

Northland DHB Alert Level Framework

IMT Response: Lighter IMT with lead functions only. These include; Operations, Planning, Logistics, PIM, Community Planning, Liaison, Māori Health and Primary Care. Additional functions to be added as decided by the Incident Controller

Covid-19 Impact Hospital Framework Level Green	Hospital Patient Facing Services	Community Services
	<ul style="list-style-type: none"> • Activate plans as described in the 'Green Alert Level' MOH Hospital Framework as appropriate • Ensure streaming of suspected Covid-19 or Covid -19 positive and non-positive patients • Activate Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers) • Engage across other DHBs to appropriately discharge out of area patients • Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile • Maximise the provision of pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary • Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring clinical and equity risk is managed • Activate any outsourcing arrangements reached, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery • Redeployment of staff as needed/available to ensure perioperative workforces are in place to run theatre including anaesthesia, and anaesthetic technician, nursing • Ensure all patients are screened • BAU visitor policy • Clinical reps allowed to attend surgeries as required • Maintain a BAU level of Community Testing and readiness to scale up as needed • Building and maintaining capability for virtual appointments with a focus on video vs. phone consults • Planned care surgery and other interventions to be prioritised on urgency <p>Mental Health – Inpatient Unit:</p> <ul style="list-style-type: none"> • BAU services with a pre-Covid-19 baseline <p>Radiology:</p> <ul style="list-style-type: none"> • Continue initiatives to reduce risk of transmission of Covid-19 to staff and patients including screening, PPE use, and modified ways of working with imbedded infection prevention/control initiatives. • Priority 1 Acute <24-hour patients: continue with imaging/IR procedures. • Priority 2-3 Non deferrable < 2-weeks, < 6 weeks and time sensitive planned radiology: continue with imaging/IR procedures. • Priority 4 Deferrable 6-12 weeks outpatient and other planned patients including screening programs: continue with imaging/IR procedures as Covid-19 activity or other service constraints reasonably allow. Priority level 5 will probably not get done. • Outsource if/as required including to mitigate ongoing capacity impact of Covid-19, catch-up, or to achieve segregation of patientflows. • Coordinate with local referrers leading primary care, emergency, cancer, medical, surgical services to ensure appropriate use of limited radiology resources with allocation of capacity based on greatest clinical needs 	<p>ARRC and Hospice:</p> <ul style="list-style-type: none"> • Ensure ability to staff • Ensure ability to isolate infected patients • Outbreak management plan ready for activation <p>Primary Care:</p> <ul style="list-style-type: none"> • Ability for virtual consults • Ensure staffing level meet demand • Have ability to swab patients • Provide support to ARRC facilities <p>Pharmacy:</p> <ul style="list-style-type: none"> • Ability to dispense medication remotely • Have a pathway for clients who receive daily medications • Ensure ability to provide contactless dispensing <p>Community:</p> <ul style="list-style-type: none"> • Ensure correct PPE protocol and supply chain • Reduce face to face clinics and increase virtual <p>Clinical Community Services:</p> <ul style="list-style-type: none"> • Services continue as BAU with Ministry guidelines as instructed <p>STAH:</p> <ul style="list-style-type: none"> • BAU operations <p>Mental Health - Community:</p> <ul style="list-style-type: none"> • Services continue as BAU with Ministry guidelines as instructed <p>Public Health:</p> <ul style="list-style-type: none"> • All normal BAU activities maintained with services prioritised as/when required
Non-Patient Facing Services	Commercial and Facility Services	
<ul style="list-style-type: none"> • The organisation is operating and it is business as usual. Employees are required to work in line with their normal terms and conditions of employment • Test remote working capability for non-essential staff 	<ul style="list-style-type: none"> • Ensure extra security for all hospitals • Assist with tents for community testing • Prioritise work in isolation areas 	

Released under Official Information Act

IMT Response: Full IMT stood up

Hospital Triggers for moving to Hospital Framework Yellow: One Northland case in hospital

Clinical Technical Advisory Group: CTAG would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns. This would be led by [REDACTED]

Community Triggers for moving to Hospital Framework Yellow: One known community case of unknown origin

Hospital Patient Facing Services

Community Services

- Activate plans as described in the 'Yellow Alert Level' MOH Hospital Framework as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Ensure streaming of suspected Covid-19 or Covid -19 positive and non-positive patients
- Activate Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Engage across other DHBs to appropriately discharge out of area patients
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Maximise the provision of pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring clinical and equity risk is managed
- Activate any outsourcing arrangements reached, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Redeployment of staff as needed/available to ensure perioperative workforces are in place to run theatre including anaesthesia, and anaesthetic technician, nursing. Scale back deliver of non-urgent Planned Care as needed
- Ensure all patients are screened
- Two visitors per person unless agreed on compassionate grounds. Mental Health and ED will have one visitor by arrangement
- Clinical reps allowed to attend urgent surgeries but must be screened
- Activate visitor registration app
- Planned care surgery and other interventions to be prioritised on urgency

Mental Health – Inpatient Unit:

- Green and Red zones actively in use to separate Covid-19 service users
- Bed capacity and staffing levels dependent on MH acuity of service users
- Bed capacity = up to total 28-29 service users
 - GREEN ZONE = 25 service users: 4 x Aroha; 2x Manaaki; 5 x POPs; 16 x General
 - RED ZONE = up to 2 service users x Manaaki (cannot mix red/green so may drop 1 bed from capacity if not compatible)
- Staffing levels – BAU (7 x RN; 4 x auxiliary; 1 x CNC); 1 x nurse lead - Whakaora + Covid-19 support

Radiology:

- Continue initiatives to reduce risk of transmission of Covid-19 to staff and patients including screening, PPE use, and modified ways of working with imbedded infection prevention/control initiatives.
 - Priority 1 Acute <24-hour patients: continue with imaging/IR procedures.
 - Priority 2-3 Non deferrable < 2-weeks, < 6 weeks and time sensitive planned radiology: continue with imaging/IR procedures.
 - Priority 4 Deferrable 6-12 weeks outpatient and other planned patients including screening programs: continue with imaging/IR procedures as Covid-19 activity or other service constraints reasonably allow. Priority level 5 will probably not get done.
 - Outsource if/as required including to mitigate ongoing capacity impact of Covid-19, catch- up, or to achieve segregation of patientflows.
- Coordinate with local referrers leading primary care, emergency, cancer, medical, surgical services to ensure appropriate use of limited radiology resources with allocation of capacity based on greatest clinical needs

ARRC and Hospice:

- Ensure ability to staff
- Ensure no visitors
- Ensure ability to isolate infected patients
- Outbreak management plan ready for activation

Primary Care:

- Ability for virtual consults
- Ensure staffing level meet demand
- Have ability to swab patients
- Provide support to ARRC facilities

Pharmacy:

- Ability to dispense medication remotely
- Have a pathway for clients who receive daily medications
- Ensure ability to provide contactless dispensing

Community:

- Reduce visiting clients to only essential
- Ensure correct PPE protocol and supply chain
- Reduce face to face clinics and increase virtual

Clinical Community Services:

- Services to continue as BAU – exceptions are:
 - Some staff redeployed to testing centre as appropriate
 - Youth services virtual consults

STAH:

- Triage referrals and use telehealth methods as applicable

Mental Health - Community:

- Increase telehealth where possible
- Active team 'bubbles'
- Reduce clinics as appropriate

Public Health:

- All normal BAU activities maintained with services prioritised as/when required

Covid-19
Impact

Hospital
Framework
Level

Yellow

Released under Official Information Act

Non-Patient Facing Services

- BCP testing has been completed as expected and any issues rectified
- Identify contingency plans to allow for network disruptions and reduced bandwidth into the hospital
- Ensure supply-chain in place and order additional on-site critical supplies including contingency supplies (i.e. diesel for generators)
- Any critical/single points of failure of risk to site-wide infrastructure has been escalated and contingency plans are in place
- Review non-essential on-site services i.e. cafes, shops etc. and ensure communication lines are in place for escalation and changes to service delivery
- Ensure adequate onsite services for staff wellbeing
- Workforce plan for maintenance/critical ICT/clinical engineer contractors/staff is in place
- Plans are in place to install additional equipment (including infrastructure dependencies) and dependent supplies in place
- Visitor policy and security in place
- Activate patient waiting room physical distancing policy
- Critical Hospital Infrastructure projects can continue as normal
- Non critical infrastructure projects stopped to release capacity for patient services with sites closed securely and safely
- Prepare lower acuity areas for provision of high acuity level care
- Activate remote working capability for non-essential staff
- Test plans for offsite inpatient overflow and on site staff sleeping accommodation

Commercial and Facility Services

- Ensure extra security for all hospitals

Released under Official Information Act

IMT Response: Full IMT stood up

Hospital Triggers for moving to Hospital Framework Orange: ≥ five patients in Ward 16 in Whangārei Hospital
≥ three patients in Negative Flow Rooms in either Kaitaia, Bay of Islands or Dargaville Hospitals

Community Triggers for moving to Hospital Framework Orange: More than one cluster within the region

Hospital Patient Facing Services

Community Services

Covid-19
Impact

Hospital
Framework
Level

Orange

- Activate plans as described in the 'Yellow Alert Orange' MOH Hospital Framework as appropriate
- Continue screening for Covid-19 symptoms and epidemiological criteria as per Yellow and Green Alert
- Work with providers to agree alternative end of life services for non-Covid patients.
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible.
- Fully activate any agreements reached with private (or other) providers
- Acute surgery to operate as usual, with priority on trauma cases, as staffing and facilities allow
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Review and manage all non-urgent high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinician for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of suspected Covid-19 and Covid-19 positive and non-positive patients, including moving non-Covid-19 ICU/HDU to theatre complex
- Implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases as staffing allows
- Manage outpatient referrals to ensure clinical and equity risk is understood and managed
- Screen all patients at entrances
- Redeploy Staff to critical areas
- No visitors except on compassionate grounds and they must be screened
- Activate lower acuity areas for provision of high acuity level care as required

Mental Health – Inpatient Unit:

- Moderate increase in Covid-19 service users (suspect or confirmed): due to 1 positive service user and 2 suspect service users
- Bed capacity and staffing levels dependent on MH acuity of service users
- Bed capacity = total 27 - 29 service users
 - GREEN ZONE = 25 service users: 4 x Aroha; 5 x POPs; 16 x General
 - RED ZONE = 2 - 4 service users x Manaaki
- Staffing levels – BAU (7 x RN; 4 x auxiliary; 1 x CNC) + 1x RN; 1 auxiliary; 1 nurse lead - Whakaora

Radiology:

- Continue initiatives to reduce risk of transmission of Covid-19 to staff and patients.
 - Priority 1 Acute <24-hour patients: continue with imaging/IR procedures.
 - Priority 2 Non-deferrable < 2-weeks and time sensitive planned radiology: senior clinician discussion to rationalise and identify cases that cannot be deferred. Prioritise access for these patients.
 - Priority 3 Non-deferrable < 6 weeks: continue if possible with senior clinician discussion, engage neighbouring DHBs if at lower level
 - Priority 4 and 5: defer unless issue is at site level only and local infectious diseases/infection prevention and control advice and EOC/ECC supports continuing to image at other sites and/or outsourcing.
- Outsource if/as required and acceptable including to mitigate on-going capacity impact of Covid-19, catch-up, or to achieve segregation of patient flows
- No visitors except on compassionate grounds

ARRC and Hospice:

- Ensure ability to staff
- Ensure ability to isolate infected patients
- Outbreak management plan ready for activation
- Ensure no visitors

Primary Care:

- Undertake virtual consults as preference to face to face
- Ensure staffing level meet demand
- Ensure appropriate PPE supply
- Have ability to swab patients
- Provide support to ARRC facilities

Pharmacy:

- Ability to dispense medication remotely
- Ensure stable supply chain
- Have a pathway for clients who receive daily medications
- Ensure ability to provide contactless dispensing

Community:

- Virtual clinics only
- Home visits only for essential care where no other alternative
- Ensure correct PPE protocol and supply chain

Clinical Community Services:

- Staff redeployed from services as required
- Communicable Disease continues as BAU
- Admin staff working remotely
- Script delivery for specific services
- School Based Services continues with some services reduced

STAH:

- All visits that require a home visit under Alert Level Orange should be completed by the most appropriate AH team member, and if appropriate, supplying intervention for other AH team members under their supervision (via phone/video call whilst at clients home)
- Home visits must have manager approval
- Triage all referrals and use telehealth methods where applicable

Mental Health - Community:

- Increase telehealth where possible
- Active team 'bubbles'
- Reduce clinics as appropriate

Public Health:

- Not being completed is: Te Tai Ao – Healthy Environments, Te Tai Hapori – Community Wellbeing, Te Tai Mahere – PH Intelligence, Te Tai Whanui – Medical Offices of Health and Admin support on a case by case basis
- All other functions are normal BAU with services prioritised as/when required

Released under Official Information Act

Non-Patient Facing Services

- Staff that can be, may be redeployed
- Staff to work from home where possible
- Public Café closed
- Deep cleans undertaken as appropriate

Commercial and Facility Services

- Any issues around accessing and distributing critical supplies are escalated to your local IMT first and NRHCC
- Additional supplies of critical and contingent material is on-site
- All non-essential site services for general public and patients such as cafes, shops are closed
- Activate plans for offsite inpatient overflow and on site staff sleeping accommodation as required
- Security on site to track all staff and visitor movements
- Enact plans for offsite inpatient overflow and on site staff sleeping accommodation

Released under Official Information Act

IMT Response: Full IMT stood up

Hospital Triggers for moving to Hospital Framework Red: ≥ fourteen patients in Ward 16 in Whangārei Hospital
 ≥ four patients in Negative Flow Rooms in either Kaitaia, Bay of Islands or Dargaville Hospitals

Community Triggers for moving to Hospital Framework Red: Multiple clusters within the region

Covid-19 Impact Hospital Framework Level Red	Hospital Patient Facing Services	Community Services
	<ul style="list-style-type: none"> Activate plans as described in the 'Yellow Alert Red' MOH Hospital Framework as appropriate Emergency Department services limited to high acuity medical and trauma care Activate plans as described in Hospital Green, Yellow and Orange Alert levels Work with palliative care and other providers to agree alternative end of life services for non-Covid-19 patients. Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery Cancel all non-acute surgery Activate additional streaming, including non-Covid-19 ICU/HDU to theatre complex, or private provider if agreement reached As a last resort, move ventilated Covid-19 patients to repurposed ICU/HDU theatre complex for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acute surgery Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows Only accept urgent outpatient referrals, but ensure clinical risk is understood and managed If other hospitals in the region are at the same alert level, activate out of region management arrangements. All patients screened at the entrance Redeploy staff to critical areas No visitors allowed No clinical reps on site <p>Mental Health – Inpatient Unit:</p> <ul style="list-style-type: none"> Significant increase in Covid-19 service users (suspect or confirmed) Bed capacity and staffing levels dependent on MH acuity of service users <u>Bed capacity</u> = total 24 - 28 service users <ul style="list-style-type: none"> GREEN ZONE = 20 service users: 4 x Aroha; 16 x General RED ZONE = 3 - 8 service users: Manaaki x 2-3 service users; POPs x 1-5 service users – this is dependent on time frame of admissions and Covid-19 status which impacts isolation requirements <u>Staffing levels</u> – BAU (7 x RN; 4 x auxiliary; 1 x CNC) + 1x RN; 3 auxiliary; 1 nurse lead - Whakaora – Covid-19 focus DNM and GM on call consultation and Mental Health and Addiction Services (MHAS) management notification <p>Radiology:</p> <ul style="list-style-type: none"> Continue initiatives to reduce risk of transmission of Covid-19 to staff and patients. Priority 1 Acute <24-hour patients: continue with imaging/IR procedures. If overwhelmed use LPS framework: imaging/procedure is required to obtain information on/intervene for "potentially life-threatening conditions" or "conditions that could potentially lead to permanent disability". Priority 2 Non-deferrable < 2 weeks and time sensitive planned radiology: continue if possible No other outpatient imaging/procedures of any kind until capacity increases unless the issue is at site level only and local infectious diseases/infection prevention and control advice and EOC/ECC supports continuing to image at other sites and/or outsourcing 	<p>ARRC and Hospice:</p> <ul style="list-style-type: none"> Ensure ability to staff Ensure no visitors Ensure ability to isolate infected patients Outbreak management plan ready for activation <p>Primary Care:</p> <ul style="list-style-type: none"> Ability for virtual consults Ensure staffing level meet demand Have ability to swab patients Provide support to ARRC facilities <p>Pharmacy:</p> <ul style="list-style-type: none"> Ability to dispense medication remotely Ensure stable supply chain Have a pathway for clients who receive daily medications Ensure ability to provide contactless dispensing <p>Community:</p> <ul style="list-style-type: none"> Virtual clinics only Ensure clinical pathway for those who can't manage at home Ensure level 4 plans are activated Ensure PPE and Supply chain <p>Clinical Community Services:</p> <ul style="list-style-type: none"> Staff redeployed from services as required NIR and Cold Chain continues for immunisations remotely Telehealth consults where possible <p>STAH:</p> <ul style="list-style-type: none"> Home visits only when nil other viable non-contact solution available and must have manager approval Essential services undertaken only Triage on all referrals completed in conjunction with telehealth methods <p>Mental Health - Community:</p> <ul style="list-style-type: none"> Stop all clinics unless deemed acute or urgent <p>Public Health:</p> <ul style="list-style-type: none"> Not being completed is: Te Tai Ao – Healthy Environments, Te Tai Hapori – Community Wellbeing, Te Tai Mahere – PH Intelligence, Te Tai Whanui – Medical Offices of Health and Admin support on a case by case basis All other functions are normal BAU with services prioritised as/when required
	Non-Patient Facing Services	Commercial and Facility Services
	<ul style="list-style-type: none"> Staff whose function maybe non-essential may be redeployed to critical areas that require staffing Those that can work from home should do so Public Café closed Staff café is takeaway only Deep clean of all areas that have patient or staff contact or movement of these groups 	<ul style="list-style-type: none"> Site lockdown with security All non-essential site services such as cafes and shops are closed. Alternative meal options activated for staff (likely use patient meals for staff provisions) Site infrastructure maintained and daily checks on critical infrastructure in place Critical infrastructure works and deliveries for supplies can continue where the project contributes to immediate Covid-19 capacity or is urgently required to keep services functioning (e.g. a burst pipe etc.)