

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. 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:

- Moving to Alert Level 3
- Essential and Non-Essential Services
- CBACs and testing
- Residential Care Support

MOVING TO ALERT LEVEL 3

The next few days are critical as we work through how we approach Alert Level 3. Importantly there is currently no widespread undetected community transmission of COVID-19.

The Ministry of Health has released its guidance for health and disability services at Alert Level 3 which is attached.

When we go to Alert Level 3 we will need to be even more vigilant because more people will be circulating in our communities. We must continue to reduce contact, and keep breaking the chain of transmission – through frequent hand washing, good cough etiquette, and not touching your face. These rules apply to everyone.

ESSENTIAL AND NON-ESSENTIAL SERVICES

As mentioned, in Alert Level 3 there will be little to no change in the services you are providing. Therefore please assume you will be continuing essential services that keep our patients and clients safe.

ESSENTIAL SERVICES

The use of telehealth and virtual technologies to provide services will remain important. The essential work provided by front line works in NGOs working in our most vulnerable communities, home care and disability support, residential care, CBACS, primary care, ambulance and pharmacy will continue. Our specialist mental health services also remain available. This includes the continuation of admission to community residential facility expect for planned respite. You will not receive referrals of known or suspected Covid-19 patients.

In our specialist hospital services we are working on how to deliver more planned and elective care to protect the health and safety of our communities.

VISITORS

Alert Level 3 guidance from the Ministry of Health states that “visitors from a person’s extended bubble, with no suspicion of COVID-19, will be able to enter, a maximum of one visitor at a time, for one visit per day”. Discretion may be applied on a case by case basis. Visitors must follow precautions such as ensuring hand hygiene and physical distancing of 2-metres. It is also recommended you record visitors to ensure contact tracing can be conducted if necessary.

NON ESSENTIAL SERVICES

For those non-essential services where delivery has been stopped please consider two things:

- Is there a different way you can deliver the service (i.e. using technology rather than face to face);
- If you cannot deliver the service in a different way, can the affected staff in these services be released to work on COVID-19 related activity? This may include being redeployed to other organisations on an as needed basis. (See section below on Workforce Centre)

We also recognise that redeployment of staff will need continue to cover essential services where there are higher than normal levels of sick leave, or staff who are unable to work.

WORKFORCE CENTRE FOR COVID-19

A reminder that we have established a central team who are responsible for supporting your workforce needs of our community sector across the region.

If you need additional staff for your essential services or you have staff that can be redeployed to other organisations/projects either on an ongoing basis or one-off pieces of work please direct them to

COVID-19CommWorkforce@ccdhb.org.nz.

While there is no guarantee that staff will be available a centralised register will allow us to maintain oversight of need and risk across essential services.

ESSENTIAL HEALTH TREATMENT

Just as under Alert Level 4, in Alert Level 3 people can access medical care, and it is important they do so. General Practices / Primary Care / Accident & Medical are open, and GPs are working well with technology for phone and video consultations, and creating safe spaces for people coming in for face-to-face consultations. Your health is always important and if you are uncertain please call your practice directly. They will give you good advice. Pharmacies are also available as are many NGO services in our priority populations.

Please encourage your whanau and family not to leave it too long to seek help. If you need medical attention for anything please seek help promptly.

CBACS

CBACs continue to be high priority for us in Alert Level 3 because they take the load off our general practice teams and emergency departments and after hours A&Ms, thereby reducing the risk of exposure for healthcare workers in other walk-in care locations. While Healthline is officially the first point of contact we are encouraging contact with GP practices or CBACs in the first instance – both for public and our provider network who have suspected COVID-19 cases in their care.

TESTING

With the movement of people within communities being loosened up to allow some movement between home and workplace, and the expansion of bubbles, the risk of spread increases. We will remain vigilant and our testing numbers need to remain high.

As part of the drive for testing as many symptomatic people as possible we will be looking at more proactive ways of testing within our communities – as well as asymptomatic people who may have been exposed to COVID-19 cases.

We will continue to promote the availability of CBACs through our own social media channels as well as encouraging the sharing of those messages through our provider network channels which have now been translated in Te Reo as well as several Pasifika languages, and will be available in sign language and audio this week.

Watch this short video to see how a test is performed. <https://www.youtube.com/watch?v=DVJNWefmHjE>

Below is a table of the current testing population coverage and detection rate by ethnicity. Priority populations remain an area of focus. All throughout our DHBs are in the top five DHBs in the country for proportion of the population tested. Where there is no % detected it means there has not been a positive result that that can be represented by a percentage.

	Test rate per 1,000	DETECTED %
Capital and Coast		
Māori	18.9	0.43%
Pacific	17.4	
Other	18.0	1.36%
Hutt Valley		
Māori	18.6	0.61%
Pacific	17.4	
Other	17.4	0.66%
Wairarapa		
Māori	25.3	
Pacific	20.1	
Other	22.9	0.47%

Ethnicity Test Rate per 1,000 population

RESIDENTIAL CARE SUPPORT

Residential care, including aged, mental health and disability residential facilities, are being visited either virtually or in person to ensure we are ready for a COVID-19 case or a potential outbreak. This is a massive undertaking by the teams involved which includes contract managers and infection control nurses. It is imperative we are as prepared as we can be, and means any issues that are identified can be resolved ahead of an emergency response.

We would like to acknowledge the significant contribution of our community and healthcare workers in residential care. We remain impressed by the commitment, care and compassion for the people you support.

IN THE NEWS

You will be aware of recent media coverage regarding some elderly patients being unable to return or be admitted to residential care facilities. To be clear, while we have tested some patients in order to allow them

to return home, we will not be testing further patients who are asymptomatic unless they meet the required criteria.

Our patients' wellbeing and ensuring their safety is at the heart of our decision-making. If they are showing no symptoms of COVID-19, and have no other extenuating circumstances such as a confirmed or probable case in the facility they are moving to, any contact with a confirmed case, or unexplained change in clinical status, then we do not test.

None of the above criteria for testing applies to any people in our hospitals who are waiting to go home to their residential facility. Our policy around testing will remain unchanged until such time as the Ministry of Health's advice, the advice of our clinical experts, and case definition criteria changes.

For those entering residential care where the bubble is larger and there are many residents, the facilities must isolate the person. This protects both staff and other residents who reside inside that bubble. The risk to the facility, the resident and their families is very low.

Facilities manage isolation on a daily basis. Requiring a COVID-19 test in addition to this is invasive and creates a 'false reassurance' risk.

We want to acknowledge the positive steps Aged Residential Care facilities are taking for people entering or returning to their homes – including 14 days of isolation and infection control protocols – distancing, frequent handwashing, cleaning, and appropriate PPE.

We acknowledge there is fear and anxiety in every community, however testing of asymptomatic people is not an appropriate way to alleviate that anxiety.

Both Hutt Valley and Capital & Coast DHBs have offered additional staff to support aged residential care facilities, where isolation creates a burden on the existing workforce.

HOME BASED SUPPORT

It is important that bubbles remain protected for our vulnerable people who rely on home care support for the basics of life. For some people who experienced a reduction in home support that came with Alert Level 4, there may be a slight increase in service at Alert Level 3, but only where not providing the service will place a person at risk. Those services must be able to be provided safely, with minimised movement between homes, and only activities that maintain physical distancing.

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

Again, thank you all for the tremendous efforts you are making on a daily basis, especially now as we transition from Alert Level 4 to Alert Level 3 and the additional uncertainty this brings.

Rachel Haggerty

Incident Controller
Community IMT