

ANNEXURE E

IMPLEMENTATION DETAILS	
Lead	Planning Team
Sponsor	Incident Controller – William Rainger/Jane McEntee
Planning Team Members	Jona Ukmata, Lavinia Perumal, Julia Peters
Background and Introduction	<ul style="list-style-type: none"> The current public health response is becoming unsustainable due to: Increasing wide transmission and case numbers Multiple locations of interest Large numbers of 'contact groups' Increasing complexities in source finding and case linking Increasing number of close contacts needing follow up due to the current more widely applied 'close contact' definition <p>Typically in Phase 1 of an Outbreak Strategy, the aim would be to 'Keep it Out'; focusing on prevention (e.g. vaccination, education) and border detection measures.</p> <p>In Phase 2 (Focused Control), where there is a need to <u>focus existing resources</u> to control an outbreak, the aims are:</p> <ul style="list-style-type: none"> Prevent further transmission to high-risk contacts and within high risk settings, recognising that public health response needs to prioritise high risk populations Contact management and management of locations of interest cannot always be personalised (depends on risk) Support sustainability of critical workforce Ensure health equity across populations and upholding te Tiriti o Waitangi Streamline case interviewing to focus on key details and identify any possibilities for on-going transmission/public health control

DEFINITIONS			
Goal(s)	<ol style="list-style-type: none"> Successful implementation of the COVID-19 Focused Control Outbreak Strategy Planning and consideration for triggers to escalate to Phase 3 (Manage it) whilst also considering triggers for de-escalation for Phase 1 Ensure safe delivery of services that ensures hauora covering every aspect of physical/mental health conditions and Manaaki Support Ensure safe maintenance of critical essential workforce Efficient use of available resources 		
Benefits	<ul style="list-style-type: none"> 		
Key Milestones / Timeline	1. Finalise and sign off Focused Control Strategy	CD/MoH	By 22/8/2021
	2. Internal sign off of implementation plan	CD/IMT Lead	By 23/8/2021
	3. Draft further outbreak development strategy <ol style="list-style-type: none"> De-escalation plan to Phase 1 Escalation planning to Phase 3 	Planning and Intelligence	By 30/8/2021

	<p>4. Develop and update resources</p> <ul style="list-style-type: none"> ○ Website content ○ SharePoint collaboration pages ○ Information packs for different settings ○ Flowchart for Close Contacts (what to do) ○ Symptom checking changes ○ Phone/Text processes? 	<p>Planning, Communications and Policy (3-4 people)</p> <p>Operational knowledge required (2 people)</p>	<p>22/8/20221 – 25/8/2021</p>
	<p>5. Identify triggers for Manaaki Support</p> <ul style="list-style-type: none"> ○ Vulnerable community ○ Existing physical/mental health disabilities ○ Large households ○ Lack of devices or accessing the internet 	<p>Planning/Operations?</p>	<p>By ??</p>
	<p>6. Update current clinical pathways and operational documents including SOPs, scripts, letters, protocols, to reflect changes</p>	<p>Policy team (Martin and Ella)</p>	<p>By 25/8/2021</p>
	<p>7. Identify and ensuring informatics needs and reporting are maintained in NCTS</p>	<p>Intelligence/Anne Morrison</p>	<p>By 25/8/2021</p>
	<p>8. Develop and sign off communications plans</p> <ul style="list-style-type: none"> ○ Internal ○ Regional ○ National 	<p>PIM</p>	<p>By ??</p>
	<p>9. Commence communications</p> <ul style="list-style-type: none"> ○ Initial internal communications by 25-26/8/2021 ○ External communications to commence from 26/8/2021 when we have resources ready 	<p>TBC</p>	<p>By ??</p>
	<p>10. Create and roll out training plan (zoom)</p> <ul style="list-style-type: none"> ○ Upskilling knowledge on changes to protocols and scripts ○ Overview of resources available 	<p>TBC</p>	<p>By 25/8/2021</p>
	<p>11. Go live with Focus Control Strategy</p>	<p>ALL</p>	<p>26/8/2021</p>
	<p>12. Control</p> <ul style="list-style-type: none"> ○ Issues ○ Risks ○ Ideas/suggestions for improvement 	<p>Intelligence leads to capture issues or surveillance data identifying groups that might be in risk. This data is then shared with Planning to incorporate in Phase 3 planning.</p>	<p>26/8/2021 - 5/8/2021</p>

Project Scope	In Scope	Out of Scope
	•	•
Issues and Risks		
Supporting Documents	•	
PROJECT GOVERNANCE AND IDENTIFIED STAKEHOLDERS		
Key stakeholders	Internal:	
	<ul style="list-style-type: none"> • • Staff • • 	<ul style="list-style-type: none"> IMT Function Leads Case and Contact Management Policy Team Communications Team
	External:	
	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> MoH NRHCC (including Primary Care) PHUs Healthline
Links to strategy	Resurgence plan - Prepare for it, Respond to it	

COMMUNICATIONS PLAN		
Responsibilities	<ul style="list-style-type: none"> • coordinators • • management – dissemination across CRU staff • Controller – dissemination across various platforms 	<ul style="list-style-type: none"> Planning Team/PIM – authors and PIM – advisors and editors CRU management and Ops General Manager/Incident
Communication objectives	<ul style="list-style-type: none"> • of upcoming changes • the tools and knowledge they need to follow new processes • interaction with staff in order to identify further training needs above those already indicated 	<ul style="list-style-type: none"> Build awareness and acceptance Ensure staff are equipped with Encourage questions and
Key messages	1.	
Supplementary messages	1.	
Champions	<ul style="list-style-type: none"> • management – dissemination of messages across CRU staff • messages across teams 	<ul style="list-style-type: none"> CRU management and Ops Team Leads - dissemination of
Platforms	Key messages will be delivered across various platforms:	
	<ul style="list-style-type: none"> • • • • • • 	<ul style="list-style-type: none"> The Hub News MOS meetings GM/IC update Daily Ops updates Email Face to face within teams
Content	•	