

29th October 2021

s9(2)(a)

Dear s9(2)(a)

Official Information Act Request for – Covid Positive Patient Correspondence

I write in response to your Official Information Act request received by us 17th September 2021, you requested the following information:

1. I request all reports or planning documents, including but not limited to emails between CMDHB management which relate to hospital capacity, bed space, including space on the COVID ward, and staff resources between September 5 and September 8.
2. I request all emails sent to or received by CMDHB's CEO Margie Apa which are related to a patient who tested positive for COVID19 in the Edmund Hillary block at Middlemore Hospital on September 5. The correspondence I am seeking is from between September 5 and September 8.

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. I request all reports or planning documents, including but not limited to emails between CMDHB management which relate to hospital capacity, bed space, including space on the COVID ward, and staff resources between September 5 and September 8.

CM Health monitors in real-time the demand for hospital beds, capacity and staffing across the entire system, with a focus on maintaining availability and flow through the hospital. We manage our staffing levels proactively to match clinical needs, safe skill mix and the use of additional resources as required.

This includes multiple daily update meetings in real time which take place in person or recently during National Alert Levels, over Zoom. Attached as appendix 1 is occupancy updates supplied

to our Covid-19 Incident Management Team briefing. This is a snapshot at 10:00hours across the four days of information you have requested.

- 2. I request all emails sent to or received by CMDHB's CEO Margie Apa which are related to a patient who tested positive for COVID19 in the Edmund Hillary block at Middlemore Hospital on September 5. The correspondence I am seeking is from between September 5 and September 8.**

Appendix 2 reflects emails sent to and received by CM Health's Chief Executive Officer in relation to the patient who tested positive for Covid-10 in the Edmund Hillary Block at Middlemore between 5th September – 8th September.

A small amount of information has been redacted under section 9(2)(a) to protect the privacy of the individual persons. We have also redacted any information that is out of scope of your request.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

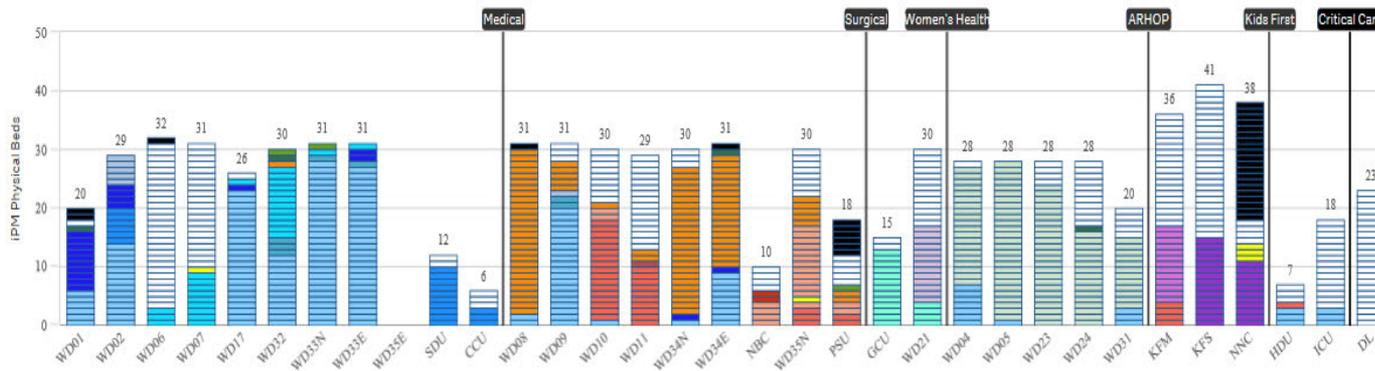
A handwritten signature in black ink, appearing to be 'Margie Apa', written in a cursive style.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

COVID-19: IMT Briefing 5/09/2021 10:00

Middlemore Hospital Operational Status: Orange

MMH Acute Wards Bed Status and Patient Specialty (Highlight Bed: Incidence Bed)



Bed Ward, Bed Code

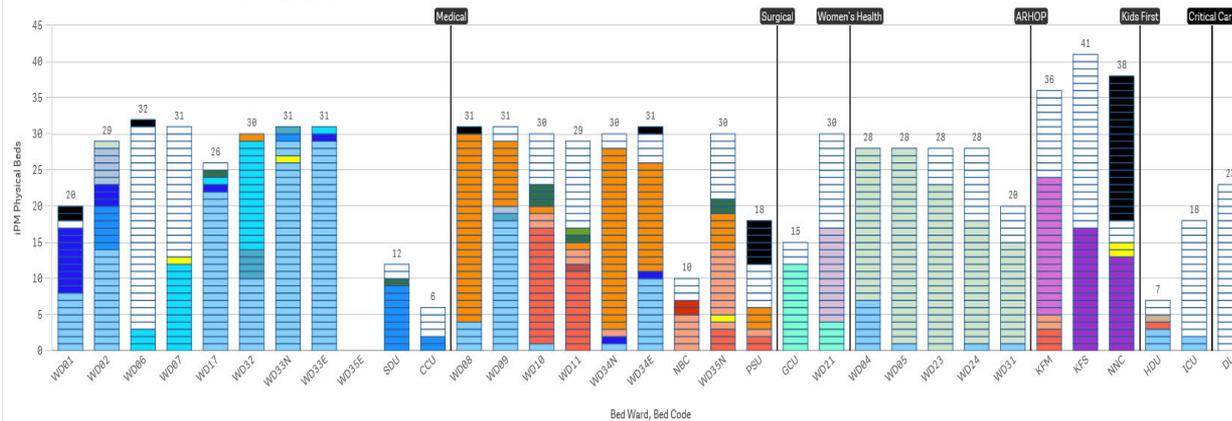
<p>51 ED patients Volume</p> <p>🏷️</p> <p>Purple</p> <p><small>Patients in ED including Short stays, MAU, SAU, Poeds</small></p>	<p>15 MAU Patients</p> <p>🏷️</p> <p>Purple</p> <p><small>Patients in MAU location</small></p>	<p>12 Unallocated ED/New Pt. Bed Requests</p> <p>🏷️</p> <p>Green</p> <p><small>Excludes Invalid Bed Requests, Bed Allocated and Paperwork</small></p>	<p>6 Isolation Unallocated ED/New Patient Bed Requests</p> <p>🏷️</p> <p>Green</p> <p><small>Excludes Invalid Bed Requests, Bed Allocated and Paperwork</small></p>	<p>78.3% Med & Surg Capacity Occupancy%</p> <p>🏷️</p> <p>Yellow</p> <p><small>Medical and Surgical Wards only (Excl. bed counts in PSU)</small></p>	<p>Staffing as per VIS</p> <p>🏷️</p> <p>Green</p> <p><small>Variance Indicator Score</small></p> <p>Ward View</p>	<p>1,260 Estimated Theatre Minutes</p> <p>🏷️</p> <p>Purple</p> <p><small>From Acute list - estimated Theatre minutes for the day.</small></p>
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- 🏷️ Capacity and staffing available
- 🏷️ Business as usual
- 🏷️ System Pressured
- 🏷️ System Pressured for multiple reasons
- 🏷️ Over Capacity

COVID-19: IMT Briefing 6/09/2021 10:00

Middlemore Hospital Operational Status: **Orange**

MMH Acute Wards Bed Status and Patient Specialty (Highlight Bed: Incidence Bed)



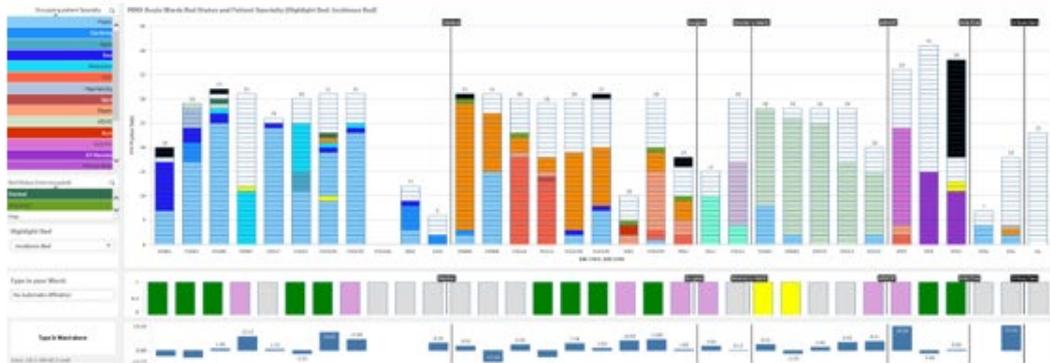
<p>72 ED patients Volume</p> <p></p> <p>Green</p> <p><small>Patients in ED including Short stays, MAU, SAU, Poeds</small></p>	<p>24 MAU Patients</p> <p></p> <p>Purple</p> <p><small>Patients in MAU location</small></p>	<p>28 Unallocated ED/New Pt. Bed Requests</p> <p></p> <p>Yellow</p> <p><small>Excludes Invalid Bed Requests, Bed Allocated and Paperwork done</small></p>	<p>15 Isolation Unallocated ED/New Patient Bed Requests</p> <p></p> <p>Amber</p> <p><small>Excludes Invalid Bed Requests, Bed Allocated and Paperwork done</small></p>	<p>78.7% Med & Surg Capacity Occupancy%</p> <p></p> <p>Yellow</p> <p><small>Medical and Surgical Wards only (Excl. bed counts in PSU)</small></p>	<p>Staffing as per VIS</p> <p></p> <p>Green</p> <p><small>Variance Indicator Score</small></p> <p>Ward View</p>	<p>1,560 Estimated Theatre Minutes</p> <p></p> <p>Purple</p> <p><small>From Acute list - estimated Theatre minutes for the day, includes completed</small></p>
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- Capacity and staffing available
- Business as usual
- System Pressured
- System Pressured for multiple reasons
- Over Capacity

Three triggers at the highest level indicate level of escalation response required

COVID-19: IMT Briefing 7/09/2021 10:00

Middlemore Hospital Operational Status: **Orange**



From: Donna Baker (CMDHB)

Sent: Sunday, 05 September 2021 6:11 p.m.

To: NRHCCMEDIA (ADHB) <[REDACTED] s9(2)(a)> 'Peter Abernethy'

[REDACTED] s9(2)(a); [REDACTED] s9(2)(a); Vanessa Thornton (CMDHB)

[REDACTED] s9(2)(a); Stacey Wilson (CMDHB)
[REDACTED] s9(2)(a); Margie Apa (CMDHB) [REDACTED] s9(2)(a); Peter
Watson (CMDHB) [REDACTED] s9(2)(a)

Subject: Situation at Middlemore - under investigation

Importance: High

Hi Peter and Therese,
I understand TV are already asking about this.

As discussed, we are early in our investigations and can't say anything at this stage.

I will be in touch in the morning when we have more to say.

For your Information

This evening (Sunday) we became aware of a further potential COVID exposure at Middlemore Hospital.

A patient presented to the hospital Saturday evening with abdominal pain. The patient was assessed over night, including having a CT scan, moved to a ward and was subsequently tested for COVID-19.

The patient, who was asymptomatic, has since tested positive and IP&C, Occ Health and senior staff have begun the process of identifying the patient's movements since arriving at the hospital and contacting any staff who potentially may have been exposed. Deep or additional cleaning has been undertaken where necessary.

CM Health takes any potential COVID exposure very seriously and adopts a high level of caution. As a result, a number of staff who may have been exposed are being asked to self isolate at home until contacted by Occ Health, who are working with ARPHS.

Investigations into this potential exposure are on-going and we can not make any further comment at this stage.

Cheers
Donna

From: Stacey Wilson (CMDHB)

Sent: Sunday, 05 September 2021 8:43 p.m.

To: Margie Apa (CMDHB) [redacted]; Peter Watson (CMDHB)
[redacted]; Vanessa Thornton (CMDHB)
[redacted] John Cartwright (CMDHB)
[redacted]; Grp-ELT [redacted]; Donna Baker
(CMDHB) [redacted]

Subject: Exposure event update

Evening all,

This is an overall picture of the events, outcomes and actions for the exposure event that has occurred today. (this is not linked to Fridays exposure event in the waiting room)

A patient has presented in ED at 5pm on the 4/08. He has presented with abdominal pain and denied and contacts with COVID or having been in a LOI. Therefore he was triaged into main ED assessment. He has stayed in an open curtained room and seen by ED. He was moved to Adult Short Stay at 2039hrs into a 4 bedded room, where he awaited test results. He had a CT scan at 2242hrs and returned to Adult Short Stay. He was seen by the surgical registrar at 0305hrs on the 5/08, and was admitted to ward 34N at 0635hrs. He has been admitted into a 4 bedded room at the front of the ward. Due to ongoing fevers and no cause for the abdominal pain a decision was made to swab him, at 1500hrs we received a positive result with a low CT value therefore he is highly infectious. The patient was moved to ward 7.

I was contacted by ID and cascaded the incident to OHSS, IP&C, ARPHS, and the IMT. IP&C had the technician for the airflow/air vent system check the air flow through ward 34N. Unfortunately the air is recirculated throughout the ward and out into ward 34E. (There are also concerns of the air circulating down onto level3 – this will be confirmed in the morning).

After a meeting and discussions with ARPHS – they have confirmed that ALL patients and staff who were in ward 34N and ward 34E between 0635hrs and 1630hrs are classed as CLOSE contacts. Therefore OHSS are going to manage standing down all exposed staff, I have informed Tui that this is going to be a large number of staff, she is going to engage with the unions. The wards is currently closed to any new admissions and all patients are being managed under PPE and treated as COVID exposed.

In regards to his time in ED, all staff are casual as they were wearing N95 and goggles. However all patients exposed are being tracked and those that are still admitted are going to need to be moved into COVID exposed isolation. There are plans for this tomorrow. Rooms in ED are being cleaned. There has been no media release or all staff release tonight until we have further detail. Both wards have been briefed and supported by Richard and the Duty Manager group.

Apologies if I have missed anything out, I will give an update tomorrow when we have more information.

I have spoken to the hotels and the ICs for ADHB and WDHB and they are going to be taking all COVID admissions tonight. ADHB have advised that any community admissions can be transferred to them as well, ED and the Duty Managers are aware.

Stacey Wilson

**COVID-19 Response Manager | Middlemore Central
Onsite Mon/Tues/Thurs/Fri**

s9(2)(a)

s9(2)(a)

Middlemore Hospital | 100 Hospital Road, Otahuhu | Private Bag 93311 Otahuhu, Auckland 1640
countiesmanukau.health.nz | COUNTIES MANUKAU DISTRICT HEALTH BOARD

Kind | **Excellent** | **Valuing everyone** | **Together**
Manaakitanga | Rangatiratanga | Whakawhanaungatanga | Kotahitanga

Please consider the environment before printing this email.

From: Peter Abernethy [redacted]
Sent: Monday, 06 September 2021 9:24 a.m.
To: NRHCCMEDIA (ADHB) [redacted]; Adelia Hallett-Ext [redacted]
[redacted]; Donna Baker (CMDHB) [redacted]
Cc: Vanessa Thornton (CMDHB) [redacted]; John Cartwright (CMDHB) [redacted]
[redacted]; Stacey Wilson (CMDHB) [redacted]
[redacted]; Margie Apa (CMDHB) [redacted]; Peter Watson (CMDHB) [redacted]
Subject: Re: Statement from Middlemore Hospital

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Thanks Donna do you mind drafting up a shorter version for you to provide to media from the Dhb please ?

From: Donna Baker (CMDHB) [redacted]
Sent: Monday, September 6, 2021 9:03:36 AM
To: Peter Abernethy [redacted]; NRHCCMEDIA (ADHB) [redacted]
[redacted]; Adelia Hallett-Ext [redacted]
Cc: Vanessa Thornton (CMDHB) [redacted]; John Cartwright (CMDHB) [redacted]
[redacted]; Stacey Wilson (CMDHB) [redacted]
[redacted]; Margie Apa-Ext [redacted]; Peter Watson [redacted]
Subject: Statement from Middlemore Hospital

Hi
Attached and below is a statement from a CM Health spokesperson.
This will also be going out internally shortly.

Last evening (Sunday) we became aware of a further potential COVID exposure at Middlemore Hospital.

A patient presented to the hospital Saturday evening with abdominal pain. After routine COVID-exposure questioning which did not identify the patient as a COVID risk, the patient was assessed overnight in ED and Adult Short Stay, including having a CT scan.

Early Sunday morning at 7am the patient was moved to a surgical ward (34N) where concerns about his condition resulted in their being tested for COVID-19.

The patient, who was asymptomatic, tested positive at 3pm and was immediately moved to the respiratory ward dedicated to COVID patients.

IP&C, Occ Health and ARPHS are working together to assess the risk of this exposure.

All patients and staff working in two wards (34N and ward 34E) between 7am and 4.30pm Sunday 5 September are currently being classed as close contacts until we have done further investigations. As a consequence, the wards have been closed to any new admissions and patients are being managed under PPE and treated as COVID exposed. As patients are medically discharged, they will work with ARPHS to manage any possible ongoing risks and testing.

Although staff routinely wear surgical masks and full PPE where required, all staff in the wards have currently been stood down and will work with OCC Health and ARPHS regarding risk and actions.

All staff in ED are routinely required to wear N95 masks and goggles and as such, are regarded as casual contacts. Occ Health is working with these staff and no one has been stood down.

Patients who may have been exposed while in ED are being moved into COVID exposed isolation as a precaution. Any other patients who may have left ED during this time will be contacted by ARPHS.

Deep or additional cleaning has been undertaken where necessary.

CM Health takes any potential COVID exposure very seriously and adopts a high level of caution. This is an ongoing investigation.

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From: NRHCCMEDIA (ADHB)

Sent: Monday, 06 September 2021 10:01 a.m.

To: 'Peter Abernethy' [redacted]; Donna Baker (CMDHB)
[redacted]; NRHCCMEDIA (ADHB) [redacted]; Adelia
Hallett-Ext [redacted]
Cc: Vanessa Thornton (CMDHB) <[redacted]>; John Cartwright (CMDHB)
[redacted]; Stacey Wilson (CMDHB)
[redacted]; Margie Apa (CMDHB) [redacted]; Peter
Watson (CMDHB) [redacted]
Subject: RE: COVID exposure Middlemore Hospital 5 Sept..docx

Thanks Peter

We're just finalising NRHCC sign-off and I'll then loop in the Min's Office.

Cheers
Hannah

Hannah Adam

Media Lead – Outbreak
Northern Region Health Coordination Centre (NRHCC)
Ph: 021 574 552
Media enquiries: [redacted]

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From: Peter Abernethy [redacted]
Sent: Monday, 06 September 2021 9:51 a.m.
To: Donna Baker (CMDHB); NRHCCMEDIA (ADHB); Adelia Hallett-Ext
Cc: Vanessa Thornton (CMDHB); John Cartwright (CMDHB); Stacey Wilson (CMDHB); Margie Apa (CMDHB); Peter Watson (CMDHB)
Subject: RE: COVID exposure Middlemore Hospital 5 Sept..docx

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Thanks Donna, that's good from our perspective, please copy in the Min's office as per your usual protocol, thanks Peter

Peter Abernethy | Media Relations Manager

Communications and Engagement

Office of the Director-General

s9(2)(a)

(for media issues contact: s9(2)(a)

Ministry of Health, 133 Molesworth Street Thorndon, Wellington 6011



From: Donna Baker (CMDHB) s9(2)(a)

Sent: Monday, 6 September 2021 9:14 am

To: Peter Abernethy s9(2)(a); NRHCCMEDIA (ADHB)

s9(2)(a); Adelia Hallett-Ext s9(2)(a)

Cc: Vanessa Thornton (CMDHB) s9(2)(a); John Cartwright (CMDHB)

s9(2)(a); Stacey Wilson (CMDHB)

s9(2)(a); Margie Apa-Ext s9(2)(a); Peter

Watson s9(2)(a)

Subject: COVID exposure Middlemore Hospital 5 Sept..docx

Importance: High

Hi

Minor amendments in yellow

Last evening (Sunday) we became aware of a further potential COVID exposure at Middlemore Hospital.

A patient presented to the hospital **at 5pm** Saturday evening with abdominal pain. After routine COVID-exposure questioning which did not identify the patient as a COVID risk, the patient was assessed in ED and moved into **Adult Short Stay at 8.30pm where treatment included having a CT scan.**

Early Sunday morning at 7am the patient was moved to a surgical ward (34N) where concerns about his condition resulted in their being tested for COVID-19.

The patient, who was asymptomatic, tested positive at 3pm and was immediately moved to the respiratory ward dedicated to COVID patients.

IP&C, Occ Health and ARPHS are working together to assess the risk of this exposure.

All patients and staff working in two wards (34N and ward 34E) between 7am and 4.30pm Sunday 5 September are currently being classed as close contacts until we have done further investigations. As a consequence, the wards have been closed to any new admissions and patients are being managed under PPE and treated as COVID exposed. As

patients are medically discharged, they will work with ARPHS to manage any possible ongoing risks and testing.

Although staff routinely wear surgical masks and full PPE where required, all staff in the wards have currently been stood down and will work with OCC Health and ARPHS regarding risk and actions.

All staff in ED are routinely required to wear N95 masks and goggles and as such, are regarded as casual contacts. Occ Health is working with these staff and no one has been stood down.

Patients who may have been exposed while in ED are being moved into COVID exposed isolation as a precaution. Any other patients who may have left ED during this time will be contacted by ARPHS.

Deep or additional cleaning has been undertaken where necessary.

CM Health takes any potential COVID exposure very seriously and adopts a high level of caution. This is an ongoing investigation.

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From: Robert Clark [REDACTED] s9(2)(a)
Sent: Monday, 06 September 2021 8:04 p.m.
To: Margie Apa (CMDHB) [REDACTED] s9(2)(a)
Subject: Re: CONFIDENTIAL AND NOT FOR CIRCULATION Update from CEO: Covid positive case in Middlemore

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Kiaora too reta

On Mon, 6 Sep 2021, 6:27 pm Margie Apa (CMDHB), [REDACTED] s9(2)(a) wrote:
Kia ora Board,

Firstly my apologies, I assumed incorrectly you were getting the daily incident controller reports that would keep you updated. Please find below the latest with more advice on how we are managing the COVID positive patient that resented with non-COVID19 symptoms. We will add all board members to the email list.

With regard to the patient that presented to ED with non-COVID19 symptoms whom was then admitted, tested positive and was isolated, you will see below that due to concerns that the ventilation system may have recycled air across both levels 3 and 4 (this patient was on 34N), we have closed access to the Wards 33N, 33E and 34N, 34E and will not be admitting any more patients. The technical advice on airflow is pending but we are taking precautions until we are advised otherwise.

This will create some distress for patients but there are no visitors to wards so there will be no change for most. All patients have received some printed advice today and some will have been visited tonight by a senior leadership member on the ward to explain the situation and we will complete the visits tomorrow. We will also stand up a way for whanau whom may want to call and get more advice. This number will only be made available to those patients and whanau affected.

To clarify some media reporting:

- * The patient presented in ED at 5pm with abdominal pain on Saturday night and reported having no contact with COVID19 contacts or having been in an location of interest. The subsequent contact tracing advice from ARPHS has confirmed that there is another member in this patient's household who may be a link that the patient may not have been aware of at the time;
- * The patient developed fevers and no cause for the abdominal pain which led to the swab on Sunday morning - we received the positive result yesterday be 3pm;
- * The PPE use was appropriate for the ward at the time;
- * He was moved to Ward 7 when these results were known.

On advice from ARPHS, staff and patient classification is as outlined below. Staffing remains a concern for us at the moment because this represent a significant nursing workforce in surgery and medicine divisions.

We will keep you posted and, as always please direct media queries to Donna and/or myself.

Warmest regards,

Margie Apa
Chief Executive Officer

s9(2)(a)

Room 13, Poutasi Corridor, Middlemore Hospital, Otahuhu
Private Bag 94052 Auckland 2241
www: cmdhb@org.nz<mailto:cmdhb@org.nz>

From: Communications (CMDHB)
Sent: Monday, 06 September 2021 4:46 PM
To: # All CMDHB Recipients s9(2)(a)
Subject: Incident Controller Update - Monday 6 September

'Aakina to ora, hei oranga mauroa'
Look after yourself to preserve health and wellbeing

Where are we today?

out of scope

News

* As the result of a COVID exposure on Ward 34N identified yesterday afternoon, no further patients are being admitted to that ward.

Following discussion with ARPHS, Infectious Diseases, Occupational Health, IP&C and the clinical services it has been agreed that;

Current patients will remain on the ward until medically discharged, and will then be required to follow public health rules around self- isolating and testing.

Staff identified as close contacts have been identified by Occ Health and ARPHS, and have been stood down for 14 days. They are following ARPHS guidance and are able to undertake testing at the Manukau Health Park drive-in testing station. Household contacts are also following the plan approved by ARPHS.

Other staff who were working on wards 34N, 34E, 33N and 33E from 7am - 4.30pm Sunday are classed as casual contacts and can continue to work. Additional precautions for these staff include

daily symptom checks and surveillance tests, on site, on Days 3, 5 and 12. Staff have been advised to take additional precautions such as isolating when at home and not going to the supermarket.

Patients on all four wards who were not in the same room as the COVID positive patient are classed as COVID exposed and will also be checked daily for symptoms and tested on days 3, 5 and 12. On discharge they will be managed by ARPHS.

No staff have been stood down in ED or Radiology as a result of this exposure.

* Special Leave

Staff who are absent from work because they have been identified and directed by ARPHS or Healthline to isolate as a result of COVID-19 will receive paid special leave. Managers are asked to follow the guidelines communicated to them during the earlier lockdown(s) on how to code special leave in One Staff.

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From: Vanessa Thornton (CMDHB)

Sent: Tuesday, 07 September 2021 8:08 a.m.

To: Margie Apa (CMDHB) [REDACTED] >

Cc: Peter Watson (CMDHB) [REDACTED]; Stacey Wilson (CMDHB)

[REDACTED] John Cartwright (CMDHB)
[REDACTED] >; Pauline McGrath (CMDHB)

Subject: Re: fact check please - I need to get an update to Ashley this morning can you review please:

I'll check this and get back to you

On 7/09/2021, at 07:48, Margie Apa (CMDHB) [REDACTED] wrote:

Kia ora Ashley, see below for the facts of events yesterday regarding the case that came into Middlemore asymptomatic and was identified as positive on admission:

- A [REDACTED] male presented in ED at 1700hrs on Saturday 4th August with abdominal pain and denied contacts with COVID or having been in a LOI.
- He was triaged into main ED assessment where staff are in full PPE (N95s and goggles). He stayed in an open curtained room and seen by ED;
- He was moved to Adult Short Stay at 2039hrs into a 4 bedded room, where he awaited test results;
- He had a CT scan at 2242hrs and returned to Adult Short Stay
- He was seen by the surgical registrar at 0305hrs on the 5/08, and was admitted to ward 34N at 0635hrs. At this stage there were no symptoms that gave teams reason to consider he may be COVID19 based on HIS indicators;
- He was admitted into a 4 bedded room at the front of the ward 34N. Ward staff were appropriately PPE'ed for this level of care i.e. non-COVID related, surgical ward;
- He developed a fever during this time and still no cause for the abdominal pain. A test was taken on development of fever and a result received at 1500hrs on 6th August with a low CT value. **Our team do not recall coughing as reported in the media;**
- Subsequently the patient was moved to ward 7 which is the COVID19 ward.

On wider assessment of the risks to this patient and others on the ward from ARPHS, OHSS, ID and our IMT:

- A study of the airflow on ward 34N raises questions about whether air that was recycled may present risk to patients on both 34E (an adjacent ward on the same airhandler at the same level) and the level below 33N and 33E medical wards where contaminated air may have circulated on both levels. Note that these are not wards that were fitted with ventilation improvements as per Ward 6 and 7 which are our designated wards;
- Air conditioning technical advice to date cannot be sure that the risk is not present and is still pending;
- In the meantime we have taken a precautionary approach. ALL patients and staff who were in ward 34N and ward 34E between 0635hrs and 1630hrs are classed as CLOSE contacts;
- All 4 wards are currently closed to any new admissions and all patients are being managed under PPE and treated as COVID exposed;

- As patients are medically cleared to be discharged we are following ARPHS advice to discharge home under advice for isolation and testing;
- ED, the Radiology room where the patient had his scan and room where patient stayed on 34N has been cleaned;
- ## surgical and medical staff are classed as close contacts and have been stood down for 14 days following ARPHS guidance;
- ## patients currently on the 4 wards are checked daily for symptoms and tested on days 3,4 and 12. On discharge they will be managed as per ARPHS guidance;
- we are talking directly to patients (last night and today) and offering a phone number for their whanau to call if they need further advice;
- the Northern region have escalated advice about reviewing screening questions at the front door to include abdominal pain as an indicator of COVID19 risk.

As you can imagine:

- our staff are scared;
- this narrows even further beds available for non-COVID presentations at Middlemore (occupancy in Medicine is over 90% with reduced bed capacity not including Ward 7 beds);
- our staffing challenges are heightened with the number stood down, we are likely to reduce day surgery, close beds at Manukau and move staff to Middlemore;
- we are still seeing over 200 people a day in ED and
- will work through the situation as advised by APRHS, ID and IPC and patient and whanau experience experts.

We believe our staff did the right thing with the information presented in front of them at each stage of the patient's pathway. We also were troubled by delays in getting our comms out yesterday to fill the void (from 10.30 sent to regional comms to 1511hrs before we could post on our public sites).

Your messages encouraging our staff would be greatly appreciated.

From: Tipa Mahuta [REDACTED] s9(2)(a)
Sent: Tuesday, 07 September 2021 2:47 p.m.
To: Margie Apa (CMDHB) [REDACTED] s9(2)(a)
Subject: RE: CONFIDENTIAL AND NOT FOR CIRCULATION Update from CEO: Covid positive case in Middlemore

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Thank you Margie,
What is the H & S reporting process for elevating these matters to the Board? AS PCBU how do we get oversight on events outside of Board meetings?

Again my regards to the team for all your efforts.
Nga mihi
Tipa

Tipa Mahuta | [REDACTED] s9(2)(a)
[REDACTED] s9(2)(a)
[REDACTED]

From: Margie Apa (CMDHB) [REDACTED] s9(2)(a)
Sent: Monday, 6 September 2021 6:27 PM
To: Catherine Abel-Pattinson [REDACTED] s9(2)(a); Colleen Brown [REDACTED] s9(2)(a); Dianne Glenn [REDACTED] s9(2)(a); Garry Boles [REDACTED] s9(2)(a); Katrina Bungard [REDACTED] s9(2)(a); Lana Perese [REDACTED] s9(2)(a); Mark Gosche (CMDHB) [REDACTED] s9(2)(a); Paul Young [REDACTED] s9(2)(a); Pierre Tohe [REDACTED] s9(2)(a); Reece Autagavaia [REDACTED] s9(2)(a); Tipa Mahuta [REDACTED] s9(2)(a); Robert Clark - Ngati Tipa (Primary Rep) [REDACTED] s9(2)(a); Barry Bublitz [REDACTED] s9(2)(a)
Cc: Peter Watson (CMDHB) [REDACTED] s9(2)(a); Jenny Parr (CMDHB) [REDACTED] s9(2)(a); Vanessa Thornton (CMDHB) [REDACTED] s9(2)(a); Pauline McGrath (CMDHB) [REDACTED] s9(2)(a); Donna Straiton [REDACTED] s9(2)(a); Lana Roberts (CMDHB) [REDACTED] s9(2)(a)
Subject: CONFIDENTIAL AND NOT FOR CIRCULATION Update from CEO: Covid positive case in Middlemore

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Kia ora Board,

Firstly my apologies, I assumed incorrectly you were getting the daily incident controller reports that would keep you updated. Please find below the latest with more advice on how we are managing the COVID positive patient that resented with non-COVID19 symptoms. We will add all board members to the email list.

With regard to the patient that presented to ED with non-COVID19 symptoms whom was then admitted, tested positive and was isolated, you will see below that due to concerns that the ventilation system may have recycled air across both levels 3 and 4 (this patient was on 34N), we have closed access to the Wards 33N, 33E and 34N, 34E and will not be admitting any more patients. The technical advice on airflow is pending but we are taking precautions until we are advised otherwise.

This will create some distress for patients but there are no visitors to wards so there will be no change for most. All patients have received some printed advice today and some will have been visited tonight by a senior leadership member on the ward to explain the situation and we will complete the visits tomorrow. We will also stand up a way for whanau whom may want to call and get more advice. This number will only be made available to those patients and whanau affected.

To clarify some media reporting:

- The patient presented in ED at 5pm with abdominal pain on Saturday night and reported having no contact with COVID19 contacts or having been in an location of interest. The subsequent contact tracing advice from ARPHS has confirmed that there is another member in this patient's household who may be a link that the patient may not have been aware of at the time;
- The patient developed fevers and no cause for the abdominal pain which led to the swab on Sunday morning - we received the positive result yesterday be 3pm;
- The PPE use was appropriate for the ward at the time;
- He was moved to Ward 7 when these results were known.

On advice from ARPHS, staff and patient classification is as outlined below. Staffing remains a concern for us at the moment because this represent a significant nursing workforce in surgery and medicine divisions.

We will keep you posted and, as always please direct media queries to Donna and/or myself.

Warmest regards,

Margie Apa

Chief Executive Officer

s9(2)(a)

Room 13, Poutasi Corridor, Middlemore Hospital, Otahuhu
Private Bag 94052 Auckland 2241
www: cmdhb@org.nz

From: Communications (CMDHB)

Sent: Monday, 06 September 2021 4:46 PM

To: # All CMDHB Recipients s9(2)(a)

Subject: Incident Controller Update - Monday 6 September

'Aakina to ora, hei oranga mauroa'

Look after yourself to preserve health and wellbeing

**Where
are we
today?**

out of scope

News

- As the result of a **COVID exposure on Ward 34N** identified yesterday afternoon, no further patients are being admitted to that ward.

Following discussion with ARPHS, Infectious Diseases, Occupational Health, IP&C and the clinical services it has been agreed that;

Current patients will remain on the ward until medically discharged, and will then be required to follow public health rules around self-isolating and testing.

Staff identified as **close contacts** have been identified by Occ Health and ARPHS, and have been stood down for 14 days. They are following ARPHS guidance and are able to undertake testing at the Manukau Health Park drive-in testing station. Household contacts are also following the plan approved by ARPHS.

Other staff who were working on wards 34N, 34E, 33N and 33E from 7am – 4.30pm Sunday are classed as **casual contacts** and can continue to work. Additional precautions for these staff include daily symptom checks and surveillance tests, on site, on Days 3, 5 and 12. Staff have been advised to take additional precautions such as isolating when at home and not going to the supermarket.

Patients on all four wards who were not in the same room as the COVID positive patient are classed as **COVID exposed** and will also be checked daily for symptoms and tested on days 3, 5 and 12. On discharge they will be managed by ARPHS.

No staff have been stood down in ED or Radiology as a result of this exposure.

- **Special Leave**

Staff who are absent from work because they have been **identified and directed by ARPHS or Healthline to isolate as a result of COVID-19** will receive paid special leave. **Managers** are asked to follow the guidelines communicated to them during the earlier lockdown(s) on how to code special leave in One Staff.

- [Redacted] out of scope [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Vaccinations and testing

- [redacted] out of scope [redacted]
[redacted]
[redacted]
[redacted]

- [redacted]
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- [redacted]
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[redacted]
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[redacted] out of scope [redacted]

- [redacted] out of scope [redacted]
[redacted]
[redacted]
[redacted]

Please Note

- [redacted] out of scope [redacted]
[redacted]
- [redacted]
[redacted]

	<p>out of scope</p> <ul style="list-style-type: none">■ [Redacted]
CM Health Policies & General Informati on	<ul style="list-style-type: none">• out of scope■ [Redacted]■ [Redacted]■ [Redacted]
Advice	<ul style="list-style-type: none">• out of scope■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]■ [Redacted]
Rememb er	<p>out of scope</p>

From: Margie Apa (CMDHB)
Sent: Tuesday, 07 September 2021 4:59 p.m.
To: Robert Clark - Ngati Tipa (Primary Rep) [redacted]; Barry Bublitz [redacted]; Catherine Abel-Pattinson [redacted]; Colleen Brown [redacted]; Dianne Glenn [redacted]; Garry Boles [redacted]; Katrina Bungard [redacted]; Lana Perese [redacted]; Mark Gosche (CMDHB) [redacted]; Paul Young [redacted]; Pierre Tohe [redacted]; Reece Autagavaia [redacted]; Tipa Mahuta [redacted]
Cc: Grp-ELT [redacted]
Subject: NOT FOR CIRCULATION Update from CEO

Please find attached the short brief we sent to the Ministry of Health today. Not for circulation as the details may identify individuals. A shorter version is being prepared for the Ministry of Health to release publicly as requested at today's stand up.

[Margie Apa](#)
Chief Executive Officer

[redacted]
Room 13, Poutasi Corridor, Middlemore Hospital, Otahuhu
Private Bag 94052 Auckland 2241
www: cmdhb@org.nz

From: Margie Apa (CMDHB)
Sent: Tuesday, 07 September 2021 11:04 AM
To: [redacted] COVID-IMT Response Manager [redacted]; 'peter.abernethy@health.govt.nz' [redacted]; 'andrew.bichan@health.govt.nz' [redacted]
Cc: Donna Baker (CMDHB) [redacted]; Peter Watson (CMDHB) [redacted]; Vanessa Thornton (CMDHB) [redacted]; NRHCC Incident Controller [redacted]; Vicki Scott (WDHB) [redacted]; Mark Gosche (CMDHB) [redacted]; Therese Sutherland (ADHB) [redacted]; Maria Poynter (ADHB) [redacted]
Subject: Update from CMH

Kia ora Ashley, see below update from CM Health regarding the case that came into Middlemore asymptomatic and was identified as positive on admission:

4th August

- 1700 on 4th August: A [redacted] male presented in ED with abdominal pain and denied having contact with COVID or having been in a LOI;
- He was triaged into main ED assessment where staff are in full PPE (N95s and goggles). He stayed in an open curtained room and seen by ED;
- 2039hrs he was moved to Adult Short Stay into a 4 bedded room, where he awaited test results;
- 2242hrs he had a CT scan at 2242hrs and returned to Adult Short Stay

5th August

- 0305hrs on 5th August he was seen by the surgical registrar at 0305hrs
- 0700hrs was admitted to ward 34N. At this stage there were no symptoms that gave teams reason to consider he may be OVID19 based on HIS indicators. He was admitted into a 4 bedded room at the front of the ward 34N. Ward staff were appropriately PPE'd for this level of care i.e. non-COVID related, surgical ward;
- He developed a fever during this time and still no cause for the abdominal pain; our team do not recall coughing as reported in the media;
- 0940 surgical registrar ordered swabs observing fever symptoms, clinical documentation records no cough, no loss of taste or smell, and patient had not been to any location of interest;
- Patient remained in the room post-swab because there were no isolation spaces on the ward and advice from IPC (following call from nursing staff) was for the patient to remain in the room with mask and curtain closed;
- 1500 test result received with a low CT value;
- 1620 patient moved to Ward 7 COVID19.

We are concerned that the time the patient was identified positive and then transferred to Ward 7 took 1 hour and 20 min which is unusual for our team. I note that Ward34N has been full over many days coupled with stand down of staff the workload is higher even under Level 4. We are reviewing staffing daily and, like other DHBs in the region, are experiencing significant shortages of both RNs and HCAs. We have kept Ward 7 AND 6 free as our COVID19 overflow and this has severely reduced the available beds for our non-COVID acute workload. I haven't asked but this may have more to do with the receiving ward (Ward 7) needing time to prepare for the patient.

Issues and actions:

Patients in room with case:

- With regards to the three patients that shared the room with the case they are all in single isolation rooms now: s9(2)(a) will be discharged to Holiday Inn for the rest of their isolation today; the other two will remain in hospital in isolation rooms for their day 3 swabs and treatment for their conditions. CMO visited patients last night to talk to them on the ward with further advice to their whanau if required;

Airflow in non-COVID wards:

- A study of the airflow on ward 34N yesterday raised questions about whether air that was recycled may present risk to patients on both 34E (an adjacent ward on the same airhandler at the same level) and the level below 33N and 33E medical wards where contaminated air may have circulated on both levels;
- Note that these are not wards that were fitted with ventilation improvements as per Ward 6 and 7 which are our designated wards for COVID19;
- We undertook smoke tests yesterday that conclude that the room the patient was in when on Ward34N would not have transmitted airborne virus to the ward because of the direction of airflow. The tests also suggest that the likelihood of virus being spread to the level below (33N and 33E) is very very low but not negligible. IPC are reviewing this advice today and will advise;

Patients potential exposure

- In the meantime we have taken a precautionary approach. ALL patients and staff who were in ward 34N and ward 34E between 0635hrs and 1630hrs are classed as CLOSE contacts;
- All 4 wards are currently closed to any new admissions and all patients are being managed under PPE and treated as COVID exposed;

- Pending advice from IPC as patients are medically cleared to be discharged we are following ARPHS advice to discharge home under advice for isolation and testing;
- 120 patients currently on the 4 wards are checked daily for symptoms and tested on days 3,4 and 12. On discharge they will be managed as per ARPHS guidance or earlier if medically cleared and the pending IPC advice;
- All patients have received further information and will be advised today if things change (i.e. IPC advice assessing risk of airborne exposure);
- ED, the Radiology room where the patient had his scan and room where patient stayed on 34N have been cleaned there are no other areas of the hospital that require attention more than usual under Level 4.

Other issues

- 29 staff are classed as close contacts and have been stood down for 14 days following ARPHS guidance ([REDACTED] s9(2)(a));
- the Northern Region CTAG have escalated advice about reviewing screening questions at the front door to include abdominal pain as an indicator of COVID19 risk that I understand MoH was reviewing yesterday;
- This case has led to a further identification of 6 from his household of 10 following contact tracing total 7;
- Closing off all four wards takes out a significant number of beds out of our stock and medicine has had high occupancy even during level 4 at 90%+.
- We also were troubled by delays in getting our comms out yesterday to fill the void. From 1030 when we sent to regional comms to 1511hrs before we could post on our public sites and share widely with our staff.

Other than the time it took to transfer the case from Ward 34N to Ward 7 (which may be more to do with the receiving ward being ready rather than ward 34N team) our staff did the right things given the information in front of them at the time. Your messages encouraging our staff would be greatly appreciated.

We hope this answers any queries you may have. Warm regards Margie Apa.

From: Donna Baker (CMDHB)

Sent: Tuesday, 07 September 2021 5:59 p.m.

To: [redacted] s9(2)(a) > 'Peter Abernethy'

Cc: Jared Heffernan (CMDHB) s9(2)(a) > Hannah Adam (ADHB) s9(2)(a); Margie Apa (CMDHB) s9(2)(a); Vanessa Thornton (CMDHB) s9(2)(a); Peter Watson (CMDHB) <[redacted] s9(2)(a)>

Subject: Middlemore asymptomatic case timeline of events

Importance: High

Hi

Very quick sense check.

Approved Vanessa and Pete.

Cheers

donna

Middlemore asymptomatic case – timeline, actions

Timeline of events

Overview:

- The patient presented to Middlemore ED on the evening of Saturday, 4 September complaining of abdominal pain, denying contact with COVID-19 or having been in a location of interest. The patient was asymptomatic.
- After being admitted to a ward early the next day the patient still showed no symptoms that gave reason to suspect they had COVID-19.
- The patient subsequently developed a fever and COVID swabs were ordered. Clinical documentation records show no signs of cough, no loss of taste or smell, and that patient had not been to any locations of interest.
- Once confirmed as COVID positive the patient was moved to a dedicated COVID-19 ward.
- CM Health will undertake a debrief and internal review of what occurred, including our processes, as is standard, and has already updated it's Clinical Assessment Tool, which clinical staff should refer to when assessing all patients, to increase the range of symptoms that warrant COVID testing.

4 September

- 1700hrs A patient presented in ED with abdominal pain. When asked screening questions, patient denied having contact with COVID-19 or having been in a location of interest
- He was triaged into main ED assessment where staff are in full PPE (N95s and goggles). He stayed in an open curtained room and seen by ED staff
- 2039hrs he was moved to Adult Short Stay into a four-bedded room, where he awaited test results
- 2242hrs he had a CT scan and returned to Adult Short Stay.

5 September

- 0305hrs he was seen by the surgical registrar
- 0700hrs was admitted to ward 34N. At this stage there were no symptoms that gave teams reason to consider he may be COVID-19 positive, based on HIS indicators. He was admitted into a four-bedded room at the front of ward 34N. Ward staff were wearing appropriate PPE for a surgical ward (i.e.surgical masks).
- He developed a fever during this time. There was still no cause identified for the abdominal pain
- 0955 the Consultant Surgeon ordered swabs observing fever symptoms; clinical documentation records no cough, no loss of taste or smell, and patient had not been to any locations of interest
- Patient remained in the room post-swab because there were no isolation spaces on the ward. On advice from IPC the patient wore a surgical mask and curtains remained closed
- 1500 test result received with a low CT value
- 1620 patient moved to Ward 7 for COVID19. Full PPE was observed.

Actions:

Middlemore Hospital are actively reviewing staffing daily and, like other DHBs in the region, are experiencing significant shortages of both Registered Nurses and Health Care Assistants.

A national process is underway across all DHBs to identify and send staff to Auckland to support the COVID-19 response.

The Ministry of Health are working with metro-Auckland DHBs to match available staff to need and will continue to deploy staff as required to ensure they have the resources they need.

Metro-Auckland DHBs are working closely together to manage the COVID-19 positive cases needing hospital level care. The hospitals have been constantly updating their planning for surge capacity which includes preparations for staffing and resourcing additional beds in dedicated COVID-19 wards.

Patients in room with case:

- The three patients, who shared the room with the case, are all in single isolation rooms now: one has been discharged to a Managed Isolation Facility for the rest of their managed isolation; the other two

will remain in Middlemore Hospital in isolation rooms for treatment for their conditions plus swabs as appropriate.

- The chief medical officer visited these patients last night to talk to them on the ward and provided further advice to their whanau.

Airflow in non-COVID wards:

- Middlemore Hospital has investigated the ventilation systems in the affected area.
- The outcome of the investigation suggest that the likelihood of virus being spread to other wards) is extremely low. IPC and ARPHS are reviewing these findings today and will advise accordingly.

Patients' potential exposure

- In the meantime, Middlemore Hospital has taken a precautionary approach.
- All patients and staff who were potentially exposed between 0635hrs and 1630hrs are classed as contacts
- Four wards are currently closed to any new admissions and all patients are being managed under strict infection and prevention control measures, including the full use of PPE, and treated as COVID-19 exposed
- Middlemore Hospital are following the advice of ARPHS for isolation and testing
- The potentially exposed patients currently on the wards are checked daily for symptoms and tested on days 3,5 and 12. On discharge, they are being managed as per ARPHS guidance or earlier if medically cleared and the pending IPC advice;
- All patients have received further information on the ward
- ED, the Radiology room where the patient had his scan and room where patient stayed on the ward have been cleaned.

Improving systems, processes

- CMH are seeking advice about reviewing screening questions at the front door to include abdominal pain as an indicator of COVID19 risk.

Other matters [reactive only]

- 29 staff are classed as close contacts and have been stood down for 14 days following ARPHS guidance s9(2)(a)

- This case has led to a further identification of 6 from his household of 10 following contact tracing total 7;
- Closing off all four wards takes out a significant number of beds out of our stock and medicine has had high occupancy even during level 4 at 90%+.

From: Luke Chivers [redacted]
Sent: Tuesday, 07 September 2021 6:22 p.m.
To: Donna Baker (CMDHB) [redacted]; Peter Abernethy [redacted]
Cc: Jared Heffernan (CMDHB) [redacted]; Hannah Adam (ADHB) [redacted]; Vanessa Thornton (CMDHB) [redacted]; Margie Apa (CMDHB) [redacted]; Peter Watson (CMDHB) [redacted]; Annie Coughlan [redacted]
Subject: RE: Middlemore asymptomatic case timeline of events

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Thank you very much, Donna and team. Indeed, appreciated.

This was also considered by Ashley's chief of staff, Andrew Bichan and has since been supplied to Newshub, as per their request.

Ngā mihi nā

Luke

Luke Chivers (he/him) | **Principal Media Advisor**

Communications and Engagement
Office of the Director-General

[redacted] for media queries, contact: [redacted]
Ministry of Health - Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



From: Donna Baker (CMDHB) [redacted]
Sent: Tuesday, 7 September 2021 5:59 pm
To: Luke Chivers [redacted]; Peter Abernethy [redacted]
Cc: Jared Heffernan (CMDHB) [redacted]; Hannah Adam (ADHB) [redacted]; Vanessa Thornton (CMDHB) [redacted]; Margie Apa-Ext [redacted]; Peter Watson [redacted]
Subject: Middlemore asymptomatic case timeline of events
Importance: High

Hi

Very quick sense check.
Approved Vanessa and Pete.

Cheers
donna

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