



New Computer Model for Pandemic Planning

Predicting the impact of a pandemic on modern day New Zealand is a bit like guessing the size of the next fish you catch before you land it in the boat. Yet we need to know the likely impact so we can realistically plan to deal with a pandemic when inevitably it knocks on our door. An answer is at hand. The Ministry of Health's new planning model for a major pandemic was introduced to emergency planners on New Zealand's district health boards at the end of June.

The computer model includes several scenarios that illustrate what could happen during a pandemic similar in size and impact to the 1918 influenza epidemic, which is estimated to have killed at least 8,000 people in New Zealand. Martin Davis, working with the Ministry's Public Health team, says the planning model is an important step forward in preparing for a pandemic.

"The planning model helps us and other Government agencies appreciate the scale and scope of the problems associated with a pandemic, and develop appropriate responses. The impact of a pandemic of any size will go far beyond Health Services alone – it will be more like having a war," he says. "If we get an influenza outbreak like we had in 1918, we need flexible responses already in place to cover foreseeable eventualities. We need the kind of response New Zealand already has to a foot and mouth disease scare - you flick a switch, and everyone concerned knows exactly what they're supposed to do next. This new planning model will help us develop these responses, which is very good news."

The Ministry has also introduced an absenteeism calculator. The computer spreadsheet estimates how many people would be absent from work at any point of a pandemic, either because they were themselves ill or because they were caring for others.

International experts believe the most likely cause of a pandemic is H5N1 - Asian bird flu. Bird flu will only be a danger if it mutates sufficiently to be easily transmitted between humans. If the virus does mutate and is an efficient spreader, New Zealand may have only a few days' warning of a pandemic. A prototype vaccine against bird flu is expected to take up to four years to develop and test. If bird flu mutated into a form that enabled it to be spread between humans, it would take about another four months to adapt the base vaccine to the new form of the virus.

In the past, pandemics have often come in waves: a first wave of illness, then a pause, then another wave. In 1918, there was a wave of flu that was more virulent than usual but not especially deadly. A few months later, a more lethal form of the virus struck, affecting 30-40% of the population. In the interval, the virus had mutated into a much more dangerous form. Those who had caught the milder version of the virus in the first wave were protected against the second. However, some pandemics don't come in waves, which makes it particularly important to have a flexible planning model in place. "We have to be able to recognise what's going on quickly enough to immediately start taking pre-programmed responses and actions," says Mr Davis.

One of the key benefits of the Ministry's planning models is their ability to predict how many people would be sick at each stage of a pandemic. If, as in the 1918 flu, 40% of the population fall ill, 32% of all sufferers could be expected to be sick in the same week. Using those figures, the Ministry has calculated that 60-80% of the normal shifts in most workplaces could be covered. Many industries wouldn't need to close at all, although they might have to shrink produc-

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This Special Bulletin has been commissioned by the Ministry of Health to celebrate some of the innovations in emergency management in New Zealand health-care situations.

Initial research was by Robert Patton and the articles have been written by Linley Boniface.

We thank the Ministry of Health for its sponsorship and all those who so freely gave information for sharing with their colleagues.

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tion at the peak of the pandemic. Key industries requiring a full complement of staff, however, would be vulnerable.

"A pandemic wouldn't involve just a whole-of-government response: it would involve a whole-of-New Zealand response," says Mr Davis. "Absolutely everyone would have to be involved in dealing with it. The economic and social impact of a pandemic is potentially gigantic." In a large pandemic, hospitals would be able to care for only the most serious cases: most sufferers would have to be looked after by family, friends and the community. In 1918, patriotic organisations at all levels - right down to groups of women who knitted socks for soldiers - threw themselves into caring for flu victims.

Mr Davis says a response to a future pandemic would probably be more like a massive civil defence operation, co-

ordinated by the health sector but likely to involve local service organisations of all kinds, such as churches, marae, and community groups. The role of the primary health sector might have to shift from providing direct care to offering advice and co-ordinating logistics, support and distribution of supplies. Health education would be vital to prevent the spread of flu by emphasising basic health messages - wash your hands, don't sneeze over others, stay home if you're sick.

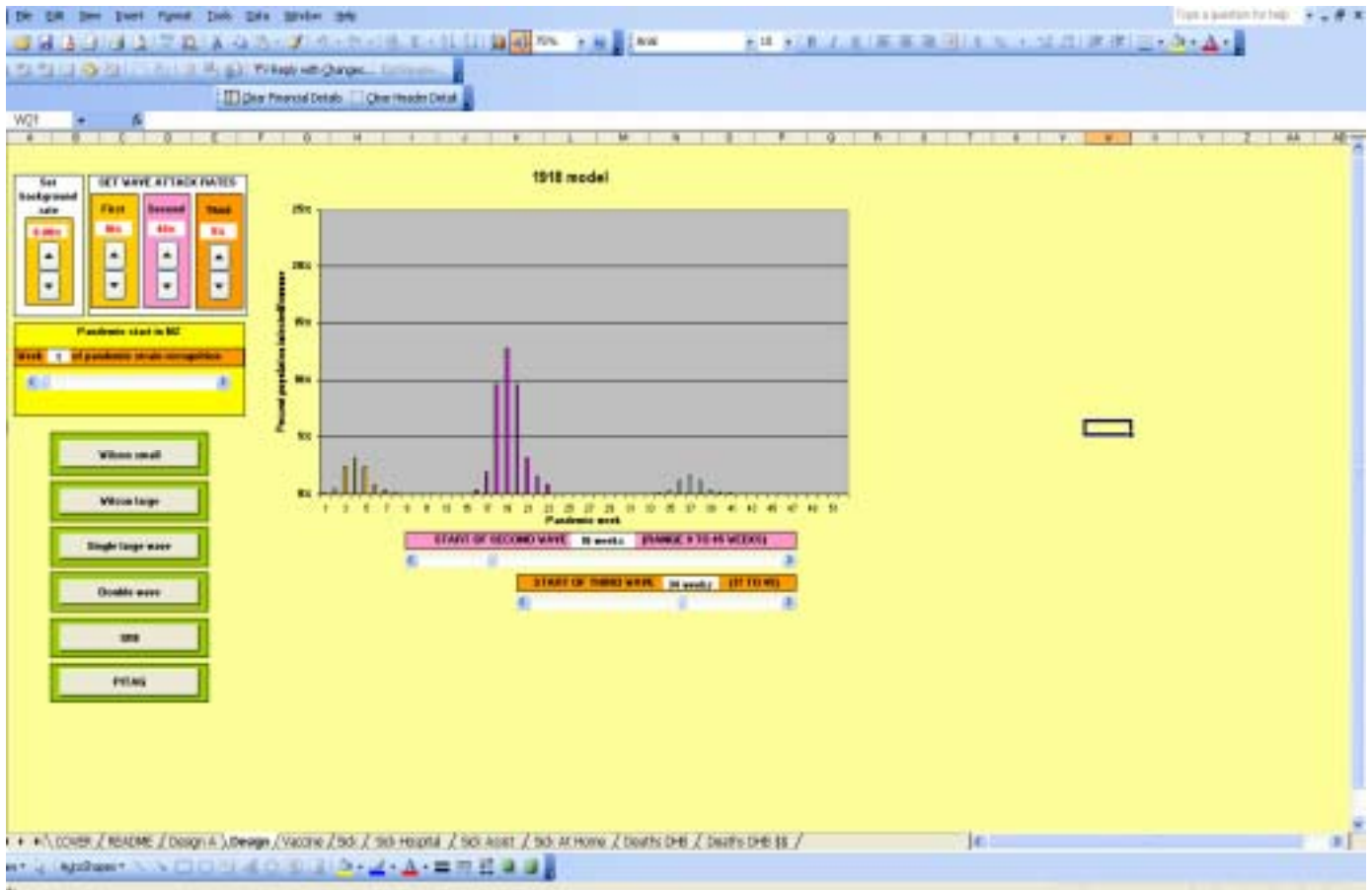
The large planning model and absenteeism calculator are informing a range of pandemic planning measures being carried out by the Ministry of Health, all of which are underpinned by the World Health Organisation's influenza plan. The Ministry of Health is revising its pandemic plan, which was written in 2002, and has produced a section on infectious diseases for the National Health Emergency Plan. It is looking at any gaps in the new Public Health Bill

and considering public health interventions that might be required in a pandemic, such as closing schools and restricting public travel.

As well as working closely with other Government agencies, the Ministry recently formed a pandemic influenza technical advisory group made up of epidemiologists, virologists, clinicians and experts in the fields of infection control and medical ethics.

"We are well ahead with pandemic planning, but we're still identifying large areas of work that we'll need to focus on in the future," says Mr Davis. He welcomes feedback and can be contacted at

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The model makes it easy for those who approach spreadsheets with some trepidation

There is an easy to read screen and "what ifs" pop up with a simple dragging of a mouse. All the work is going on in the "engine room" (a hidden worksheet) so there is no need to learn or understand the formula behind the model. However, for those with a bent in that direction, the hidden worksheet can be opened and those formulae reviewed.

MoH Launches Guiding Principles for Health Sector

The Ministry of Health has completed its first ever set of guiding principles for emergency management planning in the health and disability sector.

A sector project group, led by Robyn Fitzgerald, Senior Auditor in the Ministry of Health's Risk and Assurance team, developed the guidelines, which aim to help health providers prepare for incidents that stretch their ability to cope beyond normal day-to-day capacity.



Steve Brazier, Ministry of Health, Chief Internal Auditor, launched the Guidelines during a ceremony held by the Ministry of Civil Defence

In a foreword to the guidelines, Dr Karen Poutasi, the Director-General of Health, says being prepared can reduce the impact of an emergency and speed the recovery process. In some cases, it can also prevent an emergency situation from turning into another kind of crisis.

"Although emergency preparedness can

never be a perfect science, we can take what we have learned from our experiences to continue to improve our ability not just to cope but also to exceed expectations," says Dr Poutasi.

The document is aimed at all providers of health services, including:

- public and private hospitals
- public health services
- ambulance services
- primary care services, such as Public Health Organisations
- residential-based services and facilities
- mental health services
- disability services
- other contract-based services, such as home care and community-based services.

Providers are encouraged to build on their existing emergency management plans by introducing four guiding principles that reflect the latest thinking in emergency management planning for the health sector. The guiding principles were developed after the project group looked at approaches in the United States, Britain and Australia, and then put them in a New Zealand context.

The four guiding principles are:

1. activating and co-ordinating a response
2. managing service delivery
3. setting up a safe and appropriate environment
4. organisational management and structure.

The guiding principles are not standards as such, but ideas to give providers a wide range of options to consider. Each guiding principle is followed by a list of action points for providers to use in their planning processes.

Ms Fitzgerald says health providers' emergency plans must be able to be followed quickly and efficiently. They must also be adapted to local conditions: for example, in some parts of New Zealand snow and flooding were likely hazards, while extreme heat was more of a problem in other areas.

Research had found that poor communication in particular had contributed to a higher casualty rate in many emergencies. "One example of a communication breakdown was what happened with the emergency services during the September 11 terrorist attacks," says Ms Fitzgerald.

"The police and fire service had different radio systems. The police had a helicopter above the building, saw it was going to collapse and told their people to get out. The message wasn't passed on to fire crew, which is why they suffered a greater loss of life.

"If they'd had an incident control area with a single point of contact, every agency would have been given all the necessary information at the same time. A simple process like that, developed in advance, can save lives."

The guiding principles aim to increase the resilience of health providers, says Ms Fitzgerald. "At the moment, some health providers aren't sure how to cope in an emergency and worry about how they would respond. We want to give them some ideas and start them thinking."

This is the first document of its type for New Zealand's health sector, and Ms Fitzgerald says it has already attracted interest from emergency planning managers overseas.

The guiding principles, part of the National Health Emergency Plan, have been distributed to DHBs and are posted on the Ministry of Health's website

www.moh.govt.nz/moh.nsf/by+unid/2EBC7ABE45F19352CC256F6B00047943?Open

✱

Provider Workshops Give Better Understanding of Emergency Responsibilities

A series of workshops held in the Waikato region have helped health providers understand their role in a community emergency.

Waikato DHB launched the workshops after sending a fact-finding questionnaire about emergency planning to its health providers, including GPs, disability support providers, mental health providers and rest homes. The overwhelming message from those that responded was that they would prefer one-day workshops to personal visits or email messages.



Workshop participant entered into the spirit of the day with enthusiasm

Health providers have some responsibilities in an emergency: they must plan to keep providing their services as much as possible (business continuity), they should be able to look after themselves for 72 hours (resilience), and they should know what they might be able to contribute to the community effort. Responses to the questionnaire suggested providers had done little planning for emergencies, other than for a fire; were unsure what was expected of them; and had minimal involvement in community planning.

An added issue for emergency planning in the Waikato is that the region is a very mixed geographic area with a large rural population and some quite isolated communities, which makes it particularly important for communities to be able to take care of themselves until help arrives.

With Ministry of Health funding, a project manager was appointed for a three-month term to plan the workshops. Ten workshops were scheduled around the region, and four had been held by the beginning of June.

The workshops gave health providers an idea of emergency planning at national and local level, and encouraged them to look at ways they could join the community response to an emergency. Providers were also

given a template to help them develop their own individual emergency plans.

Representatives of local emergency services came along to talk about their expectations of health providers. In Hamilton, for example, a police officer discussed how useful it would be in an emergency to be able to see up a base in the grounds of a hospital, which would have vital facilities such as kitchens and a laundry.

Liz Prior, Manager Emergency/Contingency Planning for Waikato DHB, says one of the most useful parts of the workshop was developing a community contact sheet. "Many of the people who came to the workshops didn't know each other, and they really appreciated the chance to see what other providers were doing.

"Before the workshops were held, many of the providers were worried that they didn't have the resources or knowledge to respond in the way that was expected of them. It was great to see them grow in confidence as the day went on."

Potential emergencies discussed included a power failure, an eruption of volcanic ash, an epidemic, and a tsunami on Waikato's east coast.

The workshop ended with an exercise to give participants a practical example of the type of emergency they could be required to respond to. The exercises were particularly popular because people taking part in the workshops were able to repeat them in their own organisations.

Waikato DHB developed the workshops in conjunction with Lakes DHB. The two DHBs are holding their workshops separately, although they may join forces to run a regional workshop in future.

Demand for the workshops was so great that one group of providers made all the arrangements itself - including booking a venue - to ensure it could hold its workshop before Christmas. All the groups that have taken part have said they would like to meet up again at least once a year.

"The feedback from the workshops has been tremendous," says Ms Prior. "Participants have found them very valuable, and they've certainly given us a much more accurate idea of the type of emergency planning going on in the community. ✂

Demand for the workshops was so great that one group of providers made all the arrangements itself - including booking a venue



Lakes DHB Works on Building a Sense of Trust

Lakes DHB has launched a process to encourage its key stakeholders to increase their involvement in the emergency management process.

The DHB hopes to raise awareness among its stakeholders of the need to have an emergency plan in place, test it regularly and ensure the plan can be activated by all staff members.

Stakeholders needed to understand the importance of sharing information, says Joyce Wilkinson, Health and Safety Consultant/Emergency Planner for Lakes DHB. "In an emergency, we'll all have to rely on each other. Our role is to work together before an event so the benefits of working together are known before an emergency happens."



A Lakes team in 'exercise mode'

Last year, contracted health providers such as rest homes, private hospitals and an after hour medical clinic were invited to

take part in emergency management week. Recognition was given to those who demonstrated progress on their emergency management plans and had a good level of staff involvement.

Ms Wilkinson says Lakes DHB plans to work with school nurses, occupational health nurses and health and safety practitioners to prepare for any epidemic/pandemic situation. "The needs of this group may be a little different than the needs of rest homes, hospitals and other health care facilities."

The DHB also invited stakeholders to share in the activities for this year's emergency management week, which was held in March. It intends to regularly present certificates after the week, as a way of recognising the efforts of participating stakeholders.

Every three months, the DHB has a meeting with its key stakeholders. It has now started giving them a practical paper-based emergency exercise to take away and test out in their own businesses.

The first paper based-exercise given out by

Lakes District Health Board and Waikato DHB tested their callback processes, enabling stakeholders to look at their processes for calling back staff in an emergency and ensuring they had an adequate flow of workers to cope in the hours after an emergency.

"The stakeholders were really enthusiastic about the exercise, and were very keen to test their systems," says Ms Wilkinson.

She says the exercise commitment was so successful that a new exercise will be given to stakeholders at every three-monthly meeting. Future exercises were likely to cover a security breach, a flood, a chemical spill and a fire.

Lakes DHB has a library of emergency exercises it developed together with Waikato DHB. The two DHBs intended to further their joint emergency planning in future, and Lakes DHB also hoped to start working more closely with Waikato and Bay of Plenty DHB. A number of rest home providers ran rest homes in both the Lakes and Bay of Plenty districts, so it made sense to increase cross-border co-operation.

Ms Wilkinson says the DHB has an excellent relationship with its key stakeholders. A group of stakeholders regularly came to meetings, were eager to get their emergency plans right and wanted to learn more. However, the DHB needed to do more work with those stakeholders who had yet to be convinced of the value of being prepared for an emergency.

"In partnership with Waikato DHB, we plan to hold key stakeholder workshops providing information and tools to assist those who are in the early stages of emergency planning."

One barrier Lakes DHB hoped to overcome was a concern among some stakeholders that the reason a DHB was interested in their emergency plans was because it wanted to audit them, says Ms Wilkinson. She believed convincing stakeholders it was in their best interests to be prepared for an emergency would require taking a partnership approach to improving the culture.

"Ultimately, it all comes down to trust," she says.

"We want to encourage stakeholders to understand each other's roles and responsibilities, and to look at what we can all do to help each other. By gradually building that sense of trust, I hope more stakeholders will be keen to get involved in next year's emergency management month." ✂

Hawkes Bay CD Provides Vital Planning Information

Hawkes Bay DHB has used a GIS mapping tool to create a CD containing essential regional information to help with emergency planning.

The CD gives a map of locations and a wide range of themes for users to choose from. As well as providing general information, such as population spread and deprivation data, the map gives details of cell phone coverage and shows the location of churches, hall, marae, GP practices, pharmacies, dental surgeries, petrol stations, food providers, schools, elder care facilities, major power lines, gas lines. It even shows where to find local bridges - a detail that proved essential during the Manawatu floods.

Emergency Response Advisor Sandra Bee says the need for the CD was made clear during a meeting to discuss the proposal with the DHB's emergency services group. "We talked to them about the information that might be needed in a major emergency. Some organisations said they had already collected all the necessary information, but when we started the project we realised not all the information was held in one place. Various organisations had pieces of the puzzle, but no-one had everything.

"Also, we realised it was very important to be able to provide the information in a form that people would be able to use easily when they were under stress."

Hawkes Bay DHB hired a temporary staff member for six weeks to collate the information and put it into an electronic format that the GIS tool could recognise and translate into a map.

The staff member soon discovered much of the information required was not held centrally. For example, there was no central list of the number of practice nurses in the area, so she had to call each GP practice to find out how many it employed. Practice nurses would be essential during an outbreak of infectious diseases, as they are all trained to give vaccinations.

Other important questions included how many beds each rest home had, and whether they were residential or hospital-level beds; and what resources each rural fire service could offer, which might avoid the need to call out a larger urban fire service in an emergency.

Hawkes Bay DHB chose to use the GIS tool because it felt a visual map would be easiest for people to use.

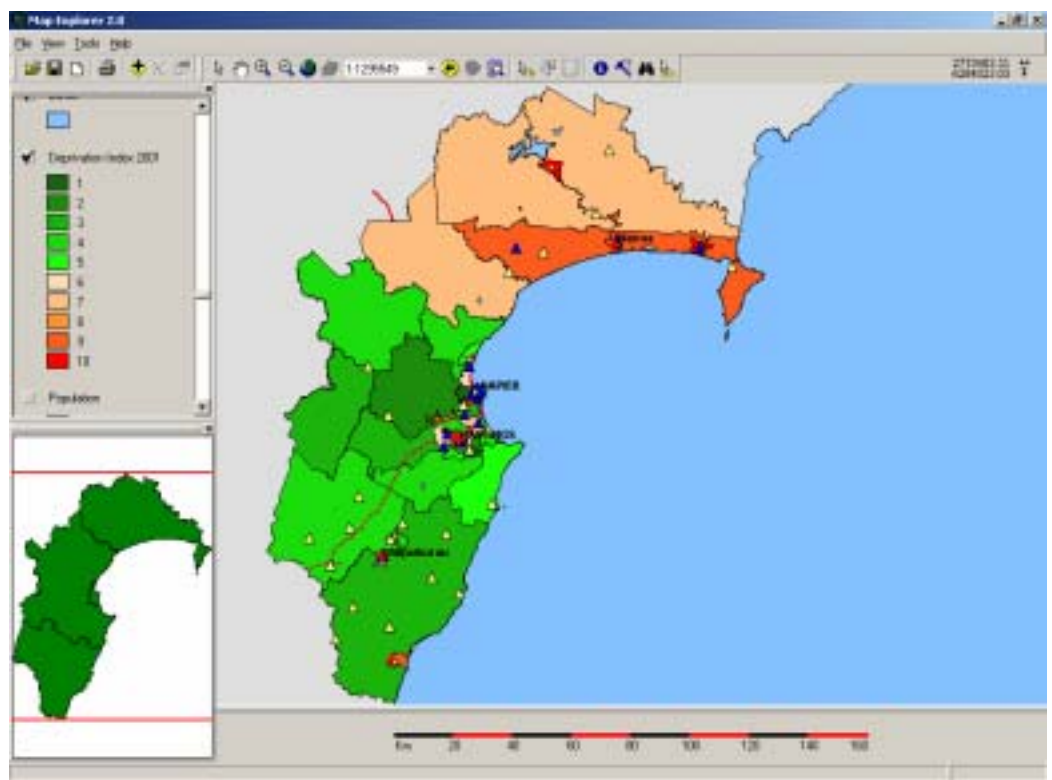
The CD will be distributed to a wide range of organisations around the region, including emergency services, mental health facilities and GP practices. A copy has also been sent to MidCentral Health, as the two DHBs share emergency planning ideas.

The feedback from organisations that have already received a copy has been excellent, says Ms Bee. "Everyone has been very impressed with it, and they're particularly pleased to see the level of preparedness in the region.

"The information on the CD will help organisations to predict problems or respond to a real emergency, but it's also useful on a daily basis. The fire service, for example, said it would help them with their school education programme."

The next step in Hawkes Bay DHB's information management drive will be to develop second CD providing maps of each DHB facility.

Most facilities use paper maps at present, but these can be unwieldy and difficult to use in an emergency. The planned CD, which is expected to be complete by the end of the year, will give people a greater level of detail. At Hawkes Bay Hospital, for example, staff will be able to look at a map of each room to discover how many phone lines it has, where its computer ports are and whether it contains any stored chemicals. ✂



Simple and Economical Solution to Health Provider Mapping

Waikato and Lakes DHBs have joined forces to develop an economical, easy-to-use database to enable them to quickly identify the location of health providers in an emergency.

In the Waikato and Lakes areas, extreme weather conditions regularly cut off roads and isolate rural communities. It is essential for both DHBs to be able to see where health providers are, particularly in relation to roads, Civil Defence posts and other key services.

Being able to swiftly locate health providers enables DHBs to contact patients and ensure there are no gaps in services, and helps emergency services to quickly move in to protect vulnerable areas.

The Manawatu floods highlighted the need for a central database containing all the necessary information about health providers, says Liz Prior, Manager Emergency/Contingency Planning for Waikato DHB. "During the Manawatu floods, someone remarked that it would have been great to have a map of all the health providers to take to emergency meetings. We could easily be in the same position: South Waikato and the Coromandel Peninsula often have extreme weather, and it's amazing what the sea and rivers can do to

roads.

"We realised that our addresses for health providers weren't as up-to-date as they could be. A rest home in the Waikato, for example, might have given us a number for a contact person in Auckland. We knew we'd have to do lots of checking to make sure our database was as accurate as possible."

The DHBs updated the information on health providers from their planning and funding teams and from phone books. They also collected addresses of police stations, fire stations, ambulance bases and civil defence assembly areas and welfare posts.

Environment Waikato, Environment Bay of Plenty and Ruapehu District Council downloaded the information onto topographical maps. In every town and city in the DHBs' areas, the maps show GP clinics, pharmacies, rest homes, civil defence assembly areas, St John ambulance bases, accident and medical clinics, Maori health providers, Pacific health providers, mental health providers, DHB services and private surgical hospitals.

Each type of provider has a different symbol. For example, rest homes are represented by a blue dot, pharmacies by a red dot, and police stations by a

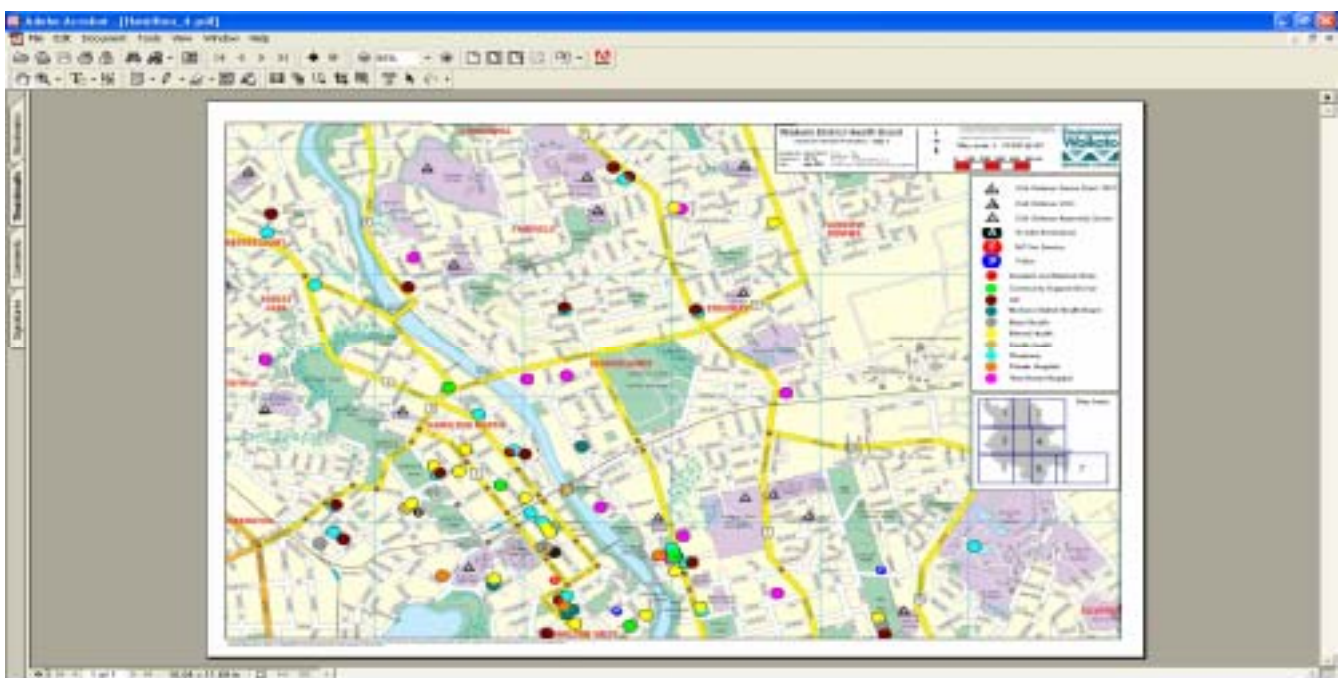
blue triangle.

The maps have been put onto CDs, which will be distributed to each emergency operations centre in the region. The CDs will be updated annually, or more often if necessary.

"We've had interest from other DHBs already, and the people from the emergency services and Civil Defence who've seen our CDs have requested copies for their control rooms," says Ms Prior.

"Colleagues in other parts of the country are using GIS (Global Information System) tools for their maps, which are so sophisticated that they can pinpoint individual houses. Those systems are excellent, and may well be the way we go in the future. However, in the meantime we have an economical, simple system that is easy for everyone to be able to understand and use."

Joyce Wilkinson, Health and Safety Consultant/Emergency Planner for Lakes DHB, said the exercise was exciting and very useful. "Having been involved in flood responses in the Coromandel, we know how valuable it is to be sure of the location of other health providers." ✕





Plane Crash Exercise Prompts Planning Review

An emergency planning exercise involving the crash landing of a military aircraft near Palmerston North has strengthened the relationship between MidCentral District Health Board staff and RNZAF personnel.

The exercise, run by the RNZAF in April, used the scenario of an air force plane crashing at the RNZAF base at Ohakea. The plane was said to have 115 people on board, of whom 25 were seriously injured.

At MidCentral DHB, up to 16 medical staff and management team members took part in a tabletop exercise to look at how they would cope with the casualties. People taking part included the clinical director for surgical services, the medical director, consultants from the emergency and radiology departments, and a consultant from the intensive care unit.

Staff from the DHB and from St John, who also joined the exercise, looked at the best way to transport the casualties to hospital, set up a triage system to deal with their injuries, and cancel elec-

tive surgery to ensure casualties who needed surgery could be operated on as quickly as possible.

Murray Mills, Manager Risk Management Protective Services for MidCentral, says the DHB had processes to ensure it was notified immediately if there was an emergency at Palmerston North International airport. However, it had no formal protocol to follow if there was a plane in trouble at the nearby RNZAF base at Ohakea, which made the exercise particularly useful.

"Every exercise gives you the opportunity to improve and fine-tune your planning," says Mr Mills.

"This exercise has acted as a catalyst to our decision to review our mass casualty planning. It was also a great opportunity to have a one-to-one with the guys from the RNZAF, and we intend to increase our planning with them in future. Those relationships are already paying off - in fact, we're meeting up with the head of the RNZAF's medical unit at Ohakea in just a few weeks' time.

"We also used the exercise to train our alternate staff members, to give as many people as possible in each department the experience of dealing with a simulated emergency."

Mr Mills says he had been concerned about taking up the time of senior medical staff, but they had all been keen to be involved in the exercise and were very aware of the need for emergency management. Even before last year's catastrophic floods in the Manawatu, he says, the DHB, in partnership with the Manawatu/Whanganui Co-ordinating Executive Group, had been a leader in civil defence planning.

The DHB expected to continue to be involved in the RNZAF's emergency exercises. It also ran exercises with other DHBs, and planned another in-house tabletop exercise in about six months' time. The next exercise, however, was likely to be based on a public health emergency, such as a pandemic, rather than a plane crash. ✂

New System for Registering Mass Casualties

Capital and Coast District Health Board has developed a new system to make it easier for hospitals to register mass casualties.

Previously, casualties attending a hospital would have been allocated a pre-printed patient number. The patient numbers were long and contained letters as well as numbers, which meant it took staff longer to copy them out by hand and often led to mistakes.

The DHB's new system involves using pre-printed sets of numbers that are sequential and start at number one. Staff will find it quicker to write the numbers down, and will be able to see at a glance how many casualties have come in.

The previous pre-printed labels used a small font size, which made the numbers difficult to read. The new labels use a larger font and have room for extra details, such as a patient's gender and

date of birth.

The forms are likely to be used in emergencies involving 20 or more casualties, or in the event of a computer failure affecting the usual patient registration systems.

Capital and Coast has also redesigned some of its registration forms to improve the system for dealing with unidentified patients in an emergency. The forms include a list of physical characteristics, such as hair colour and scars, that staff will be able to fill in if a patient's name and other details are unavailable.

The forms will also be useful when callers to the hospital ask if someone has been admitted. If the person they are inquiring about isn't on the list, staff will be able to ask the caller to describe their friend or relative's physical features to see if they can find a match

with any unidentified patients.

The list of patients' physical features is a simpler version of a system used by agencies such as Interpol.

Greg Phillips, Capital and Coast's Service Leader Emergency Management, says the need for a better way of registering mass casualties became apparent during emergency planning exercises.

"We've run quite a few exercises, and this was one of the lessons we've learned from them," he says.

"That's why exercises are invaluable in emergency planning. You can theorise all you like, but it's only when you run exercises that you discover the finer details that need more work."

Mr Phillips says other DHBs have shown interest in adopting Capital and Coast's new registration system. ✂

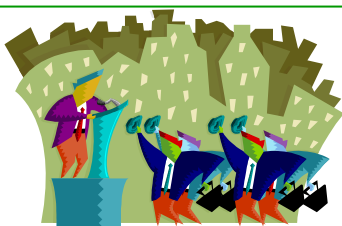
Database Cover for Hospital Power Failure

The HEMNZ Bulletin is published monthly by the Risk Management Unit of St John Northern Region for all those interested in emergency management in health care settings

Articles and comment on emergency management issues are welcomed

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www.hemnz.org.nz



Editor's soapbox

John Kotter and Dan Cohen, in their book *The Heart of Change* offer, as one of their 8 rules for change, a need to create opportunities for people to see, touch and feel examples of innovation.

There are two themes for the innovations featured in this edition and they are at opposite end of the technology continuum.

Information technology offers opportunities to make a wealth of information available, literally at our fingertips.

However, all the technology in the world is of little use without a co-ordinated commonly understood response across the whole health sector. (My apologies to the reader "south of the Bombays" who hates that term) Finding ways to engage all health service providers in our discussions is critical for success.

Innovation grows on success. As we see, touch and feel the advances documented in this issue, let us continue to strive for better ways to manage the emergencies that will always be present in our ever changing and challenging environment.

Bruce Parkes

A stand-alone database of essential contact details will enable health professionals in South Auckland to continue working in an emergency even if their hospital's computer system breaks down.

When Counties Manukau District Health Board realised it would lose access to its emergency planning contact numbers on hospital computer systems if the power went off, it decided to create a database of useful contacts and store the information on a laptop computer kept charged at all times.

The database contains numbers of accident and emergency clinics, GPs, pharmacies, rest homes, mortuaries, funeral parlours, police and fire crews. It also includes emergency response numbers for civil defence personnel at local councils, and a duplicate of the hospital's database of emergency contact numbers.

As well as contact numbers, the database features other important information that could be useful in an emergency. GPs, for example, are listed both alphabetically and geographically, so that if staff needed a doctor in a particular area they could call up the relevant suburb to see the list of local GPs.

The database's level of detail for accident and emergency clinics includes each clinic's number of staff, beds, rooms and car parks. The database also records which clinics can perform minor operations and which have a back-up power supply.

Counties Manukau is now working on adding information to the database about which GP surgeries have access to radiology services and sufficient staff to be able to deal with casualties in a major disaster. If hospitals were unable to cope with the level of casualties, the DHB could run radio and TV spots ads letting people know which GP surgeries were able to deal with people with relatively minor injuries.

Mick Hubbard, Security/Emergency Response Manager for Counties Manukau DHB, says compiling the contact information was a time-consuming task. "Some of the information was available already, but we had to do lots of checking. We will also have to keep the database up to date.

"The main reason we created the database was because we were concerned that the hospital itself might be part of an emergency. If we lost power, the computers could go down and we'd lose internet access. We felt it was important that our emergency planning didn't limit us to working in the hospital."

Mr Hubbard says his peers on other DHBs have been interested in the database. "Nobody's precious about their ideas - they all want to share what they're working on. That's one of the great things about working in emergency planning."

Data on the laptop now includes presentations on emergency planning to show to private providers, such as accident and emergency clinics. Providers are given a template - adapted by the DHB from templates on the HEMNZ website - and are encouraged to use them to prepare their own emergency plans. ✂

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