

Clinical - Pandemic preparedness
proactive release 08 April 2020



9(2)(a)

9(2)(a)

Email 9(2)(a)

9(2)(a)

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 17 February 2020 seeking information about COVID-19 pandemic preparations (as per the **attached** letter).

Our responses to each of your questions are below. After discussions with the Ministry of Health (MoH), we advised you on 20 February that while we would respond directly to most of your questions, the MoH would reply where appropriate. This response notes where questions have been transferred to the MoH for a response.

Our focus is on ensuring our systems and processes are aligned in the management of COVID-19 so that we provide consistent, high-quality care to our communities. The situation is evolving, and we have provided the best information available at the time without diverting specialist staff involved in the response from their critical operational priorities.

Before responding to your specific questions, it may be useful to provide some context about our services.

Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We provide regional and supra-regional specialist services (for orthopaedics, plastics, burns and spinal services). There are also several specialist services provided for our community via other metro Auckland DHBs, including tertiary surgical/ medical services, some mental health and addiction services. We employ more than 7,500 FTE staff, and see more than 118,000 people in our Emergency Department each year. We receive more than \$1.6 billion from the Government to deliver these services.

The Northern Region DHBs are working together on a coordinated response to COVID-19, through the Northern Region Health Coordination Centre (NRHCC), drawing on resources and expertise from across the four DHB areas (Northland, Waitematā, Auckland and Counties Manukau). The Northern Region has continued to monitor the situation closely and coordinate our response in conjunction

with Auckland Regional Public Health and the Ministry of Health. We are prepared to manage patients suspected of, or with coronavirus in our region.

A regional Incident Management Team (Northern Regional Health Coordination Centre) response was established in February 2020, led by Waitemata District Health Board CEO Dr Dale Bramley - who is a public health physician, and a local Incident Management Team (IMT) is led by our General Manager - Emergency Department and Middlemore Central. Our Infections Disease teams are providing clinical advice, and Middlemore Central is supporting regular updates and planning.

Our teams have well developed protocols for managing cases of any infectious disease. As with many other respiratory infections, any suspected or confirmed coronavirus cases admitted to CM Health will be managed with appropriate precautions in line with the latest recommendations from Ministry of Health and the World Health Organisation.

Responses to questions for Counties Manukau Health as at 12 March 2020:

A: Availability of Intensive Care Unit (ICU) beds and oxygen delivery machinery

- 1. Has your agency done detailed expert modelling to model the amount of resources (healthcare workers, machines, ICU beds etc) necessary to respond to certain levels of COVID-19 case numbers, with consideration to the specific nature of the COVID-19 disease? If yes, please supply the information.**

There has not been DHB expert modelling for COVID-19 at this time, with the response rapidly evolving.

NZ health services are well-accustomed to managing care during times of peak demand, such as during the annual winter influenza season, and these strategies also apply now. We have capacity management and escalation tools available.

We continue to work together regionally to advance our COVID-19 planning as the situation develops. We are guided by overseas experience and reporting (World Health Organisation etc.) as to resource impacts.

- 2. What is the total number of ICU beds, capable of caring for infectious patients without undue risk to healthcare workers and other patients, currently operational in your region?**

The Middlemore Hospital Critical Care Unit for CM Health has:

- High Dependency Unit 6 beds
- Intensive Care Unit 12 beds

This capacity is clinically managed, depending on actual presentation/ acuity and consideration of anticipated, planned surgical and emergency medical needs. We are able to cohort patients together as required in response to any situation.

- 3. On average, at any given time, approximately and generally, how many of these ICU beds are available to receive new patients?**

As above, the Intensive Care/ Critical Care complex capacity is managed on an hour-by-hour basis, informed by clinical requirements, and there are regional and national protocols for advising and sharing available intensive care capacity.

4. How many machines capable of high-flow oxygen therapy does your region have?

At CM Health facilities, we have devices that are dedicated to oxygen therapy (i.e. piped, and cylinder oxygen systems) used throughout the organisation, and also portable oxygen Concentrators and Devices used for ventilation. We have over 1,100 Oxygen-flow Meters, which connect to piped oxygen outlets that can be used for high-flow oxygen therapy, as part of our general infrastructure and used daily. We have over 110 Oxygen Regulators, which fit onto portable oxygen cylinders on resuscitation trolleys and are available for transport of patients. These could also be used for high-flow oxygen therapy.

5. How many machines capable of non-invasive ventilation does your region have?

Across the Counties Manukau district, we have over 565 devices in service (note, some could also be used as invasive ventilators). Of these, 482 devices are currently allocated to individual patients (long- term), and are used as in-home treatment units. The remaining 83 are distributed across hospital services.

6. How many machines capable of invasive ventilation does your region have?

CM Health has 62 devices that would be classified as invasive ventilators. Of this, approx. half are used in theatres during surgical cases.

7. How many machines capable of extracorporeal membrane oxygenation (ECMO) does your region have?

CM Health does not have this specialist service; the Auckland DHB is the national provider.

B: Emergency Procurements

Considering the following list of materials, medicines and items:

- P2/N95 Masks.
- PPE Goggles.
- PPE Face Shields.
- PPE Gowns.
- PPE Hazmat/coverall suits.
- Machines and related supplies for High-flow oxygen therapy.
- Machines and related supplies for Non-invasive ventilation.
- Machines and related supplies for Invasive ventilation.
- Machines and related supplies for extracorporeal membrane oxygenation (ECMO).
- Other materials, machines and medicines that medical experts have advised you will help to respond to a COVID-19 epidemic.

The National Reserve Supply does not appear to contain many of those items, and primarily contains medication for the treatment of and vaccination against influenza, which are not effective with COVID-19. Further, it states that DHBs are responsible to store PPE according to their needs.

8. How many of each of those 10 items does your region currently have suitable for use in a COVID-19 outbreak with consideration to the specific nature of the COVID-19 disease?

CM Health is part of a regional and national procurement process. Contracts are held by lead procurement agencies; not by the DHBs. The Northern Region DHBs are working closely together to manage availability of supplies, and actual item supply numbers are changing on a daily basis.

The Ministry of Health has been overseeing inventory management for national requirements related to COVID-19, as per our transfer of some elements of this section of your request.

- 9. Has your agency undertaken any consultation with medical experts since January 15, 2020, regarding what numbers and types of medical equipment will be necessary to respond specifically to a COVID-19 epidemic, reducing healthcare worker infections and lowering the Case Fatality Rate?**
- 10. And have these consultations taken into account the latest scientific papers being released regarding COVID-19?**

CM Health and the Northern region response fully align with World Health Organization and Ministry of Health requirements for the management of COVID-19. The Northern Region Health Coordination Centre (NRHCC) convened (with a metro-DHB membership) includes a Clinical Technical Advisory Group (cTAG). Currently the IMT is meeting via daily teleconference and twice weekly TAG meetings.

Taking account of latest scientific information is a standard process as part of peer and academic review and engagement, for our Clinical teams – in this case particularly for new Infectious Disease and Infection Control considerations.

11. Are any emergency procurement related to the above list of 10 materials, medicines and items, already underway, or currently being planned since January 1, 2020?

If yes, please provide documents related to these procurements or proposals since January 1, 2020.

- a) If average prices or vendor names cannot be released under section 9 of the Official Information Act, please remove vendor names or prices and provide only the number of units of each item being procured or proposed to be procured and the estimated delivery time.**
- b) The existence of procurements, related activities and the number of units of each item being procured cannot reasonably be withheld under section 9.**

The Ministry of Health will respond separately to this question.

C. Documents related to the inability to provide hospital care. (Refers to 'manage it' phase)

12. Please provide any documents relating to the meaning of "community care" and what medical care from qualified medical workers and medical equipment and medicines will be provided to COVID-19 patients in "community care"?

At the time of writing, this phase of the response has not yet been reached, and NZ remains in a 'keep it out' phase. The situation is evolving daily and, at present, the DHBs are working closely with

primary healthcare, and Auckland Regional Public Health Service to identify cases, complete contact tracing and clinical assessment. The clinical assessment will determine advice to individuals for self-isolation where appropriate, and in accordance with Ministry of Health guidance.

- 13. Given that recent papers and official Singapore MOH statistics show that approximately ~20% of COVID-19 admissions require oxygen treatment/ ventilation, has your agency done any modelling on the number of COVID-19 patients who will likely need hospital/ ICU treatment, but be unable to obtain it due to hospital overload, depending on various ranges of COVID-19 case numbers?
If yes, please supply documents.**

See responses above.

Our health system is well-accustomed to planning for surge capacity and managing care during times of peak demand, such as during the annual winter influenza season, and these strategies also apply now. Health Emergency Response Plans anticipate that the existing public health and standard Hospital clinical processes will apply to prioritise care needs are based on acuity, and mild-moderate cases of viral infections will be supported during self-isolation at home.

- 14. If it is justified that the treatment of COVID-19 patients, who would normally be cared for in ICU/hospital, is instead done by volunteer groups without medical training or advanced equipment, has your agency considered undertaking:**
- a) Emergency procurements of relevant medical devices and equipment listed in question 2, to at least provide these volunteer groups with medical equipment such as oxygen ventilators and;**
 - b) Emergency training of these unqualified volunteers in the basic care of COVID-19 patients, and the use of these medical devices and equipment, in order to increase the survival rates of those unable to be cared for in medical facilities?**
- If yes, please provide documents relating to these emergency plans.**

No, local CM consideration has not yet been given to involving any voluntary groups without the appropriate medical training, in delivery of care. Refer to the Pandemic Plan guidance for the anticipated government approach – any volunteers/ family or informal carers will likely be best deployed in supporting mild-moderate cases. There are organisations (such as Red Cross, St Johns) in our community capable of offering support with additionally trained volunteers.

- 15. What is the number of unqualified volunteers/ workers available from CDEM and voluntary groups in your region available to care for patients when hospitals and other medical facilities cannot provide care? How recent is this information?**

See response above. The Ministry of Health has also signalled discussions are underway with Health Service unions and organisations to identify additional resources in communities.

- 16. What is the list of facilities (hotels, motels, schools etc) that you have identified as candidates for requisition under section 71(1) of the Health Act 1956 to house COVID-19 patients? How many beds can each of these facilities accommodate?**

The Ministry of Health will respond separately to this question. Currently, self isolation is mainly occurring in existing accommodations (homes), not special health care facilities.

D. Documents related to emergency planning for mass infection of healthcare workers.

17. Does your agency have emergency plans to replace healthcare workers as they become infected? If yes, please supply documents you have relating to such plans.

Existing health response plans include sharing and redeployment of health resources (including staff and facilities) in emergency circumstances. This will depend on how cases emerge, and where they are located.

In recent days, DHB employees in contact with any confirmed cases admitted to hospital have been 'stood-down' and completed self-isolation as per Ministry of Health guidelines as a precaution. Rosters have been covered using standard processes to cover any leave requirements.

We need to take reasonable steps to protect the ability of our hospitals to provide uninterrupted care. Therefore, this week all DHB staff have been given consistent national advice about overseas travel, and all international business travel (work-related) is to be deferred indefinitely. We have advised all employees to consider carefully any private international travel, and check the Safe Travel website for the latest advice.

E. Expansion of test capacity

18. What is the number of SARS-CoV-2 tests that can be performed in your region in a 24-hour period?

Currently, testing for Counties Manukau is performed by the regional provider, LabPlus at Auckland DHB. Currently, LabPlus is able to perform 128 tests in a 24-hour period. From 22 March, with introduction of new equipment, t capacity will increase to a total of 870 tests in a 24-hour period, and combined with other laboratories around the country, could now process more than 1,000 tests a day if required.

19. On average, how quickly can a test be performed from sample to result?

The daily specimens are batched together with a cut-off time for inclusion in the batch being 10.30 am daily. This allows specimens collected overnight at DHBs across the region to get to LabPlus in time for testing that day, providing a 24-hour turnaround time.

20. Do plans exist to expand this capacity and what is the projected capacity increase, and date by which the increase will be achieved?

See the response to question 18 above.

F. Diagnostic and COVID-19 surveillance criteria

21. What are the current guidelines for your medical professionals to request a SARS-CoV-2 diagnostic test?

- 22. Do the surveillance guidelines require recent travel to China to trigger a SARS-CoV-2 diagnostic test?**
- 23. Outside of normal disease surveillance, what additional reporting requirements have been put in place?**

The Ministry of Health will respond separately to these questions.

We provide the most recent version of the protocol for DHB clinical staff (noting it is constantly updated) (**attached**)

G. Public information campaigns

- 24. Please provide any documents you hold related to emergency public health information campaigns of TV, radio and social media that are currently being prepared or have been prepared since January 15, 2020.**

The Ministry of Health will respond separately to this question.

We are directing our community to the Ministry of Health and Auckland Regional Public Health Service websites, including providing social media notices of the 0800 health-line number, Government and Ministry of Health resources, and any ARHPS information.

- <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>
- <https://www.arphs.health.nz/public-health-topics/disease-and-illness/novel-coronavirus-2019-ncov/>
- <https://www.facebook.com/minhealthnz/>
- <https://www.govt.nz/covid-19-novel-coronavirus/>
- <https://www.hpa.org.nz/covid-19>

H. Meetings in your region related to COVID-19 pandemic preparations

- 25. Since January 15, what leadership/ committee meetings have occurred in your agency solely related to preparations for a potential COVID-19 pandemic?**
- 26. Since February 1, what meetings have been held that included trained medical experts, to specifically discuss the latest clinical information regarding COVID-19 cases (e.g. Lancet , NEJM, JAMA), and the projected requirements for equipment, ICU, beds, medicines and healthcare workers to respond appropriately to a potential COVID-19 pandemic, with specific consideration for the COVID-19 disease.**
- 27. Since January 15, what activities, such as additional training and simulations, have been undertaken related to preparations for a potential COVID-19 pandemic?**

CM Health is fully coordinated with the Northern Region DHBs, as previously detailed, via the activation of the Northern Region Health Coordination Centre (NRHCC). This group meets daily, has key staff co-located for the region, and draws on expertise and resources from all four DHBs.

The NRHCC includes a clinical technical advisory group and is closely linked to key primary health organisations (PHOs). CM Health also has its own local Incident Management Team, overseeing the local COVID-19 response, and ensuring it is consistent with the regional and national approaches.

All CM Health (medical, nursing and support) are being provided additional information on COVID-19 as it becomes available, including briefing sessions for frontline staff on appropriately managing suspected cases. A briefing was provided to staff (CEO Forum), by the Chief Medical Officer, outlining the situation at 03 March 2020 (copy attached).

Current schedule of response Meetings – this is changing in response to the evolving situation, and other communication is occurring between services, teams and individuals across the system.

- Regional NRHCC – Daily as well as twice weekly Clinical TAG
- CM Health Contingency group - Weekly
- National NHCC teleconference (MOH & DHB) - Daily

The CM Health team participates in regular Critical Incident Management systems (CIMS) training and emergency response exercises occur on a variety of scenarios each year (Civil Defence, Terror, Incidents etc). Many clinicians were involved in the operational response to the 2009 pandemic, the recent measles outbreak – both in NZ and Samoa, and potential risks from ill travellers (ebola etc).

There are agreed multi-agency procedures for managing cases, where infectious disease is suspected as causing illnesses presenting at the border.

I. Emergency actions to secure your supply chains, particularly relating to medical supplies

28. Please provide information relating to any emergency actions, not normally undertaken, underway since January 1 2020, to secure supplies of medical equipment and supplies for your day to day healthcare provisioning obligations.

A national approach has been taken by the Ministry of Health response team to liaise with suppliers of personal protective equipment to ensure adequate stocks and supply chains are protected for provision of equipment for clinical use by all DHB and primary health care services. This has included additional approval processes and consistent guidance on appropriate use of personal protective equipment for 'droplet' precaution cases.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health