

pulse

SPECIAL EDITION: ALL ABOUT COVID-19

FEBRUARY 2022

SCDHB COVID-19 RESILIENCE PROJECT

“A function is considered resilient if it has the capacity and capability to support sustainable responses to recurring community resurgences of COVID-19, without limiting the ability to provide effective non-COVID-19 related health care services.”

SCDHB COVID-19 Resilience Project commenced in early October, 2021. It aims to identify and implement key actions required to support the South Canterbury health system resilience and preparation for COVID-19 pandemic management by January 2022. This includes medium and longer-term phases of living with COVID-19 in our community with immediate/surge response continuing to be monitored by the emergency management structure. The phase 1 and 2 of the project has been completed, and the team is now working on the implementation stage.



The project team (L-R) – Quentin Mao: COVID-19 Communications Coordinator; Joseph Tyro: Director Maori Health; Anna Wheeler: Senior Responsible Office, Project Lead; Sophie Lyons: Project Administration Support; Stacey Scott: Project Manager.



Our implementation team is:

Alice Knight, HR Advisor

Anna Wheeler, COVID-19 Resilience Senior Responsible Officer, Project Lead

Anne Greaney, Nursing Resource Manager

Geoff Brown, IT Manager

Jayne Bradley, CCC Clinical Nurse Co-ordinator

Joseph Tyro, Director of Māori Health

Megan Stark, Learning Hub Advisor

Michael Boorer, Finance

Nathan Taylor, Primary and Community Care Operations

Pete Moore, Health & Safety and Wellbeing

Quentin Mao, COVID-19 Communications Coordinator

Rachel Mills, Acting Associate Director of Nursing and Midwifery

Rene Templeton, Associate Director of Allied Health, Scientific and Technical

Shelley Holmes, Hospital Operations

Simon Johnston, Facility Manager

Stacey Scott, Project Manager

Tania Kelly, Support Services Manager

Read more about the SCDHB COVID-19 resilience project on page 3 >

CEO Update

After months of planning and weeks of tweaking our response from Delta to Omicron, our COVID-19 Resilience project team have been working closely with our teams and health professionals from primary and secondary on our preparation plans for the expected impact of Omicron in South Canterbury. We plan for the worst and hope for the best.

While so many things about COVID-19 and Omicron in particular, are tricky to predict, we do have the benefit of seeing what has happened overseas. Working through a COVID-19 Omicron pandemic is new for all of us, and together we will get through this. Caring for and supporting people recovering at home is where we expect to be busiest, with hundreds of infected households expected to be isolating at any one time.

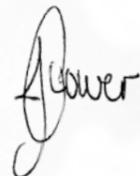
If you haven't already, now's a good time to make a household plan to ensure you're ready and prepared if someone at your place gets COVID-19 and you all need to isolate. Having and sharing a plan now can give you all peace of mind. Please check in with your neighbours, those who live alone and with whānau, to see that they are prepared or need assistance making a plan. More information about being prepared for COVID-19 can be found at [covid19.govt.nz](https://www.covid19.govt.nz).

COVID-19 has been sitting on our shoulders for a long time and it is only natural to feel the anxiety of the unknown. Now more than ever it is important to look after yourself and those around you, look out for small signs in colleagues, whānau, friends that they may be struggling. We are all here to help and support so please reach out if you need help.

We will be starting weekly updates to keep you informed with all the information you need to know. However, today's update is more detailed as it's providing a snapshot of all aspects of our Omicron response to start the ball rolling.

Thank you again for your hard work and commitment to support the health and wellbeing of the people of South Canterbury.

Ngā mihi



Jason Power
CHIEF EXECUTIVE | jpower@scdhb.health.nz



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SCDHB COVID-19 resilience project

PROJECT UPDATE

The project has been split over three phases

PHASE 1

Model and Discover



This model has been completed with approximately 280 actions identified to support our COVID-19 resilience.

PHASE 2

Analysis and Planning



This process has been completed with 6 priority areas identified; Workforce, Infrastructure, Equity, Communications, Data & Digital, Infection Prevention & Control & Patient Pathways.

PHASE 3

Implementation



The implementation team has been established with key workstream leads that meet twice a week to support progress.

COVID RESILIENCE PRIORITY UPDATES

WORKFORCE

It is recognised that workforce is our number one priority. Omicron is likely to place significant pressure on our workforce sustainability with predicted up to 25% of our workforce off at any one time, in isolation or caring for someone with COVID-19.

Workforce Sustainability

Significant work to support the sustainability of our essential services is underway across our sector, inclusive of hospital services, aged care, primary and community services and maternity services. This will include redeployment of staff into acute services should this be required.

Recruitment

COVID-19 specific recruitment includes:

- + Infection Prevention & Control Nurse (additional to our current FTE)
- + Clinical Coach – Emergency Department – Donna Schrader
- + COVID-19 Coordination Centre – Clinical Nurse Co-ordinator, Jayne Bradley
- + COVID-19 Immunisation Lead – Niamh Williamson
- + COVID-19 Communications Coordinator – Quentin Mao
- + COVID-19 Administration Support – Sophie Lyons

Human resources are working to support a recruitment strategy that supports building our overall workforce capacity, in a very tight health recruitment market. Recruitment is still progressing for registered nurses across our COVID-19 response, inclusive of community support.

Kaiawhina Support Programme

The project team are working on an accelerated learning package to support recruitment of a Kaiawhina (clinical support) workforce new to the health sector. Recruitment and interviews have been successful with letters of offer being progressed.

EQUITY

Tewera King, ūpoko Te Rūnaka o Arowhenua Te Rūnaka o Waihao has been recruited to support the COVID-19 Resilience activities. He is currently focused on supporting immunisation equity for Maori.



SOUTH ISLAND, TE WAIPOUNAMU RESILIENCE

The South Island region is working collaboratively to ensure consistency and support across our key priorities. Regular meeting and regional reporting lines are established.

The fortnightly resilience reporting requires evaluation of our systems service capacity and projected demand which informs the ministry, which in turn informs cabinet around the implementation of the COVID-19 protection framework, also referred to as the traffic light system.





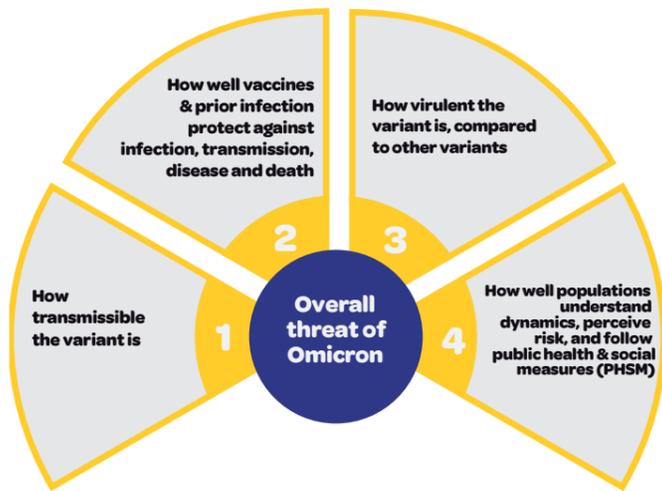
How can we protect ourselves and

others from Omicron?

There are a variety of factors that contribute to defence against the virus:

- + Vaccination
- + Risk Assessment
- + N95 Mask
- + Surveillance Testing
- + Environmental Conditions
- + Physical Distancing
- + PPE Donning and Doffing
- + Transmission-based Precautions
- + Hand Hygiene.

Overall threat of Omicron depends on four key issues



Preventive measures continue to be effective and should continue to be implemented to reduce the spread of COVID-19



Environmental factors key to transmission

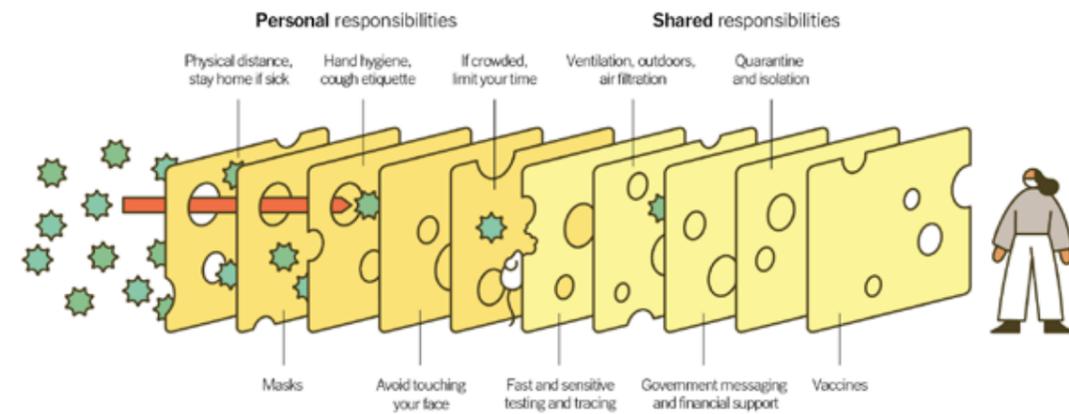
There is abundant evidence that proximity is a key determinant of transmission risk. At close range, there is an increased concentration of particles (droplets to aerosols). Increasing fresh air via windows/HVAC systems aids to dilution of infectious particles.

Factors influencing how particles may travel

- + Turbulent airflow
- + Busy areas
- + Door movements (pressure changes)
- + People traffic
- + Temperature variations (such as from electrical equipment and heating)
- + Frequency of surface cleaning.

The swiss cheese model of pandemic defence

A good visualisation is thinking it as a piece of swiss cheese. It's not edible, but it can save lives. None of the any single factor is perfect; each has holes, and when the holes align, the risk of infection increases. But several layers combined significantly reduce the overall risk.



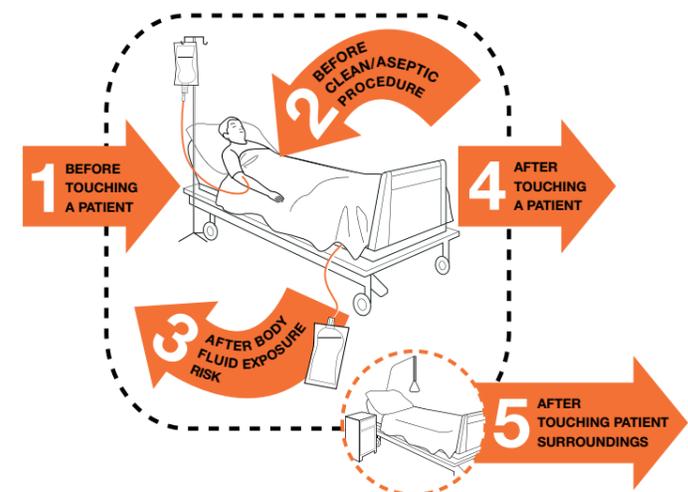
Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

Characteristics of Delta and Omicron

	Delta	Omicron
Transmissibility	Increased transmissibility compared to wild-type SARS-CoV-2, Variants of Interest (VOIs) and Variants of Concern (VOCs) Alpha, Delta and Gamma.	Increased growth rate as compared to Delta because of intrinsic characteristics of Omicron and immune escape.
Disease severity	Possible increased risk of hospitalisation as compared to early pandemic SARS-CoV-2 and other VOCs.	Reduced risk of hospitalisation compared to Delta; upper respiratory tract infection compared with lower respiratory tract infection by Delta.
Risk of reinfection	Reduction in antibody neutralising activity reported.	Reduced antibody neutralising activity reported; increased risk of reinfection.
Impact on diagnostics	None reported to date.	No impact on effectiveness of corticosteroids and IL-6 blockers; Reduced effectiveness of some monoclonal antibodies; limited evidence.
Impact on therapeutics	None reported to date.	Reduced protection against symptomatic disease and infection; booster doses increase vaccine effectiveness; limited and non-peer reviewed evidence.
Effectiveness of COVID-19 vaccines	Protection retained against severe disease; possible reduced protection against symptomatic disease and infection; limited evidence.	Reduced protection against symptomatic disease and infection; booster doses increase vaccine effectiveness; limited and non-peer reviewed evidence.

Your 5 moments of hand hygiene

1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

What you need to know about Omicron

Omicron, the new SARS-CoV-2 variant, was declared by the World Health Organisation in late November, 2021.

Omicron is highly transmissible (R=12) compared with Delta (R=6) and is rapidly replacing other variants that are circulating around the world. Studies suggest that Omicron appears to be infecting the upper respiratory tract, compared to Delta (and previous strains) which infect the lower respiratory tract. This suggests that Omicron is a less severe disease with fewer clinical signs compared to delta.

Omicron has a reduced risk of hospitalisation, compared with Delta, with 3% of total cases hospitalised, and 8% of those hospitalised requiring ICU care.

Whilst Omicron appears to have lower severity of illness, the large number of people being infected translates into a significant number of people requiring health services inclusive of hospitalisations.

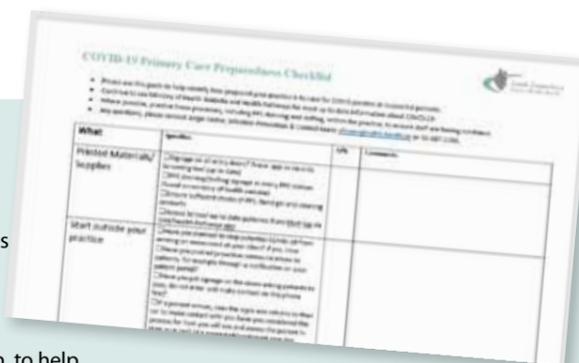
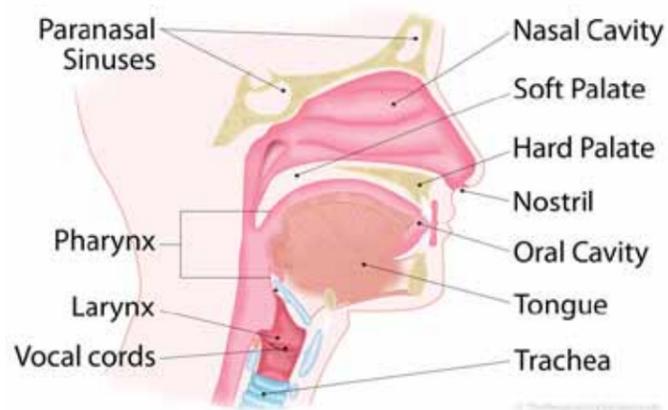
Immunisation with COVID-19 vaccinations is protective against severe disease and hospitalisation. However, the Omicron variant vaccine immunity shows reduced effectiveness against infection and symptomatic disease. Those who have received a booster immunisation demonstrate greater effectiveness and protection against Omicron. Unvaccinated cases are more likely to infect their household members.

Older people and those with underlying health conditions remain at greatest risk of severe illness from the Omicron variant.

People at greater risk of COVID-19 include those:

- + Unvaccinated
- + Obese
- + People over the age of 60
- + People with hypertension
- + Diabetes Mellitus
- + Cardiac Disease
- + Chronic Lung Disease
- + Cerebrovascular Disease
- + Dementia
- + Mental Disorders
- + Chronic Kidney Disease
- + Immunosuppression
- + Cancer
- + HIV/AIDS
- + Pregnancy.

Upper Respiratory System



Preventative preparation

Primary and community health providers have been focused on preparing for a local outbreak of Omicron and the expected impacts on both service demand and the potential for a diminished workforce.

Business owner meetings have been held with both General Practice and Community Pharmacies to establish a district level Business Continuity Plan (BCP) which builds on practice level plans. This is a three-level response which includes the stand up of a DHB General Practice Urgent Clinic if primary care services became critically unsustainable. Aged care and home based service providers have established business continuity plans to support business sustainability under Omicron.

For the two weeks before Christmas 13 Primary care practices participated in an IPC assessment with the Infection Prevention and Control nurse from SCDHB, Angie Foster, and some visits with Lik Loh, to help reassure that their COVID-19 IPC practices were spot on, preparing them for COVID-19 in the community. This assessment included a self-check template, which helps guide how a practice is using resources and processes to ensure risk of COVID-19 transmission between staff and patients is at a minimum in their clinics. This assessment starts from outside the practice, and ends with the completion of patient care. Walking around with each practice, it was evident that most controls had already been considered. While there were variations of how some signage was

placed, most had the same themes about minimising the amount of time a person was waiting in the clinic, and being able to screen and physical distance, as well as considering ventilation challenges (especially in some older buildings not purpose-built for health care). An individual summary was sent to each practice, and an overall summary was also written.

Overall, it was an invaluable experience to build a relationship and provide reassurance about their readiness.

Angela Foster conducts specialised COVID-19 care training for staff

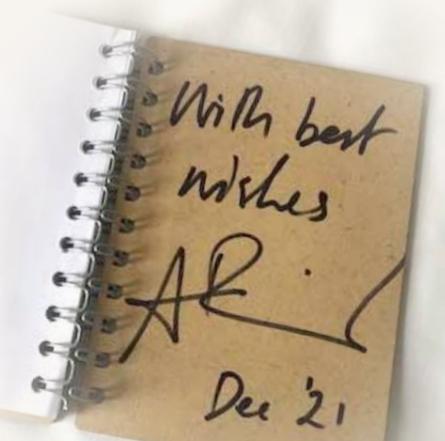
Angela Foster, or Angie, is an Infection Control specialist at the SCDHB.

She has been heavily involved in COVID-19 education and training staff for PPE donning/doffing, ensuring set up of COVID-19/CAT wards are appropriate, advising on transporting patients including designing of transportation tent, and advising on TAG team.

Furthermore, she is also involved in national IPC (infection prevention & control) groups. She advised on the set up procedures of vaccination and testing sites, assessed GP sites for IPC readiness, provided advice, recommended SIQ facilities, wrote and reviewed many COVID-19 policies and documents, CME presentations on COVID-19, ran RAT testing pilot, and liaised with IPC rep staff.

Plus, she also got to meet with Ashley Bloomfield! >>>

Here's are some pictures of the ED, mental health, maternity, community and COVID-19 Ward/CAT staff practicing and learning donning PPE, transferring patients, swabbing.





Life and work under Red

New Zealand moved to the Red traffic light setting at 11.59pm, Sunday 23 January.



As a health system, our hospital is prepared. For most people who are fully vaccinated (2 doses plus their booster dose), Omicron will be a mild to moderate illness, and they will be able to safely isolate and recover at home. As a system, our focus will increasingly be on those who have underlying health conditions or disabilities that make them more vulnerable to serious illness.

The emphasis will be on deploying resources to support people isolating at home and recovering from COVID-19. We will continue to work closely with primary care – general practice and pharmacies, NGO providers, including Māori and Pacific Providers, and MSD – who will be providing welfare and a range of support services.

Three phase public health response to Omicron

The Government has announced a three phase Omicron plan that aims to slow down and limit the spread of an outbreak.

PHASE ONE

Situation: A few cases in community, but most cases connected

Objectives: Contain and eliminate

Recommended use of masks and face coverings

General public 	Reusable well-fitted mask (3 layer minimum) or disposable medical mask
Essential workers including general health workers 	Certified well-fitting medical mask
Higher risk health workers or border staff 	P2/N95 particulate respirators – fit tested

Case Volumes
MEDIUM

Proportion of cases investigated
HIGH

Case: Contact Ratios
LOW

Hospitalisations
LOW

PHASE TWO

Situation: Case numbers increasing significantly, growing pressure on health system (but manageable)

Objectives: Reduce rates of community transmission and transition system responses

Recommended use of masks and face coverings

General public 	Reusable well-fitted mask (3 layer minimum) or disposable medical mask
Essential workers 	Certified well-fitting medical mask
General health workers 	Certified medical mask – Type II R or Level 2-3
Higher risk health workers or border staff 	P2/N95 particulate respirators – fit tested

Case Volumes
HIGH

Proportion of cases investigated
MEDIUM

Case: Contact Ratios
VERY LOW

Hospitalisations
HIGH

PHASE THREE

Situation: Widespread community cases, need to change tack to manage pressure on health services

Objectives: Preserve (protect vulnerable communities and critical services and infrastructure)

Recommended use of masks and face coverings

General public 	Medical mask that meets NZ standard with option of layering reusable face mask on top
Essential workers 	Certified well-fitting medical mask
General health workers 	Certified medical mask – Type IIR Level 2-3 or in specific circumstances P2/N95
Higher risk health workers or border staff 	P2/N95 particulate respirators – fit tested

Case Volumes
EXTREME

Proportion of cases investigated
LOW

Case: Contact Ratios
UNKNOWN

Hospitalisations
VERY HIGH

COVID-19 Visitor Policy

Currently, whether they're patients, support workers, or visitors, people entering into the hospital are screened with three questions at the front door of the hospital and asked to scan the QR code or have contact details written down.

Visiting is strictly 2pm – 8pm, and only two visitors are allowed per patient. Medical mask wearing is compulsory unless they have an exemption.

Visitors are given a sticker with the patients' room number on it.

Omicron in the community: what this means for you

	Phase One There are some cases in the community but we continue stamp it out	Phase Two Cases have spread in the community so we need to minimise and slow further spread and assist our vulnerable communities	Phase Three There are thousands of cases per day: most people will self manage and health and social services focus on families and communities that have the highest needs
	Get your COVID Booster shot 5-11 year olds first vaccination	Continue to Mask, Scan and Pass wherever you go	Good hygiene, physical distancing and stay home if unwell
Testing 	<ul style="list-style-type: none"> + PCR test for people that have symptoms and close contacts at GP or Community Testing Centre + PCR testing for international arrivals + Find testing sites closest to you here: Healthpoint.co.nz. 	<ul style="list-style-type: none"> + Rapid Antigen Tests (RAT) may be used in addition to PCR testing for symptomatic people and close contacts + 'Test to return' if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs. + PCR testing to confirm diagnosis if positive RAT. 	<ul style="list-style-type: none"> + Due to so many cases per day, focus of PCR testing is on priority populations + Symptomatic people or priority populations may use a RAT for diagnosis + RATs available at GPs, Pharmacies, Community Testing Centres or workplaces for symptomatic or critical workers + 'Test to return' for asymptomatic healthcare and critical workforce who are close contacts using RATs.
Case investigation and contact tracing 	<p>Cases contacted as usual.</p> <p>Cases:</p> <ul style="list-style-type: none"> + Identified via positive PCR test + Notified by phone call and phone based case investigation. <p>Contacts:</p> <ul style="list-style-type: none"> + Active management of close contacts + Close contacts notified by phone call + Push notifications (QR scanning), Bluetooth and locations of interest used to identify contacts. 	<p>Digital technology is utilised more as cases grow – text via mobile phone and information via email. Support for those not digitally enabled.</p> <p>Cases:</p> <ul style="list-style-type: none"> + Identified via positive PCR test + Notified by text and directed to online self-investigation + Self-investigation tool increasingly targeting high-risk exposures (events or locations) + Phone based interviews where required + Symptomatic household contacts will become a probable case for management purposes. <p>Contacts:</p> <ul style="list-style-type: none"> + Regular communication with household contacts + Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage) + Push notifications (QR scanning), Bluetooth and Locations of Interest used to identify contacts + 'Test to return' for critical infrastructure workers if needed. 	<p>Digital technology continues – a self-serve model – with cases supported to self-notify close contacts. Focus on support for those not digitally enabled.</p> <p>Cases:</p> <ul style="list-style-type: none"> + Identified via positive PCR, RATs or symptoms + Notified by text and directed to online self-investigation tool + Self-investigation tool targets very high-risk exposures, narrowing the numbers of contacts identified + Symptomatic household contacts a probable case, test not required. <p>Contacts:</p> <ul style="list-style-type: none"> + Contacts automatically notified from online self-investigation and option for cases to self-notify their contacts. + Only highest risk contacts will be traced and required to isolate + Limited use of push notifications, locations of interest or Bluetooth + 'Test to return' for contacts who are health and critical infrastructure workers.
Isolation and quarantine 	<p>Cases:</p> <ul style="list-style-type: none"> + Isolate for 14 days. <p>Contacts:</p> <ul style="list-style-type: none"> + Isolate for 10 days + Extra support in place for health and critical workforces. 	<p>Cases:</p> <ul style="list-style-type: none"> + Isolate for 10 days. <p>Contacts:</p> <ul style="list-style-type: none"> + Isolate for 7 days + Extra support in place for health and critical workforces. 	<p>Cases:</p> <ul style="list-style-type: none"> + Isolate for 10 days. <p>Contacts:</p> <ul style="list-style-type: none"> + Isolate for 7 days + Extra support in place for health and critical workforces.
Health and social support – care in the community 	<ul style="list-style-type: none"> + Begin shift to self-service – text/online + Some positive cases using self-service tools, such as online contact forms. + Clinical care will be delivered by primary care teams, supported by the local care coordination hub. + All steps taken to support positive cases to isolate in their usual place of residence, with alternative accommodation options across the regions. 	<ul style="list-style-type: none"> + Cases using self-service where possible, ensure those with greatest need are being met + Support by local care coordination hub for those with a need for ongoing clinical care. + Other people with lower clinical risks, may contact external providers. + Support for most positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are still available. 	<ul style="list-style-type: none"> + Majority of positive cases are self-management. + Clinical care is focused on anyone with high-needs + Wraparound health and welfare support services will focus on those who need it most + Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home.



COVID-19 Co-ordination Centre (CCC)

Getting ready for busy days ahead

This week, we talked to Jayne Bradley, Clinical Nurse Co-ordinator of the CCC and Penny Dewar about their works at the CCC, which opened on 10 January.

As 94% of the population in South Canterbury has been double vaccinated, the vast majority of COVID-19 care is for the mild-moderately unwell in the community. In the worst-case scenario, 2,240 people would be supported to isolate in the community. CCC would play an important part in the "care in the community model" of the COVID-19 response.

Could you explain to people who aren't familiar with the CCC what the CCC is and what does it do?

Jayne: The role of the CCC is to coordinate health, welfare and psychosocial needs of a person that is isolating in the community following a positive test for COVID-19. This is achieved through regular contact with the patient and liaison with relevant health and disability teams, particularly Primary Care, MSD and their Community Connectors. The role of the RN in CCC will be pivotal to identify and appropriately manage deteriorating health. It is also crucial that the COVID-19 positive person is supported well to avoid the need to breach isolation.

When did the CCC start operating?

Jayne: We officially opened on the 10th of January. We have supported one person that has been isolating – that person has now been discharged from CCC. We have been able to debrief and learn from the person's journey through CCC and are continuing to work on processes for working with other areas of the hospital and community health care staff.

Planning for the CCC started at the beginning of December. A group of staff offered to be on call if SCDHB had a positive COVID-19 case. Plans were placed for that to happen. None of them got 'the call', but we are grateful that they made themselves available to help our community.

We are working with different agencies and healthcare providers to develop joint pathways to support people self-isolating at home. We are looking at workforce planning, so we have the right staff at the right time.

I can hear you have a British accent. Can you tell me your background? How did you get started in this role?

Jayne: I have been with the SCDHB for 16 years, but I'm originally from Doncaster, South Yorkshire, in the UK, a large Industrial town known for coal mining, train building and horse racing. I have been nursing for nearly 40 years. I trained as an enrolled and later as a registered nurse, mainly working in the acute medical wards. I then worked for an organization called NHS Direct, which is a telephone assessment and advice service, very similar to Healthline here. I worked there for about 10 years. Then I decided I needed a change in life and got offered a job at Timaru Hospital. I worked as a registered nurse at the AT&R ward and was lucky to be supported to do my master's degree, then working as a clinical nurse specialist for gerontology. I have been in district nursing for 3 years before taking on this exciting new role.

Can you tell me about your experience and what your current role looks like?

Penny: I have been nursing for over 40 years. I came from a surgical background. I worked in the surgical ward and was a charge nurse in the operating theatre for 10 years. My next role was manager of the Inpatient Booking Office. After 7 years, it was time for a new challenge, so I moved to Quality & Risk which I did in conjunction with Emergency Management co-ordinator. COVID-19 came along in 2020, so my emergency management role changed from planning to response. Part of this response was working

with Carol Murphy in the vaccination programme as the Logistics Lead. In September 2021, I became the Community SIQ (Supported Isolation Quarantine) Manager who managed the isolation facilities of the DHB and started managing the welfare. Like most things COVID-19, things change. In December 2021, the welfare provision moved from Health to MSD (Ministry of Social Development). I still work quite closely with MSD to ensure welfare needs/support will be met for our community who are self-isolating.

Presently, I'm here supporting Jayne, helping her develop processes for the CCC. I still manage the DHB isolation facility should they be required. I also oversee the COVID-19 testing. We've been doing port worker surveillance since August 2020. We have two clinics a week, and we test all the border workers. We now run a 7-day a week testing clinic where people can 'drop in' for a test. No appointment is required. The clinics are Mon-Fri at the Baptist Church in Wilson Street and Timaru After Hours Clinic car park every weekend.

How is the testing going?

Penny: Again, it's always changing as the Government brings in new testing strategies. Our testing staff are all trained on how to take a test safely using appropriate PPE. We need to have enough staff so that we can cope with a surge in testing numbers if we need to. When we have a case here, we expect an increase in people coming in for a test. So, the staffing is increased to accommodate this.



Penny Dewar (left) and Jayne Bradley (right) at CCC

Keene to help

Dr Aaron Keene is the Consultant Clinical Microbiologist of the SCDHB who is based in Christchurch. His advice is crucial in ensuring the testing and infection and control methods and measurements are up-to-date and going smoothly at the DHB. We talked to Aaron and asked him to shed some insight on his work and the testing side of the COVID-19 response.

Could you introduce yourself to readers who aren't familiar with what you do?

Hi, I am Dr Aaron Keene, Consultant Clinical Microbiologist. Primarily I am based out of Canterbury SCL, but I also cover the Timaru laboratory, Nelson and Wairau laboratories, and regularly cover Labtests – our Auckland community laboratory.

What does your work involve? What are you responsible for?

A microbiologist's work can be highly varied. Each day I engage with the lab who advises me of the significant cultures (e.g. positive blood cultures, sterile sites, resistant organisms). I then contact clinical teams or GPs and advise on antibiotic treatments, investigations etc. I take a number of calls from hospital doctors and GPs and am asked to advise on testing, infection management, infection control issues and much more.

I also sit on various groups like technical advisory groups, infection prevention and control committees, medicines and therapies committees, antimicrobial stewardship committees, national steering committees etc.

A significant part of my work involves new test development and validation. As a lab, we are constantly adapting. In the last year we set up an entire molecular lab, trained a number of staff to run our molecular biology department, and validated a number of COVID-19 PCR testing platforms to provide the testing capacity our region needs.

I am responsible for the clinical oversight of the laboratories I supervise, and providing advisory services to the hospitals and GPs that these laboratories service.

How are you working with the SCDHB (particularly on COVID-19 response)?

I work very closely with infection prevention control, and I am on the TAG group.

We have worked on several pieces of work lately from the use of RATs (and a pilot), how to keep the hospital moving during widespread COVID-19 circulation, increasing testing capacity at the Timaru lab, the introduction of the rapid PCR in ED, staff surveillance protocols and lots more.

"We have had to watch and learn from other parts of the world, and sometimes change our entire thinking."

How has COVID-19 changed your work focus?

Microbiology training provides you with much of the knowledge to understand an epidemic, despite this, the last few years have still been a learning curve.

We have had to watch and learn from other parts of the world, and sometimes change our entire thinking. It has been a constant battle of keeping up information, and it's time like this that you really value your colleagues.

My focus over the last year has been on increasing test capacity and using strategies to manage this. We have done a lot of work to get COVID-19 testing up and running, particularly in remote areas. We have had to look at strategies like pooling samples, rapid antigen testing and point of care PCR instruments to meet the demand for testing. I now also find myself looking at things like ventilation, sterilisation, PPE and transmission dynamics – things that I had some knowledge of previously, but have been looking at closely lately.

What's your background and experience?

I originally started life as a lab scientist in microbiology. I then went back to med school, and after several years of medicine and cardiology, I decided to return to laboratory medicine as a Clinical Microbiologist. I did the bulk of my vocational training at Christchurch Hospital and finished my final year in Tauranga at Pathlab. Both were excellent labs to train in.

And I do believe you're familiar with the testing side of the things? Could you share some insights about the RAT test?

RATs are an interesting concept. The utility of RATs will change with the amount of transmission we have.

Currently RATs can't be used to exclude an infection, because we are unwilling to accept any false negative results while we are stamping things out. We are also usually needing to confirm positive RATs with a PCR test. This will likely change as Omicron progresses – negative RAT tests will be a tool that might be able to release patients from isolation, allow people to get on a plane, or allow someone to get back to work. The utility of these tests change depending on one's risk appetite for missing infection – this will obviously change depending on how much COVID-19 is circulating.

Feel free to share to our staff what you want them to know!

Just really that microbiology may not have a particularly high profile in the South Canterbury area. I would like clinicians to know that I am just a phone call away if microbiology advice is needed, or we always have someone on call.





Workforce update

SCDHB have been planning for and preparing our workforce to be resilient in our response to the COVID-19 pandemic right across our health service, from primary and community right through to specialty care in the hospital.

Our Workforce planning has included recruiting and selecting key positions – like our Clinical Nurse Coordinator of the COVID-19 Coordination Centre (CCC), our COVID-19 Communications Coordinator, our COVID-19 Immunisation Workforce Lead – and sending a call out to our current SCDHB whānau to tell us how they can support a COVID-19 surge in our community, by completing our Internal Expression of Interest survey.

Kaiāwhina Programme Kicks Off

In December last year, Joseph Tyro, Director – Māori Health, invited our community to join us for kai and a kōrero to learn about what a career in health with SCDHB could look like. Our Assessment Centre was a great way for us to connect with our group of potential new employees to determine their fit for the Kaiāwhina position, to connect with what we do and value at SCDHB, and to give the attendees the opportunity to spend time with our team in a slightly less formal interview setting.

On Friday, 21st January, SCDHB held an Assessment Centre for candidates in our community who had expressed interest in joining our Kaiāwhina workforce. Our Kaiāwhina (Health Care Assistants) workforce

will provide essential support to our clinical and service areas.

We'll support our Kaiāwhina workforce into health through a specifically designed and accelerated learning programme, which will provide them with a foundation of core skills and knowledge around how best they can support our clinical and service areas in their work.

If you are interested in our COVID-19 resilience workforce planning, want to know more about the opportunities, or are available to support our COVID-19 response, get in touch with Rachel or Alice.

He waka eke noa – we are all in this together.



Rachel Mills
Associate Director of Nursing and Midwifery
rmills@scdhb.health.nz
021 560 087

Alice Knight
HR Business Partner
aknight@scdhb.health.nz
(03) 687 2438

Health, Safety and Wellbeing update

COVID-19 has elevated awareness around the importance of effective wellbeing supports for all healthcare workers. As such, the SCDHB has identified this as a critical workstream objective.

We are preparing a wellbeing programme that aims to build resilience by improving lifestyle factors, social and community networks and supports, along with creating greater awareness of our living and working conditions.

As healthcare workers, we need to help create a culture that 'cares for the carers' enabling us to thrive whilst at work and ultimately ensure continued service delivery.

By implementing a sustained wellbeing programme, we will look to promote mental wellness, with early recognition and early intervention to get help for those who are struggling. The programme will include a 1-hour general awareness training session for all staff, identify, train and support local champions and introduce regular wellbeing related resources, news and activities. It will become an integral component of new staff orientation.

A wellbeing calendar will be introduced that promotes regular wellbeing related activity.

Pete Moore Health, Safety & Wellbeing Manager
pmoore@scdhb.health.nz

Tip for wearing a disposable medical mask

Do

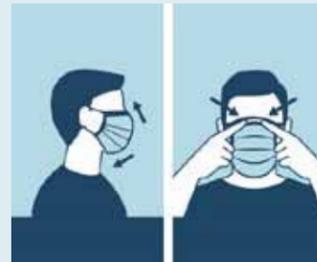
- Wash or sanitise your hands before handling your mask
- Hold the mask by the straps
- Fan it out to cover the mouth, chin and nose
- Disposable medical masks are worn with the blue/coloured side facing outwards
- Ensure the stiff strip at the top and moulds comfortably over the bridge of your nose
- Securely hook the elastic straps directly over your ears – do not create a figure 8 with the straps as this creates air gaps.

Don't

- Play with, or touch your mask unnecessarily
- Let anyone else touch or wear your mask
- Leave your mask lying around or on a table.

Change your mask

- If it becomes moist or soiled
- After eating.



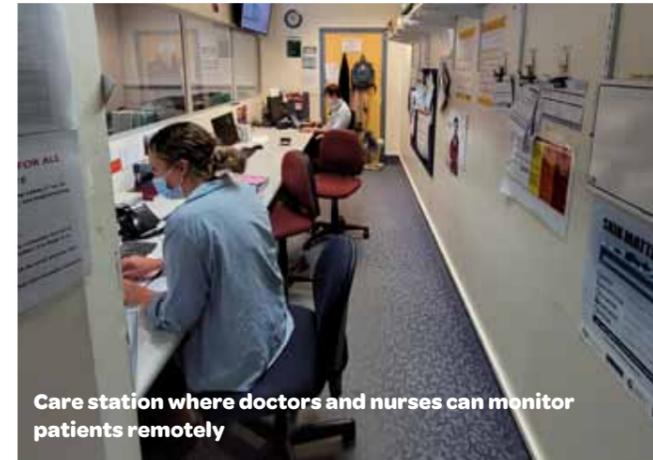
Used and soiled medical masks should be disposed of in the regular (landfill) rubbish.

CAT and COVID-19 wards prepare for Omicron

CAT, which stands for COVID-19 Assessment Triage, and the COVID-19 ward are getting ready for an influx of patients.

CAT was set up to assess anyone with COVID-19 related symptom and patients whom have been referred to the hospital by the GP. It was separated from the AT&R (Assessment, Treatment and Rehabilitation Ward). Patients who come in will be screened and seen by nursing staff and doctors, and tested with PCR test. The critically ill will come into the one of the four negative flow rooms to be tested.

After initial screening and testing, those who have a positive result but experiencing mild symptoms will not be admitted and will be sent home.



Care station where doctors and nurses can monitor patients remotely

The Medical Officer of Health will follow up on those who go home for isolation and recovery, and their cases will be received by the CCC.

If they're deemed requiring hospitalisation, they'll go to the COVID-19 ward. If they're acutely unwell, they'll be sent to the ICU.

THE COVID-19 ward is completely separated from other part of the hospital. A dedicated room is made available for doctors, nurses and healthcare assistant to put on PPEs.



PPE Donning station

Besides treating inpatients, COVID-19 ward will also treat patients who are self-isolating in the community. They can come in for IV infusion that helps them to get better.

The ward will feature centralised monitoring.

Patients will be hooked up to a monitor at all time. Doctors and nurses at the care station can read their blood pressure and

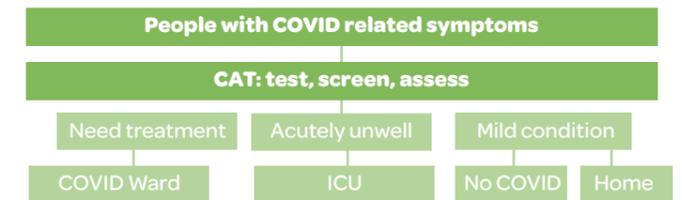
oxygen level without needing to come into the ward. Patients can communicate with nurses using walkie-talkies inside their room. Every room will also have a laptop for patients to communicate with their family members. Patients will also be allowed to have their own devices to use while inside the ward.



Inside the COVID Ward

Patients may still be positive when they're discharged. After the patients are discharged, the CCC will take over the healthcare needs of the patients isolating at home.

Patient Journey



Anne Greaney, Clinical Resource Manager, and Shelley Holms, Charge Nurse Manager of Surgical Services, said they feel confident and prepared for the next phase of the pandemic. "When we first went into 2020, there was a scramble around PPE and anything else. We've got plenty now. And there's been plenty of education going on," said Anne. "Unlike last time, because we have the PPE, because we are vaccinated, more and more people can work in the hospital rather than working from home," she added.



Shelley Holms (left) and Anne Greaney (right) in front of the COVID-19 ward



Airvo™ 3 supports COVID-19 fight

In early January, Timaru Hospital received three Airvo™ 3 machines. The machine will deliver oxygen support for patients suffering from COVID-19 induced pneumonia and patients experiencing breathing difficulty, such as pneumonia.

Airvo™ 3 is a CPAP and BiPAP machine and humidifier with integrated flow generator that can deliver warm and humidified respiratory gas, low flow, high flow, and CPAP (continuous positive airway pressure), to spontaneously breathing patients through a variety of patient interfaces.

It's consisted of a humidifier, oxygen concentrator, and battery pack. Inside the humidifier, there's a water chamber where gas is warmed and humidified.

Room air is drawn into the humidifier and gets mixed with concentrated oxygen. The gas is then heated to 37 degrees Celsius to become vapor. As vapor is composed of water molecules, they're so much smaller than virus and water droplets to make them unable to carry the virus with them, reducing the risk of infection.

The Airvo™ 3 fulfils functions that previously performed by both AirVo2 and Dräger High- Flow BiPap machines. By providing both low to high levels of oxygen support, the machine can support patients throughout their journey at the hospital. The doctors and nurses don't need to switch equipment, cutting the time and effort to disinfect the equipment.

The battery pack that comes with the machine enables the machine to stay with patients while being transferred from the medical ward to ICU.

"It's a very versatile piece of equipment because it can provide whatever that individual needs," said Dr. Kelly Sweerus, Respiratory and General Medicine Physician at the hospital.

"If the patient needs a little bit of support at the medical ward, the machine can do that. If the condition needs more support, this one machine can stay with the individual all the way to the ICU if needed," Dr. Sweerus said.

Dr. Sweerus, who is originally from the United States and has worked on COVID-19 response in a Seattle Hospital since the beginning of the pandemic, noted that the SCDHB is well prepared.

"The New Zealand response is very well organised. Kiwis really work together. And so many people got their vaccines and boosters really helps a lot."

"The fact that the hospital is small means we can work more efficiently and nimbly."

"The machine makes everyone feel confident and prepared for the days ahead," she added.

Staff will receive formal training on 9 February from Fisher & Paykel technicians coming down from Auckland.



Pop-up clinic at Aorangi Park Stadium a success

From Monday 24th to Saturday 29th, the SCDHB organized a vaccination drive at the Southern Trust Events Centre (Aorangi Park). In total 2,640 doses of vaccines were administered, with 1,027 of them being the paediatric Pfizer vaccine for 5–11-year-olds.

The event had a busy start. On the first day alone, 643 doses were administered, 266 were for 5-to 11-year-olds.

"The whole clinic is a well-oiled machine, as most of our staff have been doing this since March 2021," said Niamh Williamson, the COVID-19 Immunisation Coordinator.

Jenny Sewell, the vaccinating nurse at the site, said people have been compliant and nice to work with. She said the first day was very busy. People were lining up before the centre opened. Jenny has been vaccinating people since May. She left her role as a dental therapist at the CDHB to start this role.

"How lucky that the SCDHB has such nice nursing staff. People here are lovely to work with," said Jenny.

Ruth Kibble, Direct of Primary Health Partnerships and Allied Health, recalled that the strong feature of the event was the whānau approach. "Multiple generations was coming for vaccinations, sometimes up to three at a time," she said.

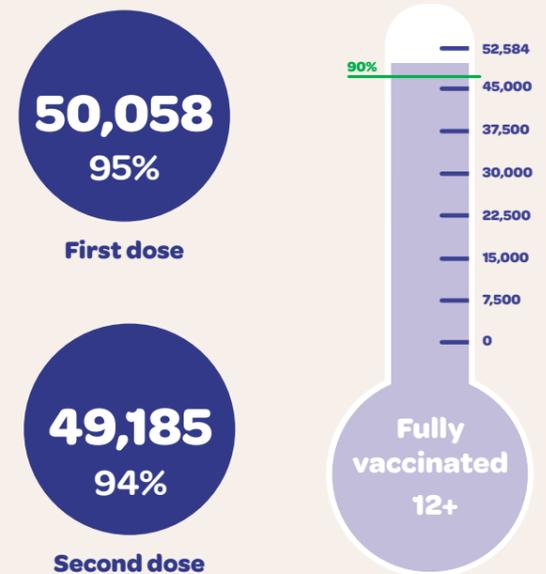
"The team did a fabulous job right from the set-up crew, marshals directing the traffic, to those checking in the public, vaccinating, drawing up vaccine or in recovery area... we set up the stadium so that those booked were a priority, but the set up allowed us to meet the demand whether it was for booked / walk-ins, adults or children. I was really proud of the whole team."

"Atmosphere was great – relaxed and welcoming. The stadium allowed spacing and ease of parking," she added.

As a result of the successful event, the vaccination team has changed the layout and flow for the Woollcombe and community mobile clinics to enable the whānau approach to continue.



COVID-19 VACCINE UPDATE as at 6 February 2022



GET YOUR BOOSTERS NOW!

With Omicron, having a booster dose provides significantly more protection against serious illness and hospitalisation.

The Government announced on 21 December 2021 that COVID-19 booster vaccinations would be mandated for workforces covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order). Changes to Vaccinations Order come into force at 11.59pm on 23 January 2022.

From Friday 4 February, you can now receive a Pfizer booster 3 months (93 days) after completing your primary course (for most people this will be 2 doses but for those who are immune compromised this might be 3).

The interval between completing your primary course and the booster dose has been reduced from 4 months (122 days) to 3 months (93 days) to shore up our defences against Omicron.

Current evidence shows your protection against infection after the primary vaccination course decreases over time. Getting a booster helps boost your immunity against COVID-19.

While many staff have had their booster, if you haven't had yours, please book your shot at BookMyVaccine.NZ or simply walk in to our Woolcombe street clinic, which opens on Monday to Friday from 9am – 4:30pm.



Speaking Up for Safety™

An organisation-wide programme to build a culture of safety by empowering staff to support each other and raise concerns.

The Speaking Up for Safety™ programme helps healthcare organisations overcome entrenched behaviours that can lead to poor patient outcomes. The programme achieves culture change from within, normalising collegiate two-way communication to prevent unintended patient harm.

Every member of staff from the most senior clinician to the most junior nurse will develop the skills and insights to respectfully raise issues with colleagues when they are concerned about a patient's safety.



C CHECKS

O OPTIONS

D DEMANDS

E ELEVATES



Speak up for Safety™ easily and respectfully using the Safety C.O.D.E.™



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