

Miriama Pritchard (ADHB)

From: Jona Ukmata (ADHB)
Sent: Wednesday, 18 August 2021 16:49
To: [REDACTED] 9(2)(a) ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Daniel Channing (ADHB); Jane McEntee (ADHB); ARPHS Emergency Incident Controller (ADHB)
Cc: Laura Bocock (ADHB); Maria Poynter (ADHB); Campbell Johnson (ADHB)
Subject: Planning Daily Update - 18/8/2021 (take 2, having trouble with email)
Attachments: Workforce Daily_C-0042_Aug_2021_community.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Kia ora koutou,

Here is the update following the capacity & demand meeting today. Detailed minutes can be found [here](#).

- Four full teams rostered currently with one virtual team (RPH), plan to move to six teams by tomorrow if possible
- Surge staff:
 - Daniel is following up WDH and Starship community to bring in previous surge staff to support
 - Mhairi and Daniel are working on internal ARPHS staff availability
 - Five PHMS' are coming in on Friday for up-skilling and to support ARPHS (all have been here previously) – Jo is leading
- Delegations:
 - Plan to delegate to NITC for large EE (non-household contacts)
 - Allocating EE to other PHUs to manage symptomatic contacts
 - ACH will be delegated to NITC
 - Self-identifying people via Healthline
 - RPH are supporting ARPHS but may also need to support nationally
 - NORT is potentially being activated
- No change in scope/approach or recommendation in surge levels
- Email follow ups will be encouraged

Risks:

- Mindful of Pasifika and Māori resource as we grow in team sizes, potential for large numbers of contacts in the community
- Gap in the Pasifika IMT cover – Hazel and Siu following up
- Risk around logistical space – Daniel is discussing with Mhairi
- Surge/new staff coming in – risk of bringing in COVID

Criteria

18 August 2021

Current workload for daily follow ups
(ORANGE < 375)

28

Days since last community case	0
Number of new community cases	6
Number of active community cases	7
Total community cases	7
Number of community outbreaks	1
Number of new community outbreaks	0
Days since last unexpected community cases	0
Majority of COVID Team working sustainable and appropriate working hours	A few key roles stayed behind last rosters are tracking hours
Quality Performance metrics all to meet targets	TBC – 3 day delay

Ngā mihi

Jona Ukmata
Improvement Specialist | COVID-19 Response Unit

Auckland Regional Public Health Service

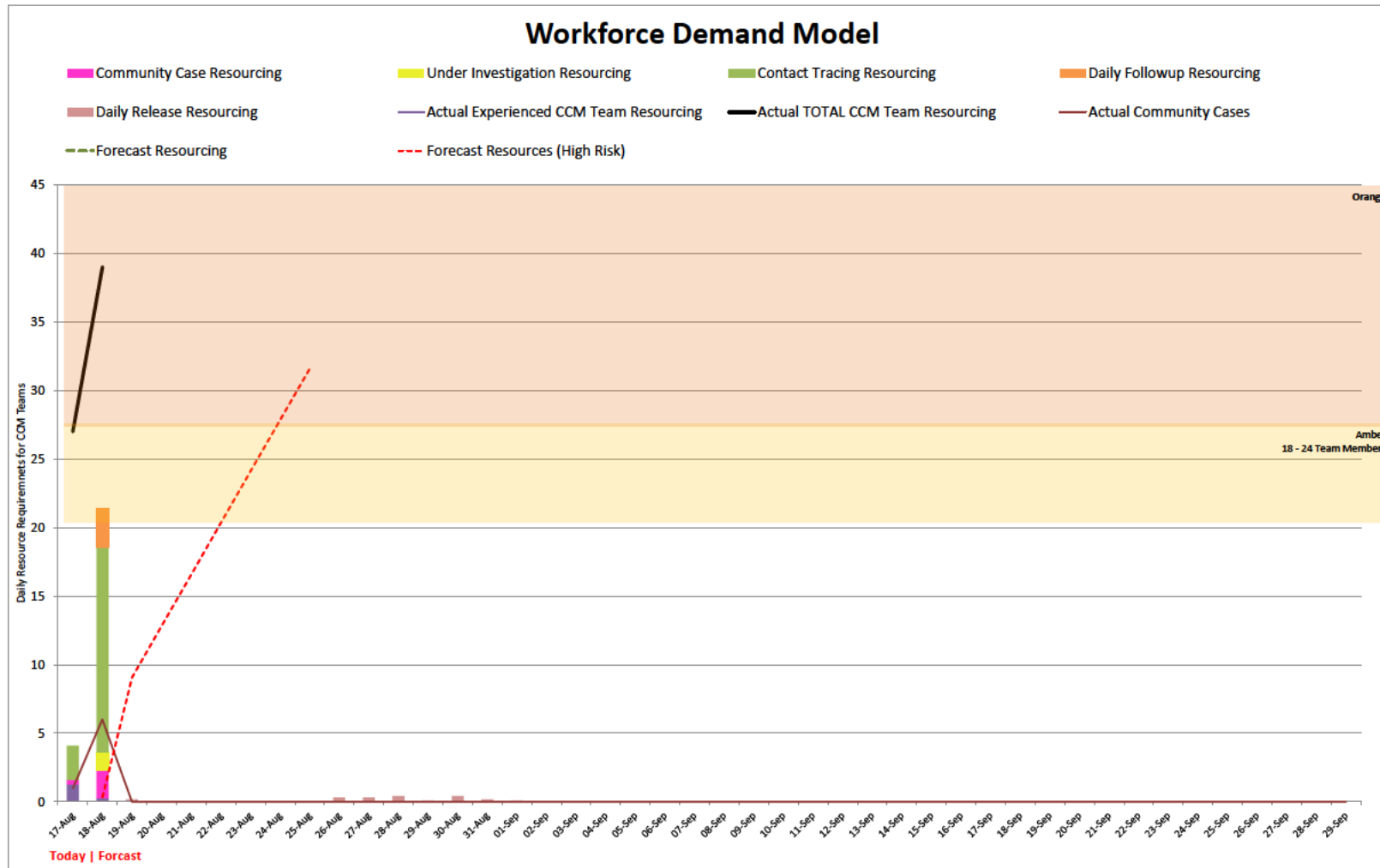
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Assumptions for 7 day forecast

High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case

Date Stamp: 18/8/2021 at 3:00pm

Miriama Pritchard (ADHB)

From: ARPHS Emergency Planning (ADHB)
Sent: Thursday, 19 August 2021 15:39
To: ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Daniel Channing (ADHB); Jane McEntee (ADHB); ARPHS Emergency Incident Controller (ADHB)
Cc: Laura Boccock (ADHB); Maria Poynter (ADHB); Campbell Johnson (ADHB)
Subject: Planning Daily Update - 19/8/2021

Follow Up Flag: Follow up
Flag Status: Completed

Kia ora koutou,

Here is the update following the capacity & demand meeting today. Detailed minutes can be found [here](#).

- Four full teams rostered currently with one virtual team (RPH) for the next four days. The team are meeting today to discuss team configuration and how work is themed and allocated. There is potential to stand up an additional symptom checking team from tomorrow however this will need to be confirmed.
- Community Public Health are on standby to support
- Capacity is meeting demand at this stage
- We are able to source CCM staff however some challenges with sourcing some support roles – **Logistics is working through this**
- Surge staff:
 - 7 vaccination staff, 7 additional surge staff and 3 Pasifika nurses will be joining us from tomorrow and Monday
 - Daniel is following up WDH and Starship community to bring in previous surge staff to support
 - Mhairi and Daniel are working on internal ARPHS staff availability
 - Five PHMS' are coming in on Friday for up-skilling and to support ARPHS (all have been here previously) – Jo is leading
- Delegations:
 - Focus for ARPHS is cases and their immediate households all other work is being delegated to NITC
 - MIF cases to RPH
 - Self-identifying people are managed by Healthline
- Email follow ups are being encouraged
- No change in scope/approach or recommendation in surge levels

Risks:

- RPH are supporting ARPHS but may also need to support nationally. If we don't use them quickly we may not be able to use them as a virtual team – **team configuration and work theming session will help with allocation of work to RPH**
- Gap in the Pasifika IMT cover – **UPDATE: Colin will hold IMT role, and Nabura and Siniva will cover Pasifika Lead Clinical role**
- Schools and Churches Liaison roles (needs to be a physician) – **Hazel and Mariam to follow up and then feedback to Jo**
- Risk around logistical space – **Daniel is discussing with Mhairi**
- Length of days are unsustainable especially in Ops Leads Room. Expectations on late notifications will be discussed with Hazel and Maria. Staggered starts may be introduced. **Hazel to progress**
- On-going exemptions and bubble breaches are challenging for our on-call staff – **to be monitored and discussed daily**
- Surge/new staff coming in and risk of bringing in COVID – on-going

Criteria	19 August 2021
Current workload for daily follow ups (ORANGE < 375)	77
Days since last community case	0
Number of new community cases	13
Number of active community cases	21
Total community cases	21
Number of community outbreaks	1
Number of new community outbreaks	0
Days since last unexpected community cases	0
Majority of COVID Team working sustainable and appropriate working hours	A few key roles stayed behind last rosters are tracking hours
Quality Performance metrics all to meet targets	TBC – 3 day delay

Ngā mihi

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Miriama Pritchard (ADHB)

From: ARPHS Emergency Planning (ADHB)
Sent: Friday, 20 August 2021 15:30
To: ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Daniel Channing (ADHB); Jane McEntee (ADHB); ARPHS Emergency Incident Controller (ADHB)
Cc: Laura Boccock (ADHB); Maria Poynter (ADHB); Campbell Johnson (ADHB); Tim Denison (ADHB); Julia Peters (ADHB); William Rainger (ADHB)
Subject: Planning Daily Update - 20/8/2021

Kia ora koutou,

Here is the update following the capacity & demand meeting today. Detailed minutes can be found [here](#).

- Complexity of workload is growing, however meeting capacity currently
- Four CCM teams rostered, 1x SPoC team and 1x RPH/CPHU team
- Tim Denison is supporting workforce modelling
- Focused control plan/contact tracing strategy to work with organisations to manage their own risk assessment and communications (Julia, Lavinia and Comms will work on packs over the weekend). This will take 3-4 days (Tues or Wed) to get running and will need to update teams as this is a big change. This will help speed up some of our processes.
- Triaging/environmental assessments may need to be introduced within teams if further large organisations are identified before the new focus controlled strategy is implemented
- NITC is introducing email follow up via NCTS – Ops will need to update Teams and all CCM staff need to complete compulsory training too.
- Surge staff:
 - Pasifika nurses are coming in to support
 - NRA can also provide non CCM support roles if required – requests through Daniel
- Delegations:
 - Focus for ARPHS is cases and their immediate households all other work is being delegated to NITC
 - MIF cases to RPH/CPHU

Risks:

- Team Leads have flagged that their staffing is very stretched – the new model may relieve some of this pressure along with new surge staff coming in
- Length of days are unsustainable especially in Ops Leads Room. Expectations on late notifications will be discussed with Hazel and Maria. Rosters to action staggered shifts for Ops, refer issues to Hazel if required
- With OB scenario there are larger impact on oncall MOH – staggered shift model may support this
- Potential impact on national capacity depending on new cases across the country
- HHC and the impact on workforce availability
- Surge/new staff coming in – risk of bringing in COVID

Criteria	20 August 2021
Current workload for daily follow ups (ORANGE < 375)	133

Days since last community case	0
Number of new community cases	13
Number of active community cases	26
Total community cases	26
Number of community outbreaks	1
Number of new community outbreaks	0
Days since last unexpected community cases	0
Majority of COVID Team working sustainable and appropriate working hours	CCM teams left by 6 Ops and management – late finish
Quality Performance metrics all to meet targets	TBC – 3 day delay

Ngā mihi

Jona Ukmata

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Miriama Pritchard (ADHB)

From: ARPHS Emergency Planning (ADHB)
Sent: Sunday, 22 August 2021 14:01
To: ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Daniel Channing (ADHB); ARPHS Emergency Incident Controller (ADHB); William Rainger (ADHB); Ankie Crosbie (ADHB)
Cc: Laura Bocock (ADHB); Maria Poynter (ADHB); Campbell Johnson (ADHB); Tim Denison (ADHB); Julia Peters (ADHB); Jane McEntee (ADHB); Kathy Bendikson (ADHB)
Subject: Planning Daily Update - 22/8/2021

Kia ora koutou,

Here is the update following the capacity & demand meeting today. Detailed minutes can be found [here](#).

- Complexity of workload continues to grow, daily follow ups have exceeded ORANGE capacity – Recommendation and plan to move to Red in the next 24-48 hours however team configuration needs to be reviewed due to issues with Team Lead resource
- Plan to roll out focus control strategy by Wednesday 25/8/2021
- Four teams currently (equivalent to five) and 1x virtual team (CPHU)
- We will move to five teams from 23/8 (8-9 people per team)
- Surge staff:
 - 30 FTE requested (NRHCC to action)
- Delegations:
 - CPHU is supporting virtually
 - No further capacity in other PHUs for delegations

Risks:

- There are no other Team Leads that are available for surge. PHMS' that have come in are already working in other areas. It will be difficult to move to eight teams.
- Short on Logistics resource – internal surge staff may be available
- Pae Ora and Pasifika resource stretched – further discussions required with Tofa, Jo, Stefan and Ankie
- National PHU capacity exceeded

Criteria	22 August 2021
Current workload for daily follow ups (ORANGE < 375)	616
Days since last community case	0
Number of new community cases	19
Number of active community cases	64
Total community cases	64
Number of community outbreaks	2
Number of new community outbreaks	1 – border related

Days since last unexpected community cases	0
Majority of COVID Team working sustainable and appropriate working hours	No – staggered shifts to be implemented PHN and Managers
Quality Performance metrics all to meet targets	Three indicators are not meeting targets isolation (79%), Contacts daily follow Exposure identified to contacts identified

Ngā mihi

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

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

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

AP Approved by	ARPHS Controller – Jane McEntee
Distribution	ARPHS IMT

Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#02	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved	25/08/2021	Operational Phase covered	26/8/2021 to 02/09/2021
ARPHS Response Level	RED		
Situation Summary	<p>Brief description of the situation:</p> <ul style="list-style-type: none"> An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border however WGS suggests a connection to the NSW clusters. Alert Level 4 national to Friday 27 August. Auckland to 31 August Multiple cases and thousands of close contacts ARPHS is the lead agency for outbreak management across Auckland. 		
Action Taken	<p>Details of operational plan:</p> <ul style="list-style-type: none"> Case and Contact Management ongoing ARPHS wide BCP enacted Workforce surge planning and implementation Outbreak strategy and focussed control strategy approved and implementation plan developed. All areas of CIMS planned and implemented. 		
Aim / Goal (for this AP timeframe)	<ol style="list-style-type: none"> Act in accordance with Te Tiriti o Waitangi including Māori health equity Ensure an equitable response Establish the outbreak response and plan ahead as to potential trajectory Identify the outbreak source Stop on-going transmission Support affected communities Ensure a safe and sustainable response with effective use of regional workforce supply Ensure clear communication and documentation 		
Objectives / Priorities	<p>Response Priorities:</p> <ul style="list-style-type: none"> Operating in accordance with the Outbreak Strategy and focused control strategy Managing clusters Case investigation, source investigation and interrupting transmission Identify, confirm and isolate confirmed cases Progress source investigation Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of essential workers identified and managed) Ongoing stakeholder management through SPOC Effective communications and PIM 		

	<ul style="list-style-type: none"> Adapting to workforce constraints Messages to support wellbeing
Plan of Action	<ul style="list-style-type: none"> Case investigation, contact tracing, and ongoing case and contact management Finalise outbreak strategy Progress source investigation Timely and accurate confirmation of locations of interest Advice and assistance with contact groups testing strategy and any wider community testing Support wellbeing and manaaki requirements for cases and contacts Intelligence and Logistics functions continue to support response – rosters to be considered for next 2 weeks Continue stakeholder engagement and communications Monitor internal capacity and demand
Specific Tasks & Information Flow	<ul style="list-style-type: none"> All CIMS roles rostered All CIMS roles emails enacted
Immediate tasks	<p>Incident controller:</p> <ul style="list-style-type: none"> Liaise with NRHCC, DHB's, and MoH Chair and manage decision making at IMT Identify and support risk mitigation <p>Clinical Partner: in partnership with Incident Controller:</p> <ul style="list-style-type: none"> support implementation of the Outbreak Strategy liaison with MoH clinical colleagues decision making on clinical aspects and risks oversee and monitor outbreak response and trajectory review source investigation documents <p>Planning:</p> <ul style="list-style-type: none"> Focused control strategy and implementation plan developed Action Plan developed and monitored Maintain Risk and Issues Register Chair capacity and demand meeting Support planning projects – workforce, office locations, efficiencies to case and contact management <p>Intelligence:</p> <ul style="list-style-type: none"> Providing accurate and timely reports to ARPHS, regionally and nationally; Source investigation Receive and prioritise data/information requests Maintain and distribute Situation Report <p>Logistics:</p> <ul style="list-style-type: none"> Monitor outbreak resource requirements and source additional surge workforce Maintain roster in alignment with workforce planning model Ensure resourcing meets the cultural requirements for an equitable response Provide training to existing and new staff Provide onboarding requirements for new staff (resource and security) Maintain lists including health and safety requirements for individual staff Manage equipment and resources Staff well-being (sustenance for staff working weekends and overtime) <p>Operations</p> <ul style="list-style-type: none"> Deliver Operational Plan and supporting documentation Respond to outbreaks and clusters and coordinate case and contact management and symptom checking Ensure strong linkages between health and welfare responses

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

	A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT

Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#03	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved	03/09/2021	Operational Phase covered	03/09/2021 to 10/09/2021
ARPHS Response Level	RED		
Situation Summary	<p>Brief description of the situation:</p> <ul style="list-style-type: none"> An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border. WGS has confirmed a connection to the NSW clusters. Auckland region is at Alert L4 for another 2 weeks with a review on Monday 13 September Effects of L4 lockdown beginning to show Transmission in essential workplaces becoming more prevalent Pasifika communities greatly impacted New cluster involving whanau Maori across 7 households in South Auckland Higher rate of hospitalisation than previous outbreaks and one death Increased capacity in MIFs stood up due to demand ARPHS is the lead agency for outbreak management across Auckland. 		
Action Taken	<p>Details of operational plan:</p> <ul style="list-style-type: none"> Case and Contact Management ongoing ARPHS-wide BCP enacted 		

	<ul style="list-style-type: none"> • Workforce surge planning and implementation • Focused control strategy updated to accommodate large volume of contacts • All areas of CIMS on-going.
<p>Aim / Goal (for this AP timeframe)</p>	<ol style="list-style-type: none"> 1. Act in accordance with Te Tiriti o Waitangi including Māori health equity 2. Ensure an equitable response 3. Establish the outbreak response and plan ahead as to potential trajectory 4. Identify the outbreak source 5. Stop on-going transmission 6. Support affected communities 7. Ensure a safe and sustainable response with effective use of regional workforce supply 8. Ensure clear communication and documentation.
<p>Objectives / Priorities</p>	<p>Response Priorities:</p> <ul style="list-style-type: none"> • Ensuring staff well-being • Operating in accordance with the Outbreak Strategy • Ensuring clear locus of control • Case investigation, source investigation and interrupting transmission • Identify, confirm and isolate confirmed cases • Progress source investigation • Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of essential workers) • Maintain vigilance for possible resurgence • Essential worker focus • Supporting Pasifika Community • Supporting Maori whanau • On-going stakeholder management through SPOC • Effective communications and PIM • Adapting to workforce constraints • Supporting increased MIF operations

<p>Plan of Action</p>	<ul style="list-style-type: none"> • Case investigation, contact tracing, and ongoing case and contact management • Progress source investigation • Redefinition of locations of interest due to large number • Advice and assistance with contact groups testing strategy and any wider community testing • Support wellbeing and manaaki requirements for cases and contacts • Intelligence and Logistics functions continue to support response – rosters to be considered for next 2 weeks • Continue stakeholder engagement and communications • Monitor internal capacity and demand.
<p>Specific Tasks & Information Flow</p>	<ul style="list-style-type: none"> • All CIMS roles rostered • All CIMS roles emails enacted.
<p>Immediate tasks</p>	<p>Incident controller:</p> <ul style="list-style-type: none"> • Liaise with NRHCC, DHB's, and MoH • Chair and manage decision making at IMT • Identify and support risk mitigation • Revise Outbreak strategy, Strategic planning and priorities • Staff health and wellbeing. <p>Clinical Partner: in partnership with Incident Controller:</p> <ul style="list-style-type: none"> • support implementation of the Outbreak Strategy • liaison with MoH clinical colleagues • decision making on clinical aspects and risks • oversee and monitor outbreak response and trajectory • review source investigation documents • Advocacy re load on ARPHS to external agencies; workforce surge sourcing, esp key roles • Strategy for next 2 weeks- meeting with MoH and NRHCC. <p>Planning:</p> <ul style="list-style-type: none"> • Focused control strategy developed and implemented • Action Plan published and updated weekly

- Maintain Risk and Issues Register
- Chair capacity and demand meeting
- Support planning projects – workforce, efficiencies to case and contact management, **review case interview form, MIQ transfer and release processes**
- **Consider de-escalation planning.**

Intelligence:

- Providing accurate and timely reports to ARPHS, regionally and nationally
- Source investigation
- Receive and prioritise data/information requests; **respond as needed to intelligence request to inform Alert Level settings**
- Maintain and distribute Situation Report

Logistics:

- Monitor outbreak resource requirements and source additional surge workforce
- Maintain roster in alignment with workforce planning model
- Ensure resourcing meets the cultural requirements for an equitable response
- Provide training to existing and new staff
- Provide onboarding requirements for new staff (resource and security)
- Maintain lists including health and safety requirements for individual staff
- Manage equipment and resources
- Staff well-being (sustenance for staff working weekends and overtime).

Operations:

- Deliver Operational Plan and supporting documentation
- Respond to outbreaks and clusters and coordinate case and contact management and symptom checking
- Ensure strong linkages between health and welfare responses
- Use of Interpreters to support case and contact communications
- Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.

	<p>Communications:</p> <ul style="list-style-type: none"> • Maintain public information and stakeholder collateral • Continue reporting and communication with stakeholders, develop stakeholder update • Manage media inquiries <p>Welfare:</p> <ul style="list-style-type: none"> • Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state) • Create wellbeing plan • Maintain health and safety plan <p>Pae Ora:</p> <ul style="list-style-type: none"> • Decide functional operational management needs • Develop a Roadmap around Pae Ora what it looks like for Maori staff • Lead response for Maori whanau cluster <p>Pacific Team:</p> <ul style="list-style-type: none"> • Complete transition to South Seas • Focus on effective relationship management
Tasks following transition to HCEG-led regional response	TBC
Limiting Factors	<ul style="list-style-type: none"> • Staff wellbeing, fatigue and stress • Sustaining roles and responsibilities • Capacity and surge requirements, workforce constraints • Identifying, attaining and retaining skilled personnel • Ability to respond to other emergent events (eg concurrent disease outbreak) • National PHU capacity • Physical space in the ARPHS office
Coordination Measures	TBC
Resource Needs	<ul style="list-style-type: none"> • Suitably skilled and trained personnel • Case and contact management expertise

	<ul style="list-style-type: none"> • Leadership competencies and breadth in lead roles • Culturally competent staff • IMT function management capacity and availability • PIM and Communications – internal and external • Facilities and IT • Roster system that is suitable for all users • A streamlined national coordinated response led by NITC.
Information Flow	<p>All information is saved in:</p> <p>N:\01_ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov and on the Hub</p>
Public information Plan	<ul style="list-style-type: none"> • Stakeholder communications including cultural response support from NRHCC • Public messaging • Regional communication framework.
Communications	All communications between staff should cc the appropriate EOC email account.
Organisation	<p>Details of any HR or Staff welfare issues:</p> <p>Resourcing of response to be considered to ensure staff welfare.</p>
Recovery	<p>Consider the Continuous Quality Improvement process in parallel with response.</p> <p>A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.</p>
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT

Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#04	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved		Operational Phase covered	11/09/2021 to 17/09/2021
ARPHS Response Level	RED		
Situation Summary	<p>Brief description of the situation:</p> <ul style="list-style-type: none"> An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border. WGS has confirmed a connection to the NSW clusters. Auckland region is at Alert L4 for another 1 week with a review on Monday 13 September. Effects of L4 lockdown are showing. Cases are decreasing, broadly following the modelling. Transmission is occurring as predicted in households of Covid cases and essential workplaces. Proportion of unlinked cases continue to require resourcing. Increasing cases in Māori. Pasifika communities greatly impacted. Cases and contacts with complex needs. Higher rate of hospitalisation than previous outbreaks and one death. Increased capacity in MIFs stood up due to demand. ARPHS is the lead agency for outbreak management across Auckland. 		

	<ul style="list-style-type: none"> • Significant ARPHS workforce fatigue due to long hours and complex case and contact management.
<p>Action Taken</p>	<p>Details of operational plan:</p> <ul style="list-style-type: none"> • Case and Contact Management ongoing • ARPHS-wide BCP enacted • Workforce surge planning and implementation • Focused control strategy updated to accommodate large volume of contacts • All areas of CIMS on-going. • Further actions on delegations and operating model.
<p>Aim / Goal (for this AP timeframe)</p>	<ol style="list-style-type: none"> 1. Act in accordance with Te Tiriti o Waitangi including Māori health equity 2. Ensure an equitable response 3. Establish the outbreak response and plan ahead as to potential trajectory 4. Identify the outbreak source 5. Stop on-going transmission 6. Support affected communities 7. Ensure a safe and sustainable response with effective use of regional workforce supply 8. Ensure clear communication and documentation.
<p>Objectives / Priorities</p>	<p>Response Priorities:</p> <ul style="list-style-type: none"> • Ensuring staff well-being • Operating in accordance with the Outbreak Strategy • Ensuring clear locus of control • Case investigation, source investigation and interrupting transmission • Identify, confirm and isolate confirmed cases • Progress source investigation • Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of essential workers) • Maintain vigilance for possible resurgence

	<ul style="list-style-type: none"> • Essential worker focus • Supporting Pasifika Community • Supporting Maori whanau • On-going stakeholder management through SPOC • Effective communications and PIM • Adapting to workforce constraints • Supporting increased MIF operations
<p>Plan of Action</p>	<ul style="list-style-type: none"> • Case investigation, contact tracing, and ongoing case and contact management • Progress source investigation • Redefinition of locations of interest due to large number • Advice and assistance with contact groups testing strategy and any wider community testing • Support wellbeing and manaaki requirements for cases and contacts • Intelligence and Logistics functions continue to support response – rosters to be considered for next 2 weeks • Continue stakeholder engagement and communications • Monitor internal capacity and demand.
<p>Specific Tasks & Information Flow</p>	<ul style="list-style-type: none"> • All CIMS roles rostered • All CIMS roles emails enacted.
<p>Immediate tasks</p>	<p>Incident controller:</p> <ul style="list-style-type: none"> • Liaise with NRHCC, DHB's, and MoH • Chair and manage decision making at IMT • Identify and support risk mitigation • Revise Outbreak strategy, Strategic planning and priorities • Staff health and wellbeing. <p>Clinical Partner: in partnership with Incident Controller:</p> <ul style="list-style-type: none"> • support implementation of the Outbreak Strategy • liaison with MoH clinical colleagues • decision making on clinical aspects and risks • oversee and monitor outbreak response and trajectory

- review source investigation documents
- Advocacy re load on ARPHS to external agencies; workforce surge sourcing, esp key roles
- Strategy for next **period- ongoing** meetings with MoH and NRHCC.

Response:

- **Maintain Risk and Issues Register**
- **Support IMT, EOC and response activities**

Planning:

- Action Plan published and updated weekly
- Chair capacity and demand meeting
- **Develop strategies to support Covid activities**
- **Develop SOPs to support Covid activities**
- **Provide workforce modelling and projections**
- **Develop operations models and frameworks**
- **Support operational decision making for issues or new situations**
- **Support the implementation of national models and frameworks**

Intelligence:

- Provide accurate and timely reports to ARPHS, regionally and nationally
- Source investigation **and unlinked cases investigation**
- Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings
- Maintain and distribute Situation Report

Logistics:

- **Develop workforce strategy**
- Monitor outbreak resource requirements and source additional surge workforce
- Maintain roster in alignment with workforce planning model
- Ensure resourcing meets the cultural requirements for an equitable response

- Provide training to existing and new staff
- Provide onboarding requirements for new staff (resource and security)
- Maintain lists including health and safety requirements for individual staff
- Manage equipment and resources
- Staff well-being (sustenance for staff working weekends and overtime).

Operations:

- Deliver Operational Plan and supporting documentation
- Respond to outbreaks and clusters and coordinate case and contact management and symptom checking
- Ensure strong linkages between health and welfare responses
- Use of Interpreters to support case and contact communications
- Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.

Communications:

- Maintain public information and stakeholder collateral
- Continue reporting and communication with stakeholders, develop stakeholder update
- Manage media inquiries

Welfare/Wellbeing:

- Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)
- Create wellbeing plan
- Maintain health and safety plan

Pae Ora:

- Decide functional operational management needs
- Develop a Roadmap around Pae Ora what it looks like for Maori staff
- Lead response for Maori whanau cluster

Pacific Team:

- Complete transition to South Seas

	<ul style="list-style-type: none"> • Focus on effective relationship management
Tasks following transition to HCEG-led regional response	TBC
Limiting Factors	<ul style="list-style-type: none"> • Staff wellbeing, fatigue and stress • Sustaining roles and responsibilities • Capacity and surge requirements, workforce constraints • Identifying, attaining and retaining skilled personnel • Ability to respond to other emergent events (eg concurrent disease outbreak) • National PHU capacity • Physical space in the ARPHS office
Coordination Measures	TBC
Resource Needs	<ul style="list-style-type: none"> • Suitably skilled and trained personnel • Case and contact management expertise • Leadership competencies and breadth in lead roles • Culturally competent staff • IMT function management capacity and availability • PIM and Communications – internal and external • Facilities and IT • Roster system that is suitable for all users • A streamlined national coordinated response led by NITC.
Information Flow	<p>All information is saved in:</p> <p>https://arphs.hanz.health.nz/sites/N_ID/InnessandDiseases/COVID-19</p>
Public information Plan	<ul style="list-style-type: none"> • Stakeholder communications including cultural response support from NRHCC • Public messaging • Regional communication framework.

Communications	All communications between staff should cc the appropriate EOC email account.
Organisation	Details of any HR or Staff welfare issues: Resourcing of response to be considered to ensure staff welfare.
Recovery	Consider the Continuous Quality Improvement process in parallel with response. A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT

Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#05	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved		Operational Phase covered	18/09/2021 to 24/09/2021
ARPHS Response Level	RED		
Situation Summary	<p>Brief description of the situation:</p> <ul style="list-style-type: none"> An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border. WGS has confirmed a connection to the NSW clusters. The Auckland region moved to Alert L3 on Wednesday 22nd September. Effects of L4 lockdown are showing. Cases are decreasing, broadly following the modelling. Transmission is occurring as predicted in households of Covid cases and essential workplaces. Proportion of unlinked cases continue to require resourcing. Increasing cases in Māori. Pasifika communities greatly impacted. Cases and contacts with complex needs. Higher rate of hospitalisation than previous outbreaks and one death. Increased capacity in MIFs stood up due to demand. ARPHS is the lead agency for outbreak management across Auckland. Significant ARPHS workforce fatigue due to long hours and complex 		

	<p>case and contact management.</p>
<p>Action Taken</p>	<p>Details of operational plan:</p> <ul style="list-style-type: none"> • Case and Contact Management ongoing • ARPHS-wide BCP enacted • Workforce surge planning and implementation • Focused control strategy updated to accommodate large volume of contacts • All areas of CIMS on-going. • Further actions on delegations and operating model.
<p>Aim / Goal (for this AP timeframe)</p>	<ol style="list-style-type: none"> 1. Act in accordance with Te Tiriti o Waitangi including Māori health equity 2. Ensure an equitable response 3. Establish the outbreak response and plan ahead as to potential trajectory 4. Identify the outbreak source 5. Stop on-going transmission 6. Support affected communities 7. Ensure a safe and sustainable response with effective use of regional workforce supply 8. Ensure clear communication and documentation.
<p>Objectives / Priorities</p>	<p>Response Priorities:</p> <ul style="list-style-type: none"> • Ensuring staff well-being • Operating in accordance with the Outbreak Strategy • Ensuring clear locus of control • Case investigation, source investigation and interrupting transmission • Identify, confirm and isolate confirmed cases • Progress source investigation • Contact management (delegation to NITC and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of essential workers) • Maintain vigilance for possible resurgence

	<ul style="list-style-type: none"> • Essential worker focus • Supporting Pasifika Community • Supporting Maori whanau • On-going stakeholder management through SPOC • Effective communications and PIM • Adapting to workforce constraints • Supporting increased MIF operations
<p>Plan of Action</p>	<ul style="list-style-type: none"> • Case investigation, contact tracing, and ongoing case and contact management • Progress source investigation • Redefinition of locations of interest due to large number • Advice and assistance with contact groups testing strategy and any wider community testing • Support wellbeing and manaaki requirements for cases and contacts • Intelligence and Logistics functions continue to support response – rosters to be considered for next 2 weeks • Continue stakeholder engagement and communications • Monitor internal capacity and demand.
<p>Specific Tasks & Information Flow</p>	<ul style="list-style-type: none"> • All CIMS roles rostered • All CIMS roles emails enacted.
<p>Immediate tasks</p>	<p>Incident controller:</p> <ul style="list-style-type: none"> • Liaise with NRHCC, DHB's, and MoH • Chair and manage decision making at IMT • Identify and support risk mitigation • Revise Outbreak strategy, Strategic planning and priorities • Staff health and wellbeing. <p>Clinical Partner: in partnership with Incident Controller:</p> <ul style="list-style-type: none"> • support implementation of the Outbreak Strategy • liaison with MoH clinical colleagues • decision making on clinical aspects and risks • oversee and monitor outbreak response and trajectory

- review source investigation documents
- Advocacy re load on ARPHS to external agencies; workforce surge sourcing, esp key roles
- Strategy for next period- ongoing meetings with MoH and NRHCC.

Response:

- Maintain Risk and Issues Register
- Support IMT, EOC and response activities

Planning:

- Action Plan published and updated weekly
- Chair capacity and demand meeting
- Develop strategies to support Covid activities
- Develop SOPs to support Covid activities
- Provide workforce modelling and projections
- Develop operations models and frameworks
- Support operational decision making for issues or new situations
- Support the implementation of national models and frameworks

Intelligence:

- Provide accurate and timely reports to ARPHS, regionally and nationally
- Source investigation and unlinked cases investigation
- Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings
- Maintain and distribute Situation Report

Logistics:

- Develop workforce strategy
- Monitor outbreak resource requirements and source additional surge workforce
- Maintain roster in alignment with workforce planning model
- Ensure resourcing meets the cultural requirements for an equitable response

- Provide training to existing and new staff
- Provide onboarding requirements for new staff (resource and security)
- Maintain lists including health and safety requirements for individual staff
- Manage equipment and resources
- Staff well-being (sustenance for staff working weekends and overtime).

Operations:

- Deliver Operational Plan and supporting documentation
- Respond to outbreaks and clusters and coordinate case and contact management and symptom checking
- Ensure strong linkages between health and welfare responses
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Communications:

- Maintain public information and stakeholder collateral
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Welfare/Wellbeing:

- Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)
- Create wellbeing plan
- Maintain health and safety plan

Pae Ora:

- Decide functional operational management needs
- Develop a Roadmap around Pae Ora what it looks like for Maori staff
- Lead response for Maori whanau cluster

Pacific Team:

- Complete transition to South Seas

	<ul style="list-style-type: none"> • Focus on effective relationship management
Tasks following transition to HCEG-led regional response	TBC
Limiting Factors	<ul style="list-style-type: none"> • Staff wellbeing, fatigue and stress • Sustaining roles and responsibilities • Capacity and surge requirements, workforce constraints • Identifying, attaining and retaining skilled personnel • Ability to respond to other emergent events (eg concurrent disease outbreak) • National PHU capacity • Physical space in the ARPHS office
Coordination Measures	TBC
Resource Needs	<ul style="list-style-type: none"> • Suitably skilled and trained personnel • Case and contact management expertise • Leadership competencies and breadth in lead roles • Culturally competent staff • IMT function management capacity and availability • PIM and Communications – internal and external • Facilities and IT • Roster system that is suitable for all users • A streamlined national coordinated response led by NITC.
Information Flow	<p>All information is saved in:</p> <p>https://arphs.hanz.health.nz/sites/N_ID/InnessandDiseases/COVID-19</p>
Public information Plan	<ul style="list-style-type: none"> • Stakeholder communications including cultural response support from NRHCC • Public messaging • Regional communication framework.

Communications	All communications between staff should cc the appropriate EOC email account.
Organisation	Details of any HR or Staff welfare issues: Resourcing of response to be considered to ensure staff welfare.
Recovery	Consider the Continuous Quality Improvement process in parallel with response. A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT