



Te Tohu o Te Ora o Ngati Awa Response to COVID 19

17 March 2020

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All calls and requests for support will be managed by a triage team during COVID19
Status Level 4

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Contents

Introduction	3
General Overview.....	4
Response Phases, Risks and Actions Required.....	6
General Information	14
<i>Infection Prevention and Control/Transmission – Residential Facilities.....</i>	<i>14</i>
<i>Environmental Cleaning</i>	<i>Error! Bookmark not defined.</i>
Summary of the Primary Health Care Key Actions.....	17
Pandemic Resources available online	18
Resources.....	19
<i>Fight the Spread of Infection</i>	<i>19</i>
<i>Five Moments for Hand Hygiene.....</i>	<i>20</i>
<i>How to Hand Wash</i>	<i>21</i>
<i>How to Hand Rub</i>	<i>22</i>
<i>Attention Visitors Sign</i>	<i>23</i>
Glossary of Terms.....	Error! Bookmark not defined.

Introduction

The Te Tohu o Te Ora o Ngāti Awa pandemic/infectious disease outbreak plan aligns with the Ministry of Health (MoH) pandemic/infectious disease documents. The planning assumptions and planning principles are covered in pandemic planning documents on the following websites:

Ministry of Health

<https://www.health.govt.nz/our-work/emergency-management/pandemics>

Toi Te Ora Public Health Service:

www.toiteorapublichealthservice.govt.nz

This plan is designed to assist the organisation to prepare for a pandemic/infectious disease outbreak which may affect the ability of Te Tohu o Te Ora o Ngāti Awa to continue to provide effective and safe services.

The plan is intended to be a resource for, and should be available to, all staff within and visiting our organisation, including temporary staff, visitors and contractors. This plan has a review date (every two years), but will be reviewed:

- when a change is made to our service or environment, or
- following an activation of the plan.

Use resources available on appropriate websites

- World Health Organisation
- Ministry of Health website incl:
 - <https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/workplace-pandemic-influenza-guidance>
 - <https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/health-sector-pandemic-influenza-guidance-0>
- Public Health Units
- Employment Law Planning
- <https://ssc.govt.nz/resources/workforce-pandemic-planning-guidance/>
- NZ Public Health and Disability Act 2000
- Health and Safety at Work Act 2015, and
- National and Local Civil Defense emergency plans, which stipulates the following in relation to health services:

What we need to plan for

- How we will maintain your essential services or activities with high numbers of staff absence over an extended period?
- What essential goods and services do we rely on and how will we manage any disruptions to supply?
- How can we implement alternative work practices in your workplace?
- What services will need additional support to meet surge in demand? (for example, IT support)
- How can we protect your workers, clients and visitors and reduce the risk of spread of the influenza virus in your workplace?

Person Responsible for the Coordination of the Response

The person responsible for Coordination of our response is the Te Pou Manukura o Apaaparau who has been assigned the responsibility of Pandemic Manager.

General Overview

Pandemics

A pandemic is an epidemic of an infectious disease that spreads through human populations across a large region, for example multiple continents or even worldwide. Pandemics by their nature are unpredictable. Currently there is a pandemic which has impacted throughout a lot of countries and has recently made its way to our shores. While we know there will be an impact in Aotearoa, we do not know how severe it will be, or who will be most affected, or where it will hit.

An emerging infectious disease / pandemic occurs when a new strain of a virus emerges, spreading around the world and infecting many people at once. A virus capable of causing a pandemic is one that people have no natural immunity to, can easily spread from person to person, and is capable of causing severe disease.

There were four influenza pandemics last century: in 1918, 1957/58, 1968/69 and 2009.

Potential Scale of a Pandemic - Nationally Assumptions

- There will be very little warning. Most experts believe that we will have between one and six months between the time that a novel influenza strain is identified and the time that outbreaks begin to occur in New Zealand.
- Outbreaks are expected to occur simultaneously throughout much of New Zealand, preventing shifts in human and material resources that normally occur with other natural disasters.
- The effect of the outbreak on individual communities will be relatively prolonged - weeks to months, when compared to minutes-to-hours observed in most other natural disasters.

The impact of the next pandemic/infectious disease outbreak could have a devastating effect on the health and well being of the New Zealand public. The Ministry of Health (the Ministry) has taken a 'maximum credible event' approach to pandemic planning. Using the November 1918 pandemic influenza wave in New Zealand as a basis, the Ministry has developed a standard planning model to provide planners with an indicative pandemic wave scope, scale and duration.

The New Zealand standard planning model assumes a pandemic wave in which 40% of the NZ population become ill over an 8-week period. The model indicates that over 1.6M people could become ill over this time. The peak incidence is over weeks 3 – 5, when about 1.3M people, around a third of New Zealand's population, would be ill, convalescent, or only just recovered.

The model assumes a total case fatality rate of 2%, which would see about 33,000 deaths over the 8 week period, peaking at about 10,000 in week 4.

It is important to note that this is not a prediction or a forecast of what will happen should a pandemic occur – it is not possible to make any such forecast before a pandemic develops. A 21st century pandemic may not reflect the course, incidence, or fatality rates of the 1918 pandemic.

Impact on Society

- A pandemic/Infectious disease outbreak will likely be characterised by a high level of absenteeism in the workforce as people fall ill or stay at home to care for sick relatives or be quarantined to limit the spread.
- Essential services such as police, fire, transportation, communications and emergency management services need to be maintained during a pandemic.
- Other services and supplies – including food, water, gas, electricity supplies, educational facilities, postal services and sanitation – are also likely to be affected.

- It is right to assume that normal business activities, regardless of their nature, will suffer during a pandemic.

Care in the Community

- Due to the high rates of infection possible during a pandemic/infectious disease, all except the seriously ill may need to be cared for at home.
- We may need to cease the delivery of programmes, identify alternative ways of delivering programmes (e.g. use of video conferencing such as Facetime or Skype, or a different venue), and review how we provide services in an attempt to minimise the impact infection may have on those we work with.
- The way in which we deliver face-to-face services may need to change during the pandemic. Home visits may be replaced and carried out via phone or video calling using online technology such as Facetime or Skype.
- What we deliver may change as a result of the needs identified by clients and those who ring for support. For example, in relation to those who are most vulnerable with no support, ensuring they get their medications, that they have kai, that they are contacted regularly to ensure they are okay and have what they need, will become the priority.
- We will work in conjunction with Te Runanga o Ngāti Awa to ensure those most vulnerable receive the support required to keep them safe and protect them from disease.
- Te Tohu o Te Ora o Ngāti Awa will need to consider what supplies may be needed so that standard precautionary measures are met.

Te Tohu o Te Ora o Ngati Awa -COVID19 Response Phases, Risks and Actions Required

We have developed summary of risks identified for our organisation and the actions required to mitigate them. This plan has been operationalised and we have included a status report by providing dates things have been actioned (see current action).

Staffing

Phase	Risks	Current Action
Reduction	Staff may not take planning seriously	<p>Te Tohu o Te Ora o Ngāti Awa has fully funded flu vaccinations for staff. The Fit for Work Nurses have been onsite vaccinating staff. 25 March 2020.</p> <p>Management promoted staff who are coughing and have a running nose remain at home. All sick staff have been directed to stay at home. 17 March 2020, ongoing.</p> <p>Rigorous and frequent hand washing using warm water and soap, (or antiseptic hand gel where no water or soap available) and drying hands with paper towels, has been promoted and continues to be promoted. 17 March 2020, ongoing.</p> <p>Toolboxes containing disinfectant spray, disposable cleaning clothes, gloves and tissues, have been placed in all workspaces and meeting rooms. Instruction cards developed so staff know what to do with items in toolbox. 20 March 2020.</p> <p>Staff carryout daily clean of their workstations with disinfectant spray. Staff directed to work at their own workstation. 20 March 2020 and daily at karakia.</p> <p>Management have promoted mobile phones not being shared and that they should be wiped down regularly. 20 March 2020, ongoing.</p> <p>Toolboxes containing hand sanitisers, wipes and tissues and a rubbish receptable placed in all work vehicles. 20 March 2020, ongoing.</p> <p>Rachel Ratahi-Morris appointed with Pandemic Manager responsibility. 17 March 2020</p> <p>Staff kept updated daily through karakia. 17 March 2020, ongoing. Karakia moved to online through Ngāti Awa Social & Health Services Trust Staff Facebook page. 23 March 2020, ongoing.</p> <p>Regular updates are posted on our NASH Staff Facebook page for staff. 23 March 2020, ongoing.</p> <p>Facebook pages have been set up for general public access and specific groups i.e. Kaumatua, Te Waipuna Ariki o Matangireia ECE, and Kaupapa Maori Ante-natal and Parenting Programme. 23 March 2020</p>

	<p>Management to update themselves in their specific areas e.g. health, social services and education. 17 March 2020, ongoing.</p> <p>Pandemic Implementation Plan developed and implemented for Te Waipuna Ariki o Matangireia. 23 March 2020.</p> <p>Organisation Pandemic Plan reviewed. Plan changed to Pandemic Operations Plan and now includes current status of each action. 25 March 2020.</p>
Staff being overwhelmed and behaviour impacts on other staff	<p>Key messages have been and continue to be promoted to staff to alleviate staff feeling overwhelmed and alarmed. 16 March 2020, ongoing.</p> <p>Staff have been regularly updated through emails, at karakia, SharePoint, Facebook, etc. to keep them fully informed. 16 March 2020, ongoing.</p> <p>Managers have been monitoring staff to ensure behaviours do not change to the extent there is an impact on others and their work. 16 March 2020, ongoing.</p>
<p>Readiness</p> <p>Planning</p> <p>Stand By</p>	<p>A triage team have been assigned and will operate during the period of the pandemic. All other staff have been directed to work from home. 24 March 2020, ongoing.</p> <p>A skeleton staff will operate from site during the period of the pandemic. All other staff are working from home. 24 March 2020, ongoing.</p> <p>A 0800 number has been set up and someone has been assigned to answer this. 24 March 2020.</p> <p>Management have assessed staff requirement needs and have ensured essential positions continue to be provided. 25 March 2020</p> <p>Health conditions of staff to ensure information has been updated. 23 March 2020</p> <p>Staff emergency call back list has been updated. 24 March 2020.</p> <p>Staff have been trained in infection control practice. Ongoing part of training 24 March 2020, messaging every day. Ongoing.</p> <p>Personal Protective Equipment (PPE) and cleaning equipment needs identified and staff trained in the correct use of equipment. 24 March 2020.</p>

		<p>Staff are working from home during the lockdown. Way in which we work has been changed. Work is as usual with all contact being via phones and IT platforms. 23 March 2020.</p> <p>Staff have been advised that they will be paid as normal for normal hours worked. Staff who were sick prior to the move to COVID-19 Alert 4 are on sick leave. 23 March 2020</p> <p>Rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) has and continues to be promoted. 16 March 2020, ongoing.</p> <p>Management have communicated and communicate with staff to promote confidence in the workplace and at home for those working from home. 17 March 2020, ongoing.</p>
Respond	No staff may mean the business may have to close.	All Health and Community Services continue to be provided by phone or online technology. Critical services e.g. Care & Protection, Emergency Housing, Family Harm Support and Awhi are operating under the usual referral protocols. 24 March 2020, ongoing.
Stage 2	Reduction in workforce may lead to loss of business.	Strict standard precautions for infection control continue to be promoted. 24 March 2020, ongoing.
Keep it out	Staff who are left may suffer burnout.	Rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) has and continues to be promoted. 16 March 2020, ongoing.
Stage 3	Loss of staff members due to illness or death	Staff required to be re-deployed from non-essential services to support essential services have been identified. 24 March 2020.
Stamp it out		Adequate ventilation and access controlled to buildings. 23 March 2020, ongoing.
Stage 4		Staff congregating in tearooms or other areas where staff socialize has been reduced. Staggered meal breaks have been implemented so staff are not in the lunch areas together. 20 March 2020, ongoing.
Manage it		<p>Management have communicated and communicate with staff to promote confidence in the workplace and at home for those working from home. 17 March 2020, ongoing. Precautions for staff</p> <p>Designated caregivers only will care for tamariki in care. Any other staff who are required to be at the home to support tamariki and/or the caregiver will keep a distance of one metre away where possible (if a nurse standard precautions will be taking if carrying out a physical check as adherence to the distancing rules may not be possible). 23 March 2020, ongoing.</p>

		<p>Staff, as far as practicable, keep a distance of one metre when providing services. Where this is not possible, staff are to wash their hands prior to and after a visit. Hand sanitiser will be provided in work vehicles. 20 March 2020, ongoing.</p> <p>Staff wear Personal protective equipment (PPE) appropriate for their roles. 17 March 2020, ongoing.</p> <p>Rigorous, frequent hand washing, (wash in warm water with soap, or use an antiseptic hand gel, dry hands with paper towels) has and continues to be promoted. 16 March 2020, ongoing.</p>
Recovery	<p>Loss of morale</p> <p>Reduced staffing</p>	<p>We are not closed. All services except Te Waipuna Ariki o Matangireia ECE are operational. Staff will be advised of process for returning to workplace once lockdown is lifted.</p> <p>We will continue to keep in regular contact with staff via online technology.</p> <p>Needs of staff will be assessed and solutions identified to support staff returning to work.</p>
Facility		
Phase	Risks	Actions Required
Reduction		<p>Ways of minimising illness amongst staff and clients and their whānau have been identified. Essential messages (e.g. basic hygiene) have been and will continue to be communicated . 16 March 2020, ongoing.</p> <p>Facebook page has been set up and is being used for regular messaging with staff and another page for the general public. 23. March 2020, ongoing.</p> <p>Ngāti Awa COVID-19 page has been developed and is accessible on our website www.nash.org.nz 25 March 2020.</p>
<p>Readiness</p> <p>Planning</p> <p>Stand by</p>	<p>Staff may be at risk if they do not have sufficient information to protect themselves</p>	<p>Needs for personal protective equipment (PPE) and cleaning equipment needs have been identified. 17 March 2020, ongoing.</p> <p>We have backordered items and set up accounts with additional suppliers to ensure we have the necessary equipment. 19 March 2020, ongoing.</p> <p>Additional contingency supplies have been purchased. 25 March 2020.</p>

		Communication to all staff and clients and their whānau has been consistent and regular. 17 March 2020, ongoing.
Respond	If borders are closed supplies and staff may not reach the organisation	Pandemic plan has been operationalized. 16 March 2020.
Fully activate the pandemic plan	Without adequate information staff may not go to work because due to fear of catching the virus.	Communication to all staff/clients/visitors has happened and continues. 17 March 2020, ongoing.
Stage 2	Staff shortages from staff or their families being unwell	Sick/unknown person were prevented from entering the facility (signs at all entry points), no “respiratory unwell” persons or persons who have pandemic symptoms to enter facility. 20 March 2020.
Keep it out	Staff may be required to go into self-isolation	Contacts were minimised in all service areas where this could be achieved. Meetings moved to teleconference or zoom, increase in phone contact with clients increased in the lead up to the COVID-19 Level 2 changing. 18 March 2020, ongoing.
Stage 3	Suppliers may not be able to deliver supplies resulting in shortage of food and essential supplies.	The way in which we work has changed. Home visits are now delivered by phone or using technology e.g. Facetime or Skype. Meetings are completed by teleconferencing or zoom. We have established Facebook pages for updating staff, clients and whānau. Facebook can be used for leaving messages and/or asking questions. An 0800 number has been established so that clients, whānau and others can contact us easily. 23 March 2020.
Stamp it out	Organisations may run out of PPE cleaning equipment	A standard greeting was implemented to avoid hongi, kissing, shaking hands or hugging. 19 March 2020.
Stage 4	Security of the organisation may be at risk if people are short of food /equipment /medication.	Environment
Manage it		The building is ventilated with windows and doors being open if possible. 16 March 2020, ongoing.
	Financial	Tissues are available in all workspaces and meeting spaces. 16 March 2020, ongoing.
	Financial implications of an influenza pandemic will include;	Soap/antiseptic hand gel and paper towels are available for drying hands. 16 March 2020, ongoing.
	Impact on cash flow due to late or non-payment of fees or other accounts	All bed linen in the ECE is washed in hot water, dried in a dryer where possible or hung in the sun to dry. Normal process prior to pandemic. Ongoing.
	Changes to work environment	Cleaning
		Cleaning will be carried out daily. Ongoing.

	<p>Procurement /storage costs for equipment and supplies</p> <p>Costs of training and increased use of supplies</p> <p>Increased telecommunications costs if staff work remotely</p> <p>Loss of revenue through staff illness or secondment.</p>	<p>Disinfectant spray, disposable cleaning cloths, and cleaning wipes are provided in all workspaces for staff to wipe their desk space, telephones and any other items down regularly during the day. 20 March 2020, ongoing.</p> <p>Cleaning staff wear personal protective equipment (PPE) appropriate for the job. Gloves are worn at all times while cleaning. Ongoing.</p>
Recover	<p>Slow recovery period due to severe illness</p> <p>Loss of clients due to illness or death</p> <p>Loss of staff members due to illness or death</p> <p>Loss of morale</p>	<p>Criteria for returning to business as usual will be established. This will be guided by the Ministry of Health, Ministry of Education and the Ministry of Social Development.</p> <p>Communication with staff and externally related agencies will continue.</p> <p>Manage return to business as usual.</p> <p>Conduct full debrief processes .</p> <p>Review and update Emergency Response and Business Continuity Plan with lessons learnt as appropriate.</p>
Clients		
Phase	Risks	Actions Required
Reduction		
Readiness		<p>0800525009 was instigated on 24 March specific to COVID19 supports for assistance. Communications have been co-ordinated between Te Runanga o Ngati Awa and Te Tohu o Te Ora o Ngati Awa to provide COVID19 consistent messaging and centralisation</p>
Planning		
Stand by		<p>In addition to “business as usual” emergency food and toiletry supplies in the form of support packages are currently being put together for 65+ and the most vulnerable. Packages are targeted toward the 2nd and 3rd weeks of the 4 week shutdown.</p>

		<p>Business as usual continues, with the exception of Te Waipuna Ariki o Matangireia ECE. We have changed the way in which we work, with home visits being provided via phone or using technology e.g. Facetime or Skype. 24 March 2020, ongoing.</p> <p>All clients and their whānau are communicated with and updated via Facebook, Website, phone or video calling technology. 23 March 2020, Ongoing.</p> <p>Information was provided to whānau containing information to keep themselves safe. 18 March 2020, Ongoing.</p> <p>Detailed information about all clients particularly those tamariki in our care is held on file. Ongoing.</p> <p>Stock supplies (medical/cleaning/nutritional) have been checked and there is an adequate for a two-week period as per number of tamariki in the Care & Protection Home. 23 March 2020.</p> <p>Videos produced demonstrating effective handwashing and cleaning techniques, detailing what needs to be cleaned and explaining what should be used for cleaning. Videos to be put on Website and copies on DVD given to whānau as well as on SharePoint for staff. 25 March 2020.</p>
Response	Overwhelming number of sick clients	All clients and their whānau are communicated with and updated via Facebook, Website, phone or video calling technology. 23 March 2020, Ongoing.
	Reduced staffing levels	
Stage 2	Whānau concerned, unwell and unable to support relative	A centralised triage team will be managing both “business as usual” and CONVOID19 emergency and support communications.
Keep it out		Options to ensure continuity of services have been implemented e.g. telephone, video calling using Facetime or Skype, Facebook. 23 March 2020, Ongoing.
Stage 3		Clients have been advised of programmes that have been postponed until further notice. 17 March 2020
Stamp it out		Whānau of tamariki attending Te Waipuna Ariki o Matangireia have been advised of closure. 24 March 2020.
Stage 4		CARE & PROTECTION HOMES
Manage it		Support for our caregivers has been identified and will be provided. Communication with caregivers is occurring and will be maintained. 24 March 2020, Ongoing.

Visitors to care homes are pre-screened before visiting. 24 March 2020, Ongoing.

Tamariki have been educated to cough/sneeze into a tissue/elbow and to dispose of the tissue afterwards, then wash hands in warm water with soap or use an antiseptic hand gel and dry hands thoroughly afterwards. Education has been provided to tamariki on the washing hands protocol. Ongoing.

General Information

Infection Prevention and Control/Transmission

Key elements for staff in controlling influenza:

- staff are vaccinated against the flu
- hand hygiene before and after working with clients
- use of appropriate personal protective equipment (PPE)
- regular cleaning of facilities
- increased cleaning of workstations and shared equipment
- increase communication with staff
- educate staff on infection control and hygiene practices

The spread of respiratory viruses can be reduced by hygiene measures (hand hygiene, cleaning), barriers to transmission (personal protective equipment PPE appropriate to the role staff carry out), ceasing programmes to ensure social distancing protocols are achieved and isolating tamariki in care homes in a way that ensures everyone in the home is kept safe and protected.

Transmission-based precautions are “good” work practices

Depending upon the extent of the outbreak and the physical layout of the building, a restriction on people entering the facility might be applied. This will be considered in relation to our care home.

Visitor restriction and signage

During an outbreak, preferably, minimize the movement of visitors into and within the facility. The Chief Executive will advise. This may include:

- Postpone visits from non-essential external providers
- Inform regular visitors and families of tamariki of the outbreak of influenza and request they only undertake essential visits; discourage unnecessary visitors
- Ask those who do visit an ill tamaiti, to:
 - Enter and leave directly without spending time in communal areas
 - Wash hands using soap and warm water and dry hands with paper towel or use an alcohol based hand rub or wash their hands before and after visiting
 - Initiate screening of visitors prior to any visitor
 - Signs will be displayed reminding visitors not to visit if unwell and of hand hygiene protocol

Isolation

Care Home

- Should a tamaiti test positive for the disease, isolation measures will be put in place, to further reduce the risk of transmission.
- Care givers working with these tamaiti should preferably be vaccinated.
- Personal protective equipment should be used at all times.
- Hygiene protocols will be implemented.
- Care givers should self-monitor for signs and symptoms of respiratory illness and self-exclude from work if unwell.
- When influenza is apparent, influenza can be spread within the home by unvaccinated staff, who should work only if well and wearing a mask.

Monitoring the outbreak

Management will be provided with a list of tamariki who have been affected.

Ongoing surveillance should include the following

- Monitoring tamariki for symptoms
- Addition of all new cases added to tamariki list
- Updating the status of ill tamariki: at home, hospitalised, recovered, deceased
- Recording the use of antiviral prophylactic medication and any adverse reactions to or cessation of any prescribed antiviral medication.
- When influenza is apparent, influenza can be spread within the home by unvaccinated staff, who should work only if well and wearing a mask

Ongoing staff surveillance should include all the following:

- Addition of all new staff cases to the staff list
- Identification of staff who have recovered, and confirmation of their return to work date

Transmission-based precautions are “good” work practices

- Use of PPE, maintain a 1 metre distance between the infected tamariki and others
- Staff must change their personal protective equipment (PPE) after every contact with an ill tamariki, when moving from one room to another
- All staff must perform:
 - hand hygiene after every contact with an ill tamariki
 - after being in contact with contaminated surfaces
 - whether or not gloves are worn - when visibly soiled with body fluids and/or substances, use water and liquid soap for hand washing
- Single-use surgical face masks should be worn by staff when exposure to respiratory droplets is likely, that is, when within 1m of an affected resident:
 - The mask should be put on when entering the room
 - Remove the mask after leaving the room, handling only by the tapes, and place in a clinical waste bin
 - Perform hand hygiene after disposing of the mask
 - Never re-use masks
 - When undertaking activities that require an infected resident to leave their room, the resident should wear a mask if tolerated
- Encourage good cough etiquette
- Eye protection includes the use of safety glasses, goggles or face shields but does not include personal eye glasses.
 - Goggles or other protective eyewear must be disposed of, or where approved for re-use, cleaned after use
 - Eyes should be protected where there is potential for splattering or spraying of blood, body fluids, secretions or excretions, including coughing

Use tamariki-dedicated equipment where possible

Ideally, any care equipment should be dedicated for the use of an individual resident. If care equipment must be shared, the items must be cleaned and disinfected between each tamariki use.

- Allocate ill tamariki to single rooms
- Enhanced cleaning and disinfection of the environment ill tamariki are using

- Influenza viruses can persist on hard surfaces and remain viable for up to 24+ hours (can vary depending on virus) on hard, non-porous surfaces.
- Viruses can be transferred to hands from these surfaces for at least 2 – 8 hours (can vary depending on virus) after contamination of the surface
- Frequently touched surfaces are those closest to the tamariki and others in the home, and should be cleaned
- Linen should be laundered using hot water and detergent
 - Linen should be dried on a hot setting in a dryer
 - There is no need to separate the linen of ill tamariki
 - Appropriate personal protective equipment (PPE) should be used when handling soiled linen.
- Crockery and cutlery should be washed in a dishwasher

Hand Hygiene

A most important key to prevention and further spread of infection is good hand hygiene.

- Hand hygiene means washing them with liquid soap and water and drying with a single-use towel OR rubbing hands with an alcohol based hand rub

Hand hygiene will NOT be effective if any of the following are present:

- Skin with cracks, cuts or dermatitis – cover all cuts or abrasions
- Hand and arm jewellery
- Nails longer than 3-4mm, or with chipped or worn nail polish, or artificial nails, or nail enhancements.

Hand hygiene must be performed in all situations regardless of whether gloves are used. NB: staff must perform hand hygiene before applying gloves and after removing gloves as the removal process can cause contamination resulting in further infections.

PPE is an important element of standard precautions

- Explain to tamariki that personal protective equipment (PPE) is used for everybody's safety!
- Personal protective equipment (PPE) for tamariki care staff during an influenza outbreak includes the following:
 - Gown
 - Gloves (Gloves are single-use items)
 - Single-use surgical facemask with or without face shield
 - Eye protection (if there is potential for mucous membranes to come into contact with body fluids, for example a coughing person)

Another important sequence is the removal of personal protective equipment (PPE) before leaving the care area, i.e. at the door, and to place the PPE in an appropriate waste receptacle.

The use of personal protective equipment (PPE) alone is not enough— YOU MUST perform hand hygiene before putting on and after removing the protective item.

Summary of the Primary Health Care Key Actions

For each phase of an influenza pandemic

White <i>(information /advisory)</i> Plan for it (Planning)	KEEP IT OUT (No human cases in NZ) Code Yellow or Code Red	STAMP IT OUT (First case identified in NZ/ Clusters of cases in NZ) Code Yellow or Code Red	MANAGE IT (Increases and substantial transmission in general population) Code Yellow or Code Red	MANAGE IT POST PEAK (Response / Recovery Phase) (Wave decreasing; possibility of a resurgence or new wave) Code Yellow or Code Red	RECOVER FROM IT (Recovery Phase) (Pandemic over and/or population protected by vaccine) Code Green
<ul style="list-style-type: none"> ▪ Review and update Pandemic Plan (IPP) ▪ Maintain communication systems with relevant organisations, community groups ▪ Educate on Infection Control Policy and Practices ▪ Promote vaccination for seasonal influenza ▪ Strengthen surveillance 	<ul style="list-style-type: none"> ▪ Review plan and preparedness ▪ Staff ▪ Equipment ▪ Facilities ▪ Management plans ▪ Implement pre-screening processes ▪ Prepare to prioritise services ▪ Prepare to activate at short notice ▪ Monitor and evaluate anticipated impact 	<ul style="list-style-type: none"> ▪ Enhanced disease surveillance and notification ▪ Maintain essential services ▪ Promote hand hygiene, social distancing, self-care and caring for others, staying safe, limiting spread and accessing advice ▪ Keep staff informed of evolving situation 	<ul style="list-style-type: none"> ▪ Implement clinical management plan – infection prevention and control; social distancing etc. ▪ Implement communication and reporting systems ▪ Maintain essential services ▪ Keep staff informed ▪ Ensure staff are given an opportunity to rest and recuperate ▪ Maintain strict infection control/flu prevention practices ▪ Monitor staff wellness 	<ul style="list-style-type: none"> ▪ Disseminate 'generic' information ▪ Prioritise services ▪ Debrief staff and collate lessons learned ▪ Evaluate the effectiveness of the response and update plans, guidelines and protocols, ▪ Implement activation of recovery measures ▪ Prepare to reintroduce interventions from earlier phases at short notice ▪ Ensure staff are given an opportunity to rest and recuperate ▪ Keep staff informed of evolving situation 	<ul style="list-style-type: none"> ▪ Internal debrief and external debriefs e.g. Local, DHB ▪ Deactivate ▪ Review plan ▪ Support colleagues ▪ Acknowledge staff ▪ Continue business
<ul style="list-style-type: none"> ▪ DHB Support: ▪ Support efforts to improve community preparedness. 	<ul style="list-style-type: none"> ▪ Disseminate information via communication s system 	<ul style="list-style-type: none"> ▪ Information management 	<ul style="list-style-type: none"> ▪ Mobilise extraordinary services ▪ Implement communication , registration and reporting systems 	<ul style="list-style-type: none"> ▪ Implement vaccination programme (when available) ▪ Information distribution 	<ul style="list-style-type: none"> ▪ Debriefs e.g. Local, DHB, MoH ▪ Deactivate ▪ Review plan ▪ Support GPs and other primary care providers ▪ Continue business

Pandemic Resources available online

COVID-19 Resources

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources#posters>

Ministry of Health social media

These channels are used to alert people to key updates and messaging specifically about COVID-19.

- [Facebook: @minhealthnz](#)
- [Twitter: @minhealthnz](#)
- [Youtube channel](#)

Prepare yourself for a pandemic

<https://www.health.govt.nz/your-health/healthy-living/emergency-management/pandemic-planning-and-response/prepare-yourself-influenza-pandemic>

Getting Ready for a Pandemic



<https://www.health.govt.nz/search/health-resources>

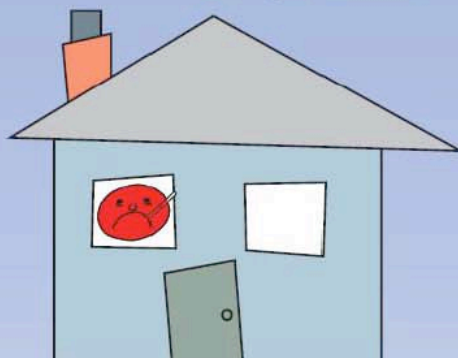
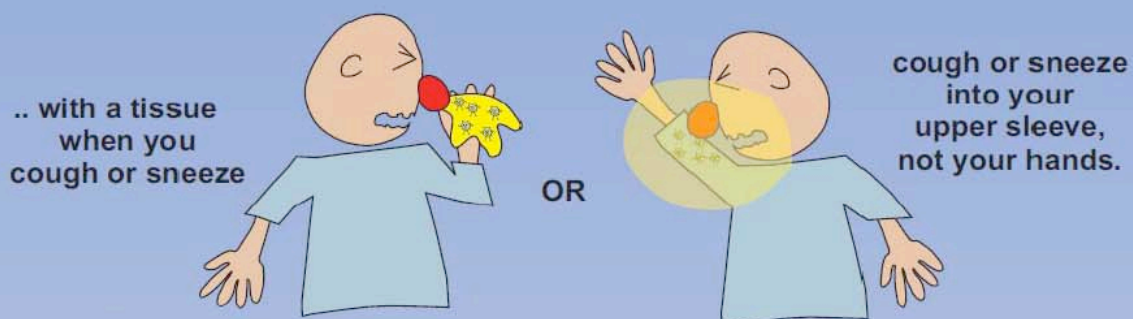
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Resources

Fight the Spread of Infection

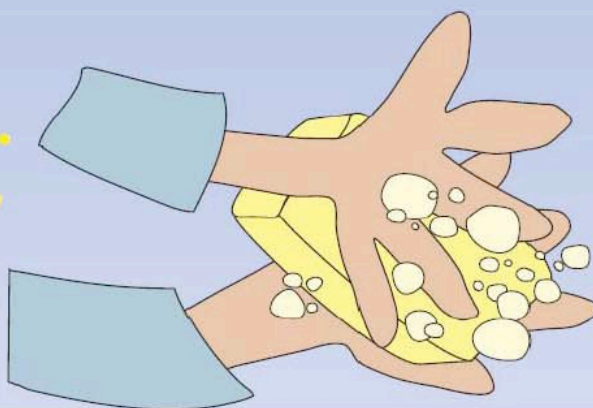
Fight the spread of infection

Cover your mouth and nose...



Stay away from others if you're sick

Remember ... wash and dry your hands

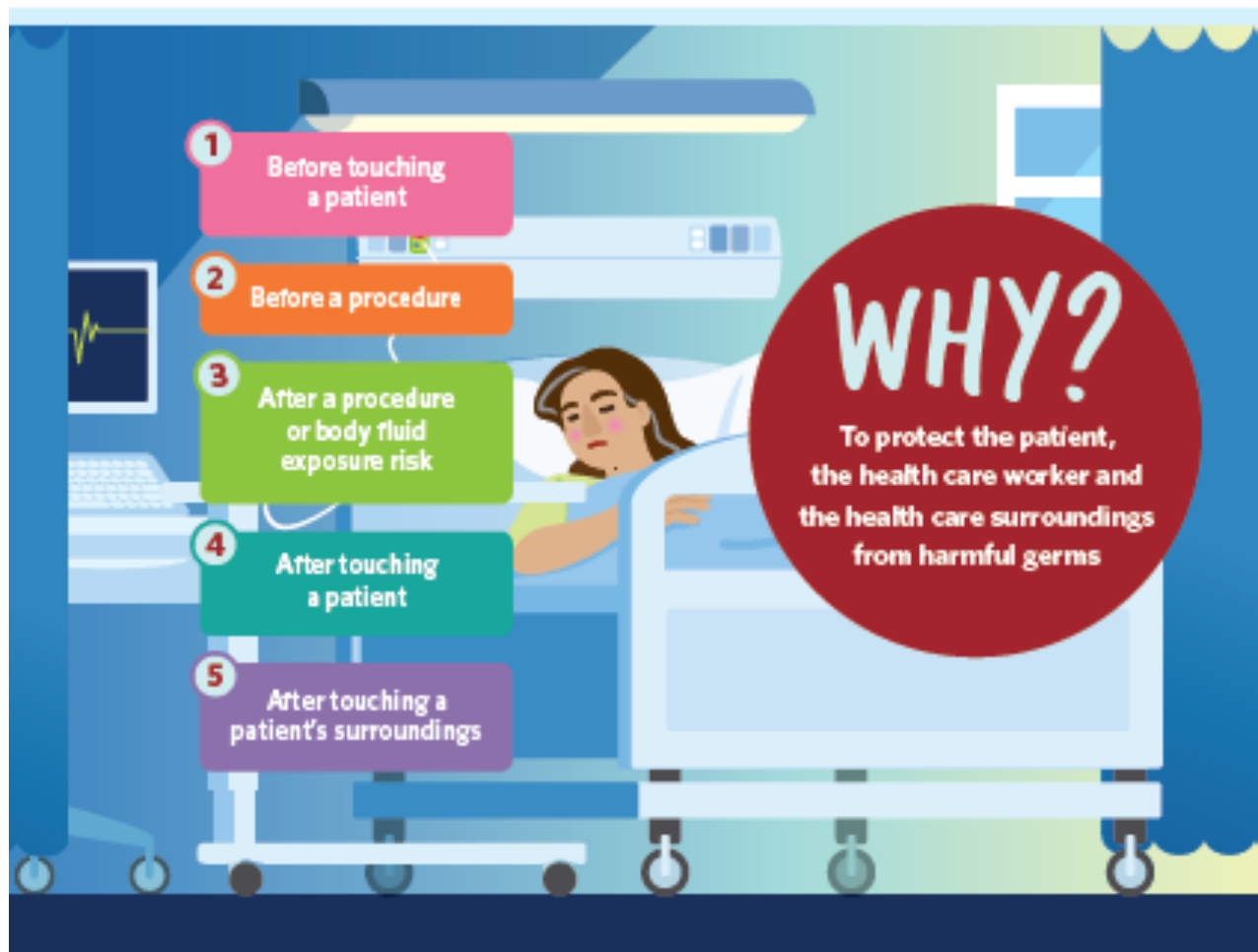


**National Health
Emergency Plan**

Five Moments for Hand Hygiene



YOUR **5** MOMENTS FOR HAND HYGIENE



How to Hand Wash

HOW TO HAND WASH

Wash hands when visibly soiled, after contact with patients who have diarrhoea or vomiting, or when advised to do so. Alcohol-based hand rub can be used at all other times.

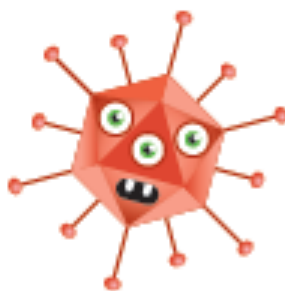
 <p>1</p> <p>Wet hands with water and apply enough soap to cover all hand surfaces</p>	 <p>2</p> <p>Rub hands palm to palm, up to and including wrists</p>	 <p>3</p> <p>Right palm over back of left with linked fingers and vice versa</p>
 <p>4</p> <p>Palm to palm with fingers linked</p>	 <p>5</p> <p>Backs of fingers to opposing palms with fingers interlocked</p>	 <p>6</p> <p>Rotational rubbing of left thumb held in right palm and vice versa</p>
 <p>7</p> <p>Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa</p>	 <p>8</p> <p>Rinse your hands with water</p>	 <p>9</p> <p>Dry hands thoroughly with a paper towel</p>

IMPORTANT TIPS:

Procedure lasts
40-60 SECONDS

- Remove all wrist and hand jewellery other than a wedding band.
- Use hand lotion regularly to prevent dry, cracked hands, ie, before and after work and before meals.
- Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work.
- Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands.

How to Hand Rub



HOW TO HAND RUB



Use hand rub to clean hands. Wash hands only when visibly soiled.

<p>1</p> <p>Apply one squirt of hand rub to a cupped hand</p>	<p>2</p> <p>Rub hands palm to palm, up to and including wrists</p>	<p>3</p> <p>Right palm over back of left with linked fingers and vice versa</p>
<p>4</p> <p>Palms to palm with fingers linked</p>	<p>5</p> <p>Backs of fingers to opposing palms with fingers interlocked</p>	<p>6</p> <p>Rotational rubbing of left thumb held in right palm and vice versa</p>
<p>7</p> <p>Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa</p>	<p>8</p> <p>Once dry, your hands are safe</p>	

IMPORTANT TIPS:



- Remove all wrist and hand jewellery other than a wedding band.
- Use hand lotion regularly to prevent dry, cracked hands, ie, before and after work and before breaks.
- Cover minor cuts and abrasions on hands and arms with a waterproof dressing before starting work.
- Contact occupational health and safety if you have any dermatitis, skin allergies or infected lesions on your arms or hands.



STOP!

Attention all Visitors

A number of people have an influenza-like illness in this facility at present. We are trying to prevent this illness from spreading.

Visitors are advised that there is a risk of acquiring the illness by visiting this facility at this time.

We ask that you do not enter this facility if you currently have symptoms of an influenza-like illness (fever, sore throat, cough, muscle and joint pains, tiredness or exhaustion), or have recently been ill, or have been in contact with someone who is ill.

Please follow the recommended infection control precautions on the signs when visiting,

Thank you for your cooperation

Phone _____ for assistance

