

CDEM Group Joint Committee
Friday 27 November 2020
Item 7.1 COVID-19 Response update
attachment 1

Canterbury COVID-19 Regional Resurgence Plan

Version 0.9, Date 2020-10-23, Milestone 02

OPERATIONAL DRAFT

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Note:

Sections that are new/edited since the last milestone version (v0.08-20200918-MS01) are indicated with either an orange bar on the left-hand side or an orange underlines.

Section 1 Introduction

Purpose

The purpose of this plan is to provide for the multi-agency arrangements needed to support readiness and response to COVID-19 resurgence in Canterbury.

This plan does not replace existing arrangements in the health system for responding to pandemics or COVID-19.

This plan does not review or repeat existing, robust, and well-used arrangements for responding to all-hazards emergencies in Canterbury. All the existing response arrangements for Canterbury remain in place and form the foundation of the response to the possible resurgence of COVID-19 in Canterbury. For reference to the other key plans, these are outlined in Context below.

Context

Understanding Canterbury's recent journey

Over the last 10 years, Canterbury agencies have responded to many major events:

- Earthquakes – the Canterbury earthquake sequence 2010-12, the 22 February 2011 earthquake (the only other national state of emergency), and the Hurunui-Kaikōura earthquake in 2016.
- Wildfires – including the 2017 Port Hills and supported the 2019 Pigeon Valley fire response.
- Floods – including the July 2017, and December 2019 Rangitata floods.
- Terrorism – the Christchurch shootings in March 2019.
- Pandemic – 2009 H1N1 pandemic, 2020 COVID-19 pandemic from February to June 2020.

As a result, Canterbury response and support agencies have a long history of working together to manage responses to major events. We are collectively well-placed to respond to COVID-19 and any possible resurgence. Canterbury CDEM continues to coordinate engagement with many agencies for readiness, response and recovery through many existing formal and informal groups including the Coordinating Executive Group, Response Planning Group, Welfare Coordination Group and others.

Canterbury's complexity and significance

Canterbury is a complex environment for COVID-19 resurgence due to many differing jurisdictional boundaries. It also holds a significant infrastructural role for the South Island. It has:

- Canterbury and South Canterbury district health boards (DHBs). Canterbury DHB also provides significant services to the West Coast DHB.
- Community and Public Health public health unit (PHU) that provides public health services to Canterbury, South Canterbury, the West Coast, and the Chatham Islands.
- The Ngāi Tahu takiwā extends across all six South Island CDEM Groups, which may lead to significant demand on time and resource for all parties to ensure Te Tiriti o Waitangi principles are fully incorporated in resurgence plans, and have common mechanisms across Te Waipounamu.
- Christchurch and Dunedin hospitals provide many tertiary-level healthcare services to the South Island, and we would note the risk and opportunities associated with the upcoming move into the new hospital building.

- The Canterbury CDEM Group area covers 9 local authorities: Kaikōura, Hurunui, Waimakariri, Christchurch City, Selwyn, Ashburton, Timaru, Mackenzie and Waimate councils; and is the largest geographical CDEM Group in New Zealand. It is second largest by population. Note that Waitaki District is a member of the Otago CDEM Group.
- Greater Christchurch is New Zealand's second largest metropolitan area. It had a usually-resident population of 490,000 in 2018, and consists of Christchurch City, Selwyn and Waimakariri Districts. There is considerable inter-district travel for work and recreation.
- A large business community with thousands of businesses ranging from sole traders through to major businesses with thousands of employees. These businesses operate in many sectors including the primary sector, manufacturing, professional and scientific services, hi-tech services, healthcare, and retail. They support the livelihoods and wellbeing of residents across the region. The Canterbury economy represents approximately 12.4% of national GDP (\$37.5 billion). Goods produced within Canterbury play a critical role in national supply chains and food production capacity.
- Some key response agency boundaries end at the Hurunui-Kaikōura boundary, with Kaikōura's services being provided from Nelson. These include the Canterbury Police District, and the Ministry of Social Development Canterbury region. South Canterbury's MSD service is provided from the MSD Southern region.
- State Highway 1 runs the length of Canterbury and is a key distribution network for the South Island. This connects with major New Zealand air and seaports: Christchurch International Airport, Lyttelton Port Company, and PrimePort Timaru. In addition, there are multiple major land ports and two major fast-moving consumer goods (FMCG) distribution centres in Christchurch and Selwyn districts that service the South Island. There are major fuel ports in Canterbury that service the South Island.
- Canterbury has significant border entry services and COVID-19 managed isolation and quarantine (MIQ) facilities, that increase the risk of COVID-19 resurgence in Canterbury, particularly through workers in MIQ facilities being a potential vector into the Canterbury community.
- A significant tertiary education sector with students from around the country, and overseas.

Te Omeka Justice and Emergency Services Precinct

As part of the February 2011 earthquake recovery, several Canterbury response agencies are now co-located in Te Omeka Justice and Emergency Services Precinct in Christchurch. Since moving into Te Omeka in late 2017/early 2018, the day-to-day co-location and opportunities to work together has strengthened the multi-agency co-ordination of the tenanted response agencies. They have also benefited from a purpose-built Emergency Operations Centre. The following response agencies and centres are hosted in Te Omeka:

- Canterbury Police District, District Command Centre, and Police Emergency Operations Centre
- Fire and Emergency NZ Te Ihu, and Regional Coordination Centre
- St John Southern Region
- 111 Southern Call Centre
- Christchurch City Council CDEM Office, and Emergency Operations Centre
- Canterbury CDEM Group Regional Office, and Emergency Coordination Centre
- National Emergency Management Agency South Island Office

The agencies and facilities provide an excellent foundation upon which to build wider multi-agency coordination during response. This is achieved by inviting non-tenanted agencies to physical and/or virtual meetings as appropriate.

Section 2 – Recovery

New Zealand is going to be in a state of recovery from COVID-19 for the foreseeable future. Strict controls will continue to be necessary until such time as an effective treatment, a vaccine, rapid reliable testing, or a change in the spread of the virus eventuates.

Any resurgence of COVID-19 will therefore be set against the ongoing recovery from the impacts of COVID-19 and the impacts of an elimination strategy.

At a regional level, the Canterbury COVID-19 Oversight Group (COG) is responsible for coordinating the ongoing recovery to COVID-19. The COG is also known as the regional leadership group (RLG) in the context of the All of Government COVID-19 structure.

The Canterbury COVID-19 Oversight Group (COG)/Regional Leadership Group (RLG)

The primary responsibilities of the COG are:

- Convene regional leadership to ensure a regional strategy/plan is in place
- Provide strategic leadership to guide and support community resurgence planning and response activity
- Connect local government, iwi, pasifika, ethnic communities, and key central government personnel
- Support social and economic recovery within Canterbury
- Support the distribution of key messages and aid to community networks

The membership of the COG is:

- Ben Clark, Chair and Public Service lead, Corrections NZ
- Jim Palmer, Co-chair and Canterbury Chief Executives Forum representative, Waimakariri District Council
- Canterbury CDEM Group
- Canterbury District Health Board
- Canterbury Employers Chamber of Commerce
- Canterbury Police District
- ChristchurchNZ
- Ministry of Social Development
- Ngāi Tahu
- South Canterbury District Health Board
- Te Puna Kōkiri

Te Tiriti o Waitangi

We recognize that there is further work to be done to better understand our collective Tiriti obligations in the context of COVID-19 resurgence. Initial areas of work have been identified and captured in the Further Development section. Over the coming months, we intend to work in partnership with Ngāi Tahu to support Tiriti principles for COVID-19 resurgence.

Managed Isolation and Quarantine (MIQ)

We note that Christchurch has the second highest risk, behind Auckland, of COVID-19 resurgence due to Managed Isolation and Quarantine facilities. This is beyond the scope of this plan. For more information please see <https://miq.govt.nz/>.

Psychosocial coordination during recovery

The Canterbury Transalpine Psychosocial Committee continues to meet regularly to ensure the psychosocial needs of the community are anticipated and met. This committee has representation from three health boards, local government via the CDEM Group Welfare Managers for Canterbury and the West Coast, Ngāi Tahu, Whānau Ora providers, and key government agencies.

Role of Canterbury CDEM Welfare in Resurgence

Resurgence planning by central government is reducing the role for CDEM Welfare during alert levels 3-4. CDEM is continues to prepare for a role in coordination and support if Canterbury's alert level increases to 3 or 4.

Welfare coordination will occur via the Local Welfare Committees (LWCs) and Welfare Coordination Group. Territorial local authorities have been asked to ensure that appropriate agencies are included in LWCs, and to reach out now to any that need to be added. The Canterbury CDEM Welfare Coordination Group continues to meet to better understand welfare arrangements for resurgence and assess and identify gaps for Canterbury communities.

CDEM Welfare support during alert levels 3-4 will take the form of assessment, referral of needs, and provision of urgent needs if there is no service being provided by central government welfare agencies. After-hours arrangements of agencies tasked with providing welfare services are still being assessed to understand where there may be gaps in support.

Section 3 – Scenarios

There are four All-of-Government response scenarios that have been provided to support resurgence planning. Note that we have consolidated AoG scenarios 3 and 4 into a single regional scenario, as the impacts on Canterbury are likely to be similar for both scenarios.

The Canterbury DHB and Canterbury CDEM Regional Emergency Management Office has reviewed these scenarios and used them to outline in more detail what the expected health system impacts are likely to be in Canterbury. These should be treated as indicative only.

1. Contained cluster within a community - Aged residential care (RC) facility
2. Large cluster within a region – Café
3. (and 4) Multiple clusters, spread nationally – large sporting event, concert, or tangi

We have added an additional scenario below, based on CDEM Group experiences with the Auckland resurgence in August-September 2020.

The regional health system impacts identified in the AoG scenarios below are cumulative. For example, the regional impacts for scenario 2 include scenario 1 and 2.

AoG Scenario 1

AoG SCENARIO 1:

Contained cluster within a community - Aged residential care facility

A case visits a relative in an aged residential care facility who goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a small, localised cluster of ten cases

REGIONAL ASSUMPTIONS

- Regional health system should be able to manage with existing capability and capacity (and with all of NZ behind us)
- There will be significant media interest
- There will be a significant psychosocial impact on the local community
- Possible local/regional alert level increase to AL2-2.5

LIKELY IMPACTS & RESPONSE ACTIONS

Public Health	<ul style="list-style-type: none"> • Undertaking contact tracing • Conducting testing • Reporting on COVID-19 • Directing confirmed/probable cases, particularly nurses/carers to MIQ facilities for isolation • Instructing isolation of residents in RC facility • Undertaking community surveillance as appropriate.
Primary & Residential Care providers	<ul style="list-style-type: none"> • Likely escalation of RC facilities to AL4 • Actively managing RC personnel to reduce transference to other facilities • Surveillance of RC facilities • Readiness to send carers into MIQ facilities for accommodation • Readiness of DHB to manage facility if too many staff impacted (as per Rosewood) • Other RC facilities likely to see staff availability decrease due to staffing overlap with infected facilities and/or shared residential accommodation (e.g. flats)
Laboratories	<ul style="list-style-type: none"> • Unlikely to be significant direct impacts
Hospitals	<ul style="list-style-type: none"> • Likely to impact the flow of patients between residential care and hospitals • Getting ready to manage patients • Potentially starting to restrict access to visitors to Christchurch (CDHB), Burwood (CDHB), and Timaru (SCDHB) hospitals

Health Leadership	<ul style="list-style-type: none"> • Health response led by DHB COVID-19 Oversight Group • DHB <u>coordination centre</u> activated • DHB Intelligence to collect, analyse, and disseminate all local health information • DHB Logistics to support specifically the RC and Public Health response • DHB Public Information to lead the local/regional health messaging, and support AoG messaging
Likely support to the health system	<ul style="list-style-type: none"> • Possible Planning and/or Intelligence support for the DHB <u>coordination centre</u>, particularly for the higher-level intelligence more targeted at building a multi-agency common operating picture

WIDER IMPACTS & RESPONSE ACTIONS	
Community	<ul style="list-style-type: none"> • Likely minimal economic impacts • Increase in fear, psychological issues • Likely requirement to use face coverings • Likely proliferation of misinformation leading to public confusion/anger
CDEM	<ul style="list-style-type: none"> • Active CDEM Duty Officer monitoring • Active DHB liaison • Possible PIM to support health, science, and psychosocial messaging to communities • Unlikely to need to provide emergency welfare services • Unlikely to see significant role for multi-agency coordination/liasion
All agencies	<ul style="list-style-type: none"> • Actively planning to shed all non-essential work • Preparing to pivot workers for response if needed

AoG Scenario 2

AoG SCENARIO 2: Large cluster within a region - Café
A case goes to a social event at a local café and subsequently infects several attendees. Over three weeks this triggers twenty to thirty cases across two or three towns within a region.

REGIONAL ASSUMPTIONS
<ul style="list-style-type: none"> • Probable local/regional isolation • Possible alert level increase to AL2.5-3 • Could require close CDHB/SCDHB/CPH coordination, depending upon locations • Regional through traffic likely to be a major issue (freight, fast moving consumer goods (FMCG), livestock, and people) • Major national media interest

LIKELY IMPACTS & RESPONSE ACTIONS (in addition to Scenario 1)	
Public Health	<ul style="list-style-type: none"> • Likely out-of-region surge support for contact tracing, surveillance, and testing. A lot of the support will be remote/virtual. • Significant escalation in public health messaging and communication • Expanded community testing in affected areas • Increased case management for those outside of MIQ e.g. daily health check-ins, day 3 & 12 testing
Primary & Residential Care providers	<ul style="list-style-type: none"> • Likely to require increase in staff supplementation • Possible that some GP practices may close, and personnel could be consolidated into other practices • Likely that GP practices will start use of remote/virtual appointments with the public • May start to experience non-complementary staff behaviours e.g. personnel not turning up to working due to risk, fear, dependents etc
Laboratories	<ul style="list-style-type: none"> • Likely to see high utilisation of region lab testing capacity • Increased burn rate of essential testing supplies e.g. swabs and reagents
Hospitals	<ul style="list-style-type: none"> • Increase in COVID-19 hospitalisations

	<ul style="list-style-type: none"> • Planning for load-shedding of elective and outpatient surgery, possibly starting if hospitals increase to yellow or orange response state • Likely to restrict access of visitors to hospitals
Health Leadership	<ul style="list-style-type: none"> • Likely to have fully activated DHB <u>coordination centre</u> • DHB leadership/governance will need to re-orientate to focus on COVID-19 response leadership • Staff wellbeing will become a significant issue • Health Technical Advisory Group will be meeting regularly • Health will be connecting to, and coordinating with, emergency welfare services agencies (CDEM, MSD, et al) to support isolated communities • Likely to establish a Vulnerable communities TAG, this group will be focused on coordinating health service delivery agencies response to impacted communities
Likely support to the health system	<ul style="list-style-type: none"> • Likely to require support to deliver pop-up testing facilities (CBACs). Mostly likely to require Logistics support for testing facilities equipment including tents, general supplies (chairs, tables), generators.

WIDER IMPACTS & RESPONSE ACTIONS (in addition to Scenario 1)	
Community	<ul style="list-style-type: none"> • Much greater economic impact • Very likely localised run on essential supplies in lead-up to higher alert levels • Confusion regarding regional border travel and exemptions, particularly acute for near-border communities and businesses • Reluctance of some communities to openly participate in contact tracing and testing. This may also result in public vilification or marginalisation. • Decrease in school attendance. May result in decreasing workforce due to need to care for dependents

AoG Scenarios 3-4

**AoG SCENARIOS 3 & 4:
Multiple clusters, spread nationally – large sporting event, concert or tangi**

From a regional perspective, these two AoG scenarios have been combined, as they have similar impacts on the health system in Canterbury.

Scenario 3: Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks this triggers outbreaks across the country, with several locations reporting confirmed community transmission.

Scenario 4: A case goes to a large sporting event and infects a large number of people. The next day attendees of the sporting event return home across New Zealand. Over eight weeks this triggers more than ten confirmed clusters, with several locations reporting confirmed community transmission, with a particularly large outbreak centred on South Auckland (5,000 cases in total, including 75 deaths).

REGIONAL ASSUMPTIONS

- As the second most populous region of NZ, with a major domestic airport, it would be almost certain that Canterbury would be impacted under these scenarios
- Out-of-region support would be unlikely
- We are likely to exceed regional capacity and capability
- There will be major regional multi-agency coordination requirements
- Likely alert level increase to AL3-4

LIKELY IMPACTS & RESPONSE ACTIONS (in addition to Scenarios 1 & 2)	
Public Health	<ul style="list-style-type: none"> • Will be “slammed for capacity”
Primary & Residential Care providers	<ul style="list-style-type: none"> • Almost certain to move to electronic GP arrangements • Critical to manage staff movements as potential COVID-19 vectors (particularly RC staff)

	<ul style="list-style-type: none"> Supporting delivery of expanded community surveillance will be critical
Laboratories	<ul style="list-style-type: none"> Almost certain that workload and staffing will be critical Almost certain that essential testing supplies (swabs, reagents) will be in high demand, and pressure will be placed on the national testing stockpile Use of private labs are very likely Nationally, the need for testing is almost certain to exceed capacity – national guidance will be required to prioritise testing
Hospitals	<ul style="list-style-type: none"> Fully pivot to COVID-19 response Cancel elective and outpatient surgery Patient movements will be affected, including South Island to Christchurch hospital, and movements to specialist national hospitals such as Starship
Health Leadership	<ul style="list-style-type: none"> Essential that health leadership actively manages critical supplies – PPE, swabs, reagents Staff wellbeing will be critical, especially for the long duration of response activity
Likely support to the health system	This will need to be workshopped.

WIDER IMPACTS & RESPONSE ACTIONS (in addition to Scenarios 1 &2)

Regional Scenario 1

**Regional SCENARIO 1:
Canterbury neighbour escalates to AL3/AL4**

A neighbouring region to Canterbury (such as Otago, or the West Coast), experiences some community cases (such as AOG scenarios 1-2) and their alert level escalated to a higher level than Canterbury.

REGIONAL ASSUMPTIONS

- Health system will determine checkpoints required, and coordinate implementation with Police
- Unlikely to be a significant health response, but there may be health and other essential workers that travel to the affected region for support
- Very likely to be a significant public information role, for border and travel, as well as COVID-19 testing messaging for anyone that show symptoms that may have a connection to cases in the neighbouring region.
- Possible emergency welfare services support for any localities near the affected border that are impacted by the location of check points
- Lifelines coordination possible for fast-moving consumer goods (FMCG)

The role of Alert Levels in Canterbury on risk reduction, readiness, and response activities

The table below outlines the spectrum of alert levels. It indicates some of the likely changes in focus from the perspective of regional resurgence across risk reduction, readiness, and response as we collectively increase/decrease alert levels.

We recognise that the alert levels are somewhat variable, and that their definition can change over time. We still believe that they broadly provide the most suitable trigger levels for escalation and de-escalation of response activities for COVID-19 resurgence.

ALERT LEVEL	LIKELY AGENCY ACTIVITIES
Alert Level 1 - Prepare	<ul style="list-style-type: none"> Primary agency responsibilities for COVID-19 activities are on ongoing risk reduction and readiness for resurgence.

	<ul style="list-style-type: none"> • Agencies are working in ‘the new normal’, which may include additional COVID-19 responsibilities such as managing the border, operating Managed Isolation and Quarantine (MIQ) facilities, undertaking community testing and surveillance, etc. • Agencies coordinate on readiness for resurgence activities, refining response arrangements, undertaking training, and exercising, etc. • Undertaking readiness activities for co-incident response with other hazards. • (If de-escalating from higher Alert Levels) Starting to debrief and updating arrangements from lessons learned; re-establishing new-normal activities; restarting training.
<p>Alert Level 2 - Reduce</p>	<ul style="list-style-type: none"> • Escalated COVID-19 risk reduction activities following the national guidance, including reduction in gathering size, increased physical distancing, use of face coverings, starting to change business/organisation forms of operation. • Shedding activities including low priority, those impacted by gathering limits such as training, etc. • Some agencies may see significantly increased activity associated with risk reduction (such as public information and messaging), and potentially some aspects of response – particularly the health system, border management and potentially Police. • (If a neighbouring region is at Alert Level 3) There may be a significant Canterbury multi-agency response activity established to implement, manage, and support regional isolation with checkpoints near Canterbury borders. • (If currently escalating through alert levels) All agencies should be undertaking key readiness activities to prepare for response with increased Alert Levels. The escalation to significant and sustained response should be planned for at least 4-6 weeks. This should include preparing rosters, systems, securing additional supplies, reviewing response arrangements. • (If currently escalating through alert levels) An increased tempo of multi-agency coordination is likely to be taking place, either supporting specific activation/escalation activities, or general multi-agency coordination at a local and regional level. • (If currently de-escalating through alert levels) All agencies should be undertaking hot debriefs; making any urgent updates to arrangements and opportunities for improvements; restocking critical supplies; resting response personnel as appropriate, etc.
<p>Alert Level 3 - Restrict</p>	<ul style="list-style-type: none"> • Emergency welfare services will start operating (if they are not already). • <u>CDEM will activate coordination centres at local and regional levels.</u> • CDEM will facilitate multi-agency coordination at the local and regional levels. • Many non-essential personnel working remotely. • See the 7 Canterbury
<p>Alert Level 4 - Lockdown</p>	<ul style="list-style-type: none"> • Emergency welfare services are likely to see significant activity. • CDEM will be facilitating multi-agency coordination at the local and regional levels. • All non-essential personnel should be working remotely, and essential personnel are likely to be operating in split and isolated teams as appropriate for the agency. • TO BE EXPANDED, SIX KEY ACTIVITIES INCLUDED HERE

Section 4 - Readiness

Objectives

There are two sets of national objectives that regional resurgence plans are to support.

COVID-19 All of Government Response Objectives (Objectives 1-3)

1. **Minimise the number of people infected with and potentially exposed to COVID-19.**
2. **Minimise the negative health outcomes for those infected with COVID-19.**
3. **Minimise the economic and social impacts of any control measures.**

NEMA Response Objectives for the CDEM sector (Objectives A-G)

The National Emergency Management Agency (NEMA) has identified an additional set of more detailed objectives for the CDEM sector to meet its commitments as part of the All of Government response arrangements.

- A. **Enable effective decision-making and governance:** provide representation to and support the operation of governance and decision-making structures as appropriate.
- B. **Enable effective and coordinated support to the Health System:** Support the District Health Boards, Public Health Units, community providers, and the Ministry of Health to achieve the health outcomes associated with Objectives 1 & 2.
- C. **Establishment of effective regional coordination mechanisms:** Group Controller to establish effective coordination mechanisms, processes, and structures with partner agencies to support:
 - a. Compliance and enforcement of Alert Level restrictions.
 - b. Local government, Ngāi Tahu, and community outreach.
 - c. Coordination and communication with essential businesses and workplaces.
 - d. Infrastructure and supply chain requirements.
- D. **Lead, coordinate and deliver emergency welfare services:** in partnership with support agencies, have plans to identify and meet community needs where there are no other means of support.
- E. **Ensure the CDEM response adheres to legal and regulatory requirements:** operational response outcomes are achieved with the appropriate application of the COVID-19 Public Health Response Act 2020, Health Act 1956, and Civil Defence Emergency Management Act 2002, and wider supporting legislation and legal instruments.
- F. **Support and contribute to intelligence processes:** Facilitate the flow of information through CDEM and agreed AOG reporting processes, including where necessary, supporting other agencies in the efficient sharing of information.
- G. **Support AOG COVID-19 communications and local implementation of public information management requirements:** Ensure cohesive and joined-up messaging across national agencies, and from national to local level, supplemented by the public information needs specific to any localized response.

Governance Arrangements

Canterbury's regional resurgence plan governance arrangements for readiness and response intend to utilise existing governance structures as much as practical. Those additional COVID-19 agencies that are not currently represented will be invited to Joint Committee and/or Coordinating Executive Group meetings as needed to provide that interface to other central government agencies. This does not

replace the strategic recovery role that RLG has, that will continue separate to using the CDEM framework.

Canterbury CDEM Group Joint Committee (JC)

The Canterbury CDEM Group Joint Committee, formed under the CDEM Act 2002, has the responsibility for all-hazards risk reduction, readiness, response, and recovery across the Canterbury CDEM Group. This includes assigning personnel, resources, and financing. Note that CDEM is not responsible for COVID-19 recovery. The Joint Committee consists of Mayors/Chairperson from:

- Kaikōura District Council
- Hurunui District Council
- Waimakariri District Council
- Christchurch City Council
- Selwyn District Council
- Ashburton District Council
- Timaru District Council
- Mackenzie District Council
- Waimate District Council
- Canterbury Regional Council / Environment Canterbury

Ngāi Tahu was invited to the Joint Committee in December 2018, and first attended the May 2019 meeting. Their role is a non-voting guardian – Kai Mataara.

The Joint Committee meets during readiness and response. If needed to meet during COVID-19 resurgence response, the Joint Committee may invite observers to attend meetings. It is through this mechanism that other RLG agencies not already represented would be invited to governance-level leadership discussions on operational readiness and response issues for COVID-19 resurgence. The RLG will remain responsible for the COVID-19 social and economic recovery.

Canterbury CDEM Group Coordinating Executive Group (CEG)

The Canterbury CDEM Coordinating Executive Group is a committee established under section 20(1) of the CDEM Act. This represents the most senior multi-agency committee with a wide variety of response agency representation. Canterbury's CEG representation includes:

- Chief Executives from Canterbury Territorial Authorities (City, District and Regional councils)
- A senior representative of Ngāi Tahu
- Canterbury Police District Commander
- Fire and Emergency NZ Te Ihu Regional Manager
- Chief Executives of the Canterbury and South Canterbury District Health Boards
- Regional Commissioner of the Ministry of Social Development
- A senior Canterbury representative of the Ministry of Primary Industries
- A senior representative of the Canterbury business community, currently Canterbury Employers' Chamber of Commerce
- A representative of the Rural Advisory Group
- A South Island representative of the National Emergency Management Agency
- A senior Canterbury representative of St John
- The chair of the Canterbury Lifelines Utilities Group
- The Canterbury CDEM Group Controller/Group Manager
- The Canterbury CDEM Group Recovery Manager, and
- The Canterbury CDEM Group Welfare Manager.

Community and Public Health (PHU) has not been formally appointed to CEG, as it is represented through the Canterbury DHB. CPH representatives do attend CEG, and CEG subcommittees, and regularly engage through Canterbury CDEM multi-agency meetings.

CEG Sub-committees

Canterbury CDEM intends to use existing structures for COVID-19 readiness coordination, as much as practical. These include several sub-committees established under the Coordinating Executive Group. The most relevant to regional resurgence planning include:

- Canterbury Response Planning Group (RPG) – the RPG comprises agencies with a response role in an emergency. Its purpose is to provide advice to the CEG on maintaining an effective multi-agency response capability in Canterbury. This is a well-established readiness and response committee with territorial authorities, emergency services, health services, social agencies, lifelines, and others well represented.
- Canterbury Welfare Coordination Group (WCG) – the WCG comprises agencies with a responsibility for delivery of emergency welfare services. It meets for readiness, response, and recovery activities. Agencies represented on the WCG include territorial authorities, Police, Oranga Tamariki, DHBs, MSD, MBIE, MPI, Te Puni Kōkiri, MPP, DIA, and others.

Coordination of readiness activities

It is the intent of Canterbury agencies to use existing structures and relationships to coordinate COVID-19 resurgence readiness activities. These include the:

- Joint Committee
- Coordinating Executive Group
- Welfare Coordination Group
- Response Planning Group

The Canterbury CDEM Group is currently chairing weekly teleconference for territorial authorities (Tuesdays) and partner agencies (Thursdays) to monitor the current situation during Alert Level 2, and to provide updates on resurgence planning.

These activities will be shared with the RLG, and representatives of RLG agencies that are not yet connected to regional resurgence readiness activities. Any RLG agencies not yet connected into the existing multi-agency structures for operational coordination are welcome to be connected to these existing structures for COVID-19 readiness and response.

New Zealand Coordinated Incident Management System v3

In 2019 New Zealand's Coordination Incident Management System (CIMS) was updated to version 3. The expectation was that agencies would have updated their coordination arrangements to v3 by July 2020. The COVID-19 response from February to June 2020 has delayed the upgrade to CIMS v3 for many agencies, as it has been challenging to deliver the required CIMS v3 training in 2020. Canterbury's expectation is that agencies should make every effort to upgrade to CIMS v3 as soon as is practical. It is recognised that there will be some challenges around access to training and refocusing of new normal business activities that prevent a full transition sooner.

Getting ready for, and responding to co-incident CDEM events

Further work on the impacts for co-incident response to traditional CDEM events in a COVID-19 world, will be undertaken soon. This work will focus on what modified response processes will need to be in place to support response to traditional CDEM events.

Prior to COVID-19, it was not possible to have two CDEM declarations covering the same area. The updated S68 of the CDEM Act now allows for a local emergency to be declared for any reason not

related to COVID-19, even if there is a state of national emergency for COVID-19. This would, for example, allow a local emergency to be declared for a flood event.

We note that NEMA is currently consulting on a draft CDEM COVID-19 Evacuation Guide. When finalised, this will provide guidance on undertaking evacuations for a co-incident CDEM event during increased COVID-19 activity.

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Section 5 – Response

There are two primary drivers to COVID-19 response in New Zealand:

1. The health system response (supporting AOG Objectives 1-2). These can be split into:
 - a. The direct impact on components on the health system (AOG Objectives 1-2) such as public health (surveillance, contact tracing etc), primary healthcare, hospitals, residential care and testing etc.; and
 - b. Broad risk reduction measures (AOG Objective 1) such as face coverings, travel restrictions, and stay at home requests using Alert Levels
2. The support required to minimise the economic and social impacts (AOG Objective 3) such as emergency welfare services, and business support.

As the response to COVID-19 is led by Cabinet, the All of Government response, and the Ministry of Health, regional resurgence response needs to be strongly linked to the change of alert levels announced nationally.

Regional response objectives

We have identified seven high-level areas that we believe forms the basis of regional response to COVID-19 resurgence. These directly support the national response objectives listed above.

1. Health system response (AOG Obj. 1-2; NEMA Obj. B)
2. Regional isolation (AOG Obj. 1; NEMA Obj. C,E)
3. Emergency welfare services (AOG Obj. 3; NEMA Obj. D)
4. Public information (AOG Obj. 1,3; NEMA Obj. C-D,G)
5. Local multi-agency coordination (NEMA Obj. A-G)
6. Regional multi-agency coordination (NEMA Obj. A-G)
7. Business support coordination (AOG Obj. 3; NEMA Obj. C-D,F-G)

Note that some of these responsibilities may change depending upon the alert level. We have not investigated that level of detail yet.

Regional objective 1 – Health system response and support

There is further work to be done to identify what types of support agencies may be able to provide to the health system response. Following further health agency planning, we expect there will be a process where health agencies identify opportunities for support, and these are then discussed, designed, agreed upon, and added to appropriate plans.

The health system response and support will be coordinated by a COVID-19 Health Coordination Group. This will be the primary means of connecting the health system with CDEM, particularly for support. The COVID-19 Health Coordination Group has the following members:

- Canterbury District Health Board Controller
- South Canterbury District Health Board Controller
- Medical Officer of Health
- Canterbury CDEM Group Controller

WHO	RESPONSIBILITIES
DGH, MOH	• <u>Lead the national health system response</u>
DHBs, PHUs	• <u>Lead the Canterbury health system response</u>

	<ul style="list-style-type: none"> • <u>Lead the identification, control, and elimination of COVID-19 outbreaks in Canterbury</u> • <u>Lead Canterbury COVID-19 testing activities</u> • <u>Lead the provision of psychosocial support for Canterbury</u> • <u>Provide health protection services at Canterbury’s borders</u> • <u>Lead case management, contact tracing and cluster management</u> • <u>Share appropriate health situational awareness with partner agencies</u> • <u>Lead health messaging across Canterbury</u>
All agencies	<ul style="list-style-type: none"> • <u>Support the health system response as agreed and appropriate</u> • <u>Support national, regional, and local health messaging and communication</u> • <u>Support Managed Isolation and Quarantine facilities as agreed and appropriate</u> • <u>Support health messaging across Canterbury</u>

Regional objective 2 – Regional isolation

Regional coordination of road checkpoints will be led by the Canterbury Police District at Te Omeka. Local coordination will occur via multi-agency coordination at territorial authority CDEM EOCs.

WHO	RESPONSIBILITIES
Director-General of Health (DGH)	<ul style="list-style-type: none"> • <u>Determine the area to be isolated</u> • <u>Issue Health Orders to isolate the area affected</u>
MBIE	<ul style="list-style-type: none"> • <u>Manage the travel exemptions for business into/through the isolated area</u>
Canterbury Police District	<ul style="list-style-type: none"> • <u>Advise DGH on the most practical means of isolating the area affected</u> • <u>Lead the establishment and ongoing operation of road checkpoints</u> • <u>Coordinate road checkpoint operation with road control authorities</u> • <u>Provide a Police presence at all road checkpoints</u>
Road control authorities (RCAs), New Zealand Defence Force	<ul style="list-style-type: none"> • <u>Support the management and operation of road checkpoints</u>
All agencies	<ul style="list-style-type: none"> • <u>Support the public information messaging associated with isolation</u>
CDEM Lifelines Utilities Coordinators (LUCs)	<ul style="list-style-type: none"> • <u>Support lifelines utilities, particularly reducing travel friction of FMCG and freight (including horticulture and agriculture)</u>

Regional objective 3 – Emergency welfare services

Central government agencies have been tasked with responsibilities to deliver welfare services during any resurgence. As much as possible these will be delivered through business-as-usual methods. A key responsibility shift compared to other CDEM events is MSD taking responsibility for food security and accommodation.

WHO	RESPONSIBILITIES
Ministry of Social Development	<ul style="list-style-type: none"> • <u>Lead the delivery of food via food banks/community providers</u> • <u>Lead the delivery of financial assistance</u>
Ministry of Business, Innovation, and Employment	<ul style="list-style-type: none"> • <u>Lead the provision of temporary accommodation services</u>
CDEM Group Welfare	<ul style="list-style-type: none"> • <u>Lead the coordination of emergency welfare services when all other options are exhausted</u>
Territorial Authorities	<ul style="list-style-type: none"> • <u>Lead the provision of local emergency welfare services when all other options are exhausted</u>

WCG Agencies	<ul style="list-style-type: none"> • <u>Maintain regular engagement through all appropriate coordination mechanisms (LWCs, WCG, etc)</u>
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Regional objective 4 – Public information

There is further work to be done to develop a coordination mechanism for public information across key Canterbury agencies during response to a resurgence.

WHO	RESPONSIBILITIES
DHBs, PHU	<ul style="list-style-type: none"> • Lead the health information messaging and communication regionally and locally
Canterbury Police District	<ul style="list-style-type: none"> • Lead the security, compliance, and travel restriction messaging and communication regionally and locally
CDEM Group PIM	<ul style="list-style-type: none"> • Lead wider community and general messaging
All agencies	<ul style="list-style-type: none"> • Support national, regional, and local messaging as appropriate

Regional objective 5 – Local multi-agency coordination

Local multi-agency coordination will be led by territorial authority CDEM Emergency Operations Centres. If there is agreement, agencies may choose to combine multiple territorial authority CDEM EOCs into a single EOC.

WHO	RESPONSIBILITIES
Territorial Authority CDEM Emergency Operations Centres	<ul style="list-style-type: none"> • <u>Lead local CDEM response</u> • <u>Lead local multi-agency coordination</u> • <u>Lead the production of a local common operating picture</u> • Lead the sharing and dissemination of key response documents at a local level • <u>Support a regional common operating picture by sharing local situation information to the Canterbury CDEM ECC</u> • <u>Support, as appropriate, local community groups and non-government organisations to support local communities</u>
All agencies	<ul style="list-style-type: none"> • <u>Support local multi-agency coordination, including providing liaison to the local CDEM EOC if requested</u> • <u>Support a local common operating picture by sharing situation information</u>

Regional objective 6 – Regional multi-agency coordination

Regional multi-agency coordination will be led by the Canterbury CDEM Group Emergency Coordination Centre at Te Omeke.

WHO	RESPONSIBILITIES
Canterbury CDEM Group Emergency Coordination Centre	<ul style="list-style-type: none"> • Lead regional multi-agency coordination • <u>Lead the production of a regional common operating picture</u> • <u>Share and disseminate key response documents across Canterbury</u>
All agencies	<ul style="list-style-type: none"> • <u>Support regional multi-agency coordination, including providing liaison to the Canterbury CDEM ECC if requested</u> • <u>Support a regional common operating picture by sharing situation information</u>

Regional objective 7 - Business support coordination

Business support coordination will be led by the Business Response Group. It will be delivered primarily through the existing Canterbury COVID-19 Oversight Group (COG). It consists of the following members:

- Economic development agencies
- Canterbury Employers Chamber of Commerce
- Ngāi Tahu
- NZ Trade and Enterprise
- Callaghan Innovation
- Ministry of Business, Innovation and Employment
- Ministry of Social Development
- Ministry for Primary Industries

WHO	RESPONSIBILITIES
Business Response Group	<ul style="list-style-type: none"> • <u>Lead economic development and business support activity</u> • <u>Establish key communication channels (For business communications and central government)</u> • <u>Feedback business needs and insights to central government</u> • <u>Ensure timely and coordinated access to information for business on subsidies and business support grants</u>
Canterbury COG/RLG	<ul style="list-style-type: none"> • <u>Provide the communications conduit between the Business Response Group and central government</u>

Additional responsibilities

Additional key responsibilities that do not fit into the key response objectives above are included below.

WHO	RESPONSIBILITIES
Iwi, Māori, Pasifika, and other ethnic community groups	<ul style="list-style-type: none"> • <u>Maintain connection with the COG/RLG to provide input on community issues</u>
Lifeline utilities and essential services	<ul style="list-style-type: none"> • <u>Maintain connection with the CDEM Group ECC Lifelines Utilities Coordinator as appropriate</u>

Response plans for resurgence

Beyond this regional resurgence plan, Canterbury has several plans that are key to responding to COVID-19 resurgence:

- Canterbury DHB Pandemic Influenza Coordination Plan 2018
- Canterbury DHB Health Emergency Plan 2017
- South Canterbury DHB Health Emergency Plan
- South Canterbury DHB Pandemic Plan
- Community and Public Health Influenza Pandemic Plan
- Canterbury Police District plan for regional isolation (nearly finalisation)
- Canterbury CDEM Group Plan 2018
- Canterbury CDEM Group Welfare Plan 2016

National context and legislative basis for response

The following legislation forms the basis for the powers of response to COVID-19 resurgence:

- COVID-19 Public Health Response Act 2020¹
- Health Act 1956²
- Any health orders issued under the above health acts.
- Civil Defence Emergency Management Act 2002³
- National Civil Defence Emergency Management Plan Order 2015⁴

The health system and health agencies (Ministry of Health, District Health Boards, and Public Health Units) are primarily responsible for the health response to COVID-19. The COVID-19 Public Health Response Act 2020 is the primary legislation for addressing COVID-19 response and recovery issues.

CDEM Groups lead multi-agency coordination for any resurgence in Canterbury, provide coordination of emergency welfare services delivery, as well as delivering some emergency welfare services for COVID-19. The CDEM Act 2002 and National CDEM Plan Order 2015 provide the legislative basis for CDEM Groups to coordinate the multi-agency response to an emergency (whether declared or undeclared). It is very likely that CDEM response to COVID-19 resurgence will be in an undeclared emergency. We do not expect a high need for emergency powers under the CDEM Act, as essential powers are available in the COVID-19 Public Health Response and Health acts.

The powers of the COVID-19 Public Health Response Act, and Health Act powers must be used before the CDEM Act powers can be used. All legal tests required under the CDEM Act to enable a State of Local emergency to be declared must be met and, in addition, the CDEM Act requires approval from the Minister of Civil Defence prior to any state of local emergency or local transition period being declared for COVID-19.

If the CDEM Group Controller believes that CDEM powers are required to manage the wider consequences of a regional resurgence of COVID-19, they will contact the NEMA South Island Duty REMA who will raise a request nationally. NEMA will coordinate the provision of advice to the Minister of Civil Defence.

There are two key national response plans that have not yet been shared with CDEM Groups. We are currently unable to assess Canterbury's resurgence planning against these critical plans, but we believe this regional resurgence plan is not inconsistent with these plans. They are:

- All-of-Government Resurgence Plan "Operationalising the 'Stamp it out' plan – responding to incidents of COVID-19 in the community"
- COVID-19 Ministry of Health Resurgence Action Plan

National guidance for readiness and response has been provided in the following documents:

- Regional Coordination and Leadership – COVID-19 Resurgence Plan
- Guidance for agency resurgence plans
- Planning for the provision of CDEM emergency welfare services for COVID-19 resurgence
- COVID-19 Regional Resurgence Planning – A template for CDEM Groups to document multi-agency roles and responsibilities

¹ <http://www.legislation.govt.nz/act/public/2020/0012/latest/whole.html>

² <http://www.legislation.govt.nz/act/public/1956/0065/latest/whole.html>

³ <http://www.legislation.govt.nz/act/public/2002/0033/latest/whole.html>

⁴ <http://www.legislation.govt.nz/regulation/public/2015/0140/latest/whole.html>

Activation of response activities

On-call/Duty officer arrangements

All response agencies have appropriate on-call arrangements for COVID-19 and other emergencies. These on-call/duty roles will continue to be the primary points of contact for monitoring, activation, and escalation activities for COVID-19 resurgence or any other event.

In the case of either a normal emergency or COVID-19 resurgence, all agencies need to have the ability to split their on-call/duty role, as appropriate, to support two parallel events. Agencies also need to have their own internal capacity and capability to respond to two parallel events.

Coordination system and structures

Canterbury Health and CDEM relationships

This structure below outlines the key relationships between the health system and CDEM in Canterbury. It approximates key coordination relationships based upon the response to COVID-19 between March and June 2020.

Please note, this diagram does not yet fully or correctly reflect the South Canterbury DHB relationships.

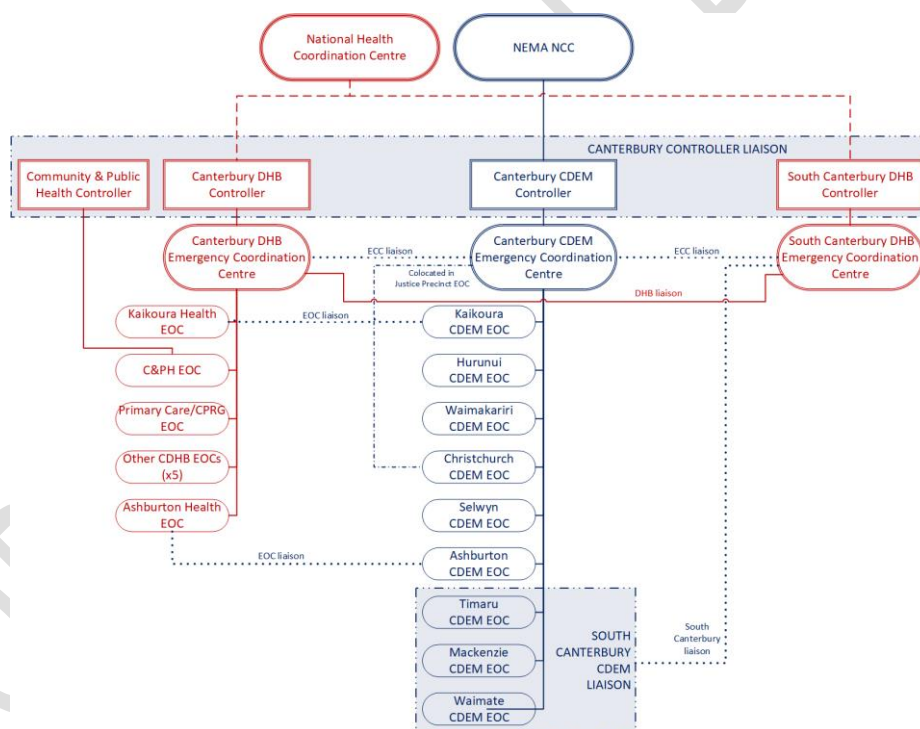


Figure 1 Canterbury Health system and CDEM coordination relationships

Key multi-agency coordination

This diagram approximates the where the key local, regional, and national liaison relationships occur.

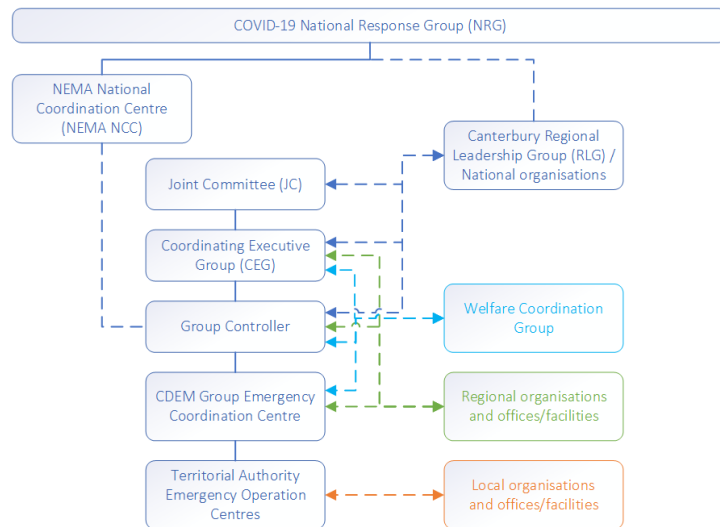


Figure 2 Diagram showing where local, regional, national multi-agency liaison occurs

OPERATIONAL DRAFT

Appendices

Appendix A – Document metadata

This section provides a summary of the document, as well as areas we feel need further development.

The current release cycle is:

- Early October: Feedback from NEMA based upon national review of agency and regional resurgence plans
- From there on, we expect to update the plan monthly, as more details are established. The next updates will be the end of October, November, and January.
- If needed, we will issue an update outside of this cycle.

Version history and key milestones

Version & date	Notes
V0.90 2020-10-23 Milestone 02	<ul style="list-style-type: none"> • Added additional welfare content. • Added Recovery section near beginning of document, to introduce COVID-19 Recovery as the baseline for readiness and response to any resurgence; added COG/RLG membership. • Added a 7th regional response objective, business support coordination, most of which will occur via COG/RLG. • Restructure readiness and response sections to better accommodate the addition of recovery. • Added references to Business support coordination based on feedback • Incorporated feedback from South Canterbury DHB, Canterbury Police District • Started modifying health content to better reflect differing CDHB and SCDHB operational arrangements • Updated status of plan to “Operational Draft” reflecting that the plan is operational but is also in draft status. • Added reference to agencies adopting CIMS v3 as soon as practical, noting challenges around accessing training for the past six months. • Added section header in Response for high-level initial incident action plans for scenarios identified so far • Version submitted to CEG Agenda for 2 November meeting
V0.80 2020-09-18 Milestone 01	<ul style="list-style-type: none"> • Initial version of Canterbury COVID-19 Regional Resurgence Plan • Incorporated feedback from rapid initial agency consultation • Significant updates in advance of submission to NEMA • Version submitted to NEMA

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Appendix B – Regional gaps identified

This section captures risks, gaps, and issues of the current regional resurgence plan. It highlights areas we are aware need further development, and when we are likely to incorporate them into the plan. In future versions, these will be broken into the six key response areas.

STATUS	SUMMARY STATEMENT
Identified Underway	<u>(high priority) Incorporate South Canterbury DHB into resurgence plan. Work is underway with SCDHB to better reflect South Canterbury arrangements in this resurgence plan.</u>
Identified Not Yet Started	(high priority) Engage with Ngāi Tahu and Te Puni Kōkiri (and possibly Te Pūtahitanga) to identify and implement outcomes to support Te Tiriti Waitangi responsibilities towards Māori during resurgence. Initial discussions likely to involve Ngāi Tahu, DHBs, CPH and CDEM. This needs to include obligations of Te Tiriti o Waitangi, as well as equity issues in healthcare and impacts. Several specific issues have been outlined below.
Identified Not Yet Started	Ensuring engagement and communication between Iwi and health leadership to ensure that whānau are being appropriately supported. (Identified by Ngāi Tahu)
Identified Not Yet Started	Ensuring greater engagement and communication between Iwi and CDEM leadership , particularly what additional direct and specific communication and engagement is required beyond existing response arrangements e.g. JC, CEG, WCG. (Identified by Ngāi Tahu). This will include exploring appropriate mechanisms for Ngāi Tahu operational liaison at local and regional levels; as well as the more strategic role that the RLG plays.
Identified Not Yet Started	Work with Iwi/Tiriti partners to understand impacts of the scenarios on their whānau. (Identified by Ngāi Tahu)
Identified Not Yet Started	Discussion with Te Runanga on Ngāi Tahu about possible response functions, and those of Papatipu Rūnanga – both have essential service status.
Identified Not Yet Started	Planning for responding to co-incident events (e.g. flooding, earthquake, tsunami) during COVID-19 community transmission or AL3/AL4. Will also need to develop plan/guidance on how to split and prioritise activity between two events.
Identified Not Yet Started	Foreign national support from central government is currently scheduled to finish at the end of September.
Identified Not Yet Started	Management of exemptions for travel during lockdowns (AL3/AL4) is currently tasked to health. We need to get a better understanding, based on the experience in Auckland, as to how exemptions should be managed, and which agencies have responsibilities. This is probably dependent on national clarity and decisions.
Identified Not Yet Started	Greater coverage of the health system responsibilities towards vulnerable and disabled persons in response to COVID-19.
Identified, not yet started	Engagement with the Ministry of Social Development and other agencies around the delivery of emergency welfare service responsibilities , and greater clarity on the delivery of emergency welfare services across the alert levels.

Appendix C – National gaps identified

We would like to highlight some COVID-19 resurgence issues and gaps that we believe are best solved at a national level, to ensure a common and consistent approach across the country and the many agencies involved. These have been raised recently as part of resurgence planning discussions.

GAP	PROBLEM STATEMENT
Road check point permitting and exemptions	<u>The systems and processes for implementing regional isolation through road check points, and managing transit via permits and exemptions, needs clear national guidance to ensure consistent implementation by the regions. There is currently no systematic process to obtain exemptions in advance of any travel restrictions being announced.</u>
People with no means to order essential supplies online that they can afford	At-risk people (such as over 70s, or with health problems) who are asked not to leave their home. They have money, but they have no means to pay for groceries online because they 1) don't have a suitable online payment method such as a credit/debit card, 2) have trouble accessing the Internet (devices, connectivity, training).
Self-isolation at Alert Level 2	<p>People may be asked to self-isolate as a close contact in Alert Level 2. Who is responsible for assessing these people, and for delivering welfare services to them?</p> <p>If people are directed to self-isolate by health, and meet the criteria for reimbursement, and we are at Alert Level 1 or 2, should we be providing welfare services, and will this be reimbursed? Is the criteria independent of alert level?</p>
Changes in welfare system in Alert Level transition from AL2->AL3	How does the welfare system change in the transition between Alert Level 2 (BAU) to Alert Level 3 where there is more focus on emergency welfare service delivery? How can we keep the same form of service delivery for those receiving services at AL2, such as those self-isolating (above)?
Accommodation of at-risk workers	There are workers that are at high risk of contracting COVID-19 because of their essential worker role at the border; managed isolation and quarantine facilities; and within the health system. Particular types of workers, such as residential care, often live together and work at a number of facilities. Who is responsible for managing this risk? Who is responsible for housing them if they are evicted by their flatmates or landlord because of perceived/real COVID-19 risk. How does this change between alert levels – particularly between AL1-2 (BAU) and AL3-4 (response).
Misinformation management	Misinformation is an increasingly significant problem. We are aware that we will need to have local and regional capability in place to detect and attempt to mitigate the spread of misinformation. This will need to be closely linked with AOG communications.

Appendix D – Glossary and abbreviations

TERM	DEFINITION
AL	<u>COVID-19 Alert Level</u>
AOG	<u>All of Government</u>
ARC	<u>Aged residential care facility: part of a broader class of facility called residential care</u>
CBAC	<u>Community based assessment centre, may also be referred to as a community-based testing centre</u>
CDEM	<u>Civil Defence Emergency Management</u>
CDHB	<u>Canterbury District Health Board</u>
CEG	<u>Canterbury CDEM Coordinating Executive Group</u>
CIMS	<u>Coordinated Incident Management System (currently version 3)</u>
COG	<u>Canterbury COVID-19 Oversight Group</u>
Coordination centres	<u>A generic term that refers to Incident Control Points (incident level), Emergency Operations Centres (local level), Emergency Coordination Centres (regional level), and National Coordination Centres (national level)</u>
CPH	<u>Community and Public Health, the Public Health Unit for Canterbury and South Canterbury District Health Boards</u>
DGH	<u>Director General of Health</u>
DHB	<u>District Health Board</u>
DIA	<u>Department of Internal Affairs</u>
ECC	<u>Emergency Coordination Centre: a regional coordination centre, for CDEM generally hosted for the CDEM Group by the regional council</u>
EOC	<u>Emergency Operations Centre: a local coordination centre, for CDEM generally at a territorial local authority</u>
FMCG	<u>Fast moving consumer goods</u>
GP	<u>General practice/practitioner: a doctor</u>
JC	<u>Canterbury CDEM Joint Committee</u>
Lifeline utility	<u>An entity named/identified in Part A or B of Schedule 1 of the CDEM Act 2002</u>
LUCs	<u>Canterbury CDEM Lifelines Utilities Coordinators</u>
MBIE	<u>Ministry of Business, Innovation, and Employment</u>
MIQ	<u>Managed isolation and quarantine</u>
MOH	<u>Ministry of Health</u>
MPI	<u>Ministry for Primary Industries</u>
MPP	<u>Ministry for Pacific Peoples</u>
MSD	<u>Ministry of Social Development</u>
NCC	<u>National Coordination Centre: a national coordination centre, for CDEM hosted by the National Emergency Management Agency</u>
NEMA	<u>National Emergency Management Agency</u>
NZDF	<u>New Zealand Defence Force</u>
NZTA	<u>New Zealand Transport Agency</u>
PHU	<u>Public Health Unit</u>
PIM	<u>Public information management</u>
PPE	<u>Personal protective equipment</u>
RC	<u>Residential care facility</u>
RCA	<u>Road Controlling Authorities: territorial local authorities, Department of Conservation, NZ Transport Agency</u>
RLG	<u>COVID-19 Regional Leadership Group, this is the Canterbury COVID-19 Oversight Group (COG)</u>
RPG	<u>Canterbury CDEM Response Planning Group</u>
SCDHB	<u>South Canterbury District Health Board</u>
TPK	<u>Te Puni Kōkiri</u>
TRONT	<u>Te Rūnanga o Ngāi Tahu</u>
WCG	<u>Canterbury CDEM Welfare Coordination Group</u>