

NORTHLAND DISTRICT HEALTH BOARD

Te Huaru Huaru Á Rohu O Te Tei Takarua



NDHB Health Emergency Plan

(HEP)

2008 - 2010

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 1 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			



Contents

Part One: Introduction

- 1.1 Purpose of the Plan
- 1.2 The area to which the Plan applies
- 1.3 Definition of a 'health' emergency
- 1.4 Legislative requirements
- 1.5 National context
- 1.6 Other related documents
- 1.7 Objectives
- 1.8 Hierarchy of Plans/integration with other plans

Part Two: Strategic component

- 2.1 Hazards and Risks/prioritisation
 - 2.1.1 Context
 - 2.1.2 Regional Hazards
 - 2.1.3 Hazard Prioritisation
 - 2.1.4 Impacts
 - 2.1.5 DHB Risks
- 2.2 Planning Requirements including CBAC's.
 - 2.2.1 Introduction
 - 2.2.2 Interregional Response
 - 2.2.3 National Response
 - 2.2.4 Communications
- 2.3 Emergency Management
 - 2.3.1 Reduction
 - 2.3.2 Readiness
 - 2.3.3 Response
 - 2.3.4 Recovery

Part Three: Operational Component

- 3.1 Criteria for activation of the HEP
- 3.2 Operational framework/structure
- 3.3 Procedures for activating the plan
 - 3.3.1 Dargaville, Bay of Islands and Kaitaia
 - 3.3.2 Whangarei
 - 3.3.3 District
 - 3.3.4 Regional
 - 3.3.5 National
- 3.4 The role of the EOC
- 3.5 Debriefing/incident review

Part Four Administrative arrangements

- 4.1 Plan Duration and Amendments
- 4.2 Maintenance of the plan
- 4.3 Funding Arrangements
- 4.4 Board Approval of the plan

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 2 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Appendices

1. Mutual Aid Operating Protocol template
2. Emergency Response partnerships and responsibilities
3. DHB risk management/planning process
4. District risk rating table (regional council(s))
5. Duty Card: CDEM Liaison
6. Duty Cards: NDHB EOC
7. Duty Card: Recovery Coordinator
8. NDHB and MoH Communications processes
9. Key Roles and Responsibilities

Glossary of Terms for the Northland DHB Health Emergency Plan

Abbreviation	In Full
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CYFS	Children, Young Persons, and their Family Service
NDHB	Northland District Health Board
HCEG	Health Coordinating Executive Group
EOC	Emergency Operation Centre
Local EOC	Local Emergency Operation Centre (District level)
GP	General Practitioner
SPOC	Single Point of Contact
KPI	Key Performance Indicator
MAF	Ministry for Agriculture and Forestry
MCDEM	Ministry of Civil Defence and Emergency Management
MAOP	Mutual Aid Operating Protocol
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system
SOP	Standard Operating Procedure
4R's	Reduction, Readiness, Response, Recovery
TA	Territorial Authority (District Council)

This plan will be used to manage any emergency requiring a coordinated 'health' response, whether or not a civil defence emergency has been declared.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 3 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Part 1 Introduction

1.1 Purpose of the Plan

The overarching goal of the Northland DHB emergency planning service is 'Resilient Health Services in the Northland DHB area'. Furthermore there are multiple pieces of legislation and contractual obligations that direct the focus of work. (See 1.4 and 1.5) The Northland DHB Health Emergency Plan (HEP) includes business continuity planning for essential primary, secondary, tertiary, mental health, disability support and public health services.

It aims to:

- a) Create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency by planning for:
 - i. The reduction of impact consequences (established by hazard analysis) on facilities and supplies;
 - ii. Continuing care of existing patients/clients, and provision of normal services to the fullest possible extent, should facilities or services be disrupted in an emergency;
 - iii. Activation of available resources to meet a sudden rise in demand (including contingency plans to overcome the consequences of identified events);
 - iv. Alternate facilities and sources of supply;
 - v. Communication between health providers prior to and during an emergency;
 - vi. Staff training in health-related emergency roles and responsibilities;
 - vii. Care of staff during an emergency;
 - viii. Provision of support to other agencies and facilities that require assistance during an emergency. These arrangements are to include contracts or mutual aid protocols that outline the conditions governing the transfer of staff or equipment to meet an urgent need. A template for a Mutual Aid Operating Protocol is attached as Appendix One.
- b). Provide a consistent approach by coordinating the strengths and resources of:
 - a) providers of healthcare services in the Northland region, and
 - b) other Services that have a requirement to plan for emergenciesto better prevent, prepare for, respond to, and recover from the effects of both natural and man made hazards. See Appendix Two for a capacity grid that identifies the assistance different Services (including health) may provide during or following a major incident.
- c). Provide a means of managing a health response to a major incident, whether or not a civil emergency has been declared.

The Plan reflects the current philosophy of Emergency Management, which is to build resilience to 'everyday' emergencies so they do not become major incidents.

Emergency management is based on the 4 "R's" , reduction, readiness, response and recovery These are expanded in more detail under Strategic Component, 2.3 - 2.3.5

1.2 The Area to Which this Plan Applies (see map).

The area encompassed by this plan includes the District of Whangarei, Kaipara, Hokianga, Mid North, Kaitaia, Whangaparoa, Ruakaka, Maungaturoto and Wellsford.

The Northland District Health Board geographical area serves a population of approximately 148,000 people.

Northland is home to a diverse population including significant numbers of Maori and small rural communities, which influence the way health services are funded and delivered. Services are provided by a wide range of independent providers and Northland District Health Board, with 2 trusts providing health services on opposite coasts. West coast is the Hokianga Trust, and on the East coast the Whangaroa trust. Although Northland DHB is not directly linked to the trusts for

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 4 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

operational aspects of management there is an inherent understanding that we would support them through any emergency situation in whatever way may meet their needs.

Northland DHB has one Civil Defence Emergency Management area. This includes all the 4 regional councils, incorporates all emergency services and is linked into the National Civil Defence systems



NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 5 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

1.3 Definition of a 'health emergency'

For the purposes of this plan, a health emergency is defined as any event which:

- presents a serious threat, (actual or potential) to the health status of the community;
- results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time;
- the loss of services which prevent a healthcare facility or service from continuing to care for those patients it has.

1.4 Legislative Requirements

This Plan meets the requirements placed on service providers by:

- NZ Public Health and Disability Act 2000
- Health Act 1956
- Civil Defence and Emergency Management Act 2002
- National Civil Defence Plan Part 9
- Health and Safety in Employment Act
- Paragraphs 28-32 of the National Civil Defence Emergency Management Plan Order
- National Health Emergency Plan: Guiding Principles for Emergency Management Planning in the Health and Disability Sector ,2005
- The Law Reform (Epidemic Preparedness) Act
- National Health Emergency Plan: Infectious Diseases 2004
- The New Zealand Influenza Pandemic Action Plan
- The National Health Emergency Plan: Hazardous Substances Incident Hospital Guidelines 2005

1.5 National context

District Health Boards have responsibility for maintaining and improving the health status of the population of their geographical areas.

The Civil Defence and Emergency Management Act designates District Health Boards as emergency services which are required to be active members of their regional Civil Defence and Emergency Management Groups. The Act designates responsibility for the provision of health care services in an emergency, as well as the restoration of the health status of a community, to Health. The Act also requires DHBs to actively engage with other response agencies in planning and exercise activities (see Table Three for NDHB context).

1.6 Other Related Documents;

This plan meets the requirements placed on service providers by;

- ACC Partnership Programme; 2002 Critical element 7 (Emergency Planning and Readiness)
- NZ Health and Disability sector standards for Certification (Criterion 3.2.4. Emergency and disaster management)

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 6 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

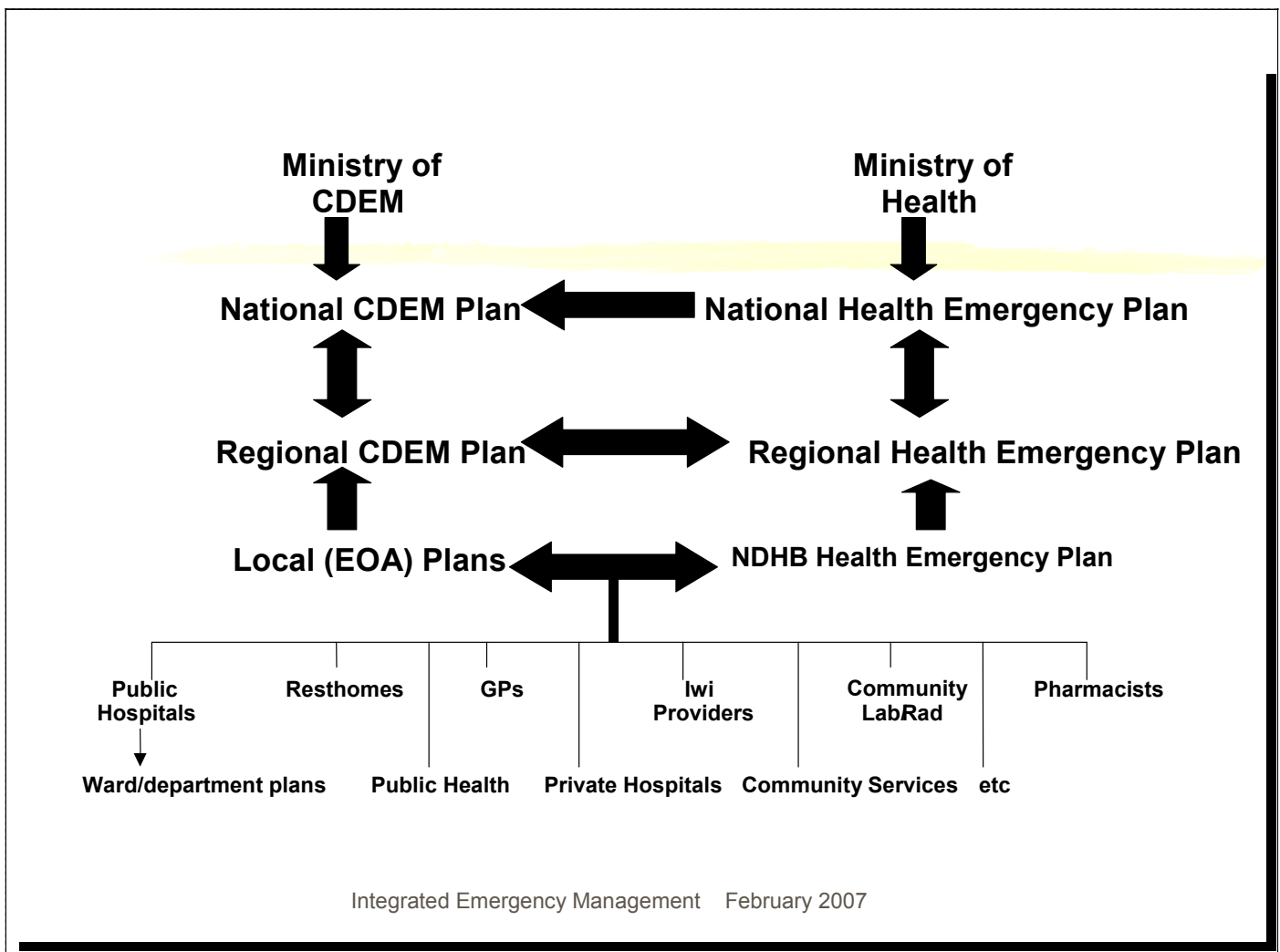
1.7 Plan Objectives

This plan has four objectives:

- i. To identify and mitigate identified risks. See Appendix Three for a schematic of the NDHB Risk Management/Planning Process.
- ii. To maintain or restore the health status of the population of the Northland District Health Board's area of responsibility, following a major incident.
- iii. To define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.
- iv. To define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency. This is done in conjunction with NZ Police, Fire & Rescue Service, and St.John.

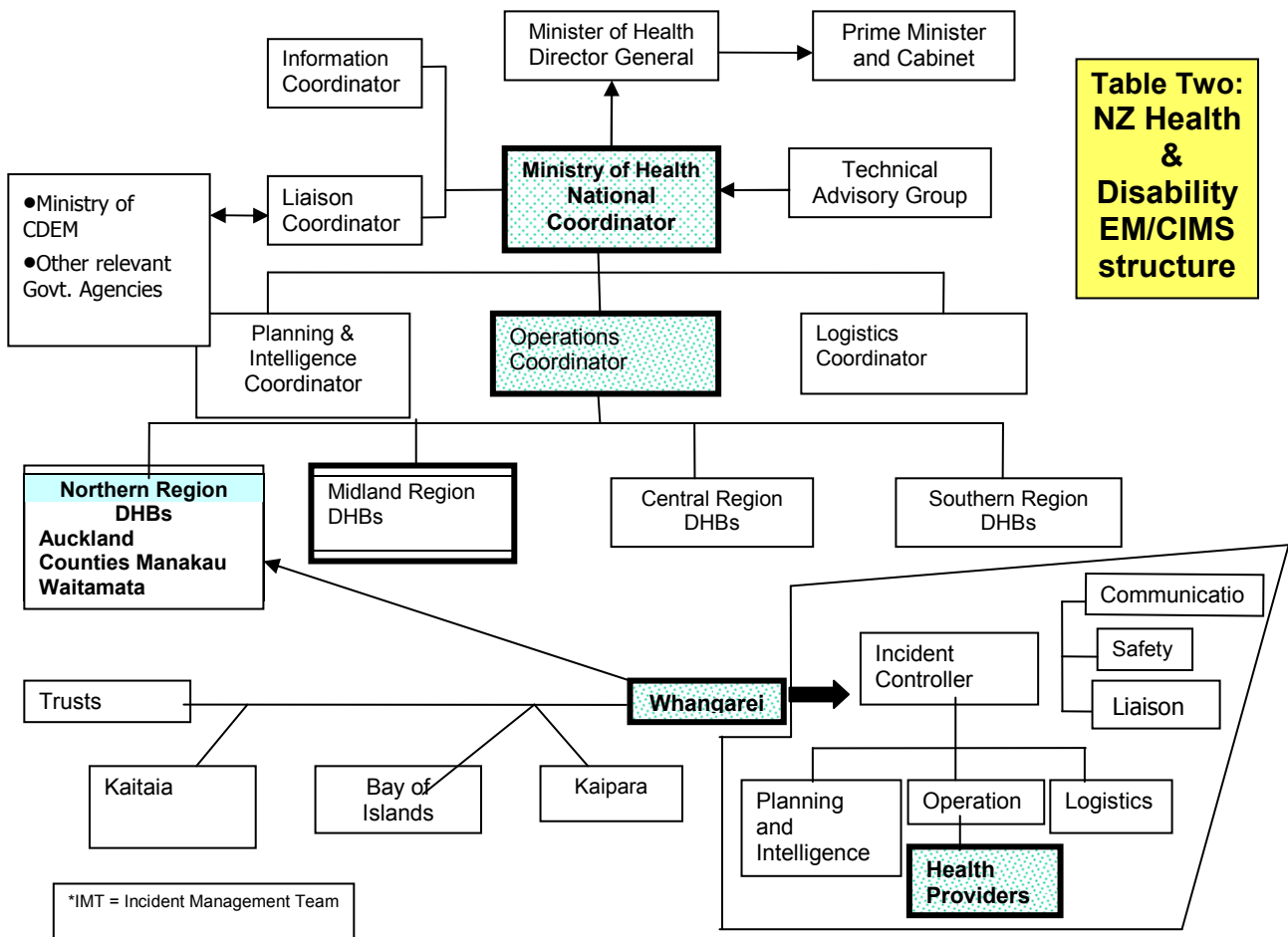
1.8 Hierarchy of Plans/integration with other plans

- a) The fit between national and local, and CDEM and Ministry of Health planning is illustrated in Table one below:



NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 7 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

c) The National Health Emergency Plan (NHEP) requires DHBs to work in regional clusters for the purposes of coordinating the response to a national or regional health emergency. The three Auckland DHBs and Northland DHB maintain a regional HEP. The relationship between NDHB and regional/national health emergency planning is illustrated in Table Two.



NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 8 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

d) The fit between NDHB/Health planning and other organisations and agencies is illustrated in Table Three

Table Three: fit between NDHB/Health planning and other organisations and agencies

<p>Provides planning support and advice, and liaises with, district-wide health providers as follows:</p> <ul style="list-style-type: none"> • Provides planning templates and advice • Develops an annual exercise plan and facilitates exercises • Provides operational support to major incidents • Facilitates event debriefs and post-incident reviews • Provides documented reports and follows up on actions arising 	<p>Northland DHB</p>	<p>NDHB Emergency Planner Represents District-wide Health-providers on the following emergency management groups:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>What</th> </tr> </thead> <tbody> <tr> <td>HCEG</td> <td>Health Coordinating Executive Group</td> </tr> <tr> <td>PWP</td> <td>Pandemic working party</td> </tr> <tr> <td>HSTLC</td> <td>Hazsub Technical Liaison Committee</td> </tr> <tr> <td>EMGs</td> <td>Emergency Management Groups (Local Govt)</td> </tr> <tr> <td>WAG</td> <td>Welfare Advisory Group</td> </tr> <tr> <td>CDEM</td> <td>Civil Defence Emergency Management</td> </tr> </tbody> </table>	Name	What	HCEG	Health Coordinating Executive Group	PWP	Pandemic working party	HSTLC	Hazsub Technical Liaison Committee	EMGs	Emergency Management Groups (Local Govt)	WAG	Welfare Advisory Group	CDEM	Civil Defence Emergency Management
Name		What														
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WAG	Welfare Advisory Group															
CDEM	Civil Defence Emergency Management															
<p>Liaises with other DHBs and represents NDHB in national activities as appropriate</p> <ul style="list-style-type: none"> • Represents NDHB at national meetings • Involved with MOH-led national EMP projects as able/appropriate • Attends special interest meetings as required 																

Linked Plans:

NDHB site Major Incident Plans, 2008 Whangarei, Kaitaia , Bay of Islands and Kaipara

Northland District Pandemic Plan 2006

Northland Civil Defence Emergency Management Group Plan 2004

Ministry of Health Draft National Health Emergency Plan 2008-

NDHB Public Health Emergency Response Plan 2004

National Civil Defence Plan 2006

New Zealand Influenza Pandemic Action Plan 2006

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 9 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Part 2 Strategic Component

Introduction

The Strategic Component:

- sets out the context, hazards and risks for the health sector in the Northland District Health Board,
- identifies key planning requirements
- takes an 'all hazards' approach, rather than preparing exhaustive duplicated data for each and every hazard.

2.1 Hazards and Risks

2.1.1 Context

This section focuses on the natural and technological (man made) hazards and risks that are considered significant to the whole or major parts of the Northland region.

There are a large number of natural and technological¹ (man-made) hazards facing the region. It's geographic size, coupled with the spread of rural communities linked primarily by road, emphasises the need for emergency management systems that take into account the need for self reliance, while working to a wider co-operative framework. The region contains New Zealand's main Refinery for fuel supplies with a pipeline traversing half the region. Northland is dependent on electricity supplies from the Auckland grid apart from a small power supply at Ngawha . The NDHB is further challenged by its boundaries being different to those of the other emergency organisations providing services to the Northland region, for example the DHB health region line of demarcation differs from Police demarcation boundaries which are different to St.John demarcation boundaries.

2.1.2 Regional Hazards

All natural and technological hazards that have the potential to endanger the health status of the community, and have the potential to be beyond the ability of individual providers to cope with, or may require a significant and coordinated response, must be planned for by the NDHB.

The hazards that have been identified for the Northland region are listed in the table in Appendix Four.

2.1.3 Hazard Prioritisation

Prioritisation of regional hazards has taken place as part of the integrated CDEM planning. NDHB has diverse geographical features. The hazards/risks the constituent parts of the region have identified in common are:

- Animal Epidemic
- Earthquake
- Rural Fire
- Human Pandemic
- Major Transport Accident (Road)
- River/Stream Flooding
- Severe Storm/Storm Surge/Serious weather event (eg 'Storm Bomb')
- Infrastructure/Utility Failure has also been identified as a major risk by health providers.

¹ Technological hazards are non-natural hazards, namely those hazards created as a result of human activity, that have potential to create an emergency situation. The line between natural and technological events is not always clear cut, therefore an arbitrary classification has been made

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 10 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

2.1.4 Likely Impacts and Issues could include:

- Casualties
- Public Health issues (water quality, epidemic, etc)
- Building failure
- Failure of electricity, gas, water, sewerage and telephone services
- Failure of critical supplies
- Public panic
- Social impact
- Transportation issues (need for/lack of resources)
- Transportation networks fail/are closed
- Mental Health issues
- Isolation of patients/clients and staff

Each hospital site within the DHB have differing amounts of utility capability;
Kaitaia site, Water is town supply, but 8000 litres is stored on site

Electricity; Generators supply main hospital site for 5 days.

Dargaville; Water is gravity reticulated, approximately 5 days supply

Electricity; Generators supply main hospital buildings but not Dargaville Medical Centre

Bay of Islands; Water is town supply only

Electricity; generators supply main hospital building

Whangarei; Water is town supply plus large reservoirs, enough for 5 days at restricted useage

Electricity; generators supply essential services for as long as diesel fuel accessible

2.1.5 DHB RISKS

. Apart from those natural hazards that may impact on service delivery, eg flooding or earthquake the DHB has a list of identified risks, that are updated monthly by senior management. In no order, and as at June 2008 they include

- Reliance on electronic patient management systems
- Managing Acute demand in the provider arm, limited surge capacity
- Peripheral hospital services
- Building infrastructure, the need for expansion and replacement

There are mitigation processes in place to address the risks and the DHB constantly re-evaluates the risks to the continuation of services.

2.2 Planning requirements

2.2.1 Introduction

All DHB-funded primary, secondary, tertiary and mental health, disability support and public health providers are now required to have plans and resources in place that ensure that their emergency responses are integrated, coordinated and exercised with the DHB HEP.

In this Section, planning requirements are identified for the various components of the health sector. The many health service organisations involved in a response need to cooperate effectively on the day. This requires close collaboration in the planning phase where key individual actions must be identified (Appendix Two when completed will identify which services provide what resources.).

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 11 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

All healthcare providers contracted by the Northland District Health Board and Ministry of Health are expected to develop emergency plans which identify:

- How the provider as a whole will respond to a crisis at any of its facilities or services, who has the coordination role, where they will operate from, and, where relevant, what the role and responsibilities are of each department.
- A facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified.
- Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on site and filling that role when the crisis occurs.
- How the service or facility can provide support to a community emergency.

Primary Health Organisations have begun generic emergency planning through the appointment of a project person for the Northern Region. This work to commence mid 2008.

Key roles and responsibilities are identified in Appendix Nine.

Contributors to the NDHB Plan.

The NDHB will engage widely throughout the process of developing and maintaining this Plan.

Organisations consulted will include:

Ambulance Services	Radiology Services	Laboratory Services
Civil Defence organisations	Police	Neighbouring DHBs
Local Government	Environment Northland	Disability Support Services
Ministry of Health	Child, Youth and Family Service	NDHB Planning and Funding Services
Non NDHB Hospitals	“Third Sector”, NGOs and other like providers	Pharmacy Services
NDHB Public Health Unit	Primary AND Community Health	Mental Health Services
NDHB Hospitals and private trusts, Hokianga and Whangaparoa	The Resthome Association	NZ Fire Service

Programmes in place to meet Emergency Response requirements include;

- Lifelines listing for all DHB facilities as Priority A for restoration of utility services post disaster
- Northland District Pandemic Plan
- Emergency Response Flipcharts for staff and public in all DHB buildings
- Initial work with NGO's being notified through the funder arm of the availability of the Emergency Planner to critique and discuss health contract providers emergency plans
- Alignment of Emergency Service Plans and Standard Operating Procedures (SOP's)
- Each NDHB hospital has an individual Major Incident Plan
- All services and departments within NDHB have copies of the Major Incident Plan
- Emergency Management lecture part of Organisational Orientation for all new employees.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 12 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Community-based Assessment Centres;

A project was commissioned in August 2007 to ensure the consultation with PHO's and the primary health sector for the establishment of CBAC's and the provision of care in such centres. A draft document *Northland Community Health Care; Pandemic Response Manual* was published and circulated to all PHO' groups for comment and some degree of implementation.

The continuation of the project is seen to be included in the Ministry of Health funded project in 2008 for Emergency Planning in the PHO's.

2.2.2 Inter Regional Response

Responsibility for the coordination of healthcare resources in Northland rests with the NDHB. When an incident or event is likely to extend outside the NDHB region the Northern DHB group will provide for regional planning and operation.

A regional plan has already been established, with ongoing work in the fields of Logistics, and mass Evacuation strategies.

The Northern Regional Health Incident Coordination Plan

The plan provides for a coordinated, inter-DHB approach to a regional or escalating event, based on the CIMS model. The Emergency Management Planning Service for each of the DHBs concerned hold this regional plan. Parts of this plan were tested in Exercise Cruickshank 2007 and in 2008 with Exercise Ruamoko.

Where inter regional support is required, coordination (for example, with transferring large numbers of clients between DHBs) may be accessed through a Ministry of Health funded Health Coordination Centre. The Northern centre, with responsibility from Taupo to North Cape, operates as part of the Order of St John Northern Region Communication Centre. The role of the centre is limited to coordination. Each organisation retains authority and responsibility of its own facilities and resources.

2.2.3 National Response

A national response will have the Ministry of Health in the Response Coordination role, with each DHB establishing an Incident Management Team. The national response is described in the National Health Emergency Plan, which is at the Ministry of Health website: www.moh.govt.nz The Ministry will initially communicate with each DHB through key contacts (which have already been established), and then through regional coordinators. The single point of contact for Northland Health is the Emergency Planner with the default position as Duty Managers. The Health and Disability Sector CIMS structure is shown in Table Two.

National Supplies;

Each DHB is tasked with keeping secure and updated national stocks of Personal Protective Equipment, and a government owned stock of selected Antibiotics. Each DHB is also tasked with keeping small amounts of Tamiflu as the antiviral of choice for a Pandemic of Influenza, and a small supply of antidotes for Cyanide and Organophosphate poisonings. Larger stocks of these drugs are being negotiated to be held in the 4 main centres of New Zealand, with access through the Ministry if required.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 13 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Nationally and Internationally Emergency Management is driven by the 4 R's.

- **Reduction –the identification and risk assessment of long term risks**
- **Readiness- the development of operational systems and capabilities**
- **Response- immediate action**
- **Recovery- coordinated efforts and process via the Business Recovery Plan**

2.2.4

Communications

When public switch telephone circuits are unavailable, limited emergency communication between hospitals and regions is available through the St John Ambulance radio network. St John will retain control of this network.

Communication for a Northern Regional emergency is instigated through text messaging between Emergency Planners in the first instance, with Duty Managers as the default position. Subsequent malfunctions of Telecom or Vodaphone circuits would result in the use of Satellite phones. These are held at each of the Northland DHB sites, and nationally.

Web-EOC is a national tool for communications and Disaster Management that is available at all DHB's and is linked to the Ministry of Health. In the event of a national emergency this is the medium expected to be used, it utilises the CIMS structures.

2.3 Emergency Management

2.3.1 Reduction

In the context of emergency management planning, reduction activities are those that will reduce the health impacts of emergencies or other events. In Northland DHB these include:

- Regular hazard and risk identification and management; This involves Risk Registers for each service. 2008 will see the instillation of an electronic risk management programme called Quantate.
- The maintenance and testing of generators for emergency power at each hospital site; There is a schedule at each hospital site for these tests, audited annually at the ACC partnership programme.
- Fire alarm and management systems, such as smoke alarms and sprinklers; 2008 will see the introduction of a new Fire System and response education package.
- Regular networking with the other emergency services, including updates as to building and maintenance activities at each hospital site; These are kept by Estate Services but available to the Emergency Planner/Risk Manager.
- Pandemic Planning. In keeping with all other DHB's extensive community consultation and health provider discussions produced the Northland District Pandemic Plan. At the same time a Draft Community Health Care Response Manual was designed and distributed to PHO managers for their services.

Constant monitoring of international developments in regard to Avian Influenza is undertaken by the NDHB Emergency Planner. Should the country move to "Code Yellow" there would be a significant surge in notification and preparedness programmes that are waiting for implementation.

2008 sees a national Public Health initiative regarding "Surge Capacity" for a Public Health response to a Pandemic or similar biological emergency. This programme incorporates the development of a "Toolkit" for all PHU staff to utilise.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 14 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

2.3.2 Readiness

Readiness activities are those taken to ensure a state of readiness for health emergencies. At Northland DHB these activities will include:

- An annual exercise plan for all provider arm facilities and services
- 'Emergency Management Week'
- Facilitation of exercise and training activities with DHB-funded providers
- Participation in joint-agency training and exercises
- Facilitation of education and training workshops for health providers
- Participation in national exercises as able/required
- Networking with external providers regarding emergency management issues, for example Ngawha Corrections Unit.
- Development, Identification and review of how health providers can provide support to a community emergency response (responsibilities and partnerships)
- Since 2006 NDHB has trained 50 personnel to CIMS level 4 standard, as at June 2008 43 remain in our employment. The need for a challenging refresher course is acknowledged but not yet developed. This may possibly a body of work for Regional HCEG.

2.3.4 Response

In 2007-2008 contractual arrangements from the the Ministry of Health tasked DHB's with the following in terms of Emergency Management outcomes;

- *Ref OPF:* Describe how DHB funded ambulance, primary, secondary, tertiary, mental health, disability support and public health services will be prioritised, structured and delivered during the response phase of health emergencies, civil defence, etc.
- identify the health-related roles and resources of relevant non-government, volunteer, Iwi/ Maori and Pacific organisations, and link these organisations' emergency response plans with the DHB HEP
- *Ref OPF:* Describe the DHB's contribution to the response to a regional or national health emergency.
- *Ref OPF:* Provide for the transfer to other DHBs or resources or supplies maintained under national programmes (PPE etc)
- *Ref OPF:* Provide for the receipt and management of resources or supplies from other DHBs or from national stockpiles.
- *Ref OPF:* Provide for the delivery of services to the populations of other DHBs

Compliance work on the above outcome measures has commenced, and a work plan is being developed to ensure the above tasks are achieved. Some of the compliance requirements will be developed regionally and some locally.

- NDHB is a partner in the Northland Civil Defence and Emergency Management Coordinating Executive group. During a response to a local or national event NDHB is represented at the Group Emergency Operations Centre and provides a liaison person to ensure a communication pathway between the DHB and other agencies.. Simultaneously NDHB will have their own EOC functioning dependent on the extent of the disaster .

2.3.5 Recovery

Recovery is a developmental and remedial process encompassing the following activities:

- Ensuring that all services within the DHB, both provider and funder have Business Recovery Plans that meet the requirements for a continuation of critical services

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 15 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

- Minimising the escalation of the consequences of the disaster;
- Assisting with the rehabilitation of the emotional , social and physical wellbeing of individuals within communities;
- Taking opportunities to adapt to meet the physical, environmental, economic and psychosocial future needs;
- Reducing future exposure to hazards and their associated risks;
- Coordination of the key activities between the main stakeholders.
- Recovery arrangements include those activities that address the immediate problems of stabilising the affected community and assure that life support systems are operational, in partnership with CDEM.
- The recovery arrangements in this plan focus on facilitating and coordinating the short / medium term disaster recovery activities for the DHB, and affected community / communities.
- Recovery planning and actions start in the Response phase of an incident.

Arrangements

Recovery activities will incorporate (as required):

- Overseeing the physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Financial implications, remuneration and commissioning agreements
- Staffing and resources to address the new environment
- Socio-economic effect of the incident on staff and the public
- Very Important Person (VIP) Visits
- The DHB's role in Funerals, Memorials and Anniversaries
- Staffing levels, welfare and resilience
- Ongoing need for assistance from other DHBs or other agencies
- Equipment and re-stocking of supplies

Once into the medium term the recovery coordinator may see benefit in identifying long term needs including:

- Mid-long term community support and medical services
- Long term case management
- Long term public health issues

Recovery Manager

The NDHB CEO will appoint a NDHB Recovery Manager and/or a Health Recovery Liaison Officer. Duty cards are attached as Appendix Seven

Recovery activities will be physically implemented at a local level, while the NDHB Recovery Manager will effect the coordination of region wide and external resources to meet the local need. Health will work with a large number of other agencies during the response and recovery phases. The need for a local approach to implementing recovery 'on the ground' is necessary partly because of the geographical spread of the region, and partly because of the disparate nature of the communities likely to be affected.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 16 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Part 3 Operational Component

3.1 Criteria for the activation of the HEP

All or part of this Plan will be activated when a local, regional or nation incidents meets the definition of a 'health emergency'. See section 1.3.

3.2 Health Sector Operational Framework

- Depending on the event, a NDHB Emergency Operation Centre (EOC) capable of coordinating any event(s) across the whole region, will be established, it will be located in the Whangarei Hospital/Learning Centre Maunu House site .
- Each Northland DHB hospital will establish and operate a local EOC, which is capable of coordinating events within its area. Local Emergency Services will provide key sources of advice and liaison for a Health response.
- A NDHB Response Coordinator will be appointed if the event is large and/or complicated. District or Local coordinators will operate under the auspices of the NDHB Response Coordinator during a regionally or nationally significant emergency.
- In a regionally or nationally significant emergency the NDHB Emergency Planner will be appointed as the DHB LIASION officer to the local or regional CDEM Emergency Operations Centre. The Emergency Planner is also the Liaison officer for an activation of the Northern Regional Health Coordinating Executive Group (NHCEG) A duty card for this role is attached as Appendix Five.
- **Northland DHB Incident Response Structure.** Job Cards for the NDHB Incident Controller, Planning and Intelligence, Logistics, and Media and Communications, are attached as Appendix Six.
- Health Recovery Coordinator and Health Recovery Liaison Officer are attached as Appendix Seven.

3.3 Procedures for activating the Plan

The proposed procedure for activating the plan is as follows:

3.3.1 Dargaville, Kaitaia, Bay of Islands:

- Initial alert for Secondary Care Health incidents is signalled through the relevant Hospital Manager.
- The initial alert for Public Health incidents is signalled through the on-call Health Protection Officer or the duty Medical Officer of Health .If the situation escalates and more assistance or support is required, the Emergency Planner (or Duty Manager) at Whangarei hospital is contacted.

3.3.2 Whangarei

- Initial alert for Secondary Care incidents is signalled through the Duty Manager at Whangarei Hospital.
- The initial alert for Public Health incidents is signalled through the on-call Health Protection Officer or the duty Medical Officer of Health.

If the situation escalates or a community response is required, the Emergency Planner (or Duty Manager) is contacted. The health response for an incident involving the Whangarei area is coordinated via the Emergency Planner (or Duty Manager).

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 17 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

3.3.3 The District:

- The health response for an incident involving all or part of the DHB area is initially coordinated by the Incident Controller of the site, but if it escalates in size a Regional Controller will be appointed.

3.3.4 Regional See 2.2.2

3.3.5 National Incidents.

- The communications and activation process used by the Ministry of Health is shown in Appendix Eight. It outlines the actions to be taken by the Ministry of Health and, as a result, by the DHBs.

3.4 The role of the EOC

EOCs provide the means for coordinating emergencies of all types, size and quantity. Their primary role involves activities surrounding the collection, analysis and dissemination of information, and the coordination of resources to support incidents. Two types of EOC are proposed for this Plan:

- **NDHB EOC.** The NDHB EOC has the overall responsibility for monitoring and coordinating events across the region (when required) – be they confined to a single site, or spread across the region. The NDHB EOC is the conduit for regional resource coordination. The expansion to having 2 fully equipped EOC's has resulted in the need for an electronic refit of the Learning Centre in Maunu House at the Whangarei site, and is programmed to be completed mid 2008
- **Provider EOC.** The Provider EOC has the overall responsibility for monitoring and managing an event, or incidents, within their area of responsibility. This may be set up dependent on the size of the emergency. Generally the site for this would be Whangarei Hospital 2nd floor conference room.

The Role, Selection and Training of Coordinators and Controllers.

Coordinators and Controllers are persons who have been authorised by their organisation to manage all aspects of emergency events (including allocation of resources - financial, human, material, and information).

Coordinators and Controllers at all levels must receive CIMS level 4 training and also take part in appropriate emergency management exercises to ensure they remain up to date with current methods. Identification of said staff are in the Major Incident Plan document for each DHB site.

3.5 Debriefing/incident review

Following all declared emergencies and every other emergency involving a multi provider or facility response, the NDHB will ensure that an evaluation is undertaken of the response to ensure that the strategies, as outlined in this plan, allowed an effective response. Where necessary, this plan is to be adjusted to reflect improvements identified in that evaluation.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 18 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Part 4 Administrative Arrangements

4.1 Plan Duration and Amendments.

This plan remains current for 3 years from the date of approval by the NDHB. The plan will be subject to regular review to ensure that outcomes are being achieved; amendments will be made as appropriate. Any amendments to the plan, other than those for supporting documents, will be notified to all interested parties.

4.2 Plan Maintenance

The NDHB Emergency Planner will maintain the Plan. S/he will:

- Ensure that the Plan conforms to requirements set out from time to time by the Ministry of Health
- Oversee the development, implementation, and maintenance of the Plan.
- Communicate regularly with Northland healthcare service provider organisations.
- Liaise with the Ministry of Health, other DHBs, Emergency Services and Civil Defence organisations
- Coordinate monitoring and evaluation activities.
- Maintain the web-based aspect of the Plan.

4.3 Funding Arrangements.

The requirement for the Northland DHB to develop and maintain a Health Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans is stipulated in their funding contract with Northland DHB. These plans will be assessed by the Emergency Planner of NDHB as per OPF directions.

4.4 NDHB Approval of the Plan, see next page.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 19 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Northland District Health Board

Submission to Board

SUBJECT: NDHB HEALTH EMERGENCY PLAN 2008-2010

BACKGROUND; NDHB is required by the 2007 OPF to have a plan that evidences our ability to participate in and direct any health emergency within Northland. The document also shows how Northland Health plans to work within the parameters of Emergency Management to Reduce risks within the health community, Ready emergency systems for national, regional or local health incidents, and Respond to any such event. Recovering from an emergency event is both a community and DHB responsibility for which the plan has both short and long term actions.

1. ISSUES

- Consultation and inclusion of all health agencies within Northland regarding their Emergency Plans
- Ensuring alignment of such plans with current Emergency Services such as Police & Fire
- Educating health providers in Emergency Management principles.

RECOMMENDATIONS Critique of the plan, recommendations for adjustments and sign –off by the Board.

ACTION REQUESTED:

For Approval

Signature _____
CHIEF EXECUTIVE

Date: _____

Signature _____
ON BEHALF OF BOARD

Date: _____

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 20 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

EMERGENCY MANAGEMENT

MUTUAL AID OPERATING PROTOCOL

between:

<<*organisation name*>>

and

<<*organisation name*>>

Date

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 21 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

PARTIES

<<First Party>>

<<Second Party>>

AGREEMENT

1. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment (support).
2. The Parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other's services/facilities will be between Managers of the facilities named or respective Incident Controllers during an emergency.
4. Support may be provided without charge.
5. The Parties will treat each other's facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
6. The Parties will comply with all relevant law and professional standards when using the other's facilities and equipment.
7. In the event of a declared Civil Defence emergency the Parties agree to abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence Act.
8. The Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of
The First Party

Signed on behalf of
the Second Party

Signature

Signature

Full Name

Full Name

Position

Position

Date

Date

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 22 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

APPENDIX TWO

**Emergency Response responsibilities and partnerships
NDHB Stakeholder Group Capacity assessment
(* = in some areas, VS = Victim Support,)**

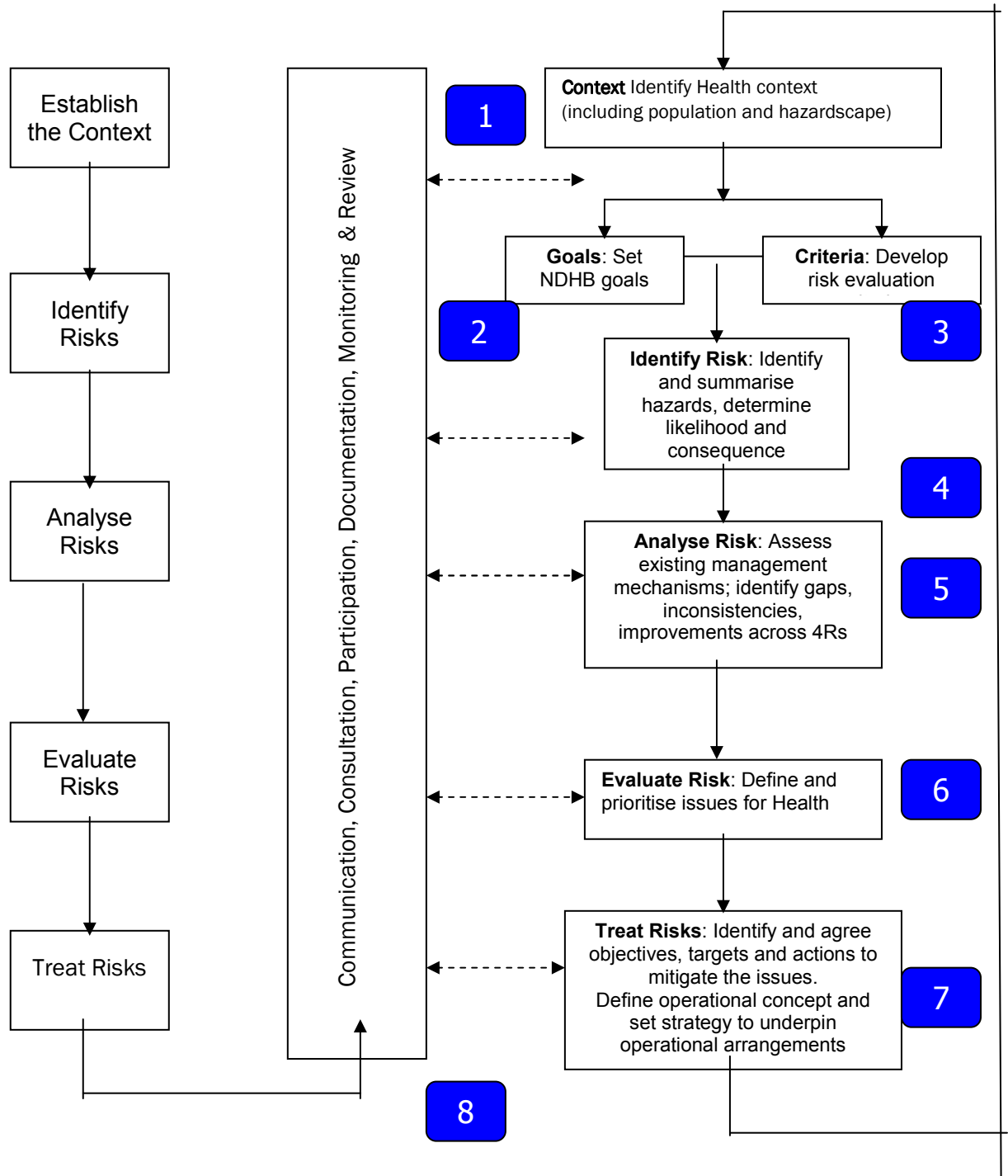
Note: Read the columns vertically to identify what your organisation or service should include in it's planning, and read the columns horizontally to identify potential planning partners in order to ensure a coordinated approach.

Organisations AND Services Tasks/roles	GPs/A&M Clinics	Resthomes	St John	Private Hospitals	Mental Health Providers	Māori Health Providers	Public Health services	Public Hospitals	Private Labs	Private Radiology	Community Services (HW)	Pharmacies	Ministry of Health	Disability Support Services	CYFS	WINZ	NDHB (Planning and Funding)	Police	Fire	Maraes	Civil Defence	Local Councils	Red Cross	Army	Salvation Army	Air Transport			
Care and advice to the uninjured / displaced																													
Clothing																													
Communications (emergency response)																													
Communications (public information)																													
Counselling																													
Emergency Care																													
First Aid																													
Food supplies																													
Health screening at evacuation centres.																													
Health status assessments (of the community)																													

APPENDIX THREE: Northland DHB Risk Management/Planning Process

AS/NZS4360: Risk Management

Plan Development Process



Reference:
AS/NZS4360: Risk Management (1999)

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 26 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

Appendix 4: Summary of the Northland CDEM component Hazard ratings and overall scores

HAZARD	Seriousness	Manageability	Growth	Total Score
Flooding	4.0	3.0	2.0	9.0
Coastal – storm surge	3.6	3.0	2.0	8.6
Ex-tropical cyclone	3.6	3.0	2.0	8.6
Biological – human epidemic	2.6	4.0	2.0	8.6
Biological – pests and animal diseases	2.4	4.0	2.0	8.4
Coastal – tsunami – distantly generated	2.7	4.0	1.0	7.7
Coastal – tsunami – locally generated	2.7	4.0	1.0	7.7
Volcanic – local volcanic field	2.7	4.0	1.0	7.7
Volcanic – distant eruption	2.2	4.0	1.0	7.2
Earthquake	2.4	2.5	1.0	5.9
Drought - agricultural	1.6	2.0	1.0	4.6
Hazardous substances	2.0	1.5	1.0	4.5
Infrastructural failure - electricity	2.5	1.0	1.0	4.5
Criminal act/ terrorism	1.8	1.5	1.0	4.3
Infrastructural failure – water (urban)	2.1	1.0	1.0	4.1
Infrastructure failure – information technology	2.0	0.0	2.0	4.0
Major transportation crash – aircraft	1.7	1.0	1.0	3.7
Major transportation crash – marine	1.6	1.0	1.0	3.6
Land instability	2.0	0.0	1.0	3.0
Infrastructural failure – roads and bridges	1.7	0.0	1.0	2.7
Fire – rural (wildfire)	2.0	-1.5	2.0	2.5
Drought – water supply	1.2	0.0	1.0	2.2
Mine subsidence	1.2	-2.0	1.0	0.2

The above table above provides a ranked list of hazards. However, due to the uncertainties in the information used in the analysis, it is considered more appropriate to group the hazards into three bands representing High, Moderate, Low priority hazards and treat the priorities the same within each band. These are shown shaded in the above Table.

The following arbitrary cut-off levels reflect the groups:

High Priority: Total Score \geq 7 (shaded above)
 Moderate Priority: $3.0 \leq$ Total Score $<$ 7.0
 Low Priority: Total Score $<$ 3.0

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 27 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

**APPENDIX FIVE: DUTY CARDS FOR Northland DHB Health Emergency Plan
(Response)**

POSITION:	Civil Defence/Emergency Management Liaison
------------------	---

Use this sheet to check-off tasks as they are completed and make relevant notes. The completed sheet will be used to inform the post-event review and for audit purposes.

LOCATION: **GEOC Group Emergency Operations Centre;
Waters Street Whangarei**

YOU REPORT TO: **Incident Controller**

Name: _____

Ph No: _____ Mob No: _____

RESPONSIBLE FOR:

- Liaising between Northland DHB EOC and Regional/District EOC;
- Coordinating the Health response with that of the CDEM response;
- Committing NDHB assistance and resource to the emergency response.

TASKS (✓ when completed)

- Get health status report from **NDHB Incident Controller**.
- Check that Health Provider contact details and maps are available at the EOC. If not, take them with you (collect from Emergency Managers office).
- Go to **district/region** EOC; report to **Incident Controller**; deliver and receive status reports.
- With **district/region EOC Team**, identify immediate city/district/regional needs as they impact on health services.
- Confer with **Incident Controller** to decide and commit resources.
- With **NDHB Incident Controller** assess the need to inform the Ministry of Health. Provide status reports to them as required via NDHB EOC.
- Provide regular briefings to NDHB EOC.
- Establish and maintain an event log.
- If the incident continues for some time:
 - Organise changeover of personnel with **NDHB Incident Controller**.
 - In liaison with the **district/region** and **NDHB Incident Controllers**, develop ongoing Incident Action Plans.
- In liaison with the **district/region Incident Controller** and the **NDHB district/region EOC Planning and Intelligence Coordinators**, initiate Recovery Planning.
- In liaison with the **district/region** and **NDHB Incident Controllers** make decision to end response, wind down and facilitate smooth transition either to recovery phase or to normal routines.
- At the conclusion of the incident take part in a full event review with **district/region** and emergency management teams.
- Provide a report of your actions during the event to the **district/region Incident Controller** within three weeks of the event stand-down.
-

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 28 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

**APPENDIX SIX: DUTY CARDS FOR NORTHLAND DHB Health Emergency plan
Plan (Response)**

POSITION:	Incident Controller	
NAME:	Date:	Time:

Use this sheet to check-off tasks as they are completed and make relevant notes. The completed sheet will be used to inform the post-event review and for audit purposes.

LOCATION: NDHB Emergency Operations Centre

YOU REPORT TO: CEO or designate

Name: _____

Ph No: _____ **Mob No:** _____

RESPONSIBLE FOR:

- Organising and directing the EOC
- Providing overall direction for the Major Incident Response.
- Coordinating the response of health service providers
- Setting priorities and requesting response from other agencies
- Ensuring robust communication with other agencies/EOCs as appropriate (eg Ministry of Health, regional/district CDEM EOC)

TASKS (✓ when completed)

Assess the Incident

- Initiate call-up of EOC Team (including Media/Communications and may include Technical Advisory Group)
 - Establish a 'headquarters'. Make sure key people know location, contact details, who is in charge.
 - Document names and contact details of key personnel.
 - Brief CEO.
 - Activate the EOC
 - Commence Incident Log (all activities, issues and decisions).
 - Develop a situation report (use standard format if available). Make decision re level of response required
 - What happened
 - Likely impact on health services
 - What resources will be required
 - Develop Incident Action Plan (use standard format if available)
 - Collation of impact assessment assigned to Planning and Intelligence Coordinator.
 - Identify Liaison / Communication Needs. May include:
 - Health Service Providers
 - CDEM/emergency services as required.
 - Public Health
 - Other DHBs
 - HCC
 - Ministry of Health
- Other (list):**
-

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 29 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

- Identify staff and public information requirements – assign to Communications Manager.
- Appoint a Liaison Officer if required.
- Report to Lead Agency. Use CIMS forms if available.
- Task health needs assessment of affected communities and services to appropriate services/personnel.
- Inform CDEM IC as required.
- Receive AND analyse Situation Reports/health needs assessments
- Review/update Incident Action Plan
- Designate Recovery Coordinator

Continuation of Incident:

- Arrange for ongoing Incident Management Team
- Organise changeovers
- Monitor impact of event
- Recovery planning under way
- Ongoing rosters organised

End of Incident:

- Hold 'hot' debrief
- Brief CEO; ensure key contacts informed/stood down
- Complete documentation
- Arrange event review
- Facilitate procedural de-briefing for DHB staff
- Complete final report
- Review and update plans.

General notes/comments:

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 30 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

APPENDIX SIX: DUTY CARDS FOR NORTHLAND DHB Health Emergency Plan (Response)

POSITION:	LOGISTICS COORDINATOR	
Name:	Date:	Time:

Use this sheet to check-off tasks as they are completed and make relevant notes. The completed sheet will be used to inform the post-event review and for audit purposes.

LOCATION: NDHB Emergency Operations Centre

YOU REPORT TO: Incident Controller

Name: _____

Ph No: _____ **Mob No:** _____

RESPONSIBLE FOR:

- Organising and directing the support and services for the response team.
- Coordinating the multidisciplinary activities of support and services.
- Providing situation reports to and carrying out the directives of the Incident Controller.

TASKS (✓ when completed)

- Receive briefing from Incident Controller. Identify health providers affected/involved
- Start Incident Log (Logistics) of all activities, issues and decisions
- Prepare situation reports for Incident Coordinator

Assess/:

- Identify resources that are allocated, available or unserviceable
- Confirm communication systems are in place and operating
- Confirm security arrangements are adequate
- Access Cost Centre for expenses incurred or anticipated: provide service providers with details.
- Evaluate effectiveness of services and support facilities.
- Determine future logistic requirements

Establish:

- Meet / communicate with and brief representatives for each service provider affected. Establish regular liaison/communication.
- Develop Service Provider Action Plan and distribute to service providers.

Stand down:

- Ensure smooth transition to usual routines
- Return or disposal of unused resources
- Return borrowed equipment
- Take part in de-briefing and modification of DHB plans as appropriate
- Provide final Logistics report to Incident Controller.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 31 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

APPENDIX SIX: DUTY CARDS FOR NORTHLAND DHB Health Emergency Plan (Response)

POSITION: PLANNING AND INTELLIGENCE COORDINATOR

Name: _____ **Date:** _____ **Time:** _____

Use this sheet to check-off tasks as they are completed and make relevant notes. The completed sheet will be used to inform the post-event review and for audit purposes.

LOCATION: NDHB Emergency Operations Centre

YOU REPORT TO: Incident Controller

Name: _____

Ph No: _____ **Mob No:** _____

- Maintaining and updating all information relating to the Incident including logs, records, issues and decisions
- Developing plans and determining strategies for combating the incident for the Incident Coordinator's approval

TASKS (✓ when completed)

- Receive Briefing from the Incident Coordinator:
 - What happened
 - Current status of the incident
 - Likely impact on service providers and facilities
 - Assist with the development of an initial action plan
 - Your role
- Gather ,maintain and update all information relating to the incident including weather forecasts , situation reports, maps and estimated losses
- Use gathered information to assist in forecasting incident behaviour and prepare and Incident Action Plan.
- Establish a logging system to:
 - Record what resources are deployed on the incident, where they are and what they are doing at any particular time.
 - Track all activities, issues and decisions
- Task a Communications/Information Officer to establish an Information system providing up to date information relating to the incidents cause, size, current situation, resources, and other related matters of general interest for all interested parties.
- Liaise with Technical Specialists for developing plans and strategies for the Incident Coordinator.
- Work with the Incident Coordinator in scheduling and conducting Planning meetings. Need for and the number of meetings will be dependent on the scale of the incident.
- Assist with the development of Recovery Plans.
- Take part in de-briefing and modification of DHB plans as appropriate
- Provide final Planning and Intelligence report to Incident Controller.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 32 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

APPENDIX SIX: DUTY CARDS FOR NORTHLAND DHB Health Emergency Plan (Response)

POSITION:	MEDIA AND COMMUNICATIONS COORDINATOR		
Name:	Date:	Time:	

Use this sheet to check-off tasks as they are completed and make relevant notes. The completed sheet will be used to inform the post-event review and for audit purposes.

LOCATION: NDHB Emergency Operations Centre

YOU REPORT TO: Incident Controller

Name: _____

Ph No: _____ **Mob No:** _____

- Coordinate and manage information from the health sector to the news media.
- Coordinate and manage information and progress reports to all staff.
- Work with the news media to facilitate public information for the community
- Facilitate information flow from and to responding health providers.

TASKS	DESCRIPTION
2. Receive Briefing from the Incident Controller	<ul style="list-style-type: none"> • What happened • Current status of the incident • Resources that are allocated, available or unserviceable • Your role • Identify restrictions in the content of news releases from the Incident Coordinator
3. Manage media access / develop media relationships	<ul style="list-style-type: none"> • Notify switchboard and staff that all news media enquiries are to come to the Media and Communications Coordinator • Provide news media with all contact details for the Media and Communications Coordinator • Identify and set up a media room suitable for media conferences • Appoint and brief staff as appropriate to meet and liaise with media
4. Develop a Media / Communications Plan	<ul style="list-style-type: none"> • Plan media releases to coincide with significant events and/or media deadlines. • Plan for regular and timely staff updates • Develop plans for linkages with other Media and Communication Coordinators • If a Civil Defence emergency liaise with local emergency management group
5. Briefings	<ul style="list-style-type: none"> • Provide briefings to news media, staff and health provider representatives as appropriate • Ensure all news releases have the approval of the Incident Coordinator • Facilitate news media conferences as required
6. End of Incident	<ul style="list-style-type: none"> • Advise all units and personnel • Ensure smooth transition of usual routines • Record/document incident
7. After the Incident	<ul style="list-style-type: none"> • Take part in procedural de-briefing and modification of plans as appropriate

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 33 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

**APPENDIX SEVEN: DUTY CARDS FOR NORTHLAND DHB Health Emergency Plan
(Recovery)**

POSITION: **Health Recovery Coordinator**

LOCATION: **DHB Emergency Operations Centre (as appropriate)**

YOU REPORT TO: **CEO or designate**

Name: _____

Ph No: _____ Mob No: _____

RESPONSIBLE FOR:

- Ensuring the facilitation and coordination of the short/medium term recovery activities for health providers in the NDHB region.
- Coordinating the establishment/reestablishment of systems to ensure statutory responsibilities can be met
- Ensuring essential health services have been restored.
- Committing NDHB assistance and resources to the wider recovery activities.
- Overseeing the physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Keeping track of financial implications, remuneration, and commissioning agreements
- Organising staffing and resources to address the new environment
- Ensuring that there is monitoring of the socio-economic effect of the incident on staff and the public
- Managing Very Important Person (VIP) Visits
- Identifying and implementing the DHB's role in funerals, memorials and anniversaries
- Monitoring staffing levels, welfare and resilience
- Monitoring Recovery Performance Targets
- Instigating service provision review where the service has been extensively affected
- Monitoring the ongoing need for assistance from other DHBs or other agencies
- Coordinating the management of re-stocking of supplies and equipment.
- Identifying long term needs including:
 - Mid-long term community support and medical services
 - Long term case management
 - Long term public health issues

TASKS (✓ when completed)

- Get a status report from **NDHB Incident Controller**.
- Confer with **Incident Controller** to decide and commit resources.
- Establish regular dialogue with affected health services and key stakeholders.
- Get status reports and recovery requirements from affected health services.
- With **NDHB Incident Controller** assess the need to inform/get assistance from other DHBs and the Ministry of Health. Provide sufficient information to the Ministry of Health to allow timely and coordinated decisions to assist recovery.
- Provide status reports to key agencies as required via NDHB EOC.
- Provide regular briefings to NDHB Incident Management Team.
- Establish and maintain an event log.
- Ensure financial tracking is taking place.
- If the incident continues for some time:
 - Organise changeover of personnel with **NDHB Incident Controller**.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 34 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

- In liaison with the **Health Liaison Officer** and **NDHB Incident Controller**, develop ongoing Recovery Plans.
-
- In liaison with the ***district/region*** and **NDHB Incident Controllers** make decision to end response, wind down and facilitate smooth transition to normal routines.
- Provide a report of your actions during the event to the ***district/region* Incident Controller** within three weeks of the event stand-down.

Dependent on the size of the disaster it may be necessary to appoint a Health Recovery Liaison officer to assist the Recovery Coordinator, duty card attached in Appendix 7

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 35 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

**APPENDIX SEVEN: DUTY CARDS FOR NORTHLAND DHB Health Emergency Plan
(Recovery)**

POSITION: Health Recovery Liaison Officer

LOCATION: CDEM Emergency Operations Centre

YOU REPORT TO: DHB Health Recovery Coordinator

Name: _____

Ph No: _____ Mob No: _____

RESPONSIBLE FOR:

- Acting as a conduit between DHB and community recovery activities.
- Identifying the health services role in the joint services recovery activities.
- Committing NDHB assistance and resources to the wider recovery activities.
- Providing a health-needs assessment to the community recovery planning process.
- Ensuring relevant health expertise is provided to the community recovery process (eg Public Health, Mental Health)
- Keeping track of financial implications, remuneration, and commissioning agreements
- Ensuring that there is monitoring of the socio-economic effect of the incident on staff and the public
- Identifying and implementing the DHB's role in funerals, memorials and anniversaries
- Contributing data to the monitoring of DHB Recovery performance targets
- Assisting the CDEM Recovery Team to identify long term needs including:
 - Mid-to-long term community support and medical services
 - Long term public health issues

TASKS (✓ when completed)

- Get a status report from **NDHB Health Recovery Coordinator**.
- Check that Health Provider contact details and maps are available at the EOC. If not, take them with you (collect from Emergency Managers office).
- Go to **district/region** EOC; report to **Incident Controller**; deliver and receive status reports.
- With **district/region EOC Team**, identify immediate city/district/regional recovery needs as they impact on health services.
- Confer with **Incident Controller** and **NDHB Health Recovery Coordinator** to decide and commit resources. For example, Identify and, via the **NDHB Health Recovery Coordinator**, provide appropriate Health representation on Recovery Committees.
- Establish regular dialogue with affected health services and key stakeholders.
- Get status reports and recovery requirements from affected health services.
- With **NDHB Health Recovery Coordinator** assess the need to inform/get assistance from other DHBs and the Ministry of Health.
- Provide sufficient information to the Ministry of Health to allow timely and coordinated decisions to assist recovery.
- Provide status reports to key agencies as required via NDHB EOC.
- Provide regular briefings to NDHB EOC.
- Establish and maintain an event log. Ensure financial tracking is taking place.
- If the incident continues for some time:
 - Organise changeover of personnel with **NDHB Incident Controller**.
 - In liaison with the **district/region** and **NDHB Incident Controllers**, develop ongoing Recovery Plans.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010		Page 36 of 40
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

- In liaison with the ***district/region*** and **NDHB Incident Controllers** make decision to end response, wind down and facilitate smooth transition to normal routines.
- Provide a report of your actions during the event to the ***district/region Incident Controller*** within three weeks of the event stand-down.

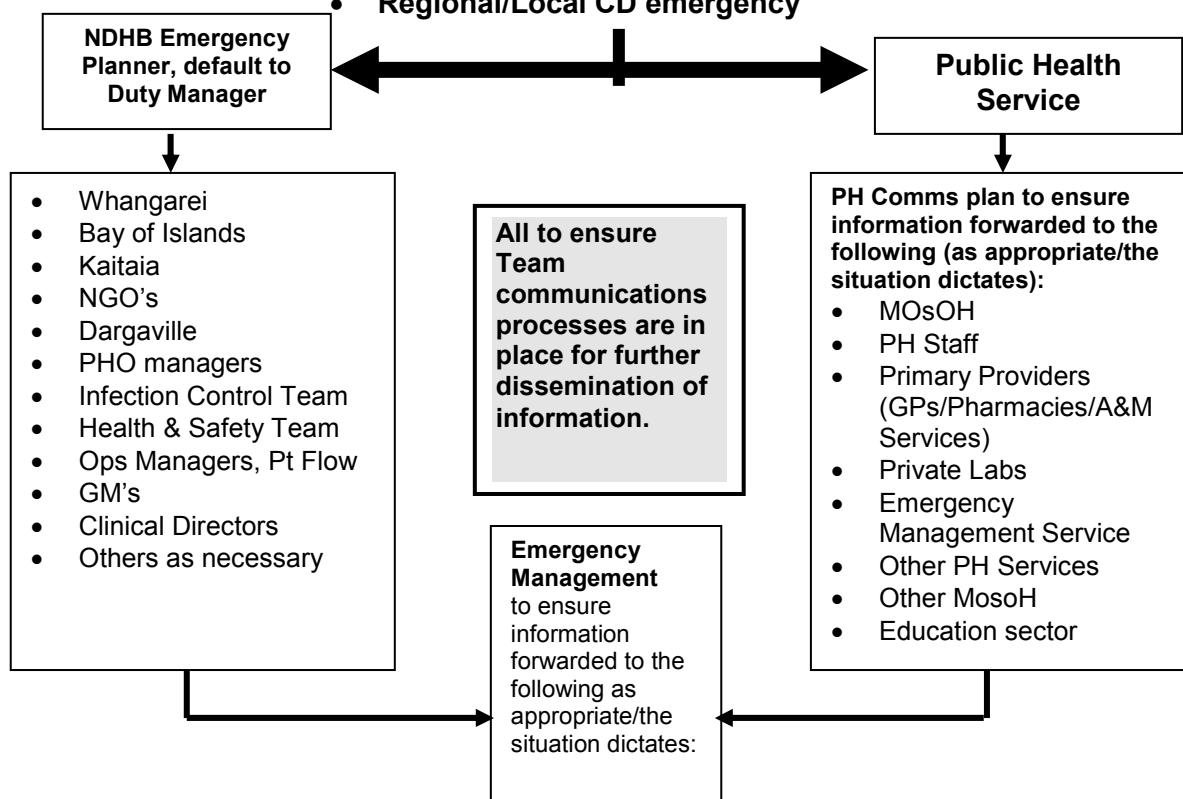
NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 37 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

1. Ministry of Health Communications Processes

Alert Level	Communications
Code White (Information phase)	The Ministry of health communicates with the following, advising them of the situation: 1. CEOs of all DHBs 2. DHB 'single point of contact' 3. Public Health Services
Code Yellow (Standby phase)	<ul style="list-style-type: none"> CIMS structure activated in the Ministry. Communication initiated to DHBs 'single point of contact' to prepare to activate regional CIMS structures
Code Red (Activation stage)	<ul style="list-style-type: none"> Ministry directs activation of Regional CIMS structures. Communication is now with the four Regional Coordinators (Regional Coordinators have established communication with DHB EOCs).
Code Green (Stand down phase)	The Ministry advises 'stand down' in respect of the Regional CIMS structures.

2. Northland DHB Communications processes

- Information from the Ministry of Health
 - Public Health Alert
 - Regional/Local CD emergency



- Media & Comms
- Planning and Funding
- St John (Midland & Northern) (informs Prime Coordinator)
- Whangarei Airport
- Other DHBs
- Non-Health Northland Health Providers (eg Resthomes, Private Hospitals, Iwi Providers, etc)
- Police
- Fire
- District Councils
- Regional Council
- Other external services as required.

Appendix Nine: Key Roles and Responsibilities

Service	Planning responsibilities
<p>1. District Health Board</p>	<p>The DHB will ensure that:</p> <ul style="list-style-type: none"> • The planning for and assessment of any major incident includes the impact on the health status of the community; • Following a major incident, a health needs assessment is conducted and appropriate services are provided in a coordinated manner to restore the health status of the affected population; • There is agreement on the contributions that providers within the Northland District Health Board area of responsibility will make to the overall health services major incident response; • The health services responding to the incident have the necessary support and resources, including information and health advice, to enable them to meet the demands on their services; • There is health service input to a multi-agency strategic response. This will be achieved through Northland District Health Board participation in the Coordinating Executive Group (CEG) of the Civil Defence and Emergency Management Group set up in its area; • All health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts
<p>2. Public Health Services</p> <p>Public Health Services' role in an emergency are guided by Section 10 of the PH Handbook. The Northland DHB Public Health Service will oversee those matters that impinge upon the health, health protection, disease prevention and statutory Public Health response to the Northland population.</p>	<p>The Public Health Service will:</p> <ul style="list-style-type: none"> • Ensure that the planning for and assessment of any major incident includes the impact on the health status of the community; • Through an analysis of the hazards and risks posed by the situation, be able to identify and assess the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response; • Communicate with relevant people about the assessment of the emergency situation and ensure appropriate management of the public health aspects. • Establish, and regularly test, communications with regional GPs, Community Pharmacies and an Accident and Medical Services; • In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources <p>The Public Health Service response will also, as required, address and/or advise on the following issues:</p>

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan	2008-2010	Page 39 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

	<ul style="list-style-type: none"> • Drinking water quality control and treatment • Food safety and mass feeding facilities • Control of sewage and other wastes, rodent control and the disposal of human and organic masses. • Shelter for evacuees and hygiene standards. • Control of infectious diseases • Control and disposal of hazardous substances. • Radioactive hazards • In association with the Police, emergency disposal of the dead.
<p>3. Secondary and Tertiary Hospitals Hospitals operated by Northland District Health Board will provide the facilities in which the majority of acute treatment for those affected by the incident are undertaken. They will also accommodate the majority of recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans.</p> <p>Note: When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide. This will be coordinated by the NDHB.</p> <p>In a declared emergency, the Hospital Incident Controller will need to maintain close cooperation with the Police and/or Civil Defence Emergency Management Groups, in order to ensure that comprehensive registration of movements is completed.</p>	<p>Secondary and Tertiary Hospitals will:</p> <ul style="list-style-type: none"> • Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services; • Plan for a graduated response, including the evacuation of patients. • Manage capacity to accept those needing hospital care as a result of the incident • Participate in an alternate communications network linking key healthcare facilities and CDEM organisations • Have arrangements for access to essential supplies during an emergency • Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies • Agree mutual aid agreements with other providers, such as private hospitals • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.
<p>2. Mental Health Services Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.</p> <p>Note: Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the Child</p>	<p>Mental Health providers will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources; • Make provision for the psychological needs of those patients it has; • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan 2008-2010		Page 40 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			

<p>Youth and Family Service (CYFS) has the responsibility to coordinate the response of agencies providing that support.</p>	
<p>5. Disability Support Services Note: These include services supporting both physically and intellectually disabled people.</p>	<p>DSS will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support. • Provide for incident review and Critical Incident Stress Debriefing (CISD) of it's own staff.
<p>6. Ambulance Services The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event. In response to more severe events the Ambulance National Major Incident and Disaster Plan proposes extra resources being brought in from outside the region. During a full scale disaster the need to prioritise the use of limited ambulance effort to best satisfy competing demands will probably preclude their use beyond the network of Emergency Medical Centres and Casualty Collection Points. It is therefore likely that private resources will transport some casualties.</p>	<p>Each ambulance service will:</p> <ul style="list-style-type: none"> • Prior to an emergency, participate in an alternate communications network that links key health facilities and emergency management organisations; • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of vehicles, buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources • Participate in coordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and emergency management organisations. • Maintain its own emergency plan, command structure and communications and will liaise with the appropriate controller(s). • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.
<p>7. New Zealand Blood Service</p>	
<p>8. Aged Care</p>	<p>Have done review of Radius Health Emergency Plan, May 2008 and also Mental Health Respite Care provider</p>
<p>9. Non-Governmental Organisations Note: These are non-Ministry/DHB funded organisations that nevertheless provide health services to members of the community, such as Plunket, Red Cross, etc</p>	

NORTHLAND DISTRICT HEALTH BOARD			
TITLE: Health Emergency plan 2008-2010		Page 41 of 40	
Date of first Issue: 2008	Current Issue: June 2008	Revision Date:	Issue No: 1
AUTHORISED BY:			