

From: [Alexandra Muthu \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#); [John Beca \(ADHB\)](#); [Sarah Little \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Lesley Voss \(ADHB\)](#)
Cc: [Ann Whitfield \(ADHB\)](#); [OHCovCONTACTTRACE](#); [COVID19 Admin \(ADHB\)](#)
Subject: RE: Proposal for NICU staff involved in the contact trace
Date: Friday, 08 October 2021 18:05:04

Thank you – we will action. ALEX – please can someone from Comms use the info below and draft info sheets for the two close contact groups outlining our reasoning for managing them differently and what their requirements are so that OH can send this out tomorrow.

We have already advised the staff identified in the ORANGE close contact group to have a swab tomorrow – Kitty Bach has been an amazing help, and she herself is the first in the orange group returning tomorrow (all others had a later exposure D1 by one day). One staff member is due to work on Saturday so we have requested a rapid swab to ensure results are back by the start of shift Saturday (we have had several other swabs take >24h to be returned). I will let the managers know the names.

We will advise the staff tomorrow of their new categories but would appreciate the information sheets as above.

Noho ora mai,
Alexandra

Dr Alexandra Muthu

Occupational & Environmental Physician | Clinical Lead Occupational Health & Safety

E: [REDACTED] | [REDACTED]

For all OH Clinical Queries: [REDACTED] | 09 [REDACTED] [REDACTED] | [REDACTED]

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From: Alex Pimm (ADHB)
Sent: Friday, 08 October 2021 5:19 p.m.
To: John Beca (ADHB); Alexandra Muthu (ADHB); Sarah Little (ADHB); Michael Shepherd (ADHB); Lesley Voss (ADHB)
Cc: Ann Whitfield (ADHB); OHCovCONTACTTRACE; COVID19 Admin (ADHB)
Subject: RE: Proposal for NICU staff involved in the contact trace

Thanks all for the work on this.

I'm happy with the plan below – please take this as an 'IMT decision' to implement the plan.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

From: John Beca (ADHB)

Sent: Friday, 08 October 2021 17:14

To: Alexandra Muthu (ADHB) <[REDACTED]> Sarah Little (ADHB)
<[REDACTED]> Alex Pimm (ADHB) <[REDACTED]> Michael Shepherd (ADHB)
<[REDACTED]> Lesley Voss (ADHB) <[REDACTED]>

Cc: Ann Whitfield (ADHB) <[REDACTED]> OHCOVCONTACTTRACE
<[REDACTED]>

Subject: RE: Proposal for NICU staff involved in the contact trace

Kia ora

Thanks for all your collective work on this. Appreciate how much time it has been for Alexandra and Lesley especially! 😊 Thanks.

I am very comfortable with this.

As you say it is very reasonable, and is together with use of aerosol protection in a vaccinated workforce with RAT testing.

Alex will also respond I'm sure.

After that, can the list of names with recommendations be passed on to Dale/Michelle for sorting roster wise.

Cheers

John

From: Alexandra Muthu (ADHB)

Sent: Friday, 08 October 2021 4:39 p.m.

To: John Beca (ADHB); Sarah Little (ADHB); Alex Pimm (ADHB); Michael Shepherd (ADHB); Lesley Voss (ADHB)

Cc: Ann Whitfield (ADHB); OHCOVCONTACTTRACE

Subject: Proposal for NICU staff involved in the contact trace

Importance: High

Hi all

Lesley and I have now completed the additional risk assessments of all identified NICU contacts. The standard occupational health and infectious diseases advice would be to follow the Ministry of Health guidelines. However due to service demands we have performed a risk assessment and further stratified all staff identified as involved in the NICU contact trace. We feel that with the proposed mitigations in the table below, the risk-benefit of maintaining services in the specialist NICU unit are reasonable. This would allow close contacts to return after 7 or 10 days of self-isolation (i.e. return on day 8 or 11), rather than waiting the standard 14 days (i.e. return on day 15), as documented below. ARPHS are aware of our suggested mitigations but cannot officially endorse the proposed changes, however they confirm they have delegated the classification of

staff contacts to Occupational Health.

We are aware that risk matrices are being developed currently to address the increasing risk tolerance to exposures to Covid delta, but currently these are not at a stage where they can be implemented for this situation.

Please can IMT review the below and determine whether these meet the ADHB risk appetite.

Contact category	Definition	PROPOSED Advice – not yet approved	Number of staff
Close contact, highest exposure group	Highest exposure group: Staff working in Rm 4 and with direct contact with case >1-2 hours	<p>Remain designation of close contact for 14 days:</p> <ul style="list-style-type: none"> - Self-isolate 14 days while in the community, household must follow ARPHS advice for close contacts for the full 14d - Daily symptom check by OH (or delegate) for 14d, isolate and swab NP PCR if becomes symptomatic <p>D2/5/9/12 NP PCR swabs</p> <ul style="list-style-type: none"> - If due to work on D10 could consider a rapid NP PCR swab to ensure results return in time <p>Do not attend work for 10 days, RTW D11 if remain asymptomatic and negative swabs, must be fit tested</p> <ul style="list-style-type: none"> - If not fit tested we need to carefully manage a fit test (N95/eye protection for fit tester, in a room with good ventilation and no-one else in room for 1h after) <p>D11-14 inclusive:</p> <ul style="list-style-type: none"> - Daily RAGT and symptom check at the start of each shift - Wear a fit-tested sessional N95 at all times while on ADHB premises to reduce risk to others - Only remove N95 mask in the designated close-contact break room or outside (surgical mask sufficient), to wear N95 in shared bathroom facilities to wear N95 in shared bathroom facilities 	13

		<ul style="list-style-type: none"> - Wear other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - Must follow all ARPHS recommendations when outside the hospital which includes no use of public transport or sharing cars when commuting to work 	
Close contact, lower exposure group	Lower exposure group: <1-2 hours in Rm 4, vaccinated, negative D5 swab	<p>Remain designation of close contact for 14 days:</p> <ul style="list-style-type: none"> - Self-isolate 14 days while in the community, household must follow ARPHS advice for close contacts for the full 14d - Daily symptom check by OH (or delegate) for 14d, isolate and swab NP PCR if becomes symptomatic <p>D2/5/7/12 NP PCR swabs</p> <ul style="list-style-type: none"> - If due to work on D8 could consider a rapid NP PCR swab to ensure results return in time <p>Do not attend work for 7 days, RTW D8 if remain asymptomatic and negative swabs, must be fit tested</p> <ul style="list-style-type: none"> - If not fit tested we need to carefully manage a fit test (N95/eye protection for fit tester, in a room with good ventilation and no-one else in room for 1h after) <p>D8-14 inclusive:</p> <ul style="list-style-type: none"> - Daily RAgT and symptom check at the start of each shift - Wear a fit-tested sessional N95 at all times while on ADHB premises to reduce risk to others - Only remove N95 mask in the designated close-contact break room or outside (surgical mask sufficient), to wear N95 in shared bathroom facilities - Wear other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - Must follow all ARPHS recommendations when outside 	8 (one on annual leave, one not fit tested)

		the hospital which includes no use of public transport or sharing cars when commuting to work	
Casual plus contacts	In the same pod (Rm 5/6) but <15 min in Rm4	Self-isolate until D5 negative swab D2/5/12 NP PCR swabs RTW D6 if asymptomatic and negative D5 swab <ul style="list-style-type: none"> - Daily RAgT and symptom check at the start of each shift - Wear a fit-tested N95 and other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - If they develop any Covid symptoms during a work shift, to don an N95 mask, leave work, and obtain a swab at Stanley St - Must follow all ARPHS recommendations for casual plus contacts 	6
Increased surveillance/monitoring		Continue to work if asymptomatic In N95 and other PPE as required clinically while on the ward Surveillance swabs D2/5/12 NP PCR (or D8 if already completed) – can keep working if asymptomatic	31

Noho ora mai,
Alexandra

Dr Alexandra Muthu

Occupational & Environmental Physician | Clinical Lead Occupational Health & Safety

E: [REDACTED] | [REDACTED]

For all OH Clinical Queries: [REDACTED] | 09 [REDACTED] x29511 | [REDACTED]

Healthlink EDI: ADHBNIRA

Level 5 | Building 14 | Greenlane Clinical Centre

Level 15 | Building 1 | Auckland City Hospital

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

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From: Alexandra Muthu (ADHB)
To: Dale Garton (ADHB); Michelle McHale (ADHB)
Cc: John Beca (ADHB); OHCovCONTACTTRACE; Ann Whitfield (ADHB); Mariam Buksh (ADHB); Lesley Voss (ADHB); COVID ADVICE DR
Subject: RE: NICU close contacts - NEW advice on RTW dates - CONFIDENTIAL, do not forward unless permitted, contains staff information
Date: Friday, 08 October 2021 18:43:49

It might be worth adding a sentence to the info sheet: If any staff believe their risk assessment is not accurate, to email OHCovContactTrace and call their line manager

Noho ora mai,
 Alexandra

Dr Alexandra Muthu
 Occupational & Environmental Physician | Clinical Lead Occupational Health & Safety

E: [REDACTED] | [REDACTED]
For all OH Clinical Queries: [REDACTED] | 09 [REDACTED] x29511 | [REDACTED]

The information contained in this email and any attachments is confidential and legally privileged - and intended for the named recipients only. Do NOT forward or share this communication without consent.

From: Alexandra Muthu (ADHB)
Sent: Friday, 08 October 2021 6:41 p.m.
To: Dale Garton (ADHB); Michelle McHale (ADHB)
Cc: John Beca (ADHB); OHCovCONTACTTRACE; Ann Whitfield (ADHB); Mariam Buksh (ADHB); Lesley Voss (ADHB); COVID ADVICE DR
Subject: NICU close contacts - NEW advice on RTW dates - CONFIDENTIAL, do not forward unless permitted, contains staff information
Importance: High



Hi Dale and Michelle














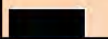


Following on from the IMT request that we risk assess each employee and stratify by risk, so that we can release some close contact staff back to work earlier so that NICU can continue to function, Lesley and I can confirm the following categories and actions required. All staff in the orange group have been contacted by Kitty and asked to obtain a swab tomorrow. They have been told we are reviewing the close contact classification to determine whether we can get them back earlier, and that they will be contacted with any updates. We have not contacted the red group to advise them they may be back earlier than D15.


- We have not yet advised the staff of this definitive advice
- I have requested Alex Pimm have someone from comms draft info sheets for these new close contact groups x2 as this is a new situation and we need all staff to be very clear about the expectations. These info sheets will need to be reviewed by John Beca and myself prior to distribution to staff.
- We do not have an Occ Health weekend service, so **please can NICU contact these staff tomorrow (Saturday) to advise them of this information and to do the daily symptom check**
 1. Orange group RTW information
 2. Red group D9 NP PCR swab date

Here are the details of the staff in each group:

Contact category	Definition	Actions Required – as approved by IMT – all swabs to use SURV-TM18NICU	Number of staff		
Close contact, highest exposure group	Highest exposure group: Staff working in Rm 4 and with direct contact with case >1-2 hours	Remain designation of close contact for 14 days: <ul style="list-style-type: none"> - Self-isolate 14 days while in the community, household must follow ARPHS advice for close contacts for the full 14d - Daily symptom check by OH (or delegate) for 14d, isolate and swab NP PCR if becomes symptomatic 	13		
			[REDACTED]	[REDACTED]	D1 = 1/10 (D11 = 11/10)
			[REDACTED]	[REDACTED]	D1 = 2/10 (D11 = 12/10)
			[REDACTED]	[REDACTED]	D1 = 2/10 (D11 = 12/10)
			[REDACTED]	[REDACTED]	D1 = 1/10 (D11 = 11/10)
			[REDACTED]	[REDACTED]	Currently symptomatic so may not be cleared, neg swab 8/10 D1 = 2/10 (D11 = 12/10)
			[REDACTED]	[REDACTED]	D1 = 3/10 (D11 = 13/10)
			[REDACTED]	[REDACTED]	D1 = 3/10 (D11 = 13/10)
		D2/5/9/12 NP PCR swabs	[REDACTED]	[REDACTED]	D1 = 2/10 (D11 = 12/10)

		<ul style="list-style-type: none"> - If due to work on D10 could consider a rapid NP PCR swab on day 9 to ensure results return in time <p>Do not attend work for 10 days, RTW D11 if remain asymptomatic and negative swabs, must be fit tested</p> <ul style="list-style-type: none"> - If not fit tested we need to carefully manage a fit test (N95/eye protection for fit tester, in a room with good ventilation and no-one else in room for 1h after) <p>D11-14 inclusive:</p> <ul style="list-style-type: none"> - Daily RAgt and symptom check at the start of each shift - Wear a fit-tested sessional N95 at all times while on ADHB premises to reduce risk to others - Only remove N95 mask in the designated close-contact break room or outside (surgical mask sufficient), to wear N95 in shared bathroom facilities to wear N95 in shared bathroom facilities - Wear other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - If they develop any Covid symptoms during a work shift, to don an N95 mask, leave work, and obtain a swab at Stanley St - Must follow all ARPHS recommendations when outside the hospital which includes no use of public transport 			<p>D1 = 3/10 (D11 = 13/10)</p> <p>Needs second vaccine ASAP - but won't be able to go to normal vax centre – OH looking into this</p> <p>D1 = 2/10 (D11 = 12/10)</p> <p>D1 = 1/10 (D11 = 11/10)</p> <p>D1 = 3/10 (D11 = 13/10)</p> <p>D1 = 3/10 (D11 = 13/10)</p>
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		or sharing cars when commuting to work				
Close contact, lower exposure group	Lower exposure group: <1-2 hours in Rm 4, vaccinated, negative D5 swab	<p>Remain designation of close contact for 14 days:</p> <ul style="list-style-type: none"> - Self-isolate 14 days while in the community, household must follow ARPHS advice for close contacts for the full 14d - Daily symptom check by OH (or delegate) for 14d, isolate and swab NP PCR if becomes symptomatic <p>D2/5/7/12 NP PCR swabs</p> <ul style="list-style-type: none"> - If due to work on D8 could consider a rapid NP PCR swab on day 7 to ensure results return in time (requested for Jessica) <p>Do not attend work for 7 days, RTW D8 if remain asymptomatic and negative swabs, must be fit tested</p> <ul style="list-style-type: none"> - If not fit tested we need to carefully manage a fit test (N95/eye protection for fit tester, in a room with good ventilation and no-one else in room for 1h after) <p>D8-14 inclusive:</p> <ul style="list-style-type: none"> - Daily RAgT and symptom check at the start of each shift - Wear a fit-tested sessional N95 at all times while on ADHB premises to reduce risk to others - Only remove N95 mask in the designated close-contact break room or outside (surgical mask sufficient), to wear N95 in shared bathroom 	8 (two on annual leave, one not fit tested)			
					D1 = 3/10 (D8 = 10/10)	Not fit tested (see requirements), due Sun night
					D1 = 3/10 (D8 = 10/10)	Due Sunday night
					D1 = 3/10 (D8 = 10/10)	Due Sunday day (rapid swab requested at SS)
					D1 = 3/10 (D8 = 10/10)	? date due back
					D1 = 2/10 (D8 = 9/10)	Returning 8/10 if swab negative 8/10
					D1 = 3/10 (D8 = 10/10)	On annual leave, due 15/10
					D1 = 3/10 (D8 = 10/10)	On annual leave, due 16/10
		D1 = 3/10 (D8 = 10/10)	Due Mon 11/10			

		<p>facilities</p> <ul style="list-style-type: none"> - Wear other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - If they develop any Covid symptoms during a work shift, to don an N95 mask, leave work, and obtain a swab at Stanley St - Must follow all ARPHS recommendations when outside the hospital which includes no use of public transport or sharing cars when commuting to work 	
Casual plus contacts	In the same pod (Rm 5/6) but <15 min in Rm4	<p>Self-isolate until D5 negative swab D2/5/12 NP PCR swabs</p> <p>RTW D6 if asymptomatic and negative D5 swab</p> <ul style="list-style-type: none"> - Daily RAgT and symptom check at the start of each shift - Wear a fit-tested N95 and other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - If they develop any Covid symptoms during a work shift, to don an N95 mask, leave work, and obtain a swab at Stanley St - Must follow all ARPHS recommendations for casual plus contacts 	<p>6 – should all be back at work now</p> 
Increased surveillance/monitoring		<p>Continue to work if asymptomatic</p> <p>In N95 and other PPE as required clinically while on the ward</p> <p>Surveillance swabs D2/5/12 NP PCR – can keep working if asymptomatic</p>	31

Noho ora mai,
Alexandra

Dr Alexandra Muthu

Occupational & Environmental Physician | Clinical Lead Occupational Health & Safety

E: [REDACTED] | [REDACTED]

For all OH Clinical Queries: [REDACTED] | 09 [REDACTED] [REDACTED] | [REDACTED]

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Sent: Friday, 08 October 2021 5:19 p.m.

To: John Beca (ADHB); Alexandra Muthu (ADHB); Sarah Little (ADHB); Michael Shepherd (ADHB); Lesley Voss (ADHB)

Cc: Ann Whitfield (ADHB); OHCOVCONTACTTRACE; COVID19 Admin (ADHB)

Subject: RE: Proposal for NICU staff involved in the contact trace

Thanks all for the work on this.

I'm happy with the plan below – please take this as an 'IMT decision' to implement the plan.

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Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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Sent: Friday, 08 October 2021 17:14

To: Alexandra Muthu (ADHB) <[REDACTED]> Sarah Little (ADHB) <[REDACTED]> Alex Pimm (ADHB)

<[REDACTED]> Michael Shepherd (ADHB) <[REDACTED]> Lesley Voss (ADHB) <[REDACTED]>

Cc: Ann Whitfield (ADHB) <[REDACTED]> OHCOVCONTACTTRACE <[REDACTED]>

Subject: RE: Proposal for NICU staff involved in the contact trace

Kia ora

Thanks for all your collective work on this. Appreciate how much time it has been for Alexandra and Lesley especially! ☺ Thanks.

I am very comfortable with this.

As you say it is very reasonable, and is together with use of aerosol protection in a vaccinated workforce with RAT testing.

Alex will also respond I'm sure.

After that, can the list of names with recommendations be passed on to Dale/Michelle for sorting roster wise.

Cheers

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Importance: High

Hi all

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in the table below, the risk-benefit of maintaining services in the specialist NICU unit are reasonable. This would allow close contacts to return after 7 or 10 days of self-isolation (i.e. return on day 8 or 11), rather than waiting the standard 14 days (i.e. return on day 15), as documented below. ARPHS are aware of our suggested mitigations but cannot officially endorse the proposed changes, however they confirm they have delegated the classification of staff contacts to Occupational Health.

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		the hospital which includes no use of public transport or sharing cars when commuting to work	
Casual plus contacts	In the same pod (Rm 5/6) but <15 min in Rm4	Self-isolate until D5 negative swab D2/5/12 NP PCR swabs RTW D6 if asymptomatic and negative D5 swab <ul style="list-style-type: none"> - Daily RAgT and symptom check at the start of each shift - Wear a fit-tested N95 and other PPE as required for clinical duties (e.g. eye protection, gown, gloves) - If they develop any Covid symptoms during a work shift, to don an N95 mask, leave work, and obtain a swab at Stanley St - Must follow all ARPHS recommendations for casual plus contacts 	6
Increased surveillance/ monitoring		Continue to work if asymptomatic In N95 and other PPE as required clinically while on the ward Surveillance swabs D2/5/12 NP PCR (or D8 if already completed) – can keep working if asymptomatic	31

Noho ora mai,
Alexandra

Dr Alexandra Muthu

Occupational & Environmental Physician | Clinical Lead Occupational Health & Safety

E: [REDACTED] | [REDACTED]

For all OH Clinical Queries: [REDACTED] | 09 [REDACTED] x29511 | [REDACTED]

Healthlink EDI: ADHBNIRA

Level 5 | Building 14 | Greenlane Clinical Centre

Level 15 | Building 1 | Auckland City Hospital

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From: [Rachel Webb \(ADHB\)](#)
To: [Alexandra Muthu \(ADHB\)](#); [Julia Peters \(ADHB\)](#); [Annabelle Donaldson \(ADHB\)](#); [Emma Church \(ADHB\)](#); [Mitzi Nisbet \(ADHB\)](#); [Mary De Almeida \(ADHB\)](#); [Ann Whitfield \(ADHB\)](#); [ARPHS Emergency Operations \(ADHB\)](#); [John Beca \(ADHB\)](#)
Cc: [Kitty Bach \(ADHB\)](#); [Angela Warren \(ADHB\)](#); [Jenny McDougall \(ADHB\)](#); [Mariam Parwaiz \(ADHB\)](#); [William Rainger \(ADHB\)](#); [OHCOVCONTACTTRACE](#); [COVID ADVICE DR](#)
Subject: RE: Clinical information regarding case for those involved in NICU contact tracing - request from ARPHS
Date: Sunday, 03 October 2021 21:20:43
Attachments: image001.png
image002.png
NICU patient list and mothers NHIs.pdf
Importance: High

Dear all - attached above is a current patient list for NICU. Apologies for the hand-writing and please let me know if needing clarification.

- The far right hand column shows mothers' NHIs
- Lines highlighted in yellow show mothers who are current inpatients on 96,98 and Tamaki wards

Mothers/babies who have ben discharged from the NICU since 30/9 are shown down the bottom of the page

- of note [REDACTED] mother and baby on Tamaki
- [REDACTED] on 24b currently with both parents in the room. [REDACTED] parents have both been swabbed (along with baby) and I can confirm they were being moved into contact+airborne precautions earlier this evening.

Unfortunately it seems there is no easy way for the NICU staff to gain access to fathers' NHI numbers so these are not included at this stage.

Kind regards, Rachel Webb [REDACTED]

From: Alexandra Muthu (ADHB)
Sent: Sunday, 3 October 2021 7:24 p.m.
To: [Julia Peters \(ADHB\)](#); [Annabelle Donaldson \(ADHB\)](#); [Emma Church \(ADHB\)](#); [Mitzi Nisbet \(ADHB\)](#); [Mary De Almeida \(ADHB\)](#); [Rachel Webb \(ADHB\)](#); [Ann Whitfield \(ADHB\)](#); [ARPHS Emergency Operations \(ADHB\)](#); [John Beca \(ADHB\)](#)
Cc: [Kitty Bach \(ADHB\)](#); [Angela Warren \(ADHB\)](#); [Jenny McDougall \(ADHB\)](#); [Mariam Parwaiz \(ADHB\)](#); [William Rainger \(ADHB\)](#); [OHCOVCONTACTTRACE](#); [COVID ADVICE DR](#)
Subject: Re: Clinical information regarding case for those involved in NICU contact tracing - request from ARPHS

Thanks Julia – I've passed this on to John Beca and the OH team. I've cc'd in covid advice doctor and OHCovContactTrace too. We are still trying to gather lists of exposed patients, family and staff and these will be forwarded as soon as we have them.

Kind regards,
Alexandra

From: "Julia Peters (ADHB)" <[REDACTED]>
Date: Sunday, 3 October 2021 at 6:15 PM
To: "Annabelle Donaldson (ADHB)" <[REDACTED]> "Emma Church (ADHB)" <[REDACTED]> "Mitzi Nisbet (ADHB)" <[REDACTED]> "Mary De Almeida (ADHB)" <[REDACTED]> "Rachel Webb (ADHB)" <[REDACTED]> "Ann Whitfield (ADHB)" <[REDACTED]> "Alexandra Muthu (ADHB)" <[REDACTED]> "ARPHS Emergency Operations (ADHB)" <[REDACTED]>
Cc: "Kitty Bach (ADHB)" <[REDACTED]> "Angela Warren (ADHB)" <[REDACTED]> "Jenny McDougall (ADHB)" <[REDACTED]>

"Mariam Parwaiz (ADHB)" <[REDACTED]> "William Rainger (ADHB)"

<[REDACTED]>

Subject: RE: Clinical information regarding case for those involved in NICU contact tracing - request from ARPHS

Kia ora Annabelle, thanks for the conversation just now. As discussed, it's probably important for ARPHS to be included in the IMT meetings on this case and associated exposure events as any parents/caregivers who have been exposed who are not in patients will need to be risk assessed by ARPHS and if they are close contacts placed into self-isolation which will affect their ability to visit the unit. In addition their households will be second order contacts and need to isolate for 5 days from today and released when the close contacts return negative day five tests. Parents categorised as casual plus will need to isolate for five days post exposure and return a negative day five swab.

Our lead PHMS on this tomorrow is likely to be Shanika Perera but in the meantime you can communicate with me and Mariam as Emma not here tomorrow.

Many thanks
Julia

Dr Julia Peters
Public Health Physician | Medical Officer of Health

Auckland Regional Public Health Service

Tel: +64 9 [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Fax: +64 9 [REDACTED]
Level x, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland
Visit: www.arphs.health.nz | [Facebook Auckland Regional Public Health Service](https://www.facebook.com/AucklandRegionalPublicHealthService) | [Twitter @aklpublichealth](https://twitter.com/aklpublichealth)

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From: Annabelle Donaldson (ADHB)
Sent: Sunday, 03 October 2021 5:27 p.m.
To: Emma Church (ADHB); Mitzi Nisbet (ADHB); Mary De Almeida (ADHB); Rachel Webb (ADHB); Ann Whitfield (ADHB); Alexandra Muthu (ADHB); ARPHS Emergency Operations (ADHB)
Cc: Julia Peters (ADHB); Kitty Bach (ADHB); Angela Warren (ADHB); Jenny McDougall (ADHB)
Subject: RE: Clinical information regarding case for those involved in NICU contact tracing

Thank you Emma,

We would appreciate if you can update us on her contact in the hospital on the 30/9. Also any further clarification on her movements within the hospital on these days– whanau room/ other parents/ other areas of the hospital visited eg lounge area on level 9.

We are following up the WAU exposure thanks.

Kind regards

Annabelle

From: Emma Church (ADHB)
Sent: Sunday, 03 October 2021 3:02 p.m.
To: Mitzi Nisbet (ADHB); Mary De Almeida (ADHB); Annabelle Donaldson (ADHB); Rachel Webb (ADHB); Ann Whitfield (ADHB); Alexandra Muthu (ADHB)
Cc: Julia Peters (ADHB)
Subject: Clinical information regarding case for those involved in NICU contact tracing

Kia ora

I spoke with Annabelle already so that you can place limits around contact tracing with the following information.

Case history:

[REDACTED]

Case timeline with respect to ACH visits:

[REDACTED]

Impression: The case can only have been exposed on 29/8 and therefore we are starting contact tracing from 30/9.

Further information we are gathering: use of communal areas in NICU, details of movements on 30/9.

Hope that is helpful for now, the interviews are ongoing here. FYI, for any meetings later today – we are free at 4pm and 5:30pm. Please call if you need further information

Thanks,

Emma Church
Public Health Medicine Specialist

Auckland Regional Public Health Service

Tel: [REDACTED] | Ext: [REDACTED] | Fax: +64 9 [REDACTED]
Level 2, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland
Visit: www.arphs.health.nz | [f](#) [Auckland Regional Public Health Service](#) | [t](#) [@aklpublichealth](#)

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From: [Ailsa Claire \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: A message from Ailsa Claire, Chief Executive - Latest information
Date: Monday, 04 October 2021 16:30:30

[Read in web browser](#)



Kia ora koutou,

It's been a big weekend for a lot of our team, dealing with an increase in COVID-19 cases in our hospitals. As alarming as it sounds, we anticipated this and we know it will continue – we have been planning for it, and working with our clinical teams to safely manage COVID-19 positive patients that need our care.

Living with COVID-19

We know COVID-19 is in our community and that we are likely to continue to see patients in hospital and community services who have COVID-19. We know that we need to understand and plan to live with COVID-19, which includes caring for people with the virus as well as delivering excellent care in all of our services, and keep you safe at work. Planning has begun – some of this work is being done at pace due to the current outbreak, whilst we also plan for the international borders opening in the future.

We need to work both nationally and regionally, and while we are still in a lockdown situation it's a good opportunity for us to learn as much as possible from other countries around the world. Many other countries have already gone through this stage, and we can use their lessons to do things better.

We discussed this and provided an overview of the Living with COVID-19 programme in a webinar last week. If you missed it, [you can watch it here](#) (open in Google Chrome).

Talk to your directorate leadership team for more information and how to get involved – we'll be asking for lots of feedback as we work through each of the workstreams.

We are planning another webinar this week to talk more about the programme and some of the workstreams and to take your questions about our COVID-19 response and Living with COVID-19 programme. Details on that to follow.

Exposure events

As you may have seen, yesterday we were notified of a parent of a baby in NICU who has tested positive for COVID-19.

We are working closely with families and staff in the unit and taking a number of

precautions to keep everyone safe. Some staff are self-isolating, and we will be testing staff regularly. So far, all staff, whānau and babies have tested negative. If you are contacted by our occupational health service or public health, please follow their advice.

Vaccination

You will hear this on all the news channels and read it in every publication – vaccination is crucial to being able to live with COVID-19. As a DHB and the largest employer in Auckland, we have a major role to play, both inside our hospitals and out in the community. We know that the way out of this outbreak and preventing further lockdowns is through high vaccination rates.

We are asking clinical teams to have conversations with every patient in our care, and [referring them for their first or second doses if needed](#). This is something we can all do personally as well. Please talk to your friends and whānau about vaccination and encourage them to step-up and be vaccinated.

Testing

Testing is critical to early detection, and understanding the amount of COVID-19 in our communities. Please continue with the onsite surveillance testing if you are part of the programme. If you have symptoms, get tested at your local community testing centre or [our Stanley Street centre](#) and stay home until you have a negative result and your symptoms have cleared up. Make sure you use our SURV code 'SURV-ADHB' if you are having a surveillance test. I want to thank those of you who continue to be tested – you are truly taking one for the team.

Planned care

We continue to work at pace to ensure we can slowly increase the number of patients we see face to face in our outpatient clinics. Guidelines for safely increasing face-to-face patient flow will be [published on Hippo](#) in the next 24 hours.

PPE and respirator zones

We want you to stay safe so please wear a face mask at all times and clinical PPE when with patients – follow the screening tool for guidance on what to wear. If you're unsure, please ask. Also, note that some areas of our hospital are now designated 'respirator zones' where you must wear an N95/P2. These are:

- Adult Emergency Department
- Children's Emergency Department
- Women's Assessment Unit
- Ward 68

Finally, I know there are a lot of disappointed people after the announcement at 4pm that we're staying at level 3 longer. I feel the same as you do – frustrated, and anxious to get out of this level of lockdown. But our jobs are about keeping people safe and well, so I know that we can get through this. I hope that the phased approach will help relieve some frustration and anxiety, but as always we will lean on each other, be supportive and

help each other to keep doing what we need to do. We're in this together.

Ngā mihi nui,
Ailsa

Ailsa Claire

Chief Executive

Te Toka Tumai | Auckland District Health Board

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 Like | Comment

This email was sent to [REDACTED] from [REDACTED]

[Receive in Plain Text](#)

From: [Angela Warren \(ADHB\)](#)
To: [Mitzi Nisbet \(ADHB\)](#); [Rachel Webb \(ADHB\)](#); [Emma Church \(ADHB\)](#); [Mary De Almeida \(ADHB\)](#); [Annabelle Donaldson \(ADHB\)](#); [Jo Hegarty \(ADHB\)](#); [Kitty Bach \(ADHB\)](#); [Ann Whitfield \(ADHB\)](#); [Alexandra Muthu \(ADHB\)](#); [John Beca \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Sheri-Lyn Purdy \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#)
Cc: [ARPHS Emergency Operations \(ADHB\)](#); [COVID ADVICE DR](#); [Alex Pimm \(ADHB\)](#); [Margaret Wilsher \(ADHB\)](#)
Subject: RE: NICU concern
Date: Sunday, 03 October 2021 13:56:23
Attachments: Contact Tracing Nursing Staff.docx

Please find attached the nursing list of staff in contact with room 4 / 5 and 6

Kind Regards

Angela Warren
Clinical Charge Nurse / NICU
09 [REDACTED] Ext [REDACTED] [REDACTED] [REDACTED]
ADHB Starship Child Health/ Level 9/ Building 32/ ACH

Starship Child Health Nursing Actions Shaping Futures

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From: Mitzi Nisbet (ADHB)
Sent: Sunday, 3 October 2021 1:07 p.m.
To: Rachel Webb (ADHB); Emma Church (ADHB); Mary De Almeida (ADHB); Annabelle Donaldson (ADHB); Jo Hegarty (ADHB); Kitty Bach (ADHB); Angela Warren (ADHB); Ann Whitfield (ADHB); Alexandra Muthu (ADHB); John Beca (ADHB); Ailsa Claire (ADHB); Sheri-Lyn Purdy (ADHB); Michael Shepherd (ADHB)
Cc: ARPHS Emergency Operations (ADHB); COVID ADVICE DR; Alex Pimm (ADHB); Margaret Wilsher (ADHB)
Subject: RE: NICU concern

Updating distribution list

Thanks
Mitzi

From: Mitzi Nisbet (ADHB)
Sent: Sunday, 03 October 2021 12:49 p.m.
To: Rachel Webb (ADHB); Emma Church (ADHB); Mary De Almeida (ADHB); Annabelle Donaldson (ADHB); Jo Hegarty (ADHB); Kitty Bach (ADHB); Angela Warren (ADHB); Ann Whitfield (ADHB); Alexandra Muthu (ADHB)
Cc: ARPHS Emergency Operations (ADHB); COVID ADVICE DR; Alex Pimm (ADHB); Margaret Wilsher (ADHB)
Subject: RNICU concern

Meeting 11am. Present: Mary De Almeida (Chair), M Nisbet, R Webb, Ann Whitfield, Emma Church (ARPHS), K Bach, Alexandra Muthu, Angela Warren,

NICU:

NICU baby [REDACTED] (day 11 in NICU) – 10-12 days old. [REDACTED]
[REDACTED]
[REDACTED]

Mother in each day and father most days. Parents had a meeting with staff on Wednesday or Thursday.

Baby is in room 4 (end room) with another baby (both in incubators). This room connects with room 5 (open cots x2 babies) and 6 (incubators x2 babies) – 6 babies (total) across these 4 rooms. Interconnecting archways between which are open space. No ante chamber.

Staff in room 4 are in close contact <1m (not physically able to distant) possible. Staff have been wearing surgical masks or personal masks. No eye protection.

There is another baby in room 4 on CPAP.

Both [REDACTED] and [REDACTED] have been swabbed and results expected at lunchtime.

ARPHS:

[REDACTED] was confirmed COVID positive from swab on 1/10/21 (CT 20). He is asymptomatic. ARPHS have deemed infectious period from 29/9/21. He was swabbed as contact of another case ([REDACTED]) who's infectious period is from 25/9 (symptoms from 27/9). So difficult to be certain infectious period for [REDACTED].

Father [REDACTED] had contact on 29 Sept with [REDACTED] and likely earlier in the week too. Mother [REDACTED] may have had contact but timing uncertain.

Initial swabs for both parents due at lunchtime today.

Also need swabs (if these are negative) at 48 hour tests from when last at NICU. Mother was there on 2/10/21

[REDACTED], Mother and Father are [REDACTED]

Staff

Staff approximately 15 staff exposed (nursing / medical). Allied health, cleaners etc – limited contact but need to be clarified.

Parents now orange A (or red stream if positive swab) – need adequate precautions around them and infant required. Contact and airborne.

Until further results available staff to wear N95, eye protection, gowns. Cloth masks not to be used.

Action points:

Need list of all staff and masks that they were using. Need list of all patients and family members in unit. NICU team to do.

Plan for managing express feeding – NICU to organise

Mary and Rachel to review layout with NICU team – leave babies in current room until swab results available and this review has occurred. NICU staff to use N95 whilst this is pending.

Facilities review required – need to seal room 4 (has previously been done for measles)

Meeting at 2pm – THIS HAS BEEN MOVED TO 1pm IN VIEW OF POSITIVE RESULT

Thanks,
Mitzi

Dr Mitzi Nisbet

Infectious Diseases and Respiratory Physician

t +64 9 [REDACTED] | m + [REDACTED] | [REDACTED]

Auckland District Health Board | Level 6 | Auckland City Hospital | New Zealand

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From: [Alex Pimm \(ADHB\)](#)
To: [Sarah Little \(ADHB\)](#)
Cc: [Shanika Perera \(ADHB\)](#); [John Beca \(ADHB\)](#); [COVID19 Admin \(ADHB\)](#); [Bridget Cooper \(ADHB\)](#); [Jane Lees \(ADHB\)](#); [Sue Ramsay \(ADHB\)](#); [Melissa Wilson \(ADHB\)](#); [Ann Whitfield \(ADHB\)](#)
Subject: Re: NICU visit by positive parents
Date: Thursday, 07 October 2021 18:03:27

Many thanks.
Happy to approve from an ADHB IMT perspective.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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On 7/10/2021, at 17:59, Sarah Little (ADHB) <[REDACTED]> wrote:

Hello

Please see further information below. Thank you Shanika for your discussion with Melissa and I in which the information below was elaborated.

I have included here the site Clinical Nurse Manager email for you as discussed.

[REDACTED]

Please do not hesitate contacting me if you require any further information.

Many thanks

Sarah

Sarah Little

Nurse Director – Starship Child Health

Starship Child Health

Internal: Level 5 | ACS House | 3 Ferncroft Street | Grafton

Postal: Private Bag 92024 | Auckland Mail Centre | Auckland 1142

[REDACTED]

Mobile: [REDACTED]

Starship Child Health Nursing: Actions Shaping Futures

From: Alex Pimm (ADHB)

Sent: Thursday, 07 October 2021 4:48 p.m.

To: Bridget Cooper (ADHB); Jane Lees (ADHB); Sue Ramsay (ADHB); Melissa Wilson (ADHB); Sarah Little (ADHB); Ann Whitfield (ADHB)

Cc: John Beca (ADHB); Shanika Perera (ADHB); COVID19 Admin (ADHB)

Subject: NICU visit by positive parents

Importance: High

Kia ora,

I understand that NICU baby [REDACTED] ([REDACTED]) is [REDACTED]. Both parents are recently positive for COVID-19, however we have agreed to support visiting given the circumstances. I've been in discussion with Shanika Perera, medical officer of health at ARPHS, who also supports visit, however still needs to give formal exemption from isolation requirements.

Further to conversations with John just now, we need to document (succinctly) the plan, including how we keep others safe and prevent further exposures. The plan should cover:

- PPE (for source control) to be worn by parents when near other people (excluding baby), including wear they will don and doff (e.g. outside) and who will support them with this.

Airborne and contact precautions will be worn by parents. Donning will occur in the AED ambulance bay. They will don and doff outside the negative pressure room in NICU and when exiting outside AED. The COVID-19 transfer team will assist and nursing staff when in NICU.

- Escort from arrival at the hospital entrances to exit.

The COVID-19 transport team will be escorting from the hospital entrances and to exit. They have already been alerted and the Auckland DHB site manager is aware.

- Location of visit – have suggested the negative pressure room in NICU.

NICU, room 3 which is a negative pressure room. There are no other infants or families in this room. A NICU nurse will be present in the room at all times during the visit.

- Internal transport plan – we can use the approved patient transport plan and team, keeping corridors, lifts and other spaces clear of others.

The COVID-19 positive patient transfer team is in place. Site manager and Child Clinical Nurse Manager aware. This team will include them, cleaners, orderly and security. Corridors will be cleared prior to transporting parents, priority lift utilised and red clean following use.

- External transport – presumably utilising Jet Park transport if both parents are at JP (noting that this can have delays & is busy) – MQF ops contact [REDACTED]

- ██████████; duty nurse ██████████.
- Security arrangements – security will be required whilst parents are on-site.

Auckland DHB security will be present

- PPE to be worn by staff.

All staff involved in transfers and the nurse in NICU will be wearing airborne and contact PPE.

Visits will need to be planned in advance and coordinated, however given the baby's current condition, can you please plan how you would activate this at short notice without compromising others' safety.

Can you please urgently put the document together and send to Shanika with copy to me.

Ngā mihi,

A

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: ██████████

E-mail: ██████████

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From: [Shanika Perera \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#); [Sarah Little \(ADHB\)](#)
Cc: [John Beca \(ADHB\)](#); [COVID19 Admin \(ADHB\)](#); [Bridget Cooper \(ADHB\)](#); [Jane Lees \(ADHB\)](#); [Sue Ramsay \(ADHB\)](#); [Melissa Wilson \(ADHB\)](#); [Ann Whitfield \(ADHB\)](#); [Felicity Williamson \(ADHB\)](#); [Maria Poynter \(ADHB\)](#)
Subject: Correction: NICU visit by positive parents - ARPHS exemption
Date: Thursday, 07 October 2021 19:18:20
Attachments: image001.png
image002.png

Correction to name of [REDACTED] partner made below.

From: Shanika Perera (ADHB)
Sent: Thursday, 07 October 2021 7:15 p.m.
To: Alex Pimm (ADHB); Sarah Little (ADHB)
Cc: John Beca (ADHB); COVID19 Admin (ADHB); Bridget Cooper (ADHB); Jane Lees (ADHB); Sue Ramsay (ADHB); Melissa Wilson (ADHB); Ann Whitfield (ADHB); Felicity Williamson (ADHB); Maria Poynter (ADHB)
Subject: RE: NICU visit by positive parents - ARPHS exemption

Hi All,

Thank you for the various discussions this afternoon and evening. I would also like to acknowledge Felicity Williamson, ARPHS PHMS at ARIQ, who has liaised with JetPark and Johnstons to finalise arrangements.

I have discussed the plan with Sarah Little to clarify some details, which I have included in the plan (copied and pasted below). I have also added information provided by Felicity about transportation and Jetpark.

The below risk mitigation plan has been developed by ADHB (with clarification by ARPHS) to mitigate the exposure risk of confirmed COVID cases [REDACTED] and her partner [REDACTED] while visiting their child [REDACTED] (baby [REDACTED]) in ACH NICU – as Medical Officer of Health, I approve an MIQ exemption for temporary NICU visits on compassionate grounds.

The first visit has been planned for this evening. For any urgent queries please contact my mobile below, otherwise please email me.

Kind regards

Shanika

Dr Shanika Perera
Public Health Medicine Specialist | Medical Officer of Health

Auckland Regional Public Health Service

Tel: +64 9 [REDACTED] Ext: [REDACTED] | Mob: +64 [REDACTED]

Level 2, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland

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- PPE (for source control) to be worn by parents when near other people (excluding baby), including wear they will don and doff (e.g. outside) and who will support them with this.
Airborne and contact precautions will be worn by parents. Doning and doffing will occur in the AED ambulance bay. If additional doning and doffing is required in NICU (not anticipated), they will don and doff enclosed area directly outside the negative pressure room in NICU. The COVID-19 transport team will assist in the AED ambulance bay and nursing staff when in NICU.
- Escort from arrival at the hospital entrances to exit.
The COVID-19 transport team will be escorting from the hospital entrances and back to the exit. They have already been alerted and the Auckland DHB site manager is aware.
- Location of visit – have suggested the negative pressure room in NICU.
NICU, room 3 which is a negative pressure room. There are no other infants or families in this room. A NICU nurse wearing contact airborne and contact PPE will be present in the room at all times during the visit.
- Internal transport plan – we can use the approved patient transport plan and team, keeping corridors, lifts and other spaces clear of others.
The COVID-19 positive patient transport team is in place. Site manager and Child Clinical Nurse Manager aware. This team will include them, cleaners, orderly and security. Corridors will be cleared prior to transporting parents, priority lift utilised and red clean following use.
- External transport – presumably utilising Jet Park transport if both parents are at JP (noting that this can have delays & is busy)
JetPark van, if unavailable Johnstons Coachlines (Steve Gilchrist) have provided contact details to both JetPark and Alana Bulling – special arrangements have been put in place to ensure transportation is available 24/7
- Security arrangements – security will be required whilst parents are on-site.
Auckland DHB security will be present outside the negative pressure room in NICU and will be wearing airborne and contact PPE.
- PPE to be worn by staff.
All staff involved in transfers and the nurse in NICU will be wearing airborne and contact PPE.
- Cleaning
After the parents have left, the negative pressure room (and the enclosed area directly

outside if used for donning and doffing PPE) will have a manual red clean as per standard ADHB infection prevention control policy.

- Points of contact to organise transfers to and from Jet Park
ADHB: ACH Site Manager [REDACTED] (generic 24/7)
JetPark: MIF Manager [REDACTED] (generic 24/7) – currently [REDACTED]
- Timing of visits
Scheduled but urgent visits may be required.

From: Alex Pimm (ADHB)
Sent: Thursday, 07 October 2021 6:03 p.m.
To: Sarah Little (ADHB)
Cc: Shanika Perera (ADHB); John Beca (ADHB); COVID19 Admin (ADHB); Bridget Cooper (ADHB); Jane Lees (ADHB); Sue Ramsay (ADHB); Melissa Wilson (ADHB); Ann Whitfield (ADHB)
Subject: Re: NICU visit by positive parents

Many thanks.
Happy to approve from an ADHB IMT perspective.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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I have included here the site Clinical Nurse Manager email for you as discussed.

[REDACTED]

Please do not hesitate contacting me if you require any further information.

Many thanks
Sarah

Sarah Little
Nurse Director – Starship Child Health
Starship Child Health
Internal: Level 5 | AGS House | 3 Ferncroft Street | Grafton
Postal: Private Bag 92024 | Auckland Mail Centre | Auckland 1142

Mobile: [REDACTED]

Starship Child Health Nursing: Actions Shaping Futures

From: Alex Pimm (ADHB)
Sent: Thursday, 07 October 2021 4:48 p.m.
To: Bridget Cooper (ADHB); Jane Lees (ADHB); Sue Ramsay (ADHB); Melissa Wilson (ADHB); Sarah Little (ADHB); Ann Whitfield (ADHB)
Cc: John Beca (ADHB); Shanika Perera (ADHB); COVID19 Admin (ADHB)
Subject: NICU visit by positive parents
Importance: High

Kia ora,

I understand that NICU baby [REDACTED] ([REDACTED] is [REDACTED]. Both parents are recently positive for COVID-19, however we have agreed to support visiting given the circumstances. I've been in discussion with Shanika Perera, medical officer of health at ARPHS, who also supports visit, however still needs to give formal exemption from isolation requirements.

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- Security arrangements – security will be required whilst parents are on-site.

Auckland DHB security will be present

- PPE to be worn by staff.

All staff involved in transfers and the nurse in NICU will be wearing airborne and contact PPE.

Visits will need to be planned in advance and coordinated, however given the baby's current condition, can you please plan how you would activate this at short notice without compromising others' safety.

Can you please urgently put the document together and send to Shanika with copy to me.

Ngā mihi,

A

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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From: [Alexandra Muthu \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#); [OHCOVCONTACTTRACE](#); [Ann Whitfield \(ADHB\)](#); [COVID ADVICE DR](#); [Lesley Voss \(ADHB\)](#); [Mariam Buksh \(ADHB\)](#); [Annabelle Donaldson \(ADHB\)](#)
Subject: Re: Covid transport breach-confidential- Further incident
Date: Friday, 08 October 2021 08:26:24

This is the first I've heard that the father is positive. What is his infectious period and did it cover the period he was in NICU pre-Sunday?

Alexandra

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From: Tania Hueston (ADHB) <[REDACTED]> on behalf of Clinical Nurse Managers Adult Services (ADHB) <[REDACTED]>
Sent: Friday, October 8, 2021 12:19 AM
To: Covid 19 (ADHB); Jane Lees (ADHB); Sylvia Baker (ADHB); Brett Boyle (ADHB); Alberto Lenzi (ADHB); Tracey Barley (ADHB); Jenelle Macinnes (ADHB); Alex Pimm (ADHB); Clinical Nurse Managers Adult Services (ADHB); OHCOVCONTACTTRACE; Ann Whitfield (ADHB); Alexandra Muthu (ADHB); COVID ADVICE DR; Lesley Voss (ADHB); Mariam Buksh (ADHB); Annabelle Donaldson (ADHB)
Cc: OCC Health Advice Referral (ADHB); Alison Hudgell (ADHB)
Subject: FW: Covid transport breach-confidential- Further incident

Good evening,

[Re: COVID +ve persons transport breach](#)

Thank you Annabelle (ID Consultant) for your advice re: plan for tonight

OCC health and Charlies Manager please follow up with the orderly involved, details are:

[REDACTED] AED Orderly
NHI [REDACTED] Emp# [REDACTED]

This evening at 2150 08/10/2021 we transferred two COVID +ve visitors from level two to level nine to visit their child in NICU: patient [REDACTED] ([REDACTED]).

A few issues have arisen from this, seemingly, a couple are the same issues that arose with the transfer on the 5th October as described in the email included within this one.

- The two visitors ([REDACTED] Father and Mother whom are both COVID positive) arrived from JetPark tonight and entered via AED ambulance bay. I advised the upstairs security supervisor that they had arrived and we were on our way. L2 security were present and ensured the path was clear to T3 level two. Prior to the lift departing level two I asked [REDACTED] and the other male security guard there (apologies I do not know his name), is the lift locked so it cannot stop anywhere but level nine, where security were waiting. They both nodded and so I assumed that they had heard me and were confirming this. It seems clear that perhaps they did not hear me as the lift was not locked because when I

saw [REDACTED] and [REDACTED] on level nine, [REDACTED] said the lift was not locked and security control have confirmed that the lift stopped on level three and level five.

Lift timings were:

Lift left level two 2149:00- two visitors inside wearing N95 masks

Lift stopped on level three 2149:58- orderly entered wearing N95 mask

Lift stopped on level 5 2151:56- orderly exited lift

Lift arrived level nine 2151:39- two visitors exited lift

- Further to the lift not being locked, security on level nine ([REDACTED]) stated that they did not receive any comms from level two security that the visitors were on their way and consequently did not realise that the two people who exited the unsecured/unlocked lift were the positive visitors requiring escort. Fortunately Security control noticed and communicated this to them as they saw it happening on camera so they were able to safely escort them down the corridor to NICU.

Site CNM Owen discussed the situation with ID Consultant Annabelle and Charlie is able to stay at work tonight due to the low risk nature of the exposure (timing and due to the fact that all parties were wearing N95s). He will be swabbed in the morning and followed up by OCC health/his Manager

I discussed this with Moses (security supervisor level two) post event and evidently he did not hear me asking re: the lift being locked. He felt that there was miscommunication whereby I should have heard a conversation he had over his radio with his colleagues when I was nearby in the ambulance bay which resulted in him feeling they were not required to lock the lift prior to it leaving level two despite my confirming with him immediately before the lift left.

I debriefed post with [REDACTED] and [REDACTED] and I believe [REDACTED] is doing a datix.

??How to fix this, perhaps moving forward regarding communication loops we could repeat back important instructions/statements to ensure we have all been heard, similar to in a resus when drugs are being called out and then re called out again/confirmed when given?

Any questions I am happy to discuss.

Ngā Mihi,

Tania Hueston
Clinical Nurse Manager – Adult Health
Patient Management Services

| 📧 [REDACTED]

| ✉ [REDACTED]

Te Toka Tumai (Auckland District Health Board)

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From: Fleur Louise Gray (ADHB)

[Redacted]

[Redacted]

[Redacted]

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[REDACTED]

[REDACTED]

From: [Sarah Little \(ADHB\)](#)
To: [REDACTED]
Cc: [Jo Hegarty \(ADHB\)](#); [Dale Garton \(ADHB\)](#); [Mariam Buksh \(ADHB\)](#); [John Beca \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [Consumer Liaison Team - Feedback \(ADHB\)](#)
Subject: RE: *CONFIDENTIAL NICU Covid Exposure 7/10/21
Date: Thursday, 14 October 2021 18:09:29

Dear [REDACTED]

Thank you for sharing your concerns and perspective of events last week in NICU.

We will be reviewing the events of the last two weeks included within this will be the visit by the family from MIQF. I am more than happy to meet with you and Dale if you would like this opportunity.

I understand that you have had a conversation with Dale, please continue to seek her support.

Kind regards
Sarah

Sarah Little
Nurse Director – Starship Child Health
Starship Child Health
Internal: Level 5 | ACS House | 3 Ferncroft Street | Grafton
Postal: Private Bag 92024 | Auckland Mail Centre | Auckland 1142
[REDACTED]
Mobile: [REDACTED]
Starship Child Health Nursing: Actions Shaping Futures

-

[REDACTED]

7 October 2021

Time	Time Line	Comments
Thursday 1130	NICU Senior Peads/Nurse meeting – discussion about how to best facilitate [REDACTED] to be with their baby who was showing signs of clinical deterioration. <ul style="list-style-type: none"> - 3 X senior nurses involved alongside SMO/fellows 	
1351	SCD escalated request to IMT to advise (see attachment)	
pm	Planning - NUM/SCD discussed key role to coordinate visit by whanau on Friday – [REDACTED] NS FL assigned Conversation with CCN to obtain swabs so baby can be moved out of room in preparation for visit	
1900	Nurse safety briefing – shared with nursing team mechanisms of [REDACTED] visit planned for Friday 0930hrs and to facilitate this [REDACTED] would be moved to room 2 overnight	Clinical situation Red stream intensive care rooms 1-3 – well staffed <ul style="list-style-type: none"> - 4 babies/ 4 nurses (3 X experienced NICU, 1 X PICU)
1930	Nurse Director briefed NUM & day/night CCN about ADHB process for [REDACTED] visit including - <ul style="list-style-type: none"> - Role of site manager and ADHB Covid relocation Team - Reviewed PPE and use of toilet facilities - Cleaning 	
1945	CCN receives phone call from nurse at Jet park advising it was impossible “ to bring [REDACTED] tonight as there is no help around after 8pm to help manage these events”	
	Staff Nurse in room with [REDACTED] received a phone call from MOB – MOB said they (jet park) were trying to organise a visit tonight but that wasn't the plan	
1945	CCN receives phone call from Owen (ADHB site manager). He states that Jet park were trying to organise a visit. CCN confirmed the plan was for Friday morning. <ul style="list-style-type: none"> - Site manager said he would work it out and call back 	
	ADHB Site manager phones CCN back and confirms <ul style="list-style-type: none"> - The visit would be 0930 Friday with a backup plan of an emergency visit overnight if the baby deteriorated 	

	<ul style="list-style-type: none"> - Above information repeated by CCN and written in safety briefing book 	
2120	ADHB site manager (Owen) called CCN to say they were "5 minutes away" and confirmed "they (██████████) were always coming at this time"	28/40 baby being admitted to intensive care at this time
2120	██████████ moved quickly from 3 to room 2 so the visit could occur	Had not been moved earlier because it was beneficial to keep 2 nurses/babies in one room so that they could work together especially as ██████████ had additional infusions/meds requiring two nurses.
2130 - 0130	<p>██████████ arrive in NICU – corridor clear, arrived with security, CNM, cleaner etc</p> <ul style="list-style-type: none"> - Welcomed by name and orientated to room - ██████████ needed frequent reminding to keep mask on – RN in room - Visit lasted 4 hours – picked up at 0130hrs, ██████████ found this frustrating as they were hot and had difficulty wearing mask all the time, also becoming tired. - Because ██████████ – ██████████, CCN spent 45 minutes phoning on his behalf 0800 periodic detention. 	26/40 week baby admitted to intensive care at same time
0200	<p>CCN receives call from NS ██████████ (at home) – "I'm calling on behalf of NZNO – I have had a complaint from a member" she asked "Do you have permission from the nurses about the visit"</p> <p>CCN responds "It was tightly organised and well planned", reiterated process for movement of +ve cases in ADHB i.e. security, cleaners etc</p> <p>NS - "Did you know you put the staff member (in room 3 caring for ██████████ at risk, her husband is immunocomprised"</p> <p>CCN – closed down conversation at this point</p> <p>CCN – Debrief with RN in Room 3 (after ██████████ had left) – Nurse did not raise any concerns about own safety when asked. She sated she was confident in own PPE.</p>	<p>Did not reiterate who it was that complained, said she "I heard from HCAs in the nurse's home" (Julie is currently residing there)</p> <p>CNM/CCN – discussion Re: communications (lack of) for next time (escalate)</p>
Friday	Datix received by NUM written by ██████████	Night CCN unaware of datix being submitted -despite having several long conversations with this nurse

From: Mariam Buksh (ADHB)
Sent: Thursday, 07 October 2021 1:51 p.m.
To: John Beca (ADHB); Lesley Voss (ADHB)
Cc: Dale Garton (ADHB) ([REDACTED]); Michelle McHale (ADHB)
Subject: Baby whose mother is Covid positive

Hi John and Lesley,

We had our senior team meeting this morning. A lot of time was spent talking about [REDACTED] whose mother is Covid positive. The clinical team looking after the baby [REDACTED]. She [REDACTED].

Our discussion was around getting the mother to see this baby [REDACTED]. I am somewhat embarrassed to admit that despite the talk of iPad being available for parents to see their babies, we have not managed to set this up. Currently Simon is having phone conversations with the mother to update her about the baby. Simon feels [REDACTED].

We are looking at getting at least one iPad sorted so when the mother is updated next, she will be able to see her baby. It may help with her understanding of [REDACTED].

Our question to you both is – if this baby were to deteriorate, will this mother be allowed to visit baby in NICU from her quarantine facility?

- If the answer is yes, we need to know what needs to happen to set this up. This will likely be an IMT decision. The baby could deteriorate late in the evening/overnight or the weekend and we won't have access to all the people who need to be involved in the decision making process. Also, we may not have a lot of time and the baby may die while we are still trying to sort this out. The clinical team would like to have something in place now so this can be activated rapidly if the need arises. We would need advice on what PPE the mother would require.
- Alternative would be once baby is on a palliative pathway, transport team take the baby over the Quarantine facility where the mother is, and baby is extubated there. This would be difficult logistically but can be done with some will power and a great deal of effort. Jet Park will need to be able to provide a safe place for this to happen.
- Another question from the team is the risk to staff and other babies and parents of letting this mother come in in to NICU (assuming she is still positive and infectious). And the potential fallout if the baby dies and we don't let the mother and baby be together.

Concerns for the mother:

- There is [REDACTED]. We are not sure if [REDACTED] she has been stood down). I have just checked with the public health case worker for [REDACTED] and she is getting some support while there from the Pae Ora team (Maori Support team) so there is some support for her at Jet park. I have also found out just now that the partner has now tested positive and public health is trying to get him into Jet Park so he can be there with [REDACTED].

Non Parent visitor:

This mother has requested that in lieu of she and her partner visiting, she would like her uncle to visit. Does this need to go through IMT?

Thank you for your help with this.

Regards,
Mariam

Mariam Buksh

Neonatologist & Service Clinical Director | Newborn Services | Auckland City Hospital | Private Bag 92024 | Auckland 1142

Level 9 | Support Building | Auckland City Hospital

(09) [REDACTED] extn [REDACTED] | Mobile [REDACTED] | FAX (09) [REDACTED]

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From: "Megan Ashton (ADHB)" <[REDACTED]>
Sent: Wednesday, 6 October 2021 22:06
To: "Dale Garton (ADHB)" <[REDACTED]> Mariam Buksh (ADHB)"
<[REDACTED]>
CC: [REDACTED] [Julie Dick \(ADHB\)](#) <[REDACTED]> Penelope Woodward (ADHB)" <[REDACTED]>
Subject: Covid concerns

Dear Dale and Mariam,

I am writing this in my capacity as a NZNO delegate about some concerns that have been brought to me from the nursing staff. Penny and Julie might like to add anything that has come to them too in their delegate capacity.

The first thing is the new request to come in for our shifts early in order to get a rapid test. This was meant to be implemented from 1400 6/10/21 and we were informed via an email to ensure we were at work early in order for the test to be taken and the result obtained. The test result can take 10-15 mins and in order to get through staff on for a shift, this means people need to arrive earlier than 15 mins. This means, as it is a work requirement, that all staff need appropriate remuneration for this extra time and the expectation for us to come to work earlier. Arriving to work 1/4 hour before the shift start time would be necessary. For those working fulltime 12 hour shifts then could be an extra 45 mins or for those on a 4 day shift week 1 hour. For those fulltime 8 hour shift people this is an extra 1.25 hours. This, of course assumes that it testing starts on time.

Of note everyone turned up early for their shift today only to find that it was now starting tomorrow morning. There is concern that now parents are now allowed in from 0700-1900 and today haven't had a rapid test so nurses are feeling concerned and vulnerable in the current unit situation. How is this ok?

The second thing I have been asked to raise is the lack of information and communication particularly in the first 3 days after this mother was found to be positive. Also staff finding out about things via the media or through the grapevine. Close contacts had to find out information from each other and this has caused a lot of distress. One nurse was working in the room that day looking after another baby yet she did not hear anything until late on Monday and again on Tuesday afternoon. There was a lot of confusion regarding coming to work, testing, how long to isolate. As people have families/flatmates/partners to consider and this has caused a lot of worry as well for both the nurse and for their significant others.

The third thing is if parents will be made to wear full PPE including N95 masks, gowns and visors/google? I noted tonight a mother was here at 2100 with just a surgical mask on (she has exemption to be here after 1900). Some guidelines around this and the rationale would be appreciated for all nurses.

Finally as we are meant to be following protocols and doing things by the book the lack of an observer for donning and doffing, particularly from room 3, and a runner has been noted and has only added to concern for all involved. Although there is one tonight, this has been implemented late after the exposure event and for one day there was only one nurse in room 3 looking after both babies with no runner etc. Can you please confirm that this will be remedied going forward from here?

The lack of a sink outside of room 3 in order to wash your hands before removing your mask and goggles is an issue and nurses have had to use hand gel. Are there any plans for having a sink for handwashing installed outside the room?

While I think we all realise there has been a lot of work behind the scenes, there is a feeling that this has not been disseminated to staff in a timely and clear manner. It appears that there are rapid changes with little communication about them and that often there is conflicting advice given by members of the Covid team eg around the wearing of goggles and visors. The plan going forward from here would be useful too. How long is this meant to continue? Where to once this immediate crisis is over?

There has been word around today and tonight that given how unwell the baby is [REDACTED] that the Covid positive parents will be allowed in to visit. This is causing a great deal of worry and distress that the potential for added exposure and safety for nurses and staff could be compromised. I would suggest this is addressed sooner rather than later to avoid any further concern.

Thanks very much.

Kind regards

Megan Ashton (NZNO Delegate)

Kia Ora,

You are either the Responsible Manager for this incident or have selected to receive notifications on this incident

Responsible Manager: Dale Garton - Nurse Unit Manager - NICU

Incident affecting: Worker

Incident type tier one: Safety Breach

Incident type tier two: Other

Location: Lvl 09 - Bldg 01

Responsible area: Newborn Services(Emp) - Newborn Services - Child Health

Submitted Date: 08/10/2021

Description: I am writing this on behalf of myself, coworkers in NICU tonight and patients. A known covid positive couple allowed into the unit unexpectedly (they were accompanied by duty manager to unit) Their Consultant said she had no idea this was to happen tonight as there was an organized plan made for tomorrow for compassionate reasons. No nurses in unit working were informed this was happening tonight nor was the nurse taking care of the couple's baby informed in appropriate time that this would happen tonight whilst caring for the baby. The unit is already considered a red zone and staff are wearing PPE, however no one was properly informed that these people (known covid positive) would be in the unit tonight. They also took their masks off and on within room 3 saying they were hot. This has put our nursing staff at risk as this was an unplanned and uninformed event.

Current SAC Score:

To view this incident please go to

<https://datix-adhb.hanz.health.nz/Production/index.php?action=incident&recordid=92862> to review it.

If you receive an error message please contact Datix Help ([REDACTED])

Thank you for reviewing and ensuring the incident is managed appropriately.

From: [Dale Garton \(ADHB\)](#)
To: [Sarah Little \(ADHB\)](#)
Subject: FW: Daily comms/update
Date: Friday, 08 October 2021 15:14:00

Via Jodie on behalf of NICU COVID Team to NICU Team – I approve or alter accordingly

From: Dale Garton (ADHB)
Sent: Thursday, 07 October 2021 5:54 pm
To: Jodie Simich (ADHB) <[REDACTED]>
Subject: RE: Daily comms/update

Thanks Jodie

All good

Dale

From: Jodie Simich (ADHB)
Sent: Thursday, 07 October 2021 4:42 pm
To: Dale Garton (ADHB) <[REDACTED]>
Subject: Daily comms/update

Hi Dale,

In addition to the FAQs, I was going to update staff regarding the following:

We've been working closely with the Infection Control and Prevention Nurse with our new procedures and would like to highlight the following

PPE

- If you have been fit-tested for N95 mask with the blue strap, please wear visor/faceshield in the unit (even when you're not working in the isolation area). This is because the N95 mask with blue strap has lesser fluid resistance compared to the other types.
- The visor/faceshield is single use only. You need to dispose it every time you exit NICU or when you exit the isolation room.

NICU Entry

- Staff should enter NICU using the main entrance.
- Prior to entering, don N95 mask and appropriate eyewear/faceshield .
- Please swipe in when you enter to log your "visit/entry"

NICU exit

- Staff should exit via the back door.
- Every time you exit NICU, please DOFF the following
 - Safety eyewear
 - If you're intention is to come back in the unit, please wipe with Clinell wipes and deposit in a specimen bag so you can reuse it.
 - If you have finished your shift, then wash with soap and water. There is a bowl for washing. Place the safety eyewear in a specimen bag to take home and reuse in your next shift.

- Visor/faceshield - please dispose in the yellow bin.
- N95 mask - dispose in the yellow bin and replace with surgical mask.

If you are coming back to the unit, you need to wear a new N95 mask with new visor/faceshield if using blue strap or reuse your safety eyewear for the other types of N95 mask.

Isolation rooms

- Please use hospital linen only. This is to ensure that the linens are appropriately washed using the right temperature and disinfectant by Taylor's.
- Any equipment that needs cleaning, ie., incubator, please wipe with Clinell and attach label stating that it came from isolation room before taking it to the cleaning room.
- For the evening shift, the stock trolley will be placed near the blood gas room so you can restock.

We are asking staff to cooperate as NICU is treated as a "red zone " which means to mitigate risk to you, patients and the general public, we need to ensure that we follow our new procedures.

Attached is the FAQ for the most recent questions you have asked. These are also displayed in the tearoom. Please keep questions coming and we will do our best to answer them. The information and plans may change if required, depending on further swabbing and surveillance testing. We will aim to update you with information and with any changes as soon as able.

Kind regards,

COVID team

From: [Dale Garton \(ADHB\)](#)
To: [Sarah Little \(ADHB\)](#)
Subject: NICU coms 3
Date: Friday, 08 October 2021 15:15:00

From: Dale Garton (ADHB)
Sent: Wednesday, 06 October 2021 7:05 pm
To: Jodie Simich (ADHB) <[REDACTED]>
Subject: RE: New NICU process

Thanks Jodie – see my comments

Happy for you to go ahead

Cheers
Dale

From: Jodie Simich (ADHB)
Sent: Wednesday, 06 October 2021 4:49 pm
To: Dale Garton (ADHB) <[REDACTED]>
Subject: New NICU process

Hi Dale,

This is what I've written in the FB community page. If you approve, I can send this as a follow-up email from your most recent update. I can also attach the FAQs once you've approved it (email from Claire and Ros).

Dear team,
As per Dale's email, our processes in NICU will be different:

1. When you come to work, you will need to have a rapid testing done for each shift. A testing station will be set up outside NICU (by the atrium). Please go to the station before entering the unit.

- The rapid antigen test is quick. It involves a nasal swab (using a small cotton bud) that is then placed into a chemical solution and the solution is tested on the receptacle, which displays a result within 10 to 15 minutes.
- The test is a more comfortable, shallow and less invasive swab than the ones you are used to with the PCR tests. The swabbing itself takes less than a minute.
- What if my test is positive? You need to [go home and get a standard \(PCR\) test straight away](#).

To allow time for everyone to get through the process, we will trial safety briefings at 0715 and 1915.. let's just see how this goes and whether we can fit all of this into the timeframe 12.5 hours! (0700-1930 and 1900-0730)

2. Rapid testing for parents will occur from 0700-1900 – We have assigned this timeframe as 'visiting' hours for whānau (most whānau were informed of this today but please ensure parents know as they may have missed this important information)

3. Use the NICU main entrance with the automatic door to get in the unit using your swipe card (to log your 'visits' to NICU).

4. Yellow trolley at the entrance will have the N95 mask and safety eye wear. Wear these before entering the unit.

- Use the N95 mask that you have been fit-tested.
 - Plastic safety eye wear is reusable. The visor is single use only.
5. When you are working in the isolation area, please follow NICU guideline in regards to PPE. <https://starship.org.nz/guide.../covid-19-admission-to-nicu/>
- In addition, please keep isolation doors closed as much as possible as part of airborne precaution.
 - Call the room landline if you need to pass information so you don't need to go in to the room.
6. Meal breaks
- Staff not working in the isolation area, you can doff your safety eye wear and N95 mask in the small doffing area outside of the tearoom
7. Please exit via the back door after your shift. Prior to exiting:
- Clean plastic eye wear with soap and water. Deposit it in the specimen bag to take home. You can reuse this for your next shift. Visor will need to be disposed as this is single use only.
 - Doff N95 mask in the bin provided. Wear surgical mask when exiting the unit.

Additional reminder:

1. If you need a repeat COVID swab, you need to have it done at Stanley Street and use the SURV code TM18NICU. GPs and community stations can take up to 3 days for results to be back which can be an issue if you're due back to work.

Please spread the word. And keep those comments and questions coming. Bear with us as we learn new processes. We will update you with information and with any changes as soon as able

Many thanks,

COVID team

Jodie Simich

NP, RGN, MN, BSc Biology

Neonatal Course Co-ordinator (AUT) | Neonatal Nurse Practitioner | Newborn Services NICU (Auckland)

Ph: 09 [REDACTED] | Mob: [REDACTED] | Email: [REDACTED]

Auckland District Health Board | Level 9 | Building 32 | Grafton

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From: [Dale Garton \(ADHB\)](#)
To: [Sarah Little \(ADHB\)](#)
Subject: NICU coms Rapid Antigen Testing
Date: Friday, 08 October 2021 15:16:00

From: Dale Garton (ADHB)
Sent: Wednesday, 06 October 2021 11:56 am
To: #ADHB-Child NICU Nurses <# [REDACTED]> #ADHB-Child NICU Senior Nurses <# [REDACTED]> Jane Alsweiler (ADHB) < [REDACTED]> Jo Hegarty (ADHB) < [REDACTED]> Kitty Bach (ADHB) < [REDACTED]> Malcolm Battin (ADHB) < [REDACTED]> Mariam Buksh (ADHB) < [REDACTED]> Sarah Bellhouse (ADHB) < [REDACTED]> Simon Rowley (ADHB) < [REDACTED]>
Cc: Ann Speirs (ADHB) < [REDACTED]> Lesley Voss (ADHB) < [REDACTED]>
Subject: Rapid Antigen Testing

Dear Team,

Here is some information about the Rapid Antigen testing for NICU staff , you will have one when you start each shift. The testing station is being set up just beyond NICU in the atrium. Please go here before entering NICU when you get to work.

Thank you for your patience, this is new for all of us. Feedback welcome

Kind Regards
Dale

The use of rapid antigen tests as a screening tool is another layer of protection. It's not a substitute for other public health measures. These include mask wearing, hand hygiene, getting tested if you have any symptoms, safe spaces inside and getting the COVID-19 vaccine.

How is rapid antigen testing different to other testing

There are two kinds of tests, **diagnostic** and **screening** tests.

Rapid antigen tests are a **screening test** that are used to potentially identify positive cases earlier to help reduce the spread of the virus and prevent outbreaks. When used regularly, rapid antigen tests may help identify individuals who may be infectious early on. Individuals can be pre-symptomatic or asymptomatic but still carry the virus and may transmit it to others.

A standard test such as polymerase chain reaction (PCR) tests, is a **diagnostic test**, and can confirm if someone has COVID-19, with results available in 24 to 48 hours. These tests take a deep nasal sample and throat sample and are tested in laboratories.

A positive rapid antigen test doesn't mean you necessarily have COVID-19, it means you need to get a standard (PCR) test straight away.

What is the test like?

The rapid antigen test is quick and easy.

It involves a nasal swab (using a small cotton bud) that is then placed into a chemical solution and the solution is tested on the receptacle, which displays a result within 10 to 15 minutes.

The test is a more comfortable, shallow and less invasive swab than the ones you are used to with the PCR tests. The swabbing itself takes less than a minute.

Kind regards

Dale Garton
Nurse Unit Manager
NICU

09 [REDACTED] ext 24924 | [REDACTED] | [REDACTED]
Te Toka Tumai | ADHB | Starship Child Health | Level 9 | Building 32 | Grafton

Starship Child Health Nursing: Actions Shaping Futures

Haere Mai Welcome | **Manaaki Respect** | Tūhono Together | **Angamua Aim High**
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From: [Dale Garton \(ADHB\)](#)
To: [Sarah Little \(ADHB\)](#)
Subject: NICU coms again - sorry more than I thought - this was Johns email
Date: Friday, 08 October 2021 15:17:00

From: Dale Garton (ADHB)
Sent: Friday, 08 October 2021 2:12 pm
To: Ann Speirs (ADHB) <[REDACTED]>
Subject: FW: Covid exposure plan

Hi Ann

Can you distribute to everyone, many thanks D

From: John Beca (ADHB)
Sent: Friday, 08 October 2021 12:39 pm
To: Dale Garton (ADHB) <[REDACTED]>
Subject: Covid exposure plan

Kia ora koutou

We'd like to acknowledge that the past 5 days managing a COVID exposure event on the unit have been very challenging and stressful for everyone. Thank you all for working together to keep our babies, whānau and each other safe. Navigating a rapidly changing and uncertain situation shows what a great team you are. I want to acknowledge the incredible work that has gone into managing this situation, particularly from Dale, Mariam and Michelle.

I do want to acknowledge several other things. Firstly, our approach to COVID exposure events is constantly changing as we understand more about spread in different environments, vaccination status changes and as we have access to other tools like Rapid Antigen Testing (RAT). I also want to acknowledge that, because managing this has needed our teams to move fast, we haven't managed to keep up as well as we should with communication. So apologies about that.

Currently the good news is that we have not had any ongoing spread of COVID. All testing of babies, whānau and staff has so far been negative. In order to manage having less staff available, we are transferring pregnant mothers elsewhere where this is safe and feasible. And several NICU nurses from Waikato have kindly offered and are coming to work over the next week.

RAT screening started for parents Wednesday and staff Thursday. This is widely used overseas but is new to New Zealand and has so far only been used as a pilot at Middlemore. This is the first use at ADHB/Starship, so we are learning as we go in setting it up. It is a supplement to our other infection control measures. With almost all of our staff vaccinated and using aerosol protection, all swabs so far being negative and adding RAT screening, we are confident that the on-going risk to staff and patients is extremely low.

Our plan is to continue RAT screening and symptom checks for all staff who are caring for or

visiting patients for 7 days i.e. till Monday. If all testing at that stage is negative, we will only test staff who were close contact, casual plus contact or who are working in rooms 1-3 (until day 14).

We have reviewed with ID, infection control and occ health as to when staff who were potentially exposed can return to work. For those that had limited exposure (casual plus and many of those who were close contact) and have a negative PCR test on day 5, our plan is for return to work from day 7 after exposure with daily RAT testing and symptom check until day 14. For those with greater exposure, we are still finalizing the plan. By international standards, with the level of vaccination we have and the other controls we are using, this is very cautious but we do not want to take risks when we are using new approaches.

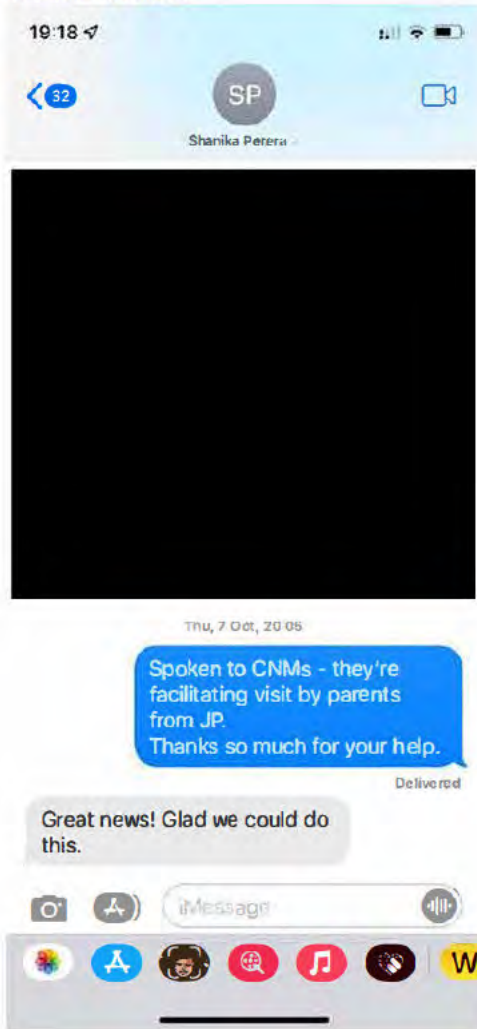
There have been some questions about PPE. Parents do not need to wear aerosol protection PPE. They only need to wear a medical mask. This is because medical masks are very effective, parents are being screened, they have had supplementary testing and are only interacting with their own baby and staff in that room. Plus parents have not been N95 fit tested and this seriously limits any benefit over medical masks.

Again, thanks all for your work. Please let the team know if there are further questions as we want to keep improving our system as we go.

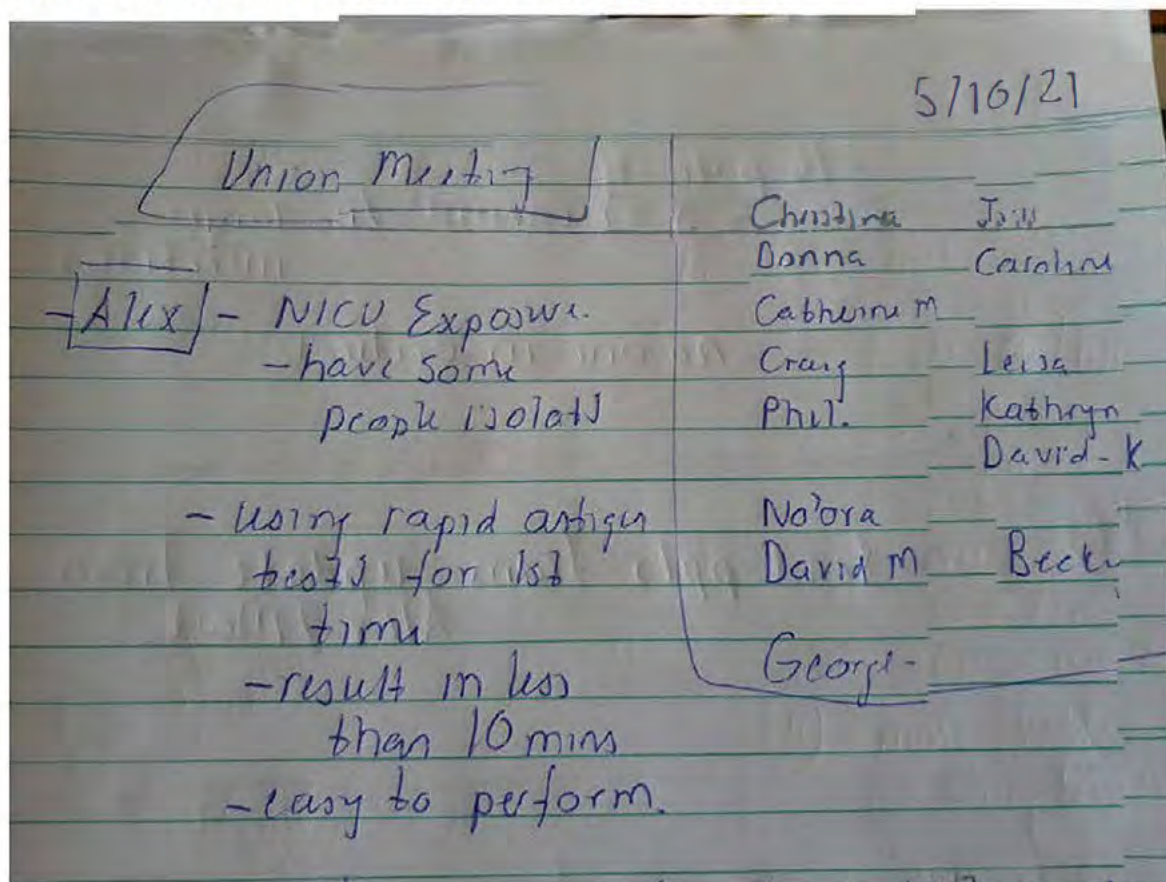
Noho ora mai

John Beca, Sarah Little, Melissa Wilson

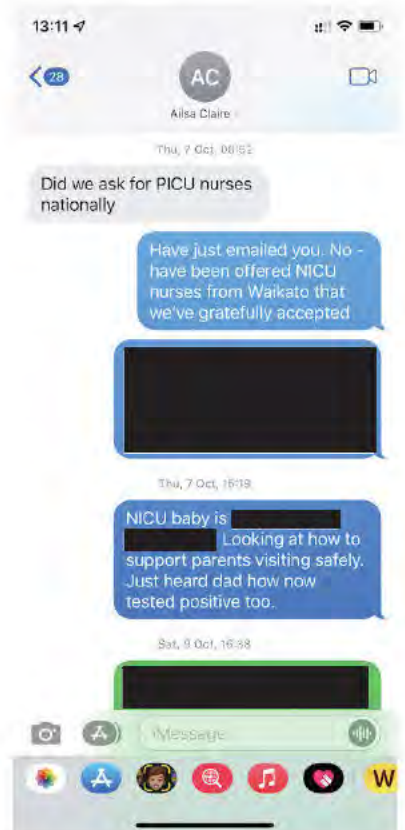
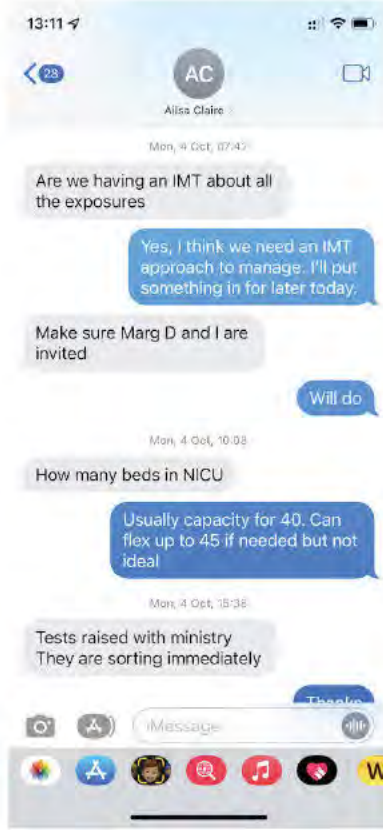
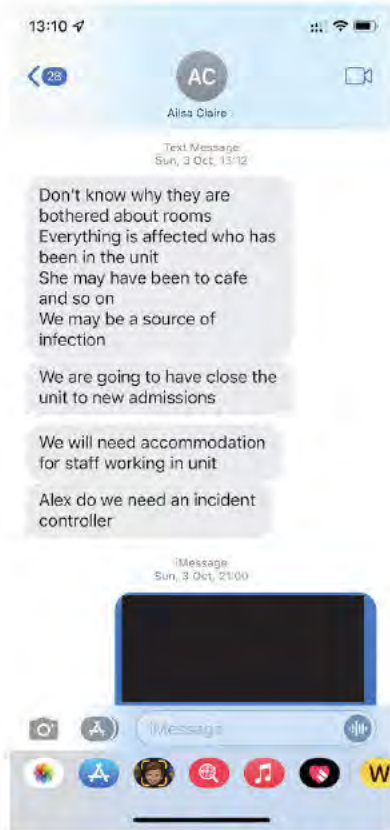
Text messages between Alex Pimm, COVID-19 Response Lead and Shanika Perera, Medical Officer of Health 07/10/21



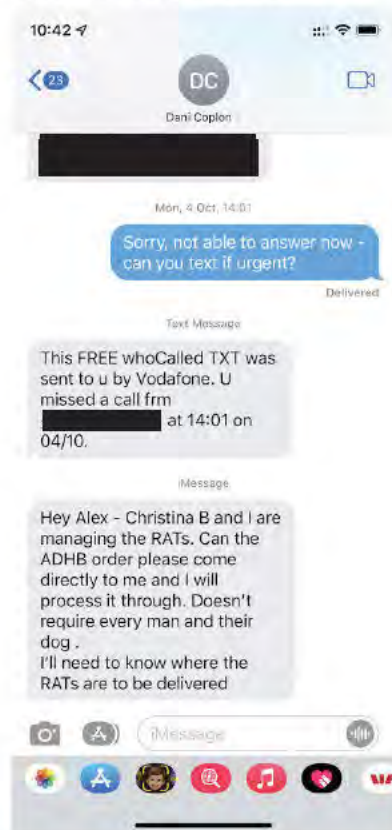
Notes of regular Auckland DHB/union organisers meeting on 05/10/21



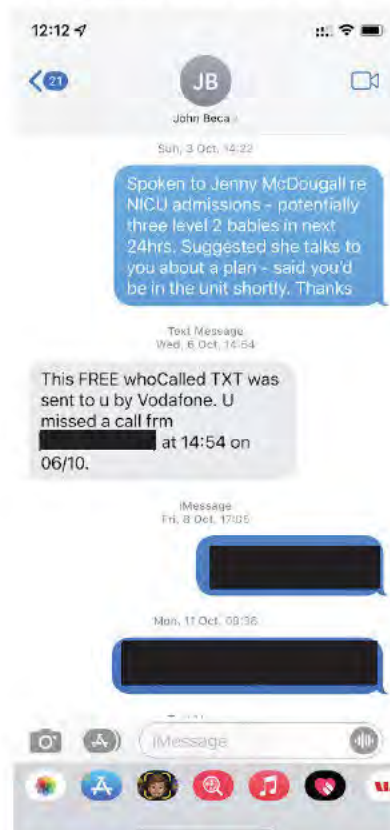
Text messages between Ailsa Claire, Chief Executive and Alex Pimm, COVID-19 Response Lead

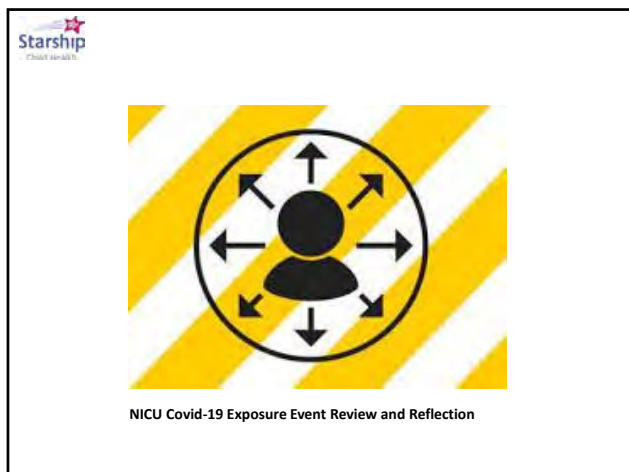


Text messages between Dani Coplan, Ministry of Health and Alex Pimm, COVID-19 Response Lead



Text messages between John Beca, Child Health Director and Alex Pimm, COVID-19 Response Lead





Starship Child Health

Situation : Covid-19 Exposure Event in NICU

Summary

- A mother [redacted] of a baby in NICU Room 4 tested positive for Covid-19 on Sunday 3rd October
- Father (partner of [redacted] close contact
- Both parents present in NICU after onset of infectious period (from Thursday 30th October)
- Parents last present in NICU on Saturday 2nd October in the evening

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Further details...

NICU staff and patient exposure times:

- Thursday 30th September 7 am to midnight
- Friday 1st October 4 pm to midnight
- Saturday 2nd October 2:30 pm to 10 pm

*Father identified as close contact on Saturday evening during routine conversation with staff *- ARPHS and ADHB ID team informed*

- **Action** - parents sent home and advised to get Covid-19 swabs and self-isolate

*what screening questions were asked when he presented to the hospital?

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Saturday 2nd October

Information from ID team:

Father was a close contact of Covid-19 case he had been visiting

ID team advice

- N95 masks for nurses working in room 4 (ID advice). No other PPE or actions
- Screen introduced between rooms 4 and 5*

* Understanding of pod layout and adjoining rooms with no doors in-between?

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Sunday - Day 0

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Morning

ID/CNM/ARPHS & NICU CCN met

- Discussed layout of the unit and details about Baby B's father's movements
- Photos of pod taken, met again to review the layout

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Sunday Day 1

Around midday, [REDACTED] PCR swab positive*

IMT meeting to discuss further plans

Actions

- Risk assessment (close and casual contacts) and initial contact tracing
- Rapid swabs for nurses in rooms 4/5/6, CCN, Resource Nurse, other babies in pod
- All staff in appropriate PPE
- All NICU patients swabbed
- Shared spaces closed (mothers only room, whānau room)
- All parents contacted and informed of situation
 - immediate visiting restriction (No visitors) until further notice

*Considered highly infectious

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Sunday Day 1

Actions (con't)


- All nurses considered close contacts immediately stood down
- Sunday night shift covered by PICU staff
- Babies from room 4 moved to room 3 (negative pressure isolation room)
- Other babies in pod to rooms 1 & 2 once swab results available, into incubators
- Discussion with maternity about planned deliveries & transfers
- Initial comms to NICU staff & media release from Mike Shepherd on Sunday evening
- Security at NICU entrance

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Monday Day 2


- Close contact patients to rooms 1-2, 1:1 nursing
- Regional meeting (8:15 am) to plan transfers
- ARPHS meeting – NICU & other ADHB Covid-19 exposures
- Work with OH to contact trace staff
- Review of rosters – numbers, skill mix, sourcing additional staff
- **No internal comms to staff or parents on Monday*
- Environment – signage, PPE donning and doffing stations, access to PPE, security
- More contact tracing late into the evening*

**2 medical staff identified as close contacts worked clinically all day on Monday*




Tuesday Day 3

- Further environment work with IPC nurse & NP from NICU Covid team
- First 10 am meeting with our SMT (JB, SL, MW, LV, DG, MM, MB)
- Another extended ARPHS meeting for ADHB
- Regional meeting – including maternity & MFM teams, Waikato NICU & maternity (+ ADHB, CMDHB, WDHB NICU/paediatric /obstetric teams)
- Extended meeting with OH for detailed contact tracing – risk stratification to 4 categories: close, casual, casual+ & ‘other’
- Parents contacted to request day 2 swab – decision point for RAgT to expedite parental return to NICU
- **Parent information to ARPHS - 1 parent (close contact) missed due to admin error**



Tuesday Day 3


- Rapid antigen (RAgT) testing discussed & project team assigned (MW, BC)
- Rosters reviewed further with additional risk stratification
- Strategy for additional staffing from bureau, directorate wide, Waikato NICU
- **Comms sent out to NICU staff late evening**



Tuesday – some early reflections


Barriers

- Lack of role clarity and responsibilities re-contact tracing OH v. ARPHS
- Not enough occupational health support for 100+ nurses & 23 medical staff in NICU
- Lack of knowledge of wider processes and expectations within and external to organisation



Wednesday Day 4


- **Rapid Antigen Testing commenced**
Process failure and delays due to testing staff not present and set up not ready; Parent testing delayed until afternoon as no confirmation of negative PCR results; staff testing delayed to evening staff
- Process issues quickly rectified
 - Plan to test everyone coming into NICU between 0630- 1900
 - No testing after 7 pm (for medical NS/NP staff & other staff needing access afterhours)
- **Parental visiting commenced**; restricted between 7 am to 7 pm, only one parent at a time
- More OH work - Information for wellness checks & scripts available, allocated to SMO on Covid stand down & Cat 3 nurse working from home
- Environment set up, plans for managing parents in NICU in place



Thursday Day 5

- Parent & staff testing rapid antigen testing in progress
- Surveillance PCR swabs for staff
- ARPHS meeting; Regional meeting
- NICU Senior Nurse & Paeds meeting – robust discussion re-parents visiting on compassionate grounds as baby critically unwell with high likelihood of dying in the next 24-48 hours
 - Escalated to IMT to liaise with ARPHS , permission granted, visit planned for Friday morning
- Unexpected visit Thursday night*
- Daily comms update


***Under review as separate incident due to external agencies involvement. Feedback from staff & Datix submitted**



Friday Day 6


- Baby died after re-orientation of care
 - Both parents present , visit went smoothly and followed process
 - No feedback from staff about re concerns
- Ongoing discussions about antenatal transfers due to staffing
- More OH work – email late in the evening with updated staff risk stratification, change of swabbing requirements over weekend & return to work plans*

***Due to the time this email was received it was not actioned until Monday morning**




Week 2

- Ongoing roster management
- Daily symptom check of staff isolating at home
 - system in place & functioning well
- Contacts' swabbing plans changed following OH advice – staff risk reviewed and return to work plans agreed for each risk group. Staged return to work of staff between Thursday & Sunday
- Reduced clinical activity for second week
- Blue mirror trial for donning and doffing
- Visitor log book for parents in place




Impact

- 5 other babies and their parents identified as close contacts
- Total of **19 NICU staff** - 17 RN, 1 SMO, 1 RMO considered close contacts and stood down for up to 12 days
- 4 staff external to NICU (2x radiographers, 1 pharmacist & Starship CNM) casual+ contacts , stood down for 5 days
- Deferral of planned activity as much as possible
 - transfer of 9 mothers (12 babies) in utero to other tertiary centres (MMH, Waikato, Wellington, Dunedin)
- █ also presented to WAU when infectious
 - A number of obstetrics staff and patients were deemed contacts & stood down, managed by maternity
- Psychosocial impact on parents & staff




What went well

- No positive cases in NICU patients families or staff as a result of this event
- Immunisation – 98% of staff fully vaccinated
- Fit testing – large proportion of staff Fit tested
- Priority swabbing
- Close contacts identified and stood down
- Wellness checks plan developed
- Senior staff undertaking clinical roles to support activity
- Swabbing and RAgT implemented
- Ability to expedite safe staff return to work – different process
- Support from Neonatal Trust
- Restricted visiting to facilitate physical distancing
- Resident parents still able to isolate in NICU bubble
- Ability to provide separate spaces for staff on return to work
- Visitor register



Assumptions & things we wish we had known


- Leadership –No guide book! With no prior experience of this, more guidance & support from OH/ID/IMT would have been helpful
- Large, long meetings with ARPHS – not useful as not all content relevant for NICU
- Expectations regarding timings and length of some meetings
- Comms out of office hours directed to right people to action in a timely manner
 - Based on feedback from staff
 - General comms perhaps not read by staff
 - Hospital wide comms for other services interacting with NICU (e.g. ophthalmology, paediatric surgery)
- Large numbers of people involved in decision making
 - Difficult to know who was doing what and when
- Requests for updates from other specialities within ADHB i.e. social work requiring NICU to be link resulting in second hand information
- Regional Neonatal comms – working to agenda outside of NICU, competing priorities
- Size of NICU staff – amount of work for contact tracing and symptom checking not appreciated



What will we do better next time?

Operations

- A how-to guide
- Acknowledge the additional activity required in red zone and staff accordingly.
 - ? 1-1 nursing care or runner role, record on TrendCare
- Early and clear information on exposure and risk for staff and parents
- Early comms with other staff attending NICU (radiology/pharmacy)
- Quicker access to systems which support parental contact/updates regarding their babies i.e.. iPad, ?parent emails
- Have clear roles and responsibilities (under development already)
- Additional help for contact tracing



What will we do better next time?

Communication

- Early and clear local communication
 - Deal with misinformation e.g. confusion about contacts
 - Information to parents
- Better communication channels for staff who are stood down – establishing lines of communication and expectations e.g. swab dates
 - provide a written plan as early as possible
- Better communication of differences between OH and ARPHS/MOH advice
 - Staff have raised concerns about why they could return to work earlier but were still required to self isolate (as per MOH)



What will we do better next time?

Environment *

- Lack of ante room outside isolation areas
- **Only one negative pressure room (2 cots)**
- No access to sink outside isolation areas
- Lack of adequate break rooms for different staff streams—this may actually increase risk for 'orange stream' nurses
- Use of Blue mirror trial for PPE doffing and donning

*Not sure many of these problems can be resolved



Thoughts and comments



If you have ANY symptoms (e.g. fever, cough, sore throat, shortness of breath, runny nose, loss of taste or loss of smell), please travel from your home to a COVID-19 testing clinic for a PCR test and return home to self-isolate until a negative result is provided

Staff waits in designated area for a rapid antigen test

Staff moves to the testing station where the test is undertaken

Staff waits in designated area to wait for test result

10mins wait



**If test result is
NEGATIVE**

Testing team to record the result in eclair

Staff member can go to work making sure to follow the appropriate PPE etc

**If test result is
POSITIVE**

- Notify:
- OH
 - IPC
 - ID
 - NICU leadership

Testing team to record the result in eclair

Staff member to leave site* to go to a COVID-19 testing clinic and then go home. **Note:** Stanley Street should be used unless it is outside hours.

Staff can return to site when a negative PCR result is confirmed, or to follow public health advice otherwise

*By agreement staff could wait on site for rapid PCR



If you have ANY symptoms (e.g. fever, cough, sore throat, shortness of breath, runny nose, loss of taste or loss of smell), please travel from your home to a COVID-19 testing clinic for a PCR test and return home to self-isolate until a negative result is provided

Visitors must be:

- Registered
- Screened at the entrance
- Have proof of negative PCR test

Visitor waits in designated area for a rapid antigen test

Visitor moves to the testing station where the test is undertaken

Visitor waits in designated area to wait for test result

10mins wait



Testing team to record the result in eclair

Visit can go ahead as planned making sure to follow the appropriate PPE etc
The usual at bedside screening must still happen

**If test result is
NEGATIVE**

**If test result is
POSITIVE**

Testing team to record the result in eclair

Rapid PCR test arranged and safe space for visitor to wait.

Plan made in conjunction with ID and clinical team

Notify:

- ID
- IPC
- NICU leadership



TE TOKA TUMAI
Auckland DHB

Potential exposure, contact trace & surveillance meeting MINUTES

Date and time: 5th October 2021, 1430-1530

Venue: Zoom

Attending: Chair – Ann Whitfield
Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Erika Constantino, Esther Park, Janine Rouse, Julia Peters (& targeted response team), Suzanne D’Cruz, Leah Pointon, Michelle Keat, Sheri-Lyn Purdy, Taylor Carter, Anne-Marie Pickering, Mary De Almeida, Tracey Barley, Jenny McDougall, Jason Waugh, Erika Constantino, Sarah Little, Lesley Voss, Mariam Buksh, Yvonne Finlay, Emily, Beatle Treadwell, Michelle Mchale, Dale Garton, Annabelle Donaldson, Sally Roberts, Deb Pittam, Steve Harris, John Beca, Nina Gallego, Erika Constantina, Angela Harvey.

No.	Item	Discussion/ action points
1.	[REDACTED]	[REDACTED]
2.	Case exposure in NICU and WAU at Grafton from 30/09 – 03/10.	<ul style="list-style-type: none"> • WAU patients – Esther fed back that there is 1 more close contact and 4 more casual plus contacts, rest of exposed patients as casual contacts. Names to be sent to ARPHS • WAU staff – Ting ting fed back that there are 2 close contacts and 1 for discussion – Beatle to feedback on length of time spent in triage room visits and classification of contact. List to ARPHS.



	<p>A parent of a NICU patient is now a confirmed Covid case – John Beca</p>	<ul style="list-style-type: none"> • Ann W to view CCTV of atrium with Beate. • Ann highlighted that screening at the hospital entrance takes names and then stickers given – patient gets red, visitor gets blue. Ann to obtain blue sticker registration. • The case will have scanned the QR code into NICU – data to be obtained. • NICU lockdown – Day 0 is 2/10. 14 days will be 16/10. Clear on day 15 which is 17/10. Mitigation strategy arranged. • Room 5 and 6 now moved to close contacts. • Dale G and Sarah Little to create spread sheet with details of both parents and send to ARPHS. • NICU staff – 1 close contact awaiting rapid swab results before commencing further tracing. 18-19 considered close contacts and others are increased surveillance. Updated list to go to ARPHS in due course. • 4pm meeting to discuss staff list.
3.	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p>

Date and time: 5th October 2021, 1030-1100

Venue: Zoom

Attending: Chair – Anne Whitfield
Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Erika Constantino, Esther Park, Janine Rouse, Julia Peters (& targeted response team), Suzanne D’Cruz, Leah Pointon, Michelle Keat, Sheri-Lyn Purdy, Taylor Carter, Anne-Marie Pickering, Mary De Almeida, Tracey Barley, Jenny McDougall, Jason Waugh, Erika Constantino, Sarah Little, Lesley Voss, Mariam Buksh, Yvonne Finlay, Emily, Beatle Treadwell, Michelle Mchale, Dale Garton, Annabelle Donaldson, Sally Roberts, Deb Pittam, Steve Harris, John Beca, Nina Gallego, Erika Constantina, Angela Harvey.

No.	Item	Discussion/ action points
1.	[REDACTED]	[REDACTED]
2.	Case exposure in NICU and WAU at Grafton from 30/09 – 03/10. A parent of a NICU patient is now a confirmed Covid case – John Beca	<ul style="list-style-type: none"> • Patients - Esther fed back that there were 2 close contacts in WAU but now discharged. Some possible close contacts to be discussed further. Esther to follow up with Mary and send list of names to ARPHS. • Definitive exposure times and overlaps to be sent by Beatle T to [REDACTED] • Visitors to the area are not captured as yet- Esther and Beatle to follow up. • Subsequent visitors to Triage room followed up – no issues. • Agreed an hour added on to each exposure time. • Staff – All staff have been tested, 1 Midwife and 2 Drs have been stood time. Midwife is isolating but has had a neg swab. All tests that have returned have been negative. • Atrium CCTV coverage recommended to view – left WAU to meet



		<p>husband and loitered in the atrium briefly – ARPHS discussed movements with case but memory is hazy so CCTV review recommended - Anne W to action this and review log.</p> <ul style="list-style-type: none"> • NICU – All babies have been swabbed and all are neg. All parents are captured and screened and to have day 2 today at Stanley street. Negative day 2 swab must be received before parents can visit. • Query around management of inpatient on Tamaki who is a parent of a baby in room 5 – has returned a negative swab. Patient is classified as a casual plus (isolation period is for 5 days) and to be communicated with in-house. ARPHS communicate upon discharge. Annabelle to follow up. • Staff list – Alexandra M gave a brief summary explaining that 19 staff are currently identified as a close contact and 40 identified as increased surveillance. Alex, Lesley, Ann and Dale, to link in and identify priorities and approaches around return to work for staff in red group. • Ann Whitfield to be ARPHS contact at ACH. • Further meeting at 2.30pm today.
3.	AOB	None declared

Date and time: 7th October 2021, 1030-1100

Venue: Zoom

Attending: Chair – Anne Whitfield
 Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Erika Constantino, Esther Park, Janine Rouse, Julia Peters (& targeted response team), Suzanne D’Cruz, Leah Pointon, Michelle Keat, Sheri-Lyn Purdy, Taylor Carter, Anne-Marie Pickering, Mary De Almedia, Tracey Barley, Jenny McDougall, Jason Waugh, Erika Constantino, Sarah Little, Lesley Voss, Mariam Buksh, David Semple, Yvonne Finlay, Emily, Beatle Treadwell, Michelle Mchale, Dale Garton, Annabelle Donaldson, Sally Roberts, Deb Pittam, Steve Harris, John Beca, Nina Gallego, Erika Constantina, Angela Harvey.

No.	Item	Discussion/ action points
1.	Case exposure in NICU and WAU at Grafton from 30/09 – 03/10.	<ul style="list-style-type: none"> • WAU - TingTing following up. Beatle – best area contact. Esther/Beatle – best visitors contact Esther – IPC contact. No CCTV onsite. Difficult to identify. One visitor currently an In-Patient. • Action -Shanika to liaise with Esther around notification issues. • Action - Esther and Beatle to assess inpatient situation. NICU - Yvonne/Alexandra – staff contact Erica – Patients/Babies contact Dale/Michelle - Parents • Public Health – Shanika • 14-day close contacts stand-down – being reviewed. • Alexandra to meet with Lesley around RTW.
2.	[REDACTED]	[REDACTED]
3.	[REDACTED]	[REDACTED]
4.	[REDACTED]	[REDACTED]



		<ul style="list-style-type: none">• [REDACTED]
5	[REDACTED]	<ul style="list-style-type: none">• [REDACTED]
6	[REDACTED]	<ul style="list-style-type: none">• [REDACTED]

Date and time: 8th October 2021, 1045-1200

Venue: Zoom

Attending: Chair – Ann Whitfield
 Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Erika Constantino, Esther Park, Janine Rouse, Julia Peters (& targeted response team), Jay Harrower, Suzanne D’Cruz, Leah Pointon, Michelle Keat, Sheri-Lyn Purdy, Taylor Carter, Anne-Marie Pickering, Mary De Almeida, Tracey Barley, Jenny McDougall, Jason Waugh, Erika Constantino, Sarah Little, Lesley Voss, Mariam Buksh, Yvonne Finlay, Emily, Beatle Treadwell, Michelle Mchale, Dale Garton, Annabelle Donaldson, Sally Roberts, Deb Pittam, Steve Harris, John Beca, Nina Gallego, Erika Constantina, Angela Harvey, Sharmini Muttaiyah.

No.	Item	Discussion/ action points
1.	Case exposure in NICU and WAU at Grafton from 30/09 – 03/10.	<ul style="list-style-type: none"> • NICU Staff lists being narrowed down, updated lists to be sent to ARPHS in due course. • All WAU patient and staff lists compiled. Beatle to contact patients in the interim before ARPHS contact. • Father has now tested positive but was not in NICU. • All lists to be sent to ARPHS once clarified.
2.	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]



6	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Date and time: 11 October 2021 at 10:30 – 11:30am

Venue: Zoom

Attending: Chair – Ann Whitfield
Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Esther Park, Jay Harrower, Mary De Almeida, Tracey Barley, Sarah Little, Lesley Voss, Yvonne Finlay, Emily, Sharmini Muttaiyah, Rupert Handy, Tracy Silva Garay, Jinsu Shinoy.

No.	Item	Discussion/ action points
1.	<p>Exposure: NICU/WAU Date: 30/09 – 03/10 NHI: [REDACTED]</p>	<p><u>Contacts:</u> Patients – Camilla McGuinness Staff – Yvonne Finlay Visitors / Parents – Dale Garton / Michelle McHale IPC – Erica Constantina WAU (+Partners) – Beatle Treadwell</p> <ul style="list-style-type: none"> • NICU close contact group split into 2. • Big shift in Risk tolerance approach. • Ministry about to endorse categorisation (ie: vaccination status, PPE) • No current approaches endorsed. In the interim, carry on as we are. • New proposal relies on Rapid antigen testing. Only NICU approved to use. • Staff pressures – some staff essential workers have had lower exposures in community. • Alexandra & Jay - propose to relook at bringing staff back earlier. • Jay – is highly comfortable with those exposed within the workplace. Contact categorisation outside of health settings is part of his memo to Ministry. • Alexandra – can we have sequential codes (like Counties Manukau) for each exposure? Jay – wait till things are formally confirmed. • Staff – rapid antigen testing much smoother on Friday.
2.	[REDACTED]	[REDACTED]



		<ul style="list-style-type: none">███	[Redacted]
5.	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]



		<ul style="list-style-type: none">[REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none">[REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none">[REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none">[REDACTED]



			[REDACTED]
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CLOSED EXPOSURES

No.	Item	Discussion/ action points
1	[REDACTED]	[REDACTED]
2	[REDACTED]	[REDACTED]

Date and time: 13 October 2021 at 10:30 – 11:30am

Venue: Zoom

Attending: Chair & Minutes – Rawinia Snowden
Alexandra Muthu, Anna Thorburn, Camilla McGuinness, Jay Harrower, Jinsu Shinoy, Kristy Bolter, Lesley Voss, Mary De Almeida, Neil Browne, Rebekah Lane, Rupert Handy, Sarah Little, Simon Briggs, Tingting Ying, Tracey Barley

Apologies: Ann Whitfield

Group Emails: IPC
Occ Health
ARPHS

No.	Item	Discussion/ action points
1.	<p>Exposure: NICU/WAU Date: 30/09 – 03/10 NHI: [REDACTED]</p>	<p>Contacts: Patients – Camilla McGuinness Staff – Yvonne Finlay Visitors / Parents – Dale Garton / Michelle McHale IPC – Erica Constantina WAU (+Partners) – Beattie Treadwell</p> <p>ACTIONS: 1. Tingting – confirm Occ Health happy to CLOSE off WAU following Day 14 swabs (14 Oct) for 2 x Staff</p> <p>NICU</p> <ul style="list-style-type: none"> Jodie Simich coordinating – will arrange test of Grandparent who is double vaccinated. NICU Staff Day 14 due 16/10. Release on Contact Trace on 17/10. ACKNOWLEDGEMENT TO DALE GARTON & MICHELLE MCHALE for an amazing job they have done at arranging a Return to Work Precautions Plan for our Staff who were classified as Close Contacts in the Community. THANK YOU DALE & MICHELLE!! <p>WAU</p> <ul style="list-style-type: none"> IPC followed up Day 2 and Day 5 swabs. Mostly discharged. Happy to CLOSE off for IPC. Occ Health - 2 Staff yet to return to work. In-hand. Confirm this Friday 15th Oct before we CLOSE this exposure. Close Contacts that were low risk returned Day 8 (10 Oct) Others returned 11th, 12th and 13th Oct
2.	[REDACTED]	[REDACTED]



		<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>■</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>■</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>



TE TOKA TUMAI
Auckland DHB

		[REDACTED]
5.	[REDACTED]	[REDACTED]
6.	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]



		[REDACTED]
8.	N [REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]

CLOSED EXPOSURES

No.	Item	CLOSED
1.	[REDACTED]	CLOSED
2.	[REDACTED]	CLOSED
3.	[REDACTED]	CLOSED
4.	[REDACTED]	CLOSED
5.	[REDACTED]	CLOSED

Date and time: 14 October 2021 at 10:30 – 11:30am

Venue: Zoom

Attending: Chair – Ann Whitfield
Minutes – Rawinia Snowden
Adele Wakeham, Becky Lane, Emily Crockett, Katie Loudon, Lesley Voss,
Neil Browne, Sue Ramsay, Jinsu Shinoy, Jay Harrower, Jamie Hosking,
Mark Hobbs, Sefton Moy, Sharmini Muttaiyah, Yvonne Finlay

Group Emails: IPC
Occ Health
ARPHS



NHI	Exposure location	Discussion/ action points
[REDACTED]	NICU/WAU Dates: 30/09 – 03/10	<p>NICU: Dale Garton / Michelle McHale WAU: Beatle Treadwell IPC (Patients): Camilla McGuinness IPC (Visitors): Erica Constantina OH (Staff): Yvonne Finlay</p> <p>ACTIONS:</p> <ol style="list-style-type: none"> Ann W – clarification needed on people returning to work (ARPHS clear first, before internal process) CLOSE - on Friday 16 October following negative Day 14 swabs for last 2 x WAU Staff (results due Thu 14 Oct) <ul style="list-style-type: none"> Clarification of NICU swab dates confirmed by Yvonne to Dale (14 Oct)
[REDACTED]	[REDACTED]	[REDACTED]



NHI	Exposure location	Discussion/ action points
		[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]



NHI	Exposure location	Discussion/ action points
	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]



TE TOKA TUMAI
Auckland DHB

NHI	Exposure location	Discussion/ action points
		<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED]

CLOSED EXPOSURES

NHI	Item	CLOSED
[REDACTED]	[REDACTED]	CLOSED
	[REDACTED]	CLOSED
	[REDACTED]	CLOSED
	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED



[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Date and time: 15 October 2021 at 10:30 – 11:30am

Venue: Zoom

Attending: Chair – Ann Whitfield
Minutes – Rawinia Snowden
Adele Wakeham, Alexandra M, Katie Louden, Neil Browne, Sue Ramsay, Jinsu Shinoy, Jay Harrower, Jamie Hosking, Sefton Moy, Tingting Yin, Yvonne Finlay

Group Emails: IPC
Occ Health
ARPHS



NHI	Exposure location	Discussion/ action points
[REDACTED]	NICU/WAU Dates: 30/09 – 03/10 Close: 17/10	NICU: Dale Garton / Michelle McHale WAU: Beatle Treadwell IPC (Patients): Camilla McGuinness IPC (Visitors): Erica Constantina OH (Staff): Yvonne Finlay ACTIONS: 1. Jay – advise ARPHS team to refer ADHB staff onto Occ Health as staff receiving conflicting advice <ul style="list-style-type: none"> Confirmed that ARPHS are no longer giving clearance letters for people returning to work ADHB staff receiving conflicting advice therefore Jay to advise ARPHS team to refer onto Occ Health. CLOSE 17 October
[REDACTED]	[REDACTED]	[REDACTED]



NHI	Exposure location	Discussion/ action points
		[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
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TE TOKA TUMAI

Auckland DHB

NHI	Exposure location	Discussion/ action points
		<p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>



NHI	Exposure location	Discussion/ action points
		<ul style="list-style-type: none"> [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED]
		<ul style="list-style-type: none"> [REDACTED]

CLOSED EXPOSURES

NHI	Item	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	PATIENTS <ul style="list-style-type: none"> • CLOSED STAFF <ul style="list-style-type: none"> • CLOSED

Date and time: 18 October 2021 at 10:30 – 11:30am

Venue: Zoom

In attendance: Chair – Taylor Carter
Minutes – Rawinia Snowden
Adele Wakeham, Alexandra Muthu, Ann Whitfield, Anna Thorburn, Annabelle Donaldson, Anne-Marie Pickering, Jinsu Shinoy, Katie Louden, Lesley Voss, Mitzi Nisbet, Neil Browne, Paula McNamara, Rochelle Burn, Sally Roberts, Sharmini Muttaiyah, Sheila Fowlie, Sue Ramsay

For distribution: Ed Kidd,

Group Emails: IPC
Occ Health
ARPHS



NHI	Exposure location	Discussion/ action points
[REDACTED]	NICU/WAU Dates: 30/09 – 03/10 Expected Close Date (Day 15): 17/10	NICU: Dale Garton / Michelle McHale WAU: Beatle Treadwell Patients: Camilla McGuinness Visitors: Erica Constantina Staff: Yvonne Finlay ACTIONS: <ol style="list-style-type: none"> 1. Occ Health – check remaining 2 x staff are completing daily symptom checks <ul style="list-style-type: none"> • Confirmed that ARPHS are no longer giving clearance letters for people returning to work • ADHB staff receiving conflicting advice therefore Jay to advise ARPHS team to refer onto Occ Health. • CLOSE 17 October
[REDACTED]	[REDACTED]	[REDACTED]



Potential exposure, contact trace & surveillance meeting
MINUTES

TE TOKA TUMAI
Auckland DHB

NHI	Exposure location	Discussion/ action points
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



NHI	Exposure location	Discussion/ action points
		<ul style="list-style-type: none"> • [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED]



NHI	Exposure location	Discussion/ action points
		i [REDACTED]
		[REDACTED]

CLOSED EXPOSURES

NHI	Item	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED] (Partner of [REDACTED])	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED
[REDACTED]	[REDACTED]	CLOSED

From: [Melissa Wilson \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: RE: NICU nurses
Date: Thursday, 07 October 2021 18:49:46

Any op for a thank you back to Waikato would be appreciated.

From: Alex Pimm (ADHB)
Sent: Thursday, 07 October 2021 5:53 pm
To: Melissa Wilson (ADHB) <[REDACTED]>
Subject: RE: NICU nurses

Brilliant

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

From: Melissa Wilson (ADHB)
Sent: Thursday, 07 October 2021 17:53
To: Alex Pimm (ADHB) <[REDACTED]>
Subject: RE: NICU nurses

5

From: Alex Pimm (ADHB)
Sent: Thursday, 07 October 2021 5:52 pm
To: Melissa Wilson (ADHB) <[REDACTED]>
Subject: FW: NICU nurses

Hope this is working as planned – be good to get an update on home many nurses we manage to get

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

From: Christine Lowry [mailto: [REDACTED]@waikatodhb.health.nz]
Sent: Thursday, 07 October 2021 17:43
To: Alex Pimm (ADHB) < [REDACTED] >
Subject: RE: NICU nurses

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to [REDACTED]

Hi Alex
The staff are on to it. Hope we can make it work
Chris

From: Alex Pimm (ADHB) < [REDACTED] >
Sent: Thursday, 7 October 2021 9:41
To: Christine Lowry < [REDACTED] >
Cc: Melissa Wilson (ADHB) < [REDACTED] > John Beca (ADHB) < [REDACTED] >
Subject: NICU nurses
Importance: High

This email is from an external source. Please be careful if opening any attachments or clicking on links within the email

Waikato DHB IS

Kia ora Chris,

Thanks for your time on the phone this morning regarding NICU nurses. Thanks for your team's kind offer to support out current staffing issues by sending some nurses to us, reducing the need to send babies to you. We really appreciate it.

As agreed, we'll work directly and short-cut the national/TAS process as we're not asking all DHBs to support at this time. We'll organise accommodation, etc. and you'll invoice us for staff costs plus allowances/expenses claimed back by employees.

Melissa is our contact for organising this (details below). There's obviously some urgency so hopefully we can get this going soon.

Melissa Wilson
Acting General Manager, Starship Child Health

[REDACTED]
[REDACTED]

Ngā mihi,

Alex

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

This electronic message, together with any attachments is confidential and may be privileged. If you are not the intended recipient: 1.do not copy, disclose or use the contents in any way. 2.please let me know by return email immediately and then destroy the message. Waikato DHB is not responsible for any changes made to this message and/or any attachments after sending by Waikato DHB. Before opening or using attachments, check them for viruses and effects. Waikato DHB takes no responsibility for affected attachments. Click on link <https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.waikatodhb.health.nz%2fdisclaimer&umid=7526ea8c-580c-443f-ba37-b39bc79af8e9&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-101af8ca58c07b2da31265350a54399ce5a28574> to view the company policy website. If you are not redirected to the company policy website then copy and paste the URL into a new browser window.

From: [Donna Neal \(ADHB\)](#)
To: [Jo Brown \(ADHB\)](#)
Subject: Neonatal Update
Date: Monday, 04 October 2021 14:04:25

Hi Jo,

I attended the 12:45 Regional Neonatal Zoom today- attendees included Maternity and Neonatal Clinical and Management Leaders from the four Northern Region DHBs and from Waikato DHB

Summary of conversation:

- ADHB
 - Neonatal Service (Positive mother- baby negative at this stage- Exposure from Thurs through to Saturday evening)
 - Neonatal service in middle of response- contact tracing continues and 5 staff currently stood down. They may be more stood down once Occ Health and ARPHs have completed their review.
 - Currently have 38 babies in the NICU – 14 in level 3
 - Will probably close to admissions as much as possible, apart from cardiac and surgical neonates
 - Many of the staff swabbed last night or today will not yet be day 5.
 - Obstetrics/ Maternity
 - Currently reviewing those antenatal women that will need to be transferred out - this list has been circulated to region and Waikato teams.
 - Summary of review:
 - 11 women with pregnancies likely to deliver in the next 48-72 hours (12 babies – 1 set twins)
 - 6 identified (7 babies) and prioritised for transfer out as IUT. Possible “best fit” unit based on gestation / geography identified
 - 1 planned admission can be either deferred or added to the list of IUT’s depending upon the patients concern over risk.
 - 1 patient booked for a CS tomorrow whose baby will need a post delivery exchange transfusion can be delivered elsewhere in Auckland area. (level 2 or 3 NICU)
 - 3 patients remain in ADHB – low risk for delivery.
 - There are no women that need to be delivered today- all high risk women are on BD CTGs and are one CTG away from needing to deliver.
- WDHB
 - Neonatal Services
 - Both SCBUs are at capacity with staffing pressures
 - Unable to assist the region for the next 24-48 hours.
 - Obstetrics/ Maternity Services (Positive baby in Maternity ward- father positive. Baby well currently)
 - Have stood down 51 staff. All have been swabbed (day 5) and results due tomorrow. Only 2 staff rostered for night shift today instead of usual 12

- Next 24 hours are critical.
- CMDHB
 - Neonatal Service
 - Currently 42 babies in NICU with 2 expected admissions.
 - Reviewing options this afternoon to free up capacity – will have a plan to report back to group by tomorrow lunchtime.
- Northland DHB
 - Neonatal Service
 - currently 6 babies. One baby was planned for transfer back from ADHB today, but stopped last night given exposure event. Once baby swab result is back, will progress transfer back.
- Waikato DHB
 - Neonatal Service
 - Has accepted transfer of 28/40 and 29/40 twins. Awaiting confirmation from Obstetrics that there are antenatal beds for the mothers. Transfers may occur as early as this evening.
 - Waikato attempting to re direct a 30/40 from Rotorua to another unit to assist in freeing up capacity for Auckland women/ neonates

Next steps:

- CMDHB to meet internally this afternoon and get plan for creating additional capacity where able.
- ADHB will work with Waikato to progress antenatal transfer of the two mothers/ three neonates.
- Group to meet again tomorrow at 12:45 for progress update
- DN and NK to work on plan forward re coordination of baby movements etc.

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [Tracey Schiebli \(NDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [NRHCCINTELLIGENCE1 \(ADHB\)](#)
Subject: Regional Provider Group - notes of meeting 4 October 1000
Date: Monday, 04 October 2021 19:50:02

Regional Provider Group 04 October 2021 1000

[REDACTED]

[REDACTED]

[REDACTED]

Hospital exposure events

- ADHB NICU positive parent and DCCM positive patient
 - Main pressure will be NICU capacity, large number of staff implicated or exposed, working with occ health/ARPHS
 - Where possible would like to transfer mothers to other units prior to birthing, NSH signalling SCBU capacity challenges associated with Maternity EE
 - Follow up today re transfer of twins delivered last night at ADHB
 - Need to manage capacity across system
- 38 babies now in neonatal at ADHB, 35 CMDHB, WDHB full (post meeting update 11 + 12 out of 24 cots)
- WDHB happy to take lower threshold cases if there is capacity, currently working up Maternity exposure event, number of staff may need to be stood down, WDHB prioritising
- Regional neonatal meeting today at 12:45PM, Donna to join and update RPG, Waikato included in regional discussions and are taking transfers inutero

[REDACTED]

[REDACTED]

[Redacted text block]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[Redacted]

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [Tracey Schiebli \(NDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [NRHCCINTELLIGENCE1 \(ADHB\)](#)
Subject: Regional Provider Group - notes of meeting 5 October 1530
Date: Tuesday, 05 October 2021 20:17:11
Attachments: RE Neonatal Update 5Oct 2021.msg
Daily hospital Stats 05102021 1000 update.docx

Regional Provider Group 5 October 2021

[Redacted content]

Neonatal capacity

- No further escalation, work continues regionally with daily meeting (1245) to review cot demand and management plans for women (notes of meeting attached)
- Donna to get detailed update of transfers that have occurred across metro and to Waikato in last 24 hours – **update to Ailsa/Emma NRHCC**

[Redacted content]

[Redacted]

[Redacted]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[Redacted]

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [Tracey Schiebli \(NDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [NRHCCINTELLIGENCE1 \(ADHB\)](#)
Subject: Regional Provider Group - notes of meeting 6 October
Date: Thursday, 07 October 2021 07:12:42
Attachments: Neonatal Update 6 th Oct 2021.msg

Regional provider group 06 October 2021

Response

- **NICU capacity:** daily neonatal capacity discussions continue, Donna will continue to link to this meeting and update RPG, further transfer to Waikato yesterday, Waikato have cots but no maternity capacity, ADHB NICU to be listed as LOI on MoH website today (**Notes attached**)

- [REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[Redacted text]

From: [Donna Neal \(ADHB\)](#)
To: [Jo Brown \(ADHB\)](#)
Subject: FW: Regional Neonatal Daily Catch Up
Date: Monday, 11 October 2021 16:23:00

Notes from this afternoon's Neonatal meeting- I was unable to attend.

From: Nettie Knetsch (CMDHB)
Sent: Monday, 11 October 2021 3:58 p.m.
To: Karen Boyle (CMDHB); Lindsay Mildenhall (CMDHB); Guy Bloomfield (CMDHB); Melissa Wilson (ADHB); Dale Garton (ADHB); Mariam Buksh (ADHB); Paula Seymour (WDHB); Debbie Daniel (WDHB); Christopher Peterson (WDHB); David Barker (NDHB); Ronel White (NDHB); Merophy Brown (NDHB); Donna Neal (ADHB); Donna Neal (NRA); Debra Fenton (CMDHB); Christina Mallon (CMDHB); Emma Farmer (WDHB); Deborah Jane Pittam (ADHB); Jutta van den Boom (WDHB); 'Tavaziva Mudzamiri'; 'Clare Coles'; 'Samantha Davenport'; [REDACTED] Jenny McDougall (ADHB); Diana Ackerman (WDHB); Joanna Shea-Kelly; 'Shyralee Parker'
Cc: Marianne Cameron (WDHB); Judith Hapi (NDHB); Michelle McHale (ADHB); Yvonne Hunter (NDHB); Karen Neal (CMDHB); Shine Cyriac (CMDHB); Cathy Batty (WDHB); Sarah Tout (CMDHB); Jason Waugh (ADHB); [REDACTED]
Subject: Regional Neonatal Daily Catch Up

Hi All,

Short summary of discussion today 11 October 12.45

As at 12:45 11 October	Neonatal Occupancy	Maternity Occupancy	Staffing
Whangarei	11/8 triplets have arrived – doing well	OK	OK
Waitakere	11/12 no movement expected	Some beds available	OK
North Shore	9/12 with 2 to come in from ADHB + induction in Birthing Suite	Full	Minimal staffing, expect staffing back later this week with all staff affected back by Monday 18 October
Auckland	32 (13 in NICU) - 2 babies to transfer to North Shore this afternoon	No report	Neonatal staffing: 5 RNs are back 12 RNs coming back between tomorrow and Friday 2 RNs from Waikato doing night shifts each night till Friday 15 October

Middlemore	44 (19 in NICU), some movement (out) in level 2 over next couple of days	Some beds available antenatal and birthing. Postnatal full.	Ok with assistance from Kidz First RNs. High number of Neonatal RNs in third trimester and cannot be on the floor.
Waikato	21 – this includes 5 babies from Auckland. Still some capacity	No report	OK

Babies to be transferred when possible:

- One baby at ADHB (long term chronic issues) to go to CMDHB as soon as cot available)

Babies/Mother in utero:

- [REDACTED] – admitted to ADHB this morning for monitoring

Can we have ADHB Maternity representation at tomorrow's meeting please so we can update last week's spreadsheet and plan for the next couple of days. By Friday ADHB Neonatal staff should all be back.

Agreed to keep the 12.45 – 1.15 meeting going for another couple of days.

Regards

Nettie Knetsch

General Manager | Kidz First Children's Hospital and Community Health
Counties Manukau Health

Ext: [REDACTED] | M: [REDACTED]

[REDACTED] [middlemore.co.nz](mailto:[REDACTED]@middlemore.co.nz)

Middlemore Hospital | Kidz First Administration

Nettie Knetsch

General Manager | Kidz First Children's Hospital and Community Health
Counties Manukau Health

Ext: [REDACTED] | M: [REDACTED]

[REDACTED] [middlemore.co.nz](mailto:[REDACTED]@middlemore.co.nz)

Middlemore Hospital | Kidz First Administration

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [z Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [Tracey Schiebli \(NDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [NRHCCINTELLIGENCE1 \(ADHB\)](#); [Julia Peters \(ADHB\)](#); [Geeta Gala \(ADHB\)](#); [Doone Winnard \(CMDHB\)](#)
Subject: Regional Provider Group - notes of meeting 12 October
Date: Tuesday, 12 October 2021 14:20:10
Attachments: Daily hospital Stats 12102021 1000 update.docx
DRAFT CMDHB Management of COVID exposure events 12 10 2021.docx

**Regional Provider Group
12 October 2021**

[REDACTED]

[REDACTED]

Regional IP patient summary

- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Other

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- ADHB NICU capacity nearly back to BAU, daily updates to RPG no longer required
- [Redacted]

[Redacted]

[Redacted]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

[Redacted]

From: [Melissa Wilson \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: Email Intro's - NICU nurses
Date: Thursday, 07 October 2021 18:26:52
Attachments: image009.png
image010.png



Hi Alex please see attached letters with your signature

From: Melissa Wilson (ADHB)
Sent: Thursday, 07 October 2021 6:18 pm
To: 'Kate Coley' <[redacted]>
Subject: RE: Email Intro's - NICU nurses

Please see documentation from our end attached – I will also send directly to Vanessa and Kimmy who are coming tomorrow.

Thanks so much for all your help

From: Kate Coley [[mailto:\[redacted\]](#)]
Sent: Thursday, 07 October 2021 6:00 pm
To: Melissa Wilson (ADHB) <[redacted]>
Subject: RE: Email Intro's - NICU nurses

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to [redacted]

Here they are – I will also send direct to [redacted] & [redacted] – but they might not pick up from their work email??






Kate Coley
Executive Director Organisational Support

Waikato District Health Board | Hockin Building | Level 1 | Hague Road | Private Bag 3200 | Hamilton 3200

p [redacted] | e [redacted]



Waikato DHB Values: "People at Heart" – Te iwi Ngakaunui

 Give and earn respect - Whakamana  Listen to me; talk to me – Whakarongo  Fair play – Mauri Pai  Growing the good – Whakapakari  Stronger together – Kotahitanga

From: Melissa Wilson (ADHB) <[REDACTED]>
Sent: Thursday, 7 October 2021 17:53
To: Kate Coley <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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Waikato DHB IS

Okay I'll do that now

From: Kate Coley [[mailto:\[REDACTED\]](#)]
Sent: Thursday, 07 October 2021 5:52 pm
To: Melissa Wilson (ADHB) <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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I think it would be useful – or even an email confirming that they are travelling from Waikato DHB to Your place to provide support in your NICU for a period of time?






Kate Coley
Executive Director Organisational Support

Waikato District Health Board | Hockin Building | Level 1 | Hague Road | Private Bag 3200 | Hamilton 3200

p [REDACTED] | e [REDACTED]



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From: Melissa Wilson (ADHB) <[REDACTED]>
Sent: Thursday, 7 October 2021 17:50
To: Kate Coley <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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Waikato DHB IS

Perfect thanks – do we also need a letter from ADHB?

From: Kate Coley [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Thursday, 07 October 2021 5:49 pm
To: Melissa Wilson (ADHB) <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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I'm going to do multiple business trips as the category just to be on the safe side 😊






Kate Coley
Executive Director Organisational Support

Waikato District Health Board | Hockin Building | Level 1 | Hague Road | Private Bag 3200 | Hamilton 3200

p [REDACTED] | e [REDACTED]



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From: Melissa Wilson (ADHB) <[REDACTED]>
Sent: Thursday, 7 October 2021 17:48
To: Kate Coley <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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Waikato DHB IS

Thank you very much.

From: Kate Coley [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Thursday, 07 October 2021 5:46 pm
To: Melissa Wilson (ADHB) <[REDACTED]> Mel Dooney (ADHB) <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to [REDACTED]

I'll sort now – and send all documents to you and email those two 😊






Kate Coley
Executive Director Organisational Support

Waikato District Health Board | Hockin Building | Level 1 | Hague Road | Private Bag 3200 | Hamilton 3200

p [REDACTED] | e [REDACTED]



Waikato DHB Values: “People at Heart” – Te iwi Ngakaunui

-  Give and earn respect - Whakamana
-  Listen to me; talk to me – Whakarongo
-  Fair play – Mauri Pai
-  Growing the good – Whakapakari
-  Stronger together – Kotahitanga

From: Melissa Wilson (ADHB) <[REDACTED]>
Sent: Thursday, 7 October 2021 17:41
To: Mel Dooney (ADHB) <[REDACTED]> Kate Coley <[REDACTED]>
Subject: RE: Email Intro's - NICU nurses

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Waikato DHB IS

Thank you so much please see names below:

Vanessa and Kimmy are travelling in the am – is it possible to get them emailed the documentation?
Give me a call if need be.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Melissa
[REDACTED]

Melissa Wilson
Acting General Manager, Starship Child Health

Auckland District Health Board
Ph: [REDACTED] 798 | Email: [REDACTED]
| Level 5 | ACS House | 3 Ferncroft Street | Grafton

From: Mel Dooney (ADHB)

Sent: Thursday, 07 October 2021 5:29 pm

To: Melissa Wilson (ADHB) <[REDACTED]>

Subject: Email Intro's - NICU nurses

Kia ora Kate / Melissa.

Have spoken to you both re: intraregional travel.

Melissa can you please send the names of the nurses through to Kate & she will organise the docs for you.

Ta
Mel

Ngā mihi,

Mel Dooney

Chief People Officer

Ph: [REDACTED] Ext: [REDACTED] | Mob [REDACTED] | Email: [REDACTED]

Auckland District Health Board | Level 12 | Support Building | Auckland City Hospital

Haere Mai Welcome | **Manaaki Respect** | **Tūhono Together** | **Angamua Aim High**



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[38cbe0b75463&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-635808b4d73f0c3fd902cc2545d4ad3aacc2b046](https://www.waikatodhb.health.nz/2fdisclaimer&umid=02479cc9-3a63-4dba-bfbf-e5fec0d4a5ed&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-fbb9922c8e9ca478d7232a710a71589b3d61c38e) to view the company policy website. If you are not redirected to the company policy website then copy and paste the URL into a new browser window.

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[url=www.waikatodhb.health.nz%2fdisclaimer&umid=02479cc9-3a63-4dba-bfbf-e5fec0d4a5ed&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-fbb9922c8e9ca478d7232a710a71589b3d61c38e](https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.waikatodhb.health.nz%2fdisclaimer&umid=02479cc9-3a63-4dba-bfbf-e5fec0d4a5ed&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-fbb9922c8e9ca478d7232a710a71589b3d61c38e) to view the company policy website. If you are not redirected to the company policy website then copy and paste the URL into a new browser window.

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[url=www.waikatodhb.health.nz%2fdisclaimer&umid=39d382a1-b5a0-498c-b698-c0aebd7ab9c1&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-fa041543d046fb946e64ce1b1c779b6c5af3b5ab](https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.waikatodhb.health.nz%2fdisclaimer&umid=39d382a1-b5a0-498c-b698-c0aebd7ab9c1&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-fa041543d046fb946e64ce1b1c779b6c5af3b5ab) to view the company policy website. If you are not redirected to the company policy website then copy and paste the URL into a new browser window.

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[url=www.waikatodhb.health.nz%2fdisclaimer&umid=10513f78-8a75-4c02-9d80-6bef8883bce8&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-30ce6e4c2677d669d6b74404c715c05d92e24695](https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.waikatodhb.health.nz%2fdisclaimer&umid=10513f78-8a75-4c02-9d80-6bef8883bce8&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-30ce6e4c2677d669d6b74404c715c05d92e24695) to view the company policy website. If you are not redirected to the company policy website then copy and paste the URL into a new browser window.

From: [Karen Bartholomew \(WDHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: RE: Paragraphs for Rapid Antigen testing - not sure what format so thought I would send in the
Date: Thursday, 07 October 2021 10:03:05

Thanks Alex, that's useful

Can you confirm results are going into Éclair? And that part of the evaluation is the process of doing this (manual, time taken to do, systems needed – we understand that Counties does as citrix link via handheld device) so we have good info for future recommendations?

From: Alex Pimm (ADHB)
Sent: Thursday, 7 October 2021 8:50 a.m.
To: Karen Bartholomew (WDHB)
Subject: FW: Paragraphs for Rapid Antigen testing - not sure what format so thought I would send in the

Please see below – let us know if you want more info

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response Team
Te Toka Tumai (Auckland District Health Board)
Level 4 | Building 1 | Auckland City Hospital
Mob: [REDACTED]
E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.
Welcome Haere Mai | Respect Manaaki | Together Tuhono | Aim High Angamua

From: Jennie Montague (ADHB)
Sent: Tuesday, 05 October 2021 5:26 p.m.
To: Alex Pimm (ADHB)
Subject: Paragraphs for Rapid Antigen testing - not sure what format so thought I would send in the

At Counties Manukau and Auckland DHBs we are trialing safe and appropriate rapid antigen screening for COVID-19 in clinical settings in order to:

- Support the uptake of frequent COVID-19 testing in high priority settings
- Increase the proportion of people who can access frequent testing
- Reduce the number of people with undiagnosed COVID-19 infection in priority settings.

Although rapid antigen tests have some limitations when compared to PCR test, we are establishing the benefits of screening that can be performed easily and onsite with results available within minutes.

The two use cases being trialed are:

- **Counties Manukau:** Patient testing on arrival to the emergency department. This will facilitate earlier identification of possible undiagnosed COVID-19 infection in asymptomatic patients. Faster identification will minimise exposure and make sure the

patient is appropriately located and managed.

- **Auckland:** Staff and visitor testing on arrival to NICU to post exposure event. This will provide reassurance to safely allow care givers to be able to be with their babies rather than restricting all visiting and allowing us to minimise the staff who are 'stood down' to maintain safe staffing in a specialist ward environment.

We are monitoring the following aspects during the pilots related to good testing practice and future use cases, including:

- infection control practices, including assessment of any site-specific work, health and safety risks;
- the collection of samples, or where applicable the supervision of self-collection in order to verify patient identification, sample collection, test performance and test results;
- the correct use of the device and interpretation of test results;
- protocols for recording results and requirements for notification of positive results;
- protocols and referral processes for recollection and confirmatory testing; and
- protocols for reporting any problems or adverse events associated with performance of the test.

From: [Alex Pimm \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Subject: RE: PICU nurses
Date: Thursday, 07 October 2021 08:56:08

No. We have been offered some nurses from Waikato for NICU though as they can't take our pregnant patients/babies they've offered to send a couple of nurses up instead. We hoping that it could be an agreement between us and Waikato. We're not asking for a national response or TAS to be involved. I spoke to their COO this morning to discuss. There's obviously some urgency to this.

I don't think we're quite at the point of needing more ICU support due to covid – we have no covid pts in ICU so if one DHB is at capacity we can probably manage in-region at the moment. Would be good to agree what the triggers would be and how we activate.

Let me know if you want anymore and whether you're happy for us to continue to work with Waikato.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response Team
Te Toka Tumai (Auckland District Health Board)
Level 4 | Building 1 | Auckland City Hospital
Mob: [REDACTED]
E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.
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From: Ailsa Claire (ADHB)
Sent: Thursday, 07 October 2021 8:51 a.m.
To: Alex Pimm (ADHB)
Subject: Fwd: PICU nurses

Did we?
If so it should have gone through regional process

Sent from my iPhone

Begin forwarded message:

From: "Margie Apa (CMDHB)" <[REDACTED]>
Date: 7 October 2021 at 8:16:49 AM NZDT
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Subject: PICU nurses

Did you ask for PICU nurses? TAS asked me if this was regionally supported and I hadn't seen anything. Are we discussing at REF? can we also discuss whether we should turn on ICU deployment again for both cover and build up national skillset?

Margie Apa

Chief Executive Officer

T: +64 9 [REDACTED] | Ext: [REDACTED] | M: [REDACTED]

[REDACTED]

Room 13, Poutasi Corridor, Middlemore Hospital, Otahuhu

Private Bag 94052 Auckland 2241

www: [REDACTED]

From: [John Beca \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#); [Barry Snow \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#)
Subject: RE: NICU related transfer
Date: Wednesday, 06 October 2021 18:40:43

Further follow-up...Dunedin unable to take so not happening.

John

From: John Beca (ADHB)
Sent: Wednesday, 06 October 2021 2:47 p.m.
To: Ailsa Claire (ADHB); Barry Snow (ADHB)
Cc: Michael Shepherd (ADHB)
Subject: NICU related transfer

Kia ora

Just a heads up that we are very likely going to need to transfer 2 pregnant mothers to Dunedin. As a result of the Covid exposure event on Sunday we have about 16 NICU nurses stood down as close contacts.

With rapid antigen testing we are working through getting many of them back earlier. However NICU is moderately full (34-38 patients) and there are quite a number of impending deliveries of complex babies.

Unfortunately the only unit with both NICU and maternity beds is Dunedin. Most of the others don't have NICU beds and Waikato doesn't have maternity beds.

Ngā mihi

John


From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Cc: [Melissa Wilson \(ADHB\)](#)
Subject: NICU request for ICU nurses
Date: Wednesday, 06 October 2021 16:41:14

Hi Alex Melissa is trying to get nurses x 2 from Waikato , I have given Melissa details of TAS, unfortunately TAS have contacted me to say that without a request from the regional DHB's or national TAS are unable to assist.

Can you help Melissa or raise to Ailsa please.

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board


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From: [Ann Whitfield \(ADHB\)](#)
To: [Alexandra Muthu \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [John Beca \(ADHB\)](#); [Taylor Carter \(ADHB\)](#)
Cc: [Yvonne Finlay \(ADHB\)](#)
Subject: RE: Occ health - notification of positive covid visitor, briefly at ACH Building 32 and ED
Date: Tuesday, 05 October 2021 20:15:36

Dear All,

I spoke with Taylor a bit earlier (6ish) and we can set up the symptom checker system which worked well last time there are a number of staff off for 14 days who can help. There is already admin ready to support we just need to advise the actions and as for nursing can assess in morning.

Take care
Ann

From: Alexandra Muthu (ADHB)
Sent: Tuesday, 05 October 2021 7:51 pm
To: Alex Pimm (ADHB) <[REDACTED]> John Beca (ADHB) <[REDACTED]>
Cc: Ann Whitfield (ADHB) <[REDACTED]> Yvonne Finlay (ADHB) <[REDACTED]>
Subject: RE: Occ health - notification of positive covid visitor, briefly at ACH Building 32 and ED
Importance: High

Thanks Alex

Hi John and Alex

I am concerned that we are not where we should be on the NICU OH contact tracing activities. Despite huge workloads from NICU and the rest of the teams involved, we've only just got through the whole staff list this evening, we've found a few more close contacts today on D4-5, we haven't been able to do any daily symptom calls for close contacts, we haven't yet reviewed swabs or etailstered them into the spreadsheet, this isn't loaded into Medtech yet. We were here til 8.30pm last night and are still here now. We've only just been able to provide the spreadsheet to ARPHS and it doesn't contain the required identifying info like NHI or DOB to allow them to enter it into NCTS.

Please can we have additional resource tomorrow to help us obtain staff contact info, send out the close contact information sheets, co-ordinate swab results, assign symptom calls, update symptoms info etc. so we have assurance over this contact trace. We ideally need admin/clinical support sitting next to us at ACH so they can work with OH overseeing the CT activities and assign some of the work to the close contacts at home.

We have met several times today with NICU/ID/OH/PH and can confirm:

- Close contacts – 20
- Casual plus contacts – 6
- Increased surveillance/monitoring – 25 (downgraded from the CC/C+ contacts list above) and all others in the department
- + WAU exposures (we are treating this as a separate exposure)

Thanks,
Alexandra

From: [Alex Pimm \(ADHB\)](#)
To: [COVID19 Admin \(ADHB\)](#); [Nicole Hillis \(ADHB\)](#); [Abby Donaldson \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Anthony Hawke \(ADHB\)](#); [Barry Snow \(ADHB\)](#); [Carly Orr \(ADHB\)](#); [Charlene Apollos \(ADHB\)](#); [Debra Ellis \(ADHB\)](#); [Emma Maddren \(ADHB\)](#); [Greg Williams \(ADHB Paediatrician\)](#); [Hineroa Hakiaha \(ADHB\)](#); [Ian Costello \(ADHB\)](#); [Ian Dittmer \(ADHB\)](#); [Jane Lees \(ADHB\)](#); [Kieron Millar \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Margaret Wilsher \(ADHB\)](#); [Margaret Dotchin \(ADHB\)](#); [Mark Edwards \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Minnie Fuangkhajornfung \(ADHB\)](#); [Samantha Titchener \(ADHB\)](#); [Taylor Carter \(ADHB\)](#); [Tess Mann \(ADHB\)](#); [Vicki Nuttall \(ADHB\)](#); [Wendy Stanbrook-Mason \(ADHB\)](#)
Subject: RE: 20211004 COVID-19 IMT Response Team Meeting Agenda
Date: Monday, 04 October 2021 11:43:10
Attachments: 211004 - IMT discussion.docx

Kia ora

Please find attached some discussion points for our meeting shortly.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

From: COVID19 Admin (ADHB)
Sent: Monday, 04 October 2021 10:40
To: Nicole Hillis (ADHB) <[REDACTED]> Alex Pimm (ADHB)
<[REDACTED]> Abby Donaldson (ADHB) <[REDACTED]> Ailsa Claire (ADHB) <[REDACTED]> Anthony Hawke (ADHB) <[REDACTED]> Barry Snow (ADHB) <[REDACTED]> Bret Vykopal (ADHB) <[REDACTED]> Carly Orr (ADHB) <[REDACTED]> Charlene Apollos (ADHB) <[REDACTED]> Charlotte Lay (ADHB) <[REDACTED]> Debra Ellis (ADHB) <[REDACTED]> Emma Maddren (ADHB) <[REDACTED]> Greg Williams (ADHB Paediatrician) <[REDACTED]> Hineroa Hakiaha (ADHB) <[REDACTED]> Ian Costello (ADHB) <[REDACTED]> Ian Dittmer (ADHB) <[REDACTED]> Jackson Cutting (ADHB) <[REDACTED]> Jane Lees (ADHB) <[REDACTED]> Kieron Millar (ADHB) <[REDACTED]> Liz Boucher (ADHB) <[REDACTED]> Margaret Wilsher (ADHB) <[REDACTED]> Margaret Dotchin (ADHB) <[REDACTED]> Mark Edwards (ADHB) <[REDACTED]> Michael Shepherd (ADHB) <[REDACTED]> Minnie Fuangkhajornfung (ADHB) <[REDACTED]> Samantha Titchener (ADHB) <[REDACTED]> Taylor Carter (ADHB) <[REDACTED]> Tess Mann (ADHB) <[REDACTED]> Vicki Nuttall (ADHB) <[REDACTED]> Wendy Stanbrook-Mason (ADHB) <[REDACTED]>
Subject: 20211004 COVID-19 IMT Response Team Meeting Agenda
Importance: High

Kia Ora,

Please find attached agenda for today's meeting.

Ngā mihi,

Minnie Fuangkhajornfung

Team Admin Support | COVID-19 Response Team

Auckland District Health Board

IMT Offices | Level 12 | Building 1

██████████ | ██████████

Te Toka Tumai (Auckland District Health Board)

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua*

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From: [Michael Shepherd \(ADHB\)](#)
To: [Jenny McDougall \(ADHB\)](#); [Deborah Jane Pittam \(ADHB\)](#)
Cc: [Nicole Hillis \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [John Beca \(ADHB\)](#); [Sarah McMahon \(ADHB\)](#)
Subject: RE: COVID-19 contact in NICU
Date: Monday, 04 October 2021 11:07:24

Yes good call Jenny

Nicole – can we please add this to todays comms
Probably easiest to use the same SERV code I think

Can hopefully add – that we haven't had any staff positives if we issue comms later today

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: [REDACTED] Ext: | Mob: 021 938 437

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

From: Jenny McDougall (ADHB)
Sent: Monday, 04 October 2021 3:11 AM
To: Michael Shepherd (ADHB) <[REDACTED]> Deborah Jane Pittam (ADHB)
<[REDACTED]>
Subject: Fwd: COVID-19 contact in NICU
Importance: High

Thanks for this.

For next comms please can we add instructions for staff who were on WAU on 30/9 and 1/10 (other than known close contacts, who have been notified).

Jenny

Sent from [BlueMail](#)

On 3 Oct 2021, at 18:19, "STAFF ALERT (ADHB)" <[REDACTED]> wrote:

Kia ora koutou,

Earlier today we were notified of a parent in NICU who has tested positive for COVID-19. The baby continues to be cared for by our specialist NICU team.

We are working closely with families and staff in the unit and taking a number of precautions to keep everyone safe.

This includes testing of all staff, babies and whānau who are currently in NICU, and carefully managing movement of people in and out of the unit. We are also working with our regional and national colleagues to manage capacity to ensure we can continue to care safely for babies who need intensive care treatment.

ARPHS are undertaking interviews with the family to support contact tracing. We are also carrying out contact tracing with our staff and other parents. There will be some members of our staff who will need to isolate as a result of today's news. Please remember to be kind to each other, particularly to your colleagues in NICU at this time.

If you have been in NICU between Thursday September 30 and today (October 3), please get a COVID-19 test either at the Clinical Education Centre on Level 5, ACH, or at the [Stanley St Testing Centre – details are on Hippo](#). If you have any COVID-19 symptoms, please get a test immediately and stay at home.

Please use SURV code SURV-TM18NICU when you go to get tested.

This is another opportunity to remind ourselves of the things we ALL need to continue to do:

- If you have any COVID-19 like symptoms please stay home and get a COVID-19 test. Stay home until you get a negative result.
- If you are a close contact follow the advice you are given by ARPHS or Occupational Health.
- Wear a mask **at all times** at work in clinical and non-clinical areas. Be really careful about hand hygiene.
- Please restrict your movement around the hospital where possible.

Thank you once again for your dedication and team work during this time.

We will provide a further update tomorrow.

Ngā mihi

Mike Shepherd

[REDACTED]

[REDACTED]

Dr Dale Bramley

Chief Executive Officer
Waitemata District Health Board

Private Bag 93 503, Takapuna 0740

www.waitematadhb.govt.nz

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From: [Alex Pimm \(ADHB\)](#)
To: [Dale Bramley \(WDHB\)](#)
Subject: FW: Paragraphs for Rapid Antigen testing - not sure what format so thought I would send in the
Date: Wednesday, 06 October 2021 10:03:47

Is the below what you need for later?

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital
Mob: 021 945 708
E-mail: apimm@adhb.govt.nz

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Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

From: Jennie Montague (ADHB)

Sent: Tuesday, 05 October 2021 17:26

Subject: Paragraphs for Rapid Antigen testing - not sure what format so thought I would send in the

At Counties Manukau and Auckland DHBs we are trialing safe and appropriate rapid antigen screening for COVID-19 in clinical settings in order to:

- Support the uptake of frequent COVID-19 testing in high priority settings
- Increase the proportion of people who can access frequent testing
- Reduce the number of people with undiagnosed COVID-19 infection in priority settings.

Although rapid antigen tests have some limitations when compared to PCR test, we are establishing the benefits of screening that can be performed easily and onsite with results available within minutes.

The two use cases being trialed are:

- **Counties Manukau:** Patient testing on arrival to the emergency department. This will facilitate earlier identification of possible undiagnosed COVID-19 infection in asymptomatic patients. Faster identification will minimise exposure and make sure the patient is appropriately located and managed.
- **Auckland:** Staff and visitor testing on arrival to NICU to post exposure event. This will provide reassurance to safely allow care givers to be able to be with their babies rather than restricting all visiting and allowing us to minimise the staff who are 'stood down' to maintain safe staffing in a specialist ward environment.

We are monitoring the following aspects during the pilots related to good testing practice and future use cases, including:

- infection control practices, including assessment of any site-specific work, health

and safety risks;

- the collection of samples, or where applicable the supervision of self-collection in order to verify patient identification, sample collection, test performance and test results;
- the correct use of the device and interpretation of test results;
- protocols for recording results and requirements for notification of positive results;
- protocols and referral processes for recollection and confirmatory testing; and
- protocols for reporting any problems or adverse events associated with performance of the test.

From: [Ian Costello \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: NICU positive case
Date: Monday, 04 October 2021 09:23:18

Hi Alex,

Just to let you know that the NICU positive case is [REDACTED] and the [REDACTED] [REDACTED] had brief contact with the patient on Thursday.

Occ Health are reviewing impact for the social work and wider AH team.

Kind regards,

Ian

Sent from my Samsung Galaxy smartphone.

From: [Mariam Buksh \(ADHB\)](#)
To: [Julia Peters \(ADHB\)](#); [Janine Kendall \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#)
Cc: [Alex Pimm \(ADHB\)](#); [Sarah McMahon \(ADHB\)](#); [Emma Church \(ADHB\)](#); [John Beca \(ADHB\)](#); [Annabelle Donaldson \(ADHB\)](#)
Subject: RE: NICU families and public health follow up
Date: Sunday, 03 October 2021 19:38:48
Attachments: image001.png
image002.png

Dear Julia,

As per my earlier to Janine, email, only two babies have been discharged home from NICU between 30th September and now – [REDACTED] ([REDACTED] and [REDACTED] [REDACTED]. The contact details are on RCP. I have managed to get hold of [REDACTED] but not [REDACTED] [REDACTED]'s parents.

The rest of the babies who have potentially been exposed are all still in NICU and their parents have either already been contacted or are in the process of being contacted.

Two babies were transferred to Starship and they are still inpatients at the moment and the families have been contacted and will be swabbed. There is another baby who was discharged to one of the postnatal wards where they remain currently, and that family has also been contacted.

Best wishes,
Mariam

Mariam Buksh

Neonatologist & Service Clinical Director | Newborn Services | Auckland City Hospital | Private Bag 92024 | Auckland 1142

Level 9 | Support Building | Auckland City Hospital

[REDACTED] extn [REDACTED] | Mobile [REDACTED] | FAX [REDACTED]

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From: Julia Peters (ADHB)
Sent: Sunday, 03 October 2021 7:08 p.m.
To: Mariam Buksh (ADHB); Janine Kendall (ADHB); Michael Shepherd (ADHB)
Cc: Alex Pimm (ADHB); Sarah McMahon (ADHB); Emma Church (ADHB); John Beca (ADHB); Annabelle Donaldson (ADHB)
Subject: RE: NICU families and public health follow up
Importance: High

Kia ora Mariam and others,

ARPHS needs a complete list of any parents who may have been exposed to the case who are not in patients at this time and as well and discharged infants. In the absence of this we are unable to risk assess these parents and arrange their self-isolation, testing and welfare needs. In addition, if any of them are close contacts this has implications for their households. Emma and I are concerned that ARPHS hasn't been part of the discussions this afternoon and still don't seem to have a list. I do think we need to be included tomorrow. Emma won't be here so please email me and I will ensure the information gets to the right place.

I have also raised this with Annabelle and sent her an email similar to this one.

Many thanks

Julia

Dr Julia Peters

Public Health Physician | Medical Officer of Health

Auckland Regional Public Health Service

Tel: +64 9 [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Fax: +64 9 [REDACTED]

Level x, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland

Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

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If you are not the intended recipient of this email, please delete.

From: Mariam Buksh (ADHB)

Sent: Sunday, 03 October 2021 6:54 p.m.

To: Janine Kendall (ADHB)

Cc: Alex Pimm (ADHB); Sarah McMahon (ADHB); Emma Church (ADHB); Julia Peters (ADHB); Michael Shepherd (ADHB)

Subject: RE: NICU families

Hi Janine,

Two babies have been discharged home in the last 3 days – one straight from NICU [REDACTED] and one via ward 96 [REDACTED]

[REDACTED] [REDACTED] – I have spoken to [REDACTED] (mother). She understands the risk is low. I have asked her and her partner to get tested tomorrow, and she is aware that ARPHS will be in contact.

[REDACTED] ([REDACTED]) – was in NICU from 21:40 hours on 1st October and discharged to ward 96 at 00:45 hours on 2nd (in NICU for 3 hours only). The baby was admitted [REDACTED] [REDACTED] and was in level 2 (not level 3 where the baby whose mother is positive is). The baby was discharged home from ward 96 and I have not been able to get hold of the parents. The mobile contact number goes to a voice mail.

Regards,

Mariam

Mariam Buksh

Neonatologist & Service Clinical Director | Newborn Services | Auckland City Hospital | Private Bag 92024 | Auckland 1142

Level 9 | Support Building | Auckland City Hospital

[REDACTED] extn [REDACTED] | Mobile [REDACTED] | FAX [REDACTED]

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sent.

From: Janine Kendall (ADHB)
Sent: Sunday, 03 October 2021 6:36 p.m.
To: Michael Shepherd (ADHB); Mariam Buksh (ADHB)
Cc: Alex Pimm (ADHB); Sarah McMahon (ADHB); Emma Church (ADHB); Julia Peters (ADHB)
Subject: RE: NICU families

Thanks Mike. Mariam, I've cc'd Emma Church and Julia Peters on this email; could you please loop them on these details when you send them through.

Much obliged.

Ngā mihi

Janine

Janine Kendall

Communications Advisor | **Auckland Regional Public Health Service**

Hours: Mon/Wed - 7am-3pm and Tues/Thurs/Fri - 8.30am-5pm

Ph: [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Email: [REDACTED]

Te Toka Tumai | Auckland District Health Board | Level 2 | Building 15 | Cornwall Complex, Greenlane

Haere Mai Welcome | **Manaaki Respect** | **Tūhono Together** | **Angamua Aim High**

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From: Michael Shepherd (ADHB)
Sent: Sunday, 03 October 2021 6:32 PM
To: Mariam Buksh (ADHB) <[REDACTED]> Janine Kendall (ADHB) <[REDACTED]>
Cc: Alex Pimm (ADHB) <[REDACTED]> Sarah McMahon (ADHB) <[REDACTED]>
Subject: Re: NICU families

Hi Janine

Mariam will let you know who she has got hold of

Cheers

Mike

[REDACTED]

On 3/10/2021, at 6:19 PM, Sarah McMahon (ADHB) <[REDACTED]> wrote:

Hi,

See below.

Could someone please link in with ARPHS re the families who are being contacted?

S

From: Janine Kendall (ADHB)
Sent: Sunday, 03 October 2021 5:54 p.m.
To: Sarah McMahon (ADHB); Therese Sutherland (ADHB)
Cc: ARPHS Emergency Communications (ADHB)
Subject: RE: FYI - Final comms

OK, I'll let the team know. It would be good if the folk at your end could let the folk at our end know which two patients/families, to avoid confusion and double-up when the Team here makes the calls...

From: Sarah McMahon (ADHB)
Sent: Sunday, 03 October 2021 5:48 PM
To: Janine Kendall (ADHB) <[REDACTED]> Therese Sutherland (ADHB) <[REDACTED]>
Cc: ARPHS Emergency Communications (ADHB) <[REDACTED]>
Subject: RE: FYI - Final comms

Thanks Janine.

FYI – we are also just contacting two parents who were on the unit and have had their babies discharged.

From: Janine Kendall (ADHB)
Sent: Sunday, 03 October 2021 5:46 p.m.
To: Sarah McMahon (ADHB); Therese Sutherland (ADHB)
Cc: ARPHS Emergency Communications (ADHB)
Subject: RE: FYI - Final comms

Thanks Sarah, looks good. Just to recap, we'll still be working through 'contacting contacts' this evening, once we have the list. So Therese, if Danya can tweak the MoH statement accordingly and send it through to you – I can then give it the once over at this end and seek sign-off on it. As mentioned, the CCM Team here is also going to let the case know that it will more than likely be in the media tonight, so she's prepared.

Ngā mihi

Janine

Janine Kendall

Communications Advisor | **Auckland Regional Public Health Service**

Hours: Mon/Wed - 7am-3pm and Tues/Thurs/Fri – 8.30am-5pm

Ph: [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Email: [REDACTED]

Te Toka Tumai | Auckland District Health Board | Level 2 | Building 15 | Cornwall

Complex, Greenlane

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From: Sarah McMahon (ADHB)
Sent: Sunday, 03 October 2021 5:28 PM
To: 'Danya Levy' <[REDACTED]> Therese Sutherland (ADHB)
<[REDACTED]>
Cc: Janine Kendall (ADHB) <[REDACTED]>
Subject: FYI - Final comms

Final media statement attached and final staff comms below.
As mentioned, we are going out to staff at 6.

Kia ora koutou,

Earlier today we were notified of a parent in NICU who has tested positive for COVID-19. The baby continues to be cared for by our specialist NICU team.

We are working closely with families and staff in the unit and taking a number of precautions to keep everyone safe.

This includes testing of all staff, babies and whānau who are currently in NICU, and carefully managing movement of people in and out of the unit. We are also working with our regional and national colleagues to manage capacity to ensure we can continue to care safely for babies who need intensive care treatment.

ARPHS are undertaking interviews with the family to support contact tracing. We are also carrying out contact tracing with our staff and other parents. There will be some members of our staff who will need to isolate as a result of today's news. Please remember to be kind to each other, particularly to your colleagues in NICU at this time.

If you have been in NICU between Thursday September 30th and today, please get a COVID-19 test either at the Clinical Education Centre on Level 5, ACH, or at the [Stanley St Testing Centre – details are on Hippo](#). If you have any COVID-19 symptoms, please get a test immediately and stay at home.

This is another opportunity to remind ourselves of the things we ALL need to continue to do:

- If you have any COVID-19 like symptoms please stay home and get a COVID-

- 19 test. Stay home until you get a negative result.
- If you are a close contact follow the advice you are given by ARPHS or Occupational Health.
- Wear a mask **at all times** at work in clinical and non-clinical areas. Be really careful about hand hygiene.
- Please restrict your movement around the hospital where possible.

There will likely be some media interest in this news. We will be reassuring the public, and especially whānau of babies in NICU or expectant parents, that we remain here to support them if they need our care. Please remember if you're contacted by the media to refer questions to our [Communications Team](#) in the usual way.

We will provide a further update tomorrow.

Ngā mihi
Mike Shepherd

Ngā mihi
Sarah

Sarah McMahan

Communications Manager – Media and External | Communications Team

Mob: [REDACTED]

Media line: [REDACTED]

Te Toka Tumai – Auckland District Health Board

**Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High
*Angamua***

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From: [Michael Shepherd \(ADHB\)](#)
To: [Mariam Buksh \(ADHB\)](#); [Shanika Perera \(ADHB\)](#)
Cc: [Janine Kendall \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [Sarah McMahon \(ADHB\)](#); [Emma Church \(ADHB\)](#); [Julia Peters \(ADHB\)](#)
Subject: Re: NICU families
Date: Sunday, 03 October 2021 19:34:26

Shanika
Linking you up
Will connect again tomorrow morning meeting

Cheers
Mike

██████████

On 3/10/2021, at 6:54 PM, Mariam Buksh (ADHB)
<██████████> wrote:

Hi Janine,

Two babies have been discharged home in the last 3 days – one straight from NICU (██████████) and one via ward 96 (██████████) – I have spoken to ██████████ (mother). She understands the risk is low. I have asked her and her partner to get tested tomorrow, and she is aware that ARPHS will be in contact.

██████████ (██████████) – was in NICU from 21:40 hours on 1st October and discharged to ward 96 at 00:45 hours on 2nd (in NICU for 3 hours only). The baby was admitted ██████████ and was in level 2 (not level 3 where the baby whose mother is positive is). The baby was discharged home from ward 96 and I have not been able to get hold of the parents. The mobile contact number goes to a voice mail.

Regards,
Mariam

Mariam Buksh

Neonatologist & Service Clinical Director | Newborn Services | Auckland City Hospital | Private Bag 92024 | Auckland 1142
Level 9 | Support Building | Auckland City Hospital

██████████ extn ██████████ | Mobile ██████████ | FAX ██████████

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From: Janine Kendall (ADHB)

Sent: Sunday, 03 October 2021 6:36 p.m.

To: Michael Shepherd (ADHB); Mariam Buksh (ADHB)

Cc: Alex Pimm (ADHB); Sarah McMahon (ADHB); Emma Church (ADHB); Julia Peters (ADHB)

Subject: RE: NICU families

Thanks Mike. Mariam, I've cc'd Emma Church and Julia Peters on this email; could you please loop them on these details when you send them through.

Much obliged.

Ngā mihi

Janine

Janine Kendall

Communications Advisor | **Auckland Regional Public Health Service**

Hours: Mon/Wed - 7am-3pm and Tues/Thurs/Fri - 8.30am-5pm

Ph: [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Email: [REDACTED]

Te Toka Tumai | Auckland District Health Board | Level 2 | Building 15 | Cornwall Complex, Greenlane

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From: Michael Shepherd (ADHB)

Sent: Sunday, 03 October 2021 6:32 PM

To: Mariam Buksh (ADHB) <[REDACTED]> Janine Kendall (ADHB)

<[REDACTED]>

Cc: Alex Pimm (ADHB) <[REDACTED]> Sarah McMahon (ADHB)

<[REDACTED]>

Subject: Re: NICU families

Hi Janine

Mariam will let you know who she has got hold of

Cheers

Mike

[REDACTED]

On 3/10/2021, at 6:19 PM, Sarah McMahon (ADHB)

<[REDACTED]> wrote:

Hi,

See below.

Could someone please link in with ARPHS re the families who are being contacted?

S

From: Janine Kendall (ADHB)
Sent: Sunday, 03 October 2021 5:54 p.m.
To: Sarah McMahon (ADHB); Therese Sutherland (ADHB)
Cc: ARPHS Emergency Communications (ADHB)
Subject: RE: FYI - Final comms

OK, I'll let the team know. It would be good if the folk at your end could let the folk at our end know which two patients/families, to avoid confusion and double-up when the Team here makes the calls...

From: Sarah McMahon (ADHB)
Sent: Sunday, 03 October 2021 5:48 PM
To: Janine Kendall (ADHB) <[REDACTED]> Therese Sutherland (ADHB) <[REDACTED]>
Cc: ARPHS Emergency Communications (ADHB) <[REDACTED]>
Subject: RE: FYI - Final comms

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FYI – we are also just contacting two parents who were on the unit and have had their babies discharged.

From: Janine Kendall (ADHB)
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To: Sarah McMahon (ADHB); Therese Sutherland (ADHB)
Cc: ARPHS Emergency Communications (ADHB)
Subject: RE: FYI - Final comms

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Ngā mihi
Janine

Janine Kendall

Communications Advisor | **Auckland Regional Public Health Service**
Hours: Mon/Wed - 7am-3pm and Tues/Thurs/Fri – 8.30am-5pm

Ph: [REDACTED] Ext: [REDACTED] | Mob: [REDACTED] | Email:

[REDACTED]

Te Toka Tumai | Auckland District Health Board | Level 2 | Building 15
| Cornwall Complex, Greenlane

Haere Mai Welcome | **Manaaki Respect** | **Tūhono**
Together | **Angamua Aim High**

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From: Sarah McMahon (ADHB)

Sent: Sunday, 03 October 2021 5:28 PM

To: 'Danya Levy' <[REDACTED]> Therese Sutherland (ADHB) <[REDACTED]>

Cc: Janine Kendall (ADHB) <[REDACTED]>

Subject: FYI - Final comms

Final media statement attached and final staff comms below.
As mentioned, we are going out to staff at 6.

Kia ora koutou,

Earlier today we were notified of a parent in NICU who has tested positive for COVID-19. The baby continues to be cared for by our specialist NICU team.

We are working closely with families and staff in the unit and taking a number of precautions to keep everyone safe.

This includes testing of all staff, babies and whānau who are currently in NICU, and carefully managing movement of people in and out of the unit. We are also working with our regional and national colleagues to manage capacity to ensure we can continue to care safely for babies who need intensive care treatment.

ARPHS are undertaking interviews with the family to support contact tracing. We are also carrying out contact tracing with our staff and other parents. There will be some members of our staff who will need to isolate as a result of today's news. Please remember to be kind to each other, particularly to your colleagues in NICU at this time.

If you have been in NICU between Thursday September 30th and today, please get a COVID-19 test either at the Clinical Education Centre on Level 5, ACH, or at the [Stanley St Testing Centre – details](#)

[are on Hippo](#). If you have any COVID-19 symptoms, please get a test immediately and stay at home.

This is another opportunity to remind ourselves of the things we ALL need to continue to do:

- If you have any COVID-19 like symptoms please stay home and get a COVID-19 test. Stay home until you get a negative result.
- If you are a close contact follow the advice you are given by ARPHS or Occupational Health.
- Wear a mask **at all times** at work in clinical and non-clinical areas. Be really careful about hand hygiene.
- Please restrict your movement around the hospital where possible.

There will likely be some media interest in this news. We will be reassuring the public, and especially whānau of babies in NICU or expectant parents, that we remain here to support them if they need our care. Please remember if you're contacted by the media to refer questions to our [Communications Team](#) in the usual way.

We will provide a further update tomorrow.

Ngā mihi
Mike Shepherd

Ngā mihi
Sarah

Sarah McMahan

Communications Manager – Media and External | Communications Team

Mob: [REDACTED]

Media line: [REDACTED]

Te Toka Tumai – Auckland District Health Board

**Welcome Haere Mai | Respect Manaaki | Together Tūhono |
Aim High Angamua**

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From: [Darryl Carpenter](#)
To: [Ashley Bloomfield](#); [Ailsa Claire \(ADHB\)](#)
Cc: [Margie Apa \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#)
Subject: RE: Use of rapid antigen testing to help manage the situation in Starship NICU
Date: Sunday, 03 October 2021 18:54:17

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Kia ora all – I have just talked to Alex Pimm and we agreed that having the initial kits in place for use tomorrow is fine (rather than tonight). I have two options to making the kits available and this is to either use some of Middlemore's or supply direct – my supply team are working through what will be the quickest for use initially tomorrow and then what needs to be in place for the next few weeks. I will also set ADHB up for use of the RATs in their own right so that puts the correct regulatory protocols in place – I will do that paperwork tomorrow and send that through to DG for approval.

Margie – the team led by Christina Bir (Mgr Lab testing) will be in touch about the operational elements (including training support etc) that you have in place so ADHB can use what you already have. I suggest we don't have new/different RATs in use when speed is of the essence.

I trust this is sufficient for tonight and we will be in touch with your people this evening and support you all further from first thing tomorrow

Ngā mihi

Darryl Carpenter

Group Manager – COVID-19 Testing and Supply
[REDACTED]

From: Ashley Bloomfield <[REDACTED]>
Sent: Sunday, 3 October 2021 6:00 pm
To: #VALUE! <[REDACTED]>
Cc: Margie Apa-Ext <[REDACTED]> Peter Watson
<[REDACTED]> Darryl Carpenter <[REDACTED]>
Subject: Use of rapid antigen testing to help manage the situation in Starship NICU

Kia ora Ailsa

Further to our call, We can definitely support the above by leveraging the current pilot at Middlemore.

Darryl is our GM who covers all things testing in the COVID directorate, and I have talked with him – he will get his team onto this to ensure the test kits and protocols are available to support. His mobile if needed is +[REDACTED]

Ngā mihi nui
Ashley

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health
Pronouns: He/Him

email: [REDACTED]

Mobile: [REDACTED]

www.health.govt.nz

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From: [Sarah McMahon \(ADHB\)](#)
To: [Pat Snedden \(ADHB\)](#)
Cc: [Ailsa Claire \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Alex Pimm \(ADHB\)](#)
Subject: Updated press release
Date: Sunday, 03 October 2021 18:45:18
Attachments: PR ADHB Response to parent testing positive for COVID FINAL.docx

Hi Pat,

Sorry, we've had some last minute changes to the release, please use the attached version to refer to if not too late.

Ngā mihi
Sarah

Sarah McMahon

Communications Manager – Media and External | Communications Team

Mob: 021 804 122

Media line: [REDACTED]

Te Toka Tumai – Auckland District Health Board

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua*


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From: [Michael Shepherd \(ADHB\)](#)
To: [Ann Whitfield \(ADHB\)](#)
Cc: [John Beca \(ADHB\)](#); [Mark Edwards \(ADHB\)](#); [Alexandra Muthu \(ADHB\)](#); [COVID ADVICE DR: OHCOCVCONTACTTRACE](#); [Mary De Almeida \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [Dale Garton \(ADHB\)](#); [Sarah Little \(ADHB\)](#); [Jo Hegarty \(ADHB\)](#); [Mariam Buksh \(ADHB\)](#); [Becky McLoughlin \(ADHB\)](#); [Sheri-Lyn Purdy \(ADHB\)](#); [Kitty Bach \(ADHB\)](#)
Subject: Re: NICU Exposure 3/10/21
Date: Sunday, 03 October 2021 18:41:59

Brilliant work everyone
 REALLY appreciate everyone's time and effort on a Sunday
 Great progress thanks

Cheers
 Mike



On 3/10/2021, at 5:49 PM, Ann Whitfield (ADHB) <

Dear All,

Meeting 16/10/21 3pm - NICU exposure Mother

Consider positive from 08:00 30/9 (mother of baby in room 4 (shared room))

Case exposures times in NICU

Fri 1/10 4pm-7.30pm & 8.30pm – 22:35; consider time to be 16:00-23:59

Sat 2/10 14:30 – 21:00 ; consider time to be 14:30-22:00

-

Case exposure times in WAU

Thur 30/9 13:05 – 15:05; consider time to be 13:00-16:00

Fri 1/10 18:50-18:58; consider time to be 18:50-20:00

Groups/Actions below

-

SWABBING CODE- SURV-TM18NICU

-

Group	Action	Whom
Babies	Swab all babies today Rapid swab for room 4/5/6 All other babies – normal swab	CMN – Josh/Starship CNM Angela Warren
	Discharged babies provide list to ARPHS Home x 1 Ward 96 x 1	Kitty Bach (plus parents need swabbing too) Gone home-ID to let ARPHS know
	Other wards (3 babies) low risk causal	Tamaki post-natal ward – Jenny McD Starship 24B x 2 – John B/Starship CNM
	Regional plan/transfers	JM/MB/MS
	Communication for NICU parents	John Beca/Angela Warren
	Breast milk process to be followed – due to restricted accessed – delivery at main entrance	Lactation consultants/Dale Garton/Jo Hegarty
Parents	Swab all parents Rapid swab for those in room 4/5/6 today Those in 4/5/6 and are at home to be swabbed in community today/tomorrow All other parents surveillance swab Restrict access to unit	CNMs Angela Warren Annabelle Donaldson Contact all parents-Angela Warren
	Other wards (4 babies) –low risk causal	Tamiki post-natal ward & Starship 24B (in-house) Ward 96 (ARPHS)

	Surveillance swabs	
	Communication	John Beca/Angela Warren
Staff swabbing	<p><!--[if !supportLists]-->1. <!--[endif]-->Those caring for baby & prolonged contact with mother (positive) close contact, rapid swab and stand down.</p> <p><!--[if !supportLists]-->2. <!--[endif]-->Staff – contact time working in 4/5/6 if on shift rapid swab – not here standard swab. Not stand down</p> <p><!--[if !supportLists]-->3. <!--[endif]-->Staff who have been in room 4/5/6 to the followed up:</p> <ul style="list-style-type: none"> <!--[if !supportLists]-->>• <!--[endif]-->>Cleaning <!--[if !supportLists]-->>• <!--[endif]-->>Radiology <!--[if !supportLists]-->>• <!--[endif]-->>Medical <!--[if !supportLists]-->>• <!--[endif]-->>Dietician <!--[if !supportLists]-->>• <!--[endif]-->>Pharmacy <!--[if !supportLists]-->>• <!--[endif]-->>HCA <!--[if !supportLists]-->>• <!--[endif]-->>Lactation Nurse <p><!--[if !supportLists]-->4. <!--[endif]-->All those staff who entered ward 30/9 – 2/10 Plan for surveillance swab in next 24h</p>	<p>Group 1. Angela Warren roster, CNM swab</p> <p>Group 2. Angela Warren</p> <p>Group 3. Starship CNM – daily symptom checks</p> <p>Group 4. Mike Shepherd - normal symptom checks –self. Global comms</p>

Woman Assessment Unit 30/9 13.00- 16.00 & 1/10 (time to be confirmed) 18.50- 18.59

Group	Action	Whom
WAU	Follow up staff in exposure time P2/N95 worn	WAU – CCN
WAU	Any contact with other patients Check if masks worn	WAU – CCN

NICU actions

- <!--[if !supportLists]-->• <!--[endif]-->Cleaning of NICU – tomorrow (Neil Browne)
- <!--[if !supportLists]-->• <!--[endif]-->No visitors (CNMs/ visitor team)
- <!--[if !supportLists]-->• <!--[endif]-->Restricted area – P2/N95 & eye protection plus PPE order (NICU team)
- <!--[if !supportLists]-->• <!--[endif]-->Signage (NICU team)
- <!--[if !supportLists]-->• <!--[endif]-->Security (CNM Josh)
- <!--[if !supportLists]-->• <!--[endif]-->Breast milk delivery (NICU team)

Other NICU actions:

Move babies from room 4 to room 3 – clean room 4

Then move babies 5/6 to 1 / 2

John Beca is the Outbreak Lead

Kind Regards

Ann Whitfield

Associate Nurse Director Infection Prevention and Occupational Health

RN, BSc Nurs, PGCert Inf. Control, PGCertTeach/Assess, PGCertCritCare, PG DipLeadership, CICP-E, MACIPC, MNZOHNA

Mobile: [REDACTED]

Email: [REDACTED]

Auckland District Health Board | Level 4 | Building 31 | ACH

Haere Mai Welcome | **Manaaki Respect** | **Tūhono Together** | **Angamua Aim High**

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From: [Michael Shepherd \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Cc: [Alex Pimm \(ADHB\)](#)
Subject: Re: Use of rapid antigen testing to help manage the situation in Starship NICU
Date: Sunday, 03 October 2021 18:06:32

Brilliant
Thanks

Cheers
Mike

[REDACTED]

On 3/10/2021, at 6:04 PM, Ailsa Claire (ADHB) <[REDACTED]> wrote:

Sent from my iPhone

Begin forwarded message:

From: Ashley Bloomfield <[REDACTED]>
Date: 3 October 2021 at 6:00:35 PM NZDT
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Margie Apa (CMDHB)" <[REDACTED]> "Peter Watson (CMDHB)" <[REDACTED]> Darryl Carpenter <[REDACTED]>
Subject: Use of rapid antigen testing to help manage the situation in Starship NICU

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Kia ora Ailsa

Further to our call, We can definitely support the above by leveraging the current pilot at Middlemore.

Darryl is our GM who covers all things testing in the COVID directorate, and I have talked with him – he will get his team onto this to ensure the test kits and protocols are available to support.

His mobile if needed is +[REDACTED]

Ngā mihi nui
Ashley

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health
Pronouns: He/Him

email: [REDACTED]

Mobile: [REDACTED]

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There is currently COVID-19 in our community which means some changes to our hospitals and clinics. [Find out more](#). As always, we're here if you need us.



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Date: 4 Oct 2021, 09:00

Keeping Neonatal Intensive Care Unit (NICU) pēpi safe.

After the parent of a baby in NICU tested positive for COVID-19 on Sunday, we immediately activated our plans to keep babies in our care safe and prevent the spread of the virus within our sites.

We're providing support to the parent and their family as they manage the stress of the positive test result, as well as the worry around having their newborn baby in intensive care.

We know this is a time of much uncertainty, so we're providing support to any parents, patients and staff members who need it

Movements in and out of NICU have been restricted, and we're testing all staff, whānau and babies in the unit as a precaution.

We will manage staffing levels until it is safe for everyone to return to work. Some expectant mothers may be transferred to other maternity units if their baby is likely to need NICU care.

We are working closely with Auckland Regional Public Health Service to contact trace. All of the babies in the unit, and those who have recently been discharged, are being monitored closely as part of their ongoing care and treatment.

Here's what you need to know:

- We're here to provide essential and urgent medical care.
- If you have an emergency, you go into labour, or your child or whānau member is ill, please follow the normal procedures. Dial 111 or visit our emergency department.
- If you have a health issue that isn't an emergency, contact your family doctor or Healthline 0800 611 116
- For COVID-19 related questions or concerns, call Healthline [REDACTED]
- If you are experiencing any COVID-19 symptoms, get tested and stay home until you receive a negative result and no longer have symptoms.

[Visitor restrictions remain in place](#) at all of our facilities, including at Auckland City Hospital, Starship Hospital and Greenlane Clinical Centre.

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Date and Time: Monday, 4th October 2021 (12pm – 12.30pm)

Venue: Via Zoom

Members: Abby Donaldson, Ailsa Claire, Alex Pimm, Anthony Hawke, Carly Orr, Charlene Apollos, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiaha, Ian Dittmer, Ian Costello, Jackson Cutting, Jane Lees, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Minnie Fuangkajornfung, Nicole Hillis, Samantha Titchener, Taylor Carter, Tess Mann, Vicki Nuttall, Wendy Stanbrook-Mason.

1.	<p>Welcome Karakia : Alex Pimm</p> <p>Apologies: J Beca,</p>
2.	<p>Outbreak update</p>
	<ul style="list-style-type: none"> • [REDACTED] • NICU and WAU – multiple exposure events over past few days – may need to split out into two different areas due to size. Currently John Beca and will look at WAU option with Deb Pittam possibly stepping on. Testing options continuing to be defined. • [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • Coordination process document being developed and communication being defined. (Matt Chapel) <ul style="list-style-type: none"> ○ First step could be to contact CNM and notify result.
3.	<p>[REDACTED]</p>
	<ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED]
4.	<p>Agreement to actions and focus</p>
	<p>[REDACTED]</p> <p>PPE:</p> <p>Taylor gave an update around PPE use around the ‘red ‘areas.</p> <p>WAU – Fit testing priority will be given so that all are N95. Mike Shepherd encouraged them not to be an N-95 area, this is now changed going forward where staff require to wear N-95. Change to respiration zone.</p> <p>Further review will be done on the Respiration zones and remains in Living with COVID pathway. Ian Dittmer and Taylor Carter to review.</p> <p>Including broader use of PPE.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

	<p>[REDACTED]</p> <ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
5.	[REDACTED]
	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
6.	[REDACTED]
	[REDACTED]
	[REDACTED]
	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED]
8.	[REDACTED]
	<ul style="list-style-type: none"> [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
9.	[REDACTED]
10.	[REDACTED] [REDACTED] [REDACTED]

4th October 2021

COVID-19 response team

Discussion items that require agreement to support on-going COVID-19 response:

Managing exposure events

- Nominating lead for each known exposure cluster:
 - [REDACTED]
 - NICU and WAU – multiple exposure events over past few days – **John Beca**
 - [REDACTED]
- Finalising exposure management plan to manage future exposures, including leads and process in/out of hours – **Mark Edwards (Stewart Chandler)**

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

On-going response function

- [REDACTED]
- Likely to be further exposure events – management plan as above.

From: [Dani Coplon](#)
To: [Kieron Millar \(ADHB\)](#); [Jan Gavin \(ADHB\)](#); [COVID Health Supply Chain/MOH](#)
Cc: [Nadia Al anbuky \(ADHB\)](#); [Andrew Meisner \(ADHB\)](#); [Alex Pimm \(ADHB\)](#); [Christina Bir](#); [Darryl Carpenter](#)
Subject: RE: Rapid antigen testing
Date: Monday, 04 October 2021 15:20:03
Attachments: image002.png
image004.png

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Hi all

As discussed our processes is as follows before we can deploy :

1. Request for authorisation use of RATS needs to land in the Ministry and get the DG's approval.
2. Once the authorisation request lands, I can prep the order with HCL.
3. Once approved to utilise RATS, I hit "go" for HCL to deliver to the nominated person .

Order for the NICU is based on the following number assumptions:

30 babies in ADHB NICU

60 parents of ADHB NICU

13 babies need 1:1 HCW (health care worker) and 17 babies have a 1:4 ratio – 1HCW to 4 babies .

All up 20 HCW (health care workers) across 3 shifts per day equals 60 health care worker and 10 HCWs per shift at 30 Non Healthcare workers.

This equates to approximately 130 tests a day at 7 days a week equates to 910 RATS per week.

I think we should run orders on a Tuesday and a Friday. These can come directly to me and I'll set up form in the next few days with HCL or put a portal function in place. Assume Jan you will be ordering?

Any questions – fire them through and I can work with Christina (Labs) directly – makes things easier for everyone.

Cheers

Dani

Dani Coplon | PPE & Critical Medical Supply National Lead

Testing and Supply | COVID-19 Directorate | Manatū Hauora

Waea pūkoro: [REDACTED] | **Īmēra:** [REDACTED]

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From: Kieron Millar (ADHB) <[REDACTED]>
Sent: Monday, 4 October 2021 2:52 pm
To: Jan Gavin (ADHB) <[REDACTED]> Dani Coplon <[REDACTED]> COVID Health Supply Chain/MOH <[REDACTED]>
Cc: Nadia Al anbuky (ADHB) <[REDACTED]> Andrew Meisner (ADHB) <[REDACTED]>

Subject: RE: Rapid antigen testing

Many thanks Jan

From: Jan Gavin (ADHB)
Sent: Monday, 04 October 2021 2:51 PM
To: 'Dani Coplon' <[REDACTED]> 'COVID Health Supply Chain/MOH' <[REDACTED]>
Cc: Kieron Millar (ADHB) <[REDACTED]> Nadia Al anbuky (ADHB) <[REDACTED]>
 Andrew Meisner (ADHB) <[REDACTED]>
Subject: Rapid antigen testing
Importance: High

Afternoon Dani

Thank you for taking the time to talk earlier.

ADHB would like to request 1000 eaches of the Carestart rapid antigen testing for NICU. This will be approximately 1 weeks' worth of testing as discussed with you. My understanding is the Point of care testing (POCT) team will need to run some calibration tests prior to commencement of testing as well.

The delivery location will be:

Attention: [REDACTED]
Building 31
Lab Plus
Point of care testing
ADHB

If there is any other information you need please give me a call.

Many thanks

JAN GAVIN-COWAN
PRODUCT MANAGEMENT TEAM
 Mob [REDACTED] [REDACTED]

Auckland District Health Board | Park Rd, Grafton | Auckland City Hospital

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

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From: [Alex Pimm \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#); [John Beca \(ADHB\)](#)
Subject: Rapid antigen tests
Date: Sunday, 03 October 2021 14:03:35
Importance: High

Kia ora Ailsa,

As just discussed, we would like access to rapid antigen tests to support outbreak management following the multiple exposure events (currently by one person) in NICU.

The rapid antigen tests would allow us to:

- Support measures to enable some lower risk staff to continue working and therefore keep the unit operating safely
- Identify potential people with covid early (followed by saliva or NPS PCR to confirm)
- Provide reassurance to staff and parents
- Enable safe and supported access for parents to their babies

These tests would be used in addition to any NPS or saliva surveillance testing, for example, asking staff to take a rapid antigen test before leaving home for work each shift. The testing would be in addition to other controls, including PPE and people staying home and getting tested if they have any symptoms.

Ngā mihi,

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

From: [Alex Pimm \(ADHB\)](#)
To: [Mitzi Nisbet \(ADHB\)](#)
Subject: Re: NICU concern
Date: Sunday, 03 October 2021 12:59:22

Let's agree actions then get comms to do what they need to - will definitely need their help but prob not at the meeting

A

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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Welcome *Haere Mai* | Respect *Manaaki* | Together *Tuhono* | Aim High *Angamua*

On 3/10/2021, at 12:50, Mitzi Nisbet (ADHB) <[REDACTED]>
wrote:

Do we need comms at this 1pm meeting?

I spoke with MW she said for you to let her know if you wish her to join too.

Thanks

Mitzi