



## COVID-19

# COVID-19 Community Response Framework v3.0

9 September 2021

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

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

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

A further update has been undertaken during the August 2021 response.

## Overarching principles

- Equity should remain central to care with a focus on Māori, Pacific, people with disabilities and vulnerable populations.
- Maintain accurate records of all clients, particularly those more vulnerable.
- Where possible, in-person visits are preceded by screening for COVID-19 symptoms and Higher Index of Suspicion criteria, with referral to general practice/urgent care or testing centres as appropriate.
- Ensure cleaning and hand hygiene are incorporated into routine practice.
- Adhere to physical distancing and other Infection Prevention Control (IPC) advice.

- Personal protective equipment (PPE) should be used according to guidance from the Ministry of Health (MoH).
- Ensure sufficient stocks of PPE, alcoholic hand gel and cleaning products.
- Staff who are unwell or are contacts of cases should follow MoH and public health guidance.
- Occupational risk assessment tools and guidance should be used to identify staff more vulnerable to COVID-19 and to assess and mitigate their risks through workplace restrictions and modifications.
- Services should support and enable contact tracing, for example using the NZCOVID Tracer app or other records.
- The National Telehealth Service advice lines are available. This includes Healthline for general advice, triage and information (0800 611 116) and the dedicated COVID-19 healthline (0800 358 5453) – both available 24/7. The COVID-19 Vaccination healthline (0800 28 29 26) provides vaccination information and help for people to book online and is available 8am to 8pm, 7 days a week including public holidays. The COVID-19 clinical advice line for home and community health professionals is available 8am to 8pm, 7 days a week including public holidays. Also available are PlunketLine on 0800 933 922. DHB SUDI Coordinator or Hāpai te Hauora 027 601 3997.
- Plan/implement the management of non-vaccinated, or partially vaccinated, workforce during increasing alert levels.
- Plan/implement processes to safeguard vulnerable high priority services during increasing alert levels.

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
<b>COVID-19 Community Readiness GREEN ALERT</b> <b>Trigger status:</b> No COVID-19 positive patients in your facility; any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training and readiness purposes	<b>General guidance</b> <ul style="list-style-type: none"> <li>• Provide training in the correct use of PPE (donning, doffing and disposal), appropriate hand hygiene and use of cleaning products.</li> <li>• Plan and rehearse triaging of patients at entrances in particular patients with COVID-19 symptoms.</li> <li>• Plan for patient-to-patient and staff-to-patient physical distancing as per MoH guidance (check MoH website).</li> <li>• Plan how care may be delivered virtually at higher Alert Levels. This includes:               <ul style="list-style-type: none"> <li>– plan for management of an increase in phone calls, telehealth consults for majority of population, including provision for vulnerable populations with limited phone, internet and data access</li> <li>– refresh telehealth options, including ensuring sufficient hardware (devices, webcams), phone lines, high speed internet access.</li> </ul> </li> <li>• Where possible enable staff to take leave as required (so staff are refreshed and resilient) and plan possible staff rosters and shifts ahead of time.</li> <li>• Plan with additional support staff to confirm arrangements for their assistance during higher Community Alert Levels.</li> <li>• Identify staff welfare support and pastoral care (eg, counselling services).</li> <li>• Plan to manage non-vaccinated or partially vaccinated workforce in preparation for increasing alert levels.</li> <li>• Plan to safeguard high priority services in preparation for increasing alert levels.</li> </ul>								
	<b>Telehealth/Virtual Care</b> Have systems in place to deliver care via telehealth (phone, video, portal) and use these tools (and others, such as NZePS) where appropriate as part of usual practice and use.		<b>Staffing</b> Plan staffing to minimise number working across facilities in higher alert levels, identify and prepare for a surge workforce if required.			<b>PPE</b> Ensure all community-based Lead Maternity Carers (LMCs) have access to PPE stocks.			

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<b>COVID-19 Community Readiness GREEN ALERT (continued)</b>	<b>Care of vulnerable populations</b> Identify and plan for care of: <ul style="list-style-type: none"> <li>vulnerable patients</li> <li>palliative care</li> <li>chronic conditions</li> <li>Māori and Pacific patients</li> <li>cancer treatment patients.</li> </ul>	<b>Care of vulnerable populations</b> Identify vulnerable patients who may need additional medicines support.	<b>Care of vulnerable populations</b> Identify vulnerable patients who may need additional social supports, care planning or pre-emptive care and assign specific resource to work with these groups.			<b>Care of vulnerable populations</b> Identify vulnerable women who may need additional care planning. Ensure accessibility to health services for rural communities, particularly Māori and Pacific groups (eg, through virtual consults or in-person when needed).	<b>Care of vulnerable populations</b> Identify vulnerable babies and/or whānau who may need additional assessment and clinical care.	<b>Care of vulnerable populations</b> Identify vulnerable patients who may need additional care planning.	<b>Care of vulnerable populations</b> Identify vulnerable rangatahi who may need additional care planning.

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<b>COVID-19 Community Readiness</b> <b>GREEN ALERT (continued)</b>	<b>Service Planning &amp; Delivery</b> Deliver usual services Screen and swab for COVID-19 as per current MoH guidance. Enable telephone triage and screening by giving consistent message to patients to 'phone first' Have COVID swabbing processes running efficiently. Ensure access to local up-to-date guidance from MoH (eg, via DHB/PHO/HealthPathways).	<b>Service Planning &amp; Delivery</b> Screen for COVID-19 symptoms and Higher Index of Suspicion criteria and refer as appropriate. Consider providing home medicine deliveries (if not already offering this service), and if appropriate develop a plan. Review arrangements with couriers to reinforce that medicines deliveries should be a priority eg, medicines deliveries to the pharmacy and to ARC facilities.	<b>Service Planning &amp; Delivery</b> Plan for increased media enquiries. Use ARC COVID-19 screening form for admissions. Refer all residents and staff who exhibit symptoms for assessment and testing. ARC facilities and local PHUs connect with each other to prepare for response to COVID-19 cases in a facility.	<b>Service Planning &amp; Delivery</b> Plan how to manage home and community support services to minimise unnecessary contact and prioritise those with highest need. Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care and assign specific resource to work with these groups.	<b>Service Planning &amp; Delivery</b> Develop and test plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs. Plan for higher level scenarios where EAS may need to move a large number of COVID-19 or non COVID-19 patients around the country to improve bed availability.	<b>Service Planning &amp; Delivery</b> Plan how to deliver essential care and support to women, including where this contact will take place. Plan for clinically appropriate early discharge from hospitals for postnatal care in the community, for Community Orange and Red Alert Levels.	<b>Service Planning &amp; Delivery</b> Plan how to deliver essential care and support to clients including where contact is required. Plan for whānau/ community-centred responses for priority populations to ensure access to necessary care and to support equity.	<b>Service Planning &amp; Delivery</b> Provide full range of sexual and reproductive health services. Plan for provision of essential services where contact is required. Plan for provision of non-contact services that are deemed non-essential or deferrable. Plan whānau/ community-centred responses for priority populations to ensure access and equity.	<b>Service Planning &amp; Delivery</b> Plan how care may be delivered in non-contact ways or be deemed non-essential. Plan how to deliver essential care and support to rangatahi including where contact is required. Plan for whānau/ community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care.

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<b>COVID-19 Community Readiness GREEN ALERT (continued)</b>		<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Continue to deliver all immunisation programs, with an emphasis on influenza, but including Tdap, meningococcal and varicella vaccinations (and MMR when contracted this service).</p> <p>Plan to be able to defer non-essential services, noting vulnerable populations may still need to receive care.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Contact tracing systems established.</p> <p>Plan to have separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required.</p> <p>Identify services that can be deferred with no risk to patients</p> <p>Explore the possibility of continuing religious/spiritual services by digital means.*</p> <p>Ensure adequate systems in place to ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.*</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Plan to have a separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required, including streaming of workforce.</p> <p>Identify services that can be deferred with no risk to patients</p> <p>Implement alert level admission and discharge plans with DHBs.</p> <p>Create psychosocial messaging, appropriate to all clients, including for their personal support network.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Identify pathways that could be used to stream patients away from in-person care if Alert Levels increase.</p> <p>Plan for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs.</p> <p>Plan for appropriate 'disaster response' (eg, earthquake) incorporating regional COVID risks/levels.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Plan for whānau/ community-centred responses for priority populations to ensure access to the necessary care, and to support equity eg, through virtual consults or in-person when needed.</p> <p>Plan how care may be delivered in non-contact ways, thus enabling shorter in-person time with women.</p>			<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Ensure information such as key contact phone numbers/emails are up to date for students, school administration and nurses to enable effective communication at higher alert levels.</p> <p>A risk assessment is done for rangatahi with sore throats, including those at schools with a sore throat management programme. Refer to the MoH website for testing guidance.</p>

\* As per Optional Protocol to the Convention Against Torture thematic report recommendations.

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<p><b>COVID-19 Community Readiness GREEN ALERT (continued)</b></p>			<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>All interRAI assessments continue as per usual requirements.</p> <p>HealthCERT develop auditing framework for Community Yellow and Community Orange Alert Levels.</p> <p>Create psychosocial messaging, appropriate to all clients.</p> <p>Rehearse higher alert level scenarios with staff.</p> <p>NGO delivered services, such as social connection, health promotion and education activities allowed, however other non-contact ways of providing this support are encouraged, such as ZOOM or by phone.</p>						

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COVID-19 Community Readiness GREEN ALERT (continued)			<p><b>Visiting in Aged Residential Care</b></p> <p>Develop clear COVID-19 visitor policies and establish alternative methods of contact should visiting be restricted.</p> <p>Plan and communicate with residents and family/whānau about limitation on number of visitors and frequency of visits at Community Yellow, Orange and Red Alert Levels.*</p>	<p><b>Visiting</b></p> <p>Develop clear COVID-19 service visit policies to reflect physical distancing requirements, good hygiene and infection control measures, and alternative methods of contact should visiting be restricted.</p>					
			<p><b>Retirement Villages</b></p> <p>Operate within the same restrictions as the wider community. On-site facilities are open and operate with the same restrictions as Aged Residential Care facilities.</p>						

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<b>COVID-19 Community Mild Impact YELLOW ALERT</b> <b>Trigger status</b> (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps	<b>General guidance</b> <ul style="list-style-type: none"> <li>• Activate plans as required at Community Yellow Alert.</li> <li>• Refer patients and staff for assessment and testing according to current MoH guidance.</li> <li>• Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/ testing centre as appropriate.</li> <li>• Reinforce cleaning and hand hygiene plans.</li> <li>• Activate PPE plans and ensure PPE supply chain well established.</li> <li>• Activate triaging at entrances and physical distancing.</li> <li>• Contact tracing systems in place.</li> <li>• Activate plans to undertake virtual appointments and non-contact care delivery, where possible.</li> <li>• Activate plans to support mental health and wellbeing of staff.</li> <li>• Engage with vulnerable workers to mitigate their risk and review impact on staffing.</li> <li>• Activate plans to manage non-vaccinated or partially vaccinated workforce during increasing alert levels.</li> <li>• Activate plans to safeguard high priority services during increasing alert levels.</li> </ul>								
	<b>Telehealth &amp; Virtual</b> Increase delivery of service via telehealth to 50% in GP and as high as practicable in Urgent Care.	<b>Telehealth &amp; Virtual</b> Activate plans to manage increased phone calls.	<b>Screening &amp; Triage</b> Use ARC COVID-19 screening form prior to any admission of residents.		<b>PPE</b> Practice PPE use for COVID-19 care in the relevant settings.				
	<b>Care for vulnerable populations</b> Activate plans for care of vulnerable patients (identified in Green Alert).	<b>Care for vulnerable populations</b> Contact vulnerable patients and provide additional support with their medicines management as appropriate.							

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<b>COVID-19 Community Mild Impact YELLOW ALERT (continued)</b>		<b>Staffing</b> Activate (if appropriate) at Community Yellow Alert Level staff rosters and shift system plans.	<b>Staffing</b> Staff movement between ARC facilities restricted where practical in regions affected. Continue health checks for staff.		<b>Staffing</b> Activate plan for appropriate staffing levels by agreement (eg, leave).				
	<b>Service Planning &amp; Delivery</b> Deliver usual services, including immunisation programmes. Vulnerable groups may require prioritisation. Screen and swab for COVID-19 as per current MoH guidance. Increase COVID-19 testing capacity via designated practices or testing facilities. Ensure in-person consultations are available, with phone first.	<b>Service Planning &amp; Delivery</b> Consider activating physical barrier plan. Activate home medicine delivery plans (if appropriate.) Continue with influenza vaccinations (and MMR when contracted this service). Defer lowest priority non-essential services, noting vulnerable populations may still need to receive care.	<b>Service Planning &amp; Delivery</b> No admissions to facilities with COVID-19 positive residents/staff. 14-day isolation required in affected regions. 14-day isolation not mandatory in unaffected regions, but risk based as per result of the ARC COVID-19 screening assessment. Separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required.	<b>Service Planning &amp; Delivery</b> Manage patients in their place of residence and activate isolation plans where required. Activate admission and discharge pathways developed with DHB. Needs assessment and service coordination prioritised to patients with highest need. Implement the referral process developed for non-health related welfare concerns.	<b>Service Planning &amp; Delivery</b> Review plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs. Identify pathways that could be used to stream patients away from in-person care if alert levels increase.	<b>Service Planning &amp; Delivery</b> Plan for clinically appropriate early discharge from hospitals for postnatal care in the community. Activate whānau/ community-centred responses for priority populations to ensure access to the necessary care, and to support equity. Reduce non-essential in-person service delivery. Implement the referral/delivery process for non-health related welfare concerns.	<b>Service Planning &amp; Delivery</b> Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website. Refer SUDI guidance provided by WCTO Maternity Covid 19 Response group – provision of Safe Sleep Beds Criteria set for priority populations and for essential in-person contacts. Activate whānau/ community-centred responses for priority populations to ensure access to necessary care to support equity.	<b>Service Planning &amp; Delivery</b> Reduce non-essential in-person service delivery. Review outreach clinics and assess whether to close (case-by-case). Activate whānau/ community-centred responses for priority populations to ensure access and equity. Implement the referral/delivery process for non-health related welfare concerns.	<b>Service Planning &amp; Delivery</b> Activate local whānau/ community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. Reduce delivery of non-essential services. Utilise local referral/delivery processes for non-health related welfare concerns, especially to ensure a safe living situation.

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<b>COVID-19 Community Mild Impact</b> <b>YELLOW ALERT (continued)</b>	<b>Service Planning &amp; Delivery (continued)</b> Establish systems for care of COVID-19 patients in the community. Develop systems for increased delivery of secondary care services in the community.		<b>Service Planning &amp; Delivery (continued)</b> Entry/exit of services – only essential and emergency movement in regions affected by cases. Ensure hygiene/ infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is supported. Reduce resident activities to those that maintain physical distancing. Continue religious/spiritual services by digital means where possible.*		<b>Service Planning &amp; Delivery (continued)</b> Activate plan for regional COVID-19 Alert Level variation and changes to destination protocols (e.g. Trauma, STEMI, Stroke) with other providers and DHBs, if required. Plan for appropriate 'disaster response' (eg, earthquake) incorporating regional COVID risks/Alert Levels. Implement use of QR codes in all facilities including all public facing vehicles (road and air).				<b>Service Planning &amp; Delivery (continued)</b> Youth with a sore throat, should be isolated, collected from school and directed with their caregiver to a place where they can be tested for COVID-19 and have a bacterial throat swab done at the same time, if at high risk of Rheumatic fever. Follow GAS Sore Throat Management algorithm for treatment. Some specific schools may have a locally managed Rheumatic Fever prevention programme, in which case, they will have their own protocols for management of sore throat in COVID-19 context.

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<b>COVID-19 Community Mild Impact</b> <b>YELLOW ALERT (continued)</b>			<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.*</p> <p>interRAI assessments must be completed on admission.</p> <p>Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived if there are not enough staff to complete the assessments.</p> <p>On site audits stopped in regions affected except for MoH inspections and DHBs issue-based audits if any serious concerns about quality and safety of care.</p>						

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<b>COVID-19 Community Mild Impact</b> <b>YELLOW ALERT (continued)</b>			<b>Service Planning &amp; Delivery (continued)</b> Minimise use of restrictive practices and report critical incidents. Planned respite care suspended, urgent respite care provided. NGO delivered services, such as social connection, health promotion and education activities are suspended, however other non-contact ways of providing this support are encouraged, such as ZOOM or by phone.						

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<b>COVID-19 Community Mild Impact</b> <b>YELLOW ALERT (continued)</b>			<p><b>Visiting in Aged Residential Care</b></p> <p>Activate visitor policies.</p> <p>All family visits stopped except for residents receiving palliative/end of life care in regions affected.</p> <p>Limited general family visits in regions where there is no evidence of community transmission for example limiting number of visitors and frequency of visits and by appointment.</p> <p>Essential non-family visits (eg, health care related visits including pharmacy) allowed if screening shows low risk of COVID-19.</p> <p>All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols.</p>	<p><b>Visiting</b></p> <p>Activate Yellow Alert Level visitor policies.</p>					

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<b>COVID-19 Community Mild Impact</b> <b>YELLOW ALERT (continued)</b>			<b>Retirement Villages</b> Operate within the same restrictions as the wider community. On-site facilities are open to family and essential non-family visits if screening shows low risk of COVID-19.						

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<b>COVID-19 Community Moderate Impact ORANGE ALERT</b> <b>Trigger status</b> (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered	<b>General guidance:</b> <ul style="list-style-type: none"> <li>• Activate plans as required at Community Orange Alert.</li> <li>• Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/ testing centre as appropriate.</li> <li>• Maintain triaging at entrances and physical distancing.</li> <li>• Activate appropriate PPE Plans, aligned with MoH guidance.</li> <li>• Maintain stock levels of PPE, alcoholic hand gel and cleaning products.</li> <li>• Reinforce cleaning and hand hygiene, incorporate into routine practice.</li> <li>• Activate virtual and non-contact delivery where possible.</li> <li>• Activate plan to support mental health and wellbeing of staff.</li> <li>• Engage with vulnerable workers to mitigate their risk and review impact on staffing.</li> <li>• Activate plans to manage non-vaccinated or partially vaccinated workforce during increasing alert levels.</li> <li>• Activate plans to safeguard high priority services during increasing alert levels.</li> </ul>								
	<b>Telehealth &amp; Virtual</b> Increase delivery of service via telehealth to 70% in GP/as high as practicable in UC. Increase availability of secondary care services into community via telehealth and other mechanisms. Identify and manage high risk patients with support of secondary care services via telehealth.	<b>Telehealth &amp; Virtual</b> Move to even greater delivery of care by telehealth or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations.	<b>Telehealth &amp; Virtual</b> Maintain virtual medical care with primary care and specialist care.	<b>Telehealth &amp; Virtual</b> Maintain virtual and non-contact primary and specialist medical care and community care, such as day programmes.			<b>Telehealth &amp; Virtual</b> Activate virtual and non-contact delivery for population based on priority criteria for WCTO and B4SC.	<b>Telehealth &amp; Virtual</b> Prioritise virtual appointments for abortion referrals, ECP.	<b>Telehealth &amp; Virtual</b> Activate virtual and non-contact delivery where possible.



<b>ALERT LEVEL</b>	<b>General Practice (GP) &amp; Urgent Care (UC)</b>	<b>Community Pharmacy</b>	<b>Aged Residential Care (ARC)</b>	<b>Home Based Support (over 65s)</b>	<b>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</b>	<b>Maternity</b>	<b>Well Child Tamariki Ora (WCTO)</b>	<b>Family Planning, Sexual &amp; Reproductive Health</b>	<b>School Based Health Services (SBHS)</b>
<b>COVID-19 Community Moderate Impact ORANGE ALERT (continued)</b>		<b>Staffing</b> Activate/maintain staff rosters and shift system plans.	<b>Staffing</b> Workforce Backup Plans in Place with DHB. Staff movement between ARC facilities restricted where practical.	<b>Staffing</b> Workforce Backup Plans in Place with DHB.			<b>Staffing</b> Staffing: review staff rosters, minimise staff in office and support working from home.		
	<b>Service Planning &amp; Delivery</b> Restricted services targeting vulnerable populations. Screen and swab for COVID-19 as per current MoH guidance. Increase COVID-19 testing capacity via designated practices or testing facilities. Continue to deliver immunisation programmes, with prioritisation of vulnerable populations.	<b>Service Planning &amp; Delivery</b> Activate physical barrier plan. Activate/maintain home medicine delivery plans (if appropriate). Provide on-site services in a way that complies with all alert level requirements and IPC and PPE guidance. Provide tailored services to vulnerable patients and provide additional support with their medicine's management as appropriate.	<b>Service Planning &amp; Delivery</b> Contact tracing systems in place. Use ARC COVID-19 screening form for admissions. 14 days isolation upon admission. Refer all patients and staff who exhibit symptoms for assessment and testing. Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required.	<b>Service Planning &amp; Delivery</b> Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. Activate Orange Alert Level admission and discharge pathways developed with DHBs. Providers continue to accept admissions from DHBs and NASCs within agreed care levels including early discharge.	<b>Service Planning &amp; Delivery</b> Activate plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHBs. Activate pathways that could be used to stream patients away from in-person care if Alert Levels increase, if appropriate.	<b>Service Planning &amp; Delivery</b> Prioritise support for vulnerable and high-risk women. Support clinically appropriate early discharge from hospitals for postnatal care in the community. Activate whānau/ community-centred responses for priority populations to ensure access to the necessary care, and to support equity. Activate pathways of care for women at high risk of contracting COVID-19 and for low-risk women.	<b>Service Planning &amp; Delivery</b> Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website Collaboration with community midwifery and primary care to support prioritised essential in-person care for vulnerable or high-risk patients only. Activate whānau/ community-centred responses for priority populations to ensure access to necessary care and to support equity.	<b>Service Planning &amp; Delivery</b> Cease non-essential service delivery. Cease all outreach clinics. Provide in-person appointments for: LARC, symptomatic STIs, Depo repeats and smears. All other appointments done virtually. Client Contact Centre moves to working in teams; one in the contact centre one at home. Prioritise vulnerable and high-risk patients.	<b>Service Planning &amp; Delivery</b> Activate local whānau/ community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. Cease non-essential service delivery. Utilise local referral/ delivery processes for non-health related welfare concerns, especially to ensure a safe living situation.

<b>ALERT LEVEL</b>	<b>General Practice (GP) &amp; Urgent Care (UC)</b>	<b>Community Pharmacy</b>	<b>Aged Residential Care (ARC)</b>	<b>Home Based Support (over 65s)</b>	<b>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</b>	<b>Maternity</b>	<b>Well Child Tamariki Ora (WCTO)</b>	<b>Family Planning, Sexual &amp; Reproductive Health</b>	<b>School Based Health Services (SBHS)</b>
<b>COVID-19 Community Moderate Impact ORANGE ALERT (continued)</b>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Cancer screening programmes prioritised to vulnerable populations.</p> <p>Support for services with staffing issues.</p> <p>Investigations and treatments normally accessed in hospitals may be moved into the community.</p> <p>Support for non-health related welfare concerns readily accessible.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Work with vulnerable patients to reduce number of trips to the pharmacy as much as possible.</p> <p>Continue with influenza vaccinations (and MMR when contracted service).</p> <p>Defer non-essential services, noting vulnerable populations may still need to receive care.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Operate with restrictions on entry/exit so essential and emergency movement only.</p> <p>Providers continue to accept admissions from DHBs and community.</p> <p>Ensure hygiene/ infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is supported.</p> <p>Reduce resident activities to those that maintain physical distancing.</p> <p>Continuing religious/spiritual services by digital means where possible.*</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Essential home and community support care provided to clients as identified by client risk assessment, such as showering, bathing, toileting, essential hygiene and skin care, positioning, medicine administration, support with nutrition, hydration and mental health.</p> <p>Cease non-essential home and community supports</p> <p>Activate Safety Check – Phone/ video from family or friend.</p> <p>Implement proactive support for non-health related welfare concerns.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Activate plan for regional COVID-19 Alert Level variation and changes to destination protocols (eg, Trauma, STEMI, Stroke) with other providers and DHBs, if required.</p> <p>Plan for appropriate 'disaster response' (eg, earthquake) incorporating regional COVID-19 risks/levels.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>High-risk groups continue to receive in-person midwifery care.</p> <p>Cease non-essential in-person service delivery.</p> <p>Implement the referral/delivery process for non-health related welfare concerns.</p>		<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Upscale clinical resource to virtual appointments and non-contact delivery.</p> <p>Activate whānau/ community-centred responses for priority populations to ensure access and equity.</p> <p>Implement the referral/delivery process for non-health related welfare concerns.</p>	<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>If schools are open to students; youth with a sore throat, should be isolated, collected from school and directed with their caregiver to a place where they can be tested for COVID-19 and have a bacterial throat swab done at the same time, if at high risk of Rheumatic fever. Follow GAS Sore Throat Management algorithm for treatment. Some specific schools may have a locally managed Rheumatic Fever prevention programme, in which case, they will have their own protocols for management of sore throat in COVID-19 context.</p>

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<p><b>COVID-19 Community Moderate Impact</b>  <b>ORANGE ALERT</b>  <b>(continued)</b></p>			<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.*</p> <p>InterRAI assessments must be completed on admission.</p> <p>Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived.</p> <p>Minimise use of restrictive practices and report critical incidents.</p> <p>Planned respite services suspended, urgent respite care provided.</p>						

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<p><b>COVID-19 Community Moderate Impact</b>  <b>ORANGE ALERT</b>  <b>(continued)</b></p>			<p><b>Service Planning &amp; Delivery (continued)</b></p> <p>On site audits stopped except for the MoH inspections and DHB's issue-based audits if any serious concerns about quality and safety of care.</p> <p>NGO delivered services, such as social connection, health promotion and education activities are suspended, however other non-contact ways of providing this support are encouraged, such as ZOOM or by phone.</p>						

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
<p><b>COVID-19 Community Moderate Impact</b>  <b>ORANGE ALERT</b>  <b>(continued)</b></p>			<p><b>Visiting in Aged Residential Care</b>  All family visits stopped except for families with residents receiving palliative care/end of life care – this is subject to public health direction and provider assessment on a case by case basis. These visits are by appointment only with a maximum of one family member visiting at a time.  Essential non-family visits (eg, health care related visits including pharmacy) allowed if screening shows low risk of COVID-19.  All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols.</p>	<p><b>Visiting</b>  Activate Orange Alert Level visitor policies</p>					

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
<b>COVID-19 Community Moderate Impact</b> <b>ORANGE ALERT (continued)</b>			<b>Retirement villages</b> Operate within the same restrictions as the wider community, with on-site facilities closed.						

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
<b>COVID-19 Community Severe Impact RED ALERT</b> <b>Trigger status</b> (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care	<b>General guidance</b> <ul style="list-style-type: none"> <li>• Activate plans as required at Community Red Alert.</li> <li>• Continue screening for COVID-19 symptoms and Higher Index of Suspicion criteria with referral to general practice/testing centre as appropriate.</li> <li>• Refer all patients and staff who exhibit symptoms for assessment and testing. Staff who have symptoms should be stood down until they obtain a negative test result</li> <li>• Activate appropriate PPE plans, aligned with MoH guidance.</li> <li>• Maintain stock levels of PPE, alcoholic hand gel and cleaning products.</li> <li>• Ensure cleaning and hand hygiene incorporated into routine practice.</li> <li>• Maintain triaging at entrances and physical distancing.</li> <li>• Non-essential service delivery should have ceased</li> <li>• Activate plan to support mental health and wellbeing of staff.</li> <li>• Work with vulnerable workers and unvaccinated staff to mitigate their risk and review impact on staffing.</li> <li>• Activate plans to manage non-vaccinated or partially vaccinated workforce during increasing alert levels.</li> <li>• Activate plans to safeguard high priority services during increasing alert level.</li> </ul>								
	<b>Telehealth &amp; Virtual</b> Increase delivery of service via telehealth to 90% in GP/as high as practicable in Urgent Care.	<b>Telehealth &amp; Virtual</b> Maintain delivery of care by telehealth or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations.	<b>Telehealth &amp; Virtual</b> Maintain virtual primary health care including medical, pharmacy, allied and nursing specialist care. Activate virtual and non-contact delivery where possible.	<b>Telehealth &amp; Virtual</b> Maintain virtual and non-contact primary and specialist medical care and community care, such as day programmes.		<b>Telehealth &amp; Virtual</b> Virtual and non-contact appointments where possible.	<b>Telehealth &amp; Virtual</b> Virtual and non-contact delivery only for prioritised WCTO and B4SC populations.	<b>Telehealth &amp; Virtual</b> Increase clinical resources on providing increased virtual services and non-contact delivery where possible. Prioritise virtual appointments for abortion referrals, ECP.	<b>Telehealth &amp; Virtual</b> Virtual and non-contact delivery where possible.

<b>ALERT LEVEL</b>	<b>General Practice (GP) &amp; Urgent Care (UC)</b>	<b>Community Pharmacy</b>	<b>Aged Residential Care (ARC)</b>	<b>Home Based Support (over 65s)</b>	<b>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</b>	<b>Maternity</b>	<b>Well Child Tamariki Ora (WCTO)</b>	<b>Family Planning, Sexual &amp; Reproductive Health</b>	<b>School Based Health Services (SBHS)</b>
<b>COVID-19 Community Severe Impact RED ALERT (continued)</b>	<p><b>Staffing</b></p> <p>Minimise staff numbers in centres; support working from home.</p> <p>Where possible apply cohorting to patient streams. One cohort cares for green stream eg, vaccination and urgent non-infectious illness and remote telehealth consults, other cohort cares for patients in red stream eg, swabbing etc.</p>	<p><b>Staffing</b></p> <p>Activate/maintain staff rosters and shift system plans.</p>	<p><b>Staffing</b></p> <p>Workforce Backup Plans in place with DHBs.</p> <p>No staff movement between residential facilities.</p>	<p><b>Staffing</b></p> <p>Workforce Backup Plans in place with DHBs.</p>			<p><b>Staffing</b></p> <p>Staffing: review staff rosters, minimise staff in office and support working from home.</p>		
	<p><b>Service planning &amp; delivery</b></p> <p>Urgent and acute care delivered as needed.</p> <p>Continue to deliver immunisation programmes, with prioritisation of vulnerable populations.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Activate/maintain home medicine delivery plans (if appropriate).</p> <p>Provide tailored services to vulnerable patients and provide additional support with their medicine's management as appropriate.</p>	<p><b>Service planning &amp; delivery</b></p> <p>14 days isolation upon admission.</p> <p>Use ARC COVID-19 screening form for all admissions.</p> <p>Contact tracing systems in place.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Activate Community Red Alert Level admission and discharge pathways developed with DHB including alternative admission pathways.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Activate plans considering business continuity, PPE access, workforce availability, surge resources, engagement with other EAS providers and DHB.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Prioritise support for vulnerable or high-risk women.</p> <p>High-risk groups continue to receive in-person midwifery care.</p> <p>Early discharge where clinically appropriate from hospitals for postnatal care in the community.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Refer to Level specific guidance provided by WCTO Interim Clinical Governance Group on MoH website.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Stop all outreach clinics.</p> <p>Support prioritised for vulnerable or high-risk patients.</p> <p>Provide in-person appointments for: LARC, symptomatic STIs, Depo repeats. All other appointments done virtually.</p>	<p><b>Service planning &amp; delivery</b></p> <p>Ensure rangatahi with health needs are aware of currently operating services to receive in person help, eg, access to primary care and mental health care and sexual health services, and how they can contact the school nurse.</p>



<b>ALERT LEVEL</b>	<b>General Practice (GP) &amp; Urgent Care (UC)</b>	<b>Community Pharmacy</b>	<b>Aged Residential Care (ARC)</b>	<b>Home Based Support (over 65s)</b>	<b>Government Contracted Emergency Ambulance Services (EAS) (Road and Air)</b>	<b>Maternity</b>	<b>Well Child Tamariki Ora (WCTO)</b>	<b>Family Planning, Sexual &amp; Reproductive Health</b>	<b>School Based Health Services (SBHS)</b>
<b>COVID-19 Community Severe Impact</b> <b>RED ALERT (continued)</b>	<b>Service planning &amp; delivery (continued)</b> According to capacity, prioritise childhood imms and high needs populations. Screening programmes may cease according to regional capacity. COVID-19 testing and assessment primarily at designated centres and mobile services where possible. Management of COVID-19 positive patients in community to be done by telehealth. Proactively protect, support and focus care of vulnerable populations.	<b>Service planning &amp; delivery (continued)</b> Provide on-site services in a way that complies with all alert level requirements and IPC and PPE guidance. Continue with influenza vaccinations (and MMR when contracted this service) with prioritisation of vulnerable populations. Work with vulnerable patients to reduce number of trips to the pharmacy as much as possible. Defer non-essential services, noting vulnerable populations may still need to receive care.	<b>Service planning &amp; delivery (continued)</b> Separated streams for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required – this may be across facilities. Restrictions on entry/exit so essential and emergency moves only. Provide palliative care support where appropriate and necessary. Ensure hygiene/ infection control and distancing guidance is adhered to, isolation areas are maintained, and mental health and wellbeing is supported.	<b>Service planning &amp; delivery (continued)</b> Separated stream for people with symptoms consistent with COVID-19 and non COVID-19 cases to manage isolation as required. Provide palliative care support where appropriate and necessary. Essential home and community support care provided to clients as identified by client risk assessment, such as showering, bathing, toileting, essential hygiene and skin care, positioning, medicine administration, support with nutrition, hydration and urgent mental health care.	<b>Service planning &amp; delivery (continued)</b> Activate pathways that could be used to stream patients away from in-person care if alert levels increase, if required. Work with other EAS and DHB to nationally develop transfer of patients if required. Activate plans for regional COVID-19 Alert Level variation and changes to destination protocols (eg, Trauma, STEMI, Stroke) with other providers and DHBs as appropriate.	<b>Service planning &amp; delivery (continued)</b> Whānau/ community-centred responses for priority populations to ensure access to the necessary care, and to support equity. Implement the referral/delivery process for non-health related welfare concerns.	<b>Service planning &amp; delivery (continued)</b> Support prioritised in-person care under strict infection prevention and control procedures for vulnerable or high-risk patients only, and in collaboration with community midwifery and primary care. Whānau/ community-centred responses for priority populations to ensure access to necessary care and to support equity.	<b>Service planning &amp; delivery (continued)</b> Client Contact Centre moves to working in teams; one in the contact centre one at home. Whānau/ community-centred responses for priority populations to ensure access and equity. Implement the referral/ delivery process for non-health related welfare concerns.	<b>Service planning &amp; delivery (continued)</b> Whānau/ community-centred responses for rangatahi to ensure access to necessary care and to support equity, especially mental health care. Utilise local referral/ delivery processes for non-health related welfare concerns, especially to ensure a safe living situation.\

ALERT LEVEL	General Practice (GP) & Urgent Care (UC)	Community Pharmacy	Aged Residential Care (ARC)	Home Based Support (over 65s)	Government Contracted Emergency Ambulance Services (EAS) (Road and Air)	Maternity	Well Child Tamariki Ora (WCTO)	Family Planning, Sexual & Reproductive Health	School Based Health Services (SBHS)
<p><b>COVID-19 Community Severe Impact</b></p> <p><b>RED ALERT (continued)</b></p>	<p><b>Service planning &amp; delivery (continued)</b></p> <p>Increase support for management of COVID-19 patients in community via telehealth and using support of virtual ward rounds with secondary care.</p> <p>Designated services for non-health related welfare concerns.</p> <p>Actively manage patients who have had deferred hospital level care.</p>			<p><b>Service planning &amp; delivery (continued)</b></p> <p>Cease non-essential home and community supports.</p> <p>Activate Safety Check – phone/video from family or friend.</p> <p>Implement proactive support for non-health related welfare concerns.</p>	<p><b>Service planning &amp; delivery (continued)</b></p> <p>Plan for appropriate ‘disaster response’ (eg, earthquake) incorporating regional COVID risks/levels as needed.</p> <p>Ensure air ambulance helicopters are utilised for patients with an appropriate clinical need, and patients without clinical benefit are moved by road ambulance. Ensure that DHBs are aware of the fixed wing as an alternative to helicopters for appropriate IHTs.</p>				

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<b>COVID-19 Community Severe Impact</b> <b>RED ALERT (continued)</b>			<b>Service planning &amp; delivery (continued)</b> InterRAI assessments must be completed on admission. Six monthly interRAI reassessments, and interRAI assessments for a change in level of care, are waived. Reduce resident activities to those that maintain physical distancing. Continuing religious/spiritual services by digital means where possible.* Ensure residents and family/whānau are supported to express their concerns and make complaints, and complaints are documented and responded to.*						

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<b>COVID-19 Community Severe Impact</b> <b>RED ALERT (continued)</b>			<p><b>Service planning &amp; delivery (continued)</b></p> <p>Minimise use of restrictive practices and report critical incidents.</p> <p>Planned respite services suspended, urgent respite care provided.</p> <p>Onsite audits stopped except for the MoH inspections and DHB's issue-based audits if any serious concerns about quality and safety of care.</p> <p>NGO delivered services, such as social connection, health promotion and education activities are suspended, however other non-contact ways of providing this support are encouraged, such as ZOOM or by phone.</p>						

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<b>COVID-19 Community Severe Impact</b> <b>RED ALERT (continued)</b>			<p><b>Visiting in Aged Residential Care</b></p> <p>All family visits stopped except for families with residents receiving palliative care/end of life care – this is subject to public health direction and provider assessment on a case by case basis. These visits are by appointment only with a maximum of one family member visiting at a time.</p> <p>Essential non-family visits (eg, health care related visits including pharmacy) allowed if screening shows low risk of COVID-19.</p> <p>All family and non-family visitors are screened for COVID-19 risks and follow public health measures and IPC protocols.</p>	<p><b>Visiting</b></p> <p>Activate Red Alert Level visitor policies.</p>					