Auckland Regional Public Health Service

Working with the people of Auckland, Waitemata and Counties Manukau

COUNTIES MANUKAU





Incident Controller	Jane McEntee / William Rainger			
Incident Management Team Members	As per roster			
Action Plan Number	#06 AP Timeframe 7 Days			
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)			
IMT status	Stood Up with EOC	Stood Up with EOC		
Date / Time approved		Operational Phase covered	25/09/2021 to 1/10/2021	
ARPHS Response Level	RED			
Situation Summary				

	Details of operational plan:
Action Taken	Case and Contact Management ongoing.
	ARPHS-wide BCP enacted.
	• Workforce surge monitoring and signaling ongoing requirements with DHBs and other organisations providing surge staff.
	 Levers for reducing and sharing workload include a focused control strategy, using alternative providers and delegations models.
	• Working closely with NRHCC on activities and resource requirements.
	 Briefing papers have been developed on capacity and demand and changes in frameworks and models.
	All areas of CIMS on-going.
	 Act in accordance with Te Tiriti o Waitangi including Māori health equity.
	2. Ensure an equitable response.
Aim / Goal	3. Support workforce welfare.
	 Establish the outbreak response and plan ahead as to potential trajectory.
(for this AP timeframe)	5. Identify the outbreak source
	6. Stop on-going transmission.
	7. Support affected communities.
	8. Ensure a safe and sustainable response with effective use of regional workforce supply.
	9. Ensure clear communication and documentation.
	Response Priorities:
	Ensuring staff well-being
	Operate in accordance with Outbreak Strategies and frameworks
	Ensure clear locus of control
Objectives / Priorities	 Identify, confirm and isolate confirmed cases
Objectives / Priorities	Progress source investigation
	 Contact management (delegation to NITC, external providers and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of high risk workplaces)
	 Ensure processes and resources for emerging environments and exposure events

	Support Pasifika Community
	Support Māori whanau
	Effective communications and PIM
	Adapting to workforce constraints
	•
	• Case investigation, contact tracing, and ongoing case and contact management.
	Progress source investigation.
	Complete records in NCTS.
Plan of Action	 Advice and assistance with contact groups testing strategy and any wider community testing.
	• Support wellbeing and manaaki requirements for cases and contacts.
	All functions continue to support response
	Continue stakeholder engagement and communications.
	Monitor internal capacity and demand.
Specific Tasks &	All CIMS roles rostered
Information Flow	All CIMS roles emails enacted.
	Incident controller:
	 Liaise with NRHCC, DHB's, and MoH
	 Chair and manage decision making at IMT
	 Identify and support risk mitigation
	Revise Outbreak strategy, Strategic planning and priorities
	Staff health and wellbeing.
Immediate tasks	Clinical Partner: in partnership with Incident Controller:
	• support implementation of the Outbreak Strategy
	liaison with MoH clinical colleagues
	 decision making on clinical aspects and risks
	 oversee and monitor outbreak response and trajectory
	review source investigation documents
	 Advocacy re load on ARPHS to external agencies;

	• Strategy for next period- ongoing meetings with MoH and NRHCC.		
Res	Response:		
	Maintain Risk and Issues Register		
	• Support IMT, EOC and response activities.		
	Support Operations troubleshooting.		
Pla	Planning:		
	Action Plan published and updated weekly		
	Chair capacity and demand meeting		
	Develop strategies to support Covid activities		
	Develop SOPs to support Covid activities		
	Provide workforce modelling and projections		
	Develop operations models and frameworks		
	Support operational decision making for issues or new situations		
	Support the implementation of national models and frameworks		
Inte	elligence:		
	 Provide accurate and timely reports to ARPHS, regionally and nationally 		
	Source investigation and unlinked cases investigation		
	• Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings		
	Maintain and distribute Situation Report		
Log	Logistics:		
	Develop workforce strategy		
	Monitor outbreak resource requirements and source additional surge workforce		
	Maintain roster in alignment with workforce planning model		
	• Ensure resourcing meets the cultural requirements for an equitable response		
	Provide training to existing and new staff		
	Provide onboarding requirements for new staff (resource and		

	security)
	 Maintain lists including health and safety requirements for individual staff
	 Manage equipment and resources
	 Staff well-being (sustenance for staff working weekends and overtime).
Ope	arations:
	Case and contact management
	 Support allocations and workload management across Operations
	Ensure an appropriate public health response
	Ensure cluster management
	 Manage and assess risks including clinical safety
	 Deliver Operational Plan and supporting documentation
	 Ensure strong linkages and relationships for internal and external public health management
	 Ensure appropriate cultural management of cases and contacts.
	 Support kaupapa Māori approaches.
	 Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.
Com	nmunications:
	Maintain public information and stakeholder collateral
	 Continue reporting and communication with internal and external stakeholders
	Manage media inquiries
Wel	fare/Wellbeing:
	 Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)
	Create wellbeing plan
	Maintain health and safety plan
Рае	Ora:
	•
	 Support case and contact management

	Evaluate and revise Pae Ora Model	
	Lead response for Māori whanau cluster	
	Pacific Team:	
	•	
	Support case and contact management	
	Focus on effective relationship management	
	Recovery	
	 Obtain approval and sign off of Initial Recovery Plan and Strategic Recovery Plan for implementation 	
	Maintain and theme feedback in the After Action Review Tracker	
	 Support and progress debriefing activities as required 	
	 Support medium and long term planning activities. 	
Tasks following transition to HCEG-led regional response	TBC	
	Staff wellbeing, fatigue and stress	
	Sustaining roles and responsibilities	
	Capacity and surge requirements, workforce constraints	
Limiting Factors	Identifying, attaining and retaining skilled personnel	
	 Ability to respond to other emergent events (eg concurrent disease outbreak) 	
	National PHU capacity	
	Physical space in the ARPHS office	
Coordination Measures	ТВС	
	Suitably skilled and trained personnel	
	Case and contact management expertise	
	Leadership competencies and breadth in lead roles	
Resource Needs	Culturally competent staff	
	IMT function management capacity and availability	
	PIM and Communications – internal and external	
	Facilities and IT	

	Roster system that is suitable for all users		
	 A streamlined national coordinated response led by NITC. 		
	All information is saved in:		
Information Flow	https://arphs.haps.haplth.ps/sites/NLUD/IllpassandDisassas/COV/ID-10		
	https://arphs.hanz.health.nz/sites/N_ID/IIInessandDiseases/COVID-19		
	Stakeholder communications including cultural response support from		
	NRHCC		
Public information Plan	Public messaging		
	Regional communication framework.		
	All communications between staff should cc the appropriate EOC email		
Communications	account.		
	Details of any HR or Staff welfare issues:		
Organisation	Resourcing of response to be considered to ensure staff welfare.		
	Consider the Continuous Quality Improvement process in parallel with		
Recovery	response.		
	A surge protocol shared and confirmed with the region to streamline		
	processes and timeframes of deployment to allow staff to rest and recover.		
AP Prepared by	Planning Manager		
AP Approved by	ARPHS Controller		
Distribution	ARPHS IMT		

Working with the people of Auckland, Waitemata and Counties Manukau



Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#07	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved	Operational Phase 2/10/2021 to covered 8/10/2021		
ARPHS Response Level	RED		
Situation Summary	 Brief description of the situation: An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border. WGS has confirmed a connection to the NSW clusters. The Auckland region is at Alert L3 with a plan to roll out a three stage roadmap to ease restrictions over the next few weeks. Covid outbreak spread to Waikato Transmission continues in the region. Projected increase in R value. Modelling suggests R = 1.2 (20% increase every 4 days) Māori and Pasifika communities greatly impacted. Cases and contacts with complex needs. Higher rate of hospitalisation than previous outbreaks and one death. ARPHS is the lead agency for outbreak management across Auckland. ARPHS workforce are experiencing the effects of extreme fatigue due to the long hours staff are working and the cumulative effect of constant outbreaks for the last 3 years. Planning is occurring for delegating Covid case and contact 		

	operations models based on current context.	
	Details of operational plan:	
	 Case and Contact Management ongoing. 	
	ARPHS-wide BCP enacted.	
	 Workforce surge monitoring and signaling ongoing requirements with 	
	DHBs and other organisations providing surge staff.	
Action Taken	 Levers for reducing and sharing workload include a focused control strategy, using alternative providers and delegations models. 	
	Developing a 'Living with Covid' Contingency Strategy	
	Escalation to the region and MoH current state and pressures	
	 Transferring of some responsibilities to other agencies. 	
	• Working closely with NRHCC on activities and resource requirements.	
	All areas of CIMS on-going.	
	 Act in accordance with Te Tiriti o Waitangi including Māori health equity. 	
	2. Ensure an equitable response.	
Aim / Goal	3. Support workforce welfare.	
	 Establish the outbreak response and plan ahead as to potential trajectory. 	
(for this AP timeframe)	5. Identify the outbreak source	
	6. Stop on-going transmission.	
	7. Support affected communities.	
	 Ensure a safe and sustainable response with effective use of regional workforce supply. 	
	9. Ensure clear communication and documentation.	
	Response Priorities:	
	Ensuring staff well-being	
Objectives / Priorities	Operate in accordance with Outbreak Strategies and frameworks	
	Ensure clear locus of control	
	 Identify, confirm and isolate confirmed cases 	
	Progress transmission chains analysis.	
	 Contact management (delegation to NITC, external providers and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; 	

	maintain high level awareness of high risk workplaces)
	 Ensure processes and resources for emerging environments and exposure events
	Support Pasifika Community
	Support Māori whanau
	Effective communications and PIM
	Adapting to workforce constraints
	 Case investigation, contact tracing, and ongoing case and contact management.
	Reduce burden on intelligence, operations functions.
	Complete records in NCTS.
Plan of Action	• Support wellbeing and manaaki requirements for cases and contacts.
	All functions continue to support response
	Continue stakeholder engagement and communications.
	Monitor internal capacity and demand.
Chasific Tacks 9	All CIMS roles rostered
Specific Tasks & Information Flow	All CIMS roles emails enacted.
	Incident controller:
	• Liaise with NRHCC, DHB's, and MoH
	Chair and manage decision making at IMT
	Identify and support risk mitigation
	Revise Outbreak strategy, Strategic planning and priorities
	Staff health and wellbeing.
Immediate tasks	Clinical Partner: in partnership with Incident Controller:
	support implementation of the Outbreak Strategy
	liaison with MoH and regional/national clinical colleagues
	 decision making on clinical aspects and risks
	oversee and monitor outbreak response and trajectory
	Advocacy re load on ARPHS to external agencies;
	• Strategy for next period- ongoing meetings with MoH and NRHCC.

Respo	nse:	
•	Maintain Risk and Issues Register	
•	Support IMT, EOC and response activities.	
•	Support Operations troubleshooting.	
•	Monitor individuals' and team wellbeing during incident management and identify psychological and social impacts on self, team and functions and share these with welfare function.	
Planni	ng:	
•	Action Plan published and updated weekly	
•	Chair capacity and demand meeting	
•	Develop strategies to support Covid activities	
•	Develop SOPs to support Covid activities	
•	Provide workforce modelling and projections	
•	Develop operations models and frameworks	
•	Support operational decision making for issues or new situations	
•	Support the implementation of national models and frameworks	
Intelli	gence:	
•	Provide accurate and timely reports to ARPHS, regionally and nationally	
•	Source investigation and unlinked cases investigation	
•	Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings	
•	Maintain and distribute Situation Report	
Logisti	cs:	
•	Develop workforce strategy	
•	Monitor outbreak resource requirements and source additional surge workforce	
•	Maintain roster in alignment with workforce planning model	
•	Ensure resourcing meets the cultural requirements for an equitable response	
•	Provide training to existing and new staff	
•	Provide onboarding requirements for new staff (resource and security)	

•	Maintain lists including health and safety requirements for individual staff	
•	Manage site requirements/facilities	
•	Manage IT requirement	
•	Sourcing of other incidentals and supplies	
•	Catering for response staff	
Operat	Operations:	
•	Case and contact management	
•	Support allocations and workload management across Operations	
•	Ensure an appropriate public health response	
•	Ensure cluster management	
•	Manage and assess risks including clinical safety	
•	Deliver Operational Plan and supporting documentation	
•	Ensure strong linkages and relationships for internal and external public health management	
•	Ensure appropriate cultural management of cases and contacts.	
•	Support kaupapa Māori approaches and implementation of the new team (including the mobile team).	
•	Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.	
•	Coordinate delegations of cases, contacts and EE to NITC and other PHUs	
•	Support welfare of the staff	
Comm	unications:	
•	Maintain public information and stakeholder collateral	
•	Continue reporting and communication with internal and external stakeholders	
•	Manage media inquiries and information for daily standup and MOH media releases	
Welfar	e/Wellbeing:	
•	Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)	
•	Create wellbeing plan	

	Maintain health and safety plan		
	Pae Ora:		
	Support case and contact management		
	Evaluate and revise Pae Ora Model		
	Lead response for Māori whanau cluster		
	Stand up mobile unit		
	Pacific Team:		
	Support case and contact management		
	Focus on effective relationship management		
	Recovery		
	 Lead the development of the Recovery Plan and transition from Response through to BAU 		
	 Engage and consult with key stakeholders and partners in preparation for managing the recovery process 		
	 Lead/facilitate meetings, debriefs and reviews with a wide range of participants to collect, record and monitor recovery needs 		
	Maintain and theme feedback in the After Action Review Tracker		
	 Assemble and manage resources for recovery, proportionate to the scale and complexity 		
	• Support medium and long term planning activities.		
Tasks following transition to HCEG-led regional response	ТВС		
	Staff wellbeing, fatigue and stress		
	Sustaining roles and responsibilities		
	Capacity and surge requirements, workforce constraints		
Limiting Factors	Identifying, attaining and retaining skilled personnel		
	 Ability to respond to other emergent events (eg concurrent disease outbreak) 		
	Physical space in the ARPHS office		
Coordination Measures	TBC		
Resource Needs	Suitably skilled and trained personnel		

	Case and contact management expertise
	Leadership competencies and breadth in lead roles
	Culturally competent staff
	IMT function management capacity and availability
	PIM and Communications – internal and external
	Facilities and IT
	Roster system that is suitable for all users
	A streamlined national coordinated response led by NITC.
	All information is saved in:
Information Flow	https://arphs.hanz.health.nz/sites/N_ID/IllnessandDiseases/COVID-19
	 Stakeholder communications including cultural response support from NRHCC
Public information Plan	Public messaging
	Regional communication framework.
Communications	All communications between staff should cc the appropriate EOC email account.
	Details of any HP or Staff walfare issues:
Organisation	Details of any HR or Staff welfare issues:
	Resourcing of response to be considered to ensure staff welfare.
	Consider the Continuous Quality Improvement process in parallel with
Pacovary	response.
Recovery	A surge protocol shared and confirmed with the region to streamline
	processes and timeframes of deployment to allow staff to rest and recover.
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT
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Working with the people of Auckland, Waitemata and Counties Manukau



COUNTIES MANUKAU

Incident Controller	Jana McEntoo / William E	Daingor	1
Incluent Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#08	#08 AP Timeframe 7 Days	
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved		Operational Phase covered	9/10/2021 to 15/10/2021
ARPHS Response Level	RED		
Situation Summary	 with unknown lin NSW clusters. The Auckland reg roadmap to ease Transmission cor Projected increas Māori and Pasifik with complex need Higher rate of ho ARPHS is the lead Planning is under "clinical public her responsibilities for transferred to ot ARPHS workforce 	ommunity case of COVII hk to border. WGS has co gion is at Alert L3 with a restrictions dependent atinues in the Auckland a se in R value. Modelling ka communities greatly i eds. ospitalisation than previo d agency for outbreak m rway for ARPHS to shift f ealth" to "population pu or symptom checking, te her agencies which can a	suggests R = 1.2-1.3. mpacted. Cases and contacts ous outbreaks and one death. anagement across Auckland. from the current scope of blic health" with esting and Manaaki scale up to their response. ffects of extreme fatigue due

	•	
	Details of operational plan:	
	 Core public health activities are ongoing with support from other public health units, DHBs and contact tracing providers. Levers for reducing and sharing workload include a new strategy for the current situation, using alternative providers and delegations to PHUs and NITC. 	
	• ARPHS-wide BCP enacted.	
Action Taken	• Workforce surge monitoring and signaling ongoing requirements with DHBs and other organisations providing surge staff.	
	 Development continues on the Living with Covid Strategy and operating framework. 	
	• Escalation to the region and MoH current state and pressures	
	• Transferring of some responsibilities to other agencies.	
	• Working closely with NRHCC on activities and resource requirements.	
	All areas of CIMS on-going.	
	 Act in accordance with Te Tiriti o Waitangi including Māori health equity. 	
	2. Ensure an equitable response.	
	3. Support workforce welfare.	
Aim / Goal	 Establish the outbreak response and plan ahead as to potential trajectory. 	
(for this AP timeframe)	5. Identify the outbreak source	
	6. Stop on-going transmission.	
	7. Support affected communities.	
	 Ensure a safe and sustainable response with effective use of regional workforce supply. 	
	9. Ensure clear communication and documentation.	
	Response Priorities:	
	Ensuring staff well-being	
Objectives / Priorities	Operate in accordance with Outbreak Strategies and frameworks	
Objectives / Priorities	Ensure clear locus of control	
	Identify, confirm and isolate confirmed cases	
	Progress transmission chain analysis.	

	 Contact management (delegation to NITC, external providers and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of high risk workplaces) 	
	 Ensure processes and resources for emerging environments and exposure events 	
	Support Pasifika Community	
	Support Māori whānau	
	Effective communications and PIM	
	Adapting to workforce constraints	
	 Case investigation, contact tracing, and ongoing case and contact management. 	
	Reduce burden on intelligence, operations functions.	
	Complete records in NCTS.	
Plan of Action	• Support wellbeing and manaaki requirements for cases and contacts.	
	All functions continue to support response	
	Continue stakeholder engagement and communications.	
	Monitor internal capacity and demand.	
Specific Tasks &	All CIMS roles rostered	
Information Flow	All CIMS roles emails enacted.	
	Incident controller:	
	• Liaise with NRHCC, DHB's, and MoH	
	Chair and manage decision making at IMT	
	Identify and support risk mitigation	
	Revise Outbreak strategy, Strategic planning and priorities	
	Staff health and wellbeing.	
Immediate tasks	Clinical Partner: in partnership with Incident Controller:	
	Support implementation of the Outbreak Strategy	
	Liaison with MoH and regional/national clinical colleagues	
	Decision making on clinical aspects and risks	
	Oversee and monitor outbreak response and trajectory	
	 Advocacy re load on ARPHS to external agencies; 	

Respo	nse:
•	Maintain Risk and Issues Register
•	Support IMT, EOC and response activities.
•	Support Operations troubleshooting.
•	Provide expert advice on emergency management and response mechanisms;
•	Monitor individuals' and team wellbeing during incident management and identify psychological and social impacts on self, team and functions and share these with welfare function.
Plann	ng:
•	Action Plan published and updated weekly
•	Chair capacity and demand meeting
•	Develop strategies to support Covid activities
•	Develop SOPs to support Covid activities
•	Provide workforce modelling and projections
•	Develop operations models and frameworks
•	Support operational decision making for issues or new situations
•	Support the implementation of national models and frameworks
Intelli	gence:
•	Provide accurate and timely reports to ARPHS, regionally and nationally
•	Source investigation and unlinked cases investigation
•	Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings
•	Maintain and distribute Situation Report
Logist	ics:
•	Develop workforce strategy
•	Monitor outbreak resource requirements and source additional surge workforce
•	Maintain roster in alignment with workforce planning model
•	Ensure resourcing meets the cultural requirements for an equitable response

•	Provide training to existing and new staff
•	Provide onboarding requirements for new staff (resource and security)
•	Maintain lists including health and safety requirements for individual staff
•	Manage site requirements/facilities
•	Manage IT requirement
•	Sourcing of other incidentals and supplies
•	Catering for response staff
Operat	ions:
•	Case and contact management
•	Support allocations and workload management across Operations
•	Ensure an appropriate public health response
•	Ensure cluster management
•	Manage and assess risks including clinical safety
•	Deliver Operational Plan and supporting documentation
•	Ensure strong linkages and relationships for internal and external public health management
•	Ensure appropriate cultural management of cases and contacts.
•	Support kaupapa Māori approaches and implementation of the new team (including the mobile team).
•	Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.
•	Coordinate delegations of cases, contacts and EE to NITC and other PHUs
•	Support welfare of the staff
Comm	unications:
•	Maintain public information and stakeholder collateral
•	Continue reporting and communication with internal and external stakeholders
•	Manage media inquiries and information for daily standup and MOH media releases
Welfar	e/Wellbeing:
•	Monitor staff wellbeing – ARPHS response staff are tired and stressed
//amba hanz haalth nz/aitaa/N_ID/IIInaaaandDiaaaaaa/Ea	orms/AllItems.aspx?RootFolder=%2fsites%2fN%5fID%2fIllnessandDiseases%2fCOVID%2d19%2f%2d%

	from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)	
	Create wellbeing plan	
	Maintain health and safety plan	
	Pae Ora:	
	Support case and contact management	
	Evaluate and revise Pae Ora Model	
	Lead response for Māori whanau cluster	
	Stand up mobile unit	
	Pacific Team:	
	Support case and contact management	
	Focus on effective relationship management	
	Recovery	
	 Lead the development of the Recovery Plan and transition from Response through to BAU 	
	 Engage and consult with key stakeholders and partners in preparation for managing the recovery process 	
	 Lead/facilitate meetings, debriefs and reviews with a wide range of participants to collect, record and monitor recovery needs 	
	Maintain and theme feedback in the After Action Review Tracker	
	 Assemble and manage resources for recovery, proportionate to the scale and complexity 	
	• Support medium and long term planning activities.	
	Staff wellbeing, fatigue and stress	
	Sustaining roles and responsibilities	
	Capacity and surge requirements, workforce constraints	
Limiting Factors	Identifying, attaining and retaining skilled personnel	
	 Ability to respond to other emergent events (eg concurrent disease outbreak) 	
	Physical space in the ARPHS office	
	Suitably skilled and trained personnel	
Resource Needs	Case and contact management expertise	
	Leadership competencies and breadth in lead roles Diseases/Forms/AllItems aspx?BootFolder=%2fsites%2fN%5fID%2fllnessandDiseases%2fCOVID%2d19%2f%2d%	

	Culturally competent staff	
	IMT function management capacity and availability	
	PIM and Communications – internal and external	
	Facilities and IT	
	Roster system that is suitable for all users	
	• A streamlined national coordinated response led by NITC.	
	All information is saved in:	
Information Flow	https://arphs.hanz.health.nz/sites/N_ID/IllnessandDiseases/COVID-19	
	Stakeholder communications including cultural response support from NRHCC	
Public information Plan	Public messaging	
	Regional communication framework.	
Communications	All communications between staff should cc the appropriate EOC email account.	
	Details of any HR or Staff welfare issues:	
Organisation	Resourcing of response to be considered to ensure staff welfare.	
Recovery	Consider the Continuous Quality Improvement process in parallel with response.	
Recovery	A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.	
AP Prepared by	Planning Manager	
AP Approved by	ARPHS Controller	
Distribution	ARPHS IMT	

Working with the people of Auckland, Waitemata and Counties Manukau



Incident Controller	Jane McEntee / William Rainger		
Incident Management Team Members	As per roster		
Action Plan Number	#09 AP Timeframe 7 Days		
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved		Operational Phase covered	16/10/2021 to 22/10/2021
ARPHS Response Level	RED		
Situation Summary	 RED Brief description of the situation: An unexpected community case of COVID-19 was reported 17/8/21, with unknown link to border. WGS has confirmed a connection to the NSW clusters. The Auckland region is at Alert L3 Transmission continues in the Auckland region Projected increase in R value. Modelling suggests R = 1.2-1.3. In this situation we can expect around 100 cases/day by the end of October. Māori and Pasifika communities greatly impacted. Cases and contacts with complex needs. Higher rate of hospitalisation than previous outbreaks and one death. ARPHS is the lead agency for outbreak management across Auckland. ARPHS workforce are experiencing the effects of extreme fatigue due to the long hours staff are working and the cumulative effect of constant outbreaks for the last 3 years. 		
Action Taken	public health unit	h activities are ongoing wit ts and contact tracing prov	

	using alternative providers and delegations to PHUs and NITC.		
	Progress suppression strategy		
	 Progress with urgency to transfer some responsibilities to other agencies e.g. Manaaki to NRHCC 		
	•		
	• ARPHS-wide BCP enacted.		
	 Workforce surge monitoring and signaling ongoing requirements with DHBs and other organisations providing surge staff. 		
	• Escalation to the region and MoH current state and pressures		
	• Working closely with NRHCC on activities and resource requirements.		
	• All areas of CIMS on-going.		
	 Act in accordance with Te Tiriti o Waitangi including Māori health equity. 		
	2. Ensure an equitable response.		
	3. Support workforce welfare.		
Aim / Goal	 Establish the outbreak response and plan ahead as to potential trajectory. 		
(for this AP timeframe)	5. Identify the outbreak source		
	6. Stop on-going transmission.		
	7. Support affected communities.		
	8. Ensure a safe and sustainable response with effective use of regional workforce supply.		
	9. Ensure clear communication and documentation.		
	Response Priorities:		
	Ensuring staff well-being		
	Operate in accordance with Outbreak Strategies and frameworks		
	Ensure clear locus of control		
Objectives / Priorities	Identify, confirm and isolate confirmed cases		
objectives / Friorities	Progress transmission chain analysis.		
	 Contact management (delegation to NITC, external providers and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of high risk workplaces) 		
	Ensure processes and resources for emerging environments and exposure events Diseases/Forms/Allitems.aspx?BootFolder=%2fsites%2fN%5fID%2fIllnessandDiseases%2fCOVID%2d19%2f%2d%		

	Support Pasifika Community		
	Support Māori whānau		
	Effective communications and PIM		
	Adapting to workforce constraints		
	 Case investigation, contact tracing, and ongoing case and contact management. 		
	Reduce burden on intelligence, operations functions.		
	Complete records in NCTS.		
Plan of Action	• Support wellbeing and manaaki requirements for cases and contacts.		
	All functions continue to support response		
	Continue stakeholder engagement and communications.		
	Monitor internal capacity and demand.		
Specific Tasks &	All CIMS roles rostered		
Information Flow	All CIMS roles emails enacted.		
	Incident controller:		
	• Liaise with NRHCC, DHB's, and MoH		
	Chair and manage decision making at IMT		
	Identify and support risk mitigation		
	Revise Outbreak strategy, Strategic planning and priorities		
	• Staff health and wellbeing.		
	Clinical Partner: in partnership with Incident Controller:		
Land Barrier	Support implementation of the Outbreak Strategy		
Immediate tasks	Liaison with MoH and regional/national clinical colleagues		
	Decision making on clinical aspects and risks		
	Oversee and monitor outbreak response and trajectory		
	Advocacy re load on ARPHS to external agencies;		
	• Strategy for next period- ongoing meetings with MoH and NRHCC.		
	Response:		
	Maintain Risk and Issues Register		
	Support IMT, EOC and response activities.		

•	Support Operations troubleshooting.
•	Provide expert advice on emergency management and response mechanisms;
•	Monitor individuals' and team wellbeing during incident management and identify psychological and social impacts on self, team and functions and share these with welfare function.
Planni	ng:
•	Action Plan published and updated weekly
•	Chair capacity and demand meeting
•	Develop strategies to support Covid activities
•	Develop SOPs to support Covid activities
•	Develop operations models and frameworks
•	Support operational decision making for issues or new situations
•	Support the implementation of national models and frameworks
Intelli	gence:
•	Provide accurate and timely reports to ARPHS, regionally and nationally
•	Source investigation and unlinked cases investigation
•	Receive and prioritise data/information requests; respond as needed to intelligence request to inform Alert Level settings
•	Maintain and distribute Situation Report
Logist	ics:
•	Develop workforce strategy
•	Monitor outbreak resource requirements and source additional surge workforce
•	Maintain roster in alignment with workforce planning model
•	Ensure resourcing meets the cultural requirements for an equitable response
•	Provide training to existing and new staff
•	Provide onboarding requirements for new staff (resource and security)
•	Maintain lists including health and safety requirements for individual staff
•	Manage site requirements/facilities

Manage IT requirement
Sourcing of other incidentals and supplies
Catering for response staff
Operations:
Case and contact management
Support allocations and workload management across Operations
Ensure an appropriate public health response
Ensure cluster management
Manage and assess risks including clinical safety
Deliver Operational Plan and supporting documentation
 Ensure strong linkages and relationships for internal and external public health management
• Ensure appropriate cultural management of cases and contacts.
 Support kaupapa Māori approaches and Pae Ora team (including the mobile team).
 Coordinate operational outbreak management activities with NRHCC, NITC and other PHUs.
 Coordinate delegations of cases, contacts and EE to NITC and other PHUs
Support welfare of the staff
Communications:
Maintain public information and stakeholder collateral
 Continue reporting and communication with internal and external stakeholders
 Manage media inquiries and information for daily standup and MOH media releases
Welfare/Wellbeing:
 Monitor staff wellbeing – ARPHS response staff are tired and stressed from the demands of dealing with COVID-affected cases and contacts (many are in a distressed state)
Create wellbeing plan
Maintain health and safety plan
Pae Ora:

	Support case and contact management
	Evaluate and revise Pae Ora Model
	Lead response for Māori whanau clusters
	Operational oversight of Pae Ora mobile unit
	Pacific Team:
	 Support case and contact management
	 Focus on effective relationship management
	Recovery
	Necovery
	 Lead the development of the Recovery Plan and transition from Response through to BAU
	 Engage and consult with key stakeholders and partners in preparation for managing the recovery process
	• Lead/facilitate meetings, debriefs and reviews with a wide range of participants to collect, record and monitor recovery needs
	Maintain and theme feedback in the After Action Review Tracker
	 Assemble and manage resources for recovery, proportionate to the scale and complexity
	Support medium and long term planning activities.
	Staff wellbeing, fatigue and stress
	Sustaining roles and responsibilities
	Capacity and surge requirements, workforce constraints
Limiting Factors	Identifying, attaining and retaining skilled personnel
	 Ability to respond to other emergent events (eg concurrent disease outbreak)
	Physical space in the ARPHS office
	Suitably skilled and trained personnel
	Case and contact management expertise
	Leadership competencies and breadth in lead roles
Resource Needs	Culturally competent staff
	 IMT function management capacity and availability
	PIM and Communications – internal and external
	Facilities and IT

	Roster system that is suitable for all users
	• A streamlined national coordinated response led by NITC.
	All information is saved in:
Information Flow	https://arphs.hanz.health.nz/sites/N_ID/IllnessandDiseases/COVID-19
Public information Plan	 Stakeholder communications including cultural response support from NRHCC Public messaging
	Regional communication framework.
Communications	All communications between staff should cc the appropriate EOC email account.
	Details of any HR or Staff welfare issues:
Organisation	Resourcing of response to be considered to ensure staff welfare.
	Consider the Continuous Quality Improvement process in parallel with response.
Recovery	A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.
AP Prepared by	Planning Manager
AP Approved by	ARPHS Controller
Distribution	ARPHS IMT

Working with the people of Auckland, Waitemata and Counties Manukau



HEALTH

Incident Controller	Jane McEntee / William	Rainger	
Incident Management Team Members	As per roster		
Action Plan Number	#010	AP Timeframe	7 Days
Incident	COVID-19 Case August 2021 (17/8) - OB-21-109884-AK (C-0042)		
IMT status	Stood Up with EOC		
Date / Time approved		Operational Phase covered	23/10/2021 to 29/10/2021
ARPHS Response Level	RED		
Situation Summary	 with unknown lin NSW clusters. The Auckland resident of the Auckland resident	community case of COVII nk to border. WGS has co gion is at Alert L3. ntinues in the Auckland r se in R value. Modelling expect around 100 case ka communities greatly i eeds. ospitalisation than previo d agency for outbreak m ss is occurring on the NIT e are experiencing the e s' staff are working and t aks for the last 3 years.	suggests R = 1.2-1.3. In this es/day by the end of October. impacted. Cases and contacts ous outbreaks and one death. nanagement across Auckland TC upskilling for ccm. ffects of extreme fatigue due
Action Taken	 Core public heal public health un 	th activities are ongoing its and contact tracing p	with support from other roviders. Levers for reducing tegy for the current situation,

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 using alternative providers and delegations to PHUs and NITC. Supporting NITC with upskilling in ccm Progress suppression strategy. Progress care in the community pathway with NRHCC ARPHS-wide BCP enacted. Workforce surge monitoring and signaling ongoing requirements with DHBs and other organisations providing surge staff. Escalation to the region and MoH current state and pressures Working closely with NRHCC on activities and resource requirements. All areas of CIMS on-going. Act in accordance with Te Tiriti o Waitangi including Māori health equity.
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2. Ensure an equitable response.
3. Support workforce welfare.
4. Establish the outbreak response and plan ahead as to potential trajectory.
(for this AP timeframe) 5. Identify the outbreak source
6. Stop on-going transmission.
7. Support affected communities.
 Ensure a safe and sustainable response with effective use of regional workforce supply.
9. Ensure clear communication and documentation.
Response Priorities:
Ensuring staff well-being
Operate in accordance with Outbreak Strategies and frameworks
Ensure clear locus of control
 Identify, confirm and isolate confirmed cases
Objectives / Priorities • Progress transmission chain analysis.
 Contact management (delegation to NITC, external providers and PHUs, retaining high risk settings; prioritise Māori and Pacific cases; maintain high level awareness of high risk workplaces)
Ensure processes and resources for emerging environments and exposure events
Support Pasifika Community

	Support Māori whānau
	Effective communications and PIM
	Adapting to workforce constraints
	Case investigation, contact tracing, and ongoing case and contact management
	management.
	Reduce burden on intelligence, operations functions.
Plan of Action	Complete records in NCTS.
	 Support wellbeing and manaaki requirements for cases and contacts.
	All functions continue to support response
	Continue stakeholder engagement and communications.
	Monitor internal capacity and demand.
Specific Tasks &	All CIMS roles rostered
Information Flow	All CIMS roles emails enacted.
	Incident controller:
	Liaise with NRHCC, DHB's, and MoH
	Chair and manage decision making at IMT
	Identify and support risk mitigation
	Revise Outbreak strategy, Strategic planning and priorities
	Staff health and wellbeing.
	Clinical Partner: in partnership with Incident Controller:
	Support implementation of the Outbreak Strategy
Immediate tasks	Liaison with MoH and regional/national clinical colleagues
	Decision making on clinical aspects and risks
	Oversee and monitor outbreak response and trajectory
	Advocacy re load on ARPHS to external agencies;
	• Strategy for next period- ongoing meetings with MoH and NRHCC.
	Response:
	Maintain Risk and Issues Register
	Support IMT, EOC and response activities.
	 Support Operations troubleshooting.

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