

NRHCC Exercise for COVID-19 resurgence and concurrent event

NORTHLAND DISTRICT HEALTH BOARD
Te Hōpuni Whānau o Te Tai Tokerau



Waitematā
District Health Board
Best Care for Everyone

Overview

Purpose:



- The purpose of the exercise is to test processes and systems established within the COVID-19 NRHCC response.
- Along with COVID-19 resurgence, there are other risks to the northern region health sector that may need regional coordination through the NRHCC.
- This exercise is aimed at providing a scenario which will test the systems and processes within the NRHCC to identify areas where it can develop its capability for the future.

Objectives:



- Exercise the NRHCC structure in a COVID-19 resurgence and a concurrent event.
- Test the NRHCC workforce strategy in a shortage across the region.
- Test actions to support equitable outcomes.

Ground Rules



- Respect Individuals
- Critique ideas – don't be shy, different views are encouraged.
- Don't fight the scenario – it may not be 100% factual as the facilitators are not the experts.

Details of how the exercise will work...



Logistics:

- Participants should be representing a role within the NRHCC system.
- The exercise is based on a fictitious scenario designed to test specific systems and processes within the NRHCC.
- The exercise will be simulated by 'injects' where the scenario continues to develop over time.
- Discussion will be led by Vicki Scott (COVID Outbreak/Testing lead) as if you have convened a border related response team at the beginning of each new inject.
- Focus questions and facilitation may also be led by Callum, Justin and Amber.
- Margie (lead CE) will join from 3pm, (1 hour after the beginning of the exercise). When Margie joins, it will be Vicki's responsibility to ensure Margie is briefed on the scenario and actions taken at that point.
- Note takers (Alana and Amber) will note the actions taken by the group through the scenario and any gaps identified within current response planning.
- A parking lot will be used to capture conversation or information where further information is required.



Current Situation

COVID-19 in Australia



The state of New South Wales in Australia has been in lockdown for a week after consecutive days of community cases. It has been confirmed the emergence of the positive cases within the community **are of the delta variant**.

The outbreak has now spread to other Australian states including Queensland and Victoria.

The Ministry of Health have announced they have paused the travel bubble with all of Australia. All permanent residents of NZ that are currently in other Australian states will be allowed to travel back to NZ for a period of 7 days but are required to have a pre-departure test and self-isolate on arrival to NZ.

Managed Isolation



The number of positive cases of COVID-19 within MIQs have been increasing due to the rise in confirmed cases across the globe. There is currently 115 pax in Jet Park (capacity is 150, depending on pax per room).

MIQs are currently at planned available capacity, with long wait times to get placements within the facility.



Ongoing measles outbreak being managed by ARPHS

ARPHS are managing an ongoing measles outbreak, with a dozen (12) of confirmed measles cases in West Auckland over the last 7 days. There is reduced child immunisation rates for MMR over the last year and a half.



Health workforce within the region

It is the middle of winter and there are pressures on the hospital system within the Northern Region. All four DHBs have seen increased pressures on acute demand and Emergency Departments are at capacity.

There is a workforce shortage across the region with DHBs, MIQs and the vaccination programme all needing Registered Nurses to ensure service delivery.

There are media articles being published on the unsafe working conditions of the health workforce within the Northern Region



Vaccination Programme

Within the Northern Region, Group 4 of the vaccination schedule are eligible to be vaccinated. Specifically, those aged 45 and over are in the process of being vaccinated

Highlights from current situation:



- ARPHS are managing an ongoing measles outbreak, with a dozen (12) of confirmed measles cases in West Auckland over the last 7 days. There is reduced child immunization rates for MMR over the last year and a half.
- There is a workforce shortage across the region with DHBs, MIQs and the vaccination programme all needing Registered Nurses to ensure service delivery.

New Information



- A notification has come from the labs. There is a confirmed positive COVID-19 result within the community with no known links to any risk settings such as the border or port (Case A).
- The test was taken in a GP in East Auckland at the Botany Doctor Medical Practice on Tuesday (which is located in the Botany Town Centre).
- They were at the Botany Town Centre from 1000 – 1200 on Tuesday.
- Media are reporting extensively on the situation (including from unverified sources).

Discussion Points



- What are the initial actions taken by whom?
- Is there any specific communications required at this time?

INJECT 2 – Wednesday Afternoon – 1230hrs

New Information



- ARPHS have conducted interviews with Case A who is NZ European, lives with his wife in an end unit in Howick and works as an operations manager for Mainfreight in Highbrook.
- Four locations of interest have been identified for Case A, ARPHS are still completing interview and investigations for case A and wife.
- The initial interview from ARPHS details the case may have been symptomatic from Sunday.
- There is extensive reporting in the media, driving up anxiety within the public.
- Case A currently has 3 close contacts, his wife and two friends who over for dinner on Saturday night.

Case A - Locations of Interest

Location	Date	Date and Time
Mainfreight Head Office, 38 Business Parade North, Highbrook (place of employment)	Monday	0900 – 1700
CityFitness Botany, 588 Chapel Road, East Tāmaki	Monday	1200 – 1300
Countdown Highland Park, 507 Pakuranga Road, Highland Park	Tuesday	1200 – 1300
Botany Doctor Medical Practice, Botany town Centre, 588 Chapel Rd, East Tamaki, Auckland 2163	Tuesday	1000 – 1200

Case A - Close Contact Information

Close contact	Home Location	Occupation	Initial exposure
Case A: Index Case (32M)	Howick	Operations, Mainfreight	N/A
Wife (31F)	Howick	Corrections Officer	Friday
Friend (32F)	Howick	ANZ	Saturday
Friend (30M)	Avondale	Primary School Teacher	Saturday



Discussion Points

- What are the actions that need to be taken at this point?
- Are there any changes to the communication strategy?

INJECT 3 – Wednesday Evening – 2000hrs

New Information



- The PM does a 7pm media stand-up and informs that from Midnight tonight (Wednesday) Auckland will move to Level 2 and the rest of the country will stay in Alert level 1 for a period of 7 days. The known four locations of interest are publicised.
- There has been a noticeable demand in current CTCs and East Auckland GP & Urgent care centres, driven by public anxiety.
- Further information has been identified by ARPMS - including the initial number of contacts associated to the index case.
- All infected cases were at work on Monday, Tuesday and some of Wednesday.
- Initial test results have come back from the close contacts.

Case A - Close Contact Information

Close contact	Test Results	Home Location	Occupation	Vaccination status	Initial exposure
Case A: Index Case (32yo)	Positive	Howick	Operations, Mainfreight, Highbrook	N	N/A
Case B: Wife (31yo)	Positive	Howick	Corrections Officer, Mt Eden	N	Friday
Case C: Friend (F 30 yo)	Positive	Avondale	Primary School Teacher, Avondale	N	Sat
Friend (M 32 yo)	Negative	Howick	ANZ, Howick	N	Sat

Case A related contacts – type and numbers

Suburb	Close Contacts	Casual Plus Contacts	Casual Contacts
Howick	2	10	25
Avondale	1	10	75
Highbrook	-	15	40
Mt Eden	-	12	30
Botany Downs	-	3	25
Pakuranga	-	0	15
Total	3	40	200

Discussion Points



- Are there any considerations or changes in approach now Auckland is in Level 2?
- Are there changes in approach with the increase in testing volume?
- What is the approach to the increase in workforce demand?

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INJECT 4 – Thursday Morning – 0900hrs

New Information



- Wednesday saw an increase in testing across CTC and GPs from 2000 per day to 3000.
- There is strong demand for testing with CTCS already reporting queuing.
- Media/Public are concerned that it is unsafe to go to vaccination centres with the current cases identified in the community, particularly the vaccination centre in Highbrook Drive. There is a growing number of misinformation posts on social media.
- The measles outbreak has continued to steadily grow with a hotspot in Te Atatu.
- New locations of interest have been identified from Case A, B and C.

Case A, B and C – New locations of interest

Location	Date	Date and Time
The Coffee Club Meadowlands Shopping Plaza Cnr Meadowlands Drive &, Whitford Road, Howick	Saturday	1000 – 1100
New World Howick, 77 Union Road, Howick	Saturday	1500 – 1600
Paradise Ice Skating Botany, 490 Ti Rakau Drive, Botany Downs	Saturday	1800 – 2000
Basalt Bar 127 Picton Street, Howick	Saturday	2030 – 2300
The Burger Shack 42 Third View Avenue, Beachlands	Sunday	1200 – 1300
Mainfreight Head Office, 38 Business Parade North, Highbrook	Monday	0900 – 1700
Mt Eden Corrections Facility, 1 Lauder Road, Mount Eden	Mon & Tues	0900 – 1700
Avondale Primary School, Crayford Street West	Mon & Tues	0900 – 1700
CityFitness Botany, 588 Chapel Road, East Tāmaki	Monday	1200 – 1300
Countdown Highland Park, 507 Pakuranga Road, Highland Park	Tuesday	1200 – 1300
Botany Doctor Medical Practice, Botany town Centre, 588 Chapel Rd, East Tamaki	Tuesday	1000 – 1200

Discussion Points



- What actions will need to be taken?
- Are there changes in approach in testing?
- What is the key messaging in relation to vaccinations within an outbreak response?

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INJECT 5 – Thursday Evening – 1800hrs

New Information



- Rain and cold winds predicted from Friday to Sunday.
- RPG reported high sick calls across all three Auckland Metro DHBs.
- The type and number of contacts from locations of interest from Cases A, B and C (close contacts - wife and friends who came for dinner) are detailed below:

Case A, B and C related contacts

Suburb	Close Contacts	Casual Plus Contacts	Casual Contacts
Howick	8	30	120
Avondale	20	10	100
Highbrook	6	20	40
Mt Eden	8	15	30
Botany Downs	5	5	80
Highland Park	4	1	15
Beachlands	1	2	20
East Tamaki	2	10	35
Pakuranga			25
Te Atatu	5		20
Maratei			15
Total	59	93	500

Discussion Points



- What actions will need to be taken?
- What is the approach to workforce to ensure critical service delivery?

INJECT 6 – Friday Morning – 0900hrs

Discussion Points



- What actions will need to be taken?
- What will be the long-term management of staff welfare?



New Information

- Thursday’s testing numbers report at 10k across CTCs and GPs.
- There are queues being reported at existing CTCs of up to 4hrs, traffic management in place to manage queuing.
- The number and type of contacts have been updated based on new information.
- The results for testing of close contacts from Thursday evening have come back with three new positive cases, details below.
- There is an increased number of the CTC workforce calling in sick.
- There continues to be high testing demand in the Auckland region where there are long queues.
- Continued media and public pressure on increasing the number of testing sites.
- A written parliamentary question (WPQ) has been directed to the NRHCC. The WPQ asks how staff welfare of the health workforce will be managed over the coming weeks.

Case A, B and C related contacts

Suburb	Close Contacts	Casual Plus Contacts	Casual Contacts
Howick	8	120	700
Avondale	20	80	490
Highbrook	6	20	400
Mt Eden	8	35	280
Botany Downs	5	40	380
Highland Park	4	30	100
Beachlands	1	30	100
East Tamaki	2	10	70
Pakuranga		15	150
Te Atatu	5	10	80
Maratei		10	30
Total	59	400	2800

New Positive cases (related to index case)

Family	Test result	Home Location	Occupation	Vaccination Status	Initial exposure
Case D: 55F	Positive	Botany Downs	Admin, Mainfreight, Highbrook	Y	Mon
Case E: 48M	Positive	Beachlands	Operations, Mainfreight	N	Mon
Case F: 38M	Positive	Mt Eden	Corrections Officer, Mt Eden	N	Mon

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INJECT 7 – Saturday Morning – 0900hrs



Highlights:

- There are now 6 positive cases of COVID-19 in the community.
- There is an increased number of the CTC workforce calling in sick and there continues to be high testing demand in the Auckland region where there are long queues.



New Information

- Testing numbers from Friday were approx. 8,000, increases expected above the 10k to accommodate the casual and close contacts day 5 testing and new locations of interest.
- The Measles hotspots have expanded to Waterview and Te Atatu.
 - The NRHCC have been asked its recommendation on operationalising an MMR vaccination programme within the areas of Te Atatu and Waterview within the current situation.
- There are continued winter pressures on acute demand services and EDs within the Waitemata, Auckland and Counties DHBs.

Case A, B and C related contacts

Suburb	Close Contacts	Casual Plus Contacts	Casual Contacts
Howick	16	240	1400
Avondale	22	160	1000
Highbrook	10	40	800
Mt Eden	14	70	400
Botany Downs	5	80	800
Highland Park	4	40	300
Beachlands	1	60	300
East Tamaki	2	20	280
Pakuranga		30	400
Te Atatu	5	40	160
Maratei		40	60
Total	79	800	5000



Discussion Points

- What actions will need to be taken?
- Escalation of cumulative issues and expectations on a sustained outbreak response, how will this be managed?

INJECT 8 – Sunday Morning – 0900hrs

Highlights:



- There is continued media and public pressure on increasing the number of testing sites.
- The measles outbreak has continued to steadily grow with a hotspot in Te Atatu.

New Information



- Lab results confirm 2 more positive cases from the community (detail below).
- This now makes 8 positive cases of COVID-19 in the community.
- One of the positive cases has an unliked exposure to the current cases.

New Community Cases

New Community Cases	Type of contact	Exposure to linked case	Vaccination Status	Occupation
Case G: Male (38yo)	N/A	N – unconfirmed	N	I.T – Datacom, CBD
Case H: Male (24yo)	Close	Close contact of Case F	N	Supermarket worker – Grey Lynn

Discussion Points



- What are the actions that need to be taken when there is no clear link to the community and by whom?

INJECT 9 – Sunday Afternoon – 1300hrs



Highlights:

- There are now 8 positive cases of COVID-19 in the community.
- The measles outbreak has continued to steadily grow with a hotspot in Te Atatu.



New Information

- The government has announced at 12pm, from midnight Sunday Auckland will move to Alert Level 3 and the rest of the country will move to Alert Level 2.
- There is still no identifiable source for Case A.
- Media and public pressure have increased in regards testing and the vaccination programme.



Discussion Points

- What actions will need to be taken?
- What does the alert level change do for resourcing?

END OF EXERCISE

Review



Review

- Parking lot check in
- Identification of any key learnings?
- Next steps



NRHCC COVID-19 Request for Decision / Information

Title:	August Scenario Session outcomes and actions		
To:	COVID Work programmes meeting (aka Green box meeting)		
Submitted by:	Amber Mander		
Submitting function:		Submitting programme:	REMS
For:	Decision		
Date to be read:	16/08/2021	Unique identifier	EOC Admin to allocate

Recommendations and Request

It is recommended that each Work Programme lead:

1. Review the identified actions (table 1), confirming the action assignee and action due date, to support a more efficient response.
2. Reviews the Scenario Session Discussion Notes, identifying any gaps and improvements required to operational documentation and processes.

Executive Summary:

The scenario session held 9 August successfully tested the NRHCC structure and ability to support a concurrent event such as measles.

The session confirmed known issues with workforce availability, and the lack of ability to centralise deployment when needed. The session also highlighted the need to seek assurance on the surge capacity for Maori and Pacific providers and Healthline, given the critical role they play as delivery partners during a response.

To support scenario learnings being implemented into BAU processes, key actions highlighted during the scenario session now need to be agreed and assigned.

Background:

The purpose of the exercise was to test processes and systems established within the COVID-19 NRHCC response. Along with COVID-19 resurgence, there are other risks to the northern region health sector that may need regional coordination through the NRHCC.

The exercise scenarios aimed to test NRHCC systems and processes, in order to identify areas that require further development to build capability and preparedness for future responses.

Objectives of the scenario were to:

- Exercise the NRHCC structure in a COVID-19 resurgence and a concurrent event
- Test the NRHCC workforce strategy in a shortage across the region
- Test actions to support equitable outcomes

Each Programme lead attended, along with functions leads from Maori, Pacific, Welfare and Comms.

Outputs

Appendix 1: Scenario Session Discussion Notes: Outlines the discussion that was held in the form of what actions each function would have taken at the various stages of the scenario – this has been made available so function leads can reflect on the action taken, if they would alter this in the future.

Table 1 – Scenario Tracker Action Tracker

The below tracker identifies key actions that need to be assigned, and resolved to support a more coordinated response. If further actions are required to improve operational documentation and processes, please add and assign in the Scenario Tracker Action Tracker.

Action:	Assigned to:	Due Date:
Workforce related		
1. Attempt to match staff deployment based on risk assessment i.e. if not vaccinated, where can they be used.	Vanessa	
2. Formalise process for NRHCC to access DHB staff to support NRHCC functional areas during a surge/concurrent event (Maori, Pacific, Welfare, Intel etc)	Justin	
3. NRHCC Workforce to create way for registered staff to be categorised by ethnicity/cultural experience to support alignment with role and customer experience i.e. contract tracing/quality data	Vanessa	
4. Accelerate COVID Vaxx training	Vanessa/ Matt H	
5. During surge, Vaxx site management moves from local DHB to NRHCC. Need to scope and implement a centralised regional coordination hub for deployment of Arphs/testing/vaxx/MIQ workforce during outbreak (Scope deployment tool such as used at airports)	Vanessa	
6. Workforce redeployment for vaccinators to be able to do MMR and BCG	Vanessa	
General		
7. Strengthen ability for NRHCC and ARPHS to manage MoH expectations and requests, to reduce pressure on team during outbreak management. <ul style="list-style-type: none"> a. Ongoing relationship management via IC's b. Scenario session with MoH and NRHCC 30 August workshop – c. Noting Chris Scarhill is leaving d. Where and how are regional CMIS links to National CIMS (role clarity) 	Jane/Justin	
8. Feasibility of dual streaming of Testing/Vaxx <ul style="list-style-type: none"> a. Moved on since scenario due to Detla, unable to have same operating model for vaxx b. Session on principles based discussion with CE's and MoH for equity of two strategies 	Vicki/Matt H	



<p>9. Issue with NITC not having Auckland or appropriate cultural knowledge/ approach when following up and management of casual contacts (not aligned with ARPHS processes)</p> <ul style="list-style-type: none"> a. Protocol agreed b. Considered from Maanaki perspective to the supports are required (refes celar to welfre) 	<p>Jane (already noted with Moh)</p> <p>Emily</p>	
<p>10. Agree who would contact impacted/supporting mana whenua/iwi in the initial stages to support response/community</p>	<p>Karl</p>	
<p>11. Anna Redican to be taken through ARPHS Maanaki and other processes to support understanding for Pacific response.</p>	<p>Anna to contact Hazel</p>	
<p>12. Seek direction from MoH on expectation of compliance checks, and who's responsibility this would be (non-health agency)</p>	<p>Jane/Justin</p>	
<p>13. MoH ring vaxx expectations, also for national and regional redeployment to maintain vaxx levels during an outbreak</p>	<p>Matt H (already underway)</p>	
<p>14. Gain assurance on Healthline's ability to surge during an outbreak due to the current services provided, including Welfare, Vaxx registration, contract tracing support for LOI calls and triage of close/casual contacts</p>		

Appendix 1 - Scenario Session Discussion Notes

Injec t	Programme/Fu nction	Commentary of scenario action taken (listed as per conversation during scenario)	by whom	Notes
1	Comms	Put together a small line-up of comms	APRHS/NRHCC Comms lead	
1	IMT	Determine next steps	ARPHS/NRHCC	
1	ARPHS IC	Notify NRHCC of history and characteristics of case i.e. ethnicity, where they live etc.	ARPHS	
1	PC	Explore options for pop up testing in Botany	NRHCC	
1	ARPHS COVID Unit	ARPHS to find out as much detail about the case as possible through their systems such as vaccination status	ARPHS	
1	APRHS	Jane to call IC to say they are ready for a call, this will be approx. 1 hour into case interview; CT should come through in this time	Jane	
1	IMT	First meeting with NRHCC/ARPHS to discuss details of case, potential variant, any known LOIs and household contacts	ARPHS/NRHCC	
1	IMT	Identify who is responsible for speaking with key mana whenua	ARPHS/NRHCC	Confirm who would liaise with Manu whenua / local iwi
2	PC/Testing	Get a functional update from team and go around table to clarify next steps on how to run the next meeting	ARPHS/NRHCC	Link with Healthline to see if they can give insight on where additional testing may be required
2	Comms	PM stand up will likely be 4 or 5pm, will need LOIs, vaccination status, information on any school/DHB/ARC links, case location, close and casual contacts identified and their testing and vaccination status	PIM	
2	Comms	Collate testing locations, create tiles for social media and send out, keep an eye out for MEDINZ	3 PIMs	
2	PC/Testing	Get all close contacts tested and work with labs to get these on a rapid	PC	
2	PC/Testing	Work with PHO that has the particular practice if they need further support	PC	



2	PC/Testing	Look at extending current testing facilities and stand up pop up if required; consider dual testing in west Auckland	PC	Dual testing may be required due to primary school teacher (Avondale Primary)
2	Pacific Health	Connect with Pasifika Futures to determine if they can support with staffing	Pacific Health Lead	Already linking with them on a weekly basis
2	Welfare	Connect with Pacific and Maori providers due to case and contact workplaces	Welfare Lead	Will already be working with Manaaki due to Measles outbreak. There may be a cluster response for Mainfreight and the school and corrections facility
2	ARPHS	Merge IMTs for Measles and COVID outbreak response	ARPHS	APRHS will struggle with management resourcing if IMTs are kept separate and old staff are the only ones trained on contact tracing
2	Welfare	Boost comms in welfare team and source Pacific and Maori contact tracers	Welfare Lead	Find out if there is capacity for Pacific and Maori contact tracers
2	IMT	Will be moving to an alert level change within the first few hours	ARPHS/NRHCC	
2	Maori Health	Determine who from vaccination can move to assist with testing and contact tracing	Maori Health lead	Will be important to know ethnicity of close contacts and get a sense of DHB areas
2	Welfare/Maori Health	Understand impacts on system and how to support whanau	Maori Health lead	
2	Workforce	Determine requirements for deployments, workforce will be on standby waiting for advice from APRHS	Workforce Lead	Will move staff in fast to do testing and contact tracing within 4 - 6 hours, vaccination team will wait for advice from ARPHS
3	IMT	Support/Request MoH to go to level 3 rather than level 2	ARPHS/NRHCC	Likely to decide this prior to MoH briefing
3	PC/Testing	Increase testing capacity - if there were 3 positive cases we will see around 12,000 tests a day which would require an additional 100 FTE	Workforce	
3	Workforce	Deploy staff to testing and contact tracing	Workforce	Attempt to match staff deployment based on risk and vaccination status
4	Comms	Due to media concern on going to vaxx sites, put out some strong messaging around this	PIM	

4	ARPHS	ARPHS will be linking with MOE and Corrections to provide advice	ARPHS	Corrections facility will be advised to cohort inmates or stay in their rooms but this will be based on risk
5	PC/Testing	Consider impacts of bad weather on CTC and popup staff; ensure vaccination staff are supporting at CTCs where possible	NRHCC	Assuming Delta, there will be roughly 10,000 tests per day; surge is a hybrid model - use DHB and vaccination staff
6	PC/Testing	Rostering for ICs at testing facilities	NRHCC	
6	ARPHS	Linking in with other PHUs to get support for Measles outbreak; implement rules to ensure staff are having time to rest and manage MoH expectations	ARPHS	
6	NRHCC	Ensure provider workforce is strong and providing isolation support, testing, whanau ora etc.	Welfare Lead	Whanau Ora dropped BAU last year so may have some people in the community affected by this
6	Welfare	Look at welfare systems and ensure these match up with providers	Welfare Lead	Marae's had welfare available at testing centres
7	ARPHS	Increased number of contact tracing calls; ARPHS will manage close contacts, school and corrections contact tracing	ARPHS	Outsource other contact tracing calls nationally and will take back any referrals
7	Comms	By now there will be a comms plan in place, daily zooms with national PHUs and MoH	ARPHS	
7	Vaccination	Can achieve additional MMR vaccinations at vaxx centres and developing outreach teams in the vaxx programme to do this	NRHCC	
8	IMT	Ramp up testing and push for alert level change ASAP	NRHCC/ARPHS	