MDHB Responses to OIAs received January to March 2022

DEXA scans (OIA Y22-15)

Emergency admission numbers 2020-2021 (OIA Y22-26)

Number of aged residential care beds (OIA Y22-27)

CA-125 tests (OIA Y22-40)

COVID hospitalisation data (OIA Y22-64)

COVID developed myocarditis (OIA Y22-86)

Code Red vs Code Black (OIA Y22-91)

Emergency dental treatment provision (OIA Y22-101)

Pregnancy Perinatal data (OIA Y22-24)

VTA risk assessment (OIA Y22-29)

Waiting list numbers for skin cancers (OIA Y22-44)

Heart related issues (OIA Y22-65)

Mental Health Services staffing (OIA Y22-68)

Carbon neutrality (OIA Y22-127)

Media Access (OIA Y22-166)

MH ward correspondence (OIA Y22-30) attachments available upon request

Palliative care service (OIA Y22-120)

Caesarean sections with tubal ligations (OIA Y22-170)

Traffic light alerts (OIA Y22-223)

ICU beds data (OIA Y22-224)

Psychologists FTE (OIA Y22-182)

COVID hospitalisations (OIA Y22-183)

Feeding tubes (OIA Y22-184)

Elective and acute procedures (OIA Y22-222)

Suspected offences (OIA Y22-235)

MTA Hui notes (OIA Y22-255)

Correspondence with KCDC re aerial 1080 west Tararua (OIA Y22-257)

Costs related to treating COVID-19 patients (OIA Y22-256)

COVID-19 Positive Birthing Support People (OIA Y22-288)

Forms re MH patients induction & discharge (OIA Y22-305)

COVID admissions and testing (OIA Y22-312)

NZSL interpreters (OIA Y22-356)

Donations & Bequests to MDHB 2017-2021 (OIA Y22-300)

Dietitians FTE (OIA Y22-302)

Dietitians Staff Hired Salary Scale Experience (OIA Y22-303)

Dietitians merit applications and successful applications (OIA Y22-304)

COVID hospitalisations (OIA Y22-313)

Full costs of COVID in NZ (OIA Y22-315)
Interpreters to access effective healthcare (OIA Y22-364)

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

Your recent OIA request to the Ministry of Health which has been transferred to District Health Boards (DHB) is acknowledged.

You have requested the following;

- For each DHB, can you please tell me if publicly funded bone density (DEXA) scans are available for;
 - All relevant Endocrinology patients.
 - Any patient seen in a relevant subspecialty.

Yes/No adequate detail for both questions. The scan could be provided in private but the question is about who pays — the DHB, or the patient. If some patients would be funded (e.g. community service card holders), please provide this information.

The information requested as it pertains to MidCentral DHB follows;

- DEXA scans are provided for all relevant Endocrinology patients in the MidCentral DHB region.
- DEXA scans are also provided for patients across all other sub-specialty services.
- The scans are provided by a private provider MDHB pays for these scans.
- Community service card holders would be provided with funded scans.

Please note that this response, or an edited version of this response, may be published on the MDHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Operations Executive, Acute & Elective Specialist ServicesMidCentral District Health Board, PO Box 2056, Palmerston North 4440
Telephone (06) 356 9169

31 January 2022

Phone (06) 350 806 I Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

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Dear-

Official Information Act (OIA) Request

Your recent OIA request of 19 January 2022 to MidCentral District Health Board is acknowledged and has been passed on to me for response.

You have requested the following information.

- Please provide a breakdown of emergency admission numbers in 2020 and 2021, broken down by month.
- Please include a categorisation of the types of admissions also.

The information requested as it pertains to MDHB is attached.

Please note that this response, or an edited version of this response, may be published on the MDHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Encl

								PN Hos	pital ED atte			complaints		021 calende	r years									
	(Numbers less than 5 are suppre																							
					1		020				N	1 0	1		D.Cou	A	Danie	Jun	2021 Jul	Au2	S•o	Oct	Nov	Dec
PresentIn1: Comolaint	Jan	Feb 21	Mar	Apr 35	May 42	Jun 46	Jul 57	Au& 48	Seo 42	Oct 53	Nov 35	Oec 43	Jan 41	Feb 31	Mar 48	Apr 55	May 37	49	73	40	43	42	49	36
? Stroke	45	31	24	30	42	46	5/	48	42	33	35	45	41	31	40	35	3/	45	29	<5	6	8	10	6
Abdomen Injury Abdominal distension	+			_	_	_		_											<5	<5	<5			<5
Abdominal pain	351	371	348	364	345	433	444	468	366	439	418	366	404	347	431	395	394	430	392	396	385	437	423	362
Abnormal behaviour	331	3/1	340	304	0.0	1.00		100											<5	<5		<5	<5	<5
Abnormal vital signs																			<5	<5	<5	<5		
Accidental poisoning																			<5	<5	<5	<5	5	S
Ae&ressive behaviour																				<5	<5		<5	<5
Alleced assault	23	25	22	7	22	34	22	36	13	10	32	26	41	32	25	18	18	19	32	23	35	40	43	34
Allergic reaction	34	33	25	32	23	24	27	29	33	28	52	29	33	27	33	50	28	31	35	39	29	28	49	43
Altered bowel habit																			5	<5	<5	<5	-	-
Altered mental state																		<5	<5	<5		<5	<5 <5	<5 5
Altered sensation		14-																	8	5	-	<5 <5	<5	<5
Anxiety													_			-			<5 <5	<5	<5	9	7	-
Apnoea												_			_	-			- 0	9	-	<5		
Ataida												-		-		_			44	51	39	43	39	39
Sack injury			-				70	100	111	07	01	110	108	115	107	105	122	111		J1	3.7	-		~
Back pain	93	65	58	58	76	93	78	106	111	97	81	118	108	115	10/	105	122	111	68	61	62	54	60	57
Back pain no Injury						-													17	7	19	15	7	24
Bite	20	20	47	10	12	16	8	15	16	18	24	29	31	37	36	31	20	21						
Bite or stin&	38	29	17	19	12	10	0	Б	10	10	24		- 51		- 50	-			26	17	13	20	9	11
Bleeding from nose		-		-															8	11	10	13	6	16
Blood in urine Breast problem																			<5	<5		<5	<5	5
Burn Burn	_	-		_														<5	20	13	11	12	15	13
Burm	10	17	11	13	19	14	11	16	17	10	15	18	28	19	20	14	14	21						
Buttock Injury	10				-															<5	<5		<5	<5
Card/resp arrest	7	<5	6	<5	<5	<5	5	<5	5	8	<5	6	<	<5	<5	<5	<5	9						
Cardrac arrest																			<5	<5	7	<5	<5	<5
Change of dressin&		-																			<	<5	<5	<5
Chemical exposuril	<5	5	<5	<5		<5	<5	<5		<5	<5			<5	<5	<5		<5	<5	<5		<5		<5
Chest Injury																	-		18	19	5	10	14 364	13 407
Chest pain	339	249	234	274	280	333	312	315	319	297	313	284	274	287	294	310	346	311	321	375	402	390	304	407
Chest/abdo Injury	9	<5	6	<5	6	8	15	12	9	11	<5	15	11	12	26	11	17	12 71				-		
Collapse	64	66	61	43	63	75	64	75	57	70	73	88	70	69	108	85	73	<5	116	63	77	81	100	85
Collapse/syncope														_				9	<5	<5	<5	<5	<5	<5
Complication device										1									-5	6	<5	6	<5	<5
Complication of IDC						-	10			47	22	14	19	17	25	16	18	12	19	21	20	16	15	20
Confusion	10	12	15	13	13	18	18	22	22	17	- 22	14	15	Б	2	100	1		175	72	20	31	26	31
Couah	-	-					-		_										6	<5	<5	<5		<5
Couahln& up blood	_				-			1		_					-			<5	<5	5			<5	
Crylnc baby constant	+	-		1										7					<5	<5	Ų			
Crying baby t.mily	- 5	<5	7	<5	<5	<5	6	<5	<5	6	<5	6	8	8	6		5	<5	5	10	<5	5	7	<5
Decreased mobility Dental issues	<5 7	6	6	8	8	7	12	13	<5	8	S	<5	<5	<5	6	<5	6	<5						
Diabetes	13	6	8	11	17	12	18	21	5	15	25	19	13	15	16	13	25	24						
Diarrhoea	8	6	7	7	<5	6	9	9	14	13	9	18	11	11	14	13	<5	11						
Diarrhoea & vomiting	11	13	11	8	7	6	7	13	11 _	17	13	21	18	17	26	13	11	9						
Discharge from eye	-		1																		<5	-		
Dislodged peg/ tube				<5			<5	<5	<5	<5					<5				8	<5				
Dizziness	31	19	28	2-1	28	40	26	33	35	44	38	41	41	40	47	42	32	25			277	4.4	12	36
Dizdness/vertigo																			69	40	. 37	44	43	<5
Drowning							L													<5		<5 <5	<5 6	6
Ear mjurv																- 61	20	20	6	6		<5	0	0
Ear problems	16	20	13	16	8	12	13	15	15	15	18	27	34	17	22	21	20	28	31	12	7	13	9	17
Earache symptoms																		<5	31	<5	-	15	<5	<5
Electrical injury													-	40				11	7	7	13	10	6	6
Epigastric pain	<5	7	<5	7	S	<5	10	10	7	10	7	S	11	10	11	8	15	11 12	/	-	Б	10	-	
Epistaxis	13	5	5	8	8	7	17	19	15	12	13	19	11	9	10	12	Δ.		37	26	32	23	25	31
Eye InJury										-	-		70	40	20	62	45	55	3/	20	JŁ			
Eye problems	67	54	39	51	36	37	40	38	41	52	51	68	70	48	39	02	40	- 50	25	20	25	29	28	27
Face Injury							-	45		44	24	20	10	21	39	20	25	18		200				
Facial swellin&	20	28	24	20	9	17	22	16	14	11	21	28	16 66	66	74	65	71	63	82	69	49	49	88	76
Falls	46	63	56	66	74	69	51	45	60	57	52	55	41	40	48	45	21	91	- 32	-	-			
Febrile	30	23	49	33	33	25	34	39	42	61	72	50	41	40	40	-10	- 4		7	<5	<5			<5
Feeding problem													_				-	<5	136	94	24	52	70	77
Fever .symptoms									Y											-	-			

							_				T		_					-	-	0	1	-	/E	7
Follow-up visit																		<5	7	8	<5	<5	<5	/
Foreign bdy eenito																			<5	<5		<5		-
Forela:n bely Ina;ested																			5	9	10	6	8	6
Foreign body	45	56	35	28	40	39	45	36	39	36	33	39	43	40	37	38	36	47						
Foreign body comea																			8	10	10	12	10	9
Foreign body h ear																			<5	<5	5	<5	6	<5
				_			-	_											<5	<5	<5	<5	<5	7
Forei1n body in nose	-				_	_	-	-	-		_								5	<5	5	8	5	7
Foreign body In skin							_	_							_						5	-	<5	<5
Foreicn body Inhaled												_	_							<5	0		5	9
Forel1n body rectum																					_			
Foreign body throat														- V					7	<5	7	7	5	6
Fractures	<5	<5	<5	<5	5	9	5	<5	<5	7	<5	<5	<5	6	<5	7	<5	13	10	6				
General weakness					_														10	12	<5	<5		
	_			-	+	_	_												<5	<5	<5	<5	<5	
Genital Injury	-			-	_	_	-	-	_		_								<5			7	<5	<5
Genital issue-female					-			-	-			_							5	7	6	12	<5	5
Genital issue-male															_						U	12		
G bleeding		<5	<5	<\$	5	<5	<5	<5				<5	<5	<5	<5	<5	7		-		-	_	0.5	0.0
Head Injury	70	69	55	27	48	67	79	87	71	96	89	92	70	77	95	84	106	99	92	74	74	95	95	86
Headache	62	55	53	41	60	73	65	60	69	65	60	45	59	55	62	76	64	SO	59	58	68	68	59	55
Hearing issue	U.E.	-		-																		5		
	1					_		1	1												<5	<5		
Hiccou1hs	-				-	-												<5	7	9	14	7	<5	5
Hip Injury					_	-			-									-	13	14	<5	5	10	5
Hyperglycaemia																			T)	5	<5	<5	5	9
Hypertension																				_				
Hypoglycaemiilli																			6	<5	<5	<5	<5	<5
Hypotension																				<5	<5	<5	<5	<5
	1																		5					<5
Hypothermia																			<5	<5				<5
Increased muscleTone				-		450	460	100	450	404	187	206	189	186	208	160	198	209	229	196	126	158	198	192
Infection/abscess	213	154	180	107	138	150	163	166	158	184	10/	200	103	100	200	100	150	203	223	<5		<5		
Insomnia																	- 44			9				
Intoxication	10	12	9		5	9	14	15	9	8	7	5	14	12	11	15	11	5			_	-	-	0
Intoxication alcohol																			12	8	7	9	6	8
Intoxication drug	1																		<5	<5		<5	<5	<5
	1																		<5	<5	<5			
Itching	-					1													<5	<5	<5	<5		
Jaundice			-	- 10			40	- 00	33	49	32	10	30	49	42	47	54	33	32	48	32	35	20	19
Joint pain	15	<5	12	16	11	56	40	60	33	43	32	10	30	43	72	-7/	1	- 55						<5
labour															400	100	442	- 00	_					
Laceration	126	139	97	86	125	109	104	139	71	110	112	110	145	114	120	106	113	90						
limb Injury	460	467	365	191	285	354	352	403	316	342	352	328	347	347	399	316	395	345						
Limb pain	171	139	107	98	136	145	152	164	182	214	196	222	212	231	186	203	190	191						
-																			8	<5	<5	<5	<5	<5
loss of appetite	-		-						1									<5	169	156	139	205	210	215
lower limb Injury	-			-	-		10	<5	10	<5	<5		<5	<5	<5	<5	<5		<5		<5	<5	<5	<5
Major trauma				<5	<5	<5	10	9	10	9	7				-				7	<5	8	17	6	5
Meds Administr.ation														-					<5	<5	<5	<5		
Memory loss																					103	77	88	86
Mental health Issue																		<5	81	78	103	- //	00	00
Mental health issues	97	86	88	56	62	74	81	77	83	59	76	80	96	100	95	74	90	104						
Motor vehicle crash	28	54	29	12	38	31	22	56	38	40	53	56	42	48	54	39	54	58	35	24	24	33	59	58
	- 20	<i>3</i> 4	2		30	31		- 50						1							<5	<5		
Muhl injuries-major				1	1														<5	<5	9	5	5	<5
Multi Injuries-minor					_					-	-		-	<5		<5	<5							
Multiple Injuries	<5		<5	<5	<5	<5	<5	<5	<5	<5	<5		<5	'3	_	2	2		<5					
Nasal concestion																		7	2		-		-	
Nausea	8	7	<5	6		6	<5	6	8	<5	10	8	5	<5	5	8	<5	7	-	00	-	40		F4
Nausea/O&V																			101	93	52	49	53	54
	1																		12	8	12	8	8	6
Neck injury	42	10	10	10	7	8	30	24	16	19	16	12	11	10	19	19	27	17						
Neck pain	12	16	16	10	- '	0	30	27	1 20	-									10	<5	6	8	7	6
Neck pain-no Injury					-									-					<5	<5	<5	<5		<5
Neck swellin&																			<5	<5		<5	<5	<5
Nose injury																					17	14	12	15
Open wound																			19	13			1/2	15
Oral cavity problem																			<5		<5	<5		
	12	8	11	5	21	8	16	6	7	6	8	9	5	11	10	9	19	10						
	12	0	-11	,	-		-20											<5	31	26	42	46	51	41
Overdose accidental				_	1		-		1										5	S	<5	6	<5	<5
Overdose of drug					1	-			1										11	5	27	10	10	29
Overdose of drug Pain in anus/rectum																	_		<5	6	10	<5	<5	<5
Overdose of drug																					<5	5	<5	<5
Overdose of drug Pain in anus/rectum Pain in eye																			7	<5	<5	5		0
Overdose of drug Pain in anus/rectum Pain in eye Pain in face																								70
Overdose of drug Pain in anus/rectum Pain in eye Pain in face Pain in axoin								_		_			-						42	45	74	78	47	79
Overdose of drug Pain in anus/rectum Pain in eye Pain in face Pain in arroin Pain in lower limb																				45 37		78 30	47 29	28
Overdose of drug Pain in anus/rectum Pain in eye Pain in face Pain in face Pain in aroin Pain in lower limb Pain in upper 1/mb			20	25	10	F4	61	EO	27	5/1	5g	51	90	43	67	56	45	44	42		74	78	47	
Overdose of drug Pain in anus/rectum Pain in eye Pain in face Pain in saroin Pain in lower limb Pain in upper 1/mb Paipitations	29	37	38	35	40	51	61	50	37	54	58	51	90	43	67	56	45		42 36 60	37 77	74 34	78 30	47 29	28
Overdose of drug Pain in anus/rectum Pain in eye Pain in face Pain in face Pain in aroin Pain in lower limb Pain in upper 1/mb	29	37	38	35	40 5 9	51	61	50	37 <5 6	54	58	51	90	43 <5 <5	67 <5	56 <5	45	44 <5 5	42 36	37	74 34 97	78 30 68	47 29	28

Plaster cast problem																			<5	<5	<5	<5	<5	9
Postop complication																			55	35	35	54	55	35
Post-op problem	35	44	47	17	31	31	38	54	48	47	44	58	31	42	47	37	45	51						
Postpar complication																			<5				<5	
PR bleed	16	23	18	16	26	18	16	21	26	16	13	24	17	14	27	32	28	26						
Pregnancy	20	14	22	12	10	15	12	29	22	19	17	18	15	14	16	25	21	27	27	24	17	13	7	9
Pre1nancy Disorder																			<5	<5		6	5	9
PV bleeding	28	27	12	28	30	37	41	36	32	37	34	28	32	32	31	39	27	42						
Rad result review	<5					<5	<5		<5		<5	<5												
Radiology requested										7									<5				<5	<5
Rash	33	24	20	19	23	12	22	23	15	23	27	25	35	18	28	30	19	21	38	38	27	41	24	35
Rectal bleed																			32	21	27	23	20	23
Red eye	1					_										y. = -						<5		<5
Reduced urine output	+		_						_														<5	
Renal colic	_		<5	<5	<5	<5	<5	<5	<5	<5	<5	<5		<5	<5		<5	<5	<5	<5	<5	<5	<5	6
	7	10	<5	<5	<5	9	6	7	<5	5	<5	6	10	5	7	12	10	11						
Requestine medicatn	/	10	(3	- 5	- 3	3	0		-	-	-	-							<5				<5	
Respiratory arrest	4			-	-	_		_	_		_	_							<5		<5		<5	<5
Rmoval-sutures/dlps	+		-		-	_	_												9	8	9	6	9	8
Script request	_		-	-	_	_		_		-		_							41	36	30	43	44	30
Seizure		44	40	27	24	40	43	42	45	56	44	41	41	34	41	47	34	44	-					
Selzures	36	41	49	37	32	40	43	71	57	61	68	52	55	50	58	40	51	43	21	25	32	45	21	20
Self-harm	46	56	60	35	32	4/	45	/1	5/	01	00	32	33	30	30	40	31		-			<5		
Sexual asnult								245	250	070	252	243	203	198	242	211	242	410	589	389	238	308	269	279
Shonness of breath	201	217	182	186	188	304	256	245	256	279	253	243	203	150	242	211	2-42	410	<5	5	<5	<5	<5	1
Situational crisis									-		24	24	47	18	15	28	34	20	25	20	18	11	18	26
Sore throat	24	12	18	12	18	8	15	23	25	31	31	24	17	70	15	20	34	20	<5	20	<5		<5	
Speech problem																		-	9	<5		<5	<5	5
Sting														_					<5	9			<5	
Stoma problem																		-			<5	10	5	13
Sulcidal thoughts																		-	10 <5	<5	9_	10	<5	<5
Swallowing problem																			5	12	14	22	17	11
Swelline of face																				_	14	22	<5	<5
Swellin1 of joint									_										<5	5		<5	<5	9
5welline of skin																			<5			- 5	<5	-
Swelline of tongue																			<5				9	0
Swollen leg (single)																			8	<5	9	7	<5	5
Swollen legs (both)																			7	7	- 40	11		
Testicular pain	10	5	6	12	11	13	10	11	9	11	17	11	11	7	17	18	12	18	9	17	16	13	14	17
Toothache	25	30	23	21	41	17	25	22	32	29	22	37	37	25	34	30	17	21	35	43	26	27	20	29
Trauma	9	9	<5	<5	<5	<5	<5	7	11	9	6	10	18	18	16	15	19	16	12	5	6	9	5	7
Tremor																			<5					<5
Unwell	731	675	642	339	431	619	571	569	522	650	638	631	583	463	545	526	534	658						
Unwell adult	1																			121	296	279	315	296
Unwell child							-													36	44	51	94	68
Upper limb In/urv				i															190	154	171	236	270	223
Urinary problem	51	61	52	42	52	59	SB	59	41	80	55	76	49	72	61	69	62	60						
Urinary retention	31	- 01		1		-													21	24	13	17	16	23
								-17											33	28	30	26	27	31
UTI symptoms Vaeinal bleeding	-		1															<5	23	30	32	38	35	28
	-		1	-					-	-	-								<5	<5			<5	
Vaeinal dIS(haree	<5	<5	<5	<5	<5	8	8	9	<5	6	6	<5	<5	<5	<5	<5	<5	<5	11	11	11	11	<5	11
Visual disturbance			42		39	36	54	51	64	69	58	83	57	68	60	47	54	71						
Vomiting	56	40	42	41	35	30	- 54	31	-		-								5	<5	7	<5	<5	<5
Vomiting blood	-		1	1	1																<5			<5
Weakness face muscle	-		-	-				-										<5	8	10	5	9	9	6
Weakness of limb	-		-	-	-	-		-		-											<5	<5		
Weicht bearfn1 issue			_		_														7	6	7	5	11	7
Wound complication							-	12	12		-E	7	7	11	13	12	11	16						
Wounds (blank)	8	5	8	15	11	8	8	13	13	6	<5	/	,	-11			-11	1.0		<5				
										<5			3,962	3.744	4.204	3.900	4.024	4,357	4,288	3,770	3,591	3,969	4,018	3,995

31 January 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

Your recent OIA request of 19 January 2022 to MidCentral District Health Board (MDHB) is acknowledged and has been passed on to me for response.

You have requested the following information.

 Since March 2020 have you had to reduce the number of beds you can offer for aged residential care?

There has been no reduction in the number of beds offered for aged residential care.

 How many beds did you offer in March 2020, and how many do you offer now?

In March of 2020 MDHB had 1,868 contracted beds. There has been an increase in total bed numbers with a new aged care provider contracting with MDHB.

• If so, what has caused the DHB to reduce the number of aged residential care beds available?

There is no reduction in contracted residential care beds.

 Have you had to reduce the number of general hospital beds available since March 2020?

There has been no reduction in the number of general hospital beds available since March 2020.

• If so, what has caused the DHB to reduce the number of general beds available?

There has been no reduction in general beds.

 How many general hospital beds were available in your catchment area in March 2020, and how many general hospital beds are available now?

In March 2020 there were 184 general beds available. At this time (January 2022) there are 194 general beds available.

Please note that this response, or an edited version of this response, may be published on the MDHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Te Whakamauora - Healthy Ageing and Rehabilitation

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> Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand



Dea-

Official Information Act (OIA) request - OIA Y22-40

Thank you for your request for information dated 4 January 2022. Your request is acknowledged and has been passed onto me for a response.

You have requested MidCentral District Health Board (MDHB) provide you with information to the following questions:

1. What was the total number of CA-125 tests performed in your DHB in the twelve month periods of 2018, 2019, 2021?

The total number of CA-125 blood tests performed in the MDHB region across the hospital and community were:

- 1112 for 2018
- 1080 for 2019
- 1292 for 2021

2. What was the total number of patients receiving the test in each period?

The total number of patients who underwent CA-125 testing in the MDHB region across the hospital and community were:

- 687 for 2018
- 663 for 2019
- 806 for 2021

Please note that this response, or an edited version may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

I hope this information is what you require.

Yours sincerely

UMwAc

Dr Claire Hardie

Clinical Executive

Cancer Screening, Treatment and SupportTe Uru Matai Matengau

Te Uru Matai Matengau - Cancer Treatment, Screening and Support MidCentral District Health Board, PO Box 2056, Palmerston North. oia@midcentraldhb.govt.nz

Phone (06) 350 806 I Fox (06) 355 0616

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Dear

Official Information Act Request: Y22-0064 - COVID-19 Hospitalisation of People with COVID-19

I refer to your request made under the Official information Act (the Act), with respect to hospitalisation of people with COVID-19.

Your request was made to the Ministry of Health on 10 December 2021. On 18January 2022 the Ministry of Health partially transferred your request to a number of District Health Boards (DHBs) in regions where there had been COVID-19 cases, as at 10 December 2021. MidCentral District Health Board (MDHB) was one of the recipients of the transfer.

The information requested was as follows:

"I've heard there are a few patients that have been hospitalised for more than month.

- 1. How many patients have there been?
- 2. How long have they each stayed in hospital?
- 3. How many have had to go into ICU and how long have they each stayed there (as part of their total time in hospital)?
- 4. And were they on a ventilator when in ICU?
- 5. How many of these patients were vaccinated when they presented at hospital?
- 6. If there are any other details that can be provided too (eg. age, ethnicity, sex) that would be appreciated.

On receipt of the transfer (Thursday 27 January 2022) we emailed you to clarify whether your request was for information was with regard to all people who had been hospitalised, or for those who had been in hospital for more than a month.

On Thursday 27 January 2022 you indicated that you were interested in looking at how many patients have been hospitalised in total and each of their length of stays.

We can now respond as follows:

- 1. There has been only one COVID-19 patient admitted to Palmerston North Hospital
- 2. This patient stayed in hospital for seven days
- 3. No COVID-19 patients have been admitted to Palmerston North Hospital's ICU
- 4. Please see response to question three
- 5. Given that there has been only the one admission we are not prepared to provide any detail in relation to their vaccination status due to confidentiality concerns.
- 6. Given that there has been only the one admission we are not prepared to provide any detail in relation to their demographics due to confidentiality concerns.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

If you are not satisfied with our response to your information request, you have the right to seek a review by way of complaint by the Ombudsman of your decision. Information about how to make a complaint is available at ww.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely,

Dr Kelvin Billinghurst Chief Medical Officer

MidCentral District Health Board



Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: POBox2056 Palmerston North Central Palmerston North 4440 New Zealand

Dea-

Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand

Official Information Act Request: V22-0086: COVID-19 Admissions to Hospital with Subsequent Diagnosis of Myocarditis

The information below is in response to your request under the Official Information Act 1982 (the Act) to the Ministry of Health on 18 December 2021.

On 25 January 2022 the request was partially transferred to MidCentral District Health Board (MDHB) under section 14 of the Act.

MDHB has been asked to supply you with the following information:

"Any information you have regards number of people admitted to hospital due to Covid-19 as the primary illness, that later had a diagnosis of Myocarditis, caused by the virus"

Our response is as follows:

MDHB has had only one COVID-19 positive patient admitted since the pandemic began. There is no record of this patient having developed myocarditis.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

If you are not satisfied with our response to your information request, you have the right to seek a review by way of complaint by the Ombudsman of your decision. Information about how to make a complaint is available at ww.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely,

for

Deborah Davies

Operations Executiv

Te Uru Kiriora, Primary Public and Community Health

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

Your recent OIA request of 31 January 2022 to MidCentral District Health Board (MDHB) is acknowledged and has been passed on to me for response.

You have requested the following information.

 How many days, if any, did hospitals in MDHB spend in Code Red from 1 January 2021 – 31 December 2021?

There have been 13 days that MDHB indicated it was in Code Red between 1 January 2021 to 31 December 2021.

 How many days, if any, did hospitals in MDHB spend in Code Black from 1 January 2021 – 31 December 2021?

MDHB does not use the term Code Black in regard to the status of its hospitals.

Please note that this response, or an edited version of this response, may be published on the MDHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

31 January 2022

Phone (06) 350 8061 Fax (06) 355 0616

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> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Thank you for your request for further information relating to free dental services available for adults within the MidCentral DHB district. The information below is in response to your request.

Currently MidCentral DHB has an allocated budget of approx. \$237,000 for Emergency Dental Services allocated across seven providers for our entire region.

Access to these services is by self-referral to a contracted provider of emergency dental services for low income adults. Service users must meet specified eligibility criteria such as holding a current Community Services Card and will usually be over 18 years of age.

Schedule items for emergency dental service provision:

	Schedule Item	escription	
1.	Dental	agnosis, advise and prescription	
	Examination) Normal surgery hours	
) Outside normal surgery hours	
2.	Radiography of the) Periapical of bitewing radiograph (e	ach film)
	problem area		
3.	Extraction) Routine - removal of permanent too	oth or parts thereof
) Surgical - extraction of un-erupted of	or partially erupted
		tooth not requiring removal of bone	<u>)</u>
) Surgical - extraction involving of bo	ne or tooth division
4.	Root treatment of) Root canal preparation and filling (p	er canal)
	anterior tooth		
5.	Tooth restoration) One Surface - permanent tooth	
	either amalgam or) Two Surface - permanent tooth	
	composite) Three Surface - permanent tooth	
) Complex coronal restoration in ama	lgam
) Temporary restoration, where not i	n intrinsic part of
		another service	
6.	Treatment of acute) Sedative dressing for emergency tre	atment
	infection) Treatment of acute periodontal infe	ection
) Incision and drainage of abscess of	cyst

Please let me know if there is anything further I can help with.

Yours sincerely

Sarah Fenwick

Operations Executive
Te Uru Pā Harakeke
Healthy Women Children and Youth

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) request - Y22-24 Pregnancy and Perinatal Data

Thank you for your official information request (OIA) dated 17 January 2022. You have requested that the MidCentral District Health Board (MDHB) provide you with the following information for each year ending 2019/2020/2021. Please note this information is held by MidCentral District Health Board and may not include some community events.

The number of miscarriages recorded per year:

Discharges PN Hospital	2019	2020	2021
Spontaneous Abortion diagnosis	155	208	194

The number of ectopic pregnancies per year:

Discharges PN Hospital	2019	2020	2021
Ectopic Pregnancy diagnosis	27	34	35

The number of molar pregnancies per year:

Discharges PN Hospital	2019	2020	2021
Molar Pregnancy diagnosis		6	5

The number of live births per year:

MDHB Wide	2019	2020	2021
Livebirth	1812	1956	2125

The number of perinatal deaths and neonatal deaths per year:

MDHB Wide	2019	2020	2021
Antepartum Stillbirth	6	10	12
Intrapartum Stillbirth	1	3	2
Neonatal Death	4	4	6
Total	11	17	20

Note: these events include deaths that did not occur at MDHB but were confirmed and or birthed at the hospital.

In relation to pharmacovigilance, is the DHB recording/reporting any data relating to outcomes following vaccination for COVID-19 in pregnancy, as part of a post marketing surveillance programme?

As pregnancy is not a variable collected in the Covid Immunisation Register (CIR), the DHB is unable to undertake recording or reporting related to this. There are a number of groups responsible for pharmacovigilance in the programme and Ministry – CARM, MedSafe, Post event team.

Please note that this response, or an edited version, may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

I hope this information is what you require.

Yours sincerely

Sarah Fenwick

Operations Executive
Te Uru Pa Harakeke
Health Women Children and Youth

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act Request: Y22-029: VTA Risk Assessment:

The information below is in response to your Official Information Act 1982 (the Act) request dated 19 January 2022.

- 1. What happened about the errors and breaches of the VTA by Epro for Eastern Tararua?
- 2. Otaki gorge there is currently a sign for possum control. It is not sufficient.
- a. The sign does not state the duration of the poison brodifacoum. It has the date 11.8.21. ie. It gives no indication of how long the public needs to be wary of poison. b. The map shows no reference points and is really unclear. Note: The sign is close to the Pots Reserve where crowds of people are currently swimming. However, it is past the entrance so many won't see it and will have no idea of the risk. Is this part of the VTA?
- 3. Manakau north road. There is a sign there by the highway. This sign hasn't even been filled in. There is no info listed on it. The map is like the other one and has no reference points and is unclear. Again, is it part of the VTA?
- 4. Otaki gorge road is closed by a massive slip. (closed indefinitely) You cannot drive to Otaki Forks. Locals sometimes hike in. The VTA does not seem to address this matter thoroughly and make alternative requirements / address. How will the areas be inspected etc as is required in the VTA?
- 5. Te Horo water supply (Hautere) this system is being upgraded and they have recently put in two new bores at a new location. Surely this needs to be updated and noted on the map and addressed in the vta.

What is in place to address this in the vta?

6. Please provide a copy of the risk assessment you refer to in you above email

Our responses are as follows:

- 1. We are transferring this part of your request to Regional Public Health, under section 12(b)(i) of the Act. I expect that you will hear from them in due course.
- 2. This is not part of North Tararua (West Zone) operation. In any case brodifacoum will be in a bait station, so risk to public will be very low. Brodifacoum does not requires a VTA permission.

- 3. This is not part of North Tararua (West Zone) operation. In any case the product will be in a bait station, so risk to public will be very low.
- 4. Last time we checked the Otaki Gorge road closure for KCDC was on the 20/12/21. At that point, Otaki Gorge road was down to one lane to Blue Bluff. We will re check with KCDC for the current status. This is the reason why conditions 17(b)(iv), 21 and 22 were written to take into account both options, ie the Otaki Gorge road being open or closed.
- 5. We will check with KCDC for an update on the new bore locations and if they are operational.
- 6. Please find attached the Risk Assessment as requested.

Please note that names and details of people involved in the Application and the Risk Assessment have been redacted in accordance with Section 9(2) of The Act.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

If you are not satisfied with our response to your information request, you have the right to seek a review by way of complaint by the Ombudsman of your decision. Information about how to make a complaint is available at ww.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely,

Deborah Davies

Operations Executive

Te Uru Kiriora, Primary Public and Community Health

AERIAL & GROUND \ ASSESSMENT (P4)	/TA APPLICATION -	COVERSHEET	, RISK	V2 APRIL 2021
AND CONDITION SET	TING (P10)			
Identification Code: 20/25	/BIM/PNPH	Date red	ceived: <mark>9 Septembe</mark>	r 2020
Applicant: Epro Limited/C	<mark>)spri</mark>			
Operational Area: Norther	<mark>rn Tararua Combined – V</mark>	Vestern Zone		
Time Period of Operation:	Start date: TBC	Finish o	late: <mark>TBC</mark>	
Approved operator:		CSL No	.: <mark>000459</mark>	
VTA TYPE				APPLICATION METHOD
☑ Sodium fluoroacetate	✓ Cereal-based pellets Concentration: 0.15% w/w Application rate: 1.5 – 2kg/			 ✓ Aerial ✓ Ground-based ✓ Bait station ✓ hand broadcast ✓ bait bags
✓ Cyanide	☑ Encapsulated pellets	☐ Paste	/gel	☐ Ground-based☐ Bait station☐ bait bags☐ strikers☐
APPLICATION CHECKLIS	Т			
Is the correct form used (V5	June 2018):	✓ Yes	s 🗆 No	If 'no' discuss and/or return to applicant for correction/more
Are all sections of the form	completed and signed:	✓ Yes	s □ No	
Operation area clearly desc	ribed and maps provided:	✓ Yes	s □ No	Date clocked stopped (return to applicant):
Applicant and operator clea	rly identified:	✓ Yes	s □ No	Date returned:
VTA approval codes and m	ethod of application correc	t: 🗹 Ye:	s □ No	Date returned.
Is the information provided	sufficient to complete a ris	k assessment?	✓ Yes □ No	
AERIAL APPLICATIONS O	ONLY - COMMUNICATION	N GUIDELINES AS		
Communication log include	d with application?	✓ Yes □ No	Dated 9/09/2020 An updated comm	nunication log is required from both DoC and Epro
Communication methods us	sed:	☐ Operation fact	✓ Letters/email☐ Public notices	☑Personal visit ☑ Hui ☐ Other

Page 1 Aerial 1080 Nth Tararua Western Zone Coversheet, Risk Assessment and Setting Conditions V5 20210503 UPDATE 21 October 2021

		☐ Public meetings							
Communication with Iwi, Hapu, Tru Appropriate Iwi/Hapu/persi Records of consultation pr	ons?	✓ Yes □ No ✓ Yes □ No ✓ Yes □ No	Comments: DoC Consultation with and and did not start until Sept 2020. Consultation record received from DoC 22/04/2021. The Doc iwi communication log was received on the 15/06/21						
Communication with Recreational e.g. Fish and Game, NZDA, local Records of consultation pr	·	✓ Yes □ No ✓ Yes □ No	Comments: Ospri Comms log dated 9/09/2020 attached separately. A further round of consultation will be needed if this operation goes ahead.						
e.g. DOC concessionaires Records of consultation pr		✓ Yes □ No ✓ Yes □ No	Comments: Ospri Comms log dated 9/09/2020 attached separately. A further round of consultation will be needed if this operation goes ahead Noted a lot of the consultation with landowners was via email. Report from Doc on iwi consultation received on the 22/04/2021.						
Any issues raised?	✓ Yes □ No		ethe aerial operation, refer DoC report 22/04/2021.						
Addressed by	□ Yes □ No	, ,	ete over if required): e of PHS consultation with .						
 Does the VTA application meet the If 'no', actions taken: MDHB PHS hosted a Hui outcome of this Hui, was 	with DoC, Ospri	and Epro at PHS o							
 the aerial operation. Hui with Hui with Hui with 	and M	and MDHB PHS	held 1/05/21, refer notes						
21/10/2021 An updated communication log is r	equired from both	DoC and Epro							
RISK ASSESSMENT Risk assessment completed by:	, HSNO	Enforcement Office	Date: <mark>12/05/2021</mark>						

PUBLIC HEALTH RISK:	✓ High	☐ Mediu	m 🗆 Lo	ow/very low							
PERMISSION											
Permission completed and signed by	oy:	, HSNO Enforcemen	t Officer	Date: TBC							
PERMISSION PEER REVIEW (for	all aerial op	erations and contention	ous/high-risk ground	d operations)							
Peer review completed by:	,	HSNO Enforcement Offi	icer	Date: 22 October	2021,						
PERMISSION ISSUED											
Date permission sent to applicant (with copy to	EPA): TBC	□ Email								
Additional Notes/Comments:											
30/07/2021 - Permission	not issued	l as	MOoH not happy	with the DoC iwi c	onsultation carried out, then we						
ran out of time to issue permi	ran out of time to issue permission. There were also a number of issues that arose during the application of toxic baits during the										
East Zone operation (20/05/C	East Zone operation (20/05/CLG/RPH – issued 23 September 2020)										
1/10/2021 - Zoom meeting: (MoH), (MoH), Discussed the Northern Tararua Combined (West Zone) - operation. Refer 1/10/21 0941 - email from after the zoom meeting. This email confirms our discussions this morning about the -proposed 1080 aerial operation in the Tararua Ranges.											
officer to assessing the public healt the management of drinking-water	As we discussed, the HSNO enforcement officer must operate within the statutory powers and duties conferred by the EPA's delegation. This limits the officer to assessing the public health risk from proposed operations and issuing a permission with conditions to manage the risk. The delegation refers to the management of drinking-water catchments and risks to public health, and the officer must consider Ministry of Health guidance (eg the VTA guidelines and Manual) when assessing public health risks.										
Interested parties should take any v	wider concer	ns to the landowner and	or operator.								
We also discussed the management of public health risks and we suggested tracks and huts should be closed during an aerial operation and until the tracks have been cleared.											

AERIAL & GROUND 1080 VTA RISK ASSESSMENT

Operation Name: Northern Tararua Combined – Western Zone		Applicant: Epro Limited	l/Ospri	Date received: 9 September 2020
VTA DETAIL				Comments
Proposed operation	☑New treatment area	☐ Annual programme	☐ Intermittent (> 1 year apart)	Included part of previous Project Kaka 2014 and part of Western Tararua 2013. This operation covers more area than both of these projects. Total area is 70 000ha. In September 2020, the area was split in two, the Western Zone is 34 633ha.
Visibility of VTAs to users	☑ Unlikely	Possible	☑ Obvious	Baits sown onto tracks that are not cleared will be seen. Even for tracks that have 1 or 2 clearances, there may well be baits that are either missed, or placed back onto tracks by people opposed to 1080. Ground applied 1080 or Feratox in baits station or bags unlikely to be visible.
Application rate	☐ High (>2kg/ha)	☑ Moderate (0.5 - 2kg/ha)	☐ Low (<= 0.5kg/ha)	Epro advise the maximum application rate will be 2kg/ha.
Aerial application method	☐ Broadcast	☐ Trickle-feed	☑ Combination	
OPERATIONAL AREA				Comments
Terrain Type	☑ Steep, rough	☑ Gentle rolling to hilly	☐ Open, flat to gentle	Mostly steep rough terrain in Tararua Forest park, mostly DoC estate. Some private land, forestry blocks.
Vegetation Type	☑ Dense coverage	☑ Medium coverage	☐ None-light vegetation	Mostly dense bush, forest, bush tracks, some clearings along trackways.
Accessibility	Private land, no access	Private, permission req.	☑ Open public access	Most of area is DoC estate open public access, parts of the area are public and private forestry, where there is either no access, access that requires permission or public access without permission eg Manakau Forests.

Publically accessible roads and lay-bys	☑ No defined roads	☑ Rough, narrow	☑ Well maintained, wide	SH1/SH57 is to the west of the operational boundary ranging from 7km (SH57 via Poads Road), some 2.5km SH1 via Corbett's Road) to 12+km (SH1 via Otaki Gorge Road) from the main highways. Main access roads are sealed roads that lead either to walking/MTB or 4WD tracks. Roads will lead to carparks, camping sites, picnic areas and swimming holes, as well as Tararua Forest Park access.
Publically accessible walking/cycling/vehicle tracks	☑ No defined tracks	☑ Rough, narrow	☑ Well maintained, wide	Obtain track usage data if available. Wide range of tracks in operational area, from gentle family oriented tracks, to very rugged tracks used by experienced trampers only, and every type of track in between. In March 2020, DoC supplied the tracks usage data they had. This was a mixture of track counts during peaks periods and hut occupancy data. The data has limitations.
Proximity to populations	Populated area	Populated area <10km	☐ Populated area <1km away or within operational area	Nearby town include Levin, Oahu, Manakau, and Ōtaki. All of these towns are within 5km of the operation boundary.
Closure of area:	Closed to public use	☐ Partial closure	Open to public use	Will access points to treatment area be closed on day(s) of the toxin drop? Main access points will be closed during toxin drop days. To the knowledge of MidCentral DHB PHS there are four main public access points to the DoC estate in the Operational area: Poads Road Entrance, North Manakau Road Entrance, Waitohu Quarry/David Moore farm Entrance and Otaki Gorge Road/ Ōtaki Forks Entrance. There is also more remote access from the north via

POTENTIALLY EXPOSED POP	PULATION			Putara road, and from the East via a number of entrances. In addition there are access points through private property eg on Stratton Road, Florida Road, Tangimoana Road, Kuku East Road, Corbetts Road, Rahui Road and Waiohanga Road. Comments
User types in area	☑ Residents	✓ Visitors (>1 day stay)	✓ Visitors (< 1 day stay) 28 June 2021: looking along the road at Blue Bluff, towards Ōtaki	12km mark on Ōtaki Gorge Road, Ōtaki. There is no access to the old 'emergency access track'. On the 25/09/20 KCDC closed the road from the 12km mark. It is unknown how long road will be closed for. Note the road is closed due to a stress cracks in road at blue bluff. As of 23/03/21 the road still closed and will remain closed for some time. At present, the only access to the Ōtaki Forks camping area and beyond, is via a new DoC emergency walking track at the 12km mark on Ōtaki Gorge road. This new walking access crosses private land, as well as part of the closed road. Refer to photo of the DoC signage at the 12km mark. Update - as of the 21/10/21 Ōtaki Gorge road is still closed at the 12km point.

				There is another camping area at Waikawa Stream and another large camping area Kimberley Reserve. Gladstone reserve off Poads road is not set up for camping.
Intensity of use	High (>50 people/day)	☑ Medium (20-50 people/day)	Low (<20 people/day) Otaki Gorge road, 12k@mark. CLOSED AREA NTER NUMBER To will be the provided country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of private landstrate and the state of the country of the count	Usage varies, some areas will such as Ōtaki Forks will have very high usage between labour weekend and Easter. The road to Ōtaki Forks was closed at 12km mark on the 25/09/20. Unknown how long road will be closed for. The road is closed due to a stress cracks at Blue Bluff. Update as of 23/03/21 Ōtaki Gorge Road still closed at 12km point. Update - as of the 21/10/21 Ōtaki Gorge road is still closed at the 12km point.
At-risk groups known or likely to use area	☑ Children <5 years	☑ Children 5-15 years	☑ Non-English speaking tourists	All ages will use parts of the forest park, especially between Labour weekend and Easter. Possibility of some non-English language/ESOL speakers using area. As of 19/04/21, NZ will allow quarantine free visitors from Australia, this is a highly likelihood of ESOL and non-English speaking visitors. Any visitors from Australia and elsewhere will not be familiar with aerial 1080 drops.

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			Will recommend a photo of the baits on information boards.
Seasonal or intermittent high use during op. period	✓ Yes □ No □	Details: All year round usage, but peak usage is usually between labour weekend and Easter when weather is better for outdoor activities.	
School/public holidays during op. period	☑ Yes □ No	Dates: School holiday and Easter periods are 28 th September to the 11 th October 2020 16th Dec 2020 to the 9th Feb 2021 2 nd to 6 th April 2021 Easter 17th April to 2nd May 2021 10th July to 25th July 2021 (last holidays within the current application finish date) 4 th to 15 th October 2021 From 13 th December 2021 to 8 th February 2022 From 14th April to 2nd May 2022 From 8th July to 25th July 2022	***Update 14/04/21. Epro will need to re-submit an application with updated operation dates. The current application has a finish date of 30 July 2021. During the EPA audit of MidCentral PHS in 2019, EPA advised that an email requesting an extension to operational dates was not sufficient.***
Defined user groups or school/ECEs using area	✓ Yes □ No □ NA	Details: A large number of defined user groups use the area including hunting clubs, tramping clubs, mountain bike clubs, 4WD clubs, motorbike clubs/events, harriers clubs, orienteering events, rafting groups/events, dog obedience/walking groups, helicopter operators (hunting/fishing), Universities (research/education), schools, Landcare Research, Institute of Geological Science and Institute of Zoology, among others	PHS to ensure that there is updated consultation with all of these defined user groups.

POTENTIALLY EXPOSED POPUL	LATION CONTINUED		Comments
Identified users advised of operation	☑ Yes ☐ No ☐ NA	Details: Via notifications.	Update 12/04/21 PHS will need to add to the list of notification for user groups that we are aware of eg various hunting clubs, tramping clubs, mountain bike clubs, 4WD clubs, motorbike clubs/events, harriers clubs, orienteering events, rafting

				groups/events, dog obedience/walking groups clubs in the Manawatu, Horowhenua, Kapiti and Wellington areas.
Level of public interest	☑ High	☐ Medium	Low	
PUBLIC AREAS				Comments
Public areas within operational area (or nearby)	✓ Camping sites✓ Tourist/historical sites✓ Parking areas✓ Marae	✓ Huts and shelters ✓ Fishing/boating access □ Sporting venues/activities □ Other	✓ Picnic areas✓ Community facilities (halls, cemeteries, playgrounds, etc.)☐ None	Obtain hut/campsite usage data if available. Refer to the list in the draft permission Refer to public area listed in the VTA permission.
DRINKING WATER SUPPLIES				Comments
Private water supplies sourced within/close-by operational area	☑ Yes ☐ No ☐ Unk	(stream) (stream) (stream) (stream) (stream) (stream) (stream) (source ?) To confirm her property will be subject to ground control only.		30/11/20 to confirm nature of all these water sources. Note property will be subject to ground control only. 21/10/21 To confirm that property water source and ground control only.
Community water supplies sourced within/close-by operational area	☑ Yes □ No □ Unk	Details: • Levin (infiltration go • Hautere (infiltration)	• •	Mitigation through permission conditions. The Main Ohau River channel for a distance of 1000m upstream of the operational boundary will be excluded. Closest distance from Levin intake to the operation boundary is 1100m (ARC check). Closest distance from Hautere intake to the operation boundary is 3000m (ARC check).

					Will add no fly zones of 1000m upstream of both the Levin and
MAJOR WATERWAYS					Hautere drinking water intakes. Comments
Major waterways/water bodies in operational area	☑ Yes	□ No	□Unk	Details: Ohau River Waikawa Stream Waitohu Stream Totaki River	Comments
HISTORY					Comments
Any previous issues assoc. with operational area	☑ Yes	□ No	□Unk	Details: Following the Western Tararua 2013 operation, 1080 baits were found by PHS staff during an audit on Panatewaewae Ridge Track about 9 days after the drop. It is most likely these were windblown as this is a moderate usage track.	
Any previous issues assoc. with operator				Details. MidCentral DHB PHS, Palmerston North office has not processed an application from Epro Limited before this one.	
	☑ Yes	□ No	□Unk	Note various issues related to the 1080 drop North Tararua Combined (East Zone) conducted July/August 2021. Issues included Doc not closing tracks, delays in getting tracks cleared, helicopter flying over excluded area (Donnelly Flat), inadequate signage.	
PUBLIC HEALTH RISK ASSESSMENT: ☑ High ☐ Medium ☐ Low/very low					
Additional comments (complete on separate sheet if required):					
CDC Otaki Gorge road update 8/1/21 https://www.kapiticoast.govt.nz/your-council/projects/otaki-gorge-road/					
OoC Website info re Otaki Forks update as of 21/12/20 https://www.doc.qovt.nz/parks-and-recreation/places-to-qo/wellinqton-kapiti/places/tararua-forest-park/thinqs-to-lo/campsites/otaki-forks-campsite Note there is a temporary access track through private land after the 12km point on Otaki Gorge Road.					
CDC Update 5/05/21 https://www.kapiticoast.govt.nz/your-council/projects/otaki/otaki-gorge-road/					

Page 10 Aerial 1080 Nth Tararua Western Zone Coversheet, Risk Assessment and Setting Conditions V5 20210503 UPDATE 21 October 2021

KCDC Update 21/10/2021: https://www.kapiticoast.govt.nz/your-council/projects/otaki/otaki-gorge-road/

DoC update 5/05/21 This emergency track allows you to gain walking access to Tararua Forest Park from Ōtaki Gorge Road. There's no vehicle access to this area currently because of a slip on Ōtaki Gorge Road. Distance 5km walk one-way. The track is steep and slippery in places. This temporary emergency access track has been made possible through private land, courtesy of the private landowners. https://www.doc.govt.nz/parks-and-recreation/places-to-go/wellington-kapiti/places/tararua-forest-park/otaki-forks-area/otaki-qorqe-emergency-track-to-tararuaforest-park/

DoC update 1/06/21 Slip at end of North Manakau road access track. The slip about 50m from carpark at very end of track. Insert web link

HSNO Officer undertaking assessment:	, HSNO Officer	Date: <u>30/11/2020 Upd</u>	lated 14/04/2021, 16/04/21, 19/04/21, 20/04/21, 5/05/21, 21/10/21
For high-risk operations, peer reviewed by:	-	<u>, HSNO Officer</u> Da	ate: 22 October 2021,

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SETTING OF CONDITIONS

MODEL CONDITION	Required for application?	Variation to MPC?	Variation to MPC and/or MPC Details	Rationale/Comments
Start date	☑ Yes	☐ Yes ☑ No		EO is made aware that a potential risk to public health exists. For aerial ops, may include notification of pre-feeds for aerial operations. Dates may change to exclude public/school holidays when usage increases.
 Changes to permission 	✓ Yes	☐ Yes ☑ No	Includes example: "changes to operational areas and application types/rates".	Permission becomes invalid if there are changes that may pose a risk to public health
Warning sign removal	☑ Yes □ No	☑ Yes		Not required, covered by the Health and Safety at Work (HS) Regs 2017 (r13.19 signage requirements for VTAs) – MoH Advice June 2018 As discussed with the EPA auditors during the VTA Audit in 2019. Refer report here: https://www.epa.govt.nz/assets/Uploads/Documents/Hazardous-Substances/VTA-audit-reports/MidCentral-DHB-VTA-Audit-Report-June-2020.pdf 11/8/2020. advised that when the low altitude baits are down to 0.01% activity, then it will be safe to go hunting, as well as remove the warning signs.
• Complaints and Incidents	✓ Yes	Yes No	'ALL' complaints and incidents to be reported.	Allows EO to make assessment on whether complaint or incident poses a risk to public health, not operator
• Duration of Permission	☑ Yes	□ Yes ☑ No		Epro put in expiry of 31 July 2021 Discussed with purpose property, Epro at the PHS Hui on the 22/04/21, that a new application will be required.
• Landowner Notification	✓Yes □ No	Yes No	State wider group of landowners if required, e.g. within 1km of boundary.	Notification may extend further than those immediately adjoining boundary if operational area is widely used. Add in if not there.
School/ECE Notification	✓ Yes □ No	✓ Yes □ No	Include notification to [educational facilities] that 'are located within, close by, or are known to use, the operational area'.	Ensures all educational facilities receive information on the VTA operation Add in school and ECCs that were missing from the original application. Note that Ospri may have added these to the consultation list. 19/04/21 Request an

Health Services Notification	✓ Yes □ No	✓ Yes □ No	May specifically list who to notify, e.g. St Johnspital ED only.		updated notification list and consultation log from Epro. Ensure those who may receive possible poisoning cases are aware of VTA operations and risks to public health. Can include police if there is risk of bait theft or protest issues. Check for any health service notification that we want to add in.
Exclusion around Huts and Public Areas (e.g. tramping huts, bivvies/shelters, tent camping sites, picnic areas, car parks, cemeteries/urupa, recreational, tourist and amenity sites, anglers' access points, and watercraft landing points, etc.)	☑ Yes □ No	✓ Yes □ No	Public area to be excluded: Poads Road Swimming area (Gladstone Reserve) Kimberley Reserve Camping Waikawa Recreation Stream Reserve (Waikawa Shelter) and campsite Ōtaki Forks camping area Blackgate campground Parawai Lodge carpark at end of DoC 4WDTrack, off North Manakau Road carpark at end of North Manakau Road All huts (DoC and private) within the operational area: Anderson Memorial Hut Arete Hut Dracophylum Hut Field Hut (historic) Island Forks Hut Mangahao Flats Hut Maungahuka Hut Mid Otaki Hut Mid Otaki Hut Nichols Hut	Exclusion distance: All camping and swimming areas listed 200m (aerial and ground) Carpark 50m (aerial and ground) Carpark 100m (aerial and ground)	To reduce the risk of public coming into contact with baits. Base exclusion distance for aerial operations is 80m –can be varied taking into account characteristics of operational area (geography, vegetation, usage, etc.). Sites with high usage or high usage during planned operation time (e.g., a long weekend) may require an increased exclusion distance. Conversely, an 80m aerial exclusion may be excessive in rough terrain with low usage and heavy vegetation. List each area to be excluded and the exclusion distance. Due to the popularity of Ōtaki Forks, Waikawa Recreation Stream Reserve and Kimberley Reserve, , as well as perceived threats to public health have increased the buffer to 200m. Ōtaki Forks camping area is some 500m from boundary (ARC check) Parawai Lodge is some 500m from boundary (ARC check) There is slip at close to the carpark end of DoC 4WDTrack, off North Manakau Road The terrain is very steep both sides of the track. Children could be taken to and walk over the slip. Have recommended a reduced ground buffer for the DoC track due the very steep terrain eg 5 or 10m. PHS to ground truth the DoC 4WD track (may need to borrow a 4WD or get help from DoC). Waikawa Recreation Stream Reserve (Waikawa Shelter) and campsite is some 150m from boundary at closest point (ARC check)

			North Ohau Hut Penn Creek Hut South Ohau Hut Te Matawai Hut Waiopehu Hut Waitewaewae hut Waitohu (Tangata) Hut	All huts 50m (aerial and ground)	Kimberley Reserve Camping is some 900m from boundary at closest point (ARC check) Poads Road Swimming area some 200m from boundary. (ARC check). There is a very steep/unstable cliff immediately opposite the carpark. On either side the banks are much lower, water depth may make it hard to climb up the opposite bank. To maintain consistency with the permission for NT Combined (East Zone) the buffer for all huts will be 50m. This includes DoC and private huts. Note there is a private hut on Jill Browns property off Corbett's road (any other private huts??).
MODEL CONDITION	Required for application?	Variation to MPC?	Variation to MPC and/or MPC Details		Rationale/Comments
11. Exclusion from Walking, Biking and Vehicle Tracks	Yes No	Yes No	All DoC and private tracks within the operational area, undergoing aerial treatment, can be flown over. Except: North Manakau Road end to slip about 50m from carpark at end of Doc 4WD Track	Exclusion distance: Nil 50m aerial 10m ground	Base exclusion distance is 80m – can be varied taking into account characteristics of the operational area (geography, vegetation, usage, etc.). May remove exclusion or reduce distance if there is no risk to public health or may increase distance if usage is high. Different tracks may require different exclusion distances based on usage, characteristics of area, etc. List each track to be excluded and the exclusion distance. Note there is very steep terrain on both sides of the North Manakau Road end to the slip about 50m from carpark at end of DoC 4WD Track, so have reduced the buffer for both aerial and ground. Have recommended a reduced ground buffer for the DoC track due the very steep terrain of 10m. PHS to ground truth the DoC 4WD track (may need to borrow a 4WD or get help from DoC). Note a lot of the DoC and private tracks are used for walking, tramping and mountain biking. A few of the

					tracks, eg Tangata track are also used by two and four wheel motorbikes. Risk mitigated by clearances see conditions 17 and 18.
			Roads/lay-bys:	Exclusion distance:	Base exclusion distance is 80m – can be varied taking into account characteristics of the operational area (geography, vegetation, usage, etc.). Appeared that the operational boundary goes close to Stratton Road. This is some ground control near to this area. Check with Doc and Epro. Checked with Epro see email from Epro 3/12/20. April 2021 Update - see email from Epro dated 3/12/20. Stratton Road end some 3/12/20. Stratton Road end from Epro dated 3/12/20. Florida Road end and a house – 790m
12. Exclusion from Roads	¥Yes □ No	Yes No	North Manakau Road, where it meets the Doc estate. This is the closest road to the operation boundary - 0m.	100m aerial 100m ground	from consent boundary. Mid Florida Road () is some 1167m from boundary. Tangimoana Road End () properties) 630m from consent boundary. North Manakau Road end is 0m (ARC check) from consent boundary (buffer needed). The closest house nearby which is some 300m (ARC check) from boundary Corbetts Road End some 700m (checked) from consent boundary. Note that house and property as well as within operational area (all ground control). Waitohu Valley Road (north of quarry) some 1200m (ARC check) at closest point to boundary.

				some 500m (ARC check at closest point to boundary. Waitohu Valley Road (south of quarry) some 1500m (ARC check at closest point to boundary. Note property is 0m (checked from boundary. Waimanu Road End, off Rahui Road. Some 1300m (ARC check from boundary. Waiohanga road, off Kaitawa road some 3500m (ARC check at closest point to boundary Kaitawa Road end some 1900m (ARC check at closest point to boundary Kaitawa Road end some 1900m (ARC check at closest point to boundary Unnamed 4wd access track from Otaki Gorge Road leading to a private bridge and nine properties on north side of Otaki River. All of these properties are in steep bush terrain. Closest house is 899m (Epro) from boundary. Closest property is 0m (Epro) from boundary. Otaki Gorge Road, road closure at 12km mark. Is some 1500m (ARC check from operational boundary (across river). Otaki Gorge Road, Otaki Forks. Update - as of the 05/05/21 there is still no road access to Otaki Forks. Update - as of the 21/10/21 Ōtaki Gorge road is still closed at the 12km point
13. Exclusion from Dwellings	☐ Yes 🗹 No	□ Yes ☑ No	The nearest dwellings (houses): • At end of unnamed 4wd track, that crosses Ōtaki River (Ref 40 50.870 175 14.021), about 500m from boundary	These distances have been checked with Briggs Pilkington / DoC and Epro (and independent check by

			 At end of Waiohanga Road end (off Kaitawa Road) about 500m from boundary House at end of North Manakau Road is 300m from boundary Houses at end of Corbetts road, about 565m to boundary House at end of Poads Road about 800m to boundary House at end of Putara Road about 9km to boundary. 	Therefore, no need for this condition
14. Exclusion from Schools and ECEs	☐ Yes ☑ No	☐ Yes ☑ No	There are no schools or ECE within 150m of zone. Manakau School is about 1km, Ohau Playcentre is about 4km and Ohau School is some 5km from the operational boundary.	Base exclusion distance is 150m. Need to be aware of dwellings and educational facilities that lie outside but within 150m of the boundary of operation as this condition will apply to them. Increase fixed distance regardless of agreements if risk warrants greater area. Note: Muhunoa East School closed some years ago. No need for this condition
15. Aerial Exclusions	☑ Yes □ No	✓ Yes □ No	The Main Ohau River channel for a distance of 1000m upstream of the operational boundary. The Main Ōtaki River channel for a distance of 1000m upstream of the operational boundary. The Main Ōtaki River channel for a distance of 1000m upstream of the operational boundary. Levin intake on Ohau River extended 500m upstream. Hautere intake on Ōtaki River, extended 500m upstream The Levin Water treatment Plant The Hautere Water Treatment Plant The communities of Levin, Ohau, Manakau and Ōtaki.	Discretionary. May permit fly-over of roads provided extra conditions are imposed, e.g. defined flight corridor, supervision and inspection of corridor. Based on risk around: Public water supplies Road Public areas adjacent to the operational area. Closest distance from Levin intake to the operation boundary is 1100m (ARC check Distance from Hautere intake to the operation boundary is 3000m (ARC check with KCDC 6/5/21.

			 Kimberly Reserve Gladstone Reserve Gladstone Road Poads Road Stratton Road Florida Road Tangimoana Road Kuku East Road North Manakau Road (to Doc estate boundary) Waikawa Stream Recreation Reserve (camping Area) Corbetts Road South Manakau Road Waitohu Valley Road Ringawhaiti Road Rahui Road Ōtaki Gorge Road (ALL, see comments) Kaitawa Road Waiohanga road State highway 1 adjacent to the operational area Ōtaki Forks including Parawai Lodge, Otaki Forks campsite and Blackgate campsite. 	Have proposed extending the buffer from the public water supply intakes 500m upstream for both Levin and Hautere intakes, as well as the Ōtaki River 1000m upstream of the operational boundary. Risk is accidental bait drop, hopper failure or aircraft crash into the intake water and/or upstream of these locations. For Ōtaki river exclusion, justification are the close by camping areas - Parawai Lodge, Ōtaki Forks and Blackgate - where children are likely to wander some distance upriver. For the Ōtaki Gorge road exclusion – last 3km – the justifications is that children could be present at the Ōtaki forks camping areas, this is reasonable distance that children could walk from the camping areas. Note – the permission is based on possibility the Otaki Gorge Road at the 12km mark will be open at some point in the future.
16. Aerial Applications to Tracks (not a MPC)	✓ Yes 🗖 No	N/A	List tracks that can be flown over with no track clearance: Gable End to Ohau to Richards Knob Mangahau Flats to Girdlestone Saddle	New condition added for remote tracks and tracks used by experienced trampers only. (***re-check these tracks with spreadsheet***DONE Track usage was reviewed at a meeting between and in Masterton on the 29/09/2020.

			 Te Matawai to Waiopehu South Ohau to Yeats/Ora Junction South Ohau to Girdlestone Girdlestone to Pukematawau Dracophylum to Te Matawai Dracophylum to Nichols Nichols to Anderson Waitewaewae to Junction Knob Anderson Memorial to Manganuku Mangahuka to Hut Mound (steel ladder) Penn Creek to Pukihore Ridge Track Penn Creek to Tabletop 	Refer to spreadsheet – 20201005_trackclearances_westzone_bm
17. Aerial Applications to Tracks, Closure of Tracks and Track Clearances	☑ Yes □ No	✓ Yes □ No	THE FOLLOWING TRACKS WILL BE CLOSED BY DOC UNTIL THE FIRST CLEARANCE IS COMPLETED. List tracks that can be flown over and cleared within 48 hours of application: Poads Road to Waiopehu Hut – all Six Discs – all Forest park to Old Ohau Shelter – all Poads road to Gable/old shelter – all Poads road to Six Discs – all Waikawa Recreational area – mountain bike/walking access thru Manakau forest (across bridge) – to the intersection of Bryant Forestry Road and Judd Road which is about 10minutes walk from the bridge over the Waikawa Stream. Panatewaewae Ridge track - first 1km Kaitawa Stream to Thompson – first 1km	Can apply baits (generally to low-medium use tracks only) but not within 48 hours of school/public holidays (allows clearance of tracks). Must also consider wider aspects of operation (e.g. time of year, remoteness). Timing of clearance should be agreed with operator and track manager (is it feasible in time period?). This rationale was developed by MOOH, and and MOOH, and and MOOH, and and MOOH, and and MOOH, are as follows: Children 5+ years and adults – 2 clearances. Children 10 years + and adult – 1 clearance. Only adults (remote/experienced) – nil clearances Track usage was reviewed at a meeting between and MOOH, in Masterton on the 29/09/2020. Refer to spreadsheet – 20201005_trackclearances_westzone_bm

18. Second Track		V Yes □	 Nature Loop Walking track – all North Manakau Road (DoC 4wd trackend) carpark to Kaitawa Mill site track – all to mill site Corbetts Road access (private) to operational boundary – last 200m Waitohu Valley Road End (access via Waitohu Quarry/Dave Moore property) to Thompson – first 1km Waitohu Valley Road End to Mick track start – all Mick Track intersection to Mt Thomson – first 1km Access point to Mick Track – first 1km Waitohu Valley Road End to Tangata – all 7km (2 and 4 wheel motorbike) Tangata Hut to Mt Tangata – first 1km Tangata Hut to private access track off Waiohanga Road – first 200m Arcus loop Track – all Ötaki River – all (short track) Fields Track to Hut - all to Hut Sheridan Creek rail track – all School Loop nature loop – all Waitewaewae Track to Hut - all to hut Waiotauru Track - first 1km Ötaki Forks (Fields Track) to Field Hut – all to hut Fields Hut to Kime Hut – all Fields Track to Tabletop - all 	Generally applies to medium-high use tracks and/or tracks used by children. Timing of clearance should be agreed with operator
18. Second Track Clearances	✓ Yes □ No	Yes ∐ No	 Poads road to Gable/old shelter – all Poads road to Six Discs – all 	and track manager (is it feasible in time period?).

			 Six Discs – all Panatewaewae Ridge track - first 1km Kaitawa Stream to Thompson – first 1km North Manakau Road (DoC 4wd track end to slip) carpark to Kaitawa Mill site track – all to mill site Nature Loop walking track – all Waitohu Valley Road End to Tangata – all 7km (2 and 4 wheel motorbike) Ōtaki Forks(Fields Track) to Field Hut – all to hut Sheridan Creek rail track – all School Loop nature loop – all Waitewaewae Track to Hut – all to hut Waiotauru Track - first 1km Ōtaki River – all (short track) 	These tracks are likely to have usage by children 5+ years plus adults. Track usage was reviewed at a meeting between and in Masterton on the 29/09/2020. Refer to spreadsheet — 20201005_trackclearances_westzone_bm
MODEL CONDITION	Required for application?	Variation to MPC?	Variation to MPC and/or MPC Details	Rationale/Comments
19. GPS Track Logs	✓ Yes □ No	✓ Yes □ No		Evidence of clearance being undertaken. A GPS track log shall be recorded and maintained for each track clearance and emailed to the Health Protection Officer at the Public Health Service within four weeks after the completion of the operation.
20. Sign Contents	☑ Yes	✓ Yes □ No	Will recommend bilingual signage (Te Reo) on information boards and warning signs. Will recommend a photo of the baits on information boards.	Can request photo instead of written description of baits especially in tourist areas (English as second language). All ages will use parts of the forest park, especially between Labour weekend and Easter. Possibility of some non-English language/ESOL speakers using area. As of 19/04/21, NZ will allow quarantine free visitors from Australia, this is a highly likelihood of ESOL and non-English speaking visitors. Any visitors from

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21. Sign Maintenance 22. Sign Vandalism	✓ Yes □ No ✓ Yes □ No	✓Yes □ No ✓Yes □ No	Check all sensitive site information boards twice weekly for first six weeks. After that every two weeks. Check all sensitive site information boards twice weekly for first six weeks. After that every two weeks. List water supplies or use generic wording if unknown:	Australia and elsewhere will not be familiar with aerial 1080 drops. Will recommend bilingual signage (Te Reo) and photo of the baits on information boards. See condition 40 also. Discretionary. May specify plan in high-risk areas to ensure public are well informed of operation. Discretionary. Include where vandalism is high. High likelihood of vandalism Minimum distance is 3km from boundary.
23. Domestic Water Supplies – Notification	☑ Yes □ No	Yes □ No	Waikawa Stream reserve camping area (stream water) Parawai Lodge Otaki Forks campsite Blackgate campsite DoC Huts Private Huts (including Jill Browns)	20/04/21 To confirm with type of water supply. Note Epro will be doing ground control on a ground control on ground cont
24. Domestic Water Supplies - Location	✓ Yes □ No	✓ Yes □ No	Would expect to see the 109 water agreement forms or email to/from the domestic supplies above. As well as GPS coordinates of all	Evidence of verification required, e.g. water agreement forms.

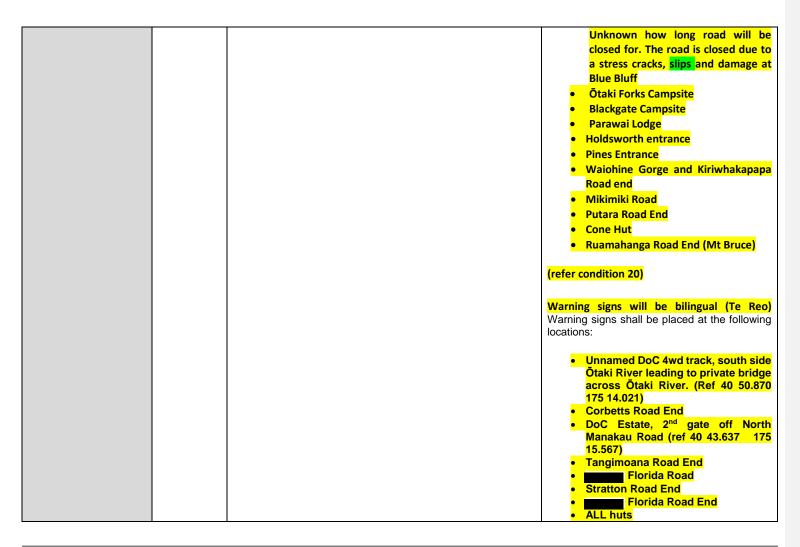
25. Domestic Water Supplies - Mitigation	✓ Yes □ No	✓ Yes □ No	domestic water sources, if we don't have them. As per agreement with above domestic water supplies	50m exclusion around intakes and for flowing sources, the exclusion extends 200m upstream; or supply is disconnected until testing finds no contamination. Can be altered to address risks. Confirm the mitigation for all domestic water supplies.
26. Water Supply Testing	✓ Yes ☐ No	Yes No	If any of the domestic water supply owners request a water test.	Testing must conform to Landcare Research Protocol.
27. Public Water Supplies - Notification	☑ Yes ☐ No	✓ Yes □ No	List water supplies: • Levin • Hautere	Levin water supply intake is some 1100m (ARC check) from operation boundary, however note there will be an aerial exclusion Closest distance from Hautere intake to the operation boundary is 3000m (ARC check
28. Public Water Supplies - Location	☑ Yes ☐ No	✓ Yes □ No	Would expect to see water agreement forms, or similar approval document from the two councils involved. We have the GPS coordinates for Levin and Hautere water intakes and the shapefiles for the Levin water supply catchment.	Evidence of verification required, e.g. water agreement forms. Discretionary for ground ops – use S109s as evidence information has been sought. Closest distance from Levin intake to the operation boundary is 1100m (ARC check) Closest distance from Hautere intake to the operation boundary is 3000m (ARC check) and email from KCDC/Epro dated 13/8/20 and 6/5/21.
30. Public Water Supplies - exclusion	☐ Yes ☑ No	✓ Yes □ No	Levin Water supply. We have a map from KCDC showing locations of the Hautere bore and treatment plant.	For ground application of 1080 or Feratox No VTA shall be ground laid within 50m of public water supply intakes that source water within the operational area. For flowing surface watercourses, the 50m exclusion shall be extended to 100m upstream of the point of intake. Condition not needed - no baits will be ground applied within 1000m of the Levin intake.

31. Public Water Supplies - Mitigation	☑ Yes □ No	✓ Yes □ No	Levin Water supply. The Main Ohau River channel for a distance of 1km upstream of the operational boundary will be excluded.	For aerial application of 1080 The 200m exclusion around intakes and for flowing sources, the exclusion extends 400m upstream; or supply is disconnected until testing finds no contamination. Can be altered to address risks (e.g. may reduce distance if trickle-feed is used to apply baits). Mitigation agreed at HDC meeting with Ospri and Epro 22/07/2020. No mitigation is required for the Hautere water supply as the intake is some 3000m from the operation boundary. However, there will be a no-fly zone extending 500m upstream of the intake
32. Water Supply Mitigation Reporting	✓ Yes □ No	✓ Yes □ No	Contractor to take water samples at the Levin water supply intake at three appropriate timeframe eg 8 hour, 24 hour and 72 hours. After drop in the catchment. Timing will depend on river flow.	Discretionary. Applicant must supply list of mitigation measures on request. If deemed inadequate, EO can amend, stop or suspend operation.
33. Water Supply Testing - Reporting	✓ Yes ☐ No	☐ Yes ☑ No		Testing results must be supplied to within 24 hours. Further mitigation measures may be imposed.

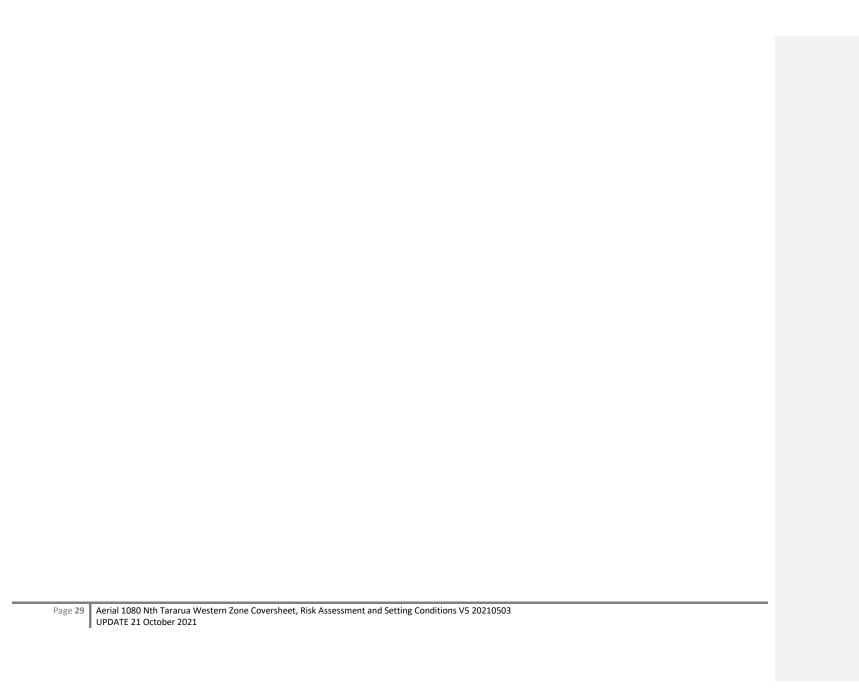
CONDITIONS ADDITIONAL TO MPCs	Required for application?	Details	Rationale/Comments
34. Exclusions from Communities/Marae	□ Yes ☑ No	Minimum 400m exclusion applied around defined communities and rural marae. Can be varied taking into account characteristics of operation (geography, vegetation, usage, method of application, etc.). No communities or marae within 400m. The nearest town village is Manakau (including the Manakau South subdivision) which is about 1km, Otaki is about 3km and Levin is about 5km from operational boundary. Wehiwehi, Tukorehe and Hikitanga marae are all about 5km from boundary. The Marae at Ōtaki – Katihiku, Raukawa and Tainui Mare Trustees all at least 4km from boundary.	Children may access areas surrounding built-up areas or while attending rural marae events, e.g. tangi. Risk to public mitigated by signage/information boards and no-fly zones at park entrances/carparks. Source – google maps 14/04/21

35. Exclusions from Major Waterways	✓ Yes □ No	Exclusion alongside major waterways and water bodies. The major water ways that will be excluded inside the operational area are: Ohau River, 1000m upstream of boundary Waikawa Stream, 5000m upstream of boundary Waitohu Stream, 500m upstream of boundary Ōtaki River, 1000m upstream of boundary All other water ways inside the operational area will not be excluded	Remove condition as the nearest community Manakau is about 1000m from operation boundary, Mitigation as above, To reduce baits falling into waterway, especially if used as a drinking water source. Rationale Large exclusions for Ohau and Otaki River due to popularity of those locations. Waikawa Stream and Waitohu stream have a smaller exclusion as smaller water waterways.
36. Log Report	✓ Yes □ No	Must submit within 48 hours of completion of operation or earlier on request.	Required for audit purposes.
37. DGPS Flight Line Map	✓ Yes ☐ No	Must submit within 48 hours of completion of each day's operation or earlier on request.	Required for audit purposes.
38. List of Operational Personnel	✓ Yes ☐ No	A list of all personnel holding CSLs must be provided prior to application of bait.	Required for audit purposes.
39. Bait Security	✓ Yes ☐ No	Baits held temporary on-site must be kept under 24-hour surveillance.	Baits are secure when on-site.
40. Concessionaire/User Group Notification	✓ Yes □ No	Notification to known users/user groups within 2 months of proposed operation.	Ensure users/user groups are informed of operation and activities can be amended if required.
		Will recommend bilingual signage (Te Reo) on information boards and warning signs. Will recommend a photo of the baits on information boards.	Information boards will be bilingual (Te Reo) and photo of the baits on information boards Information boards shall be placed at the following locations:
41. Information Boards at sensitive locations	☑ Yes □ No	30/11/20 Confirm location of Waitohu valley Entrance. 23/03/21 - confirmed information board at the Waitohu Quarry gate, as well as the DoC estate boundary at the second bridge car park. Access thru the quarry then David Moore's property.	Corner SH1 and Tararua Road Poads Road Entrance to Forest park - carpark Poads Road Entrance to Forest park - carpark Poads Road Entrance to Forest park - operation boundary/DoC estate

Gladstone Reserve – carpark
Corner SH1 and North Manukau
Road
Waikawa Stream Recreational Area
(on info board)
Waikawa Stream Recreational Area
(on Bailey Bridge across Waikawa
Stream) North Manakau Road Entrance (first
DoC gate)
North Manakau Road Entrance
(second DoC gate)
North Manakau Road end (Kaitawa
Stream carpark where public access
DoC estate). Note, as of 1/06/2021
there a slip covering road some 50m
from carpark.
 Corbetts Road Entrance - board at
the road end (entrance through
private property)
• Waitohu Quarry – (at quarry
entrance off Waitohu Valley Road)
• Waitohu Quarry / Waitohu Quarry /
Entrance (at second bridge carpark)
Corner SH1 and Ōtaki Gorge Road
Kaitawa Road entrance - board at the
road end (off Ōtaki Gorge Road)
Waiohanga Road end (off Kaitawa)
road, board at the road end)
Ōtaki Gorge Road, 12km mark where
the road is temporarily closed by
gates. The road to Ōtaki Forks is
closed at 12km mark on the
25/09/20 by KCDC. Update - as of the
05/05/21 and 21/10/2021 there is
still no road access to Ōtaki Forks.
Wastern Zone Coversheet Birk Assessment and Setting Conditions VE 20210E02



			ALL locations listed on Epro map dated xx/xx/2020 not included above	
42. Schedule of media notices, Radio and		The applicant to provide to the Public Health Service with copies of media notices from the following: Manawatu Standard Horowhenua Chronicle Totaki Today Dominion Post Radio adverts shall be played for every day of the month of the aerial 1080 drop, played on Media Works stating there is an aerial drop happening on Month or soon after and it's recommended to keep away from the operational area. High risk DoC tracks will be closed until tracks are cleared of toxic baits.		
Social media		Adverts on the following Facebook pages saying there is an aerial drop happening on Month and its strongly recommended to keep away from the operational area. Community Facebook pages in Kapiti Coast, Otaki, Levin Ooc Ospri MidCentral DHB Regional Public Health Links to the above Facebook pages to be provided to the Public Health Service prior to the first toxic drop.		
otes: SNO Officer undertaking asses <u>1/10/2021</u>	smen	, HSNO Officer Date: 30/11/2020 Updated 14/04/	2021, 16/04/21, 19/04/21, 20/04/21, 5/05/21, 12/05/21,	
				Formatted: No underline Deleted:
or high-risk operations, peer re	eviewed by:	, HSNO Officer Date: 22 October 2021,		Deleted:



Phone (06) 350 8061 Fax (06) 355 0616

22 February 2022

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear 1111

Official Information Act (OIA) Request

Your recent OIA request of 25 January 2022 to the Mid Central District Health Board (MDHB) is acknowledged.

You have requested information about the current size of the waiting list for all skin cancer referrals to MDHB, as follows;

• Initial consultation appointment for suspected or confirmed BCC, SeC and melanoma.

MDHB currently have 66 people waiting for FSA (First Specialist Appointment) with suspected or confirmed SCC, BCC or melanoma.

Surgical appointment for melanoma excision.

MDHB has nine people on our waiting list for excision of melanoma.

Surgical appointment for BCC or SEC excision.

MDHB has 65 people waiting for a surgical appointment for excision of BCC or SCC.

 To what extent, if any, your DHB funds General Practitioners {GP) or private providers to carry out and SeC, BCC or melanoma excisions on an annual basis.

MDHB has a contract with a number of individual GPs and GP practices across the district.

Please note that this response, or an edited version of this response, may be published on the Mid Central DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

16 February 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand

Dear 1111

Official Information Act (OIA) Request

Your recent OJA request of 26 January 2022 to the MidCentral District Health Board (MDHB) is acknowledged.

You have requested the following;

 I am seeking the number of people that have visited any/all hospitals and doctors' surgeries within MDHB for any/all heart related issues (including but not limited to pericarditis, myocarditis, heart attacks and strokes). The data requested is for the 11 month period from February 2021 until December 2021 inclusive, displayed in month by month format and compared to the monthly data for the previous three years.

Data Limitations

MDHB does not have access to data concerning general practice consultations, consultations at private hospitals or private specialists and services provided at other DHBs for MDHB residents.

Emergency Department Attendances 2018 to 2021

Relevant Emergency Department attendances were isolated using ICD-10 codes for "Diseases of the circulatory system (ICD-10 Chapter IX)" (diseases of the heart and blood vessels). These codes tend to start with the letter "I". Certain conditions were excluded; e.g. varicose veins of lower legs and other sites, lymphadenitis, other disorders of the lymphatic vessels and haemorrhoids (1846 and 1849). Heart attacks, angina, heart rhythm problems, heart valve problems, aortic aneurysms, deep vein thrombosis, pulmonary embolism, strokes, pericarditis, and myocarditis will be included.

The data requested follows.

MidCentral Emergency Department Circulatory Disease-related Attendances 2018 to 2021

Year	Month	Number of Attendances
2018	1	149
	2	129
	3	165
	4	148
	5	168
	6	154
	7	132
	8	156
	9	130
	10	181
	11	171
	12	166
2019	1	142
	2	145
	3	147
	4	132
	5	125
	6	140
	7	148
	8	162
	9	163
	10	167
	11	157
2020	12	141
2020	1 2	152 131
	3	118
	4	136
	5	151
	6	135
	7	182
	8	139
	9	145
	10	159
	11	148
	12	164

2021	1	146
	2	142
	3	160
	4	187
	5	182
	6	152
	7	193
	8	174
	9	189
	10	157
	11	178
	12	183

In atient Admissions 2018 to 2021

Inpatient admissions were isolated using the same ICD-10 codes as described for Emergency Department attendances. The diagnosis had to be the primary diagnosis (the main diagnosis for the person being in hospital). The health specialty had to be one of the medical specialties (as opposed to, e.g. surgical specialities). Excluding surgical specialties would exclude admissions for treatment of peripheral vascular disease, like an ischaemic ulcer (which we don't want). There is no cardiac surgery or cardio-thoracic surgery department at MDHB, so these conditions have not been prejudiced against. These patients are treated at a tertiary hospital, usually Wellington Hospital (we don't have these hospital admissions within MidCentral-administered databases).

MidCentral Hospitals Inpatient Circulatory Disease-related Admissions 2018 to 2021

Year	Month	Number of Admissions
2018	1	171
	2	153
	3	205
	4	168
	5	210
	6	178
	7	168
	8	172
	9	163
	10	195
	11	178
	12	192

2019	1	170
	2	167
	3	177
	4	190
	5	201
	6	191
	7	220
	8	196
	9	187
	10	201
	11	202
	12	187
2020	1	165
	2	163
	3	143
	4	162
	5	162
	6	181
	7	226
	8	179
	9	205
	10	194
	11	185
	12	208
2021	1	163
	2	153
	3	186
	4	197
	5	199
	6	176
	7	202
	8	195
	9	218
	10	174
	11	168
	12	91

Outpatient Attendances 2018 to 2021

The outpatient attendances are for patients referred to Cardiology and cardiology-related services. The appointments include new patient assessments and follow-up appointments. Appointments for cardiology-related tests have been excluded.

MidCentral Hospitals Cardiology and Cardiology-Related Outpatient Attendances 2018 to 2021

4	itteriaar	1003 2010 to 2021
Year	Month	Number of Attendances
2018	1	326
	2	424
	3	516
	4	461
	5	539
	6	289
	7	268
	8	257
	9	257
	10	351
	11	308
	12	242
2019	1	309
	2	295
	3	347
	4	275
	5	362
	6	290
	7	338
	8	268
	9	290
	10	400
	11	299
	12	191

2020	1	277
	2	279
	3	289
	4	78
	5	205
	, 6	355
	7	410
	8	375
	9	476
	10	573
	11	607
	12	419
2021	1	423
	2	640
	3	657
	4	444
	5	492
	6	564
	7	524
	8	410
	9	417
	10	395
	11	426
	12	378

Please note that this response, or an edited version of this response, may be published on the MDHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Phone (06) 350 8061 Fax (06) 355 0616

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> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand

23 February 2022



We are in receipt of your Official Information request dated 27 January 2022.

You advised that you would like the following information as stated below:

1. Data showing the total population covered by the DHB's mental health and addiction services at the end of December 2021.

The total population of our MidCentral DHB rohe for this financial year is: 188,830 (according to our population projection figures provided by the Ministry of Health). The attached infographic (Appendix 1) shows that and some other population information for the 2021/22 year.

2. Data showing the total number of full-time staff employed by the DHB's mental health services in each of the last three years to the end of December 2021, particularly the number of psychiatrists, psychologists, and nurses.

	2019	2020	2021
Head count	205	211	189

3. A breakdown for each of the past three years to December 2021 showing the number of full-time psychiatrists, psychologists, and nurses employed in each of your mental health and addiction teams (e.g. alcohol and drug, child and youth, community, inpatient units etc).

	2019	2020	2021
Nurses	118	123	109
Psychiatrists	17	12	6
Psychologists	10	10	7

4. Data showing the number of vacancies for psychiatrists, psychologists, and nurses in each of those three years to December 2021, broken down by teams.

	2021	2020	2019
Psychiatrist Vacancies	6.00	9.00	10.30
Old Age	1.00	1.00	2.00
Inpatient	2.00	2.00	0.00
CAFS	1.00	1.00	2.00
Outpatient	1.00	4.00	0.00
Medical Director MH&AS	1.00	1.00	0.00
Ward 21	0.00	0.00	2.00
Acute Care Team	0.00	0.00	1.40
Horowhenua	0.00	0.00	1.00
PNCH	0.00	0.00	1.30
Tararua	0.00	0.00	0.60
Mental Health Nursing Vacancies	4.00	3.90	4.00
Ward 21	1.00	0.90	2.00
STAR 1	0.00	0.00	1.00
Community MH	2.00	2.00	1.00
AOD	1.00	0.00	0.00
Oranga Hinengaro	0.00	1.00	0.00
Psychologist Vacancies	6.60	1.90	3.80
Tararua-based	1.00	0.50	1.00
Oranga Hinengaro	1.00	1.00	1.00
HAR	1.00	0.00	0.00
СМНТ	1.00	0.00	0.00
Wd 21	0.00	0.40	1.00
CAF Horo	1.00	0.00	0.00
MHAS (Intern)	1.60	0.00	0.80

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5. Data showing the number of psychiatrists, psychologists, and nurses who left the DHB's mental health and addiction services in each of those three years to December 2021, broken down by teams.

			Head
Year	Job	Org Unit Name	Count
2019	Nurses	Acute Care Team	1
2019	Nurses	Community Mental Health Team PN	2
2019	Nurses	STAR 1 Psychogeriatric Ward	1
2019	Nurses	Ward 21 Inpatient Service	3
2019	Psychiatrist	Community Mental Health Team Horowhenua	1
2019	Psychiatrist	Maori Mental Health	1
2019	Psychiatrist	Mental Health Doctors	4
2020	Nurses	Acute Care Team	2
2020	Nurses	Alcohol & Drug Unit	2
2020	Nurses	Child, Adolescent & Family	3
2020	Nurses	Community Mental Health Team PN/Manawatu	1
2020	Nurses	Community Mental Health Team Tararua	1
2020	Nurses	Early Intervention in Psychosis	2
2020	Nurses	Kaupapa Intergrated Maori MHAS	2
2020	Nurses	Maori Mental Health	1
2020	Nurses	Operations Team	1
2020	Nurses	STAR 1 Psychogeriatric Team	2
2020	Nurses	Ward 21 Inpatient Service	3
2020	Psychiatrist	Mental Health Doctors	2
2020	Psychologist	Child, Adolescent & Family	1
2020	Psychologist	Community Mental Health Team PN	1
2020	Psychologist	Early Intervention in Psychosis	1
2020	Psychologist	Kaupapa Intergrated Maori MHAS	1
2021	Nurses	Acute Care Team	1
2021	Nurses	Alcohol & Drug Unit	3
2021	Nurses	Child, Adolescent & Family	1
2021	Nurses	Community Mental Health Team PN/Manawatu	3
2021	Nurses	Community Mental Health Team Tararua	2
2021	Nurses	Early Intervention in Psychosis	2
2021	Nurses	Extended Hours Team	6
2021	Nurses	Kaupapa Intergrated Maori MHAS	2
2021	Nurses	MHAS Addiction Liaison	1
2021	Nurses	Operations Team	1
2021	Nurses	Ward 21 Inpatient Service	6
2021	Psychiatrist	Mental Health Doctors	2
2021	Psychologist	Child, Adolescent & Family	2
2021	Psychologist	Community Mental Health Team PN/Manawatu	2
2021	Psychologist	Early Intervention in Psychosis	1

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6. Details of what regular updates are received by the mental health and addiction service's senior leadership on workforce and/or recruitment. (For example, do they have access to a dashboard of key metrics that provides data in real time; do they receive weekly or monthly written reports; which key metrics do they track.) If applicable, please provide copies of the three most recent updates.

A range of management reporting covering workforce metrics is available in real time, the types of reports include leave balances (including those staff with balance greater than two years), unplanned absences - sick leave absences and contracted versus actual FTE. These reports are aggregated to employee level and given the confidential nature of the information; these are not available.

Workforce reports are provided to the Board and Committees in accordance with their work programmes. Committee and Board reports are available by accessing the following link http://www.midcentraldhb.govt.nz/AboutMDHB/BoardandCommittees/Pages/default.aspx

7. Copies of key documents held by senior management created in the last two years that were substantially about the challenges in recruitment and/or the impact of staffing pressures on services.

There are no specific reports produced by Senior Management on recruitment and/or impact on staffing. Reporting of this type would be included as part of the Committee and Board reporting process. Committee and Board reports are available by accessing the following link

http://www.midcentraldhb.govt.nz/AboutMDHB/BoardandCommittees/Pages/default.aspx

8. Copies of key documents held by senior management created in the last two years that were substantially about the state of or challenges in CAMHS services.

There are no key documents produced by Senior Management on challenges in CAMHS services. Reporting of this type would be included as part of the Committee and Board reporting process. Committee and Board reports are available by accessing the following link http://www.midcentraldhb.govt.nz/AboutMDHB/BoardandCommittees/Pages/default.aspx

9. Copies of key documents held by senior management created in the last two years that were substantially about the impact of the Covid-19 pandemic on your mental health and addiction services.

There are no specific reports produced by Senior Management on the impact of Covid-19 pandemic. Reporting of this type would be included as part of the Committee and Board reporting process. Committee and Boards are available by accessing the following link http://www.midcentraldhb.govt.nz/AboutMDHB/BoardandCommittees/Pages/default.aspx

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely

Scott Ambridge

Operations Executive

Phone (06) 350 8061 Fax (06) 355 0616

ax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand

10 February 2022



Ref: Y22-0127

Dear

In response to your recent Official Information Act 1982 request regarding:

- 1. Do you have a carbon neutral plan by 2025, and if so, what is the official wording of it?
- 2. Do you have a carbon neutral team or committee? If so, how many are in this team, and are they trained/experts?
- 3. How much carbon do you emit/how are your carbon emissions measured?
- 4. If coal is still in use at your facilities, when do you plan to phase it out?
- 5. Have you transitioned to EVs and or/hybrids? Have you begun to downsize your fleet size?

We advise for MidCentral DHB as follows:

- 1. The DHB has an environmental sustainability policy and strategy which encompasses decarbonisation amongst other things. The DHB is preparing a plan to align with the CNGP requirements, but we are waiting for the Ministry for the Environment's Decarbonisation Strategy so that our targets align with theirs.
- 2. The DHB has an Environmental Sustainability committee that meets bi-monthly. The committee is led by the Sustainability Manager and consists of 5 members representing engineering, pharmacy, nursing, facilities and procurement. All are experts in their field and have substantial knowledge around decarbonisation requirements in the healthcare sector.
- 3. The DHB emits approximately 8,000 tonnes of CO2e per annum. This amount accounts for mandatory Scope 1, 2 and 3 emissions. We are currently working with partners at other DHB's to develop a method for measuring indirect supply chain emissions. Our carbon inventory is completed annually. Verification of the carbon inventory is due to take place in December 2022, in accordance with the CNGP.

Cont'd...,...

Finance & Corporate Services

MidCentralDHB, PO Box 2056, Palmerston North Central, 4440.

Tel: 06 350 8800 Fax: 06 350 8080

- 4. MidCentral DHB does not use coal.
- 5. The DHB is currently implementing a sustainable fleet strategy. Of the present fleet size of 160 vehicles, 40 are EVs and 70 are hybrid vehicles, all of which were introduced over the last year. The remaining 50 vehicles are ICE. We anticipate that the fleet will be fully electric by the end of 2025.

If you are not satisfied with this response you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Please note that this response, or an edited version, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely

Neil Wanden

General Manager, Finance & Corporate Services

18 February 2022

Phone (06) 350 8061 Fax (06) 355 0616

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Dear

I refer to your Official Information Act request received by email on 15 February 2022 2021 with regard to media access to MDHB premises before any COVID-19 restrictions were introduced, and any new conditions introduced as a result of COVID-19 and respond as follows:

1. What was your board's policy regarding media access to your DHB premises to interview staff and patients, and take photographs and video before any COVID-19 restrictions were introduced?

Media have been granted access to MDHB premises to interview staff when appropriate and on a case by case basis with prior approval by the Corporate Communications Manager. Media access to patients requires patient permission and a privacy waiver. All photographs and films taken of MDHB patients must have the required/appropriate consent for the purpose it may be used for, by completing the consent form (available from the Communications Unit) or by noting in the patient/client's notes.

2. Were any new conditions for media access introduced as a result of COVID-19?

All visitors to Palmerston North Hospital are subject to any changes in visitor policy dependent on Alert Levels prior to the implementation of the COVID-19 protection framework. There was no differentiation between media and other visitors to help prevent the spread of COVID-19 and maintain the operational integrity of the hospital.

3. If so, how was this decision made and why?

There were no new conditions put in place specifically for media. All changes to visitor policy are made in accordance with Ministry of Health guidelines and determined risks associated with COVID-19 to workforce and patients.

4. What were the new conditions and how did they affect access at different alert levels and under the current traffic light system?

Visitors to the hospital had to be from the patient's 'bubble' and over the age of 12 years old. Under the current COVID-19 protection framework, all visitors must wear a mask, and over the age of 12 years old.

5. What is your board's intentions for the future regards media access under *COVID-19?*

There is no intention at this point in time to change the current access policy for media.

6. Do you feel your media access rules are consistent with the media's responsibilities to report accurately and promptly on issues, and also with the right of patients and staff to interact freely with the media if they consent?

Our access policy is balanced between the rights of patients and staff for privacy and a safe work environment. There is no restriction for patients to talk to media. However, MDHB has a responsibility to ensure the privacy rights of all staff and patients are respected while they are on MDHB premises. Members of staff are not precluded from making personal statements, but when doing so, must explicitly state that they are doing this as a member of the public, or of any other organisation or professional body that they are representing. However, employees are obliged to abide by MDHB Code of Conduct to ensure they do not bring the DHB into disrepute through their conduct and actions either as employees or private individuals.

Please note that this response, or an edited version of it, may be published on the MidCentral DHB website ten working days after your receipt of this letter.

Yours faithfully

Keyur Anjaria General Manager People & Culture 24 February 2022

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> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Tēnā koe

We are in receipt of your Official Information request dated 20 January 2022.

You advised that you would like the following information:

• all correspondence between the DHB and the Ministry of Health about the construction of the new mental health ward at Palmerston North Hospital over the past 12 months, as well as any reports or draft reports about the new ward?

Attached please find:

- Emails between DHB and Ministry of Health officials for the last 12 months
- Reports and draft reports for the last 12 months
- Agendas and minutes for the Acute Mental Health Unit for the last 12 months.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Nāka noa, nā

Scott Ambridge

Operations Executive

Phone: + 64 (6) 350 8354

2 March 2022

Dear

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Official Information Act (OIA) request - OIA Y22-120

Thank you for your request for information dated 4 February 2022. Your request is acknowledged and has been passed onto me for a response.

You have requested MidCentral District Health Board (MDHB) provide you with information to the following questions:

- 1. Does your DHB have a palliative care service? Yes.
- 2. If yes, what is its annual budget? \$722,089.00.
- 3. How many palliative care specialists do you employ?
 - One Senior Medical Officer
 - One Registered Medical Officer.
- 4. How many DHB FTEs are dedicated to palliative care and what are their job titles (eg CNS,nurse practitioner, allied health)?
 - One Senior Medical Officer 1.15 FTE
 - One Registered Medical Officer 1 FTE
 - One Nurse Practitioner Candidate 0.8 FTE
 - One Clinical Nurse Specialist 1.0 FTE
 - One Registered Nurse 1.0 FTE.
- 5. Do all palliative patients have access to telephone 24/7 specialist palliative care advice and support?
 Yes.
- 6. Do all palliative care patients have access to visits from district nurses and General Practitioners 24/7, wherever they are located home, care home, rural and urban?
 - District Nurse until 11.00pm then Ambulance service involved after 2300hrs
 - General Practitioners do same day visits.

- 7. Do all palliative patients (no matter where located) have access to assessment and care from multidisciplinary specialist palliative care teams?

 Yes.
- 8. Do all patients admitted to hospital have access to multidisciplinary specialist palliative care teams? Yes.
- 9. How many FTEs do you have dedicated to implementation of end of life care pathways and advanced care planning? Nil, this is encouraged across all DHB services, the Hospice and Aged Care facilities through education, training and use of Te Ora Whakapiri.
- 10. When are people referred to palliative care, by whom and how close to death?

Referrals are mainly from Secondary Care services (60 percent) when end stage organ disease or end stage cancer is diagnosed. 40 percent of referrals are from Primary care.

11. How much annual funding do you provide for local hospice services? \$3,0480.00.

Please note that this response, or an edited version may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

I hope this information is what you require.

Yours sincerely

Sarah Fenwick

Operations Executive Te Uru Mātai Matengau Cancer Treatment, Screening and Support 2 March 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Email:

Dear

Official Information Act (OIA) request - OIA Y22-170

Thank you for your request for information dated 17 February 2022. Your request is acknowledged and has been passed onto me for a response.

You have requested MidCentral District Health Board (MDHB) provide you with information to the following question:

1. How many caesarean sections in the past 5 years, if any, have also had simultaneous tubal ligations at the time of the caesarean section, listed as dual procedures in total and per capita women aged 20-45 by year?

Year	Amount	Rate per Capita	Rate per 1,000
2017	33	0.0011	1.12
2018	17	0.0006	0.58
2019	23	0.0008	0.77
2020	18	0.0006	0.60
2021	23	0.0008	0.77

Please note that this response, or an edited version may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

I hope this information is what you require.

Yours sincerely

Sarah Fenwick

Operations Executive Te Uru Pā Harakeke Healthy Women Children and Youth

Operations Executive, Healthy Women, Children and YouthMidCentral DHB, PO Box 2056, Palmerston North 4440 (06) 356 9169

2 March 2022

Phone (06) 350 806 I Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston Norlh Central Palmerston Norlh 4440 New Zealand

> Physical Address: Gate2 Herefaunga Street Palmerston North Newzeatand



Dea-

Official Information Act (OIA) Request

Your recent OJA request of 25 February 2022 to the MidCentral District Health Board (MOHS) is acknowledged.

You have requested the following;

 Does the DHB use a traffic light type alert mechanism to assess general busyness measures such as occupancy, e.g. green, yellow, orange, red, black alerts, and if so, what were the alert colours from 1 January 2022 to the presented listed by colour and dates?

MDHB uses a green, yellow and red alert system to assess general busyness measures such as occupancy. This is undertaken Monday to Friday (excluding public holidays) at 0900 hours (9.00 a.m.).

Please find attached a record of the alerts from 1 January 2022 to the present

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Encl



January			
1-]an	Saturday		
an	SunQfil'_		
3-]an	Monday		
4-Jan	Tuesday	Department of	
5-]an	Wednesday	Yellow	
6-Jan	Thursday	Orange	
7dan	Friday	Orange	
8-Jan	Saturday		
-2:Jan	Sunday		
10-Jan	Monday	Green	
11-Jan	Tuesday	Yellow	
12-]an	Wednesday	Green	
13-Jan	Thursday	Green	
14-	Friday_	Orange	
15-Jan Saturday			
16-Jan	Sunday		
17-Jan	Monday	Yellow	
18-Jan	Tuesday	Green	
19-Jan	Wednesday	Yellow	
20-Jan	Thursday	Green	
21-]an	Friday	Yellow	
22-Jan	Saturday		
23-Jan	Sunday		
24-Jan	Monday	Orange	
25-Jan	Tuesday	Orange	
26-Jan	Wednesday	Orange	
27-Jan	Thursday	Orange	
28-Jan	Friday	Yellow	
29-Jan	Saturday		
30-Jan	Sunday	Halve St.	
31-Jan	Monday		

NY Day obs NY Holiday

February		
1-Feb	Tuesday	Orange
2-Feb	Wednesday	Orange
3-Feb	Thursday	Orange
4-Feb	Friday	Orange
5-Feb	Saturday	
6-Feb	Sunda'.}!	
7-Feb	Monday	
8-Feb	Tuesday	Yellow
9-Feb	Wednesday	Orange
10-Feb	Thursday	Yellow
11-Feb	Friday	Yellow
12-Feb	Saturday	
13-Feb	Sunday	
14-Feb	Monday	Orange
15-Feb	Tuesday	Orange
16-Feb	Wednesday	Orange
17-Feb	Thursday	Green
18-Feb	Friday	Green
19-Feb	Saturday	
20-Feb	Sunday	
21-Feb	Monday	Orange
22-Feb	Tuesday	Orange
23-Feb	Wednesday	Orange
24-Feb	Thursday	Yellow
25-Feb	Friday	Yellow
26-Feb	AND REAL PROPERTY AND ADDRESS OF THE PARTY O	
27-Feb	Sunday	
28-Feb	Monday	Green

Waitangi

Wellington Anniversary

Phone (06) 350 8061 Fax (06) 355 0616

3 March 2022

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

Ref: Y22-224

Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand

Dear

In response to your recent Official Information Act 1982 request regarding ICU beds, which was partly transferred (question 3) to MidCentral from the Ministry of Health

Data on how many ICU beds NZ had as at 1.1.2020 and again ICU beds in NZ as at 18.1.2022. I would like this data to include bed numbers that can actually be used vs allocated beds that cannot be staffed

We advise for MidCentral DHB as follows:

ICU beds on 1/1/2020 was 6.
 ICU beds on 18/1/2022 was also 6, no change.

If you are not satisfied with this response you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Please note that this response, or an edited version, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely

Neil Wanden

General Manager, Finance & Corporate Services

Tel: 06 350 8800 Fax: 06 350 8080

17 March 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

I refer to your Official Information Act request received by email on 18 February 2022 2021 with regard to psychologist FTE, turnover and vacancies and respond as follows:

1. Current employed psychologist FTE **and** headcount **and** a table showing how many psychologists are employed on each step of the scale.

a. FTE: 14.25b. Headcount: 17

c. a table showing how many psychologists are employed on each step of the scale:

Salary Step	# Psychologists on Step
16	0
15	1
14	0
13	2
12	3
11	1
10	1
9	0
8	1
7	1
6	0
5	2
4	1
3	2
2	0
1	2

2. Employed psychologist turnover from 1 February 2021 to 1 February 2022.

Turnover for the period is 21 percent.

3. Current number of vacant FTE for psychologists.

6.6 vacancies – 5 FTE Psychologists, 1.6 FTE Intern Psychologists.

4. How the total FTE of psychologists employed by the DHB is distributed and the location where the FTE is based (e.g. five FTE in adult community mental health in Tauranga, one FTE in inpatient mental health in Whangarei, two FTE in child and adolescent mental health in Orewa).

Allied Health Professional Leadership:	0.4FTE
Child, Adolescent & Family Mental Health (PN):	5.6FTE
Child, Adolescent & Family Mental Health (Horo):	1.0FTE
Mental Health Service Improvement:	0.4FTE
Mental Health & Addiction Services Horowhenua Locality:	1.0FTE
Mental Health & Addiction Services Manawatu Locality:	5.25FTE
Ward 21 Inpatient Service:	0.6FTE

Please note that this response, or an edited version of it, may be published on the MidCentral DHB website ten working days after your receipt of this letter.

Yours faithfully

Keyur Anjaria General Manager People & Culture 16 March 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO8ox2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand



Dea

Official Information Act (OIA) Request

As you are aware, your recent OJA request has been partially transferred to District Health Boards by the Ministry of Health under section 14(b)(ii) of the Official Information Act.

The following information is provided as it pertains to MidCeQtral District Health Board (MDHB).

 Please supply hospitalisations caused solely by COVID-19, where COVID is the only diagnosis listed, broken down by age groups and by gender, and by vaccination or non-vaccination status between 1 February 2020 up to and including 31 January 2022.

MDHB had no hospitalisations caused solely by COVID-19 where COVID-19 was the only diagnosis listed.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

11 March 2022

Dear

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Official Information Act (OIA) Request

Thank you for your request for information dated 22 February 2022. The following information is provided as it pertains to MidCentral District Health Board (MDHB).

1. How many people under the MDHB have a feeding tube? Would appreciate this by age bracket please, e.g. 5 year brackets.

Age	Patient
grouping	Number
0>5	10
6>10	8
11>16	3
17>22	6
23>28	5
29>34	4
35>40	5
41>46	2
47>52	5
53>58	6
59>64	1
65>70	3
71>75	3
76>81	1
82>87	4
88>93	
94>99	
100>	

2. Does the MDHB provide, free of charge, the Nutricia Flocare Infinity Go Frame for those feeding tube patients requiring one and if so, what is the GST excl unit price that the MDHB purchase them for from Nutricia?

Midcentral District Health Board does not provide Nutricia Flocare Infinity Go Frames.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Gabrielle Scott

Executive Director

Allied Health

15 March 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 Newleolond

> Physical Address: Gofe2 Heretounga Street Palmerston North Newleoland



Dear

Official Information Act (OIA) Request

Your recent OlA request of 25 February 2022 to Mid Central District Health Board (MDHB) is acknowledged.

The information you have requested for the 2021 calendar year follows.

1. How many hours per week, on average, are operating theatres undertaking elective planned care and acute procedures, listed elective theatre procedures, acute theatre procedures, and both of these two individually as proportions of overall theatre availability?

Session Type	Hours	Theatres	Days	Week
Acute Theatre	24	1	7	168
Orthopaedic Acute	4		5	20
General Surgery rGS) Acute	4		3	12
Total Acute Hours				200

e -(b + c)

Elective Theatre	8	6	5	240
Less Acute Orthopaedic & GS				32
Total Elective Hours				208

2. What percentage of overall available theatre time is currently not used and potentially available for elective planned care procedures listed as a percentage of overall available theatre time?

On average, MDHB's acute theatre time is 89 hours per week, leaving 111 hours. However, the acute theatre is maximised during working hours so effectively no capacity is available for elective procedures.

Approximately 193 hours elective theatre time was used on average out of 208 hours, potentially leaving 15 hours per week available. However, this is at 100% theatre utilisation which is not realistic as turnaround time is needed between procedures.

Due to COVID-19 disruptions we had reduced theatre activity during August and September 2021.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Phone (06) 350 8061 Fax (06) 355 0616

18 March 2022

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

Via Email :

Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand

Ref: Y22-0235

Dear

In response to your Official Information Act 1982, question 6 of your request was transferred to MidCentral DHB to answer due to the Ministry of Health not holding the relevant information.

Regarding question 6 "Since 1 January 2015 to the date of this request, the number of referrals from the Ministry of Health and District Health Boards to 1. Customs for actual or suspected breaches of the Customs Acts and/or 2. Police for other actual or suspected offences." Which was subsequently amended to be from 01 July 2019, we advise as follows:

- 1. MidCentral DHB has not made any referrals to Customs for actual or suspected breaches of the Customs Acts.
- 2. Since 1 July 2019 to 1 March 2022, MidCentral DHB has made 88 referrals to the Police for actual or suspected offences.

If you are not satisfied with this response you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Please note that this response, or an edited version, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely,

Neil Wanden

General Manager, Finance & Corporate Services

Tel: 06 350 8800 Fax: 06 350 8080

Notes: from Hui Mūaupoko Tribal Authority (MTA)- Hui with MidCentral DHB Public Health re 1080

8 June 2021

306 Oxford Street Levin

Start 12 noon

<u>Attendees</u>	
, CEO	MTA
	MidCentral DHB PHS
	Ministry of Health contractor

The hui commenced with mihi whakatau followed by whakawhanaungatanga.

The korerorero covered the following:

outlined the public health unit (PHU) role with respect to granting permissions for the aerial application of 1080. That this is a function of the Environmental Protection Agency (EPA) that is delegated to Medical Officer's of Health (MOsH) and Health Protection Officers (HPOs) with special training under the Hazardous Substances and New Organisms Act (HSNO Act). The instrument of delegation confines matters that can be considered only to those covered in the Ministry of Health 2013 guidelines for Issuing Permissions for the Use of Vertebrate Toxic Agents (VTAs). This document does not consider addressing inequity for Māori health outcomes, however, it does reference a 2009 EPA Communications Guideline For Aerial 1080 Operations. The EPA guideline are for the use of those who are applying for a permission to use 1080 and does have a section on consultation with Māori.

mentioned that there is a need for guidelines to cover the perspective of mana whenua and, that he intends to take a sabbatical to develop draft guidelines.

also informed the hui that most of the land covered by the proposed operation is DOC land and that this requires a second permission under the HSNO Act. The granting of this permission is delegated by the EPA to select senior managers within DOC. Under the conservation legislation DOC is required to put into effect the principles of the treaty.

with the support of permission, expressed the view that the granting of the permission by the PHU should take into account addressing inequity for Māori health. Regular updates on these concerns are provided at meetings of the DHB Manawhenua Hauora consortium.

It was clearly stated that MTA members are opposed to this operation in the strongest possible terms and see the proposed operation as a breach of treaty rights and Tino Rangatiratanga.

Alternative methods of possum control are not considered and there is genuine concern about the poisoning of the whenua, awa and mahinga kai.

There was considerable discussion around the November 2020 hui with DOC and Ospri and that there was a very large turnout of MTA members, about 60. It was felt that consultation by DOC and Ospri was too late. At the hui and throughout all communications with DOC and Ospri it appears that there is a pre-determined outcome. There was no meaningful consultation in the true sense of the meaning of consultation. At the hui there was a declaration of opposition was signed by MTA members and this was taken away by

It was noted that it is a challenge for a pre-settlement iwi to have the resources to challenge and oppose the proposed operation, however, MTA has discussed this matter with the MTA lawyer.

indicated that he going to have grant the permission at some stage. The Ministry of Health provide a menu of model conditions that can be imposed to protect public health. At the end of the hui copies of the 2013 Ministry of Health guidelines and the 2009 EPA Communications Guideline were provided to MTA.

@epro.co.nz> From: 2020 11:02 a.m. Sent: To: [WrDHB); Cc: Otaki Water Supplies - Kapiti Coast District Council Subject: **Attachments:** Boreholes_Otaki_20200811.pdf; Boreholes_Hautere_20200811.pdf I have received the attached maps from Kapiti Coast District Council regarding the locations of their water supply intakes. The Hautere intake is an infiltration gallery. Itook the opportunity to ring - and ask him if he had any concerns about the Northern Tararua Predator Control operation. He said he did not. He said he would be happy to discuss this with you personally if you would like to ring him. Regards Compliance and Safety Coordinator Epro Limited PO Box 1748 Taupo,3351 Phone: Cellphone: Epro operates under a Health and Sa(ety System certified to ISO 4500 I by Te/arc Limited. This email together with any attachments is confidential and may be subject to legal privilege. If you are not the intended recipient, please; 1. advise us immediately by return email 2 do not forward, print, copy, disclose or use this email and/or attachments in any way; and 3 delete this email and/ or attachments, and destroy all paper copies of these which may have been printed. Epro Limited & not responsible for any changes made to this email and/ or attachments after sending by Epro Limited. From: @ka piticoast.govt.nz> Sent: Thursday, 13 August 202010:46 AM @epro.co.nz> Subject: RE: Otaki Water Supplies Here you go.. Water & Wastewater Asset Manager Kaiwhakahaere Wai Kapiti Coast District Coundl

www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Monday, 10 August 2020 10:02 PM

@kapiticoast.govt.nz> Subject: RE: Otaki Water Supplies Thanks-We appreciate your help. Regards Compliance and Safety Coordinator

Epro Limited PO Box 1748

Taupo, 3351

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@kapiticoast.govt.nz>

Sent: Monday, 10 August 2020 4:39 PM @epro.co.nz>

Subject: RE: Otaki Water Supplies

I'm asked our GIS guys to helps us with this.

IIR!water Asset Manager

Kaiwhakahaere Wai

Kapiti Coast District Council

www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Friday, 7 August 2020 2:03 PM

To: @kapiticoast.govt.nz>

@epro.co.nz>; @midcentraldhb.govt.nz>;

[HVDHB] @huttvalleydhb.org.nz>

Subject: Otaki Water Supplies

Hi-

Thanks for talking to me today.

You confirmed that the old KCDC water supply intake on the Waitohu stream is inoperative and is not connected to the Otaki supply.

Could you please give me map grid reference coordinates (NZ Transverse Mercator) for the Tasman Road, Rangiuru and Hautere bores.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo.33S1

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From: @kapiticoast.govt.nz>

Sent: Monday, 29 June 2020 2:58 PM

@epro.co.nz>

Cc: @enro.co.nz>; @huttvalleydhb.org.nz

Subject:, RE: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Noted thank

I've passed to our acting water treatment manager

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Thursday, 25 June 2020 2:31 PM

To: @kapiticoast.govt.nz>

@epro.co.nz>; @huttvallevdhb.org.nz

Subject: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Dea-

Epro Limited of Tau po has been contracted by TB Free New Zealand and The Department of Conservation to undertake an animal predator control project within the Northern Tararua Range.

Epro give notice of our intention to apply sodium fluoroacetate (1080) impregnated cereal pellet baits by helicopter. The aerial operation will commence with prefeeding in late July 2020 and will be progressively completed between then and 20 December 2020, weather permitting.

A map of the operational area is included in the attached fact sheet.

We seek Council's advice as to whether you have any concerns over public water supplies in the area. We are aware of the Otaki bore supply. This will not be affected.

Please notify us if Kapiti Coast District Council has any queries or concerns relating to this project.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo, 3351

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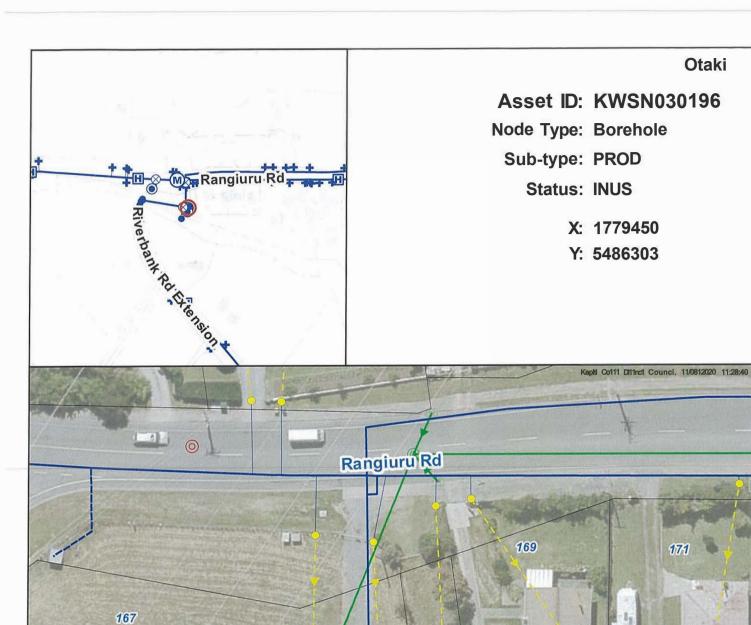
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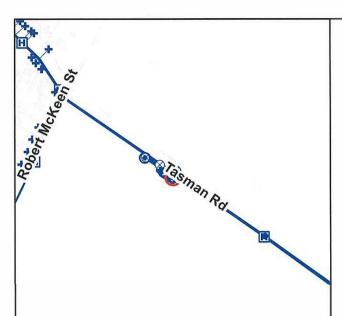
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115

Otaki



Asset ID: KWSN036916

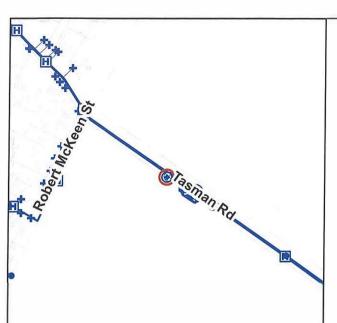
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Sub-type: PROD

Status: INUS

X: 1779186





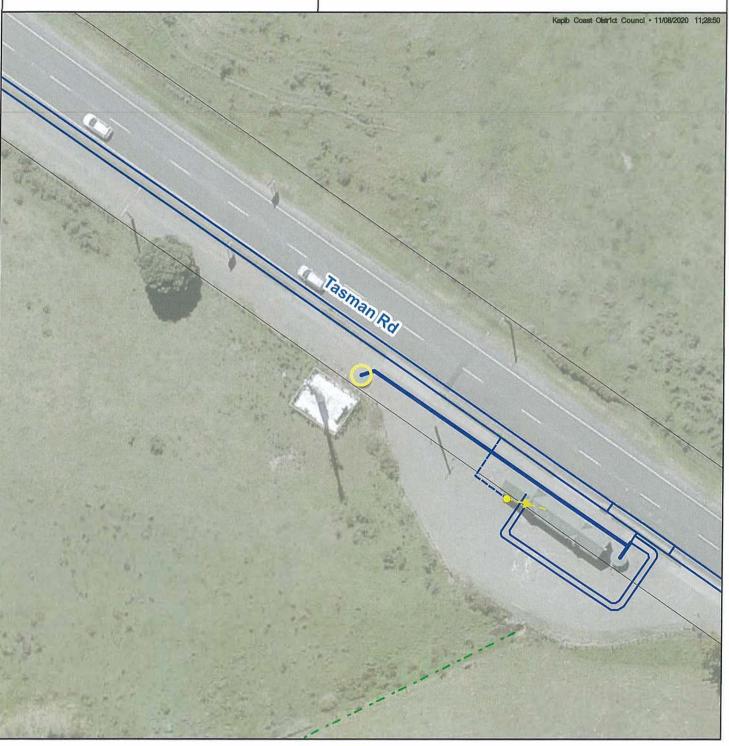
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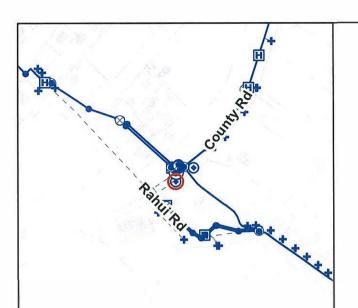
Node Type: Borehole

Sub-type: PROD

Status: INUS

X: 1779150





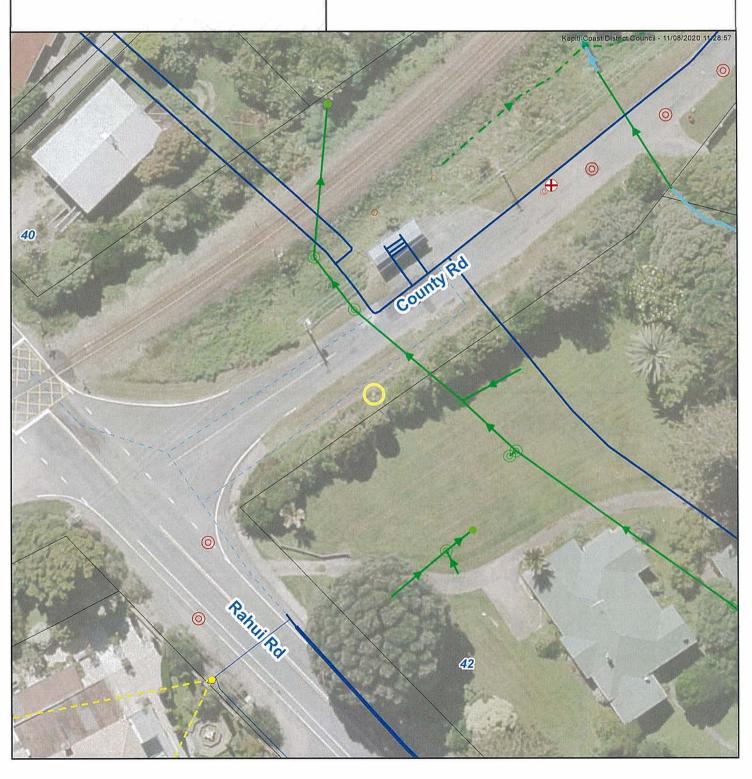
Asset ID: KWSN027677

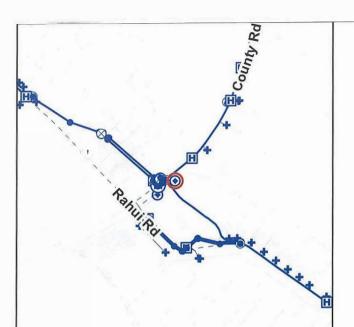
Node Type: Borehole

Sub-type: PROD

Status: STANDBY

X: 1782315





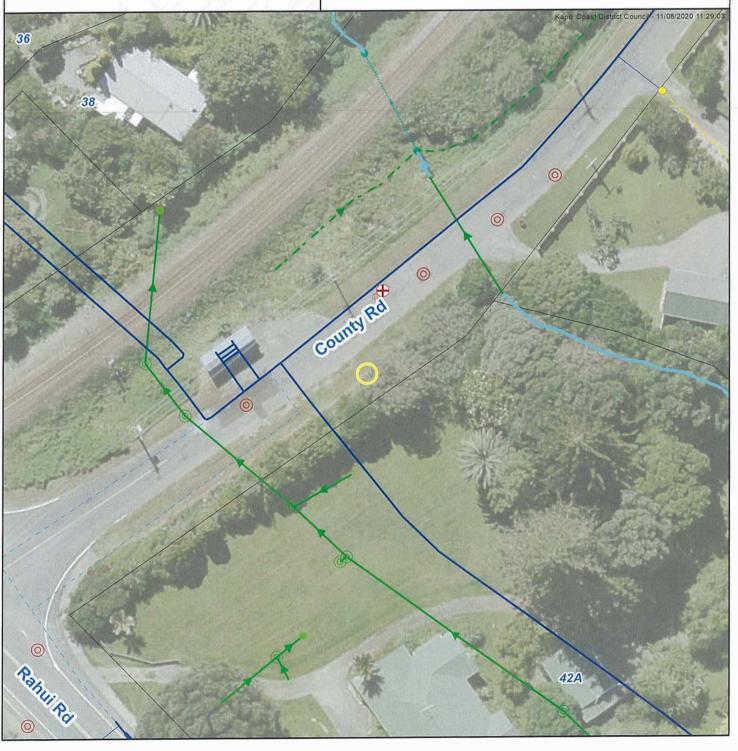
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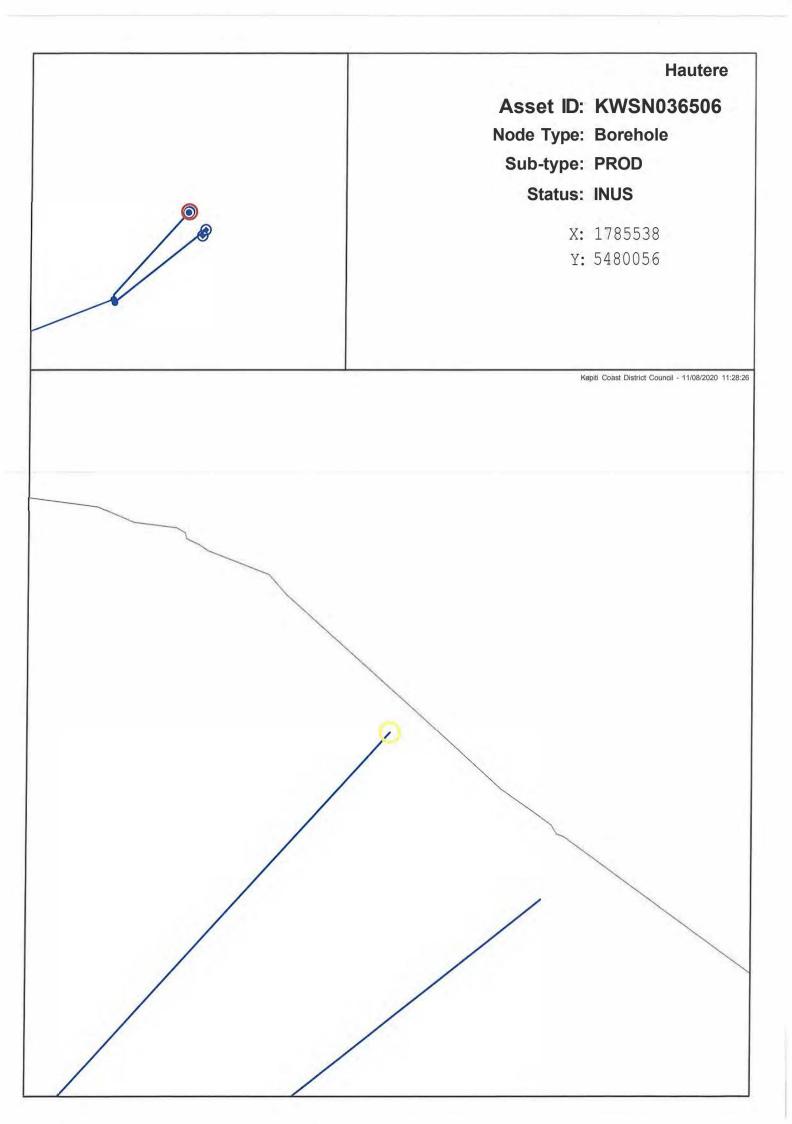
Node Type: Borehole

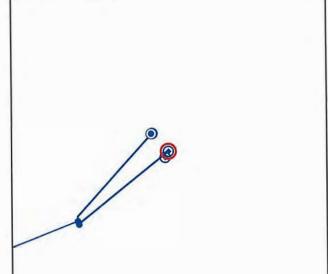
Sub-type: PROD

Status: STANDBY

X: 1782337 Y: 5485462







Hautere

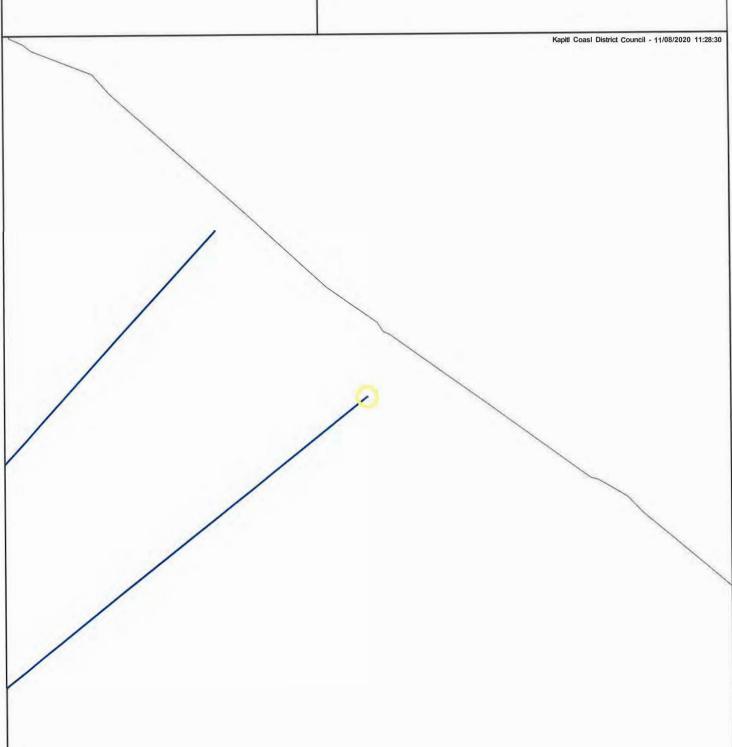
Asset ID: KWSN036507

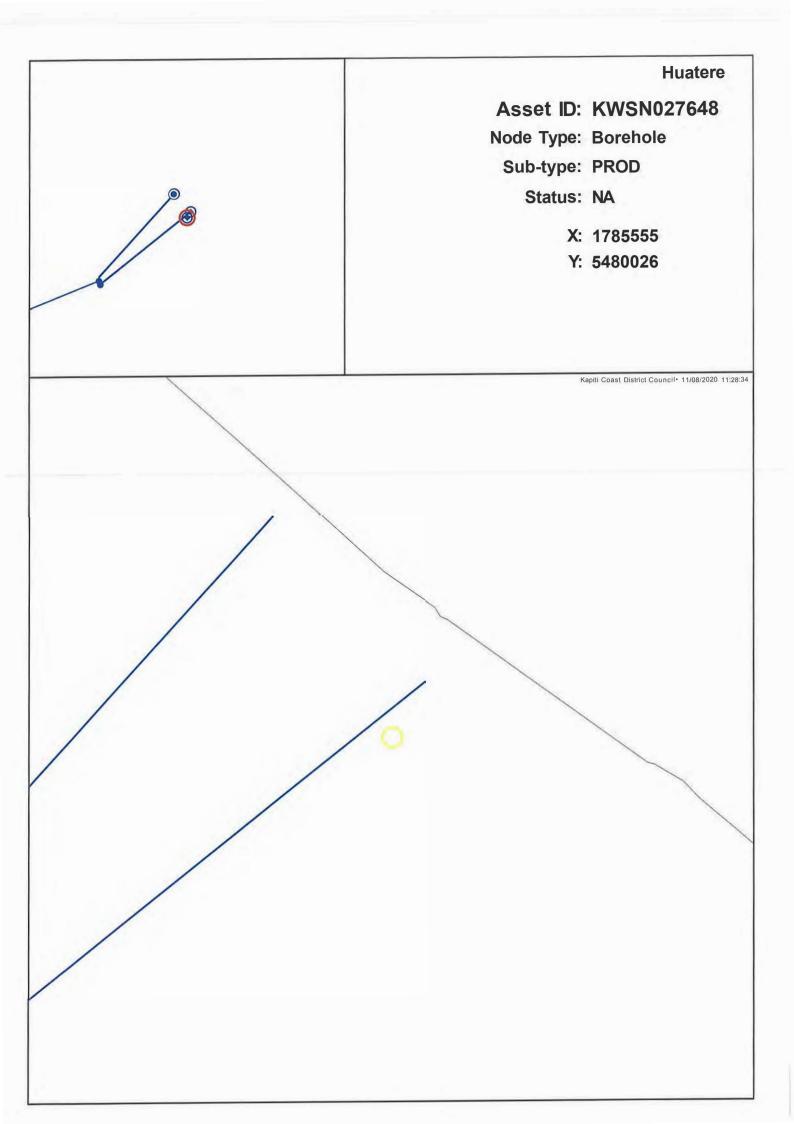
Node Type: Borehole

Sub-type: PROD

Status: INUS

X: 1785559





From:

Sent:

♦2011:13a.m.

To:

11111111111111 ® ka piti coast.govt. nz)'

Cc:

[HVDHB]

Subject:

DoC/Ospri North Tararua Combined Predator Control Operation

Attachments:

Tararua Aerial Predator control Operation Update

Morena

Iam writing to you regarding the planned DoC/Ospri North Tararua Combined Predator Control Operation We have been advised by the operator, Epro Limited that this operation will now not go ahead until from February 2021, refer attached email from Epro.

In January 2021-edical

Officer of Health, Regional Public Health and myself would like to meet

with you and the WTP supervisor.

If possible, Epro and Ospri would join in via Zoom/MS Teams. We will make these arrangements.

The purpose of the meeting would be to discuss the predator control operation, any impact the Otaki River Catchment and any general concerns

I will be in contact early January to discuss further.

Ka kite

I Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442

"Quality Living - Healthy Lives"

From: no_reply2 <no_reply2@epro.co.nz>

Sent: December 2020 1:30 p.m.

To:

Subject: Tararua Aerial Predator control Operation Update



Epro Lfmlted 283 Broadlands Road PO Box 1748 Taupo 3351. New Zealand



Hutt District Health Board
_...,idcentraldhb.govt.nz

16 December 2020

Dear Recipient,

Tararua Aerial Predator control Operation Update

We are writing to provide an update on the proposed aerial 1080 operation that was originally planned in your area for Winter/ Spring 2020. The operation has been postponed with a proposed new timing from February 2021.

During consultation the operational boundary has been split into two blocks; east and west. Please see maps below.

Consent for the eastern block has been granted, but due to weather conditions and the upcoming summer holidays this has been postponed.

Consent for the western block has been delayed, to allow more time to carry out consultation with local iwi.

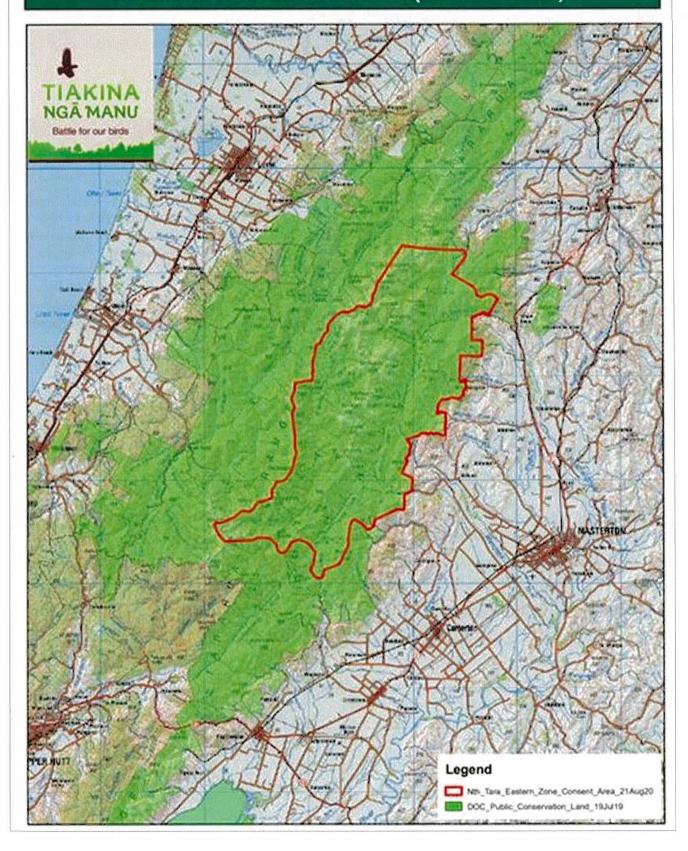
All decisions will be clearly communicated to the landowners/ land occupiers, iwi, and the local community.

Yours faithfully

Operational Controller

Operational Controller Email Contact: control@epro.co.nz

Northern Tararua Combined (Eastern Zone)



Northern Tararua Combined (Western Zone) Levin TIAKINA Makahika NGĀ MANU Battle for our birds Legend - OOC: II\MC.c - . . 11W1_L . - _t1 J;;1t c:J Nll1----...,- NM.

From: Sent: To: Cc: Subject: Attachments:	© kapiticoast.govt.nz> Thursday, 17 December 2020 2:52 p.m. [HVDHB]; RE: DoC/Ospri North Tararua Combined Predator Control Operation Tararua Aerial Predator control Operation Update
Hi	
Thanks for the notice yo I've copied in	u are postponing the 1080 drop to next feb. our Water Treatment Plants Manager as he is central to this matter.
Water & Wastewater A Kaiwhakahaere Wai	sset Manager
Kāpiti Coast District Counci	
www.kapiticoast.govt.nz	
From: Sent: Thursday, 17 Decer To: Cc: [HVD Subject: DoC/Ospri North	kapiticoast.govt.nz>
Morena-	
	ding the planned DoC/Ospri North Tararua Combined Predator Control Operation the operator, Epro Limited that this operation will now not go ahead until from February will from Epro.
In January 2021 with you and the WTP su If possible, Epro and Ospr	Medical Officer of Health, Regional Public Health and myself would like to meet pervisor. ri would join in via Zoom/MS Teams. We will make these arrangements.
The purpose of the meeti Catchment and any gener	ing would be to discuss the predator control operation, any impact the Otaki River ral concerns
I will be in contact early J	anuary to discuss further
Ka kite	andary to discuss further.
	Services, 200 Broadway avenue, North 4442

[&]quot;Quality Living- Healthy Lives"

From:

no_reply2 <no_reply2@epro.co.nz>

Sent:

December 2020 1:30 p.m.

To:

Subject:

Tararua Aerial Predator control Operation Update



Epro Lfmlted 283 Broadlands Road PO Box 1748 Tau po 3351. New Zealand

or 0800 ASK EPRO Emarl control@epro.co.nz

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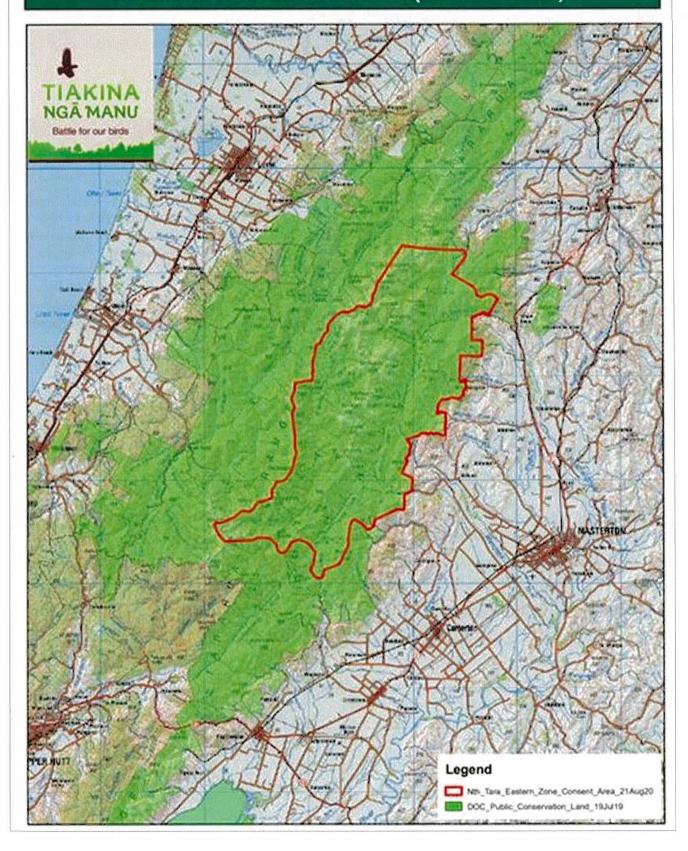
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Northern Tararua Combined (Western Zone) Levin TIAKINA Makahika NGĀ MANU Battle for our birds Legend - OOC: II\MC.c - . . 11W1_L . - _t1 J;;1t c:J Nll1----...,- NM.

From:

Sent:

@ril

20214:43 p.m.

To:

Subject:

FW: Otaki Water Supplies - Kapiti Coast District Council

Attachments:

Boreholes_Hautere_20200811.pdf

Afternoon-

I am trying to figure out the map coordinates for the <u>Hautere intake</u> Above is listed - X 1785538 Y 5480056

We tried map coordinates S 178 55.38, E 54.8 00.56 But that didn't work

Can you let me know what the map coordinates are?

thanks

regards

Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442

"Quality Living- Healthy Lives"

From epro.co.nz>

Sent: Thursday, 13 August 2020 11:02 AM

To:-[WrDHB] -...,airarapa.dhb.org.nz>;

�entraldhb.govt.nz>

Cc: epro.co.nz>;

epro.co.nz>

Subject: Otaki Water Supplies - Kapiti Coast District Council

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Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo,3351

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From: kapiticoast.govt.nz>

Sent: Thursday, 13 August 2020 10:46 AM
To:

Subject: RE: Otaki Water Supplies

Here you go-

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: epro.co.nz)

Sent: Monday, 10 August 2020 10:02 PM

To: kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies

Thank

We appreciate your help.

Regards

Compliance and Safety Coordinator

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From: ka piticoast. govt.nz> Sent: Monday, 10 August 2020 4:39 PM epro.co.nz> Subject: RE: Otaki Water Supplies I'm asked our GIS guys to helps us with this. Water & Wastewater Asset Manager Kaiwhakahaere Wai Kapiti Coast District Council www.kapiticoast.govt.nz From: @epro.co.nz Sent: Friday, 7 August 2020 2:03 PM To: kapiticoast.govt.nz> Cc: midcentraldhb.govt.nz>; @epro.co.nz>; [HVDHB] @huttvalleydhb.org.nz> Subject: Otaki Water Supplies Thanks for talking to me today. You confirmed that the old KCDC water supply intake on the Waitohu stream is inoperative and is not connected to the Otaki supply. Could you please give me map grid reference coordinates (NZ Transverse Mercator) for the Tasman Road, Rangiuru and Hautere bores. Regards Compliance and Safety Coordinator Epro Limited PO Box 1748 Taupo, 3351 Epro operates under a Health and Safety System certified to JSO 45001 by Te/arc Limited. This email together with any attachments is confidential and may be subject to legal privilege. If you are not the intended recipient, please: 7. advise us immediately by return email 8. do not forward, print, copy, disclose or use this email and/ or attachments in any way; and 9. delete this email and/ or attachments, and destroy all paper copies of these which may have been printed. Epro Limited is not responsible for any changes made to this email and/ or attachments after sending by Epro Limited.

kapiticoast.govt.nz> Sent: Monday, 29 June 2020 2:58 PM

To: epro.co.nz>

Cc: huttvalleydhb.org.nz ofo.co.nz>;

Subject: , RE: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Noted thanks.

I've passed to our acting water treatment manager

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: epro.co.nz]

Sent: Thursday, 25 June 2020 2:31 PM

To: kapiticoast.govt.nz>

Cc: huttvalleydhb.org.nz

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A map of the operational area is included in the attached fact sheet.

We seek Council's advice as to whether you have any concerns over public water supplies in the area. We are aware of the Otaki bore supply. This will not be affected.

Please notify us if Kapiti Coast District Council has any queries or concerns relating to this project.

Regards

Compliance and Safety Coordinator

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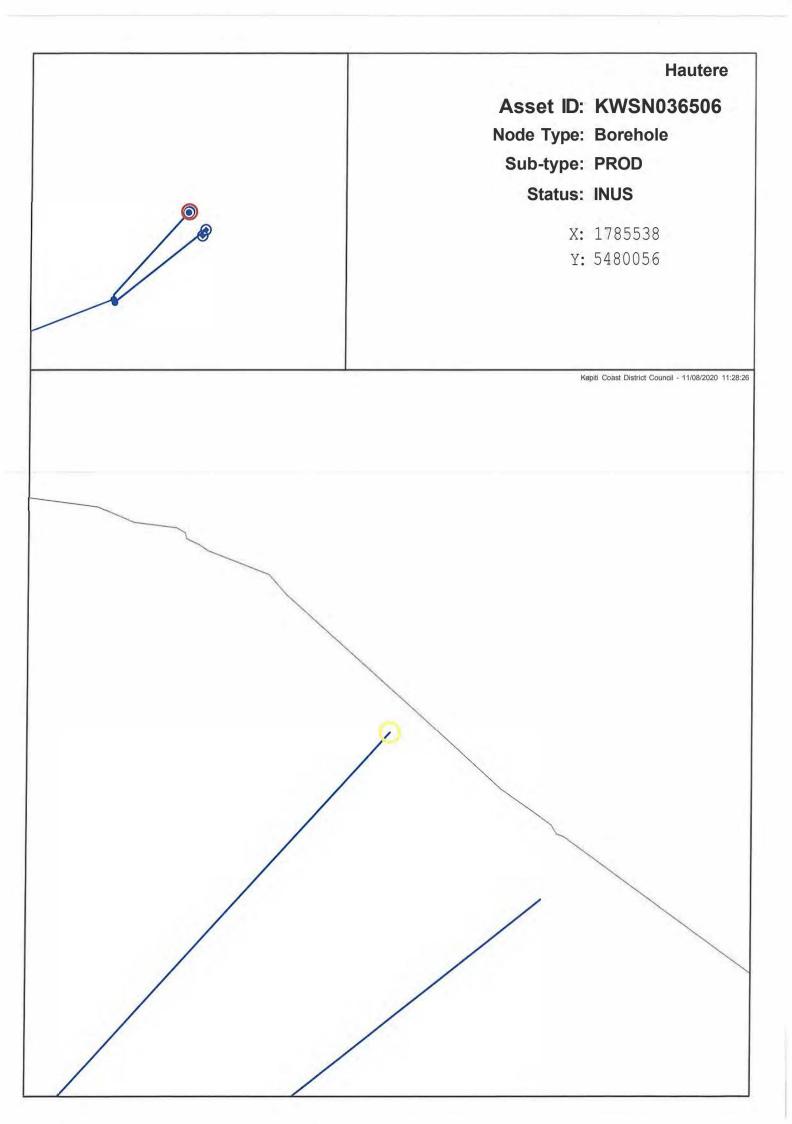
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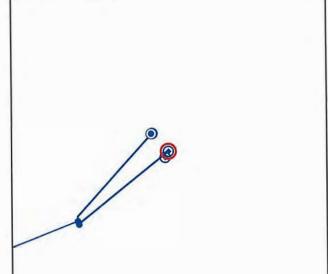
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Hautere

Asset ID: KWSN036507

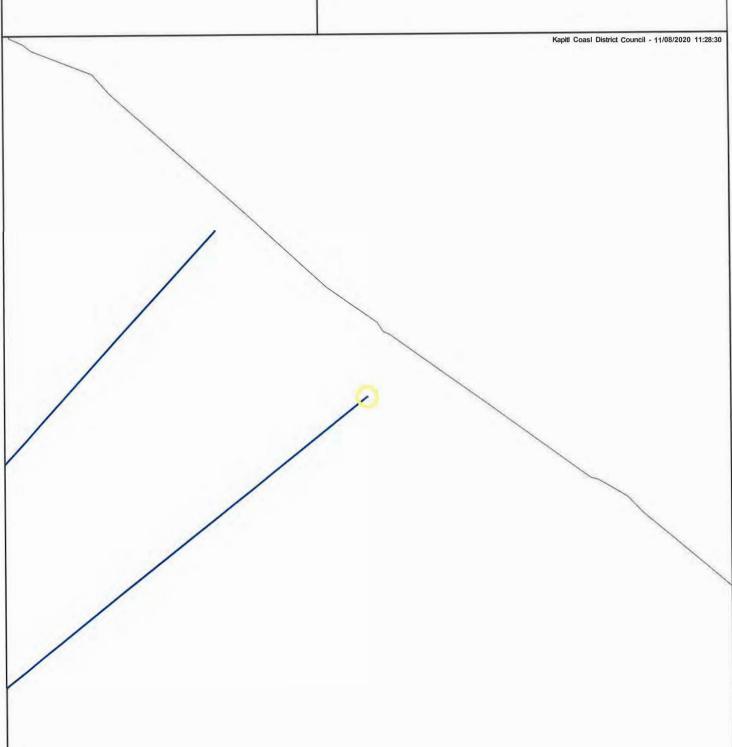
Node Type: Borehole

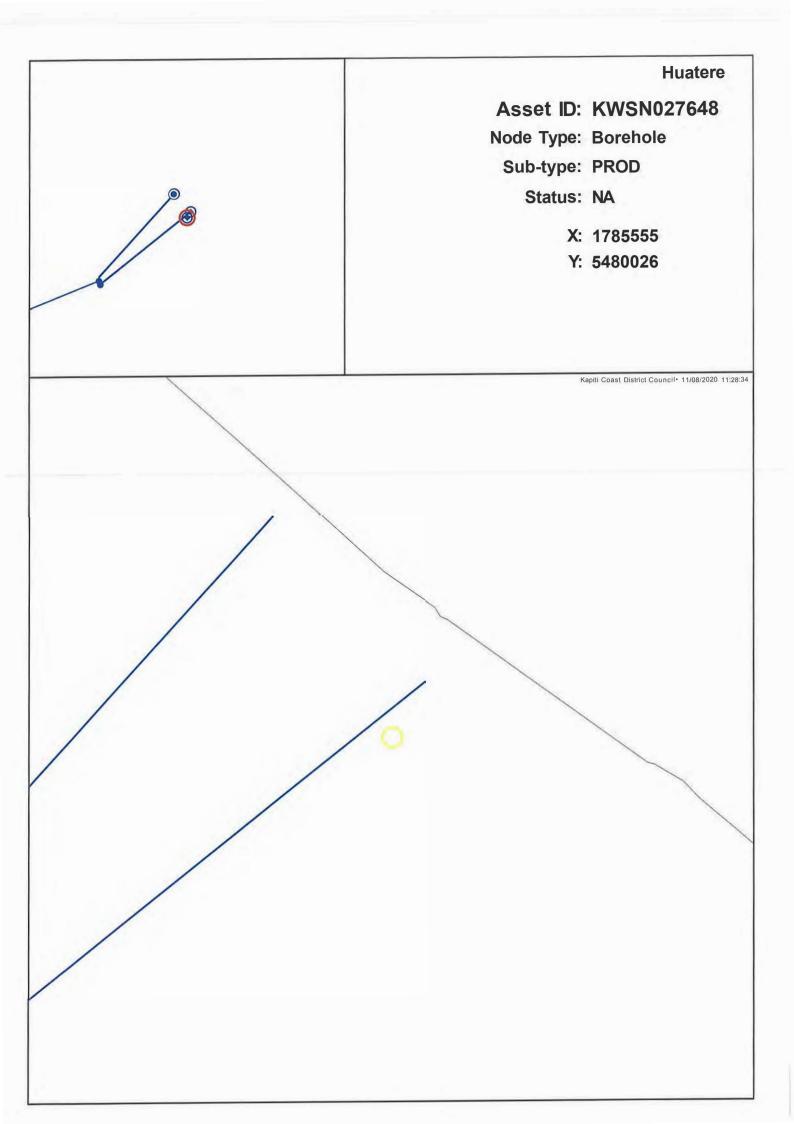
Sub-type: PROD

Status: INUS

X: 1785559

Y: 5480033





From: Sent: Wednesday, 5 May 202112:01 p.m. To: kapiticoast.govt.nz' Subject: FW: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake Attachments: Boreholes_Hautere_20200811.pdf Afternoon. We have found out that had left KCDC and you are covering for now. This query is to do with the Northern Tararua combined - West Zone Doc aerial 1080 operation that may go ahead later this year. See email tree below. We are trying to figure out the map coordinates for the Hautere intake (and the road it's on?) Borehole above is listed - X 1785538 Y 5480056 We tried map coordinates S 178 55.38, E 54.8 00.56 But that didn't work Can you or GIS team let me know what the map coordinates/road is? Happy to call to discuss if you flick me your cell. regards Health Protection Officer MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442 "Quality Living- Healthy Lives"

From:

Sent: Tuesday, 20 April 202116:43 PM

To: kapiticoast.govt.nz>

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council

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MidCentral DHB Public Health Services, 200 Broadway avenue,

Private Bag 11 036, Palmerston North 4442

"Quality Living - Healthy Lives"

From: epro.co.nz>

Sent: Thursday, 13 August 2020 11:02 AM

To: wairarapa.dhb.org.nz>

midcentraldhb.govt.nz>

Cc: @epro.co.nz>;

epro.co.nz>

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Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo,3351

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From: kapiticoast.govt.nz>

Sent: Thursday, 13 August 2020 10:46 AM

To:

epro.co.nz>

Subject: RE: Otaki Water Supplies

Here you go-

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kapiti Coast District Council

www.kapiticoast.govt.nz

From: epro.co.nz]

Sent: Monday, 10 August 2020 10:02 PM

To: @kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies

Thanks-

We appreciate your help.

Regards

Compliance and Safety Coordinator

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www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Friday, 7 August 2020 2:03 PM

To: kapiticoast.govt.nz>

Cc: midcentraldhb.govt.nz>;

[HVDHB] <u>huttvalleydhb.org.nz</u>>

Subject: Otaki Water Supplies



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Prom: @ kapiticoast.govt.nz>

Sent: Monday, 29 June 2020 2:58 PM

To:

© epro.co.nz> a huttvallevdhb.org.nz

Subject:, RE: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Noted thanks-

I've passed to our acting water treatment manager

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From:- [mailto: epro.co.nz]

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To: kapiticoast.govt.nz>

Cc: huttvallevdhb.org.nz

Subject: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Dear-

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A map of the operational area is included in the attached fact sheet.

We seek Council's advice as to whether you have any concerns over public water supplies in the area. We are aware of the Otaki bore supply. This will not be affected.

Please notify us if Kapiti Coast District Council has any queries or concerns relating to this project.

Regards

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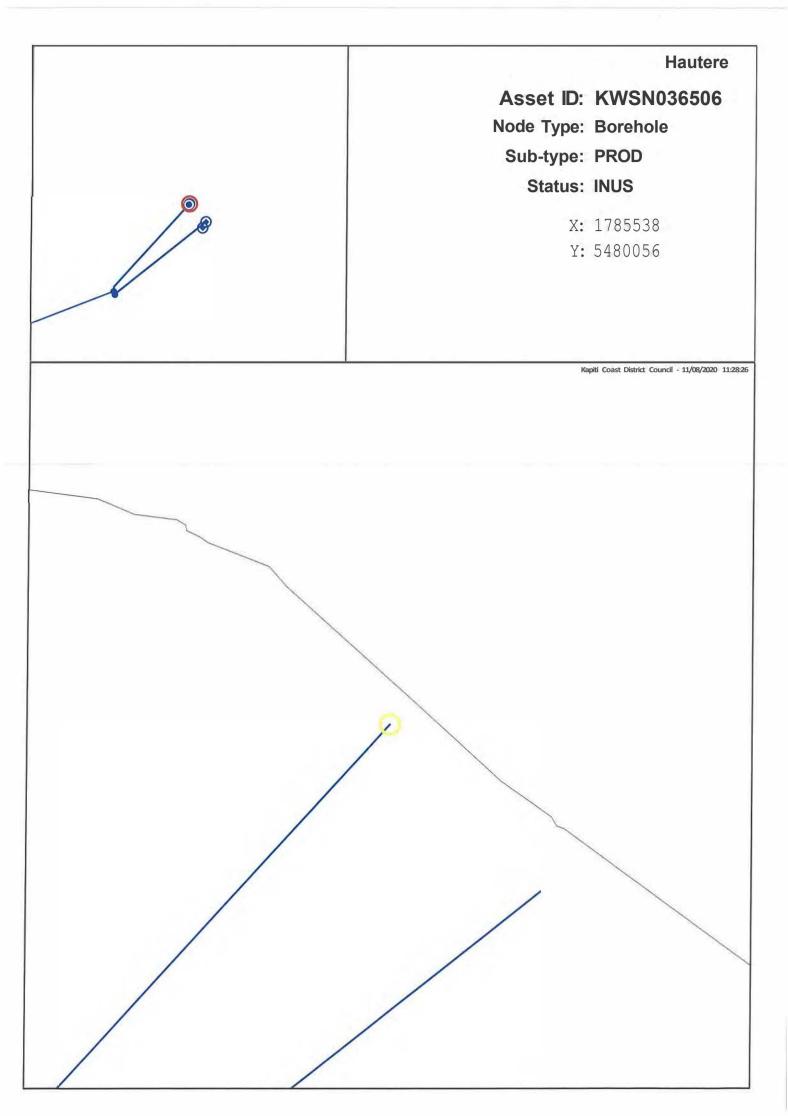
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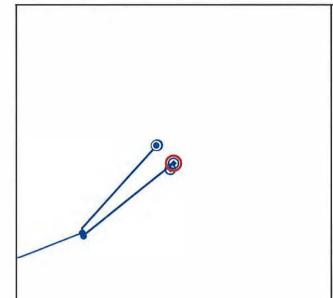
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Hautere

Asset ID: KWSN036507

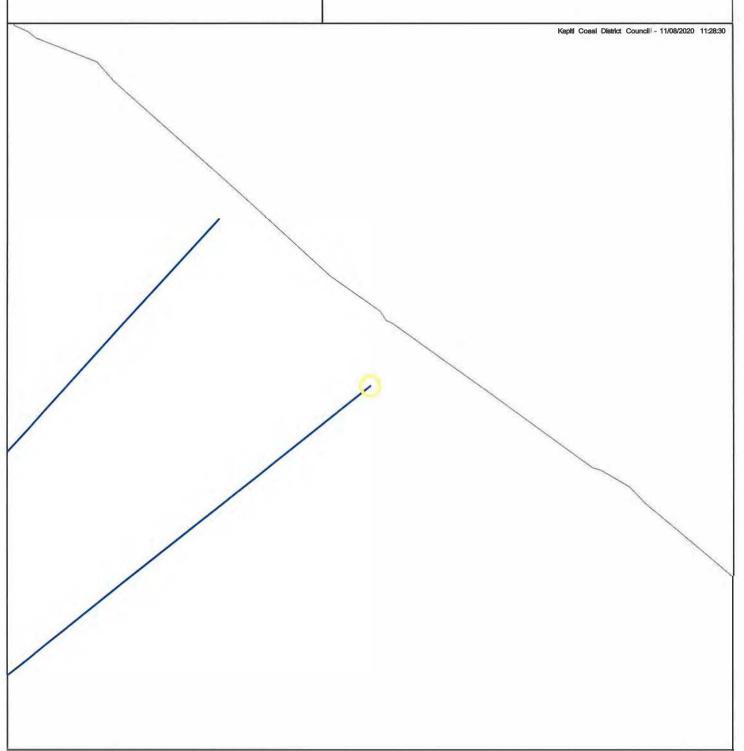
Node Type: Borehole

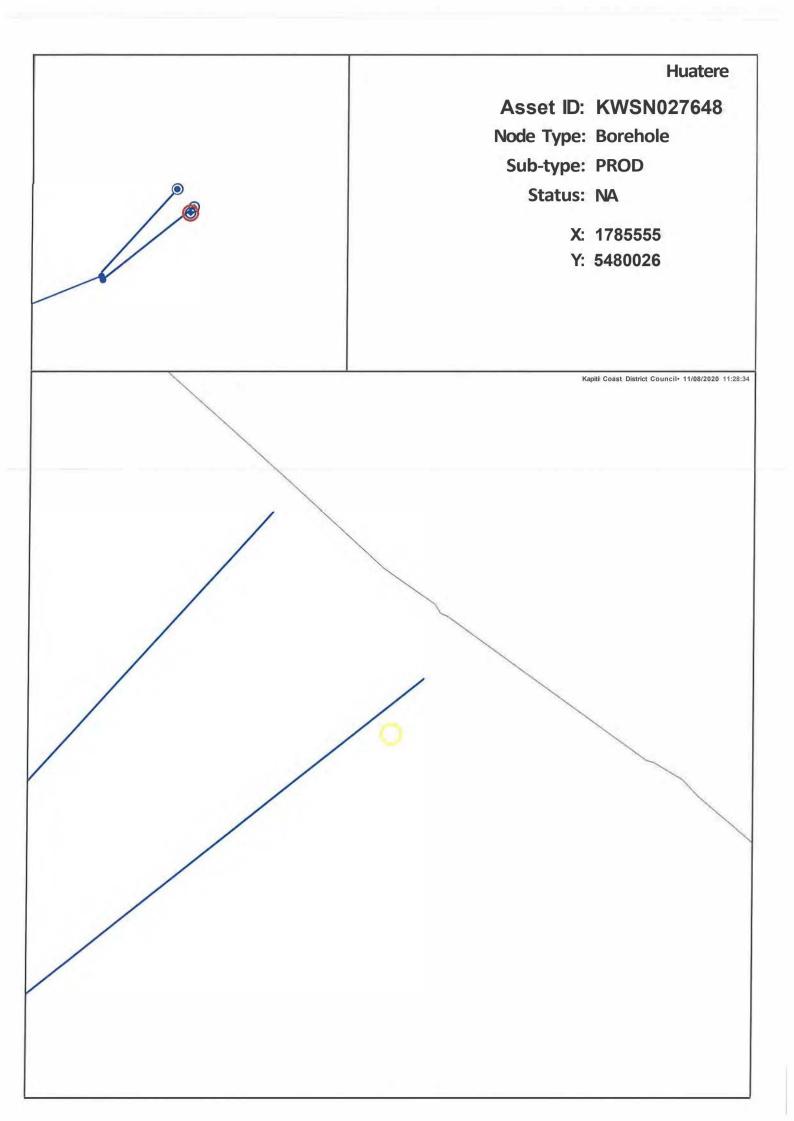
Sub-type: PROD

Status: INUS

X: 1785559

Y: 5480033





From:

kapiticoast.govt.nz>

Sent:

Thursday, 6 May 2021 8:26 a.m.

To:

Thaisaay, 6 May 2021 0.20 a.i

Cc:

RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake



Subject:

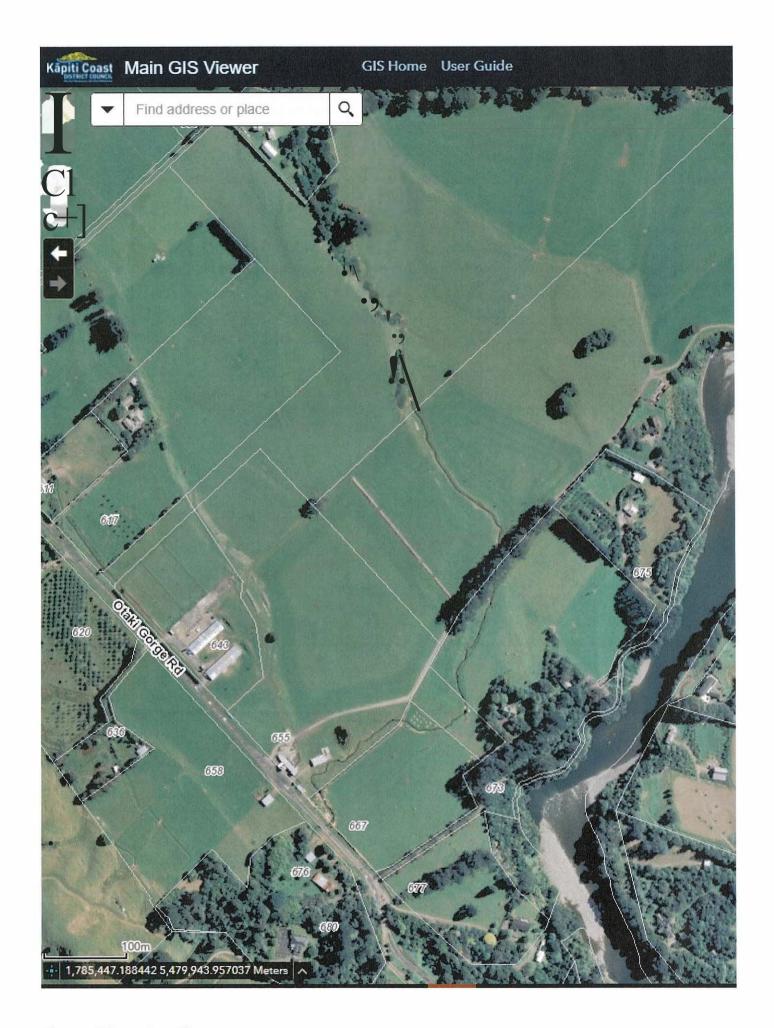
Yes I am filling in for-for another month or so until we find a new person for the position but please see info below.

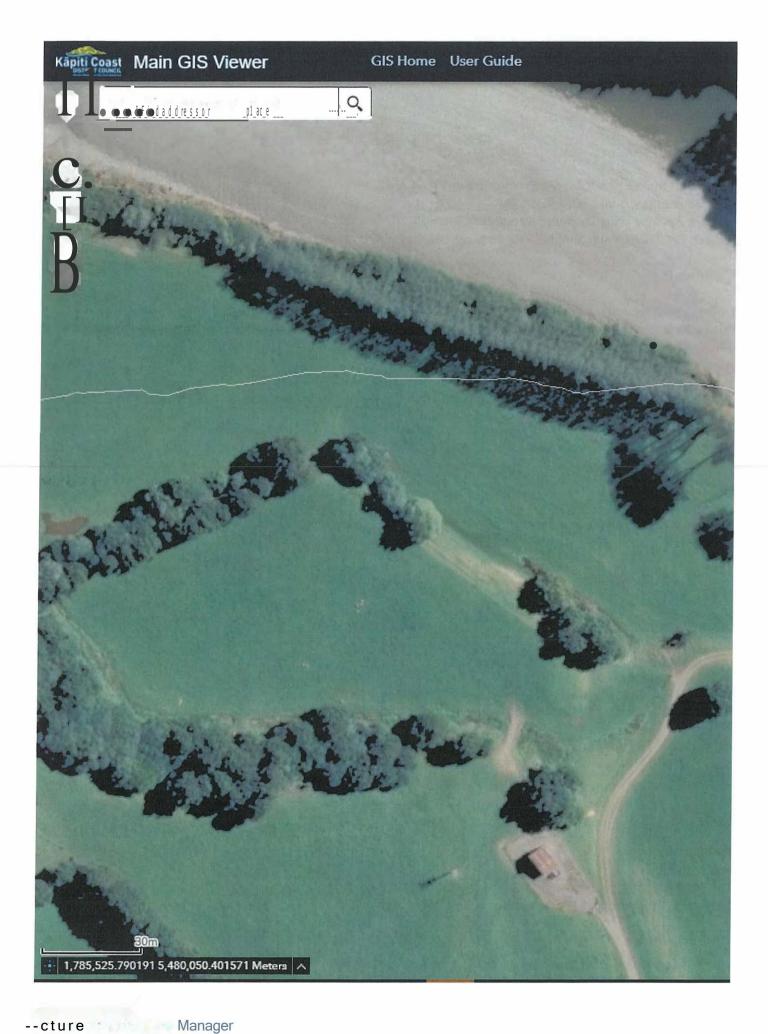
The Hautere treatment plant is located at No 655 Otaki Gorge road and you can see the coordinates at the bottom of the screen shots below. The second screen shot shows the general location of the two shallow bores located closer to the Otaki river.

I have also copied-in who is our Water treatment plant manager so he will need to be aware of this planned drop and can pro a y provide further information if you require.

Regards

Treatment plant building





Kaiwhakahaere POtake

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: midcentraldhb.govt.nz>

Sent: Wednesday, 5 May 202112:01 PM

To: kapiticoast.govt.nz>

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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"Quality Living- Healthy Lives"

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cc:
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Subject: RE: Otaki Water Supplies

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From:

Sent:

Thursday, 6 May 2021 8:34 a.m.

To: Cc:

Subject:

RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

Thanks.

Much appreciated

I will contact - if we need any further information relating to KCDC water supplies. KCDC will be contacted directly by the operators Ospri/Epro regarding the aerial operation.

All the best

regards

I Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442

"Quality Living - Healthy Lives"

From: kapiticoast.govt.nz>

Sent: Thursday, 6 May 2021 08:26 AM

To: _____ midcentraldhb.govt.nz>
Cc: kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

Hi

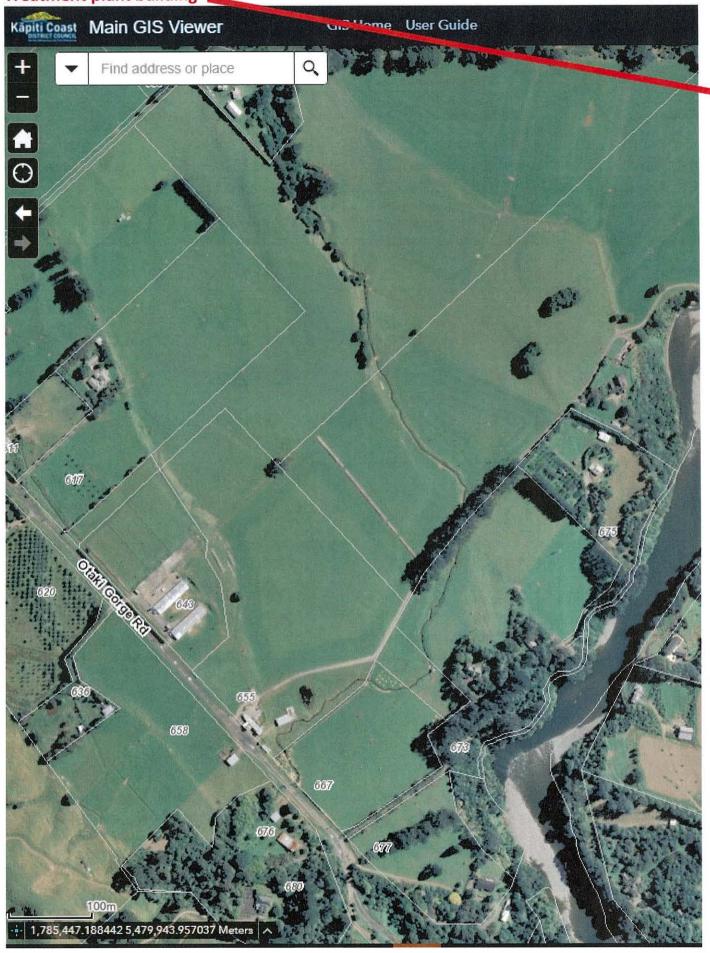
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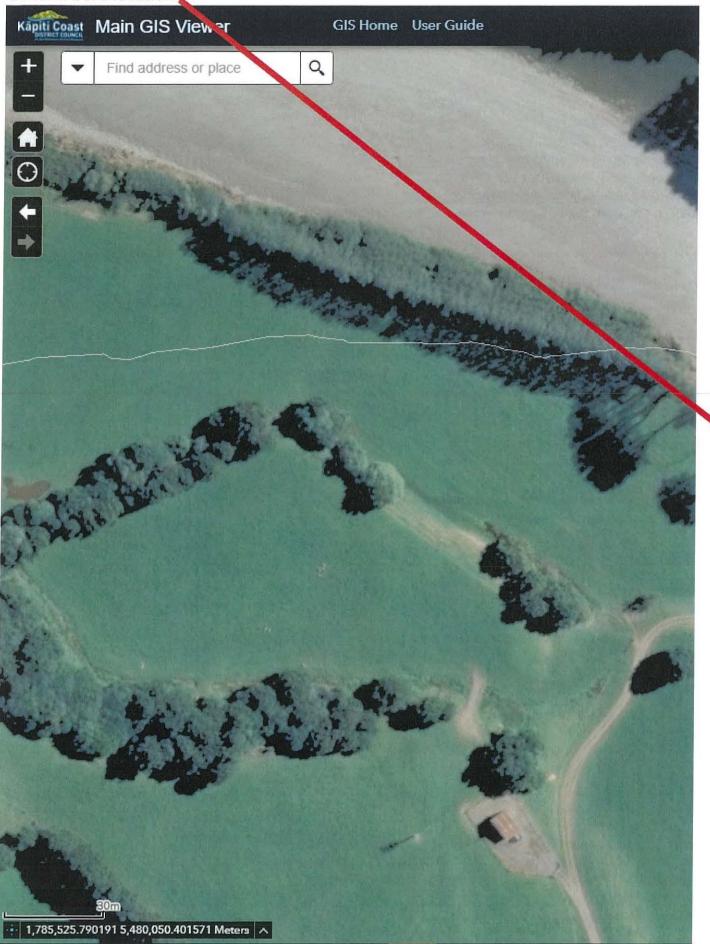
I have also copied in who is our Water treatment plant manager so he will need to be aware of this planned drop and can probably provide further information if you require.

Regards

Treatment plant building



General bore location



www.kapiticoast.govt.nz

From: @midcentraldhb.govt.nz>

Sent: Wednesday, 5 May 2021 12:01 PM

To:

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442

"Quality Living - Healthy Lives"

From:

Sen April 202116:43 PM

To: --kapiticoast.govt.nz' (E'kapiticoast.govt.nz)

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council

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I Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bg 11 036, Palmerston North 4442

-- Quality Living- Healthy Lives"

From: @epro.co.nz>

Sent: Thursday, 13 August 2020 11:02 AM

[WrDHB] @wairarapa.dhb.org.nz>;

@midcentraldhb.govt.nz>

Cc: @ospri.co.nz>;

@epro.co.nz>

Subject: Otaki Water Supplies - Kapiti Coast District Council

Hi

I have received the attached maps from Kapiti Coast District Council regarding the locations of their water supply intakes. The Hautere intake is an infiltration gallery.

I took the opportunity to ring and ask him if he had any concerns about the Northern Tararua Predator Control operation. He said he did not. He said he would be happy to discuss this with you personally if you would like to ring him.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo,3351

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From: kapiticoast.govt.nz>

Sent: Thursday, 13 August 2020 10:46 AM
To:

@epro.co.nz>

Subject: RE: Otaki Water Supplies

Here you gollll

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Monday, 10 August 2020 10:02 PM

To: kap iticoast. govt. nz>

Subject: RE: Otaki Water Supplies

Thanks-

We appreciate your help.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo,3351

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From: @kapiticoast.govt.nz>

Sent: Monday, 10 August 2020 4:39 PM
To: @epro.co.nz>

Subject: RE: Otaki Water Supplies

I'm asked our GIS guys to helps us with this.

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

@epro.co.nz]

Sent: Friday, 7 August 2020 2:03 PM

To: @kapiticoast.govt.nz>

@epro.co.nz>; @midcentraldhb.govt.nz>;

[HVDHB] @huttvalleydhb.org.nz>

Subject: Otaki Water Supplies

Hi

Thanks for talking to me today.

You confirmed that the old KCDC water supply intake on the Waitohu stream is inoperative and is not connected to the Otaki supply.

Could you please give me map grid reference coordinates (NZ Transverse Mercator) for the Tasman Road, Rangiuru and Hautere bores.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748

Taupo,3351

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@ la piticoast.govt.nz>

Sent: Monday, 29 June 2020 2:58 PM

To: @epro.co.nz>

Cc: @epro.co.nz>: @huttvallevdhb.ore.nz

Subject:, RE: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Noted thanks-

I've passed to our acting water treatment manager

Water & Wastewater Asset Manager Kaiwhakahaere Wai

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: @epro.co.nz]

Sent: Thursday, 25 June 2020 2:31 PM

To:

Cc: huttvalleydhb.org.nz

Subject: Notice of Proposal to Use Vertebrate Toxic Agents for TB Vector Control: Northern Tararua Range

Dear-

Epro Limited of Tau po has been contracted by TB Free New Zealand and The Department of Conservation to undertake an animal predator control project within the Northern Tararua Range.

Epro give notice of our intention to apply sodium fluoroacetate (1080) impregnated cereal pellet baits by helicopter. The aerial operation will commence with prefeeding in late July 2020 and will be progressively completed between then and 20 December 2020, weather permitting.

A map of the operational area is included in the attached fact sheet.

We seek Council's advice as to whether you have any concerns over public water supplies in the area. We are aware of the Otaki bore supply. This will not be affected.

Please notify us if Kapiti Coast District Council has any queries or concerns relating to this project.

Regards

Compliance and Safety Coordinator

Epro Limited PO Box 1748 Taupo,3351

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From:

Sent:

Thursday, 10 March 2022 11:12 a.m.

To:

Subject:

RE: Otak 1 Water Supplies - Kapiti Coast District Council - Hautere intake



Letting you know that Ospri and Doc are soon to start the 1080 drop for the North Tararua Combined (West) Operation.

We understand that the pre-feed to allow the possums to become accustomed to the 1080 baits is have completed.

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If there is a new bore in the same general location as below, our risk assessment will remain the same:

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Given that the Hautere intake is an infiltration gallery under bed of the river and the intake is some 3000m from the operational boundary, it is considered there is no possibility of baits or possum carcasses getting into the intake structure.

If you could let me know if there has been a change to the location of the Hautere bores that would be great

I can call you to discuss if you would like.

Health Protection Officer Te Pae Hauora o Ruahine o Tararua MidCentral DHB Public Health Services 200 Broadway Avenue, Private Bag 11 036

Palmerston North 4442

"Quality Living- Healthy Lives"

From:

Sent: Thursday, 6 May 2021 08:34 AM

@kapiticoast.govt.nz>

Cc @kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

Thanks-

Much appreciated

I will contact-if we need any further information relating to KCDC water supplies. KCDC will be contacted directly by the operators Ospri/Epro regarding the aerial operation.

All the best

regards

Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue,
Private Bag 11 036, Palmerston North 4442

.. Quality Living - Healthy Lives"

@kapiticoast.govt.nz>

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Cc: @midcentraldhb.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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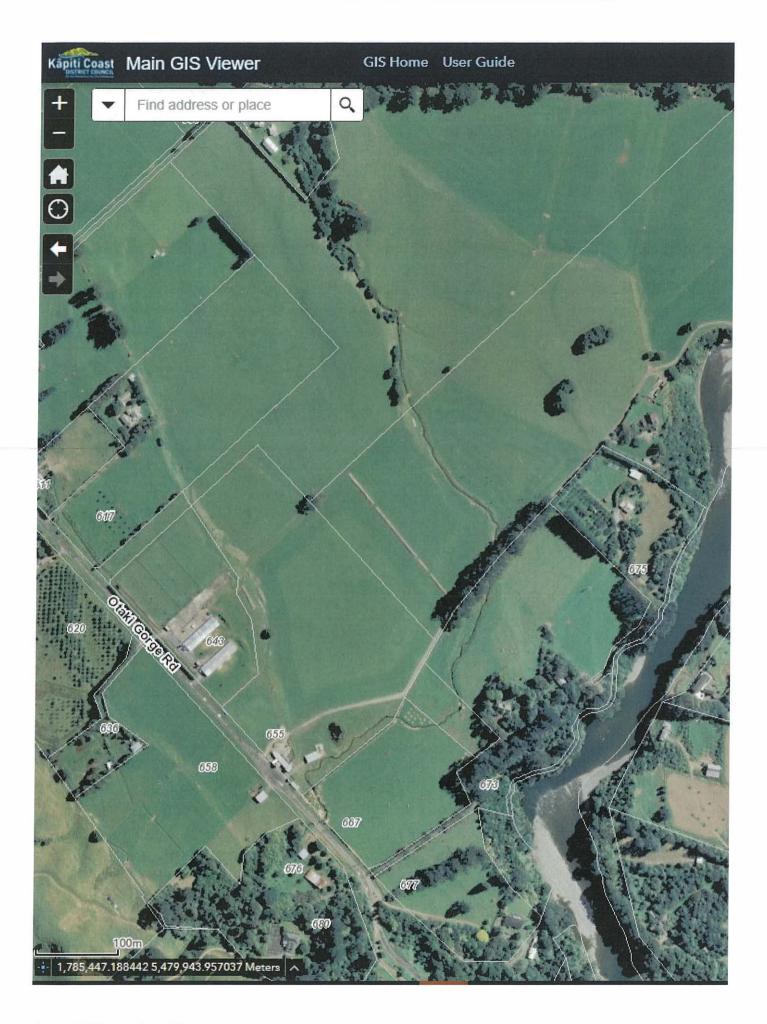
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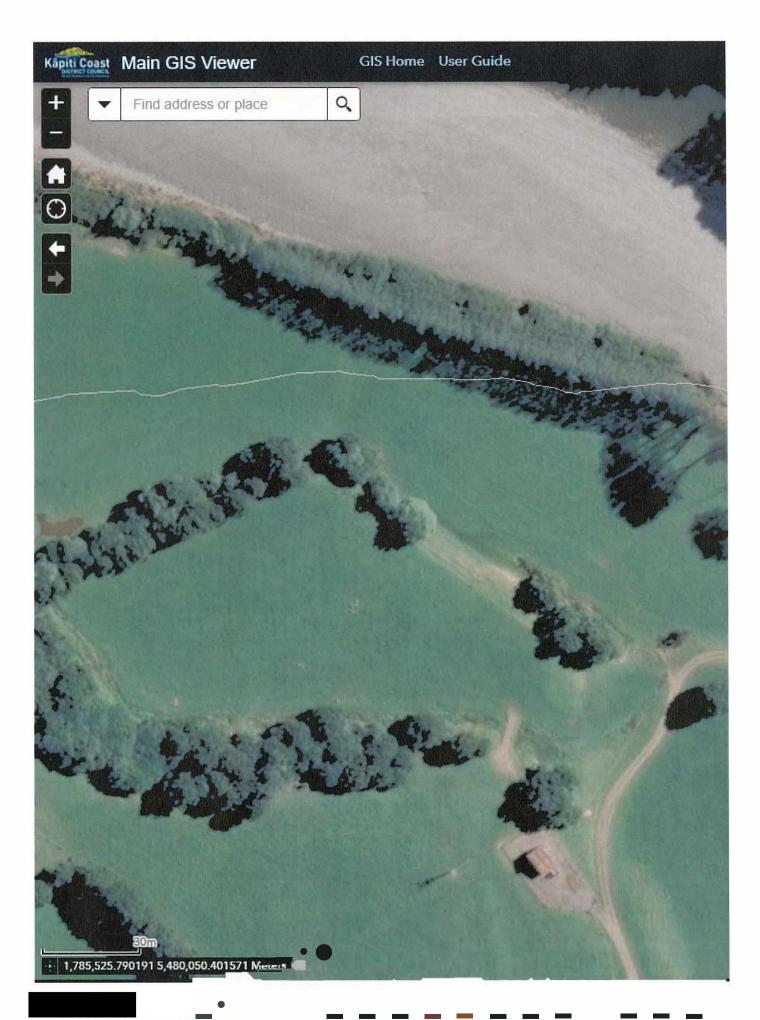
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I have also copied in who is our Water treatment plant manager so he will need to be aware of this planned drop and can probably provide further information if you require.

Regards

Treatment plant building





Utilities Infrastructure Manager

Kaiwhakahaere POtake

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: @midcentraldhb.govt.nz>

Sent: Wednesday, 5 May 2021 12:01 PM

To: @ ka piticoast. govt.nz>

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue,
Private B 11 86, Paimerston North 4442

-- Quality Living - Healthy Lives"

From:

Sen pril 202116:43 **PM**

To: apiticoast.govt.nz' @ ka piticoast.govt.nz>

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I Health Protection Officer

MidCentral DHB Public Health Services, 200 Broadway avenue, Private Bag 11 036, Palmerston North 4442

". Quality Living- Healthy Lives"

From:

@kapiticoast.govt.nz>

Sent:

Thursday, 10 March 2022 11:40 a.m.

To:

Subject:

RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake



The new bores have not been commissioned and current information is therefore still relevant.

Regard-

Water Treatment Plants Manager Te Kaiwhakahaere Whakapai Wai Maori

Kāpiti Coast District Council

WWWv.kapiticoast.govt.nz

From:

@midcentraldhb.govt.nz>

Sent: Thursday, March 10, 2022 11:12 AM

To:

@kapiticoast.govt.nz>;

@ka piticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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Nga mihi

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@kapiticoast.govt.nz>
Cc:
@kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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All the best

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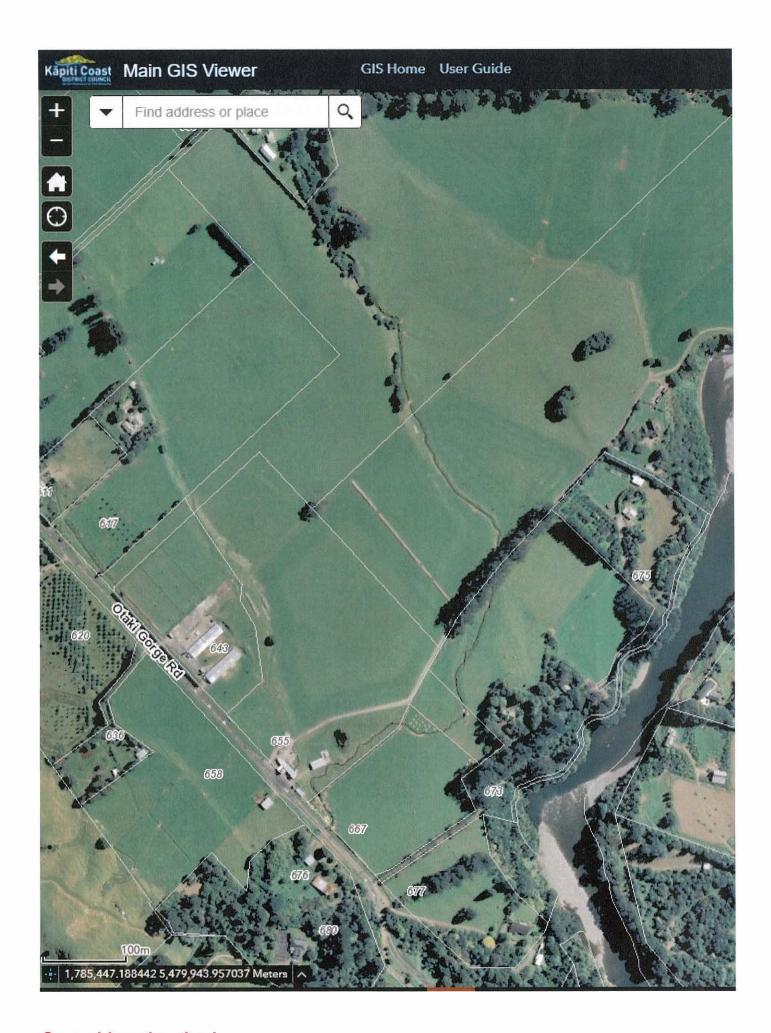
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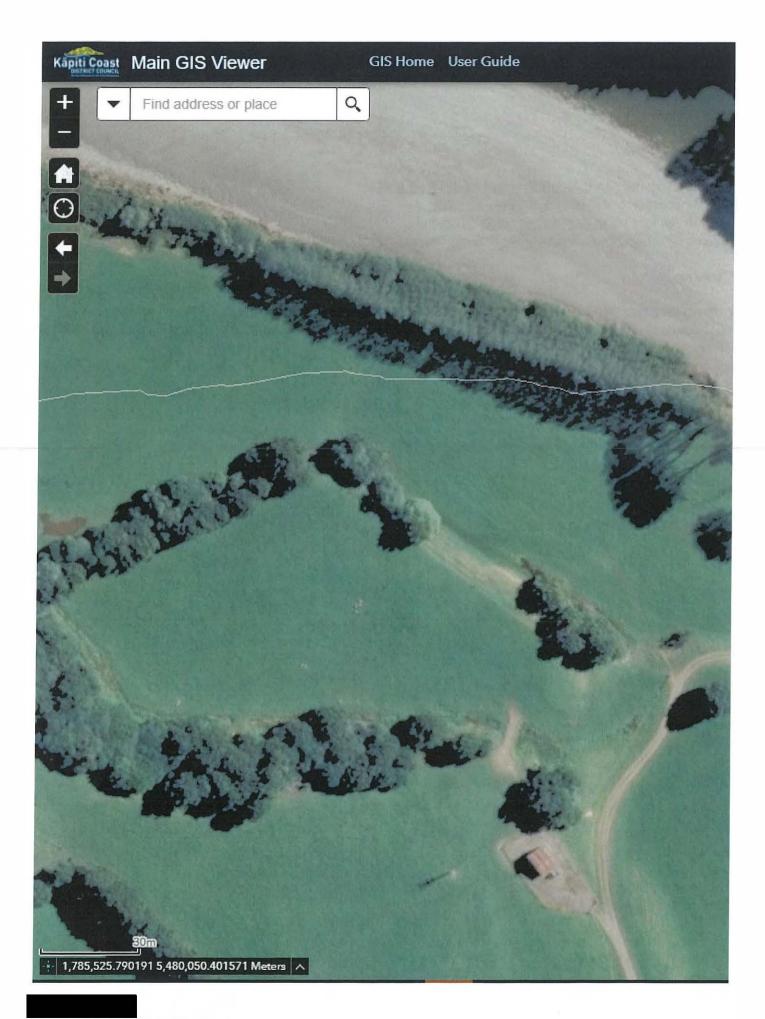
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Treatment plant building





Kaiwhakahaere POtake

Kāpiti Coast District Council

www.kapiticoast.govt.nz

@midcentraldhb.govt.nz>

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To:

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""Quality Living- Healthy Lives"

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Sent: Tuesday, 20 April 202116:43 PM

To: kapiticoast.govt.nz'

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From:

Sent:

--2022

To:

Subject:

RE Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

Attachments:

20210518 PHS Proposed areas for aerial exclusions.docx.pdf

Thank

Are the new bores likely to be commissioned before end of April? That is likely timeframe for the toxin drop to be completed by.

If bores are commissioned after end of April, then the current status applies.

Regardless, If the new bores are more than 500m from the operational boundary, again the current status applies Refer to attached maps p2, the red triangle shows current location of the Haute re intake, off Otaki Gorge Road.

2:40 p.m.

thanks

Nga mihi

Health Protection Officer

Te Pae Hauora o Ruahine o Tararua MidCentral DHB Public Health Services 200 Broadway Avenue, Private Bag 11 036

Pallerst 1 2

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Palmerston North 4442

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Cc: @ ka piticoast. govt.nz>

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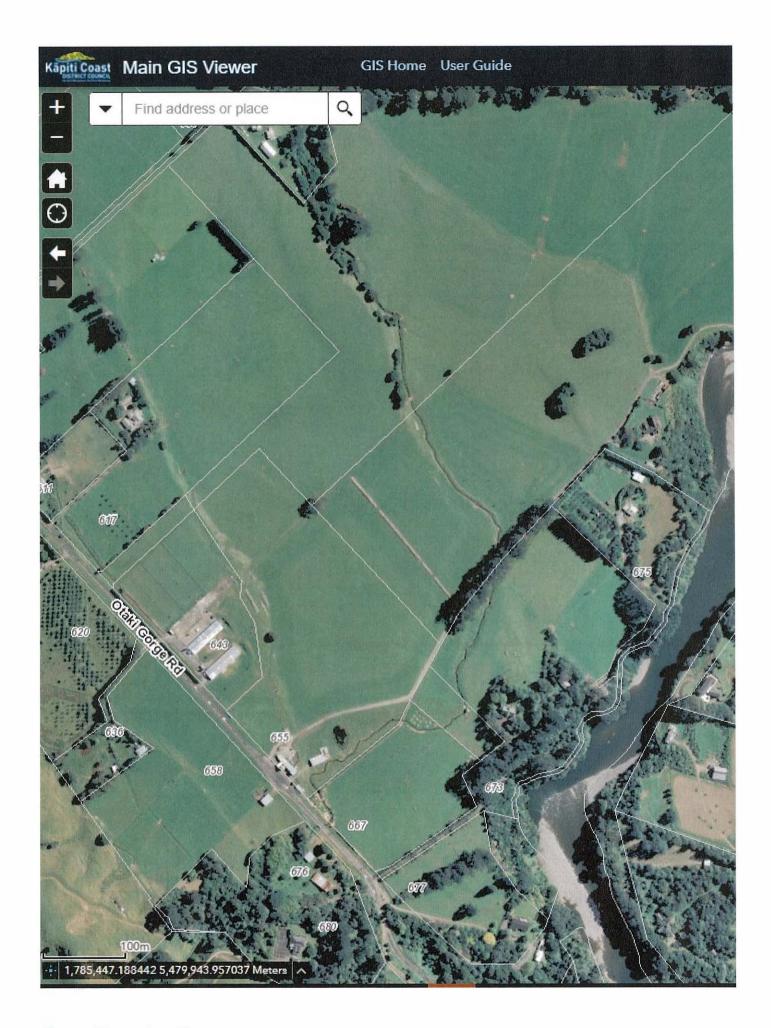
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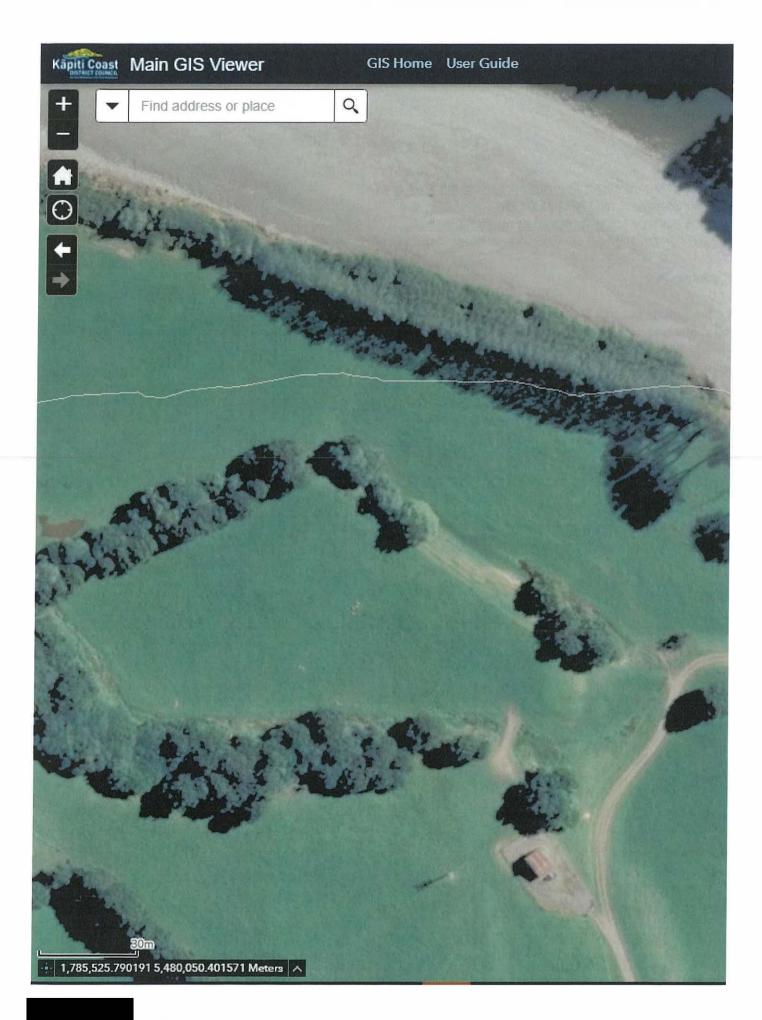
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Sen April 202116:43 PM

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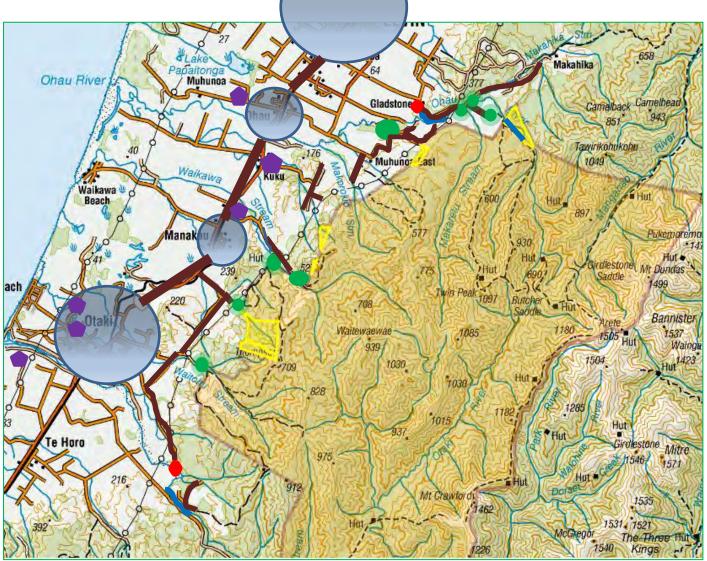
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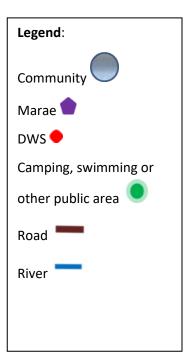
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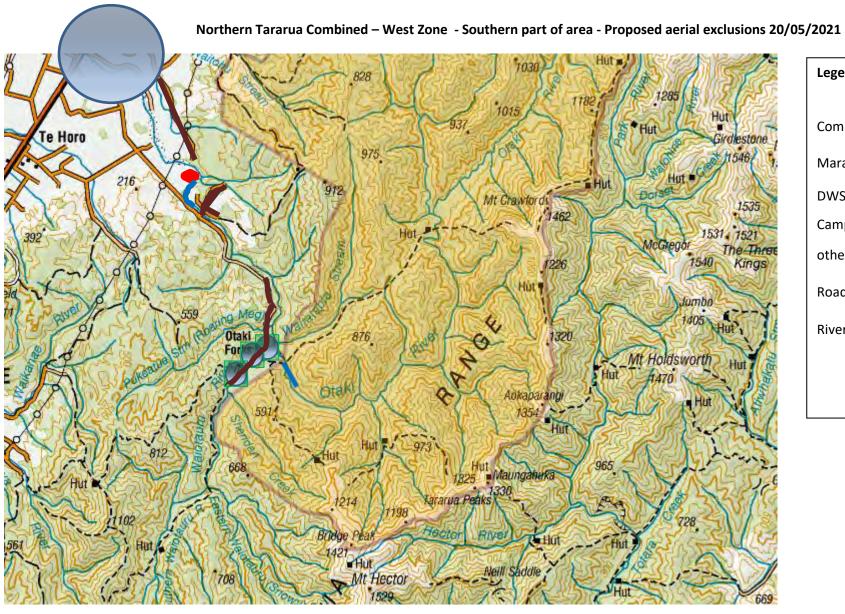
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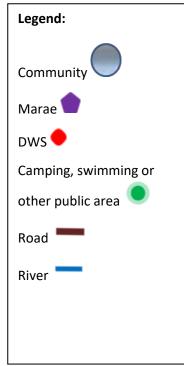
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Northern Tararua Combined – West Zone – Proposed aerial exclusions 18/05/2021









From:

@kapiticoast.govt.nz>

Sent:

-ch

To:

Subject:

RE Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

Hi

We are hoping to have this new bore up and running before April but do not have a finish date yet.

I have been contacted by NIWA the independent water sampler. They are expecting to take sample next week weather permitting.

2022 2:59 p.m.

I will keep you in the loop with the sample taking.

Regards-

Water Treatment Plants Manager Te Kaiwhakahaere Whakapai Wai Maori

Kāpiti Coast District Council

www.kapiticoast.govt.nz

From: @ midcentraldhb.govt.nz>

Sent: Friday, March 11, 2022 2:40 PM

To: @ kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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thanks

Nga mihi

I Health Protection Officer

Te Pae Hauora o Ruahine o Tararua MidCentral DHB Public Health Services 200 Broadway Avenue, Private Bag 11 036 Palmerston North 4442

".Quality Living - Healthy Lives"

From:

@kapiticoast.govt.nz>

Sent: Thursday, 10 March 2022 11:40 AM

@midcentraldhb.govt.nz>;

@kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake



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"Quality Living- Healthy Lives"

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Sent: Thursday, 6 May 2021 08:34 AM

To:

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Cc:
@kapiticoast.govt.nz>

Subject: RE: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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All the best

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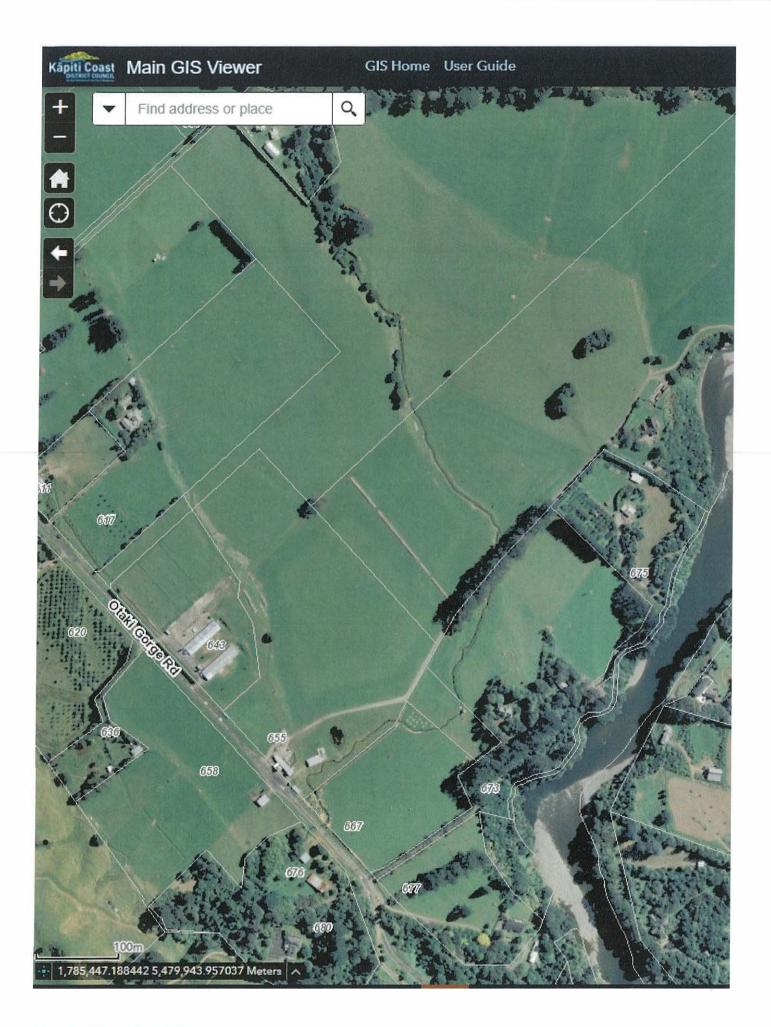
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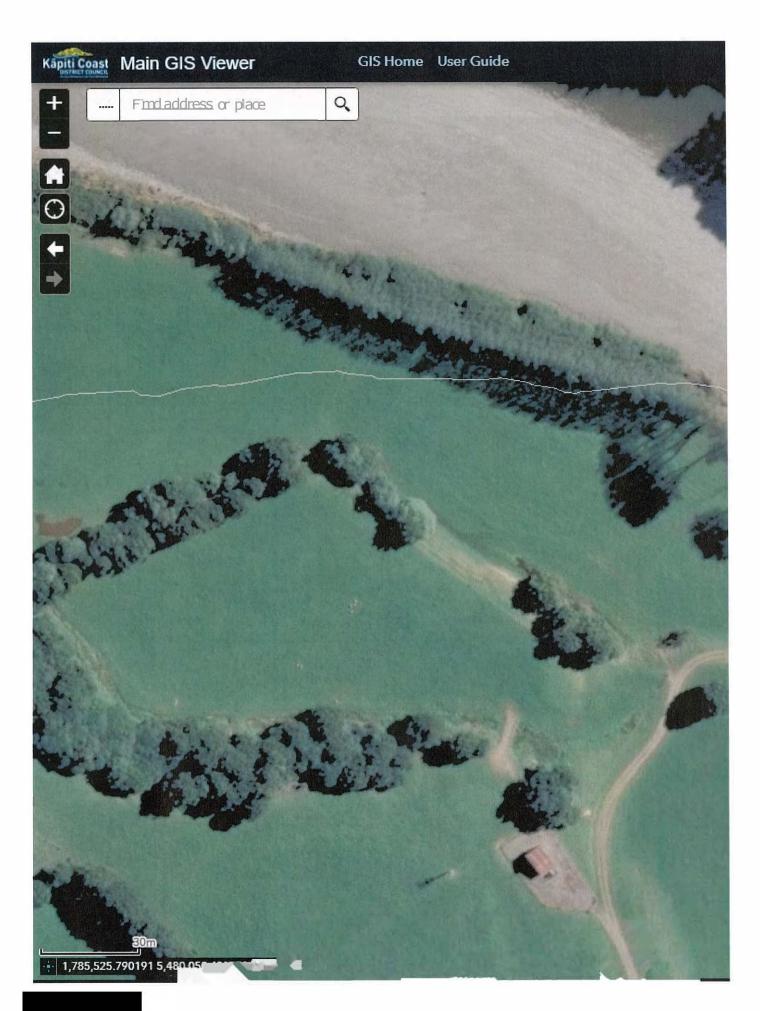
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Treatment plant building





Kaiwhakahaere POtake

Kapiti Coast District Council

www.kapiticoast.govt.nz

@midcentraldhb.govt.nz>

Sent: Wednesday, 5 May 2021 12:01 PM

To: @ la piticoast. govt.nz>

Subject: FW: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

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--ouality Living - Healthy Lives"

From:

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@kapiticoast.govt.nz' @kapiticoast.govt.nz>

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From:

@kapiticoast.govt.nz>

Sent:

Tuesday, 15 N

To:

Tuesday, 15 March 2022 10:39 a.m.

Cc:

Subject:

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Cheers



Environmental Monitoring Technician

National Institute of Water & Atmospheric Research Ltd (NIWA) 284a Saint Hill Street Whanganui New Zealand

Connect with NIWA: niwa.co.nz Facebook LinkedIn Twitter Instagram

Water Treatment Plants Manager Te Kaiwhakahaere Whakapai Wai Maori

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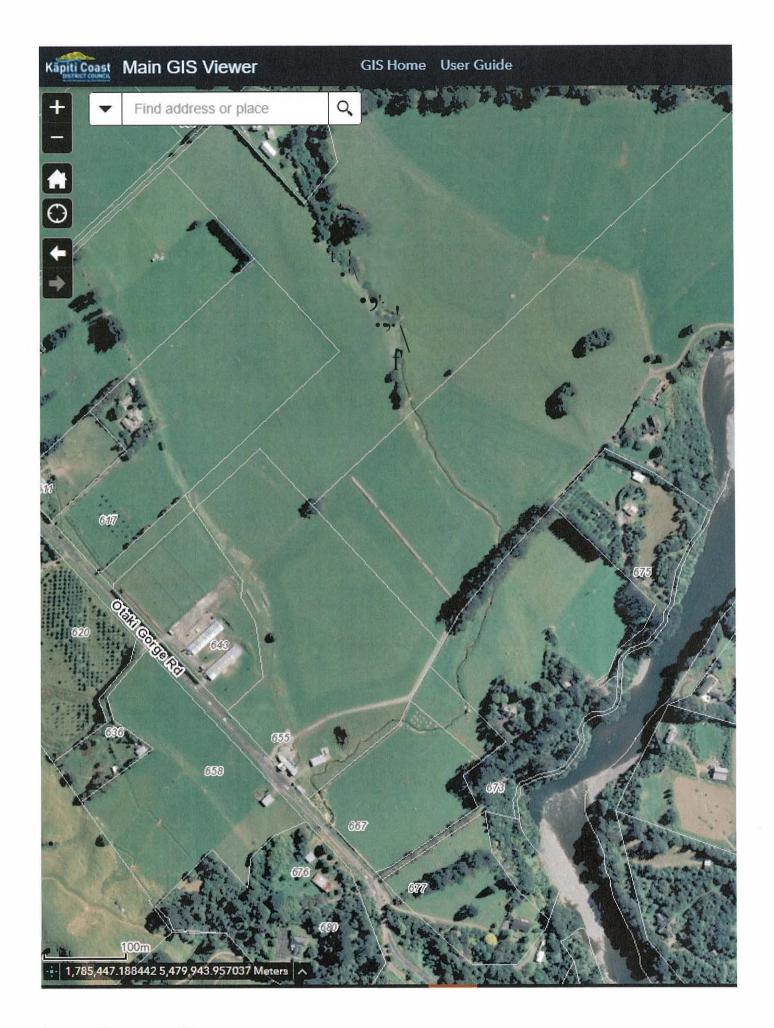
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Treatment plant building





Utilities Infrastructure Manager

Kaiwhakahaere POtake

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From:

Sent:

Tuesday, 15 March 2022 4:28 p.m.

To:

Cc:

[HVDHB]

Subject:

Re: Otaki Water Supplies - Kapiti Coast District Council - Hautere intake

H -

Thanks for the update

Will be good to get the drop completed.

Whether is goes ahead will probably depend on the wind conditions.

Health Protection Officer Public Health Service Palmerston North

Get Outlook for iOS

From: @ kapiticoast.govt. nz>

Sent: Tuesday, March 15, 2022 10:39:03 AM

To: @midcentraldhb.govt.nz>
Cc: @kapiticoast.govt.nz>

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Connect with NIWA: niwa.co.nz Facebook Linked In Twitter Instagram

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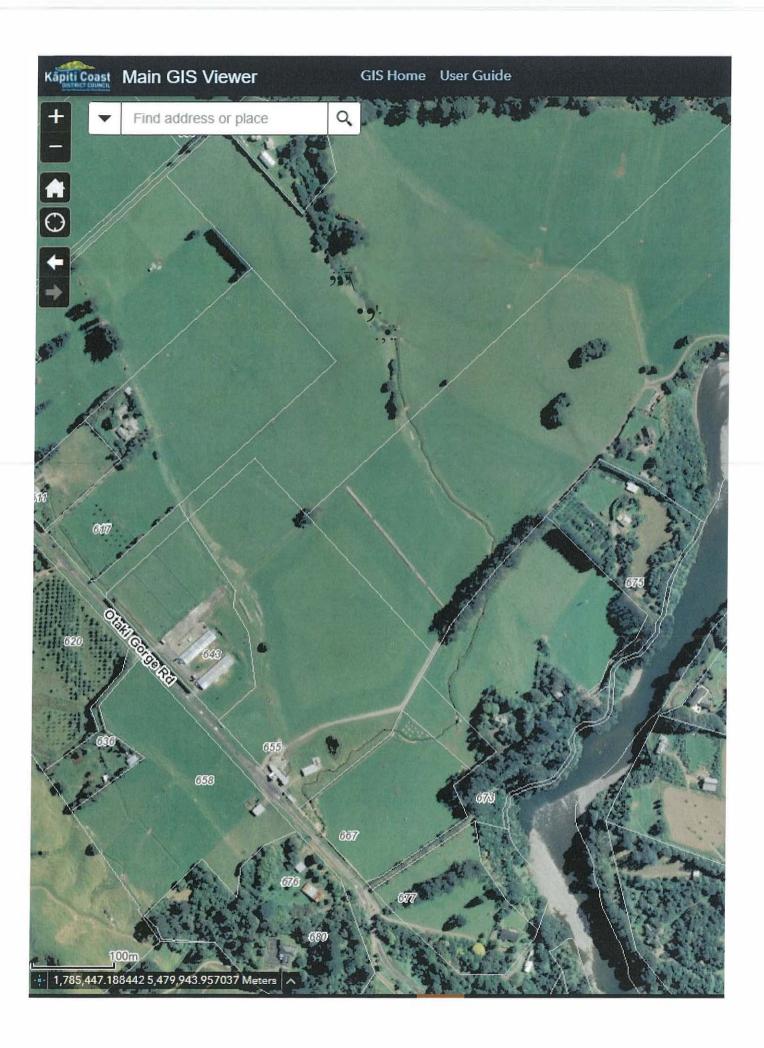
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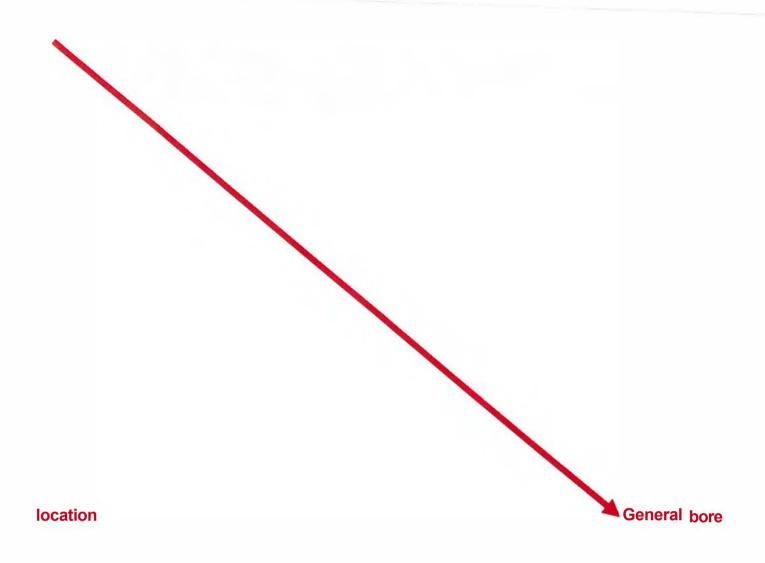
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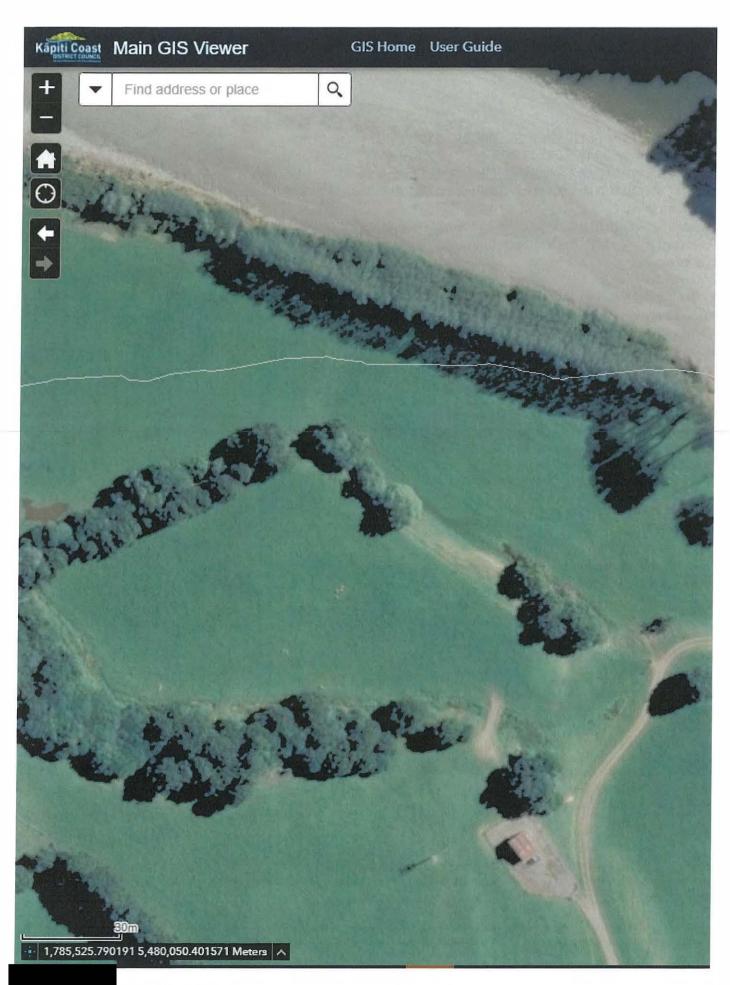
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4 April 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

As you are aware, your recent OIA request has been partially transferred to District Health Boards by the Ministry of Health under section 14(b)(ii) of the Official Information Act.

The following information is provided as it pertains to Mid Central District Health Board (MDHB).

Costs related to treating a COVID-19 patient in these cases;

o Normal ward

Average daily rate: \$456.90

o ICU/HDU

Average daily rate: \$2,713.68

o Cost of nurses visiting patients not in hospital

MDHB does not have nurses providing COVID-19 care to people in their homes specifically (i.e. we do not have these patients under our hospital in the home programme for active COVID-19). While there will be nurses providing care in homes (such as District Nurses and Mental Health nurses, as examples), for those that are COVID-19 positive at some point, this is not information that is being collected.

The majority of home based clinical care for people with active COVID-19 is coordinated through the Primary Care providers (general practice and iwi provider teams). We do not hold this financial information.

For Aged Residential Care, Palliative Care and any contracted providers, we do not hold information regarding the cost of any nursing services being delivered.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

29 March 2022

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) request - OIA Y22-288

Thank you for your request for information dated 12 March 2022. Your request is acknowledged and has been passed onto me for a response.

You have requested MidCentral District Health Board (MDHB) provide you with information to the following question:

 We are writing to you to request information about your polices regarding birthing people who test positive for Covid19 and their ability to have a support person of their choosing through their labour and birth in your hospitals and birth centres.

I have attached a recent communication to all staff.

Please note that this response, or an edited version may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

I hope this information is what you require.

Yours sincerely

Sarah Fenwick

Operations Executive Te Uru Pa Harakeke Health Women Children and Youth **To** All Maternity Staff



Operations Executive



Executive Director of Nursing and Midwifery

Date 16 March 2022

Subject COVID-19 positive partner/support person

Kia ora koutou

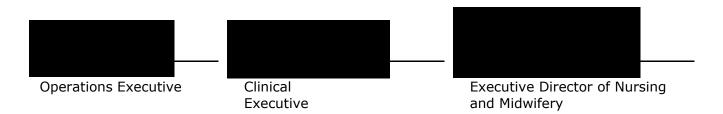
We are pleased to inform you that following significant work by our engineering, facilities and clinical teams, COVID-19 positive partners/support person (as long as they are asymptomatic) can now stay with birthing wāhine, within the three allocated COVID-19 rooms on Birthing Suite. Note: If the three rooms are full, COVID-19 partners/support person will unfortunately not be able to stay at this time.

The support person will also be able to stay on the Maternity Ward if they continue to be asymptomatic.

This will be communicated to consumers this evening.

Please do not hesitate to contact us if you have any questions.

Many thanks







4 April 2022

Phone (06) 350 8061 Fox (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gote 2 Heretoungo Street Palmerston North New Zealand



Dear-

We are in receipt of your Official Information request dated 17 March 2022.

You advised that you would like the following information as stated below:

1. Copies of all forms relating to induction of a client, compulsory or voluntary or moving between status.

Attached please find copies forms relating to the assessment of clients. There is no distinction between compulsory or voluntary status:

- Risk assessment review form
- Referral information sheet and referral procedure eimpact
- Crisis assessment form
- Star 1 Older Adult mental health admission assessment form
- Ward 21 mental health admission assessment form.
- 2. Copies of all forms relating to discharge/transfer of a client, compulsory or voluntary or moving between status.

Attached please find copies of forms relating to discharge/transfer of a client. There is no distinction between compulsory or voluntary status:

- Internal transition-transfer form
- Transition-discharge checklist form
- Discharge summary form.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at wvvw.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely

Scott Ambridge

Operations Executive





Attach Allergy Sticker (if applicable)

Name:		
Address:	PATIENT:	ID LABEL
NHI:	DOB:	Male/Female
Consultant:		Ward:

MHAS RISK ASSESSMENT REVIEW

(To be completed for subsequent follow up Risk Assessments, initial Risk Assessment included in MDHB-7187 Initial Assessment form)

Details of Person completing Form	Current Leg	al Status
Person Completing form	☐ Informal	☐ Domestic Violence Act
	☐ MHA	☐ IDCCR Act
Signature	☐ CPMIP	☐ Protection Order
Designation	☐ PPPR	☐ Trespass order
	☐ A&D Act	☐ Other e.g. Interim
Team	☐ CYF Act	Custody Orders
Date/Time	SACAT Act (from Feb	☐ Charges pending
	2018)	
Present at review (Staff, family/whānau, support person):		
Points of treatment at which RISK ASSESSMENT has occurred	Service Use	r Profile
☐ Service Setting transfer	Gender: Male Fe	male 🗌 Other
☐ Change in legal status	Height Ey	ve Colour
☐ Change in life events (e.g. loss, accommodation change)	Weight Ha	air Colour
☐ Significant change in mental state	EthnicityBN	ſI
☐ MDT/Review/Regular 3 -monthly update	Other distinguishing features	::
☐ MPOC/AWOL		

Alert status (includes allergies, adverse reactions to medications, smoker, and falls risk and security presence being required etc):

Describe rationale for Current Risk Assessment (Presenting factors and symptom exploration):



Suicidality	(describe past, recent and cu	rrent risk, context, plan	, intent, access, means	and past interventions, f	amily history of
suicidality):					

 $\underline{Risk\ to\ self}\ (\textit{include self neglect}, \textit{ADLs etc}, \textit{self harm-describe past}, \textit{recent and current risk}, \textit{context}, \textit{plan}, \textit{intent}, \textit{access}, \textit{means and access}, \textit{means access}, \textit{$ past interventions):

Risk to others (include children in their care, criminal/forensic history, homicidal ideation, describe past, recent and current risk, context, plan, intent, access, means and past interventions):

Vulnerability from others (describe past, recent and current risk, context and past interventions):

Medical/Physical health issues (describe and note how it may impact on risk):





Name:		
Address:	PATIENT 1	ID LABEL
NHI:	DOB:	Male/Female
Consultant:		Ward:

Current and previous substance use/abuse (describe and note how it may impact on risk):

Family violence screen:
Describe context if screening has not occurred as per MDHB-4801:
Have you been hurt or frightened by someone close to you in the past year? ☐ Yes ☐ No
Do you feel safe in your current relationship? ☐ Yes ☐ No
Do you feel controlled or always criticised in your relationship? \square Yes \square No
Have you been made to do anything sexual that you did not want to? ☐ Yes ☐ No
*A positive response to any questions above complete Family violence identification form MDHB-5878
Does the service user have dependent children?
Has a referral been made to Supporting Families? ☐ Yes ☐ No
Protective factors (please describe):



|--|

<u>Information from significant others/family/carers</u> (describe context of engagement/non engagement):

Summary of risk for details):	to self/oth	ers (include <u>narrative</u> 1	risk formulation and current identified level of risk-refer to page $oldsymbol{3}$	
*Risk to self	☐ Low	☐ Moderate	☐ Serious	
			_	
*Risk to others	☐ Low	☐ Moderate	☐ Serious	
Safety Plan/Reco	ommendati	ONS (urgent, semi urge	nt, routine):	
Does service user/ significant others/family/carers support/agree with safety				
plan/recommendations (describe):				

*Current level of risk to be identified using the following definitions

Judgement of risk is based on the clinician's knowledge of the service user's past behaviour and current clinical presentation, and will take into account reports from other relevant people.

Low Risk

Unlikely to injure self or others – based on knowledge of Consumer/Tangata Whaiora behaviour, current stressors in person's life, current mental state and other medical status, or other risk factors do not apply to this person.

Moderate Risk

Peer reviewed with: (refer to MDHB-6717)

Signature

Designation

Team

Date/Time

May injure self or others and requires ongoing risk plan and regular review of mental status; including impulse control re harm to self or others or risk factors that have been identified as applying to this person.

Serious Risk

Is likely to harm or injure self or others (or is at risk of harm or injuries from others) unless there is a formal, skilled, ongoing intervention in place; current intensity of clinical services is high or other risk factors are a major issue for this person.



Name:		
Address:	PATIENT :	ID LABEL
NHI:	DOB:	Male/Female
Consultant:		Ward:

$\underline{\hbox{*Tick the following that applies}}$

AWOL risk Recent Discharge from Inpatient Unit Persecution from others Poor/Non-compliance with prescribed medication History of abuse/trauma/assault Hopelessness Self-neglect Impulsivity Abuse/Bullying Insight Recent loss or threat of loss Absence of support Suicide plan/intent/means Disinhibition Substance abuse	☐ Financial Stress ☐ Employment issue ☐ Accommodation pr ☐ Sexuality issues ☐ Relationship issues ☐ Tendency to hide t ☐ Vulnerability ☐ Intellectual Disabil ☐ Environment ☐ Self-harm ☐ Command hallucin ☐ Delusions ☐ Confusion ☐ Dissociation ☐ Therapeutic Issues ☐ Poor insight or jud ☐ Denial or minimisi ☐ Boundary/transfer	roblems s he truth lity nations s gement	☐ Impulse control ☐ Head injury ☐ Behavioural Issues ☐ Harm to others/aggression ☐ Threats to named persons ☐ Violation of Court Orders ☐ Arson ☐ Stalking ☐ Weapons/access to firearms ☐ Physical health risks ☐ Drug sensitivity or interactions
ACUTE INPATIENT U	(to be completed by	y inpatient staff)	MISSION SECTION k Assessment handed over to:
Name:			
Designation		Designation	
		Designation	
Designation	g inpatient nurse t	Designation	owing
Designation	g inpatient nurse t	Designation Signature Date and Time to complete the follow	owing



RESOURCE DOCUMENT

REFERRAL INFORMATION SHEET AND REFERRAL PROCEDURE FLOW CHART – EARLY INTERVENTION FOR MANAGEMENT OF PSYCHOSIS ASSERTIVE COMMUNITY TREATMENT SERVICE (eIMPACT) Applicable to: Mental Health Services Issued by: Mental Health Contact: Early Intervention for Management of Psychosis Assertive Community Treatment Service (eIMPACT)

REFERRAL INFORMATION SHEET

The Early Intervention for Management of Psychosis Assertive Community Treatment Service (eIMPACT) will provide early intervention for young people experiencing first-episode psychosis. The key focus is on recovery and offering a range of interventions to maximise functioning and minimise disruption to development. Special consideration will be given to engagement, functional recovery and shared/open decision making with whanau/family involvement. The time duration of service offered to a young person will vary depending upon their goals and engagement, however a 2-year service is considered standard.

The eIMPACT service has a low threshold for assessment. Acceptance into the service for lead care-coordination or educational intervention packages will follow Multi-Disciplinary-Team discussion and will be based upon best fit with the acceptance criteria. The service is also available to offer a consultative role to treatment teams and primary care staff whom are working with youth 14-25yrs experiencing psychosis or suspected psychosis.

Criteria for Assessment (The referrer to remain as lead service until assessment completed)

- Aged between 14 25 years inclusive
- First-episode psychosis or first presentation to mental health services with suspected psychosis.
- Suspected of experiencing symptoms of psychosis:
 - o Positive symptoms such as (but not limited to); hallucinations across the senses, delusions, perceptual disturbance, bizarre behaviour, disorganised behaviour and thought disorder (e.g. derailment, tangentially, incoherence, illogicality, circumstantialities, pressure of speech)
 - Negative symptoms such as; affective flattening, poverty of speech, avolition or apathy, anhedonia or disinterest, inattention, and deterioration of role or social functioning.
- Mood disorder of new or recent onset IF psychotic features are present.
- At times offering a service to those with co-morbid personality traits/disorder may be contra-indicated given the teams intensive approach, being primarily a psychosis intervention service.

Criteria for Acceptance

- Multidisciplinary Team review will follow completed assessment.
- Individuals will be accepted based upon the meeting of psychosis thresholds as indicated by internationally accepted psychosis rating tools e.g. At Risk Mental State (CAARMS), PANSS (Positive and Negative Symptom Scale) and specialist interview.

Exclusion Criteria

- Primary diagnosis of head injury or intellectual disability. (eIMPACT may offer consultation and provide advice and / or a second opinion on issues relating (directly) to the management of psychosis only)
- Psychosis solely associated with substance use (symptoms have presented and disappeared acutely in the context of substance use without evidence of previous functional decline)
- Previous treatment for psychosis from another Mental Health & Addictions service which exceeds timeframes
 considered reasonable for making referral to eIMPACT. (Exception whereby psychosis was not primary
 presentation being targeted for treatment). Consideration for second-episode psychosis or unstabilised
 psychosis will be on a case-by-case basis.
- Please also refer to MDHB-5782 Referral To Early Intervention For Management Of Psychosis Assertive Community Treatment Service (Impact) -Procedure-

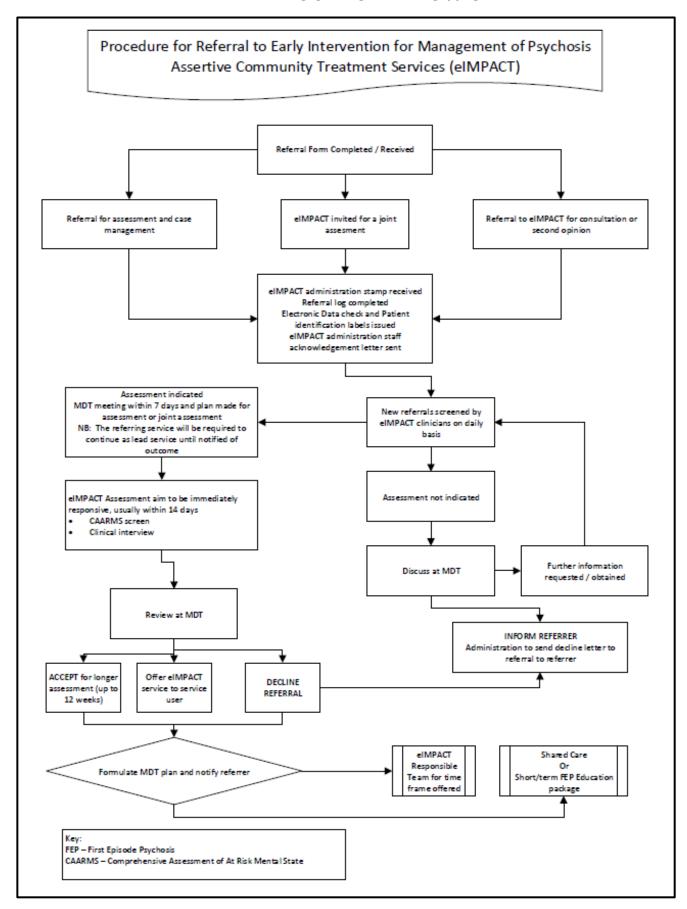
Document No: MDHB-7179 Page 1 of 2 Version: 2
Prepared by: Clinical Manager, eIMPACT Issue Date: 13/Jan/2020

Authorised by: Project and Quality Lead, MHAS



Resource Document for Early Intervention For Management Of Psychosis Assertive Community Treatment
Service (eImpact)

REFERRAL PROCEDURE FLOW CHART





CRISIS ASSESSMENT MENTAL HEALTH AND

Name:	NHI:
Address:	
Date of Birth:	Male / Female
GP or Consultant:	Area:
	OR PATIENT ID LABEL HERE

ADDICTION SERVICE

Date	Time	Where seen
Client Address		
Phone No.		Employment/ Benefit status
Gender:		NZ Citizen / Resident
Ethnicity/ Iwi		Marital Status:
Previous Diagnosis		
Referral Source/Date		MHA status
	story (including current sym	



Name:	NHI:
Address:	
Date of Birth:	Male / Female
GP or Consultant: -	Area:
	OR PATIENT ID LABEL HERE

CRISIS ASSESSMENT

Mental Health History
Family Mental Health History
Social History
Dependants Next of Kin
Legal guardian/parent
Alcohol or Drugs, Gambling
\square Alcohol \square THC \square Methamphetamine \square Tobacco \square Synthetic THC \square Opioids
☐ Hallucinogens ☐ Sedatives ☐ Over the counter ☐ Other
☐ Withdrawal symptoms
Last usedAny period of abstinence
Amounts Readiness for change
Medical History
Criminal/Forensic History
Criminal/Forensic History
Criminal/Forensic History Medications
Medications
Medications Any Known Allergies (including to medications):
Medications Any Known Allergies (including to medications): MSE Appearance (physical description)
Medications Any Known Allergies (including to medications): MSE
Medications Any Known Allergies (including to medications): MSE Appearance (physical description)
Medications Any Known Allergies (including to medications): MSE Appearance (physical description) Behaviours (motor, attentiveness, manner)



Name:	NHI:
Address:	
Date of Birth:	Male / Female
GP or Consultant: -	Area:
	OR PATIENT ID LABEL HERE

CRISIS ASSESSMENT	
Thoughts (form, content, process)	
Perceptual disturbance (hallucinations, illusions, depersonalisation, derealisation etc.)	
Cognitive functions (orientation, attention & concentration, memory, abstract thought)	
Vegetative symptoms (sleep, change in appetite, weight loss/increase, change in bowel/digestive habits, loss of pleasure/anhedonia, libido change etc.)	
Insight (awareness)/Judgment (problem solving ability)	
Risk: Current & Historical	
Impression/Formulation	
Outcome/Plan	
Outcome/Fian	
Discussion with family/carers/others	
Copy of CRP given to patient (tick box)	
copy of ord given to patient (new son)	
Assessor/DAO name(s)	
Signature	



PATIENT ID LABEL

STAR 1 OLDER ADULT MENTAL HEALTH ADMISSION ASSESSMENT (NURSING)

WARD RN INITIATING ADMISSION ASSESSM	MENT (surname):		
Date & time of admission: RN signature:		□Ор	itted to: enside cure Unit
Sources of information: □ Patient □ Fa	ımily □ Rest Home □ Caregiver	□CPN	□ Clinical Notes
Presenting problem (reason for admission):		en	S
MEDICO LEGAL ACCOMPANYING ADM	ISSION DOCUMENTS:		
Current client of OAMHS: (%) No? If	Welfere Guardian papers sign Form 4 & 5	 ted & cop tion 30	oy to file
RESUSCITATION STATUS/END OF LIFE: Not for resuscitation form Advance SIGNATURE IDENTITY SECTION: Name of Nurse	ed care plan		o discuss with family Sample Initials
Date	Time	Initial	

HEALTH ALERTS:

Known allergies: Yes / No	
If yes, please specify	
Other alerts	ATTACH STICKER HERE
Medication side effects	

INFECTION CONTROL:

MRSA - known positive: Yes / No		S,	
MRSA - problem hospital or rest ho	me, or overseas 3/12: Yes ,	/ No	
Other known infection condition			
Which hospital			
Infectious condition: Yes / No	Needs isolation: Yes / No	Vinection control notified: Yes /	No
If patient/tangata whaiora requires	s isolation, consult with infec	tion control or Hospital Co-ordinator.	

ROLE RELATIONSHIP (Next of kin/contact person):

× V	
NOK name	Contact person name
Relationship	
Ph (h) (w)	Ph (h) (w)
(mob)	(mob)
Aware of admission: Yes / No	Aware of admission: Yes / No

PHYSICAL DESCRIPTION:

Height	Weight	Build	
Eye colour	Complexion		
Hair colour	Hair length	Facial ha	ir
Distinguishing features			
Other aids			
	Data	Time	Initial
	Daic	111110	HIIIM

MENTAL STATUS EXAMINATION (Gordons Functional Health Patterns):

APPEARANCE/PRESENTATION	ON:		
BEHAVIOUR:			
A FEE OT (AA DVIFT) (<u> </u>
AFFECT/ANXIETY:			
			70.
			•
THOUGHT PROCESSES/PERG	CEPTUAL DISTURBANCE:		
		V.O.	
		M.	
ORIENTATION:	•	As Manaos	
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A A O TIV (A TI O A I			
INSIGHT:	M.		
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INSIGHT:			
O'			
PATIENT/TANGATA WHAIOR	A PERSPECTIVE AND ATTITU	JDE REGARDING BEING ADN	MITTED:
	T		
	Date	Time	Initial

			NHI	No
PRE-RESTRAINT ASSESSN	MENT (should a restraint be us	ed) - discusse	ed with family/EF	POA/patient/WG:
Does the EPoA/WG consent	to restraint intervention: Yes /	·		
Under what circumstances v	vould restraint be used?			
WHAT ARE RELATED RISKS? List any physical or medical of	conditions and/or history (obes	sity, respiratory, c	cardiac etc)	
Trauma/Abuse history				
Any cultural preferences or e	existing advance directives			
Alcohol and other drugs (cur	rrent and history of)			
Underlying cause of behavio	our (ID, ASD, cognitively impaired)			
Known history of previous res	straints			
(either patient identified or from	ALTERNATIVES OR DE-ESCALATI previous restraint evaluations)			elle
	ted for each restraint intervent			ther
	Signature from person:		Nurse signature:	
EPoA/WG informed consent agitation aggression: Yes / N Explain concerns:	for the administration of intrav o	rascular mus	e injection of me	edication prescribed for
	Signature from person:	. 0	Nurse signature:	
ALCOHOL & OTHER DRUG	S OD SHRSTANCES.	10		
Do you drink alcohol? Yes / I				
What?				
How much?		For how long?	>	
How often?				
	ostances in a tobacco/benzodio			
What?	51411663246416646667661126411			TEO (See Delew).
How much?				
How often?				
Smoking ABC completed? Y		Lasi asea		
PSYCHOSOCIAL PUNCTIO	NS AND PATTERNS:			
ACCOMMODATION, FINAL	NCIAL & SUPPORT SITUATION	۷:		
	: Yes / No (Any further commer	nts)		
Has money worries: Yes / No				al Cara
Known to support services:	yes / NO □ Home Help		IOW □ Person	ai Care
				IF DEDCOM
SPECIFIC CULIURAL/SPIRII	UAL/OTHER NEEDS and/or P	RACTICES IIVI	PORIANI IO IF	1E PERSON
□ Social profile given to pt/a	ppropriate person 🗆 Filed und	der personal	□ Pae Ora referr	ral Chaplaincy Service
	Date	Time		Initial

NHI No		

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WHAT ARE THE PATIENT'S GOALS OF THIS ADMISSION?								
Unable to comprehend question								

PHYSICAL SYSTEMS & PATTERNS: (Please record baseline observations on the EWS Observation Chart. Unless otherwise ordered – further observations to be recorded daily.)

Early Warning Score (EWS)
VARIATIONS:
1) TEMPERATURE: Any evidence of chills, fever, sweats: Yes / No. If yes specify
2) CARDIOVASCULAR SYSTEM:
Recent ECG: Yes / No □ ECG on admission/routine dom:
Cardiac History: 🗆 Myocardial Infarction 🗆 Heart failure 💢 🎞 Gina 🗆 Uses GTN spray
3) RESPIRATORY SYSTEM: Shortness of breath: Yes / No
Respiratory problems: Yes / No If yes specify nature of poblem
APPETITE FUNCTION: Nausea: Yes / No Dysphagia: Yes / No
Specify
ELIMINATION PATTERN: Continent: Yes No
Usual bowel pattern Last bowel motion
Problems: □ Pain □ Straining □ Blood □ Constipation □ Diarrhoea
Other
Laxative use (specify type) (a varion)
SLEEP PATTERN: Usual sleep pattern
Any recent charge/problems: Yes / No If yes, specify
Do you snote? Yes / No - If yes, do you experience excessive day-time sleepiness? Yes / No - If yes, assess further using the Epworth Sleepiness Questionnaire (MDHB-3649) and refer to MDT.
PAIN/DISCOMFORT: Yes / No □ Acute □ Chronic □ Wong Baker □ Abbey □ AD Pain
If yes: Onset/duration
Using 1-10 scale: 0 = No pain 10 = Severe pain.
Ask the person to rate their pain level
Precipitating factors
Modifying factors
NO MILD MODERATE SEVERE VERY WORST PAIN PAIN PAIN PAIN SEVERE POSSIBLE PAIN PAIN
Data Timo Initial

Sensory:
Mobility:
IVIODIIITY.
🔽
Hygiene and skin integrity checked/Incontinence urine/bowels:
Mobility: Hygiene and skin integrity checked/Incontinence urine/bowels: Women's and Men's Health: Female (ie surgical history, hysterectomy, care's, smear results abnormal):
Women's and Men's Health:
Female (ie surgical history, hysterectomy, carrox, smear results abnormal):
, , (O)
Male (ie prostate concerns, terricular concerns):
a de la companya della companya dell

ORIENTATION TO WARD ENVIRONMENT AND EXPECTATIONS OF CLIENTS:

Please tick as appropriate to the individual's circumstances/presentation								
Bedroom	Allocated Nurse	Smoking policy/areas						
Meal times	Call Bell	Zero tolerance of violence						
Toilet/bathroom	et/bathroom Visiting hours No unpre							
Telephone District Inspector for MHA clients No alcohol unless prescribed								
Property	Complaints	Living Areas						
Laundry/clothing	Elder Health Information	"Tell us what you think"						

SIAK

STAR 1 NURSING CARE PLAN - FIRST 24 HOURS

STAR 1 Nursing Care Plans must focus on aspects of the patient's presentation that require particular attention on the basis that to not do so would increase the potential for an adverse health outcome, and therefore a minimum: (1) risk factors; (2) level of observation; (3) behavioural concerns; (4) physical health concerns and (5) smoking MDT/discharge must be considered.

CRITERIA ASSESSMENT	ASSESSMENT		IMPLEMENTATION Who will do what and when -	EVALUATE AT 24 HOURS Record any changes to NCP below with	SIGN EVALUATION FOR EACH SHIFT		
, to something the state of the		n cost is ble	must include level of observation.	key points summarised in the clinical record.		pm	nocte
Section 1 Risk factors inclenvironmental safety, falls, risk to self and others		Always inform for hily when an even occurs. Ensure the environment is saft, the patient feels sale.	ك	 Environmental safety maintained: Yes No NA Family informed of any changes in situation? NA Incident no: Risk assessment Combined Risk Assessment tool 			
Section 2	Level of observation: Risk to self Risk to others Risk from others	To ensure safety risk is maintained and assessment occurs.	Opens de Servations: L2: 15//ds-30/60s L3: Spérie La constant companion	Change in observation levels: ☐ Yes ☐ No			
observation	Rationale:		Secure Unit: □ L2: 15/60s □ 3. pecial				
Section 3 Mental Health presentation, behavioural concerns		Monitor & document behaviour Hygiene cares Nutritional risk Appropriate referrals	9/5/				
Section 4 Physical health EWS, sleep, medication effect, ECG, UDS, PAIN etc		To complete all physical monitoring, eg ECG, bloods, obs, physical exam and weight. Initial EWS score. Monitor & record bowels		anagomon,			
Section 5	Vape: □ Yes □ No Smokefree environment: □ Yes □ No	Smoking cessation Management of smoking	NRT: □ Yes □ Declined Family contacts/details updated: □ Yes □ No	Non.			
Smoking, MDT, discharge	Concerns raised first 24 hours						
Nurse signature who	completed this section on a	dmission:	D ate:	Nurse signature @ 24 hours evaluation:	[Date:	

MH No_

ınd

PATIENT'S PROPERTY:

Show a) number of items as appropriate b) give brief colour/description below and c) who completed the laundry.

LADIES	No. of items	Who did laundry	GEN'	TS No. of items	Who did laundry
List all items and document: if patien	t has b	een adv	vised to place items in	safe keeping and out	come.
Blouses			Shirts		
Sweaters/cardigans			Sweaters		
Trousers			Trousers	×	
Skirts				a constant	
Dresses			Belts etc	cost.	
Singlets			Singlets	Nacy	
Underwear			Underwear		
Bra			ials		
Pantyhose		X	3		
Nightie/PJs	1	1.0.	PJs		
Dressing gown			Dressing gown		
Slippers			Slippers		
Shoes Shoes			Shoes		
Socks			Socks		
Glasses			Glasses		
Cosmetic bag etc			Shaver/kit		
Misc:			Misc:		
Please note that the hospital/staff co	annot to	ike respo	nsibility for valuables the	at remain in the patient's o	care.
Date		Tim		Initial	

NHI No		

RISK ASSESSMENT TOOLS:

MidCentral DHB risks Identified:								
□ Mental Health risk assessment form (MDHB-754) completed								
□ Consider use of Domestic abuse form (MDHB-4801 and MDHB-4909).								
Elder abuse identified: Yes / No								
☐ For discussion at MDT meeting								
□ Combined risk assessment (TrendCare)								
☐ MUST ☐ Safe Moving & Handling ☐ Falls ☐ Conti	nence Braden							

☐ MUSI	☐ Safe Moving & Handling	☐ Falls	☐ Continence	□ Braden
			0	
MEDICATIO	NS AND SAFETY:		allie	
Does the p	atient have medications with them	?		
Are there ri	isk factors that warrant searching po	ıtient's property	/? Yes / No	
If risk factor	rs identified, complete risk assessmer	nt.	(0,	
Patient's o	wn medication stored in medication	room:	Yes / No	
Returned to	o family:	. 1	Yes / No	
EA MILV VIO	LENCE SCREENING QUESTOW:			
FAIVIILY VIO	LENCE SCREENING QUESTIVIES.			
1) Have y	ou ever been kicker (punched or hu	urt in any way b	y someone in the last yea	r? Yes / No
2) Do you	feel safe in your current relationship	?		Yes / No
3) Is there	a partner from a previous relationsh	nip make you fe	el unsafe now?	Yes / No
4) Within t	the lattyrar, has anyone forced you	to have sex in	a way you didn't want to?	Yes / No
	eral to Social Worker			
II Fo	n disclosure completed:			Yes / No

STAR 1 ADMISSION CHECKLIST FOR NURSES	Yes	No	Comments	Date	RN Signature
Care plan to be completed by/: hrs					
(24 hrs post admit) Notify H/O					
ID bracelet					×.
EWS completed on admission			o o	ne	
Weigh			a lade		
General consent signed			'E No.		
Nursing Assessment completed - remember identify own teeth/dentures or both			aterials		
Contact person form (give to ward clerk)		1	(OL		
MHA papers on file under Legal (if applicable)					
Smoking assessment form					
Pain assessment					
Risk assessment from community					
Clothing list					
Not for cardiopulmonary resuscitation order					

Social profile form					
Name spectacles/ walking stick/strollator					
Own meds> med room					
Routine urinalysis and/or urine drug screen					
Routine ECG			· als Managen		
TrendCare include diet			Marie		
TrendCare assessments (falls risk etc) printed and filed			अंग्रिड		
Meal notification to kitchen	N	Š			
Unit admits – check EPOA paperwork and follow-up necessary					
After hours admits—Inotify After Hours Co-ordinator					
WAEN DISCHARGE DAY/TIME IDENTIFIED	Yes	No	Comments	Date	RN Signature
Advise House Officer and Ward Clerk of impending discharge					
Hospital transport arranged					
Transport not required					

STAR 1 DAY OF DISCHARGE CHECK LIST FOR NURSES		
Check if transport has been arranged		
Inform House Officer of discharge (discharge note)		
Extra patient ID labels (if going by ambulance)		
Any valuables in safe (returned to patient/family)		eri
Return own meds (check with House Office first)		coell.
Script faxed to Pharmacy		anas
- Script (if not faxed to pharmacy)		
Photocopy Nursing Referral (to notes)	reijals	
Paperwork with patients: - Discharge Summary	W.o.	
- Nursing Transition/ Discharge Summary		
- Aged Residential Calo envelope MDHB-6723 in equired		
Discharge from WebPas		
Verbal handover to facility/hospital/ward		
Old notes and current notes to Ward Clerk		
Clean bed and room		



PATIENT ID LABEL

WARD 21 MENTAL HEALTH ADMISSION ASSESSMENT (NURSING)

٧	VARD 21 MENTAL HEALITI ADMISSION ASSESSMENT (NORSHVO)
IN	IPORTANT: PLEASE READ BEFORE STARTING ASSESSMENT
1.	Pre-admission documentation <u>must</u> include a risk assessment (MDHB-7173) completed by the clinician from the community mental health team and/or ACT admitting the patient/consumer. Please review the completed risk assessment with the clinician admitting the patient and then complete page 4 of it – ensure all significant risks identified are featured in the patient's nursing care plan for first 24 hours.
2.	All sections of this document are to be completed within 4 hours of admission. \Box Openside \Box HNU
3.	An audit will be completed on all admission documentation.

Date & time of admission:	WD admitting RN surname:	RN signature:	
---------------------------	-----------------------------	------------------	--

ACCOMPANYING ADMISSION DOCUMENTS:

Consumer's preferred name:	Consumer's cellphone 10:
MHA status on admission:	Any other legal status:
Verbal handover from CMH or ACT clinician:	Received (Ves / No
Clinical assessment documents from CMH or ACT clinician:	Received Yes / No Reviewed Yes / No
Risk assessment document from CMH or ACT clinician:	Goceived Yes / No Reviewed Yes / No
Mental Health Act papers:	Received Yes / No Reviewed Yes / No or N/A
Completed Medication Chart:	Received Yes / No Reviewed Yes / No or N/A
Current client of MHS: Yes / No? If YES state the CMH Team 8	k keyworker if known:
Patient's own medications in storage:	Yes / No
NOK/contact person aware of admission and confirmed details of the:	Yes / No If no, why:

NEXT OF KIN/CONTACT PERSON:

BINDING MARGIN - NO WRITING

NOK name	 Relationship
Ph (h)	 (mob)
Aware of admission Yes / No Plan i	(Transfer to Registration Sheet)

PRESENTING PROBLEM, REASON AND SUMMARY OF ADMISSION (age/gender/legal status/reason for admission/presentation on ward since arrival):

WHAT ARE THE CONSUMERS GOALS OF THIS ADMISSION?

How do they feel about being in hospital?

PATIENT ID LABEL

FAMILY VIOLENCE QUESTIONS (COMPULSORY):

1)	Have you ever been kicked, punched or hurt in any way by someone in the last year?	Yes / No		
2)	Do you feel safe in your current relationship?	Yes / No		
3)	Is there a partner from a previous relationship who makes you feel unsafe now?	Yes / No		
4)	Within the last year, has anyone forced you to have sex in a way you didn't want to?	Yes / No		
	☐ If yes to any, referral to Social Worker.			

COPMI (CHILDREN OF PARENTS WITH A MENTAL ILLNESS) QUESTIONS (COMPULSON)

1) Do you have any dependants living with you? Yes / No	
IF YES: 2) How many?	Sell
3) Who is caring for them while you are in hospital?☐ Referral to Social Worker	

PHYSICAL DESCRIPTION:

Height Weight	Build	Eye colou	Complexion
Hair colour Hair leng	th Facial hair		s / No Glasses: Yes / No
Distinguishing features			Contact lenses: Yes / No

KNOWN MEDICAL/PHYSICAL CONDITIONS OR HEALTH ALERTS:

Allergies:		14	Alerts (if yes, place alert sticker on file):
Recorded medications:			Medication adverse reaction:
Transcribe any allergies or	adverse read	tions to Med	dication Chart.
Smoker: Yes / No	Non-smoker:	Yes / No	Ex-smoker: Yes / No Vaper: Yes / No
Smokefree screening too	completed:	Yes / No	NRT initiated: Yes / No
Smokefree screening loo	forwarded to	Smokefree (Co-ordinator: Yes / No
EWS What physi	ical health co	nditions are	present? □ Cardiac history □ Respiratory history
□ Diabetes Type I/Type II	□ Asthma	□ Infectio	ous conditions: Hep C/Hep B/MRSA
Any existing injury or pain?	Yes / No		
What			Riskman done: Yes / No Follow-up
Drug or alcohol user? Ye	es / No Alco	hol: Others	or substances
What			Frequency Withdrawal issues? Yes / No
Plan			
Mobility/Falls risk? Yes / N		10	

NHI No

		NHI No
METABOLIC SCREENING (COMPULSORY): lecord baseline physical observations (BP/Pulse/Temp) of	on the EWS Observation Chart)	BP< 140/90
Complete bloods for LDL cholesterol Triglycerides HDL cholesterol		
□ Family history of CVD□ Obesity□ Impaired glucose levels/diabetes	□ Physical inactivity □ Hypertension	□ Smoking□ Dyslipidaemia
Weight Height	BMI	
If two warning symptoms present, complete MHAS	S metabolic screening and mo	nitoring form and refer to MDT.
PSYCHOSOCIAL FUNCTIONS AND PATTER	RNS:	
ACCOMMODATION, FINANCIAL & SUPPORT SITUATION	ON:	×
Has stable accommodation: Yes / No (Any further	r comments)	
Any financial concerns: Yes / No (Any further comm	ments)	
Referral to Social Worker done: Yes / No		er.
CULTURAL/SPIRITUAL/GOALS Specific cultural,	/spiritual/other needs and once	ctices important to the person:
Religious affiliations:	101	
Cultural affiliations:	θ ,	
Referral to chaplain/spiritual advisor/kaumatua (p.	lace copy of file)?	

PRE-RESTRAINT ASSESSMENT - COMPULSORY	(should a restraint be used):	
Under what circumstances would restraint be see	3 ?	
WHAT ARE RELATED RISKS?		
List any physical or medical conditions and/or history	Ofy (obesity, respiratory, cardiac e	fc)
Trauma/Abuse history		
TIGUITIO/ADUSE HISTORY		
Any cultural preferences or existing advance direct	ctives	
Any cultural preferences or existing advance direct	ctives	
Any cultural preferences or existing advance direct Alcohol and other drugs (current and history of)		
Alcohol and other drugs (current and history of)	y impaired)	

MENTAL STATUS ASSESSMENT (please complete comprehensively):

The transfer of the production	
GENERAL APPEARANCE (eg appropriate to season, weather, dishevelled):	SPEECH (rate/volume/rhythm):
PSYCHOMOTOR BEHAVIOUR (eg pacing/agitation):	ORIENTATION/CONCENTRATION/ATTENTION (not orientated, time, place, person, poor concentration, unable to be attentive):
MOOD (eg euthymia, depressed, euphoric, irritable):	AFFECT (eg labile, anxious, congruent, incongruent, blunted:
THOUGHT CONTENT (eg delusions, suicidal, homicidal ideation plan):	THOUGHT PROCESSES (eg flight of ideas, tangental/nought blocking, circumstantial):
PERCEPTUAL DISTURBANCES (eg hallucinations):	INSIGHT/JUDGEMENT (impaired learner)
SIGNS OF INTOXICATION OR WITHDRAWAL FROM ALCOHOL OR SUBSTANCES	COGNITION (Dementia, intellectual disability, head injury):
RISK TO SELF OR OTHERS (eg suicidal/homicidal/self harm/vulnerality),	urt charges/AWOL):
RISK MANAGEMENT (inclusive of historical risk):	
KNOWN RELAPSE INDICATOR FOR DISCHARGE PLANNING:	

		·	•		
Patient orientated to:	✓	Advised of:	✓	Advised of:	√
Bedroom		Allocated Nurse and where to find this information		No-smoking hospital-wide policy	
Visiting		Consumer Advisor		Unprescribed substances prohibited	
Toilet/bathroom		Family Advisor		Alcohol prohibited	
Telephone		District Inspector		Patient confidentiality/Informed consent	
Property		Complaints process		Occupational Therapy Services	
Laundry		Meal times: 0815, 1220, 1730 hrs		Leave conditions	
Plan around self harm of		. 0	es / N	Information Pack given: Yes / No	

PATIENT ID LABEL

PATIENT AND PROPERTY SEARCH Sign in all property and valuables:

Patient verbally asked if carrying any self harm accessories on person:	Yes / No	Checked with ward: Yes / No
Patient property checked for self harm accessories, eg razors, glass, sharps, cellphone charger, cords of any description:	Yes / No	
Patient property listed and put away securely:	Yes / No	
Drug screen on ward test/sent away: Yes / No If yes, Breathalyser Urine drug screen (compulsory)result Urine dipstick:		result .

Brief description	Number of items	Safe keeping (identify place) or remainin patient's care
Shirts/Blouses/Singlets:		Sille
Sweaters/Cardigans/Hoodies/Sweatshirts:	180	
Trousers/Skirts/Dresses/Jeans/Pants: Underwear/Bra/Socks/Belts: Nighties/PJs: Shoes/Slippers:		
Underwear/Bra/Socks/Belts:		
Nighties/PJs:		
Shoes/Slippers:		
Glasses/Hearing Aids:		
Cosmetic Bag/Shaver(Hair dryer or straightener:		
Wallet/ID/Passport/Money/Phone/Laptops:		
Other Valuables or Misc:		
Medications/ETOH/Illicit Substances/Weapons:		
Date: Time: Sign:		
Please note that hospital staff cannot take responsibility for valuables that	t remain in p	patient care.
Safe keeping items returned on discharge:		
Date: Time: Sign:		
□ Patient □ Family □ Police □ Discarded with patient cor	nsent	

NURSING ADMISSION CHECKLIST WARD 21

NURSING ADMISSION CHECK LIST	Yes	No	Comments	Date	RN Sig
Patient Registration Form: completed & given to the Ward Clerk or sent to Central Enquiries or entered to WebPas					
Risk Assessment Form: completed (including signed clinician handover on pg 5)					
Mental Health Act (if applicable) Documentation appropriately completed or referred to DAO for further follow-up and copied to DAMHS office					
Ward 21 Mental Health Admission Assessment (Nursing): completed				×	•
Service-wide Plan, Relapse Prevention Plan, ITP, WRAP Plan or Advanced Directive: documentation placed on file from main file for first 24 hours				(S)	
Nursing Care Plan: completed					
Acute Inpatient - Ward 21 Key Worker Notification Form & Admission Notes: emailled to appropriate team			Nario		
General Information Sheet: signed and placed on file with consent to treatment form			M		
Admission HONOS: (MH Smart): completed			100 m		
Domestic Abuse Screening/Assessment: completed and notification sent to clinical records (8786) if required	×	S			
Baseline Obs: completed and EWS: calculated	0				
Smokefree Adult Screening Referral: completed. Sent to Quit Smoking					
Physical: completed by Registra (He)					
Routine Bloods ordered: forms on clip					
• UDS					
Medication chars (incl PRN): completed					
New patient/client: Trendcare type allocation and meal requirements completed					
Social Work Notification: completed					
Consumer property check/search: (locked drawer: pink sheet, valuables & sums over \$40 in safe in white envelope & logged in safe book, greater than \$250 not to be kept on ward, pg 5)					
Preadmission Documentation: Psychiatrists Assessment, Doctors Assessment, ACT/Keyworker Assessment-placed on file in correct place					
Ward 21 Info Pack: to be given to the consumer					

NURSING DISCHARGE CHECKLIST

PRE-DISCHARGE CHECK LIST	Υ	N	Comments	Date	Sig
Discharge discussed with patient and outcome and plans documented in clinical file.					
Discharge discussed with keyworker prior to patient leaving ward. Follow up with CMHT or MH Act confirmed and documented on the discharge summary.					
Family/whānau/care provider/EPOA notified.					
Transport arrangements made and documented in the notes. Transport can include; shuttle, taxi, self drive, ward transports, bus or plane. If tickets are needed, then speak to ward administrators.			a constant		
Contact address, telephone number and email address of consumer verified and documented.			oo,		
Mental Health Act administrator notified (if under Mental Health Act) and MH Act papers given to patient prior to exiting the ward.					
Script sent to consumer's pharmacy or other arrangements made and copy placed on clinical file with notes regarding where the script has gone to.			SMO		
All patient property returned including from locked drawer, safe, & property room, medications & razors (if appropriate) signed pg 5.	Š	S			
CMHT and Act phone numbers given to patient.	O				
Risk assessment completed.					
Nursing Discharge summary completed and copy given to patient.					
Email copy of script, risk assessment, doctors' discharge notes, medical discharge summary, nursing discharge symmary and plan to keyworker (dut(o) acute notifications email).					
Inform vard clerk of discharge and time of patient leaving ward.					
Check whether there is another team involved with care, or probation, or the police, and notify appropriately. If another DHB, remember to refer to ALL teams including the local team so they can also discharge.					
Complete referral if going out to respite and email to Saint Dominics. Will also need five days medication from pharmacy and a one month script.					
Discharge HONOS completed and recorded in WebPas.					
If you are unable to fully complete the discharge this MUST be handed over with careful attention as to what is still needed.			COMPLETED BY:		

MDHB-46	
DHB-4674 Ver: 11 2020	ADMISSION DATE
11 203	LEGAL STATUS: 🗆 I
š	FIRST 8 HOURS RN
	Cultural requirement Ward 21 Nursing Co outcome, and there
	CRITERIA
This form relates to MDHB-112, MDHB-257 & MDHB-4724	Section 1 Risk factors inclenvironmental safety, falls, risk to self and others
	Section 2 Level of observation
	Section 3 Mental Health presentation, behavioural concerns
	Section 4 Physical health EWS, sleep, medication effect, ECG, UDS, PAIN etc
	Section 5

WAR	D 21 NURSING CARE PLAN - FIRST	24 HOURS
DATE	ADMISSION RN	SIGNATURE
JS: 🗆 Informal	□ MHA Section	Review due

uirements incl partnership/participation/patection needs: Discussed with pt & their family: 🗆 Yes 🗀 No 🗆 If no, reason 🤉 Client sign

24 HOURS RN

cursing Care Plans must focus on aspects of the patient's presentation that require particular attention on the basis that to not do so would increase the potential for an adverse health and therefore at a minimum: (1) risk factors, (2) tevel of observation; (3) behavioural concerns; (4) physical health concerns and (5) smoking MDT/discharge must be considered.

	CRITERIA	ASSESSMENT	GOAL Specific and measurable	IMPLEMENTATION Who will do what and when - must include level of observation.	Record any changes to NCP below with key points summarised in the clinical record.	SIGN EACH 8/16/24 HRS
This form relates to	Section 1 Risk factors inclenvironmental safety, falls, risk to self and others		Always inform family and keyworker when an event occurs	3/1	 Environmental safety maintained: Yes No NA Family informed of any changes in situation? NA Incident no: NA Risk assessment Combined Risk Assessment tool 	
O MDHR-119 MDHR-257	Section 2 Level of observation	Level of observation: Risk to self Risk to others Rationale:	To ensure safety risk is maintained and assessment occurs.	Openside class ryations: □ L1: 60/60s / □ L2: 15/60s, 30/60s □ L3: Special constant companion HNU: □ L2: 10/60s □ L3: Special Seclusion: □ Yes □ No [7 Other)	Change in observation levels: ☐ Yes ☐ No	
& MDHR-/172/	Section 3 Mental Health presentation, behavioural concerns			51		
	Section 4 Physical health EWS, sleep, medication effect, ECG, UDS, PAIN etc		To complete all physical monitoring, eg ECG, bloods, obs, physical exam and weight. Initial EWS score.		The second secon	
	Section 5 Smoking, MDT,	Smoker: □ Yes □ No Vape: □ Yes □ No	Smoking cessation Management of smoking	NRT: Yes No Family contacts/details updated:	Show and the second sec	
7338518 C: 17288	MDT/discharge planning Nurse led interventions:					





Name:	NHI:
Address:	
Date of Birth:	Male / Female
GP or Consultant:	Area:
	OR PATIENT ID LABEL HERE

Adult Mental Health & Addiction Services Internal Transition/Transfer Form

(To discuss transfer, please also phone the destination Community Mental Health & Addiction Service)

Date:		
Ethnic Identity	Iwi	Gender
Alias	Нари	Village (Pacific Island)
G.P.	G.P. Phone	Hahi/Religion
Service User 1	Phone No.	
Name of referrer		TO:
Address		
Phone No.		
Principal care-giv	ver/Family/ Whānau Relationship	Other contact
Address		Address
Phone Number		Phone Number
Has the service	user consented to transition/tran	sfer?
Has the Initial A	Assessment been commenced/com	npleted? (MDHB- 7187) □Yes □ No
Reason for Tra	ansition/Transfer (Brief Sumn	nary)
Current Treat	ment/Management Plan (or at	tach a copy of Wellness plan)
Carront Head	meny management 1 mm (01 at	men a copy of Wenness plant

F





NH	ı								

Please fill out the following fields (or attach documents/assessments which cover the content):

Safety planning and Risk factors	
☐ Suicide intent	
☐ Threats to others	
☐ Aggression/violence	
☐ Forensic history	
☐ Other	
Duration and history of situation	
Situation	
Teril - / To 1 1 1 1	
Whānau/or Family -related matters	
Medical conditions and history	
Family % Danganal	
Family & Personal psychiatric history	
Any recent medical	
examination and outcome	
Substance use (please	
specify)	
Any other comices	
Any other services involved (e.g. MASH,	
ARLA, ACC, etc.)	
Legal status with review	
and expiry dates	
Other relevant	
information	



MENTAL HEALTH & ADDICTION SERVICES TRANSITION / DISCHARGE CHECKLIST

	PRE-DISCHARGE CHECK LIST	YES	NO	Comments
A	All Mental Health & Addiction Services clinicians and other care providers involved in provision of care to the service user agree that the consumer/tangata whaiora should be discharged			
A	The transition process/follow up has been fully discussed with the service user			
>	Principal care giver (and family/whānau, if appropriate) informed			
A	Discharge HoNOS / ADOM completed and entered into WebPAS			
A	Diagnosis form completed			
A	Supplementary information completed on the back of the WEBPAS form			
>	Legal status and papers checked			
A	If under the Mental Health Act			
	> Has Responsible Clinician been assigned/re-assigned?			
	Is service user moving out of Director of Area Mental Health Services (DAMHS) region (if so, has another DAMHS been informed?)			
A	If the service user should continue to require medication, prescription has been given			
A	Contact address and telephone number of service user confirmed			
A	Other health care providers who will continue to be involved in provision of care to the service user, have been informed (verbally if possible) and provided a copy of the discharge summary/transition plan with service user consent			
>	Cover letter sent to GP and/or referrer confirming discharge and follow up required			
	Does GP need to be informed urgently, if so this is done?			
>	Follow-up arrangements confirmed and communicated to the service user / e.g. appointment with new key worker			
A	Comprehensive mental health report is sent to the GP and other health care providers involved in the service user care			
>	Transition Plan information given to the service user (in the form of a summary or Transition Plan)			
A	Transition Plan information given to the service user family/whānau, significant other, caregiver (as appropriate)			
A	Information about community services and Acute Care Team (ACT) given to the service user (if required)			
>	All referrals have been completed			





Patient ID Label

Reason for discharge- Completed by clinician. Please tick one.

Administration Completed by

ADMINISTRATION	COMPLETED BY	DATE
File complete		
Outstanding doctor's appointments cancelled		
Check all priority fields in referral screen complete		
Supplementary Information entered		
Diagnosis entered		
Transition summary uploaded to the IDrive using the Macro		
Discharge letter sent		
Discharged on WebPAS / Drop file removed		
Date closed to match date of discharge		
Completed by SIGNATURE NAM	E/DESIGNATION	DATE



Name:		
Address:		
NHI:	DOB:	Male / Female
GP:		
		OR PATIENT ID LABEL HERE

] No
] No
] No
] No
] No
] No
□ No
□No
□ No
□ No
СМНТ
66 0047
0043
evirke
74 7734 7740
CMH 666 0 004

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

As you are aware, your recent OIA request has been transferred to District Health Boards by the Ministry of Health under section 14(b) (ii) of the Official Information Act.

The following information is provided as it pertains to Mid Central District Health Board (MDHB).

• Please indicate what is your exact procedure for determining that hospital admissions in this current time are in fact directly due to COVID, i.e. are you testing people who are admitting themselves for something non respiratory related and if they test positive after admission for sars cov 2 are you listing it as a COVID admission regardless?; people who are admitted for something respiratory related that is later diagnosed as not sars cov 2, are you indicating them as COVID hospitalisations if they return a positive test during admission?

Patients presenting to the hospital with an acute condition regardless of their symptoms or reason for presenting to the hospital are RAT (Rapid Antigen Test) tested, e.g. in the Emergency Department or the Birthing Suite, this is immediately upon arrival or at the earliest and most appropriate opportunity.

Patients presenting to the hospital for an elective procedure are RAT tested immediately upon arrival.

Data sent to the Ministry of Health each day requests the number of patients in hospital at 2359 hours (11.59 p.m.) who have tested positive for COVID-19 and are still in the active phase.

Please note that this response, or an edited version of this response, may be published on the Mid Central DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand





Official Information Act (OIA) Request

As you are aware, your recent OIA request has been partially transferred to District Health Boards by the Ministry of Health under section 14(b)(ii) of the Official Information Act.

The following information is provided as it pertains to MidCentral District Health Board (MDHB).

1. The number of times New Zealand Sign Language Interpreters were booked (successful and unsuccessful) for doctor appointments in each DHB each week over the period of 1 year 1 February 2021 to February 2022.

The table below tallies the number of weekly interpreter sessions that were paid. Recovery of this information is from the payment schedule. As noted above it is not possible to capture the information from a booking process. It covers more than medical appointments – it is any appointment that an interpreter has been paid to deliver signing services.

MidCentral DHB	Deaf Interpreters sessions paid
1 – 7 th February 2021	1
8 th – 14th February 2021	1
15 th – 21 st February 2021	2
22 nd – 28 th February 2021	2
1 st - 7 th March 2021	0
8 th -14 th March 2021	0
15 th – 21 st March 2021	1
22 nd – 28 th March 2021	4
29 th March – 4 th April 2021	4
5 th April to 11 th April 2021	1
12 th – 18 th April 2021	0
19 th – 25 th April 2021	1
26 th April – 2 nd May 2021	1

Operations Executive, Acute & Elective Specialist ServicesMidCentral District Health Board, PO Box 2056, Palmerston North 4440
Telephone (06) 356 9169

3 rd May – 9 th May 2021	1
10 th – 16 May 2021	4
17 th – 23 rd May 2021	1
24 th - 30 th May 2021	2
31 st May – 6 th June 2021	1
7 th – 13 th June 2021	1
14 th – 20 th June 2021	1
21 st – 27 th June 2021	1
28 th June – 4th July 2021	3
5 th – 11 th July 2021	2
12 th – 18 th July 2021	2
19 th – 25 th July 2021	0
26 th July – 1 st August 2021	2
2 nd – 8 th August 2021	4
9 th – 15 th August 2021	0
16 th – 22nd August 2021	6
23 rd – 29 th August 2021	6
30 th August – 5 th September 2021	0
6 th – 12 th September 2021	1
13 th – 19 th September 2021	0
20 th – 26 th September 2021	0
27 th September – 3 rd October	4
4 th – 10 th October 2021	0
11 th – 17 th October 2021	0
18 th – 24 th October 2021	0
25 th – 31 st October 2021	1
1 st – 7 th November 2021	1
8 th – 14 th November 2021	0
15 th – 21 st November 2021	4
22 nd – 28 th November 2021	1
29 th November – 5 th December	0
6 th – 12 th December 2021	7
13 th – 19 th December 2021	0
20 th – 26 th December 2021	2
27 th Dec 2021 – 2 nd January 2022	0
3 rd – 9 th January 2022	0
10 th – 16 th January 2022	0
17 th – 23 rd January 2022	1
24 th – 31 st January 2022	0
TOTAL	77

2. Would it have the type of doctor appointments by medical lead or location (e.g., hospital or general practice) appointments that used NZSL Interpreters.

We do not capture general practice requests. This is hospital only information and the actual service that has requested the interpreter is not gathered.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

& Dood

Gabrielle Scott

Executive Director

Allied Health

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



MDHB Ref: Y22-300

Dear

The following response is provided in relation to your Official Information Act request dated 18 March 2022, requesting information regarding donations and bequests made to MidCentral District Health Board.

1. The value of all donations and bequests made to your DHB each year for the past five years.

The donations and bequests are reported in the MDHB Annual Report for the past five financial years ending 30 June as follows.

\$'000	Jun-21	Jun-20	Jun-19	Jun-18	Jun-17
Donations and					
Bequests	1,206	60	140	49	149

2. For any cash donations or bequests of \$200,000 or more made in the past five years, please provide the name of the donor, the date the donation was made and the intended purpose, if any, for the donation.

During the past five financial years, there were no individual cash donations above \$200,000.

3. For any non-cash donations or bequests valued at \$200,000 or more made in the past five years, please provide the name of the donor, the date the donation was made and a description of the item/object/asset and its intended use.

During the past five financial years, there were no non-cash donations or bequests valued above \$200,000.

If you are not satisfied with this response, you have the right to raise any concerns regarding our response with the Ombudsman – www.ombudsman.parliament.nz or 0800 802 602.

Finance and Corporate Services

MidCentral DHB, PO Box 2056, Palmerston North Central, 4440. Tel: 06 350 8800 Fax: 06 350 8080

181. 00 330 6600 Fax. 06 330 60

Please note that this response, or an edited version, may be published on the MidCentral DHB website ten working days after your receipt of this response.

Yours sincerely

Neil Wanden

General Manager, Finance and Corporate Services

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

I refer to your Official Information Act request received by email on 18 March 2022 with regard to your request for MDHB's Dietitians, Dietitian Assistants and Dietitian Interns Headcount and FTE and respond as follows:

• The actual number of Dietitians – i.e., headcount and FTE

Headcount: 12

FTE: 10.4

• The actual number of Dietitian Assistants – i.e., headcount and FTE

Headcount: 2

FTE: 1.8

• The actual number of Dietitian Interns – i.e., headcount and FTE

Headcount: Nil

FTE: Nil

 The number of resignations and pending resignations since 18 March 2021 broken down into Dietitians, Dietitian Assistants, and Dietitian Interns.

Dietitians: 4

Dietitian Assistants: Nil

Dietitian Interns: Nil

Please note that this response, or an edited version of it, may be published on the MidCentral DHB website ten working days after your receipt of this letter.

Yours faithfully

Keyur Anjaria General Manager People & Culture

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

I refer to your Official Information Act request received by email on 18 March 2022 with regard to your request for the number of staff hired since 18 March 2021, years of experience and salary scale for MDHB's Dietitians, Dietitian Assistants and Dietitian Interns and respond as follows:

• The number of staff hired in the above positions since 18 March 2021 i.e., headcount and FTE.

Headcount: 4 (2 x Dietitian Assistants, 2 x Dietitians)

FTE: 3.6

- How many years of experience in the same or substantially similar role of each new hire?
 - 1. No experience specifically as a Dietitian Assistant; finishing Dietitian qualification to become a registered Dietitian.
 - 2. No experience specifically as a Dietitian Assistant; finishing Dietitian qualification to become a registered Dietitian.
 - 3. No previous experience employed as a Dietitian
 - 4. 11 years.
- Where they started on the salary scale?
 - 1. Step 4 (Allied Health Assistants)
 - 2. Step 4 (Allied Health Assistants)
 - 3. Step 3
 - 4. Step 8.

Please note that this response, or an edited version of it, may be published on the MidCentral DHB website ten working days after your receipt of this letter.

Yours faithfully

Keyur Anjaria
General Manager
People & Culture

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

I refer to your Official Information Act request received by email on 18 March 2022 with regard to your request for the number of merit applications and successful merit applications for MDHB's Dietitians, Dietitian Assistants and Dietitian Interns and respond as follows:

• The number of merit applications broken down into Dietitians, Dietitian Assistants, and Dietitian Interns at your DHB.

Dietitian: 1

• The number of **successful** merit applications broken down into Dietitians, Dietitian Assistants, and Dietitian Interns at your DHB.

Dietitian: 1.

Please note that this response, or an edited version of it, may be published on the MidCentral DHB website ten working days after your receipt of this letter.

Yours faithfully

Keyur Anjaria
General Manager
People & Culture

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request

As you are aware, your recent OIA request has been transferred to District Health Boards by the Ministry of Health under section 14(b)(ii) of the Official Information Act. Therefore, the following data has been provided as it pertains to MidCentral District Health Board (MDHB).

- COVID hospitalisation directly related to COVID and COVID only.
 MDHB has interpreted this request to mean the number of hospitalisations
 - with a primary diagnosis of COVID-19. At MDHB this is **One**.
- COVID hospitalisations where patient was admitted for another reason and COVID was detected after arriving at the hospital.

At MDHB this is One.

- ICU and HDU beds used for COVID only infections.
 - MDHB has interpreted this request to mean the number of hospitalisations with a primary diagnosis of COVID-19. At MDHB this is **Zero**.
- ICU and HDU beds used for non-COVID conditions where a COVID test after arriving at the hospital showed infection.

At MDHB this is Zero.

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Lyn Horgan

Operations Executive

Acute & Elective Specialist Services

Operations Executive, Acute & Elective Specialist Services
MidCentral District Health Board, PO Box 2056, Palmerston North 4440
Telephone (06) 356 9169

MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

29 April 2022



Dear

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand

Official Information Act Request: Y22-315: COVID Costs

The information below is in response to your Official Information Act 1982 (the Act) request to the Minister for COVID-19 Response, dated Sunday 13 March 2022.

On 23 March 2022 this request was partially transferred to MidCentral District Health Board (MDHB) under section 14 of the Act.

An extension was sought and granted on 20 April 2022, bringing the due date to 9 May 2022.

The information that you have requested from us is as follows:

- 4) the full costs of all testing centres for COVID-19 including the road cone staff and the site payments etc.
- 5) the full costs health workers solely working with COVID-19 in labs or wards or anywhere else.

Our response is as follows:

The full cost of the testing centres run by MDHB including laboratory costs to 31 March 2022 is \$10.621m.

The full costs for health workers employed by MDHB solely working with COVID-19 to 31 March 2022 is \$9.812m. Please note that this does not include costs associated with the primary care response, nor those for laboratory workers.

Please note that this response, or an edited version of this response, may be published on the MDHB website ten working days after your receipt of this response.

If you are not satisfied with our response to your information request, you have the right to seek a review by way of complaint by the Ombudsman of your decision. Information about how to make a complaint is available at ww.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely,

D. C. Dan

Deborah Davies

Operations Executive

Te Uru Kiriora, Primary Public and Community Health

Phone (06) 350 8061 Fax (06) 355 0616

Postal Address: PO Box 2056 Palmerston North Central Palmerston North 4440 New Zealand

> Physical Address: Gate 2 Heretaunga Street Palmerston North New Zealand



Dear

Official Information Act (OIA) Request - Interpreters to Access Effective Healthcare

As you are aware, your recent OIA request has been partially transferred to District Health Boards by the Ministry of Health under section 14(b)(ii) of the Official Information Act.

The following information is provided as it pertains to MidCentral District Health Board (MDHB).

1. Information on the number of people in New Zealand who need an interpreter in order to access effective health care.

As you did not provide a date range for this OIA request, the table below tallies the total number of interpreter sessions that were paid for the 12-month period 1 March 2021 to 28 February 2022. Recovery of this information is from the payment schedule. As noted above, it is not possible to capture the information from a booking process. It covers more than medical appointments — it is any appointment that an interpreter has been paid to deliver a healthcare service.

MidCentral DHB	Interpreters' sessions paid
1 March 2021 to 28 February 2022	740

Please note that this response, or an edited version of this response, may be published on the MidCentral DHB website 10 working days after your receipt of this response.

Yours sincerely

Gabrielle Scott

Executive Director

Allied Health

MidCentral District Health Board, PO Box 2056, Palmerston North 4440 Telephone (06) 350 8301