

Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	Maria Poynter, Hazel Rook, Daniel Channing, Victoria Butler, Helen Hayes, Keith Suddes, Laura Boccock		
Action Plan Number	#01	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved	18/08/2021	Operational Phase covered	18/8/2021 to 25/08/2021
ARPHS Response Level	ORANGE		
Situation Summary	<p>Brief description of the situation:</p> <ul style="list-style-type: none"> An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border however WGS suggests a connection to the NSW clusters. Since then there are a number of other community cases as a result of contact tracing and testing efforts. Government announced national alert level is 4 (expected for 7 days for Auckland) ARPHS is the lead agency for outbreak management across Auckland. 		
Action Taken	<p>Details of operational plan:</p> <ul style="list-style-type: none"> Case and Contact Management underway, with support from RPH Workforce planning - ARPHS has enacted organisational BCP to surge staff to support response. Outbreak strategy developed and source investigation underway. Work bubbles and health and safety plan initiated. 		
Aim / Goal (for this AP timeframe)	<ol style="list-style-type: none"> Act in accordance with Te Tiriti o Waitangi including Māori health equity Ensure an equitable response Establish the outbreak response and plan ahead as to potential trajectory Identify the outbreak source Stop on-going transmission Support affected communities Ensure a safe and sustainable response with effective use of regional workforce supply Ensure clear communication and documentation 		
Objectives / Priorities	<p>Response Priorities:</p> <ul style="list-style-type: none"> Operating in accordance with the Outbreak Strategy Ensuring locus of control Case investigation, source investigation and interrupting transmission Identify, confirm and isolate confirmed cases Progress source investigation Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness essential workers) Ongoing stakeholder management through SPOC Effective communications and PIM 		

	<ul style="list-style-type: none"> Adapting to workforce constraints
Plan of Action	<ul style="list-style-type: none"> Case investigation, contact tracing, and ongoing case and contact management Finalise outbreak strategy Progress source investigation Timely and accurate confirmation of locations of interest Advice and assistance with contact groups testing strategy and any wider community testing Support wellbeing and manaaki requirements for cases and contacts Intelligence and Logistics functions continue to support response – rosters to be considered for next 2 weeks Continue stakeholder engagement and communications Monitor internal capacity and demand
Specific Tasks & Information Flow	<ul style="list-style-type: none"> Incident Controller (I/C): William Rainger/Jane McEntee Clinical Partner to IC: Maria Poynter Pae Ora: Stefan Smith Pacific: Collin Tukitonga Response Manager: Keith Suddes/ Tofa Ramanlal Planning Manager: Jona Ukmata/Cam Intelligence Manager: Laura Boccock/Tayla Newlyn Logistics Manager: Ankie Crosbie/Daniel Channing Operations Manager: Hazel Rook/Jo Goodfellow HR/Wellbeing: Victoria Butler Communications Manager (PIM): Helen Hayes
Immediate tasks	<p>Incident controller:</p> <ul style="list-style-type: none"> Liaise with NRHCC, DHB's, and MoH Implement OB strategy Stand up and chair IMT Identify and monitor risks <p>Clinical Partner: in partnership with Incident Controller:</p> <ul style="list-style-type: none"> approve outbreak strategy oversee and monitor outbreak response and trajectory review source investigation documents clinical risk management <p>Planning:</p> <ul style="list-style-type: none"> Outbreak Strategy developed and maintained Action Plan developed and monitored Maintain Risk and Issues Register Establish capacity and demand daily group Monitoring escalation triggers <p>Intelligence:</p> <ul style="list-style-type: none"> Providing accurate and timely reports to ARPHS, regionally and nationally; Source investigation Receive and prioritise data/information requests Maintain and distribute Situation Report <p>Logistics:</p> <ul style="list-style-type: none"> Monitor outbreak resource requirements and source additional surge workforce Maintain roster in alignment with workforce planning model Ensure resourcing meets the cultural requirements for an equitable response Staff well-being (sustenance for staff working weekends and overtime) <p>Operations</p> <ul style="list-style-type: none"> Deliver Operational Plan and supporting documentation Respond to outbreaks and clusters and coordinate case and contact management and symptom checking Ensure strong linkages between health and welfare responses Use of Interpreters to support case and contact communications

	<ul style="list-style-type: none"> Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs. <p>Communications:</p> <ul style="list-style-type: none"> Maintain public information and stakeholder collateral Continue reporting and communication with stakeholders, develop stakeholder update <p>Welfare: Monitor staff wellbeing</p>
Tasks following transition to HCEG-led regional response	TBC
Limiting Factors	<ul style="list-style-type: none"> Sustaining roles and responsibilities Capacity and surge requirements, workforce constraints Identifying, attaining and retaining skilled personnel Staff wellbeing, fatigue and stress Ability to respond to other emergent events (eg concurrent disease outbreak) National PHU capacity
Coordination Measures	TBC
Resource Needs	<ul style="list-style-type: none"> Suitably skilled and trained personnel Case and contact management expertise Culturally competent staff IMT function management capacity and availability PIM and Communications – internal and external Facilities and IT Roster system that is suitable for all users A streamlined national coordinated response led by NITC
Information Flow	All information is saved in: N:\01_ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov and on the Hub
Public information Plan	<ul style="list-style-type: none"> Stakeholder communications including cultural response support from NRHCC Public messaging. Regional communication framework
Communications	All communications between staff should cc the appropriate EOC email account. <ul style="list-style-type: none"> ARPHS Emergency Incident Controller (ADHB) 9 (2) (a) ARPHS Emergency Response Unit Manager (ADHB) 9 (2) (a) ARPHS Intelligence 9 (2) (a) ARPHS Emergency Operations (ADHB) 9 (2) (a)
Organisation	<p>Details of any HR or Staff welfare issues:</p> <p>Resourcing of response to be considered to ensure staff welfare.</p>
Recovery	<p>Consider the Continuous Quality Improvement process in parallel with response.</p> <p>A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.</p>
AP Prepared by	Planning Manager

AP Approved by	ARPHS Controller – Jane McEntee
Distribution	ARPHS IMT

ARPHS COVID-19 IMT Situation Report (SitRep)

DRAFT

Incident Name: COVID-19		Incident Controller: Jane McEntee		
Date: 18/08/2021	Time: 1000hrs	SitRep #:1	Response day: 1	
Prepared by: Intelligence Manager		Ph: 9 (2) (a)		
Approved by: Incident Controller				
IMT location: Room 330, Level 3, Building 15, GCC		IMT email:		
IMT: William Rainger/Jane McEntee, Mariam Parwaiz, Maria Poynter, Ankie Crosbie/Daniel Channing, Hazel Rook/Jo Goodfellow, Victoria Butler, Helen Hayes, Keith Suddes/Tofa Ramanlal, Laura Bocock/Tayla Newlyn, Jona Ukmata				
Meeting attendees:				
SitRep distribution list: ARPHS IMT				
SitRep location: CIMS Activation > Intelligence > SitRep				
Action Plan location: CIMS Activation > Planning > Action Plan				
Outbreak folder location: COVID-19 > Outbreaks Community > C-0042				
Response Objectives:				
<ol style="list-style-type: none"> 1. Deliver Stamp it Out approach 2. Provision of Case and Contact management and Cluster management 3. Public Health Information Management for stakeholders in liaison with NRHCC and Ministry 4. Confirmed move to Orange today 5. Ensure staff wellbeing. 				
COVID-19 Alert Levels		ARPHS		Risk Assessment
National	Regional	EOC Status	IMT Status	 R4 S 
Level 4	Level 4	Activated (18/8)	Activated (18/8)	

*For information on Risk Assessment please refer to Appendix 1

Current Status across Auckland Region: as of 08:00hrs EpiSurv

MIF cases will be delegated to RPH

Date	Confirmed Community	Confirmed MIF	Probable	Under Investigation	Contacts	Hospital	Death
17/8	0	-	-				
18/8	3 	2 	- 	4 	12 	0 	0 

Performance Quality Measures – Qlik Dashboard (3 day data lag – updated Monday, Wednesday, Friday)

NOT YET AVAILABLE

Date Range	P001: Time notification to case interview within 24 hours	P002: Time case notification to isolation / quarantine of contact within 48 hours	P003: Time from close contact identification to isolated/quarantined within 24 hours	P004: Proportion of Contacts traced within 48 hours

<p>Incident Controller</p> <p>Discussion/Actions / Tasks</p> <p>Key priorities:</p> <ul style="list-style-type: none"> • Case scoping and management • Contact tracing and management • Timely confirmation of locations of interest • Dedicated team to support ACH response • Progress outbreak strategy • Source investigation • Rostering for two weeks – 48 hours surge notification for additional DHB workforce. <p>Reminder for IMT members to update their teams post IMT meeting.</p> <p>Schedule for daily meetings:</p> <ul style="list-style-type: none"> • 0830 NRHCC zoom • 0900 MoH zoom • 3pm NRHCC zoom • 330pm MoH zoom
<p>Clinical</p> <p>Discussion/Actions / Tasks</p>
<p>Pae Ora</p> <p>Discussion/Actions / Tasks</p>
<p>Pacific Team</p> <p>Discussion/Actions / Tasks</p>
<p>Planning</p> <p>Discussion/Actions / Tasks</p> <ul style="list-style-type: none"> • Action Plan documentation and approval – until 25/8 • Outbreak Strategy documented • Confirm resourcing requirements – 5 days only? • Capacity and demand meetings are running daily • COVID H&S with Jane and Maria for sign off
<p>Intelligence</p> <p>Discussion/Actions / Tasks</p> <ul style="list-style-type: none"> • Confirm reporting requirements and due times <ul style="list-style-type: none"> ○ Contact data source of truth is NITC Analytics, receiving 4 times daily. ○ Daily internal reporting (Emerging report) 0800 and 0230 ○ Network diagram and other automation standing up today, validation needed post NCTS R6. • Confirm staffing- Looking both within CCM and to registrars for support for source investigation and reporting supporting. • Confirming rosters for the next two weeks. Laura and Tayla for 7 day cover. • Source investigation ongoing – Whole genome sequencing indicates a possible link to New South Wales clusters.
<p>Logistics</p> <p>Discussion/Actions / Tasks</p>

Workforce –

- 4 ARPHS CCM teams – 1 RPH Remote Team
 - Additional 6 Auckland Council EHO Staff from 18 August
 - Additional 4 HPO
 - Approx 10 CCM team members per team (with 1 SMO lead and 2 PHN leads)
- Request for additional support from ARPHS BAU
 - 7 day support for Logistics (runners, admin minutes)
 - Source Investigation
 - Manaaki
 - CCM Coordination
 - NCTS super users
- Vaccinator training underway today for additional CCM support – gauging availability during training.
- Contact being made with past casual staff (Alpha/Medical students) for availability

Rooms

- CCM bubbles commenced
 - Team 1 – Level 1 transcription
 - Team 2 – Level 2 Legal
 - Teams 3& 4 – Level 1 CRU
- Level 4 for possible 6th Training team
- Some access problems being resolved with security
- Need to discuss increased cleaning schedule with cleaning services

Rostering

- IMT rosters in place until Sunday 22 August
- Rostering for other 7 day positions underway
- Ops room staff (managers, admin and lead PHN) moving to 4x10 hour shifts.

Catering

- Food provision will commence from today
 - Orders from suppliers placed
- Support for delivery through other ARPHS BAU required?

Procurement

- PPE ordering required (masks/sanitiser/wipes)
 - Support for daily delivery to staff.

Operations

Discussion/Actions / Tasks

HR Staff Wellbeing

Discussion/Actions / Tasks

PIM / Communications

Discussion/Actions / Tasks

Response

Discussion/Actions / Tasks

1. Ensure staff wellbeing is monitored
2. Confirm team requirements – logistics and resources

3. Ensure EOC is setup and ready
4. Support IMT and deployed personnel
5. Single Points of Contact – Internal and External (See appendix 1)

Appendix One

Single Points of Contact

Internal

Category	Role	Name	Email	Contact
Training	Program Manager	Ally Holden	9 (2) (a)	9 (2) (a)
BAU	BAU Manager	Mhairi Porteous	9 (2) (a)	9 (2) (a)
COVID-19 Response PHMS	Ops SMO	Varies		9 (2) (a)
COVID Ops manager		Varies	9 (2) (a)	9 (2) (a)

External

Engagement with	Email	ARPHS Contact	Email	Contact
ARIQ / MIF		Felicity Williamson	9 (2) (a)	9 (2) (a)
Occ Health		Jay Harrower	9 (2) (a)	9 (2) (a)
Ministry of Education		Jo Goodfellow	9 (2) (a)	9 (2) (a)
MoH NORT - Toby	9 (2) (a)	Ops Manager	9 (2) (a)	9 (2) (a)

Generic Emails for IMT and Operations

Email	Role	User Name	Password
9 (2) (a)	ARPHS Incident Controller	arphsic	9 (2) (a)
9 (2) (a)	ARPHS Technical Advisory Group	arphstag	9 (2) (a)
9 (2) (a)	ARPHS Response Manager	arphsresponsemanager	9 (2) (a)
9 (2) (a)	ARPHS Planning	arphsplan	9 (2) (a)
9 (2) (a)	ARPHS Intelligence	arphsintel	9 (2) (a)
9 (2) (a)	ARPHS Logistics	arphslogs	9 (2) (a)
9 (2) (a)	ARPHS Operations	arphsops	9 (2) (a)
9 (2) (a)	ARPHS Welfare	arphsemergencywelfare	9 (2) (a)
9 (2) (a)	ARPHS Communications	arphscomms	9 (2) (a)
9 (2) (a)	ARPHS Stakeholder Liaison	arphsliason	9 (2) (a)
9 (2) (a)	ARPHS Support	arphssupport	9 (2) (a)
9 (2) (a)	ARPHS Recovery	arphsemergencyrecvry	9 (2) (a)
9 (2) (a)	ARPHS Cultural Welfare	arphsculturalwelfare	9 (2) (a)
9 (2) (a)	Pae Ora Generic Email		
9 (2) (a)	ARPHS Pasifika Team		
9 (2) (a)	ARPHS Jet Park Liaison	ARPHSJetParkLiaison	9 (2) (a)
9 (2) (a)	ARPHS Testing	ARPHSTesting	9 (2) (a)
9 (2) (a)	CRU Intelligence		
9 (2) (a)	CRU Logistics		
9 (2) (a)	CRU Operations		
9 (2) (a)	CRU Manager		
9 (2) (a)	CRU Clinical Lead		
9 (2) (a)	CRU Planning		

ARPHS COVID-19 IMT Situation Report (SitRep)

DRAFT

Incident Name: COVID-19		Incident Controller: Jane McEntee	
Date: 19/08/2021	Time: 1015hrs	SitRep #:002	Response day: 2
Prepared by: Intelligence Manager		Ph: 9 (2) (a)	
Approved by: Incident Controller			
IMT location: Room 330, Level 3, Building 15, GCC		IMT email:	
IMT: William Rainger/Jane McEntee, Mariam Parwaiz, Maria Poynter, Ankie Crosbie/Daniel Channing, Hazel Rook/Jo Goodfellow, Victoria Butler, Helen Hayes, Keith Suddes/Tofa Ramanlal, Laura Bocock/ Tayla Newlyn, Jona Ukmata			
Meeting attendees: Daniel Channing, Laura Bocock, Keith Suddes, Jona Ukmata, Jane McEntee, Hazel Rook, Helen Hayes, Campbell Johnson			
via zoom: Maria Poynter, Julia Peters, Catherine Kaumoana, Tofa Ramanlal, Victoria Butler, William Rainger, Lara Cavit			
SitRep distribution list: ARPHS IMT			
SitRep location: CIMS Activation > Intelligence > SitRep			
Action Plan location: CIMS Activation > Planning > Action Plan			
Outbreak folder location: COVID-19 > Outbreaks Community > C-0042			
IMT Risk register location: CIMS Activation > Response Manager > Risks			

Response Objectives:

1. Deliver Stamp it Out approach
2. Provision of Case and Contact management and Cluster management
3. Public Health Information Management for stakeholders in liaison with NRHCC and Ministry
4. Confirmed move to Orange today
5. Ensure staff wellbeing.

COVID-19 Alert Levels		ARPHS		Risk Assessment	
National	Regional	EOC Status	IMT Status	R4	S
Level 4	Level 4	Activated (18/8)	Activated (18/8)		

*For information on Risk Assessment please refer to Appendix 1

Current Status across Auckland Region: as of 08:00hrs EpiSurv

MIF cases will be delegated to RPH

Date	Confirmed Community		Confirmed MIF		Probable		Under Investigation		Contacts		Hospital		Death	
18/8	3		2		-		4		12		-		-	
19/8	13		9		-		1		77 of 362 (ARPHS)		2		0	

Performance Quality Measures – Qlik Dashboard (3 day data lag – updated Monday, Wednesday, Friday) NOT YET AVAILABLE

Date Range	P001: Time notification to case interview within 24 hours	P002: Time case notification to isolation / quarantine of contact within 48 hours	P003: Time from close contact identification to isolated/quarantined within 24 hours	P004: Proportion of Contacts traced within 48 hours

--	--	--	--	--

Incident Controller

Discussion/Actions / Tasks

Key priorities:

- Case scoping and management
- Contact tracing and management
- Timely confirmation of locations of interest
- Dedicated team to support ACH response
- Source investigation
- Rostering for two weeks – 48 hours surge notification for additional DHB workforce.
- Progress outbreak strategy
- Surge and Response – Increasing number of Pasifika team
- Essential workers and the accurate information

Reminder for IMT members to update their teams post IMT meeting.

Schedule for daily meetings:

- 8.30am NRHCC zoom
- 9.00am MoH zoom
- 3.00pm NRHCC zoom
- 330pm MoH zoom

Clinical

Discussion/Actions / Tasks

Key priorities:

- Outbreak strategy
- Delving good case and source investigation
- Communications – contact groups and locations of interest (no calls to interest)

Key things/messages

- Outbreak control will take some time due to increase in case numbers
- Source Team working to manage the cases
- ACH will be the key risk for the next few days
- Prioritize our decisions and time management
- Stakeholder function with EE with large impacts
- Maria to attend 1pm to explain outbreak strategy
- Staff were stress and staying past 1900

Planning

Discussion/Actions / Tasks

- Action Plan documentation prepared until 25/08 – Jane/Maria to approve and align with the outbreak strategy
- Outbreak Strategy documentation led by Tim Dennison; Cam to attend daily OB Strategy meetings with PHMS'
- Planning Manager complete until Fri 27th Aug, including weekend. Jona and Campbell will role share/support.
- Capacity and demand meetings are running daily
- COVID H&S with Jane and Maria for sign off - Update from Jane required.
- RISK/ISSUE: Citrix was down, which impacted Intelligence and other roles impacted, will have wider impact for practicalities of working from home. Will follow up with health Alliance if further faults/maintenance expected.
- Logs team compiling info regarding external deployments. The info will be sent to Andrew Old & Matt Hannant
- Impact of vaccination on contact tracing and testing

Intelligence

Discussion/Actions / Tasks

- Source investigation on-going
 - Whole genome sequencing indicates a possible link to New South Wales clusters. Further cases have been identified at Crowne Plaza (pending WGS linking), case was hospitalised.
 - Still investigating alternative hypothesis.
- Minor updates being made to reporting based on feedback. NRHCC is also modifying their reports.
 - Some details of daily report being shared with IMT Intelligence managers in confidence.
 - Risk areas focus (symptomatic, tests overdue, uncontacted or untraced, which outbreak areas are growing)
 - Case details to include occupation,
 - Hospitalisations
 - Include MIF capacity
 - National changes
- Confirm staffing next 14 days, for source and reporting, Clinical Partner and IMT lead. Good pool of resources available, shadowing and upskilling happening. Combining the Clinical Partner to cover Intelligence and Planning.
- Looking to improve Pae Ora and Pasifika reporting, growing numbers of contacts potentially impacting these teams.

Operations

Discussion/Actions / Tasks

- 9 community cases scoped yesterday and 2 new connected notifications received overnight (being scoped now)
- 2 hospitalisations last night (from same household, one later became a case)
- Shifting expectations of teams to focus on cases and contacts, and delegate as much as possible, added red flag of essential workers to processes
- Some issues with expectations from different elements of contact tracing system – NITC for calling individuals only, not businesses / stakeholder management
- Current model with NITC sees high risk cases and contacts returned to PHU of domicile, may need to revisit this expectation in Delta surge
- Plan to delegate Avondale School to CPH PHU
- 11 Jet Park Transfers actioned yesterday (including RIQ Liaison in emails going forward), 21 mobile testing and 3 serology requests, 18 manaaki referrals
- Manaaki working well but may develop an overload of work. Regional discussion around Manaaki support
- JetPark is only used for cases, Holiday Inn will be used for close contacts
- Expectations for staff staying late to be discussed
- Second daily update at 1600 implemented

Pae Ora

Discussion/Actions / Tasks

- Developing a Roadmap around Pae Ora what it looks like for Maori staff: will put a plan in place for themselves and will feed this through: Forward this to Hazel
- Jona to assist Pae Ora who are unable to access their folders

Pacific Team

Discussion/Actions / Tasks

- No updates

Logistics

Discussion/Actions / Tasks

Workforce

- 4 ARPHS CCM teams – 1 RPH Remote Team
 - Increasing staffing for 5 internal teams (configured in 4 actual CCM teams)
 - Possibility to increase to 6 internal teams
 - Additional 14 staff provided from vaccinator training – deployment on 20/08

- Additional 3 Pasifika nurses deployed 19/08
 - Possible further deployments from WDHB Community, Hauora, SSH Community
 - Screening of new deployments – some new deployments arriving without prior warning
- Facilities
- Need to discuss using BAU spaces if increasing number of CCM Team
 - Exploring offsite space in 650 Gt South Rd.
- Trained 37 vaccinators yesterday – they had planned going back to their BAU today – this has been halted and they are being rostered on – feedback for NRHCC we received 15 that were only 0.4 FTE (rather than minimum requirement of 0.6)

HR Staff Wellbeing

- Discussion/Actions / Tasks**
- Manager guides FAQ being developed
 - Include any wellbeing updates and key messages in the IC updates
 - Draft wording sent yesterday to PIMS including information on meals and morning tea

PIM / Communications

- Discussion/Actions / Tasks**
- Business/organisation pack
 - Communications with Avondale College – testing
 - Translated fact sheets – on website
 - Resourcing for Samoan key messaging
 - Internal comms
 - Standup questions – Intelligence will provide information in the first instance
 - Interactive form for cases
 - Resourcing for a the comms team

Response

- Discussion/Actions / Tasks**
1. Ensure staff wellbeing is monitored
 2. Confirm team requirements – logistics and resources
 3. Ensure EOC is setup and ready
 4. Support IMT and deployed personnel
 5. Single Points of Contact – Internal and External (See appendix 1)
 6. Privacy – Papers with Case information

Recovery

- Discussion/Actions / Tasks**
- [Risk Register](#)
 - *Tracking of debrief topics and improvement opportunities (please email ideas or issues for review to Response Manager - c9 (2) (a)). Will be collated into the After Action Review section of the [OB Closure/Summary document](#).*
 - *Standard practice for wellbeing and sustainable rostering principles underway, managed by other functions.*

Appendix One

Single Points of Contact

Internal

Category	Role	Name	Email	Contact
IMT Operations Manager		Generic phone for role		9 (2) (a)
Response PHMS		Generic phone for role		9 (2) (a)
Training	Project Manager	Ally Holden	9 (2) (a)	9 (2) (a)
BAU	BAU Manager	Mhairi Porteous	9 (2) (a)	9 (2) (a)

External

Engagement with	Email	ARPHS Contact	Email	Contact
ARIQ / MIF		Felicity Williamson	9 (2) (a)	9 (2) (a)
Occ Health		Jay Harrower	9 (2) (a)	9 (2) (a)
Ministry of Education		Jo Goodfellow	9 (2) (a)	9 (2) (a)
MoH NORT - Toby		IMT Operations Manager		9 (2) (a)

Generic Emails for IMT and Operations

Email	Role	User Name	Password
9 (2) (a)	ARPHS Incident Controller	arphsic	9 (2) (a)
9 (2) (a)	ARPHS Technical Advisory Group	arphstag	9 (2) (a)
9 (2) (a)	ARPHS Response Manager	arphsresponsemanager	9 (2) (a)
9 (2) (a)	ARPHS Planning	arphsplan	9 (2) (a)
9 (2) (a)	ARPHS Intelligence	arphsintel	9 (2) (a)
9 (2) (a)	ARPHS Logistics	arphslogs	9 (2) (a)
9 (2) (a)	ARPHS Operations	arphsops	9 (2) (a)
9 (2) (a)	ARPHS Welfare	arphsemergencywelfare	9 (2) (a)
9 (2) (a)	ARPHS Communications	arphscomms	9 (2) (a)
9 (2) (a)	ARPHS Stakeholder Liaison	arphsliason	9 (2) (a)
9 (2) (a)	ARPHS Support	arphssupport	9 (2) (a)
9 (2) (a)	ARPHS Recovery	arphsemergencyrecvry	9 (2) (a)
9 (2) (a)	ARPHS Cultural Welfare	arphsculturalwelfare	9 (2) (a)
9 (2) (a)	Pae Ora Generic Email		
9 (2) (a)	ARPHS Pasifika Team		
9 (2) (a)	ARPHS Jet Park Liaison	ARPHSJetParkLiaison	9 (2) (a)
9 (2) (a)	ARPHS Testing	ARPHSTesting	9 (2) (a)
9 (2) (a)	CRU Logistics		
9 (2) (a)	CRU Manager		
9 (2) (a)	CRU Clinical Lead		
9 (2) (a)	CRU Planning		

ARPHS COVID-19 IMT Situation Report (SitRep)

DRAFT

Incident Name: COVID-19		Incident Controller: Jane McEntee	
Date: 20/08/2021	Time: 1015hrs	SitRep #:003	Response day: 3
Prepared by: Intelligence Manager		Ph: 9 (2) (a)	
Approved by: Incident Controller			
IMT location: Room 330, Level 3, Building 15, GCC		IMT email:	
IMT: Jane McEntee, Maria Poynter, Daniel Channing, Hazel Rook, Victoria Butler, Helen Hayes, Keith Suddes, Laura Bocock, Campbell Johnson			
Meeting attendees: Daniel Channing, Laura Bocock, Keith Suddes, Jona Ukmata, Jane McEntee, Hazel Rook, Helen Hayes, Campbell Johnson, Nabura Ioteb'A			
via zoom: Maria Poynter, Karen Wright, Tofa Ramanlal, Collin Tukitonga, Victoria Butler, William Rainger,			
SitRep distribution list: ARPHS IMT			
SitRep location: CIMS Activation > Intelligence > SitRep			
Action Plan location: CIMS Activation > Planning > Action Plan			
Outbreak folder location: COVID-19 > Outbreaks Community > C-0042			
IMT Risk register location: CIMS Activation > Response Manager > Risks			

Response Objectives:

Response Priorities:

1. Operating in accordance with the Outbreak Strategy
2. Ensuring locus of control
3. Case investigation, source investigation and interrupting transmission
4. Identify, confirm and isolate confirmed cases
5. Progress source investigation
6. Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness essential workers)
7. Ongoing stakeholder management through SPOC
8. Effective communications and PIM
9. Adapting to workforce constraints
10. Ensure staff wellbeing.

COVID-19 Alert Levels		ARPHS		Risk Assessment	
National	Regional	EOC Status	IMT Status		
Level 4	Level 4	Activated (18/8)	ORANGE Activated (18/8)	R4	S

*For information on Risk Assessment please refer to Appendix 1

Current Status across Auckland Region: **as of 08:00hrs EpiSurv**

MIF cases will be delegated to RPH

Date	Confirmed Community	Confirmed MIF	Probable	Under Investigation	Contacts	Hospital	Death
19/8	13	9	-	1	77	2	-
20/8	26	10	-	3	133 of 618 (ARPHS)	2	0

Performance Quality Measures – Qlik Dashboard (3 day data lag – updated Monday, Wednesday, Friday) **NOT YET AVAILABLE**

Date Range	P001: Time notification to case interview within 24 hours	P002: Time case notification to isolation / quarantine of contact within 48 hours	P003: Time from close contact identification to isolated/quarantined within 24 hours	P004: Proportion of Contacts traced within 48 hours

Incident Controller

Discussion/Actions / Tasks

Discussion:

- Continuously evolving situation, 2 cases overnight – 1 at Nth Shore hospital whilst infectious
- Pressure from locations of interest, with implications on workforce, both regionally and here at ARPHS.
- William is working offside and leading the work required for workforce
- Jane is IC onsite – all escalation to go through Jane who will then work with William
- LOI to be updated three times daily on MOH website – proposed to be 1000, 1100, 1700
- RPH has signalled that they will need to review the support they are able to provide due to 3 cases associated with AOG Samoan church gathering.
- Be alert for essential workers, isolate and provide accurate information

Key priorities:

- Case scoping and management
- Contact tracing and management
- Timely confirmation of locations of interest
- Progress source investigation
- Rostering for two weeks – 48 hours surge notification for additional DHB workforce.
- Finalise outbreak strategy
- Surge and Response – Increasing number of Pasifika team

Reminder for IMT members to update their teams post IMT meeting.

Schedule for daily meetings:

- 8.30am NRHCC zoom
- 9.00am MoH zoom
- 3.00pm NRHCC zoom
- 330pm MoH zoom

Clinical

Discussion/Actions / Tasks

Key priorities:

- Contact management plan- review to ensure targeting resources/ testing supply to where most needed.
- Outbreak strategy
- Ensuring good case and source investigation
- Communications – contact groups and locations of interest (no calls to interest)

Key things/messages

- Outbreak control will take some time due to increase in case numbers
- Source Team working to manage the cases
- Prioritize our decisions and time management
- Stakeholder function with EE with large impacts
- Important to stay in ARPHS lane – case investigation, interviewing and supporting response from case management, with flow on to PIMS
- Working on key messages for contacts – with high risk contacts and priority queues for testing.
- Contact management grid will need to be aligned with all regional health care
- Additional planning work around projection space
- Risk of case in ARPHS with the more people we bring into ARPHS.

Planning

Discussion/Actions / Tasks

- Action Plan documentation prepared until 25/08 – Jane/Maria to approve and align with the outbreak strategy
- Outbreak Strategy documentation led by Tim Denison; Cam to attend daily OB Strategy meetings with PHMS’ – *Maria to forward and get Planning to finalise. Need to maintain overarching strategy and keep as live document*
- Capacity and demand meetings are running daily
- COVID H&S reviewed by Jane - *with Jona for final updates*
- Impact of vaccination on contact tracing and testing
- *Operating model to be advised with potential to utilise office space in 650 Great South Road.*
- *Planning has worked with Ops & PIM to create process flow for business info pack*
- *Progression around remote working and options*
- *Screening of staff – link with logs, workforce work and planning*
- *Use clinical function leads for sign off but cc Maria, William and Jane*
- *OB strategy – Maria to send to Planning. Check that it has the controlled matrix approach included*
- *Link in with Tofa re: workforce planning*
- *Risk assessment around staff who are linked with LOI – link with Logs*

Intelligence

Discussion/Actions / Tasks

- Source investigation on-going – *Latest cases WGS being reviewed for transmission chain.*
 - *With 3 neighbouring cases at Crowne Plaza now linked to our presumed index there is a renewed focus on investigating (intel) and managing (ie ops) this transmission event. Will need to coordinate with other agencies also interested and investigating the Crowne transmission.*
 - *Whole genome sequencing indicates a possible link to New South Wales clusters. Further cases have been identified at Crowne Plaza (pending WGS linking), case was hospitalised.*
 - *Still investigating alternative hypothesis (lower priority).*
- *New report template being used due to volume of cases and information.* NRHCC is also modifying their reports and will use content from ours for morning report.
- Confirm staffing next 14 days, for source and reporting, Clinical Partner and IMT lead. Good pool of resources available, shadowing and upskilling happening. Combining the Clinical Partner to cover Intelligence and Planning. *Scaling reporting team, high volume report changes and demand for information.*
- *Minor updates suggested to reporting based on Pae Ora and Pasifika feedback.*
- *Look at how ops and intel is embedded*
- *Sit rep and reporting to include total number of national community cases.*

Operations

Discussion/Actions / Tasks

- *9 community cases scoped yesterday and 2 new connected notifications received overnight (being scoped now)*
- *Shifting expectations of teams to focus on cases and contacts, and delegate as much as possible, added red flag of essential workers to processes*
- *Some issues with expectations from different elements of contact tracing system – NITC for calling individuals only, not businesses / stakeholder management*
- *Current model with NITC sees high risk cases and contacts returned to PHU of domicile, may need to revisit this expectation in Delta surge*
- *Plan to delegate Avondale School to CPH PHU*
- *11 Jet Park Transfers actioned yesterday (including RIQ Liaison in emails going forward), 21 mobile testing and 3 serology requests, 18 manaaki referrals*
- *Manaaki working well but may develop an overload of work. Regional discussion around Manaaki support*
- *JetPark is only used for cases, Holiday Inn will be used for close contacts*

- Expectations for staff staying late to be discussed
- Second daily update at 1600 implemented
- Stakeholder group has been stood up with Pae Ora, Pacific team members and coordinating for schools and churches.
- Managing the delegation of exposure events (Nelson-Marlborough PHU) and diverting MIF cases to other PHUs as RPH is unable to maintain the new MIF cases.
- AOG Church meeting at 11 – discussion on implications.
- Staggered starts for Ops teams
- Manaaki requested to be present at 9am and 4pm stand-ups

Pae Ora

Discussion/Actions / Tasks

- Developing a Roadmap around Pae Ora what it looks like for Maori staff: will put a plan in place for themselves and will feed this through: Forward this to Hazel
 - Hazel and Stefan to discuss on best way to manage team structure.
- Jona to assist Pae Ora who are unable to access their folders
- Welcome to Karen Wright – Clinical Lead
- No cases, but have a number of contacts.

Pacific Team

Discussion/Actions / Tasks

- Large number of Pacifica cases in the past few days, most linked to AOG church. Communication is happening with church to help with planning.
- Tofa is looking at the response from a Pacific perspective, with workforce planning for Pacific team members in teams. Need to link in with other workforce planning work, and lessons learnt. To share with Stefan and Karen as Pae Ora would be similar.
- 11am meeting with AOG church will help with communications
- Wellington link with cases has national implications
- Masae is AOG SPOC (requirement to be fluent in Samoan). Penehuro may be a good alternative.
- Colin's role is to help support and coordinate the Pacific team, and manage external stakeholders.
- Helen to link with Tofa on communication tools and what information to use from a contact tracing perspective.

Logistics

Discussion/Actions / Tasks

Workforce

- 4 ARPHS CCM teams – 1 RPH Remote Team
 - Currently staffed for 5 internal teams (configured in 4 actual CCM teams)
 - Including newly trained CRU staff and current council deployment
 - Additional deployments from SSH, WDHB Community, Hauora –approx 50 in total.
- Risk: MoH isolation requirements for HH contacts of people at LOI's impacting on CCM and support roster. Team have started tracking staff who have started isolation and planning for return based on MoH guidelines (assuming –ve tests).
- Reporting & BAU Logistics functions impacted due to staffing pressure. Intel to look into workforce support, and to link to planning for staff that have been stood down for monitoring

Facilities

- 650 Gt South Rd being considered for Pae Ora team. Facilities are ready for use.

Equipment

- No laptops available due to number of staff currently working from home

HR Staff Wellbeing

Discussion/Actions / Tasks

- National manager guides/ FAQ outlining leave provisions etc expected

- Draft wording sent yesterday to PIMS including information on meals and morning tea
- Unvaccinated staff lists sent to SMT for initial discussion
- Joined Logistics huddle in mornings for workforce planning

PIM / Communications

Discussion/Actions / Tasks

- Support packs for schools and businesses
- Communications with schools
- Stakeholder liaison with supermarkets, corporates
- Translated fact sheets – on website
- Resourcing for Samoan key messaging
- Internal comms
- Resourcing for a third PIM in the comms team

Response

Discussion/Actions / Tasks

1. Ensure staff wellbeing is monitored
2. Confirm team requirements – logistics and resources
3. Ensure EOC is setup and ready
4. Support IMT and deployed personnel
5. Single Points of Contact – Internal and External (See appendix 1)
6. Privacy – Data protection: Papers with Case information to be cleared from meeting rooms
7. *Schedule of Meetings (See appendix 2)*

Discussion:

- Clear communication
- Regional perspectives – what the communication into ARPHS should be
- Keith to link in with Mhairi for health alliance and set up a SPOC
- Function leads to remove old sitrep info
- Comprehensive handovers required– document in handover folders. Communicated clearly who is taking over. When people are off they are off.

Recovery

Discussion/Actions / Tasks

- [Risk Register](#)
- *Tracking of debrief topics and improvement opportunities (please email ideas or issues for review to Response Manager - 9 (2) (a) [REDACTED]). Will be collated into the After Action Review section of the [OB Closure/Summary document](#).*
- *Standard practice for wellbeing and sustainable rostering principles underway, managed by other functions.*

Appendix One

Single Points of Contact

Internal

Category	Role	Name	Email	Contact
IMT Operations Manager		Generic phone for role		9 (2) (a)
Response PHMS		Generic phone for role		9 (2) (a)
Training	Project Manager	Ally Holden	9 (2) (a)	9 (2) (a)
BAU	BAU Manager	Mhairi Porteous	9 (2) (a)	9 (2) (a)

External

Engagement with	Email	ARPHS Contact	Email	Contact
ARIQ / MIF		Felicity Williamson	9 (2) (a)	9 (2) (a)
Ministry of Education		Kathy Bendikson	9 (2) (a)	9 (2) (a)
MoH NORT - Toby		IMT Operations Manager		9 (2) (a)

Generic Emails for IMT and Operations

Email	Role	User Name	Password
9 (2) (a)	ARPHS Incident Controller	arphsic	9 (2) (a)
9 (2) (a)	ARPHS Technical Advisory Group	arphstag	9 (2) (a)
9 (2) (a)	ARPHS Response Manager	arphsresponsemanager	9 (2) (a)
9 (2) (a)	ARPHS Planning	arphsplan	9 (2) (a)
9 (2) (a)	ARPHS Intelligence	arphsintel	9 (2) (a)
9 (2) (a)	ARPHS Logistics	arphslogs	9 (2) (a)
9 (2) (a)	ARPHS Operations	arphsops	9 (2) (a)
9 (2) (a)	ARPHS Welfare	arphsemergencywelfare	9 (2) (a)
9 (2) (a)	ARPHS Communications	arphscomms	9 (2) (a)
9 (2) (a)	ARPHS Stakeholder Liaison	arphsliason	9 (2) (a)
9 (2) (a)	ARPHS Support	arphssupport	9 (2) (a)
9 (2) (a)	ARPHS Recovery	arphsemergencyrecvry	9 (2) (a)
9 (2) (a)	ARPHS Cultural Welfare	arphsculturalwelfare	9 (2) (a)
9 (2) (a)	Pae Ora Generic Email		
9 (2) (a)	ARPHS Pasifika Team		
9 (2) (a)	ARPHS Jet Park Liaison	ARPHSJetParkLiaison	9 (2) (a)
9 (2) (a)	ARPHS Testing	ARPHSTesting	9 (2) (a)
9 (2) (a)	CRU Logistics		
9 (2) (a)	CRU Manager		
9 (2) (a)	CRU Clinical Lead		
9 (2) (a)	CRU Planning		

Appendix Two

Standard Meetings Community or Border Related Cases

Time & Frequency	Meeting	Purpose	Attendees	Input / Comments
8:30 Daily	CRU Management Stand-up	Quick catch-up to discuss any evolving needs prior for leads	CRU Managers	CRU PA scheduled, as agreed with CRU Manager
8:30 – 9:00 Daily	NHRCC Meeting	Pre-Ministry of Health meeting. Coordination of outbreak actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	IC scheduled Intel Daily Reporting (Case Count, Outbreak reports)
9:00-10:00 Daily	MoH PHU Meeting	Outbreak updates, actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	MoH scheduled
9:00-9:30 Daily	CCM Leads Meeting		Operations Leadership	Ops Admin scheduled
9:30-10:00 Daily	CCM Operations Meetings		CCM Teams	Ops Admin scheduled
9:30-10:00 Daily	PHMS / Strategy		CD, PHMS, Planning	Ops Admin scheduled
10:00–11:00	Incident Management Team	Management of outbreak	Function Managers and TSAG	Action Plan and SitRep
10:15-11:00 Daily	Outbreak Management Team OR ARPHS IMT	Replaces CRU Management Meetings	OMT: IC, CD, CRU Lead, CRU Clinical Lead, Pae Ora & Pasifika Lead, Intel & Planning Manager, Workforce Logistics Manager, PIM	Ops Admin scheduled CRU PA cancel CRU Management as required.
11:00-12:00 Daily	Outbreak Meeting	Clinical and Operational Meeting for each Cluster	Ops Leadership, Intel SMO/Analyst	Ops Admin scheduled Multiple at different times if needed * Outbreak Strategy
12:30-1:30 Daily (for first 5 days of outbreak atleast)	Capacity & Demand Meeting	Review workload and available resources, change ways of working, recommend changes in response levels, and review rostering of staff in advance.	OMT Clinical Team Manager Roster Team	Ops Admin scheduled • Roster Data • Capacity & Demand Workforce Charts
1:30-2:00 Daily	CCM Operations Update			Ops Admin scheduled

3:00-3:30 Daily	NRHCC Meeting		IC scheduled
*if agreed with IC			
3:30-4:00 Daily	MoH Meeting		IC scheduled
*if agreed with IC			
4:00 – 4:30	End of Day Standup	Same as 0900	Ops Admin scheduled if required.

ARPHS COVID-19 IMT Situation Report (SitRep)

DRAFT

Incident Name: COVID-19		Incident Controller: William Rainger	
Date: 21/08/2021	Time: 1015hrs	SitRep #:004	Response day: 4
Prepared by: Intelligence Manager		Ph: 9 (2) (a)	
Approved by: Incident Controller			
IMT location: Room 330, Level 3, Building 15, GCC		IMT email:	
IMT: Jane McEntee, Maria Poynter, Daniel Channing, Hazel Rook, Victoria Butler, Helen Hayes, Keith Suddes, Laura Bocock, Campbell Johnson			
Meeting attendees: Daniel Channing, Laura Bocock, Keith Suddes, Jona Ukmata, Jane McEntee, Hazel Rook, Helen Hayes, Campbell Johnson, Nabura Ioteb'A			
via zoom: Maria Poynter, Karen Wright, Tofa Ramanlal, Collin Tukitonga, Victoria Butler, William Rainger,			

SitRep distribution list: ARPHS IMT
 SitRep location: [CIMS Activation > Intelligence > SitRep](#)
 Action Plan location: [CIMS Activation > Planning > Action Plan](#)
 Outbreak folder location: [COVID-19 > Outbreaks Community > C-0042](#)
 IMT Risk register location: [CIMS Activation > Response Manager > Risks](#)

Response Objectives:

- Response Priorities:
1. Operating in accordance with the Outbreak Strategy
 2. Ensuring locus of control
 3. Case investigation, source investigation and interrupting transmission
 4. Identify, confirm and isolate confirmed cases
 5. Progress source investigation
 6. Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness essential workers)
 7. Ongoing stakeholder management through SPOC
 8. Effective communications and PIM
 9. Adapting to workforce constraints
 10. Ensure staff wellbeing.

COVID-19 Alert Levels		ARPHS		Risk Assessment	
National	Regional	EOC Status	IMT Status	R4	S
Level 4	Level 4	Activated (18/8)	ORANGE Activated (18/8)		

*For information on Risk Assessment please refer to Appendix 1

Current Status across Auckland Region: **as of 08:00hrs EpiSurv**

MIF cases will be delegated to RPH

Date	Confirmed Community		Confirmed MIF		Probable		Under Investigation		Contacts		Hospital		Death	
20/8	26		10		-		3		133 of 618		2		-	
21/8	35		13		-		-		128 of 5015		2		0	

Performance Quality Measures – Qlik Dashboard (3 day data lag – updated Monday, Wednesday, Friday) **NOT YET AVAILABLE**

Date Range	P001: Time notification to case interview within 24 hours	P002: Time case notification to isolation / quarantine of contact within 48 hours	P003: Time from close contact identification to isolated/quarantined within 24 hours	P004: Proportion of Contacts traced within 48 hours

Incident Controller

Discussion/Actions / Tasks

Discussion:

- 17 new cases overnight for priority to continue the case interviews and tracing
- Focus control strategy, especially to support essential workers and testing volumes
- Pressure from locations of interest, with implications on workforce, both regionally and here at ARPHS.
- Manaaki support for those not being managed by APRHS
- After 5pm processes to be clarified today
- Notifications approx 6-8 initial contact for result and isolation advice, key information gathering only
- William is working offsite and leading the work required for workforce
- Jane is IC onsite – all escalation to go through Jane who will then work with William
- LOI to be updated three times daily on MOH website – proposed to be 1000, 1100, 1700
- RPH has signalled that they will need to review the support they are able to provide due to 3 cases associated with AOG Samoan church gathering.
- Be alert for essential workers, isolate and provide accurate information

Key priorities:

- Case scoping and management
- Contact tracing and management
- Timely confirmation of locations of interest
- Progress source investigation
- Rostering for two weeks – 48 hours surge notification for additional DHB workforce.
- Finalise outbreak strategy
- Surge and Response – Increasing number of Pasifika team

Reminder for IMT members to update their teams post IMT meeting.

Schedule for daily meetings:

- 8.30am NRHCC zoom
- 9.00am MoH zoom
- 3.00pm NRHCC zoom
- 3.30pm MoH zoom

Clinical

Discussion/Actions / Tasks

Key priorities:

- Contact management plan- review to ensure targeting resources/ testing supply to where most needed.
- Outbreak strategy
- Ensuring good case and source investigation
- Communications – contact groups and locations of interest (no calls to interest)

Key things/messages

- Outbreak control will take some time due to increase in case numbers
- Source Team working to manage the cases
- Prioritize our decisions and time management
- Stakeholder function with EE with large impacts
- Important to stay in ARPHS lane – case investigation, interviewing and supporting response from case management, with flow on to PIMS

- Working on key messages for contacts – with high risk contacts and priority queues for testing.
- Contact management grid will need to be aligned with all regional health care
- Additional planning work around projection space
- Risk of case in ARPHS with the more people we bring into ARPHS.

Planning

Discussion/Actions / Tasks

- Action Plan documentation prepared until 25/08 – Jane/Maria to approve and align with the outbreak strategy
- Outbreak Strategy documentation led by Tim Denison; Cam to attend daily OB Strategy meetings with PHMS' – Maria to forward and get Planning to finalise. Need to maintain overarching strategy and keep as live document
- Capacity and demand meetings are running daily
- COVID H&S reviewed by Jane - with Jona for final updates
- Impact of vaccination on contact tracing and testing
- Operating model to be advised with potential to utilise office space in 650 Great South Road.
- Planning has worked with Ops & PIM to create process flow for business info pack
- Progression around remote working and options
- Screening of staff – link with logs, workforce work and planning
- Use clinical function leads for sign off but cc Maria, William and Jane
- OB strategy – Maria to send to Planning. Check that it has the controlled matrix approach included
- Link in with Tofa re: workforce planning
- Risk assessment around staff who are linked with LOI – link with Logs

Intelligence

Discussion/Actions / Tasks

- Source investigation on-going – Latest cases WGS being reviewed for transmission chain.
 - With 3 neighbouring cases at Crowne Plaza now linked to our presumed index there is a renewed focus on investigating (intel) and managing (ie ops) this transmission event. Will need to coordinate with other agencies also interested and investigating the Crowne transmission.
 - Whole genome sequencing indicates a possible link to New South Wales clusters. Further cases have been identified at Crowne Plaza (pending WGS linking), case was hospitalised.
 - Still investigating alternative hypothesis (lower priority).
- New report template being used due to volume of cases and information. NRHCC is also modifying their reports and will use content from ours for morning report.
- Confirm staffing next 14 days, for source and reporting, Clinical Partner and IMT lead. Good pool of resources available, shadowing and upskilling happening. Combining the Clinical Partner to cover Intelligence and Planning. Scaling reporting team, high volume report changes and demand for information.
- Minor updates suggested to reporting based on Pae Ora and Pasifika feedback.
- Look at how ops and intel is embedded
- Sit rep and reporting to include total number of national community cases.

Operations

Discussion/Actions / Tasks

- Shifting expectations of teams to focus on cases and contacts, and delegate as much as possible, added red flag of essential workers to processes
- Crowne Plaza cluster – delegated follow up of departees (~38) to NITC – escalation will be to departee's PHU of domicile
- Amended delegation model with NITC for HCW exposed in community to be retained to NITC
- Staggered starts have been socialised but most still came in early
- Stakeholder group has been stood up with Pae Ora, Pacific team members and coordinating for schools and churches – expanding focus for this group
- Managing the delegation of exposure events (Nelson-Marlborough PHU) and diverting MIF cases to other

CPH as RPH is unable to maintain the new MIF cases.

- AOG Church – resolved some stakeholder issues and received support from pastor for contacting congregation and making Church a location of interest
- Concerns escalated regarding a lack of Manaaki referrals coming through from NITC – working through an interim surge process
- No mobile testing available over the weekend – dark op sites being established
- Jet Park Transfers actioned yesterday (including RIQ Liaison in emails going forward), mobile testing and serology requests, manaaki referrals

Pae Ora

Discussion/Actions / Tasks

- Developing a Roadmap around Pae Ora what it looks like for Maori staff: will put a plan in place for themselves and will feed this through: Forward this to Hazel
 - Hazel and Stefan to discuss on best way to manage team structure.
- Jona to assist Pae Ora who are unable to access their folders
- Welcome to Karen Wright – Clinical Lead
- No cases, but have a number of contacts.

Pacific Team

Discussion/Actions / Tasks

- Large number of Pacifica cases in the past few days, most linked to AOG church. Communication is happening with church to help with planning.
- Tofa is looking at the response from a Pacific perspective, with workforce planning for Pacific team members in teams. Need to link in with other workforce planning work, and lessons learnt. To share with Stefan and Karen as Pae Ora would be similar.
- 11am meeting with AOG church will help with communications
- Wellington link with cases has national implications
- Masae is AOG SPOC (requirement to be fluent in Samoan). Penehuro may be a good alternative.
- Colin's role is to help support and coordinate the Pacific team, and manage external stakeholders.
- Helen to link with Tofa on communication tools and what information to use from a contact tracing perspective.

Logistics

Discussion/Actions / Tasks

Workforce

- 4 ARPHS CCM teams – 1 CPH Remote Team (CDHB)
 - Currently staffed for 5 internal teams (configured in 4 actual CCM teams)
 - Advised teams are at full capacity and need to consider surge to 2 additional teams
 - Concern re: experience and team leadership to enable additional teams.
 - NRHCC has advised no further DHB deployments can be expected.
 - Includes additional deployments from SSH, WDHB Community, Hauora –approx 15 FTE in total.
- 7 Vaccinators have been trained but have not been allocated into teams, or included in the above (4 FTE)
- NRHCC have indicated that they have 200+ external people available, unknown skillset, experience or availability as yet
- Risk: MoH isolation requirements for HH contacts of people at LOI's impacting on CCM and support roster. Team have started tracking staff who have started isolation and planning for return based on MoH guidelines (assuming –ve tests).
- Risk: unannounced deployments still coming on site without screening or notification, need to reiterate to the region that they have to come via NRHCC
- Reporting & BAU Logistics functions impacted due to staffing pressure. Intel to look into workforce support, and to link to planning for staff that have been stood down for monitoring

Rostering

- Discussion with staff re: move to staggered starts for key roles to provide coverage at end of day

Facilities

- 650 Gt South Rd being considered for Pae Ora team. Facilities are ready for use.

Equipment

- No laptops available due to number of staff currently working from home

HR Staff Wellbeing

Discussion/Actions / Tasks

- National manager guides/ FAQ outlining leave provisions etc expected
- Draft wording sent yesterday to PIMS including information on meals and morning tea
- Unvaccinated staff lists sent to SMT for initial discussion
- Joined Logistics huddle in mornings for workforce planning

PIM / Communications

Discussion/Actions / Tasks

- Support packs for schools and businesses
- Communications with schools
- Stakeholder liaison with supermarkets, corporates
- Translated fact sheets – on website
- Resourcing for Samoan key messaging
- Internal comms
- Resourcing for a third PIM in the comms team

Response

Discussion/Actions / Tasks

1. Ensure staff wellbeing is monitored
2. Confirm team requirements – logistics and resources
3. Ensure EOC is setup and ready
4. Support IMT and deployed personnel
5. Single Points of Contact – Internal and External (See appendix 1)
6. Privacy – Data protection: Papers with Case information to be cleared from meeting rooms
7. Schedule of Meetings (See appendix 2)

Discussion:

- Clear communication
- Regional perspectives – what the communication into ARPHS should be
- Keith to link in with Mhairi for health alliance and set up a SPOC
- Function leads to remove old sitrep info
- Comprehensive handovers required– document in handover folders. Communicated clearly who is taking over. When people are off they are off.

Recovery

Discussion/Actions / Tasks

- [Risk Register](#)
- Tracking of debrief topics and improvement opportunities (please email ideas or issues for review to Response Manager - 9 (2) (a) [REDACTED]). Will be collated into the After Action Review section of the [OB Closure/Summary document](#).
- Standard practice for wellbeing and sustainable rostering principles underway, managed by other functions.

Appendix One

Single Points of Contact

Internal

Category	Role	Name	Email	Contact
IMT Operations Manager		Generic phone for role		9 (2) (a)
Response PHMS		Generic phone for role		9 (2) (a)
Training	Project Manager	Ally Holden	9 (2) (a)	9 (2) (a)
BAU	BAU Manager	Mhairi Porteous	9 (2) (a)	9 (2) (a)

External

Engagement with	Email	ARPHS Contact	Email	Contact
ARIQ / MIF		Felicity Williamson	9 (2) (a)	9 (2) (a)
Ministry of Education		Kathy Bendikson	9 (2) (a)	9 (2) (a)
MoH NORT - Toby		IMT Operations Manager		9 (2) (a)

Generic Emails for IMT and Operations

Email	Role
9 (2) (a)	ARPHS Incident Controller
9 (2) (a)	ARPHS Technical Advisory Group
9 (2) (a)	ARPHS Response Manager
9 (2) (a)	ARPHS Planning
9 (2) (a)	ARPHS Intelligence
9 (2) (a)	ARPHS Logistics
9 (2) (a)	ARPHS Operations
9 (2) (a)	ARPHS Welfare
9 (2) (a)	ARPHS Communications
9 (2) (a)	ARPHS Stakeholder Liaison
9 (2) (a)	ARPHS Support
9 (2) (a)	ARPHS Recovery
9 (2) (a)	ARPHS Cultural Welfare
9 (2) (a)	Pae Ora Generic Email
9 (2) (a)	ARPHS Pasifika Team
9 (2) (a)	ARPHS Jet Park Liaison
9 (2) (a)	ARPHS Testing
9 (2) (a)	CRU Logistics
9 (2) (a)	CRU Manager
9 (2) (a)	CRU Clinical Lead
9 (2) (a)	CRU Planning

Appendix Two

Standard Meetings Community or Border Related Cases

Time & Frequency	Meeting	Purpose	Attendees	Input / Comments
8:30 Daily	CRU Management Stand-up	Quick catch-up to discuss any evolving needs prior for leads	CRU Managers	CRU PA scheduled, as agreed with CRU Manager
8:30 – 9:00 Daily	NHRCC Meeting	Pre-Ministry of Health meeting. Coordination of outbreak actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	IC scheduled Intel Daily Reporting (Case Count, Outbreak reports)
9:00-10:00 Daily	MoH PHU Meeting	Outbreak updates, actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	MoH scheduled
9:00-9:30 Daily	CCM Leads Meeting		Operations Leadership	Ops Admin scheduled
9:30-10:00 Daily	CCM Operations Meetings		CCM Teams	Ops Admin scheduled
9:30-10:00 Daily	PHMS / Strategy		CD, PHMS, Planning	Ops Admin scheduled
10:00–11:00	Incident Management Team	Management of outbreak	Function Managers and TSAG	Action Plan and SitRep
10:15-11:00 Daily	Outbreak Management Team OR ARPHS IMT	Replaces CRU Management Meetings	OMT: IC, CD, CRU Lead, CRU Clinical Lead, Pae Ora & Pasifika Lead, Intel & Planning Manager, Workforce Logistics Manager, PIM	Ops Admin scheduled CRU PA cancel CRU Management as required.
11:00-12:00 Daily	Outbreak Meeting	Clinical and Operational Meeting for each Cluster	Ops Leadership, Intel SMO/Analyst	Ops Admin scheduled Multiple at different times if needed * Outbreak Strategy
12:30-1:30 Daily (for first 5 days of outbreak)	Capacity & Demand Meeting	Review workload and available resources, change ways of working, recommend changes in response levels, and review	OMT Clinical Team Manager Roster Team	Ops Admin scheduled • Roster Data • Capacity & Demand

atleast)		rostering of staff in advance.	Workforce Charts
1:30-2:00 Daily	CCM Operations Update		Ops Admin scheduled
3:00-3:30 Daily	NRHCC Meeting		IC scheduled
*if agreed with IC			
3:30-4:00 Daily	MoH Meeting		IC scheduled
*if agreed with IC			
4:00 – 4:30	End of Day Standup	Same as 0900	Ops Admin scheduled if required.

ARPHS COVID-19 IMT Situation Report (SitRep)

DRAFT

Incident Name: COVID-19		Incident Controller: William Rainger	
Date: 22/08/2021	Time: 1015hrs	SitRep #:005	Response day: 5
Prepared by: Intelligence Manager		Ph: 9 (2) (a)	
Approved by: Incident Controller			
IMT location: Room 330, Level 3, Building 15, GCC		IMT email:	
IMT: Jane McEntee, Maria Poynter, Daniel Channing, Hazel Rook, Victoria Butler, Helen Hayes, Keith Suddes, Laura Bocock, Campbell Johnson			
Meeting attendees: Ally Holden, Ankie Crosbie, Campbell Johnson, Catherine Kaumoana, Daniel Channing, Hazel Rook, Janine Kendall, Jo Goodfellow, Kathy Bendikson, Keith Suddes, Laura Bocock, Siniva Sinclair, Tofa Ramanlal			
via zoom: Maria Poynter, Collin Tukuitonga,			
SitRep distribution list: ARPHS IMT			
SitRep location: CIMS Activation > Intelligence > SitRep			
Action Plan location: CIMS Activation > Planning > Action Plan			
Outbreak folder location: COVID-19 > Outbreaks Community > C-0042			
IMT Risk register location: CIMS Activation > Response Manager > Risks			

Response Objectives:

Response Priorities:

1. Operating in accordance with the Outbreak Strategy
2. Ensuring locus of control
3. Case investigation, source investigation and interrupting transmission
4. Identify, confirm and isolate confirmed cases
5. Progress source investigation
6. Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness essential workers)
7. Ongoing stakeholder management through SPOC
8. Effective communications and PIM
9. Adapting to workforce constraints
10. Ensure staff wellbeing.

COVID-19 Alert Levels		ARPHS		Risk Assessment	
National	Regional	EOC Status	IMT Status		
Level 4	Level 4	Activated (18/8)	ORANGE Activated (18/8)	R4	S

*For information on Risk Assessment please refer to Appendix 1

Current Status across Auckland Region: as of 08:00hrs EpiSurv

MIF cases will be delegated to RPH

Date	Confirmed Community	Confirmed MIF	Other National Community	Under Investigation	Contacts	Hospital	Death
21/8	45	13	3	2	128 of 5,015	2	-
22/8	64	15	4	4	375 of 8,667	5	0

Incident Controller

Discussion/Actions / Tasks

Discussion:

- 17 new cases overnight for priority to continue the case interviews and tracing
- Assembly of God OB response is priority – Collin leading
- Focussed control strategy, especially to support essential workers and testing volumes being developed
- Pressure from locations of interest, with implications on workforce, both regionally and here at ARPHS.
- Manaaki support for those not being managed by APRHS
- After 5pm processes to be clarified today
- Notifications between 6pm and 8pm - initial contacts for result and isolation advice, key information gathering only

Key priorities:

- Case scoping and management
- Contact tracing and management
- Timely confirmation of locations of interest
- Progress source investigation
- Rostering for two weeks – 48 hours surge notification for additional DHB workforce.
- Maintain outbreak strategy
- Surge and Response – Increasing number of Pasifika team

Clinical

Situation:

- L4 lockdown but still case finding on the upswing side of epicurve. Expecting dozens of new cases, primarily through HH contacts.
- control priorities:
 - AoG cut-through
 - Identifying essential workers as quickly as possible within interviewing
 - Working focused control strategy through to ops implementation and PIM

Issues and risks:

- ** AoG coordination internally and r'ship
- High number of Samoan cases: HH transmission, higher risk of essential workers still able to transmit (because we know many Pacific Island peoples are essential workers), high comorbidities in Pacific peoples means hospitals are preparing for more hospitalised cases
- Need intell, ops v clear on the groups and reporting etc involved

Priorities:

- Strategy for focused control
 - MoH sign off today hopefully
 - MoH to drive other PHU support and comms I hope
- Ops work to streamline case interviewing:
 - Rapid ID of known links then move on if you can
 - Essential workers
 - Places people live, work/learn, play in that order
 - MoH working on an online form to get some cases and new contacts to fill out their LOIs/details prior to us doing full interview
- For comms to teams
 - AoG priority: need to find those cases!
 - Prioritising case interviews to be aware of:
 - Essential workers
 - Symptomatic HH or other close contacts

- Holiday Inn available for CC
- s70s for cases to JP is a known issue- MoH working on solution for today
- focused control coming- this will need quite a lot of introduction to CCM teams/ops

Planning

Discussion/Actions / Tasks

- Action Plan #1 in place until 25/08
- Outbreak Strategy documentation led by Tim Denison; Cam to attend daily OB Strategy meetings with PHMS' – Maria to forward and get Planning to finalise. Need to maintain overarching strategy and keep as live document – on-going - Working to finalise focused control strategy so it can 'go live' ASAP
- Capacity and demand meetings are running daily
- COVID H&S was signed off by Jane, Mhairi is making changes on 23/8 to visitor section to reflect current processes
- Operating model to be advised with potential to utilise office space in 650 Great South Road.
- Progression around remote working and options
- Screening of staff – link with logs, workforce work and planning
- Risk assessment around staff who are linked with LOI – link with Logs
- New COVID model developed by Gary Jackson predicting number of positive cases
- Plan to move to response level RED in the next 24hours
 - Adapting internal workflows and processes to align with the characteristics of this OB
 - Agreeing with MoH a revised and focussed control strategy, more ability to prioritise
 - Stand up 2 new teams as per our surge plan and request from NRHCC/DHBs approx. 30FTE who must already have been trained and/or have worked here
 - Working with NITC on optimal use of national PHU network including ? deployment of NORT
- Kathy is Planning Manager from Monday 23/8

Intelligence

Discussion/Actions / Tasks

- Continuing to work on source document and ensure new cases linked to outbreak and if not, investigating
- AOG focus
 - Test data with NITC and NRHCC to have as dedicated group
 - Cluster report established
- Tayla still sick - can work from home, still looking to handover today but I may need to be oncall
- Changes to board and looking to simplify reporting further today
- Some new processes established for sharing of intel re workforce and manaaki - now being emailed end of day by teams to support
- Quality performance reporting now available – see date report

Operations

Discussion/Actions / Tasks

- Teams scoped 21 cases yesterday alongside some tricky situations and stakeholders which was a phenomenal effort and needs acknowledging
- Crowne Plaza cluster – looking to utilise stood down staff to ensure 38 departees received letter and testing instruction
- AOG Church – ongoing stakeholder management led by Pasifika and supported by Ops - growing interest in wider Pasifika settings identified
- Concerns escalated regarding a lack of Manaaki referrals coming through from NITC –zoom yesterday with all parties, agreed new process but still pending referral report from NITC
- 24 Jet Park Transfers actioned yesterday, 24 mobile testing requests on hold until Monday and 185 manaaki referrals (50% so far are for Samoan families)

Risks

- Delays in getting lists of enrolments / congregations etc will impact on quality measures (messages for testing are going through organisations but we cannot verify uptake)

- SPOC team – ensure its working well with its resources – needs to be flexible and adapt to ops needs
- Currently all sx contacts are being distributed nationally and there is not a lot of reconciliation of testing going on due to volume and delay in getting lists – however we need to be mindful that at some point we could get pressure to ensure we are closing off EEs as Govt will want to consider lockdown levels

Pae Ora

Discussion/Actions / Tasks

- Developing a Roadmap around Pae Ora what it looks like for Maori staff: will put a plan in place for themselves and will feed this through: Forward this to Hazel
 - Hazel and Stefan to discuss on best way to manage team structure.
- Jona to assist Pae Ora who are unable to access their folders
- Welcome to Karen Wright – Clinical Lead
- No cases, but have a number of contacts.

Pacific Team

Discussion/Actions / Tasks

- Large number of Pacifica cases in the past few days, most linked to AOG church. Communication underway with church to help with planning.
- Tofa is looking at the response from a Pacific perspective, with workforce planning for Pacific team members in teams. Need to link in with other workforce planning work, and lessons learnt. To share with Stefan and Karen as Pae Ora would be similar.
- 11am meeting with AOG church will help with communications
- Wellington link with cases has national implications
- Masae is AOG SPOC (requirement to be fluent in Samoan). Penehuro may be a good alternative
- AOG church ministers connected and will address Samoan congregation directly with key messages
- Collin's role is to help support and coordinate the Pacific team, and manage external stakeholders.
- Helen to link with Tofa on communication tools and what information to use from a contact tracing perspective
- Additional admin staff required, Hazel to advise admin availability at testing sites
- 5.30pm meeting to be held today for debrief

Logistics

Discussion/Actions / Tasks

Workforce

- 5 ARPHS CCM teams (configured as 4) + 1 CPH Remote Team (CDHB)
- additional 6 Vaccinators arriving tomorrow, may have been vaccinating within last 2 weeks
- NRHCC currently reconciling list of previous surge staff, will provide availability ASAP.
- For patient facing surge staff we will need alternate location due to stand down period
- Screening process underway, including signs at doors, comms to all surge staff
- Focus on increasing resource for Logs, not keeping up
- A team of experience core staff working from home (isolating) will be setup by Wednesday
- RISK: No laptops available due to number of staff currently working from home
- Risk: large number of CCM staff isolating at home

HR Staff Wellbeing

Discussion/Actions / Tasks

- National manager guides/ FAQ outlining leave provisions etc expected
- Draft wording sent yesterday to PIMS including information on meals and morning tea
- Unvaccinated staff lists sent to SMT for initial discussion
- Joined Logistics huddle in mornings for workforce planning

PIM / Communications

Discussion/Actions / Tasks

- Support packs for schools and businesses
- Communications with schools
- Stakeholder liaison with supermarkets, corporates
- Translated fact sheets – on website
- Resourcing for Samoan key messaging
- Internal comms
- Resourcing for a third PIM in the comms team

Response

Discussion/Actions / Tasks

- Ensure staff wellbeing is monitored
- Confirm team requirements – logistics and resources
- Ensure EOC is setup and ready - EOC room available, further desks will be set up as needed
- Support IMT and deployed personnel
- Single Points of Contact – Internal and External (See appendix 1)
- Privacy – Data protection: Papers with Case information to be cleared from meeting rooms

Discussion:

- Interpreters (via phone) organised for weekend, will need to look at build a more sustainable process on Monday
- Support Pasifika Team resourcing needs – AOG priorities
- Function leads to remove old sitrep info
- Comprehensive handovers required– document in handover folders. Communicated clearly who is taking over. When people are off they are off.

Recovery

Discussion/Actions / Tasks

- [Risk Register](#)
- *Tracking of debrief topics and improvement opportunities (please email ideas or issues for review to Response Manager 9 (2) (a) [REDACTED] Will be collated into the After Action Review section of the [OB Closure/Summary document](#).*
- *Standard practice for wellbeing and sustainable rostering principles underway, managed by other functions.*

Appendix One

Single Points of Contact

Internal

Category	Role	Name	Email	Contact
IMT Operations Manager		Generic phone for role		9 (2) (a)
Response PHMS		Generic phone for role		9 (2) (a)
Training	Project Manager	Ally Holden	9 (2) (a)	9 (2) (a)
BAU	BAU Manager	Mhairi Porteous	9 (2) (a)	9 (2) (a)

External

Engagement with	Email	ARPHS Contact	Email	Contact
ARIQ / MIF		Felicity Williamson	9 (2) (a)	9 (2) (a)
Ministry of Education		Kathy Bendikson	9 (2) (a)	9 (2) (a)
MoH NORT - Toby		IMT Operations Manager		9 (2) (a)

Generic Emails for IMT and Operations

Email	Role	User Name	Password
9 (2) (a)	ARPHS Incident Controller	arphsic	9 (2) (a)
9 (2) (a)	ARPHS Technical Advisory Group	arphstag	9 (2) (a)
9 (2) (a)	ARPHS Response Manager	arphsresponsemanager	9 (2) (a)
9 (2) (a)	ARPHS Planning	arphsplan	9 (2) (a)
9 (2) (a)	ARPHS Intelligence	arphsintel	9 (2) (a)
9 (2) (a)	ARPHS Logistics	arphslogs	9 (2) (a)
9 (2) (a)	ARPHS Operations	arphsops	9 (2) (a)
9 (2) (a)	ARPHS Welfare	arphsemergencywelfare	9 (2) (a)
9 (2) (a)	ARPHS Communications	arphscomms	9 (2) (a)
9 (2) (a)	ARPHS Stakeholder Liaison	arphsliason	9 (2) (a)
9 (2) (a)	ARPHS Support	arphssupport	9 (2) (a)
9 (2) (a)	ARPHS Recovery	arphsemergencyrecvry	9 (2) (a)
9 (2) (a)	ARPHS Cultural Welfare	arphsculturalwelfare	9 (2) (a)
9 (2) (a)	Pae Ora Generic Email		
9 (2) (a)	ARPHS Pasifika Team		
9 (2) (a)	ARPHS Jet Park Liaison	ARPHSJetParkLiaison	9 (2) (a)
9 (2) (a)	ARPHS Testing	ARPHSTesting	9 (2) (a)
9 (2) (a)	CRU Logistics		
9 (2) (a)	CRU Manager		
9 (2) (a)	CRU Clinical Lead		
9 (2) (a)	CRU Planning		
9 (2) (a)	CRU Intelligence		
9 (2) (a)	CRU Operations		

Appendix Two

Standard Meetings Community or Border Related Cases

Time & Frequency	Meeting	Purpose	Attendees	Input / Comments
8:30 Daily	CRU Management Stand-up	Quick catch-up to discuss any evolving needs prior for leads	CRU Managers	CRU PA scheduled, as agreed with CRU Manager
8:30 – 9:00 Daily	NHRCC Meeting	Pre-Ministry of Health meeting. Coordination of outbreak actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	IC scheduled Intel Daily Reporting (Case Count, Outbreak reports)
9:00-10:00 Daily	MoH PHU Meeting	Outbreak updates, actions, priorities and information.	IC / CD or CRU Mgr / CRU CL	MoH scheduled
9:00-9:30 Daily	CCM Leads Meeting		Operations Leadership	Ops Admin scheduled
9:30-10:00 Daily	CCM Operations Meetings		CCM Teams	Ops Admin scheduled
9:30-10:00 Daily	PHMS / Strategy		CD, PHMS, Planning	Ops Admin scheduled
10:00–11:00	Incident Management Team	Management of outbreak	Function Managers and TSAG	Action Plan and SitRep
10:15-11:00 Daily	Outbreak Management Team OR ARPHS IMT	Replaces CRU Management Meetings	OMT: IC, CD, CRU Lead, CRU Clinical Lead, Pae Ora & Pasifika Lead, Intel & Planning Manager, Workforce Logistics Manager, PIM	Ops Admin scheduled CRU PA cancel CRU Management as required.
11:00-12:00 Daily	Outbreak Meeting	Clinical and Operational Meeting for each Cluster	Ops Leadership, Intel SMO/Analyst	Ops Admin scheduled Multiple at different times if needed * Outbreak Strategy
12:30-1:30 Daily (for first 5 days of outbreak atleast)	Capacity & Demand Meeting	Review workload and available resources, change ways of working, recommend changes in response levels, and review rostering of staff in advance.	OMT Clinical Team Manager Roster Team	Ops Admin scheduled • Roster Data • Capacity & Demand Workforce Charts

1:30-2:00 Daily	CCM Operations Update		Ops Admin scheduled
3:00-3:30 Daily	NRHCC Meeting		IC scheduled
*if agreed with IC			
3:30-4:00 Daily	MoH Meeting		IC scheduled
*if agreed with IC			
4:00 – 4:30	End of Day Standup	Same as 0900	Ops Admin scheduled if required.

Writer: Dr Lavinia Perumal, ARPHS

Date: 22.08.2021

Draft: Final

ARPHS: Phase 2 (Focused control: elimination strategy)

Brief evolving outbreak status	<p>The current public health response is becoming unsustainable due to:</p> <ul style="list-style-type: none"> • Increasing wide transmission and case numbers • Multiple locations of interest • Large numbers of 'contact groups' • Increasing complexities in source finding and case linking • Increasing number of close contacts needing follow up due to the current more widely applied 'close contact' definition
Key aims Phase 2	<p>Typically in Phase 1 of an Outbreak Strategy, the aim would be to 'Keep it Out'; focusing on prevention (e.g. vaccination, education) and border detection measures.</p> <p>In Phase 2 (Focused Control), where there is a need to <u>focus existing resources</u> to control an outbreak, the aims are:</p> <ul style="list-style-type: none"> • Prevent further transmission to high-risk contacts and within high risk settings, recognising that public health response needs to prioritise high risk populations • Contact management and management of locations of interest cannot always be personalised (depends on risk) • Support sustainability of critical workforce • Ensure health equity across populations and upholding te Tiriti o Waitangi • Streamline case interviewing to focus on key details and identify any possibilities for on-going transmission/public health control

Case Management

Isolation	<ul style="list-style-type: none"> • ARPHS to maintain all regional case management. Manage as per usual protocol • All cases to be in isolation and move to a MIQF¹ (Jet Park). Follow capacity of MIQF to have community cases.
Interview, counselling, education about COVID19	<ul style="list-style-type: none"> • Interview by phone. Focus remains on: <ul style="list-style-type: none"> ○ Identification of household and other close contacts who are essential workers ○ Rapidly identify institutions/ high risk LOIs through a 'usual daily patterns' interview particularly where there is high likelihood or impact of spread (high risk² settings) ○ source investigation- but rapidly move from this if source is known ○ Focus on required fields • Ensure adequate social and welfare support (focus on culturally appropriate supports)

¹ MIQF: Managed Isolation Quarantine Facility

² **High Risk Settings:** They are considered High Risk settings based on consequences of a poorly controlled/managed outbreak from the onset e.g. Aged Residential Care (ARC), Corrections Facilities, Places of Worship, and Marae.

Contact management

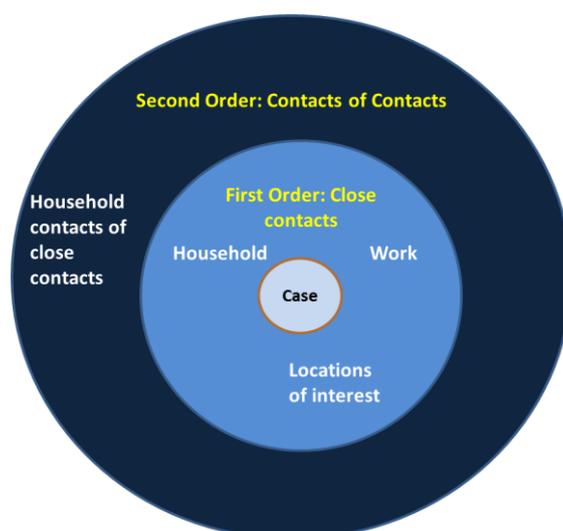


Figure 1: Picture of current First Order and Second Order contacts for Delta COVID19 variant approach

Close contacts (first order ³) based on setting ⁴	Description	Approach
Household contacts/ whānau contacts	All household/ whānau contacts with likely direct exposure to a confirmed case. Managed by ARPHS	<ul style="list-style-type: none"> • Contact management to be done by ARPHS for all household contacts of a confirmed case. • HH close contacts that cannot safely isolate can go to an MIQF (Holiday Inn) under a section 70 • Minimise symptom checks: After initial first phone call and contact interview, ARPHS will only proactively check for symptoms/welfare on Days 3, 7 and 14 by phone call/texts/emails (preferred method). <ul style="list-style-type: none"> ○ Contacts will be risk assessed at initial call to assess welfare and vulnerability and ability to isolate safely. Information packs detailing what to expect, what to do and who to contact will be shared. ○ If ARPHS has any concerns, staff may phone contacts daily. This will minimise inequitable outcomes. ○ Testing will be as per MoH recommendations • Household /whānau pack to be developed and used/sent to ensure good communication and key messages maintained.
Non-high risk settings institutions	The place where the case studies or works at	<ul style="list-style-type: none"> • ARPHS to initially support organisations identified from case interviews inc. providing appropriate information

³ First order contacts: refer to Figure 1. Contacts that may have had direct exposure with a confirmed case

⁴ Settings based on where they live, work, study, worship, visit and play

<p>contacts e.g. Workplace/ Educational Institution</p>	<p>where contact exposure may have occurred directly.</p> <p>Educational institutions includes ECECs/Primary and Secondary Schools/Tertiary Institutions.</p> <p>Contacts managed by NITC</p>	<p>packs (e.g. whānau /educational/ business) and ARPHS SPOC⁵ advice</p> <ul style="list-style-type: none"> • Where appropriate, organisation(s) to identify staff/ clients who are close contacts, ARPHS to provide a template to be completed by organisation for this purpose, which will then be delegated to Healthline/NITC⁶ for bulk upload and on-going management <ul style="list-style-type: none"> ○ Main advice for these contacts: Isolate, get a test, and NITC/Health line will contact you. ○ NITC will follow using their processes and delegate to another PHU if appropriate ○ NITC may re-classify close contacts down to 'casual +'⁷ with more detailed exposure event/LOI risk assessment ○ NITC will prioritise what information needs to be summarised in the Locations Of Interest webpage ○ NITC will review the need for COVID tracker push notifications and deploy appropriately ○ NITC to provide advice on what HH contacts (second order) should do. Second order contacts to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making • Resources to be shared by ARPHS (with specific manāki advice, as well as linguistically and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Educational Institutions Pack ○ Business/Workplace Pack • Ensure <i>ARPHS COVID-19 SOP: Case or Contact at a School or Early Learning Service</i> is up dated and current • At ARPHS discretion, some organisations may remain under ARPHS follow up if there is a higher perceived risk of greater case development within that cluster
<p>High Risk Setting: Places of Worship (e.g. Church/ Mosque)</p>	<p>Religious places where a localised outbreak is more likely to occur needing agile local response</p> <p>Managed by ARPHS</p>	<ul style="list-style-type: none"> • ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. place of worship church/ mosque packs) ○ Ensure liaison with an ARPHS SPOC advice ○ Ensure liaison with Pacific Team as appropriate • Organisation to identify close contacts and provide list of close contacts back to ARPHS- that ARPHS will manage

⁵ SPOC: Single Point of Contact

⁶ NITC: National Investigation and Tracing Centre

⁷ Casual + contact: Contacts that may have been exposed to case but are not close contacts

		<ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Resources to be shared by ARPHS (with specific manāki advice and culturally and linguistically appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Place of Worship: Church Pack ○ Place of Worship: Mosque Pack
<p>High Risk Setting: Primary Healthcare / Private Secondary Care facilities/ A and E (Inc. Dentists/ Pharmacies/ Vaccination Clinics/ COVID Testing centres)</p>	<p>Close contacts attached to a Primary Healthcare / Private Secondary Care facilities/ A and E site (e.g. DHB hospital/OPC)</p> <p>Managed by NITC</p>	<ul style="list-style-type: none"> ● ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. healthcare packs) <ul style="list-style-type: none"> ▪ Info for staff/ clients/patients/ visitors/ second order contacts ○ Ensure liaison with an ARPHS SPOC advice ○ Need to ensure ability to identify close contacts appropriately. Organisations may be able to triage their staff/clients. Staff in appropriate PPE gear who followed IPC procedures may be exempted from the quarantine and testing needed by other close contacts. ○ ARPHS to provide a template to be completed by organisation which is then given to Healthline/NITC for bulk upload ○ Main advice for these contacts: Isolate, get a test, and NITC/Health line will contact you. ● NITC will follow using their processes <ul style="list-style-type: none"> ○ NITC may re-classify close contacts down to 'casual +' with more detailed individual risk assessment (TBC) ○ NITC may delegate follow up to another PHU ○ NITC to provide advice on what their HH contacts (second order) should do. Second order contacts to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ○ Second order contacts will need to comply with Section 70 notice. ● Resources to be shared by ARPHS (with specific manāki advice and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Health Care Pack (with input from primary care and pharmacy via NRHCC⁸ and PHO clinical leads)

⁸ NRHCC: Northern Region Health Coordination Centre

		<ul style="list-style-type: none"> At ARPHS discretion, some organisations may remain under ARPHS follow up if there is a need for greater local involvement
<p>High Risk Setting: Public Secondary Care - DHB sites</p>	<p>Close contacts attached to a public secondary health care site (e.g. DHB hospital/OPC)</p> <p>These organisations are used to dealing with health matters and already have pre-existing coordinated shared response plans</p> <p><i>Managed in combination by DHB IMT, ARPHS and NITC</i></p>	<ul style="list-style-type: none"> ARPHS to initially alert the organisations and support them with a SPOC. All contact management to be done as per agreed SOP (ARPHS has a <i>COVID-19 SOP: DHB Staff, Contractor or Patient as a Case or Contact</i>) between the regional DHBs (Occ Health, Infec Control) and ARPHS. DHBs to ensure lists of close contacts shared with ARPHS. ARPHS to upload into NCTS. If close contact becomes a case, their follow up is transferred to ARPHS by the DHB team. ARPHS will be notified of discharged patients, visitors or staff that no longer work for the DHB. ARPHS will delegate these contacts to be managed by NITC. Resources to be shared by ARPHS: <ul style="list-style-type: none"> Whānau Pack- that DHB can use if appropriate Ensure regional SOP remains current (i.e. updated to take into account delta variant) Currently, vaccination status of ‘close contact’ does not influence decision making Second order contacts will need to comply with Section 70 notice.
<p>High Risk Setting: ARC</p>	<p>Close contacts attached to an ARC</p> <p>High risk setting due to morbidity and mortality risks. Likely multiple stakeholders regionally</p> <p><i>Managed by ARPHS</i></p>	<ul style="list-style-type: none"> ARPHS to support organisations identified by: <ul style="list-style-type: none"> Activating any pre-agreed SOP (ARPHS has a <i>COVID-19 SOP: Residential Care Facility Case, Alert and Outbreak Management</i>) Ensure liaison with an ARPHS SPOC advice Organisation to identify close contacts (staff/patients/visitors) and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> Second order contacts will need to comply with Section 70 notice. Currently, vaccination status does not influence decision making Currently, vaccination status of ‘close contact’ does not influence decision making Second order contacts will need to comply with Section 70 notice. Resources to be shared by ARPHS: <ul style="list-style-type: none"> Whānau Pack- that DHB can use if appropriate Ensure regional SOP remains current (i.e. updated to take into account delta variant)
<p>High Risk setting: Corrections</p>	<p>Close contacts attached to a</p>	<ul style="list-style-type: none"> ARPHS to support organisations identified by: <ul style="list-style-type: none"> Activating any pre-agreed SOP (ARPHS has a

<p>Facilities</p>	<p>Corrections Facility</p> <p>High risk setting due to physical environment (high risk transmission) Likely multiple stakeholders regionally</p> <p>Managed by ARPHS</p>	<p>COVID- 19 SOP: Prison case, Contact and Outbreak Management)</p> <ul style="list-style-type: none"> ○ Ensure liaison with an ARPHS SPOC advice ● Organisation to identify close contacts (staff/clients/visitors) and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Currently, vaccination status of ‘close contact’ does not influence decision making ● Second order contacts will need to comply with Section 70 notice. ● Resources to be shared by ARPHS: <ul style="list-style-type: none"> ○ Whānau Pack- that DHB can use if appropriate ○ Ensure SOP remains current (i.e. updated to take into account delta variant)
<p>High Risk Setting: Marae</p>	<p>Mārae where a localised outbreak is more likely to occur needing agile local response</p> <p>Managed by ARPHS</p>	<ul style="list-style-type: none"> ● ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. whānau pack/ mārae pack) ○ Ensure liaison with an ARPHS SPOC advice ○ Ensure liaison with Pae Ora team ● Organisation to identify close contacts and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Resources to be shared by ARPHS (with specific manāki advice and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Mārae Pack
<p>All other 'locations of interest' (LOI) where exposure warrants contacts being made 'close'</p>	<p>Close contacts who have been at a LOI that a confirmed case has been at during their infec. period</p> <p>Non high- risk setting (may get cases but may be managed by NITC)</p>	<p>Manage as per ‘<i>Non-high risk settings institutions</i>’ above.</p>

<p>*Essential workers (including HCWs)</p>	<p>Close contacts who are identified as essential workers who have likely had <u>direct exposure with the case</u></p>	<ul style="list-style-type: none"> • Manage as per above settings- as all considered close contacts • Currently, vaccination status does not influence decision making
<p>*At risk persons</p>	<p>Close contacts who are identified as elderly, pregnant, immune compromised</p>	<ul style="list-style-type: none"> • Manage as per above settings based scenarios.
<p>*Vaccinated individuals</p>	<p>Anyone identified as a close contact who has been fully/partially vaccinated</p>	<ul style="list-style-type: none"> • Manage the same as all close contacts regardless of vaccination status. • Currently vaccination status does not change management of close contacts
<p>Household contacts of contacts (Second Order)</p>	<p>Description</p>	<p>Approach</p>
<p>Usually household members of a close contact</p>	<p>These are household contacts of a close contact</p>	<ul style="list-style-type: none"> • ARPPHS does not need to be notified of their details. • They need to follow section 70 requirements from MoH/ Government: <ul style="list-style-type: none"> ○ do not need a swab ○ minimum of 5 days quarantine at home until the Day 5 results of the actual close contact being tested is negative and they remain asymptomatic (and the whole HH is also asymptomatic) <u>or</u> ○ until after an earlier negative test result if contact between the two people in the household had ceased and they remain asymptomatic (and the whole HH is also asymptomatic) • This information must be captured in any information packs/ website resources at ARPHS
<p>Vaccinated (fully) second order contacts who are essential HCWs in a DHB</p>	<p>Anyone who works in health from primary to secondary including ARC facilities – Inc. cleaners/ lab</p>	<ul style="list-style-type: none"> • The direction under section 70 does not apply to persons who are required to provide an essential health service (being a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals) as long as the following conditions are met: <ol style="list-style-type: none"> 1. The person is fully COVID 19 vaccinated (e.g.

	<p>staff/ etc.- anyone who the organisation deems as essential to the running of the service</p> <p>Aim: to maintain safe delivery of care</p>	<p>having received 2 injections of the Pfizer/BioNTech COVID-19 vaccine);</p> <ol style="list-style-type: none"> 2. The close contact of the household member has been tested for COVID-19 following the exposure event and has received a negative result; 3. The negative test result must be from a RT-PCR test (a test for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral ribonucleic acid using reverse transcription polymerase chain reaction); and 4. No household members have symptoms of COVID-19. <ul style="list-style-type: none"> • Hence, if the close contact in the HH has their first test come back negative, remains asymptomatic, and everyone in the household remains asymptomatic and the fully vaccinated HCW is also asymptomatic, the HCW can return to work and must follow their organisation’s guidance. <ul style="list-style-type: none"> ○ HCW must inform employer and get agreement to return to work ○ HCW to follow any instructions inc. PPE use as requested by their employer • Partially vaccinated/ unvaccinated staff must otherwise follow Section 70 requirements
Casual (+) contacts		
<p>This usually covers contacts that may have had some exposure but not enough to warrant them being a close contact</p>	<p>These are people who may/may not have had fleeting exposure at a location of interest (but not within specified timelines)</p>	<ul style="list-style-type: none"> • At Level 4 lockdown, everyone is to remain home. • Test as per MoH recommendations • Quarantine while day 5 test result is pending. • If symptoms develop after day 5, test and stay at home while test result is pending.