

## Part 1

### Introduction

#### Name

This plan is the XXXXX District Health Board Major Incident and Emergency Plan (the Plan).

#### The Area to Which this Plan Applies (see map 1- p1-4).

The area encompassed by this plan includes the Ruatania and Titipu Territorial Local Authorities Districts.

#### Definition of a Major Incident

For the purposes of this plan, a Major Incident is defined as any event which:

- presents a serious threat 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 from continuing to care for those patients it has.

Where an event is of material significance only for healthcare providers, a civil emergency is unlikely to be declared. However, when a civil emergency is declared for whatever reason, the health response to that declaration will follow this plan.

#### The Purpose of this Plan

The purpose of this Plan is to create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency. The focus is to provide a constant medical approach by co-ordinating the strengths and resources of the many providers of healthcare services in the XXXXX region to better prevent, prepare for, respond to, and recover from the effects of both natural and man made hazards.

The Plan has been prepared to reflect the current philosophy of Emergency Management, which is to build resilience to “everyday” emergencies so they do not become major incidents. The Plan will be used to manage a response to a major incident, whether or not a civil emergency has been declared.

#### Plan Objectives

This plan has four objectives:

- i. To maintain or restore the health status of the population of the XXXXX District Health Board’s area of responsibility, following a major incident.
- ii. To define the communication network and procedures for alerting and working with functioning health service providers in the event of a emergency or potential emergency.

- iii. To define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency
- iv. To provide a work programme to address current emergency management issues for the XXXXX DHB.

### Legislative Requirements

- § This Plan meets the requirements placed on the XXXXX District Health Board by:
  - § NZ Public Health and Disability Act 2000
  - § Health Act 1956
  - § Civil Defence Act 1983
  - § Civil Defence and Emergency Management Bill 2000
  - § National Civil Defence Plan Part 6 (Health)

### Plan Rationale

Following the enactment of the N.Z. Public Health and Disability Act 2000, District Health Boards became responsible for maintaining and improving the health status of the population of their geographical areas. The XXXXX DHB's Strategic Plan sets out steps for meeting that objective.

The Civil Defence and Emergency Management Bill currently before Parliament designates District Health Boards as "emergency services", active members of their regional Civil Defence and Emergency Management Group and responsible for the provision of health care services necessary to restore the health status of those of its population affected by a declared emergency.

Health planning for emergencies must be based on consideration of all phases of comprehensive emergency management:

*Reduction:* action to avoid or minimise the adverse health-related impacts of events likely to give rise to an emergency;

*Readiness:* includes planning, establishing and maintaining systems and undertaking training for an efficient and effective health sector response to a potential emergency;

*Response:* mobilising and deploying health resources immediately prior to, or during an emergency, in collaboration with other services, to ensure as far as practicable:

- § the continuation of essential health services,
- § the relief and treatment of people injured or in distress as a result of the emergency,
- § the avoidance or reduction of ongoing public or personal health risks to all those affected by the event;

*Recovery:* actions undertaken after an emergency, including:

- ## assessment of the health needs of the affected community,
- ## co-ordinating the health resources made available,
- ## managing the rehabilitation and restoration of the affected community's health care services and health status.

This plan provides a strategy to achieve:

- 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. cooperation with other responding agencies during an emergency (including the provision of alternate communications);
- ix. provision of support to other agencies and facilities which require assistance during an emergency. These arrangements are to include contracts or (Mutual Aid) agreements, which outline the conditions governing the transfer of staff or equipment to meet an urgent need.

This Plan contains three key components: a Strategic Component (Part 2), an Operational Component (Part 3), and the Administrative Component (Part 4):

- ## The Strategic Component looks at the hazards and risk facing the region, identifies key issues to be addressed, establishes objectives, targets and actions to address the issues, then defines the principles and operational concept to guide operational level planning.
- ## The Operational Component co-ordinates the day-to-day activities of the key agencies involved in emergency management for readiness, response and recovery.
- ## The Administrative Component provides detail of support arrangements such as plan maintenance, associated documents and funding.

More detail on each component is provided at the introduction of each Part.

## Key Themes.

1. This Plan recognises a lack of available information in areas such as hazard information. Rather than stall the planning process, these deficiencies have been incorporated as part of the Plan objectives, which will be addressed as part of a future work programme.
2. Throughout this Plan a 'functional' planning approach is utilised<sup>1</sup>.
3. While plans help guide best practice, it is people who ultimately manage an event. Hence the overriding focus within this Plan is on building solid partnerships, which are supported by a Plan that highlights opportunities for co-operation, and improvement.

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<sup>1</sup> Functional Planning focuses on the generic procedures needed for co-ordinating the various functions of contributing organisations, for any type of hazard. This is as opposed to preparing separate (contingency) plans for each hazard event that has been forecast (contingency planning often results in duplication of planning effort, and confusion on the day when the event in question doesn't fit any particular pre-determined plan).

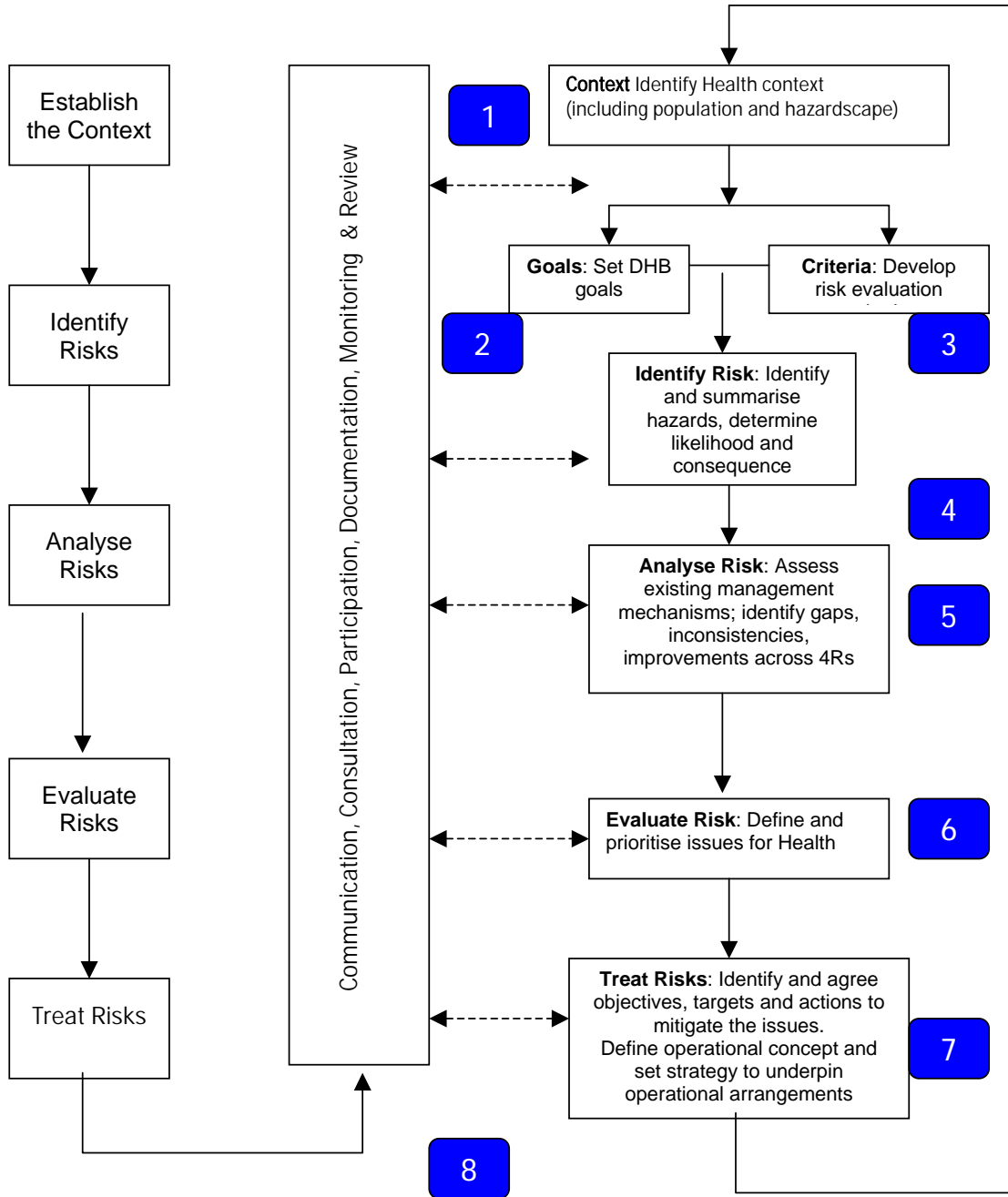
4. Map 1: The XXXXX DHB Region

to be resourced locally

**Figure 1 XXXXX DHB Process**

**AS/NZS4360: Risk Management**

**Plan Development Process**



Reference:  
AS/NZS4360: Risk Management (1999)

## **Part 2 Strategic Component**

### **Introduction**

The Strategic Component sets out the goals, context, hazards and risks for the health sector in the XXXXX District Health Board, identifies key issues to be addressed, and establishes Objectives, Targets, and Actions to rectify the issues.

The objective is to ensure the health sector has a commonly agreed position in terms of a clear direction for the remainder of the Plan – particularly operational arrangements for readiness, response, and recovery planning. The Strategic Component takes an “all hazards” approach, rather than preparing exhaustive duplicated data for each and every hazard.

There are three sections to the Strategic Component.

### **Section 1**

This focuses on the natural and technological (man made) hazards that are considered significant to the whole or major parts of the XXXXX region; including the risks that are associated with each hazard (likelihood and consequences). The intent is to only identify those hazards that require the XXXXX DHB to design an integrated strategy and operational arrangements for addressing them. The ‘risk description’ for each hazard is purposefully brief to assist readability and comprehension. There will be ongoing work to update risk descriptions for each hazard.

### **Section 2**

In this section a series of Objectives, Targets and Actions are decided, and prioritised to rectify the issues facing the region. Objectives are high level statements / aims (not specific to any one organisation), while Targets outline the various activities (or tasks) that need to occur to complete each objective, and Actions outline the agreed agency responsibilities for completing each Target.

By establishing a series of clear Objectives (and their attendant Targets, and Actions) which are tied to Issues, the DHB now has a clear, prioritised basis from which to embark on future projects / studies etc. This is not meant to be an exhaustive list, but rather a start point of continual improvement.

### **Section 3**

Section 3 provides broad principles to guide the detailed planning required for the Operational Component (Readiness, Response, and Recovery arrangements). These principles reflect much of the work completed in the Strategic Component.

This section also contains a brief description of the Operational Concept (or structure), for co-ordinating emergencies in our region. The Readiness, Response, and Recovery arrangements in Part 3 have been prepared with the Operational Concept in mind. The Operational Concept is essentially a broad framework that helps shape the method and resources used for co-ordinating incident management.

## Section 1: Hazards

### Context

The XXXXX Region encompasses an area of xx square kilometres with a total population of too many people. It is a region of . <describe area>

### The Challenge

The natural and technological<sup>2</sup> (man-made) hazards facing our region are many and varied. The geographic size of our region, 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 is bisected by major gas, electricity, and telecommunication grids and is host to active faults, volcanic action, and large rivers. The DHB is further challenged by its boundaries being different to those of the Lululand Region and the other emergency services providing services to the XXXXX region.

### What are the Hazards in our Region?

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 co-ordinated response, must be planned for by the DHB.

The hazards that have been identified for our region are listed in the table below

### Hazards of the XXXXX Region

Hazard (Natural)	Remarks
Volcanic Action	From a number of volcanic fields inside the region
Storm	Includes both wind and rain
Flooding	Includes storm surge and other water-atmospheric related events
Earthquake	
Tsunami	
Land subsidence	

<sup>2</sup> 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

Hazard (Technological)	Remarks
Public Health Emergency	Including pandemics-epidemics requiring community quarantine etc.
Utility Failure	<ul style="list-style-type: none"> <li>⊘ Electricity</li> <li>⊘ Water</li> <li>⊘ Telecommunications</li> <li>⊘ Gas</li> </ul>
Hazardous Substance Spills	During production, transport, storage.
Transportation Crashes	<ul style="list-style-type: none"> <li>⊘ Air</li> <li>⊘ Road</li> <li>⊘ Rail</li> </ul>
Fire	<ul style="list-style-type: none"> <li>⊘ Urban,</li> <li>⊘ Rural</li> </ul>
Industrial explosion	Besides direct casualties may create public health or hazardous substance spill
Economic failure	May be as a result of: <ul style="list-style-type: none"> <li>⊘ Animal epidemic</li> <li>⊘ Crop failure</li> </ul>
Civil Unrest	Including industrial action, such as withdrawal of labour by healthcare workers

**Hazard Prioritisation.**

The XXXXX DHB is still engaged in the process of acquiring adequate hazard information to undertake an objective prioritisation process and risk assessment of all hazards. This provides an opportunity for continual improvement as more information on all hazards becomes available

## Section 2: Objectives, Targets, and Actions

### Introduction

In this Part of the Plan, a series of Objectives are developed to address identified issues. The Objectives listed in this Part of the Plan essentially provide the basis for future developmental activities over the next few years. We believe that by addressing these Objectives, we will rectify issues identified for this region.

The process used to develop this Part of the Plan includes the following broad steps:

- €# Options will be developed to rectify each issue. Then these options “work shopped” to find the most cost effective and practical option.
- €# Each option transformed into an objective, and then broken down into detailed targets and actions. Opportunities will be sought to combine Objectives, where practicable.
- €# The Objectives will then be prioritised, based on considerations such as cost and logic.

The identified objectives, targets and actions are included in this plan as Appendix One

## Section 3: Principles, and Operational Concept

### Introduction

In this Section, broad principles are provided that will guide the detailed planning required for Part 3 - the Operational Component (Readiness, Response, and Recovery arrangements). These principles reflect much of the work described in previous parts of this Chapter.

### General Principles Underpinning the Operational Component

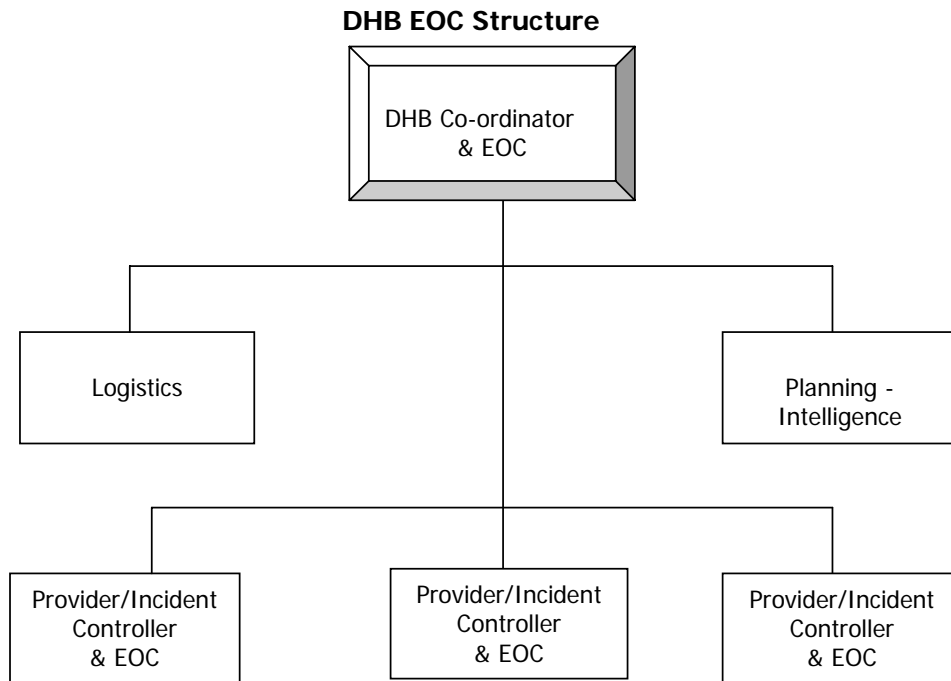
These have been identified as follows:

- ⚡ The priority during an emergency will be to treat those injured or medically affected by the emergency; minimise the loss of health status; and continue the operation of healthcare facilities and services.
- ⚡ Emergency management planning will give priority to catering for the requirements of small to mid size (or frequently occurring) events, rather than a pure focus on large-scale events with a low probability.
- ⚡ The overall objective of the operational arrangements is to ensure that the operational management of health and healthcare emergencies throughout the XXXXX region is carried out in an integrated way. Opportunities will be taken for developing external agreements with neighbouring DHBs, and the Ministry of Health.
- ⚡ The focus for operational arrangements is on activities needed to co-ordinate the various providers and agencies but not necessarily the activities internal to the providers themselves:
- ⚡ It is expected that all providers will attend to their own internal command training and system arrangements (using the Co-ordinated Incident Management System - CIMS concept). The DHB will seek to facilitate that process.
- ⚡ Most planning is function based (rather than contingency based). In other words the planning focus is on what each agency's generic responsibilities are during an emergency, rather than for each and every event. Where needed, contingency plans for specific events will be developed.
- ⚡ After the response to an incident, recovery activities will focus on individual and social recovery concurrent with the reinstatement of service continuity for essential healthcare services. Longer-term facility recovery will include minimisation of risk from future events i.e. reconstruction that avoids or negates the recent hazard.

## Health Sector Operational Concept

The operational concept (or framework) against which DHB readiness, response, and recovery planning (and implementation) will be conducted involves the following:

- ⚡ A DHB Emergency Operation Centre (EOC) capable of co-ordinating any event(s) across the whole region, will be routinely located as part of the Ruatania Hospital EOC. Should the nature of the event dictate, a separate DHB EOC will be set up in the Corporate Offices Building on the Ruatamia Hospital site.
- ⚡ Each XXXXX DHB Community hospital will establish and operate a Local EOC, which is capable of co-ordinating events within its area. Local Emergency Management Committee (EMC) representatives will provide key sources of advice and liaison for local EOCs.
- ⚡ The DHB will appoint a DHB Co-ordinator, and district level Local Co-ordinators for each District. Local Co-ordinators will operate under the auspices of the DHB Co-ordinator during a regionally significant emergency.
- ⚡ CIMS provides the basis for Incident Management at respective incident sites.



## Public Health Services

The restoration of potable water supplies, sanitation systems and hygienic food storage and distribution facilities will make the greatest contribution to the good health of a community affected by a Major Incident. The Public Health Service of the Lululand DHB provides Public Health services in the XXXXX region. They will oversee those matters that impinge upon the health of the XXXXX population.

Lululand Public Health Service will, as part of their planning, prepare to assess the impact of a major incident on the status of the community. They will communicate with relevant people about their assessment of the emergency situation and ensure appropriate management of the public health aspects. They will also 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

## The Role of Primary and Community Services

### Summary

Following a major incident many people will not need hospital care, but they will need help from primary care and community health services either immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:

- €# There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment.
- €# There are people needing health care, social and psychological support because they are indirectly affected by an incident in their community or because their relatives have been involved in an incident elsewhere.
- €# Patients are transferred or discharged home early, in order to free up acute beds for the treatment of casualties injured in the incident.
- €# People are evacuated from their homes or workplaces, which are threatened by toxic hazards or flooding, to rest or evacuation centres set up by local authorities.

### Planning

The many health service organisations involved in a response need to co-operate effectively on the day. This requires close collaboration in the planning phase where key individual actions must be identified.

The major incident plans of receiving hospitals include arrangements to increase their ability to accept and treat casualties. The plans of community and primary care organisations need to do the same thing. Plans will cover:

- €# Arrangements for their agreed response
- €# How to mobilise resources to meet the extra demands on their own services.
- €# Health service support for social and psychological services
- €# Health care services at survivor reception centres and evacuation centres set up by police or local authorities.

The following are all likely to feel the effects of any increased demand for emergency health care as a result of a major incident:

- €# GPs
- €# Community nurses
- €# Mental health services

≠# Retail pharmacists.

General practices will be the natural focus of health care in the community in the aftermath of a major incident. They will be included in co-ordinated planning, training, exercising and testing response arrangements.

**Social, psychological and psychiatric support**

Individuals caught up in a major incident may need the supportive framework provided by social and psychological services in which they can come to terms with the effects of the disaster on their lives. Not only does this rapidly get help to those who need it, but it may also reduce long-term and chronic demands on health and social services.

In a declared emergency, the Child Youth and Family Service (CYFS) has responsibility for co-ordinating the many providers providing mental health and counselling services in the community. The same process will take place following major incidents that do not become declared emergencies.

**Health care services at survivor reception and evacuation centres**

Survivor reception and evacuation centres may be set up by the police or local authority, either to accommodate those who have survived major incidents without obvious injury, or to shelter people evacuated from their homes because of direct risks, e.g. flooding, buildings collapsing, or exposure to dangerous chemicals.

People in these centres are unlikely to be in need of immediate hospital care. They may need some first aid, comforting or other emotional or practical support, or some form of screening before they leave the centre.

A *health team* will be assigned to these centres to:

- ≠# assess patients
- ≠# give advice on self-care, and
- ≠# help refer people to whichever community or emergency services they need.

The health team will be drawn from Primary Services in the affected area, or brought into the affected area to assist. Nominated persons or organisations will be identified in local XXXXX Provider Plans for the area concerned.

**Key issues for support at survivor reception or evacuation centres**

- ≠# Some people may already be receiving health care and support through community health services or social services, either locally or in the area of their own home. Continuity of such care may be important.
- ≠# People in centres will need information and reassurance about any health risks arising from the incident.
- ≠# Where people have or may have been exposed to a hazardous substance, such as chemical or radioactive material, they may need to be screened, offered advice and possibly treatment or prophylaxis before they return home.
- ≠# Some people may lose or leave behind their prescription medicines, which may need urgent replacement through hospital and community pharmacies.
- ≠# Some people may be distressed and in need of early proactive social and psychological intervention.
- ≠# In the event of people being evacuated from their homes, some people (for example, the elderly or disabled, either living at home or in care) are likely to need transport. Transport arrangements will be the responsibility of the agency requiring the evacuation. Where this agency is health, the local Civil Defence Emergency Management Group may be able to help with this task.

- ⚡ For some people, such as the frail elderly or very ill, relocation to an evacuation centre is likely to be inappropriate or resisted. Other options should be considered, for example the use of health and social care resources in the community. Trained staff will be needed to help make these decisions and arrange appropriate care.

### **Emergency Medical Centres**

The provision of Primary medical care through existing providers and facilities is the most efficient and effective means of providing medical care an emergency Designated Emergency Medical Centres, based on nominated existing General Practice facilities will be used. EMCs will be chosen and set up in liaison with Emergency Management (Civil Defence) authorities.

Providing they are able to open, Community (retail) Pharmacies will provide their normal prescription services and also a limited healthcare response for those injured or medically affected by a disaster incident.

EMCs provide access into the formal medical treatment chain. Some definitive treatment may be carried out at this point and EMCs may also have a limited capacity to accommodate those casualties for whom evacuation is unnecessary or otherwise undesirable.

### **Ambulance Loading Points**

The Ambulance Service will normally site Ambulance Loading Points. Where possible, they will be sited at, or adjacent to the actual scene. During a full-scale disaster response operation it will be usual for ambulance loading points to be sited in conjunction with EMCs

### **Health Support Units**

In the event of a large scale event, the DHB will, if necessary, seek through the Ministry of Health, the assistance of support from another region or internationally. A health support unit may be deployed within the region to:

- ⚡ assist a seriously stressed hospital;
- ⚡ undertake specific short term assignments to relieve distress and improve casualty management;
- ⚡ undertake health protection or mental health assignments in stressed areas;
- ⚡ undertake any other functions appropriate to the situation.

## **Secondary and Tertiary Hospitals**

### **Function**

Hospitals provided by the 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. Those patients requiring tertiary services will be transferred to Lululand Hospital, or further afield, in accordance with normal protocols.

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 co-ordinated by the DHB.

### **Graduated Response**

When acuity and/or the demand for service dictates, some patients will be transferred to hospitals operated by other District Health Boards, or Private Hospitals. Access to Private Hospitals will be through agreement or memorandums of understanding.

The degree to which the routine functions of hospitals will be affected will depend upon the severity of the disastrous event. At the lower end of the scale of magnitude, little more than the relocation or early discharge of some recuperative patients will be required. In response to more severe events, the routine function of hospitals will be progressively modified to the requirements of the emergency response plan.

### **Medical Evacuation**

The mass evacuation of patients, either from a facility or the region, because of the lack of patient safety in doing so, will only be undertaken as a last resort. As far as possible, when patients are moved normal transfer protocols will be followed. Patient transfer will normally involve:

- ⌘# Recuperative patients, not yet fit for discharge, must be transferred to other hospitals to create space at a receiving hospital. **or**
- ⌘# In order to gain a treatment within an acceptable period, casualties are required to by-pass local hospitals.

In a declared emergency, close co-operation with the Police and/or Civil Defence Emergency Management Groups will be required to ensure that comprehensive registration of movements is completed.

### **Mental Health**

Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.

In the response phase to a major incident, each health provider is expected to make provision for the psychological needs of those patients it has and the Critical Incident Stress Debriefing (CISD) of it's own staff

Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the Child Youth and Family Service (CYFS) has the responsibility to co-ordinate the response of agencies providing that support.

### **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.

### **Inter Regional Response Co-ordination**

The prerogative and responsibility for the co-ordination of healthcare resources in the XXXXX rests with the DHB EOC. Where inter regional support and co-ordination is required it may be accessed through a Ministry of Health funded Health Co-ordination Centre. The Northern centre, with responsibility from Ruapehu to North Cape, operates as part of the Order of St John Northern Region Communication Centre.

The role of the centre is limited to co-ordination. Each organisation retains authority and responsibility of its own facilities and resources.

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.

### **Healthcare Provider's Plans**

Healthcare providers contracted by the District Health Board are expected to develop emergency plans with the following components:

- ⌘ A synopsis of how the provider as a whole will respond to a crisis at any of its facilities or services. Who has the co-ordination role, where they will operate from, and what the role and responsibilities are of each department with an organisation wide role.
- ⌘ Each facility has a 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 campus and filling that role when the crisis occurs.

## Part 3

# Operational Component

### Introduction

“Operational level” means the day-to-day activities of putting emergency management into practice. Only the key details considered necessary for achieving operational effectiveness (through integration and co-ordination) have been included in this component.

Management Arrangements.

In all cases management of emergencies will be carried out in accordance with Co-ordinated Incident Management System (CIMS) principles. That is, each provider will cater for its own internal training and command arrangements, while overall co-ordination and control will be vested in the DHB Co-ordinator.

### Key Roles and Responsibilities

#### District Health Board

Will ensure that:

- ⌘ 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 co-ordinated manner to restore the health status of the affected population;
- ⌘ There is agreement on the contributions that providers within the 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 District Health Board participation in the Co-ordinating and 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

#### Public Health Services

Will:

- ⌘ Oversee those matters that impinge on the health of the population
- ⌘ 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.
- ⌘ 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

Public Health response will, as required, address the following issues:

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 New Zealand Police, emergency disposal of the dead.

### **Secondary and Community Hospitals**

Will:

- ⌘ Maintain service continuity plans to minimise disruption to services through the loss or impairment of buildings or utility services;
- ⌘ 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 co-ordinated planning, training, exercising and response arrangements with complementary and neighbouring providers and other key agencies.

### **Primary and Community Healthcare Services**

Will:

- ⌘ Develop service continuity plans, appropriate for their situation, to minimise disruption to services through the loss or impairment of buildings or utility services;
- ⌘ Following a major incident, whenever possible continue to provide their services, to meet the needs of their normal patients or clients and others who, as a result of the emergency, are unable to access their usual provider.
- ⌘ Have planned to participate in a response to:
  - a. Meet the need for care and advice to uninjured casualties or those with minor injuries;
  - b. Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds;
  - c. Meet the health care needs of people at reception or evacuation centres; this could include:
    - » replacing missing medication;
    - » undertaking health screening;
    - » provide information and advice to the public;
    - » provide social and psychological support in conjunction with social services.

### **Disability Support Services**

Will:

- ⚡ Develop 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.

### **Ambulance Services**

Each ambulance service will:

- ⚡ 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 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 co-ordinated 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).

### **Retail Pharmacies**

Retail Pharmacies are expected to, where possible, open their premises and provide their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier. . They will:

- ⚡ Develop service continuity plans to minimise disruption to services through 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;
- ⚡ Work closely with responding GPs to ensure the easy forwarding of scripts.

### **Medical Laboratories**

Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services. They will:

- ⚡ Develop service continuity plans to minimise disruption to services through 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;
- ⚡ Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event.

### **Radiology Services**

Radiology Services are expected to assist the health response through, where possible, continuing their normal diagnostic services. They will:

- ⚡ Develop service continuity plans to minimise disruption to services through 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;
- €# Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event.

## **Generic Arrangements**

### **Role of Emergency Operation Centre's (EOC)**

EOC's provide the means for co-ordinating emergencies of all types, size and quantity. Their primary role involves activities surrounding the collection, analysis and dissemination of information, and the co-ordination of resources to support incidents. Two types of EOC are proposed for this Plan:

- €# **DHB EOC.** The DHB EOC has the overall responsibility for monitoring and co-ordinating events across the region (when required) – be they confined to a single site, or spread across the Region. The DHB EOC is the conduit for regional resource co-ordination.
- €# **Provider EOC.** The Provider EOC has the overall responsibility for monitoring and managing an event, or incidents, within their area of responsibility.

### **The Role, Selection, & Training of Co-ordinators and Controllers.**

Co-ordinators 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).

Co-ordinators and Controllers at all levels must receive formal C I M S training as provided by Emergency Service courses, and also take part in appropriate emergency management exercises to ensure they remain up to date with current methods.

### **Procedure for Declaring Emergencies.**

Developed to suit local/regional protocols/decisions

### **Incident Debriefing**

Following all declared emergencies and every other emergency involving a multi provider or facility response, the DHB 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.

## **Recovery Arrangements**

Recovery arrangements include those activities that address the immediate problems of stabilising the affected community and assure that life support systems are operational. Essentially, the recovery arrangements in this Plan focus on facilitating and co-ordinating the short / medium term disaster recovery activities for affected community / communities to a point where:

- ⌘ The immediate health needs of those affected have been met;
- ⌘ Systems have been established / re-established to assist individual and community self-sufficiency;
- ⌘ Essential services have been restored to minimum operating levels.

As with Readiness and Response, the Recovery Arrangements seek to co-ordinate the key activities between the main stakeholders.

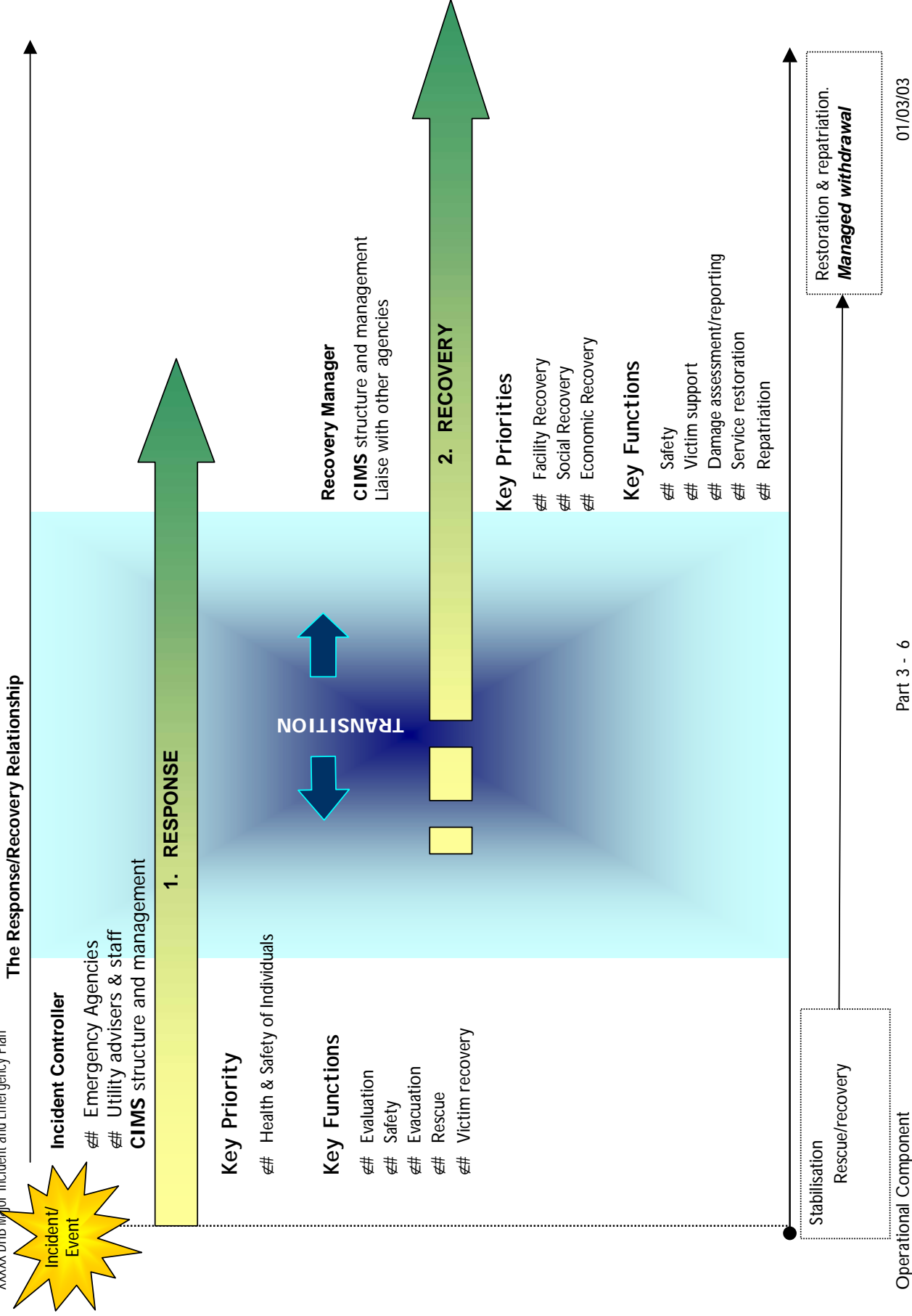
## **Recovery Concept of Operation.**

Arrangements are very similar to those used for Readiness and Response. A flow diagram, depicting the close relationship between response and recovery, is at p3-6.

## **Recovery Manager.**

The DHB CEO will appoint a DHB Recovery Manager. Essentially, Recovery activities will be 'physically implemented' at a local level, while the co-ordination of region wide and external resources to meet the local need will be the responsibility of the DHB Recovery Manager. 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.

A diagram of the 'Response / Recovery' relationship is shown on the next page.



## Chapter 4

### Administrative Arrangements

#### Contributors to the DHB Plan.

The DHB will consult widely throughout the process of developing and maintaining this Plan. Organisations consulted include:

Public Health	Primary & Community Health	Mental Health
DHB Hospitals	Residential Care organisations	Disability Support Services
Non DHB Hospitals	“Third Sector”, NGOs and other like providers	Pharmacy Services
Ambulance Services	Independent Practice Associations	Laboratory Services
Civil Defence organisations	Emergency Services	Neighbouring DHBs
Ministry of Health	Children & Young Families Service	DHB Planning and Funding Services
Pinnacle Health	First Health	change names to fit

#### Plan Maintenance

Officers nominated by the DHB will maintain the Plan. They 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 XXXXX healthcare service provider organisations.
- § Liase with the Ministry of Health, other DHBs, Emergency Services and Civil Defence organisations
- § Co-ordinate monitoring and evaluation activities.

#### Emergency Management Committees (EMC).

EMCs will be developed for each of the Territorial Local Authority districts in the XXXXX region. EMCs are represented by all key agencies with a responsibility for emergency management. The main role of the EMC is to ensure co-ordinated and integrated emergency management planning and delivery at the ‘local’ (district) level. XXXXX DHB representation on EMCs will be provided by the DHB Hospital servicing the District in which the EMC operates.

#### Memoranda of Understanding

Where no funding agreement is in place, and/or is otherwise appropriate, the DHB will negotiate Memoranda of Understanding or Mutual Aid agreements with key providers to develop clear understandings on “best efforts” mutual support.

Where XXXXX DHB boundaries are not congruent with Civil Defence Emergency Management Group boundaries (Titipu) the DHB will develop memoranda of understanding with Lululand DHB to be represented on the Lululand CDEMG covering that area.

### **Funding Arrangements.**

The requirement for the XXXXX DHB to develop and maintain a Major Incident and Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans will be stipulated in their funding contract with XXXXX DHB.

### **Response and Recovery Activities.**

Providers are to document their response and keep a record of all costs incurred during response and recovery activities. Costs should first be billed through normal or pre arranged funding agreements. Where costs cannot be recovered through this process, the DHB will seek to meet costs from its own resources or through a case stated to the Ministry of Health.

### **Supporting Documents.**

This Plan covers the key arrangements needed to co-ordinate the activities of healthcare providers responding to a major incident or emergency in a way that ensures effective and efficient emergency management. Supporting Documents have been developed and will be regularly updated to provide detailed information, such contact lists and communication links.

### **Plan Duration and Amendments.**

This Plan remains current for 3 years from the date of approval by the DHB. 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.

### **Appointment of Controllers and Co-ordinators**

The role of the DHB is normally to manage the co-ordination of healthcare activities and accordingly will appoint a Co-ordinator (with no operational role) for this purpose with each responding provider appointing a Controller to manage their response. On those occasions where a region wide emergency is such that health is the "lead agency", the DHB will appoint a Controller to provide operational leadership.

### **Monitoring and Evaluation.**

The monitoring and evaluation of emergency management for this DHB will be an important activity. So set out how you intend to do it.

## Glossary of Terms for the XXXXX DHB Major Incident and Emergency Plan

<b>Abbreviation</b>	<b>In Full</b>
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEG	Co-ordinating Executive Group
CIMS	Co-ordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CYFS	Children, Young Persons, and their Family Service
DHB	District Health Board
EMC (1)	Emergency Medical Centre
EMC (2)	Emergency Management Committee (Civil Defence and Emergency Services)
EOC	Emergency Operation Centre
Local EOC	Local Emergency Operation Centre (District level)
GP	General Practitioner
KPI	Key Performance Indicator
MAF	Ministry for Agriculture and Forestry
MCDEM	Ministry of Civil Defence and Emergency Management
MOU	Memorandum of Understanding
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)

XXXXX DHB Major Incident & Emergency Plan

Issues, Objectives, Targets and Actions

Draft – 44 September 2002

1. Notes:

- § This is a dynamic document and is constantly being changed. Please contact Ann Other [ann.other@XXXXXdhb.govt.nz](mailto:ann.other@XXXXXdhb.govt.nz) for the status of this draft.
- § To date this version has had limited consultation – further consultation and peer reviews are required.
- § Additional issues, targets and actions will be added during the plan development process (operational and administrative sections).
- § KPI's are provided for some of the objectives, and have been chosen for their ease of measurement and links to existing benchmarks.

**Mission: To create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency)**

**Goal One: Reduce the Risk**

**Goal Two: Individual and Community Responsibility and Self-Reliance**

**Goal Three: Effective Response and Recovery Capability**

The following table provides the basis of a work programme over the next 5 years to address current emergency management issues in this region. The issues are grouped into three categories: *Reduction, Readiness and Recovery*, although there is some overlap. The Goal each Objective contributes to is shown in the left column.

Goal	Issue	Objective	Targets	Actions
One	Reduction 1. Emergency Management is seen as a "stand alone activity" separate from normal provider activity	To show that emergency management is an integral part of normal everyday provider activities	Providers are cognisant that their everyday management and quality mechanisms raise their emergency management preparedness profile	§ By June 2003, Providers will review their service continuity plans and identify synergies between required activity and everyday business processes
One	2. Healthcare providers have a limited understanding of their expected role in emergency management	To raise consciousness and understanding of emergency management across all providers	Establish communication mechanisms to raise consciousness and awareness (including a relationship management plan) by December 2003	§ The DHB will continue consultation with Providers during the Plan writing process § The DHB will promote the Plan in Sector Interest Group forums. § Information on the Plan will be included in DHB newsletters and other appropriate publications

One	€ Key Performance Indicator	There is a demonstrated increased understanding by staff of emergency plans, across a range of providers	Quality surveyors report an increased staff awareness and comprehension of provider emergency plans			
One	3. Healthcare providers are heavily reliant on utility services to operate their facilities	To reduce the vulnerability of healthcare facilities to lifeline infrastructure failure	<ul style="list-style-type: none"> <li>§ All healthcare organisations have tested Service Continuity Plans in place by December 2003</li> </ul>	<ul style="list-style-type: none"> <li>§ Providers will review and test their Plans</li> <li>§ St John Northern and the DHB will, on request, provide assistance for plan development and testing</li> </ul>		
	Key Performance Indicator	All providers have tested Service Continuity Plans	Providers pass Quality, ACC, and OSH audits			
Two Three	4. There is no co-ordinated approach to increasing community resilience to adverse health events	To create partnerships for the delivery of community education messages to improve the level of personal responsibility to increase resilience and reduce risk.	<p>Piggyback on existing population health prevention promotions, such as</p> <ul style="list-style-type: none"> <li>§ child inoculation programmes</li> <li>§ elderly winter flu injections</li> </ul>	Emergency Management component of programmes identified in annual business plans of DHB and providers delivering programmes		
	f Key Performance Indicator	All vulnerable members of the community are able to access prevention programmes	Increased percentages of target populations are captured by prevention programmes			
Two	Readiness and Response	To clarify and publish the agreed roles of all providers	Have an agreed process in place by December 2002	<ul style="list-style-type: none"> <li>§ Prepare draft plan in consultation with a wide range of healthcare providers in the XXXXX region.</li> <li>§ Workshop plan to reach agreed approach</li> <li>§ Promote Plan to all stakeholders</li> </ul>		
One Two Three	5. Many providers are not aware of the roles expected of them during a response to a major emergency	An integrated DHB Operational Plan is in place	A DHB Operational Plan is in place and tested through exercise by June 2003	<ul style="list-style-type: none"> <li>§ DHB Plan tested as part of a joint agency exercise</li> </ul>		

Two	6. DHB is now recognised as an "Emergency Service" by pending CDEM Bill.	Planning is integrated and co-ordinated with other Emergency Services	DHB and/or appropriate local providers participate in "Emergency Service Committees" by June 2002	DHB obtain list of ESCs from Civil Defence and ensure there is healthcare representation on each. DHB take seat on CEG of XXXXX CDEMG, when is formed.
"	<b>Key Performance Indicator</b>	DHB and other appropriate health providers take full part in EMC activities	Each EMC in XXXXX region has one or more healthcare representatives	
One Three	7. During emergencies the community must be kept informed of health issues, including psycho-social behaviour patterns.	Crisis communication material is prepared and available for distribution, through diverse media, in the event of an emergency	"Template" media releases and other information material is prepared and approved for dissemination when required, by January 2003	<ul style="list-style-type: none"> <li>§ Requirement placed in Business Plan for DHB Media Unit</li> <li>§ Templates already prepared sourced and checked for appropriateness</li> <li>§ If necessary, media training provided for key spokespeople</li> </ul>
...	<b>Key Performance Indicator</b>	Media strategy in place to meet any eventuality	All events attracting media activity reviewed for adequacy of response	
	8. Relationships across DHBs are often on a non integrated personal/unit level basis.	Effective relationships across the 4Rs are in place with neighbouring DHBs	Formal relationships and Memoranda of Understanding are in place by June 2003	<ul style="list-style-type: none"> <li>§ Planners from DHBs meet on a regular basis to facilitate information sharing and joint planning opportunities.</li> <li>§ Memoranda of Understanding are drafted to provide cover and linkages where DHB and CDEMG boundaries are not congruent</li> </ul>
†	<b>Key Performance Indicator</b>	The DHB is represented on each CDEMG set up within its region	Memoranda of Understanding are developed with Mid-Central and XXXXX DHBs	
Three	9. The recovery process has not traditionally been considered in health emergency planning processes.	Planning for recovery is undertaken	Policy and desired strategies for recovering health status of population and healthcare facilities are developed by December 2003	<ul style="list-style-type: none"> <li>§ Ensure process is developed and available for assessing health status of population</li> <li>§ Have "replace, retire, re-site" questions built into Service Continuity Plans and other appropriate planning documents</li> </ul>
Three	10. In emergencies, treatment must often be given before appropriate funding streams are established	Funding for the recovery process is available	The Ministry of Health and DHB Contract staff have agreed formula and process for funding recovery operation by June 2003	Current policies to be identified, consolidated and reviewed for consistency and appropriateness
^	<b>Key Performance Indicator</b>	Agreed protocols are in place for funding healthcare response and recovery activities	Draft protocols are developed and ready for consultation by December 2002	