

COVID-19 Community Response Framework v2.0

21 September 2020

The COVID-19 Community Response Framework was originally developed in April 2020 by the sector with support from the NHCC. The guidance aligned to the National Hospital Response Framework, to ensure that the actions and shifts required from the primary and community care sectors were in sync with hospitals.

Given the August outbreak of COVID-19 in Auckland, the document was refreshed to incorporate the latest learnings, progress and actions.

The intention is to revisit and update this document on a regular basis as the pandemic evolves.

Overarching Principles

- Equity should remain central to care with a focus on Māori, Pacific, people with disabilities and vulnerable populations.
- Maintain accurate records of all clients, particularly those more vulnerable.
- Where possible, in-person visits are preceded by screening for COVID-19 symptoms and Higher Index of Suspicion criteria, with referral to general practice/urgent care or testing centres as appropriate.
- Ensure cleaning and hand hygiene are incorporated into routine practice.
- Adhere to physical distancing and other Infection Prevention Control (IPC) advice.
- Personal protective equipment (PPE) should be used according to guidance from the Ministry of Health (MoH)
- Ensure sufficient stocks of PPE, alcoholic hand gel and cleaning products.
- Staff who are unwell or are contacts of cases should follow MoH and public health guidance.
- Occupational risk assessment tools and guidance should be used to identify staff more vulnerable to COVID-19 and to assess and mitigate their risks through workplace restrictions and modifications.
- Services should support and enable contact tracing, for example using the NZCOVID Tracer app or other records.
- The National Telehealth Service advice lines are available. This includes Healthline (0800 611 116) and the dedicated COVID-19 health advice line (0800 358 5453) – both available 24/7. The COVID-19 clinical advice line for community health professionals is available Monday to Saturday 8am to 7pm.

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
COVID-19 Community Readiness GREEN ALERT <i>Trigger Status: No COVID-19 positive patients in your</i>	General Guidance <ul style="list-style-type: none"> • Provide training in the correct use of PPE (donning, doffing and disposal), appropriate hand hygiene and use of cleaning products. • Plan and rehearse triaging of patients at entrances in particular patients with COVID-19 symptoms. • Plan for patient-to-patient and staff-to-patient physical distancing as per MoH guidance (check MoH website). • Plan how care may be delivered virtually at higher Alert Levels. This includes: <ul style="list-style-type: none"> - Plan for management of an increase in phone calls, telehealth consults for majority of population, including provision for vulnerable populations with limited phone, internet and data access. - Refresh telehealth options, including ensuring sufficient hardware (devices, webcams), phone lines, high speed internet access. • Where possible enable staff to take leave as required (so staff are refreshed and resilient) and plan possible staff rosters and shifts ahead of time. • Plan with additional support staff to confirm arrangements for their assistance during higher Community Alert Levels. • Identify staff welfare support and pastoral care (e.g. counselling services). 								

<p><i>facility; Any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes</i></p>	<p>Telehealth/Virtual Care</p> <ul style="list-style-type: none"> Have systems in place to deliver care via telehealth (phone, video, portal) and use these tools (and others, such as NZePS) where appropriate as part of usual practice and use. <p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify and plan for care of: <ul style="list-style-type: none"> vulnerable patients palliative care chronic conditions Māori and Pacific patients cancer treatment patients. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Deliver usual services Screen and swab for COVID-19 as per current MoH guidance. Enable telephone triage and screening by giving consistent message to patients to 'phone first' Have COVID swabbing processes running efficiently. Ensure access to local up-to-date guidance from MoH (e.g. via DHB/PHO/HealthPathways). 	<p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable patients who may need additional medicines support. <ul style="list-style-type: none"> <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Screen for COVID-19 symptoms & Higher Index of Suspicion criteria and refer as appropriate. Consider providing home medicine deliveries (if not already offering this service), and if appropriate develop a plan. Review arrangements with couriers to reinforce that medicines deliveries should be a priority e.g. medicines deliveries to the pharmacy and to ARC facilities. Continue with influenza vaccinations (and MMR when contracted for this service). Plan to be able to defer non-essential services, noting vulnerable populations may still need to receive care. 	<p>Staffing</p> <ul style="list-style-type: none"> Plan staffing to minimise number working across facilities in higher alert levels, identify and prepare for a surge workforce if required. <p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable patients who may need additional social supports, care planning or pre-emptive care and assign specific resource to work with these groups. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Plan for increased media enquiries. Use ARC COVID-19 screening form for admissions. Refer all residents and staff who exhibit symptoms for assessment and testing. ARC facilities and local PHUs connect with each other to prepare for response to COVID-19 cases in a facility. Contact tracing systems established. Plan to have separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. Identify services that can be deferred with no risk to patients Explore the possibility of continuing religious/spiritual services by digital means.* Ensure adequate systems in place to ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to* All interRAI assessments continue as per usual requirements. HealthCERT develop auditing framework for Community Yellow and Community Orange Alert 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Plan how to manage home and community support services to minimise. unnecessary contact and prioritise those with highest need. Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care and assign specific resource to work with these groups. Plan to have a separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required, including streaming of workforce. Identify services that can be deferred with no risk to patients Implement alert level admission and discharge plans with DHBs. Create psychosocial messaging, appropriate to all clients, including for their personal support network. <p>Visiting</p> <ul style="list-style-type: none"> Develop clear COVID-19 service visit policies to reflect physical distancing requirements, good hygiene and infection control measures, and alternative methods of contact should visiting be restricted. 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Develop and test plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs Plan for higher level scenarios where EAS may need to move a large number of COVID-19 or non COVID-19 patients around the country to improve bed availability. Identify pathways that could be used to stream patients away from in-person care if Alert Levels increase. Plan for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs. Plan for appropriate 'disaster response' (e.g. earthquake) incorporating regional COVID risks/ levels. 	<p>PPE</p> <ul style="list-style-type: none"> Ensure all community-based Lead Maternity Carers (LMCs) have access to PPE stocks. <p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable women who may need additional care planning. Ensure accessibility to health services for rural communities, particularly Māori and Pacific groups (e.g. through virtual consults or in-person when needed). <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Plan how to deliver essential care and support to women, including where this contact will take place. Plan for clinically appropriate early discharge from hospitals for postnatal care in the community, for Community Orange and Red Alert Levels. Plan for whānau/community-centred responses for priority populations to ensure access to the necessary care, and to support equity e.g. through virtual consults or in-person when needed. Plan how care may be delivered in non-contact ways, thus enabling shorter in-person time with women. 	<p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable patients who may need additional care planning. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Plan how to deliver essential care and support to clients including where contact is required. Plan for whānau/community-centred responses for priority populations to ensure access to necessary care and to support equity. 	<p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable patients who may need additional care planning. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Provide full range of sexual and reproductive health services. Plan for provision of essential services where contact is required. Plan for provision of non-contact services that are deemed non-essential or deferrable. Plan whānau/community-centred responses for priority populations to ensure access and equity. 	<p>Care of vulnerable populations</p> <ul style="list-style-type: none"> Identify vulnerable rangatahi who may need additional care planning. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> Plan how care may be delivered in non-contact ways or be deemed non-essential. Plan how to deliver essential care and support to rangatahi including where contact is required. Plan for whānau/community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. Ensure information such as key contact phone numbers/emails are up to date for students, school administration and nurses to enable effective communication at higher alert levels. A risk assessment is done for rangatahi with sore throats, including those at schools with a sore throat management programme. Refer to the MoH website for testing guidance.
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COVID-19

			<p>Levels.</p> <ul style="list-style-type: none">• Create psychosocial messaging, appropriate to all clients.• Rehearse higher alert level scenarios with staff. <p>Visiting in Aged Residential Care</p> <ul style="list-style-type: none">• Develop clear COVID-19 visitor policies and establish alternative methods of contact should visiting be restricted.• Plan and communicate with residents and family/whānau about limitation on number of visitors and frequency of visits at Community Yellow, Orange and Red Alert Levels*						
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* as per Optional Protocol to the Convention Against Torture thematic report recommendations

COVID-19

<p>COVID-19 Community Mild Impact YELLOW ALERT</p> <p><i>Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps</i></p>	<p>General Practice (GP) & Urgent Care (UC)</p>	<p>Community Pharmacy</p>	<p>Aged Residential Care (ARC)</p>	<p>Home Based Support (over 65s)</p>	<p>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</p>	<p>Maternity</p>	<p>Well Child Tamariki Ora (WCTO)</p>	<p>Family Planning, Sexual & Reproductive Health</p>	<p>School Based Health Services (SBHS)</p>
<p>General Guidance</p> <ul style="list-style-type: none"> • Activate plans as required at Community Yellow Alert. • Refer patients and staff for assessment and testing according to current MoH guidance. • Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/ testing centre as appropriate. • Reinforce cleaning and hand hygiene plans. • Activate PPE plans and ensure PPE supply chain well established. • Activate triaging at entrances and physical distancing. • Contact tracing systems in place. • Activate plans to undertake virtual appointments and non-contact care delivery, where possible. • Activate plans to support mental health and wellbeing of staff • Engage with vulnerable workers to mitigate their risk and review impact on staffing. 									
	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Increase delivery of service via telehealth to 50% in GP and as high as practicable in Urgent Care. <p>Care for vulnerable populations</p> <ul style="list-style-type: none"> • Activate plans for care of vulnerable patients (identified in Green Alert). <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Deliver usual services, including immunisation programmes. Vulnerable groups may require prioritisation. • Screen and swab for COVID-19 as per current MoH guidance. • Increase COVID-19 testing capacity via designated practices or testing facilities. • Ensure in-person consultations are available, with phone first. • Establish systems for care of COVID-19 patients in the community. • Develop systems for increased delivery of secondary care services in the community. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Activate plans to manage increased phone calls. <p>Care for vulnerable populations</p> <ul style="list-style-type: none"> • Contact vulnerable patients and provide additional support with their medicines management as appropriate. <p>Staffing</p> <p>Activate (if appropriate) at Community Yellow Alert Level staff rosters and shift system plans.</p> <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Consider activating physical barrier plan. • Activate home medicine delivery plans (if appropriate.) • Continue with influenza vaccinations (and MMR service). • Defer lowest priority non-essential services, noting vulnerable populations may still need to receive care. 	<p>Screening & Triage</p> <ul style="list-style-type: none"> • Use ARC COVID-19 screening form prior to any admission of residents. <p>Staffing</p> <ul style="list-style-type: none"> • Staff movement between ARC facilities restricted where practical in regions affected. • Continue health checks for staff. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • No admissions to facilities with COVID-19 positive residents/staff. • 14-day isolation required in affected regions. • 14-day isolation not mandatory in unaffected regions, but risk based as per result of the ARC COVID-19 screening assessment. • Separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. • Entry/exit of services - only essential and emergency movement in regions affected by cases. • Ensure hygiene/infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Manage patients in their place of residence and activate isolation plans where required. • Activate admission and discharge pathways developed with DHB. • Needs assessment and service coordination prioritised to patients with highest need. • Implement the referral process developed for non-health related welfare concerns. <p>Visiting</p> <ul style="list-style-type: none"> • Activate Yellow Alert Level visitor policies. 	<p>PPE</p> <ul style="list-style-type: none"> • Practice PPE use for COVID-19 care in the relevant settings. <p>Staffing</p> <ul style="list-style-type: none"> • Activate plan for appropriate staffing levels by agreement (e.g. leave). <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Review plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs. • Identify pathways that could be used to stream patients away from in-person care if alert levels increase. □ Activate plan for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs, if required. • Plan for appropriate 'disaster response' (e.g. earthquake) incorporating regional COVID risks/Alert Levels. • Implement use of QR codes in all facilities including all public facing vehicles (road and air) 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Plan for clinically appropriate early discharge from hospitals for postnatal care in the community. • Activate whānau/community-centred responses for priority populations to ensure access to the necessary care, and to support equity. • Reduce non-essential in-person service delivery. • Implement the referral/delivery process for non-health related welfare concerns. 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website • Criteria set for priority populations and for essential in-person contacts. • Activate whānau/community-centred responses for priority populations to ensure access to necessary care to support equity. 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Reduce non-essential in-person service delivery. • Review outreach clinics and assess whether to close (case-by-case). • Activate whānau/community-centred responses for priority populations to ensure access and equity. • Implement the referral/delivery process for non-health related welfare concerns. 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Activate local whānau/community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. • Reduce delivery of non-essential services. • Utilise local referral/delivery processes for non-health related welfare concerns, especially to ensure a safe living situation. • Youth with a sore throat, should be isolated, collected from school and directed with their caregiver to a place where they can be tested for COVID-19 and have a bacterial throat swab done at the same time, if at high risk of Rheumatic fever. Follow GAS Sore Throat Management algorithm for treatment. Some specific schools may have a locally managed Rheumatic Fever prevention programme, in which case, they will have their own protocols for management of sore throat in COVID-19 context.

			<p>supported.</p> <ul style="list-style-type: none"> • Reduce resident activities to those that maintain physical distancing. • Continue religious/spiritual services by digital means where possible* • Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.* • interRAI assessments must be completed on admission. • Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived if there are not enough staff to complete the assessments. • On site audits stopped in regions affected except for MoH inspections and DHBs issue-based audits if any serious concerns about quality and safety of care. • Minimise use of restrictive practices and report critical incidents. • Planned respite care suspended, urgent respite care provided. <p>Visiting in Aged Residential Care</p> <ul style="list-style-type: none"> • Activate visitor policies • All family visits stopped except for residents receiving palliative/end of life care in regions affected. • Limited general family visits in regions where there is no evidence of community transmission for example limiting number of visitors and frequency of visits and by appointment. • Essential non-family visits (e.g. health care related visits including pharmacy) allowed if screening shows low risk of COVID-19. • All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols 						
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* as per Optional Protocol to the Convention Against Torture thematic report recommendations

COVID-19

<p>COVID-19 Community Moderate Impact ORANGE ALERT</p> <p><i>Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered</i></p>	<p>General Practice (GP) & Urgent Care (UC)</p>	<p>Community Pharmacy</p>	<p>Aged Residential Care (ARC)</p>	<p>Home Based Support (over 65s)</p>	<p>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</p>	<p>Maternity</p>	<p>Well Child Tamariki Ora (WCTO)</p>	<p>Family Planning, Sexual & Reproductive Health</p>	<p>School Based Health Services (SBHS)</p>
<p>General Guidance:</p> <ul style="list-style-type: none"> • Activate plans as required at Community Orange Alert. • Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/ testing centre as appropriate. • Maintain triaging at entrances and physical distancing. • Activate appropriate PPE Plans, aligned with MoH guidance. • Maintain stock levels of PPE, alcoholic hand gel and cleaning products. • Reinforce cleaning and hand hygiene, incorporate into routine practice. • Activate virtual and non-contact delivery where possible. • Activate plan to support mental health and wellbeing of staff • Engage with vulnerable workers to mitigate their risk and review impact on staffing.. 									
<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Increase delivery of service via telehealth to 70% in GP/as high as practicable in UC. • Increase availability of secondary care services into community via telehealth and other mechanisms. • Identify and manage high risk patients with support of secondary care services via telehealth. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Restricted services targeting vulnerable populations. • Screen and swab for COVID-19 as per current MoH guidance. • Increase COVID-19 testing capacity via designated practices or testing facilities. • Continue to deliver immunisation programmes, with prioritisation of vulnerable populations. • Cancer screening programmes prioritised to vulnerable populations. • Support for services with staffing issues. • Investigations and treatments normally accessed in hospitals may be moved into the community. • Support for non-health related welfare concerns readily accessible. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Move to even greater delivery of care by telehealth or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations. <p>Staffing</p> <ul style="list-style-type: none"> • Activate/maintain staff rosters and shift system plans. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Activate physical barrier plan. • Activate/maintain home medicine delivery plans (if appropriate). • Provide tailored services to vulnerable patients and provide additional support with their medicine's management as appropriate. • Continue with influenza vaccinations (and MMR when contracted service). • Defer non-essential services, noting vulnerable populations may still need to receive care. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Maintain virtual medical care with primary care and specialist care. <p>Staffing</p> <ul style="list-style-type: none"> • Workforce Backup Plans in Place with DHB. • Staff movement between ARC facilities restricted where practical. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Contact tracing systems in place. • Use ARC COVID-19 screening form for admissions. • 14 days isolation upon admission. • Refer all patients and staff who exhibit symptoms for assessment and testing. • Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. • Operate with restrictions on entry/exit so essential and emergency movement only. • Providers continue to accept admissions from DHBs and community. • Ensure hygiene/infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is supported. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Maintain virtual and non-contact primary and specialist medical care, such as day programmes. <p>Staffing</p> <ul style="list-style-type: none"> • Workforce Backup Plans in Place with DHB. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. • Activate Orange Alert Level admission and discharge pathways developed with DHBs. • Providers continue to accept admissions from DHBs and NASCs within agreed care levels including early discharge. • Essential home and community support care provided to clients as identified by client risk assessment, such as showering, bathing, toileting, essential hygiene and skin care, positioning, medicine administration, support with nutrition, hydration and mental health. • Cease non-essential home and community supports • Activate Safety Check - Phone/ video from family or friend. • Implement pro-active support for non-health related welfare 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Activate plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs. • Activate pathways that could be used to stream patients away from in-person care if Alert Levels increase, if appropriate. □ Activate plan for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs, if required. • Plan for appropriate 'disaster response' (e.g. earthquake) incorporating regional COVID-19 risks/ levels. 	<p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Prioritise support for vulnerable and high-risk women. • Support clinically appropriate early discharge from hospitals for postnatal care in the community. • Activate whānau/community-centred responses for priority populations to ensure access to the necessary care, and to support equity. • Activate pathways of care for women at high risk of contracting COVID-19 and for low-risk women. • High-risk groups continue to receive in-person midwifery care. • Cease non-essential in-person service delivery. • Implement the referral/delivery process for non-health related welfare concerns. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Activate virtual and non-contact delivery for population based on priority criteria for WCTO and B4SC. <p>Staffing</p> <ul style="list-style-type: none"> • Staffing: review staff rosters, minimise staff in office and support working from home <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website • Collaboration with community midwifery and primary care to support prioritised essential in-person care for vulnerable or high-risk patients only. • Activate whānau/community-centred responses for priority populations to ensure access to necessary care and to support equity. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Prioritise virtual appointments for abortion referrals, ECP. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Cease non-essential service delivery. • Cease all outreach clinics. • Provide in-person appointments for: LARC, symptomatic STIs, Depo repeats and smears. All other appointments done virtually. • Client Contact Centre moves to working in teams; one in the contact centre one at home. • Prioritise vulnerable and high-risk patients. • Upscale clinical resource to virtual appointments and non-contact delivery. • Activate whānau/community-centred responses for priority populations to ensure access and equity. • Implement the referral/delivery process for non-health related welfare concerns. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Activate virtual and non-contact delivery where possible. <p>Service Planning & Delivery</p> <ul style="list-style-type: none"> • Activate local whānau/ community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. • Cease non-essential service delivery. • Utilise local referral/ delivery processes for non-health related welfare concerns, especially to ensure a safe living situation. • If schools are open to students; Youth with a sore throat, should be isolated, collected from school and directed with their caregiver to a place where they can be tested for COVID-19 and have a bacterial throat swab done at the same time, if at high risk of Rheumatic fever. Follow GAS Sore Throat Management algorithm for treatment. Some specific schools may have a locally managed Rheumatic Fever prevention programme, in which case, they will have their own protocols for management of sore throat in COVID-19 context. 	

			<ul style="list-style-type: none"> • Reduce resident activities to those that maintain physical distancing. • Continuing religious/spiritual services by digital means where possible.* • Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.* • InterRAI assessments must be completed on admission. • Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived. • Minimise use of restrictive practices and report critical incidents. • Planned respite services suspended, urgent respite care provided. • On site audits stopped except for the MoH inspections and DHB's issue-based audits if any serious concerns about quality and safety of care. <p>Visiting in Aged Residential Care</p> <ul style="list-style-type: none"> • All family visits stopped except for families with residents receiving palliative care/end of life care – this is subject to public health direction and provider assessment on a case by case basis. These visits are by appointment only with a maximum of one family member visiting at a time. • Essential non-family visits (e.g. health care related visits including pharmacy) allowed if screening shows low risk of COVID-19. • All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols 	<p>concerns.</p> <p>Visiting</p> <ul style="list-style-type: none"> • Activate Orange Alert Level visitor policies 					
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* as per Optional Protocol to the Convention Against Torture thematic report recommendations

COVID-19

<p>COVID-19 Community</p> <p>Severe Impact</p> <p>RED ALERT</p>	<p>General Practice (GP) & Urgent Care (UC)</p>	<p>Community Pharmacy</p>	<p>Aged Residential Care (ARC)</p>	<p>Home Based Support (over 65s)</p>	<p>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</p>	<p>Maternity</p>	<p>Well Child Tamariki Ora (WCTO)</p>	<p>Family Planning, Sexual & Reproductive Health</p>	<p>School Based Health Services (SBHS)</p>
<p><i>Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care</i></p>	<p>General Guidance</p> <ul style="list-style-type: none"> • Activate plans as required at Community Red Alert. • Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/testing centre as appropriate. • Refer all patients and staff who exhibit symptoms for assessment and testing. • Activate appropriate PPE plans, aligned with MoH guidance. • Maintain stock levels of PPE, alcoholic hand gel and cleaning products. • Ensure cleaning and hand hygiene incorporated into routine practice. • Maintain triaging at entrances and physical distancing. • Non-essential service delivery should have ceased • Activate plan to support mental health and wellbeing of staff. • Work with vulnerable workers to mitigate their risk and review impact on staffing. 								
	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Increase delivery of service via telehealth to 90% in GP/as high as practicable in Urgent Care. <p>Staffing</p> <ul style="list-style-type: none"> • Minimise staff numbers in centres; support working from home. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Urgent and acute care delivered as needed. • Continue to deliver immunisation programmes, with prioritisation of vulnerable populations. • Screening programmes may cease according to regional capacity. • COVID-19 testing and assessment primarily at designated centres and mobile services. • Proactively protect, support and focus care of vulnerable populations. • Increase support for management of COVID-19 patents in community. • Designated services for non-health related welfare concerns. • Actively manage patients who have had deferred hospital level care. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Maintain delivery of care by telehealth or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations. <p>Staffing</p> <ul style="list-style-type: none"> • Activate/maintain staff rosters and shift system plans. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Activate/maintain home medicine delivery plans (if appropriate). • Provide tailored services to vulnerable patients and provide additional support with their medicines management as appropriate. • Continue to deliver immunisation programmes, with prioritisation of vulnerable populations. • Defer non-essential services, noting vulnerable populations may still need to receive care. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Maintain virtual primary health care including medical, pharmacy, allied and nursing specialist care. • Activate virtual and non-contact delivery where possible. <p>Staffing</p> <ul style="list-style-type: none"> • Workforce Backup Plans in place with DHBs. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • No staff movement between residential facilities. • 14 days isolation upon admission. • Use ARC COVID-19 screening form for all admissions. • Contact tracing systems in place. • Separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required – this may be across facilities. • Restrictions on entry/exit so essential and emergency moves only. • Provide palliative care support where appropriate and necessary. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Maintain virtual and non-contact primary and specialist medical care and community care, such as day programmes. <p>Staffing</p> <ul style="list-style-type: none"> • Workforce Backup Plans in place with DHBs. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Activate Community Red Alert Level admission and discharge pathways developed with DHB including alternative admission pathways. • Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. • Provide palliative care support where appropriate and necessary. • Essential home and community support care provided to clients as identified by client risk assessment, such as showering, bathing, toileting, essential hygiene and skin care, positioning, medicine administration, support with nutrition, 	<p>Service planning & delivery</p> <ul style="list-style-type: none"> • Activate plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHB. • Activate pathways that could be used to stream patients away from in-person care if alert levels increase, if required. • Work with other EAS and DHB to nationally develop transfer of patients if required. • Activate plans for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs as appropriate. • Plan for appropriate 'disaster response' (e.g. earthquake) incorporating regional COVID risks/levels as needed. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Virtual and non-contact appointments where possible. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Prioritise support for vulnerable or high-risk women. • High-risk groups continue to receive in-person midwifery care. • Early discharge where clinically appropriate from hospitals for postnatal care in the community. • Whānau/community-centred responses for priority populations to ensure access to the necessary care, and to support equity. • Implement the referral /delivery process for non-health related welfare concerns. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Virtual and non-contact delivery only for prioritised WCTO and B4SC populations. <p>Staffing</p> <ul style="list-style-type: none"> • Staffing: review staff rosters, minimise staff in office and support working from home. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website • Support prioritised in-person care under strict infection prevention and control procedures for vulnerable or high-risk patients only, and in collaboration with community midwifery and primary care. • Whānau/community-centred responses for priority populations to ensure access to necessary care and to support equity. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Increase clinical resources on providing increased virtual services and non-contact delivery where possible. • Prioritise virtual appointments for abortion referrals, ECP. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Stop all outreach clinics. • Support prioritised for vulnerable or high-risk patients. • Provide in-person appointments for: LARC, symptomatic STIs, Depo repeats. All other appointments done virtually. • Client Contact Centre moves to working in teams; one in the contact centre one at home. • Whānau/community-centred responses for priority populations to ensure access and equity. • Implement the referral/delivery process for non-health related welfare concerns. 	<p>Telehealth & Virtual</p> <ul style="list-style-type: none"> • Virtual and non-contact delivery where possible. <p>Service planning & delivery</p> <ul style="list-style-type: none"> • Ensure rangatahi with health needs are aware of currently operating services to receive in person help, e.g. access to primary care and mental health care and sexual health services, and how they can contact the school nurse. • Whānau/community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. • Utilise local referral/ delivery processes for non-health related welfare concerns, especially to ensure a safe living situation.

- Ensure hygiene/infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is supported.
- InterRAI assessments must be completed on admission. Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived.
- Reduce resident activities to those that maintain physical distancing.
- Continuing religious/spiritual services by digital means where possible*.
- Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to*.
- Minimise use of restrictive practices and report critical incidents.
- Planned respite services suspended, urgent respite care provided.
- Onsite audits stopped except for the MoH inspections and DHB's issue-based audits if any serious concerns about quality and safety of care.

Visiting in Aged Residential Care

- All family visits stopped except for families with residents receiving palliative care/end of life care – this is subject to public health direction and provider assessment on a case by case basis. These visits are by appointment only with a maximum of one family member visiting at a time.
- Essential non-family visits

- hydration and urgent mental health care.
- Cease non-essential home and community supports.
 - Activate Safety Check - phone/ video from family or friend.
 - Implement proactive support for non-health related welfare concerns.

Visiting

- Activate Red Alert Level visitor policies.

* as per Optional Protocol to the Convention Against Torture thematic report recommendations

COVID-19

			<p>(e.g. health care related visits including pharmacy) allowed if screening shows low risk of COVID-19.</p> <ul style="list-style-type: none">• All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols.						
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