TE WAIORA Nelson Marlborough Health

DHB Office
Braemar Campus

Private Bag 18
Nelson, New Zealand

27 April 2021

[redacted]

Response to an updated request for official information–
Key dates and events for COVID-19 Response and Recovery

Dear [redacted]

Thank you for your original request for official information received 28 December 2020 by Nelson Marlborough Health (NMH)[1], which was considered by a multi-agency meeting organised by the Department of the Prime Minister and Cabinet (DPMC).

This subsequent significantly rescoped request serves as a new request and was received via Technical Advisory Services (TAS) on 15 February 2021, followed by a necessary extension of time 15 March 2021 and notice of decision 14 April 2021, where you seek the following documentation by Event or Stage.

Date(s)	Event / Stage	Document Types (One examplar 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
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

[1] Nelson Marlborough District Health Board

NMH response: Please see the attached electronic file with correspondence in the following categories;

1. Situation Reports
2. Action Plans
3. Organisational Charts
4. Debriefs
5. Intelligence Updates
6. Event Logs
7. Resource Requests

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Lexie O'Shea
Chief Executive

Situation Report

DHB Situation Report # 001 as at 09.00 hours on 26/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Tim Casey/ Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 27 1000 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	0228262832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Confirmed cases 18 (10 Marlborough, 8 Nelson/Tasman)
- 3 CBAC operational – demand steady
- Integrated Health ECC structure operational (including Iwi Liaison, Police, Emergency management groups) Other agencies included in weekly meeting schedule

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- No significant change in CBAC demand
- Hospital sites preparing to transition to Hospital Orange status

Actions Taken Last 24 Hours:

- Implemented reduction in planned care and outpatient services
- Simulation training in both hospitals
- Stocktake of PPE and swabs in labs and primary care
- Public Health, Hospital and Primary Community EOCs consolidated structures

Actions/Priorities next 24 hours:

- Implementing referral process from health to emergency management groups to account for non-health impacts
- Continued contact tracing of confirmed cases
- Reinforcing national messaging through community including those most vulnerable

Resources Needed:

- Essential equipment under review. Demands to follow as required
-
-

Psychosocial:

Psychosocial preparedness and planning underway:

- Implementation fully actioned and regularly reviewed

Current status of psychosocial needs of staff:

- Significant plan in place and being implemented

Current status of psychosocial needs of local communities:

- Māori, Pacific and Vulnerable populations Action Group operational. Planning and strong relationship across all areas

Issues or limitations

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Old netball courts, Horton Park, 29b Redwood Street	8:30 - 17:30	Drive in/referral	39	11
32 Tudor Street, Motueka	8:30 - 17:30	Walk in/referral	10	1
168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	40	8

Additional Concerns/comments (if any):

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 10:26**	**Date: 26/03/2020**

Situation Report

DHB Situation Report # 002 as at 09.00 hours on 27/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Tim Casey/ Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 1000 28 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	022 826 2832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Confirmed cases n =18
- CBAC operational – demand steady
- As of 07:30 3 patients in isolation Nelson Hospital – (1 confirmed Covid positive)
- As of 07:30 3 patients in isolation in Wairau Hospital (1 confirmed Covid positive)
- Planning additional bed capacity in the community to be available as needed

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- CBAC demand expected to remain constant
- Hospital in Orange status

Actions Taken Last 24 Hours:

- Continued reduction in planned care and outpatient services
- Simulation training in both hospitals completed
- Stocktake of PPE and swabs in labs and primary care completed

Actions/Priorities next 24 hours:

- Refining pathways for use of isolation accommodation from local businesses in anticipation of predicted demand
- Continued contact tracing of confirmed cases

Resources Needed:

- Essential equipment needs identified.
-

Psychosocial:

Psychosocial preparedness and planning underway:

- Incorporation of clinical health staff as members of CDEM Welfare team
- Focus on children at risk

Current status of psychosocial needs of staff:

- Good interagency collaboration and iwi partnership progressing

Current status of psychosocial needs of local communities:

- Sub-group to identify vulnerable populations in shared accommodation

Issues or limitations

- None currently identified

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Old netball courts, Horton Park, 29b Redwood Street, Blenheim	8:30 - 17:30	Drive in/referral	33	10
32 Tudor Street, Motueka	8:30 - 17:30	Walk in/referral	11	5
168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	36	15

Additional Concerns/comments (if any):

- Systemic response to vulnerable population expected to identify unmet health, disability and social needs. Planning underway to respond
- Significant public and staff anxiety about PPE Supply, including messaging about supply levels

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 10:17**	**Date: 27/03/2020**

Situation Report

DHB Situation Report # 004 as at 09.00 hours on 29/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 1000 29 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	022 826 2832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Confirmed cases n =19. 1 new cases reported to Medical Officer of Health as at 09:00. Travel related and has been self-isolating since return
- CBAC operational – Testing numbers steady
- As of 07:30 1 patient in Nelson Hospital – (confirmed Covid positive –ICU – condition stable)
- As of 07:30 3 patients in isolation in Wairau Hospital (1 confirmed Covid positive)

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- CBAC demand expected to remain constant

Actions Taken Last 24 Hours:

- Continued reduction in planned care and outpatient services
- Preparation and cleaning of additional community beds to be ready as needed

Actions/Priorities next 24 hours:

- Welfare referrals and pathways being agreed. Expecting increasing demand
- Finalising community accommodation for quarantine
- Continued contact tracing of confirmed cases

Resources Needed:

- Essential equipment needs identified.

Psychosocial:

Psychosocial preparedness and planning underway:

- Alignment with Iwi welfare programme

- Planning for response for homeless in the district

Current status of psychosocial needs of staff:

- Good interagency collaboration and iwi partnership continues

Current status of psychosocial needs of local communities:

- Sub-group to identify vulnerable populations in shared accommodation

Issues or limitations

- None currently identified

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Old netball courts, Horton Park, 29b Redwood Street, Blenheim	8:30 - 17:30	Drive in/referral	13	6
32 Tudor Street, Motueka	8:30 - 17:30	Walk in/referral	5	2
168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	27	14

Additional Concerns/comments (if any):

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 09:55**	**Date: 29/03/2020**

Situation Report

DHB Situation Report # 004 as at 09.00 hours on 29/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 1000 30 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	022 826 2832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Confirmed cases n =20. 2 new cases reported to Medical Officer of Health as at 09:00.
- CBAC operational – Testing numbers steady
- As of 07:30 1 patient in Nelson Hospital – (confirmed Covid positive –ICU – condition stable)
- As of 07:30 4 patients in isolation in Wairau Hospital (1 Covid positive, 3 suspected)

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- CBAC demand expected to remain constant

Actions Taken Last 24 Hours:

- Continued reduction in planned care and outpatient services
- Preparation and cleaning of additional community beds to be ready as needed

Actions/Priorities next 24 hours:

- Welfare referrals and pathways being finalised. Expecting increasing demand
- Continued contact tracing of confirmed cases

Resources Needed:

- Essential equipment needs identified.

Psychosocial:

Psychosocial preparedness and planning underway:

- Alignment with Iwi welfare programme
- Planning for response for homeless in the district.

Current status of psychosocial needs of staff:

- Good interagency collaboration and iwi partnership continues

Current status of psychosocial needs of local communities:

- Sub-group to identify vulnerable populations in shared accommodation

Issues or limitations

- None currently identified

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Old netball courts, Horton Park, 29b Redwood Street, Blenheim	8:30 - 17:30	Drive in/referral	13	6
32 Tudor Street, Motueka	8:30 - 17:30	Walk in/referral	5	2
168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	27	14

Additional Concerns/comments (if any):

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 09:33**	**Date: 29/03/2020**

Situation Report

DHB Situation Report # 006 as at 09.00 hours on 31/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 1000 31 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	022 826 2832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Case n =21 (19 confirmed +2 suspected)
- 2 new cases reported to Medical Officer of Health as at 09:00.
- CBAC operational – increase in numbers, especially in Nelson
- As of 07:30 3 patient in Nelson Hospital – (1 confirmed Covid positive –ICU – condition stable; 2 suspect)
- As of 07:30 2 patients in Wairau Hospital (1 confirmed Covid positive; 1 suspect)

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- CBAC demand expected to remain constant

Actions Taken Last 24 Hours:

- Contact tracing continues
- Preparation of traveller follow up processes
- Streamline community communication process

Actions/Priorities next 24 hours:

- Continued contact tracing of confirmed cases
- Assessment of impact on provider services

Resources Needed:

- Essential equipment needs identified.

Psychosocial:

Psychosocial preparedness and planning underway:

- Alignment with Iwi welfare programme

- Continued alignment of response for homeless in the district.

Current status of psychosocial needs of staff:

- Good interagency collaboration and iwi partnership continues

Current status of psychosocial needs of local communities:

- Welfare referral system active

Issues or limitations

- None currently identified

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
Old netball courts, Horton Park, 29b Redwood Street, Blenheim	8:30 - 17:30	Drive in/referral	25	12
32 Tudor Street, Motueka	8:30 - 17:30	Walk in/referral	16	4
168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	59	16

Additional Concerns/comments (if any):

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 10:00**	**Date: 31/03/2020**

Situation Report

DHB Situation Report # 006 as at 09.00 hours on 31/03/2020 Submit to NHCC_Intelligence@health.govt.nz by 10.00hrs	
Event Name: Covid-19	**Prepared by:** Keith Marshall
Health Coordinator: Hilary Exton	**Contact details:** DDI: 027 246 1045 Email: hilary.exton@nmdhb.govt.nz
Report released to: NHCC	**Next report expected at:** 1000 31 Mar 2020

Incident Management Team (edit depending on team makeup)		
Role	**Name**	**Contact No**
Health Coordinator	Hilary Exton	027 246 1045
Response Manager	Tim Casey	021 613 137
Planning & Intelligence	Keith Marshall	027 702 3162
Logistics	Kevin Broughton	022 658 1306
Welfare / Psychosocial	Jane Kinsey	027 672 0044
Maori Liaison	Ditre Tamatea	022 826 2832
Community & Primary Care	Cathy O'Malley	027 466 0204
Communications	Stephanie Gray	027 446 6799

Overview

Current Local Situation:

- Case n =21 (19 confirmed +2 suspected)
- 2 new cases reported to Medical Officer of Health as at 09:00.
- CBAC operational – increase in numbers, especially in Nelson
- As of 07:30 3 patient in Nelson Hospital – (1 confirmed Covid positive –ICU – condition stable; 2 suspect)
- As of 07:30 2 patients in Wairau Hospital (1 confirmed Covid positive; 1 suspect)

Predicted Progression next 24 hours:

- Confirmed cases expected to increase.
- CBAC demand expected to remain constant

Actions Taken Last 24 Hours:

- Contact tracing continues
- Preparation of traveller follow up processes
- Streamline community communication process

Actions/Priorities next 24 hours:

- Continued contact tracing of confirmed cases
- Assessment of impact on provider services

Resources Needed:

- Essential equipment needs identified.

Psychosocial:

Psychosocial preparedness and planning underway:

- Alignment with Iwi welfare programme

- Continued alignment of response for homeless in the district.

Current status of psychosocial needs of staff:

- Good interagency collaboration and iwi partnership continues

Current status of psychosocial needs of local communities:

- Welfare referral system active

Issues or limitations

- None currently identified

Regional CBAC Information (include CBACS opening on date of this report)				
CBAC Location (street address or name)	Operating Hours	Access (walk in/drive through/referral only)	Presentations last 24 hours	Swabs taken last 24 hours
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168 Tahunanui Drive, Nelson	09:00 – 18:00	Drive in/referral	59	16

Additional Concerns/comments (if any):

Situation Report Approved by:		
Name & Position: **Hilary Exton, Health Coordinator**	**Time: 10:00**	**Date: 31/03/2020**

Incident Action Plan 001/20: Nelson Marlborough Health COVID-19 Response – 09-16 March 2020

References:

A. Ministry of Health SITREP 48 COVID-19 released 8 Mar 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health
D. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
E. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
F. NMH Pandemic Plan Community and Primary reviewed Mar 2020
G. NMH Novel Coronavirus Update #7 released 6 Mar 2020
H. Updated Advice for Health Professionals released 7 Mar 2020
I. NMH Novel Coronavirus Update #8 released 10 Mar 2020

*All times used in this Action Plan are **New Zealand Daylight Time***

Situation

Global.

Coronaviruses are a large and diverse family of viruses which include some known to cause illness in animals and humans, including the common cold, severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS).

A novel coronavirus currently called SARS-CoV-2 caused a cluster of viral respiratory illness (COVID-19) in Wuhan that had not previously been detected in humans or animals.

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. Phylogenetic analysis shows it to be related to SARS CoV, the virus responsible for the SARS pandemic which began in China in 20031.

The number of detected cases due to COVID-19 has rapidly increased in Wuhan, but elsewhere in China the increase has been slower. Individual cases have been detected in many other countries, with a significant proportion of these countries now reporting local transmission and some of them community transmission. A large outbreak also occurred on a cruise ship. The virus can be spread through person-to-person contact.

The clinical signs and symptoms of COVID-19 infection that have been reported range from non-specific respiratory symptoms such as fever and cough, to shortness of breath and symptoms of pneumonia and severe acute respiratory infection. Reports suggest that most cases have mild illness, with up to 20 percent having more severe illness requiring hospitalisation (mainly due to pneumonia). The virus has an approximately two percent fatality rate with most of those who have died from the virus to date suffering from pre-existing health problems.

As at 07 March 2020, globally there has been 101,927 confirmed cases in total and 3,486 confirmed deaths in total. In total, 93 countries and territories have reported confirmed cases. The three main regions that have reported new cases are Western Pacific with 590 new cases, European region with 1,671 new cases, and the Eastern Mediterranean region with 1,269 new cases. 85 new cases have been reported in the Americas region.

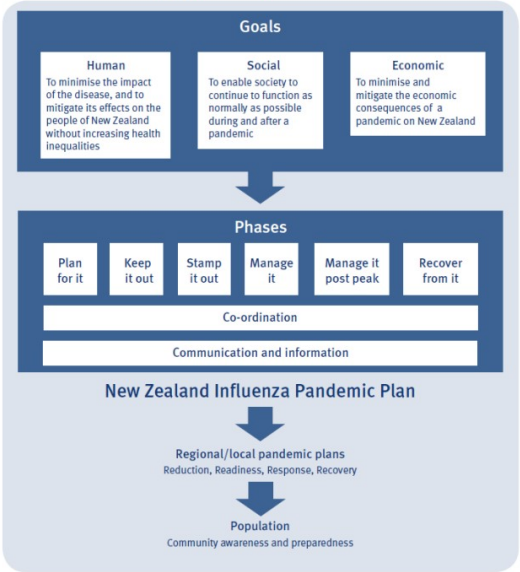
National.

The Ministry of Health remains the single point of up-to-date information on COVID-19.

Effective from 30 January 2020, novel coronavirus capable of causing respiratory illness was made a notifiable infectious disease under the Health Act 1956.

ESR, Canterbury Health Laboratories (CHL) and LabPLUS in Auckland are providing a novel coronavirus diagnostic test. They accept respiratory samples from suspected cases that meet the current Ministry of Health case definition. This case definition was updated on 07 March 2020 to reinforce the requirement for clinical judgement to assess whether someone should be tested or not, noting the rapidly changing global context. As at 08 March 2020 ESR reports 5 confirmed cases in New Zealand (all in the Auckland area), 1 probable case, 224 negative results and 44 cases under investigation.

Figure 1: New Zealand strategic approach to a pandemic



District wide.

As at 08 March 2020 there are no confirmed cases of COVID-19 within the Nelson Marlborough region. There are four people in self - isolation/quarantine and a number of people in voluntary self-quarantine.[1] NMH has established an Emergency Response structure to coordinate the district wide health response:

[1] Self-quarantine refers to people who are avoiding contact with others because they may have been exposed to COVID-19. Self-isolation would normally refer to people who are avoiding contact with others because they themselves have COVID-19, however, since the start of the outbreak 'self-isolation' has been used by the World Health Organization and others to refer to people who may have been exposed to COVID-19. NMH will use the more appropriate term, self-quarantine, but appreciate that the public are now more familiar with the term self-isolation, which may continue to be used in public messaging.

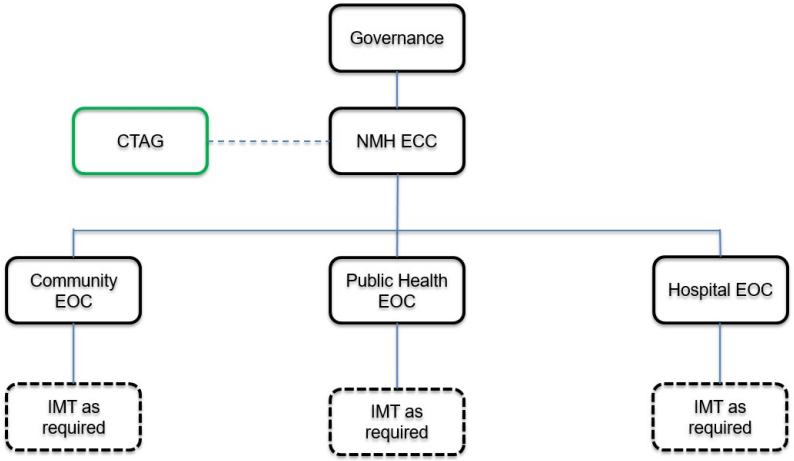


Exhibit 1. NMH Response Structure.

NMH is the lead agency for the wider district response to COVID-19.

Objectives

Two up. World Health Organisation's strategic objectives are:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation; and
- Minimize social and economic impact through multisector partnerships.

One up. The New Zealand Government's current objectives in responding to COVID-19 are:

- To minimise the impact of the disease and to mitigate its effects on the people of New Zealand without increasing health inequalities.
- Control and/or eliminate any clusters found in New Zealand.

NMH. NMH's current objectives in responding to COVID-19 are:

- Purpose. Protect the health of the population of Nelson Marlborough.
- Method. NMH will coordinate a whole of system response nested with the stages of the pandemic action plan. Primary and Community, Public Health and Hospital Operations Centres will synchronise resources based on the most up to date risk assessment and operational priorities. Supporting agencies and other stakeholders will be collaborated with to best support the health of the population.
- End state. NMH is well prepared to coordinate a whole of system response focused on stamping COVID-19 out through proactive social distancing and contact tracing, managing COVID-19 through primary care, secondary care and adapted community based assessment centres

as required, recovering post peak ensuring impact on the population of Nelson Marlborough is minimised without increasing health inequalities and clinical and clinical support staff are supported through each phase of the response to ensure their enduring safety and wellbeing.

Risk Assessment. This assessment is undertaken based on the information available on 09 March 2020. This is a rapidly evolving situation and there is currently limited information available to inform this risk assessment. Therefore, the level of uncertainty is high, and this assessment takes a precautionary approach.

Importation risk: Even with the containment measures in place and the border measures currently in place for arrivals from Category one countries, the likelihood of cases being imported into New Zealand from these countries remains high.

Given the daily increase in countries reporting cases and the number of countries reporting local transmission, our geographic accessibility and taking into account the varied public health capacity amongst other countries, the likelihood of one or more cases being imported to New Zealand from other countries is currently moderate. However, if transmission continues to increase outside of China, the importation risk for New Zealand will need to be reassessed again.

Risk of transmission within New Zealand: Based on the current situation outside of China and on the available evidence, including limited evidence of pre-symptomatic spread and super spreader events the likelihood of limited transmission in New Zealand is high, the likelihood of sustained transmission is moderate and the likelihood of widespread outbreaks is low. This assessment assumes that cases are detected in a timely manner and that infection prevention and control measures are implemented promptly. However, if the virus is not rapidly detected, infection control measures are not in place, or if there is significant transmission from asymptomatic or mild cases, the likelihood of further transmission in community settings would be considered very high.

Public health impact: The impact on the sector and the public from this emerging issue and preparedness work for COVID-19 is already significant. The public health impact of one or more cases in New Zealand would be high both for public health staff, the wider health sector and the community.

Public health risk: Given the assessment of the likelihood of importation, the likelihood of transmission in New Zealand and the public health impact, the overall public health risk from this event is considered high.

Modelling of importation risk. ESR has provided the following advice on the potential number of cases arriving in New Zealand from overseas - note this excludes local person to person transmission. Based on country case data, the number of importations to New Zealand as 06 March 2020 and current rates of travel, the number of imported cases expected to arrive in New Zealand over the *7-day period from 06 March 2020 is between one and eight cases.*

Execution

Health ECC.

Grouping: Pam Kiesanowski, Hilary Exton, Tim Casey, Nick Baker, Stephanie Gray, Kevin Broughton, Jane Kinsey, Trish Casey, Ditre Tamatea, Cathy O'Malley, Lexie O'Shea, Sonya Briggs, Stephen Bridgman.

Task. Command and control district wide COVID-19 response.
Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Chair Pre Triage Space Working Group (9-12 March). Pam K
- Procure two caravans and establish ongoing supply chain. Kevin
- Procure four 'portaloos' in support of triage space. Kevin
- Scope availability of four 'portacabins' no later than 11 March. Kevin
- Confirm Health Coordinator roster. Tim

Public Health EOC.

Task. Command and control district wide public health operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Lead service in 'stamp it Out'.
- Comply with staff travel advice.
- Comply with staff return to work policy.
- Report any use of Statutory Powers to the ECC.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

Community and Primary EOC.

Task. Command and control district wide community and primary care operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Establish 'Red Stream Clinic' in accordance with triggers (now).
- Be prepared to establish CBACs in accordance with triggers (establishment of ATR treatment facilities at Nelson/Wairau).
- Comply with staff travel advice (NMH staff).
- Comply with staff return to work policy (NMH staff).
- Offer return to work and staff travel advice to community providers for reference.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

Hospital EOC.

Task. Command and control district wide hospital operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Establish Pre triage space in consultation with MIC and UCC in accordance with triggers (now).

- Be prepared to establish ATR treatment facilities in accordance with triggers (3 x 'side rooms' occupied).
- Complete review of Nelson and Wairau Hospital Pandemic Plans no later than 12 Mar 2020.
- Facilitate mask fit testing for all staff likely to undertake aerosolised procedures with support of ICT.
- Review all public access points and ensure clear COVID-19 signage visible.
- Comply with staff travel advice.
- Comply with staff return to work policy.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

CTAG.

Task. Provide technical advice in support of the NMH COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Supporting Agencies.

Grouping. Nelson Tasman Emergency Management Group, NCC, TDC, MDC, NZ Police, FENZ, DOC Nelson Tasman Ops.

- Requested to attend/dial in to weekly update briefs.
- Requested to provide supporting tasks as outlined in ref B.

Coordinating Instructions.

Meeting Rhythm. A weekly meeting rhythm is attached at enclosure 1. Meetings are to be kept to a minimum and Controllers are to give consideration to enabling remote attendance as much as possible.

Health Coordinator's Critical Information Requirements.

Health Coordinator's Critical Information Requirements		
Information Requirement	**Reported by**	**Via what means/ when**
Suspected COVID-19 case	PH EOC	Phone/ immediately
Hospital isolation rooms at 66% capacity	Hospital EOC	Phone/ immediately
Unable to accommodate person requiring home isolation	PH EOC	Phone/ immediately
Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Releavnt EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Weekly Report Fri
Changes to BAU services	Relevant EOC	Within 12 hours.

Elective and semi acute surgery that can be deferred position. Patients are to be contacted at least 48 hours prior to surgery asked about travel history and whether they have any respiratory symptoms:

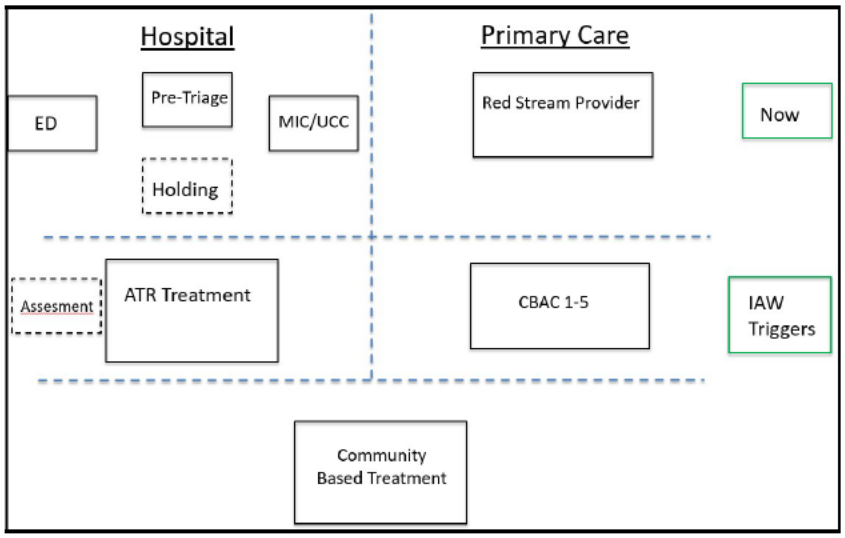
- No travel overseas last 28 days and no respiratory symptoms – surgery proceed.
- Travel to Cat 1A, 1B or 2 country in the last 28 days and no respiratory symptoms – surgery postponed until at least 28 days after return to New Zealand. Remind to monitor symptoms and contact healthline if concerned.

- No Travel overseas and respiratory symptoms – surgery postponed until symptoms cease. Remind to monitor symptoms and contact healthline if concerned.
- Travel to other countries in the last 28 days – information taken and considered by appropriate clinical staff/service manager based on sound risk assessment, Infection Control Nurse, DON, CMO and MOoH available to provide counsel.

Outpatient position. All patients with scheduled outpatient appointments are to also be contacted at least 48 hours prior to the appointment. The same decision making tree outlined in the 'Elective and semi acute surgery that be deferred position' is to be applied.

Staff travel and return to work advice. The staff travel and return to work advice outlined in ref I is to be complied with by all NMH staff. External healthcare providers are offered the opportunity to implement commensurate advice.

Triggers for escalation. It is critical that escalation within the primary care environment is synchronised with the hospital setting or we risk one system being inundated. The diagram below explains the relationship between two critical escalation points across the district.



Trigger for Hospital pre-triage establishment and creation of a 'red stream' primary care provider – transition to 'Keep it Out' (now).
Trigger for decant and repurpose of ATR/ ATR-Medical and initial CBAC – 50% of isolation rooms occupied at Nelson or Wairau.

PPE. The MoH website outlines PPE standards for health professionals at the following link [COVID-19 (novel coronavirus) questions and answers for primary health care workers | Ministry of Health NZ]

Administration and Logistics

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC Logistics Function weekly.

PPE access. The issue of ensuring patients have access to face masks prior to entering a facility is proving difficult to solve noting the relative limited stock and likely extended dependency. EOCs are encouraged to delegate processes to the lowest level in order to encourage innovative solutions to ensure patients with respiratory symptoms or high risk travel history have access to a mask before coming into close contact with staff.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. If the expenditure is critical and the Health Coordinator is unavailable for any reason, an EOC Controller can approve in principle.

Wages. The Welfare (internal HR) Function is to ensure a separate COVID-19 salary code is created to track personnel costs.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

Priority of communications. The priority of communications is:

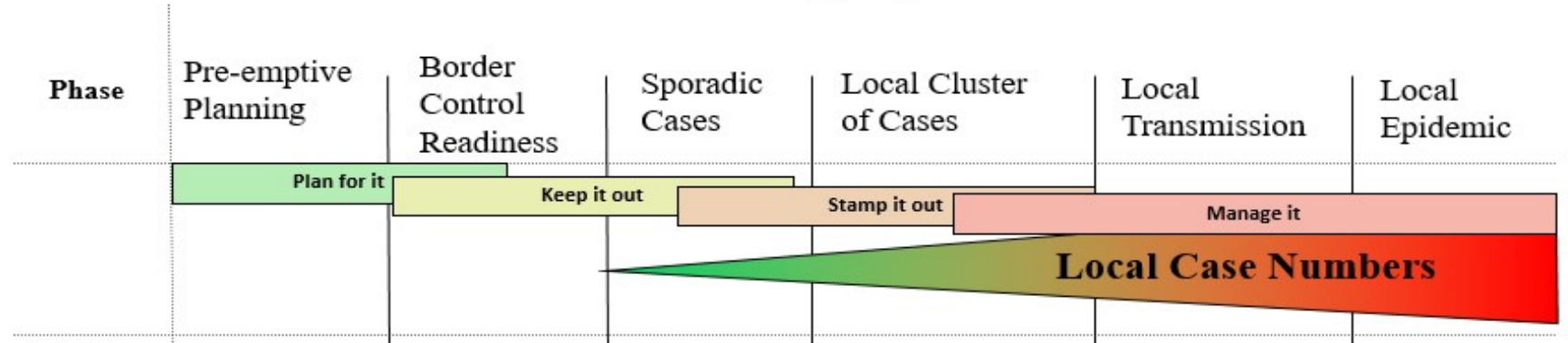
- Face to Face
- Telephone/video conference
- Email

This will be reviewed weekly based on infection control advice.

Prepared and released by: Tim Casey, Health Coordinator

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM								
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**		**Saturday**	**Sunday**
0700								
0800		Community & Primary EOC Update Brief - C&P EOC			Community & Primary EOC Update Brief - C&P EOC			
0900	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC		NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC
1000								
1100	Hopsital EOC Update Brief - Hospital EOC	Hopsital EOC Update Brief - Hospital EOC	Hopsital EOC Update Brief - Hospital EOC	Hopsital EOC Update Brief - Hospital EOC	Hopsital EOC Update Brief - Hospital EOC	Public Health EOC Update Brief - PH EOC		
1200					Multidisciplinary Clinical Update - Clinical staff			
1300	Public Health EOC Update Brief - PH EOC				Inter-agency Update - Hlth Coordinator, CMO, EM Advisor	CTAG Meeting - CTAG		
1400			Public Health EOC Update Brief - PH EOC					
1500								
1600		MoH NHCC Telecon - MOoH/ Hlth Coordinator		MoH NHCC Telecon - MOoH/ Hlth Coordinator				
1700								
Overnight								

Escalation of an Emerging Infectious Disease



Phase	Pre-emptive Planning	Border Control Readiness	Sporadic Cases	Local Cluster of Cases	Local Transmission	Local Epidemic
Active Case Numbers	Nil	Nil in NZ	1 – 20	15 - 50	50 - 1000	> 1000
Public Health Action	Planning Strategy Building Capacity	Border Control Surveillance Travel Advice & Control	Meticulous Case Isolation Contact Tracing	Meticulous Case Isolation High Capacity Contact Tracing	Community Distancing, School Closure, Business Shut Down, Enhanced home support, home supplies	Community welfare, vulnerable people
Hospital Action	Planning Strategy Building Capacity	PPE stock take, training, Patient flow clear	Door signage, PPE readiness, Patient flow, surge capacity planning	Patient streaming, Cohort Isolation CBAC, triage, treatment spaces in community	Repurpose facilities, streaming, cohort isolation, community facilities open	Cases not managed in hospital, Community Facilities all open
Primary Care Action	Planning, Communication Trees	Build Knowledge, PPE stocks and training	Case diversion, Case Identification Safe Transfers	Case diversion, CBAC, Community comms Contact follow up and advice	Case Management	Support Community Based Care
Whole Community	Alert to Risks, Have health care home Hygiene measure	Basic hygiene advice and up skilling, ACPs	Reinforce good practice, Business continuity, ACP	Know your neighbours be ready to support, supply chain planning, ACP	Wide spread disruption, welfare challenges, key services continuity	Safety, Welfare Support neighbours

Incident Action Plan 002/20: Nelson Marlborough Health COVID-19 Response – 16-23 March 2020

References:

A. Ministry of Health SITREP 55 COVID-19 released 8 Mar 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health webpage: COVID-19 (novel coronavirus) | Ministry of Health NZ
D. Ministry of Health Updated Advice to Health Professionals released 14 Mar 2020
E. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
F. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
G. NMH Pandemic Plan Community and Primary reviewed Mar 2020
H. NMH Novel Coronavirus Update #9 released 10 Mar 2020

*All times used in this Action Plan are **New Zealand Daylight Time***

Situation

Global.

Nine new countries/territories/areas (African Region [7], European Region [1] and Region of Americas [1]) in have reported cases of COVID-19 in the past 24 hours.

The Director-General said yesterday that Europe has now become the epicentre of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China. Many countries are now acting on the eight pillars of WHO's Strategic Preparedness and Response Plan.

WHO published guidance on 'Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected' on 13 March. The document provides clinicians with updated interim guidance on timely, effective, and safe supportive management of patients with suspected and confirmed COVID-19.

National.

Effective from 30 January 2020, novel coronavirus capable of causing respiratory illness was made a notifiable infectious disease under the Health Act 1956.

ESR, Canterbury Health Laboratories (CHL), LabPLUS in Auckland and Southern Community Laboratories in Dunedin are providing a novel coronavirus diagnostic test. They accept respiratory samples from suspected cases that meet the current Ministry of Health case definition.

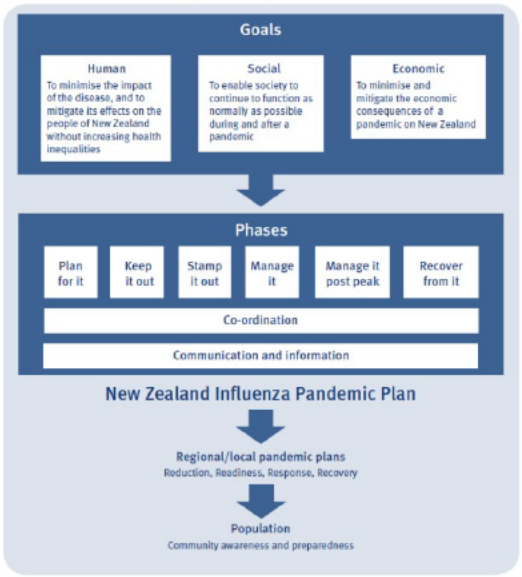
As of 15 March 2020, there are eight confirmed cases and two probable cases. One of the eight cases in NZ was diagnosed and confirmed in Australia. It will be reported to the WHO by Australia. There have been 514 negative cases of COVID-19 in New Zealand. There are 67 cases that are classified as under investigation.

Of the eight confirmed cases, one case has travel history to Denmark, one has travel history to United States of America, one has travel history to Iran, two have travel history to Northern Italy, and two are household contacts of the probable case who was exposed in Iran. The eighth case was diagnosed and confirmed in Australia and then travelled to New Zealand.

Health line is experiencing high volumes of calls and continues to add resources and people to the team, to manage these. The Ministry is

actively working with health line to find ways to further boost its workforce.

Figure 1: New Zealand strategic approach to a pandemic



District wide.

As at 15 March 2020 there are no confirmed cases of COVID-19 within the Nelson Marlborough region. There are a number of people in both self - isolation/quarantine and in voluntary self-quarantine. Changes to the border control policy have increased requirements in this space and a complete audit will be conducted by the Public Health EOC in the next 24 hours. NMH has established an Emergency Response structure to coordinate the district wide health response:

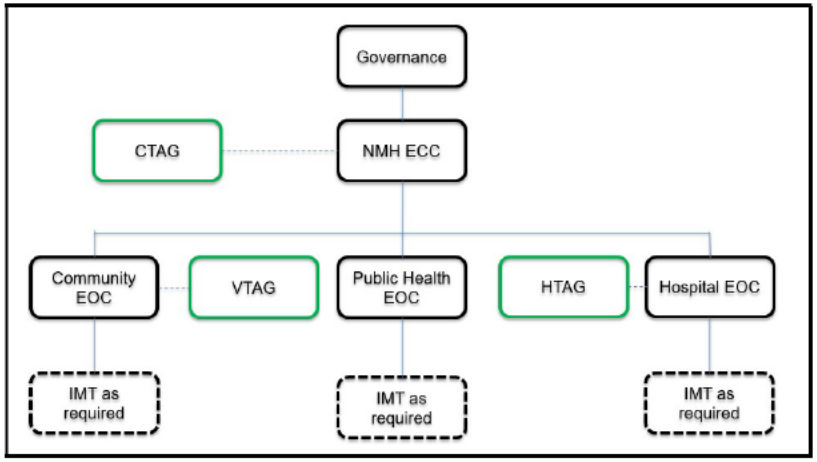


Exhibit 1. NMH Response Structure.

Current ECC manning is pictured below:

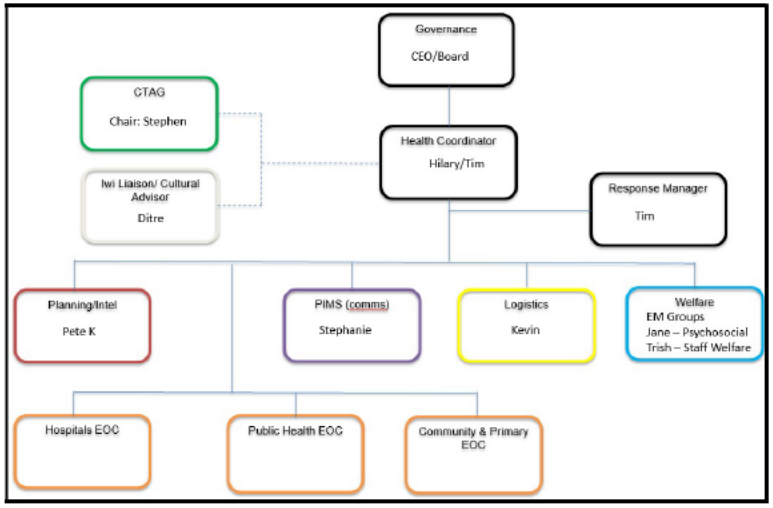


Exhibit 2. NMH ECC staffing.

NMH is the lead agency for the wider district response to COVID-19. The All of Government structure is outlined at the following link: J:\Pandemic\2019 Novel Coronavirus Response\8. MOH Updates\Final - COVID-19 AOG Coordination Structure 09.03.20.pdf

Objectives

Two up. World Health Organisation's strategic objectives are:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation; and
- Minimize social and economic impact through multisector partnerships.

One up. The New Zealand Government's current objectives in responding to COVID-19 are:

- To minimise the impact of the disease and to mitigate its effects on the people of New Zealand without increasing health inequalities.
- Control and/or eliminate any clusters found in New Zealand.

NZ Border control.
On 14 March 2020 the thirteenth Border Advisory relating to COVID-19 was released. The Border Advisory added an update on the current situation as well as an update on additional border measures announced by Cabinet.

The additional border measures announced by Cabinet are:
Category 1A: Mainland China and Iran: current measures continue

Category 1B: Travellers arriving from the rest of the world, except the Pacific. The Pacific is defined as all Pacific Islands Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna. All these travellers (New Zealanders and foreign nationals) will be expected to self-isolate for 14 days on arrival in New Zealand.

Category 2: The Pacific. All these travellers (New Zealanders and foreign nationals) will be expected to self-isolate if they show symptoms within 14 days of arrival.

Self-isolation expectations do not apply to air (including positioning crew) and marine crew who have taken appropriate infection control and PPE measures as required.

The new Category 1B and Category 2 designations will take effect from 23:59 Sunday 15 March 2020, for a duration of 16 days, and will be reviewed by Monday 30 March 2020.

A temporary ban on the entry of cruise ships to New Zealand's territorial waters on public health grounds, will take effect from 23:59 on 14 March 2020.

The border measures do not apply to cargo ships or marine crew, to keep sea freight routes open for imports and exports, including essential supplies.

NMH. NMH's current objectives in responding to COVID-19 are:

- Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequalities.
- Method. NMH will coordinate a whole of system response nested with the stages of the pandemic action plan. Primary and Community, Public Health and Hospital Operations Centres will synchronise resources based on the most up to date risk assessment and operational priorities. Supporting agencies and other stakeholders will be collaborated with to best support the health of the population.
- End state. NMH is well prepared to coordinate a whole of system response focused on stamping COVID-19 out through proactive social distancing and contact tracing, managing COVID-19 through primary care, secondary care and adapted community based assessment centres as required, recovering post peak ensuring impact on the population of Nelson Marlborough is minimised without increasing health inequalities and clinical and clinical support staff are supported through each phase of the response to ensure their enduring safety and wellbeing.

Mission. NMH is to PROTECT the health of the Nelson Marlborough population from 30 Jan 2020 in order to minimise the impact of COVID-19 without increasing health inequalities.

Execution

Health ECC.

Grouping: Pam Kiesanowski, Hilary Exton, Tim Casey, Nick Baker, Stephanie Gray, Kevin Broughton, Jane Kinsey, Trish Casey, Ditre Tamatea, Cathy O'Malley, Lexie O'Shea, Sonya Briggs, Stephen Bridgman.

Task. Command and control district wide COVID-19 response.
Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequalities.

Additional Tasks (New tasks in red).

- Support Community EOC in planning for CBAC establishment Pam K/ Pete K
- Confirm pay code from payroll for COVID-19 staff hours. Trish
- Support CBAC establishment logistics needs. Kevin
- Draft response to MoH Request for Information no later than 17 1200 Mar 20. Kevin

- Provide psychosocial lead in EM Group led Welfare Group. Jane
- Assume Health Coordinator role from 18-25 Mar 20. Tim

Public Health EOC.

Task. Command and control district wide public health operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Confirm number of people in directed isolation/quarantine within the district no later than 18 0900 Mar 20.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 20 Mar 20
- Comply with staff travel advice.
- Comply with staff return to work policy.
- Report any use of Statutory Powers to the ECC.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

Community and Primary EOC.

Task. Command and control district wide community and primary care operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Establish CBACs (minimalist but scalable) in Golden Bay, Murchison, Nelson/Tasman, Picton and Blenheim no later than Fri 20 Mar 20.
- Continue to develop CBAC enhancement plan once established.
- Conduct simulated rehearsals of patient flow from each CBAC location no later than Thu 19 Mar 20.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 20 Mar 20
- Comply with staff travel advice (NMH staff).
- Comply with staff return to work policy (NMH staff).
- Offer return to work and staff travel advice to community providers for reference.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

Hospital EOC (New tasks in red)**.**

Task. Command and control district wide hospital operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Implement pre triage concept in collaboration with MIC/UCC on order and not before 18 Mar 20.
- Conduct rehearsal of patient flow based on current state, implementation of pre-triage protacom and implementation of ATR assessment capacity at least weekly.

- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 20 Mar 20.
- Be prepared to establish ATR treatment facilities in accordance with triggers (50% of 'side rooms' occupied).
- Facilitate mask fit testing for all staff likely to undertake aerosolised procedures with support of ICT.
- Review all public access points and ensure clear COVID-19 signage visible.
- Comply with staff travel advice.
- Comply with staff return to work policy.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

CTAG.

Task. Provide technical advice in support of the NMH COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Hospital TAG (In direct support to Hospital EOC).

Task. Provide technical advice in support of the Hospital EOC's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Vulnerable Population TAG (In direct support to Community and Primary EOC).

Task. Provide technical advice to ensure vulnerable people are supported and health inequalities are not increased during NMH's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Supporting Agencies (New tasks in red).

Grouping. Nelson Tasman Emergency Management Group, Marlborough Emergency Management Group NCC, TDC, MDC, NZ Police, FENZ, MBIE, MSD, Ministry of Education, DOC, Oranga Tamariki, NZDF, Ministry of Transport.

- Requested to attend/dial in to weekly update briefs.
- Requested to provide supporting tasks as outlined in ref B.
- Requested to provide primary PIMS point of contact to pete.kara@nmdhb.govt.nz no later than 18 1700 Mar 20.

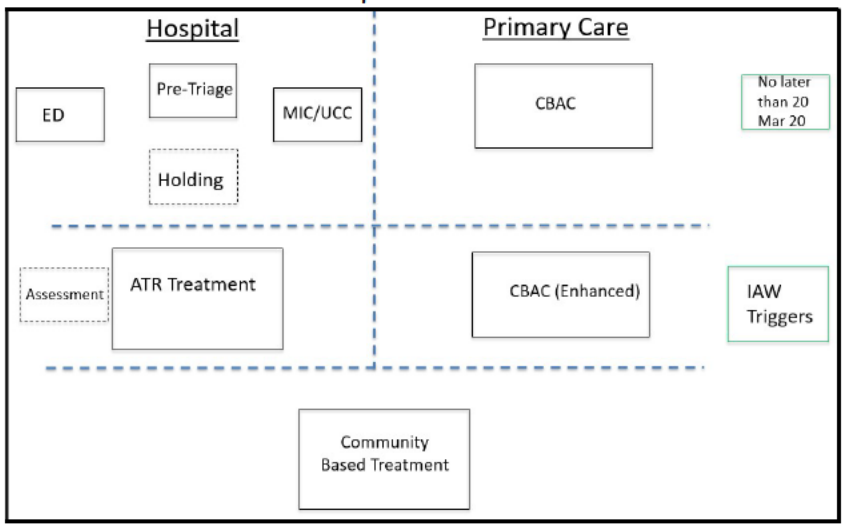
Coordinating Instructions.

Meeting Rhythm. A weekly meeting rhythm is attached at enclosure 1. Meetings are to be kept to a minimum and Controllers are to give consideration to enabling remote attendance as much as possible.

Health Coordinator's Critical Information Requirements.

Health Coordinator's Critical Information Requirements		
Information Requirement	**Reported by**	**Via what means/ when**
Suspected COVID-19 case	PH EOC	Phone/ immediately
Hospital isolation rooms at 50% capacity	Hospital EOC	Phone/ immediately
Unable to accommodate person requiring home isolation	PH EOC	Phone/ immediately
Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Releavnt EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Weekly Report Fri
Changes to BAU services	Relevant EOC	Weekly Report Fri

Triggers for escalation. It is critical that escalation within the primary care environment is synchronised with the hospital setting or we risk one system being inundated. The diagram below explains the relationship between two critical escalation points across the district.



- Trigger for Hospital pre-triage establishment and creation of CBACS – On order and not before 18 Mar 20.
- Trigger for decant and repurpose of ATR/ ATR-Medical and initial CBAC – 50% of isolation rooms occupied at Nelson or Wairau.

Psychosocial Support. Jane Kinsey and team are leading the psychosocial work stream within the EM (Nelson Tasman and Marlborough) Group led Welfare Group. Planning is underway to ensure all of the needs of the community are considered and catered for as we respond to COVID-19.

PPE. The MoH website outlines PPE standards for health professionals at the following link COVID-19 (novel coronavirus) – face mask and hygiene advice | Ministry of Health NZ

Administration and Logistics

Mission Essential Equipment List. The below items are considered mission essential and are to be reported to ECC via Update Brief weekly on a Friday:

- Nasopharyngeal Swabs
- P2/N95 Mask
- General Purpose Mask
- Eye Protection

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC Logistics Function weekly.

PPE access. The issue of ensuring patients have access to face masks prior to entering a facility is proving difficult to solve noting the relative limited stock and likely extended dependency. EOCs are encouraged to delegate

processes to the lowest level in order to encourage innovative solutions to ensure patients with respiratory symptoms or high risk travel history have access to a mask before coming into close contact with staff.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. EOC Controllers are to personally recommend expenditure to the Health Coordinator prior to approval being given.

Wages. Detailed instruction to manager in accounting for extra COVID-19 related staff costs are contained in enclosure 2. EOC Controllers are to recommend additional hours to the Health Coordinator unless it is exceptional circumstances i.e. short notice increase to CBAC staff, Public Health contact tracing or Hospital pre triage staffing. Planned increased staffing hours are to be approved by the Health Coordinator based on EOC Controller's recommendations.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

Priority of communications. The priority of communications is:

- Face to Face (respecting good social distancing behaviour i.e >2m apart)
- Telephone/video conference
- Email

This will be reviewed weekly based on infection control advice.

Prepared by: Tim Casey, Response Manager
Released by: Hilary Exton, Health Coordinator

Distribution:

CEO NMH	Peter Bramley
ECC	All members
Public Health EOC	Sonya Briggs
Primary and Community EOC	Cathy O'Malley
Hospital EOC	Lexie O'Shea
Ministry of Health	NHCC
Nelson Marlborough Emergency Management Group	Roger Ball Joe Kennedy Rylee Pettersson
Marlborough Emergency Management Group	Brian Paton Catherine Coates
Nelson City Council	Malcolm Hughes
Tasman District Council	Joanna Cranness
Marlborough District Council	Dean Heiford
Police Nelson Tasman	Marty Tunley
Police Marlborough	Peter Payne
FENZ Nelson Tasman	Grant Haywood
	Ian Reade
FENZ Marlborough	Colin Russell
NZDF (local liaison)	Mark Soper
St John Ambulance	Anne-Maree Harris
MBIE	Pip Jamieson
Ministry of Education	Derek Lucic
MSD	Ronnie Gibson
NZ Traffic Authority	Steve Murrin

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700							
0800		Community & Primary EOC Update Brief - C&P EOC			Community & Primary EOC Update Brief - C&P EOC		
0900	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC
1000							
1100	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC		
1200					Multidisciplinary Clinical Update - Clinical staff; Psychosocial Workstream Planning Group - Jane, EM Group Welfare	Public Health EOC Update Brief - PH EOC	
1300	Public Health EOC Update Brief - PH EOC; Inter-agency Leadership Huddle- Hlth Coordinator, CEO, Welfare Psychosocial				Inter-agency Update - Hlth Coordinator, CMO, EM Advisor	CTAG Meeting - CTAG	
1400	Inter-agency Welfare Workstream Planning Group - Jane, EM Group Welfare		Public Health EOC Update Brief - PH EOC				
1500							
1600		MoH NHCC Telecon - MOoH/ Hlth Coordinator		MoH NHCC Telecon - MOoH/ Hlth Coordinator			
1700							
Overnight							

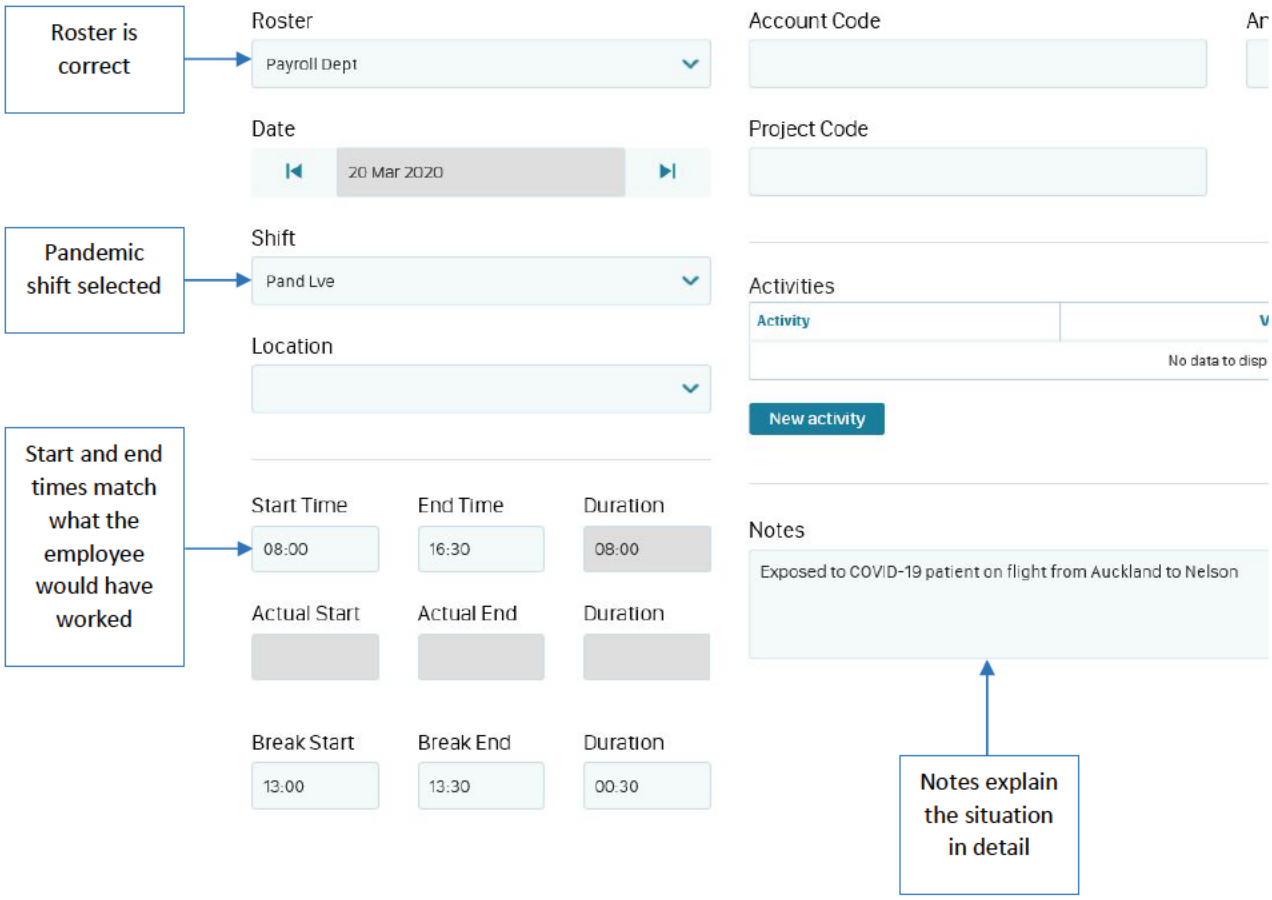
ENCLOSURE 2

Payroll have created two new shift codes for employees who have been affected by COVID-19. These shifts appear on all rosters and are ready to be used. They are as below:

Pand Cover (also written as Pand Cvr) - this is for employees who have completed any additional work as a result of the pandemic. Please do not change the cost centre on this shift – all costs must be charged to your normal cost centre.

Pand Leave (also written as Pand Lve) – this is for employees who cannot work because they are in self-isolation and do not have the capacity to work from home. This code is **NOT** for those who are sick with COVID-19. Employees who are sick will need to use sick leave.

When using either shift code it is important to include a clear description of the situation in the notes. Please see an example below of how to enter a pandemic shift in HR Kiosk:



Incident Action Plan 003/20: Nelson Marlborough Health COVID-19 Response – 23-30 March 2020

References:

A. Ministry of Health SITREP 64 COVID-19 released 23 Mar 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health webpage: COVID-19 (novel coronavirus) | Ministry of Health NZ
D. COVID-19 Alert Levels at COVID-19 Alert System | Unite against COVID-19
E. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
F. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
G. NMH Pandemic Plan Community and Primary reviewed Mar 2020
H. NMH Novel Coronavirus Update #9 released 10 Mar 2020

*All times used in this Action Plan are **New Zealand Daylight Time***

Situation

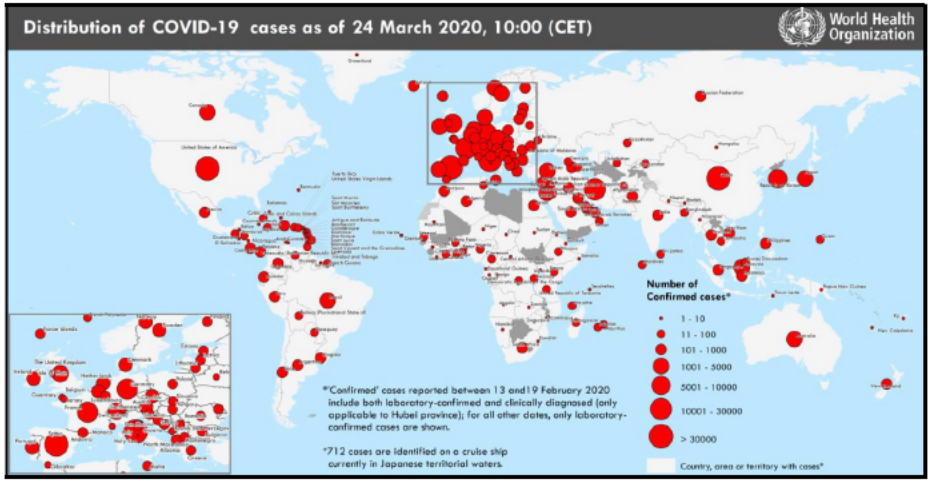
Global.

Four new countries/territories/areas from the South-East Asia Region [1], and Region of the Americas [3] have reported cases of COVID-19.

WHO has delivered a new shipment of emergency medical supplies to the Islamic Republic of Iran as part of COVID-19 response measures.

The WHO WhatsApp Health Alert has now attracted 10 million users since launching Friday, and the COVID-19 Solidarity Response Fund has raised more than US$70 million, in just 10 days. The media briefing can be found here.

WHO and its partners are constantly working to strengthen the chains of essential COVID-19 supplies. As global demand rises, WHO and its partners aim to ensure assistance to areas most in need.



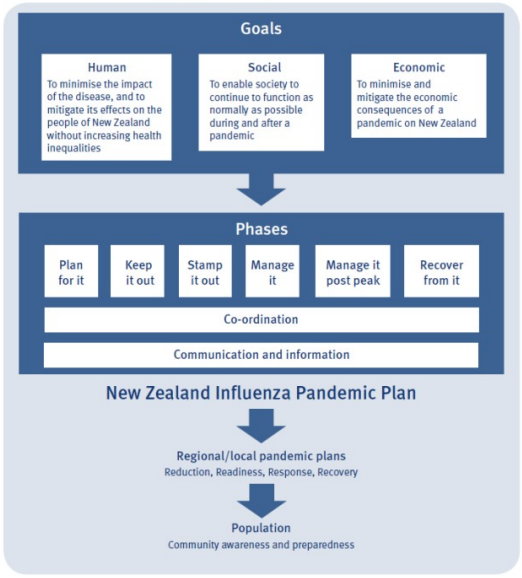
National.

The Prime Minister has announced a new covid-19 specific alert system. We are on Level 4: Eliminate. See more information about alerts here: https://covid19.govt.nz/government-actions/covid-19-alert-system/#new-zealand-covid-19-alert-levels . The government has also issued an Epidemic Notice and declared a National State of Emergency. Further information on what that means in terms of legislation is at enclosure 1.

As at 0830 hours on 26 March 2020: 283 combined confirmed and probable cases. There are 78 combined new confirmed and probable cases reported in the last 24 hours. For further details please see the Ministry of Health website: https://www.health.govt.nz/our-work/diseases-

As at 0830 hours on 26 March 2020 there are 27 confirmed recovered cases. There are currently 35 CBACs established nationwide.

Figure 1: New Zealand strategic approach to a pandemic



District wide.

As at 25 March 2020 there are 15 confirmed cases (including 4 provisional) of COVID-19 within the Nelson Marlborough region. The governments change to alert level 4 reinforces the premise for all people to behave like they may be infected with COVID-19 and as a result all exempt essential services are in effect in quarantine. NMH has broadened its response structure as lead agency to now include other agencies in support:

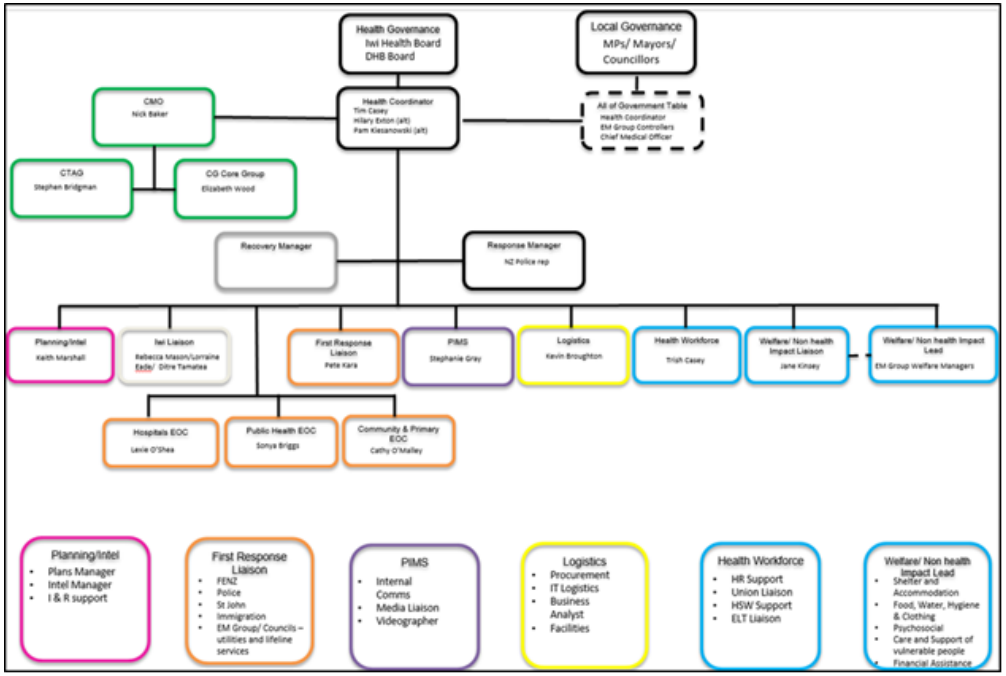


Exhibit 1. NMH Response Structure.

CBACs have been established in Blenheim, Nelson and Motueka whilst healthcare facilities in Picton, Murchison and Golden Bay have been reinforced with triage capacity.

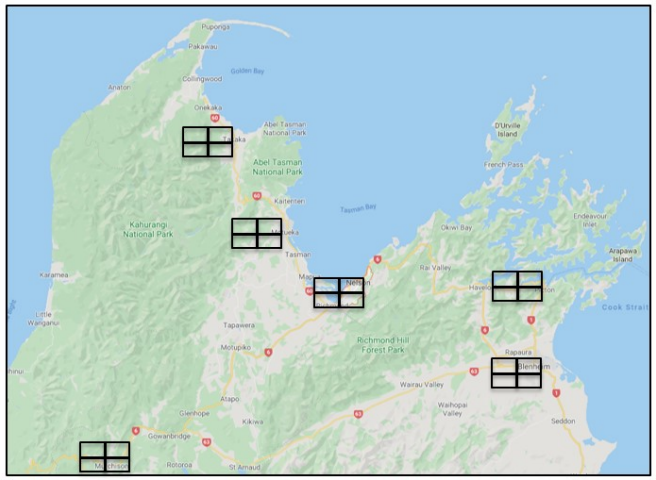


Exhibit 2. Enhanced COVID-19 testing locations.

Border Control.

Everyone permitted to enter New Zealand will now be screened on arrival. Passengers will be disembarked in small groups from their aircraft and will met by Government officials at the gate. Officials will be available to discuss passengers' self-isolation and transport arrangements, to answer any questions, and provide assistance.

- Passengers who have a domestic transit flight will not be allowed to connect to that flight.
- Passengers who are symptomatic on arrival, will be tested and placed in an approved isolation facility for 14 days.
- Passengers who are not symptomatic on arrival, will be asked to explain their plans for self-isolation and transport arrangements to that place. If they have suitable self-isolation plan and transport arrangements, they will be escorted to their transport. They can expect to be checked on by Police within 72 hours to ensure they are in self-isolation.
- Passengers who have a suitable plan for self-isolation, but do not have suitable transport arranged, will have transport arranged by officials if that is possible within the local area. If transport is not possible, the passengers will be placed in local accommodation, which has been approved for isolation for 14 days.
- Passengers who do not have a suitable plan in place for self-isolation, will be placed in local accommodation, which has been approved for isolation for 14 days. They will be transported there directly from the airport.
- Passengers who are placed in managed accommodation for the 14-day isolation period, will be given further information on what will happen after the 14 days, including if they had planned transport through domestic flights.

Objectives

Two up. World Health Organisation's strategic objectives are:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread;

- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation; and
- Minimize social and economic impact through multisector partnerships.

One up. The New Zealand Government's current objectives in responding to COVID-19 are:

- Prevent, reduce and delay community transmission within New Zealand.
- Ensure services are provided to those who most need them.
- Prrepare for mitigation measures as may be required during sustained / widespread community transmission ("manage it' phase)

NMH. NMH's current objectives in responding to COVID-19 are:

- Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequalities.
- Method. NMH will coordinate a whole of system response nested with the stages of the pandemic action plan. Primary and Community, Public Health and Hospital Operations Centres will synchronise resources based on the most up to date risk assessment and operational priorities. Supporting agencies and other stakeholders will be collaborated with to best support the health of the population.
- End state. NMH is well prepared to coordinate a whole of system response focused on stamping COVID-19 out through proactive social distancing and contact tracing, managing COVID-19 through primary care, secondary care and adapted community based assessment centres as required, recovering post peak ensuring impact on the population of Nelson Marlborough is minimised without increasing health inequalities and clinical and clinical support staff are supported through each phase of the response to ensure their enduring safety and wellbeing.

Mission. NMH is to PROTECT the health of the Nelson Marlborough population from 30 Jan 2020 in order to minimise the impact of COVID-19 without increasing health inequities.

Execution

Health ECC.

Grouping: Pam Kiesanowski, Hilary Exton, Tim Casey, Nick Baker, Stephanie Gray, Kevin Broughton, Jane Kinsey, Trish Casey, Ditre Tamatea, Cathy O'Malley, Lexie O'Shea, Sonya Briggs, Stephen Bridgman, Keith Marshall, EM Group Controllers, NZ Police Mat Arnold-Kelly.

Task. Command and control district wide COVID-19 response.

Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequities.

Additional Tasks (New tasks in red).

- Establish First Response Liaison function. Pete L
- Manage redeployment roster. Trish
- Oversee implementation of at risk staff policy. Trish
- Support work from home initiatives. Trish/Kirsty
- Establish structured welfare meeting rhythm with EM Groups. Jane
- Establish on-call welfare liaison function. Jane
- Formalise confirmation of case protocol inclusive of warning to emergency services. Keith
- Assume Health Coordinator role from 01- 08 Apr 20. Tim

Public Health EOC.

Task. Command and control district wide public health operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Formalise confirmation of case protocol inclusive of warning to emergency services with Keith.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 26 Mar 20
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Facilitate as many staff working from home as operational commitments allow.
- Submit SITREP daily by 1700.
- Report any use of Statutory Powers to the ECC.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

Community and Primary EOC.

Task. Command and control district wide community and primary care operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Establish COVID 19 Community Assessment Centre in vicinity of Harvey Norman Car Park to increase accessibility for community.
- Continue to monitor CBAC demand, equipment consumption and other issues.
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Update ECC of any reduction in planned care via 1700 SITREP.
- Facilitate as many staff working from home as operational commitments allow.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 26 Mar 20.
- Submit SITREP daily by 1700.
- Report any staff in self-isolation/quarantine.

- Engage recently retired staff suitable to fill future workforce demand.

Hospital EOC (New tasks in red)**.**

Task. Command and control district wide hospital operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Conduct rehearsal of patient flow.
- Confirm current triggers for escalation of triage and assessment facilities via daily SITREP.
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Update ECC of any reduction in planned care via 1700 SITREP.
- Facilitate as many staff working from home as operational commitments allow.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 26 Mar 20.
- Submit SITREP daily by 1700.
- Be prepared to establish ATR treatment facilities in accordance with triggers (50% of 'side rooms' occupied).
- Facilitate mask fit testing for all staff likely to undertake aerosolised procedures with support of ICT.
- Report any staff in self-isolation/quarantine.
- Engage recently retired staff suitable to fill future workforce demand.

CTAG.

Task. Provide technical advice in support of the NMH COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Hospital TAG (In direct support to Hospital EOC).

Task. Provide technical advice in support of the Hospital EOC's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Maori and Vulnerable Population TAG (In direct support to Community and Primary EOC).

Task. Provide technical advice to ensure vulnerable people are supported and health inequalities are not increased during NMH's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Supporting Agencies (New tasks in red).

Grouping. Nelson Tasman Emergency Management Group, Marlborough Emergency Management Group NCC, TDC, MDC, NZ Police, FENZ, MBIE, MSD, Ministry of Education, DOC, Oranga Tamariki, NZDF, Ministry of Transport.

- Requested to attend/dial in to weekly update briefs.

- Requested to provide supporting tasks as outlined in ref B.
- Be prepared to support adjusted interagency update seperated into Health and Non-Health Impacts not before 27 Mar 20.

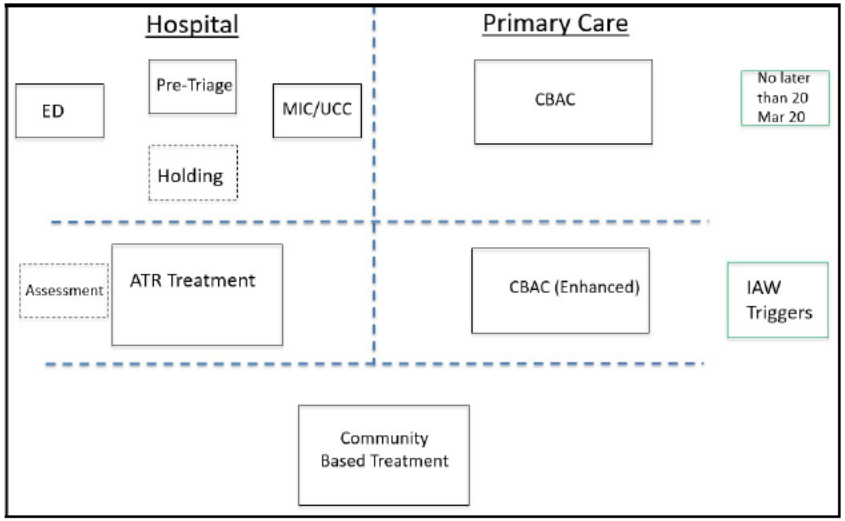
Coordinating Instructions.

Meeting Rhythm. A weekly meeting rhythm is attached at enclosure 2. Meetings are to be kept to a minimum and Controllers are to give consideration to enabling remote attendance as much as possible.

Health Coordinator's Critical Information Requirements.

Health Coordinator's Critical Information Requirements		
Information Requirement	**Reported by**	**Via what means/ when**
Suspected COVID-19 case	PH EOC	Phone/ immediately
Hospital isolation rooms at 50% capacity	Hospital EOC	Phone/ immediately
Unable to accommodate person requiring home isolation	PH EOC	Phone/ immediately
Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Releavnt EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Weekly Report Fri
Changes to BAU services	Relevant EOC	Daily SITREP

Triggers for escalation. It is critical that escalation within the primary care environment is synchronised with the hospital setting or we risk one system being inundated. The diagram below explains the relationship between two critical escalation points across the district.



- Trigger for decant and repurpose of ATR/ ATR-Medical and initial CBAC – 50% of isolation rooms occupied at Nelson or Wairau.

Psychosocial Support. Jane Kinsey and team are leading the psychosocial work stream within the EM (Nelson Tasman and Marlborough) Group led Welfare Function. Referral systems across the district are now live from 27 Mar 20 which will ensure a coordinated repose to the community's needs.

PPE. Use of PPE is fundamental to ensuring a safe workforce and transcends the health response to include those providing essential services in support of the response. MoH will release some guidance around the use of PPE in the next 24 hours but the priority in the meantime is to ensure clinical staff, community providers, Māori health providers and health support (cleaners, hoteliers, ordelries etc) have PPE.

Administration and Logistics

Mission Essential Equipment List. The below items are considered mission essential and are to be reported to ECC via Update Brief weekly on a Friday:

- Nasopharyngeal Swabs
- P2/N95 Mask
- General Purpose Mask
- Eye Protection

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC Logistics Function weekly.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. EOC Controllers are to personally recommend expenditure to the Health Coordinator prior to approval being given.

Wages. Detailed instruction to manager in accounting for extra COVID-19 related staff costs are contained in enclosure 3. EOC Controllers are to recommend additional hours to the Health Coordinator unless it is exceptional circumstances i.e. short notice increase to CBAC staff, Public Health contact tracing or Hospital pre triage staffing. Planned increased staffing hours are to be approved by the Health Coordinator based on EOC Controller's recommendations.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

An open source daily update is available at: NMH COVID-19 Update: 25 March 2020 - Nelson Marlborough Health

Priority of communications. The priority of communications is:

- Zoom
- Telephone/ other video conference
- Email
- Face to face (2 metre spaced)

This will be reviewed weekly based on infection control advice.

Reports and Returns.

- All EOC's are to submit a daily 1700 SITREP.

- Hospital EOC is to complete the online capacity report for both Nelson and Wairau no later than 0800 daily. Link: https://forms.office.com/Pages/ResponsePage.aspx?id=JMfOIyBt0Uuf6dxER-3R-scwwaspaB9MpIHtWPs3iKxUQk4wTFRVSTFMNTM3WkRPS0FBM0FPR0syTiQlQCN0PWcu

Prepared by: Tim Casey, Response Manager
Released by: Hilary Exton, Health Coordinator

Distribution:

CEO NMH	Peter Bramley
ECC	All members
Iwi Liaison	Rebecca Mason Lorraine Eade
Public Health EOC	Sonya Briggs
Primary and Community EOC	Cathy O'Malley
Hospital EOC	Lexie O'Shea
Ministry of Health	NHCC
Nelson Tasman Emergency Management Group	Roger Ball Joe Kennedy Rylee Pettersson
Marlborough Emergency Management Group	Brian Paton Catherine Coates
Nelson City Council	Malcolm Hughes
Tasman District Council	Joanna Cranness
Marlborough District Council	Dean Heiford
Police Nelson Tasman	Marty Tunley
Police Marlborough	Peter Payne
FENZ Nelson Tasman	Grant Haywood Ian Reade
FENZ Marlborough	Colin Russell
NZDF (local liaison)	Samantha Marra
St John Ambulance	Anne-Maree Harris
MBIE	Pip Jamieson
Ministry of Education	Derek Lucic
MSD	Ronnie Gibson
NZ Traffic Authority	Steve Murrin

Legislation

Compulsory measures are authorised by statute

Any action specified in this plan in relation to individuals that includes the possibility of compulsory measures being taken (ie, an action undertaken even if against a person's will) must be authorised by statute. The action is otherwise likely to be unlawful and, in particular, might be contrary to the New Zealand Bill of Rights Act 1990.

Compulsory measures include:

- requirements for people to be tested and screened
- quarantining or isolating people (that is, removing symptomatic or non-symptomatic people to a quarantine or treatment facility or prohibiting them from leaving a particular facility)
- restricting the movement of people into or out of an area
- restricting travel of people (within or out of New Zealand)
- imposing a duty to supply information (eg, future travel plans or past travel history)
- requirements on people to undergo preventive treatment
- requirements on people not to go to work or other public places or to do so only under certain conditions
- commandeering of resources (eg, land, buildings or vehicles).

Legislative powers

In a pandemic response, Government and designated officers may use available legislative powers as appropriate to the particular situation. These include:

- powers provided for in the Health Act 1956 ('routine' and 'special' powers)
- additional powers available under the Epidemic Preparedness Act 2006 to facilitate the management of *serious* epidemics of specified diseases
- additional powers under the Civil Defence Emergency Management Act 2002 (in a state of emergency declared under that Act) if required in a very severe situation.

The powers in the Health Act 1956 and the Epidemic Preparedness Act 2006 can be exercised only in relation to specific diseases or categories of disease (that is, infectious disease or quarantinable disease). Specific powers may therefore only apply to specific diseases. In particular, the Epidemic Preparedness Act 2006 relates to only five named quarantinable diseases set out in Part 3 of Schedule 1, of the Health Act 1956. The lists of specific diseases are in the schedules to the Act. Infectious disease management powers, whether or not applied in an emergency, were revised in 2016 and are set out in Part 3A of the Health Act. They apply to all of the diseases in Schedule 1, including quarantinable diseases.

Other health legislation that contains provisions relevant to managing a pandemic includes:

- the Health (Infectious and Notifiable Diseases) Regulations 2016
- the Health (Burial) Regulations 1946
- the Health (Quarantine) Regulations 1983
- the Cremation Regulations 1983
- the Health Practitioners Competence Assurance Act 2003
- the Medicines Act 1981 (and regulations made under that Act)
- the New Zealand Public Health and Disability Act 2000.

The Medicines Act 1981 provides mechanisms for the classification of medicines and controls conditions for prescribing, dispensing and selling medicines. These controls can be changed quickly by notice in the Gazette and may be relevant in particular pandemic situations. For example, in 2009 a Gazette notice authorised the supply of prescription medications without a prescription when supplied from a community-based assessment centre (CBAC).

Table 7 provides a summary of specific legislative provisions.

Health Act 1956

The Health Act 1956 (and its associated regulations) is the core statute for a wide range of public health functions. It details significant health protection roles for the Minister of Health, Director- General of Health, Director of Public Health, statutory officers (such as medical officers of health and health protection officers) and local government officers (such as environmental health officers).

Medical officers of health and health protection officers would rely on two kinds of primary powers in a pandemic: routine and special.

- Routine powers are available to the officers, and do not usually need prior approval to use.
- Special powers (for medical officers of health only) need prior authorisation before they can be used. Such authorisation can be granted:
  - by the Minister of Health
  - by virtue of an epidemic notice having been issued by the Prime Minister under the Epidemic Preparedness Act 2006
  - by virtue of a state of emergency having been declared under the Civil Defence Emergency Management Act 2002.

Routine and special powers as defined in the legislation relate to specific diseases or categories of disease.

The term ‘non-seasonal influenza’ (capable of being transmitted between human beings) would apply to any new form of influenza. Non-seasonal influenza is now specified as an infectious disease by its inclusion in the Schedule 1 of the Health Act 1956. As such, medical officers of health may be authorised to use the Health Act’s special powers to help manage non-seasonal influenza in the event of a pandemic, or simply use the powers in Part 3A of the Act.

Routine powers

Five routine powers are relevant in the pandemic influenza context.

The power to enter any premises, including boarding an aircraft or ship, may be exercised at any reasonable time if the medical officer of health or health protection officer 'has reason to believe that there is or recently has been any person suffering from a notifiable infectious disease or recently exposed to the infection of any such disease' (section 77 of the Health Act 1956).

The power to examine allows a medical officer of health or health protection officer to medically examine any person in any premises, including on an aircraft or a ship, 'to ascertain whether a person believed to be suffering from a notifiable infectious disease or recently exposed is suffering or has recently suffered from the disease' (section 77 of the Health Act 1956).

The power to detain for isolation purposes allows a medical officer of health to issue a written direction to a person or contact whom the officer believes on reasonable grounds poses a public health risk arising from an infectious disease (section 92I to section 92L). Section 92I outlines a variety of conditions the officer may specify in the direction, including to stay at all or specified times at a specified place of residence, subject to specified conditions. The direction must specify its duration. Directions cannot be used to compel the person to seek treatment under Part 3A. For that to happen, the officer must apply for and be granted a treatment order under that Part. However, a medical officer of health may issue a directions to a person undergo a medical examination, although several preconditions must first be met (eg, person has not complied with a previous request to seek examination; section 92K).

A medical officers of health can also issue directions to the head of educational institution where staff or students pose a public health risk because of infectious disease. A medical officer of health may after consultation with the head, direct him or her to direct the student or staff member to stay away from the institution for a specified period, until the infection risk has passed (section 92L). The Communicable Diseases Manual (Ministry of Health 2012) contains disease incubation periods for various infectious diseases, which assist in determining how long unimmunized contacts and infectious cases must stay away from the institution. Alternatively, the head may decide to take action themselves, under the Education Act 1989. In an outbreak where it may be necessary to close part or all of the institution, the medical officer of health can issue a direction for closure to the institution's head.

Subpart 5 of Part 3A of the Health Act provides for formal contact tracing. This is most useful in the situation when voluntary contact tracing is not working, or the case is not cooperating. A medical officer of health, health protection officer or other person authorised to contact trace under subpart 5 can require the case to provide specified information about the contact. This includes each of the contacts' identifying and contact details, in order for the contact tracer to identify the disease's source, make contacts aware that they too may be infected and may require testing and treatment, and to limit the transmission of the disease.

Special powers

Four special powers authorised by the Minister of Health or by an epidemic notice or where an emergency has been declared under the

Civil Defence Emergency Management Act 2002 are relevant in the pandemic influenza context.

The power to examine, allows a medical officer of health (or any medical practitioner authorised by the medical officer of health) to enter any premises, (including an aircraft or ship) if there is reason to believe that there is or recently has been any person either suffering from or exposed to a notifiable infectious disease, and may medically examine any person to determine if they have or have recently had any such disease (s.77 Health Act 1956).

The power to detain, isolate or quarantine allows a medical officer of health to 'require persons, places, buildings, ships, vehicles, aircraft, animals, or things to be isolated, quarantined, or disinfected' (section 70(1)(f) of the Health Act 1956).

The power to prescribe preventive treatment allows a medical officer of health, in respect of any person who has been isolated or quarantined, to require people to remain where they are isolated or quarantined until they have been medically examined and found to be free from infectious disease, and until they have undergone such preventive treatment as the medical officer of health prescribes (section 70(1)(h) of the Health Act 1956).

The power to requisition premises allows a medical officer of health to requisition premises and vehicles for the accommodation, treatment and transport of patients (section 71(1) of the Health Act 1956).

The power to close premises The closure of premises such as schools under sections 70(1)(1a) and 70(1)(m) of the Health Act 1956 can be required. This can be made by way of written order to the person in charge of the premises, or made by order published in a newspaper or broadcast by television or radio able to be received by most households in the district. If specified in the order, premises operating certain infection control measures may be exempted from closure.

Section 71A of the Health Act 1956 states that a member of the police may do anything reasonably necessary (including the use of force) to help a medical officer of health or any person authorised by the medical officer of health in the exercise or performance of powers or functions under sections 70 or 71 of the Health Act 1956.

Epidemic Preparedness Act 2006

The Epidemic Preparedness Act 2006 provides for:

- the Prime Minister to issue an epidemic notice and epidemic management notices, and for statutory changes to then be made through 'modification orders'
- epidemic modification orders to be made (prospectively or immediately) and passed by Order in Council.

Epidemic notices

Mechanism for invoking emergency powers

The provisions in the Epidemic Preparedness Act 2006 can take effect once an epidemic notice is issued by the Prime Minister. The Prime Minister may issue an epidemic notice only when recommended to do so

by the Director-General of Health. The Prime Minister must be satisfied that the effects of an outbreak of a particular quarantinable disease are likely to disrupt (or continue to disrupt) essential government and business activity in New Zealand (or parts of New Zealand). The outbreak can be overseas or in New Zealand. Epidemic notices last for a maximum of three months and are renewable.

Effects of an epidemic notice

When an epidemic notice has been issued the special powers for medical officers of health under the Health Act 1956 are authorised. While an epidemic notice is in force the Prime Minister may, with the agreement of the responsible minister, issue an epidemic management notice. An epidemic management notice may activate, if this is specified in the notice, action under other statutes (which may refer to an epidemic management notice [section 8(1) of the Epidemic Preparedness Act 2006]), or a modification to a specific statute made by a prospective modification order. Immediate modification orders may also be made; these are designed to allow more flexibility in pandemic management than envisaged and addressed in any prospective modification orders. Implementation of a prospective or an immediate modification order must have the agreement of the Minister responsible for administering the relevant statute.

Modification orders

Effects of modification orders

Modification orders:

- can be absolute
- can be subject to conditions
- may be made by stating alternative means for complying with the requirements or restriction, or by substituting a discretionary power for the requirements or restriction.

Acts to which a modification cannot be made

A modification cannot be made to the New Zealand Bill of Rights Act 1990, Bill of Rights 1688, Constitution Act 1986, Electoral Act 1993, Judicature Amendment Act 1972 or Epidemic Preparedness Act 2006.

International Health Regulations 2005

The International Health Regulations 2005 require WHO member states to be able to detect, plan for and respond to disease outbreaks of all kinds, including pandemics. The scope of the Regulations is broader than just communicable diseases, and includes any acute or emerging public health event of potential international significance: for instance, emergencies arising from toxicological, radioactive or other sources (WHO 2006).

Under the International Health Regulations 2005, countries must designate a national focal point for coordination and communication with WHO, to respond to requests from WHO for information about public health risks and to notify WHO within 24 hours of any event that may be a public health emergency of international concern.

A public health emergency of international concern is defined in the International Health Regulations 2005 as an extraordinary public health event that requires an international response. Countries must notify

WHO in accordance with a decision instrument as set out in Annex 2 of the regulations. The Public Health Group in the Ministry of Health is the national focal point in New Zealand.

Under the International Health Regulations 2005, countries must develop and maintain capacities for surveillance, investigation, responding to and reporting of all potentially significant public health events. These core public health capacities must be in place locally or regionally, nationally and at the border.

One specific requirement of the International Health Regulations 2005 is that countries take measures to avoid exporting disease. In a pandemic, this means that once cases have been identified in New Zealand, measures may be needed at the border for departing travellers (eg, exit assessment).

Civil Defence Emergency Management Act 2002

The Civil Defence Emergency Management Act 2002 is the principal instrument of the civil defence emergency management (CDEM) framework. Other instruments include the *National Civil Defence Emergency Management Strategy* (Minister of Civil Defence 2008) and *Guide to the National Civil Defence and Emergency Management Plan 2015* (MCDEM 2015b), as well as statutes such as the National Civil Defence Emergency Management Plan Order 2015, the Biosecurity Act 1993, the Resource Management Act 1991 and the Health Act 1956 (as outlined above).

The Civil Defence Emergency Management Act 2002 provides for (among other things):

- planning for emergencies
- the declaration of a state of local or national emergency: local authority mayors (or delegated elected representatives) or the Minister of Civil Defence can declare a state of local emergency, and the Minister of Civil Defence can declare a state of local emergency
- emergency powers that enable CDEM groups and controllers to:
  - close or restrict access to roads and public places
  - regulate traffic
  - provide rescue, first aid, food, shelter and so on
  - conserve essential supplies
  - undertake emergency measures for the disposal of dead people and animals
  - provide equipment
  - enter into premises
  - evacuate premises or places
  - remove vehicles
  - requisition equipment, materials, facilities and assistance.

Cross-references and supporting material

Guide to the National Civil Defence Emergency Management Plan (MCDEM 2015b)

National Civil Defence Emergency Management Strategy (Minister of Civil Defence 2008)

National Civil Defence Emergency Management Plan Order 2015

Civil defence emergency management declarations

Before the Epidemic Preparedness Act 2006, a declaration under the Civil Defence Emergency Management Act 2002 or an authorisation by the Minister of Health was required to authorise the special powers of medical officers of health under the Health Act 1956. These powers are now authorised by virtue of an epidemic notice having been issued, which should significantly lessen the need for a declaration under the Civil Defence Emergency Management Act 2002. A CDEM declaration should now be required only when the emergency powers detailed in sections 85–92 of the Civil Defence Emergency Management Act 2002 need to be released (these powers are summarised in the list above).

State of local emergency

Local agencies should consider the potential need for a declaration of a state of local emergency under the Civil Defence Emergency Management Act 2002 in conjunction with central government, in order that responses are consistent and made in the interests of New Zealand as a whole. The Ministry of Civil Defence and Emergency Management recommends to local authorities and CDEM groups that declarations for any kind of emergency should be made only when the powers provided by the Act are required and when the declaration will add value to the response.

State of national emergency

It is expected that any declaration of a state of national emergency, made by the Minister of Civil Defence under the Civil Defence Emergency Management Act 2002, will be made in consultation with the National Security System (NSS).

Any declaration of a state of local or national emergency under the Civil Defence Emergency Management Act 2002 in response to a pandemic will be made in order to support the Ministry of Health in its lead role.

Civil defence groups can provide assistance irrespective of whether a declaration has been made.

Cross-references and supporting documents

Declarations: Director's Guidelines for CDEM Sector (DGL 13/12) (MCDEM 2012)

New Zealand legislation: www.legislation.govt.nz

Table 7: Summary of specific legislative provisions

Legislation	Relevant sections of the legislation	Further information in NZIPAP 2010
Health legislation		
Health Act 1956	Part 3 (Infectious and Notifiable management, Diseases): • special powers (sections 70, 71, 71A and 72) • routine powers (sections 77–82 and 96–101) • notifying diseases (sections 74, 74AA and 76) • power to enter premises and examine persons (section 77) • mortuaries and burials (sections 84 and 86) Part 3A (Management of infectious diseases); written directions restricting movement and behaviour, and to seem medical examination (sections 92I to 92L); urgent public health orders to detain at specified premises for 72 hours (section 92ZF); application for court orders, including for treatment (sections 92ZF to 92ZJ); formal contact tracing (subpart 5); prosecution (eg, sections 92V and 92W) Part 4 (Quarantine)	Part B, Border management, Cluster control
Epidemic Preparedness Act 2006	Particularly, sections 5, 8, 11–15 and 66–69	Part B, Border management, Cluster control
Health (Quarantine) Regulations Border management, 1983	Regulations 3, 10 and 13	Part B, Cluster control
Health (Burial) Regulations 1946		Part C, Manage It, Care of the deceased
Non-health legislation		
Biosecurity Act 1993	Particularly: • restricting imports of animals and animal products (section 25) • animal surveillance (sections 43, 109, 114 and 121 and Part 7) • restricting movement of animals or any at-risk goods (sections 130 and 131 and Part 7 (dealing with biosecurity emergencies)	Part A, Intersectoral Response, Biosecurity work stream; Part B
Civil Defence Emergency Management Act 2002	Particularly Parts 4 (declaration of state of emergency) and 5 (powers in relation to civil defence emergency management)	Part A, Intersectoral Response, Civil Defence Emergency Management work stream; Part B: All phases
Customs and Excise Act 1996	Section 21 and regulation 13 (advanced passenger information)	Parts B and C, Border management; Part B: All phases

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM										
Time	**Monday**		**Tuesday**	**Wednesday**	**Thursday**	**Friday**			**Saturday**	**Sunday**
0700										
0800			Community & Primary EOC Update Brief - C&P EOC			Community & Primary EOC Update Brief - C&P EOC				
0900	NMH ECC Update Brief - ECC		NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC			NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC
1000										
1100	Hospital EOC Update Brief - Hospital EOC		Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC	Hospital EOC Update Brief - Hospital EOC		Public Health EOC Update Brief - PH EOC		
1200						Multidisciplinary Clinical Update - Clinical staff	Psychosocial Workstream Planning Group - Jane, EM Group Welfare			
1300	Public Health EOC Update Brief - PH EOC	Inter-agency Leadership Huddle- Hlth Coordinator, CEO, Welfare Psychosocial				Inter-agency Update - Hlth Coordinator, CMO, EM Advisor		CTAG Meeting - CTAG		
1400		Inter-agency Welfare Workstream Planning Group - Jane, EM Group Welfare		Public Health EOC Update Brief - PH EOC						
1500										
1600			MoH NHCC Telecon - MOoH/ Hlth Coordinator		MoH NHCC Telecon - MOoH/ Hlth Coordinator					
1700										
Overnight										

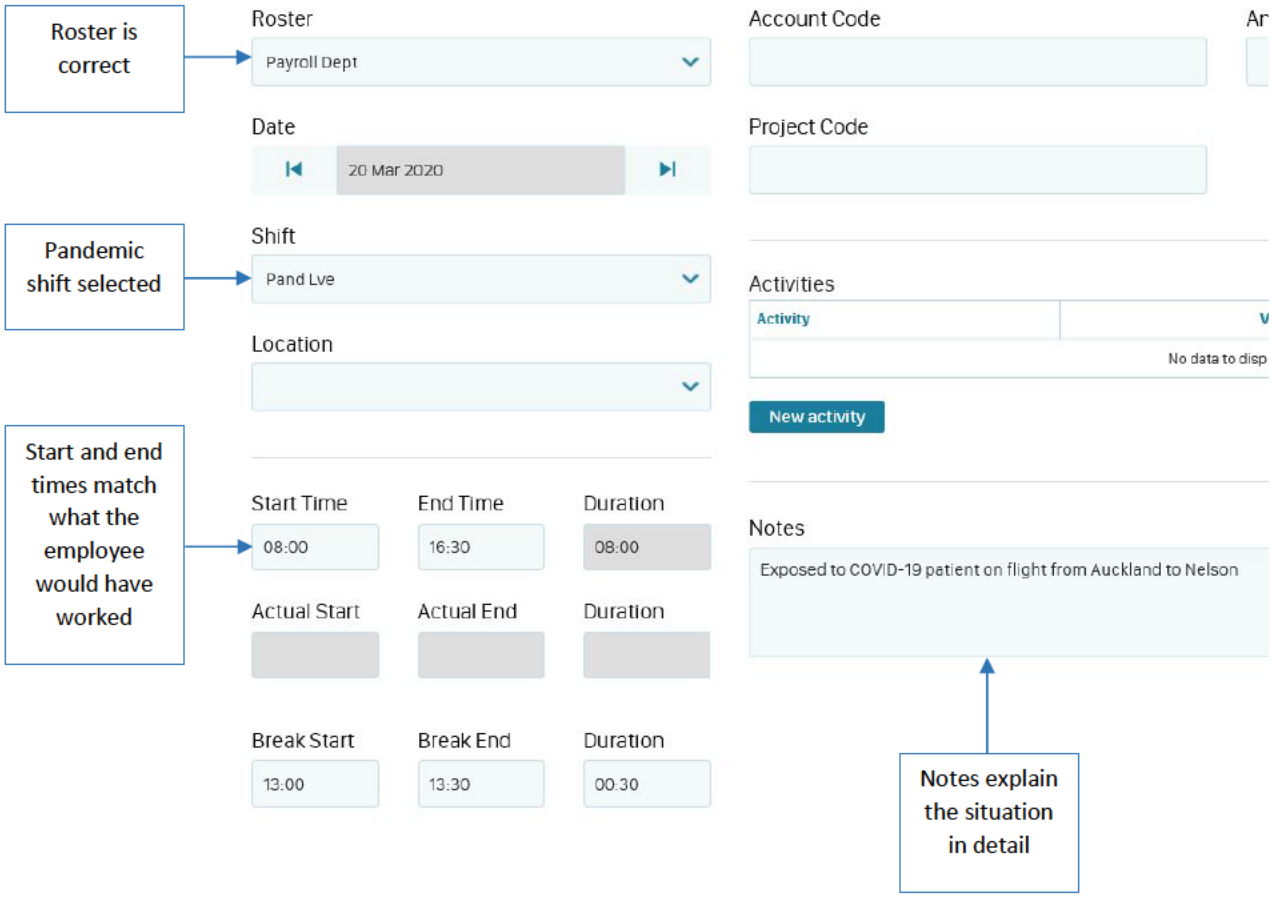
ENCLOSURE 3

Payroll have created two new shift codes for employees who have been affected by COVID-19. These shifts appear on all rosters and are ready to be used. They are as below:

Pand Cover (also written as Pand Cvr) - this is for employees who have completed any additional work as a result of the pandemic. Please do not change the cost centre on this shift – all costs must be charged to your normal cost centre.

Pand Leave (also written as Pand Lve) – this is for employees who cannot work because they are in self-isolation and do not have the capacity to work from home. This code is **NOT** for those who are sick with COVID-19. Employees who are sick will need to use sick leave.

When using either shift code it is important to include a clear description of the situation in the notes. Please see an example below of how to enter a pandemic shift in HR Kiosk:



Incident Action Plan 004/20: Nelson Marlborough Health COVID-19 Response – 08-15 April 2020

References:

A. Ministry of Health SITREP 79 COVID-19 released 31 Mar 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health webpage: COVID-19 (novel coronavirus) | Ministry of Health NZ
D. COVID-19 Alert Levels at COVID-19 Alert System | Unite against COVID-19
E. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
F. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
G. NMH Pandemic Plan Community and Primary reviewed Mar 2020
H. NMH Novel Coronavirus Update # released 10 Mar 2020

*All times used in this Action Plan are **New Zealand Standard Time***

Situation

Global.

One new country/territory/area reported cases of COVID-19 in the past 24 hours: São Tomé and Príncipe.

Today, 7 April, marks World Health Day and this year WHO pays tribute to the incredible contribution of all health workers, especially nurses and midwives. Nurses are the largest component of the health workforce and play a fundamental role in combatting COVID-19 and achieving Universal Health Coverage and the Sustainable Development Goals. WHO has published the first-ever report on the state of the world's nursing workforce. It renews calls on governments to invest in nurses.

WHO Director-General Dr Tedros, in a press conference held yesterday, reiterated concerns regarding the shortage of medical masks and other PPE and reminded people that masks should be used as part of a comprehensive package of interventions. WHO has released guidance on the use of masks in communities, during home care, and in healthcare setting.

As at 08 April 2020 there have been 1,414,127 confirmed COVID-19 cases globally, 81,217 confirmed deaths and 301,166 confirmed recoveries.

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 6 April 2020

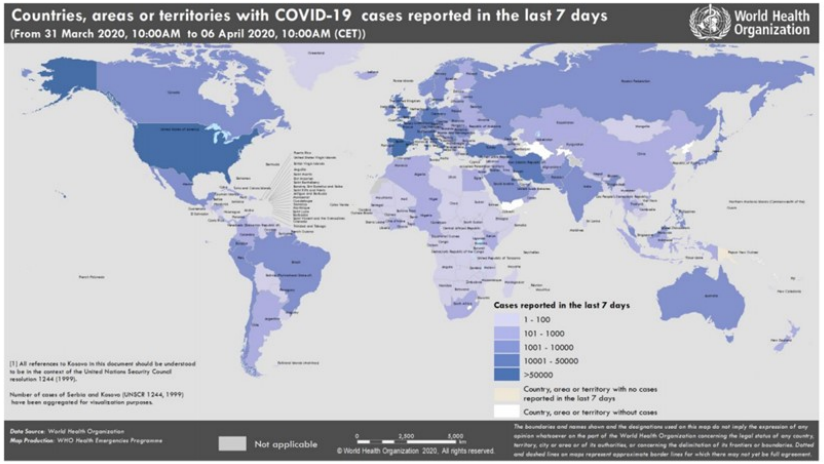


Exhibit 1. Global COVID-19 Heat Map

National.

At 0900 hours on 8 April 2020 there are 1,210 combined confirmed and probable cases. There are 50 new combined confirmed and probable cases reported in the last 24 hours. For further details please see the Ministry of Health website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-cases

As at 0900 hours on 8 April 2020 there are 282 recovered cases (up 41 in the last 24 hours).

District wide.

As at 08 April 2020 there are 47 confirmed cases (including 14 probable) of COVID-19 within the Nelson Marlborough region. The governments change to alert level 4 reinforces the premise for all people to behave like they may be infected with COVID-19 and as a result all exempt essential services are in effect in quarantine. NMH has continued to further integrate supporting agencies into its response structure.

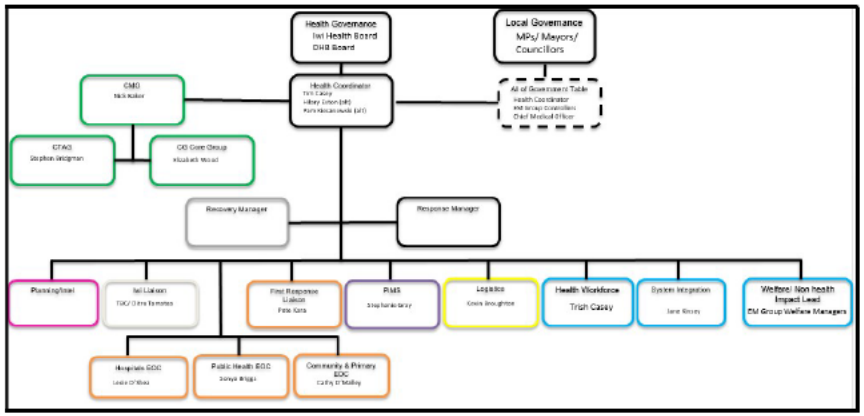


Exhibit 2. NMH Response Structure.

A new Community Assessment Centre (no onsite testing) has been established in Toi Toi in vicinity of Harvey Norman. CBACs remain established in Blenheim, Nelson and Motueka whilst healthcare facilities in Picton, Murchison and Golden Bay have been reinforced with triage capacity.

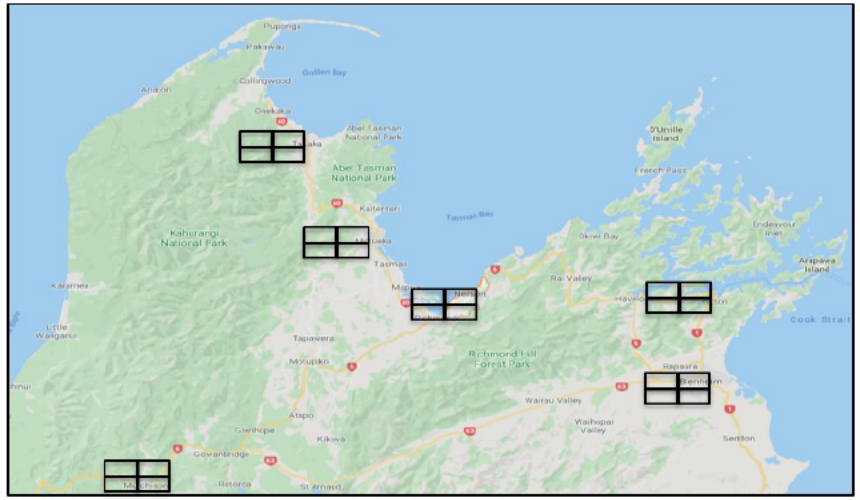


Exhibit 3. Enhanced COVID-19 testing locations.

Weekly CBAC data is outlined below:

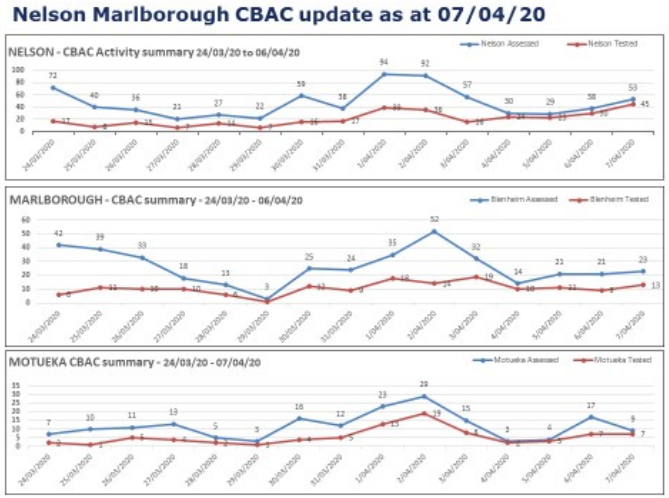


Exhibit 4. Weekly CBAC data.

Border Control.

Flights repatriating NZ residents to the Nelson Marlborough area from overseas are beginning to arrive via the usual domestic networks from 03 Apr 2020. In order to qualify for onward domestic travel upon arrival in NZ; residents are screened and must comply with the below criteria:

A suitable plan must meet all of the following nine criteria.

- You have not been diagnosed with COVID-19;
- You don't have COVID-19 symptoms;
- You have not been tested for COVID-19 and are awaiting test results;
- You haven't been in close contact with someone with suspected, probable or confirmed COVID-19 in the last 14 days;
- You have a suitable place to complete your self-isolation (private residence). You must not self-isolate with "at-risk people" (e.g. those over 70, those with medical conditions, pregnant women etc). Further details on "at-risk people" available on the COVID-19 website.
- Your self-isolation location (private residence) must be within five (5) hours' drive from the airport;
- You must reach your self-isolation location (private residence) within twelve (12) hours of arriving to New Zealand;
- You will not use rental cars, lease cars, public transport (taxis, Uber, buses, trains, ferries, domestic flights etc) to travel to your self-isolation location (private residence);

- You must use a private car to take you directly to this self-isolation location – either:
- a self-drive private car already parked at the airport
- a private car driven by someone living at your intended self-isolation location, e.g. someone within your "bubble" at the same address. (Note that only the driver should travel to the airport to pick you up – i.e. no passengers from your intended self-isolation destination.)

Objectives

Two up. World Health Organisation's strategic objectives are:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care

workers, preventing transmission amplification events, and preventing further international spread;

- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation; and
- Minimize social and economic impact through multisector partnerships.

One up. The New Zealand Government's current objectives in responding to COVID-19 are:

- Prevent, reduce and delay community transmission within New Zealand.
- Ensure services are provided to those who most need them.
- Prepare for mitigation measures as may be required during sustained / widespread community transmission ("manage it' phase)

NMH. NMH's current objectives in responding to COVID-19 are:

- Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequalities.
- Method. NMH will coordinate a whole of system response nested with the stages of the pandemic action plan. Primary and Community, Public Health and Hospital Operations Centres will synchronise resources based on the most up to date risk assessment and operational priorities. Supporting agencies and other stakeholders will be collaborated with to best support the health of the population.
- End state. NMH is well prepared to coordinate a whole of system response focused on stamping COVID-19 out through proactive social distancing and contact tracing, managing COVID-19 through primary care, secondary care and adapted community based assessment centres as required, recovering post peak ensuring impact on the population of Nelson Marlborough is minimised without increasing health inequalities and clinical and clinical support staff are supported through each phase of the response to ensure their enduring safety and wellbeing.

Mission. NMH is to PROTECT the health of the Nelson Marlborough population from 30 Jan 2020 in order to minimise the impact of COVID-19 without increasing health inequities.

Execution

Health ECC.

Grouping: Pam Kiesanowski, Hilary Exton, Tim Casey, Nick Baker, Stephanie Gray, Kevin Broughton, Jane Kinsey, Trish Casey, Ditre Tamatea, Cathy O'Malley, Lexie O'Shea, Sonya Briggs, Stephen Bridgman, Keith Marshall, EM Group Controllers, Iwi Liaison, NZ Police Mat Arnold-Kelly.

Task. Command and control district wide COVID-19 response.

Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequities.

Additional Tasks (New tasks in red).

- Establish Modelling Working Group. Keith
- Fill Recovery Manager Role. Jane
- Assume Health Coordinator role from 08- 15 Apr 20. Hilary

Public Health EOC.

Task. Command and control district wide public health operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 08 April 20.
- Identify trigger point for when external to PHU support to contact tracing would be likely required.
- Support recovery planning.
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Facilitate as many staff working from home as operational commitments allow.
- Submit SITREP daily by 1700.
- Report any use of Statutory Powers to the ECC.
- Report any staff in self-isolation/quarantine.

Community and Primary EOC.

Task. Command and control district wide community and primary care operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks (New tasks in red).

- Complete outreach testing concept design and be prepared to implement.
- Continue to monitor CBAC demand, equipment consumption and other issues.
- Support recovery planning.
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Update ECC of any reduction in planned care via 1700 SITREP.
- Facilitate as many staff working from home as operational commitments allow.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 08 April 20.
- Submit SITREP daily by 1700.
- Report any staff in self-isolation/quarantine.

Hospital EOC (New tasks in red)**.**

Task. Command and control district wide hospital operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

- Support recovery planning.
- Comply with COVID Alert levels as appropriate to continue to provide essential services.
- Update ECC of any reduction in planned care via 1700 SITREP.
- Facilitate as many staff working from home as operational commitments allow.
- Submit seven day roster to Health Coordinator (inclusive of on call) covering period from 26 Mar 20.
- Submit SITREP daily by 1700.
- Report any staff in self-isolation/quarantine.

CTAG.

Task. Provide technical advice in support of the NMH COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Hospital TAG (In direct support to Hospital EOC).

Task. Provide technical advice in support of the Hospital EOC's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Maori and Vulnerable Population TAG (In direct support to Community and Primary EOC).

Task. Provide technical advice to ensure vulnerable people are supported and health inequalities are not increased during NMH's COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Supporting Agencies (New tasks in red).

Grouping. Nelson Tasman Emergency Management Group, Marlborough Emergency Management Group NCC, TDC, MDC, NZ Police, FENZ, MBIE, MSD, Ministry of Education, DOC, Oranga Tamariki, NZDF, Ministry of Transport.

- Requested to dial into applicable updates at enclosure 1.
- Requested to provide supporting tasks as outlined in ref B.

Coordinating Instructions.

Meeting Rhythm. A weekly meeting rhythm is attached at enclosure 1. Meetings are to be kept to a minimum and Controllers are to enable remote attendance at all times.

Health Coordinator's Critical Information Requirements.

Health Coordinator's Critical Information Requirements		
Information Requirement	**Reported by**	**Via what means/ when**
Confirmed COVID-19 case	PH EOC	Daily via ECC
Suspect/Confirmed COVID-19 inpatients	Hospital EOC	Daily via ECC
Unable to accommodate person requiring home isolation	All	Phone/ immediately to Health Coordinator
Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Relevant EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Daily via ECC
Changes to BAU services	Relevant EOC	Daily via SITREP

Triggers for escalation/de-escalation. Triggers based planning remains critical to a coordinated response and in time, recovery. EOC Controllers are to regularly review and test triggers within their parts of the response and update the Health Coordinator to any amendments via the 1700 SITREP.

Welfare referral system. There are a number of avenues to receive welfare assistance currently operating with the district. Many of those asking for assistance will have subtle health needs that if supported now will reduce dependencies during the recovery phase. EM Groups and Iwi Liaison are requested to inform Jane Kinsey of any trends, queries or opportunities.

PPE. Use of PPE is fundamental to ensuring a safe workforce and transcends the health response to include those providing essential services in support. NMH has a responsibility to equip all community health care and support providers as holdings allow up until which time the MoH has mature enough supply and distribution systems in place.

Our most senior clinical advisory groups continue to monitor best evidence and update decision makers accordingly. The MoH guidance at: Personal protective equipment use in health care | Ministry of Health NZ remains the standard for our response.

Administration and Logistics

Mission Essential Equipment List. The below items are considered mission essential and are to be reported to ECC via Update Brief weekly on a Friday:

- Nasopharyngeal Swabs/ Throat Swabs
- P2/N95 Mask
- General Purpose Mask
- Eye Protection
- Gowns/ plastic aprons

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC daily by the logistics function.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. EOC Controllers are to personally recommend expenditure to the Health Coordinator prior to approval being given.

Wages. Detailed instruction to manager in accounting for extra COVID-19 related staff costs are contained in enclosure 3. EOC Controllers are to recommend additional hours to the Health Coordinator unless it is exceptional circumstances i.e. short notice increase to CBAC staff, Public Health contact tracing or Hospital pre triage staffing. Planned increased

staffing hours are to be approved by the Health Coordinator based on EOC Controller's recommendations.

Statutory Holidays. Only those essential staff rostered on or critical to the COVID-19 response (As confirmed by EOC Controller or Health Coordinator) are to work over the Easter and ANZAC Day holidays.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

An open source daily update is available at: NMH COVID-19 Update 8 April 2020

Priority of communications. The priority of communications is:

- Zoom
- Telephone/ other video conference
- Email
- Face to face (2 metre spaced)

This will be reviewed weekly based on infection control advice.

Reports and Returns. All reports and returns required to be submitted are outlined in enclosure 2.

Prepared by: Tim Casey, Response Manager
Released by: Hilary Exton, Health Coordinator

Distribution:

CEO NMH	Peter Bramley
ECC	All members
Iwi Liaison	Rebecca Mason Lorraine Eade
Public Health EOC	Sonya Briggs
Primary and Community EOC	Cathy O'Malley
Hospital EOC	Lexie O'Shea
Ministry of Health	NHCC
Nelson Tasman Emergency Management Group	Roger Ball Joe Kennedy Rylee Pettersson
Marlborough Emergency Management Group	Brian Paton Catherine Coates
Nelson City Council	Malcolm Hughes
Tasman District Council	Joanna Cranness
Marlborough District Council	Dean Heiford
Police Nelson Tasman	Marty Tunley
Police Marlborough	Peter Payne
FENZ Nelson Tasman	Grant Haywood Ian Reade
FENZ Marlborough	Colin Russell
NZDF (local liaison)	Samantha Marra
St John Ambulance	Anne-Maree Harris
MBIE	Pip Jamieson
Ministry of Education	Derek Lucic
MSD	Ronnie Gibson
NZ Traffic Authority	Steve Murrin

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM							
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
0700							
0800							
0900	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC	NMH ECC Update Brief - ECC
1000	Hlth Cooridnator/ CEO Huddle (Post Update Brief on order)	Hlth Cooridnator/ CEO Huddle (Post Update Brief on order)	Hlth Cooridnator/ CEO Huddle (Post Update Brief on order)	Hlth Cooridnator/ CEO Huddle (Post Update Brief on order)	Hlth Cooridnator/ CEO Huddle (Post Update Brief on order)		
1100							
1200					Multidisciplinary Clinical Update - Clinical staff		
1300			First Responders Operational Update - Pete Kara		CTAG Meeting - CTAG		
1400	Local Leaders Strategic Update - CEO		Local Leaders Strategic Update - CEO		Local Leaders Strategic Update - CEO		
1500							
1600		MoH NHCC Telecon - Hlth Coordinator					
1715	Hlth Coodinator/EOC Controller Huddle	Hlth Coodinator/EOC Controller Huddle	Hlth Coodinator/EOC Controller Huddle	Hlth Coodinator/EOC Controller Huddle	Hlth Coodinator/EOC Controller Huddle		
Overnight							

Reports and Returns					
Report and Return	**Submitted to**	**Input from**	**Compiled by**	**Released by**	**When**
Daily NHCC SITREP	NHCC	EOCs	Intel and Planning	Health Coordinator	1000 daily
Hospital Capacity Report	NHCC	Hospital Sites	Hospital EOC	Hposital EOC Controller	0800 daily
Daily EOC STIREPS	Health Coordinator/ Intel and Planning	EOCs	EOC Staff	EOC Controller	1700 daily
Weekly Cost Impact Report	NHCC Data Team	I&R, CFO	Intel and Planning	Health Coordinator/ CEO	Tue 1700 weekly
Weekly PPE Report	NHCC External Logistics	EOCs	ECC Logistics	ECC Logistics Manager	Tue 1200 weekly
DHB Current and Future Work Force Update	NHCC	Hospital EOC, Intel Reporting, CMO, DONM	Hospital EOC Controller	CEO	Once off Thu 9 April 1700

Incident Action Plan 005/20: Nelson Marlborough Health COVID-19 Response – 15-22 April 2020

References:

A. Ministry of Health SITREP 88 COVID-19 released 16 April 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health webpage: COVID-19 (novel coronavirus) | Ministry of Health NZ
D. COVID-19 Alert Levels at COVID-19 Alert System | Unite against COVID-19
E. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
F. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
G. NMH Pandemic Plan Community and Primary reviewed Mar 2020
H. NMH Novel Coronavirus Update #17 released 09 April 2020

*All times used in this Action Plan are **New Zealand Standard Time***

Situation

Global.

No new country/territory/area reported cases of COVID-19 in the past 24 hours.

There is no evidence that the Bacille Calmette-Guérin vaccine (BCG) protects people against infection with COVID-19 virus. Two clinical trials addressing this question are underway, and WHO will evaluate the evidence when it is available. In the absence of evidence, WHO does not recommend BCG vaccination for the prevention of COVID-19

As at 14 April 2020 there have been 1,910,137 confirmed COVID-19 cases globally, 118,516 confirmed deaths and 440,471 confirmed recoveries.

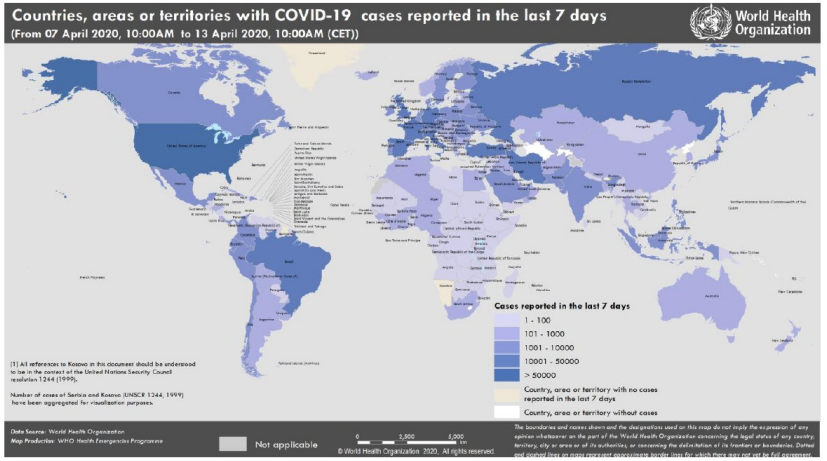


Exhibit 1. Global COVID-19 Heat Map

National.

At 0900 hours on 16 April 2020 there are 1,401 combined confirmed and probable cases. There are 15 new combined confirmed and probable cases reported in the last 24 hours. As at 0900 hours on 16 April 2020 there are 770 recovered cases (up 42 in the last 24 hours), and 9 deaths (no increase in the last 24 hours). For further details see: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-cases

On 15 April 2020, a total of 3,661 tests were done which is back up to pre-Easter levels. The 7-day rolling average on tests completed is 2,714 tests. The testing capacity in labs for 16 April 2020 is 6,775. Two new labs started testing on 15 April 2020: Medlab Central (Palmerston North) and Nelson Marlborough. For further details see:

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases#lab

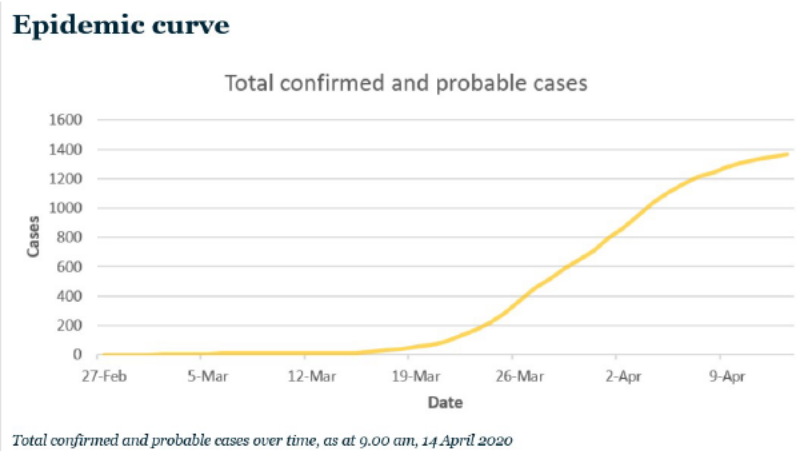


Exhibit 2. NZ Epidemic Curve at 14 April 2020.

District wide.

As at 14 April 2020 there are 48 confirmed cases (including 15 probable) of COVID-19 within the Nelson Marlborough region. There have been no confirmed cases identified within the Nelson Marlborough region in the last seven days as the governments alert level 4 measures have has an obvious intervention effect on the epidemic curve. Continued vigilance in implementing these measures will be key to sustaining the progress already made, as the lead agency all NMH staff are reminded to continue to model good habits. NMH has continued to further integrate supporting agencies into its response structure.

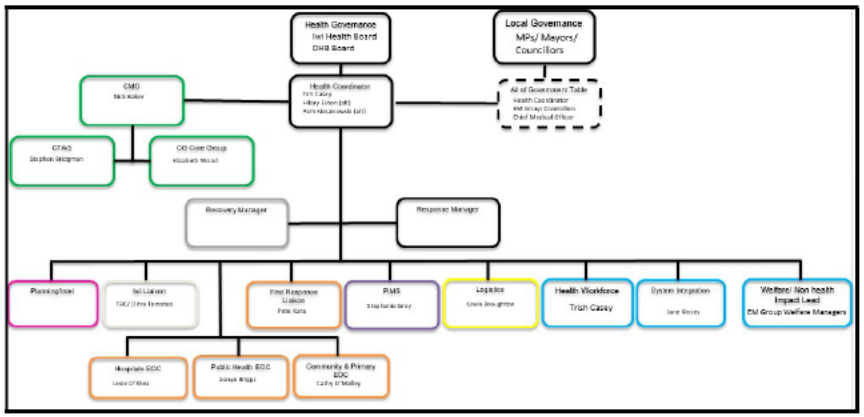


Exhibit 3. NMH Response Structure.

CBACs continue to operate but with obvious decrease in demand, this has likely been exaggerated by the Easter long weekend, although alert level 4 measure have likely reduced the spread of other respiratory illnesses in the community resulting in few people meeting the case definition and thus seeking assessment. The Community and Primary EOC continue to work with Iwi Liaison and other agencies to evolve community testing facilities and concepts.

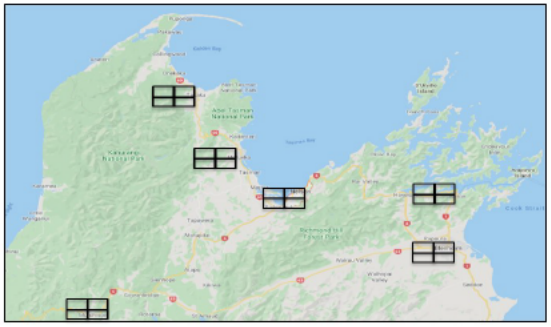
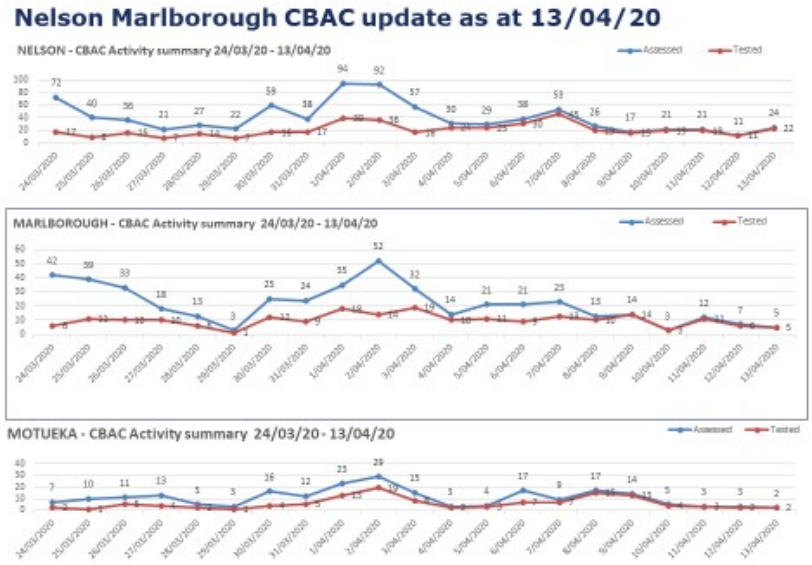


Exhibit 3. Enhanced COVID-19 testing locations.

Weekly CBAC data is outlined below:



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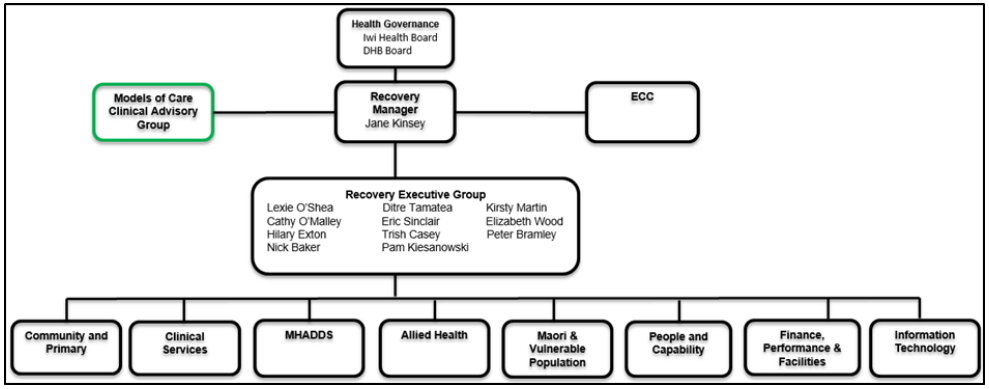
In accordance with best practice emergency management; we have commenced recovery planning. The recovery effort will aim to preserve the gains that our COVID-19 response has demanded whilst coordinating a whole of system return to agreed levels of service. The recovery structure will largely leverage standing ELT, Clinical Governance and Models of Care programme strcutures. The current priority remains responding to the threat of COVID-19.



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- Purpose. Minimise the impacts of COVID-19 on the Nelson Marlborough population without increasing health inequalities.
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- End state. NMH is well prepared to coordinate a whole of system response focused on stamping COVID-19 out through proactive social distancing and contact tracing,

managing COVID-19 through primary care, secondary care and adapted community based assessment centres as required, recovering post peak ensuring impact on the population of Nelson Marlborough is minimised without increasing health inequalities and clinical and clinical support staff are supported through each phase of the response to ensure their enduring safety and wellbeing.

Mission. NMH is to PROTECT the health of the Nelson Marlborough population from 30 Jan 2020 in order to minimise the impact of COVID-19 without increasing health inequities.

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Health ECC.

Grouping: Pam Kiesanowski, Hilary Exton, Tim Casey, Nick Baker, Stephanie Gray, Kevin Broughton, Jane Kinsey, Trish Casey, Ditre Tamatea, Cathy O'Malley, Lexie O'Shea, Sonya Briggs, Stephen Bridgman, Keith Marshall, EM Group Controllers, Iwi Liaison, NZ Police Mat Arnold-Kelly.

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- Commence recovery planning. Jane
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- Report any staff in self-isolation/quarantine.

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Purpose. Protect the health of the population of Nelson Marlborough.

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Hospital EOC (New tasks in red)**.**

Task. Command and control district wide hospital operations as a part of COVID-19 response.

Purpose. Protect the health of the population of Nelson Marlborough.

Additional Tasks.

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Grouping. Nelson Tasman Emergency Management Group, Marlborough Emergency Management Group NCC, TDC, MDC, NZ Police, FENZ, MBIE, MSD, Ministry of Education, DOC, Oranga Tamariki, NZDF, Ministry of Transport.

- Requested to dial into applicable updates at enclosure 1.
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Health Coordinator's Critical Information Requirements.

Health Coordinator's Critical Information Requirements		
Information Requirement	**Reported by**	**Via what means/ when**
Confirmed COVID-19 case	PH EOC	Daily via ECC
Suspect/Confirmed COVID-19 inpatients	Hospital EOC	Daily via ECC
Unable to accommodate person requiring home isolation	All	Phone/ immediately to Health Coordinator
Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Relevant EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Daily via ECC
Changes to BAU services	Relevant EOC	Daily via SITREP

Welfare referral system. There are a number of avenues to receive welfare assistance currently operating with the district. Many of those asking for assistance will have subtle health needs that if supported now will reduce dependencies during the recovery phase. EM Groups and Iwi Liaison are requested to inform Jane Kinsey of any trends, queries or opportunities.

PPE. Use of PPE is fundamental to ensuring a safe workforce and transcends the health response to include those providing essential services in support. NMH has a responsibility to equip all community health care and support providers as holdings allow up until which time the MoH implements its 3rd party contract to distribute PPE.

MoH guidelines remain the key direction to appropriate PPE use. We have submitted proposed guidelines to allow additional use of general surgery masks at the point of care which is being reviewed as a part of the next update to the MoH Use of PPE advice.

Administration and Logistics

Mission Essential Equipment List. The below items are considered mission essential and are to be reported to ECC via Update Brief weekly on a Friday:

- Nasopharyngeal Swabs/ Throat Swabs
- P2/N95 Mask
- General Purpose Mask
- Eye Protection
- Gowns/ plastic aprons

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC daily by the logistics function.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. EOC Controllers are to personally recommend expenditure to the Health Coordinator prior to approval being given.

Incurred data/telephone costs whilst working from home. Staff who are incurring personal costs due to the use of telephone of data whilst working from home are to request IT support via the online 'track it' function with their manager's support. If an adequate solution cannot be provided then a cost recovery is to be undertaken through line managers.

Statutory Holidays. Only those essential staff rostered on or critical to the COVID-19 response (As confirmed by EOC Controller or Health Coordinator) are to work over the ANZAC Day holiday.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

An open source daily update is available at: https://www.nmdhb.govt.nz/nmdhb-news-and-notices/nmh-covid-19-update-14-april-2020/

Priority of communications. The priority of communications is:

- Zoom
- Telephone/ other video conference
- Email
- Face to face (2 metre spaced)

This will be reviewed weekly based on infection control advice.

Reports and Returns. All reports and returns required to be submitted are outlined in enclosure 2.

Prepared and released by: Tim Casey, Health Coordinator

Distribution:

CEO NMH	Peter Bramley
ECC	All members
Iwi Liaison	Rebecca Mason Lorraine Eade
Public Health EOC	Sonya Briggs
Primary and Community EOC	Cathy O'Malley
Hospital EOC	Lexie O'Shea
Ministry of Health	NHCC
Nelson Tasman Emergency Management Group	Roger Ball Joe Kennedy Rylee Pettersson
Marlborough Emergency Management Group	Brian Paton Catherine Coates
Nelson City Council	Malcolm Hughes
Tasman District Council	Joanna Cranness
Marlborough District Council	Dean Heiford
Police Nelson Tasman	Marty Tunley
Police Marlborough	Peter Payne
FENZ Nelson Tasman	Grant Haywood Ian Reade
FENZ Marlborough	Colin Russell
NZDF (local liaison)	Samantha Marra
St John Ambulance	Anne-Maree Harris
MBIE	Pip Jamieson
Ministry of Education	Derek Lucic
MSD	Ronnie Gibson
NZ Traffic Authority	Steve Murrin

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM							
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
0700							
0800							
0900	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC
1000	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)		
1100							
1200							
				CTAG Meet ng - CTAG	Mult d sc pl nary Cl n cal Update - Cl n cal staff		
1300			F rst Responders Operat onal Update - Pete Kara				
1400	Local Leaders Strateg c Update - CEO		Local Leaders Strateg c Update - CEO		Local Leaders Strateg c Update - CEO		
1500							
1600		MoH NHCC Telecon - Hlth Coord nator					
1715	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle		
Overnight							

Reports and Returns					
Report and Return	**Submitted to**	**Input from**	**Compiled by**	**Released by**	**When**
Daily NHCC SITREP	NHCC	EOCs	Intel and Planning	Health Coordinator	1000 daily
Hospital Capacity Report	NHCC	Hospital Sites	Hospital EOC	Hposital EOC Controller	0800 daily
Daily EOC STIREPS	Health Coordinator/ Intel and Planning	EOCs	EOC Staff	EOC Controller	1700 daily
Weekly Cost Impact Report	NHCC Data Team	I&R, CFO	Intel and Planning	Health Coordinator/ CEO	Tue 1700 weekly
Weekly PPE Report	NHCC External Logistics	EOCs	ECC Logistics	ECC Logistics Manager	Tue 1200 weekly

Incident Action Plan 006/20: Nelson Marlborough Health COVID-19 Response – 22-29 April 2020

References:

A. Ministry of Health SITREP 88 COVID-19 released 16 April 2020
B. NZ Influenza Pandemic Plan: A Framework for Action released Aug 2017
C. Ministry of Health webpage: COVID-19 (novel coronavirus) | Ministry of Health NZ
D. COVID-19 Alert Levels at COVID-19 Alert System | Unite against COVID-19
E. NMH Pandemic Plan Nelson Hospital reviewed Mar 2020
F. NMH Pandemic Plan Wairau Hospital reviewed Mar 2020
G. NMH Pandemic Plan Community and Primary reviewed Mar 2020
H. NMH Novel Coronavirus Update #17 released 09 April 2020

*All times used in this Action Plan are **New Zealand Standard Time***

Situation

Global.

No new country/territory/area reported cases of COVID-19 in the past 24 hours.

There is no evidence that the Bacille Calmette-Guérin vaccine (BCG) protects people against infection with COVID-19 virus. Two clinical trials addressing this question are underway, and WHO will evaluate the evidence when it is available. In the absence of evidence, WHO does not recommend BCG vaccination for the prevention of COVID-19

As at 14 April 2020 there have been 1,910,137 confirmed COVID-19 cases globally, 118,516 confirmed deaths and 440,471 confirmed recoveries.

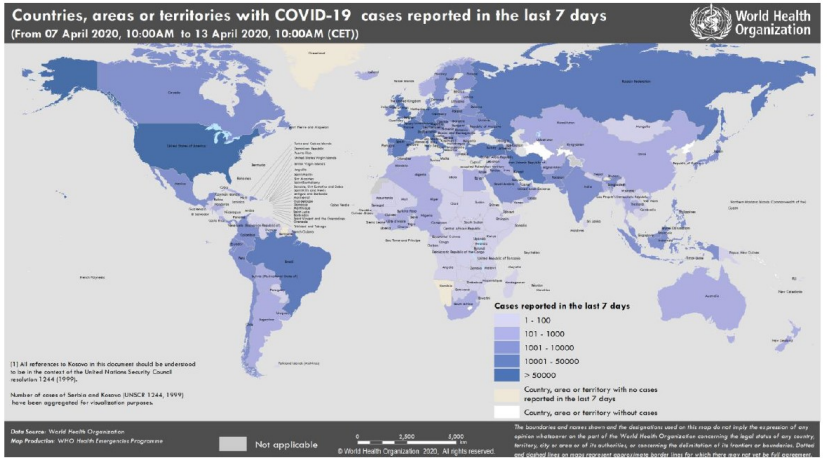


Exhibit 1. Global COVID-19 Heat Map

National.

At 0900 hours on 16 April 2020 there are 1,401 combined confirmed and probable cases. There are 15 new combined confirmed and probable cases reported in the last 24 hours. As at 0900 hours on 16 April 2020 there are 770 recovered cases (up 42 in the last 24 hours), and 9 deaths (no increase in the last 24 hours). For further details see: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-cases

On 15 April 2020, a total of 3,661 tests were done which is back up to pre-Easter levels. The 7-day rolling average on tests completed is 2,714 tests. The testing capacity in labs for 16 April 2020 is 6,775. Two new labs started testing on 15 April 2020: Medlab Central (Palmerston North) and Nelson Marlborough. For further details see:

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases#lab

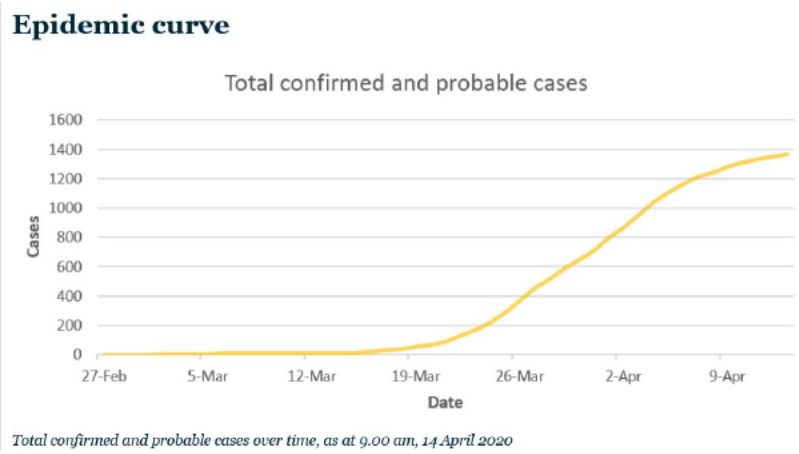


Exhibit 2. NZ Epidemic Curve at 14 April 2020.

District wide.

As at 14 April 2020 there are 48 confirmed cases (including 15 probable) of COVID-19 within the Nelson Marlborough region. There have been no confirmed cases identified within the Nelson Marlborough region in the last seven days as the governments alert level 4 measures have has an obvious intervention effect on the epidemic curve. Continued vigilance in implementing these measures will be key to sustaining the progress already made, as the lead agency all NMH staff are reminded to continue to model good habits. NMH has continued to further integrate supporting agencies into its response structure.

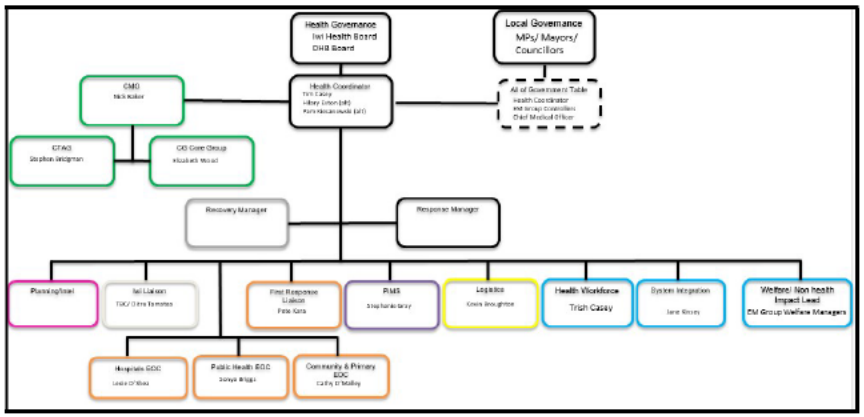
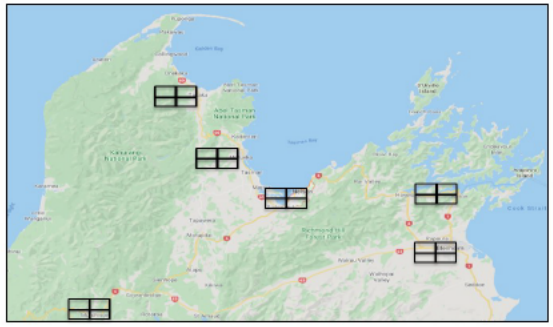


Exhibit 3. NMH Response Structure.

CBACs continue to operate but with obvious decrease in demand, this has likely been exaggerated by the Easter long weekend, although alert level 4 measure have likely reduced the spread of other respiratory illnesses in the community resulting in few people meeting the case definition and thus seeking assessment. The Community and Primary EOC continue to work with Iwi Liaison and other agencies to evolve community testing facilities and concepts.



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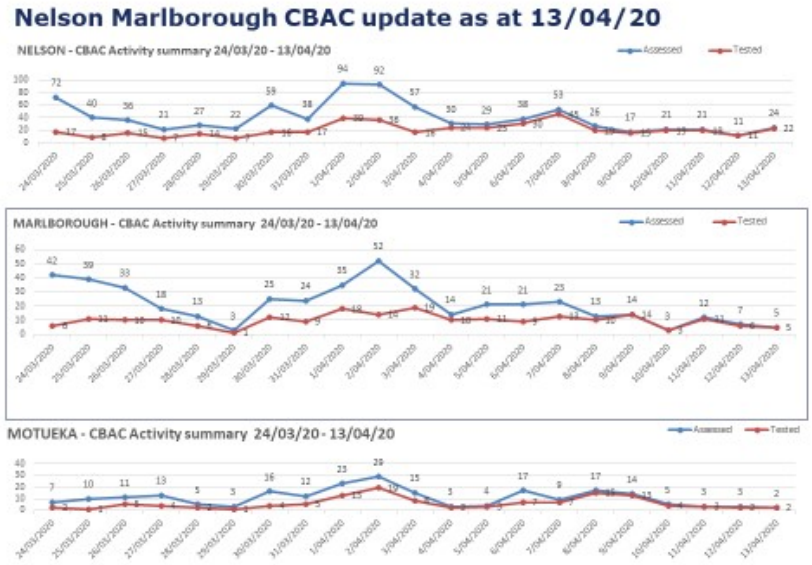

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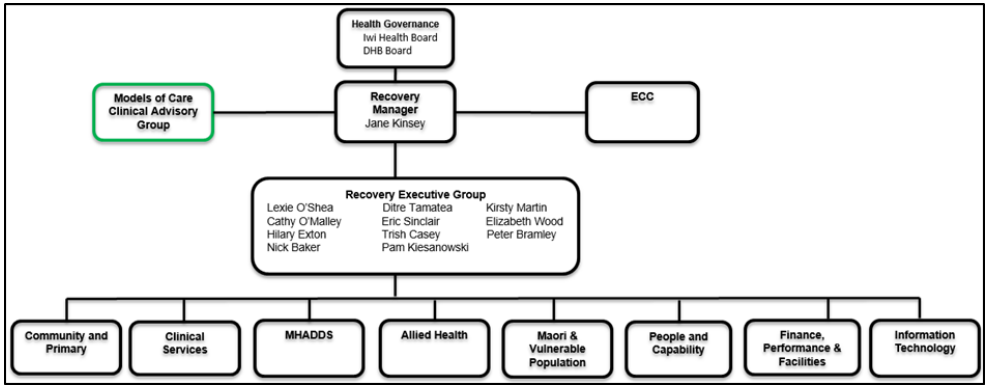

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Media inquiry pertaining to COVID-19 (not going to PIMS Manager)	Relevant EOC	Phone/ immediately
Health worker required to self isolate	Relevant EOC	email/ within 6 hours
Breach of infection prevention procedure	Relevant EOC	email/ within 6 hours
PPE stock on hand	Logisitics	Daily via ECC
Changes to BAU services	Relevant EOC	Daily via SITREP

Welfare referral system. There are a number of avenues to receive welfare assistance currently operating with the district. Many of those asking for assistance will have subtle health needs that if supported now will reduce dependencies during the recovery phase. EM Groups and Iwi Liaison are requested to inform Jane Kinsey of any trends, queries or opportunities.

PPE. Use of PPE is fundamental to ensuring a safe workforce and transcends the health response to include those providing essential services in support. NMH has a responsibility to equip all community health care and support providers as holdings allow up until which time the MoH implements its 3rd party contract to distribute PPE.

MoH guidelines remain the key direction to appropriate PPE use. We have submitted proposed guidelines to allow additional use of general surgery masks at the point of care which is being reviewed as a part of the next update to the MoH Use of PPE advice.

Administration and Logistics

Mission Essential Equipment List. The below items are considered mission essential and are to be reported to ECC via Update Brief weekly on a Friday:

- Nasopharyngeal Swabs/ Throat Swabs
- P2/N95 Mask
- General Purpose Mask
- Eye Protection
- Gowns/ plastic aprons

PPE stocktake. PPE usage consumption is to be tracked via EOC's and reported to the ECC daily by the logistics function.

Cost Code 9111. All COVID-19 related costs (exempt wages) are to be allocated to cost centre 9111. Approval for expenditure is required from the Health Coordinator. EOC Controllers are to personally recommend expenditure to the Health Coordinator prior to approval being given.

Incurred data/telephone costs whilst working from home. Staff who are incurring personal costs due to the use of telephone of data whilst working from home are to request IT support via the online 'track it' function with their manager's support. If an adequate solution cannot be provided then a cost recovery is to be undertaken through line managers.

Statutory Holidays. Only those essential staff rostered on or critical to the COVID-19 response (As confirmed by EOC Controller or Health Coordinator) are to work over the ANZAC Day holiday.

Communication and Information Management

Authorised Spokesperson. The following people are authorised as official spokespeople in relation to COVID-19 response:

- CEO
- CMO
- Medical Officer of Health
- Health Coordinator
- PIMS Manager (Stephanie Gray)

Spokesperson's Guide. A spokesperson's toolkit is maintained at the following link: J:\Pandemic\2019 Novel Coronavirus Response\7. Public Information Management\Media spokesperson's kit

Information for NMH Employees. A comprehensive information source for employees is maintained at the following link: Nelson Marlborough Health Intranet –

An open source daily update is available at: https://www.nmdhb.govt.nz/nmdhb-news-and-notices/nmh-covid-19-update-14-april-2020/

Priority of communications. The priority of communications is:

- Zoom
- Telephone/ other video conference
- Email
- Face to face (2 metre spaced)

This will be reviewed weekly based on infection control advice.

Reports and Returns. All reports and returns required to be submitted are outlined in enclosure 2.

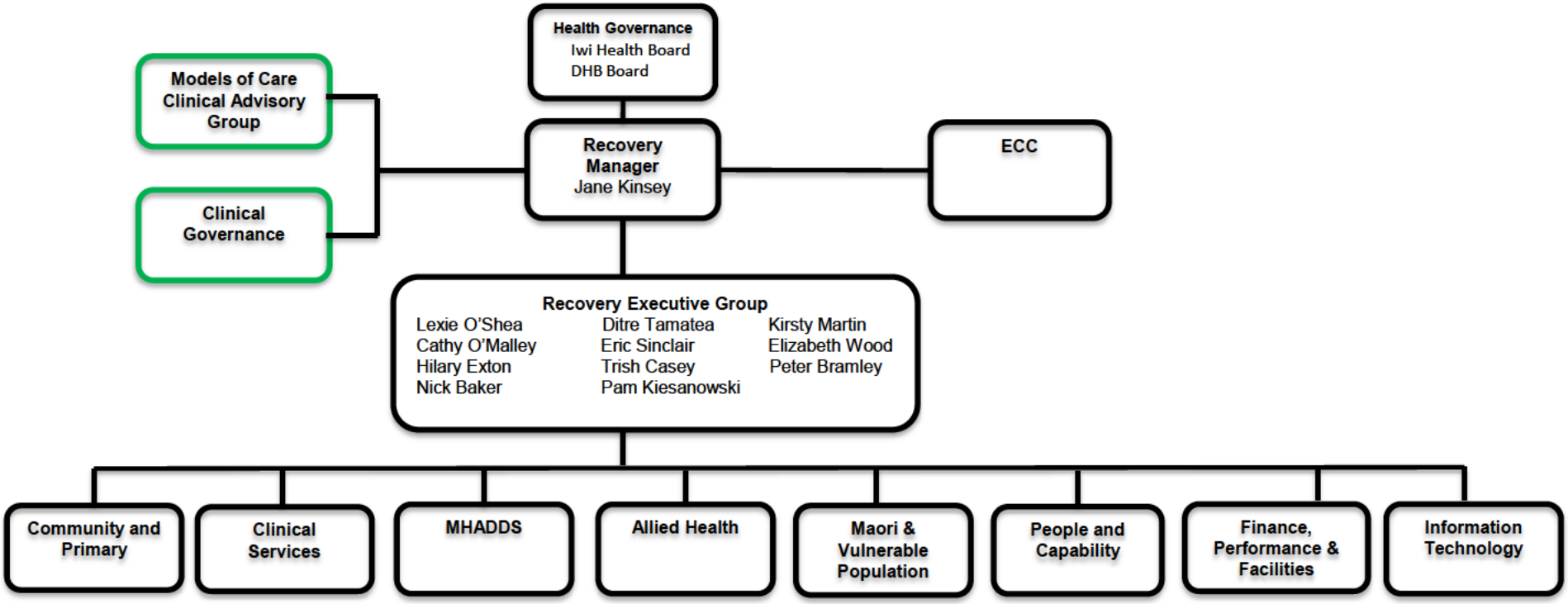
Prepared and released by: Tim Casey, Health Coordinator

Distribution:

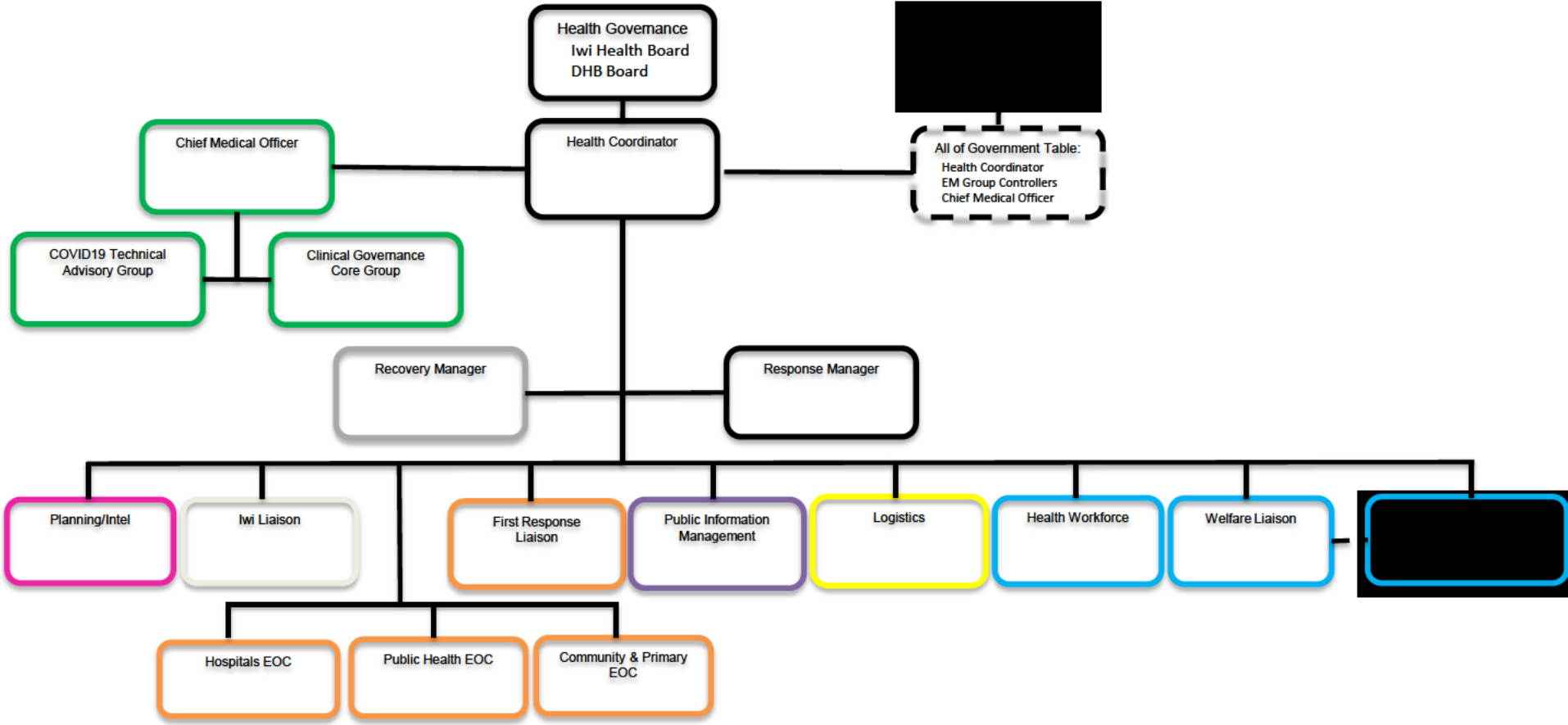
CEO NMH	Peter Bramley
ECC	All members
Iwi Liaison	Rebecca Mason Lorraine Eade
Public Health EOC	Sonya Briggs
Primary and Community EOC	Cathy O'Malley
Hospital EOC	Lexie O'Shea
Ministry of Health	NHCC
Nelson Tasman Emergency Management Group	Roger Ball Joe Kennedy Rylee Pettersson
Marlborough Emergency Management Group	Brian Paton Catherine Coates
Nelson City Council	Malcolm Hughes
Tasman District Council	Joanna Cranness
Marlborough District Council	Dean Heiford
Police Nelson Tasman	Marty Tunley
Police Marlborough	Peter Payne
FENZ Nelson Tasman	Grant Haywood Ian Reade
FENZ Marlborough	Colin Russell
NZDF (local liaison)	Samantha Marra
St John Ambulance	Anne-Maree Harris
MBIE	Pip Jamieson
Ministry of Education	Derek Lucic
MSD	Ronnie Gibson
NZ Traffic Authority	Steve Murrin

NMH COVID-19 RESPONSE WEEKLY BATTLE RHYTHM							
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
0700							
0800							
0900	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC	NMH ECC Update Br ef - ECC
1000	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)	Hlth Coor dnator/ CEO Huddle (Post Update Br ef on order)		
1100							
1200							
				CTAG Meet ng - CTAG	Mult d sc pl nary Cl n cal Update - Cl n cal staff		
1300			F rst Responders Operat onal Update - Pete Kara				
1400	Local Leaders Strateg c Update - CEO		Local Leaders Strateg c Update - CEO		Local Leaders Strateg c Update - CEO		
1500							
1600		MoH NHCC Telecon - Hlth Coord nator					
1715	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle	Hlth Cood nator/EOC Controller Huddle		
Overnight							

Reports and Returns					
Report and Return	**Submitted to**	**Input from**	**Compiled by**	**Released by**	**When**
Daily NHCC SITREP	NHCC	EOCs	Intel and Planning	Health Coordinator	1000 daily
Hospital Capacity Report	NHCC	Hospital Sites	Hospital EOC	Hposital EOC Controller	0800 daily
Daily EOC STIREPS	Health Coordinator/ Intel and Planning	EOCs	EOC Staff	EOC Controller	1700 daily
Weekly Cost Impact Report	NHCC Data Team	I&R, CFO	Intel and Planning	Health Coordinator/ CEO	Tue 1700 weekly
Weekly PPE Report	NHCC External Logistics	EOCs	ECC Logistics	ECC Logistics Manager	Tue 1200 weekly



TE WAIORA Nelson Marlborough Health



Planning/Intel

- Plans Manager
- Intel Manager
- I & R support

First Response Liaison

- FENZ
- Police
- St John
- Immigration
- EM Group/ Councils – utilities and lifeline services

PIMS

- Internal Comms
- Media Liaison
- Videographer

Logistics

- Procurement
- IT Logistics
- Business Analyst
- Facilities

Health Workforce

- HR Support
- Union Liaison
- HSW Support
- ELT Liaison

Welfare/ Non health Impact Lead

- Shelter and Accommodation
- Food, Water, Hygiene & Clothing
- Psychosocial
- Care and Support of vulnerable people
- Financial Assistance

TE WAIORA Nelson Marlborough Health

BUILDING FUTURE FIT ORGANISATIONS

Nelson Marlborough Health

COVID-19 Response Lessons Learned

July 2020

Prepared by Dr Tracy Hatton

Resilient ORGANISATIONS

Contents

Executive summary

Resilient Organisations was engaged by Nelson Marlborough Health (NMH) in June 2020 to conduct a series of operational debriefs from the COVID-19 response. Debriefs are a standard emergency management process to capture lessons and identify improvements to processes, structures, and systems to enhance the effectiveness of future emergency responses.

The COVID-19 pandemic was an unprecedented event for the NMH, and the team responsible for co-ordinating the response can be rightly proud of their efforts. As judged by outcomes and by the general staff sentiment, NMH staff stepped up and responded well to an often confusing and chaotic event. The good practices reported by all debrief participants far outweigh the areas for improvement. This provides an excellent opportunity to capture the positives, ensure they are embedded into emergency and continuity plans, and devise ways to improve those less effective areas, putting NMH in a stronger position for the next event.

The recommendations in this report relate primarily to enhancing capacity to respond to a rapid on-set event, or to operate sustainably in a longer running event, or one where key personnel are unable to work. Effective emergency response in a large and complex organisation is enhanced by effective plans, procedures, and resources developed before an emergency, and embedded through training and exercises. One of the key goals of effective emergency preparedness is to make as many aspects of the emergency operation as predictable as possible, leaving staff with lower stress levels, and enabling them to focus on problem solving and adaptive thinking around novel challenges. Effective systems and processes which enable staff to mobilise effectively and efficiently will pay dividends.

Quality relationships and networks between and within organisations are also essential for responding to emergency events. High trust relationships are a very powerful resource under high stress situations. Many of the positive observations in this emergency response relate to people caring for their community and showing great flexibility in providing support to their peers. Many of the improvement opportunities in this report relate to ensuring that systems and procedures to support those efforts are in place, accessible, and understood.

> A lesson has only been identified, not learned, until improvement actions have been undertaken.

[What could we do differently?]

A lot, but I guess it's not every day the country goes into lockdown!

Key recommendations

ACTIVATION AND NOTIFICATION

- Establish clear activation triggers and notification processes for the opening of the NMH EOC and/or ECC. The activation triggers and associated notification processes enable a rapid response to future events that may require swift co-ordination. The activation process needs to take into account potential outages to standard communications channels.
- Establish activation and notification procedures for events where NMH is the lead agency and where it is not.

CONTROL AND CO-ORDINATION RESOURCING

- Document the skills and temperaments required for successful performance of IMT (based on experiences during this event).
- Create rosters of who will be filling what roles in the ECC and EOCs if an activation occurs. It would be normal practice to ensure that some senior staff members continue to manage normal functions, which do still require significant work even in an emergency.
- Implement backfill arrangements for those with IMT responsibilities. Once assigned to a roster, there should be an expectation that the staff member works gradually over time to ensure the key aspects of their BAU role can be picked up by others. Activation processes, rosters, potentially even job descriptions, need to be clear around emergency responsibilities of staff so that undue demands of BAU are not added by managers who are unclear of that persons emergency responsibilities (and intensity at which they may be working in a response role).
- Ensure there are at least two teams. Being rostered off may be the only way for individuals to actually let go of their role during a long event. Within the EOCs and ECC, there was clearly a reliance on a few key individuals. This is a key risk, particularly for protracted events.
- Involve iwi liaison early in the IMT.
- Include an Executive Assistant or Personal Assistant in ECC/EOC roster. An appropriately trained EA or PA is also a critical addition immediately upon activation to ensure that Health Co-ordinators are not pulled away from strategic level thinking to lower level action tasks.
- Continue to include technical advisory groups in response arrangements. It is important that clear terms of reference (TOR) are established for these groups along with clarity around where they fit in the broader structure. It is possible to create a base TOR for this which can simply be adjusted as needed. Even if the base template requires significant modification to fit the event, its existence will draw attention to the importance of these structural elements.
- Create a plan for surge capacity. Identify potential resources in non-critical areas that can be redeployed. Create a simple list of surge capacity options during peace time, with pros and cons, to support good and rapid decision making during an event.
- Prioritise IT resource to support both ECC and EOC operational needs.

TRAINING

- Explore appropriate training mechanisms for key IMT team members.

VIRTUAL OPERATION

- Identify the advantages and disadvantages of operating an ECC/EOC virtually and create a protocol around when a virtual EOC/ECC may or may not be suitable.
- Design initiatives to mitigate any negative impacts when working virtually.
- Allow for different decisions regarding mode of operation to be reached by EOC and ECC.

PLANNING AND INTELLIGENCE

- Ensure planning and intelligence actions are undertaken early in response.
- Develop quick reference guides for all functions within ECC and EOC.

NETWORKS AND RELATIONSHIPS

- Continue to prioritise relationship building within and external to the health system.
- Broaden the relationships where possible to ensure they are relationships held by the organisation, rather than by individuals.
- Prioritise strengthening relationships where geographical boundaries may have previously been a barrier.

RESPONSE DOCUMENTATION

- Ensure cheat sheets, templates, and checklists are included within ECC or EOC activation kits.

EXERCISING

- Implement twice yearly desktop exercises for those with IMT responsibilities.
- Carry out exercises with a range of key stakeholders.

CRITICAL PRIORITIES

- Create a one-page guide to service criticality (a logical extension to a Business Impact Analysis).

LOGISTICS

- Identify and train appropriate logistics staff.
- Document emergency authority principles/ guidelines or delegations regarding expenditure.

INNOVATION

- Integrate innovation promotion as part of preparedness planning processes, e.g. sitreps and role definitions.

THE ROLE OF NON-DEPLOYED STAFF

- Managers of staff with designated IMT roles should be advised of what this means for them: i.e. do reach out to your staff member if you urgently need to know something, but do not expect them to be able to perform any BAU tasks; and do reach out and offer support or check in with them about their wellbeing.

COMMUNICATIONS

- Plan for additional PIM resource requirements
- Plan for effective communications structure, between ECC and EOCs and clinical leads, including principles as to what requires sign off and from who.
- Document PIM communication principles.

PLANNING

- Review overall NMH organisational continuity plans (BCPs) focusing first on service areas or functions identified as critical. For example, IT would be identified as a key dependency by most units and key medical services will be expected to operate no matter what (ED, ICU, Mental Health, Midwifery ...).
- Ensure documentation created during the COVID-19 response is appropriately saved and captured for potential future re-use.
- Develop a plan, in conjunction with MOH, on actions that need to be taken to ensure the resilience of the ARC sector.

TRANSITION OUT OF RESPONSE

- Create guidelines or checklist for EOC and ECC wind down, incorporating wellbeing checks.

SERVICE AREAS

- Meet with representatives of teams with lower than average satisfaction with the response to gain a better understanding of issues and how NMH can support the teams better in future responses.

1. Introduction

Resilient Organisations Ltd was engaged by the Nelson Marlborough Health (NMH) in June 2020 to conduct a series of operational debriefs following the initial response to the COVID-19 pandemic.

Debriefs are a standard part of emergency management best practice after any emergency exercise or actual response. They are a valuable opportunity to identify lessons and most importantly modify organisational arrangements to improve an organisation's ability to respond in future emergencies. Although lessons are commonly captured after the emergency response ceases, COVID-19 is a unique event that is likely to require at the very least a low level of monitoring and response activities for a lengthy time. The NMH recognised that capturing the lessons learned to date, now, rather than at the event end was appropriate both to capture perishable memories of the onset and transition to the full lockdown period and to ensure that any future escalation of COVID-19 response activities could be informed by lessons learned in this first response. The recommendations within this report will also enhance capacity to respond to other emergency events, for example fire, earthquake, cyber-attack, and flood.

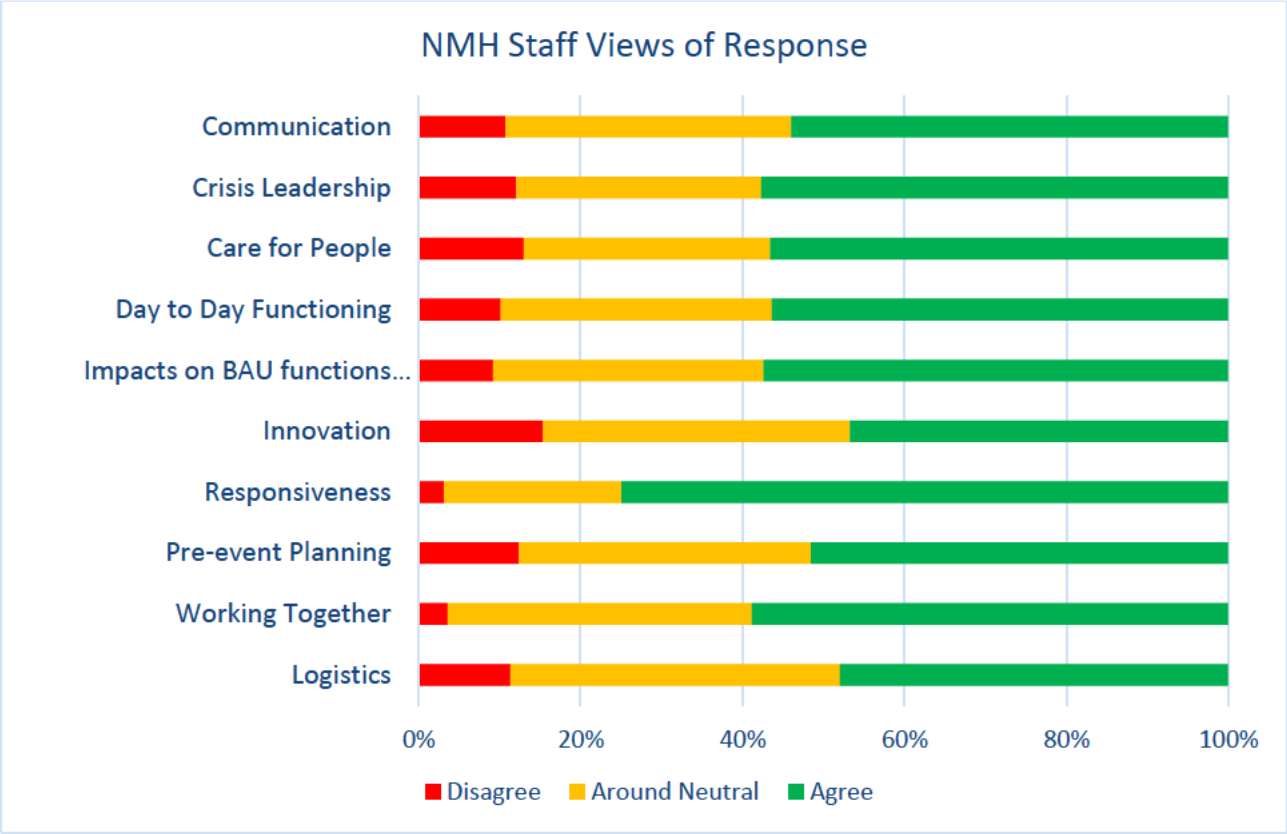
How we carried out our work

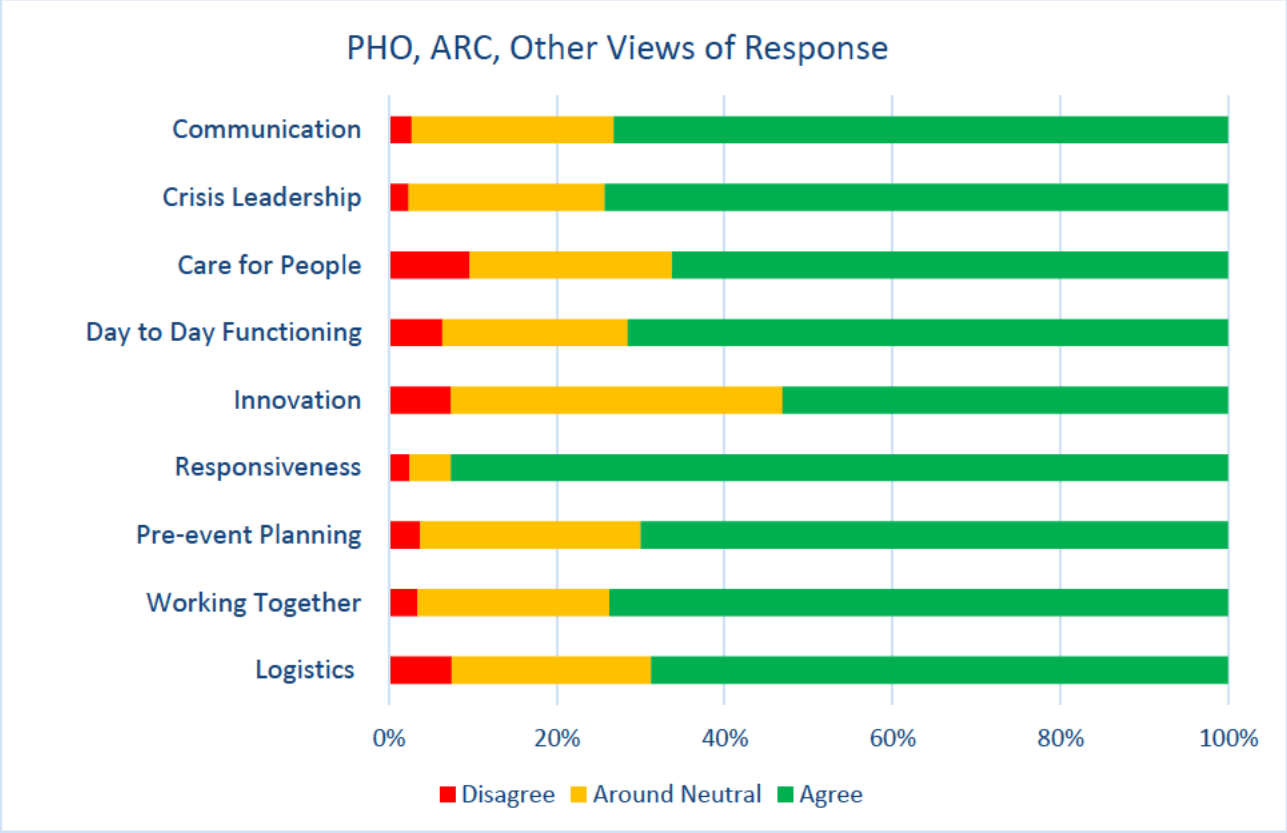
To carry out this project, we

- spoke individually with key EOC and ECC personnel,
- received written feedback from EOC leads,
- carried out group debriefs with ECC personnel, and interagency leads,
- conducted an all of staff survey,
- conducted a survey of key Primary Health Organisations (PHO), Aged Residential Care (ARC) and other health providers,
- reviewed key response documents including daily SitReps, Action Plans, Event Logs, and structure diagrams, and
- reviewed the Auditor General's report on management of personal protective equipment.

The survey

Overall, the survey of staff, PHO and ARC representatives showed no standout areas of concern and given the nature of the event, a good level of overall satisfaction with key response aspects. 381 respondents completed the staff survey and 91 completed the PHO, ARC and other providers survey (for survey questions, see Appendix One). The survey has informed the comments in the remainder of the report and where results are not referred to in the report, these are included in Appendix Two.


NMH Staff Views of Response
Communication
Crisis Leadership
Care for People
Day to Day Functioning
Impacts on BAU functions...
Innovation
Responsiveness
Pre-event Planning
Working Together
Logistics
0%
20%
40%
60%
80%
100%
Disagree
Around Neutral
Agree


PHO, ARC, Other Views of Response
Communication
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Logistics
0%
20%
40%
60%
80%
100%
Disagree
Around Neutral
Agree

Structure of our report

We have grouped our findings based on common themes that emerged from all data sources. Our recommendations to enhance NMH's emergency response capability have been made based on:

- good practices that were observed by staff that should be embedded for the future,
- opportunities to improve, based on issues staff identified that could have been handled more effectively, and
- best practice emergency management processes and procedures.

The hazard profile for the South Island of New Zealand, and complex global trends such as technology changes, climate change, and increased risk of pandemics, means there is a high likelihood that NMH will have to respond to a major event again. The Alpine Fault scenario and the potential for long term isolation of communities is a risk that requires a mature emergency response capability.

This report provides many recommendations that will give the NMH a significantly improved capability to meet stakeholder expectations in responding to the next emergency event.

This report is not intended to be the sole source of learning from this event. At all levels within the organisation, teams are likely to have reflected on what might be done differently in the future. It is important that they can make changes – be that to structures, processes, or plans to reflect their learning.

> A lesson has only been identified, not learned, until improvement actions have been undertaken.

2. Activation and notification

An Emergency Coordination Centre (ECC) or Emergency Operations Centre (EOC) serves a range of functions. This includes the provision of a single source of verified information, a single point of liaison for external agencies, a single point of contact for staff, a single point of contact for critical organisational decisions, a workspace where the staff involved can effectively focus their attention on managing the event as a team, and a workspace free of business as usual disruptions.

Clear activation triggers and accountability for the establishment of an ECC or EOC ensures a timely escalation of organisational capability. Initial priorities include establishing communications, conducting an impact assessment, and determining whether to escalate or de-escalate an emergency response. Early activation to assess the needs of the situation is generally recommended – the initial activation may involve just a small core team and need not pull huge resources away from business as usual.

The slowly evolving nature of this COVID-19 response meant that activation of the ECC and some EOCs occurred over time. This gradual escalation allowed for identification of suitable resources to play key roles, but also meant that some role functions may not have been suitably resourced early enough. This gradual evolution will not be sufficient to manage a different crisis with a more rapid onset, where pre-determined response structures are needed for rapid activation.

In addition, NMH's role as lead agency had not previously been tested. Understandably the stepping up of appropriate inter-agency co-ordinating structures was a little slow as personnel had little pre-planning to draw upon.

The broader understanding of the change from business as usual (BAU) management arrangements may require more effective communications or training. For example, the question of whether the Duty Manager roster arrangement is replaced with an Incident Management Team (IMT) contact when activation has occurred.

There was also some initial confusion as to the boundaries and responsibilities of EOCs and ECCs. This is not unexpected given that this is the first activation of a full district wide response structure. Establishing activation triggers for each of these groups may assist in making some of these boundaries and responsibilities clearer – particularly the point at which an ECC is needed.

RECOMMENDATIONS

- Establish clear activation triggers and notification processes for the opening of the NMH EOC and/or ECC. The activation triggers and associated notification processes enable a rapid response to future events that may require swift co-ordination. The activation process needs to take into account potential outages to standard communications channels.
- Establish activation and notification procedures for events where NMH is the lead agency and where it is not.

3. Control and co-ordination resourcing

The NMH ECC and EOC Incident Management teams (IMT) produced an outstanding team effort and maintained a productive and effective culture while working under intense pressure, with little rest. The careful selection of personnel with the right skills and temperaments created a highly effective group.

However, the lack of pre-planning and training around role functions does have issues:

- Increased stress on staff who were not familiar with the role tasks.
- Decreased proactivity particularly within key roles, as people play catch up to figure out what is expected of them.
- Decreased collaboration and interplay across roles.
- Slower progression from forming to performing as a team.
- Inability to rest staff.
- Inability to stand-up large-scale operations quickly.
- Rapidly adapting communications to cater for who is in, and out of the ECC.
- There is often a tension between BAU demands and crisis response in most organisations. Clear emergency management structures and back filling of responsibilities for those with direct incident response roles can assist in reducing these tensions.

RECOMMENDATIONS

- Document the skills and temperaments required for successful performance of IMT (based on experiences during this event).
- Create rosters of who will be filling what roles in the ECC and EOCs if an activation occurs. It would be normal practice to ensure that some senior staff members continue to manage normal functions, which do still require significant work even in an emergency.
- Implement backfill arrangements for those with IMT responsibilities. Once assigned to a roster, there should be an expectation that the staff member works gradually over time to ensure the key aspects of their BAU role can be picked up by others. Activation processes, rosters, potentially even job descriptions, need to be clear around emergency responsibilities of staff so that undue demands of BAU are not added by managers who are unclear of that persons emergency responsibilities (and intensity at which they may be working in a response role).
- Ensure there are at least two teams. Being rostered off may be the only way for individuals to actually let go of their role during a long event. Within the EOCs and ECC, there was clearly a reliance on a few key individuals. This is a key risk, particularly for protracted events.
- Involve iwi liaison early in the IMT.
- Include an Executive Assistant or Personal Assistant in the ECC/EOC roster. An appropriately trained EA or PA is also a critical addition immediately upon activation to ensure that Health Co-ordinators are not pulled away from strategic level thinking to lower level action tasks.
- Continue to include technical advisory groups in response arrangements. It is important that clear terms of reference (TOR) are established for these groups along with clarity around where they fit in the broader structure. It is possible to create a base TOR for this which can simply be adjusted as needed. Even if the base template requires significant modification to fit the event, its existence will draw attention to the importance of these structural elements.
- Create a plan for surge capacity. Identify potential resources in non-critical areas that can be redeployed. Create a simple list of surge capacity options during peace time, with pros and cons, to support good and rapid decision making during an event.
- Prioritise IT resource to support both ECC and EOC operational needs.

4. Training

Emergency situations are often chaotic, complex, and rapidly evolving. The Co-ordinated Incident Management System (CIMS) structure has been developed and evolved over time to provide the necessary system, tools, and shared language to assist in co-ordinated incident responses. The CIMS framework is not meant to be a prescription of how things must be done, but an aid to doing the right things.

An understanding of the rationale for CIMS, the structure, processes, and key tools is generally viewed as a pre-requisite for participation in the IMT. Many of the NMH team did not have practice in operating in this context. While they still did an excellent job, this created a steep learning curve which may have slowed effective performance.

The standard training to date has been CIMS2 (Unit Standard 17279: Demonstrate knowledge of the Coordinated Incident Management System) and CIMS4 (Demonstrate and apply operational knowledge of New Zealand's Coordinated Incident Management System functions and structure).

As a first priority training needs to be undertaken by those clearly identified as having a role in the IMT i.e. the two teams who form the IMT roster. CIMS training is often opt in and taken up by staff who may not have a clearly designated emergency response role. Whilst this is still useful, providing both surge capacity and recognising that a broader understanding within the organisation of how emergencies are managed is helpful, it should not be the first priority.

'What is appropriate training?' is also an interesting question. Existing CIMS courses, while giving a good overview, may not be pitched at the right level, provide the required depth of function training, or be wholly applicable for the health context. There may be greater value for NMH to invest in tailored in-house training that effectively provides a condensed CIMS overview and combines scenario-based exercising and coaching. Training could be designed specifically around NMH structure and core functional responsibilities and aimed at senior level staff. This may be both more cost and time effective while enabling teams to learn together.

If further activations are required before these key recommendations are implemented, then consideration could be given to the use of a coach or mentor within the ECC. This has worked successfully at an Australian power company and within a New Zealand university but may be dependent upon the right pre-event relationships. A coach's role would be to support core IMT staff, bringing emergency management knowledge and a helicopter view to the room. They have no formal duty or role and no authority but are simply there as an observer available as a sounding board for ideas and/or who can also pull aside key personnel and suggest or question key activities underway in a supportive and non-judgemental way.

RECOMMENDATION

- Explore appropriate training mechanisms for key IMT team members.

5. Virtual operation

NMH is one of the few organisations we have encountered running completely virtual ECCs or EOCs[1]. There are clear benefits, but also disadvantages, of operating virtually. For example, when operating virtually, 'huddles' and incidental conversations that would normally occur within a room tend not to occur. Huddles are an important source of information, allow oversight by the co-ordinator, and are a mechanism for avoiding potentially siloed operations across the core functions. When working virtually, you must be much more intentional about minimising silos and ensuring collaboration. This is likely to have an impact on the number of meetings required, and subsequently response resources.

It is also harder, when working virtually, to manage stress. It is harder for key personnel to achieve separation between their response role and their important downtime; and it is harder to monitor colleagues' well-being. As above, response teams need to be very intentional when working remotely to manage these impacts.

In the case of COVID-19, having an alternative IMT team identified, trained, and exercised would enable consideration of a face-to-face operation. However, there would still be a risk of exposure to key response staff. Developing a policy around when virtual EOC/ECCs are preferred (or could supplement) face-to-face operations would be useful.

RECOMMENDATIONS

- Identify the advantages and disadvantages of operating an ECC/EOC virtually and create a protocol around when a virtual EOC/ECC may or may not be suitable.
- Design initiatives to mitigate any negative impacts when working virtually.
- Allow for different decisions regarding mode of operation to be reached by EOC and ECC.

6. Planning and intelligence

The planning and intelligence function was added to the ECC quite late. There may have been benefit in having this function somewhat earlier in response. For example, the *logistics* lead's load may have been eased if *planning* had also been involved in managing medium term resource requirements. Creation of potential scenarios of escalation, although thankfully not needed in this case, would have also been a useful forward scanning tool to inform the broad response efforts. Below are the recommended planning steps drawn from the Co-ordinated Incident Management System (CIMS3) guidelines.

[1] From our knowledge, CDHB, Canterbury CDEM, Palmerston North CDEM ran physical ECCs, Queenstown Lakes Council was virtual

1. Initial understanding and mobilisation (what's happened / is happening)

- Notification of incident
- Initial response and assessment
- Incident briefing
- Decision point — required planning

2. Establish/review planning objectives (what do we need to achieve)

- Review situation
- Understand operating environments (determine freedoms/constraints)
- Define SMART objectives (for this operational period)
- Analyse objectives
- Identify critical facts and assumptions

3. Develop the Plan (how could/should we achieve the objectives)

- Options development and identification of critical tasks
- Identification of contingencies
- Options analysis
- Option selection/recommendation

4. Prepare and disseminate the Plan

- Determine appropriate format, or formats, for the plan (formal written plan, verbal brief, etc.)
- Place into appropriate template
- Plan approval (Controller signoff)
- Dissemination
- Hand over to Operations for operationalisation

5. Execute, evaluate and revise the Plan

- Evaluation of plan against response objectives
- Adjustment of plan to evolving situation
- Decision point — is another plan / planning cycle needed
- Debriefing

It was suggested a group strategising in the initial stages (i.e. following these planning steps) may have been helpful to balance initial reactions which ranged from panic to complacency.

Clearly this is linked to a need to have pre-identified and trained staff to fill these roles. There may also be benefit in establishing quick reference guides for all of the functions within an ECC; perhaps starting with CIMS3 descriptions and amending these as needed to fit the DHB context. This would be beneficial when staff unfamiliar with CIMS are required to fulfil a role. These can exist both electronically and physically in an ECC activation box. This 'box' can also contain appropriate templates for key tools such as Sit Reps, tailored specifically to the health context.

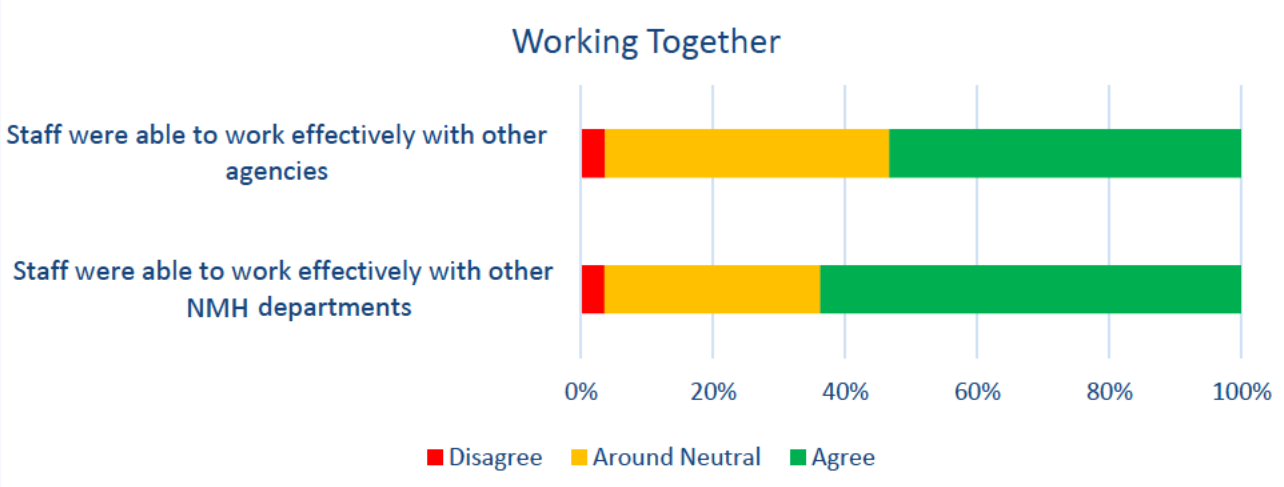
RECOMMENDATIONS

- Ensure planning and intelligence actions are undertaken early in response.
- Develop quick reference guides for all functions within ECC and EOC.

7. Networks and Relationships

Great relationships make great co-ordinated responses. NMH clearly had many great relationships in place both within their own teams and with external agencies. Investment needs to continue in maintaining and building these relationships and it was noted that attention needs to be paid to ensuring the appropriate geographical spread across the Nelson Marlborough area. In addition, there is a need to consider multiple points of contact, with many relationships sitting primarily with one DHB person. Consideration could also be given to whether building new networks has value, for example, the DHB hospital EOCs had a daily meeting that was described as very useful but there did not seem to be this sharing at the ECC level with other DHBs.

Building good relationships as part of business as usual work, for example in the welfare space, creates a strong base to bring into an emergency response. Some existing relationships, for example between labs and NMH staff, may need to be extended to include primary health.



RECOMMENDATIONS

- Continue to prioritise relationship building within and external to the health system.
- Broaden the relationships where possible to ensure they are relationships held by the organisation, rather than by individuals.
- Prioritise strengthening relationships where geographical boundaries may have previously been a barrier.

8. Response documentation

Response documentation including expenditure tracking was done well. The addition of an EA to the IMT would also assist in document management. The provision of cheat sheets, templates, and checklists may assist staff unfamiliar with the setting to get up to speed more quickly. For example, briefings and handover templates.

RECOMMENDATION

- Ensure cheat sheets, templates, and checklists are included within core ECC or EOC activation kits.

9. Exercising

Regular emergency exercises can help individuals to cement learning gained through training courses and provides an opportunity to observe how you will work as a team and if there are any holes in your emergency plans and processes.

It is highly recommended that EOC and ECC teams take part in half day exercises at least twice a year. Using rostered staff with assigned roles within these will help those staff to take ownership of those roles and take their own steps to feel more prepared. This will give familiarity with the role requirements, the team, and the processes used in the ECC, including email addresses and guiding documents. Running an EOC and ECC activation at the same time, may also assist with understanding who does what.

Also consider running a range of different exercises that require coordination with different stakeholders (both within DHB and external parties). Where possible, include stakeholders in the exercise.

RECOMMENDATIONS

- Implement twice-yearly desktop exercises for those with IMT responsibilities.
- Carry out exercises with a range of key stakeholders.

10. Critical Priorities

It may be helpful to carry out some peace time reflections on service criticality during the COVID-19 response. Although these priorities may differ in another event, the identification of what needs to continue to function and what resources are needed to achieve that may assist future response planning. This includes items such as rostering of staff for response roles, identification of staff or teams who could be redeployed into response roles, and those teams that may require additional co-ordination and resource support. Identifying critical priorities may also assist with decision making around shutting down of some BAU functions, and the communications and expectation management of clients.

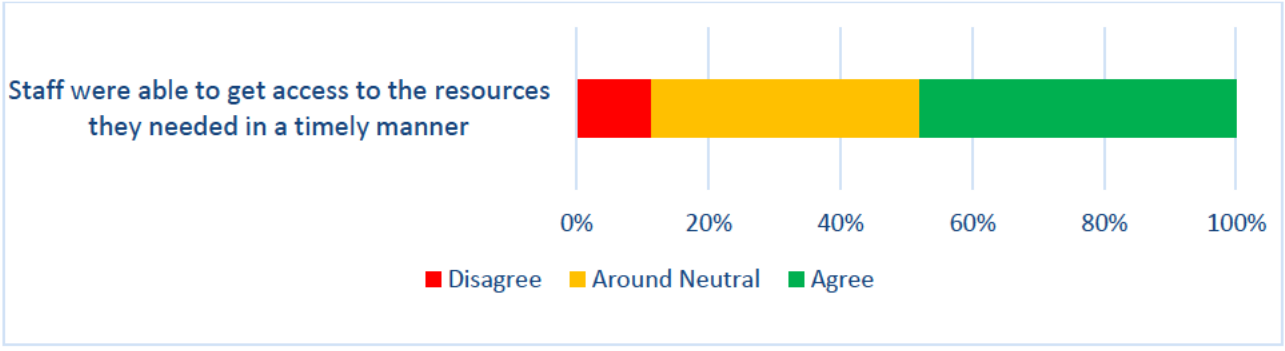
RECOMMENDATION

- Create a one-page guide to service criticality (a logical extension to a Business Impact Analysis).

11. Logistics

Unclear and changing requirements around personal protective equipment (PPE) and initial concerns around PPE availability made logistics a very challenging role. Increasing the personnel in the logistics roles should be considered in another similar event, for both ECC and EOC teams. Additional support to the logistics function may be provided by deploying the planning and intelligence team sooner and having exercised on how those functions best work together.

Despite the challenges, 48% of staff agreed that access to resources were provided in a timely manner, with only 11% disagreeing.



There is a significant work to be done at the national level to establish clear lines of communication, with the NMH logistics function not receiving communications from the National Health Co-ordination Centre or subgroups. In addition, clear understanding of the lines of authority need to be established in terms of EOC and ECC logistics sign off procedures, and the rationale for these.

Logistics is likely to be a significant function in many other events – where PPE may not be the problematic issue, but helicopters and personnel redeployments may become challenging. Consideration should be given to ensuring a broader pool of experienced logistics staff.

RECOMMENDATIONS

- Identify and train appropriate logistics staff.
- Document emergency authority principles/ guidelines or delegations regarding expenditure

12. The role of non-deployed staff

Line managers of staff deployed into response roles should be encouraged to check in with their team members frequently as both a wellbeing and workload check. Although everyone is likely to be very busy, those with direct ECC or EOC responsibilities often work extreme hours and under extreme pressure. Regular line managers (not involved in response) may be well placed to support their staff and identify where greater intervention is needed. This is a second line of support beyond what it is possible for the EOC or ECC leads to provide.

There is also a need to ensure equity and consistency of expectations in any disruption to business as usual operations.

> A lot of resentment at the moment from some admin staff as one department who we share our area with were allowed to work 1 day out of 4 (4 staff) and paid fully. Other admin staff were allowed to work from home and given the resources to do this. Other staff were told they had to purchase a laptop in order to work from home if they did not have one. Team leaders were not all on the same hymn sheet and the left hand did not seem to know what the right hand was doing?
>
> *Wairau Hospital Admin*

RECOMMENDATION

- Managers of staff with designated IMT roles should be advised of what this means for them, i.e. do reach out to your staff member if you urgently need to know something, but do not expect them to be able to perform any BAU tasks; and do reach out and offer support or check in with them about their wellbeing.

13. Communications

"Our Comms Team did an amazing job."

Nelson Hospital Business Services

"It seemed the lower down the pecking order one was, the less they were told, and they were told last."

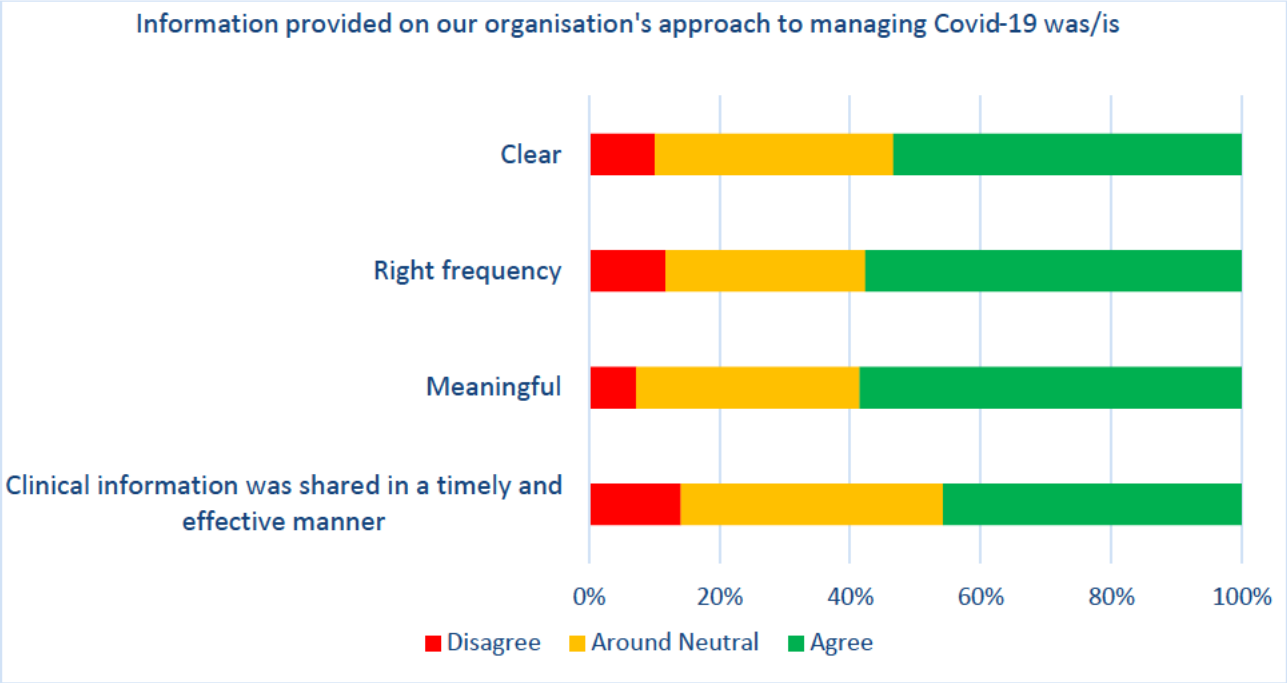
Nelson Hospital Admin

The rapidly changing nature of this event combined with the reliance on timely and accurate information from central government made communications very challenging. The explosion of demand on the Public Information Management (PIM) function is a recognised feature of recent disaster responses nationally with the ever-growing expectations of external and internal stakeholders for rapid information sharing.

> Recent events highlight a significant gap between what communications professionals are expected to deliver during an emergency or event, and the resources and capacity that is currently available through the PIM function. There are commonly too many points of liaison for a small communications team to handle effectively and efficiently. When a response involves multiple agencies there is inevitable complexity that requires an equivalent escalation in communications coverage. Having a stream of information that has been officially been cleared and signed-off (commonly referred to as official information) cannot consistently meet the pace of media dialogue and social media activity. It is important to be clear where official comment will come from.
>
> *Ministerial Review: Better Responses to Natural Disasters and Other Emergencies, 2017*

Communications is the area that generated the most comments in the staff survey and the most conflicting views; with a great deal of praise, understanding of the challenges of the situation, as well as some very strong criticisms. From the NMH staff survey, 29 strongly positive comments were received and 79 strongly negative. From the PHO, ARCs and other providers, 13 strongly positive comments were received and 26 strongly negative. The NMH staff survey responses show that around half of respondents felt internal communications were acceptable.

It should be noted that this debrief report drew information only from internal and other agencies – it therefore does not cover the effectiveness of external communication efforts.



Protocols

A clear protocol as to what communications need clinical sign off (and by whom) would be helpful in future health-led events. Good liaison between the communications team and clinical staff may also help with ensuring language is appropriate for a clinical or non-clinical audience. Feedback illustrates a clear desire from each health area to have sign off on messaging in their specific area. This may be impractical and requires exploration and consultation pre-event to ensure appropriate and easy to implement processes are clearly understood, and that procedures are joined up with IMT leads. Any plans should identify positions rather than people. This work should also consider the roles of PIMs within EOCs and ECCs and the appropriate sharing of duties and accountabilities across these.

The place and role of Māori and other marginalised groups' liaison officers also needs to be considered (in relation to external communications) to ensure appropriate translation and dissemination to these groups.

Resourcing for the communications function requires consideration and pre-identification of surge capacity. The designated PIM lead for IMT may be best placed to consider and suggest how this team is staffed in the future.

Channels

> Information was made available to the public on platforms such as Facebook before we as staff were informed. This made us look really bad when patients had more information than we did. The information we were sent was not clear and used a lot of words to say nothing meaningful.
>
> *Nelson Hospital Admin*

With staff in diverse roles, some with little time to access emails, and others with limited computer access during working hours, channels for communication are always going to be challenging. Managing the

expectations of staff around emergency communications may be worthwhile i.e. in an emergency event you need to ……. to obtain the most up to date information.

One respondent reported that emails were being sent to both her primary and EOC email address leaving her with 2000 emails at the end of response. Using both primary and EOC emails will not be effective in an event with changing shifts of personnel and may complicate a smooth recovery to BAU.

Communications from the national level did not follow expected CIMS procedures. There is work to be done at the national level to effectively manage the large volumes and flows of information in another health led response.

Information Overload

The almost daily change in information created an enormous challenge for all.

> "It is hard to recall exactly how much information came from where, emails were flying at us from all directions repeating the same information. After a couple of weeks most emails were quickly deleted due to sheer volume"
>
> *Nelson Bays PHO*

> "Too much info, message fatigue."
>
> *Nelson Bays PHO*

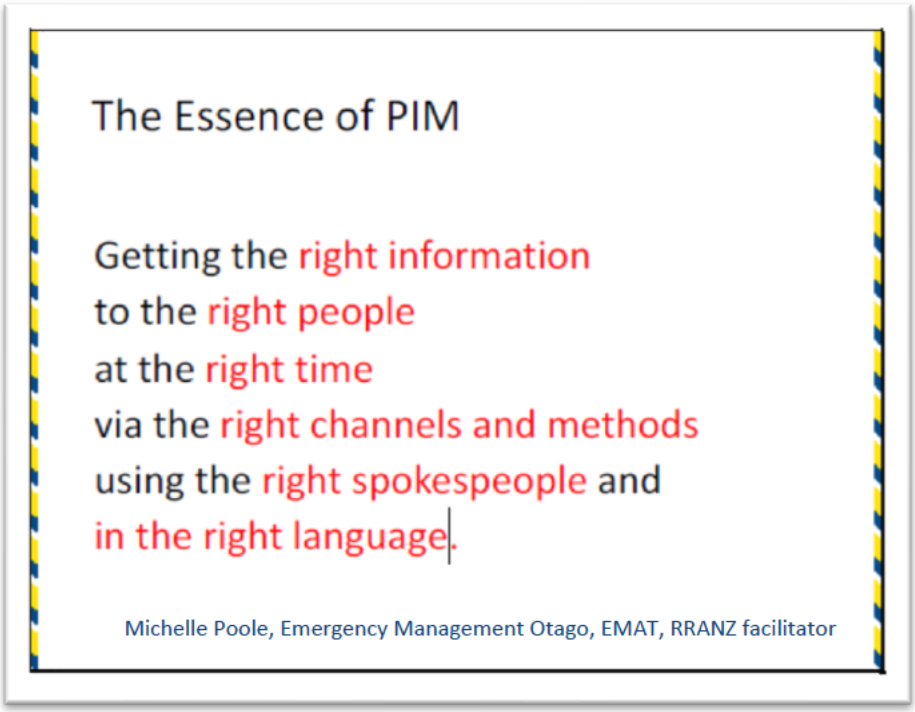
> "It was really difficult to keep up with latest guidelines on what was considered best practice especially regarding PPE, and testing, and the discharge advice that we should be giving to patients. The emails that were sent out were filled with stuff that was totally irrelevant to clinicians, leaving us wading through tomes of information trying to find what we needed. Also, any changes to guidelines were impossible to track and again lead to many hours wasted trying to figure out what changes were taking place. Information was presented in several places on the intranet and completely contradicted itself. I gave up using intranet-based guidelines at all and switched to using Health Pathways instead which was a lot more logical and easier to follow. The communications were a complete shambles."
>
> *Wairau Hospital Doctor*

For internal communications, respondents have suggested a variety of techniques and guidelines to assist with managing large volumes of information:

- Develop Communications Trees – potentially appropriate for key clinical messages e.g. email to Resident Medical Officers (RMO's) within the Primary and Community Health Team with a clear expectation that they ensure 100% of the target recipients are advised.
- Subject Line Messaging rules: For action, for information, for urgent action etc.
- Version Numbers or Dates on all updates.
- KISS – keep it simple and short.

RECOMMENDATIONS

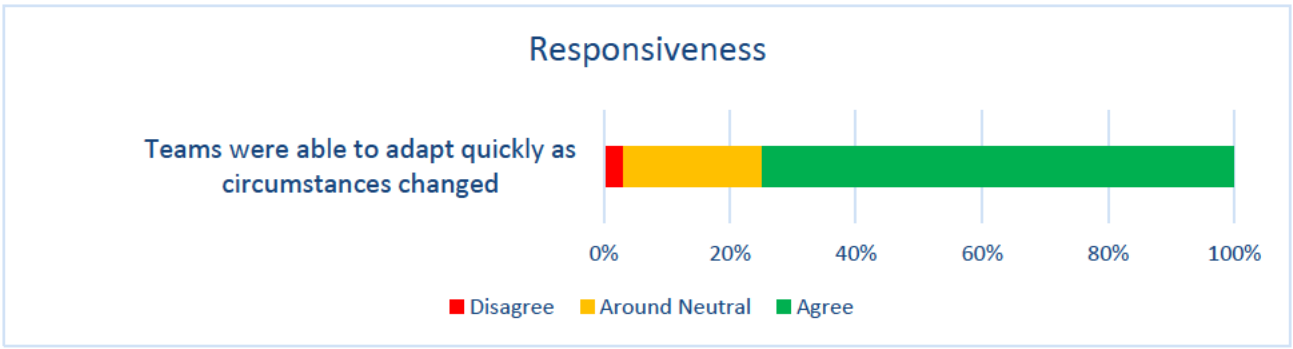
- Plan for additional PIM resource requirements.
- Plan for effective communications structure, between ECC and EOCs and clinical leads, including principles as to what requires sign off and from who.
- Document PIM communication principles.

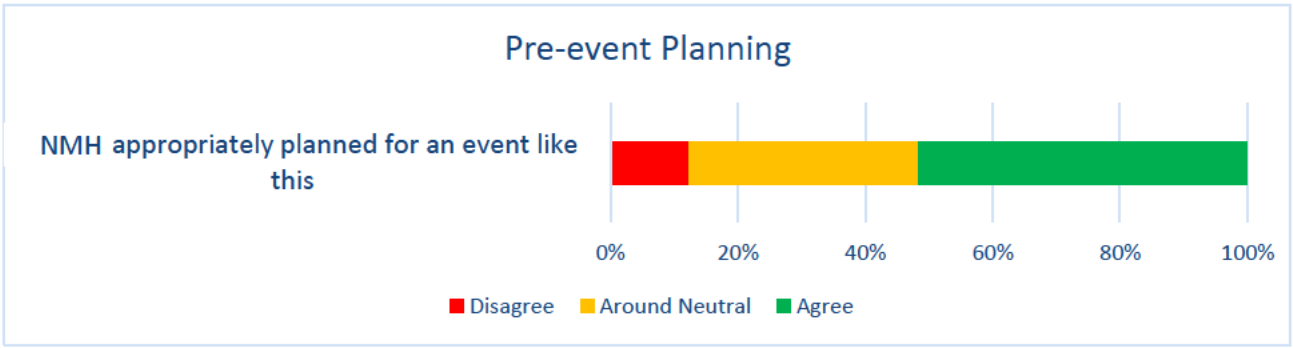


14. Planning

Very few organisations' plans survived first contact with COVID-19. However, greater attention to planning may have made the lead up to Alert Level Four more efficient. Planned response structures and actions enable organisations to clearly focus on the adaptive actions needed for the specific context. Greater resilience is the product of both planned and adaptive measures.

NMH was largely reliant on their adaptive capacity and did this very well.





Many of the recommendations made previously in this report related to pre-event planning: for example, IMT rosters and training, establishment of priorities, communications protocols, templates and TORs, and the deliberate building of relationships. In addition to these crisis response planning initiatives, Organisational or Business Continuity Plans are important, to assist in the disruption to BAU functions.

It is very challenging to create effective Organisational Continuity Plans within the complex DHB environment. However, there is a window of opportunity where a greater number of people now recognise

the need or value of the planning processes, creating the necessary conditions for the department level engagement needed to make the planning process more effective. We would ordinarily suggest that BC plans focus on impacts, rather than potential events. For example, loss of facilities, loss of infrastructure, lockdown and infectious disease surge capacity, loss of key personnel etc. However, specific pandemic planning is also needed as we look ahead to many months, potentially years of pandemic readiness. There is an opportunity now to capture specific key pandemic learnings relating to infection control with a number of staff survey comments that illustrate a certain degree of luck that greater infections did not occur.

> "Rostering nursing staff in Covid areas one day then telling them to work in a non-Covid area the next day is dangerous. Telling them to go from their clean area to a covid area to relieve their colleagues for breaks is negligent from an infection control point of view. This was going on for weeks with staff working in both areas and being told that it was OK to relieve for breaks."
>
> *Wairau Hospital*

> "Very poor environment for managing infection control."
>
> *Alexandra Hospital*

As well as the pre-identification and training of IMT staff, plans should also consider how surge capacity can be provided – either in IMT areas such as communications or the backfilling of IMT day-to-day roles to allow their sustained focus. Programmes such as job shadowing, short term reassignments for projects, and secondments all help break down silos and provide a good pool of people able to be easily redeployed in an emergency. There would also be value in discussing emergency response procedures with key tertiary education providers to understand what role students could play in future events.

The integration of risk and resilience concepts into IT master or strategic planning may be needed to ensure that advances made during the COVID response are retained. For example, the necessary software and training for remote working, and the prioritisation to solution finding for areas where issues are still occurring such as the Richmond Health Hub, and old technology in use for Public Health Nurses (PHNs) which is not compatible with Office365. Along with future pandemics, there may also be other events where improved connectivity enables more effective functioning.

Visitor policies both within the hospital setting and in palliative care may be an important area to document in case of another event, or re-emergence of COVID-19. This is a highly stressful and traumatic issue, for example for Motueka nurses watching relatives standing outside the window of dying relatives.

> "Wasn't fair patients dying alone, a plan for this should have been made."
>
> *Wairau Hospital Nurse*

Pre-planning in this area that balances risks with family needs may ease the pressure on those dealing directly with families. We suggest that some engagement with front line staff to get their input into the appropriate balancing of risk would be useful i.e. the enforcers of the rules should ideally be consulted on the processes and procedures as well as provided with a range of options to apply to the given situation. Clearly this is an issue that needs to be resolved nationally. It is also important that staff on the front line of these situations are well supported.

More work is needed to enhance the capacity of Aged Residential Care (ARC) facilities. A programme of work is needed to ensure adequate levels of preparation (for any event) and familiarity specifically with pandemic procedures around visitation and the appropriate use of PPE. Asking ARCs if they have a BCP (either through Health Cert audits or DHB reviews) is not sufficient, the quality and depth of these plans needs review. We understand this is complicated ground that may also require MOH input.

The pandemic response required a large welfare effort involving multiple agencies. Welfare leads from ECC, EOCS, and CDEM groups may benefit from preplanning and standard operating procedures.

RECOMMENDATIONS

- Review overall NMH organisational continuity plans (BCPs) focusing first on service areas or functions identified as critical. For example, IT would be identified as a key dependency by most units and key medical services will be expected to operate no matter what (ED, ICU, Mental Health, Midwifery ...).
- Ensure documentation created during the COVID-19 response is appropriately saved and captured for potential future re-use.
- Develop a plan, in conjunction with MOH, on actions that need to be taken to ensure the resilience of the ARC sector.

15. Transition out of response

Check sheets or suggested processes to follow when EOCs and ECCs are winding down may be helpful, both to ensure that the opportunity to capture lessons and documentation improvements are captured, and to ensure that equity and wellbeing issues are addressed appropriately. For example, fatigue for responders is often a key issue, both for those working very long stretches without rest, and then returning to jobs that were not backfilled during the response.

Depending upon the nature of the events, there may be a role for professionally led debriefs dealing with either the organisational response and/or the wellbeing impact of the events.

RECOMMENDATION

- Create guidelines or checklist for EOC and ECC wind down, incorporating wellbeing checks.

16. Innovation

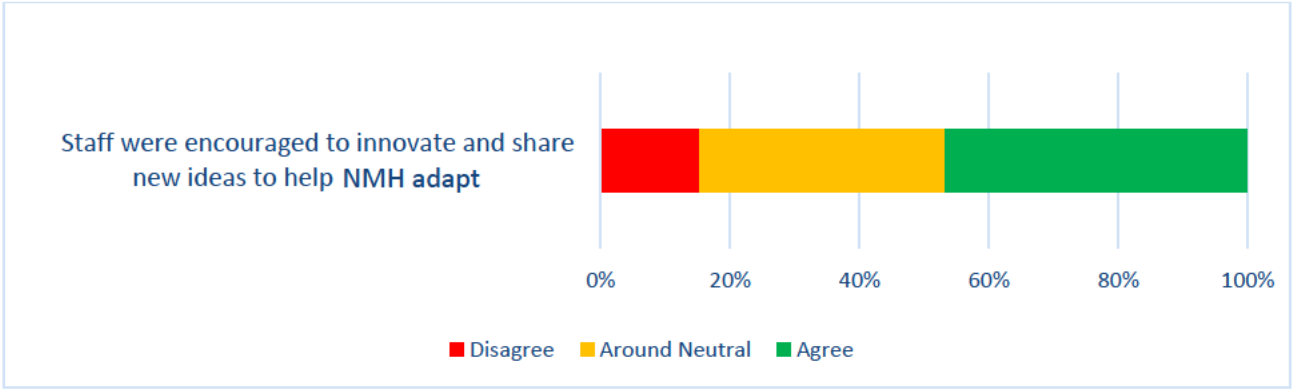
Despite the high degree of adaptation exercised across the whole health response, over half of the staff survey respondents felt that the sharing of new ideas and innovation was not encouraged. There is some food for thought here in terms of ensuring that the efforts of all are harnessed in future events. And of course, the opportunities that crises often present to radically re-think how we do things and how we can do them better.

> "The Public Health team worked in diverse and innovative ways during the COVID-19 response. Their ability to adapt and respond to community needs was quite something."
>
> *Public Health Service*

> "So many new ways of working, and new solutions to problems across the health system. Loved the progress made with virtual health solutions."
>
> *Nelson Hospital Management*

> "Innovation occurred out of necessity due to clinical staff having 'skin in the game' and genuine and well-justified fears for themselves and the safety of their patients and families. It was facilitated by select members of the organisation. You had to know who to talk to. An emphasis on return to 'business as usual' since has detracted from innovation persisting as part of this organisation."
>
> *Nelson Hospital Doctor*

> "Some innovative ideas around telehealth were supported and now we have departmental iPads. I wish there was a more encouraging attitude to innovation out of crisis mode."
>
> *Nelson Hospital Doctor*

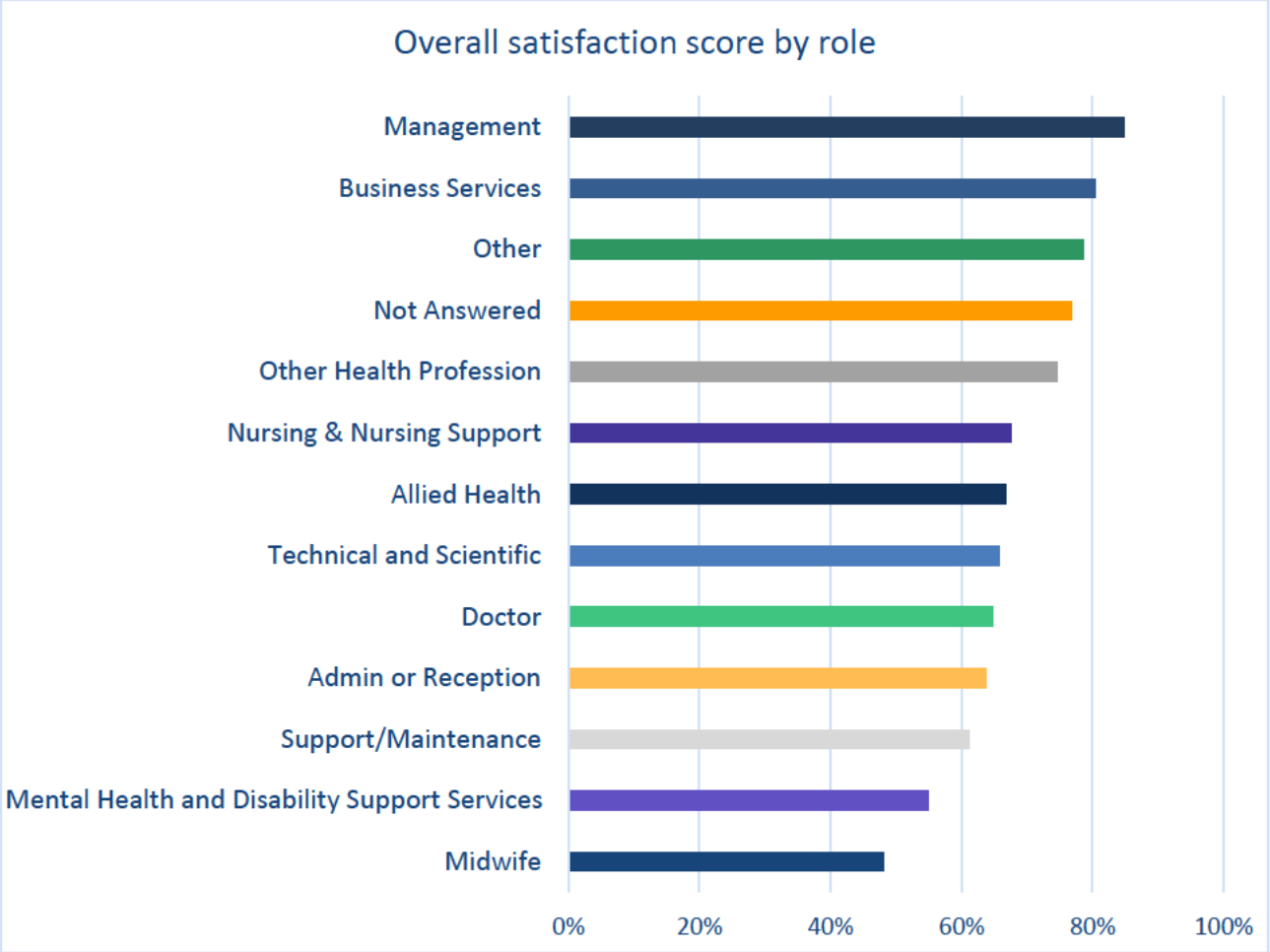


RECOMMENDATION

- **Integrate innovation promotion as part of preparedness planning processes, e.g. sitreps and role definitions.**

17. Service areas

Survey responses suggest that some areas of the health system had specific needs that may not have been met by the overall response. In particular, mental health and midwifery.



Overall, the debrief sessions provided insufficient data for us to fully understand these results. We suggest that it may be worthwhile to follow up with these teams on an informal internal basis. We understand that Mental Health services span across many different parts of the health system and it is possible that this may have led to a lack of clarity over processes and procedures around what was to operate and how.

RECOMMENDATION

- Meet with representatives of teams with lower than average satisfaction with the response to gain a better understanding of issues and how NMH can support the teams better in future responses.

Appendices

Appendix 1: Survey questions

DHB Staff Survey

Introduction

We want your feedback on Nelson Marlborough District Health Board's response to Covid-19.

Capturing the lessons we all learned through the response and ensuring these are appropriately shared will help us to do even better in the next crisis event.

Please take the time to share your views. This survey will take between 5-10 minutes to complete. All responses are anonymous.

Survey data will be collected and analysed by Resilient Organisations. Only aggregated data results with be shared with NMH. If you have any queries about the survey or broader lessons-learned project, please contact either:

Tim Casey
Tim.Casey@nmhb.govt.nz
021 613 137

or

Tracy Hatton
tracy.hatton@resorgs.org.nz
021 160 7707

If you have any technical issues with the survey, please contact
Louise Home-Dewar
Louise.homdewar@resorgs.org.nz
021 259 6993

	Strongly Disagree	*Disagree*	*Somewhat disagree*	*Neither agree or disagree*	*Somewhat Agree*	*Agree*	*Strongly Agree*	*Not Applicable*
1.COMMUNICATIONS								
Information provided on our organisation's approach to managing COVID-19 was/is a. Clear b. Provided at the right frequency c. Meaningful								
Clinical information was timely and shared effectively								
Are there any comments you'd like to make about communications during the COVID-19 response?	**Free Text (optional)**							
2. CRISIS LEADERSHIP								
Our leaders behaved in a way that was consistent with our organisation's values.								
My manager helped me to understand and deal with uncertainty during the COVID-19 response								
My team was adequately involved in making decisions that directly affected us.								
Are there any comments you'd like to make about leadership during the COVID-19 response?	**Free text (optional)**							

3. CARE FOR PEOPLE								
I am confident the organisation took all practicable precautions to keep me safe and well at work.								
I felt supported during this crisis response.								
Are there any comments you'd like to make about care for people during the COVID-19 response?	**Free text (optional)**							
4. DAY TO DAY FUNCTIONING								
I was clear on how to perform my day to day role during COVID-19 response.								
The impacts on business as usual functions were managed appropriately.								
I received adequate training where my role was different to my normal role.								
My manager appropriately balanced crisis response and business as usual demands.								
Are there any comments you'd like to make about day to day functions during the COVID-19 response.	**Free Text (optional)**							
5. INNOVATION								
We were encouraged to innovate and share new ideas to help our organisation adapt to the impacts of COVID-19.								
Are there any comments you'd like to make about innovation during the COVID-19 response?	**Free text (optional)**							
6. RESPONSIVENESS								
My team was able to adapt quickly as the circumstances changed.								
Are there any comments you'd like to make about responsiveness during the COVID-19 response?	**Free text (optional)**							
7. PRE-EVENT PLANNING								
Given how others depend on us, the way we planned for an event like this was appropriate.								
Are there any comments you'd like to make about pre-event planning during the COVID-19 response?	**Free text (optional)**							
8. WORKING TOGETHER								
During the COVID-19 response we were able to work effectively with: a. Other NMH teams/departments b. Other agencies								
Are there any comments you'd like to make about working together during the COVID-19 response?	**Free text (optional)**							
9. LOGISTICS								
I was able to get access to resources I needed in a timely manner.								
Are there any comments you'd like to make about logistics during the COVID-19 response?	**Free text (optional)**							
10. GENERAL								
What worked really well during this crisis response?	**Free text (optional)**							
What could have been improved?	**Free text (optional)**							

A LITTLE ABOUT YOURSELF

11. What is your usual place of work?
    - Nelson Hospital
    - Wairau Hospital,
    - Public Health Service
    - Murchison Hospital
    - Alexandra Hospital
    - Other (please specify)

12. What is your usual role?
    - Admin or reception - PAs, Medical Secretaries, Ward Clerks, Clinical coding
    - Allied Health - Social workers, Physiotherapists, Occupational therapists, SLTs, Dieticians, and assistants.
    - Business services - IT, P &C, Quality, Risk, Finance, Business Systems analysts
    - Doctors - SMOs, Registrars, House Officers, Medical Officers
    - Management – Senior Leaders, Service managers, Operation Managers, Line Managers, Team Leaders
    - Mental Health (Psychologists, MH nurses) and Disability Support Services (Support Worker).
    - Midwifery - Midwives, Senior Midwives
    - Nursing & Nursing support - RNs, Snr Nurses, Nurse Practitioners, Enrolled Nurses, Hospital aids, Healthcare Assist.
    - Support/Maintenance - Orderly, Cleaner, Trade, Gardener, Security
    - Technical and Scientific - Labs, Radiology, Medical Physics, MRT, Biomedical engineers, Scientists, Technicians/Phlebotomists
    - Other Health Professions - Health Analysts, Policy Analysts, Health Promoters, Health Protection Officers
    - Other

13. Are you:
    - Female
    - Male
    - Gender Diverse
    - Prefer not to say

14. What was your role in relation to the Covid-19 response?
    - Directly involved in response planning and co-ordination
    - Slightly involved in response planning and co-ordination
    - Not involved in response planning and co-ordination

PHOs, ARCs, other community providers survey

Introduction

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Capturing the lessons we all learned through the response and ensuring these are appropriately shared will help us to do even better in the next crisis event.

Please take the time to share your views. This survey will take between 5-10 minutes to complete. All responses are anonymous.

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	Strongly Disagree	*Disagree*	*Somewhat disagree*	*Neither agree or*	*Somewhat Agree*	*Agree*	*Strongly Agree*	*Not Applicable*
1.COMMUNICATIONS								
Information provided by NMH about the COVID-19 response was/is a. Clear b. Provided at the right frequency c. Meaningful								
Clinical information was timely and shared effectively								
Are there any comments you'd like to make about communications during the COVID-19 response?	**Free Text (optional)**							
2. CRISIS LEADERSHIP								
I understood the health system's organisational structures for managing and leading through this event.								
My organisation was adequately involved in making decisions that directly affected us.								
Are there any comments you'd like to make about leadership during the COVID-19 response?	**Free text (optional)**							
3. CARE FOR PEOPLE								
I felt supported by NMH during this crisis response.								
NMH was concerned for the safety and wellbeing of everyone involved in the response								
Are there any comments you'd like to make about care for people during the COVID-19 response?	**Free text (optional)**							

4. DAY TO DAY FUNCTIONING								
My organisation's role in the regional COVID-19 response was clear.								
NMH supported us (as necessary) to manage impacts on our business as usual functions.								
Are there any comments you'd like to make about day to day functions during the COVID-19 response?	**Free Text (optional)**							
5. INNOVATION								
My organisation was encouraged to innovate and share new ideas to help the health system adapt to the impacts of COVID-19.								
Are there any comments you'd like to make about innovation during the COVID-19 response?	**Free text (optional)**							
6. RESPONSIVENESS								
My organisation was able to adapt quickly as the circumstances changed.								
Are there any comments you'd like to make about responsiveness during the COVID-19 response?	**Free text (optional)**							
7. PRE-EVENT PLANNING								
Given how others depend on us, the way we planned for an event like this was appropriate.								
Are there any comments you'd like to make about pre-event planning during the COVID-19 response?	**Free text (optional)**							
8. WORKING TOGETHER								
During the COVID-19 response my organisation was able to work effectively with: a. teams/departments within our organisation b. NMH c. other agencies								
Are there any comments you'd like to make about working together during the COVID-19 response?	**Free text (optional)**							
9. LOGISTICS								
My organisation was able to get access to resources needed in a timely manner.								
Are there any comments you'd like to make about logistics during the COVID-19 response?	**Free text (optional)**							
10. GENERAL								
What worked really well during this crisis response?	**Free text (optional)**							
What could have been improved?	**Free text (optional)**							

A LITTLE ABOUT YOURSELF

11. What organisation are you primarily associated with?
    - Nelson Bays PHO
    - Marlborough PHO
    - Te Piki Oranga
    - Other community providers (ARC, pharmacy, other)

12. Are you:
    - Female
    - Male
    - Gender Diverse
    - Prefer not to say

13. What was your role in relation to the Covid-19 response?
    - Directly involved in response planning and co-ordination
    - Slightly involved in response planning and co-ordination
    - Not involved in response planning and co-ordination

Appendix 2: Survey Results

By location

	Alexandra Hospital	Nelson Hospital	Public Health Service	Wairau Hospital	Other	Not Answered	Grand Total
Communication	60%	65%	76%	67%	75%	65%	68%
Crisis Leadership	53%	68%	82%	70%	74%	72%	70%
Care for People	58%	68%	87%	66%	74%	72%	69%
Day to Day Functioning	54%	68%	82%	71%	69%	78%	69%
Innovation	42%	62%	76%	67%	67%	56%	64%
Responsiveness	62%	81%	91%	84%	78%	72%	81%
Pre-event Planning	50%	64%	81%	70%	68%	55%	67%
Working Together	75%	74%	86%	77%	71%	69%	74%
Logistics	62%	66%	85%	65%	62%	72%	65%
Overall Score	**57%**	**68%**	**83%**	**71%**	**71%**	**68%**	**70%**
N	**4**	**215**	**14**	**74**	**70**	**4**	**381**

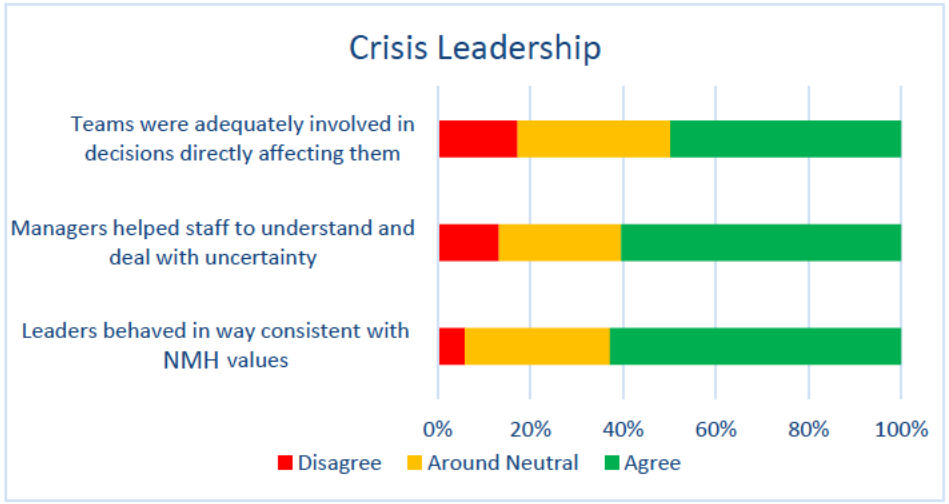
By role

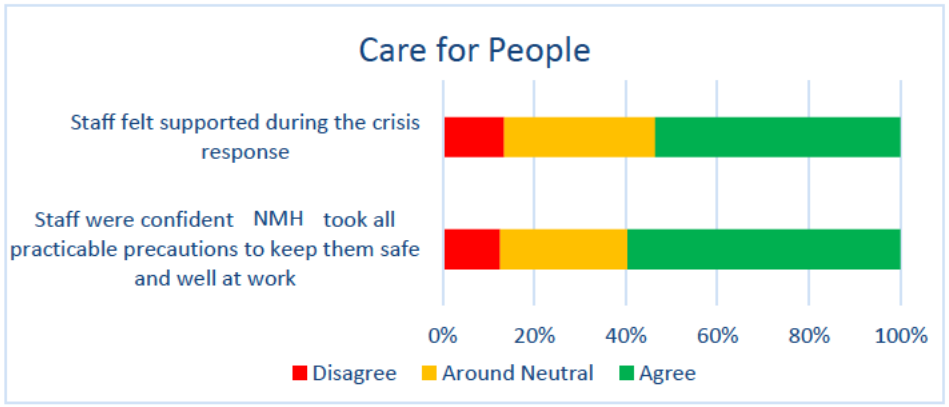
	Admin or Reception	Allied Health	Business Services	Doctor	Manage-ment	Mental Health & Disability Support	Midwife	Nursing & Nursing Support	Other	Other Health Profession	Support/ Main-tenance	Technical and Scientific	Not Answered
Communication	63%	64%	83%	59%	83%	58%	44%	63%	82%	67%	63%	70%	78%
Crisis Leadership	61%	66%	84%	58%	88%	50%	59%	69%	79%	77%	60%	63%	83%
Care for People	59%	69%	90%	58%	87%	48%	50%	63%	83%	84%	71%	70%	89%
Day to Day Functioning	63%	62%	78%	60%	83%	51%	50%	68%	79%	74%	83%	73%	79%
Innovation	54%	64%	76%	65%	85%	55%	29%	60%	73%	74%	39%	56%	67%
Responsiveness	78%	78%	88%	77%	93%	69%	61%	80%	88%	84%	87%	83%	78%
Pre-event Planning	63%	63%	68%	65%	81%	51%	38%	68%	79%	69%	34%	50%	72%
Working Together	71%	75%	79%	80%	88%	69%	62%	71%	78%	80%	81%	55%	75%
Logistics	63%	61%	79%	61%	76%	45%	42%	66%	68%	62%	34%	72%	72%
Overall Score	64%	67%	81%	65%	85%	55%	48%	68%	79%	75%	61%	66%	77%
N	***67***	***38***	***30***	***22***	***33***	***14***	***5***	***109***	***30***	***14***	***5***	***11***	***3***

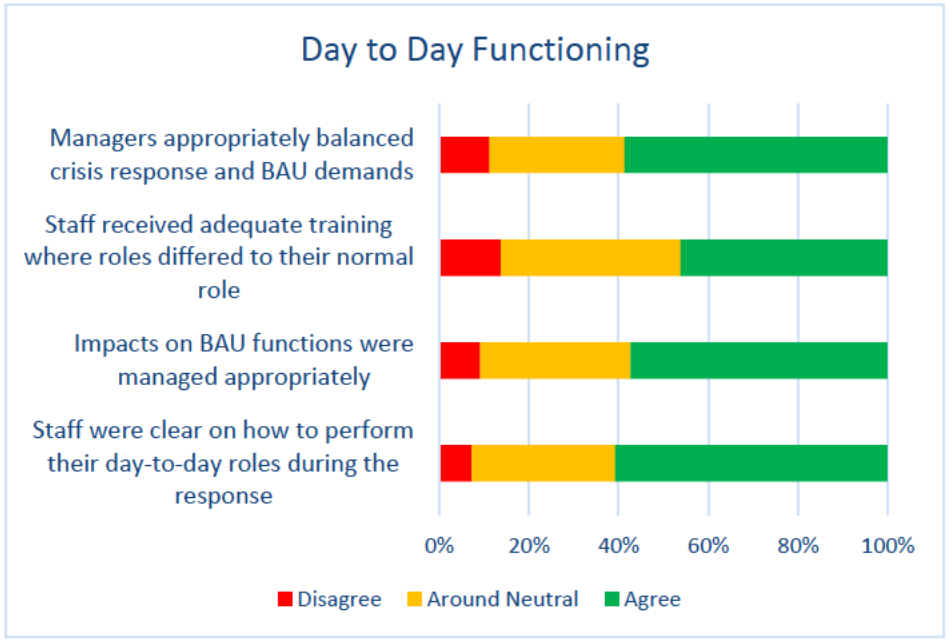
By level of involvement in COVID-19 response

	Directly involved in response planning and co-ordination	*Not involved in response planning and co-ordination*	*Slightly involved in response planning and co-ordination*	*Not Answered*	*Total*
Communication	71%	66%	69%	71%	*68%*
Crisis Leadership	78%	65%	72%	77%	*70%*
Care for People	77%	65%	70%	83%	*69%*
Day to Day Functioning	72%	67%	70%	75%	*69%*
Innovation	75%	58%	67%	59%	*64%*
Responsiveness	83%	79%	85%	67%	*81%*
Pre-event Planning	69%	65%	67%	66%	*67%*
Working Together	78%	72%	76%	67%	*74%*
Logistics	66%	63%	69%	66%	*65%*
Overall Score	**75%**	**67%**	**72%**	**70%**	***70%***

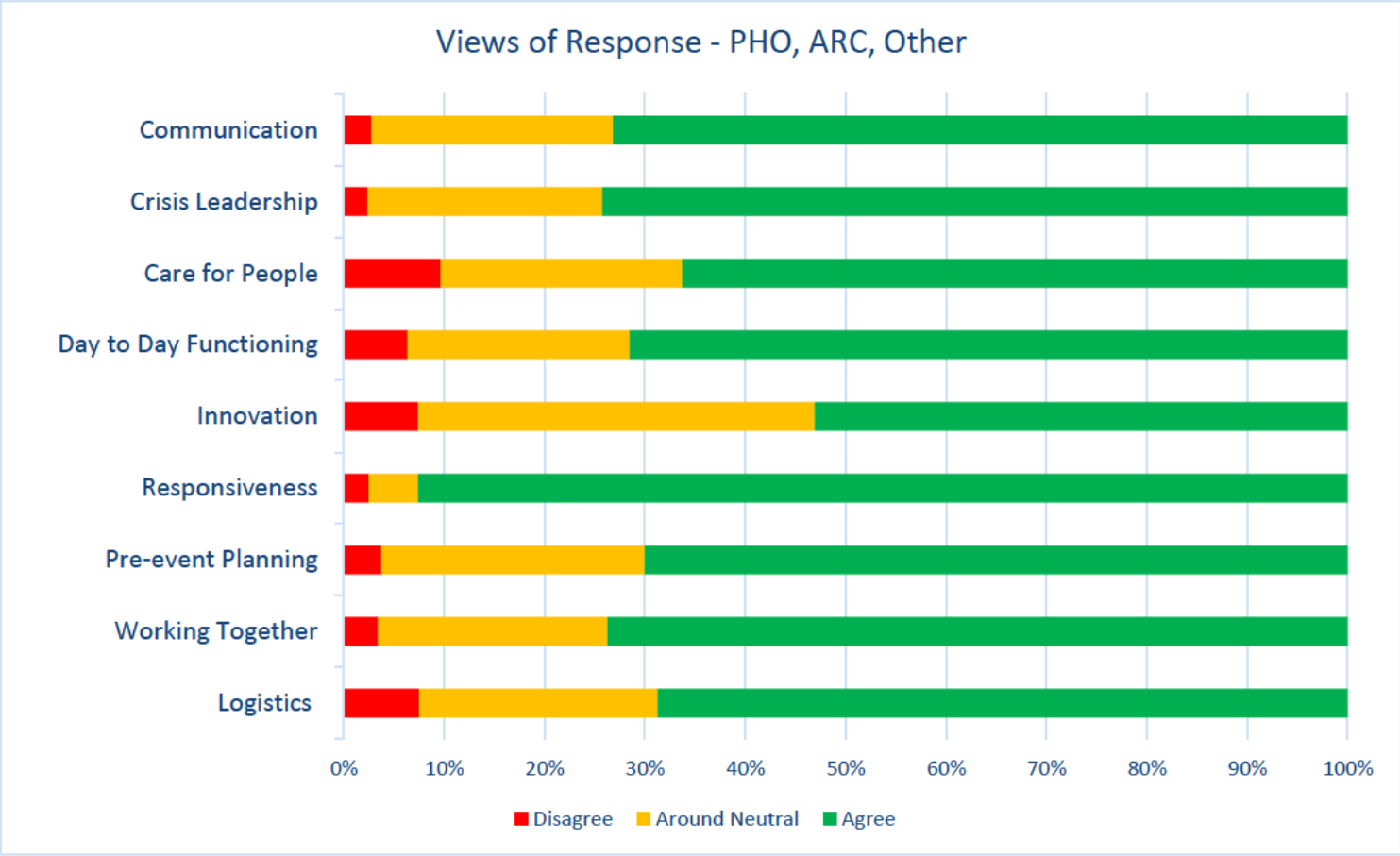
As might be expected, those directly involved in response planning rate performance higher than those that were not. This can be equated to resilience survey scores where management generally rate their organisation higher than front line staff. This likely relates to expectation management, visibility of trade-offs in decision making and empowerment.


Crisis Leadership
Teams were adequately involved in decisions directly affecting them
Managers helped staff to understand and deal with uncertainty
Leaders behaved in way consistent with NMH values
0%
20%
40%
60%
80%
100%
Disagree
Around Neutral
Agree


Care for People
Staff felt supported during the crisis response
Staff were confident NMH took all practicable precautions to keep them safe and well at work
0%
20%
40%
60%
80%
100%
Disagree
Around Neutral
Agree


Day to Day Functioning
Managers appropriately balanced crisis response and BAU demands
Staff received adequate training where roles differed to their normal role
Impacts on BAU functions were managed appropriately
Staff were clear on how to perform their day-to-day roles during the response
0%
20%
40%
60%
80%
100%
Disagree
Around Neutral
Agree

For PHOs, ARCs, other community providers



By organisation

	Marlborough PHO	Nelson Bays PHO	Other	Other community providers (ARC, pharmacy, other)	Total
Communication	81%	82%	86%	76%	***81%***
Crisis Leadership	82%	79%	77%	87%	***81%***
Care for People	81%	71%	82%	74%	***73%***
Innovation	75%	71%	81%	64%	***71%***
Responsiveness	83%	89%	93%	95%	***90%***
Pre-event Planning	83%	77%	89%	83%	***80%***
Working Together	81%	79%	85%	85%	***81%***
Logistics	74%	73%	80%	85%	***76%***
Overall Score	**80%**	**78%**	**84%**	**81%**	***79%***
N	***10***	***59***	***7***	***15***	***91***

By level of involvement in COVID-19 response

	Directly involved in response planning and co-ordination	Not involved in response planning and co-ordination	Slightly involved in response planning and co-ordination	Total
Communication	80%	85%	80%	*81%*
Crisis Leadership	84%	81%	73%	*81%*
Care for People	72%	76%	72%	*73%*
Innovation	68%	74%	72%	*71%*
Responsiveness	96%	82%	86%	*90%*
Pre-event Planning	79%	78%	84%	*80%*
Working Together	80%	80%	81%	*81%*
Logistics	76%	79%	69%	*76%*
Overall Score	**79%**	**79%**	**77%**	***79%***
N	***46***	***27***	***18***	***91***

BUILDING FUTURE FIT ORGANISATIONS

Nelson Marlborough Health interagency response

COVID-19 response lessons learned

July 2020

Prepared by Dr Tracy Hatton

Resilient ORGANISATIONS

Contents

1. Introduction

Resilient Organisations Ltd was engaged by Nelson Marlborough Health (NMH) in June 2020 to conduct a series of operational debriefs following the initial response to the COVID-19 pandemic. A separate report has been issued looking internally at the whole of health response across Nelson Marlborough. This report details the findings from an interagency co-ordination perspective and was organised by NMH as the lead agency for this response.

Debriefs are a standard part of emergency management best practice after any emergency exercise or actual response. They are a valuable opportunity to identify lessons and most importantly modify organisational arrangements to improve an organisation's ability to respond in future emergencies. Although lessons are commonly captured after the emergency response ceases, COVID-19 is a unique event that is likely to require at the very least a low level of monitoring and response activities for an extended period. NMH recognised that capturing the lessons learned to date, now, rather than at the event end was appropriate both to capture perishable memories of the onset and transition to the full lockdown period; and to ensure that any future escalation of COVID-19 response activities could be informed by lessons learned in this first response.

The hazard profile for the South Island of New Zealand, and complex global trends such as technology changes, climate change, and increased risk of pandemics, means there is a high likelihood that agencies across Nelson Marlborough will have to respond to a major event again. The Alpine Fault scenario and the potential for long term isolation of communities is a risk that requires a mature emergency response capability. The recommendations within this report will also enhance capacity to respond to these other emergency events.

How we carried out our work

In June 2020 we facilitated a 3-hour virtual debrief session with agencies involved in the response. This included representatives from:

- Ministry of Education
- Ministry of Business Innovation and Employment
- Marlborough Civil Defence and Emergency Management
- Nelson Tasman Civil Defence and Emergency Management
- Victory Community Centre
- Department of Internal Affairs
- NZ Police
- Ministry of Social Development
- Nelson Marlborough Health

Agencies that were unable to attend included:

- Te Tau Ihu Iwi (though Iwi input had been provided previously during a health and disability sector debrief)
- Oranga Tamariki
- Fire and Emergency NZ

Report scope

This report summaries key observations and leanings identified during the debrief session. Recommendations to enhance future emergency response capability have been made based on:

- good practices observed by staff during the COVID-19 response,
- opportunities to improve, based on issues staff identified that could have been handled more effectively, and
- best practice emergency management processes and procedures.

It is not intended to be the sole source of learning from this event. Teams within organisations involved in the response are likely to have reflected on what might be done differently in the future. It is important that lessons are not only identified but that changes are made – be that to structures, processes, or plans – to ensure learnings improve response capability for future emergency events.

A lesson has only been identified, not learned, until improvement actions have been undertaken.

2. Relationships and networks

The power and value of existing trusted relationships was evident in the collaborative approach taken by all Nelson Marlborough agencies responding to COVID-19. The willingness of people to be available with a 'can-do' attitude is a fantastic asset for the region.

It is important that all agencies continue to invest in building relationships, noting in particular:

- Getting it right in business as usual, breaking down silos, and working together will pay dividends in emergency situations. Building a relationship ready for an emergency does not need to be an additional burden but can be built during normal day-to-day interactions.
- Relationships between agencies may be weaker where geographic boundaries act as a hindrance. This requires conscious effort to overcome.
- Enhancing the breadth and depth of relationships to ensure these are held by organisations and not just individuals is required for ongoing preparedness.
- Using existing organisational forums at multiple levels within organisations to maintain relationships, for example the Coordinating Executive Group, is important to ensure that relationship building does not become an excessive time drain.
- There may still be some community groups under-represented during a response. In this emergency, refugee communities and foreign nationals were under-represented. It may be useful in future activations to ensure the question is asked at the outset, as to who is not in the room, or who is not represented in the room that needs to be.
- Emergency management exercises are a powerful way to continue interagency engagement and ensure that new members are able to build relationships and understand processes and co-ordinating mechanisms. Maximum benefit would be gained by the interagency group exercising differing emergency scenarios with different mandated lead agencies. For example, a regional biosecurity issue (MPI), a plane crash (Police), earthquake (CDEM), and a different infectious disease outbreak (DHB).

3. Communications and co-ordination

Information overload was a key feature of the COVID-19 response with rapidly changing daily updates placing a strain on all agencies. It was noted that within the interagency co-ordination environment, communications were done well, and most reported problems were between central agencies and regional, rather than within the local setting. Once a rhythm was established, meetings were effective, and it was appreciated that people did what they said they would do.

One potential enhancement in future responses is an interagency shared file system using a cloud platform to provide easy access to key update information at a time when email becomes very difficult to manage. In this response, key public health information is an example of vital information where one source of truth is needed. We understand that a new Emergency Management Information System is under development and this may help with information management in future responses.

4. People and communities at the centre of response

"everyone was willing and on the same page"

There was a clear unity of purpose and effort across agencies putting the needs of people and communities at the centre of the response. Well done! A clear unity of purpose is fundamental for effective co-ordination.

Consideration does need to be given as to whether it was individuals who created this clear unity of purpose or structural conditions. Our concern is whether this could have been maintained had the response gone for longer. Many debrief participants had little rest during response and had the response continued, there may have needed to be greater use of tools such as shared file spaces and virtual whiteboards to enable the subbing in of others to the team without diluting that unity of effort.

5. Planning

"we had to make a lot up as we went along"

Adaptation rather than planning was a central feature of responses to COVID-19 across New Zealand. Responding to any event will always require adaptation, however pre-planning is still important.

One of the key goals of effective emergency planning is to make as many aspects of the emergency operation as predictable as possible, leaving staff with lower stress levels, and enabling them to focus on problem solving and adaptive thinking around novel challenges. Effective systems and processes which enable staff to mobilise effectively and efficiently pay dividends.

There is value in all organisations sharing some of their plans, for example, around appropriate notifications and contact details for an interagency response, along with standard operating procedures in specific areas where agencies clearly need to work collaboratively. We understand that many agencies already share their plans and key contact lists. Agencies who have not played such a significant part in prior events may not have such well-developed sharing processes and should seek to ensure that any newly developed documents, structure charts and key personnel lists are shared widely with key agencies.

6. Role clarity

Nelson Marlborough agencies are experienced at responding to local events and have over time established clear expectations around the role of elected officials and lines of communication with response agencies. COVID-19 was the first New Zealand health led response. Understandably, it took some time for all stakeholders to settle into expected roles and responsibilities and establish effective lines of communication.

Individual agency plans need to consider the role of, and communication flows to, other key stakeholders including elected officials and be clear on which agency this responsibility rests with. This need not necessarily be the lead agency, provided that this is agreed across the interagency co-ordination group.

7. Boundaries

The differing geographical boundaries of organisations makes the already complex response space yet more challenging. There are no easy answers for this but it is helpful for all to understand what boundaries their partner organisations do work within to a) inform the need for other groups to be in the room and b) remain cognisant of the challenges facing that organisation and c) to potentially capitalise on the learning that could occur from having boundary spanners in the room who are members of multiple groups and can share what is happening in other co-ordinating groups.

8. Role of lead agency

Interagency coordination arrangements were initially slow but reached a good rhythm of effective meetings and collaborative working as the response progressed. NMH has conducted its own lessons learned project and identified a lack of pre-planning around its responsibilities as the lead co-ordinating agency, as well as a need for greater emergency response training. While NMH are learning and enhancing their ability to be a lead agency in the future, other agencies should also take the opportunity to reflect on their ability to lead in a different event.

Communications and clarity around language for differing audiences was also noted as a learning for any future events. For example, the use of acronyms, and the differing meanings attached to health terms such as ‘suspect cases’.

9. Welfare

Welfare was one of the biggest interagency response tasks and all parties worked hard to ensure effective outcomes for the community. Understandably given the unprecedented nature of this response, there are some improvements that could be made to enhance future responses. These include:

- Achieving a consistent understanding of welfare responsibilities and assessment processes across all agencies leading and supporting the welfare response.
- Keeping the gains identified during the response, for example working with iwi and providing an effective and integrated response across agencies to those with complex needs.
- Earlier identification of groups not well served, understood, or represented through existing networks.

10. Conclusion

The Nelson Marlborough Health interagency response to the COVID19 pandemic highlighted a key strength for the region – the willingness and commitment of staff to work collaboratively to do what it takes to respond to the situation and the community's needs.

This debrief process has created an opportunity for staff involved in the response to reflect on what worked well and what needs to be improved. Every emergency response is unique and provides a vital opportunity for reflection.

KEY LEARNINGS FROM THE DEBRIEF

- Continue to invest in building or deepening relationships seeking where possible to ensure these relationships expand beyond just one individual representative.
- In future responses, consider whether an interagency shared file system would be useful.
- Consider how future structures or processes can retain a clear unity of purpose and momentum while allowing key staff to stand-down.
- Plan to be the lead. And share your planning so that standing up of the interagency co-ordinating group is well understood regardless of who the lead is.
- Include elected officials and other key stakeholders and the communication link to them in your planned response structures.
- Understand the boundaries of other organisations and ensure you have sufficient representation to reflect the lead agency's boundaries.
- Capture learnings around the complexity of the welfare response and work across organisational boundaries to appropriately document these for future events.

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

General Idea

The time now is 19 1230 August 2020.

Situation General. COVID-19 continues to spread around the world with little control. Recent figures confirm:

Over 22 million confirmed cases globally.
Over 777 thousand deaths globally.

Yesterday India recorded 54,000 new cases, the USA recorded 40,000 new cases and Brazil 23,000 new cases. None of these figures are an outlier from recent trends.

Situation Local. There are currently 90 active cases in New Zealand of which 69 are linked to the Auckland cluster, 20 are imported and located in MIF and finally one is unrelated whereby a maintenance worker was infected whilst working within one of the MIF in Auckland.

Auckland remains at COVID-19 Alert level 3, the rest of the country is at Alert level 2. These restrictions are due to expire at 0001 on 27 August 2020.

There are no indications of COVID-19 in the Nelson Marlborough district and over 3000 test have been completed locally since 12 August 2020 with no positive results. Whilst Alert level 2 restrictions are in place, CBACs in Nelson and Blenheim remain operational, the PHU support Auckland PHU and the Hospital implements visitor's restrictions all three EOCs (Public Health, Community/Primary and Hospital) have activated to varying degrees. The Nelson Marlborough ECC has not yet activated and as such the ELT structure retains primacy for COVID-19 related decision making.

Admin and Logistics. Current PPE state is as per real time. CBACs are also as per real time (Nelson and Blenheim established) with capacity to re-establish Motueka at short notice. Portacoms and other temporary facilities are also as per real time and in their current locations. Hospital capacity is as it is in real time today.

Lab capacity is under pressure but nationally the system has processed over 100,000 tests in the last few days and capacity is expected to cope with ongoing demand.

Coordination. All exercise participants are expected to fulfil their real time roles. Additionally, Nick and Pam will act as referees and simulate clinical stakeholders (Ministry of Health, PHU, other DHBs and private/community providers). Otherwise, should you require advice; please contact the appropriate person via telephone or email in order to confirm assumptions as they arise.

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 1.0

The time now is 19 1240 August 2020.

SCL has contacted the Medical Officer of Health to confirm that a Nelson Port Worker who has recently worked in Auckland has tested positive for COVID-19. Laboratories have verified the result and it is assessed as genuine. The PHU have informed CE and ELT and are now commencing contact tracing.

All staff are to consider the impact of this news over the next 5 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the first 120 mins whilst contact tracing is underway
Issues that have arisen

Back here at:

Special Idea 1.1

The time now is 19 1440 August 2020.

Andrew confirms the case is a Nelson resident, NZ European, 30-39 age bracket. There are 2 close household contacts, 1 is displaying mild symptoms. There are a further 4 close contacts in the workplace with 2 displaying mild symptoms and 20-30 casual contacts who have been reminded to monitor themselves for symptoms. All close contacts will be tested this afternoon and are isolating at their homes in the short term. Andrew also decides there is no requirement to shut down any aspect of Port Nelson, though the Port Nelson COO voluntary decides to order a deep clean of all sites overnight.

Andrew also liaised with the Ministry and confirms that a MIF needs to be established in order to accommodate the case and close contacts. An ambitious timeline of 24 hours is agreed upon and Saxton Lodge is the preferred provider.

The Nelson Marlborough ECC is re-established with Police, CDEM and Iwi representation.

All staff are to consider the impact of this news over the next 5 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 12 hours
Issues that have arisen

Back here at:

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 1.2

The time now is 20 1000 August 2020.

SCL confirms to The Medical Officer of Health that both household close contacts and 3 of the 4 workplace close contacts have tested positive. In total there are now 6 confirmed cases in Nelson Marlborough (all residents of Nelson/Tasman) and a further one close contact currently isolating after testing negative. All confirmed cases and the close contact are well enough to not require hospitalisation. PHU priority remains ongoing contact tracing of confirmed cases.

Saxton Lodge agrees to vacate all current bookings and enter a 30 day contract with MBIE to offer MIF services. Saxton Lodge has 48 rooms of a mix of studio, one and two bedroom units. In accordance with Ministry of Health direction the entire premises has been vacated in support of MIF services. Police are supporting.

The PM and DG call a 1000 Press Conference and announce that Nelson Marlborough (DHB boundary) is now in COVID-19 Level 3 restrictions along with Auckland, the remainder of the country is still in Level 2.

All staff are to consider the impact of this news over the next 10 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 12 hours
Issues that have arisen

Back here at:

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 2.0

The time now is 20 1200 August 2020.

Sonya calls CE, Health Coordinator and Community and Primary Controller and explains that one of the confirmed cases partner is a Carer at Summerset ARC in Richmond, he has worked several shifts in the last week. There are 54 residents and 42 staff in total at Summerset. There are 2 residents and 1 staff member displaying very mild symptoms. The Medical Officer of Health has directed that all staff and residents (who are physically able to) are tested for COVID-19 within the next 24 hours.

All staff are to consider the impact of this news over the next 10 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 24 hours
Issues that have arisen

Back here at:

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 2.1

The time now is 21 1000 August 2020.

SCL expedites the Summerset tests overnight and confirms 2 residents and 2 staff as confirmed cases. All other results are negative. Both positive residents have decent mobility and are well enough to not require hospital care at this stage. Of the 52 residents that tested negative, 10 are still considered close contacts (as a precaution) and 12 of the 40 staff who tested negative are considered close contacts but none are symptomatic. The Medical Officer of Health has decided that the ARC facility should be considered a MIF and appropriately sectioned off to accommodate residents. There is sufficient capacity to accommodate the 2 cases and 10 close contacts (of the residents).

Summerset GM has requested a DHB IMT support her leadership to manage the outbreak and requested additional nursing support if available.

Initial contact tracing identifies a current inpatient at Alex Hospital was transferred form Summerset 36 hours ago. He is assessed as still requiring inpatient care but should be treated as a close contact until tested.

Another 3 confirmed cases linked to the Port cluster are confirmed in the community (all close contacts) and already in MIF.

In total there are now 13 confirmed cases in Nelson Marlborough (the port worker is believed to be the index case) and another 24 close contacts. 12 are being accommodated at Summerset, 12 are being accommodated at Saxton Lodge and the 12 ARC staff are awaiting direction from the IMT, finally there is one close contact admitted to Alex Hospital.

All staff are to consider the impact of this news over the next 10 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 12 hours.
Issues that have arisen

Back here at:

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 2.2

The time now is 21 1700 August 2020.

A GP from the Richmond Health Centre contacts the on call General Medicine consultant at Nelson Hospital to discuss a patient who is a Summerset resident who tested negative for COVID but has heart complications that require periodic admission to Hospital. His current condition has deteriorated and the GP is requesting he be admitted to the General Medicine Ward noting he has just returned a negative swab.

The resident is an influential member of Ngati Kuia and one of the Iwi Chairs has just telephoned Ditre inquiring about what support is being provided to the resident in question.

Otherwise the integrated DHB and Summerset IMT is managing the ARC outbreak well.

All staff are to consider the impact of this news over the next 10 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 60 mins?
Issues that have arisen

Back here at:

Nelson Marlborough District Health Board	**COVID-19 Resurgence Table Top Exercise 19 August 2020**	Unite against COVID-19

Special Idea 3.0

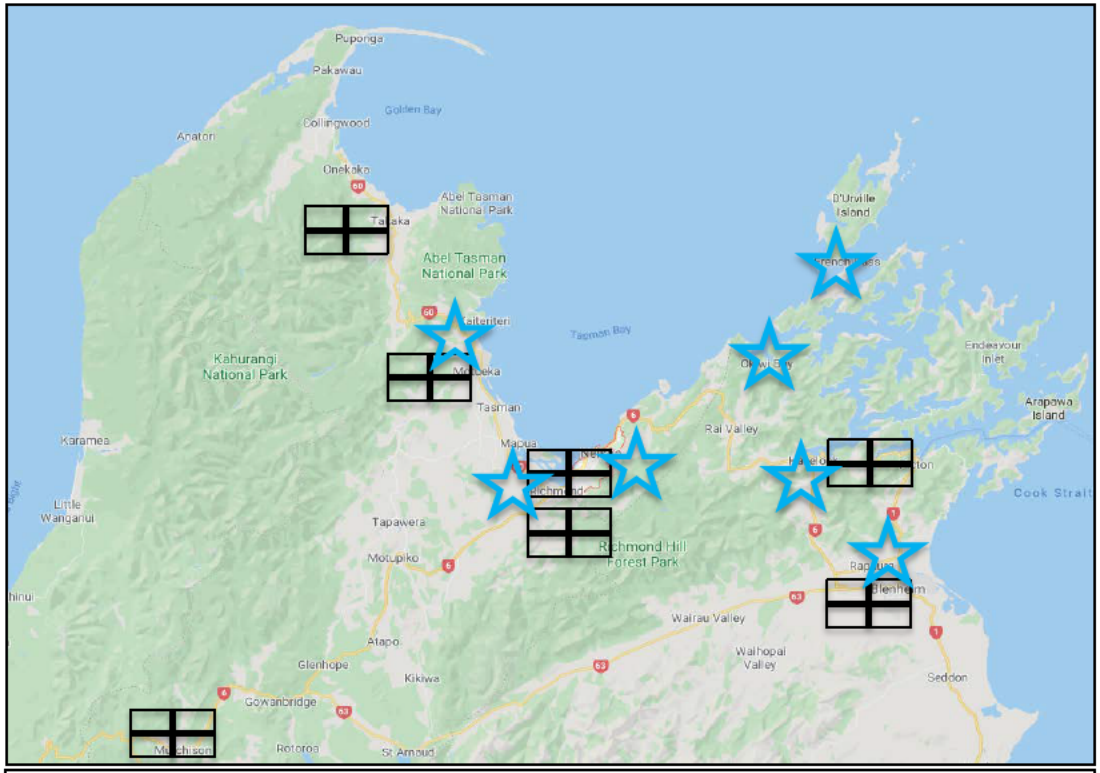
The time now is 22 0800 August 2020.

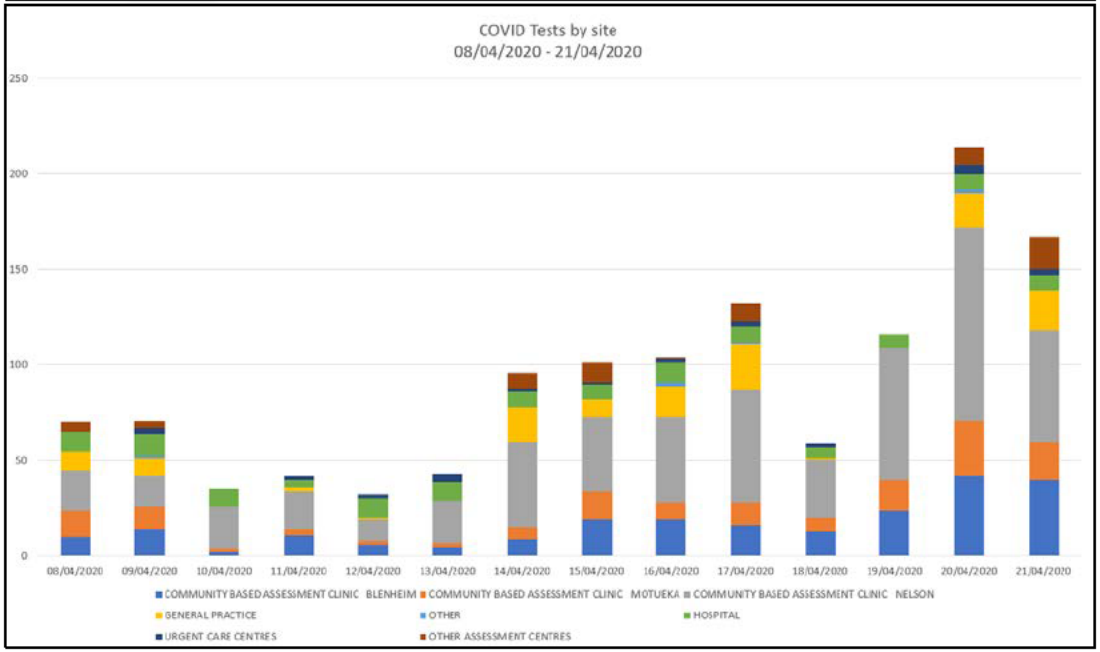
One of the confirmed cases at Summerset has deteriorated rapidly and is assessed to be requiring ICU level care, the Summerset IMT has called St. John who are currently in transit to stabilise and transfer the patient to Nelson Hospital.

All staff are to consider the impact of this news over the next 10 mins and report back:

Impact on service delivery
Impact on staffing/ structures
Key actions to undertake in the next 120 mins
Issues that have arisen

Back here at:





CBACs:

Blenheim
Nelson
Motueka

Enhanced Testing Sites:

Picton
Murchison
Golden Bay

Outreach Assessment (symptomatic testing):

Okiwi Bay
Wai-West RSE Accommodation
Franklyn Village
The Brook
Whakatu Marae
Motueka TPO
French Pass TPO
Victory community
Marlborough Pacific Trust
Marlborough RSE Accommodation

Waikawa Marae (planned)
Bings Accommodation (planned)
Bryden Accommodation (planned)
Canvastown (planned)

Total Tests 08-14 April : **305**

Total Tests 15-21 April : **970**

World update as at 02/05/20 07:00 NZST (19:00 GMT)

Source: https://www.worldometers.info/coronavirus/

Total cases globally

3,388,936

view by country

Deaths:

238,937

Recovered:

1,076,390

New cases globally

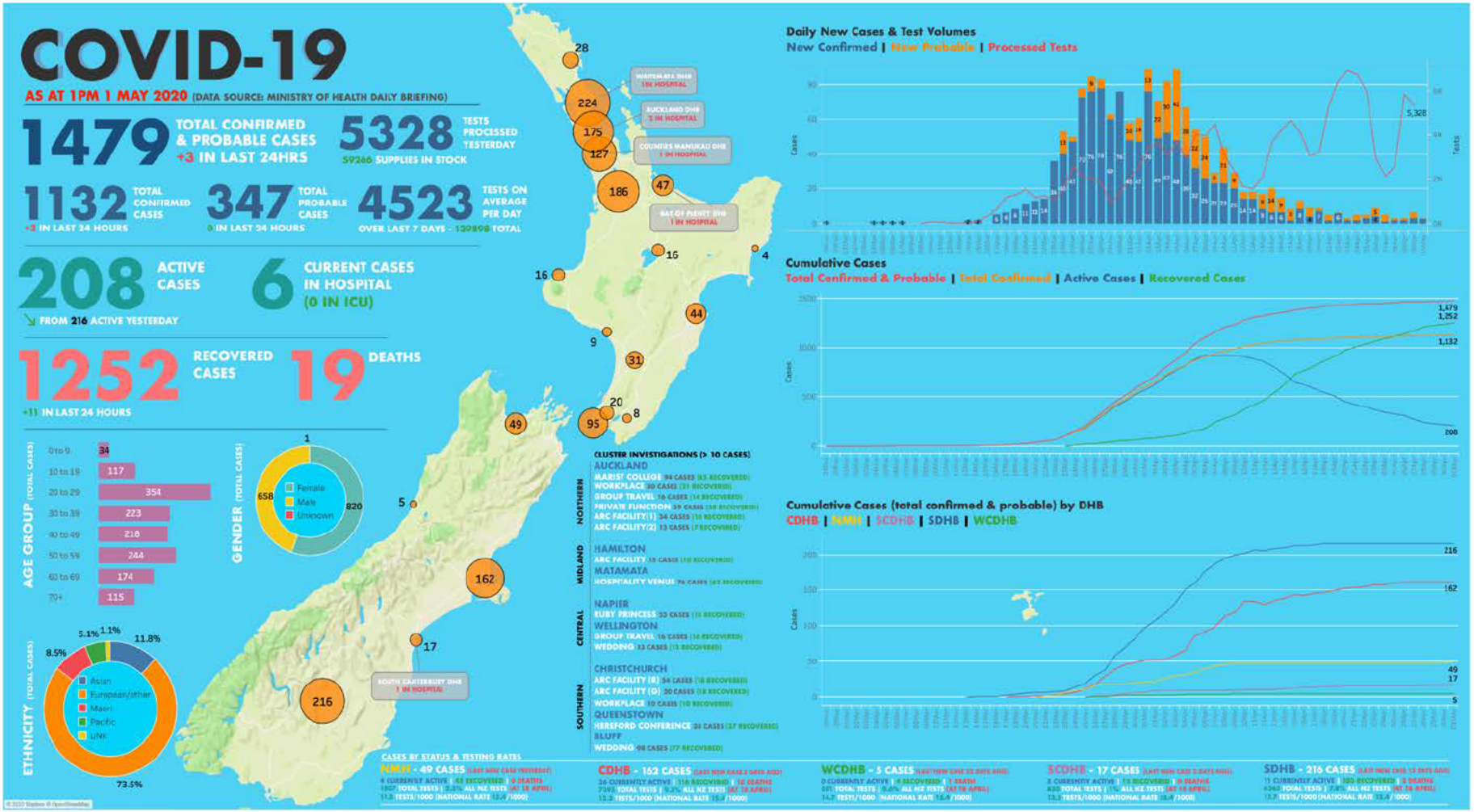
- USA remains the current epicentre with over 2000 deaths and 30,00 new cases reported.
- Global recovered figures pass 1,000,000
- Russia and Brazil continue to see case number rises in excess of 6,000 per day.
- Lockdown extended by 2 weeks in India
- European death rates continue to show evidence of reduction from previous peaks.

Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop
World	3,303,921	+85,738	233,824	+5,795	1,039,029	2,031,068	50,956	424	30.0		
USA	1,095,023	+30,829	63,856	+2,201	152,324	878,843	15,226	3,308	193	6,391,887	19,311
Russia	106,498	+7,099	1,073	+101	11,619	93,806	2,300	730	7	3,490,000	23,916
UK	171,253	+6,032	26,771	+674	N/A	144,138	1,559	2,523	394	901,905	13,286
Brazil	85,380	+6,019	5,901	+390	35,935	43,544	8,318	402	28	339,552	1,597
Peru	36,976	+3,045	1,051	+108	10,405	25,520	651	1,121	32	318,252	9,652
Turkey	120,204	+2,615	3,174	+93	48,886	68,144	1,514	1,425	38	1,033,617	12,255
Spain	239,340	+2,441	24,543	+268	137,955	76,842	2,676	5,119	525	1,455,306	31,126
Italy	205,463	+1,872	27,967	+285	75,945	101,551	1,694	3,398	463	1,979,217	32,735
India	34,863	+1,801	1,154	+75	9,068	24,641		25	0.8	830,201	602
Canada	53,236	+1,639	3,184	+188	21,423	28,629	557	1,411	84	806,449	21,367

Nelson Marlborough Health
TE WAIORA

NZ update as at 01/05/20 13:00 NZST

Source: SIAPO



Nelson Marlborough Health
TE WAIORA

Nelson Marlborough update as at 01/05/20 17:00 NZST

Source: Public Health SITREP

Confirmed and Probable cases

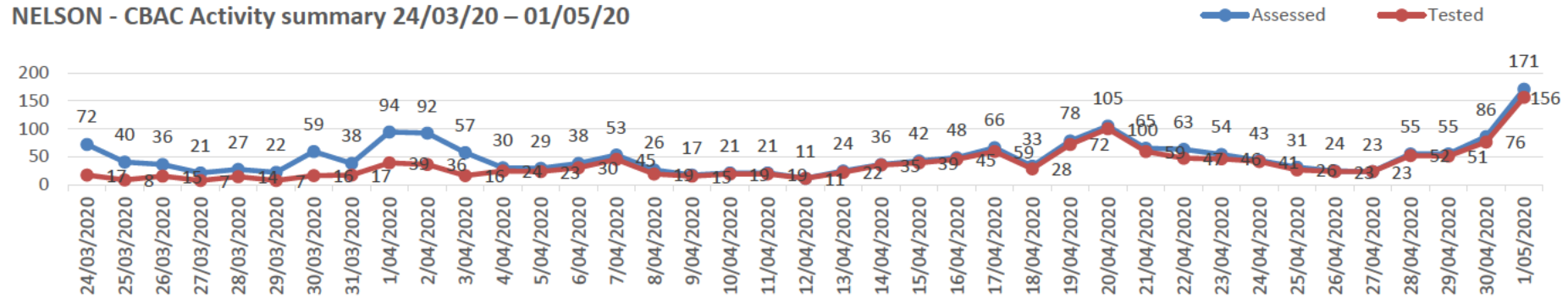
- 1 new confirmed case notified today

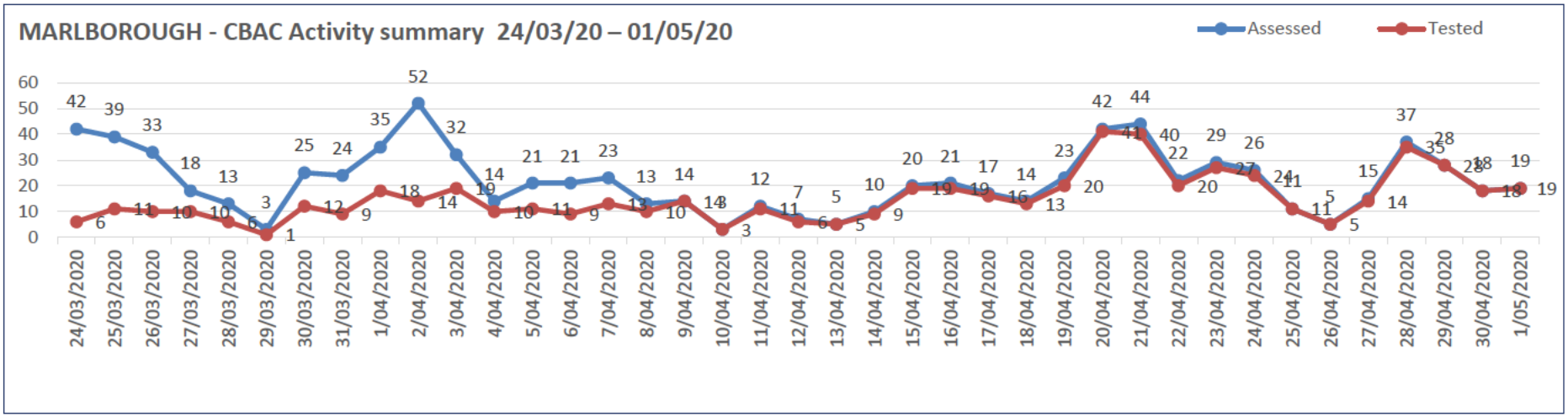
Cases	**Total**	Nelson Probable cases in brackets	Marlborough Probable cases in brackets
Total	49	23+ (5) =28	13 + (8) =21
Notified today	1	1	0
Notified previous day	0	0	0
Recovered	45		

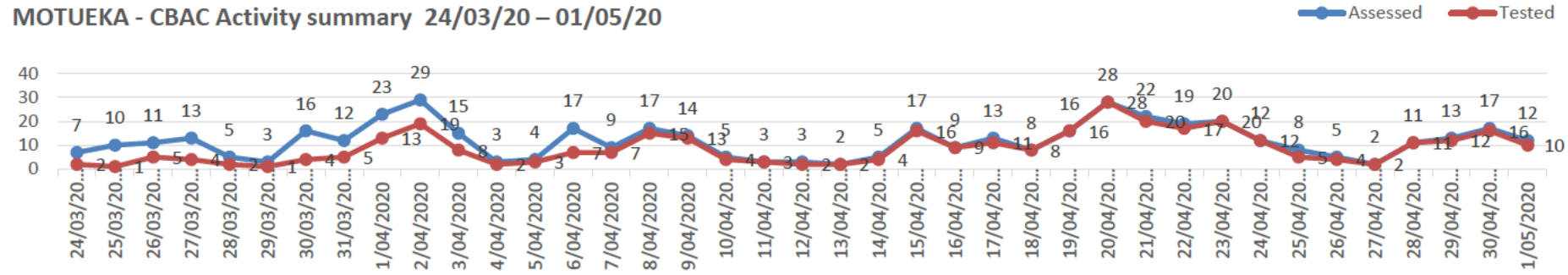
Cases Monitored	**Household Contacts Being Monitored Daily**	**Household Contacts Now Confirmed Cases**	**Household Contacts Released From Quarantine**
4 as of 12:00 today	3 as of 12:00 today	11 as of 12:00 today	14 as of 12:00 today

Te Waiora Nelson Marlborough Health

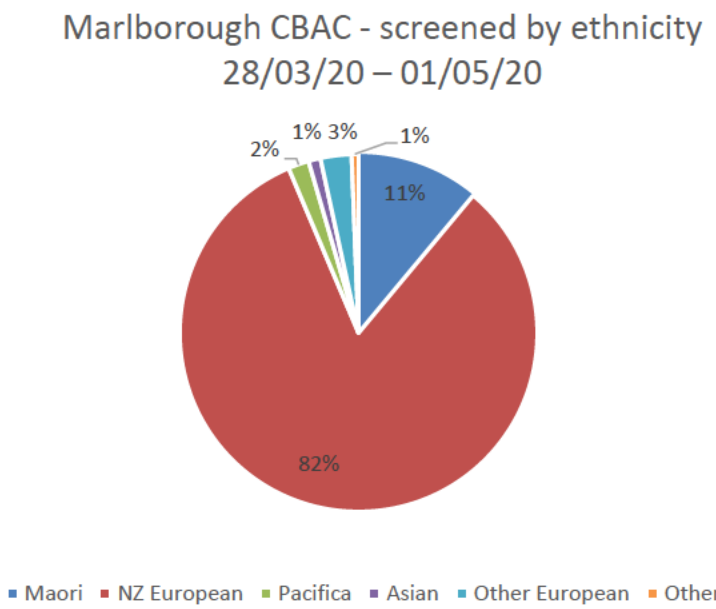
Nelson Marlborough CBAC update as at 01/05/20

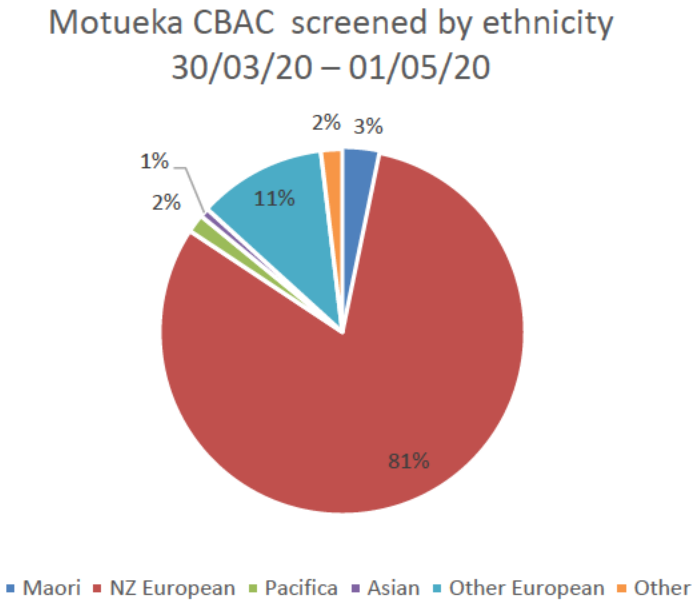


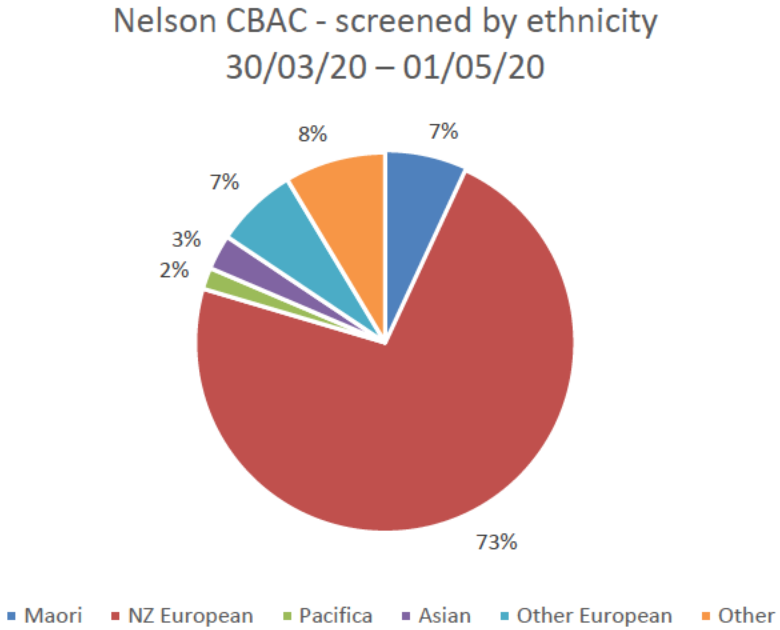




Nelson Marlborough CBAC update as at 01/05/20







Date	Action
9-Jan	NMDHB Public Health Unit chair border control meeting
20-Jan	Ministry of Health SITREP 001 received
22-Jan	Infection Technical Advisory Group meeting called to discuss COVID-19
29-Jan	DHB ECC formally established, Public Health EOC formally established
6-Feb	CTAG established
14-Feb	Community & Primary EOC established
21-Feb	Pandemic Plans review complete
28-Feb	First NM Interagency Update held
29-Feb	Issues accomodating first patient requiring self isolation but not requiring hospitilisation, caravan in Nelson used
3-Mar	Hospital planning session held Wairau
6-Mar	Interim staff travel advoce released
7-Mar	Significant issues accomodating case under investigation in Blenheim - prompted hiring of caravans
20-Mar	First two confirmed cases in NM
21-Mar	Cases 3 and 4 confirmed in NM
22-Mar	Cases 5,6,7,8,9 confirmed in NM
23-Mar	Cases 10,11 and 12 confirmed in NM
24-Mar	Cases 13, 14, 15, 16 confirmed in NM
25-Mar	Cases 17,18 and 19 confirmed in NM
28-Mar	Case 20 confirmed
29-Mar	Case 21 confirmed
30-Mar	Cases 22 and 23 confirmed
31-Mar	Cases 24 and 25 confirmed
1-Apr	Cases 26,27,28,29 and 30 confirmed
2-Apr	Cases 31, 32 and 33 confirmed

3-Apr	Cases 34 and 35 confirmed
4-Apr	Cases 36,37,38,39 and 40 confirmed
5-Apr	Cases 41,42,43 and 44 confirmed
6-Apr	Cases 45 and 46 confirmed
7-Apr	Cases 47 and 48 confirmed
29-Apr	Case 49 confirmed

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7-Mar	Significant issues accomodating case under investigation in Blenheim - prompted hiring of caravans
19-Mar	Borders closed
20-Mar	Cases 1 and 2 confirmed in NM
21-Mar	Cases 3 and 4 confirmed in NM, NZ at alert level 2
22-Mar	Cases 5,6,7,8,9 confirmed in NM
23-Mar	Cases 10,11 and 12 confirmed in NM, NZ at alert level 3
24-Mar	Cases 13, 14, 15, 16 confirmed in NM
25-Mar	Cases 17,18 and 19 confirmed in NM, NZ at alert level 4, Epidemic Notice and National State of Emergenc issued
28-Mar	Case 20 confirmed
29-Mar	Case 21 confirmed
30-Mar	Cases 22 and 23 confirmed
31-Mar	Cases 24 and 25 confirmed
1-Apr	Cases 26,27,28,29 and 30 confirmed
2-Apr	Cases 31, 32 and 33 confirmed
3-Apr	Cases 34 and 35 confirmed
4-Apr	Cases 36,37,38,39 and 40 confirmed
5-Apr	Cases 41,42,43 and 44 confirmed
6-Apr	Cases 45 and 46 confirmed

7-Apr	Cases 47 and 48 confirmed
28-Apr	NZ at alert level 3
29-Apr	Case 49 confirmed
14-May	NZ at alert level 2
15-May	NMH ECC formally disbanded
Ongoing	Top of the south Leader meet weekly, ECC personnel also meet weekly for COVID-19 updates

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7-Mar	Significant issues accomdating case under investigation in Blenheim - prompted hiring of caravans
20-Mar	First confirmed case in NM

NMDHB - PPE STOCK TAKE FORM				
Date				
Location				
Name				
Email				
Phone				
NMDHB Product Code	**NMDHB Description**	**Suppliers Information**	**Unit of Measure**	**Stock Quantity**
	General Purpose Masks			
2002017	Mask face surg. anti fog (50 per box)	Protec SZ-PM4-311	Box	
2000691	Mask face surg. duckbill (50 per box)	Protec SZ-PG4-3033	Box	
2000690	Mask face surg. ear loop (50 per box)	Protec SZ-PM4-306	Box	
2034784	Mask face surgical pleated ear loop kids (50 per box)	Quality Safety 3 ply Surgical Mask for Kids	Box	
2001886	Shield - full faced-disposable	Henry Schein HS101-2254	Each	
	P2 Masks			
2001906	Mask face partic.filter n95 duckbill (50 per box)	Quality Safety N95P2F	Box	
	APRONS			
2000382	Aprons poly disposable (50 per bundle)	Jackson Alison A45P50W White Apron on Pad	Bundle	
2002271	Gown isolation blue large	Jackson Alison 2H38LB	Each	
2000381	Gown isolation yellow xl	Jackson Alison 2H38XLY Stockinette	Each	
	Gloves			
2034467	Gloves exam nitrile powderfree large (200 per box)	REM MD-SLK250L Sensicare Silk	Box	
2034468	Gloves exam nitrile powderfree medium (200 per box)	REM MD-SLK250M Sensicare Silk	Box	
2034469	Gloves exam nitrile powderfree small (200 per box)	REM MD-SLK250S Sensicare Silk	Box	
2034470	Gloves exam nitrile powderfree x-large (200 per box)	REM MD-SLK250XL Sensicare Silk	Box	
2034120	Gloves exam nitrile powderfree x-small (200 per box)	REM MD-SLK250XS Sensicare Silk	Box	
	Eye Protection			
2001734	Glasses safety (over spectacle type)	3M 2700	Each	
	Hand Sanitiser			
2000638	Hand lotion 500ml pump	Schulke 70000358 Microshield	Each	
2000631	Handwash antiseptic alcohol based 400ml	Deb Cutan Foam Sanitiser 6045	Each	
2000625	Handwash antiseptic alcohol based 50ml	Deb Cutan Foam Sanitiser 6044	Each	
2000622	Handwash cleanser chlorhexidine 2% 1.5l	Schulke 61222 Microshield 2 skin	Each	
2000634	Handwash skincare cleanser 1.5l white	Schulke 61227 Microshield 70000363	Each	