Date and Time: Friday, 30th July 2021 (12.30 hrs. to 13.30 hrs.)

Venue: Via Zoom only

Members: Charlotte Lay, Emma Maddren, Ian Dittmer, Kieron Millar, Liz Boucher, Marina Reyes, Mark Edwards, Mark Friedericksen, Mel Dooney, Michael Shepherd, Taylor Carter, Wendy Stanbrook-Mason, Jennie Montague, Nicole Hillis.

Apologies: Ailsa Claire, Alex Pimm, Anita Jordan, Anthony Jordan, Carly Orr, Duncan Bliss, Greg Williams, Ian Costello, Margaret Dotchin, Margaret Wilsher, Maxine Stead, Richard Sullivan, Sally Roberts, Vicki Nuttall.

Scenario: Delta Variant - 42 Year old Female on ED requires oxygen, she has been sick for 3 days and came out from MIQ 5 days ago, she has got at home 4 close family members in self isolation and all ok but she has a big family and got a number of contacts across the Metro Region, they have been contacted now and they will be isolating.

TRIGGERS		
	Barometer	**Comments**
Community Prevalence	Low	- As it is a community case
Volume or Complexity of possible/actual patients with COVID-19	Moderate	- Taking Hospital as it is as the moment as we are having high presentations of respiratory cases
Wellbeing of our people	Moderate	- Currently we are having moderate increase - MSh The one thing that would modify that is that if we understood our staff vaccination better the risk might be different
Workforce capacity	Red	- As we would need to support staff for ARPHS
External	Mild	- We would need to cease vaccination
Volume or Complexity of non COVID-19 work	Moderate	- Stress is more the workforce that amount of work

CONTROLS (ON/OFF on escalation tool)	
LOW PREVALENCE	**Comments**
Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	- Risk screen all patients prior to attending on site appointments or community care – take out as BAU - Review and update screening protocols and processes as necessary – Being done but we should take this away - Physical distancing signage and physical changes to spaces – Don't think we are properly set up to do the physical distancing thing - Implement compulsory face coverings and supply face

	coverings at entrances – Strongly encouraged not compulsory - Restrict onsite worker access (for employees, contractors and people where ADHB is their place of work) to essential work-related activities only – to be reviewed tomorrow, we want less people on site - Introduce patient and visitor screening at points of entry for all ADHB sites – we never had this on
Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation Deployment of our People & Resources	- Implement community based models for vulnerable populations where appropriate – connected with NRHCC work, we should review this one
Supportive Measures for our People's Safety & Wellbeing	- Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community – we should work on this one and Occ Health Team should review - Inform and deploy vulnerable staff to safe work arrangements – In ED or 7A, this is already in process, we shouldn't work around this at all - Support staff to stay home if they are unwell and to isolate as required – this is a BAU - Support staff whose role intensity will increase significantly with an escalating COVID situation – this is a ED or 7A kind of space, maybe we should change wording to COVID-19 specific areas - Promote digital documentation of COVID response and planning works that can be accessed appropriately by the required people – this should be a BAU thing - Review PPE stock usage and test scenarios to maintain critical stock holdings – this is constantly done on IMT Procurement Meetings, to take off as BAU - Take actions to ensure supply chain resilience – to take off as BAU - Promote hand hygiene and other harm reduction policies related to infectious disease transmission – this is a BAU, Liz to talk to cleaning services
Patient Streaming Pathways	- Use standard patient management pathways – BAU - Activate critical care escalation plan stage 1 – this work was never completed - Non-invasive ventilation pathway activated for possible, probably or confirmed COVID-19 – we have this pathway already and is BAU - Identifying side room availability by CHIPS, and regular eview of side room allocation – this is BAU - Open Ward 7A to COVID-19 suspected/confirmed patients – this has been BAU for a while now - Utilise rapid testing to expedite best practice – been

	doing this already, BAU - Separate patients with suspected COVID-19 from other patients – has been doing this already, BAU - Use screening tool for all patients (inpatient, outpatient, community) – has been doing this already, BAU - Activate critical care escalation plan - stage 2 – has to be reviewed
Training & Education	- Undertake training and education in managing whānau distress and conflict relating to quarantine. Engage with Kaumatua and community groups – to be reviewed as not sure what this one means - Fit-test all staff for face masks - prioritise high risk areas – should be BAU, probably to change the wording - Ongoing training of staff to enable effective and consistent patient/visitor screening – we need to work around this one
HIGH PREVALENCE	**Comments**
Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	- Restrict visitor access with exceptions for young and vulnerable patients and on compassionate grounds only – seems to be too strong, should be reviewed
Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation Deployment of our People & Resources	- Centralise, monitor and distribute resources - people, space and PPE – BAU - Prioritise PPE to essential services - BAU
Supportive Measures for our People's Safety & Wellbeing	None
Patient Streaming Pathways	None
Training & Education	None

Conclusion:

- Based on this information we can work on comms improvements, guidance and what to expect
- As IMT we would be establishing a small group to start with to be monitoring the situation on Fridays and depending what happens during the weekend we would re-establish the whole IMT group the next week
- What key information are we monitoring for and what trigger our response
- Data wise we would want to know what the regional activity was and any contribution we needed to make there particularly if there were regional decisions that might impact us or that we might contribute to, also potential work around national advice and government comms. Also we would looking for the Public Health Response in Vax response, and what that means around reducing

the community transmission risk but also flow of resource from one part of the system to another, likely the vaccination would be concentrated on this case. Also looking at external and internal factors. What look like is that all comms are very standard but people needs to find something new (why this is relevant to me and why is this different, what is new). Would work on HIPPO better and information we provide there and how

- Would try to understand the impact of request for standing up Workforce to ARPHS with the acute situation we have currently, where a nurse we would find the staff to do so and think about the immunization places Mass Vax going on, we would set grounds for people getting vaccinated, we would try to reduce this or use the momentum to have more people vaccinated
- We would be in a moderate outbreak we have been tasked to reconcile our surge workforce within 72hrs 20FTEs to ARPHS in critical situation and working on this now and the process, also we have requested ARPHS to rapid up skilling some of our vax staff so doesn't take from the hospital staff, this is already on-going
- OIA for admin staff to do swabbing's while the contact tracing has to be done by a registered professional according to ARPHS
- We cannot rely on the fact that people is vaccinated as you can still get sick and we have to be aware and conscious about it
- How can we safely do a similar kind of comms or exercise without panicking staff, are you ready, have you thought about this kind of thing
- How to support Occ Health as well
- We need to let Leaders know what they need to do, mostly during weekends
- Liz will work on this Escalation Tool, review, work on the wording and let the people on this group know and regroup in a week if possible

ESCALATION PLAN

TRIGGERS & IMPACTS

	Disproportionate Impact For Māori & Pacific					Describe specific current impact	FORECAST: describe where we might be heading
COMMUNITY PREVALENCE	• Community prevalence and transmission of COVID. • Disproportionate impacts for Māori and Pacific. — No Impact	• **Very Low** – In the previous week there were no new cases that at the time of swab were not known close contacts — No Impact	• **Low –** In the previous week <35 new cases without an already established known contact — ADHB System-Wide Impact	• **Medium** – In the previous week confirmed community transmission beyond known contacts, ≥ 35 new cases per week without known source — No Impact	• **High** – In the previous week widespread confirmed community transmission – inability to contact trace — No Impact		
VOLUME OR COMPLEXITY OF POSSIBLE / ACTUAL PATIENTS WITH COVID-19	• Māori & Pacific overrepresented in patient numbers. • Acuity of Māori/Pacific patients is disproportionate. — No Impact	• Little to no patients with suspected/ confirmed COVID-19 presenting to DHB services • Presentations of ILI / viral illness very mild. Should this be consistent with low seasonal prevalence. — No Impact	• Small numbers of patients with suspected/confirmed COVID-19 presenting to DHB services. • No impact on ability to deliver BAU services. • Presentations of ILI / viral illness mild. — No Impact	• Moderate number of COVID-19 suspected/confirmed patients across DHB or focally. • Moderate impact on BAU, and clinical work. • Increasing numbers of patients with co-morbidities and COVID-19. • Moderate presentations of ILI & Viral illness. — ADHB System-Wide Impact	• Large numbers of COVID-19 suspected/confirmed patients, mainly presenting acutely. • Major impact on ability to do BAU either in focal areas and/or across DHB. — No Impact		
WELLBEING OF OUR PEOPLE	• Disproportionate increase in sick leave and EAP uptake for Māori &Pacific staff . • Some increase in feedback/comments expressing anxiety or uncertainty to organisational platforms from Māori & Pacific staff. — No Impact	• Usual number of staff on sick leave, usual rates of staff turnover and usual EAP uptake. • Usual volume of comments/feedback to organisational platforms. • Usual uptake of annual leave. — No Impact	• Some increase in sick leave (outside anticipated seasonal increase). • Some increase in EAP uptake. • Some increase in feedback/comments to organisational platforms. — No Impact	• Moderate increase in sick leave - especially 1 day leave. • Moderate increase in EAP uptake • Moderate risk of transmission to staff/some failures in protective measures. — ADHB System-Wide Impact	• Significant impact from sick leave High volumes of sick leave. • Significant risk of transmission to / significant failures in protective measures. — No Impact		
WORKFORCE CAPACITY	• Disproportionate staff sickness/isolation related leave in areas related to delivery of care or support to Māori and Pasifika communities or patients. •Increased pressure on Maori and Pacific workforce. — No Impact	• No deployment of staff to COVID-19 related roles or activity. • No mandatory government controls or restrictions impacting on normal childcare etc. — No Impact	• Low level government alert levels/mandatory restrictions in place. • Mild impact of sick leave on overall or focal workforce capacity • Small number of staff deployed to COVID-19 related roles or activities - either delivering care or planning / response. — No Impact	• Sickness/stand down leave critical workforce shortages able to be covered by deployment but restricting delivery of BAU • Increasing demand on workforce creating capacity challenges. • ARPHS / MIFQ requests — ADHB System-Wide Impact	• Sickness/stand down leave critical workforce shortages not able to be covered by deployment. • Critical demand overall or in focal areas overwhelms workforce capacity. — ADHB System-Wide Impact		
EXTERNAL eg. vaccine, new faster testing, new lab opens, harbour crossing, natural disaster, supply chain disruptions	Disproportionate impact of external factor(s) on Māori or Pasifika communities and/or ADHB staff — No Impact	• External factor with positive impact on ADHB. No external factors impacting ADHB — No Impact	Mild impact of external factor(s) on ADHB — ADHB System-Wide Impact	Moderate impact of external factor(s) on ADHB — No Impact	Significant impact of external factor(s) on ADHB — No Impact		
VOLUME OR COMPLEXITY OF NON COVID-19 WORK	• Māori & Pacific overrepresented in patient numbers. • Acuity of Māori/Pacific patients is disproportionate. — No Impact	• No change from normal seasonal variation in patient numbers and complexity. No change in normal variation volume or complexity of work — No Impact	• Mild increase in patient presentation volumes and complexity. Mild increase in normal (within range) volume or complexity of work — No Impact	• Moderate increase in patient presentation volumes or complexity challenging ability to deliver safe COVID-19 patient pathways. Moderate increase in normal (within range) volume or complexity of work — ADHB System-Wide Impact	High increase in patient presentation volumes and complexity. High increase in normal (within range) volume or complexity of work — No Impact		

ESCALATION PLAN

CONTROLS & SETTINGS

LOW prevelan

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation	Deployment of our People & Resources	Supportive Measures for our People's Safety & Wellbeing	Patient Streaming Pathways	Training & Education
• Maintain whanau as partners in care for as long as is safe.	• Deliver as much planned care as possible - prioritising Maori and Pacific	• Deploy staff resources to where they are needed most to maintain safe delivery of care	• Recognise that staff are members of whānau and community. • Build system resilience to support staff • Holistic view of wellbeing.	• Prioritise equitable access of care • Create patient flows which maintain ability to deliver best possible care safely	• Maintain training and education to support pipeline of healthcare workers. • Utilise alternative modes as required.
Implement targeted communication strategies to reassure Māori, Pacific and all whānau it is safe to access the care they need. ON	Communicate with community regarding accessing acute care. ON	Escalate concern and activate support systems identified by Māori and Pasifika in planning stages. ON	Support staff to access local testing if they have COVID/ILI symptoms ON	Activate critical care esclation plan - stage 1 OFF	Utilise alternative training delivery methods (online, small groups, at point of use, etc.) to maintain training and development. ON
Promote the use of COVID-19 tracer app. ON	Implement alternative models and modalities of care where hospital-based care is not essential. ON	Empower Māori andPasific leadership to maximise delivery of care to Māori and Pacific patients and communities. ON	Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community. ON		Focus on teams and communication - address specific issues relating to communication and staff identification for example when in PPE. ON
Support face coverings for members of the public. ON	Prioritise organisational works (i.e. facilities-works related to infection prevention and control). ON	Deploy Māori and Pacific staff to provide increased support to their communities. ON	Inform and deploy vulnerable staff to safe work arrangements. OFF		Train or practise ways of working which can change and adapt in response to the COVID situation. ON
Physical distancing signage and physical changes to spaces ON		Encourage remote working arrangements for staff not required to be onsite with clear and affirming messaging. OFF	Plan for and test scenarios of major or significant staff impact. ON		Plan for and test alternate ways of working/delivering care in response to possible restrictions and risks associated with COVID-19. ON
Engage with the public reinforce not attending appointments with COVID-19 symptoms. ON		Monitor and evaluate stock and resource use and adjust use and prioritisation as appropriate. ON	Initiate staff tracing/contact pathways and management. ON		Prioritise staff training and professional development related to COVID-19. ON
		Identify roles and staff who can be appropriately deployed - consider staff and their ability to contribute to their own communities. ON	Routine staff surveillance testing in line with national programme OFF		Undertake additional training and upskilling of surge capacity staff - consider unforeseen consequences of deploying staff. ON
		Ensure staff who could be deployed understand contingency plans and their roles in those plans. ON	Support staff in COVID-19 specific areas whose role intensity will increase significantly with an escalating COVID situation. ON		Undertake training and education in managing whānau distress and conflict relating to quarantine. Engage with Kaumatua and community groups. OFF
		Ensure technology and resource is available to staff who can work remotely from home when and if the COVID response escalates. ON	Promote and implement increased COVID-19 leadership visibility across the organisation. ON		
		Identify and empower Māori and Pasifika staff to take lead roles in establishing community links. ON			
		Empower community to guide us around leadership and to direct ways in which ADHB can support Māori and Pasifika communities. ON			
Strongly encourage face coverings and supply face coverings at entrances ON	Engage with Māori and Pacific community to empower them to access acute care. ON	Deploy staff to priority clinical areas and COVID support activity. OFF	Prepare teams for escalating scenarios. ON	Activate critical care esclation plan - stage 2 OFF	Limit on-site and face-to-face training and utilise alternative methods where available. OFF
Encourage wider use of compassionate access to prioritise Māori and Pacific visitor access. ON	Implement community based models for vulnerable populations where appropriate. OFF		Support identified vulnerable staff with returning to usual place of work. OFF	Review and agree ARC flows with regional ARC steering group (in and out of hosptial.) ON	Deliver training and education for immediate safety - deliver in small bites at point of use. OFF
Restrict onsite worker access (for employees, contractors and people where ADHB is their place of work) to essential work-related activities only. ON	Utilise telehealth and virtual consultations where appropriate. ON		Undertake routine surveillance testing for staff in high risk areas ON	Activate Comms resurgance check list. ON	
Enable access for a maximum of two nominated visitors per patient and one nominated visitor at a time. ON	Discuss with other DHBs sharing resources, particularly to ensure priority care for Māori and Pacific. ON		Share ongoing readiness plans and disucss the impact on individuals, teams and services to ensure transparency and consistency. ON		
Restict public spaces to visitors. OFF	Increase engagement and communications between inpatient/outpatient and community services include ARC. ON		Utilise leadership structures to build and prioritise wellbeing and teamwork. ON		
Introduce secure access mode to sites, including: valid ADHB ID card required to enter, station security officers to main site entrances. OFF	Work with regional DHBs and private sector to identify alternative facilties or patient flows if required. OFF		Utilise existing MOS structure at team, service and Directorate level to convey information and gather feedback, concerns and insights. ON		
Limit commercial onsite food offerings. OFF	Increase lab testing capacity. ON		Rest and refresh staff - actively promote the use of annual leave. OFF		
COVID tracer app - actively promoting / expectation for use in all areas i.e. Ward entrancec/outpatients, not just at main entrances. ON			Initiate and maintain opportunities for staff to debrief and provide feedback. ON		
Restrict visitor access with exceptions for young and vulnerable patients and on compassionate grounds only. OFF	Restrict treatment or provision of service to acute, critical and/or time sensitive as required in affected areas. OFF	Deploy all suitable staff to clinical and non-clinical support roles. OFF	Focus supports on immediate staff safety, wellbeing and welfare. OFF	Open the AED tent. OFF	Limit training and education to real-time clinical training related to COVID management OFF
Prioritise Māori and Pasifika access where safe. ON	Apply COVID-19 ethical framework to support decision-making. OFF	Rest and rotate key clinical staff to maintain essential services. OFF	Provide simple, immediate messaging at point of care for staff. OFF	Stream COVID-19 patients to Ward 68 when two or fewer beds are available in 7A. OFF	
Actively promote and increase non-contact access ON	Exclude non-resident work. OFF	Restrict annual leave to essential only OFF	Prioritise engagement with Māori health leadership and staff. OFF	Implement facilities changes to allow patient screening (ie haem/onc tent). OFF	
				Activate critical care esclation plan - stage 3 OFF	
				Consider restriciting access and flow through AED/CED as needed OFF	

High prevalance

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide

Risk screen all patients prior to attending on site appointments or community care	ON
Review and update screening protocols and processes as necessary.	ON

Deployment of our People & Resources

Centralise, monitor and distribute resources - people, space and PPE.	OFF
Prioritise PPE to essential services.	OFF

Supportive Measures for our People's Safety & Wellbeing

Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community.	ON
Support staff to stay home if they are unwell and to isolate as required.	OFF
Promote digital documentation of COVID response and planning works that can be accessed appropriately by the required people.	ON
Review PPE stock usage and test scenarios to maintain critical stock holdings.	ON
Take actions to ensure supply chain resilience.	ON
Promote hand hygiene and other harm reduction policies related to infectious disease transmission.	OFF

Needs review by Occ health

Patient Streaming Pathways

Use standard patient management pathways.	ON
Identifying side room availablity by CHIPS, and regular eview of side room allocation.	OFF
Non-invasive ventilation pathway activated for possible, probably or confirmed COVID-19.	OFF
Open Ward 7A to COVID-19 suspected/confirmed patients.	ON
Utilise rapid testing to expedite best practice.	ON
Separate patients with suspected COVID-19 from other patients.	ON
Use screening tool for all patients (inpatient, outpatient, community).	ON
Activate critical care esclation plan - stage 1	OFF

To check this is complete

Training & Education

Fit-test all staff for face masks - prioritise high risk areas	ON
Ongoing training of staff to enable effective and consistent patient/visitor screening	OFF

ESCALATION PLAN

TRIGGERS & IMPACTS

	Disproportionate Impact For Māori & Pacific					Describe specific current impact	FORECAST: describe where we might be heading
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VOLUME OR COMPLEXITY OF POSSIBLE / ACTUAL PATIENTS WITH COVID-19	• Māori & Pacific overrepresented in patient numbers. • Acuity of Māori/Pacific patients is disproportionate. No Impact	• Little to no patients with suspected/ confirmed COVID-19 presenting to DHB services • Presentations of ILI / viral illness very mild. Should this be consistent with low seasonal prevalence. No Impact	• Small numbers of patients with suspected/confirmed COVID-19 presenting to DHB services. • No impact on ability to deliver BAU services. • Presentations of ILI / viral illness mild. No Impact	• Moderate number of COVID-19 suspected/confirmed patients across DHB or focally. • Moderate impact on BAU, and clinical work. • Increasing numbers of patients with co-morbidities and COVID-19. • Moderate presentations of ILI & Viral illness. ADHB System-Wide Impact	• Large numbers of COVID-19 suspected/confirmed patients, mainly presenting acutely. • Major impact on ability to do BAU either in focal areas and/or across DHB. No Impact		
WELLBEING OF OUR PEOPLE	• Disproportionate increase in sick leave and EAP uptake for Māori &Pacific staff . • Some increase in feedback/comments expressing anxiety or uncertainty to organisational platforms from Māori & Pacific staff. No Impact	• Usual number of staff on sick leave, usual rates of staff turnover and usual EAP uptake. • Usual volume of comments/feedback to organisational platforms. • Usual uptake of annual leave. No Impact	• Some increase in sick leave (outside anticipated seasonal increase). • Some increase in EAP uptake. • Some increase in feedback/comments to organisational platforms. No Impact	• Moderate increase in sick leave - especially 1 day leave. • Moderate increase in EAP uptake • Moderate risk of transmission to staff/some failures in protective measures. ADHB System-Wide Impact	• Significant impact from sick leave High volumes of sick leave. • Significant risk of transmission to / significant failures in protective measures. No Impact		
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EXTERNAL eg. vaccine, new faster testing, new lab opens, harbour crossing, natural disaster, supply chain disruptions	Disproportionate impact of external factor(s) on Māori or Pasifika communities and/or ADHB staff No Impact	• External factor with positive impact on ADHB. No external factors impacting ADHB ADHB System-Wide Impact	Mild impact of external factor(s) on ADHB No Impact	Moderate impact of external factor(s) on ADHB No Impact	Significant impact of external factor(s) on ADHB No Impact		
VOLUME OR COMPLEXITY OF NON COVID-19 WORK	• Māori & Pacific overrepresented in patient numbers. • Acuity of Māori/Pacific patients is disproportionate. No Impact	• No change from normal seasonal variation in patient numbers and complexity. No change in normal variation volume or complexity of work No Impact	• Mild increase in patient presentation volumes and complexity. Mild increase in normal (within range) volume or complexity of work ADHB System-Wide Impact	• Moderate increase in patient presentation volumes or complexity challenging ability to deliver safe COVID-19 patient pathways. Moderate increase in normal (within range) volume or complexity of work No Impact	High increase in patient presentation volumes and complexity. High increase in normal (within range) volume or complexity of work No Impact		

ESCALATION PLAN

CONTROLS & SETTINGS

LOW prevelan

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation	Deployment of our People & Resources	Supportive Measures for our People's Safety & Wellbeing	Patient Streaming Pathways	Training & Education
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Implement targeted communication strategies to reassure Māori, Pacific and all whānau it is safe to access the care they need. ON	Communicate with community regarding accessing acute care. ON	Escalate concern and activate support systems identified by Māori and Pasifika in planning stages. ON	Support staff to access local testing if they have COVID/ILI symptoms ON	Activate critical care esclation plan - stage 1 OFF	Utilise alternative training delivery methods (online, small groups, at point of use, etc.) to maintain training and development. ON
Promote the use of COVID-19 tracer app. ON	Implement alternative models and modalities of care where hospital-based care is not essential. OFF	Empower Māori andPasific leadership to maximise delivery of care to Māori and Pacific patients and communities. ON	Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community. OFF		Focus on teams and communication - address specific issues relating to communication and staff identification for example when in PPE. OFF
Support face coverings for members of the public. ON	Prioritise organisational works (i.e. facilities-works related to infection prevention and control). ON	Deploy Māori and Pacific staff to provide increased support to their communities. ON	Inform and deploy vulnerable staff to safe work arrangements. OFF		Train or practise ways of working which can change and adapt in response to the COVID situation. OFF
Physical distancing signage and physical changes to spaces ON	planned care cx ON	Encourage remote working arrangements for staff not required to be onsite with clear and affirming messaging. ON	Plan for and test scenarios of major or significant staff impact. OFF		Plan for and test alternate ways of working/delivering care in response to possible restrictions and risks associated with COVID-19. OFF
Engage with the public reinforce not attending appointments with COVID-19 symptoms. ON		Monitor and evaluate stock and resource use and adjust use and prioritisation as appropriate. ON	Initiate staff tracing/contact pathways and management. OFF		Prioritise staff training and professional development related to COVID-19. OFF
		Identify roles and staff who can be appropriately deployed - consider staff and their ability to contribute to their own communities. ON	Routine staff surveillance testing in line with national programme OFF		Undertake additional training and upskilling of surge capacity staff - consider unforeseen consequences of deploying staff. OFF
		Ensure staff who could be deployed understand contingency plans and their roles in those plans. ON	Support staff in COVID-19 specific areas whose role intensity will increase significantly with an escalating COVID situation. OFF		Undertake training and education in managing whānau distress and conflict relating to quarantine. Engage with Kaumatua and community groups. OFF
		Ensure technology and resource is available to staff who can work remotely from home when and if the COVID response escalates. ON	Promote and implement increased COVID-19 leadership visibility across the organisation. ON		
		Identify and empower Māori and Pasifika staff to take lead roles in establishing community links. OFF			
		Empower community to guide us around leadership and to direct ways in which ADHB can support Māori and Pasifika communities. ON			
Compulsory use of face coverings and supply face coverings at entrances ON	Engage with Māori and Pacific community to empower them to access acute care. ON	Deploy staff to priority clinical areas and COVID support activity. OFF	Prepare teams for escalating scenarios. ON	Activate critical care esclation plan - stage 2 OFF	Limit on-site and face-to-face training and utilise alternative methods where available. ON
Encourage wider use of compassionate access to prioritise Māori and Pacific visitor access. OFF	Implement community based models for vulnerable populations where appropriate. OFF		Support identified vulnerable staff with returning to usual place of work. OFF	Review and agree ARC flows with regional ARC steering group (in and out of hosptial.) OFF	Deliver training and education for immediate safety - deliver in small bites at point of use. ON
Restrict onsite worker access (for employees, contractors and people where ADHB is their place of work) to essential work-related activities only. ON	Default to telehealth and virtual consultations where appropriate. ON		Undertake routine surveillance testing for staff in high risk areas OFF	Activate Comms resurgance check list. ON	
Enable access for a maximum of two nominated visitors per patient and one nominated visitor at a time. OFF	Discuss with other DHBs sharing resources, particularly to ensure priority care for Māori and Pacific. OFF		Share ongoing readiness plans and disucss the impact on individuals, teams and services to ensure transparency and consistency. ON		
Restict public spaces to visitors. OFF	Increase engagement and communications between inpatient/outpatient and community services include ARC. ON		Utilise leadership structures to build and prioritise wellbeing and teamwork. ON		
Introduce secure access mode to sites, including: valid ADHB ID card required to enter, station security officers to main site entrances. ON	Work with regional DHBs and private sector to identify alternative facilties or patient flows if required. OFF		Utilise existing MOS structure at team, service and Directorate level to convey information and gather feedback, concerns and insights. ON		
Limit commercial onsite food offerings. OFF	Increase lab testing capacity. ON		Rest and refresh staff - actively promote the use of annual leave. OFF		
COVID tracer app - actively promoting / expectation for use in all areas i.e. Ward entrancec/outpatients, not just at main entrances. ON			Initiate and maintain opportunities for staff to debrief and provide feedback. OFF		
Reduce visitor access with exceptions for young and vulnerable patients and on compassionate grounds only. ON	Restrict treatment or provision of service to acute, critical and/or time sensitive as required in affected areas. OFF	Deploy all suitable staff to clinical and non-clinical support roles. OFF	Focus supports on immediate staff safety, wellbeing and welfare. OFF	Open the AED tent. OFF	Limit training and education to real-time clinical training related to COVID management OFF
Prioritise Māori and Pasifika access where safe. ON	Apply COVID-19 ethical framework to support decision-making. OFF	Rest and rotate key clinical staff to maintain essential services. OFF	Provide simple, immediate messaging at point of care for staff. ON	Stream COVID-19 patients to Ward 68 when two or fewer beds are available in 7A. OFF	
Actively promote and increase non-contact access ON	Exclude non-resident work. ON	Restrict annual leave to essential only OFF	Prioritise engagement with Māori health leadership and staff. ON	Implement facilities changes to allow patient screening (ie haem/onc tent). OFF	
Introduce patient and visitor screening at points of entry for all ADHB sites ON				Activate critical care esclation plan - stage 3 OFF	
				Consider restriciting access and flow through AED/CED as needed OFF	

High prevalance

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	
Risk screen all patients prior to attending on site appointments or community care	ON
Review and update screening protocols and processes as necessary.	ON

Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation		
Implement community based models for vulnerable populations where appropriate.	OFF	NRHCC

Deployment of our People & Resources	
Centralise, monitor and distribute resources - people, space and PPE.	OFF
Prioritise PPE to essential services.	OFF

Supportive Measures for our People's Safety & Wellbeing		
Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community.	ON	Needs review by Occ health
Support staff to stay home if they are unwell and to isolate as required.	OFF	
Promote digital documentation of COVID response and planning works that can be accessed appropriately by the required people.	ON	
Review PPE stock usage and test scenarios to maintain critical stock holdings.	ON	
Take actions to ensure supply chain resilience.	ON	
Promote hand hygiene and other harm reduction policies related to infectious disease transmission.	OFF	

Patient Streaming Pathways		
Use standard patient management pathways.	ON	
Identifying side room availablitiy by CHIPS, and regular eview of side room allocation.	OFF	
Non-invasive ventilation pathway activated for possible, probably or confirmed COVID-19.	OFF	
Open Ward 7A to COVID-19 suspected/confirmed patients.	ON	
Utilise rapid testing to expedite best practice.	ON	
Separate patients with suspected COVID-19 from other patients.	ON	
Use screening tool for all patients (inpatient, outpatient, community).	ON	
Activate critical care esclation plan - stage 1	OFF	To check this is complete

Training & Education		
Fit-test all staff for face masks - prioritise high risk areas	ON	
Ongoing training of staff to enable effective and consistent patient/visitor screening	OFF	**Not doing**

Monday 16th August – COVID ready steering group escalation tool scenario test.

Scenario: it is 4pm and Prime Minister just had press conference to say there is 1 community case in Wellington and North Island going into lockdown alert level 4 from midnight tonight.

Triggers

COMMUNITY PREVALENCE: Very Low
VOLUME OR COMPLEXITY OF POSSIBLE / ACTUAL PATIENTS WITH COVID-19: Moderate
WELLBEING OF OUR PEOPLE: Moderate
WORKFORCE CAPACITY: Moderate
EXTERNAL: Low
VOLUME OR COMPLEXITY OF NON COVID-19 WORK: Mild

Controls

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide
Promote the use of COVID-19 tracer app – To go compulsory?
Physical distancing signage and physical changes to spaces – to review
Compulsory use of face coverings and supply face coverings at entrances – to align with government
Prioritise Māori and Pacific visitor access., for compassionate care – need better definition
Limit commercial onsite food offerings – re wording and think about how to frame this one

Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation
Work with regional DHBs and private sector to identify alternative facilities or patient flows if required – we would start the process, Sally Roberts to take this point and figure out how it can be done
Default to telehealth and virtual consultations where appropriate – Work in progress with NRHCC and will have an update by the end of the week – probably would need to change wording to 'implement'
Implement alternative models and modalities of care where hospital-based care is not essential – to review wording

Deployment of our People & Resources
Empower community to guide us around leadership and to direct ways in which ADHB can support Māori and Pasifika communities – to be reviewed, wording
Identify and empower Māori and Pasifika staff to take lead roles in establishing community links – to be reviewed, wording
Ensure staff who could be deployed understand contingency plans and their roles in those plans – to review wording on this one
Monitor and evaluate stock and resource use and adjust use and prioritisation as appropriate – we need to be clear who the owner is

Supportive Measures for our People's Safety & Wellbeing
Utilise leadership structures to build and prioritise wellbeing and teamwork – could be BAU
Prepare teams for escalating scenarios – to work on wording, have refresh and plans done
Initiate staff tracing/contact pathways and management. – needs testing IPC
Inform and deploy vulnerable staff to safe work arrangements – Occ Health to review and come back to us with a plan
Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community – would communicate and review, vaccinated staff vs. non vaccinated staff
Support staff to access local testing if they have COVID/ILI symptoms – BAU

Patient Streaming Pathways
Activate critical care escalation plan - stage 1 – work has been done around it, need review to see what needs to be done, Kerry reviewing and will catch up
Review and agree ARC flows with regional ARC steering group (in and out of hospital) – BAU

Training & Education

Limit training and education to real-time clinical training related to COVID management – IPC, Sally R to work around this one

Undertake training and education in managing whānau distress and conflict relating to quarantine.

Engage with Kaumatua and community groups – to work on it when the time comes, keep it red

Undertake additional training and upskilling of surge capacity staff - consider unforeseen consequences of deploying staff – to work on it when the time comes, keep it red

Train or practise ways of working which can change and adapt in response to the COVID situation – to keep it red and work around it maintain OFF

Focus on teams and communication - address specific issues relating to communication and staff identification for example when in PPE – IPC, Sally R to work on this one

Section from Senior leadership meeting notes (unapproved) Tuesday 17th August 2021

A discussion was had with those in attendance and a Scenario run through as a readiness plan and how it might be if we had an outbreak of COVID.

- Ideas behind what would take place and when the action would take place was discussed.
- Staff plans – vulnerable staff, unvaccinated staff,
- Comms to be updated and ready to go when needed – key messaging is being developed.
- Some SLT members were allocated sections of the escalation plan as a lead.
- NRHCC – Surge workforce and training already underway.
- Women and Labour focus
- A run through the escalation plan was done.
- Continued comms to be developed – Framed up
- Planning – weekly COVID ready meeting needs to be stood up as a forward plan.
- NRHCC interface – build on.
- IMT Group put into place when needed to improve and continue the communication.
- Vaccination for Family members – vaccination team to be stood up (option available) in house options to be worked up.