

CM Health Alert Level Framework

IMT Response: Light IMT with lead functions as per CIMS Model. Additional functions to be added as decided by the Incident Controller.

	Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)	Community Patient Facing Services
Covid-19 Impact Hospital Framework Level Green	<p>COVID-19 Activities</p> <ul style="list-style-type: none"> Maintain a BAU level of Community Testing and readiness to scale up as needed. Staff deployed to remote locations – Testing and Vaccination. Continue preparedness activities to scale up as required if/when COVID-19 escalates. <p>Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)</p> <ul style="list-style-type: none"> Activate plans as described in the ‘Green Alert’ Level MOH Hospital Framework as appropriate. Ensure all patients are screened. Ensure streaming of suspected Covid-19 or Covid-19 positive and non-positive patients (includes patients from MIQF). BAU visitor policy – encourage scanning QR codes. BAU POAC processes 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 and IDF’s. Acute and elective clinical service delivery to operate as usual. Planned care surgery and other interventions continue as BAU. Continue BAU outsourcing and wet-lease arrangements. Redeployment of staff as needed/available to ensure appropriate workforces across both sites (Middlemore and Manukau Health Park). Coordinate with local primary care and community health providers referrers to ensure appropriate use of limited acute resources with allocation of capacity based on greatest clinical needs. BAU triage and prioritisation processes for Radiology, Laboratory, Pharmacy, Nutrition services. Patient Information Services operate as per BAU. <p>Non Clinical Support Services (Security, Cleaning, Orderlies, Reception) BAU standards, processes and procedures for:</p> <ul style="list-style-type: none"> Cleaning. PPE. Security. Patient screening and direction. Visitor Policy management. 	<p>Localities (Community Services, District Nursing)</p> <ul style="list-style-type: none"> BAU co-ordination of community based care delivery via Community Central. <p>Primary Care (General Practice, Urgent Care, Pharmacy)</p> <ul style="list-style-type: none"> Services continue as BAU with Ministry guidelines as instructed. Screening and streaming of patients at entry points. Utilise virtual consults as appropriate. Ensure staffing levels meet demand. Have ability to swab patients. Provide support to ARRC facilities. <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>Community Mental Health</p> <ul style="list-style-type: none"> Services continue as BAU with Ministry guidelines as instructed. Initiate planning for increased COVID levels. Ensure correct PPE protocol and supply chain. Utilise virtual consults as appropriate. <p>Public Health</p> <ul style="list-style-type: none"> Staff deployed to ARPHS and NRHCC as required.
	Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)	
	<ul style="list-style-type: none"> Continue to operate as BAU. Flexible ways of working continue with many staff working remotely at times. Increased use of Zoom, MS Teams to communicate and engage within and externally. Citrix platform widely rolled out. Procurement and Supply Chain focus on ‘at risk items’, substitutions and MoH - Pharmac engagement. 	

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IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.

Hospital Triggers: Moving to Hospital Framework Yellow: One or more local case in hospital (excludes MIQF admissions for non COVID-19 reasons) and community transmission evident.

Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.

Community Triggers: Moving to Primary Care Response Framework Yellow: Any known community cases being actively investigated and managed.

	Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)	Community Patient Facing Services
Covid-19 Impact Hospital Framework Level Yellow	<p>COVID-19 Activities</p> <ul style="list-style-type: none"> Maintain a BAU level of Community Testing and readiness to scale up as needed. Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources. Staff deployed for – Testing and Vaccination. Continue preparedness activities to scale up as required as COVID-19 escalates. <p>Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)</p> <ul style="list-style-type: none"> Activate plans as described in the 'Yellow Alert' Level MOH Hospital Framework as appropriate. Redeployment of staff as needed/available to ensure appropriate workforces across both sites (Middlemore and Manukau Health Park). COVID-19 rostering activated. All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF). COVID-19 positive patients managed in predetermined isolation locations. Increase use of POAC, 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 and IDF's. Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff. Plan to stand up Respiratory Assessment Unit. Deploy more Senior Surgical decision makers to support ED. Focus on Acutes, Cancers and Elective P1 patients. Review outsourcing and wet-lease activity. Clinics focus on P1 and P2 patients. Increased use of virtual consults. Utilise all available ARHOP beds – decant from Medicine and Surgery. Cancer patients prioritised as per Regional Service model. Low risk/well women to bypass Birthing and Assessment – birth in Primary Unit or home where possible. Prioritisation of Radiology and Laboratory services. Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload. Coordinate with local primary care and community health providers to ensure appropriate use of limited acute resources with allocation of capacity based on greatest clinical needs. <p>Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)</p> <p>Increased resources to allow for more frequent activity. Increased standards, processes and procedures for:</p> <ul style="list-style-type: none"> Cleaning. PPE – escalation of IPC processes. Security. Patient screening and direction. Visitor Policy restrictions increased – Visitor registration App in use. 	<p>Localities (Community Services, District Nursing)</p> <ul style="list-style-type: none"> Alert Level Yellow co-ordination of community based care delivery via Community Central. <p>Primary Care (General Practice, Urgent Care, Pharmacy)</p> <ul style="list-style-type: none"> Services continue as per Primary Care Response Framework. Screening and streaming of patients. Patients may wait in vehicles. Increased swabbing of patients – surveillance and symptomatic. Increasing use of virtual consults as appropriate. Ensure staffing levels meet demand – flex workforce. Provide increased support to ARRC facilities. <p>ARRC and Hospice</p> <ul style="list-style-type: none"> No visitor access. Monitor staffing closely. Severely limited resident/patient movement to reduce likelihood of infected patients (Community acquired). Outbreak management activated at Alert Level Yellow. <p>Community Mental Health</p> <ul style="list-style-type: none"> Services continue as BAU with Ministry guidelines as instructed. Increased Zoom and phone use for clinical review and business meetings. Establish prioritisation for Service User follow up. Plan for Service User isolation requirements – changes to facility. <p>Public Health</p> <ul style="list-style-type: none"> Staff deployed to ARPHS and NRHCC as required.
	Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)	
	<ul style="list-style-type: none"> Increase staff working flexibly and remotely most of the time. High level use of Zoom, MS Teams to communicate and engage within and externally. Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement. Facilities action of increased resource requirements – single rooms, negative pressure. 	

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IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.

Hospital Triggers: Moving to Hospital Framework Orange: Multiple local COVID-19 cases in hospital. Uncontrolled community transmission, clusters evident.

Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.

Community Triggers: Moving to Primary Care Response Framework Orange: Community transmission of COVID-19 is not well controlled

	Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)	Community Patient Facing Services
Covid-19 Impact Hospital Framework Level Orange	<p>COVID-19 Activities</p> <ul style="list-style-type: none"> Maintain a BAU level of Community Testing and readiness to scale up as needed. Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources. Staff deployed for – Testing and Vaccination. Continue activities to scale up as COVID-19 escalates. <p>Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)</p> <ul style="list-style-type: none"> Activate plans as described in the 'Orange Alert' Level MOH Hospital Framework as appropriate Consolidation of workforce focussing on Middlemore. All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF). COVID-19 positive patients managed in predetermined isolation locations. Increased locations for this requirement. Increase use of POAC, 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 and IDF's. Increased isolation spaces in ED. Dedicated COVID-19 wards. Stand up Respiratory Assessment Unit. Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff. Focus on Acute Surgery, Cancers and Elective P1 and time critical surgery patients. Minimal Manukau Health Park theatres. Consider appropriate outsourcing and wet-lease activity. Clinics focus on P1 and P2 patients. Almost total use of virtual consults. Close Botany clinics. Utilise all available ARHOP beds – decant from Medicine and Surgery. Cancer patients prioritised as per Regional Service model. Low risk/well women to bypass BandA – birth in Primary Unit or home where possible. Prioritisation of Radiology and Laboratory services based on clinical priority. Increasing pressure on Laboratory testing. Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload. Coordinate with local primary care and community health with allocation of capacity based on greatest clinical needs. <p>Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)</p> <p>Increased resources to allow for more frequent activity. Increased standards, processes and procedures for:</p> <ul style="list-style-type: none"> Cleaning. PPE – escalation of IPC processes. Security. Patient screening and direction. Visitor Policy restrictions increased – Visitor registration App in use. 	<p>Localities (Community Services, District Nursing)</p> <ul style="list-style-type: none"> Alert Level Orange co-ordination of community based care delivery via Community Central. <p>Primary Care (General Practice, Urgent Care, Pharmacy)</p> <ul style="list-style-type: none"> Services continue as per Primary Care Response Framework. External screening and streaming of patients in vehicles. Swabbing of all patients in vehicles – surveillance and symptomatic. Encourage people to come alone if possible. Increasing use of virtual consults as appropriate. Ensure staffing levels meet demand – flex workforce. Increased cleaning, PPE consumption incl N95 use. <p>ARRC and Hospice</p> <ul style="list-style-type: none"> No visitor access. Monitor staffing closely – DHB SMO clinical advice as required. Severely limited resident/patient movement to reduce likelihood of infected patients (Community acquired). Outbreak management activated at Alert Level Orange <p>Community Mental Health</p> <ul style="list-style-type: none"> Increase after-hours leadership capacity. Reduce clinic locations. Majority of interventions via Zoom and phone. Establish prioritisation for Service User follow up. Further changes to facility dependant on isolation requirements. <p>Public Health</p> <ul style="list-style-type: none"> Staff deployed to ARPHS and NRHCC as required.
	Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)	
	<ul style="list-style-type: none"> Increase staff working flexibly and remotely most of the time. High level use of Zoom, MS Teams to communicate and engage within and externally. Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement. PPE management critical. Facilities action of increased resource requirements – single rooms, negative pressure. 	

CM Health Alert Level Framework



IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.

Hospital Triggers: Moving to Hospital Framework Red: Multiple local cases in hospital (excludes MIQF admissions for non COVID-19 reasons). Uncontrolled community transmission.

Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.

Community Triggers: Moving to Primary Care Response Framework Red: There is uncontrolled community transmission of COVID-19.

	Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)	Community Services
Covid-19 Impact Hospital Framework Level Red	<p>COVID-19 Activities</p> <ul style="list-style-type: none"> Maintain a BAU level of Community Testing and readiness to scale up as needed. Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources. Staff deployed for – Testing and Vaccination. Continue activities to scale up as COVID-19 escalates. <p>Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)</p> <ul style="list-style-type: none"> Activate plans as described in the 'Red Alert' Level MOH Hospital Framework as appropriate. Consolidation of workforce at Middlemore. Manukau Health Park on skeleton staffing. All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF). COVID-19 positive patients managed in predetermined isolation locations. Increased locations for this requirement. Increase use of POAC, 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 and IDF's. Full PPE in ED, ASU, AAW. Mass isolation spaces in ED, ASU, AAW. External capacity required. Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff. Continue Respiratory Assessment Unit. No elective anaesthetic workforce – fully focussed on acute workload. Focus on Acute Surgery, Cancers and Elective P1 patients (If possible). Minimal MANUKAU HEALTH PARK theatres for acutes only. Clinics total use of virtual consults. Optimise all available ARHOP beds – decant from Medicine and Surgery. Deploy SMO to Medicine. Cancer patients prioritised as per Regional Service model. Low risk/well women to bypass BandA – birth in Primary Unit or home where possible. Prioritisation of Radiology and Laboratory services. Increasing pressure on Laboratory testing. Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload. Coordinate with local primary care and community health with allocation of capacity based on greatest clinical needs. <p>Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)</p> <p>Increased resources to allow for more frequent activity. Increased standards, processes and procedures for:</p> <ul style="list-style-type: none"> Cleaning. PPE – escalation of IPC processes. Security – higher levels of onsite security required. Patient screening and direction. Visitor Policy restrictions increased – Visitor registration App in use. 	<p>Localities (Community Services, District Nursing)</p> <ul style="list-style-type: none"> Alert Level Red co-ordination of community based care delivery via Community Central. <p>Primary Care (General Practice, Urgent Care, Pharmacy)</p> <ul style="list-style-type: none"> Services continue as per Primary Care Response Framework. External Screening and streaming of patients in vehicles. Swabbing of all patients in vehicles – surveillance and symptomatic. No visitors or support persons if possible. Increasing use of virtual consults as appropriate. Ensure staffing levels meet demand – flex workforce. Increased cleaning, PPE consumption incl N95 use. <p>ARRC and Hospice</p> <ul style="list-style-type: none"> No visitor access. Monitor staffing closely – DHB SMO clinical advice as required. No resident/patient movement to reduce likelihood of infected patients (Community acquired). Outbreak management activated at Alert Level RED. <p>Community Mental Health</p> <ul style="list-style-type: none"> Increase after-hours leadership capacity. No community clinic locations. Majority of interventions via Zoom and phone. Establish prioritisation for Service User follow up. Further changes to facility dependant on isolation requirements. <p>Public Health</p> <ul style="list-style-type: none"> Staff deployed to ARPHS and NRHCC as required.
	Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)	<ul style="list-style-type: none"> Increase staff working flexibly and remotely most of the time. High level use of Zoom, MS Teams to communicate and engage within and externally. Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement. PPE management critical. Facilities action of increased resource requirements – single rooms, negative pressure.