15 September 2021

Response to a request for official information

Thank you for your request for official information as transferred from the Ministry of Health and received 20 August 2021 by Nelson Marlborough Health (NMH), followed by the notice of decision 30 August 2021, where you seek the following information:

> 1. *Can I please have a copy of each DHB's COVID Preparedness document.*

Response:
Please see attached Nelson Marlborough COVID 19 *National Hospital Response Framework* and *Community Response Framework*. Our COVID-preparedness documents are living documents and will be updated as circumstances change.

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

Encl: National Hospital Response Framework (2 pages)
Community Response Framework (2 pages)

COVID 19 National Hospital Response Framework – The Process

- This Hospital Response Framework is designed to provide escalation levels to support facilities and hospitals to appropriately and safely operate at each agreed Alert Level.
- The Framework provides high level, nationally consistent guidance to support your facility's own emergency response procedures that will need to be deployed at each Alert Level.
- The alert levels in this Framework are different to the Government's National COVID-19 Alert Levels, which note that hospitals will operate in line with the National Hospital Response Framework.
- Hospitals are expected to operate in line with their current Alert Levels and have systems and processes proactively in place to identify and respond to any changes in levels (up or down) so that changes are made in a well-managed and planned manner with staff and resources prepared and trained beforehand.
- It is expected that alert levels may change rapidly, and decisions are made locally at a hospital or facility to move status up or down.
- The Framework aims to ensure that patients remain at the centre of care by making proportionate responses to escalations and de-escalations in the COVID-19 pandemic.
- This plan should identify Māori and other vulnerable populations and ensure health disparities do not increase as a result of the response to the COVID-19 pandemic. DHBs must maintain rigorous oversight of waiting lists, including a comprehensive plan setting out the manner by which the risk of patients deteriorating while waiting for assessment and treatment will be identified and managed.
- Te Tiriti o Waitangi and Equity are at the centre of each level of the Framework. Critically, DHB escalation and de-escalation will be taken in a way that actively protects the health and wellbeing of Māori and other vulnerable population groups. This includes active surveillance and monitoring of health outcomes, for Māori and other vulnerable groups, to ensure a proportionate and coordinated response to health need for COVID-19 and non-COVID patients.
- DHBs should share their planning for management of Alert Levels with primary care and other providers.
- Daily EEC meetings should be the mechanism whereby Alert Levels are confirmed, and actions initiated in daily reporting.
- It is possible for different hospital facilities and/or departments within a DHB to be at different Alert Levels at any given time.
- The overall DHB Alert Level should be reported each day to the National Health Coordination Centre (NHCC) so that a national view of escalation can be compiled. This will be via the NHCC DHB SitRep.
- A hospital should determine its Alert Level and readiness and reconfirm daily with senior clinicians, senior managers and other relevant senior personnel as part of the local response plan. This decision should be clearly documented and evidenced.
- These criteria may evolve over time and be revised by the National Hospital Response Group, then reissued as appropriate.

MINISTRY OF HEALTH
MANATŪ HAUORA

All District Health Boards

COVID-19 National Hospital Response Framework

COVID-19 Hospital Readiness

GREEN ALERT

Trigger Status: No COVID-19 positive patients in your facility; Any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen for COVID-19 symptoms & travel history for any new Emergency Department attendances, pre-op sessions, planned admission, or clinic attendance
- Plan for triage physically outside the Emergency Department (or outside the hospital building)
- Plan to have a separated stream for COVID-19 suspected cases and non COVID-19 cases in Emergency Department
- Undertake regular training and exercises for management of a COVID-19 suspected case in the Emergency Department, Wards, Theatres, ICU/HDU
- Maintain PPE training for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings
- Plan for isolation of a single case & multiple cases/ cohorting
- Plan for Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Plan for separate streams for staffing, cleaning, supplies management and catering
- Plan for management of referrals, and increased workload on booking and call centre teams
- Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient
- Plan and prepare a dedicated COVID-19 ward
- Engage with alternative providers (such as private) to confirm arrangements for their assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures such as cataracts, endoscopy etc.
- Arrange for outpatient activity to move to telehealth and phone screening for virtual assessment, and MDTs to videoconference wherever possible
- Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual, National Services to operate as usual, NTA to operate as usual
- Review patients on the waiting list (surgery, day case, other interventions) and group patients by urgency level

COVID-19 Hospital Initial Impact

YELLOW ALERT

Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green Alert, as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Activate streaming of suspected COVID-19 or COVID -19 positive and non-positive patients as planned across Emergency Department, Wards, Theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available
- Activate Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Engage across other DHBs to appropriately discharge out of area patients back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs)
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Start to move pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring-clinical and equity risk is managed
- Activate any outsourcing arrangements reached, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU **is not** required, delivery should continue as much as possible

COVID-19 Hospital Moderate Impact

ORANGE ALERT

Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green and Yellow Alert levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID patients.
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible.
- Fully activate any agreements reached with private (or other) providers
- Acute surgery to operate as usual, with priority on trauma cases, as staffing and facilities allow
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Review and manage all non-urgent high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinician for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of suspected COVID-19 and COVID-19 positive and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex
- Implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases as staffing allows
- Manage outpatient referrals to ensure clinical and equity risk is understood and managed

COVID-19 Hospital Severe Impact

RED ALERT

Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care

- Emergency Department services limited to high acuity medical and trauma care
- Activate plans as described in Hospital Green, Yellow and Orange Alert levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID-19 patients.
- Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery
- Cancel all non-acute surgery
- Activate additional streaming, including non-COVID ICU/HDU to theatre complex, or private provider if agreement reached
- As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acute surgery
- Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals, but ensure clinical risk is understood and managed

All District Health Boards

EACH ALERT LEVEL BUILDS ON THE PREVIOUS ONE: ONLY NEW ACTIONS ARE DETAILED

	Primary Care, Pharmacy & CBACs	**All Community Residential, NASC, HCSS & DSS**	**Other Community Providers** including NGOs, Māori and Pacific providers, district nursing, community midwifery & allied health
PLAN AND TRAIN **COVID-19 Community Readiness** **GREEN ALERT** Trigger Status summary: No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes **Government alert level 1 or 2** • In place signs at entrance on basic hygiene. • In place means of contract tracing and means for monitoring compliance. • In place Pre-shift staff health checklist • In place readily, accessible records of the worked staff roster & staff contact details. • Prepare waiting room & clinical spaces.	Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes • Screen for COVID-19 symptoms & travel history for all attendances to primary care and community facilities • Plan for triage including physical separation • Plan to separately stream COVID-19 suspected cases and non COVID-19 cases • Practice PPE availability and use for COVID-19 care in appropriate areas • Undertake training and practice runs for management of a COVID-19 suspected case • Ensure shared medical record, secure provider communication, telehealth, virtual consultation and electronic prescribing options available that consider the needs of the community served. • Ensure local clinical guidance is available e.g. Health Pathways, connected to local processes and directories • Plan for management of calls, phone triaging, remote and virtual consults and virtual MDTS for the majority population, including provision for vulnerable populations with limited phone and internet access. • Plan for community-based assessment and testing clinics and mobile assessment teams and welfare response teams for all of the levels below including immediate response to any possible or actual outbreak in any community • Plan for whānau/community centred responses for priority populations to ensure access to necessary care and equity • Plan to defer non-essential (non-urgent) services, noting vulnerable populations may still need to receive care • Plan and prepare a dedicated COVID-19 area and staff, including dedicated Māori, Pacific and Disability health workers • Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels • Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care • Resource kits developed to support people with own wellbeing and welfare need	Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes • Screen for COVID-19 symptoms & travel history for all attendances to community facilities • Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care and assign specific resource to work with these groups • Plan to have a separated stream for COVID-19 suspected cases and non COVID-19 cases to manage isolation as required • Practice PPE use for COVID-19 care in the relevant settings • Plan for virtual and non-contact medical and specialist care. • Identify non-essential (non-urgent) services that can be deferred with no risk to patients. • Develop clear COVID-19 visitor policies. • Implement alert level admission and discharge plans with your DHB. • Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels including rostering arrangements and "bubbles" for staff • Create psychosocial messaging, appropriate to all clients. • In place register of resident outings • Plan for managing gathering at Level 2 • Plan for day programme and resident to implement Level 2. **NASC/HCSS/DSS** • Screen for COVID-19 symptoms in all patients where care is provided • Maintain accurate lists of all vulnerable clients. • Plan for staff working across multiple sites and/or services • Plan how to manage home and community support services and disability support services to minimise unnecessary contact and prioritise those with highest need • Plan to how to support COVID-19 suspected cases and non COVID-19 cases in home care settings including streaming of workforce • Practice PPE use for COVID-19 care in the relevant settings • Create psychosocial messaging, appropriate to the clients including for their personal support network.	Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes • Screen for COVID-19 symptoms & travel history for all attendances to community facilities • Identify vulnerable patients who may need additional care planning • Practice PPE use for COVID-19 care in the relevant settings • Plan how care may be delivered in non-contact ways or be de deemed non-essential • Plan how to deliver essential care and support to clients including where contact is required • Plan for whānau/community centred responses for priority populations to ensure access to necessary care and to support equity. • Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels • Create psychosocial messaging, appropriate to the clients including for their personal support network. **Well Child Tamariki Ora** • Adhere to MoH Guidance for WCTO & Decision Tree for in person contacts **Mental Health and Additions Providers** • Adhere to MoH Guidance on MH&A • Adhere to Guidance for Community & Additions Providers
ACTIVATE **COVID-19 Community Mild Impact** **YELLOW ALERT** Trigger Status summary: Cases quarantined in your community, contact tracing active; one or more COVID-19 positive patients in your hospital, there may be some staff absence and some staff redeployment to support response **Government alert level 3 OR 4**	Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response **ACTIVATE PLANS FOR YELLOW ALERT: MATERIAL SERVICE CHANGES FROM GREEN BELOW** • **Activate Plans as required at Community Yellow Alert** • **Move to delivery of care by virtual or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations.** • Plan for extended acute demand service available to manage people including extended large-scale illness and palliative care to all community facilities. • Plan for all hospital activity that needs to continue to transfer to community options where able, • Identify and support high risk patients, those awaiting elective services which are postponed and those with chronic conditions • Implement the referral process developed for non-health related welfare concerns	Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response **ACTIVATE PLANS FOR YELLOW ALERT: MATERIAL SERVICE CHANGES FROM GREEN BELOW** • Refer all patients and staff who exhibit symptoms for assessment and testing. • Activate appropriate PPE Plans • Managing patients in their place of residence and activate isolation plans where required. • **Activate Plan for virtual and non-contact medical and specialist care.** • Activate visitor policies • Activate plan for managing gatherings • Activates admission and discharge pathways developed with your DHB. • Consider activating plan for alternative rostering arrangements & "bubble" for staff • Plan for the provision of emergency management response services. **NASC/HCSS/DSS – SPECIFIC ACTIONS** • **Needs assessment and service coordination prioritised to patients with highest need** • Implement the referral process developed for non-health related welfare concerns • Resources available to support people with own wellbeing and welfare need • Consider activating plan for staff working across multiple sites and/or services	Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response **ACTIVATE PLANS FOR YELLOW ALERT: MATERIAL SERVICE CHANGES FROM GREEN BELOW** • **Activate virtual and non-contact delivery where possible**. • Activate whānau/community centred responses for priority populations to ensure access to necessary care and to support equity. • **Cease non-essential service delivery.** • Virtual midwifery appointments encouraged where appropriate. • Activate appropriate PPE Plans • Implement the referral/delivery process for non-health related welfare concerns • Implement relationships with Civil Defence welfare responses to support welfare need. • Resources available to support people with own wellbeing and welfare need

All District Health Boards

	Primary Care, Pharmacy & CBACs	**All Community Residential, NASC, HCSS & DSS**	**Other Community Providers** including NGOs, Māori and Pacific providers, district nursing, community midwifery & allied health

COVID-19 Community Moderate Impact
ORANGE ALERT
 	
Trigger Status summary: Community transmission/multiple clusters in your community; one or more COVID-19 positive patients in your hospital; significant staff absence, extensive staff redeployment
	Urgent care facilities and primary care capacity severely affected, significant staff absence, extensive staff redeployment
	
	ACTIVATE PLANS FOR ORANGE ALERT: MATERIAL SERIVCE CHANGES FROM YELLOW HIGHLIGHTED BELOW
	• Activate additional plans as required at Community Orange Alert
	• Patients with COVID-like symptoms referred to Community Based Assessment Units
	• **Expand Community Based Assessment Clinics in multiple locations with good access for priority populations, mobile teams for immobile or isolated patients and outreach to vulnerable and priority populations ensuring proximity to any known possible outbreaks and mobile assessment teams.**
	• Expand whānau/community centred responses for priority populations to ensure access to necessary care and equity
	• Expand specific plans for Advanced Care; Palliative Care; Age Residential Care and Mental Health and Addiction support provided by primary care including postponing non-essential care and pre-emptive care is in place for end of life patients.
	• Activate the plan for extended acute demand service available to manage people including extended large-scale illness and palliative care to all community facilities.
	• **Activate the plan for all hospital activity that transfers to community options.**
	• **Pharmacies activate tele advice for medicine management and non-contact delivery mechanisms for patients**
	• Support for non-health related welfare concerns
		Significant staff absence, extensive staff redeployment
		ACTIVATE PLANS FOR ORANGE ALERT: MATERIAL SERIVCE CHANGES FROM YELLOW HIGHLIGHTED BELOW
		
		• **Stream for COVID-19 suspected cases and non COVID-19 cases to manage isolation as required**
		• Workforce Backup Plans in Place with your DHB
		• Maintain virtual medical care with Primary Care
		• Providers continue to accept admissions from DHBs and NASCs within agreed care levels including early discharge
		
		NASC/HCSS/DSS SPECIFIC ACTIONS
		• **Essential home and community support care in place,**
		   o **Shower, bathing and basin washing; oral hygiene - two weekly**
		   o **Toileting; Sponge & bed positioning;**
		   o **Medicine administration; Meals on wheels**
		• **Cease non-essential home and community supports,**
		• **Safety Check - Phone/ video OR family, friend,**
			Significant staff absence, extensive staff red Deployment
			ACTIVATE PLANS FOR ORANGE ALERT: MATERIAL SERIVCE CHANGES FROM YELLOW HIGHLIGHTED BELOW
			• Support prioritised for vulnerable or high-risk patients
			• High risk groups continue to receive face to face midwifery appointments
			• Implement relationships with Civil Defence welfare responses to support welfare need.

COVID-19 Community Severe Impact **RED ALERT** Trigger Status summary: Community transmission/widespread outbreaks in your community; COVID-19 positive patients in your hospital, urgent care facilities and primary care at capacity, all available staff redeployed to non-deferrable care	Urgent care facilities and primary care at capacity, all available staff redeployed to non-deferrable care **ACTIVATE PLANS FOR RED ALERT: MATERIAL SERIVCE CHANGES FROM ORANGE HIGHLIGHTED BELOW** • Streaming of suspected COVID-19 and non COVID-19 positive patients, either within or between facilities as agreed via local incident control • **All clinical services triaged and limited to urgent non-deferrable care including acute, palliative** • Provide medical support to Palliative Care; Age Residential Care and Mental Health and Addiction support and pre-emptive care is in place for end of life patients.	All available staff redeployed to non-deferrable care **ACTIVATE PLANS FOR RED ALERT: MATERIAL SERVICE CHANGES FROM ORANGE HIGHLIGHTED BELOW** Material actions are complete by this stage.	All available staff redeployed to non-deferrable care **ACTIVATE PLANS FOR RED ALERT: MATERIAL SERVICE CHANGES FROM ORANGE HIGHLIGHTED BELOW** Material actions are complete by this stage

This framework has been developed as a guide for the community health system when moving between different health sector alert levels. Not all information will be relevant to your workplace.

Alert Level One (green) of this framework provides a baseline set of processes that underpins all other alert levels of the framework. Levels 2, 3 and 4 build upon each other and information in lower levels applies with the additional information specific to each

The alert system used for this framework i**s not** the same as the Government alert system. This alert system considers the state in which the **local health system** is in. The following link enables access to the Ministry of Health website section "Providing Information for health professionals". This section covers all the services outlined in the CRF and has been used for the purposes of this review.

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