

PANDEMIC COMMUNICATION: COVID-19 PROVIDER NETWORK UPDATE

This update is prepared by the Capital & Coast and Hutt Valley District Health Boards. It is consistent with Ministry of Health advice. The Ministry of Health remains the definitive source of information.

Our focus is on ensuring you have the information you need, when you need it, in order for you to care for your staff and the people who depend on your service.

Any questions regarding this communication may be directed to COVID-19Questions@ccdhb.org.nz. Please also copy in your contract manager if you have one. All emails to the COVID-19 email address will be logged and responded to by an appropriate team member.

The purpose of this advice is to provide updates and guidance on:

- Key priorities heading toward Alert Level 3
- Supporting our residential care facilities
- Important information re laboratory forms
- Workforce update
- PPE requests
- Shout out to Ora Toa
- Social media – te reo messages
- Wellness
- Disability tools

KEY PRIORITIES AS WE MOVE TO ALERT LEVEL 3

As we move in toward our final week of Alert Level 4, our key priorities are to move from response mode to what will become the new business as usual in Alert Level 3. It's fair to say our worlds will look very different going forward, and for a long time to come.

What we do know is the need for psychosocial wellbeing services will be at higher levels than previously so we will be sharing information and resources you can use to take care of yourselves, your staff and the people you care for.

TESTING SCOPE

Our goal in Alert Level 4 has been to eliminate COVID-19. Testing through broadening the case definition, and widening the demographic for testing, not only ensures people get the medical care they need, but is important for detecting community transmission where there is no direct link to overseas travel or a confirmed case. The latest case definition updated on 16 April can be found here <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/case-definition-covid-19-infection> It includes decoupling respiratory symptoms from a history of travel, as well as testing people with symptoms who live in large extended families. What this is showing is that even with increased testing, the number of positive cases is decreasing.

SUPPORTING RESIDENTIAL CARE

You will be aware all DHBs have been asked by the Director General of Health, Ashley Bloomfield to undertake preparedness assessments of the infection control policies, procedures and practises of all residential facilities in our regions. These need to be robust and well informed to protect both staff and residents and are part of us all preparing to reduce to Alert Level 3.

UPDATED GUIDANCE

The Ministry of Health has updated its guidance on the investigation of COVID-19 cases based on findings from recent case and cluster investigations in aged residential care facilities. It now states “A single case within a vulnerable residential institution such as an aged residential care facility, should be considered as a potential institutional cluster. Rapid investigation and case finding should be led by the local medical officer of health and be undertaken in partnership with the facility manager.”

Should a case appear in a facility, the advisory says asymptomatic testing of all contacts (staff, residents and visitors) within this setting as a point in time assessment is appropriate, and recommended. A negative test does not preclude someone from becoming infectious later in their 14 days since last contact with the case, so they should be appropriately quarantined and closely monitored over the remainder of their quarantine period, particularly if their ability to recognise and report symptoms is compromised.

VIRTUAL VISITS

We have begun ‘virtual’ visits to all residential facilities/services in our area, including Aged Residential Care (ARC), Mental Health and Disability facilities.

Residential care facilities are an important part of our system and we will be assisting and supporting them to be as prepared as possible so the risk of an outbreak of COVID-19 in a facility or service can be managed.

To do that, we will share our infection control expertise and our specialist Health of Older People with them. We are exploring options for how we can use our skilled nursing team to support ARCs in particular, including PPE training. You can email COVID-19commWorkforce@ccdhb.org.nz

IMPORTANT INFORMATION FOR COVID-19 LABORATORY FORMS

Please clearly state where the patient lives on COVID-19 laboratory forms. This is especially important if the patient lives with many people – such as in aged residential care facilities, mental health facilities, student/youth hostels and boarding facilities.

WORKFORCE UPDATE

We continue to offer support to our providers at this incredibly busy time. We have nursing capacity within the DHB that could potentially be deployed over the next couple weeks to:

1. Support PPE training,
2. Senior nursing support in a supernumerary capacity
3. General nursing support to help fill vacancies via our workforce office (once you have tried all your usual avenues to source staff)

PPE training and senior nursing support is something we can offer on an as needed basis. General nursing can be accessed through our workforce office. We encourage you to use your own resource first but if you are unable to find the workforce you need you can email COVID-19commWorkforce@ccdhb.org.nz

PPE UPDATE

A national ordering process for DHBs has been stood up to initially distribute masks with other PPE products being added moving forward. What this means is that we need to provide the Ministry of Health with an estimate of PPE requirement – initially masks. If you need to access more PPE please complete the attached request form and email it to COVID-19questions@ccdhb.org.nz

It is important to reiterate PPE is only effective when used properly and appropriately, in conjunction with good infection control processes – cleaning surfaces regularly, hand hygiene, and keeping a 2m distance from others. It also means staying away from work if you are unwell.

SHOUT OUT TO ORA TOA

Ora Toa, a PHO based in Porirua, has stepped up to the needs of its local community with walk in CBACs and activating a mobile testing team to ensure everyone who may require testing for COVID-19 can do so.

One of their doctors, Sarah Sciascia, has also taken a weekly spot on Te Ao Maori News, a live streaming programme fronted by Wena Harawira. Dr Sciascia answers COVID-19 questions in an engaging way through a Maori lens.

It can be viewed here

https://www.facebook.com/TeAoMaoriNews/videos/2752133738175769/?epa=SEARCH_BOX from 4:15 to 9:00 although the entire episode is worth watching – covering topics from wearing masks to tangihanga guidelines, and how the ban on hunting and fishing is affecting rural Maori.

Ora Toa is also part of a whanau ora collective and have been working on the front line delivering over 1000 hygiene and food packs to Maori in need in their region. They have also set up an iwi hub to support their iwi members during this time, not just in Porirua and Wellington but all over New Zealand – not just providing essentials like food, but also putting people in touch with the help that’s available right across New Zealand.

MESSAGES IN TE REO

Our Maori and Pacific Health Directors have maintained a strong focus on priority populations and to that end we have developed targeted social media posts through our channels and we encourage you to share these through your own channels where appropriate.

The main message is to encourage people to come forward for testing if they have any concerns or are feeling unwell with any flu-like symptoms. We are also encouraging people to access healthcare when they need it, and not to wait until they are seriously unwell.

Our social media posts in te reo and English are attached and available for you to share on your pages.

E māuiui ana?

Āe Ko te māuiui COVID-19 pea?
Āe Tēnā, waea atu i te tuatahi
 • Your GP
 • Community based assessment centres (CBACs)
 • 0800 855 022 CCDHB
 • 04 576 8619 HV/DHB
 • 0508 672 862 for Eastern Porirua
 • After hours A&M
 • Hospital Emergency Department (ED)
 • 111

Āe He māuiui āno?
Āe Tēnā, waea atu i te tuatahi
 • Healthline: 24/7 - 0800 511 116
 • Your GP
 • After hours A&M
 • Hospital ED
 • 111

Kāo Ka pai! Noho kāinga, noho haumaru
E pai ana! Ka wātea tonu ānei ratonga katoa i te wā o te rāhui

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Ko ngā ratonga hauora – ko mātou, hei manaaki hei awahi

- E kore te utu i te whakamātautau mō te Mata Korona
- Kei konei ngā Pae Whakamātautau mō te Mata Korona: www.ccdhb.org.nz/our-services/covid-19-community-based-assessment-centres-cbac/
- Haere mai koe ki te Whare Hauora, te Whare Takuta hoki, i kitea koe ki ngā tohu mate, a, Hēmanawa (breathlessness), He Hūpū (runny nose), He Upoko Māmasē (headache), Mare Tauraki (dry cough), Kirihā (fever)
- He mālorohea koe, e tūroro ana koe, a, ka haere mai koe ki te Whare Hauora, te Whare Takuta hoki

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WELLNESS

One of the most impressive outcomes from this pandemic is the willingness to share so many resources which are the result of hard work by so many people in a wide range of organisations. All with the common goal of helping our whanau, friends and colleagues come through this experience in the best way possible.

Red Cross has developed a suite of psychosocial support tools including an 8-page supplement to its guide on providing psychological first aid during COVID-10, and a link to a free four-part pre-recorded webinar.

<https://www.redcross.org.nz/stories/new-zealand/looking-after-yourself-and-others/>

DISABILITY TOOLS

Last week we attached information outlining the accessible support available to our disability community throughout the COVID-19 response. This week we had great feedback from a member of the Deaf community who used the iPad in ED connected to an interpreter and described it as the “best experience ever”. The ability to communicate and be communicated with cannot be underestimated.

The attachment gives useful information about how to create an inclusive environment, access to transport, and how to effectively communicate with people who have learning or intellectual disabilities.

QUESTIONS

If you have any general questions or questions about anything in this update, please email COVID-19questions@ccdhb.org.nz and a member of the team will respond.

THANK YOU

Once again we are humbled by how our community provider network has risen to the challenge of a changing world which is far different from the pre-COVID-19 world we were used to. Thank you for all the work you are doing, and in particular, for the difference you are making to people’s lives in so many ways in these extraordinary times.

Throughout history, out of times like this when we have to be agile and think outside the square, great lightbulb moments occur. The invention of masks dates back around 9000 years to our earliest ancestors putting down roots and making masks in order to define and defend their territory. The same can probably be said of masks in 2020.

Rachel Haggerty

Controller
Community IMT