

# MINISTRY OF HEALTH

COVID-19

Health and Disability Sector  
Resurgence Planning Tool

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## CONTENTS

Introduction .....	3
Assumptions .....	3
Supporting Material.....	4
Te Tiriti o Waitangi .....	5
Key Performance Indicators for Achieving Preparedness.....	6
All of Government and Ministry planning has been informed by common scenarios.....	7
Connection between Ministry and the Sector in the event of a Resurgence.....	9
Triggers.....	11
Cross-Cutting Themes .....	12
Commitment to Te Tiriti o Waitangi .....	12
Equity.....	12
A scientific evidence base .....	13
Infection Prevention and Control (IPC) .....	13
Personal Protective Equipment (PPE) .....	13
Communications and Engagement .....	13
Resurgence Planning Framework: Prevent, Plan, And Respond.....	15
Strategic Actions: Prevent .....	16
Strategic Actions: Plan .....	18
Strategic Actions: Respond.....	30
APPENDIX ONE: Scenario-Based Responses per Organisation .....	41
APPENDIX TWO: Scenarios: Worked Examples .....	42

## Introduction

This document has been prepared to assist the Ministry of Health (the Ministry) and district health boards (DHBs) prevent, prepare for and respond to further community transmission of COVID-19. We know from earlier pandemics, and the current experience of New Zealand and other countries with COVID-19, that multiple waves of infection can occur. While New Zealand previously achieved and is again on track for elimination, the risk of new cases potentially seeding further clusters and community transmission remains a very real threat. The Health and Disability Sector Resurgence Planning Tool provides recommended actions and related information to support preparations for, and effective and timely responses to, the expected community resurgence of COVID-19. The Planning Tool also provides an outline of how sector organisations engage with the Ministry's resurgence plan operating model, in the event of a resurgence or further waves of COVID-19.

It is acknowledged that in many cases, resurgence planning will be well underway, or even complete. Where such plans are already in place, sector organisations are requested to review them to ensure they are aligned with the relevant content in this document.

Some important points to note:

1. Sector organisations are responsible for their own resurgence planning and this document is designed to support and inform that planning.
2. This document has been developed in conjunction with the COVID-19 National Resurgence Plan, currently being prepared by the COVID-19 All of Government Response Group in the Department of Prime Minister and Cabinet.

## Assumptions

The Ministry's planning is built on the following assumptions:

- the Elimination Strategy remains the overarching framework for the health and disability sector
- in addition to the community cases detected in Auckland in mid-August 2020, further community cases or clusters of COVID-19 will occur in the coming months or year - new community cases could be detected at any time and case numbers could rise rapidly
- the overall size and duration of subsequent waves may well be different from the first wave and the August Auckland community cluster
- the severity of the disease and the population groups affected may be similar to the first wave or the August Auckland community cluster, but ongoing vigilance will be needed to detect and respond to any changes in affected populations and severity
- resurgence may occur in conjunction with a concurrent event such as a flood, earthquake or other emergency
- all sector organisations will use a CIMS framework in the immediate response to a resurgence

## Supporting Material

This document has been informed by and should be read in conjunction with the following documents, all available on the Ministry's website. In combination with this Planning Tool they comprise the framework for health and disability sector preparedness and response to any future community resurgence of COVID-19:

- Elimination Strategy
- COVID-19 Health and Disability System Response Plan
- Surveillance Plan
- Testing Strategy
- COVID-19 cluster investigation and control guidelines
- Updated COVID-19 Māori Response Action Plan
- Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan
- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025
- COVID-19 Community Response Framework
- Getting Through Together: ethical values for a pandemic
- New Zealand Disability Strategy 2016-2026
- Mahi Aroha – Carers' Strategy Action Plan 2019 - 2023
- National Health Emergency Plan: National Reserve Supplies Management and Usage Policies
- New Zealand pandemic response policy for aged residential care 2020 (*planned for publication in November 2020*).

## Te Tiriti o Waitangi

Te Tiriti o Waitangi principles underpin the Ministry's resurgence planning. These have been adapted from the recommendations made in the Hauora Report for Wai 2575, the Health Services and Outcomes Kaupapa Inquiry.

<b>Tino Rangatiratanga</b>	The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of the Covid-19 response to Māori.
<b>Partnership</b>	The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of the Covid-19 response to Māori. Māori must be co-designers, with the Crown, of the Covid-19 response to Māori.
<b>Active protection</b>	The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents and its Treaty partner are well informed on the extent, and nature of, both Māori health outcomes and efforts to achieve Māori health equity in the Covid-19 response to Māori.
<b>Options</b>	The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori responses to Covid-19. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care in the Covid-19 response.
<b>Equity</b>	The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori in the Covid-19 response.

## Key Performance Indicators for Achieving Preparedness

The following key performance indicators are suggested as a guide for determining preparedness for resurgence activation.

1. Know your organisation's incident management Operating Model and business continuity plan
2. There is clear accountability, governance and decision-making, including;
  - a. Relevant Terms of Reference and standard operating procedures in place
  - b. Financial and operational delegated authorities agreed and ready to go
3. Know how the information flows and how you communicate with stakeholders
4. Identify the right people in the right roles
  - a. Skill and experience levels are confirmed
  - b. Training requirements are completed
5. Leadership is aware of and educated on how the model works, and Incident Management Team training is completed (ie, people understand how the response structure will work and their role within it).

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## All of Government and Ministry planning has been informed by common scenarios

The scenarios below have been created in conjunction with the All of Government (AoG) resurgence planning activity. While the scenarios reflect some of what the Ministry observed during March to May and subsequently, a scenario-based approach is only illustrative and is not intended to model what any further outbreaks or waves of infection might look like.

At the most basic level, they are helpful to think about how we would need to prepare and scale up depending on how different types of resurgence might emerge and play out.

The five scenarios are *not predictions*. Rather, they are intended to be used to indicate what actions need to be considered / undertaken, by whom, and who is accountable for what, in different types of situations.

<p><b>Scenario 0</b> Elimination achieved, all regions are focused on prevention, preparedness and resurgence planning</p>	<ul style="list-style-type: none"> <li>• Cases in managed facilities only, no community cases elsewhere</li> </ul>
<p><b>Scenario 1</b> Cluster in a managed facility associated with travellers arriving in New Zealand</p>	<ul style="list-style-type: none"> <li>• Up to 10 confirmed cases in a managed facility</li> </ul>
<p><b>Scenario 2</b> A case visits a relative in an aged residential care facility and goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a single, small, localised cluster of ten cases.</p>	<ul style="list-style-type: none"> <li>• 1 x confirmed cluster (where cluster is 2 or more connected cases)</li> <li>• 1 x 10 cases (over 2 weeks)</li> <li>• 4 hospitalised, on general ward +</li> <li>• 1 in ICU</li> </ul>
<p><b>Scenario 3</b> A case goes to a cafe and socialises with a number of people subsequently infecting several attendees. Over three weeks this triggers two to three small clusters (including one in residential disability facility) with up to 45 cases in total across two PHU jurisdictions.</p>	<ul style="list-style-type: none"> <li>• More than 1 defined cluster, but less than 4</li> <li>• Crosses more than one PHU area</li> <li>• 2-3 x 10-15 cases (20 – 45 cases, over 3 weeks)</li> <li>• 2 – 5 hospitalised +</li> <li>• 1 – 2 in ICU</li> </ul>

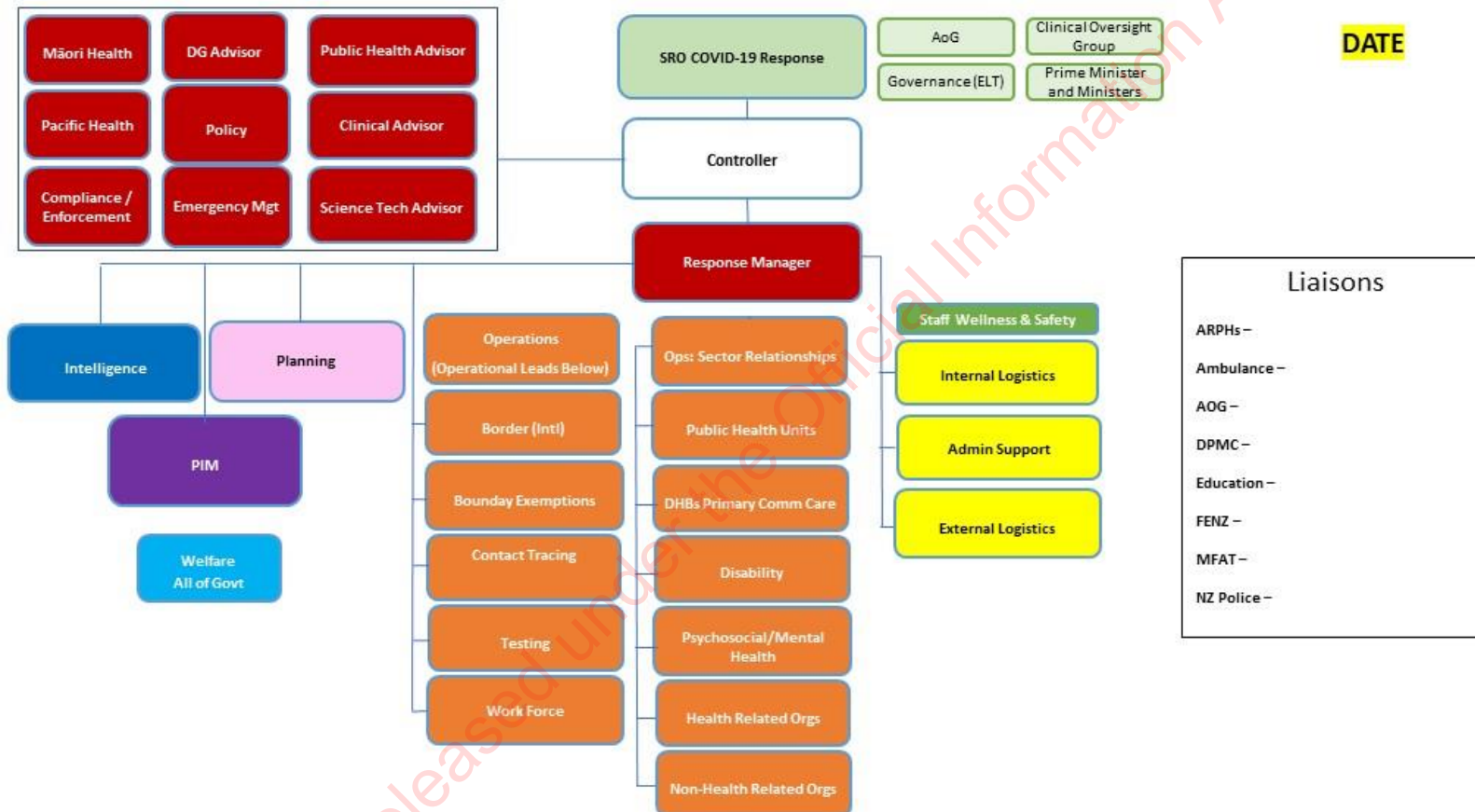
<p><b>Scenario 4</b></p> <p>Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event, a concert or a tangi). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks, this triggers outbreaks across the country, with several locations reporting confirmed community transmission.</p>	<ul style="list-style-type: none"> <li>• Confirmed community transmission</li> <li>• More than 4 and less than 10 confirmed clusters</li> <li>• 10 x 20-40+ (200 – 600) cases, over 4 weeks</li> <li>• 40 – 100 hospitalised +</li> <li>• 10 – 25 in ICU</li> <li>• 3 – 10 deaths</li> </ul>
<p><b>Scenario 5</b></p> <p>A case goes to a large sporting event and infects a large number of people. The next day attendees of the sporting event return home across New Zealand. Over eight weeks this triggers more than ten confirmed clusters, with several locations reporting confirmed community transmission, with a particularly large outbreak centred on South Auckland (5,000 cases in total, including 75 deaths).</p>	<ul style="list-style-type: none"> <li>• More than 10 confirmed clusters</li> <li>• More than 2 locations with confirmed community transmission</li> <li>• 5,000 cases (over 8 weeks)</li> <li>• 500 hospitalised +</li> <li>• 150 in ICU</li> <li>• 75 deaths</li> </ul>

Appendix One outlines Scenario-based responses by organisation, including a view of the role of different elements of the sector, including how this changes as we transition between scenarios and alert levels (noting that any transition between scenarios or alert levels may not be numerically sequential). These are supported by Appendix Two, which provides worked examples of selected scenarios showing the relationships between the sector and the Ministry in more detail.



## Connection between Ministry and the Sector in the event of a Resurgence

The Ministry of Health's resurgence operating model for any Incident Management team is CIMS based and updated daily with the individuals assigned to each function. See template below:



The introduction of a new Function, Operations Sector Relationships, has been added specifically to strengthen the relationship and flow of information between the Ministry and the sector.

The relationship leads have three core objectives:

- a. To understand the needs, issues, and concerns of their respective element of the sector and represent that to the Ministry
- b. To ensure any advice, guidance or other communication makes its way to the sector in a consistent and timely manner
- c. To ensure there is a dedicated and identifiable channel between the Ministry and the sector at all times.

These roles do not replace existing sector bodies, forums or governance groups, but act as a consistent and coordinated conduit to them.

The people filling these roles will have strong sector relationships and networks and may be filled by someone from the sector rather than the Ministry.

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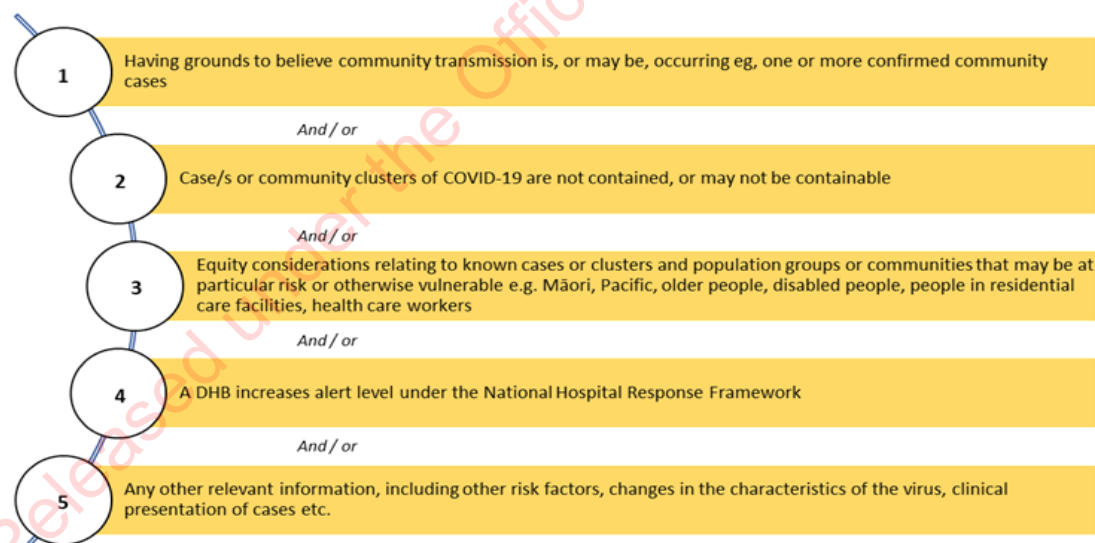
## Triggers

The Ministry continues to monitor and analyse surveillance data from a range of sources in relation to cases, clusters and the potential for, likelihood and management of, community transmission. The Ministry will inform the health and disability sector and other agencies when agency specific resurgence plans should be activated or put on stand-by for activation. The sector will generally be informed through a National Health Advisory issued by the Ministry.

There are no pre-determined thresholds or metrics in terms of the types of cases, case numbers or the number or size of community clusters to automatically trigger activation of resurgence response actions, though activation *could* occur as a result of a single, confirmed, community case. Furthermore, other intelligence may also provide a signal that we have, or may have, undetected community transmission, for example, a person who has travelled from NZ and then tested positive overseas.

Every signal, case, contact and cluster will be assessed, investigated and managed as appropriate to the circumstances. Strategic response actions, including the continuation or escalation of the Elimination Strategy, will be calibrated accordingly.

Possible triggers for activating resurgence plans and the **Respond** actions of this Planning Tool include:



## Cross-Cutting Themes

The following themes were identified by the Ministry in its resurgence planning and should be considered when developing operational or organisation-specific resurgence plans. These themes also reflect lessons identified during the first wave in March and April and the recent August Auckland cluster.

### Commitment to Te Tiriti o Waitangi

The health and disability system is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi (Te Tiriti). The Ministry, DHBs and PHUs, as stewards of the health and disability system (under Article 1), have the responsibility to enable Māori to exercise authority over their health and wellbeing (under Article 2) and achieve equitable health outcomes for Māori (under Article 3) in ways that enable Māori to live, thrive and flourish as Māori.

The principles of Te Tiriti provide the framework for how we will meet our obligations. The Ministry is currently using the principles of Equity, Tino Rangatiratanga, Options, Partnership and Active Protection, as adapted from the Wai 2575 Stage One Kaupapa Inquiries. These principles are applicable to the wider health and disability system, including how the health and disability system changes and alter access to services in response to COVID-19.

### Equity

Equitable access to health and disability services and health outcomes, including a priority focus on Māori, Pacific, older people, disabled people, people who experience psychosocial needs, people with existing chronic health conditions, rural communities and other potentially at-risk groups, is central to all planning and response measures for any significant clusters or further waves. In addition to these priority groups, special consideration must also be given to health care workers, including those who work in ARC and other residential care settings.

COVID-19 creates additional burdens for certain populations who are already significantly affected by adverse social determinants, including Māori, Pacific and disabled peoples. Beyond controlling COVID-19, it is important to prevent and manage impacts on people, communities and society.

One of the most significant learnings to date has been the need to engage from the outset with at risk populations, particularly Māori, Pacific and older people, and the networks of providers that work most closely with them. Consequently, this plan has been developed in partnership with the Māori, Pacific, Mental Health and Addictions and Disability directorates and other teams within the Ministry. Many of the strategic actions have been highlighted as particularly critical to be undertaken with an equity lens, and the Ministry expects that the sector will do so.

While all the actions provided for in this plan should address equity considerations, those items in the tables marked with an asterisk \* denote actions where equity is *especially* important. For example, for the Ministry, an asterisk signals the need for early and ongoing engagement with directorates or

teams that work with and alongside priority groups, including the Māori Health, Disability, and Mental Health and Addictions Directorates, and the Pacific Health, Health of Older Persons and Long-term Conditions teams.

### **A scientific evidence base**

At every step, actions taken to give effect to the objectives in this Plan should reflect scientific principles and be either based on, or informed by, the best available evidence. In practice this means referring to and applying knowledge that has been developed through examination of the evidence base and robust consideration of the suitability for application in the New Zealand context. This includes considering every proposed action in the context of; the strategic public health approach, the New Zealand health and disability and social system, risk assessment and appetite; and must also be lawful, proportionate, ethical and consistent with equity considerations.

Care must be taken to ensure that empirical evidence or other relevant information is logical, allows for replicability, distinguishes between correlation and causation, excludes alternative explanations, and is capable of being falsified through established scientific methods.

### **Infection Prevention and Control (IPC)**

The ongoing maintenance of effective infection prevention and control practices is and will continue to be a priority. This applies to all health care settings, is relevant to preventing, planning for and responding to any further wave of infections and is essential for the benefit of health care workers, caregivers and their patients, clients and visitors.

### **Medical Supplies including Personal Protective Equipment (PPE)**

Critical medical supplies and in particular PPE are a vital aspect of the ongoing response to COVID-19. They affect every element of preparedness and response capability. The Ministry continues to purchase, manage, store, distribute and monitor PPE on behalf of DHBs, the health and disability sector, managed facilities and CBACs. Centralised management aims to ensure equitable access, quality and certainty of supply are maintained and that costs are met and measured. Given the huge increase in global demand for PPE, PCR testing materials and other supplies, there have been problems in multiple countries with accessing these goods to meet demand. This is one example of how the international situation will continue to affect New Zealand's preparedness and response activities and highlights the necessity to consider critical supplies when planning for a further resurgence of COVID-19.

### **Communications and Engagement**

Communicating effectively and engaging with communities have been cornerstones of the response to COVID-19 thus far, and remain crucial to all involved in preparing for and responding to the pandemic. As a cross-cutting theme, communicating within the Ministry, between stakeholders, to Ministers and to the general public is critical to a successful response. Some key factors that need to be considered are:

- a. Listening to communities and customising content and delivery of key messages for older people, Māori, Pacific, disabled people, residential care settings, people who experience psychosocial needs, rural populations and any groups at higher risk of infection or severe outcomes
- b. Accessibility: Information about COVID-19 should be accessible for all New Zealanders, and it needs to be translated into alternate formats and key languages, including Te Reo Māori. For alternate formats: Easy Read, New Zealand Sign Language (NZSL), braille, audio and large print.

Lessons identified during the first wave (Fig. 1) also highlighted the need for enhanced cross-sector engagement that is proactive, transparent, consistent, and that transcends organisational boundaries that exist throughout the sector. The Disability Sector Leadership Response Group is a positive example of a newly established engagement forum that was established to allow for broad sector engagement, and that will continue into business as usual.

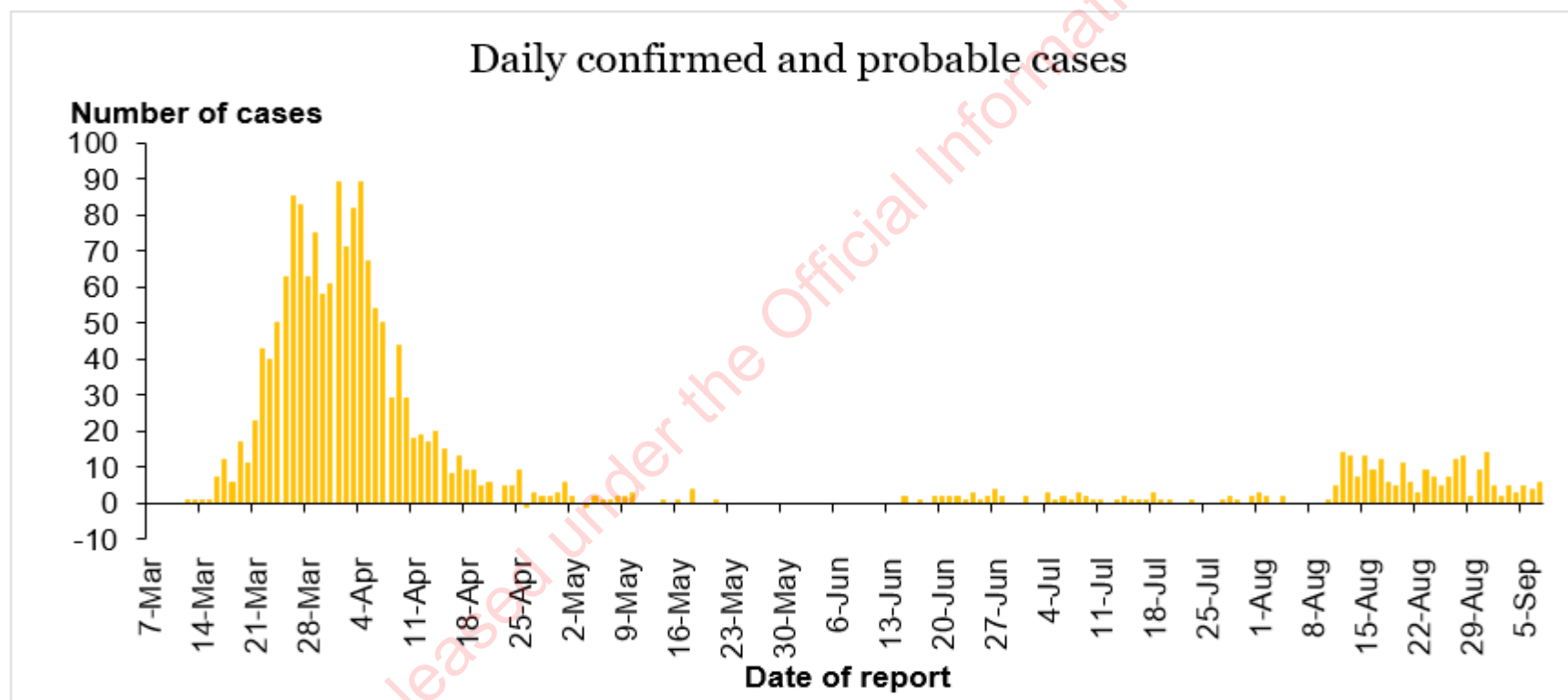


Figure 1. Epidemic curve showing incidence of confirmed and probable COVID-19 cases over time. The first wave of infection (March to April 2020) was followed by small numbers of cases detected at the border and then the August Auckland community cluster.

## Resurgence Planning Framework: Prevent, Plan, Respond

The Elimination Strategy remains the primary strategic document to guide the response to COVID-19. The Strategy's four pillars: border control, robust case detection and surveillance, effective contact tracing and quarantine and strong community support of control measures, should be woven through any further response from the Ministry and the wider health and disability sector under this Planning Tool.

Within this context the COVID-19 Health and Disability Sector Resurgence Planning Tool is framed around **three strategic objectives**:

<b>1. Prevent it</b>	<ul style="list-style-type: none"> <li>➤ Prevent significant clusters or further waves of COVID-19 infections through the continued implementation of the <b>Elimination Strategy</b>, acknowledging that the border is New Zealand's first line of defence</li> </ul>
<b>2. Plan for it</b>	<ul style="list-style-type: none"> <li>➤ Enhanced domestic surveillance and testing to enable earliest possible detection and monitoring of cases, clusters or community transmission</li> <li>➤ Develop scalable Resurgence Action Plans for a significant clusters or further waves of infections</li> <li>➤ Focus on higher risk groups and priority populations</li> <li>➤ Ongoing surveillance of the international situation to inform preparedness and minimise disruption to New Zealand health services</li> <li>➤ Review and address lessons identified from the first wave and the August Auckland community cluster</li> </ul>
<b>3. Respond to it</b>	<ul style="list-style-type: none"> <li>➤ Immediate escalation of testing coverage, active case finding, contact tracing and isolation / quarantine of cases and contacts</li> <li>➤ Effective / adapted implementation of Ministry, health and disability sector and other agency resurgence action plans</li> <li>➤ Appropriate clinical management of COVID-19 cases</li> <li>➤ Maintain essential health and disability services and minimise disruption to business as usual (BaU) services</li> <li>➤ Maintain focus on equity and prioritise services to vulnerable population groups and communities, including Māori, Pacific, older people, rural communities, disabled people and people who experience psychosocial needs</li> <li>➤ Response actions to be proportionate, evidence informed and coordinated with all of government response measures.</li> </ul>

Response actions are usually followed by **recovery**. This will be the case when future clusters are contained and community transmission eliminated. However, specific recovery guidance is not covered in this document, but may be included in subsequent versions.

## Strategic Action 1: Prevent

Prevent further waves of COVID-19	
<b>Context</b>	<ol style="list-style-type: none"> <li>1. New Zealand has shown that elimination of COVID-19 can be achieved. This does not mean eradicating the virus permanently from New Zealand; rather it is being confident we have eliminated chains of transmission in the community for at least 28 days and can effectively contain any future imported cases from overseas. Even when this Planning Tool is activated for response purposes, the Elimination Strategy will continue to guide response actions.</li> </ol>

Health and disability service providers and the Ministry of Health continue to give effect to the Elimination Strategy to exclude COVID-19, catch it at the border, contain clusters and prevent further waves of COVID-19. This involves a coordinated and sustained approach to 'keep it out', 'find it' and 'stamp it out'. The four pillars of the Strategy are:

- Border controls: key for stopping the introduction and spread of new cases from overseas
- Robust case detection and surveillance: identify new cases quickly and take appropriate action
- Effective contact tracing and quarantine: an essential part of controlling transmission of the virus
- Strong community support of control measures.

The central preventive measure for eliminating COVID-19 is the first pillar: border controls - *Keep it out*. The enhanced public health measures undertaken at the border, including entry restrictions, managed isolation and quarantine, testing (around days three and twelve) and overall management of the border, are critical to successful to elimination and achieving the objective or preventing further waves.

*Keep it out* is supported by a *Find it* and *Stamp it out* approach, using a combination of ongoing disease surveillance; testing and tracing all potential cases, using enhanced contact tracing; appropriate use of personal protective equipment; rapidly isolating cases and their close contacts; strong community support of control measures, including behaviour change around staying at home with respiratory symptoms, appropriate physical distancing and hygiene measures, managing the 'bubble of protection' for family, whānau, aiga, carers and priority populations including disabled people, using contact tracing apps; having a sustainable, resilient and agile workforce; and other public health measures as appropriate.

The Elimination Strategy and this COVID-19 Health and Disability Sector Resurgence Planning Tool are complementary. Activities under the Elimination Strategy will continue to be implemented in the event of a resurgence in COVID-19 leading to the activation of this Plan, and also inform the planning for, and responses to, significant clusters or further waves of infections in the community.



Depending on the circumstances, single cases, a small number of linked cases (for example a cluster associated with a traveller arriving from overseas) or a cluster of unknown origin (for example the August Auckland community cluster) will continue to be managed under the four pillars Elimination Strategy in the first instance. Elimination activities will also need to continue at scale when Strategic Objective 3 “Respond” of this Resurgence Planning Tool is activated. See the [Elimination Strategy](#) on the Ministry of Health website for further details.

**The following planning and response actions have been developed in order to inform Ministry and sector resurgence plans. Depending on the circumstances, some will be more relevant or applicable than others.**

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## Strategic Action 2: Plan

The sector needs to continue to prepare for the possibility of significant clusters or further waves of infection. While developing / revising plans to deal with a resurgence of COVID-19 is critical, associated preparedness activity and the ability to implement the plan, i.e. Respond, are even more so, to help prevent further outbreaks and to ensure the ability to scale-up a response quickly.

As the World Health Organisation Strategic Framework for Preparedness states, *“When we are prepared, responses are more timely and effective, and we can limit the human, economic and societal consequences.”*

Plans should be prepared for a potential future increase of COVID-19, acknowledging that:

- timing remains uncertain - new community case(s) could be detected at any time and with little or no warning;
- the overall size, steepness and duration of a subsequent waves may well be different from the first wave and August Auckland cluster;
- the severity of the disease and the population groups affected may be similar to what we have already experienced, but ongoing vigilance will be needed to detect and respond to any changes in affected / at risk populations and severity.

The first wave of the pandemic in Aotearoa New Zealand led to a rapid scaling-up of response by the Ministry of Health, the wider health and disability sector and other government agencies. The key lessons learned during this process should be incorporated into planning that takes place to prepare for a resurgence in COVID-19.

There are a number of reviews that have documented crucial learnings (including in particular for contact tracing and Aged Residential Care) and each part of the sector will have critical aspects of the response that have been revised and improved.

## Plan for It – subsequent waves of COVID-19

### Context

COVID-19 activity in New Zealand has been low since early May 2020, with small numbers of cases being detected and managed at the border from mid-June. In mid-August 2020, testing detected the first cases of what became the Auckland community cluster. The Ministry activated its resurgence plan to coordinate the investigation and associated response measures (still ongoing at time of writing).

While mindful of the needs of the wider population, special attention needs to be given to those groups most likely to be susceptible to subsequent waves of COVID-19. Susceptibility includes both infection and complications, and to disruption of services and supports (e.g. respite and daily cares). The priority population groups include Māori, Pacific peoples, older people, disabled people, rural communities, people who experience psychosocial needs, people with existing conditions including immunosuppressive disorders and people in residential care settings. Special consideration must also be given to health care workers, including those who work in ARC. At present there is no vaccine available for COVID-19 and there is little evidence of anti-viral treatments being effective for prophylaxis or treatment (although clinical trials are underway). Clinical management will include supportive treatments, ventilation and treatment of any concurrent bacterial pneumonia.

Planning activity for any increase in case numbers should focus on:

- ensuring a proportionate, evidence informed and flexible response
- providing a coordinated approach across the health and disability sector and with other sectors
- balancing COVID-19 with other BaU health and disability services
- supporting and maintaining quality health and disability services
- focusing on priority, at-risk populations and improving equity
- communications to engage, empower and build confidence in the wider community.

The Ministry of Health and the COVID-19 All of Government Response Group continue to plan for further resurgences of COVID-19 and will coordinate any response. DHBs are tasked with leading local planning and responses as required. Government agencies are tasked with preparing responses for the sectors they serve.

Key for action tables	
<i>Responsibility</i>	For the action tables below, the <b>Responsibility</b> column indicates the principal stakeholders. These lists are not exhaustive nor exclusive but provide a guide as to who should lead and be involved.
<i>Equity *</i>	An * next to the lead agency is an <b>equity prompt</b> . Equity should underpin all Ministry of Health work including this Plan. However, the asterisk denotes actions where equity considerations are <i>particularly</i> important. For the Ministry this signals the need for engagement with directorates or teams that work with and alongside priority groups, including the Māori Health, Disability, and Mental Health and Addictions Directorates, and the Pacific Health, Health of Older Persons, Primary Care, NASO and Long-term Conditions teams.

Planning, co-ordination and reporting		
Action	Responsibility	Comments
1. Develop operational resurgence plans to allow for incremental /rapid response escalation: <ol style="list-style-type: none"> <li>respond with BaU capacity, prepare for escalation</li> <li>activate agency surge capacity, prepare for escalation</li> <li>activate multi-agency surge capacity, prepare for escalation</li> <li>national / all agency surge capacity</li> </ol>	All agencies*, including DHBs	All agencies and providers in the health and disability sector must be prepared to respond to a significant cluster or further wave of COVID-19 infections
2. Evaluate the effectiveness of the measures used in the first wave and Auckland community cluster and update plans, guidelines, and protocols accordingly		
3. Review and where appropriate update business continuity plans and consider critical resource requirements		
4. Re-stock, and maintain, essential equipment, including PPE, personal and environmental cleaning products, for all of the sector, including primary care		
5. Promote good hygiene practices, appropriate distancing and sick staff policies		

Planning, co-ordination and reporting		
Action	Responsibility	Comments
<p>6. Prepare for a possible escalation in case numbers and severity, including plans for staff absences</p> <p>7. Ensure that human resources and workforce resilience systems are in place and/or ready to be redeployed</p> <p>8. Prepare staff resilience, encourage staff leave, medical, dental and wellness appointments, so staff are fit, well, and rested to respond to further waves. Utilise locums, if necessary, to take leave, and consider mental health needs of staff, who may be fatigued from first wave.</p> <p>9. Map key contacts across the sector using organisational charts to enable rapid connections and response, that</p> <ol style="list-style-type: none"> <li>a. documents key routes into all priority communities, including ARC, Māori, Pacific and disabled communities</li> <li>b. identifies a named lead for who would lead resurgence operations</li> </ol>		
10. DHBs to anticipate how the mental health and wellbeing of communities will or may be affected and develop, review or maintain a psychosocial plan as appropriate	DHBs	
11. Ensure the wider sector has staff with appropriate skills and training ready to be deployed as part of resurgence operations and/or surge capacity, and there is a policy for redeployment in place.	Ministry of Health, working with the sector.	
12. Maintain close oversight of legislative instruments and authorisations (e.g. epidemic notice, COVID-19 Public Health Response Act 2020, section 11 orders, waivers/exemptions and any authorisations required for Health Act special powers)	Ministry of Health	Epidemic Notices and the C-19PHR Act require periodic renewal
13. Ensure an appropriate mechanism is in place to safely and securely share confidential identifiable health information	Ministry of Health	
<p>14. Ensure a PPE distribution plan is prepared, in accordance with the IPC guidelines, and that includes</p> <ol style="list-style-type: none"> <li>a. equitable distribution (including who is entitled to receive it from National Supply, and if DHBs will have a responsibility to distribute);</li> <li>b. clear points of contact; and</li> <li>c. purchase and payment mechanisms, if required</li> </ol>	Ministry of Health	

Planning, co-ordination and reporting		
Action	Responsibility	Comments
15. Share information with WHO and other international partners e.g. the Communicable Disease Network Australia, and as required under the International Health Regulations 2005	Ministry of Health	
16. Prepare processes and a surge workforce to administer exemptions, if required, for example for individuals wanting to travel between regions at alert level 1 / 2 and 3 / 4	Ministry of Health	Only relevant if region(s) are at levels 3 or 4 and others at 1 or 2
17. Undertake table top or operational exercises to test resurgence action plans	Ministry of Health-led, with whole sector	
18. Support the Pandemic Research Programme in conjunction with the Health Research Council	Ministry of Health	
19. Coordinate with the National Telehealth Service and Primary Care the response priorities for public advice messaging etc. via digital channels	Ministry of Health	

Intelligence		
Action	Responsibility	Comments
1. As per COVID-19 Surveillance Plan, enhanced domestic surveillance of: <ol style="list-style-type: none"> <li>a. cases and clusters notified/managed via EpiSurv and the National Contact Tracing Solution</li> <li>b. possible community transmission</li> <li>c. influenza like illness (ILI)</li> <li>d. community and hospital SARS-CoV-2 viral isolates, including whole genomic sequencing where appropriate</li> <li>e. serological testing as available</li> <li>f. influenza vaccine uptake</li> </ol>	Ministry of Health	

Intelligence		
Action	Responsibility	Comments
g. National Telehealth Service (NTS) e.g. Healthline phone calls	Ministry of Health	
2. Domestic and international surveillance of characteristics of SARS-CoV-2 and COVID-19 (clinical severity, virulence, infectivity, risk groups, genetic changes, clinical management)	Ministry of Health	
3. Monitor and assess information about the effectiveness and other impacts of response interventions, including guidance from international bodies (e.g. WHO) and information from MBIE, MPI, Education etc in order to inform policy decisions about interventions to be utilised for subsequent responses	Ministry of Health	
4. Further refinement of escalation points with triggers that identify the appropriate response	Ministry of Health	
5. Regular reviews of surveillance indicators, the surveillance plan and intelligence reporting as required (e.g., consider 'text mining')	Ministry of Health	
6. Develop a clear picture of the data that can be accessed, including how and when, and continue strengthening systems for public health data collection (e.g. the quality of ethnicity data) and surveillance	Ministry of Health	
7. Surveillance of international situation to mitigate any impact on supply chain and access to critical clinical supplies	Ministry of Health	
8. Enhanced monitoring of health and disability sector capacity during further waves, including primary care capacity and resilience, hospital admissions, ICU occupancy, staff absences, ambulance call outs, Healthline, pharmacies etc., and continue to work with DHBs to optimise data flow into the public health surveillance system	Ministry of Health	
9. Consolidate and review mortality data nationally and review associated processes in liaison with the Chief Coroner's Office	Ministry of Health	
10. Consider modelling likely impact of new cases given experience to date with alert level interventions	Ministry of Health	
11. Consider appropriate timing and design of sero-prevalence survey	Ministry of Health, ESR	
12. Continue enhancements of apps (COVID Tracer and Āwhina), including working alongside third-party app providers	Ministry of Health	

Intelligence		
Action	Responsibility	Comments
13. Consider reviewing key decisions, protocols and policies to ensure there is an evidence base for public health recommendations	Ministry of Health	

Public health interventions: border		
Action	Responsibility	Comments
1. Maintain and review travel restrictions and border controls as mandated under the COVID-19 Public Health Response Act and the Health Act	Ministry of Health	
2. Liaise with agencies coordinating/managing facilities for managed isolation and quarantine for travellers arriving in New Zealand	Ministry of Health	
3. Review and update border management resources	Ministry of Health	
4. Provide information to incoming and outgoing travellers on quarantine requirements, relevant symptoms, basic precautions, what to do if travellers become sick, psychosocial resources	Ministry of Health	
5. Work with DHBs to provide consistency for MIQ facilities, including the development of SOPs for standing up a facility, and establishing communication mechanisms for escalating risks and issues in a timely way	Ministry of Health, Border agencies	
6. Be prepared to adjust border controls at short notice	Ministry of Health, Border agencies	
7. Review border exemption process for essential health workers	Ministry of Health, MBIE	



Other public health interventions		
Action	Responsibility	Comments
1. Develop and maintain systems to rapidly increase contact tracing capacity if required, including the National Investigation and Tracing Service	Ministry of Health, PHUs	
2. Continue implementing the National Contact Tracing Solution, including integration of quarantine into the same platform	Ministry of Health, PHUs	
3. Maintain readiness to implement rapid cluster control measures, particularly in high-risk settings, managed facilities and communities, including: <ul style="list-style-type: none"> <li>a. identifying key Ministry Cluster Control staff; and</li> <li>b. ensuring the system machinery is ready to be operationalised immediately, with a ready workforce</li> </ul>	Ministry of Health, PHUs, DHBs	
4. Plan arrangements for managed isolation and quarantine for community cases (and in some circumstances their household close contacts) who may not be willing or able to self-isolate, including welfare support and psychosocial resources	Ministry of Health, DHBs, PHUs	
5. Continue seasonal influenza immunisation campaign (March to September annually) and the delivery of the remainder of the National Immunisation Schedule through primary care, with additional communications and logistical support for any changes in demand, particularly for priority populations including Māori, Pacific, rural communities and disabled people	Ministry of Health, PHUs, DHBs, PHOs	
6. Provide information and resources, including psychosocial resources, to health professionals across all providers and communities as determined by local needs and planning	Ministry of Health, PHUs	
7. Ensure PHU plans are nationally consistent, so stakeholders are aware of their responsibilities and roles irrespective of their location	Ministry of Health	
8. Maintain International Health Regulations core capacity requirements	Ministry of Health, PHUs	

Health care and emergency response		
Action	Responsibility	Comments
1. For consistency of messaging, ensure streamlined communications with one key point of contact, to update NTS-Healthline, general practice, hospital, ambulance, laboratory staff, aged residential care providers (ARC), Māori and Pacific providers, community pharmacy, lead maternity carers (LMC), family planning and sexual and reproductive health services, disability service providers, mental health and addiction providers on current guidance (including on IPC), policies (including national reserve supplies), and public messages.	Ministry of Health, DHBs, PHUs, Primary Care, community care and NGO health and disability providers	
2. Ensure health and disability sector readiness for new cases that may trigger a subsequent wave of infections - address potential pressure points in resurgence plans covering: <ul style="list-style-type: none"> <li>a. Primary care – including coordination with local primary care providers, general practice, pharmacists, midwives, ambulance etc. regarding IPC protocols, distribution of and access to BAU consumables and national reserve supplies;</li> <li>b. NTS – Healthline aligned and supports frontline service response with clinical advice, health information and general queries;</li> <li>c. Capability to establish and then scale up community-based assessment centres (CBACs) and other testing facilities at short notice;</li> <li>d. Clear guidance and support for ARC providers, and on DHB obligations and responsibilities for Aged Care;</li> <li>e. Guidance and support to Māori, Pacific, rural communities, mental health, disability, LMC providers;</li> <li>f. Planning for continuation of care for priority populations, particularly for those with long-term conditions, e.g. using alternative methods of care provision like mobile outreach teams or mobile medication delivery, or using technology as an enabler;</li> <li>g. Support for high risk people and communities – including the provision of information on how to access health services, psychosocial and home support;</li> </ul>	Ministry of Health, DHBs, PHUs, primary care community and NGO health and disability providers	

Health care and emergency response		
Action	Responsibility	Comments
<ul style="list-style-type: none"> <li>h. Telehealth services and technology to support relevant aspects of primary care with remote / virtual solutions, including remote diagnostic capability and specialist care, and staff are trained for technology to be rapidly deployed when required;</li> <li>i. ICUs – including staff training, bed space, ventilators, clinical networks;</li> <li>j. Distribution plan for ventilators is completed and implemented, and includes all respiratory equipment and gases;</li> <li>k. Laboratory services - including surge capacity for testing (e.g., reagents, testing kits, workforce);</li> <li>l. Ensure primary and secondary care has surge capacity, including plans for workforce and improvised health care facilities, and regularly assess DHB staff capability to ensure skills required are maintained;</li> <li>m. Capability to care for and support patients at home;</li> <li>n. Innovative/enhanced arrangements for palliative/hospice care.</li> </ul>		
3. Resurgence plans to prioritise COVID-19, but also maintain essential health services, and as much BAU health, mental health and disability services as possible	Ministry of Health, Primary Care NGOs	
4. Collaborate with other DHBs as appropriate to coordinate planning and enhance operational resilience	DHBs	Regional Plans are not required, but coordination between DHBs is
5. Maximise resilience of and monitor health sector supply chain.	Ministry of Health, PHARMAC	
6. The learnings from the ARC cluster review and DHBs readiness assessments undertaken in alert levels 4 and 3 will be used in the development of a national outbreak policy for ARC.	Ministry of Health, ARC, DHBs (PHUs and health of older people)	

Communications and community engagement		
Action	Responsibility	Comments
1. Prepare, maintain and review Communications Plan, interfacing with the health and disability sector, the public and AoG / DPMC, and maintain communications coordination and consistency of messaging (specific roles, scheduled sessions with appropriate frequency)	Ministry of Health	
2. Update the public and agencies/providers on the pandemic situation and key messages through regular media reports, website, print media, social media, Āwhina app, and other mechanisms as appropriate	Ministry of Health	
3. Activate the Pharmacy services and access to medication communications plan	Ministry of Health	
4. Customise delivery of key messages for older people, Māori, Pacific, disabled people, residential care settings, psychosocial and wellbeing messages for high risk groups and general population, rural populations and any groups at higher risk of infection or severe outcomes	Ministry of Health, DHBs, PHUs, Ministry of Social Development (alternative formats), Department of Internal Affairs	
5. Information about COVID-19 should be accessible for all New Zealanders, and it needs to be translated into alternate formats and key languages, including Te Reo Māori. For alternate formats (Easy Read, New Zealand Sign Language (NZSL), braille, audio and large print):		
<ul style="list-style-type: none"> <li>a. Write resources in plain English from the outset so that it is easily accessible for the whole audience (and also easier to translate into alternate formats and key languages)</li> <li>b. Engage with the Ministry of Social Development and Disabled People's Organisations at the beginning of the work to seek advice particularly on how to structure the content so it is accessible</li> <li>c. Maintain link with the translation team at the Department of Internal Affairs</li> </ul>		
6. Messaging and communications based on information from ongoing population surveys on knowledge, understanding and practice related to COVID-19	Ministry of Health	
7. Coordinate with the National Telehealth Service and Primary Care the response priorities for public advice messaging etc. via digital channels	Ministry of Health	
8. Ensure clear guidance is available on when to use PPE, who should use it, and how to apply it (for both health professionals and the public)	Ministry of Health	

Communications and community engagement		
Action	Responsibility	Comments
9. Disseminate key messages for all sectors, consistent with Ministry of Health plans and communications	All agencies*	
10. Regular reviews of communications strategies	All agencies*	

Other cross-sectoral actions		
Action	Responsibility	Comments
1. All agencies engage with the lead agency (Ministry of Health or AoG), as and when required, through central points of contact, i.e. PIM or COVID Directorate Communications	All agencies	These actions to all health sector agencies and agencies in other sectors
2. Maintain up-to-date role and contact details of agency staff (including 24/7 and public holiday contacts), and key contacts in the sector		
3. Keep agency staff and sector updated on the situation and plans		
4. Coordinate planning between agencies where required, e.g. emergency management planning collaboration between ambulance and FENZ		

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## Strategic Action 3: Respond

The following actions have been developed to inform future agency action that is likely to be required when responding to a subsequent waves of infection.


In the event of a resurgence, once the CIMS response model is operational, these actions will inform the iterative Planning and Operations functions of the CIMS model and will be reviewed, refined and communicated regularly.






### Respond to a subsequent wave of COVID-19

#### Assumptions

- new community cases could be detected at any time and case numbers could rise rapidly;
- depending on the circumstances, single cases, or even small, contained clusters of linked cases, may continue to be managed under the Elimination Strategy in the first instance and may or may not trigger full response actions;
- the overall size and duration of subsequent waves may well be different from the first wave and the August Auckland cluster;
- the severity of the disease and the population groups affected may be similar to the first wave or to the August Auckland cluster, but ongoing vigilance will be needed to detect and respond to any changes in affected populations and severity.

#### Key for action tables


	<p>This symbol indicates key actions that need to be considered by the agencies as specified.</p> <p>Key decisions and all other actions listed below should be considered in the context of the situation at the time and the possible or likely evolution of that situation. Such actions may, or may not, be implemented and may be modified as required by the circumstances.</p>
<p><i>Responsibility</i></p>	<p>For the strategic action tables below, the <b>Responsibility</b> column indicates the principal internal (Ministry of Health) and external stakeholders. These lists are not exhaustive nor exclusive but provide a guide as to who should lead and be involved.</p>
<p><i>Equity *</i></p>	<p>An * next to the lead directorate or agency is an <b>equity prompt</b>. Equity should underpin all Ministry of Health work including this Plan. However, the asterisk denotes actions where equity considerations are <i>particularly</i> important. For the Ministry of Health this signals the need for engagement with directorates or teams that work with and alongside priority groups, including the Māori Health, Disability, and Mental Health and Addictions Directorates, and the Pacific Health, Health of Older Persons, Primary Care, NASO and Long-term Conditions teams.</p>

Planning, co-ordination and reporting		
Action	Responsibility	Comments
1. Alert government agencies to respond or prepare to respond to an increase in cases, clusters and / or community transmission which may lead to a significant cluster or further wave of COVID-19 infections, through agency single points of contact	Ministry of Health	 <b>Key Decision</b>  This may or may not be associated with the use of, or changes to, the COVID-19 Alert Level framework.
2. Provide technical advice to inform actions in health and other settings (including Electoral Commission if prior to 17 October 2020)	Ministry of Health	
3. Maintain or enhance COVID-19 Directorate, consider activating an <b>Incident Management Team</b> , and / or activate the National Health Coordination Centre (see also 7. Below)	Ministry of Health	 <b>Key Decision</b>
4. Activate COVID-19 resurgence / pandemic action plans, based on Ministry of Health advice	All agencies	 <b>Key Decision</b>
5. Lead / coordinate responses for the sectors they serve	All agencies	
6. Set response objectives (for example, for a community cluster (a) contain the cluster (b) identify the source).	Ministry of Health	 <b>Key Decision</b>
7. Activate emergency management structures (e.g. IMTs, EOCs) and processes, including business continuity plans, as required	DHBs, PHUs and other agencies as appropriate	 <b>Key Decision</b>  DHBs and other agencies will decide whether EOCs need to be activated in accordance with local circumstances and may be directed to do so by the Ministry
8. Activate the Interagency Pandemic Group, TAG, primary care, Medical Officers of Health/PHU network and ICU advisory groups.	Ministry of Health	Use of e-mail, tele/videoconferences, and face to face meetings as


Planning, co-ordination and reporting		
Action	Responsibility	Comments
		circumstances require.
9. Engage with Communicable Disease Network Australia and the Australian Health Protection Principal Committee (particularly if trans-Tasman 'bubble' is being planned or in place)	Ministry of Health	Note other international 'bubbles' may also be planned / in place
10. Consider activating other pandemic intersectoral work stream groups led by agencies outside the Ministry of Health	Lead agencies for each work group	The lead agency for each work group will provide issue-specific information for its members as required and will decide whether the work stream group needs to be stood up or not.
11. Stand up ambulance liaison officers in NHCC or COVID-19 Directorate / Incident Management Team	Ministry of Health	
12. Activate processes and workforce, if required, to administer an exemptions regime, for example for individuals wanting to travel between regions at alert level 1 / 2 and 3 / 4	Ministry of Health (and/or other agency as required)	
13. If responding using existing agency BAU capacity, prepare to escalate to agency or multi-agency surge capacity	All agencies	








Intelligence		
Action	Responsibility	Comments
1. As per COVID-19 Surveillance Plan, continue / intensify surveillance as per “plan for it” actions, including monitoring trends in case and ILI data and reporting to WHO. Review the Plan to ensure it remains fit for purpose	Ministry of Health, ESR	
2. Closely monitor demographic / epidemiological trends in cases and clusters to ensure response measures prioritise affected groups / communities	Ministry of Health	
3. Characterise the event(s), complete ongoing risk assessments, including likely impacts and event evolution	Ministry of Health, ESR	
4. Ensure clear, accurate, and up-to-date intelligence is disseminated across the health system and to DPMC/AoG	Ministry of Health, ESR	
5. Provide regular situation reports and maintain distribution lists	Ministry of Health	Review frequency and distribution of situation reports as required
6. If incidence and / or severity increases, review the need for any additional intelligence and interventions	Ministry of Health	
7. Review deaths from COVID-19	Ministry of Health, Coroner	Seek to identify changes in pathology, role of co-morbidities etc.
8. Ensure that equity remains at the centre of policy decisions	Ministry of Health	
9. Monitor and report on demand for and capacity of health services including inpatient numbers/capacity, ICU occupancy, mental health and addiction services, primary care, and ambulance call outs	Ministry of Health, in liaison with DHBs and PHUs	

Public health interventions		
Action	Responsibility	Comments
<ol style="list-style-type: none"> <li>1. Intensify contact tracing, case finding, case and contact management and cluster control measures</li> <li>2. Activate links with local Māori, Pacific, mental health and disability providers for contact tracing and cluster management</li> <li>3. Review and revise as required information for health professionals on Ministry of Health website</li> <li>4. Adopt and adapt further response measures at short notice</li> <li>5. Close coordination between public health unit(s) and Ministry of Health for the management of complex, large or multi-region clusters.</li> <li>6. Review, revise and implement, as required, arrangements for managed isolation and quarantine for persons in-country who may not be willing or able to self-isolate, including welfare support and psychosocial resources</li> </ol>	Ministry of Health, in liaison with DHBs and PHUs	<p>Local cluster control to be PHU-led, with active and close coordination and support from the Ministry. Refer <i>COVID-19 Cluster investigation and control guidelines</i>.</p> <p>Medical officer of health powers for cluster control to be used in consultation with the Ministry.</p>
<ol style="list-style-type: none"> <li>7. Advise NSS, DPMC, Ministers on current and expected future situation, and response measures implemented and proposed. Note this may or may not include any recommended changes to the current Alert Level (and may also include proposed adjustments within the current, or proposed new, Alert Level)</li> </ol>	Ministry of Health other agencies	 <p>Tailored response measures may be implemented locally, regionally or nationally, and this may include differentiated regional Alert Levels</p>
<ol style="list-style-type: none"> <li>8. Prioritise Māori, Pacific, older people, rural communities and disabled people for services and support</li> </ol>	All agencies*	
<ol style="list-style-type: none"> <li>9. Review border controls as required (including any implications for a trans-Tasman and / or Pacific 'bubble', if any such arrangements have been implemented)</li> </ol>	Ministry of Health in liaison with Customs, MFAT, Ministry of Tourism etc.	

Public health interventions		
Action	Responsibility	Comments
10. Continue seasonal influenza immunisation campaign (March to September annually) and the delivery of the remainder of the National Immunisation Schedule, with additional communications and logistical support for any changes in demand, particularly for priority populations including Māori, Pacific and disabled people	Ministry of Health, DHBs, PHOs, community pharmacy, PHUs	
11. Continue disease prevention services, e.g., rheumatic fever screening	Ministry of Health, primary health organisations, PHUs	

Health care and emergency response		
Action	Responsibility	Comments
1. Activate resurgence action plans 2. Consider / implement actions covered in 'Plan for it' (see in particular pages 26 to 27)	Ministry of Health, DHBs, PHOs, community pharmacies, ambulance	 Key Decision Review information for health professionals on Ministry of Health website.
3. DHBs to implement appropriate alert level of the Ministry of Health COVID-19 National Hospital Response Framework and Community-based providers take appropriate actions under the COVID-19 Community Response Framework	DHBs and community care providers	
4. Work alongside primary health services and ambulance to ensure capacity to manage an increase in cases of COVID-19 and those with respiratory symptoms	Ministry of Health	
5. Activate Psychosocial Coordinators, and Pacific and Māori DHB General Managers	DHBs	
6. Maximise use of telehealth technology and services (including apps) and Healthline response, and scale up to meet demand	Ministry of Health other stakeholders	

Health care and emergency response		
Action	Responsibility	Comments
7. Ensure up-to-date guidance is disseminated to the sector and that distribution channels are agreed ahead of time	Ministry of Health	
8. Provide guidance on the management / deferral of planned care and elective procedures	Ministry of Health	 Key Decision
9. Maintain essential services, and as much BAU health, mental health and disability services as possible	Ministry of Health, DHBs	
10. Prioritise primary care access for vulnerable groups (i.e. Māori, Pacific, older people, those with long-term conditions)	Ministry of Health*, DHBs	
11. Consider activating improvised health care facilities and surge / re-deployed workforce	Ministry of Health*, DHBs	 Key Decision
12. Consider activating / or coordinate local facilities for managed isolation / quarantine of community cases / contacts	DHBs and MBIE	 Key Decision
13. Ensure DHBs and other health employers are able to access the surge workforce, including ambulance	Ministry of Health*, MBIE	
14. Provide guidance / advice on clinical placements and minimising health education disruption wherever possible	Ministry of Health*	
15. Maintain funded temporary accommodation for health workers who cannot return home due to having a vulnerable family member in their bubble, or because they are asked to relocate to support the surging of workforce, including for primary care	Ministry of Health*, MBIE	
16. Review border exemption process for essential health workers	Ministry of Health*, MBIE	
17. Review, update and disseminate clinical guidance as required, including to health and disability providers, mental health regulatory services, providers directly contracted by the Ministry, and priority communities	Ministry of Health*	DHBs utilise and disseminate Ministry of Health definitions and guidelines

Health care and emergency response		
Action	Responsibility	Comments
18. Engage with and provide guidance and support to ARC, LMC, general practice, pharmacy and ambulance providers	Ministry of Health* and DHBs	
19. Activate designated testing sites and other testing facilities if required, including liaison and coordination with PHOs, Māori and Pacific providers. Note: designated testing sites may need to transition from testing centres to triage role	Ministry of Health*, DHBs	 Key Decision
20. Maximise resilience of, monitor and where necessary, manage the supply chain for health care consumables and equipment, particularly critical supplies (essential medicines, devices such as ventilators, testing materials and personal protective equipment)	Ministry of Health*, DHBs	
21. Utilise Healthline to provide information for the public and to assess and triage callers reporting COVID-19 symptoms	Ministry of Health*, DHBs	
22. Promote use of, and use 1737 service for COVID-19 related distress/welfare and psychosocial response	Ministry of Health*	
23. Monitor 111 ambulance call volumes, and educate the public to use available websites and Healthline, and only using 111 for life threatening calls	Ministry of Health*	
24. Monitor and report on laboratory, primary care, ambulance including PTS, hospital and intensive care unit capability and capacity to Ministry of Health, and take action to anticipate and address bottlenecks	Ministry of Health*, DHBs	
25. Liaise with ambulance providers to prioritise the use of this service, if required	Ministry of Health*	Only as required by circumstances
26. Consider surge requirements for PPE. Activate PPE distribution plan, in accordance with the IPC guidelines, including equitable distribution models (including who is entitled to receive it from National Supply), and purchase and payment mechanisms, if required	Ministry of Health*	
27. Activate or intensify actions under specific plans as appropriate eg, psychosocial support, ARC, supply chain, IPC, regional plans etc	DHBs*	 Key Decision

Communications and community engagement		
Action	Responsibility	Comments
<ol style="list-style-type: none"> <li>1. Update the COVID-19 web page to provide information for the public, health professionals and agencies to guide their planning and response</li> <li>2. Release media updates and hold media conferences as required</li> <li>3. implement and review the Public Information Management Strategy</li> <li>4. Ensure smooth and timely information sharing with stakeholders, e.g. for change in PPE protocols or case definitions</li> <li>5. Work with Māori, Pacific and other health and disability NGO providers to assist them to engage with and support the communities they serve</li> </ol>	Ministry of Health*, DHBs	Ongoing
<ol style="list-style-type: none"> <li>6. Continue to disseminate key messages to the public, including:               <ol style="list-style-type: none"> <li>a. hygiene and physical distancing</li> <li>b. known risk factors and symptoms</li> <li>c. self-care and caring for others</li> <li>d. stay at home if unwell</li> <li>e. you can still access care from your general practice if you are unwell – it may be a virtual consultation instead of face-to-face targeted wellbeing messaging</li> <li>f. how to access services and advice for both COVID-19 and non-COVID purposes, noting that service delivery might be quite different from normal</li> <li>g. call Healthline if concerned</li> </ol> </li> </ol>	Ministry of Health*, Ministry of Education, MBIE and all other agencies	All agencies: distribute information to their staff, sector and clients through their normal channels.
<ol style="list-style-type: none"> <li>7. Distribute communications material based on the appropriate Alert Level and/or health response, and use appropriate communications plans, e.g. Pharmacy and Medicines or Primary Care communications plans</li> </ol>	Ministry of Health*	

Communications and community engagement		
Action	Responsibility	Comments
<p>8. Ensure material is customised, relevant and accessible, and delivery platforms are appropriate to reach older people, Māori, Pacific, disabled people, residential care settings, people who experience psychosocial needs, rural populations and any groups at higher risk of infection or severe outcomes</p> <p>9. Information about COVID-19 should be accessible for all New Zealanders, and it needs to be translated into alternate formats and key languages, including Te Reo Māori. For alternate formats (Easy Read, New Zealand Sign Language (NZSL), braille, audio and large print):</p> <p>a. Write resources in plain English from the outset so that it is easily accessible for the whole audience (and also easier to translate into alternate formats and key languages)</p> <p>b. Engage with the Ministry of Social Development and Disabled People's Organisations at the beginning of the work to seek advice particularly on how to structure the content so it is accessible.</p> <p>c. Maintain link with the translation team at the Department of Internal Affairs</p>	Ministry of Health*, DHBs, PHUs	<p>Including:</p> <ul style="list-style-type: none"> <li>- older people</li> <li>- people with chronic health conditions</li> <li>- Māori, and Pacific</li> <li>- people who experience psychosocial need</li> <li>- disabled people</li> <li>- rural populations</li> </ul>
10. Review / develop and promulgate information targeted to the sectors they serve	All agencies*	
11. As required under the International Health Regulations 2005, continue to advise WHO of case numbers and deaths (e.g. via the Ministry website) and any border restrictions implemented that constitute 'additional measures'	Ministry of Health (National IHR Focal Point)	
12. Liaise with the Australian Department of Health and Ageing and CDNA	Ministry of Health	
13. Communicate as required with foreign governments on the situation overseas and in New Zealand	Ministry of Health, MFAT	
14. Advise New Zealanders overseas	MFAT	Safe travel website

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Other cross-sectoral actions		
Action	Responsibility	Comments
<ol style="list-style-type: none"><li>1. All agencies engage with the lead agency (Ministry of Health or AoG), as and when required, through central points of contact, i.e. PIM or COVID-19 Directorate Communications</li><li>2. Ensure agencies can be contacted 24/7 through single points of contact</li><li>3. Keep staff and sectors updated</li></ol>	All agencies	

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## APPENDIX ONE: Scenario-Based Responses per Organisation

The following table outlines five scenarios and provides a view of the role of different elements of the sector, including how this changes as we transition between scenarios (noting that any transition between scenarios or alert levels may not be sequential). These are supported by the detailed worked examples for selected scenarios.

	Scenario 1	Scenario 2 (AoG scenario 1)	Scenario 3 (AoG scenario 2)	Scenario 4 (AoG scenario 3)	Scenario 5 (AoG scenario 4)
	Cluster in a managed facility associated with travellers arriving in New Zealand	An imported case visits an aged residential care facility and goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a single, small, localised cluster of ten cases.	A case goes to a cafe and socialises with a number of people subsequently infecting several attendees. Over three weeks this triggers two to three small clusters (including one in residential disability facility) with up to 45 cases in total across two PHU jurisdictions.	Two cases occur at a similar time, with both attending large events with visitors from across the country (such as a sporting event, a concert or a tangi). Each case infects many other people, who subsequently return home across New Zealand. Over four weeks, this triggers outbreaks across the country, with several locations reporting confirmed community transmission.	A case goes to a major sporting event and infects a large number of people. The next day attendees of the sporting event return home across New Zealand. Over eight weeks this triggers more than ten confirmed clusters, with several locations reporting confirmed community transmission, with a particularly large outbreak centred on South Auckland (5,000 cases in total, including 75 deaths).
<b>High level Responsibility</b>	All parts of the system have roles to play but the response will be led by the local PHU. The Ministry Resurgence Plan would not be activated unless required to mobilise additional resources.	All parts of the system have roles to play but the immediate response will be led by the local PHU. The Ministry Resurgence Plan would at least be on standby and may be activated	All parts of the system have roles to play. While the front-line operational response will rely on the relevant PHUs, the overall response would be likely to be led by the Ministry of Health, with AoG and Ministers closely monitoring and setting the direction. The Ministry Resurgence Plan would probably be activated	The overall response would be likely to be led by AoG/DPMC, with the Ministry of Health leading the health sector response, and Ministers making the high-level decisions about response measures. The Ministry Resurgence Plan would be activated in support of the Elimination Strategy	The overall response would be likely to be led by AoG/DPMC, with the Ministry of Health leading the health sector response, and Ministers making the high-level decisions about response measures. The Ministry Resurgence Plan would be activated in support of the Elimination Strategy
<b>Sector participants</b>					
<b>PHUs</b>	Lead investigation and control measures	Lead investigation and control measures	Lead front-line response measures with support and direction from Ministry	Lead front-line response measures with support and direction from Ministry	Lead front-line response measures with support and direction from Ministry
<b>DHBs</b>	Provides hospital care for case/s if required	Provides hospital care for case/s if required	Provides hospital care for case/s, prepares for escalation	Provide hospital care for cases, activate CBACs and other resurgence contingencies, continues a much BAU services as possible as is consistent with COVID demand	Provides hospital care for cases, activates CBACs and other subsequent wave contingencies, continues a much BAU services as possible as is consistent with COVID demand
<b>Ministry of Health</b>	Closely monitors the situation, helps coordinate the PHU response and prepares for escalation	Closely monitors the situation and prepares for escalation	Leads and coordinates the response	Coordinates with AoG and leads / coordinates the health sector response	Coordinates with AoG and leads / coordinates the health sector response
<b>Primary Care</b>	BAU	Mainly BAU but assess IPC protocols, PPE supplies and contingency plans	Mainly BAU but with contingency plans either activated or on stand-by	As much BAU as possible within the constraints of contingency plans	As much BAU as possible within the constraints of contingency plans
<b>ARC</b>	BAU	Affected ARC in isolation, other ARCs assess IPC protocols, PPE supplies and contingency plans	Assess and prepare to activate IPC protocols, PPE supplies and contingency plans	Activate IPC protocols, PPE supplies and contingency plans	Activate IPC protocols, PPE supplies and contingency plans
<b>AoG Coordination</b>	Monitor the situation, coordinate support if required (e.g., if foreign nationals are involved)	Monitor the situation, coordinate support, activate, or stand by to activate, resurgence coordination function	Active monitoring, close coordination with Ministry of Health, set general direction, activate or stand by to activate resurgence coordination function	Lead AoG response, working closely with Ministry of Health	Lead AoG, all of society response, working closely with Ministry of Health
<b>What does this mean for:</b>					
<b>IPC, including PPE and ventilators</b>	IPC BAU, PPE provided as required. DHB and primary care activity: BAU. Planning for ventilator use continues.	IPC advice scales up, PPE provided as required. DHB and primary care activity: BAU. Planning and training for ventilator use continues.	IPC advice scaled up, PPE provided as required, from National Supply. DHB and primary care activity: BAU, considering COVID prioritisation.	IPC advice scaled up, PPE provided as required, from National Supply. DHB and primary care activity: COVID prioritisation, BAU continues but deprioritised.	IPC advice scaled up, PPE provided as required, from National Supply. DHB and primary care activity: Full COVID prioritisation, BAU continues where possible.
<b>Legal</b>	Primarily managed under the COVID-19 Public Health Response (Air Border) Order 2020, but Health Act powers could be used for individuals if required	Consider MOoH directions/orders if required for non-compliance by individual cases/contacts	Consider MOoH directions/orders if required for non-compliance by individual cases/contacts. If more significant powers needed for local control e.g. to close a particular premise or cancel a specific event, both Health Act special powers and C-19PHR Act could be used	Consider use of Health Act special powers and C-19PHR Act if necessary to support / enforce control measures	Consider use of Health Act special powers and C-19PHR Act if necessary to support / enforce control measures
<b>Public messaging</b>	Provide updates and advice, especially to the local community	Provide updates and advice, especially to the affected community	Provide updates and advice, especially to affected communities	Provide updates and advice, especially to priority groups	Provide updates and advice, especially to priority groups
<b>Māori and Pacific providers</b>	BAU	Engage with / support communities	Engage with / support communities, and receive additional support from Ministry, as required	Engage with / support communities, and receive additional support from Ministry, as required	Engage with / support communities, and receive additional support from Ministry, as required
<b>Healthline</b>	Advised of any change in messaging or response	Advised of any change in messaging or response, prepare to scale up workforce to respond	Advised of any change in messaging or response, scale up workforce to respond	Advised of any change in messaging or response, scale up workforce to respond	Advised of any change in messaging or response, workforce is scaled up and responding
<b>Ministers / Cabinet</b>	Immediate and ongoing updates provided to Ministers	Immediate and ongoing updates provided to Ministers	Ongoing updates provided to Ministers, including on potential escalation pathways, and standby arrangements to scale up response and possible transition to AoG leadership	Ongoing updates provided to Ministers and Cabinet, Ministers and AoG leading the overall response	Ongoing updates provided to Ministers and Cabinet, Ministers and AoG leading the overall response

## APPENDIX TWO: Scenarios - Selected Worked Examples

### SCENARIO 2: LOCAL OUTBREAK, LOCALLY CONTAINED

A case visits a relative in an aged residential care facility and goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a single, small, localised cluster of ten cases.

Entity / function	Actions	Comments
Public health unit	<ul style="list-style-type: none"> <li>• Rapid investigation to identify cases and contacts – isolate/ensure clinical care and quarantine respectively</li> <li>• Provide advice, agree direction and any additional resources needed with the affected facility, and provide support to affected residents, whānau and staff (psychosocial response)</li> <li>• Update EpiSurv and National Contact Tracing Solution to provide national visibility</li> <li>• Ensure affected Māori, Pacific, Mental Health, Disability, Primary and ARC providers are actively engaged in the operational response and intelligence</li> <li>• Engage with local community e.g. Iwi, schools, retailers, disabled people, community groups</li> <li>• Maintain close communication and coordination with the facility, Ministry, DHB, primary care and other providers</li> <li>• Medical Officers of Health are prepared to act if required, and the sector understands their legal powers</li> </ul>	PHU response using existing capacity in first instance, rapidly scaled up agency surge capacity as required e.g. for cluster investigation and contact tracing
Primary health care / PHOs	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases when people visit their GP with flu like symptoms</li> <li>• Coordinate action through PHOs</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• National Telehealth Service is advised of any changes to response required</li> </ul>	Work with sector to ensure messaging is accurate and timely
DHB(s)	<ul style="list-style-type: none"> <li>• Provide additional support to the facility where the outbreak is occurring, including for additional staff or facilitating separate staff accommodation if required</li> <li>• Enhanced community-based testing to detect community transmission (including general practice, designated general practice, community based testing centres and where or when necessary local CBAC activation)</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Evaluate capacity to provide clinical care for inpatients for non-COVID-19 related care</li> <li>• Increase DHB specific psychosocial supports and messaging for those directly affected, including workforce</li> <li>• Activate Tumu Whakararae and Pacific GMs</li> <li>• Link with other sectors, including relevant agencies, e.g. local government, MSD</li> <li>• Consider transport needs (and role of ambulance) if patients need moving between facilities</li> </ul>	Clinical care for patients using agency BAU capacity and agency surge capacity for testing

Entity / function	Actions	Comments
Māori, Pacific, NGO and commercial providers including Iwi, disability, mental health	<ul style="list-style-type: none"> <li>• If specialised facilities are affected, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols</li> </ul>	Some situations will require wider support e.g. if dealing with an outbreak in vulnerable communities or with families with complex and/or unmet needs
Aged Residential Care	<ul style="list-style-type: none"> <li>• Affected facility secured, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols, including admission and readmission policies</li> <li>• Increased targeted psychosocial messaging around increased isolation and the impact of deaths in Aged Residential Care</li> </ul>	
Community Care (LMCs, Family Planning, Carers, etc.)	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> </ul>	Work with NZCOM to ensure messaging is accurate
Ministry of Health	<ul style="list-style-type: none"> <li>• Consider the extent to which the sector response should escalate , including whether to activate the COVID-19 Ministry of Health Resurgence Action Plan</li> <li>• Provide operational support to PHU, DHB and NTS, including NCCS if required</li> <li>• Closely monitor situation and provide regular updates to the health and disability sector, Ministers, AoG coordination unit, including advising Ministers and PHUs on the appropriate response, e.g. change in Alert Level, or change in restrictions within Alert Level</li> <li>• Work with other relevant government agencies to advise on appropriate response measures</li> <li>• Reporting to WHO, and Australia if trans-Tasman 'bubble' implemented</li> <li>• Sector communications, information coordination, including with stakeholders and NTS</li> </ul>	
Other sectors	<ul style="list-style-type: none"> <li>• Limited role, unless required to arrange accommodation, psychosocial and welfare support for people (or their dependants) in isolation/quarantine</li> </ul>	

Entity / function	Actions	Comments
AoG coordination unit	<ul style="list-style-type: none"> <li>Watching brief, support health sector response, prepare to activate or activate if event escalates</li> </ul>	
Equity actions	<ul style="list-style-type: none"> <li>PHUs, DHBs, Ministry and others to prioritise Māori, Pacific, rural, disabled and older people in community-based testing and other health services</li> <li>Provide accessible information to Māori, Pacific, rural communities, older people, disabled people and people who experience psychosocial needs, using appropriate messaging, alternate formats and communication channels</li> </ul>	Engage with local community groups and vulnerable communities early
Public messaging, internal communications	<ul style="list-style-type: none"> <li>PHU/DHB leads local media engagement, linked with the Ministry</li> <li>Ministry leads national media response, coordinates with and supports local PHU media response, updates website, including messaging for Māori, Pacific, disabled people, people who experience psychosocial needs and other priority groups</li> <li>All key messages and priority information needs to be accessible and produced in alternate formats</li> <li>Communications to be focussed through established ARC sector communication channels, DHB GMs planning and funding, Psychosocial Coordinator, Māori GM (Tumu Whakarae) and Pacific GM</li> </ul>	

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## SCENARIO 3: LOCAL OUTBREAK, REGIONALLY CONTAINED

A case goes to a cafe and socialises with a number of people subsequently infecting several attendees. Over three weeks this triggers two to three small clusters (including one in residential disability facility) with up to 45 cases in total across two PHU jurisdictions.

Entity / function	Actions	Comments
Public health unit	<ul style="list-style-type: none"> <li>• Rapid investigation to identify cases and contacts – isolate/ensure clinical care and quarantine respectively</li> <li>• Provide advice, and if necessary, direction to the affected facility, and provide support to affected whānau (psychosocial response)</li> <li>• Update EpiSurv and National Contact Tracing Solution to provide national visibility</li> <li>• Ensure affected Māori, Pacific, Mental Health, Disability, Primary and ARC providers, and rural communities are actively engaged in the operational response and intelligence</li> <li>• Engage with local community e.g. Iwi, schools, retailers, disabled people, community groups</li> <li>• Maintain close communication and coordination with Ministry, DHB, primary care and other providers on service delivery</li> <li>• Ensure consistent information sharing between PHUs with clusters to allow for coordinated response</li> <li>• Coordinate with DHBs regarding messaging around continuation of provision of non-COVID-19 related care</li> <li>• Ensure PPE is distributed equitably and in accordance with IPC guidelines</li> <li>• Medical Officers of Health are prepared to act where required, and the sector understands their legal powers</li> </ul>	PHU response using existing capacity in first instance, rapidly scaled up agency surge capacity as required e.g. for cluster investigation and contact tracing
Primary health care / PHOs / Ambulance	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases when people visit their GP with flu like symptoms</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Continuing to provide care for long term conditions</li> <li>• Primary care links with providers to ensure ongoing care for high complex needs / patients</li> <li>• National Telehealth Service is advised of any changes to response required</li> <li>• Consider transport needs (and role of ambulance) if patients need moving between facilities</li> <li>• Start engaging with DHB and/or Ministry of Health regarding sourcing PPE supplies</li> </ul>	
DHB(s)	<ul style="list-style-type: none"> <li>• Provide additional support to the facility where the outbreak is occurring, including for additional staff or facilitating separate staff accommodation if required</li> <li>• Enhanced community-based testing to detect community transmission, CBACs and other testing and assessment models are activated or scaled-up where clusters are present</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> </ul>	Clinical care for patients using agency BAU capacity and agency surge capacity for testing

Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>• Evaluate capacity to provide clinical care for inpatients, and non-urgent outpatients for non-COVID-19 related care (and role of PTS or ambulance in moving patients between facilities)</li> <li>• Coordinate messaging around continuation of provision of non-COVID-19 related care</li> <li>• Increase DHB specific psychosocial supports and messaging for those directly affected, including workforce, and activate DHB coordinator information sharing (cross-DHB)</li> <li>• Activate Tumu Whakarae and Pacific GMs</li> <li>• Link with other sectors, including relevant agencies, e.g. local government, MSD</li> <li>• Link with other DHBs where clusters are present</li> <li>• SitReps are activated</li> <li>• Ensure PPE is distributed equitably and in accordance with IPC guidelines</li> </ul>	
Māori, Pacific, NGO and commercial providers including Iwi, disability, mental health	<ul style="list-style-type: none"> <li>• If specialised facilities are affected, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols</li> <li>• Start engaging with DHB and/or Ministry of Health regarding sourcing PPE supplies</li> <li>• Indicate needs for funding for future service provision if the scenarios deteriorate</li> </ul>	Some situations will require wider support e.g. if dealing with an outbreak in vulnerable communities or with families with complex and/or unmet needs
Aged Residential Care	<ul style="list-style-type: none"> <li>• Affected facility secured, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols, including admission and readmission policies</li> <li>• Increased targeted psychosocial messaging around social isolation and the impact of deaths in Aged Residential Care, including to both residents and the workforce</li> <li>• Start engaging with DHB and/or Ministry of Health regarding sourcing PPE supplies</li> </ul>	
Community Care (LMCs, Family	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Start engaging with DHB and/or Ministry of Health regarding sourcing PPE supplies</li> </ul>	Work with NZCOM to ensure messaging is accurate

Entity / function	Actions	Comments
Planning, Carers, etc.)		
Ministry of Health	<ul style="list-style-type: none"> <li>• Consider the extent to which the sector response should escalate, including whether to activate the COVID-19 Ministry of Health Resurgence Action Plan</li> <li>• Provide operational support to PHU, DHB and NTS, including NCCS if required</li> <li>• Closely monitor situation and provide regular updates to the health and disability sector, Ministers, AoG coordination unit, including advising Ministers and PHUs on the appropriate response, e.g. change in Alert Level, or change in restrictions within Alert Level</li> <li>• Work with other relevant government agencies to advise on appropriate response measures</li> <li>• Reporting to WHO, and Australia if trans-Tasman ‘bubble’ implemented</li> <li>• Sector communications, information coordination, including with stakeholders and NTS</li> <li>• Link DHBs with clusters for information sharing and coordinated response</li> <li>• Coordinate messaging around continuation of provision of non-COVID-19 related care</li> <li>• Ensure consistent and equitable distribution of PPE in accordance with IPC guidelines</li> <li>• Ministry will provide clear guidelines for SitRep provision, and how information is shared with the sector</li> </ul>	
Other sectors	<ul style="list-style-type: none"> <li>• More active role depending on location and type of cluster. Other agencies will need to be involved, e.g. MSD, MBIE, Whānau Ora commissioning agencies</li> </ul>	
AoG coordination unit	<ul style="list-style-type: none"> <li>• Watching brief, support health sector response, prepare to activate or activate if event escalates</li> <li>• Anticipate future funding should the situation escalate</li> </ul>	
Equity actions	<ul style="list-style-type: none"> <li>• PHUs, PHOs, DHBs, Ministry and others to prioritise Māori, Pacific, disabled, rural and older people in community-based testing and other health services</li> <li>• Provide accessible information to Māori, Pacific, disabled people, older people, rural communities and people who experience psychosocial needs, using appropriate messaging, alternate formats and communication channels</li> </ul>	Engage with local community groups and vulnerable communities early
Public messaging, internal communications	<ul style="list-style-type: none"> <li>• PHU/DHB leads local media engagement, linked with the Ministry</li> <li>• Ministry leads national media response, coordinates with and supports local PHU media response, updates website, including messaging for Māori, Pacific, disabled people, people who experience psychosocial needs and other priority groups</li> <li>• All key messages and priority information needs to be accessible and produced in alternate formats</li> </ul>	

Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>Communications to be focussed through established ARC sector communication channels, DHB GMs planning and funding, Psychosocial Coordinator, Māori GM (Tumu Whakarae) and Pacific GM</li> </ul>	

#### SCENARIO 4: LOCAL OUTBREAK, NATIONAL SPREAD (WITH COMMUNITY TRANSMISSION)

Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event, a concert or a tangi). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks, this triggers outbreaks across the country, with several locations reporting confirmed community transmission.

Entity / function	Actions	Comments
Public health unit	<ul style="list-style-type: none"> <li>Rapid investigation to identify cases and contacts – isolate/ensure clinical care and quarantine respectively</li> <li>Provide advice, and if necessary, direction to the affected facility, and provide support to affected whānau (psychosocial response)</li> <li>Update EpiSurv and National Contact Tracing Solution to provide national visibility</li> <li>Ensure Māori, Pacific, Mental Health, Disability and ARC providers are actively engaged in the operational response</li> <li>Engage with local community e.g. Iwi, schools, retailers, disabled people, community groups</li> <li>Maintain close communication and coordination with Ministry, DHB, primary care and other providers</li> <li>Ensure consistent information sharing between PHUs with clusters to allow for coordinated response</li> <li>Coordinate with DHBs regarding messaging around continuation of provision of non-COVID-19 related care</li> <li>Ensure PPE is distributed equitably and in accordance with IPC guidelines</li> <li>Medical Officers of Health act where required, and the sector understands their legal powers</li> </ul>	PHU response using existing capacity in first instance, rapidly scaled up agency surge capacity as required e.g. for cluster investigation and contact tracing
Primary health care / PHOs / Ambulance	<ul style="list-style-type: none"> <li>Vigilance for suspected cases when people visit their GP with flu like symptoms</li> <li>Activate enhanced IPC and COVID-19 protocols</li> <li>Ensure continued care for long term conditions especially vulnerable populations</li> <li>Link with Māori, Pacific, ARC, disability and mental health providers to ensure ongoing care for high complex needs / patients and to ensure continued viability of BAU services during changing alert levels</li> <li>National Telehealth Service is advised of any changes to response required</li> <li>Consider transport needs (and role of ambulance) if patients need moving between facilities</li> </ul>	
DHB(s)	<ul style="list-style-type: none"> <li>If there is a cluster in a facility, provide additional support, including for additional staff or facilitating separate staff accommodation if required</li> </ul>	Clinical care for patients using agency



Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>• Enhanced community-based testing to detect community transmission, CBACs are activated or scaled-up where clusters are present</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Evaluate capacity to provide clinical care for inpatients for non-COVID-19 related care, (and role of PTS or ambulance in moving patients between facilities)</li> <li>• Coordinate messaging around continuation of provision of non-COVID-19 related care</li> <li>• Activate DHB specific psychosocial coordinator, and activate DHB coordinator information sharing (cross-DHB)</li> <li>• Activate Tumu Whakarae and Pacific GMs</li> <li>• Link with other sectors, including relevant agencies, e.g. local government, MSD</li> <li>• Coordinate with other DHBs where clusters are present</li> <li>• SitReps are activated</li> <li>• Ensure PPE is distributed equitably and in accordance with IPC guidelines</li> <li>• Ask relevant networks with prehospital destination pathways to plan how they will respond. e.g. trauma pathways</li> </ul>	BAU capacity and agency surge capacity for testing
Māori, Pacific, NGO and commercial providers including Iwi, disability, mental health	<ul style="list-style-type: none"> <li>• If specialised facilities are affected, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols</li> <li>• Start engaging with DHB and/or Ministry of Health regarding sourcing PPE supplies (NB. PPE distributed by DHBs will be for publicly funded essential services, not commercial providers)</li> <li>• Increasing the psychosocial messaging, gaining continued funding to provide support.</li> </ul>	Some situations will require wider support e.g. if dealing with an outbreak in vulnerable communities or with families with complex and/or unmet needs
Aged Residential Care	<ul style="list-style-type: none"> <li>• Affected facility secured, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols, including admission and readmission policies</li> <li>• Increased targeted psychosocial messaging around increased isolation and the impact of deaths in Aged Residential Care, and seeking continued funding to provide support</li> </ul>	

Entity / function	Actions	Comments
Community Care (LMCs, Family Planning, Carers, etc.)	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Ensure adequate PPE is supplied</li> </ul>	Work with NZCOM to ensure messaging is accurate
Ministry of Health	<ul style="list-style-type: none"> <li>• Activate the COVID-19 Ministry of Health Resurgence Action Plan</li> <li>• Provide operational support to PHU, DHB and NTS, including NCCS if required</li> <li>• Closely monitor situation and provide regular updates and advice to the health and disability sector, other agencies, Ministers, DPMC AoG coordination unit, including advising Ministers and PHUs on the appropriate response, e.g. change in Alert Level, or change in restrictions within Alert Level</li> <li>• Work with other relevant government agencies to advise on appropriate response measures</li> <li>• Reporting to WHO, and Australia if trans-Tasman 'bubble' implemented</li> <li>• Sector communications, information coordination, including with stakeholders and NTS</li> <li>• Link DHBs with clusters together for information sharing and coordinated response</li> <li>• Coordinate guidance regarding continuation of non-COVID-19 related care</li> <li>• Ensure consistent and equitable distribution of PPE in accordance with IPC guidelines</li> <li>• Ministry will provide clear guidelines for SitRep provision to ensure consistency of information, and how information is disseminated to the sector</li> <li>• Set up and activate sector advisory networks to ensure top-down, bottom-up information flow</li> <li>• Update psychosocial planning for restricted movement / isolation</li> <li>• Understand the funding requirements for providers, e.g. seeking new funding, reprioritisation of existing funds</li> </ul>	
Other sectors	<ul style="list-style-type: none"> <li>• More active role depending on location and type of clusters. Other agencies will need to be involved e.g. MSD, MBIE, Whānau Ora commissioning agencies</li> </ul>	
AoG coordination unit	<ul style="list-style-type: none"> <li>• Activated</li> <li>• Release of new funding to provide further support / resource</li> <li>• Psychosocial considerations are integrated across the AoG Responses</li> </ul>	
Equity actions	<ul style="list-style-type: none"> <li>• PHUs, PHOs, DHBs, Ministry and others to prioritise Māori, Pacific, rural, disabled people, older people and people who experience psychosocial needs in community-based testing and other health services</li> <li>• Provide accessible information to Māori, Pacific, disabled people, rural communities, older people and people who experience psychosocial needs, using appropriate messaging, alternate formats and communication channels</li> </ul>	Engage with local community groups and vulnerable communities early

Entity / function	Actions	Comments
Public messaging, internal communications	<ul style="list-style-type: none"> <li>• PHU/DHB leads local media engagement, linked with the Ministry</li> <li>• Ministry leads national media response, coordinates with and supports local PHU/DHB media response, updates website, including messaging for Māori, Pacific, disabled people, people who experience psychosocial needs and other priority groups</li> <li>• All key messages and priority information needs to be accessible and produced in alternate formats</li> <li>• Communications to be focussed through established ARC sector communication channels, DHB GMs planning and funding, Psychosocial Coordinator, Māori GM (Tumu Whakarae) and Pacific GM</li> </ul>	

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## SCENARIO 5: NATIONAL OUTBREAK WITH COMMUNITY TRANSMISSION

A case goes to a large sporting event and infects a large number of people. The next day attendees of the sporting event return home across New Zealand. Over eight weeks this triggers more than ten confirmed clusters, with several locations reporting confirmed community transmission, with a particularly large outbreak centred on South Auckland (5,000 cases in total, including 75 deaths).

Entity / function	Actions	Comments
Public health unit	<ul style="list-style-type: none"> <li>• Rapid investigation to identify cases and contacts – isolate/ensure clinical care and quarantine respectively</li> <li>• Update EpiSurv and National Contact Tracing Solution to provide national visibility</li> <li>• Ensure Māori, Pacific, Mental Health, Disabled and ARC providers are actively engaged in the operational response</li> <li>• Work in direct partnership with above providers to provide advice, and direction to the affected communities, and provide support to affected whānau (psychosocial response)</li> <li>• Engage with local community e.g. Iwi, schools, retailers, disabled people, community groups</li> <li>• Maintain close communication and coordination with Ministry, DHB, primary care and other providers</li> <li>• Ensure consistent information sharing between PHUs with clusters to allow for coordinated response</li> <li>• Coordinate with DHBs regarding messaging around continuation of provision of non-COVID-19 related care</li> <li>• Ensure PPE is distributed equitably and in accordance with IPC guidelines</li> <li>• Medical Officers of Health act where required, and the sector understands their legal powers</li> </ul>	PHU response using scaled up agency surge capacity as required e.g. for cluster investigation and contact tracing
Primary health care / PHOs / Ambulance	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases when people visit their GP with flu like symptoms</li> <li>• Activate and maintain enhanced IPC and COVID-19 protocols</li> <li>• Ensure continued care for long term conditions especially for vulnerable populations</li> <li>• Link with Māori, Pacific, ARC, disability and mental health providers, and rural communities, to ensure ongoing care for high complex needs / patients and to ensure continued viability of BAU services during changing alert levels</li> <li>• National Telehealth Service is advised of any changes to response required</li> <li>• Consider transport needs (and role of ambulance) if patients need moving between facilities</li> <li>• Consider ambulance availability to respond to life threatening calls</li> </ul>	
DHB(s)	<ul style="list-style-type: none"> <li>• If there is a cluster in a facility, provide additional support, including for additional staff or facilitating separate staff accommodation if required</li> <li>• Enhanced community-based testing to detect community transmission, CBACs are activated or scaled-up where clusters are present</li> </ul>	Clinical care for patients using agency BAU capacity and

Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>• Activate enhanced IPC and COVID-19 protocols, and psychosocial coordinators, and Māori and Pacific GMs</li> <li>• Provide clinical care for inpatients for non-COVID-19 related care, and coordinate messaging for this service provision (and consider how patients may be moved around the country if required, ambulance/PTS may become overstretched)</li> <li>• Activate DHB specific psychosocial coordinator, and activate DHB coordinator information sharing (cross-DHB)</li> <li>• Activate Tumu Whakarae and Pacific GMs</li> <li>• Link with other sectors, including relevant agencies, e.g. local government, MSD</li> <li>• Coordinate with other DHBs where clusters are present</li> <li>• SitReps are activated</li> <li>• Support distribution of PPE to essential health services, in accordance with national guidelines</li> <li>• Surge workforce is accessed through partnership between DHBs, and access is prioritised for vulnerable populations and workforces</li> <li>• Activate improvised care facilities, particularly in South Auckland</li> <li>• Ministry of Health monitors and manages ongoing distribution of PPE to all who require</li> <li>• Arrange accommodation for health workers using MBIE temporary accommodation service</li> <li>• Ask relevant networks with prehospital destination pathways to plan how they will respond. e.g. trauma pathways</li> </ul>	agency surge capacity for testing
Māori, Pacific, NGO and commercial providers including Iwi, disability, mental health	<ul style="list-style-type: none"> <li>• Affected facility secured, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols</li> <li>• Monitor expenditure and link with Ministry of Health</li> <li>• Increased targeted psychosocial messaging around increased isolation, and seeking continued funding to provide support</li> </ul>	Some situations will require wider support e.g. if dealing with an outbreak in vulnerable communities or with families with complex and/or unmet needs
Aged Residential Care	<ul style="list-style-type: none"> <li>• Affected facility secured, staff and residents supported in isolation/quarantine</li> <li>• All providers engage with and inform their sectors and communities</li> <li>• All providers maintain vigilance for suspected cases and activate enhanced IPC and COVID-19 protocols, including admission and readmission policies</li> </ul>	

Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>• Increased targeted psychosocial messaging around increased isolation, especial around visiting for vulnerable communities (in plain English, multiple languages, and in the right places/channels for accessibility)</li> <li>• Widespread support for the sector on the impact of deaths in Aged Residential Care</li> </ul>	
Community Care (LMCs, Family Planning, Carers, etc.)	<ul style="list-style-type: none"> <li>• Vigilance for suspected cases</li> <li>• Activate enhanced IPC and COVID-19 protocols</li> <li>• Ensure adequate PPE is supplied</li> </ul>	Work with NZCOM to ensure messaging is accurate
Ministry of Health	<ul style="list-style-type: none"> <li>• Activate Resurgence Action Plan</li> <li>• Provide operational support to PHU and DHB, including NCCS</li> <li>• AoG has overall responsibility for response</li> <li>• Work with other relevant government agencies to advise on appropriate response measures</li> <li>• Closely monitor situation and provide regular updates to the health and disability sector, Ministers, AoG coordination unit, including advising Ministers and PHUs on the appropriate response, e.g. change in Alert Level, or change in restrictions within Alert Level</li> <li>• Reporting to WHO, and Australia if trans-Tasman 'bubble' implemented</li> <li>• Sector communications, information coordination, including with stakeholders and NTS</li> <li>• Clarify how DHBs can access support for workforce</li> <li>• Link DHBs with clusters together for information sharing and coordinated response</li> <li>• Coordinate guidance regarding continuation of non-COVID-19 related care</li> <li>• Monitor and managed ongoing distribution of PPE to all who require and ensure consistent and equitable distribution in accordance with IPC guidelines</li> <li>• Ministry will provide clear guidelines for SitRep provision to ensure consistency of information, and how information is disseminated to the sector</li> <li>• Set up and activate sector advisory networks to ensure top-down, bottom-up information flow</li> <li>• Update psychosocial planning for restricted movement / isolation</li> <li>• Understand the funding requirements for providers, e.g. seeking new funding, reprioritisation of existing funds, Emergency Funding Frameworks</li> </ul>	
Other sectors	<ul style="list-style-type: none"> <li>• Arrange accommodation, psychosocial and welfare support for people (or their dependants)</li> <li>• Mobilise resurgence plans,</li> <li>• Coordinate own sectors</li> </ul>	

Entity / function	Actions	Comments
	<ul style="list-style-type: none"> <li>Ensure that in this context, holistic care is provided that addresses the broader determinants of health (socio-economic support, food deliveries, education support etc.)</li> </ul>	
AoG coordination unit	<ul style="list-style-type: none"> <li>Activated</li> <li>Release of new funding to provide further support / resource</li> <li>Ensure that in this context, holistic care is provided that addresses the broader determinants of health (socio-economic support, food deliveries, education support etc.)</li> </ul>	
Equity actions	<ul style="list-style-type: none"> <li>PHUs, PHOs, DHBs, Ministry and others to prioritise Māori, Pacific, rural, disabled people, older people and people who experience psychosocial needs in community-based testing and other health services</li> <li>Provide accessible information to Māori, Pacific, disabled people and older people using appropriate messaging, alternate formats and communication channels</li> </ul>	Engage with local community groups and vulnerable communities early
Public messaging, internal communications	<ul style="list-style-type: none"> <li>PHU/DHB leads local media engagement, linked with the Ministry</li> <li>Ministry leads national media response, coordinates with and supports local PHU media response, updates website, including messaging for Māori, Pacific, disabled people, people who experience psychosocial needs and other priority groups</li> <li>All key messages and priority information needs to be accessible and produced in alternate formats</li> <li>Communications to be focussed through established ARC sector communication channels, DHB GMs planning and funding, Psychosocial Coordinator, Māori GM (Tumu Whakarae) and Pacific GM</li> </ul>	

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