

22 September 2021

[REDACTED]

Dear [REDACTED]

Re: OIA request – Preparedness for COVID-19 hospitalisations

Thank you for your Official Information Act request transferred to us on 3 September by the Ministry of Health (MoH) seeking information from Waitematā District Health Board (DHB) about our preparedness for COVID-19 hospitalisations.

You requested the following information:

Documentation the Ministry holds related to hospital COVID-19 preparedness.

On 3 September, we contacted you to advise that we were interpreting this as a request for our COVID-19 hospital preparedness plan.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

Please provide documents related to your DHBs' hospital COVID-19 preparedness.

The Northern Region DHBs (Northland, Waitematā, Auckland and Counties Manukau) work together on a coordinated response to the COVID-19 global pandemic through the Northern Region Health Coordination Centre (NRHCC), drawing on resources and expertise from across the four DHB areas.

The DHBs fully align with NRHCC and Ministry of Health requirements for the management of COVID-19.

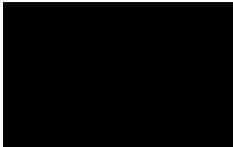
Please note that we have provided our COVID-19 preparedness framework as at 1 September 2021. This is a living document subject to ongoing updates, as required – refer **Attachment 1**.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community 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 consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



COVID-19 Executive Lead
Waitematā District Health Board

COVID-19 Readiness Plan

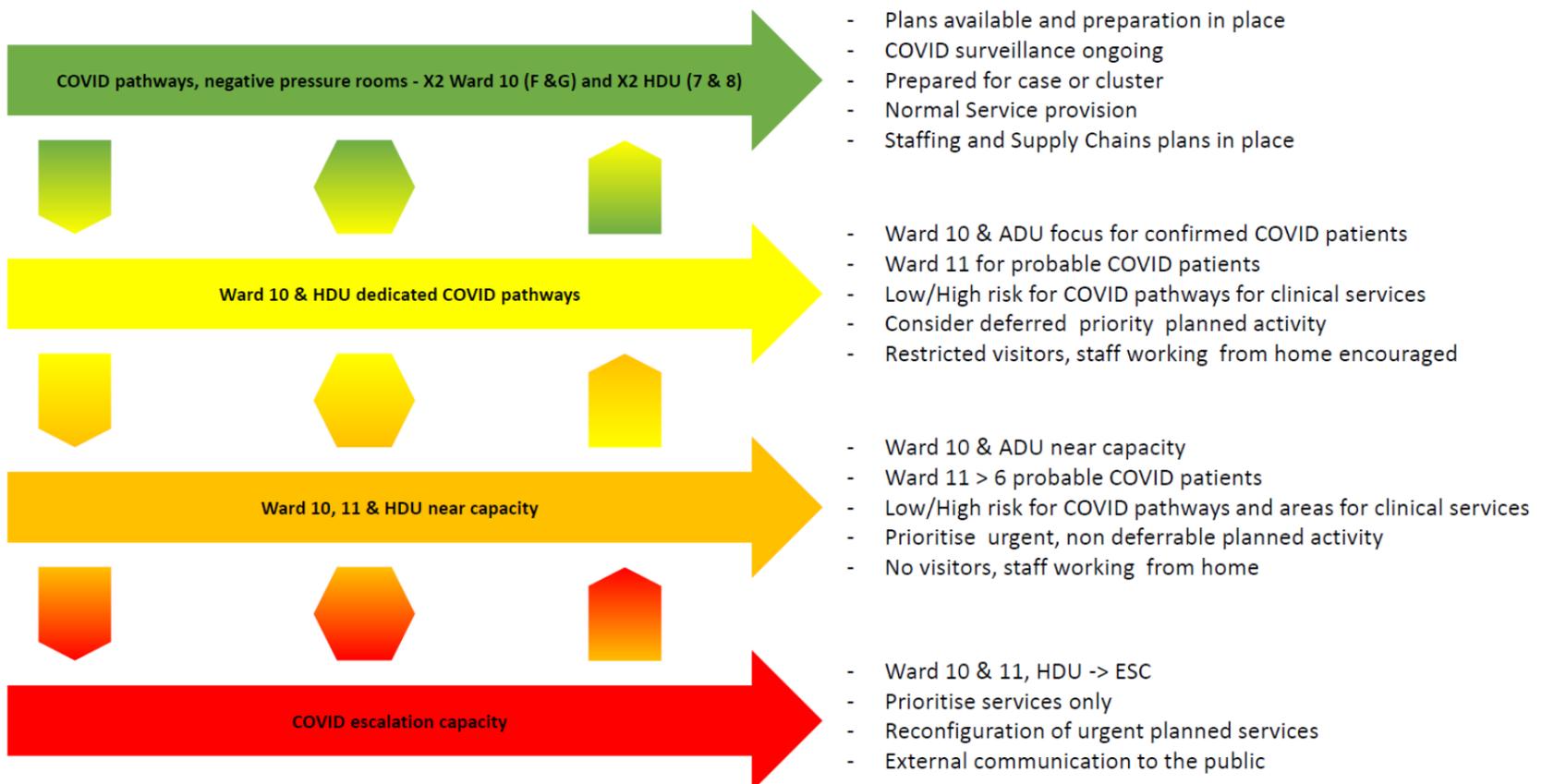
IMT Responses at various Alert Levels

Green	Light IMT with lead functions as per CIMS Model. Additional functions to be added as decided by the Incident Controller.
Yellow	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. <ul style="list-style-type: none"> • Hospital Triggers: Moving to Hospital Framework Yellow: One or more local case in hospital (excludes MIQF admissions for non COVID-19 reasons) and community transmission evident. • Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • Community Triggers: Moving to Primary Care Response Framework Yellow: Any known community cases being actively investigated and managed.
Orange	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. <ul style="list-style-type: none"> • Hospital Triggers: Moving to Hospital Framework Orange: Multiple local COVID-19 cases in hospital. Uncontrolled community transmission, clusters evident. • Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • Community Triggers: Moving to Primary Care Response Framework Orange: Community transmission of COVID-19 is not well controlled
Red	Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand. <ul style="list-style-type: none"> • Hospital Triggers: Moving to Hospital Framework Red: Multiple local cases in hospital (excludes MIQF admissions for non COVID-19 reasons). Uncontrolled community transmission. • Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. • Community Triggers: Moving to Primary Care Response Framework Red: There is uncontrolled community transmission of COVID-19.

Regional Bed Plan

The Northern Metropolitan Auckland Region coordinates the response to COVID-19 through the Northern Regional Health Coordination Centre (NRHCC) and the Regional Provider Capacity Planning Group oversees the day-to-day coordination, planning and response of hospital services.

WDHB COVID-19 Management Plan

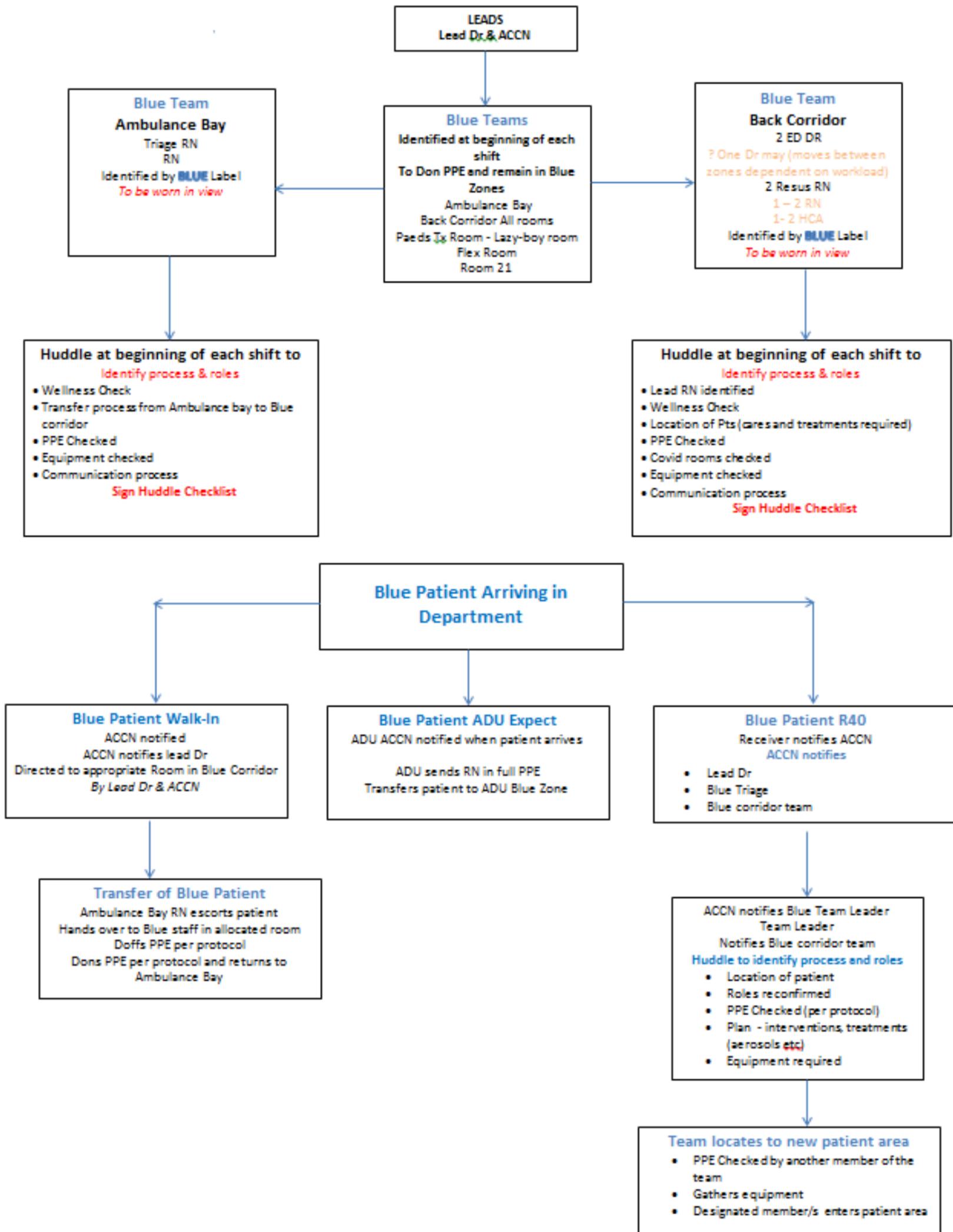


COVID-19 Readiness Plan

ED Blue Team Responders to Blue (COVID-19-positive) Patient Presentations

Blue Teams

Responders to Blue patient presentations



COVID-19 Readiness Plan

COVID -19 WDH B NSH EMERGENCY DEPARTMENT RESPONSE FRAMEWORK

<p>COVID-19 Emergency Department Readiness GREEN ALERT</p>	<p><i>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</i></p> <ul style="list-style-type: none"> • Screen patients for COVID-19 symptoms and epidemiological criteria for any Emergency Department attendance • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Maintain ability to return, if necessary, to physically triage outside the Emergency department (Portacoms on stand –by) • Maintain a separate stream (blue) for COVID-19 suspected cases in the Emergency Department • Maintain PPE training for COVID-19 care in the Emergency Department • Follow WDH B COVID operational plan for admitting patients with suspected COVID-19
<p>COVID-19 Emergency Department Initial Impact YELLOW ALERT</p>	<p><i>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 gap</i></p> <ul style="list-style-type: none"> • Continue screening and streaming patients for COVID-19 symptoms and epidemiological criteria as per Green alert • Plan for ability and immediate implementation for Emergency department triaging in physically separate settings – ie division of respiratory (Blue/Lilac)/non respiratory (White/Yellow) patients at triage • BAU nursing model (however additional resus resource for Iso rooms) • Continue a separate stream (blue) for COVID-19 suspected cases in the Emergency Department as per green alert <ul style="list-style-type: none"> ○ High risk COVID patients managed in negative pressure rooms (if available) or single door closed room in ED (Iso 1/Iso 2/Flex) • Preparation to open Urgent Care Community Mental health Hubs 8-4pm (to be functional if ED requires additional space for COVID-19 patient assessment. • Engage across other DHBs to appropriately transfer out of area patients back to domicile hospital or other setting (to be considered in conjunction with current hospital alert level at DHB)

<p>COVID-19 Emergency Department Moderate Impact ORANGE ALERT</p>	<p><i>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</i></p> <ul style="list-style-type: none"> • Separate FOH Screening process to identify those entering the acute hospital environment with COVID-19 symptoms and epidemiological criteria (staff to be provided through IMT) • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Implement separate Emergency department triage process for respiratory/non respiratory streams • 'COVID Corridor' with 11 identified spaces for High Risk Blue stream patients <ul style="list-style-type: none"> ○ Conversion of 'back corridor rooms' T1, T2,T3 as COVID spaces (appropriate nursing resource allocated) ○ Conversion of Paeds Tr,1,2,3 as COVID spaces ○ Paeds resus converted to adult CLOSED DOOR adult resus space ○ Room 21 and Flex converted to COVID rooms • Paediatric diversion from NSH to WTH and Starship • Resus 3 converted to mixed Paeds/Adult resus area • Observation beds converted to acute spaces on Whiteboard • Modified nursing model (to staff back corridor, additional resus spaces and secondary patient screening space) • Modified medical model (additional Pod B spaces) • Urgent Care Community Mental Health Hubs extend to 8am-11pm • Provide Emergency department services with prioritisation on high acuity medical and trauma care • Confirm service level agreements for patient diversion for activation in RED • Plan for Forward Triage cabins and staffing arrangements for these
<p>COVID-19 Emergency Department Severe Impact RED ALERT</p>	<p><i>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</i></p> <ul style="list-style-type: none"> • Emergency department services limited to high acuity medical and trauma care • Activate plans as described in green, yellow and orange alert levels. • Ensure Forward Triage cabins on site and operational • Activate forward triage process • Speciality service level agreement for non-emergent patients activated • Community patient redirection • Modified nursing and medical MOC • Minimal ED observation use

COVID-19 Readiness Plan

COVID -19 WDHB WTH EMERGENCY DEPARTMENT RESPONSE FRAMEWORK

<p>COVID-19 Emergency Department Readiness GREEN ALERT</p>	<p>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</p> <ul style="list-style-type: none"> • Screen patients for COVID-19 symptoms and epidemiological criteria for any Emergency Department attendance • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Maintain ability to return, if necessary, to physically triage outside the Emergency department (Portacoms on stand –by) • Maintain a separate stream (blue) for COVID-19 suspected cases in the Emergency Department • Maintain PPE training for COVID-19 care in the Emergency Department • Follow WDHB COVID operational plan for admitting patients with suspected COVID-19
<p>COVID-19 Emergency Department Initial Impact YELLOW ALERT</p>	<p>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 redeployments to support response and manage key gap</p> <ul style="list-style-type: none"> • Continue screening and streaming patients for COVID-19 symptoms and epidemiological criteria as per Green alert • Plan for ability and immediate implementation for Emergency department triaging in physically separate settings – ie division of respiratory (Blue/Lilac)/non respiratory (White/Yellow) patients at triage • BAU nursing model • Continue a separate stream (blue) for COVID-19 suspected cases in the Emergency Department as per green alert <ul style="list-style-type: none"> ○ High risk COVID patients managed in negative pressure room (if available) or single door closed room in ED (Rm 22/23/27) ○ Blue PPE team identified on each shift & team check-in documentation. • Preparation to open Urgent Care Community Mental health Hubs 8-4pm (to be functional if ED requires additional space for COVID-19 patient assessment) • Engage across other DHBs to appropriately transfer out of area patients back to domicile hospital or other setting (to be considered in conjunction with current hospital alert level at DHB)
<p>COVID-19 Emergency Department Moderate Impact ORANGE ALERT</p>	<p>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</p> <ul style="list-style-type: none"> • Separate FOH Screening process to identify those entering the acute hospital environment with COVID-19 symptoms and epidemiological criteria (staff to be provided through IMT) • Streaming for patients with respiratory infections /COVID risk (use of Clinical assessment tool) • Implement separate Emergency department triage process for respiratory/non respiratory streams • 'COVID Spaces' with 8 identified spaces for High Risk Blue stream patients <ul style="list-style-type: none"> ○ Consults 1-4 ○ Iso 22, Rm 27, 16,17 • Conversion of sedation room to RESUS 5 Paeds RESUS/Isolation space • Conversion of Procedure room to RESUS 4 additional adult resus/Isolation space • Mental health spaces 16/17 converted to blue stream patient rooms • Paediatric patients from NSH diverted to WTH (and Starship where appropriate) • Resus 3 converted to mixed Paeds/Adult resus area • Observation beds converted to acute spaces on Whiteboard • Modified nursing model (to staff back corridor, additional resus spaces and secondary patient screening space) • Modified medical model (additional Pod B spaces) • Urgent Care Community Mental Health Hubs extend to 8am-11pm • Expedited MH support in ED for timely care and disposition • Provide Emergency department services with prioritisation on high acuity medical and trauma care • Confirm service level agreements for patient diversion for activation in RED • Plan for Forward Triage cabins and staffing arrangements for these • Activate delivery of forward triage cabins if RED imminent (72hr required for functional units)

COVID-19 Readiness Plan

Auckland Regional Public Health Service (ARPHS) Community Referral for COVID-19 Positive/Close Contact Patients via ED

Step	Action
1	<p>Auckland Regional Public Health Service (ARPHS) contacts Emergency Department (ED) Associate Clinical Charge Nurse (ACCN)</p> <ul style="list-style-type: none"> • ED ACCN WTH 021 679 774 • ED ACCN NSH 021 498 310
2	<p>ARPHS provides the following information:</p> <ul style="list-style-type: none"> • Relevant patient details & clinical information • Patient's arrival time • Patient's contact details • Mode of transport (own car/Ambulance) • ARPHS contact details
3	<p>ED ACCN then:</p> <ul style="list-style-type: none"> • contacts patient • confirms patient's details, arrival time, transport details • gives patient arrival instructions, parking information • prepares the ED "BLUE" team for arrival • notifies Security, Duty Nurse Manager/Operations Manager for Waitemata Central
4	<p>Patient arrives in hospital:</p> <ul style="list-style-type: none"> • Patient remains in the car and contacts ED ACCN • ED ACCN (or nominated RN) meets the patient • Patient and visitor (x1) are given a mask • Patient and visitor are guided through to allocated ED Bed space • Patient's ED journey commences • ED ACCN notifies CNM/OM ED and DNM/OM Waitemata Central of patient's arrival • ED ACCN requests extra support/resource from Waitemata Central if applicable • ED OM/DNM Waitemata Central notifies COVID-19 Incident Management Team (IMT) of patient's arrival • If requiring admission – transfer procedure starts

Community-Facing Support Services

Allied Health (AH)

**** Blue Stream Patients ****

Adult Medical, Surgical, Orthopaedic or Maternity Patients

Blue stream patients admitted during usual work hours Monday to Friday

The relevant Clinical Leader(s) for the involved allied health discipline(s) will be alerted to any blue stream patients admitted during the week days. Referral(s) will be reviewed morning and afternoon as usual, and if essential need for allied health involvement is identified for blue stream patients the planned pathway will occur.

Blue stream patients admitted over the weekend

Physiotherapy

For admissions during the weekend **and after hours**, if deemed to require urgent Physiotherapy input, the on call respiratory Physiotherapist needs to be contacted via the operator. They will then contact their Clinical Leader (or delegate) as required. **Physiotherapy – refer Weekend On-Call policy.**

Social Work

Over the weekend the ED social worker should be alerted and will follow their normal consultation processes. They will then contact their Clinical Leader (or delegate) as required.

Link to Standard Operating Procedures

Dietetics

If patients are deemed to require dietetic input over the weekend the on-call dietitian should be contacted via the operator. They will then contact their Clinical Leader (or delegate) as required.

There is no Occupational Therapy or Speech Language Therapy service over the weekends or after-hours

Weekend or on-call referral(s) will be reviewed and if accepted the planned pathway will occur.

Maternity Social Workers

If a **blue stream** woman requires social work support, then clear discussion and planning with the Midwife Manager (or delegate) is required prior to contact. Staff will be supported by the 'runner' from the midwifery/HCA staff and auditor for donning and doffing of PPE.

Paediatric patients

Blue Stream children will not be admitted to Rangatira. Paediatric Allied Health Staff will not be requested to go to ED to look after blue stream patients in person.

COVID-19 Readiness Plan

READINESS PLANS FOR OUR LOCALITIES AND COMMUNITY MENTAL HEALTH

Service	Community framework level	Response
Localities (Community Services, District Nursing)	Green	Business as usual (BAU)
	Yellow	Alert Level Yellow co-ordination of community-based care delivery
	Orange	Virtual clinics only Home visits for essential care only where no other alternative Ensure correct PPE and supply chain
	Red	Virtual clinics only Ensure clinical pathway for those who can't manage at home Ensure Level 4 plans activated Ensure PPE and supply chain
Community Mental Health	Green	BAU with Ministry guidelines as instructed Initiate plan for increased COVID levels Ensure correct PPE and supply chain Utilise virtual consults as appropriate
	Yellow	Services continue BAU with Ministry guidelines as instructed Increase telehealth / phone appointments where possible Active team "bubbles" Reduce clinics as appropriate
	Orange	Increase telehealth where possible Active team 'bubbles' Reduce clinics as appropriate
	Red	Defer all clinics unless deemed acute or urgent