
All District Health Boards

COVID 19 National Hospital Response Framework – The Process

- This Hospital Response Framework is designed to provide escalation levels to support a nationally consistent and managed approach to clinical service delivery in hospitals.
- These hospital escalation levels are specifically for hospitals and are different to the Pandemic Plan Levels and the National Alert Levels (announced by the Prime Minister on 21 March 2020) but are aligned.
- DHBs are expected to be significantly compliant with the current Alert levels and working on planning for the next Alert level
- At whatever level a hospital is at, a consistent approach will be taken by following the Framework.
- The Framework aims to ensure that patients remain at the centre of care by making proportionate responses to escalations in the COVID-19 pandemic.
- This document provides high level, nationally consistent guidance to support your DHBs' own emergency response procedures that will need to be deployed at each level.
- It is expected that alert levels may change rapidly and decisions are made locally at a DHB to move status up or down.
- Daily EEC meetings should be the mechanism whereby alert levels are confirmed and actions initiated in daily reporting.
- The DHB escalation level should be reported each day to the National Health Coordination Centre (NHCC) so that a national view of escalation can be compiled. This will be via the NHCC DHB SitRep.
- A DHB should determine its escalation level and readiness and reconfirm daily with senior clinicians, senior managers and other relevant senior personnel as part of your local response plan. This decision should be clearly documented and evidenced.
- We know these criteria may evolve over time and be revised by the National Hospital Response Group and reissued as appropriate.

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COVID-19 National Hospital Response Framework

COVID-19 Hospital Readiness

GREEN ALERT

Alert level 1

Trigger Status: No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen for COVID-19 symptoms & travel history for any new Emergency Department attendances, pre-op sessions, planned admission, or clinic attendance
- Plan for triage physically outside the Emergency Department (or outside the hospital building)
- Plan to have a separated stream for COVID-19 suspected cases and non COVID-19 cases in Emergency Department
- Undertake training and practice runs for management of a COVID-19 suspected case in the Emergency Department, Wards, Theatres, ICU/HDU
- Practice PPE use for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings
- Plan for isolation of a single case & multiple case/ cohorting
- Plan for Early Supported Discharge, aggressive discharge and step down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Plan for separate streams for staffing, cleaning, supplies management and catering
- Plan for management of referrals, and increased workload on booking and Call Centre teams
- Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient
- Plan and prepare a dedicated COVID-19 ward
- Engage with alternative providers (such as private) to confirm arrangements for their assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures such as cataracts, endoscopy etc.
- Arrange for outpatient activity to move to telehealth and phone screening for virtual assessment, and MDTs to videoconference wherever possible
- Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual
- Review patients on waiting list (surgery, day case, other interventions) and group patients by urgency

COVID-19 Hospital Initial Impact

YELLOW ALERT

Alert level 2

Trigger Status: One or more COVID-19 positive patients in your hospital; cases quarantined in your community; isolation capacity and ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green Alert, as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Activate streaming of suspected COVID-19 or COVID -19 positive and non-positive patients as planned across Emergency Department, Wards, Theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available
- Activate Early Supported Discharge, aggressive discharge and step down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- DHBs to ensure appropriately discharged out of area patients back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs)
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Start to move pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Defer non-urgent pre-assessments and non-urgent clinic patients unless can continue to be managed
- Activate any outsourcing arrangements reached, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU **is not** required, delivery should continue as much as possible
- Redeployment of staff as needed/ available to ensure perioperative workforces are in place to run theatre including anaesthesia, anaesthetic technicians, nursing. Scale deliverable of non-urgent planned care as needed

COVID-19 Hospital Moderate Impact

ORANGE ALERT

Alert level 3

Trigger Status: One or more COVID-19 positive patients in your hospital; community transmission/multiple clusters in your community; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate plans as described in Hospital Green and Yellow Alert levels
- Divert end of life patients to alternative providers
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible
- Fully activate any agreements reached with private (or other) providers
- Acute surgery to operate as usual, with priority on trauma cases, as staffing and facilities allow
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Postpone all non-urgent high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinician for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of suspected COVID-19 and COVID-19 positive and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex or other location that is manageable
- Postpone all outpatient activity and pre-op assessments, and implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals

COVID-19 Hospital Severe Impact

RED ALERT

Alert level 4

Trigger Status: One or more COVID-19 positive patients in your hospital; community transmission/widespread outbreaks in your community; isolation capacity, ICU capacity at capacity; all available staff redeployed to critical care

- Emergency Department services limited to high acuity medical and trauma care
- Activate plans as described in Hospital Green, Yellow and Orange Alert levels
- Continue to divert end of life patients to alternative providers
- Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery
- Cancel all non-acute surgery
- Activate additional streaming, including non-COVID-19 ICU/HDU to theatre complex, or private provider if agreement reached
- As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex or other location that is manageable for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acute surgery
- Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals