

New Zealand Aotearoa Pandemic Response Policy for Aged Residential Care

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Abbreviations

ARC	Aged residential care
CIMS	Coordinated Incident Management System
DHB	District health board
IPC	Infection prevention and control
NGO	Non-governmental organisation
OMT	Outbreak management team
PHU	Public health unit
PPE	Personal protective equipment

Introduction

Objective of the policy

The purpose of the New Zealand Aotearoa Pandemic Response Policy for Aged Residential Care is to provide nationally consistent guidance for aged residential care (ARC) stakeholders to prepare for, prevent and respond to an epidemic or pandemic. The policy is principle-based and designed to be tailored to local environments. All local plans and protocols should be developed in line with the principles of this policy. The policy is intended to be read in conjunction with other operational guidance or workbook documents.

Who is the policy for?

An outbreak in an ARC facility is a significant and complex event that requires collaborative, aligned decision-making over a potentially prolonged period of time. This policy will predominantly be used by ARC providers; district health boards (DHBs); regional public health units (PHUs), professional groups; unions; and whānau, hapū and iwi. These organisations should use this policy in partnership with each other and with the Ministry of Health. The principle 'Nothing about us without us' applies to all stakeholders. Stakeholders will use this national policy to support their own local procedures and protocols.

As the range of stakeholders is so wide, effective communication, an agreed framework for decision-making and an established structure for response are essential. To achieve these, we will require local, regional and national relationship building and planning alignment.

Where relevant, relationship building and planning should include other stakeholders and service users; for example, Māori and iwi health providers and NGOs, consumer advisory groups, NGOs, consumer advocacy groups, Pacific providers and NGOs, primary health care providers and the wider range of emergency management workers.

The policy is designed to be read in conjunction with the current versions of the following documents:

- Ministry of Health *New Zealand Influenza Pandemic Plan: a framework for action*
- National Ethics Advisory Committee *Getting Through Together: Ethical Values for a Pandemic*
- Ministry of Health *Communicable Disease Control Manual*
- Officials' Committee for Domestic and External Security Coordination *Coordinated Incident Management System*
- NZS 8134 Health and Disability Services Standards.

How to use the policy

The policy has two main sections. The first section outlines the six guiding principles that must inform and underpin all decision-making during a pandemic response in ARC. Where possible, the Ministry expects stakeholders to supply evidence of their application, regardless of differences in operational processes and protocols across regions.

The second section provides the framework that should be followed. This framework draws on the Coordinated Incident Management System (CIMS), which is New Zealand Aotearoa's official framework to achieve effective coordinated incident management involving multiple responding agencies.¹ It is a generic framework, to be adapted for each situation by those involved in the response.

There will be multiple agencies involved in an ARC response to a pandemic, including the ARC facility concerned, the regional PHU, the local DHB and other organisations listed within the 'Roles and responsibilities' section of this policy. Following the principles of the CIMS structure will enable timely response to an outbreak or suspected outbreak across key agencies, through the establishment of common structures and functions. The CIMS framework is flexible and able to be scaled in proportion to the specific pathogen.

In tailoring the CIMS structure to the ARC environment, this policy uses the term 'aged residential care outbreak management team' (ARC OMT) where the CIMS manual uses the broader term 'incident management team'. In the ARC context, all references in the CIMS manual to the incident management team should be understood as referring to the ARC OMT.

Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by courts and the Waitangi Tribunal, underpin the Ministry's commitment to Te Tiriti, and guides the action outlined in this policy. The Tiriti principles that apply to this work are: tino rangatiratanga, equity, active protection, options and partnership.

For stakeholders to meet their Tiriti obligations, they must ensure that all the actions they undertake within the context of this document prioritise the Māori workforce and Māori residents.

¹ Officials' Committee for Domestic and External Security Coordination. 2019. *Coordinated Incident Management System*. Wellington: Officials' Committee for Domestic and External Security Coordination. URL: www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition-FINAL-Aug-2019.pdf (accessed 1 December 2020).

Healthy Ageing Strategy priority actions 2019–2022

Achieving the vision set out in the Healthy Ageing Strategy's priority actions for 2019–2022² requires the commitment of many people working within and beyond the health and disability system, in partnership with non-governmental stakeholders, communities, older people and their families and whānau. The following Healthy Ageing Strategy priority areas link to and underpin the principles of outbreak management:

- ageing well | te pai o ngātau o te kaumātuatanga
- acute and restorative care | ngātuāhuatanga manaaki, whakaora i te hunga māuiui
- living well with long-term conditions | e noho ora ana i roto i ngā māuiuitanga o te tinana
- supporting people with high and complex needs | he tautoko i te hunga pakeke he uaua, he maha hoki o rātau taumahatanga
- a respectful end of life | te mate rangatira i ngā tau whakamutunga o te hunga pakeke
- implementation, measurement and review | whakatinana, inenga, arotake.

² Ministry of Health. 2019. Priority actions 2019–2022. URL: www.health.govt.nz/our-work/life-stages/health-older-people/healthy-ageing-strategy-update/priority-actions-2019-2022 (accessed 1 December 2020).

Principles of aged residential care pandemic response

The following subsections set out the six principles underpinning this policy. These principles provide the foundation for planning and decision-making in all areas of pandemic response in the ARC environment: preparation, prevention and management of outbreaks.

Māori health equity

- Ensure that Māori residents, whānau and staff are partners in the development of a process for an outbreak response.
- Define and eliminate the barriers to health and wellbeing that contribute to inequitable outcomes for Māori residents, whānau and staff during a pandemic.
- Provide culturally and clinically safe care and support for Māori residents, whānau and staff.

Minimisation of the transmissibility, morbidity, and mortality associated with a communicable disease

- Use best practice public health advice or guidance to protect the health of the community.
- Identify resident and staff cases early and implement a rapid response to cases.
- Ensure appropriate infection prevention and control (IPC) training and expertise is in place.
- Maintain appropriate clinical care of all ARC residents.
- Build relationships with iwi, hapū, whānau and Māori communities to develop local disease outbreak and pandemic plans and preparedness assessments.
- Ensure appropriate resources based on current Ministry advice are available, and that staff use them.

Health equity

- Set an expectation for culturally and clinically safe practice that respects the identity³ of people in ARC.
- Include people in ARC in planning processes and ensure they are supported to make informed decisions.
- Maintain consideration of the barriers to health and wellbeing that may contribute to inequitable health outcomes for people in ARC during a pandemic.

Wellbeing of aged residential care residents, their whānau and communities

- Ensure decision-making is resident-centred.
- Work together to ensure clear, ongoing and timely communication with residents and their whānau.
- Uphold the rights of residents and whānau in the context of public health advice.
- Connect with local communities, including iwi and hapū, so they may actively contribute to a response.

Wellbeing of staff working in an aged residential care facility

- Provide staff with regular information updates and ensure staff are included in the planning and management of outbreaks in ARC.
- Protect ARC staff from disease transmission through regular, up-to-date IPC education and training, the provision of personal protective equipment (PPE) and access to hand hygiene facilities.
- Where required, ensure staff have access to psychosocial, cultural and welfare support.
- Where staff are required to isolate or quarantine, enable them to work remotely where possible.
- Support staff to take sick leave and get tested, if appropriate, and not to attend work when they are unwell with an infectious disease.

³ A person's identity can include their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics.

Collaboration, communication and alignment

- Work together to plan for, prevent and manage a pandemic.
- Ensure there is a clear and well-communicated rationale for all decisions that is inclusive of all stakeholders.
- Ensure stakeholder plans align with national policies and reporting lines.
- Recognise and respect that ARC providers encompass a complex range of ownership and management structures, and that the response may need to be tailored.
- Follow a cohesive and respectful strategy of communication that entails a no-blame, quick containment and partnership-based approach.

Aged Residential Care Sector Pandemic Response framework

The ARC Sector Pandemic Response framework has two parts. The section titled 'Roles and responsibilities' summarises the expected pandemic preparedness activities key ARC sector stakeholders are accountable for as well as their responsibilities during an outbreak or a suspected outbreak.

The section titled 'The aged residential care outbreak management team' contextualises roles and responsibilities within the CIMS structure. While the local context will influence the formation of each ARC OMT, the Ministry expects stakeholders to follow this nationally consistent framework, to enable rapid and collaborative decision-making during an outbreak or suspected outbreak.

Roles and responsibilities

The roles and responsibilities of key ARC sector stakeholders are as follows.

Ministry of Health

- Preparedness:
 - is the lead agency in the management of a New Zealand Aotearoa pandemic response
 - maintains national plans and policies, such as the *New Zealand Influenza Pandemic Plan* and *Communicable Disease Control Manual*
 - convenes and coordinates sector-wide communications with all stakeholders
 - provides and promotes national guidance on IPC best practice and updates this as necessary, based on latest evidence
 - manages the national supply chain and, if activated, distribution portals
 - manages the surge workforce register and portal, if activated
 - establishes and maintains relationships with provider associations and unions
- Management of outbreak or suspected outbreak:
 - sets policy, regulation and strategy on testing and vaccines relevant to the pandemic
 - receives reporting from the relevant PHU and DHB, and advises and updates relevant Ministers and New Zealand Aotearoa Government

- undertakes public information management regarding cases in ARC based on information provided by the sector
- considers the provision of alternative accommodation for ARC staff
- distributes national resources as required
- responds to media queries, to inform the New Zealand Aotearoa public.

Aged residential care facilities

- Preparedness:
 - develop an outbreak management plan and corresponding stakeholder communications plan
 - review the outbreak management plan at defined intervals and undertake scenario testing for pandemic preparedness
 - establish and maintain relationships with designated roles within the ARC OMT
 - provide up-to-date contact details for ARC OMT representatives to the relevant DHB
 - ensure that ARC OMT members participate in education and training on CIMS roles and responsibilities
 - develop and maintain relationships with local DHB IPC teams to share knowledge
 - escalate any concerns about their preparedness to the relevant DHB
 - implement an IPC structure to ensure continuous training for staff in:
 - hand hygiene
 - transmission-based precaution (including airborne and droplet precaution)
 - PPE requirements, covering fit, use and disposal
 - cleaning and disinfection of environments and waste management.

The structure should allow for temporary health care and support workers to quickly make use of it

- strengthen relationships with local whānau, hapū, iwi and Māori communities to support outbreak preparedness planning and scenario training opportunities
- ensure residents' whānau contact details, enduring power of attorney, advanced care plans and shared goals of care plans are up to date and accessible
- develop staffing contingency plans with the DHB
- develop service delivery plans with community pharmacy providers
- develop and maintain induction information for DHB staff who are supporting ARC facilities during an outbreak
- consider establishing a nominated primary care provider to ensure continuity of primary care services during an outbreak
- ensure ARC procedures and protocols cover how to care for people in secure dementia and psychogeriatric units in a pandemic

- Management of an outbreak or suspected outbreak:
 - implement an ARC outbreak response according to this policy and the local and facility protocols and procedures
 - participate in the ARC OMT, acknowledging the explicit roles and responsibilities that public health has in the leadership of an ARC outbreak response
 - ensure facility representatives on the ARC OMT are supported by a well-informed facility team, members of which can provide coverage appropriate to the duration of the outbreak
 - maintain communication channels with whānau of residents and wider community, hapū and iwi as appropriate
 - undertake assessment of all residents to ensure early detection of any identified cases
 - maintain continuity of care for residents for cases and non-cases
 - agree appropriate service delivery models with service providers that minimise contact with ARC staff and residents, which may include community pharmacy, food/catering, laundry and commodity providers.

District health boards

- Preparedness:
 - prepare and maintain regional plans for the DHB response to an outbreak in an ARC facility, in collaboration with ARC providers and PHUs
 - consider and plan for potential workforce and accommodation issues
 - support ongoing preparedness in ARC, including by responding to any escalated concerns from ARC providers
 - ensure DHB roles in the ARC OMT are clearly defined and consistent, and establish and maintain relationships with designated roles within the ARC OMT
 - maintain up-to-date contact details for the ARC OMT
 - facilitate iwi representation on the ARC OMT and ensure their roles and responsibilities are effectively communicated with iwi, hapū, whānau, and wider ARC sector
 - plan and coordinate ARC OMT scenario training at defined intervals
 - support education and training on CIMS roles and responsibilities, particularly for intended ARC OMT members
 - establish and maintain relationships between DHB IPC staff and ARC IPC coordinators
 - promote access to DHB IPC training and education for ARC providers
 - develop and maintain briefing information for DHB staff who are attending to or covering in ARC facilities. This work may include organising health care assistant and nurse rotations in ARC facilities for familiarisation purposes
- Management of outbreak or suspected outbreak:

- convene the ARC OMT, acknowledging the explicit role and responsibility that public health has in the leadership of an ARC outbreak response
- ensure DHB representatives on the ARC OMT are supported by a well-informed DHB team, members of which can provide coverage appropriate to the duration of the outbreak
- support, resource and work with ARC facilities to undertake any required alternative management of resident deterioration, including admission to acute services, or consultant geriatrician or specialist nurse support
- implement workforce and accommodation plans and provide any additional resources that the ARC OMT needs
- provide IPC advice and support, which may include site visits and education sessions
- report information as required by the Ministry
- support ARC facilities with regional stakeholder communication
- respond to media requests and liaise with the Ministry as required.

Public health units

- Preparedness:
 - prepare and maintain a plan for the PHU response to an outbreak in an ARC facility in collaboration with the DHB and ARC sector
 - ensure PHU roles in the ARC OMT are clearly defined and consistent, and establish and maintain relationships with designated roles within the ARC OMT
 - participate in ARC outbreak scenario training at agreed intervals
 - strengthen relationships with local whānau, hapū, iwi and Māori communities to support outbreak preparedness planning, including through scenario training
- Management of outbreak or suspected outbreak:
 - participate in the ARC OMT, ensuring public health information and advice is clearly communicated
 - undertake outbreak investigation, contact tracing and other activities as required by legislation, Ministry of Health advice and PHU protocols
 - lead decision-making on actions to be undertaken in the management of public health risk, such as testing, isolation, quarantine and resident transfer
 - ensure PHU representatives on the ARC OMT are supported by the PHU, with alternates who can step in and provide coverage appropriate for the duration of the outbreak
 - declare the outbreak over in accordance with Ministry guidelines.

Iwi, hapū and whānau

- Preparedness:

- maintain links with local response planning activities, either directly or through established DHB-iwi relationships
- participate in scenario training
- Management of outbreak or suspected outbreak:
 - collaborate with other stakeholders and contribute to the outbreak response
 - participate in the ARC OMT
 - represent whānau, hapū, iwi or Māori communities in discussions with the ARC OMT and, if required, provide advice on local policy relevant to the outbreak
 - disseminate information about the Ministry of Health online surge workforce portal, if relevant, so that people with the appropriate skill set or experience may consider joining it.

Health Quality & Safety Commission

- Preparedness:
 - support the sector with evidence-based resources, tools and guidance to complement national policies and frameworks
 - support workforce capability building in leadership, quality and safety systems and quality improvement methodologies
 - maintain key relationship, including relevant teams within the Ministry and the wider ARC sector
- Management of outbreak or suspected outbreak:
 - support the sector with the latest evidence-based resources, tools and guidance to complement national policies and frameworks
 - provide IPC advice and resources, including on hand hygiene and PPE, based on the latest international experience, research and guidance
 - participate in discussions with the Ministry as required on national policy matters relevant to the outbreak or pandemic and communicate key decisions with stakeholders.

Local civil defence emergency management teams

- Preparedness:
 - provide emergency management support in conjunction with health emergency management, both local and national, to DHB and ARC providers with regards to:
 - their outbreak response policies or similar
 - the ARC OMT and relevant CIMS information
 - their outbreak practice scenario training
- Management of outbreak or suspected outbreak:
 - support the ARC OMT as required; for example, in matters relating to welfare and logistical support

- link with ambulance services, the local council, the National Emergency Management Agency and emergency management groups as appropriate.

Primary care services

- Preparedness:
 - provide primary care support to ARC facilities, including in terms of assessment, ongoing medical care and testing as required
 - maintain relationships with local ARC facilities, pharmacies and laboratories
 - work with ARC facilities to maintain up-to-date advance care directives and enduring power of attorney
- Management of outbreak or suspected outbreak:
 - participate in the ARC OMT, including by providing clinical advice and insight
 - provide clinical care to residents, liaising with the ARC facility, the ARC OMT, the DHB, the PHU and families as required.

New Zealand Aged Care Association and Care Association New Zealand

- Preparedness:
 - represent aged care sector members in discussions with the Ministry on pandemic policy and planning
- Management of outbreak or suspected outbreak:
 - work with the Ministry to develop national guidance for ARC for the outbreak, if required
 - communicate key decisions with members
 - support members with communication material and distribution of up-to-date outbreak information and guidance.

Unions

- Preparedness:
 - support IPC education and training, including on hand hygiene and PPE
 - provide support and advocacy for health care and support workers
 - support regional surge workforce planning
- Management of outbreak or suspected outbreak:
 - represent members in discussions with the Ministry as required on national policy matters relevant to the outbreak and communicate key decisions with members
 - support the national response with data gathering where appropriate.

Consumer advisory or advocacy groups

- Preparedness:
 - represent residents and whānau in discussions on pandemic policy and planning
- Management of outbreak or suspected outbreak:
 - support residents and whānau.

The Aged Residential Care Outbreak Management team

The PHU will convene an ARC OMT response to one or more confirmed cases in residents of, staff members of or visitors to an ARC facility.⁴ The ARC OMT will include representatives from the different responding agencies and involved stakeholders, and will provide an effectively communicated and coordinated response to an outbreak or suspected outbreak. The ARC OMT will operate with the understanding that public health has an explicit and statutory role in the leadership of an ARC outbreak response.

To ensure a timely response, a core group of OMT members should establish and maintain relationships outside of a pandemic situation. This will enable the ARC OMT to be formed quickly when it is required.

At a minimum, the ARC OMT will comprise four key roles: one each from the relevant PHU, DHB and ARC provider as well as IPC or laboratory expertise. Table 1 sets out who within these organisations should likely hold key roles, however, each organisation is encouraged to choose their own appropriate to their local context. The IPC and laboratory expertise representative should be agreed in discussion between the PHU, ARC, and DHB.

Table 1: Aged residential care outbreak management team core members

Organisation	Representative
PHU	Medical Officer of Health or designated officer
DHB	Senior management, including funder, provider, incident controller or infectious disease specialist
ARC facility	Management or core leadership member
IPC or laboratory expertise	The ARC IPC coordinator; or a DHB infectious disease physician, microbiologist or IPC nurse; or another role with appropriate IPC knowledge

The core members of the ARC OMT are responsible for recognising the outbreak event and performing early tasks, including initial assessment of the situation; identification

⁴ The level of response will be proportionate to the specific pathogen.

of areas requiring immediate support; information gathering; and notification to DHB leadership, the Ministry and whānau of residents, if applicable. The core members of the ARC OMT may decide to convene a wider group of people to be part of the ARC OMT.

The core members of the ARC OMT must maintain ongoing communication that is appropriate to the current outbreak risk. The ARC OMT should continue communication during periods where there is no current pandemic or outbreak risk.

Convening the aged residential care outbreak management team

Aged residential care facilities should detail the mechanism for convening the ARC OMT rapidly in their own planning, and DHBs should do so in their regional outbreak management plans (see Appendix 1). Outbreak management plans should include the roles team members hold and their relevant contact details, to ensure the ability for timely activation.

Roles within the ARC OMT should be determined by the local context of each ARC facility and the level of response required by the specific pathogen. The Ministry recommends using a CIMS structure to define roles, as this will provide a nationally consistent framework to a pandemic response. DHB and PHU staff will likely have greater familiarity with CIMS and should support ARC staff to undertake CIMS training.

The ARC OMT should appoint an incident controller: ideally a DHB employee, with knowledge of PHU processes and the ARC sector. In determining who is best placed to take on this role, consideration should be given to the size, capability and structure of the relevant ARC facility, DHB and PHU.

Other CIMS roles include safety, intelligence, planning, operations, logistics, public information management, welfare and recovery (in response) (see Appendix 2). The ARC OMT should engage with the stakeholders identified in this policy (see 'Roles and responsibilities' above) when assigning these other roles.

The size of the ARC OMT will depend on the scale of the outbreak, the associated risk and other relevant considerations. In most instances, it will be appropriate for one person to perform several of the CIMS functions. Some members of the ARC OMT may have an advisory role in supporting the outbreak response (for example, advising on clinical matters).

The ARC OMT's functions will include:

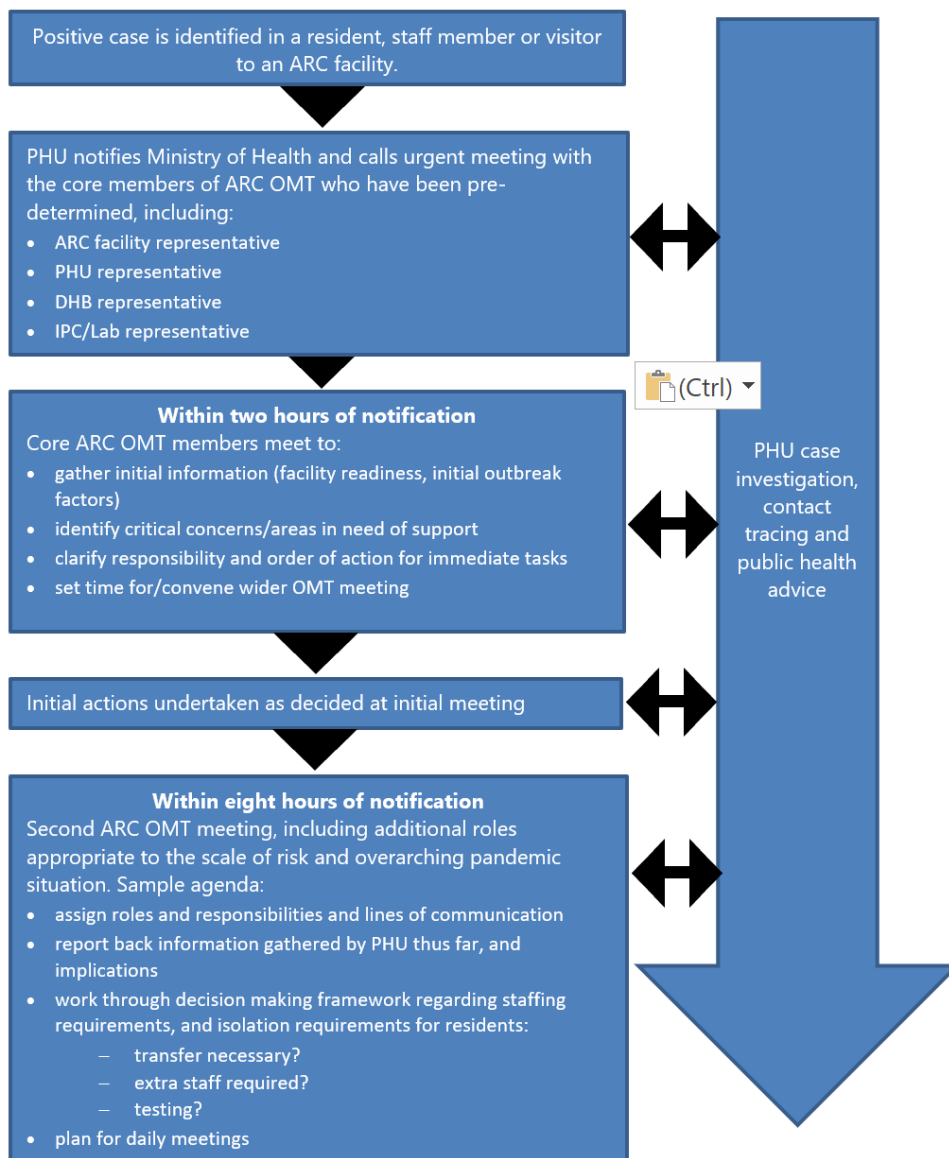
- supporting the case investigation and contact tracing undertaken by the PHU
- operationalising PHU, IPC and/or Ministry advice (such as isolation or testing requirements) in a timely manner
- rapid assessment of the facility's capacity to safely isolate residents and make decisions about whether the residents need to be moved from their rooms or the facility

- rapid assessment of the facility's staffing levels, skill mix and capacity to manage the outbreak, and decision-making regarding a surge workforce
- rapid escalation of concerns to the relevant DHB and the Ministry if the ARC is at risk of not safely functioning in the management of the outbreak and residents' conditions have deteriorated
- lead provision of public health and IPC advice and rapid IPC refresher training for ARC facility staff as appropriate (for example, on updated deep cleaning or PPE recommendations)
- oversight of non-clinical support services, including supply chain processes
- provision of internal and external communications
- making sure that decisions concerning staff and resident welfare consider equity, culture, religion and ethics
- provision of a debrief and review at the conclusion of the outbreak
- incorporation of lessons learnt in the course of the outbreak into management plans and policies.

Appendix 1:

Example flowchart for aged residential care outbreak management team formation

This flowchart sets out the Ministry's generally expected timeframes for an ARC OMT's response to an outbreak or suspected outbreak. This will vary according to the pathogen involved, and in consideration of specific guidelines that the Ministry may develop in response to a pandemic. This process sits in parallel with PHU case investigation and contact tracing; ARC facilities should consult with PHUs in this regard.



Appendix 2:

Coordinated Information Management System roles and responsibilities

Descriptions for the following roles and responsibilities have been adapted from the CIMS (Officials' Committee for Domestic and External Security Coordination. 2019. *Coordinated Incident Management System*. Wellington: Officials' Committee for Domestic and External Security Coordination. URL: <https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition-FINAL-Aug-2019.pdf> (accessed 1 December 2020)).

The information in this appendix is not prescriptive. Rather, the Ministry expects that conveners of an ARC OMT will consider it as a starting point in the context of the scale and complexity of the particular outbreak.

The size of the ARC OMT will be determined by the size and nature of the outbreak; in smaller outbreaks one person may hold multiple roles.

Incident controller

Depending on the size and scale of the outbreak, the incident controller will be responsible for the following:

- taking charge through setting of response intent and objectives and providing (or approving) an action plan that sets out how the objectives will be achieved
- directing and monitoring the response
- maintaining situational awareness
- keeping affected people and communities at the forefront of the response
- applying a risk management approach, ensuring resident, staff and whānau wellbeing and safety
- determining and obtaining critical resources, facilities and materials
- establishing and maintaining liaison, cooperation and communications with support agencies, communities and controllers of other ARC OMTs (where applicable)
- working with the **recovery lead/coordinator** to manage the transition from response to recovery.

Safety lead/coordinator

The safety lead/coordinator supports the incident controller to ensure those involved in the response are kept safe in accordance with the requirements of the Health and Safety at Work Act 2015. Depending on the size and scale of the outbreak, the safety lead/coordinator will be appointed from either the DHB or the ARC provider, and will consider the following:

- collecting, collating and analysing safety, health and wellbeing information based on risks posed by an incident and its management
- establishing arrangements for the control, monitoring and reporting of safety, health and wellbeing issues
- ensuring that dynamic safety risk assessments are completed and documented
- ensuring continuity of safety activities across shift changes
- working with health and safety teams to establish and consult on safety at the front line of the operations
- providing safety, health and wellbeing advice and recommendations for situation reports, action plans and other response plans to either the DHB or the Ministry.

Intelligence lead/coordinator

A detailed understanding of the outbreak and the ways in which it could potentially develop requires environmental and clinical intelligence. The intelligence lead/coordinator seeks situational awareness and understanding for immediate action and forecasting and identification of emerging risks to assist planning. Depending on the size and scale of the outbreak, the intelligence lead/coordinator will consider the following:

- collection of information, including a list of all residents' names, room numbers and NHI numbers, and a floor plan of the facility
- conducting a rapid environmental scan that covers known or anticipated factors including:
 - the size of the outbreak
 - the capabilities of the ARC facility and DHB
 - any relevant adjacent service or ARC facility that may need to be involved
- analysis of information
- dissemination of information
- using data to identify risk.

Planning lead/coordinator

The planning lead/coordinator is responsible for overseeing the development of response plans for approval by the incident controller. Depending on the size and scale of the outbreak, the planning lead/coordinator will consider the following:

- action planning

- contingency planning
- long-term planning
- transition planning
- planning for recovery, taking into account lessons learnt.

Operations lead/coordinator

The operations lead/coordinator is responsible for the day-to-day coordination of response actions, stakeholder groups and detailed tasking according to the action plan. Depending on the size and scale of the outbreak, the operations lead/coordinator will consider the following:

- action plan execution
- management of ARC staff
- surge staff coordination
- investigations
- lifeline utilities coordination
- coordination of support agency representatives.

Logistics lead/coordinator

The logistics lead/coordinator provides and tracks resources to support the response and the affected communities and provides resource advice. Depending on the size and scale of the outbreak, the logistics lead/coordinator will consider the following:

- supply chain management (for example, PPE requirements)
- transport
- finance
- information technology
- communications
- facilities
- food supply
- administration and document registration
- health and wellbeing
- staffing requests.

Public information management lead/coordinator

The public information management lead/coordinator develops and delivers messages to the residents, their whānau and the public, and liaises with the impacted community, if required. Depending on the size and scale of the outbreak, the public information management lead/coordinator will have a clear understanding of how communication flows across PHUs, DHBs, the Ministry and ARC providers, and will consider the following:

- media liaison
- online media management
- community, whānau, hapū and iwi engagement
- stakeholder liaison
- information and warnings
- internal communications.

Welfare lead/coordinator

The welfare lead/coordinator is responsible for ensuring planned, coordinated and effective delivery of welfare services to affected residents, staff and whānau. Depending on the size and scale of the outbreak, the welfare lead/coordinator will consider the following:

- needs assessment (including whānau needs)
- welfare delivery coordination
- linking with the National Emergency Management Agency or other government agencies to provide welfare support.

Recovery (in response) lead/coordinator

For affected ARC facilities, the process of recovering, or declaring an outbreak over, and regaining a sense of usual daily functioning starts at the beginning of the response to an outbreak. Depending on the size and scale of the outbreak, the recovery lead/coordinator will consider the following:

- arrangements for recovery based on the actual consequences of the outbreak
- ensuring recovery management decisions are integrated into response decisions and actions
- minimising the negative impact the response could have on recovery
- planning, management and coordination of the transition from response to recovery
- identification of lessons learnt and updating of plans/training if required.