

**COVID -19 Readiness  
GREEN ALERT – LEVEL 1**

Follow DHB barometer

## ESSENTIAL SERVICES – BUSINESS AS USUAL

- Screen all SUs pre face to face contact using the screening tool (Acute Respiratory Infection)
- Conduct routine clinical activity and caseload management
- Initiate planning – alternatives to face-to-face service delivery, reconfiguration of physical spaces, identification of alternative acute options, alternative strategies for clinical assessment and therapies, establish cleaning expectations
- Discuss plans and collaborate with NGOs, Police, Ambulance, ED re: appropriate response at each level

## ESSENTIAL SERVICES - MOVE TO VIRTUAL CONSULTS

**COVID -19 Initial Impact  
YELLOW ALERT – LEVEL 2**

Follow DHB barometer

### SERVICE WIDE

- Continue screening all SUs pre face to face contact using the screening tool (Acute Respiratory Infection)
- Move to Zoom or phone for clinical review and business meetings.
- Establish Zoom judicial review process/MHA review
- Establish PPE requirements for services.
- Provide staff training/ education re: SPEC, infection control, PPE use.
- Implement physical distancing/ infection control/ hand-washing/ front door screening at community clinics/ minimise number of people entering buildings
- Implement increased cleaning interventions across services.
- Reduce all unnecessary travel and face to face activity
- Review visitor's policy – begin restricted visiting across MH inpatient and community sites.
- Establish workforce priorities, workload and job allocation. Including psychological and distress tolerance support packages.
- Engage with unions
- People Managers complete Risk Assessment Matrix for staff. Vulnerable staff now include unvaccinated staff
- Conduct regular staff briefings to keep all informed
- Develop and circulate Clozapine protocols
- Engage Regional DHB partners around Out of Area pathway
- Establish 'second in charge' escalation strategy/ leadership relief/ after-hours support for acute
- Identify Leadership back ups

### COMMUNITY

- All current SUs contacted and screened for clinical support needs
- Case load review completed for all community service users
- Establish and implement screening process prior to home and community visits
- Establish and implement acute community guidelines
- Conduct the majority of clinical visits via Zoom or phone when possible
- Implement actions identified in clinical space review
- Develop virtual group programme
- Re-implement Clinical Guidelines for Telehealth
- Ensure discharges are complete and contact/progress unallocated SUs
- Contingency planning to maintain NGO delivery as appropriate and increase NGO respite capacity
- Preparations for levels 3 and 4 including how to maintain staffing during these periods
- Contingency planning for ECT and Regional Huntington's Serve
- Streamlining of IMI and Relprev clinics
- Waitlist management process implemented
- Separate out URS and LP

### INPATIENT

- Engage and plan with Supra Regional partners
- Daily screening as per the screening tool (Acute Respiratory Infection)
- Identify and use isolation areas for Orange stream patients
- Use of Flexi area for up to two SUs requiring isolation
- Restrict visitation and leave provisions in line with DHB visiting policy
- All wards locked
- Implement actions identified in clinical space review
- Uniforms for staff
- Preparations for levels 3 and 4

## ESSENTIAL SERVICES - DECOMPRESS CORE SERVICES

**COVID -19 Moderate Impact  
ORANGE ALERT – LEVEL 3**

Follow DHB barometer

### SERVICE WIDE

- Continue screening all SUs pre face to face contact using the screening tool (Acute Respiratory Infection)
- Conduct daily staff communications to keep all informed
- Close oversight of staff unable to be at work and those working from home
- Separate into Red/Blue teams

### COMMUNITY

- Care and recovery maintenance interventions become less frequent and briefer with a focus of managing people with acute presentations
- Consider whether smaller services are able to operate
- Majority of interventions by Zoom or phone where possible
- Decompress where possible
- Activate IMI teams that reduces cross contamination
- Using appropriate levels of PPE
- Prioritize staffing to maintain critical functions as needed
- Divert non-medical emergencies from ED where possible

### INPATIENT

- Decompress all wards appropriate
- Daily screening as per the screening tool (Acute Respiratory Infection)
- Careful review of all admissions for treatment options
- Ensure staff remain within their assigned ward unless unavoidable
- Continue increased cleaning interventions across wards
- Visiting on a planned, approved and case by case basis. Use video calls where appropriate

## ESSENTIAL SERVICES – MOVE TO CRITICAL FUNCTIONS

**COVID -19 Severe Impact  
RED ALERT – LEVEL 4**

Follow DHB barometer

### SERVICE WIDE

- Continue all interventions as above
- Continue screening all SUs pre face to face contact using the screening tool (Acute Respiratory Infection)
- Hold daily staff communications to keep all informed
- Identify vulnerable staff – eg unvaccinated, medical conditions, pregnancy, age.

### COMMUNITY

- Urgent assessments and interventions only (Mental Health Act Assessment and IMI)
- Re-instate MOU's around transfers between DHB's and zoom assessments
- Reduce to critical clinical functions only – i.e. acute responses, IMI, those with severe and enduring mental health issues and are at-risk
- Consider which community staff have appropriate skills to be redeployed into inpatient services to maintain safety
- All community services focus on urgent acute and at risk service users
- On-going "care and recovery" work to a minimum
- Staff needing to work from home concentrate on "care and recovery" service user maintenance
- Centralise Relprev/IMI clinics
- Unless unavoidable not conducting home visits

### INPATIENT

- Decompress where possible so only acutely unwell service users at risk remain in hospital
- Consider redeploying Allied Health inpatient staff to act in MHA roles
- Daily screening as per the screening tool (Acute Respiratory Infection)
- On designated COVID 19 ward all staff to wear PPE as clinically indicated