that to achieve healthy communities, all people, regardless of income or social status, need to live in healthy homes and environments, where people feel safe, connected, resilient and able to determine their own needs and the needs of their whānau.

#### **Stronger**

A society that has the capability to withstand, prevent, adapt to or rapidly recover from, disruptive challenges will deliver a region/rohe d that is *stronger* in the face of adversity. Increasing the strength of the region will be fundamental to meeting the challenges of the future. This will include the four approaches to improving systemic resilience:

- Resistance;
- Reliability;
- Redundancy; and
- Response and recovery

Capacity building will be critical to building back *stronger*.

#### **Smarter**

The integration of technology, and people will be critical to the future proofing of society and investment in this area should be strategic and cross cutting across all sectors and industries. A *smarter* approach will require enhancing of processes and capacity building of people to deliver significant change.

#### **Better**

*Better* means the efficient delivery of services and products across the public and private sector though investment and enhancements in modern, up to date processes and procedures, delivered by an effectively trained and developed workforce. Our biggest asset is our region is our people, and by empowering our people we can create a new foundation that a better region is built upon. Investment in our people through continual professional development and providing the right balance between responsibility and freedom, empowering them through a management and leadership structure which supports and mentor's individuals throughout their working life.

## Sustainable

A *sustainable* region is one that is resource efficient, maximising the benefit from the limited resources available and minimising negative environmental and social impacts. The region benefits from the great natural beauty of its environment, unique culture and social customs and an economy that formed across multiple industries (Primary, research, education, light industrial, arts and culture, tourism etc). It is imperative that these unique aspects of our region are sustainably maintained. The region could become an example to other regions across New Zealand by embracing new and innovative technology that will contribute to a more sustainable region – environmentally, socially, culturally and economically.

### 1.7 Functions

The functions of the RRG shall be to:

- Ensure the timely and proper implementation and execution of an agreed RDP
- Review options and business cases for all potential investments in the RDP and in so doing, the RRG will seek to incorporate all available evidence and where necessary commission research to inform its submissions to the SLG
- Implement projects under the RDP to ensure that projects under the Plan are executed in a manner that provides the greatest benefit relative to the cost
- Conduct an assessment to determine the best source of expertise to implement specific projects
- Prepare and publish monthly progress and performance reports and submit same to the SLG
- Provide policy advice, research, analysis and technical assistance to the SLG and other partners when requested
- Monitor and report, including establishing performance monitoring framework, on individual project implementation and procurement
- Coordinate and provide support and advice to technical advisors and contractors
- Recommend recovery timeframes for all activities
- Assess the effectiveness of the implementation of projects
- Build capacity in skill sets required to execute the RDP by assisting local persons to take advantage of business and employment opportunities in diverse areas arising out of the implementation of the RDP and generally widening the skills base of persons in the community so that they can respond to the needs of the region during recovery and development and beyond
- Carry out such other functions as may be necessary for the execution of the RDP.

## 1.8 RRG Operating Principles

The RRG will adopt the following operating principles:

- Practice interoperability – all agencies need to work on systems rather than in them. Connected systems, data, knowledge and decision-making.
- Seize and harness the technology gains and opportunities presented
- Focus on matters that will deliver the greater improvements and benefits to the most vulnerable
- Apply an equity lens over everything
- Have the right people around the table
- Recognition of the Māori worldview, Te Ao Maori, and that choice is important including Māori having increased options for Kaupapa Māori services.
- Act with agility
- Agree that decision making favours the common good rather than the private good, there will have to be trade-offs

## 1.9 RRG Powers

The RRG shall have all such powers as are reasonably necessary to enable it in the performance of its functions. This includes the power to request information, if it is the public interest.

### 1.10 Transparency and Accountability

For the RRG to be accountable to the people across the region requires the RRG to publish and distribute its information as widely as possible. It is the intention of the WRG to publish regularly on the WDC, Ruapehu DC, Rangitikei DC and WDHB websites and social media channels information pertaining to all recovery to development plans, policies and activities.

### 1.11 Capacity Building

A major focus of the RRG shall be on capacity building. The RRG will need to work with a wide range of partners to develop a capacity building strategy. The purpose of this regional wide strategy will ensure that capacity building is an integral element of all business activities.

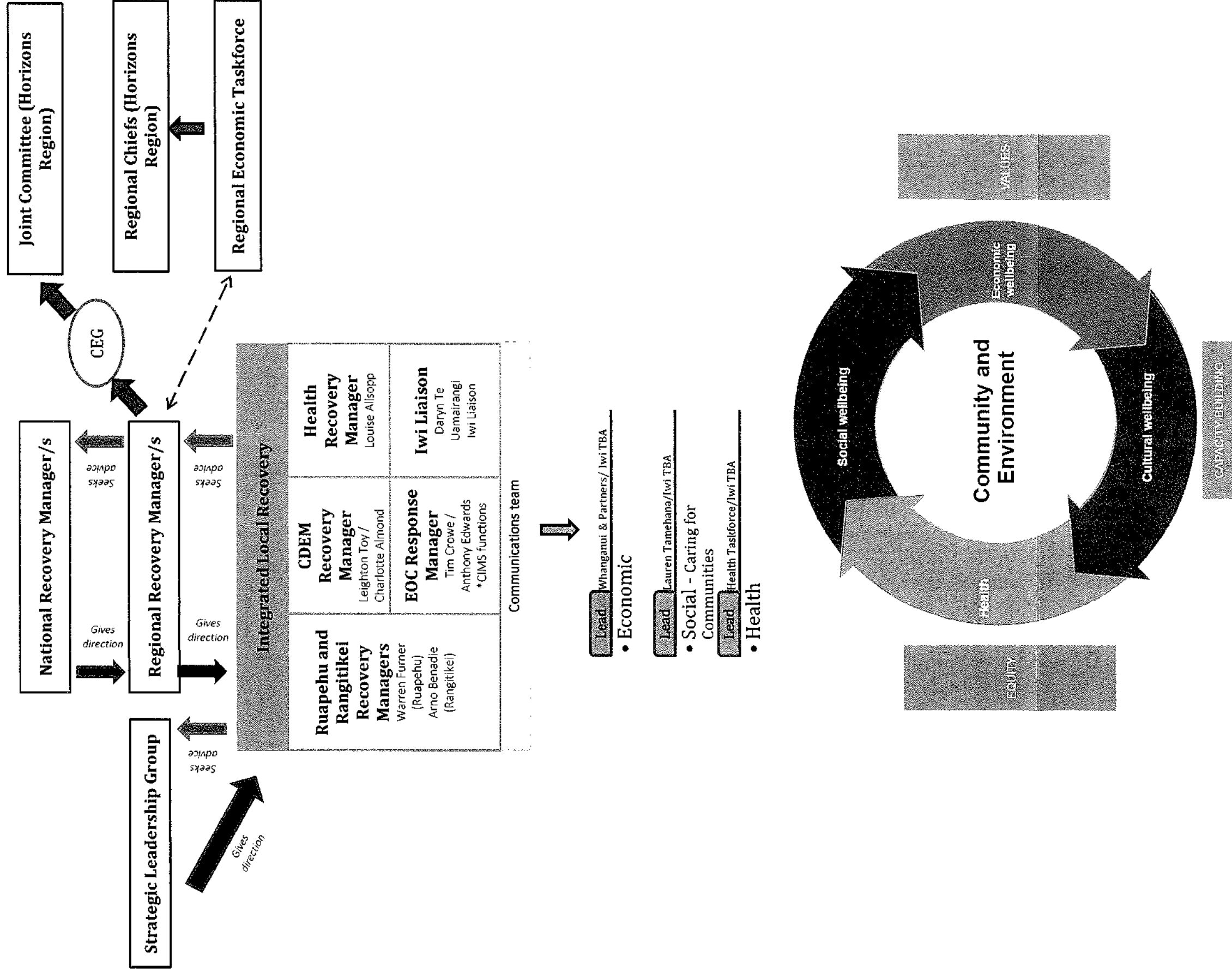
### 1.12 Regional integration

The RRG shall seek advice from the Horizons Regional Group and Ministry of Health who will also provide direction to ensure the efforts of the RRG are coordinated with work being undertaken in other districts covered by both the Horizons District Council and wider Ministry of Health.

### 1.13 Communications

Clear, concise, timely and user-appropriate communications will underpin all RRG activity. The RRG communication plan will identify stakeholders, communication channels, networks and key messages.

# Draft Whanganui Region Recovery Structure: COVID-19





## Whanganui agencies and organisations

### SOCIAL

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>▪ Whanganui and Partners</li> <li>▪ Chamber of Commerce</li> <li>▪ Mainstreet Whanganui</li> <li>▪ Te Manu Attatu</li> <li>▪ Central Economic Development Agency</li> <li>▪ Banks</li> <li>▪ Major funding organisations</li> <li>▪ Landlords</li> <li>▪ Sector Representatives:                             <ul style="list-style-type: none"> <li>- Primary Industry</li> <li>- Manufacturing</li> <li>- Tourism/Hospitality</li> <li>- Rural (Federated Farmers)</li> <li>- Private Training Enterprises</li> <li>- Forestry</li> <li>- Small Business</li> <li>- Maori Business</li> </ul> </li> <li>▪ Community voice</li> </ul> | <ul style="list-style-type: none"> <li>▪ National Emergency Management Agency (NEMA)</li> <li>▪ Whanganui Police</li> <li>▪ FLOW Whanau Harm team</li> <li>▪ Rest Homes</li> <li>▪ Iwi social services</li> <li>▪ Community Health providers</li> <li>▪ Community Welfare providers</li> <li>▪ Jigsaw</li> <li>▪ Idea Services</li> <li>▪ Sport Whanganui</li> <li>▪ Rural Support Trust</li> <li>▪ Churches</li> <li>▪ Age Concern</li> <li>▪ Disability Support Services and consumer groups</li> <li>▪ Community voice</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health Taskforce includes reps from Iwi, Planning, Maori Health, Community providers &amp; clinical services</li> <li>▪ Age Residential Care</li> <li>▪ Community Services</li> <li>▪ Mental Health</li> <li>▪ Iwi Operations hub</li> <li>▪ Iwi Health providers</li> <li>▪ Primary Health Organisations and General Practice</li> <li>▪ Rural providers</li> <li>▪ Disability Support Services</li> <li>▪ Whanganui Hospital</li> <li>▪ NGO's</li> <li>▪ Maori Health</li> <li>▪ St John</li> <li>▪ Community voice</li> </ul> |
|--|--|---|

### Government agencies

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Ministry for Business, Innovation &amp; Enterprise (MBIE)</li> <li>▪ Inland Revenue Department (IRD)</li> <li>▪ Ministry for Primary Industries (MPI)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Department of Corrections</li> <li>▪ Ministry for Social Development</li> <li>▪ Ministry of Education</li> <li>▪ Te Arawhiti</li> <li>▪ Oranga Tamariki</li> <li>▪ Te Puni Kōkiri</li> <li>▪ Kaianga Ora</li> </ul> |
|---|--|

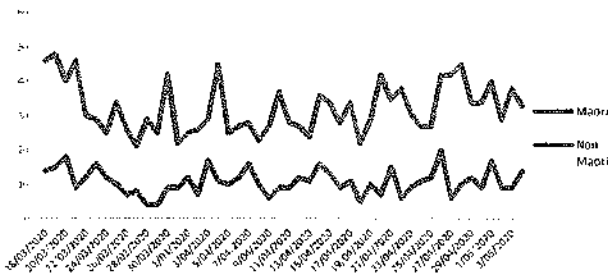
*Ruapehu and Rangitikei agencies and organisations to be added*



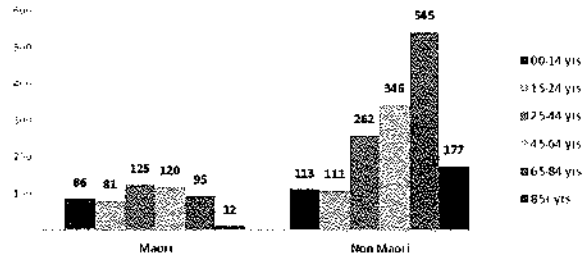
WDHB ED Status								
	27/04	28/04	29/04	30/04	01/05	02/05	03/05	04/05
Attendances	48	55	46	43	51	38	47	47
Respiratory - All	3	2	3	2	1	2	1	4
Respiratory - COVID	0	0	0	0	0	0	0	0

Note that respiratory volumes are calculated based on ED coding of events, which may not be completed until discharge and relies on ED staff entering these details

ED Attendance Volumes by Day and Ethnicity (Maori vs Other)



Overall ED Attendance Volumes by Ethnicity and Age Since 18th March, 2020



Previous Week of ED Occupancy by Hour

Day	Hour of Day																							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
05/05/2020	1	5	7	4	2	2	2	3	3	0														
04/05/2020	0	0	1	3	5	3	4	2	4	6	11	11	17	15	21	20	18	15	14	16	11	6	4	3
03/05/2020	1	2	5	5	9	3	4	7	8	12	16	12	14	13	16	17	16	11	10	8	7	4	2	
02/05/2020	1	1	1	2	1	1	1	1	2	5	5	7	9	10	12	11	11	10	9	10	12	10	9	5
01/05/2020	0	0	0	0	1	0	2	2	2	4	7	9	13	14	15	15	15	14	13	11	16	9	6	6
30/04/2020	1	2	1	1	1	0	0	3	4	5	7	7	8	11	10	9	12	9	10	7	6	4	3	2
29/04/2020	2	3	3	4	4	3	3	2	4	6	8	13	17	13	17	18	19	17	16	15	12	9	6	7
28/04/2020	0	4	5	7	7	7	6	4	5	10	11	15	17	18	19	18	17	15	13	11	9	9	4	1

COVID Testing

	MedLab Central Testing Volumes								Total
	27/04	28/04	29/04	30/04	01/05	02/05	03/05	04/05	
Total rcd pre 1630	27	49	88	45	87	32	25	171	524
COVID Positive	0	0	0	0	0	0	0		0
COVID Negative	9	79	55	37	81	34	29		324

MedLab Tests	2012		Confirmed COVID19 Volumes	WDHB	Other DHB
Negative Results	1823		MedLab Positive COVID19	5	2
Days since last positive COVID result	18	(17th Apr)	Other Labs Positive COVID19 (WDHB residents)	3	
			Total	8	2

Flu Vaccination Coverage

GP Practice Flu Vaccination Rates - 65+ Years

Practice	Maori			Non-Maori			Overall		
	Population	Given Vacc	Rate (%)	Population	Given Vacc	Rate (%)	Population	Given Vacc	Rate (%)
Aramoho	154	114	74.0%	2766	2139	77.3%	2920	2253	77.2%
Bulls	67	52	77.6%	1058	786	74.3%	1125	838	74.5%
Gonville	182	134	73.6%	864	622	72.0%	1046	756	72.3%
Impilo	36	26	72.2%	561	418	74.5%	597	444	74.4%
Ruapehu	127	95	74.8%	339	219	64.6%	466	314	67.4%
Springvale	37	29	78.4%	1191	920	77.2%	1228	949	77.3%
St Johns	40	32	80.0%	301	225	74.8%	341	257	75.4%
Stewart Street	152	118	77.6%	1160	892	76.9%	1312	1010	77.0%
Talhapa	111	78	70.3%	474	351	74.1%	585	429	73.3%
Te Oranganui	283	220	77.7%	501	346	69.1%	784	566	72.2%
Wicksteed	125	93	74.4%	1950	1543	79.1%	2075	1636	78.8%
Totals	1314	991	75.4%	11165	8461	75.8%	12479	9452	75.7%

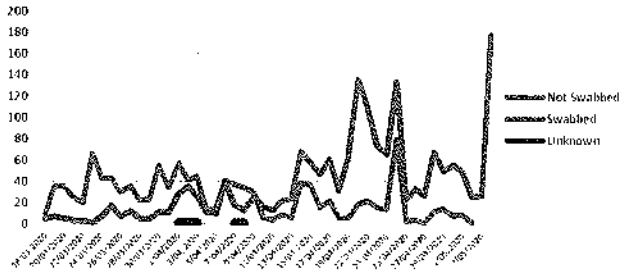
DHB Staff Vaccination Rates

Area	Rate (%)	Area	Rate (%)
SMO	87%	Nurses	78%
RMO	75%	HCA	45%
Allied Hlth	75%	Other	67%
Midwives	66%	Overall	72%

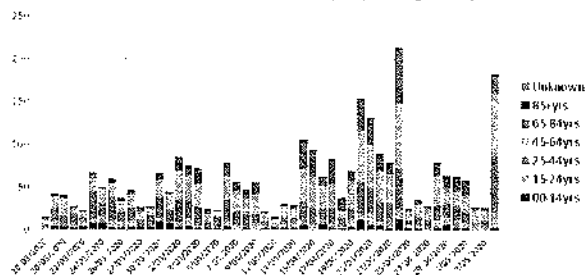
GP fluvax data is now updated daily

## CBAC Volumes

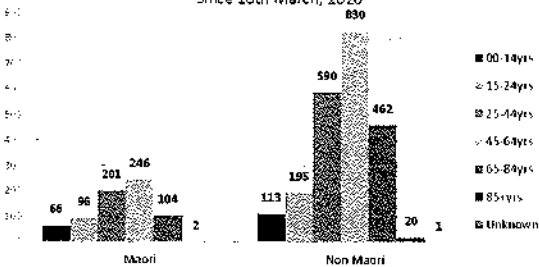
CBAC Attendance Volumes by Day and Outcome



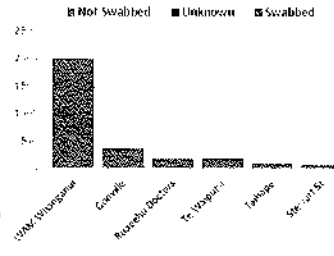
CBAC Attendance Volumes by Day and Age Group



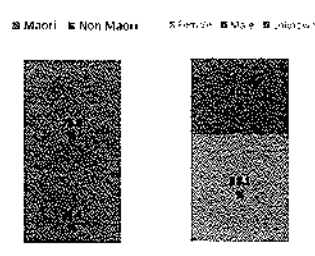
Overall CBAC Attendance Volumes by Ethnicity and Age Since 18th March, 2020



CBAC Attendance Volumes by CBAC Location and Outcome



Overall CBAC Ethnicity Split



Overall CBAC Gender Split



Attendances	27/04	28/04	29/04	30/04	01/05	02/05	03/05	04/05
CBAC WAM/DHB	0	45	44	34	33	28	27	138
CBAC Gonville	0	14	15	15	13	0	0	16
CBAC Ruapehu	0	1	3	4	5	0	0	2
CBAC Taihape	0	5	0	5	1	0	0	14
CBAC Te Oranganui	0	15	3	6	7	0	0	13
CBAC Marton	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>80</b>	<b>65</b>	<b>64</b>	<b>59</b>	<b>28</b>	<b>27</b>	<b>183</b>
Swabs	27/04	28/04	29/04	30/04	01/05	02/05	03/05	04/05
CBAC WAM/DHB	27	40	38	30	32	26	27	137
CBAC Gonville	0	9	7	11	8	0	0	12
CBAC Ruapehu	0	1	3	4	5	0	0	2
CBAC Taihape	0	5	0	5	1	0	0	14
CBAC Te Oranganui	0	13	2	6	4	0	0	13
CBAC Marton	0	0	0	0	0	0	0	0
<b>Total</b>	<b>27</b>	<b>68</b>	<b>50</b>	<b>56</b>	<b>50</b>	<b>26</b>	<b>27</b>	<b>178</b>
Swabbing Rates	#DIV/0!	85.0%	76.9%	87.5%	84.7%	92.9%	100.0%	97.3%

Attendance Totals to date	Attendance Totals to date		
	Maori	Non Maori	Total
CBAC WAM/DHB	375	1622	1997
CBAC Gonville	126	246	372
CBAC Ruapehu	69	113	182
CBAC Taihape	31	71	102
CBAC Te Oranganui	103	92	195
CBAC Marton	11	67	78
<b>Grand Total</b>	<b>715</b>	<b>2211</b>	<b>2926</b>

Swab Totals to date	Swab Totals to date		
	Maori	Non Maori	Total
CBAC WAM/DHB	192	1057	1249
CBAC Gonville	81	165	246
CBAC Ruapehu	18	38	56
CBAC Taihape	19	45	64
CBAC Te Oranganui	61	65	125
CBAC Marton	6	19	25
<b>Grand Total</b>	<b>377</b>	<b>1389</b>	<b>1766</b>

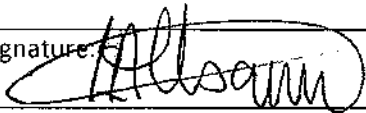
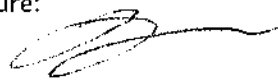


# Whanganui Combined Health/Civil Defence Emergency Operations Centre

## Transition to Recovery Report

<b>Event:</b>	Covid 19	<b>Date of start of event:</b>	17 March 2020
<b>Controllers:</b>	Stuart Hylton Louise Allsopp, Bryan Nicholson, Leighton Toy	<b>Date of Transition:</b>	18 May 2020
<b>Recovery Manager:</b>	Leighton Toy/Charlotte Almond; Louise Allsopp	<b>Time of Transition:</b>	10am
<b>Response Action Plan:</b>  <i>Actions in place at time of transition, noting actions that are incomplete</i>	<p>CBAC testing continues across the DHB region.            CABAC's will be reduced to a single point of testing Friday 15/5.            Only central CBAC at Whanganui Hospital carpark will remain operational.            General Practices to take over testing ongoing. GP's will receive swabs and information on who to swab, how to swab and how to handle the samples.</p> <p>Work is ongoing on Reset and Redesign proposals and Social Governance frameworks for integrated health delivery across the DHB Region.</p> <p>Welfare support and food packages related to Covid -19 are ongoing.</p> <p>The <b>WDHB Hospital Integrated Operations Centre (IOC)</b> continues to coordinate management and oversight of Hospital staffing and in-patients on a day to day basis and report through to the IMT and the Chief Operating Officer. This will continue through to Alert level 1. Daily situation reports will continue to be provided to the EOC.</p> <p>The IOC will continue to manage hospital workforce and bed management and patient flow. Focus will narrow to non-COVID patients with care planning, discharge priorities, catch up on back log services and resumption to BAU as soon as possible.</p>		
<b>Resources in place:</b>  <i>Type and status of all assigned resources:</i>	<p>CBAC at Whanganui DHB carpark site continues.</p> <p>Refrigerated containers for deceased empty but in location next to Hospital ED</p> <p>GP's given 10x start- up swabs and then resupply based upon use.</p> <p>IOC continues to coordinate management and oversight of Hospital/DHB health services</p>		
<b>Emergency Expenditure:</b>  <i>Actions taken to finalise the calculation of</i>	<p>WDC expenditure has been captured on 1-1500 xxx 30009 cost line            Approximate welfare costs of @\$57,000.</p> <p>Welfares expenses will be reclaimed via the NEMA process. This will be the bulk of Council raised expenses</p>		

<p><i>emergency expenditure.</i></p>	<p>Hospital/Health costs are captured through RC5944. WDH B Finance will reconcile all health related Recovery costs via RC5965.</p>
<p><b>Health</b></p> <p><i>a summary of the health response relative to the local area, along with intended near future priorities and actions</i></p>	<p><b>Overview:</b>  As at Thursday 14 March 2020:  Total tests completed: 3625 tests, 3528 negative, 8 positives. 89 results pending.  Total Seen in CBACs to date: 4501.  Total CBAC swabs to date: 3286.  Overall swab rate 73%</p> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Swabbing and testing continuing.</li> <li>• Planning for System Wide Recovery (social governance led planning)</li> <li>• CBAC's reduced to one CBAC Friday 15 May and GP testing</li> <li>• IOC will continue to manage hospital workforce and bed management and patient flow. Focus will narrow to non-COVID patients with care planning, discharge priorities, catch up on back log services and resumption to BAU as soon as possible.</li> </ul> <p><b>Future:</b>  Identified need to increase capacity in telehealth capability across the Region, particularly in rural or remote areas</p>
<p><b>Social Environment:</b></p> <p><i>estimates of numbers of directly and indirectly affected individuals, the nature of the impact on them and estimates of future needs</i></p>	<p><b>Welfare update</b></p> <p>Costs associated with welfare support and outreach are being collated by Council financial team. Te Ranga Tupua and City Mission Foodbank have been engaged with to gain and collate their expenses data for reimbursement in accordance with National Guidelines.</p> <p>Will begin transferring some welfare activities to community agencies over the next week but direct support is ongoing  Regional 0800 number online till 28 May  Information survey of partner welfare organisations and people about to begin</p>
<p><b>Built Environment:</b></p> <p><i>An outline of roads and infrastructure that remain affected by the emergency</i></p> <p><i>The rural impact – the information</i></p>	<p>Minimal impact on the built environment</p> <p>For the rural community:  Covid related impacts appear to be minimal at this stage. The rural community in the wider area has been dealing with and managing ongoing drought related issues along with some mBovis activities in conjunction with MPI. Rural Support Trust lead in this area.</p>

available to districts.		
<b>Economic Environment:</b>  <i>A summary of information currently available and some strategic analysis and direction for economic recovery.</i>	<ol style="list-style-type: none"> <li>1. Our job seeker numbers and consumer spend numbers are the two key indicators on our economy right now. From March to April we had a 23% increase in Job Seekers (35% increase NZ-wide) compare to the same time last year. Our cumulative spending change from 3 Feb – 10 May saw a 13.1% decline in spending (21.3% decline NZ-wide) compared to the same time last year.</li> <li>2. Regional Business Partners Programme (NZTE funded) – From March to April there’s been a 3.6 fold increase in registrations for business advice services. We calculate approximately \$60k of funding has gone out.</li> <li>3. See <a href="http://www.whanganuiandpartners.nz/sme">www.whanganuiandpartners.nz/sme</a> for further information on the business support being offered.</li> <li>4. We will get more detailed economic dashboard data to share later next week on Whanganui’s economy based on the RBP Surveys and Infometrics.</li> </ol>	
<b>Natural Environment:</b>  <i>Land use changes, the implications for businesses short to long-term, use of land and/or amenities.</i>	Minimal	
<b>Other considerations:</b>	Maintain direct link and partnership with Iwi Expectation of possible new Recovery structures or guidance from National Recovery Office	
<b>Signed by Controller:</b>	Signature: 	Date: 21/5/2020
<b>Signed by Recovery Manager:</b>	Signature: 	Date: 21/5/2020





**Members (and apologies received)**

Lucy Adams, Chair	✓	Maurice Chamberlain	✓	Kath Fraser-Chapple	✓
Rosie Rosewarne	A	Alex Forsyth	✓	Jennie Fowler	✓
Catherine Marshall	✓	Ian Murphy	A	Trish Silk	✓
Peter Wood-Bodley	NP	Paul Malan	✓	Louise Allsop	✓
Andrew McKinnon	A	Rihi Karena	A	Shar Tapa-Mosen	✓

Present = ✓

Apology = A

P = Part meeting

Not present = NP

**1. Introduction to RRR**

- Lucy welcomed all. Explained that IMT has closed off; however the action plan for readiness needs to be completed. This will include preparedness for opening IMT should the current situation deteriorate and this action is required.
- Purpose is to not lose momentum on preparedness.
- Reset includes ensuring planned care is being delivered and making sure quality indicators are addressed.
- Readiness, Reset and Redesign (RRR) Committee is the WDHB action plan based committee that interfaces with the external wider regional group.
- The next phase is to connect the region - WDHB as a health connector; economic and social connectors are wider government agencies and iwi.

**2. RRR Roadmap**

- Roadmap introduced and reviewed. (see link in Appendix 1.)
- Lucy explained that the purpose of this group is to achieve outcomes, ensure they key stakeholders are correct and to understand the drivers behind it and ensure the equity lens is applied to existing and new actions.

**3. Regional**

- Louise Allsop, WDHB recovery manager, is the health link to the region recovery.
- Louise reported meeting with a strategic group, a social governance leadership team, comprised of three council CEs, MSD, police, and iwi. Purpose is to decide on the strategic direction and prioritise system wide design. Draft strategy in the works.
- ToR is being finalised for the social governance committee.
- The recovery team and the RRR committee will all work together.
- Reported that survey has gone out to 2000 area providers – health, economic and social. Thematic analysis is underway to help understanding of what has gone well, what went wrong, what was learned, etc. Getting a picture of what the leaders are saying.

**4. Terms of Reference (ToR)**

- Copies of draft ToR distributed and discussed. (see link in Appendix 2.)
- Alex asked if all representatives would be required at every meeting; established that a proxy may attend.
- Representative list to be amended (Hāuora a Iwi should not line up with Kaitākitāki).
- Duration of ToR is unknown, e.g. if COVID should show up in hospital, group will revert to an incident management team, not an action plan based committee.

**ACTION: Feedback to be requested on ToR and ToR amended accordingly.**

**5. Action plan**

- Action plan will be on Teams for all to contribute to and update. This action plan will be dynamic and will be used to ensure completion of items. If you are assigned an action then you are responsible for updating the action plan. Brief verbal updates will be provided at the RRR Committee.

- DHB approval process remains the same, a paper will go through ELT.
- Meetings to be driven by the action plan; standard agenda will be formed from the action plan.

**ACTION: Kath to start action plan and publish it on Teams.**

#### **6. First order of business**

- Lucy reported that a 'ready to go' package is being put together. This will make it simple to understand where everything is kept should a response be required. Will align with mass casualty plan. To be included:
  - Task cards being developed with Jacqui and Jevada for infection control: PPE process, proper donning and doffing of PPE, having a runner and a watcher, etc.
  - Business continuity plans (which are now 83% completed).
  - ICU, ED and ward plans are completed and aligned to mass casualty plan.
  - One page checklist to ensure nothing gets missed.

**ACTION: Completed package with resources and where to find them to be distributed to duty manager, medical ward and ED, with electronic version on the common drive.**

#### **7. Communications**

- Noted that information from this meeting needs to be shared with the organisation.
- Key messages to be established after each meeting for dissemination.

**ACTION: Louise to liaise with Mark Dawson for communications.**

#### **8. Reset**

- Kath reported on the ongoing items from the IMT action plan: planned care and Telehealth. These items will follow through to the RRR action plan that will be on Teams.
- Louise reported that there is a survey to gather information from people who had outpatient appointments during COVID. Surveying those that actually came in to their appointment and the Telehealth users. Started with outpatients; Kath providing lists to include community mental health and allied health. Noted that Eileen has been involved with this process from an equity perspective.

**ACTION: Reminder to be sent for all to send through all pieces of work that need to be included on the action plan.**

#### **9. Redesign**

- Items noted from RRR Roadmap for WDHB and external redesign.
- Discussion about bullet points included here. Louise stated that it would be helpful to understand what is under each bullet point. Kath explained that this will show up on the action plan.
- Example discussed: ambulatory care centre. Includes scheduling and booking from WDHB perspective, i.e. fine-tuning process to align patient appointments together on same day, etc. Externally, concern is the overall model of the centre.
- Discussion about choosing wisely and advanced care planning and how similar themed items should be brought together.
- Discussed that some staff are going through training to be able to have end of life conversations with patients/whanau. Discussed cultural handling of these conversations. Shar agreed that this needs to be discussed with equity considered and cultural considerations. Paul reported that Northland sent through a document on this topic that each area is welcome to change to make it relevant to their region.

#### **10. Equity**

- Discussion about how equity needs to be woven through every plan and every document.
- Suggested that it be in the heading above the road map.

- After discussion, decided that equity will be added to the ToR and state clearly that equity be imbedded in every document.

**ACTION: Add equity to the ToR under expected outcomes.**

**11. Quality**

- Discussion about quality indicators and the need for them going forward.
- Lucy reported that during the COVID readiness phase, quality indicators were not extracted and presented at each meeting; this system needs to be developed.
- Need indicators to ensure we are delivering the care we believe we are delivering, understand themes and ensure control measures are in place to mitigate risk.
- Need to understand legislation and the drivers – update policy as MoH directives are released.

**12. Final notes**

- Roadmap is designed to be a working document, for discussion going forward.
- Discussion about needing a document that overlays to put out to everyone. Noted that comms will come out after every meeting.
- Decided that the current roadmap will be marked 'Draft', dated, and made available for sharing.
- Decided to meet fortnightly.

**ACTION: Send draft of roadmap to Shar before her meeting tomorrow at midday.**

**ACTION: Change meeting frequency to fortnightly.**

*Next meeting: Wednesday, 10 June, 12:00pm*

**Action list**

<b>Action</b>	<b>Responsibility</b>
<b>Feedback to be requested on ToR and ToR amended accordingly.</b>	ALL/ Steph
<b>Completed package with resources and where to find them to be distributed to duty manager, medical ward and ED, with electronic version on the common drive.</b>	Lucy/ Steph
<b>Louise to liaise with Mark Dawson for communications.</b>	Louise
<b>Action plan to be put on Teams.</b>	Kath
<b>Reminder to be sent for all to send through all pieces of work that need to be included on the action plan.</b>	Steph
<b>Add equity to the ToR under expected outcomes.</b>	Steph
<b>Send draft of Roadmap to Shar before her meeting tomorrow at midday.</b>	Steph
<b>Change meeting frequency to fortnightly.</b>	Steph

Appendix 1. R.R.R. Roadmap



RRR Roadmap V1  
 DRAFT.docx

Appendix 2. Terms of Reference RRR Committee



terms-of-reference-  
 RRR Committee (28.



## Simon Ward

**From:** Miriam Tubman  
**Sent:** Wednesday, 12 August 2020 10:31 am  
**To:** Simon Ward  
**Subject:** Fwd: LEVEL 2 COVID PLAN - SitRep

August 2020

Sent from [Outlook Mobile](#)

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**From:** Maurice Chamberlain <Maurice.Chamberlain@wdhb.org.nz>  
**Sent:** Wednesday, August 12, 2020 10:07:59 AM  
**To:** Lucy Adams <Lucy.Adams@wdhb.org.nz>; Rosie Rosewarne <Rosie.Rosewarne@wdhb.org.nz>; Jevada Haitana <Jevada.Haitana@wdhb.org.nz>; Declan Rogers <Declan.Rogers@wdhb.org.nz>; Rihi Karena <Rihi.Karena@wdhb.org.nz>; Joanna Knight <Joanna.Knight@wdhb.org.nz>; Miriam Tubman <Miriam.Tubman@wdhb.org.nz>; Louise Allsopp <Louise.Allsopp@wdhb.org.nz>; Glenys Fitzpatrick <Glenys.Fitzpatrick@wdhb.org.nz>; Hentie Cilliers <Hentie.Cilliers@wdhb.org.nz>  
**Cc:** Stephanie Smith <Stephanie.Smith@wdhb.org.nz>; Russell Simpson <Russell.Simpson@wdhb.org.nz>  
**Subject:** LEVEL 2 COVID PLAN - SitRep

Level 2 Covid resurgence planning.

As per Ministry directive we are to move to Covid level 2 implementation 12 noon Wednesday 12th August.

Good morning all,

As discussed the following is in place or being put in place as we speak.

Requirement	Action	Responsibility	Outcome
Visitor control	<b>One point of entry to hospital.</b> Auxiliary entrances locked. Entranced staff with QR code and visitor tracing sheet. <b>ED,</b> Tracing clipboard at front desk, one visitor per patient <b>Mental Health,</b> Te Awhina tracing at reception, one visitor at a time; Stanford house; Tracing at reception, in lock down. ** Limited visiting in specific areas is to allow 2 metre distancing. Sam process as previously put in place.	Rosie (main hospital) Jackie Green (ED) Maurice (MH)	In progress
Cleaning	Increased cleaning regime, has been requested. Higher vigilance.	Louise Allsopp	Completed
Air Travel (retrieval)	Essential travel ONLY. Case by case basis.	Jo Knight	Completed
Staffing (at risk)	Understand vulnerable staff at risk - process	Glenys/Hentie	In Progress
Communication	Communication to staff. Communication to come from exec. Louise to talk to CEO at exec meeting.	Louise Allsopp	In Progress
Operations centre	Operations meeting moved to the 4th floor - 1030 today. Room booked and CNMs aware.	Rosie	Completed

Staff well being	Walked the floor and communicated current plans - staff waiting formal communications from exec.	DM, Rosie, Maurice	Completed
Unit Plans	Escalation ward plans are in place and ready for further activating - usual process.		

12/08/2021

\* Rishi hasmann on call

Maurice 021 470 574

- + Hoop & Con Franckh - most recent
- + Gervant 1-4 Franckh - print out
- + Van Pak safety meeting room as a base - ~~XXXXXXXXXX~~
- + Maurice as ZIC today

- Staffing plan done Han (MC)
- ~~of~~ reschedule - set XL at a time
- Chug - extra cleaning high touch areas
- clean down most entrances - have ED & main entrance
- ? TA & SH & TWK

- check with levels / occ theater - list of people not returned  
 \* At level 2 what does this mean for staff  
 being at work.

- TI meeting with Helen & Mary T, P O'Con -  
 - Garry studying up CRATS
- ? (ing)

	IC - CA + ? SC
PEM	R&Z - SC / (Carm Marshall)
CASS	L - AM
	Mauri Huan - RK
	Pacific - Sala
	Ops - ?

- Level 2 & what this means for IT Safety

Dept Management meeting 12/08/20 1030hrs 4th Floor meeting room

- Toni taking minutes - get a distribution list.
- Rosie - visits
- Maurice gave an overview of siting.
- CE comm to staff later
- Site with lockdown at lunch today
- Car issue at central CDAC - ? police
- Truck M - ordered CDAC at Gervant & TI organization open.



12/08/20

Central CBAC - 0800 - 1900

12/08/20 - Maurice 12:30 | che, Rosie, Maurice, Si...

- + Traffic management ~~issue~~ issue
- + Traffic, nearby, doors
- + Put in place traffic management for today & tomorrow
- + Staff on front door
- + MC → Tech
- + Tech to call che to organize traffic management. - 1pm today
- + Front door also being staffed.
- + Phoned Tim to advise re traffic control.

12/08/20 + DHB 933 175 51696 ~~933 175 51696~~ Naz, Rodge, Craig

- + 2007 meeting DHD/Harmon 1700 hrs.
- + Escalation level 3 will happen
- + NEMA last night T/C - Har
- + Explains integrated EOC
- + Min of Health resurgen checklist  } MC DHB
- + DAP - card resurgen ph
- + Escalation ph around level 3
- + Nakul → Regional CDEM
  - Leadership group, Sarah & Margaret
  - Health should be in on both.
  - Health spec (6 DHBs)
  - CE?
  - various purposes

- ~~+ ~~12/08/20~~ 0900 every day~~
- + Min of Health action
- + New nakul hospital resurgen ph

12/08/20 1500

- Traffic at CBAC & issue
- Email → MC
- M call for CBAC asking for support for tomorrow.



\* Hen Mline ??

\* Fit Kiting marks

Thursday plan

- + Horizons kitchen 0900
- + check CBAC traffic
- + Bed meeting 1100
- + Get M.H. resurgens checklist
- + Make signs for doors
- + Start planning for level III → escalation plan / EAP
- + Develop EMS structure  ELT
- + acc health stuff
- + Get ready for mass wave

13/08 - Lewis, Tacchi, Simon etc etc.

- + Logg stuff → Andrew + Trew
  - + Ops → Maurice + Tush
  - + acc health - Henke in contact
  - + Get ready for level 3
  - + Parking comm.
  - + Hospital - Maurice
  - + Working with providers
  - + Tim Mc → Aged car
  - + Tush see with all parties
- } level 3 comm

- 0815-0845 - Parking duty
- Security agencies for body & kitchen since 0900
- To start today

973 06334470 ##

PHB TIC

- + NEMA email all of your reports - objectives
- + include info on CE
- + Includes attachment. Forward → ECT
- + Request meeting
- + MCHB → program planning 2→3→4
- + 0900

12/08/20 - Meeting with Maria + Sarah  
+ meeting with Sarah on 2900 Friday +

13/08/20

- Did management meeting 1100 hrs.
- 1200 staff meeting -

- ⊕ Level 2
- ⊕ Essential only only
- ⊕ Staff do not work
- ⊕ Social distancing required
- ⊕ Talk to MCHB if you want my guests.

- Discussion around comm → stuff for comm, etc.

~~PHB~~ \* Tension with points

- \* Action for MCHB to staff to tell staff what going on
- \* Big Easy

13/08/20 - Welfare meeting with Ann Tracy, Nick, Pauline, April, Oliver

- Research it!
- Publish it next.
- Erection ↑ around staff - sad, angry, worried.
- Link between ECT & council

\*\* Comm around right people knowing \*\*

\* PPE questions,

\* Mark issues

\*

\* Wilson 100 - Manufacturing vs (SB) \*

\* Don't forget Wilson of staff working at home.

13/08/20 - 1200

\* Call Eng LA → likely moving to L3

→ EOC to be opened - integrated

\* Call to Tim. Integrated might not a option. Paper (E → CE) conversation  
to confirm

CD happy to support ++

CD will be doing Wilson ++

13/08/20 - 1300 briefing PMs

13/08/20 - 1600hr lead management meeting

13/08/20 \* Cock, Garden

+ Discussion around EOC location (M1 - to my arrival)

+ Decision: WARR EOC to be at Cock, Garden.

Craig Erik Harrison - 021 227 7083  
Podge 021 2277102

14/08/2020 - 0800-0900

- + Meeting with Sarah TA re pandemic planning
- + organise an exercise with TA

14/08/2020

- + Catch up LA & Lucy (via pt) + Ian
- + ~~X2~~ ops leads → Hospital -  
→ Community (GP, Homecare, Aged care, etc.) -
- + EOC at Cooks Gardens.
- + WPC will run IMT at CPHQ
- + check with Murray Mills re EMIS 2.0
- + Comms via EOC
- + Ian → client posters.
- + Ian & Lucy briefing  sent to ELC
- + KV & Ann K - public info. Arrange a meeting today
- + Work out CMS structure
- + Core details of QM7 subject
- + Send Sarah covid stuff
- + Create ~~contact~~ contact list for weekend

14/08/2020 - Bed Management meeting 1100hrs

\* Moby on call over weekend

14/08/2020 - 1100

- + meeting re comms → Laura, Kara, Cary

14/08/2020

- Meeting with Karin & Julia (via pt)
- Re ~~the~~ the market call
- ? need for kicking up there
- ~~XXXXXXXXXX~~

Hospital EMT

WAC EMT

Wife

Op

LoE

EOC

EL

Op

PEM

LoE

Wife

At hospital

Log

Owner of agency

- ? + Embed AHB staff at WAC EMT + permanent team
- + Continue hospital EMT/EOC back up
- + Gain experience leaving it here
- + Carry over
- + Replication of effort?

~~CONFIDENTIAL~~ (CENS)

IC → Admin  
LA ✓ Ann P ✓

Ops  
JA LA

P&I  
Steve ✓

Coops  
Andrew ✓

PIA  
Casi ✓

Wilfari  
Hospital  
Temi

Mari health & Iwi  
Rakasa ✓ TBC

SMEs + Pakiki  
+ Mary  
+ Infection Control  
+ Spelless

Clean + Emergency services

Request EOC applic.

+ Staking  
+ EOC paperwork

⊕ Signs

⊕ Vests

⊕ CD on mobile or laptops

⊕ ? security on doors ? WHI staff

⊕ Food & refreshments

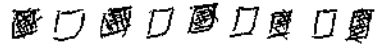
⊕ PPE & handgel

\* Need to request controlled access

Need  
- IT back up  
- Keys being cut

↓ SK

14/08/2020 - Jenni 1330



021 060 8127 021 192 7844

MC - Sat → 0800 Sunday Han

CA - Sun → Sunday Han (if L3)

JP - Sat 8-4.30 on call

JP - Sun 8-4.30 on call

021 233 5406

trail.

S/B 021 466 756

~~ST~~ DNY

ELT 021 348 5496

15/08/2020 - Bed management meeting, 4<sup>th</sup> Floor meeting room, 1100AM

+ & issues Emergency manager

+ & issues spotters

+ Advise EMT & on-call arrangements re infection control & EMT.

+ & issues hospital wide

17/08/20



+ Horizon & ~~DB~~ DHB MC 0900

- only in, out, & runny present. & updates hospital, DAW

17/08/20

(BAC update)

- Central is focal point. 0800-1700 during on week

- weekend to the TAC by Friday

- G-B will send of model

- Public Health going to support Taihape.

17/08/20 - Bed management meeting Han, 4<sup>th</sup> Floor meeting room

+ QR code staff - working on it

+ & number of visits - social distancing

+ New form being developed for future bed management meetings.





## Simon Ward

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**From:** Joanna Knight  
**Sent:** Friday, 14 August 2020 2:45 pm  
**To:** Jennie Fowler; Maurice Chamberlain; Lucy Adams; Trish Silk; Rosie Rosewarne; Declan Rogers; Lucy Pettit; Jacqueline Pennefather; Simon Ward; Telephonists; Che Whitaker; Haumoana Administrator  
**Subject:** 1100hrs Bed meeting notes - 14 August

Hi Everyone

A summary of the 11am bed meeting today

### **BED MEETING – 14 AUGUST**

- CNM's are expected to keep their staff informed with all important communications from these meetings. Good communication is vital.
- Covid information/folder on the Intranet that everyone can access
- Masks – If you cannot distance yourself, wear a mask. Masks are not to be taken home or given to the public
- Parking – Security is on during the day in the car park. Staff are advised to park offsite to leave the front park available for patients/visitors and access to CBAC. PM shifts can park onsite
- Patient visitors - Still at the unit's discretion. If you cannot control visitor numbers use the one in, one out rule.
- Tracing – Staffed at the front entrance. If there is a large amount of visitors entering at one time staff at the front door have been directed to call ahead to the ward to give them notice
- Simon Ward and Louise Allsopp will be on call all weekend. If going to Level 3 they will be in contact with the DNM's and present at the 11am bed meeting to communicate plans for the new level.
- Infection control – They will be available in the weekend. Go through the switchboard to contact
- Allied have set up the Welfare group again for anxious staff. They are working on possibly having one staff member per area.
- If you come across delays when discharging (rest homes saying no etc.) please escalate up to get sorted.
- Bed meetings – Will be held in the Ops centre in the weekend.  
Monday 11am meeting – 4<sup>th</sup> floor meeting room  
All 4pm meetings will be held In the Ops centre

Thanks

Jo  
Joanna Knight | CNM Integrated Operations Centre (Pokapu Whakahaere) | Whanganui District Health Board Better health and independence | He hauora pai ake, he rangatiratanga  
m (021) 341 354 | Ext 8981 [joanna.knight@wdhb.org.nz](mailto:joanna.knight@wdhb.org.nz)



12 August 2020

Kia ora,

While many of us probably expected that Covid-19 cases of unknown origin would turn up in New Zealand, it still comes as a shock. However, we have been through this before and I am confident our rohe – and all of NZ - can do this again.

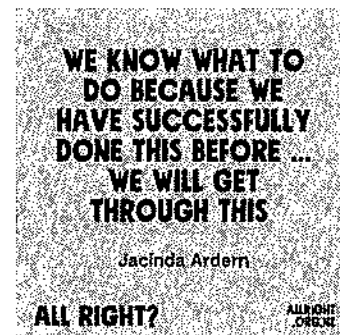
Many of us will find the new announcements and what they mean stressful and challenging. I encourage taking time out where you can for your mental wellbeing and looking after yourself, your whānau and others around you.

**During the recovery phase, post lockdown, we took the opportunity to prepare for further potential community outbreaks and our WDHb pandemic and hospital plans are in place.**

We also have trained staff who can work in an emergency operations centre (EOC) alongside our council teams. I am pleased that some of our staff did the Civil Defence Integrated Training Framework training recently and will be able to slot into these roles if we do set up an EOC locally.

We have good links in our community between health, iwi, social and council organisations which will help us manage good communication around Alert Levels locally.

### Covid-19: Change to Alert Levels



We in the Whanganui region, and everyone outside the Auckland area, are at Alert Level 2 from 12 noon today, Wednesday 12 August (today).

Auckland will be at Alert Level 3 from this time onward ([more information about Alert Level 3 in Auckland](#))

Alert Level 2 is **not** life as normal. You can still come to work and children can go to school, but you should:

- keep your distance from other people in public
- 2 metres in public and in retail stores like supermarkets
- 1 metre in most other environments like workplaces,

cafes and gyms

- wash your hands
- sneeze and cough into your elbow
- keep a track of where you've been and who you've seen
- wear a mask if you can.
- If you are sick call your GP or Healthline to book a free COVID-19 test, and get tested if asked
- Don't panic buy, all businesses outside Auckland are open with social distancing in place.

People at higher risk of severe illness from COVID-19 are encouraged to take additional precautions when leaving home.

**This situation is fast-moving and further updates will follow.**

### **If you are sick with flu-like symptoms**

If you are sick with flu-like symptoms, **please stay at home**. You can ring your GP, or Healthline on 0800 358 5453. You can also get tested for Covid-19 at the Whanganui Hospital campus CBAC from 8am to 4.30pm, Monday to Friday and Saturday to Sunday, 9am to 1pm.

### **Facemask use**

This time around, I encourage staff to take the extra precaution of having masks in your household and enough supplies for each member of your household. [These can be bought or home-made.](#)

[Covid-19: Use of masks in the community](#)

[Covid-19: How to use a face mask safely](#)

### **Where to go for information**

Please use these websites and associated social media sites **as the sources of truth**. The [WDHB website](#) and our social media sites will also be sharing important community information with you.

The latest information can be found on [www.covid19.govt.nz](http://www.covid19.govt.nz) or the Unite Against Covid social media channels and on the [Ministry of Health website](#)

Local information for people in Whanganui, Rangitikei and South Ruapehu is available on the [WDHB Facebook page](#), your local council social media pages and the [Civil Defence Manawatū-Whanganui page](#).

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We proved we are a strong, resilient and supportive community as we moved through previous Alert Levels and we know we can do this again. I am proud of everyone in Whanganui, South Ruapehu and Rangitikei for their vigilance and kindness previously.

I hope to be able to communicate with you regularly during this challenging time to let you know what is happening at the hospital and in wider DHB services, as well as what is happening in our community.

Russell



Dec 2020

## COVID-19 Contingency Plan

**Effective Date: 27 November 2020**

### 1. Purpose

Contingency Planning is the process of ensuring that the correct process can be followed if an outbreak of COVID-19 occurs outside of business hours including statutory holidays. The Contingency Plan endeavours to ensure patient care can be delivered in an environment that is safe for both patients and staff.

### 2. Scope

This procedure applies to all Whanganui District Health Board (WDHB) employees (permanent, temporary and casual), visiting medical officers, and other partners in care, contractors, consultants, visitors and volunteers.

### 3. Prerequisites

An outbreak is defined as two or more linked events that are confirmed to have the same causative agent, for example COVID-19.

**Agility:** The situation is fast moving. We will succeed by being quick, innovative and flexible in our response.

**Collaboration:** All healthcare workers are an essential part of our national response to COVID-19. We will succeed by working together and supporting each other.

**Duty of care:** We have a duty of care to provide quality essential health services, and we have a duty of care to look after our own health and wellbeing. The health, safety and wellbeing of ourselves and each other is vitally important to our whanau, our patients, DHBs, unions, and our response.

**Flexibility:** The situation is rapidly changing. We will succeed by being willing to change or compromise.

### 4. Contingency Plan Operational Phases and Implementation

**Readiness and preparedness** focus are on ensuring that the organization and contingency plans are as ready and prepared as possible to react to a situation.

**Activation** guides the initial response, with a focus on alert and notification.

**Continuity operations** is the process of maintaining essential functions whilst ensuring safety for staff and patients.

**Business Resumption** is the process by which the WDHB will restore all functions.

## **5. COVID-2019 Outbreak Response Plan**

This document contains the processes to be followed in the event of COVID-19 in the WDHB community and can be found on the hospital intranet.

## **6. Contingency plan**

A manager from the Patient Safety Quality and Innovation team will be available for infection control advice through the hospital telephonist. This is a 24-hour service.

In the event of a positive case in the Whanganui District Health Board region, the Medlab will immediately notify the on-call Medical Officer of Health (MOH). The MOH will call the Ministry of Health (MoH) and the CE of WDHB.

The manager of Patient Safety Quality and Innovation, Infection Prevention team and the on-call manager are notified after three hours. From this time the plans are implemented for forward planning for community care, communications and patient welfare.

In the event that CBAC/s are closed due to statutory holidays and a surge in presentations occur to either afterhours medical care or emergency department, the after-hours manager will contact the on call manager patient safety manager who will coordinate the CBAC staff and public health response. These members of the team will be contacted by either Medlab Central or the public health team.

If a patient requires hospitalisation then the on-call infection prevention nurse will be available 24 hours a day. They will also be visiting the wards at least daily to ensure all staff have resources required. The MOH/WDHB team will work with the Ministry of Health to ensure the best outcome for the patient.

The DHB response is determined by the level of an outbreak. An incident management team may be formed as part of the control of the outbreak or Emergency Operations Centre (EOC). The chair is usually the Medical Officer of Health. Others will be co-opted as required.

The incident management team will decide whether to escalate the outbreak to have the Emergency Operations Centre opened.

The EOC can be stood up in this event within hours.

It is the responsibility of the incident management team to develop an action plan, within forty-eight (48) hours, where possible.

This includes:

- Situation assessment.
- Control measures to be taken
- Isolation
- Exclusion
- Testing
- Management actions required e.g. future admissions
- Surveillance required
- Public health response
- Media involvement

## **7. Health promotion responses**

Public Health Kaihoe Health Promotion will work collectively with Midcentral Health Protection and Whanganui Public Health Nursing to facilitate the liaison with seasonal event organisers to advise on Public Health prevention strategies. These include ensuring processes are in place to include an outbreak response and infection prevention messages.

The team are working proactively with local council and event groups to ensure consistency.

## **8. Public health response.**

Public health response, which is available 24 hours per day, seven days a week is led by Mid-Central public health service for both the Whanganui DHB and Mid Central DHB. The public health response is led by the Medical Officer of Health (MOH).

Medical Officer of Health and Health Protection Officers are rostered on over this period 24 hours per day, seven days per week, supported by public health nurses. There is surge capacity available over this time, for stand up of CBAC and case investigations.

Haumoana service, Maori health support, is available 24 hours per day, seven days per week for staff and patient safety.

## **9. CBAC response**

Central CBAC is closed 25-28 December 2020 and 1-4 January 2021. This is covered by GP services including both urban and rural continuing to operate assessment and swabbing services as required. After hours assessment and swabbing facilities available at WAM (Whanganui after-hours medical centre) as well as Whanganui emergency department.

All services maintain equity through provision of after-hours services.

Rosters are set to ensure that CBAC/s can be stood up at short notice.

## **10. Medlab responses**

Medlab have supplies of swabs and testing equipment available for the Christmas- New year period. They are fully stocked with secure suppliers of equipment. There is a local contact available 24 hours per day, seven days per week.

## **11. EOC capability**

WDHB has rostered staff available to open an EOC at short notice should the need for this to occur over the next two months.

## **12. Communications**

Whanganui DHB has communications staff rostered 24 hours/day, seven days per week. All public communications will be made via the communications office.

## **12. Plan Owner**

General Manager Patient Safety and Quality



# WDHB COVID-19 Whanganui Hospital Inpatient High Level Plan

## COVID-19 Whanganui Hospital Inpatient High Level Plan

01 May 2020



Level 1	Level 2	Level 3	Level 4	Recovery
<p><b>TRIGGERS</b></p> <ul style="list-style-type: none"> <li>Current state early March 2020.</li> </ul> <p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>Be prepared.</li> <li>Trial and assess video conferencing to replace visiting.</li> <li>Preparation / adoption of COVID and non-COVID areas during pandemic.</li> <li>Increase available pool of staff in the event of pandemic.</li> </ul> <p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Training for donning and doffing of Personal Protective Equipment (PPE).</li> <li>Planning red (COVID) and green (NON-COVID) flow of patients.</li> <li>Design structure of rotas.</li> <li>Procure PPE.</li> <li>Education of PPE to all staff.</li> <li>Dedicated leadership planning.</li> </ul> <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>Planning documents distributed to teams are ready. Protocol adherence and awareness of infectious diseases.</li> </ul>	<p><b>TRIGGERS</b></p> <ul style="list-style-type: none"> <li>1 - 5 COVID (suspected or actual) patients admitted to general ward area with potential to require ICU.</li> </ul> <p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>Minimize disruption to hospital / ICU services - stay as close to BAU for as long as practicable and safe.</li> </ul> <p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Maintain vacancy in isolation rooms.</li> <li>Support management of patients to reduce risk of admission to ICU.</li> <li>Create ward A (COVID ward) and ward B (med/surg non-COVID). Admit COVID positive/probable patients to ward A.</li> <li>Ensure ATR Ward has no COVID breaches.</li> <li>Ensure duty nurse manager (DNM) has accurate information.</li> <li>Admission numbers and positive results.</li> <li>Non-urgent elective surgery deferred.</li> <li>Move OPD clinics to Te Whare Kāhānā in preparation for capacity.</li> </ul> <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>Emergency Operations Centre (EOC) is operational.</li> <li>Infection Prevention and Control measures are effective.</li> <li>Supply of adequate PPE is maintained.</li> </ul>	<p><b>TRIGGERS</b></p> <ul style="list-style-type: none"> <li>5-15 COVID (suspected or actual) patients admitted to general ward area and/or 2 ICU.</li> </ul> <p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>Minimize staff risk of cross infection.</li> <li>Minimize PPE associated injury.</li> <li>Prevent hospital acquired infection.</li> <li>Minimize disruption to normal care of non-COVID patients.</li> <li>Prepare for escalation and decanting of non-COVID patients.</li> </ul> <p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Admission to Ward A via duty nurse manager (DNM) only.</li> <li>No visitors/non-essential staff to any ward.</li> <li>Utilise technology as able for family contact.</li> <li>Stream &amp; cohort patients: COVID patients to remain in Ward A but cohorts may be considered with infection prevention &amp; control approval.</li> <li>Redeploy and 'bank' staff.</li> <li>Support management of patients in the ward to reduce risk of admission to ICU.</li> <li>Triage COVID positive patients to ICU - suitable and non-ICU-suitable escalation streams. (Ethics team; Treatment Escalation Plan [TEP])</li> <li>Early coordination with palliative care teams.</li> <li>Prepare/consider commissioning ward 5 as a second red zone (COVID) / prepare staff and environment (2x per phase one)</li> <li>Maintain ATR/ASU as a 'Green Zone', discharge as many patients as safely possible</li> </ul> <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>Supply of adequate PPE is maintained.</li> <li>Other health facilities will not be accepting unnecessary transfers.</li> </ul>	<p><b>TRIGGERS</b></p> <ul style="list-style-type: none"> <li>15+ admitted to general ward and/or 2+ to ICU.</li> </ul> <p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>Maintain focus on life preservation and prevention of disability.</li> <li>Triage to target resources to activities that will deliver the greatest quality of life (QALY) gains.</li> </ul> <p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>All potential admissions to the inpatient wards are to have a ceiling of care plan.</li> <li>Increase acute admission criteria/aggressive triage criteria (e.g. Red/Green) for both hospital admission and Community Based Assessment Centre.</li> <li>Stream &amp; cohort patients: COVID patients to remain in ICU; non-infected, non-suspect patients to be cohorted in PACU &amp; theatre</li> <li>Utilise non-core staff.</li> <li>Commission/consider opening OPD as the next Red zone (COVID). Progress as per previous phases.</li> </ul> <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>As per 'Level 5' plus</li> <li>Ethical decisions on which patients to treat will be required.</li> <li>EOC will give direction about commissioning a community low acuity care centre.</li> </ul>	<p><b>TRIGGERS</b></p> <ul style="list-style-type: none"> <li>Reverse it.</li> <li>Ensure staff well being</li> <li>Ensure Community Knowledge</li> </ul> <p><b>STRATEGIES</b></p> <ul style="list-style-type: none"> <li>Re-grade essential theatre and prioritise urgent cases first</li> <li>Review OPD use and adjust to community need</li> <li>maintain virtual clinics as able</li> <li>Clean Red zones and remodel to business needs</li> </ul> <p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>Moh direction will be given</li> <li>EOC remains as key lead.</li> </ul>

**GOALS OF NEW ZEALAND PANDEMIC PLANNING**

<p><b>GOAL 1</b> Human</p> <p>Minimise the impact of the disease and mitigate the effects on the people of NZ.</p>	<p><b>GOAL 2</b> Social</p> <p>To enable society to continue to function as normally as possible during and after a pandemic.</p>	<p><b>GOAL 3</b> Economic</p> <p>To minimise and mitigate the economic consequences of a pandemic on NZ.</p>
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**COVID-19 WHO Information**

- 0.5% - 5% (percentage) of population affected if there is sustained community transmission
- 80% of cases will be mild requiring minimal medical intervention.
- 15% will be 'severe' Requiring Oxygen (ward level care)
- 5% will require ICU level care
- 0.1% - 1.3% Case fatality rate - increasing in those over 70yrs and those with comorbidities
- Prognostic markers do not appear to have a higher rate of infection or disease severity, and vertical transmission has not been reported
- Minimal Paediatric Cases are expected with very few severe.
- The majority of hospital admissions will be Adult Internal Medicine and Respiratory Services

**Linkages and Key supporting Elements**

- CIMS
- IP & C Strategies and key messages
- HR Plan
- Hospital lock down procedure
- Security plan
- Building and facilities management plan
- Procurement / logistics plan
- Infection control plan.
- WDHB Response Plan COVID-19

Reference: Report of the WHO-COVID Joint Mission on Coronavirus Disease 2019 (COVID-19), 16-24 February 2020

Action	Level one	Level two	Level three	Level four
<b>Aged Care Facilities (ACF)</b>	BAU	Will follow advice from ACF directors Admissions from outside areas may need testing clearance	Will follow advice from ACF directors Admissions from outside areas may need testing clearance	Will follow advice from ACF directors Admissions from outside areas may need testing clearance
<b>CBAC</b> (GP swabbing may be in place)  May or may not also offer seasonal immunisations as part of the strategy	BAU	BAU with consideration of extended hours and expanded locations	Extended opening hours and locations implemented with rosters to cover	Extended opening hours and locations implemented with rosters to cover
<b>Communications department</b>	BAU with direction from MoH re. COVID-19 education		Full communications with public and staff by means of social media, flyers, posters in hospital and written materials	Full communications with public and staff by means of social media, flyers, posters in hospital and written materials
<b>Community providers</b>	BAU	Will follow direction from MoH and own plans	Will follow direction from EOC/MoH	Will follow direction from EOC/MoH
<b>EOC</b>	On stand-by to open	On stand-by to open	Opened and running, will involve both hospital and community	Opened and running, will involve both hospital and community
<b>Equipment procurement</b>	BAU	May begin to limit stock	May begin to limit stock / or use pandemic stores Will be under the EOC direction	May begin to limit stock / or use pandemic stores Will be under the EOC direction
<b>Food services</b>	BAU	BAU but do not enter any isolation rooms/wards	BAU but do not enter any isolation rooms/wards	BAU but do not enter any isolation rooms/wards
<b>Front door/s</b>	QR codes encouragement for use by all persons entering building	Manned front door – all other entrances are locked to the public. Mandatory signing in or QR code used.	Manned front door – all other entrances are locked to the public. Mandatory signing in or QR code use.	Manned front door – all other entrances are locked to the public. Mandatory signing in or QR code use.

		Written documents are completed and sent to patient safety for storage for three months	Written documents are completed and sent to patient safety for storage for three months	Written documents are completed and sent to patient safety for storage for three months
<b>Health point</b>	Will receive information and be the central point of truth regards testing and community facilities	Will receive information and be the central point of truth regards testing and community facilities	Will receive information and be the central point of truth regards testing and community facilities	Will receive information and be the central point of truth regards testing and community facilities
<b>Occupational health</b>	BAU Collect the staff vulnerability assessment form and inform the manager of the staff code	BAU Collect the staff vulnerability assessment form and inform the manager of the staff code	BAU Collect the staff vulnerability assessment form and inform the manager of the staff code	BAU Collect the staff vulnerability assessment form and inform the manager of the staff code
<b>Patient appointments for either OPD or theatre services</b>	BAU	May be reduced to urgent appointments only	Urgent appointments only. May be accompanied by one support person. Must be COVID-19 screened prior	Urgent appointments only. May be accompanied by one support person. Must be COVID-19 screened prior
Tele-health may be used in any level as an option for face to face appointments			PPE may need to be worn	PPE may need to be worn
<b>PPE and isolation for suspected case/s</b>	Standard isolation plus droplet or airborne cares	Standard isolation plus droplet or airborne cares	Standard isolation plus droplet or airborne cares	Standard isolation plus droplet or airborne cares
<b>Public health response</b>	BAU Will follow MOH guidance	Will follow MoH guidance. Review any cases both confirmed and suspected (or HIS, high index of suspicion)	Will follow MoH guidance. review any cases both confirmed and suspected (or HIS, high index of suspicion)	Will follow MoH guidance. review any cases both confirmed and suspected (or HIS, high index of suspicion)
Public health department have ultimate responsibility for all COVID cases. Public health has legislative powers to enforce directions				
<b>Social/cultural/allied health support services (e.g. social work, physio, Haumoana)</b>	BAU	BAU but do not enter any isolation rooms/wards unless rostered to COVID-19 areas	BAU but do not enter any isolation rooms/wards unless rostered to COVID-19 areas	BAU but do not enter any isolation rooms/wards unless rostered to COVID-19 areas

<p><b>Staffing of DHB</b></p> <p>All staff must have completed a vulnerable staff assessment form</p>	BAU	<p>Staffing rosters may be implemented here to ensure staff who have a level below one (1) have limited or no contact with confirmed or probable COVID-19 cases</p> <p>Working from home may be an option for some staff</p>	<p>Staffing rosters implemented to ensure only vulnerable coded staff level one is rostered to work with COVID-19 cases</p> <p>Some staff may need to work from home</p>	<p>Staffing rosters implemented to ensure only vulnerable coded staff level one is rostered to work with COVID-19 cases</p> <p>Some staff may need to work from home</p>
<p><b>Testing of cases and potential cases</b></p>	BAU Follow the MoH guidance	Follow the MoH guidance	Follow the MoH guidance	Follow the MoH guidance
<p><b>Uniform/s</b></p> <p>Space for uniforms to be changed into and out of to be provided as per ward plan</p>	BAU	BAU for non-isolation cases PPE for isolation areas (non-COVID-19)	BAU for non-isolation cases PPE for isolation areas (non-COVID-19) COVID wards Uniforms are provided and laundered	BAU for non-isolation cases PPE for isolation areas (non-COVID-19) COVID wards Uniforms are provided and laundered
<p><b>Ward flow/configuration</b></p>	BAU	Consider splitting of wards to COVID-19 possible and confirmed areas	Designate COVID-19 and COVID-19 free areas as per COVID-19 plan	Designate COVID-19 and COVID-19 free areas as per COVID-19 plan
<p><b>Vaccination campaign</b></p>	BAU  Planning is underway	BAU  Planning is underway	BAU  Planning is underway	BAU  Planning is underway



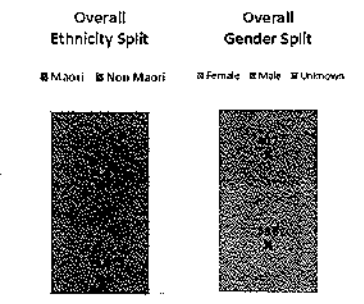
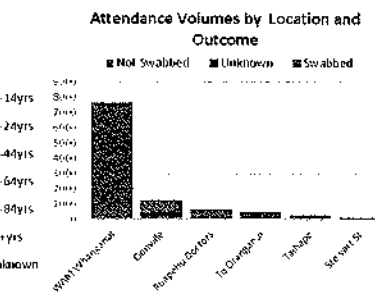
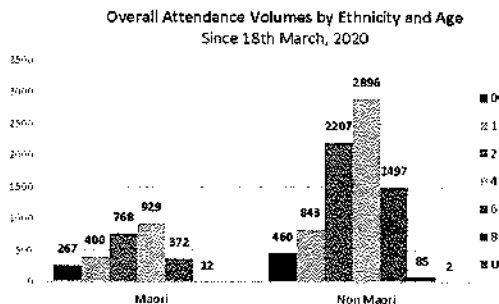
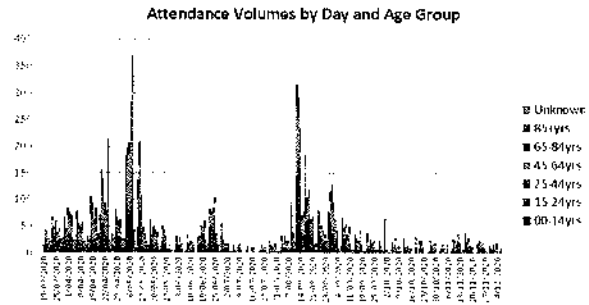
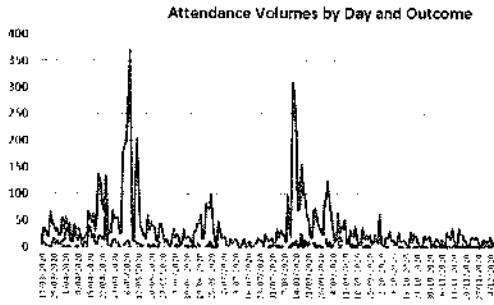


# COVID19 EOC Dashboard

Updated 08/12/2020 @ 09:00am

COVID-Testing									
		MedLab Central Testing Volumes						8 Day Total	
		30/11	01/12	02/12	03/12	04/12	06/12	07/12	
Daily Volumes		20	13	18	12	21	1	0	85
MedLab Tests	10237								
Days since last positive COVID result	235	(17th Apr)							
		Confirmed COVID19 Volumes				WDHB	Other DHB		
		MedLab Positive COVID19				5	2		
		Other Labs Positive COVID19 (WDHB residents)				3			
		Total				8	2		

## Attendance and Testing Volumes



Attendances by Location	30/11	01/12	02/12	03/12	04/12	05/12	06/12	SubTotal
WAM/DHB	13	5	14	5	19	0	1	57
Gonville	0	0	0	0	0	0	0	0
Ruapehu	2	3	0	0	1	0	0	6
Taihape	0	0	0	1	0	0	0	1
Te Oranganui	0	3	2	2	1	0	0	8
Marton	0	0	0	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>11</b>	<b>16</b>	<b>8</b>	<b>21</b>	<b>0</b>	<b>1</b>	<b>72</b>

Swabs by Location	30/11	01/12	02/12	03/12	04/12	05/12	06/12	SubTotal
WAM/DHB	12	4	13	5	18	0	1	53
Gonville	0	0	0	0	0	0	0	0
Ruapehu	2	3	0	0	1	0	0	6
Taihape	0	0	0	1	0	0	0	1
Te Oranganui	0	0	0	0	0	0	0	0
Marton	0	0	0	0	0	0	0	0
<b>Total</b>	<b>14</b>	<b>7</b>	<b>13</b>	<b>6</b>	<b>19</b>	<b>0</b>	<b>1</b>	<b>60</b>

Swabbing Rates	63.5%	63.6%	61.3%	75.0%	60.5%	100.0%	63.3%
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Location	Attendance Totals to date		
	Maori	Non Maori	Total
WAM/DHB	1444	6223	7667
Gonville	470	828	1298
Ruapehu	336	387	723
Taihape	119	222	341
Te Oranganui	354	211	565
Marton	25	119	144
<b>Grand Total</b>	<b>2748</b>	<b>7990</b>	<b>10738</b>

Swab Totals to date		
Maori	Non Maori	Total
1224	5554	6778
302	538	840
276	305	581
94	183	277
258	159	417
19	69	88
<b>2173</b>	<b>6808</b>	<b>8981</b>

## Simon Ward

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**From:** Sarah Marsh  
**Sent:** Thursday, 26 November 2020 12:11 pm  
**To:** Jacqueline Pennefather  
**Cc:** Trish Silk  
**Subject:** Christmas Contingency Plans for Covid Response: Planning From the Public Health Team

Hey Jacqui, this is a bit of a draft. Let us know if you need anything else at this time.

Tomorrow Trish and I are planning to meet with Margaret to get a bit of a flow chart developed, and to clarify with her around her correspondence with Robert Holdaway (Midcentral PH)

### **Christmas Contingency Plans for Covid Response: Planning From the Public Health Team**

**24<sup>th</sup> December 2020- 7th of January 2021**

In collaboration with Midcentral Health Team; Palmerston North ; the PHU and the HPO, both in Mid Central and Whanganui DHB.

As a public health team, we will be led by the health protection team, and will ensure we have on-call staff available to increase workforce capacity over the holiday period.

If there was a case(s), Midcentral would make contact with our on call HPO, whom would contact the Infection control manager on call or patient safety on call support, whom would then make contact with the staff whom have said they are available or those whom are on call.

Will are currently working on our on-call and possible staff available roster over this time and will endeavor to provide

- public health nurse available for contract tracing
- public health nurse available for covid testing (CBAC)
- one nurse on-call rate for CBAC then with backup nurses
- one nurse on-call rate for contract tracing with other backup nurses
- we will do a roster to clarify who's available when / whos on call (between 08:00-20:00pm)

#### **Action Points and Considerations for PH Planning:**

-Develop a flow chart for afterhours management, on call plan.

(For example; manager patient safety manager who will coordinate/contact the CBAC and the public health response, follow on from the medical officer of health (midcentral will provide advice and support for the Health Protection officer Whanganui DHB)

-Consider cultural safety, local support, Haumoana support and to ensure Equity and Safety.

-we need to check whether there is health promotion support available over this time and to look at the Maori Health team availability and support.

- Consider our key health messaging, prevention planning, communication
- we need to ensure we have enough access to PPE
- Communication and Safety of staff
- look at what funding is available to support on call staff
- we need to get our contract tracing team upskilled with the current IT management system working alongside Margaret Tunbridge with case investigation and contract tracing
- Staff Availability from PHN and Roster to be confirmed

Sarah Marsh | Public Health Nurse /Acting PH CNM | Whanganui District Health Board  
P 06 348 3343 | extn 8343 m 021 751513 | email [sarah.marsh@wdhb.org.nz](mailto:sarah.marsh@wdhb.org.nz)

*'Better Health and independence'*  
*'He hauora pai ake, he rangatiratanga'*



## **Notes from COVID-19 planning meeting 13 November 2020**

### Present:

Paul Malan, Margaret Tunbridge, Jacqui Pennefather (scribe), Jane Kerridge, Helen Connole, Juanita Murphy, Karmin Erueti, Itayi Mapanda and Louise Allsopp

### Purpose:

To plan for the ongoing COVID-19 response in the event of WDHB region remaining at alert level one or elevation to a higher level. Being mindful of the Christmas period coming with many areas shutting down.

### WRHN:

Have begun planning for ongoing testing for the region at level one. An escalation plan is being discussed but this mainly sits in the public health area now.

### Health Promotion:

Will require a list of upcoming events to link in with their diary (from Helen Connole) so they can actively approach events to ensure they have health education and plans for any outbreak. The usual messaging from the Ministry of Health is the main thing to ensure is being followed.

Public health team (M Tunbridge) is happy to review outbreak plans.

### Hospital:

Has a current contingency plan for escalation. Readiness remains a focus.

### Public Health:

The COVID-19 focus is now a public health focus. Nurses to be identified and trained by Health Promotion for case review and tracing. Escalation of pop-up type activities as required will be managed by public health.

### Cell phone numbers;

To be added here for all COVID-19 team to have over the Christmas period- please send and I will collate.

Jacqui Pennefather  
Jane Kerridge  
Juanita Murphy  
Louise Allsopp  
Margaret Tunbridge  
Paul Malan  
Trish Silk  
Helen Connole  
Karmin Erueti