HBDHB COVID-19 RESURGENCE PLAN

FOR THE HAWKE'S BAY HEALTH SYSTEM

Version 2.0– Updating as of 25 August 2021

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VERSION CONTROL

Version	Author	Purpose/ Change	Date
1.0	(Name redacted)	Development of the Resurgence Plan	20 April 2021
2.0	(Name redacted) / (name redacted)	Review and revision of the plan	26 August 2021

INTRODUCTION

'I think the key learning from China is speed — it's all about the speed. The faster you can find the cases, isolate the cases, and track their close contacts, the more successful you're going to be.'

Bruce Aylward, World Health Organization Joint Mission to China (February 2020)

This Resurgence plan describes the Hawke's Bay Health System plan to prepare for and manage the local response to further outbreaks of novel coronavirus disease 2019 (COVID-19). This plan aims to provide people in leadership positions with the actions required to respond rapidly to an outbreak, whilst at the same time maintaining 'business as usual' (BAU) as much as possible. This plan operationalises an elimination strategy that seeks to eradicate or minimise cases of COVID-19 from Hawke's Bay to a level that is manageable by the health system and covers vaccination to achieve population-level immunity.

Our key goal is to achieve a response that is proportionate to the level of risk, acknowledging that the risk is not the same across population groups. A response that is appropriate to the level of impact the novel coronavirus outbreak is likely to have on the Hawke's Bay community, and on vulnerable populations within the community, will make the best use of the resources available.

The plan will be updated as new information becomes available and will be used to:

- guide the allocation of resources
- put in place innovative strategies
- reduce the risk to vulnerable people.

This plan covers the needs of the population of Hawke's Bay with appropriate attention to the needs of people susceptible to COVID-19. The priority population groups of focus include Māori, Pacific peoples, older people, people with disabilities, people with mental health conditions, people in residential care settings, and people with pre-existing conditions.

Having a detailed integrated plan with commitment across the sector, will ensure that we can respond quickly and effectively to any resurgence of COVID-19 within Hawkes Bay, and minimise the potential negative health impacts on our population. Once fully developed, this Plan will provide us with the appropriate guidance for success in that response.

Andy Phillips
Executive Lead for COVID-19
HBDHB

SITUATION

COVID-19

Since COVID-19 was declared a Public Health Emergency by the World Health Organisation in January 2020, the direct and indirect impacts of the virus have been felt around the world.As at 26 August there were 215 million cases globally and 4.5 million deaths. Reporting indicates that the number of cases wold wide is growing by 4.5 million per week.

Most of New Zealand's (and Hawke's Bay) confirmed cases and deaths occurred during the first outbreak in March/April 2020. Since that time several mutations of the virus have been experienced with the Delta variant being of most recent concern as it has a higher infectivity rate than its predecessors.

On the 17th August 2021 a community acquired case of the Delta variant was identified in Auckland. New Zealand went into level four lock down immediately following this.

The Government continues to pursue an elimination strategy that aims to eradicate or minimise cases of COVID-19 from New Zealand to a level that is manageable by the health system, until we have achieved 80% vaccination of the population. Achieving this and maintaining it over time will be challenging and requires the deployment of a range of control measures to:

- Identify and stop transmission: through rigorous testing and community surveillance; rapid intensive contact tracing and action to manage clusters including quarantine and isolation.
- Prevent undetected transmission: through protocols for self-isolation of suspected cases; prohibiting mass gatherings; physical distancing and hand hygiene.
- Prevent overseas infection spreading through border measures, restrictions on travel and isolation or quarantine.
- Encourage vaccination of all eligible populations.

The threat posed by COVID-19 is serious. We have seen through other countries experience that the situation can become overwhelming very quickly. For this reason, despite implementing the current elimination strategy we must also plan for a potential resurgence of the virus within our communities.

In Hawke's Bay the development of a resurgence plan also needs to acknowledge the local context, in that health service providers and supporting services are already concurrently:

- Learning from the first outbreak (March/April)
- Responding to the current state – elimination strategy
- Delivering services in a context of high patient demand
- Recovering service delivery lost during the first outbreak

NATIONAL RESPONSE PRINCIPLES & STRUCTURES

ALL OF GOVERNMENT

The Government is taking an' all-of-government' approach to responding to COVID-19. This includes establishing a National Response Leadership Team (which includes the Chief Executive of National Emergency Management Agency (NEMA) and the Director General of Health) to provide advice direct to Cabinet.

Key to the national response to date has been the development and application of COVID-19 Alert Levels

NZ COVID-19 ALERT LEVELS

LEVEL 1

- **Prepare –** Disease is contained

LEVEL 2

- **Reduce –** Disease is contained but risks of community transmission is growing

LEVEL 3

- **Restrict** – Heightened risk that disease is not contained

LEVEL 4

- **Eliminate –** Likely that disease is not contained

A range of measures that can be applied locally or nationally have been developed for each of these Alert Levels. Details of these are attached as **Appendix 1.**

AoG COVID-19 RESURGENCE PLAN

An **All-of-Government (AoG) Resurgence Plan**, has now been developed, based on the following principles:

- Continue to pursue an elimination strategy for COVID-19. This means a sustained approach to keeping it out, finding it, stamping it out
- The core of our response will be personal hygiene, staying home when sick, testing, contact tracing and isolation
- When this is insufficient, we will seek to control COVID-19 with the least intrusive measures, including tailored local responses that will give us confidence that we will continue to deliver on our strategy of elimination
- We will seek to avoid going to Alert Levels 3 or 4 if possible, although we will do so if necessary.
- There will be strong national oversight over any response, regardless of whether the response is local or national in scale. This will ensure adequate national level support and resourcing, continued confidence in our response, and the ability for the government to take appropriate action.

Three high level national objectives are set out in the AoG plan:

1. Minimise the number of people affected and exposed to COVID-19
2. Minimise the negative health outcomes for those infected with COVID-19
3. Minimise the economic and social impacts from any control measures

The Ministry of Health and NEMA are the two agencies primarily tasked with planning, implementing, and monitoring resurgence control measures. Whilst HBDHB is directly accountable to the Ministry of Health for regional resurgence planning and delivery of health-related services, it is also indirectly accountable to NEMA through the Hawke's Bay Civil Defence and Emergency Management Group (HBCDEM) for supporting the AoG response.

MINISTRY OF HEALTH

As lead agency, the Ministry of Health is responsible for coordinating the health and disability sector. As such, it has developed a **'COVID-19 Health and Disability System Response Plan'** primarily for the health sector to inform operational planning and ensure a coordinated and consistent response.

The purpose of the Plan is to:

- Describe the health and disability system actions that will be triggered or could be considered
- Provide additional detail to support activities at an operational level
- Be used by planners prior to or during an outbreak as an operational checklist of activities that will likely need to be implemented

Targeted response measures need to focus on:

- Ensuring a proportionate and effective response
- Providing a coordinated and consistent approach
- Supporting and maintaining quality health and disability services
- Focusing on priority, at risk populations
- Communication to engage, empower, and build confidence in the wider community.

The Plan sets out some background, several key principles, a summary of roles and a Health and Disability System Response Action Plan. This Action Plan sets expectations for operational level planning by DHBs, Public Health Units and other agencies within the health and disability sector.

NEMA & HBCDEM

NEMA has activated its National Coordination Centre (NEMA NCC) to coordinate the CDEM Sector response to any resurgence. NCC operate under a CIMS structure. Overall direction for the CDEM response is provided by the Director CDEM in her role as National Controller.

The HBCDEM Group is the lead agency mandated to lead the coordination of the regional operational response to COVID-19 resurgence in Hawkes Bay. It is supported by the HBDHB, Territorial Local Authorities, HB Regional Council, the Emergency Services Coordinating Committee ESCC), Welfare Coordination Group (WCG) and Network of Networks (NoN), whilst it remains in monitoring mode.

The HBDHB remains as the lead for the clinical response to COVID-19.

A Regional Leadership Group (RLG) has been established to provide governance and advice at a regional level to guide and support community resurgence planning and operational response activity. The HBDHB Chair and CEO are involved in the RLG.

Operationally, HBCDEM Group has agreed a Mission:

To coordinate the regional response and recovery to COVID-19 resurgence support our communities, especially our most vulnerable.

Three objectives have been agreed, based on the AoG objectives:

1. Minimise the number of people affected by and/or exposed to COVID-19 at a regional level
2. Minimise the negative health outcomes for those infected with COVID-19
3. Minimise the economic and social impacts on the Hawke's Bay community from any control measures put in place.

HBDHB contributes directly to the achievement of Objective 2 and indirectly to Objectives 1 and 3. Apart from liaising direct with HBCDEM, HBDHB is also a member of the Emergency Services Coordinating Committee (ESCC) and works closely with Police, Fire and Emergency New Zealand (FENZ) and St John Ambulance.

LEGISLATION

COVID-19 Public Health Response Act 2020

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

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

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

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

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

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

New Zealand Public Health & Disability Act 2000

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

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

Health Act 1956

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

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

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

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

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

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

Civil Defence Emergency Management Act 2002 and CDEM Plan Order 2015

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

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

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

Coordination and Enforcement

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

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

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

RESURGENCE PLANNING ASSUMPTIONS

MINISTRY OF HEALTH

Ministry of Health planning for resurgence is based on the following assumptions:

- The Elimination Strategy remains the overarching framework for the health and disability sector
- In addition to the community cases detected in Auckland in mid-August and again in November 2020, further clusters of COVID-19 in New Zealand will likely occur in the coming months or year – new community cases could be detected at any time and case numbers could rise rapidly
- The overall size and duration of subsequent outbreak may well be different from the first outbreak and the recent Auckland clusters
- The severity of the disease and the population groups affected may be similar to the first outbreak or the August Auckland community cluster, but ongoing vigilance will be needed to detect and respond to any changes in affected populations and severity
- Resurgence may occur in conjunction with a concurrent event such as a flood, earthquake, or other emergency
- All sector organisations will use a CIMS framework in the immediate response to a resurgence.

HBDHB

Given the current environment in Hawke's Bay, current assumptions about the future include:

COVID-19

- The timing of another outbreak of COVID-19 remains uncertain
- The overall size, speed and duration of a second outbreak may well be different from the first outbreak, particularly given changes due to new variants
- The severity of the disease and the population groups affected may (or may not) be like the first outbreak, but ongoing vigilance will be needed to detect and respond to any changes in affected/at risk populations and severity
- In order to create herd immunity in the Hawke's Bay community we would need to get to 85% vaccination rate.

NZ Social & Economic Environment

- Generally, the community will behave appropriately to minimise potential for transmission
- However, the general public are becoming more complacent and the level of voluntary compliance with control measures will decline over time
- The NZ economy will decline, and unemployment will rise
- Homelessness will continue to be a significant issue
- Domestic violence will increase
- Social media will create misinformation and potential 'panic'.

HB Health System

- Management and all staff remain committed to invest in and support resurgence planning
- Required training will be provided for key roles
- A level of BAU will be retained during response
- Demand for mental health services will increase

- Health workers will be suffering fatigue which will need to be managed. It is highly likely that public health staff will be called upon to be surge capacity for other regions impacted and that HB will need to call on other regions if we have a significant outbreak
- GPs will be doing telephone triage/consults
- There will be stockpiling of PPE in various areas
- At alert levels 3 and 4, many essential workers will not be available due to either being at risk, caring for family members etc.

MINISTRY OF HEALTH COVID-19 RESURGENCE PLANNING TOOL

A Health and Disability Sector Resurgence Planning Tool has been produced by the Ministry of Health. This outlines how sector organisations engage with the Ministry and provides recommendations and information to support preparations for, and implementation of, effective and timely actions in relation to the expected community resurgence of COVID-19.

Given the current Elimination Strategy, the Resurgence Planning Tool is framed around three strategic objectives:

- **Prevent**
    - Prevent significant clusters or further outbreaks of COVID-19 infections through the continued implementation of the elimination strategy, acknowledging that the border is NZ first line of defence.
- **Plan**
    - Enhanced domestic surveillance and testing to enable earliest possible detection and monitoring of cases, clusters, or community transmission
    - Develop scalable Resurgence Action Plans for a second outbreak of infections
    - Focus on higher risk groups and vulnerable populations
    - Ongoing surveillance of the international situation to inform preparedness and minimise disruption to NZ health services
    - Review and address lessons identified from the first outbreak and the Auckland clusters.
- **Respond**
    - Immediate escalation of testing coverage, active case finding, contact tracing and isolation/quarantine of cases and contacts
    - Effective/adapted implementation of Ministry, health and disability sector and other agency resurgence action plans
    - Appropriate clinical management of COVID-19 cases
    - Maintain essential health and disability services and minimise disruption to BAU services.
    - Maintain focus on equity and prioritise services to vulnerable population groups and communities, including Maori, Pacific, older people, rural communities, disabled people, and people who experience psychosocial needs
    - Response actions to be proportionate, evidence informed and coordinated with all of government response measures.

A number of suggested actions have been developed to inform resurgence planning. Those actions of particular relevance to DHBs and/or Public Health Units are attached as **Appendix 2.**

SUPPORTING MATERIAL

A number of documents and summaries have been collated to assist with the development of the detailed components of this Plan. All these can be found in the Emergency Response Folder on the HBDHB I-drive, under Emergency Response\Novel Coronavirus 2020\Resurgence Plan.

These documents include:

- Ministry of Health – COVID-19 Health and Disability System Response
- Ministry of Health – COVID-19 Health and Disability Sector Resurgence Planning Tool
- HBDHB Debrief Report and Action Plan (From Initial Outbreak March-May 2020)
- Issues identified at HB Health Sector resurgence workshop conducted 5 October 2020 (not already incorporated into this Plan): Resurgence Workshop Issues.docx
    - Data and Intelligence
    - Communications
    - Personnel

AIM/OBJECTIVE

To plan for and respond to a potential second and subsequent outbreak of COVID-19 infections in Hawke's Bay.

PLANNING EXECUTION

PRINCIPLES

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

- Ensuring a proportionate, scalable, evidence informed and flexible response
- Providing a coordinated approach across the health and disability sector and with other sectors
- Balancing COVID-19 with other BAU health and disability services
- Recognising that other emergencies (e.g., natural disasters) may occur during this time
- Supporting and maintaining quality health and disability services
- Focusing on priority, at risk populations and improving equity
- Communications to engage, empower and build confidence in the wider community (customising as appropriate for certain populations)
- Applying the principles of Te Tiriti o Waitangi
- Supporting the health, welfare, and social needs of health care workers
- Prioritising the ongoing maintenance of effective infection prevention and control practices
- Handling the management and distribution of PPE consistently, transparently, and equitably
- Coordinating and ensuring consistency of communications to and from key stakeholders
- Reviewing and/or documenting systems, processes, policies, SOPs, standard communications etc. for training and future use
- Working with and developing people we have locally, so that we can be self-sufficient should we need to be
- Ensuring all plans and responses across the health and disability sector are prioritised and integrated.

CROSS CUTTING THEMES

The following themes have been identified for consideration in all aspects of resurgence planning:

Commitment to Te Tiriti o Waitangi

HBDHB, as part of the NZ health system, is committed to fulfilling the special relationship between Maori and the Crown under Te Tiriti o Waitangi (Te Tiriti). The principles of Te Tiriti provide the framework for how we will meet our commitments. These principles are:

- **Tino Rangatiratanga** – provides for Maori self-determination and mana Motuhake in the design, delivery, and monitoring of the COVD-19 response to Maori
- **Partnership** – requires HBDHB and Maori to work in partnership in the governance, design, delivery, and monitoring of the COVID-19 response to Maori
- **Active Protection** – requires HBDHB to act, to the fullest extent practicable, to achieve equitable health outcomes for Maori

- **Options** – requires HBDHB to provide for and properly resource Kaupapa Maori responses to COVID-19 and ensure that all health and disability services are provided in a culturally appropriate way
- **Equity** – requires HBDHB to commit to achieving equitable health outcomes for Maori in the COVID-19 response.

Equity

Equitable access to health and disability services and health outcomes is central to all planning and response measures for any second outbreak or outbreak. Eight priority populations who face specific risks as a result of COVID-19 have been identified:

- Maori
- Pacific peoples in New Zealand
- Older people, especially those over 70 years
- People living in residential care facilities
- People with long term conditions
- People with disabilities
- People with mental health conditions
- Refugees and migrant community members

All planning must include targeted approaches to support these groups.

In addition to these priority groups, special consideration must also be given to healthcare workers, including those who work in residential care settings.

Scalability/Flexibility

Given the unpredictability of the timing, nature, and scale of any potential resurgence of COVID-19 in Hawke's Bay, all planning needs be scalable to a range of scenarios and progressively implemented based on the situation and circumstances exiting at the time. Some flexibility in all planning is required such that actions can be modified as necessary to meet these uncertainties and potentially changing situations.

A scientific evidence base.

At every step, actions taken to give effect to the objectives of this Plan should reflect scientific principles and be either based on, or informed by, the best available evidence. In practice this means referring to and applying knowledge that has been developed through examination of the evidence base and robust consideration of the suitability for application in the New Zealand and Hawkes Bay context.

Infection Prevention and Control/ Staff Health and Safety

The ongoing maintenance of effective prevention and control practices is, and will continue to be, a priority. This applied to all health care settings, is relevant to preventing, planning for, and responding to any further outbreaks, providing a safe environment for health care workers, caregivers and their patients, clients, and visitors.

General IPC/ H & S objectives and actions to be reflected through all planning include:

- Ensure IPC guidance measures and contingencies are in place.
    - Regularly update IPC protocols based on current scientific/clinical knowledge
    - Maintain accurate stocktake of health sector PPE stocks and their projected use
    - Ensure that all staff required to wear respiratory protective devices are qualitatively fit tested
    - Reinforce IPC/ H & S interventions and messages.
- Protect individuals who are most at risk of severe infections from exposure to COVID-19.
    - Provide information that:
        - Uses the nationally agreed "vulnerable" staff assessments undertaken by Occupational Health and available on TrendCare
        - Has clear definitions of at-risk groups
        - Defines and establishes protected workspaces
        - Defines levels of physical distancing
    - Require physical distancing for people working in or with at-risk communities.
    - Identify interventions to protect people who are high risk, if they or their close contacts develop COVID-19.

Vaccination programme

The COVID-19 vaccine and immunisation programme commenced in February 2021, starting with frontline border, MIQF and health care staff. Over the remainder of 2021, the programme will eventually seek to vaccinate every New Zealander who is aged 12 and over. The implications of vaccination for testing, border controls, the management of cases and contacts and other response measures are yet to be fully determined. The programme team provides regular updates to the health, disability and aged care sectors. These are primarily aimed at frontline staff and can be accessed from the Ministry's website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-updates-health-sector

COVID-19 variants

A number of variants of interest and variants of concern have been identified globally since late 2020. Variant 501Y.V1 (lineage B.1.1.7) was first identified in the United Kingdom and variant 501Y.V2 (lineage B.1.351) was first identified in South Africa. Lineage P.1 is thought to have originated in Brazil. All variants have subsequently been reported globally, including more than a hundred in New Zealand since January 2021 – the majority at the border. Lineages B.1.351 & P.1 are Variants of Concern due to re-infection potential and lineage B.1.1.7 is a Variant of Concern based on increased transmissibility. The Ministry continues to closely monitor the domestic and international situation in relation to variants and can adjust the health system response as required. To date, general precautions and response measures, including hand hygiene, staying home/getting tested when unwell, QR code scanning, contact tracing, case and contact management etc have proved adequate.

Communications and Engagement

Communicating effectively has been one of the cornerstones of the response to COVID-19 to date and is crucial to all involved in preparing for and responding to a pandemic. Good communications with all stakeholders and the general public is critical to a successful response. Key considerations include:

- Customisation – both content and means of delivery, particularly to priority groups
- Accessibility – information about COVID-19 should be accessible for all New Zealanders and may need to be translated into alternate formats and key languages

- Cross-sector engagement – needs to be open, transparent, consistent, and able to transcend organisational boundaries
- Following the principle of 'nothing about us without us' in developing communications

Sustainability

All international evidence and experience indicates that COVID-19 outbreaks are difficult to control once community transmission takes hold and that response activities put significant pressure on health system resources. Planning for any resurgence within New Zealand therefore needs to acknowledge that should current elimination strategies be unsuccessful we could find ourselves in a significant response phase that could go on for some weeks or even months, requiring us to sustain an appropriate level of response over this time.

Sustainability needs to be considered in relation to:

- Health system workforce
- Patient Management Systems and sharing of information.
- CIMS appointments, systems, and processes
- Facilities
- Equipment
- PPE
- Finance
- Public/community support

Training & Development

One direct implication of the need to ensure we have a sustainable workforce and CIMS structure, is the need to ensure we have people adequately trained and developed to fill, backup and/or support key roles.

Specific areas identified for special attention in the current environment include:

- Incident Controllers and other CIMS leadership roles
- CIMS/Incident Management support expertise
- PIM
- IPC and Occupational Health
- Security
- Welfare navigators

Specific training is also required for some procedures and processes including:

- PPE/fit testing
- Swabbing
- Contact tracing.
- Medtec usage
- Vaccinations
- Laboratory services (including registration)
- IS system user guides and training documentation

The need for training and development must be considered in the review of all plans and standard operating procedures.

Integration

The Hawke's Bay health system is a system of inter-connected parts. As services develop resurgence plans and strategies as part of this plan, each will need to consider the impact of any activity on any other connected or supporting component, to ensure effective and efficient flow through the system. At times there may be a need to compromise on an ideal activity, due to the (non)availability of logistic or personnel support, and/or a constraint or 'bottle-neck' in the system further up the line.

The requirement for integration also extends through the entire response, ensuring that all key functions are aligned and focussed on the same key outcome or objective.

Quality & Patient Safety

As providers of public funded health and disability services, all Hawke's Bay providers will need to always ensure that they continue to meet the best possible standards of clinical quality and patient safety. It is acknowledged that during a pandemic, pressures of demand may at times exceed the ability of a provider or supporting service to satisfactorily meet that demand, and that some compromise to the 'normal' standard of care becomes necessary.

In developing resurgence plans, it is appropriate to consider some guidance and/or processes that may assist decision makers faced with the possible situation of demand exceeding supply.

CIMS MODEL & STRUCTURE

A modified CIMS structure will be employed to manage a resurgence of COVID-19 (see Appendix 3). This will allow a level of BAU to continue while responding to an outbreak and highlights priority areas of work. This structure will be scaled up as the situation demands.

TRIGGERS

Given the unpredictability of the timing and scale of any potential resurgence of COVID-19 in Hawke's Bay, relevant components of this Plan will need be scalable to a range of scenarios and progressively implemented based on a number of triggers. See Resurgence Plan Matrices Appendix 4.

Triggers

Individual components of the Plan will need to be activated at different times (but integrated) within any of these scenarios to appropriately meet the needs of the community. Such activities will be activated on triggers, such as:

- Changes in NZ COVID-19 Alert Levels
- Close contact of positive case identified in Hawke's Bay
- 1 positive case in HB
- Health worker testing positive
- Hospital admission of a positive case
- ICU admission of a positive case
- One cluster
- Multiple unconnected cases
- Multiple clusters
- Multiple hospital admissions to hospital and ICU
- Changes in alert levels under the National Hospital Response Framework
- One or more deaths

AREA PLANS

Based on these triggers, and the guidance provided in the SITUATION section above, areas have developed detailed plans and strategies on how they will respond directly or indirectly to support a sector wide response to any resurgence. All such plans will be integrated and coordinated as necessary, incorporate the principles above and include appropriate reference to actions reflected in the cross-cutting themes.

Where appropriate, focus area plans have incorporated issues addressed in the HBDHB Debrief Report and Action Plan, and have taken account of information, guidance and checklists provided in the other Supporting Materials above.

The structure of each plan does vary due to the nature of the responsibilities and activities covered, but where relevant the following factors have been considered:

- **Situation**
  - What is the general situation/environment within the focus area?
  - What factors/assumptions are currently impacting on the component current or future ability to plan and/or respond to a resurgence
  - What constraints or boundaries need to be considered in the plan

- What existing planning/policy/process documentation already exists that may support, be referenced in, or linked to the plan

- **Aim/Objective**
  - Specific aim/objective of the focus area as its contribution to the achievement of the Aim/Objective of this Plan

- **Planning Execution**
  - General Outline (including)
    - How will the area plan/respond to any resurgence?
    - Links to other focus areas
    - Triggers for action
    - Escalation/de-escalation
    - Outputs/outcomes
  - Detailed plans/strategies
    - Action plan for who will do what and when
    - Include references/links to all relevant existing processes, policies, templates etc.
    - Outputs/outcomes – including reporting.

- **Support Requirements**
  - Specific support requirements for personnel, finance, facilities, equipment, supplies, IS, information etc.

- **Coordination and Communication**
  - Who/how will the focus area be led, coordinated, and administered
  - How will effective communications/coordination/relationships be maintained with other related areas?
  - What specific inward/outward communications are required?

DETAILED PLANS/STRATEGIES

Detailed Resurgence Operating Plans and Procedures have been developed for following areas:

- Workforce
- Public health
- Testing
- Hospitals
- Care in the community
- Support for priority populations
- Vaccination
- Health and disability supply chain
- Communications
- Funding & Finance

In addition to the general issues identified above, **specific objectives (in bold below)** and high-level actions (in blue below) addressed in each area plan include:

WORKFORCE

- **The workforce is prepared for the expected increase in demand**
    - Systematic approach to unwell staff

      A systematic approach will be taken to unwell staff, including absenteeism and symptomatic staff.

      HBDHB will follow the nationally developed guidelines in relation to how we manage staff who are unwell or absent. These guidelines have been developed by the national GM: HR group and have been socialised with union partners. A COVID-19 Special Leave Flowchart has been developed to guide decision making on this issue.

      HBDHB will follow the national guidelines in relation to staff dependent on the levels that the DHB is at. This guidance is provided through 'Employee Related General FAQ' for various Alert Levels (Alert Levels 2 and 3 FAQ advice available).

      - Level 2
      - Level 3

      Occupational Health are using the nationally developed guidelines to identify staff who are able to work in different areas in the hospital against vulnerability criteria that has been developed by Occupational Health Specialists across the country and staff in clinical areas. Relevant employee status is being added to TrendCare.

    - An efficient system for testing symptomatic health care workers

      Occupational Health are trained in swabbing and can access other staff across the system to carry out staff swabbing if necessary.

- Service plans regarding deployment/redeployment of staff

  During lockdown the Personnel Unit developed processes and procedures covering:

  - Accommodation (including for staff who cannot return home between shifts)
  - Process to identify staff available for redeployment.
  - Process to request additional staff.
  - Process to manage external people who could be used for the surge workforce.

  Staff are available and trained in these processes and procedures.

- An agreed approach to workforce policy and contractual matters impacted by COVID-19

  The national guidelines have been developed to ensure that all DHB's treat staff consistently and HBDHB will follow these.

- Increase the capacity of the health workforce (including the potential use of volunteers)

  As above, there are templates available for the Personnel unit to reactivate processes to increase the capacity of the workforce.

  Additional staff are being trained to be ready to be redeployed if necessary. This includes 38 administrative staff training in MedTech and 17 dental therapists training in swabbing.

  Additional security staff will need to be sourced through contractors.

  HBDHB and HHB Ltd are working collaboratively to source additional resource within the community through the development of a joint collection process to ensure visibility across the system of additional resources a potentially available within the community.

- Match available skills and capability with health workforce need (including potential temporary redeployments)

  This process is in place and ready to be implemented. There are several processes which identify staff skills and also identify what is needed.

- Ensure sufficient staff are trained for what they need to do

  Additional swabbing staff would require swabbing training by Laboratory Services – this training is approximately 1 hour.

  Additional administrators may be required as they need to be trained on aspects of MedTech, the predominant primary care PMS. Digital Enablement is able to undertake this training of 4 hours. This would be carried out on an as required basis to ensure retention of training through implementing the new skills near to when the training occurs.

- Ensure easy access to the latest clinical advice in relation to workforce

  The national resource for clinical advice in relation to staffing issues was activated in lockdown and this is the reference group of staff related clinical advice and can be accessed through the GM: HR group. HBDHB has in place a Clinical & Technical Advisory Group for local/clinical/technical advice.

PUBLIC HEALTH

- **Public Health Unit (PHU) can scale up to meet increase demand**

  - COVID-19 surge planning and operational procedures are in place and can be activated at short notice. A national COVID-19 Public Health Policy and Operational Standards Framework is currently being finalised and will be available through Microsoft Teams

    HBDHB PHU Surge Capacity teams have been stood up in August 2020 and February/March 2021 to support the national response to community cases in the Auckland outbreaks. These outbreaks provided training for HB surge capacity staff in a live environment and confirmed that future responses to outbreaks will be coordinated nationally by the Ministry of Health

    The HB PHU Surge capacity response consists of.

- Case Investigator Team
- Contact Monitoring First Response Team
- Contact Monitoring Second Response Team
- Administration Team

  Scenario-based training continues for each of these teams to maintain competency and readiness.

  - PHU is nationally coordinated for containment activities

    National coordination is complete. Expectation that Ministry of Health will take the lead for any national outbreak. Delegation model to be used (delegate to outside PHUs and NCTS)

  - Outbreak investigation and management frameworks, plans and relationships are in place in residential care facilities, schools, prisons, and other residential institutions

    Investigation and management issues covered in SOPs (as above).

    A 'COVID-19 Outbreak Management Plan – Residential Care Facilities' has been developed

    The purpose of this Plan is to provide clarity around the range of DHB roles and functions that are involved in an outbreak, in order to ensure an effective partnership between an affected facility and the DHB in the event of a future COVID-19 outbreak.

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

    Individual Residential Care Facilities each have own plans in place.

- Relevant legislation is enacted as required

  Legislative requirements identified and covered in SOPs and will be utilised as appropriate by Medical Officer of Health.

- Non-essential functions are de-prioritised

  Functions will be de-prioritised as mandated by Ministry of Health, or from within the CIMS structure. Farley/Nick will be responsible for PHU staff, Liz for Child Health Team

- Maintain capacity to respond to other significant outbreaks

  This will most likely be managed outside our region if we are supporting a local outbreak and unable to respond in a timely manner to other issues (e.g.; Regional Public Health may pick up all other notification). Discussions with PHU Managers & Medical Officers of Health have taken place around this.

- Meet KPIs around timely case and contact follow-up

  Will be achieved through following SOP identification of timeframes, and Ministry-set metrics.

- **Individuals, whanau, and groups are well supported by the community to self-isolate and have their primary needs met**

  - Wellbeing guidance and necessary support is available to those self-isolating

    Welfare Process' detailing 'Structures and Roles, and Referral Process for Welfare Support for Health Patients/Clients' have been documented and integrated with HB CDEM Welfare planning and other agencies.

  - Emergency accommodation is made available to those who need it

    Plans for Managed Isolation Facilities have been developed. Refer below under Care in the Community.

- **There is access to mechanisms to ensure compliance with self-isolation measures**

  - The public is educated to understand the requirements of self-isolation/quarantine and why it is important

    Included in SOP, as well as National Contact Tracing Service (NCTS) entry. Isolation requirements clearly communicated on a daily basis.

  - Telephone monitoring is in place for individuals who may be at risk of non-compliance

    Included in SOP, as well as National Contact Tracing Service entry

- Agreements in place with NZ Police on processes and procedures to target visits of suspected non-compliant individuals/groups

  Good open relationship and ongoing discussions with local Police, based on advice from relevant national bodies and experiences from first outbreak. There is also a clear escalation process in the SOP, as well as the use of the 'Finders Service' through the NITC

TESTING

Hawkes Bay District Health Board has continued to refine and plan to be in a strong position to detect COVID-19 and to swiftly respond to an upsurge in COVID-19 cases in any part of the community. A COVID-19 Upsurge Testing Response Plan' - Covid Resurgence Testing Plan March 8th.docx has been developed to achieve this. This testing plan is scalable and adaptable to respond to a range of scenarios from any one of many known triggers.

The Plan acknowledges that:

- Timing of a potential increase in COVID 19 remains uncertain – new community cases could be detected at any time and with little or no warning.
- The overall size, steepness and duration of a second and/or subsequent wave may well be different from the first wave.
- The severity of the disease and the population groups affected may be similar to the first wave, but ongoing vigilance will be needed to detect and respond to any changes in affected/at risk populations and severity.

HBDHB is committed to ensuring there is achievement of equitable outcomes for Māori in the COVID-19 response. This means that testing rates for Māori will be equal to or better than non-Māori and rates for Pasifika will be equal to or better than non-Pasifika.

The contents of the Plan include:

- Situation
- Background
- HBDHB Assumptions
- Preparedness
- Structured Tiered Response
- Activation Process
- Testing Environments
  - Maritime Border
  - Aviation Border
  - Residential Care Facilities
  - ARC Asymptomatic Staff
  - On site HBDHB
  - Primary Care
- Monitoring
- Contract Arrangements
- Appendices
- **Appropriate levels of testing are carried out**

- Develop and maintain ‘production’ plan – based on intelligence and public health advice, including equity, health worker, border, seasonal worker, and other high-risk group considerations

  Structured tiered response and likely demand factor settings are included in the Plan, noting HBDHB commitment to equity. The Plan is based on (and includes) a Primary Care Testing Production Model.

- Engage/contract appropriate providers to carry out testing in accordance with protocols

  Providers identified in Plan with protocols defined in SoPs.

- Ensure the workforce is in place to enable testing at scale

  Workforce requirements have been calculated to deliver testing at each level identified in the Plan, and appropriate clinical staff are being identified and trained as necessary to meet these requirements.

- Obtain sufficient swabs and testing kits to meet demand

  Managed between Laboratory and Procurement.

- Monitor and manage performance against targets

  Number of tests (including equity detail) reported through CIMS Situation Reports.

- Advise/liaise with testing providers and laboratory on volumes/projections

  Two-way communications well established, with monitoring through regular CIMS IMT meetings. Details included in Appendix to Plan.

- **Laboratory testing capacity and capability exists to meet testing requirements**

  - Ensure in-house and/or contracted testing capacity, capability, and processes available to meet turn-around times for reporting of results

    Included in Appendix to Testing Plan.

HOSPITALS

- **HBDHB can scale up to meet increased demand for hospital services**
    - Hospital management plan and triggers for activation are in place (including worst case scenario and ICU capacity planning)
    - Strategies to maintain services for at risk-patients are in place and implemented as required.
    - Patient flows within HBDHB, regionally and nationally are understood.
    - Enhanced mortuary facilities have been agreed with the NZ Police, the mass fatality plan will be activated if required.
    - Workforce surge capacity is established and will be managed in the Personnel Unit of the CIMS structure

- **Hospital applies appropriate clinical management practices for COVID-19 suspected and confirmed cases**
    - The Hospital Advisory Group meets weekly to oversee the response in hospital and provide clinical advice when required.
    - Up to date screening protocols to identify and manage suspect cases are consistently applied and changed when context requires it.
    - Guidelines are in place for each area of the hospital which are reviewed regularly and disseminated to primary care, midwives, residential care and other providers as appropriate, these include environmental services and waste management.
    - Plans are in place with St John Ambulance on how to transport suspect cases to hospital.

- **IPC teams reinforce public health messaging and practices to prevent further spread of COVID-19**
    - PPE guidance is agreed and communicated as the situation evolves.
    - IPC practices are reinforced through education, policies, signage and ready availability of supplies.

CARE IN THE COMMUNITY

The Ministry of Health has developed a framework as a guide for the community health system when moving through different levels of potential resurgence.

The four levels with appropriate triggers for each, included in the framework are:

- Green Alert – Community Readiness
- Yellow Alert – Community Mild Impact
- Orange Alert – Community Moderate Impact
- Red Alert – Community Severe Impact

The framework then lists a series of actions required under each Alert level, for each of:

- Primary Care, Pharmacy & CBACS
- All Community Residential, NASC, HCSS and DSS
- Other Community Providers (including NGOs, Maori Providers, District Nursing, Community Midwifery and Allied Health.

The full Framework can be found at Community Response Framework

- **Primary and community-based health care providers can scale up to meet increased demand**

Health Hawkes Bay Ltd (PHO) have developed a COVID-19 Resurgence Plan.
The contents of this plan are continuing to evolve, but generally the Plan provides an overview of central operations support that Health Hawkes Bay would instigate and provide at different alert levels. The Plan also specifically covers HHB and primary care involvement (at each level) in:

- COVID-19 Testing
- Surveillance swabbing
- Vaccination
- Personal Protective Equipment
- Communication
- Welfare
- Data and Intelligence

  - All providers have resurgence/response plans, including key decision points (e.g., cancelling all non-urgent appointments except for at-risk populations and urgent care)

    All primary care practices within the Hawke's Bay region have developed their own individual COVID-19 resurgence plans. These plans have been developed in accordance with the advice provided by the New Zealand College of GPs and the Ministry of Health community response framework. Each practice has confirmed that these plans have been developed and socialised with staff and are ready for activation should a community resurgence occur. Each practice has confirmed that they have adequate supplies of PPE and have completed workforce risk assessments to identify vulnerable staff that would be unavailable for face-to-face clinical work in the event of a resurgence.

    A combination of the Ministry of Health Framework (as above) and these individual COVID-19 Resurgence Plans will provide the necessary guidance for decision making.

  - Implement care plans that reduce the number of staff caring for suspect/confirmed cases and provide protocols for care delivery

    All covered within individual practice resurgence plans.

  - Put in place communication tools to support community-based health professionals

    'Pre-set' messaging for each COVID-19 Alert Level are being developed, ready for distribution as levels change. Such messaging will include relevant advice on service provision options, triaging etc. and target key groups:

    - General public
    - Primary care clinicians
    - Internal HHB Ltd staff

  - Establish workforce that can provide surge capacity and respond where there is ill health within the workforce

    HHB Ltd have developed and partially populated a database of appropriate people who have 'volunteered' their support in the event of surge capacity being required. The data base contains relevant contact details, qualifications, experience, availability, vulnerability etc. This database is about to go live and become available for searching by

authorised personnel and will be updated on an ongoing basis as more people come forward and/or others withdraw for any reason.

- Put in place multiple pathways to guide care that can be adapted depending on need

  Processes and criteria for streaming and triaging of patients into various pathways are set out in practice resurgence plans and will be implemented as demand and need requires.

- Implement appropriate self-management tools

  All relevant general information on self-care will be promoted, as will continued encouragement for general practice patients to sign up to 'Manage my Health'.

- **Primary and community-based health care providers reinforce and implement public health messaging and practices to prevent further spread of COVID-19**

  Messaging and education for health care personnel and the general public are being developed as part of communications plan. It is envisaged that there will be a comprehensive repertoire of messages developed and stored for release at each tier/alert level to reinforce national public messaging and to specifically target health care personnel.
  Regular communications with the provider network includes weekly reminders about the importance of hand hygiene, social distancing, and use of the COVID-19 tracer app and sourcing of PPE.

- **People who are self-isolating can continue to have their primary and community care needs met**

  - Establish alternative delivery channels for medicines

    Community pharmacies encouraged to continue current delivery service.
    DHB staff to be redeployed provide delivery service for medicines via use of DHB vehicles (via CIMS structure)

  - Establish alternative delivery channels for healthcare

    Alternative delivery channels included in individual COVID-19 resurgence plans.

  - Support local Maori communities, marae, hapu, iwi, to provide whanau-based support and provide financial support to Maori provider networks to help them meet increased demand

    Issues covered in 'COVID-19 Māori Response Plan'.

- **Large groups can be self-isolated at contained facilities if required**

  - Large-scale accommodation, transport, and medical care options for those required to go into quarantine are made available

    A 'HBDHB Quarantine & Isolation Plan COVID-19 Facility Guideline' has been drafted. This still needs to be updated, formal agreements entered into and the plan operationalised. Completion and implementation of the Plan will be led by one or more 'Quarantine Managers with support from a MIF Operations Team

  - Provide spaces for self-isolation in communities for those who do not have access to adequate housing

    MIF option above to be considered, based on advice from Medical Officer of Health

- **Continuity of pharmacy and medical/health care supplies is maintained**

  - Put in place limits in dispensing and enact as required

    This is managed nationally by PHARMAC

  - Pharmacies coordinate to support and provide surge capacity and staffing where required

    A Community Pharmacy Pandemic Plan has been developed and was updated in December 2020. This Plan includes details on:
    - Pharmacy Business Continuity Planning
    - Dispensing
    - Specific Pharmacy Services
    - Pandemic Operational Procedures
      - Pharmacy cluster groups for support / communication within the cluster
      - Each pharmacy has a link with identified pharmacy to provide staff / support

  - Put in place alternative arrangements for dispensing should a pharmacy close down due to staff illness/shortage

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

- **Palliative care options are maintained**

  - Establish options for the continuation of palliative care during COVID-19 (including the potential for the loss of inpatient services)

    Cranford Hospice has developed a COVID-19 Resurgence Plan - Cranford Resurgence Plan Summary Feb 2021. This Plan is based on the HBDHB and Cranford Hospice Trust Pandemic Plans and acknowledges the evolving nature of COVID-19 and the Government structure of COVID Alert Levels.
    The Plan sets out how services will continue to be delivered at each Alert Level, within the overall principles of continuing to provide as much service as possible while keeping both staff and patients safe.

The Plan includes a reduction to 4 beds at Alert Level 3, and to 2 beds at Alert Level 4.

- Identify and/or train sufficient workforce to supplement any shortages of experienced staff

  Staffing requirements for differing levels of service provision are reflected within the Plan, and where possible, appropriate people are being identified and trained as necessary, to supplement existing staff.

- **Strategies are in place to support the populations mental health and wellbeing**

HBDHB has developed Manu Taiko as Hawkes Bay's psychosocial response to COVID-19. Psychosocial - Manu Tāiko

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

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

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

The Hawke's Bay Psychosocial Response Plan (July 2019, Emergency Procedures Manual) outlines the goals as being:

- To eliminate or reduce the risk of suffering psychosocial injury.
- To reduce distress among the population.
- To contribute to prevention and control of the range of social problems arising among the population, especially among those most affected.
- To identify, treat and assist in the recovery of people experiencing a mental health condition as a direct or indirect consequence of the COVID-19 pandemic.
- To provide support and psychosocial care for the members of the response teams.
- To ensure the psychosocial recovery of the population affected by COVID-19 pandemic after the acute phase.

- Psychosocial plan implemented, communicated, and resourced

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

  The objectives of this Communication Plan are:
  - Communicate the Manu Taiko: Hawke's Bay regional psychosocial response.
  - Messaging is delivered via range of media promoting community resilience, fostering wellbeing for the whole population.
  - Raised awareness of national websites, self-help online tools, apps, e-therapy and regional mental health support and services and how to access them.

- Tailoring wellbeing promotion focusing on building skills and confidence to take the recommended protective actions.
- Partner with key agencies and community to ensure reach and relatability of messaging for Māori, Pacific and migrant communities.
- Support community who are mobilising and developing resources
- Ensure narratives do not exacerbate inequalities, and encourage antidemocratic behaviours and individualistic responses instead of community focused responses[1]
- Ensure communication reaches all audiences and takes into account those people who are not able to digitally engage i.e., older people, people with disability and in rural areas.

- Provide clarity of support to those who end up in isolation/quarantine

  Relevant components of Manu Taiko (including communications) will be made available to all those who end in some form of isolation.

- Work with MSD and other agencies to ensure financial and essential needs are met

  Psychosocial services and messaging fully integrated into the multi-agency Tihei Mauri Ora response.

SUPPORT FOR PRIORITY POPULATIONS

- **Ensure Maori have targeted support to manage COVID-19**

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

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

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

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

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

  - Include Maori leadership and governance at every level to ensure that it is by Maori, for Maori, with Maori

    Specific provision is made within the Plan for involvement of HBDHB Equity Advisory Group as an integral part of the HBDHB CIMS structure.

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

- Ensure actions are supported by tailored communications for Maori through appropriate and trusted channels

  Tīhei Maui Ora will ensure a by Māori for Māori response providing tailored and responsive support for whānau, kaumātua and hāpori.
  Localised hubs at Taiwhenua level will be established to coordinate local responses, planning and support. Whānau champions will be identified to use existing networks of whānau and community to support their communication within their communities and whanau.

- Provide additional resources and support for Maori health providers to redirect efforts towards COVID-19

  The Plan notes the need to provide financial assistance for Māori provider networks to enable providers to meet increased demand, including through DHB General Managers Māori (Tumu Whakarae). Also noted is the need to ensure Mental Health & Addiction Directorate is working with Māori providers to ensure continuity of service delivery over the period of the COVID-19 response, particularly through the Alert Level System.

- Support providers to deliver locally specific support to people at-risk, unwell or in need of assistance

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

- Support whanau, hapu, iwi and Maori communities to plan for and prevent the spread of COVID-19

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

- Enable providers to partner with other entities to deliver holistic support

  Tehei Mauri Ora will provide advice and guidance to HBDHB to enable iwi, hapū, whānau and Māori health organisations to utilise mātauranga Māori approaches in the design and delivery of appropriate services for their people in response to COVID-19.

- Provide accurate and accessible data and evidence to drive an effective response

  HBDHB will conduct active surveillance and monitoring of COVID-19 outcomes for Māori across HBDHB region and ensure the collection, analysis and review of data always includes ethnicity.

- Support Maori workforce capability and capacity

  Identified need to support the backfilling and additional workforce capacity arrangements for Māori providers.

- **Ensure Pacific peoples have targeted support to manage COVID-19**

  A Pacific Health COVID-19 Resurgence Plan has been developed - Pacific Health COVID Resurgence Plan

  The Pacific Health Manager and Pacific health team will lead the ongoing development, co-ordination and delivery of this Plan. The Pacific Health team have strong relationships with the Hawke's Bay Health sector, Pacific community leaders, Pacific NGO's and inter sector agency partners. Our COVID-19 Pacific Resurgence plan reflects this and builds on learnings from the 2020 COVID 19 response and the 2020 Napier Civil Defence emergency. This work was led by the Pacific Health team delivered under the umbrella of Tihei Mauri Ora (TMO), the Maori and Pacific inter sector HUB response to 2020 COVID-19.
  The ultimate goal of the Plan is to ensure that we are connected to our Pacific community; our Pacific people are safe and have access to quality care for health needs pre, during and post any of the levels of COVID 19 lockdown.

  - Engage and harness Pacific leadership and key influencers to guide and support delivery of information and services to Pacific people

    Pacific leadership/representation exists within the HBDHB Equity Advisory Group, HBDHB Pasifika Health Leadership Group, HBDHB Population Health Team, Pacific Inter Sector Network Group and at various levels within the HBDHB CIMS structure.

  - Develop and disseminate messages and materials in Pacific languages that are tailored to Pacific peoples

    Effective targeted communications to Pacific communities are covered in detail within the Plan. This includes promotion through social media, community church settings, school-Pacific school leaders and non-traditional Pacific settings such as new wave churches.

  - Mobilise providers of health and social services to Pacific communities and ensure funding support

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

- Conduct surveys/research to understand target audience perceptions and requirements

  The Plan provides for ethnic specific Pacific data to be captured and included in reporting and included in evidenced based decision making.

- Ensure a coordinated response with other agencies

  Pacific staff from agency partners will work virtually with the team to ensure whanau in need have access to welfare support such as health needs, food, financial, housing, family violence, mental wellbeing.

- Develop training material to be delivered through PHU and key NGO

  Provided for within the Plan.

- Make full use of public health and navigator roles

  Provision within the Plan for appropriate use of both Public Health and navigation roles across the sector and community.

There are an additional 3,000-3,500 Regional Seasonal Employment Scheme (RSE) workers from the Pacific region to factor into planning in the event that they are stood down from employment. Additional work for the seasonal workers will include the following:

- Additional face to face fono with RSE employers and employees to understand needs.
- Coordinate additional health and welfare support as needed for RSE employees and teams.
- RSE lead employees are included to lead, shape, guide and support information and services to support RSE employees.
- Ensure agencies are coordinated into the shared welfare response for RSE employees

- **Ensure people with pre-existing conditions and older people have targeted support to manage COVID-19**

  - Provide targeted advice on how to self-manage or access services

    It has been reported overseas that in pandemics / epidemics usual care for people with long term conditions can become compromised due either to the focus of health services in dealing with the pandemic, and /or the desire of people to keep themselves safe by avoiding places that might have higher chance of acquiring illness such as health facilities. For this reason, a proactive approach to maintaining contact and support for people with LTCs is needed.

  - Target communications to ensure that these groups understand how to keep themselves safe

    Whanau with long term conditions are encouraged to follow the same safety guidelines as provided to the general population and to take special care. It is important that they continue with their usual medication and care plan and contact their general practice if they have any problems.

- Ensure such individuals have personal care plans to ensure they can manage and are supported with their ongoing care needs

  Health Hawkes Bay (PHO) has data available to provide to practices in order for them to complete health and welfare checks for patients with 3 or more long term conditions. All practices have contacts for Tihei Mauri Ora (TMO) and all practices are clear on what THO can provide.

  Nursing staff (CNS and NP) renal, respiratory, diabetes, cardiology can be sent an updated copy of the chronic conditions flag data. They have a health and welfare form which can be used to check-in with high-risk patients under the service. These staff will be asked to confer regarding contacting shared patients and will liaise with practice staff.

- **Ensure disabled people have targeted support to manage COVID-19**

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

    A stocktake of management plans has been completed, with some issues of timeframe for standing up, still to be resolved. Support will be provided for providers identified without or incomplete plans to meet requirements.

  - Ensure all communications are in accessible formats

    Communications Team have this a standard practice. A 'disability voice' will be included in the development of all relevant communications

  - Encourage public health services to recognise and address access issues

    Plans and policies to will be reviewed to ensure people with disabilities are acknowledged and complete an accessibility audit.

  - Complete a stocktake of disability related issues to identify/rectify anticipated shortages

    Workshop sessions to be completed, to identify issues and a solutions framework – with the disability network groups.

  - Develop processes for more advanced care in their current location should hospital beds be unavailable

    Work with services to identify and confirm what advanced care can be delivered in location – including residential services, community programmes and in-home support services.

  - Develop guidance on how providers and facilities will work together to address surge capacity and staffing issues

    Identify the workforce needs and then work with services to identify how staff can be reallocated within and across services

- Establish a workforce that can provide surge capacity

  Investigate volunteer workforce and identify community health services.

- **Ensure people with mental health needs have targeted support to manage COVID-19**

HBDHB Mental Health and Addiction Services (MHAS) have developed a number of Response Plans for each of the national COVID-19 Alert Levels.

- MHAS Resurgence Level 1
- MHAS Resurgence Level 2
- MHAS Resurgence Level 3
- MHAS Resurgence Level 4

These Plans set out some general guidance on staffing issues and how the various services will be provided and resourced at each Alert Level. Services covered include:

- Nga Rau Rakau – Intensive Services
- Intensive Day Programmes
- Child, Adolescent and Family Services
- Te Ara Manapou – Maternal mental Health
- Community Mental Health
- Springhill Residential Facility
- Emergency Mental Health Service/Home Based Treatment Team
- Opioid Substitution Treatment Team
- Mental Health Liaison Services.

- Mental health providers have incident management plans in place that can be activated at short notice

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

- Provide whanau with information about stress responses, resilience, and professional mental health services

  Covered by Manu Taiko – HB Psychosocial Response to COVID-19 (and associated Communications Plan) described above.
  In addition, all existing open Mental Health consumers will be notified by text of any changes to service delivery at any change in Alert Level.
  Social media platforms will have regular messaging as part of "All right' Campaign.

- **Ensure people in residential facilities have targeted support to manage COVID-19**

A 'COVID-19 Outbreak Management Plan – Residential Care Facilities' has been developed

The purpose of this Plan is to provide clarity around the range of DHB roles and functions that are involved in an outbreak, in order to ensure an effective partnership between an affected facility and the DHB in the event of a future COVID-19 outbreak.

The document sets out the following:

- Communication cascade within the DHB for initial notification of outbreak
- The initiation of a DHB Outbreak Team
- Agenda for first meeting of DHB Outbreak Team
- The establishment of a Navigator to support the facility during the outbreak
- Roles and responsibilities during an outbreak

- Residential facilities and service delivery incident management plans are in place and can be activated at short notice

- Plans are ready to implement if facilities must be closed to visiting family and friends

- Plans are ready to implement when facilities require an individual set of staff to operate from individual sites

  Included in Plans.

- HBDHB has provided
  - A central point of contact for information coordination and delivery to a set of providers
  - guidance around the prevention of spread of COVID-19 to residents, clients, their families, and workers
  - Regular proactive contact with a set of providers using a means conducive to ease of communication

  All residents, clients, whanau and workers are encouraged to follow the same safety guidelines as provided to the general population and to take special care. Facility specific issues are covered in respective facility plans.

- Establish outbreak investigation and management plans at all facilities with IPC teams and Medical Officers of Health

  Investigation and management issues covered in SOPs.

- Make PPE available for all staff that need it

  Included in plans.

VACCINATION

- **Vaccinations take place as quickly and effectively as possible once vaccine becomes available**

  - Implement plan for mass vaccination

    A 'HBDHB COVID-19 Vaccination Response – Resurgence Plan' has been developed and is being updated and additional detail added as planning progresses. The Plan can be found at Vaccination Resurgence plan. This Plan provides an overview of the COVID-19 vaccination roll-out for HBDHB to support our communities.

- Ensure sufficient health workers are trained and available to implement plan

  Workforce approaches included within the Plan.

- Contingency planning for vaccination in an outbreak scenario.

  The Sequencing Framework issued by the Government to prioritise the delivery of vaccinations to various population groups (Tiers), identified possible scenarios where the immunisation programme would need to shift focus due to an outbreak. The extent of this shift will largely depend on where the vaccination programme was up to when the outbreak occurred.

  - General principles to be applied in the event of an outbreak, would be to ensure that those most at risk of infection from the outbreak are vaccinated immediately, i.e.: In a cluster or controlled outbreak, implementing a 'ring vaccination approach' to target those most likely to be infected by confirmed cases (which could be based on demographic, institutional and/or geographic characteristics)
  - In a widespread outbreak, shifting the focus first to vaccinating people at risk of serious illness if they contract COVID-19

  In either approach, an overall acceleration of the roll out plan may be desired, as might some reallocation of available vaccines to areas affected, (from other areas not affected) should supplies of vaccines be limited. Similarly, some surge workforce may be provided from out of region 'squads' of experienced staff, to ensure the general roll out within the affected region can be accelerated.

  It is expected that some national guidance will be provided to support the above approaches.

HEALTH AND DISABILITY SUPPLY CHAIN

- **Health supplies required specifically for COVID-19 response are available to meet expected increase in demand**

  Planning for COVID-19 medical products, specifically PPE has been undertaken based four scenarios (see below) and the following overarching assumptions.

  - The MoH Supply Chain team will continue to centrally manage the sourcing and distribution of PPE to Aged Residential Care, Mental Health & Disability Residential Care and General Practice.
  - The IPC guidance for PPE use will be issued by the MoH.
  - COVID-19 Community Testing Centres (CTCs) will only provide testing services.

  The four scenarios have been identified to depict a COIVD-19 resurgence in HB. Assumptions for each in secondary care and primary care have been identified in the related Resurgence Matrix.

  1. 1 positive case in community, no hospital admissions and 500-800 COVID tests taken per day.
  2. 50 community cases including admission of 1-2 cases in ICU and 2-4 cases in a Ward. 1500 COVID test being taken per day.
  3. 200 community cases including admission of 2-6 cases in ICU and 2-10 cases in a Ward. 2000 COVID tests being taken per day.

4. 400 community cases including admission of > 6 cases in ICU > 10 cases in a Ward. > 2000 COVID tests being taken per day.

Based on this, and the identified actions below, an 'HB Health & Disability Supply Chain – COVID-19 Resurgence Plan' has been developed. This Plan specifically includes a Resurgence Matrix for all key supplies for each of the four scenarios.

Other actions will be addressed through standard HBDHB procurement practices (modified as necessary due to supply lines impacted by COVID-19)

Actions addressed by the Plan and standard procurement processes include:

- Identify what medicines, devices and supplies are like to be in high demand during a response
- Understand current levels of stock on hand in the supply chain
- Increase stocks of:
  - Face masks
  - Reagents and testing kits
- Prevent key health and disability supplies, including PPE, from being stockpiled inappropriately
- Identify and resolve areas of low PPE supply and prioritise if necessary
- Determine processes for identifying and acting on potential shortages of medicines, medical devices, and equipment.

- **Maintain continuity of health supplies to enable continued care for all within HB**

  - Lock in supply chain for medicines

    DHB works constructively with pharmacy wholesalers that provide medicines etc. to HB pharmacies.
    a. Propharmac (Palmerston North)
    b. CDC (Napier)

    PHARMAC manage supply chain nationally so some aspects HBDHB don't have influence or control over

  - Establish delivery mechanisms for medicines or health and disability equipment to people self-isolating in their own home

    Community pharmacies encouraged to continue current delivery service.
    Redeploy DHB staff to provide delivery service for medicines via use of DHB vehicles (via CIMS structure)

  - Facilitate pharmacy sector to reach out to retired/non-working qualified personnel

    Service is provided by Pharmacy Council nationally; HBDHB links in collaboratively with Pharmacy Council for list of available pharmacists.

    Collaborating with PSNZ HB branch to review list of pharmacists to determine who is not working full-time and contact them to ask if they can be of assistance.

    DHB will collate a list of pharmacists (retired / non-working) who could assist in retail space (would not be able to work in the dispensary).

DHB to ask sector for names of those working part time with APCs who could assist pharmacies; DHB to collate and maintain this list (Pharmacy Council no longer doing this while not in Level 3 & 4).

- Pharmacy sector has memoranda of understanding between pharmacies in place

Pharmacy sector has Pandemic Plan which describes clusters and agreed collaboration.

DHB has requested that pharmacies plan around having a partner pharmacy that will dispense for them should they temporarily close as per Medsafe guidance. Pharmacies have supplied the DHB the name of their partner pharmacy.

COMMUNICATIONS

- Ensure all COVID-19 related communications are effective and coordinated

A HBDHB Communications COVID-19 Resurgence Plan has been developed Communications Resurgence Plan.

The goal of this Plan is to:

'Ensure widespread consistent messaging is able to be cascaded quickly to all identified stakeholders; and

Identify areas of concern quickly and monitor social media to prevent rumours and wrong information from spreading.'

The Plan sets out:

- The context (including likely scenarios)
- Audiences (Internal, health sector, external)
- Useful communication approaches (including multi-dimensional approach with other relevant agencies
- Communications and Engagement Approach
- Call to action
- High risk settings (Specifically targeting Maori, Pacific and Aged Care
- Key campaign channels
- Next steps.

FUNDING & FINANCE

- **Funding sources are identified, and processes established to collect/collate relevant information required to access funding**
    - Clarity provided on what can be funded/claimed from whom

      Provider of services have operational contractual agreements in place. If modifications are required to address existing agreements to modify the focus to a COVID19 response, this would occur via a letter changing the scope of the service. For new services, agreement letters would be put in place and followed up with agreements relating to actual provision.

      Services can be purchased via a letter of offer with an agreement to follow if an urgent response was required.

    - Appropriate account codes and guidance set up

      Codes will be established based on data dictionary and coded to the COVID 19 cost centre.

    - Claiming procedures documented and appropriately communicated

      Providers of services are familiar with the claiming process via Sector Services and we would utilise this process. If urgent response was required, we would contact the provider and provide alternative instructions such as payment via accounts payable.

- **Contracting and funding arrangements with primary and community (and other) providers for COVID-19 related activities are agreed**

- Processes for selecting/negotiating/awarding contracts in these situations are established and communicated

  The existing processes will be utilised, with the exception that we will commit to providers via letter in advance of contracting to ensure that services can commence. Provider selection can be via direct selection in an Emergency Situation (Government Rules of Sourcing Rule14.9. a)

- Payment formula/rates are agreed (with potential variation processes also agreed)

  The agreed with Health Hawke's Bay will be utilised as the basis of rates conversation. The actual scope of payment will need to be modified based on the nature of the services provided.

- Accountability/reporting requirements are clear

  This will be set out in the agreement with the provider.

  Sustainability of providers who cannot deliver during a Covid 19 escalation will be considered. Additional funding, where remuneration is on a fee for service base, will be made available to allow the retention of staff. Where staff are not requirement (or not able to work in an NGO setting) they will be made available for redeployment.

- **All financial delegations and implications of COVID-19 related activities are well documented and understood**

  - Develop, document, and communicate financial delegations, processes, and procedures for all COVID-19 related expenditure

    Now that we have moved out of the full CIMS and into the recovery phase the approval process for additional expenditure relating to COVID-19 has changed. The Ministry of Health (MoH) still require us to track and report additional DHB costs specific to COVID-19 and we need to keep track of changes in the way we deliver services. To this end we will continue to code approved additional one-off expenditure to the COVID cost centres but will also now process cost transfers for ongoing recovery activities.

    Guidance has been developed is to give clarity on the approval process during this time - Finance Authorisation Process COVID-19 Recovery

    It is acknowledged that in an emergency situation requiring the establishment of a CIMS structure and appointment of Incident Controllers, there will be times when Incident Controllers have to make urgent decisions with resource requirements or implications. For these reasons, provision will be made for the HBDHB CEO to provide Incident Controllers with an appropriate level of delegated authority. The levels, constraints and controls on this delegation will be dependent on the nature of the incident but will be sufficiently flexible to enable the Incident Controller to appropriate decisions requiring urgency. Where time permits, the Incident Controller should still consult with relevant executives who hold standing delegations for the matters under consideration.

  - Clearly communicate 'who pays for what'

    The legislative framework under which any resurgence activities are conducted, will determine initial responsibility for covering relevant costs. Inter-agency discussions at a local level may be necessary to reach agreement on a practical or pragmatic solution, given differing levels of decision making and accountability.
    Once agreed, a schedule will be prepared and communicated on 'who pays for what' and what conditions need to be met before/after any commitments to expenditure.

- Monitor, manage, and appropriately communicate all such expenditure through timely reporting

  COVID-19 related expenditure reported monthly.

KEY PERFORMANCE INDICATORS

Key Performance Indicators for:

Achieving Preparedness

- All key stakeholders are aware of and understand this Plan and other business continuity plans.
- There is clear accountability, governance, and decision-making, including.
    - Relevant Terms of Reference and standard operating procedures in place
    - Financial and operational delegated authorities agreed and ready to go.
- All stakeholders know how the information flows and how we communicate with stakeholders.
- Identify the right people in the right roles.
    - Skill and experience levels are confirmed.
    - Training requirements are completed.
- Leadership is aware of and educated on the workings of the model, and IMT layer training is completed (i.e., they understand how the response structure will work and understand their role within it)
- Exercises have confirmed and reality checked all planning (as much as possible in an exercise environment)
- Response plans prioritise equity
- Arrangements for engagement with Iwi, community groups, agencies and other local stakeholders are clear and can be operationalised at short notice

Responding

- The spread of and harm caused by any resurgence of COVID-19 is minimised (relative to other comparable areas within New Zealand)
- Debrief reports and other stakeholder feedback indicate that appropriate actions based on the plan worked well (accepting however that there will potentially be identified areas for improvement)

NZ COVID-19 ALERT LEVELS

New Zealand COVID-19 **Alert Levels**

Unite against COVID-19

- These alert levels specify the public health and social measures to be taken.
- The measures may be updated on the basis of (i) new scientific knowledge about COVID-19 and (ii) information about the effectiveness of intervention measures in New Zealand and elsewhere.
- The alert levels may be applied at a town, city, territorial local authority, regional or national level.
- Different parts of the country may be at different alert levels. We can move up and down alert levels.
- In general, the alert levels are cumulative, e.g. Level 1 is a base-level response. Always prepare for the next level.
- At all levels, health services, emergency services, utilities and goods transport, and other essential services, operations and staff, are expected to remain up and running. Employers in those sectors must continue to meet their health and safety obligations.

LEVEL	RISK ASSESSMENT	RANGE OF MEASURES (can be applied locally or nationally)
Level 4 - Eliminate Likely that disease is not contained	• Sustained and intensive transmission • Widespread outbreaks	• People instructed to stay at home • Educational facilities closed • Businesses closed except for essential services (e.g. supermarkets, pharmacies, clinics) and lifeline utilities • Rationing of supplies and requisitioning of facilities • Travel severely limited • Major reprioritisation of healthcare services
Level 3 - Restrict Heightened risk that disease is not contained	• Community transmission occurring OR • Multiple clusters break out	• Travel in areas with clusters or community transmission limited • Affected educational facilities closed • Mass gatherings cancelled • Public venues closed (e.g. libraries, museums, cinemas, food courts, gyms, pools, amusement parks) • Alternative ways of working required and some non-essential businesses should close • Non face-to-face primary care consultations • Non acute (elective) services and procedures in hospitals deferred and healthcare staff reprioritised
Level 2 - Reduce Disease is contained, but risks of community transmission growing	• High risk of importing COVID-19 OR • Uptick in imported cases OR • Uptick in household transmission OR • Single or isolated cluster outbreak	• Entry border measures maximised • Further restrictions on mass gatherings • Physical distancing on public transport (e.g. leave the seat next to you empty if you can) • Limit non-essential travel around New Zealand • Employers start alternative ways of working if possible (e.g. remote working, shift-based working, physical distancing within the workplace, staggering meal breaks, flexible leave arrangements) • Business continuity plans activated • High-risk people advised to remain at home (e.g. those over 70 or those with other existing medical conditions)
Level 1 - Prepare Disease is contained	• Heightened risk of importing COVID-19 OR • Sporadic imported cases OR • Isolated household transmission associated with imported cases	• Border entry measures to minimise risk of importing COVID-19 cases applied • Contact tracing • Stringent self-isolation and quarantine • Intensive testing for COVID-19 • Physical distancing encouraged • Mass gatherings over 500 cancelled • Stay home if you're sick, report flu-like symptoms • Wash and dry hands, cough into elbow, don't touch your face

APPENDIX 2

MINISTRY OF HEALTH RESURGENCE PLANNING FRAMEWORK

DHB RESPONSIBILITIES/ACTIONS

PLAN

Planning, Coordinating and Reporting

- Anticipate how the mental health and wellbeing of communities will or may be affected and develop, review, or maintain a psychosocial plan as appropriate.
- Maintain awareness of legislative instruments and authorisations.
- 'Localise' any MoH PPE distribution plan.

Intelligence

- Develop escalation points with triggers that identify the appropriate response.
- Regularly review surveillance indicators, the surveillance (testing) plan and intelligence reporting
- Develop a clear picture of the data that can be accessed.
- Enhanced monitoring of health and disability sector capacity during a second outbreak

Public Health Interventions

- Maintain readiness to implement rapid cluster control measures, particularly in high-risk settings, managed facilities, and communities, including:
    - Identifying key cluster control staff
    - Ensuring the system machinery is ready to be operationalised immediately, with a ready workforce.
- Plan arrangements for managed isolation and quarantine for community cases (and in some cases their household close contacts) who may be unwilling or able to self-isolate, including welfare support and psychosocial resources.
- Continue seasonal influenza immunisation campaign.
- Provide information and resources to health professionals across all providers and communities as determined by local needs and planning.
- Maintain International Health Regulations core capacity requirements.

Health Care and Emergency Response

- For consistency of messaging, ensure streamlined communications with one key point of contact for particular services and/or communities.
- Ensure health and disability sector readiness for new cases that may trigger a second outbreak – address potential pressure points in resurgence plans covering:
    - Primary Care – including coordination with local primary care providers, general practice, pharmacists, midwives, ambulance etc., regarding ICP protocols, distribution of and access to BAU consumables and national reserve supplies.
    - Capability to establish and then scale up community-based assessment centres (CBACs) and other testing centres at short notice.
    - Clear guidance and support for RC providers, and on DHB obligations and responsibilities for Residential Care
    - Guidance and support for Maori, Pacific, rural communities, mental health, disability, LMC providers

- Planning for continuation of care for vulnerable populations, particularly for those with long term conditions
- Support for high-risk people and communities – including the provision of information on how to access health services, psychosocial and home support.
- Telehealth services and technology to support relevant aspects of primary care with remote/virtual solutions.
- ICUs – including staff training, bed space, ventilators, clinical networks.
- Laboratory services – including surge capacity for testing (e.g., reagents, testing kits, workforce)
- Ensure primary and secondary care has surge capacity, including plans for workforce and improvised health care facilities, and regularly assess DHB staff capability to ensure skills required are maintained.
- Capability to care for and support patients at home.
- Innovative/enhanced arrangements for palliative/hospice care
- Plans and policies for an outbreak in Residential Care.

Communications and Health Education

- Prepare, maintain, and review communications plan.
- Update the public and agencies/providers on the pandemic situation and key messages through regular media reports, websites, social media etc.
- Customise delivery of key messages to older people, Maori, Pacific, disabled people, residential care settings, people who experience psychosocial needs, rural populations, and any groups at higher risk of infection or severe outcomes.
- Disseminate key messages for all sectors, consistent with MoH plans and communications.
- Regular reviews of communication strategies

Cross-Sectoral Actions

- Keep other agency staff and sector updated on the situation and plans.
- Maintain up to date role and contact details of agency staff and key contacts in the sector.
- Coordinate planning between agencies when required.

RESPOND

Planning, Coordination and Reporting

- Activate resurgence action plan based on MoH advice.
- Lead/coordinate response for the local health sector
- Set response objectives.
- Activate emergency management structures and processes, including business continuity plans, as required.

Intelligence

- Continue/intensify surveillance, including monitoring trends in case and ILI data.
- Closely monitor demographic/epidemiological trends in cases and clusters to ensure response measures prioritise affected groups/communities.
- Analyse the event, complete ongoing risk assessments, including likely impacts and event evolution.
- Ensure clear accurate and up-to-date intelligence is disseminated appropriately.
- Provide regular situation reports and maintain distribution lists.

- If incidence and/or severity increases, review the need for additional intelligence and interventions.
- Ensure that equity remains at the centre of all decisions.
- Monitor and report on demand for and capacity of health services including inpatient numbers/capacity, ICU occupancy, mental health and addiction services, primary care, and ambulance call outs.

Public Health Interventions

- Intensify contact tracing, case finding, case and contact management and cluster control measures.
- Activate links with local Maori, Pacific, mental health and disability providers for contact tracing and cluster management.
- Review and revise as required information for health professionals on MoH website.
- Adopt and adapt further response measures at short notice.
- Coordinate with MoH for the management of complex, large or multi-region clusters.
- Review, revise and implement as required, arrangements for managed isolation and quarantine.
- Review border controls measures
- Continue seasonal influenza campaign (March to September)
- Continue disease prevention services.

Health Care and Emergency Response

- Activate resurgence action plans.
- Implement appropriate alert level of the MoH COVID-19 National Hospital Response Framework, and community-based providers take appropriate actions under COVID-19 Community Response Framework
- Work alongside primary health services and ambulance to ensure capacity to manage an increase in cases of COVID-19 and those with respiratory symptoms.
- Ensure up to date guidance is disseminated and that distribution channels are agreed ahead of time.
- Provide guidance on the management/deferral of planned care and elective procedures.
- Maintain essential services and as much BAU health, mental health, and disability services as possible.
- Prioritise primary care access for vulnerable groups.
- Consider activating/or coordinate local facilities for managed isolation/quarantine of community cases/contacts.
- Provide funded temporary accommodation for health workers who cannot return home due to COVID related issues.
- Review, update and disseminate clinical guidance as required.
- Provide guidance and support to Residential Care, LMC, general practice, pharmacy, and ambulance providers.
- Activate designated testing sites and other testing facilities as required.
- Maximise resilience of, monitor and where necessary, manage the supply chain for health care consumables and equipment, particularly critical supplies.
- Promote use of Healthline and 1737.
- Monitor and report on service delivery, capability, capacity, and take action to address bottlenecks.

Communications and Health Education

- Update all available COVID-19 related public information.
- Release media updates
- Ensure smooth and timely information communication with stakeholders.
- Continue to disseminate key messages to the public
- Ensure material is customised, relevant and accessible and delivery platforms are appropriate to reach at risk populations.

Cross-Sectoral Actions

- Engage with the lead agency (or take lead as appropriate)
- Ensure all related agencies can be contacted 24/7
- Keep staff and sectors updated.

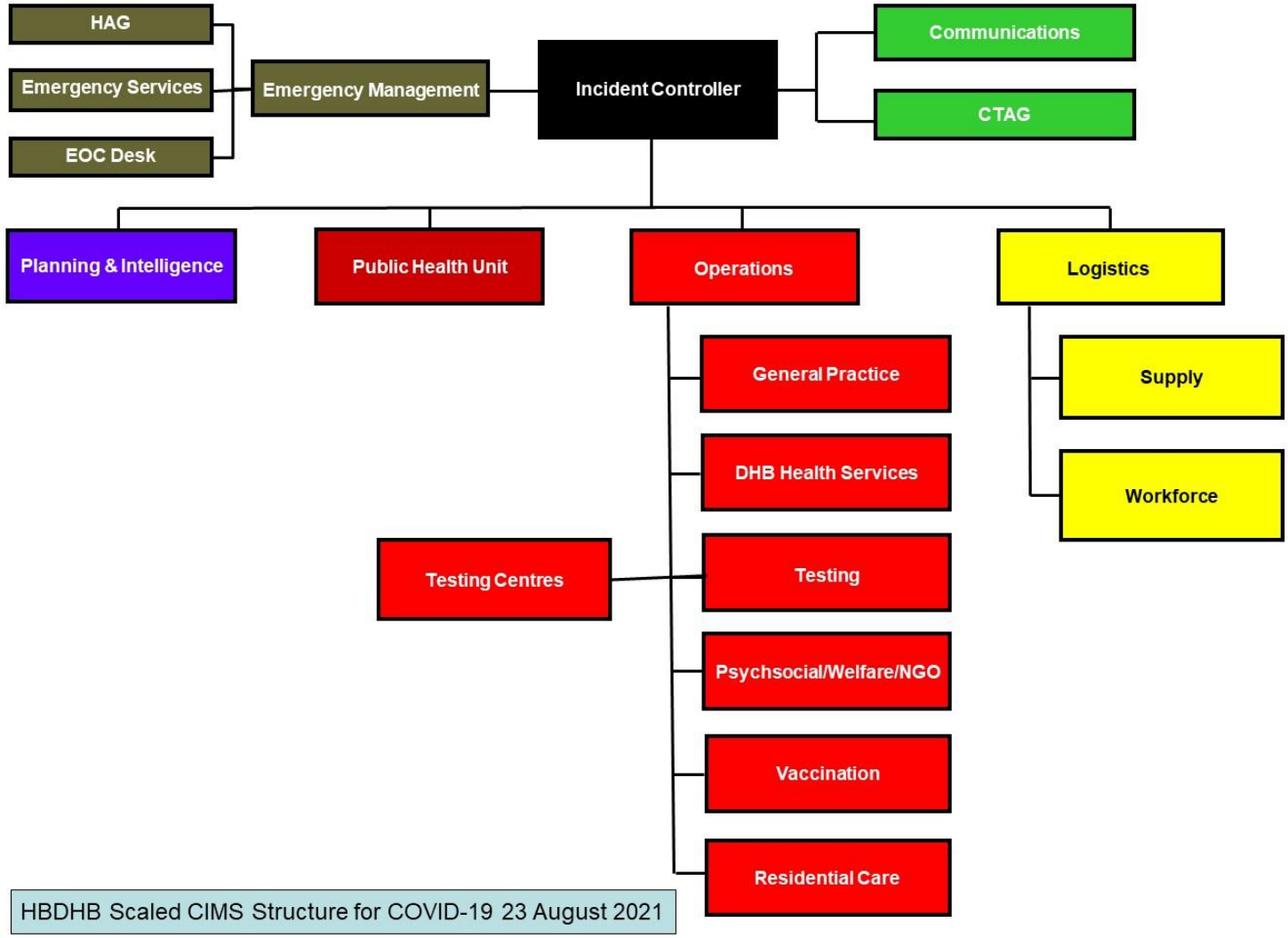
SCENARIOS – WORKED EXAMPLES

Refer MoH COVID-19 Resurgence Planning Tool – Appendix 2

- Local outbreak – locally contained.
- Local outbreak – regionally contained.
- Local outbreak – national spread (with community transmission)
- National outbreak with community transmission

APPENDIX 3

MODIFIED CIMS STRUCTURE



HBDHB Scaled CIMS Structure for COVID-19 23 August 2021

APPENDIX 4

Resurgence Plan Matrices

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

Resurgence Plan Secondary Care

Scenario	Secondary Care	Assumptions	Implications/Impact
1 positive case in community	Daily Sitreps Activate communications plan Reintroduce COVID checklist to ED and all first points of contact Checklist - Suspected 2019-nCoV 18-08-21.doc ED Screening Checklist (August 2021).pdf Convene Hospital Advisory Group	500-800 tests per day	Increased anxiety in community and among staff Increased need for a single source of truth Update Covid Screening Tool, likely community source
Additional cases linked to index	Maintain ED readiness to isolate presenting HOT patients Implement strategies for decreasing workload in ED Assess front facing staff for vulnerability category Increase PPE training Inform Endoscopy of potential need to relocate Reintroduce screens at reception areas and hand gel availability Review position on visiting hospital Inform B2 of potential for admissions	1000 tests per day ED and hospital not overcrowded	Inability to isolate patients when ED overcrowded Increased PPE use ED, outpatients, perioperative unit
50 community cases 1-3 ICU 2-4 ward Hawke's Bay at Level 3	Maintain ED readiness to isolate presenting HOT patients Increase PPE supplies throughout hospital Activate social distancing plans Implement visiting restrictions Use of existing isolation beds in ICU and B2 Follow ICU and B2 guidelines ICU Response.doc COVID ICU escalation flowchart dec 2020.docx Process and Flow chart for opening ICU Covid Isolation Suite.docx ICU COVID SUITE SETUP LIST.docx Respiratory Admission Unit.doc ED screening at front of department Influenza-like illness to A1 - SMO decision Preparation for use of Waioha and PAU if required Regular testing of staff in hot areas (ED, ICU, B2), flight team and others as required Implement Perioperative Unit plan and Ruakopito preparation Perioperative Plan.xlsx Roster staff according to vulnerability category Rostering to allow B2 and ICU to run 2 teams Monitoring of bed occupancy Confirm tertiary referral pathways Assess level of community service provision that will continue Redeploy staff as required Identify non essential work that can be deferred Increase cleaning services and waste collection in hospital Confirm staff who can work from home Implement staff welfare plan Staff Welfare During an Emergency Event.docx Staff wellness monitoring Update Our Hub and HBDHB website Contact at-risk patients, complete action plan for care	1500 tests per day People not wanting to come to hospital Decreased ED presentations Elective surgery and outpatient clinics continue ED and hospital not overcrowded Other regions impacted Flight staff available from out of region CIMS structure scaling up Front Line Services and Personnel Units activated	Inability to isolate patients when ED overcrowded Increased need for IPC support in hospital Increased PPE use ICU, B2 Significant impact on BAU in ICU escalation plan ICU December 2020.docx Significant increase in staffing requirements in ICU and B2 Covid Staffing Model ICU.docx ICU Nursing Staff availability both units.docx COVID medical staffing.docx Need 24 hour registrar cover for both units Need an additional RN and security 24/7 for ED screening Increased use of PACU for HDU patients Cannot staff flight team with ICU nurses Increased need for Security and Orderly staff Anaesthetists and registrars redeployed to ICU, reduced surgical capacity

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