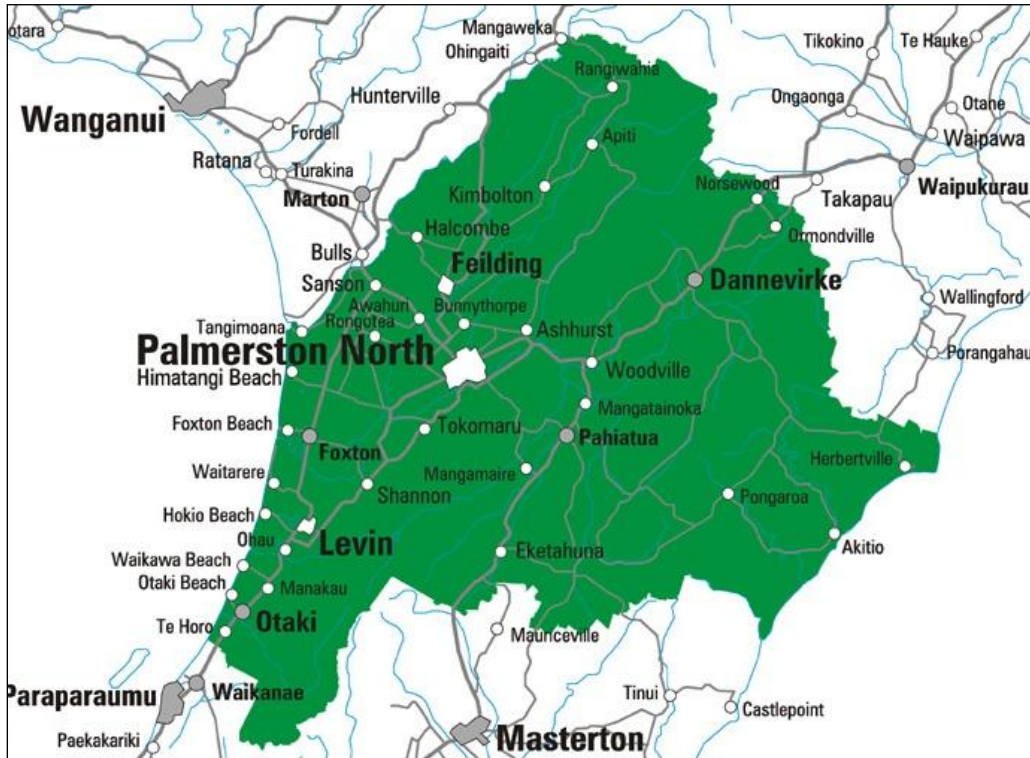




MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua



MIDCENTRAL DISTRICT HEALTH BOARD

HEALTH EMERGENCY PLAN 2010-2013

This plan aligns to and is in accordance with the National Health Emergency Plan 2008, the Central Region DHB Health Emergency Plan and the Civil Defence Emergency Management Plan Order 2005.

AUTHORISATION

The MidCentral District Health Board (MDHB) Health Emergency Plan (HEP) is a strategic plan providing the DHB framework for health emergency planning, response and recovery for any emergency or disaster event that could impact on the organisation or the MidCentral Community.

This HEP outlines the MDHB commitment to the four R's of Emergency Management, staff training in Coordinated Incident Management System (CIMS) and planning alignment with external agencies and Central Region DHB emergency planning.

The contents of this plan are to be read in conjunction with Board Policies, the CIMS Manual and other health related emergency management documents.

This plan represents a living document, allowing for additions and amendments to be made as necessary to ensure all information is current and aligned with present standards and requirements.

Murray Georgel
Chief Executive Officer

Date:

Distribution List

External:

- Ministry of Health Regional Emergency Management Advisor
- Manawatu/Whanganui Civil Defence Emergency Management Group
- St John Emergency Planning Advisor
- The HEP is a public document and is published on the MDHB website. (Less confidential or personal information).

Internal:

- Chief Executive Officer
- Incident Controller
- Medical Officers of Health
- Director Patient Safety and Clinical Effectiveness
- Operations Director, Hospital Services
- Operations Director, Specialist Community and Regional Services
- Chief Medical Director

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1.0 INTRODUCTION

1.1 Purpose

District Health Boards (DHB's) are required by the National Civil Defence Emergency Management (CDEM) Plan Order 2005 to develop and maintain plans for significant incidents and emergencies. These plans are required to identify how services will be delivered in a Civil Defence or related emergency and acknowledge the role of DHB's as both funders and providers of health services.

The MidCentral District Health Board (MDHB) Health Emergency Plan, referred to as The Plan in this document, creates a framework within which to manage a resilient and sustainable health sector during any emergency event and ensures all major issues are covered for essential primary, secondary, mental health, disability support and public health services.

The Plan provides a consistent approach to coordination, cooperation and communication across the health sector when responding to an incident. Detail unique to an event will be dealt with through specific plans and protocols which are referred to in the Plan. The Plan will incorporate generic MDHB wide information; it does not contain service specific plans but refers to them.

1.2 Background

Emergencies can happen anywhere and at any time. They can be caused by severe weather, natural disasters, infectious diseases, industrial accidents or by intentional acts. The very nature of an emergency is unpredictable and can change in scope and impact. When an emergency happens it can threaten public safety, the environment, the economy, critical infrastructure and the health of the public.

Emergency preparedness is progressive, continuously moving the public and agencies toward greater resilience. This ongoing process involves careful planning, designing of response actions, testing and evaluating the processes and updating plans. For the health sector, careful planning is critical to protecting the public and healthcare providers and safe-guarding the public's investment in the healthcare system.

1.3 Document Structure

The document begins by describing the rationale and requirements for the Plan showing how the Plan is aligned to regional and national health emergency plans. The remainder of the document is devoted to describing how MDHB is meeting these requirements through the four areas of emergency management which are Reduction, Readiness, Response and Recovery.

Refer to section 1.14 of this document for the definition of the four R's as defined in the National Civil Defence Emergency Management Plan Order 2005

1.4 National Health Emergency Planning Structure

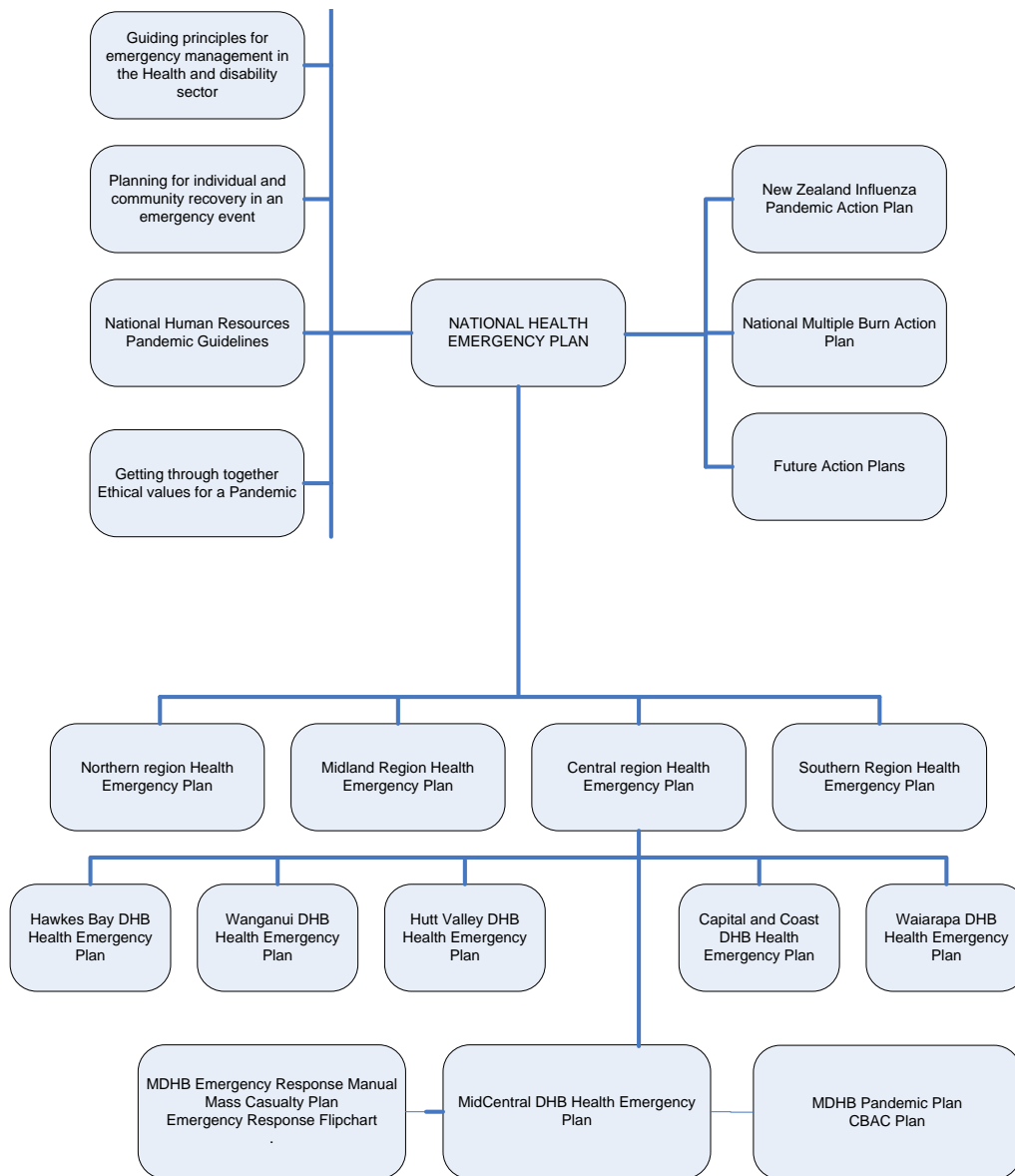


Figure 1: Diagram showing the relationship between the Plan and Regional and National Health Emergency Plan's.

1.5 Geographic Planning

MidCentral DHB's district stretches across the North Island of New Zealand from the West to the East Coast and is distinguished by the Tararua and Ruahine Ranges that traverse the centre of the district.

The Plan acknowledges the importance of integrated and coordinated planning between the Central Region DHB's. This planning will provide for an all hazard response and ensure effective coordination of resources in a Mass Casualty Event. (Ref. *MidCentral District Health Board Mass Casualty Plan, 2010-2013*).

The Central DHB region covers the lower North Island of New Zealand from the West to the East Coast and is divided by the Tararua, Ruahine and Kaweka ranges. The region also features the Central Volcanic Plateau, and contains a number of large river systems and commercial ports.

The Central Region comprises of the following District Health Boards:

- Capital and Coast
- Hutt Valley
- Wairarapa
- MidCentral
- Whanganui
- Hawkes Bay

The MidCentral DHB Public Health Unit provides public health services for the Whanganui DHB area.

The Central Region population is about 810,000 and the majority live in the Wellington area (375,000). The MidCentral DHB population is just under 160,000.

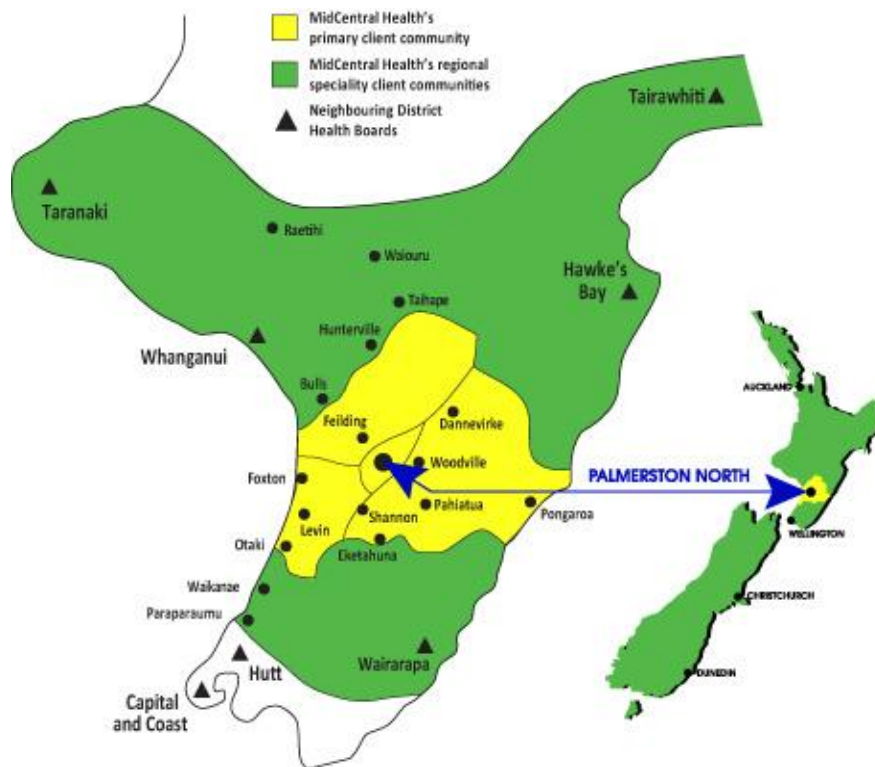
MidCentral DHB's district comprises the following Territorial Authority (TA) districts:

- Horowhenua District Council
- Manawatu District Council
- Palmerston North City Council
- Tararua District Council
- The Otaki ward of the Kapiti Coast District

1.6 Geographic Responsibility

The following map shows:

- MidCentral District Health Board primary client community.
- MidCentral Health's regional speciality client communities (MDHB services provided to other DHB's)
- Neighbouring District Health Boards



1.7 MidCentral DHB - Characteristics of the Population

As shown in Table 1, almost half of the MDHB population live in Palmerston North City. Most of the remainder live in smaller towns and settlements while approximately 16% of the MDHB population is classed as rural.

Approximately 21% of the population are aged 14 years or younger and 14% are aged 65 years and older.

Maori make up 17% of MDHB's population, while Asian people comprise 4.5% and Pacific people 3%.

The MDHB District has a slightly higher proportion of the population living in more deprived areas than is the case for New Zealand as a whole. Deprivation is greatest in the Horowhenua and in the Otaki ward of the Kapiti District.

Table 1: Population Breakdown

DISTRICT	POPULATION	PERCENTAGE
Palmerston North	75,543	47.6%
Manawatu District	28,254	17.8%
Horowhenua District	29,868	18.8%
Tararua District	17,634	11.1%
Kapiti District	7,542	4.7%

1.8 Legislation

Primary Acts and associated regulations outlining legislative responsibilities for health sector organisations are the:

- Civil Defence Emergency Management Act 2002
- Epidemic Preparedness Act 2006
- Health Act 1956
- National Civil Defence Emergency Management Plan Order 2005
- New Zealand Public Health and Disability Act 2000

Associated plans which link to the MidCentral DHB HEP are referenced throughout the Plan.

For other Acts and regulations covering Emergency Management ref. National Health Emergency Plan 2008, Appendix 1.

1.9 Key Objectives

The National CDEM Plan Order 2005 requires DHB's to ensure that they are able to function to the fullest possible extent during and after an event by ensuring:

- The provision of continuity of care for existing patients, the management of increased demand for services, and assistance with the recovery of services.
- Planning that is integrated locally and regionally and is aligned with the plans of the other emergency services and the Regional Group Plan.
- Planning and responses that are integrated with Public Health Planning and responses.

Therefore key objectives of this plan are to ensure that MidCentral DHB has:

- An emergency management structure for the Health Sector that enables a consistent and effective response to emergencies at the Local, Regional and National levels.
- An emergency management structure that supports, to the greatest extent possible, the protection of the population at large, health service workers and health and disability service consumers.
- Services that, as much as possible, meet the needs of patients/clients and their community during and after an emergency event, even when resources are limited.
- Planning that adopts a hazardscape approach and considers all natural and man made hazards and the risks they pose cumulatively. (*Hazardscape – the natural process and events, and human actions that may cause harm or disruption to people's lives and livelihoods, National CDEM Strategy, 2007*).
- Plans by all health and disability providers for providing welfare to their own staff who are affected by the emergency, including those operating during it.

1.10 Civil Defence Emergency Management

National Civil Defence Emergency Management (CDEM) planning in New Zealand is a requirement of the Civil Defence Emergency Management Act 2002 (CDEM ACT). National CDEM arrangements are set out in:

- The National CDEM Plan Order 2005 (National CDEM Plan)
- The Guide to the National CDEM Plan 2006, which contains additional supporting and explanatory material for the National CDEM Plan.

The CDEM Act provides for (among other things):

- Planning for emergencies
- Declaration of a state of local or national emergency:
 - Local authority mayors (or delegated representatives) or the Civil Defence Minister can declare a state of local emergency
 - The Civil Defence Minister can declare a state of national emergency
- Emergency powers that enable CDEM groups and controllers to:
 - I. Close/restrict access to roads and public places
 - II. Provide rescue, first aid, food or shelter
 - III. Conserve essential supplies
 - IV. Dispose of dead persons and animals
 - V. Provide equipment
 - VI. Enter premises
 - VII. Evacuate premises/places
 - VIII. Remove vehicles
 - IX. Requisition equipment/materials/facilities and assistance

An all-hazards, all risks, multi-agency, integrated and community focused approach is central to emergency management in New Zealand.

For further details on National Crisis Management arrangements ref. National Health Emergency Plan, Part B Pg 38, civil defence emergency management framework.

1.11 Leading the Response to a Health Emergency

In a national health emergency, such as an infectious disease pandemic, the lead agency would be the Ministry of Health (MoH). In this situation the Director General of Health, on behalf of the Minister of Health, has overall responsibility for health and disability matters in all phases of emergency management. The role of the Minister is to support and coordinate the operational emergency response within the health and disability sector.

Under the National CDEM Plan and the Crown Funding Agreement, all District Health Boards (DHB's) and their Public Health Units are tasked with developing and maintaining their own emergency response plans. These plans apply the structures and processes identified in the National Health Emergency Plan by District and Region.

1.12 MidCentral District Health Board (MDHB) Emergency Planning

The MDHB is committed to liaising with the MoH and supporting the community at large during any emergency event. This is achieved by fulfilling MoH reporting requirements, providing an Emergency Operations Centre (EOC) response, providing Coordinated Incident Management System (CIMS) training to staff and ensuring the reviewing and coordination of all planning regionally and locally is consistent and meets the requirements of the Four R's (outlined below) of emergency management.

1.13 Coordinated Incident Management Systems (CIMS)

The CIMS structure is New Zealand's model for the systematic management of an emergency response. It is designed primarily to improve the management of the response phase to emergency incidents through effective coordination between major emergency services. All emergency services in New Zealand use a CIMS organisational structure to staff their Emergency Operations Centre (EOC).

The four components of CIMS are:

- control – management of the incident,
- planning/intelligence – collection and analysis of incident information and planning of response activities,
- operations – direction of an agencies resources in managing the incident,
- Logistics – provision of facilities, services and materials required to manage the incident.

CIMS has no impact on the identity of individual services or the way they carry out their statutory responsibilities.

CIMS is used in health to assist the coordination of a response to any emergency event.

1.14 The Four R's of Comprehensive Emergency Management

The four phases of emergency management are referred to as the four R's. These are defined in the National CDEM Plan Order 2005 as follows:

Reduction- identifying and analysing long-term risks to human life and property from natural or non-natural hazards; taking steps to eliminate these risks if practicable and, if not, reducing the likelihood and the magnitude of their impact and the likelihood of their occurring.

Readiness- developing operational systems and capabilities before a civil defence emergency happens, including self-help and response programs for the general public, and specific programmes for emergency services, lifelines utilities, and other agencies.

Response- actions taken immediately before, during or directly after a civil defence emergency to save lives and property and to help communities recover.

Recovery- the coordinated efforts and processes used to bring about the immediate, medium term and long term holistic regeneration of a community following a civil defence emergency.

2.0 REDUCTION

2.1 Principle

Reduction involves a consideration of natural or man-made risks that are significant because of the likely adverse consequences they represent for human life and property. Having identified and analysed the risk, steps are then taken to eliminate these risks where practicable and where not, to reduce the likelihood and the magnitude of their impact. The key factor within reduction is risk mitigation.

Many events have the potential to become a health emergency. These may result in one or more providers being potentially or actually overwhelmed. Each emergency brings its own individual conditions. Emergency events can escalate to the point where they will impact on the health sector's ability to provide health and disability services.

2.2 Key Stakeholders

The development, maintenance and exercising of the Plan ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered and prioritised during health emergencies, civil defence emergencies, mass casualty incidents, major weather events, or natural disasters. The Plan meets the relevant requirements outlined in paragraphs 28 to 32 of the National CDEM Plan Order 2005.

2.3 Hazards

The MDHB District is subject to a wide range of significant natural, human-made and biological hazards. Any hazard can potentially result in casualties and therefore require a MidCentral Health response.

For further hazardscape information refer to the Manawatu/Whanganui CDEM Group Plan 2009-2014 - Chapter 2 Risk Profile - 2.4 CDEM Group Hazardscape page 24.

2.4 Risk Assessment

The Plan provides for both immediate, short duration events and extended emergencies, on both small and large scales as relevant to the MDHB population. The MDHB district's location means that it is exposed to a wide range of natural and technological (human made) hazards which may directly or indirectly impact on the health sector. Many hazards originate from within the MidCentral region, but there is also the potential for MidCentral to be affected by hazards generated from outside the region. For example, ash from distant volcanic sources such as Mt Ruapehu or Mt Taranaki or flooding of regional rivers could have disruptive consequences to the MidCentral district.

Risk results when hazards negatively interact, or have the potential to negatively interact, with communities. Risk is therefore the product of a hazard and the elements of the community that are vulnerable to that hazard.

- Risk = Hazard x Vulnerability

For example, an earthquake is a hazard but is only a risk if it affects people, buildings etc, (vulnerable elements).

Risk can also be considered as the likelihood of harmful consequences arising from the interaction of hazards with the community and the environment.

- Risk = Likelihood x Consequences

The hazards shown in Table 2 have been taken from the Manawatu/Wanganui Civil Defence Emergency Management Group (CDEMG) Plan. The risks identified will have implications for the health sector. These may include the following:

- Stretched medical services
- Widespread social and psychological disruption and isolation
- Staff issues
- Strain on Public Health Unit Resources
- Reliance on primary care providers to undertake initial treatment and triage of injured or affected groups.
- Requests made from the NGO sector for hospital staff assistance
- Medical supplies not readily available (demand exceeds supply)

Mass casualty events require significant planning both regionally and locally.

Risks are addressed through the MDHB emergency management planning process and include implementation of the following plans:

- MidCentral DHB Pandemic Plan
- MidCentral Response Manual which incorporates the MDHB Mass Casualty Plan
- MidCentral DHB Business Continuity Plan
- MidCentral DHB Immunisation Campaign. Pandemic & Seasonal Project Plan
- MidCentral DHB Public Health Service School Based Immunisation Programme.

This multi hazard approach is based on the MidCentral DHB's risk analysis, which took into consideration the Manawatu Whanganui CDEMG risk register.

HAZARD

Higher Priority Hazards

- Earthquake
- Mass Casualty Accident
- Epidemic/Pandemic
- Flooding
- Lifeline utility failure

Moderate Priority Hazard

- Fire-catastrophic wildfire
- Fire-urban structure fire
- Computer systems failure
- Telecommunications failure
- Criminal Acts
- Hazardous substances
- Volcanic Activity - Ruapehu

Lower Priority Hazards

- Coastal- Tsunami
- Drought
- Severe Wind
- Landslide – Manawatu Gorge
- Landslide – widespread hill country
- Coastal flooding/erosion

Many of these hazards have the potential to be exacerbated by climate change.

Table 2: *Hazards for the Manawatu-Whanganui Civil Defence Emergency Management Group as identified in the Group Plan.*

The Plan identifies a range of regional hazards that have the potential to affect healthcare services or involve a health sector response. The Australian New Zealand Risk Management Standard 31000 provides a framework for identifying, prioritising and treating risk. This process is shown in relation to the Plan at Figure 4 AS/NZS ISO 31000: 2009 Risk Management Standards.

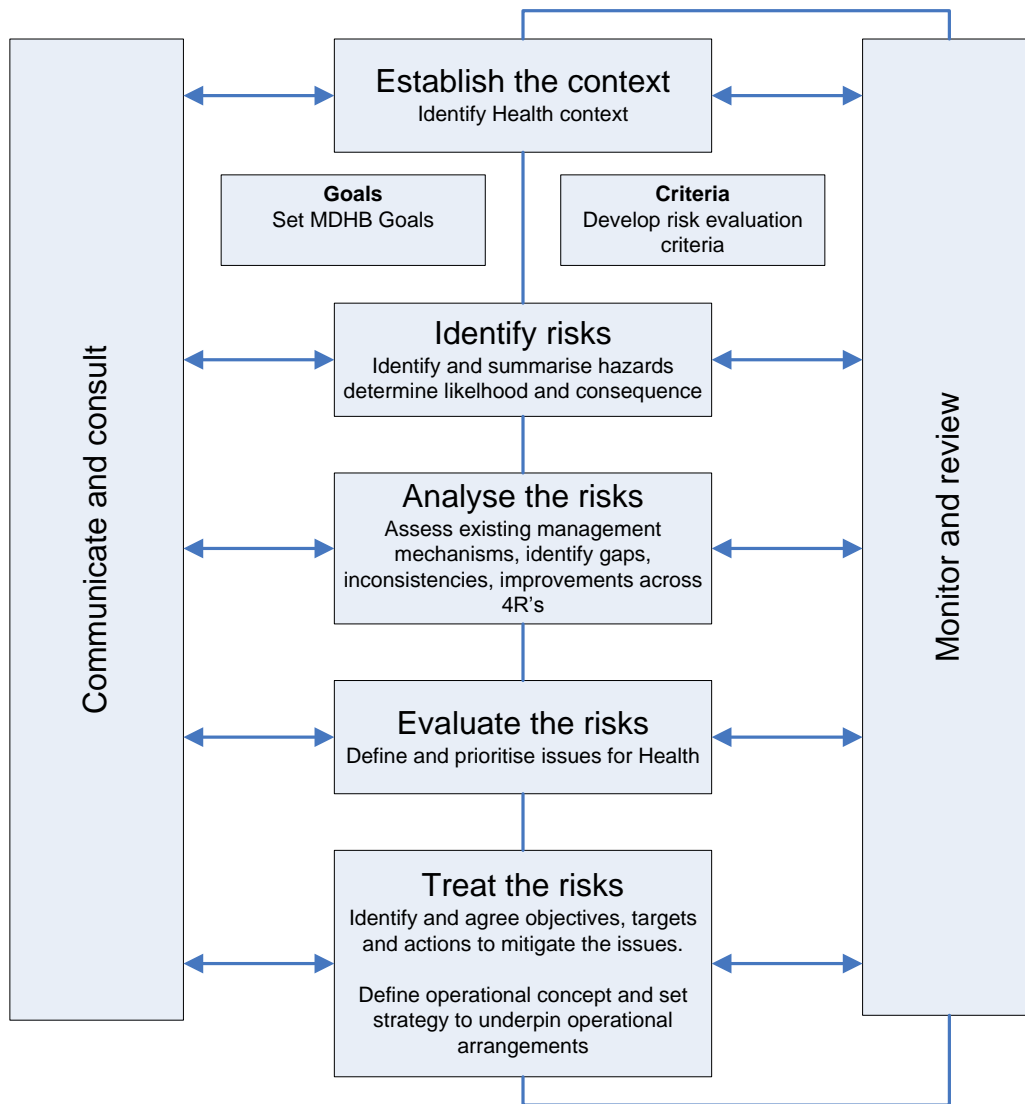


Figure 2: AS/NZS ISO 31000:2009 Risk Management Standard Plan development process of MidCentral DHB.

3.0 READINESS

3.1 Principal

Readiness involves planning and developing operational arrangements before an emergency happens. It includes consideration of Response and Recovery. It involves the need to equip, train and exercise for all types of emergencies as identified in the risk analysis. All systems need to be developed, tested and refined in readiness for an efficient and effective health sector response to a potential emergency.

3.2 MDHB Health Emergencies

Health emergencies will be addressed with the generic planning processes and linkages described under response. Emergency activation procedures are contained in specific plans for example, those that are in place for pandemic.

Major incident management and mitigation measures are embedded within procedures at MidCentral. These are often integrated into daily work processes which can be utilised in an emergency and as such ensure staff familiarisation.

3.3 Development of Emergency Plans

Successful emergency Management is heavily reliant on excellent planning.

MidCentral DHB emergency plans reflect the Manawatu environment and are in accordance with the specifications of the funding agreements. MDHB Emergency plans meet the Health and Disability Standards (2008) Part 4.7 and are linked with other local DHB plans. MDHB plans are developed in accordance with Operational Policy Framework (OPF) requirements within the Crown Funding Agreement and include the use of a specified Emergency Management Information System (EMIS).

MidCentral DHB Emergency Plans include:

- Emergency Response Manual incorporating Mass Casualty Plan
- Health Emergency Plan
- Pandemic Plan
- Business Continuity Plan
- Community Based Assessment Centre (CBAC) Plan
- Public Health Emergency Plan

3.4 MidCentral DHB Community Planning

MDHB is committed to Maori, Pacific and new migrant health. It is also committed to providing for mental health and disability health needs. Changing community health needs require working partnerships with other agencies, organisations, and iwi and community leaders, particularly in preparing for and responding to disasters and localised emergencies. MDHB will provide training and education to health workers to ensure expertise and effective communication with all agencies across the sector and participate in emergency service forums including the Manawatu/Whanganui Civil Defence Emergency Management Group (CDEMG) meetings and activities.

3.5 Vulnerable Communities

Identifying communities that may be particularly vulnerable in an emergency is of particular importance during the MDHB emergency planning process.

MDHB emergency management and local authority emergency management work together to encourage and provide support to residential care facilities to enhance Business Continuity Planning (BCP).

MDHB emergency planning incorporates culturally sensitive issues, the needs of Maori communities and considers the impacts of emergency planning on traditional Maori protocols (tikanga). An Emergency Marae Pandemic plan was established to ensure continuance of Marae business during pandemic.

The MDHB Maori Health Unit – Te Whare Rapuora, Manager is a member of the MDHB Incident Management Team and advisors on cultural impacts and emergency planning needs.

MDHB Public Health Unit and Emergency Management established a working Group to provide pandemic and emergency planning to Maori and Pacific groups.

3.6 Human Resources

Human resources are an essential part of an effectively managed response to a health emergency. MidCentral DHB planning takes into account different types of emergencies and their likely impacts on staff numbers and capabilities, as well as on staff health and safety, during both short and long-term emergencies.

MDHB staff are provided with information on personal emergency planning, at home and in the work place with emphasis on ensuring their own safety and that of their family/whanau before returning to work to support the organisation to continue to function. This planning supports all Service Department Business Continuity Planning.

3.7 Volunteers

Many people both clinical and non-clinical may offer help in the event of an emergency. Effective use of volunteer resources will be managed by the MDHB Human Resources Department. This includes the use of health professionals who may volunteer their services.

The MidCentral DHB volunteers with their in-depth knowledge of the site layout are a resource which could (if available) be utilised in an on-going emergency. Utilisation of these volunteers in an emergency would be coordinated by Human Resources in conjunction with the Incident Controller.

The 'Friends of the Emergency Department' are St John volunteers who work in the MidCentral Health Emergency Department (these are uniformed and trained St John volunteers). They are coordinated by the St Johns District Operations Manager.

3.8 Public Information Management (PIM)

Effective public information management involves collecting and analysing information and disseminating it to the public. This promotes effective leadership and decision-making and enables people affected by an emergency to understand what is happening and to take the appropriate actions to protect themselves. Successful public information management should create strong public confidence in the emergency response, support public safety, positively influence public behaviour and fulfil public expectations.

These ends are achieved by the provision of timely, accurate and clear information to those who need it. Effective information management is also desirable between government agencies, CDEM groups, emergency services, lifelines utilities, the media and the public.

MDHB Communications Department staff are encouraged to attend the Ministry of Civil Defence Emergency Management (MCDEM) Public Information Management (PIM) training to ensure MDHB Communications have a comprehensive understanding of the management of public information in an emergency.

An MDHB PIM plan has been developed to assist in the management of all information and to provide guidelines for dealing with the media in disaster events.

3.9 Community-Based Assessment Centres (CBAC's)

A national or regional health-related emergency is likely to put significant pressure on primary and community services as well as hospital emergency services and ambulances. DHB's in consultation with primary and community providers and ambulance services shall plan the most effective way of responding to large volumes of demand in a significant health emergency, while maintaining other health services to the greatest degree possible.

MDHB in conjunction with local primary care have provided planning for CBAC's in provision for the activation period of an emergency.

Ref MidCentral DHB CBAC Plan and Procedures for specific planning details.

3.10 MidCentral Public Health Unit

The MidCentral Public Health Unit (PHU) has a legislative and contractual relationship with the Ministry of Health (MoH) and MidCentral DHB to provide public health services during all phases of an emergency.

Relationships with the MidCentral PHU and MDHB Emergency Management are well established with the PHU Medical Officer of Health (MOH) a member of the MidCentral DHB Incident Management Team. Regular meetings with MOH and Emergency Management ensure a consistent approach to emergency management planning.

Ref. the Public Health Service Emergency Management Plan.

3.11 Medical Officers of Health (MOH)

Medical Officers of Health are employed by the 12 public health units throughout the country (some serve more than 1 DHB). They have wide ranging powers designed to control the outbreak or spread of any infectious disease. These powers are listed in the schedules to the Health Act 1956 in sections 70-72.

MDHB employs two Medical Officers of Health covering MDHB and Whanganui DHB respectively.

The MDHB MOH is a key advisor to the Incident Management Team in the response phase of an emergency.

3.12 Welfare Advisory Group (WAG)

An emergency may result in numbers of dependants, young, elderly or disabled, being effectively orphaned and/or isolated because of the hospitalisation or death of their principal caregiver. The regional Welfare Advisory Group (WAG) provides the planning for all welfare related issues. The WAG is chaired by the Ministry of Social Development. The MDHB Emergency Manager represents health at the WAG.

Ref the Guide to the National Civil Defence Emergency Management Plan 2006, section 12 Welfare – Roles and Responsibilities.

3.13 Manawatu Whanganui Civil Defence Emergency Management Group (CDEMG)

Five local authorities in the MidCentral/Whanganui District have united to form the Manawatu Whanganui Civil Defence Emergency Management Group. The CDEMG committee provides the political governance and has the overall legal responsibility for the provision of CDEM in the Manawatu Whanganui region. The CDEMG works in partnership with emergency services and other organisations to ensure the effective delivery of CDEM within its area.

A mandatory requirement of the CDEM Act 2002 is that each regional CDEMG produce a Group Plan. The purpose of the CDEMG Plan is to ensure the effective and efficient management of regionally significant hazards and risks that may affect the Manawatu Whanganui Region.

It provides for:

- Strengthening relationships between agencies involved in civil defence emergency management
- Encouraging cooperative planning and action between the various emergency management agencies and the community
- Commitment to deliver more effective civil defence emergency management planning through reduction, readiness, response and recovery.

The CDEMG Plan serves to document hazards and risks, agreed actions and the principles of operation within which agencies involved in civil defence emergency management cooperate. Planning outcomes (such as agreed targets and actions or operational arrangements) are committed to by incorporating them within the existing process of respective Group members.

Supporting the CDEMG Plan are functional and contingency plans including the CDEMG Pandemic Plan 2006. MidCentral DHB continues to be part of the consultation process for this joint agency regional planning.

3.14 Coordinating Executive Group (CEG)

Supporting the CDEMG is the Coordinating Executive Group (CEG). The CEG is a statutory group comprising of Chief Executive Officers (CEO's or persons acting on their behalf) of the local authorities and senior managers from emergency services. The CEG implements the decisions of the CDEMG and provides them with strategic advice. The MidCentral DHB Emergency Manager and Medical Officer of Health sit on the CEG and have full voting rights.

3.15 Primary Health Organisations (PHO's)

Emergency Management is a function that requires collaboration across many agencies including DHB's, Primary Health Organisations (PHO's), General Practice Teams and the Ministry of Health (MoH). Any sector response to emergencies that potentially affect hospital services must integrally link with primary care services. MidCentral DHB is committed to progressing emergency planning and preparedness across the full spectrum of health and disability services, including primary and community based services as well as hospital based services.

Working relationships have been established between MidCentral DHB Emergency Management and Compass Health to drive this work stream.

3.16 Central Region DHB's

The Central Region DHB Emergency Management Team meet regularly to provide a consistent approach to emergency planning, enhanced communication and effective coordination of resources.

3.17 Community Health Care Emergency Planning Group

The MidCentral District Community Health Care Emergency Planning Group is a forum initiated by MidCentral District Health Board (MDHB), incorporating MDHB Emergency Management and the Medical Officer of Health, to enhance emergency planning and communication between general practices and primary and secondary care.

3.18 Emergency Response Manual (ERM)

The MDHB ERM is the operational component of this Plan. It is intended as a general guide to assist staff and management in preparing for and responding to emergency situations. It is designed to be read in conjunction with the Emergency Response Flip chart and Unit Contingency/ Business Continuity Plans. Aligning with the Mass Casualty Plan, the ERM is divided into various parts which mirror the hazards identified in the process described; for example earthquake, volcanic eruption, utility failure and bomb threat. It includes the roles and responsibilities of individuals or groups during these specific events.

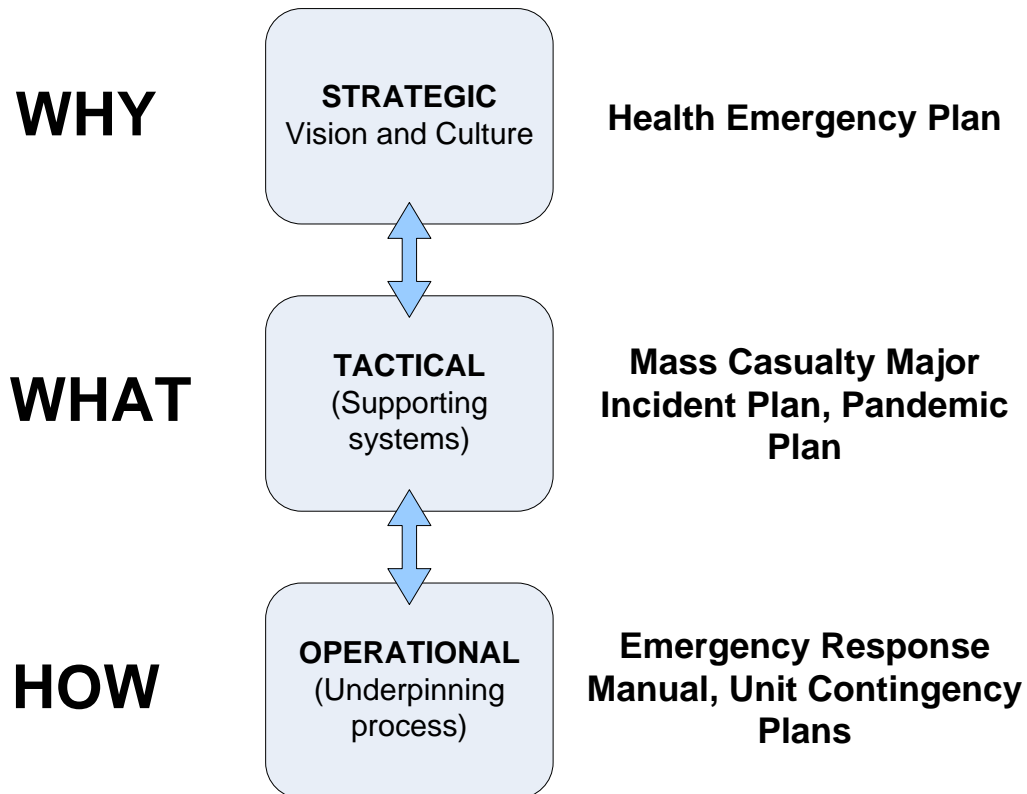


Figure 3: *The relationship between MidCentral DHB plans and their management levels.*

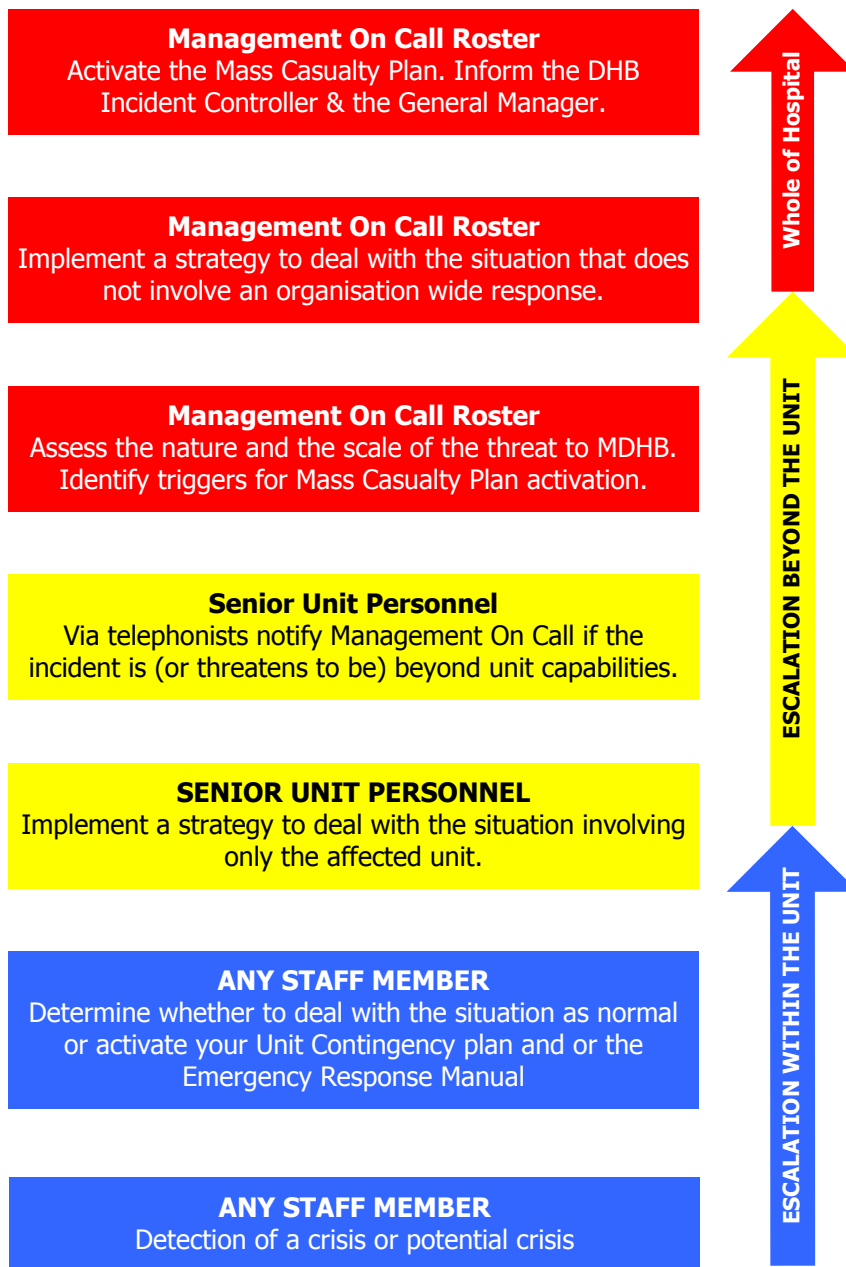
3.19 Mass Casualty Plan (MCP)

The MDHB Mass Casualty Plan defines a mass casualty event as the use of limited resources for multiple casualties. Any emergency situation including pandemic could result in a mass casualty event.

The MDHB MCP is an operational plan providing an overview of the organisational emergency planning alignment in supporting the Emergency Department.

The following figure shows the activation process for the MDHB Mass Casualty Plan.

ACTIVATION



EVENT

Figure 4: Activation of the MCP by key personnel and department.

4.0 RESPONSE

4.1 Principle

Response involves those actions taken immediately after realising an emergency is taking place or is imminent, during and after an emergency. It involves mobilising and deploying health resources in collaboration with other services and agencies 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 starts and should be planned for throughout the response phase.

This section shows how essential primary, secondary, tertiary, mental health, disability support and public health services will be prioritised, structured and delivered during the response phase. This section also covers how the Plan is activated and its relationship with the MidCentral DHB Mass Casualty Plan, health sector communications and the threshold for HEP activation.

4.2 Activation

Health Emergency Plans are activated when usual resources are overwhelmed or have the potential to be overwhelmed in a local, regional or national health emergency. To trigger the activation of a HEP the event must require more than the business-as-usual management of emergencies.

MDHB will activate the Emergency Operations Centre (EOC) in conjunction with the HEP to support the response. Partial activation of the EOC is possible and dependant on the nature of the event and MoH reporting requirements.

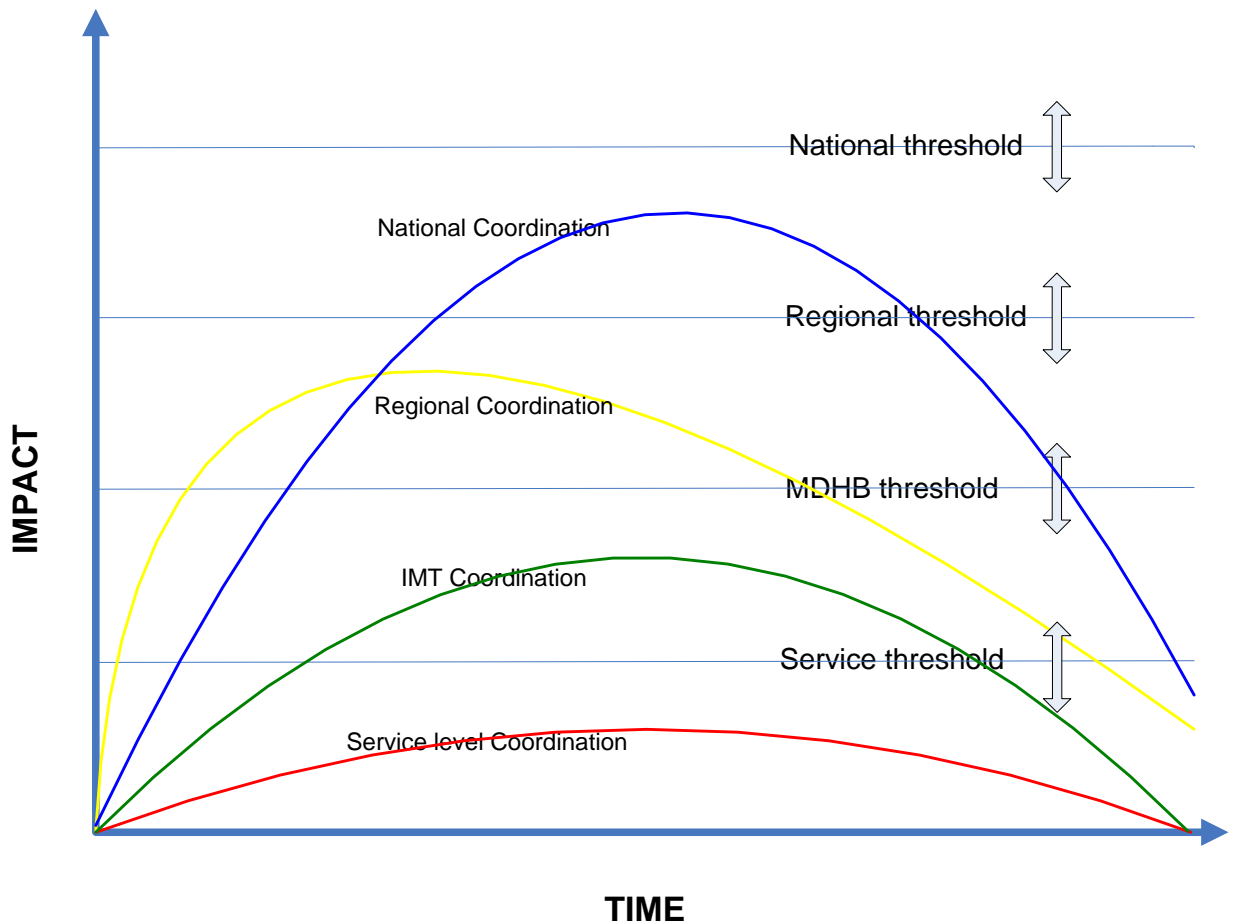
Ref. MDHB Standard Operating Procedures (SOP's) for EOC activation.

4.3 Threshold for Activation

An event that requires the activation of a local, regional, or national HEP goes beyond the 'normal' management of emergencies; HEP's are activated when usual resources are overwhelmed, or have the potential to be overwhelmed.

All service providers can activate their individual HEP's, whilst the MoH can activate the NHEP. The MoH can also require DHB's to activate their local and regional plans once the NHEP has been activated.

Figure 5: Threshold for Activation of an HEP



4.4 Central Region HEP Activation

A regional HEP may be activated if the NHEP is activated. It will also be activated if the emergency is such that it involves the whole region, or if a local DHB is overwhelmed and not able to manage a local response.

MidCentral DHB will continue to liaise with the other DHB's in the Central Region to ensure they can provide an integrated emergency response at the local level.

Ref Central Region DHB Health Emergency Plan

4.5 MidCentral DHB HEP Activation

When MidCentral DHB activates its HEP this action shall be communicated to the MoH (0800 GET MOH/0800 438 664). MidCentral DHB shall immediately notify the MoH of a potential or actual large-scale emergency through the Ministry's SPOC system and shall communicate with the MoH through SPOC system for the duration of the emergency. If the MoH has advised MidCentral DHB of the need to activate their HEP this action is not required. The Emergency Management Information System (EMIS) will be used as the primary tool for the management of the emergency.

4.6 Service Provider HEP Activation

A service provider can activate their HEP when they believe they are overwhelmed or have the potential to be overwhelmed. When a service provider activates their HEP they shall communicate that they have taken this action to the MidCentral DHB unless it is a whole of area situation and all local service providers are simultaneously activating their HEP's; for example, a major earthquake has occurred. At this point MidCentral DHB will determine the level of activity required and will activate its HEP accordingly.

4.7 Health Sector Alert Codes

The Ministry has developed alert codes to provide an easily understood system of communication for an emergency. These alert codes are issued via the Single Point of Contact (SPOC) system.

Phase	Situation	Alert Code
Information	Confirmation of a potential emergency situation that may impact in and/or on New Zealand.	White
Standby	Warning of imminent code red alert which will require immediate activation of HEP.	Yellow
Activation	Major emergency in New Zealand exists which requires immediate activation of HEP's. Example: large scale epidemic or pandemic or major mass casualty event requiring assistance from outside the effected region.	Red
Stand-down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	Green

Table 3: *Health Sector Alert Codes*

4.8 Single Point of Contact (SPOC) system

The SPOC system is a method used to provide effective 24-hours, seven-days-a-week communication between DHB's, their Public Health Units and the Ministry. The Ministry and each DHB currently maintain this system with the Ministry maintaining the SPOC lists and regularly testing and reviewing the integrity of the system.

All DHB's and Medical Officers of Health are able to contact senior officials at the Ministry at any time via 0800 GET MoH, for the purpose of notification of a potential or actual health-related emergency requiring a national or regional response.

The SPOC system is only intended to be used for initiating an emergency response and advising of changes to the level of response.

4.9 MDHB SPOC System

- The MDHB Coordination Centre email address receives emergency notifications from the MoH which are identified as a 'code white'. (*Refer Health Sector Alert Codes table 3*).
- Significantly identified areas in the DHB receive the email notifications.
- SPOC is identified as the telephonists who notify the Emergency Manager and the Incident Controller.
- SPOC telephonists are crucial at night for alerting appropriate staff of an impending event.
- SPOC notifies senior management from the on-call roster as appropriate.
- National Crisis Management Centre (NCMC) notifications from the Ministry of Civil Defence Emergency Management are sent by txt and email to the Emergency Manager as SPOC.

Refer Appendix 1 Regional DHB SPOC Contact Details.

MidCentral DHB Single Point of Contact (SPOC) Emergency Notification Process

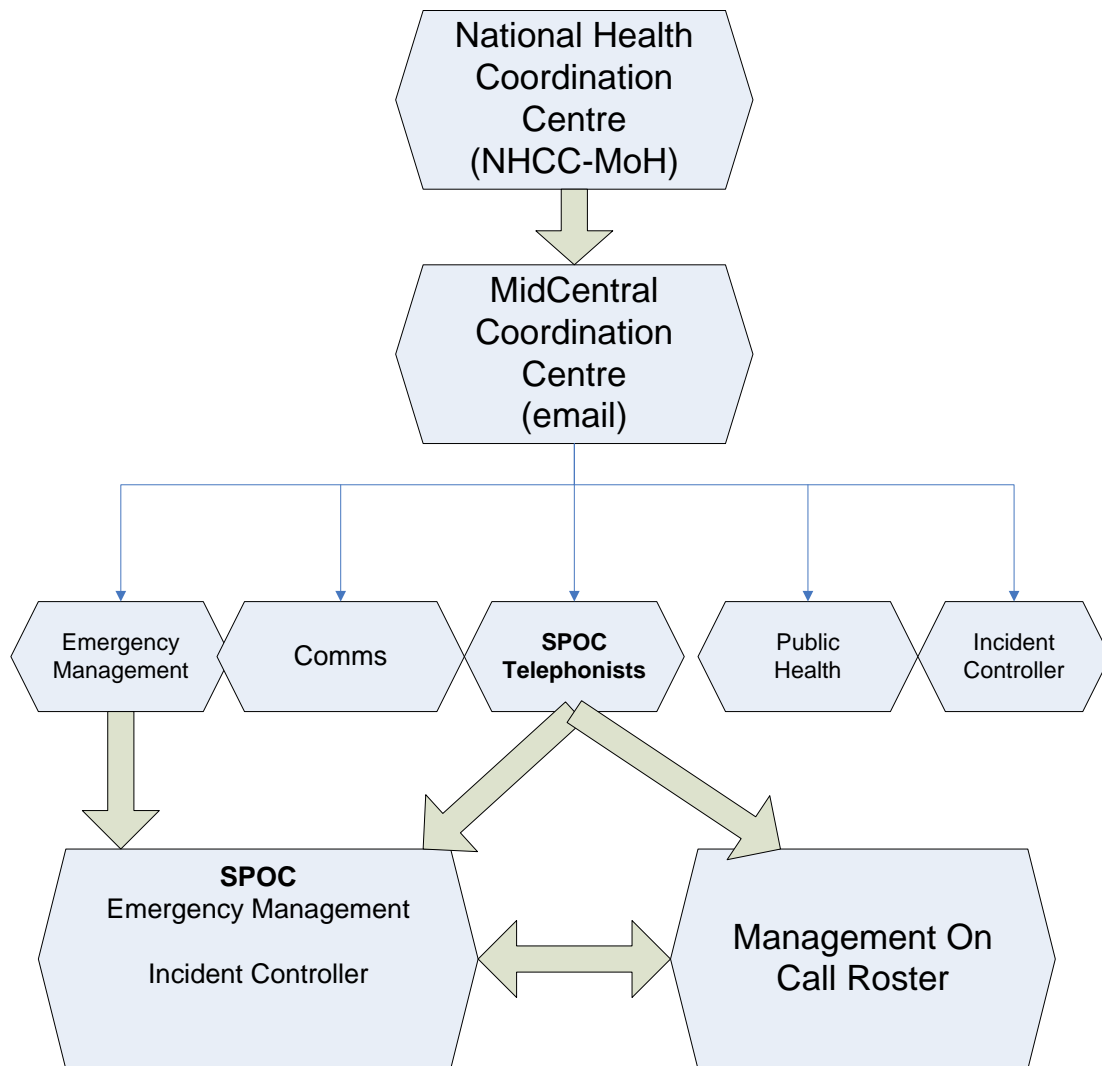


Figure 6: MDHB SPOC Emergency Notification Process

4.10 Health Sector Emergency Communications Structure

In an emergency response a formal communication structure is required to be used by key health agencies such as DHB's and ambulance and the MoH so that critical information is captured and acted on quickly and effectively. This structure includes the mechanisms to develop and disseminate critical information, both within the health sector and to other organisations involved in the response.

Key areas that require a formal structure include:

- Logging information and tracking tasks
- Requesting information or action and tracking response
- Developing and disseminating reports on the current situation (Situation Reports SITREPS)
- Summarising and communicating key intelligence on the incident
- Hot de-brief

This structure provides a consistent and agreed formal communications system for critical information. It complements the informal communication mechanisms that are used in a response (e.g phone conversations and briefings). Critical information that results from informal communications must be formally logged using the agreed structure, to stop multiple lines of communication forming and to minimise the risk that information is not captured and acted on. The MidCentral DHB Emergency Operations Centre Manual outlines the formal communications systems for use during emergency events.

4.11 Health Emergency Management Information System (EMIS)

WebEOC is a web based emergency management information system hosted by the Ministry of Health and provided to the New Zealand health sector in order to manage local, regional and national emergencies. WebEOC is the primary tool for the management of significant incidents and emergencies at a local, regional and national level within the New Zealand health sector. WebEOC complements existing business as usual systems.

The Ministry of Civil Defence Emergency Management has currently adopted a new EMIS, E-Sponder. The MoH are currently evaluating this system with a view to changing from WebEoc to E-Sponder and providing standardised communication. Although there is support for this change it has not been confirmed during the writing of this plan.

4.12 Radio Transmitter Communication

MidCentral DHB has the following radio communication links:

- CDEM Group VHF Radio Network
- Action Net Regional DHB Network
- Enable and Health Centre VHF Network (Horowhenua, Dannevirke)
- Cleverly Health Centres)

MidCentral DHB EOC and Public Health Unit each have 2 satellite phones (1x base and 1x portable) to further enhance emergency communications.

Refer Appendix 2 Regional DHB Action Net Radio Call Signs

4.13 MidCentral DHB Response

The MidCentral DHB response to local health emergencies and contributions to the response to a regional or national health emergency, or threat of an emergency, will be made using local, regional and national HEP structures, processes and communication networks as defined in the MidCentral DHB and National HEP's.

Figure 6 shows this process in diagrammatic form.

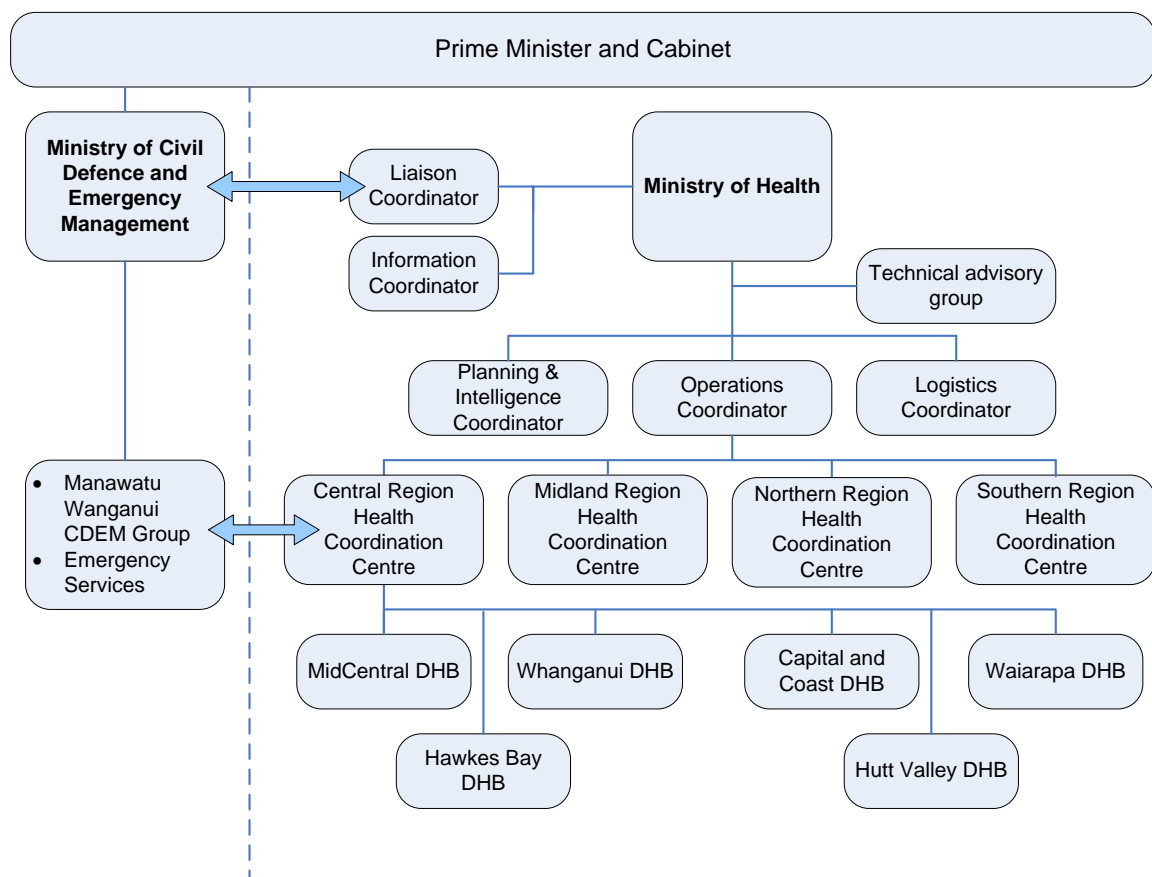


Figure 7: MidCentral DHB regional and national links to the health and CDEM sectors.

4.14 St John Ambulance Service

The St John Ambulance Service Central Region is the ambulance service provider contracted to MDHB. Emergency events are coordinated by the St Johns Operations Manager at the scene. St Johns communications are established and maintained with the Emergency Ambulance Coordination Centre (EACC). The EACC notifies the relevant DHB that an event has happened that could impact on the organisation.

MDHB participates in monthly EACC testing. Notifications are received by the telephonists and then forwarded to the Management on Call and Duty Nurse Manager for response.

Daily triage information is received by radio transmitter from St Johns directly to the Hospital Emergency Department.

Refer MDHB MCP for information on St Johns mass casualty incident response.

4.15 Care of the Deceased

In a major emergency there may be a large numbers of deaths. In a Pandemic the increase in deaths may continue for a prolonged period. There are a number of agencies involved in managing the dead in an emergency. These are listed in the National Health Emergency Plan 2008 in the response section.

Further information on care of the deceased can be obtained from the Influenza Pandemic Action Plan (2008).

Ref. MDHB Mass Casualty Plan 2010-2013 for MDHB planning for the care of the deceased.

4.16 Planning for Recovery

Consideration of recovery spans all four phases of emergency planning. Recovery activities commence while response activities are still in progress. The priority actions for each are different; however, decisions made during the response phase will have a direct influence on recovery action planning.

MDHB will appoint a Recovery Manager during the response phase of an emergency. The appointment will be dependant on the nature of the event and the long term availability of the most appropriate senior member/members in the organisation.

Recovery planning for MDHB will prioritise the early restoration of all essential health and disability services.

4.17 Standing down a HEP

The date and time of the official stand down or deactivation of an emergency response will be determined by either the local or regional agency in consultation with the MoH.

Deactivation of an emergency response is dependent on a wide range of variables that must be satisfied before the announcement occurs. Some basic principles that should be followed are:

- That the emergency response has concluded
- That the immediate physical health and safety needs of the effected people have been met.
- That essential health and disability services and facilities are re-established and operational.
- That immediate health concerns arising from the public have been satisfied.
- That it is timely to enter the active recovery phase.

When the MoH is satisfied, it will issue a Code Green alert (see table 3, Pg 30) to signify the end of the response phase. The time and date of deactivation may be used to determine arrangements implemented by the MoH in the recovery phase.

After each activation or exercise of the MidCentral DHB HEP a review of emergency management procedures and existing plans will be conducted. This will be done via de-briefings and evaluation outcomes and will help determine the effectiveness of the planning and identify any planning gaps.

5.0 RECOVERY (MDHB Recovery Plan to be developed)

5.1 Principal

Recovery includes those activities that begin after the initial impact has been stabilised and extends until normal business has been restored. It considers all opportunities to reduce the risks from future emergencies. It may involve a local, regional, national health related response or it may involve a whole-of-government response involving economic, social and legislative issues.

Recovery is a complex social process and is best achieved when the effected community exercises a high degree of self-determination. Recovery extends beyond restoring physical assets or providing welfare services. Successful recovery recognises that both communities and individuals have a wide and variable range of recovery needs and that recovery is only successful where all needs are addressed in a coordinated way.

5.2 A Whole Systems Approach

An integrated whole systems framework is needed to consider the multi-faceted aspects of recovery which, when combined, support the foundations of community sustainability.

Recovery is structured around the 4 environment groups of Social, Economic, Natural and Built. These four environments must be represented by task groups to address all the elements of recovery.

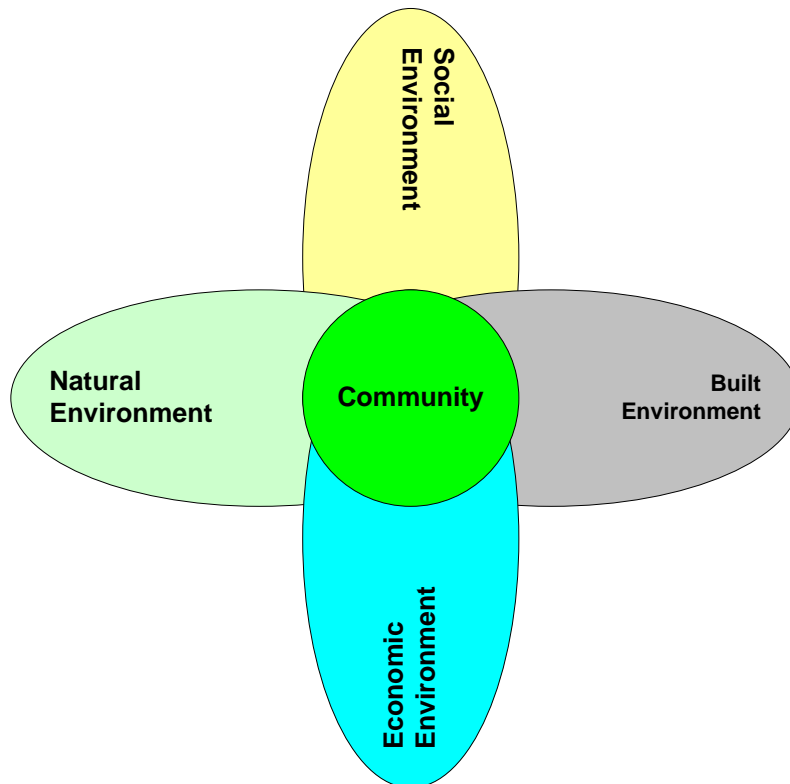


Figure 8: *An integrated whole systems approach to recover.*

MDHB, the other Central Region DHB's (if affected) and the MoH shall begin implementing plans for recovery after the initial impact of the emergency has been stabilized. Provision for the appointment of a Recovery Manager and an alternate shall occur in the response phase. The Recovery Manager is responsible for ensuring that early recovery planning occurs to restore health and disability services as soon as possible.

Communication between the Recovery Manager and any task groups/subtask groups is critical for coordinating tasks and rebuilding community confidence. An effective supporting administrative structure is essential. Once formed, task and subtask groups need to meet on a regular basis to ensure that the appropriate sharing of information and resources is undertaken.

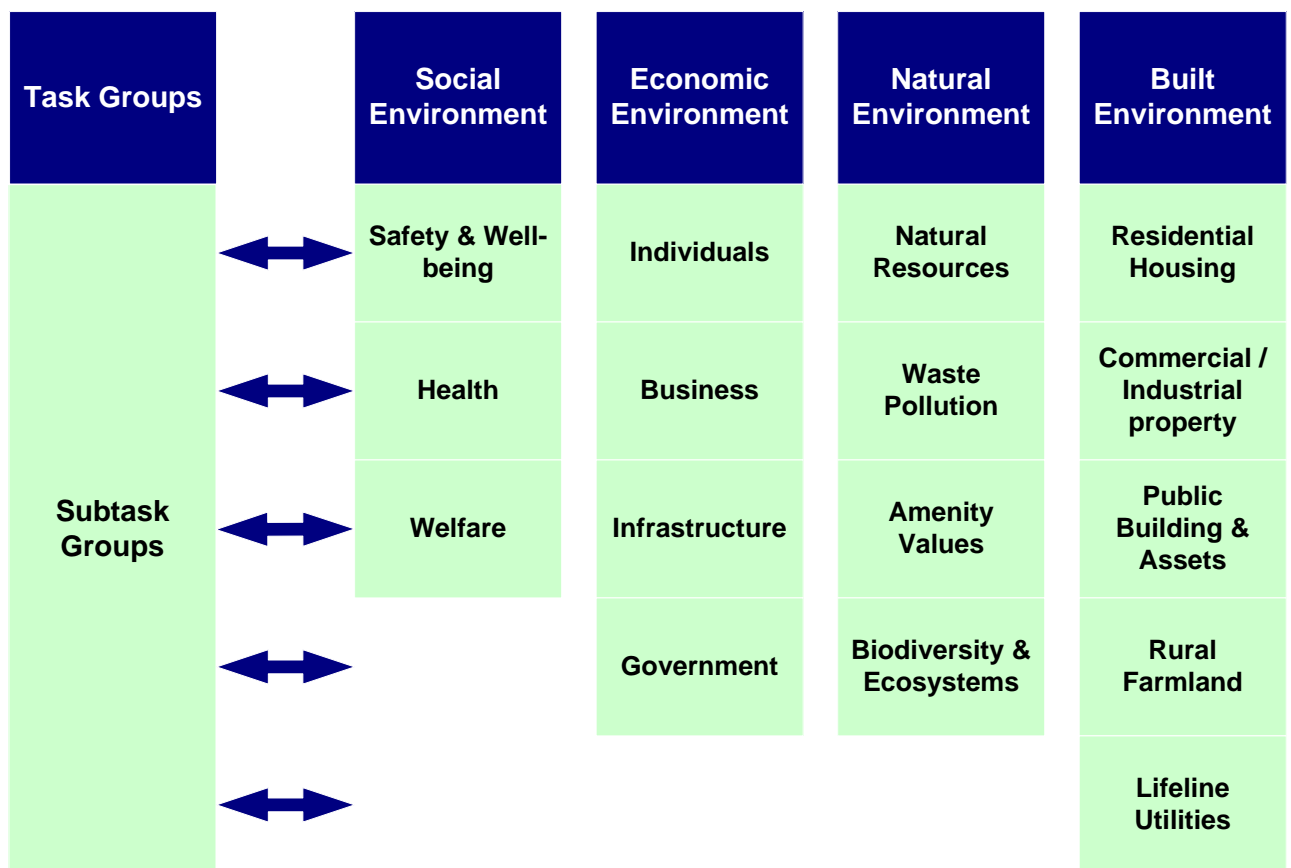


Figure 9: *Generic Recovery Structure*

5.3 Psychosocial Recovery

Recovery encompasses the psychological and social dimensions that are part of the regeneration of a community. The process of psychosocial recovery from emergencies involves easing the physical and psychological difficulties for individuals, families/whanau and communities, as well as building and bolstering social and psychological wellbeing.

The MoH reminds that psychosocial recovery is not limited to the recovery phase of an emergency event, and is not synonymous with the concepts of 'recovery' that feature in mental health service delivery (Psychosocial Recovery Planning Guidelines: National Health Emergency Plan 2007, P26). Psychosocial recovery spans the 4R's of CDEM planning, with most emphasis on the readiness, response and recovery phases. It is just one element of wider social recovery and also links to the other three components of recovery, namely of the economic, natural and built environments.

5.4 Recovery Activities

The time period for recovery will certainly last weeks and months but may extend to years and possibly decades. To align with the requirements of the CDEM Act 2002 (Pt1, s4) definition of *recovery activities* the actions that MDHB must undertake after an emergency include, without limitation:

- Assessment of the health needs of the affected community
- Coordinating the health resources made available
- Managing the rehabilitation and restoration of the affected community's health care services and health status
- Reassessing measures to reduce hazards and risks

While the MoH and other government agencies may be the lead for government involvement in a response phase (particularly in respect of a health emergency), it is usually MCDEM who becomes the lead government agency for coordinating any necessary government support for recovery. Large scale emergencies require a whole-of-government response. MCDEM coordinates the recovery activity of relevant CDEM groups, lifelines utilities (for example electricity, telecommunications and water), government departments and international aid following the transition from response to recovery and during the short, medium and long term. More in-depth information on recovery can be found in:

Recovery Management-Directors Guidelines for CDEM Groups (2005) and the Guide to the National CDEM Plan 2006, s25.

5.5 Restoration of Services

A number of factors will affect the speed of recovery, for example:

- Critical infrastructure may not be able to be restored for a considerable period of time
- Supply chains may take time to get back to normal following an international event such as a pandemic
- It may take a considerable time to restore health services given the volume of deferred electives
- The need to determine the appropriate level of health services to be provided within the affected area

This will mean that MDHB, other Central Region DHB's, other health providers and the MoH may need to maintain an emergency response capability for the initial months of the recovery phase.

5.6 MDHB – Actions to Aid Recovery

MDHB responsibilities as part of the Central Region may include participating in a whole-of-government recovery response. This may also include maintaining a regional coordination of the health sector recovery phase. Central Region DHB's may be required to implement national policy for the prioritisation of health supplies and services to ensure national consistency across DHB districts.

As part of the Central Region response MDHB will work with the MoH and other government agencies on public information management so that the messages are clear, consistent and complementary. There will be a need to disseminate advice concerning psychosocial recovery for individuals and affected communities and to implement support and recovery programmes for the public and for health personnel in partnership with Civil Defence Welfare clusters.

6.0 MONITORING AND EVALUATION

6.1 Health Emergency Plan (HEP) Development, Implementation and Review

As part of its commitment to comprehensive emergency management MidCentral DHB will contribute to the development, implementation and revision of the Central Region HEP. The Central Region HEP will be jointly developed by MidCentral DHB, Whanganui DHB, Hawkes Bay DHB, Hutt Valley DHB, Wairarapa DHB, and Capital & Coast DHB. Through MoH consultation MidCentral DHB will also contribute to the development, implementation & revision of the MoH National HEP (NHEP).

MidCentral DHB will continue to engage in regional, inter-regional and national exercises. In addition it will continue to engage in exercising HEP's as required by regional organisations or the MoH. As instructed by the MoH these exercises will include tests of the Single Point of Contact (SPOC) at various times of the day or night.

The Plan is approved by the MidCentral DHB Board and Chief Executive Officer (CEO). This process will be repeated:

- After any significant HEP revision informed by exercise or experience; or
- Every third year at minimum

The Plan (less confidential/personal information) is a public document and is published on the MidCentral DHB website.

6.2 Evaluation of the Emergency Response

Evaluation of the emergency occurs in the Recovery phase. MidCentral DHB will conduct de-briefings and an internal review of its plans following exercising or activating its HEP.

6.3 Training and Exercises

All Health Emergency Plans (HEP's) require ongoing testing through exercising to ensure they will be effective when activated. The education and training of staff likely to be involved in the activation of a health emergency is essential to ensure effective functioning in what will be a highly stressful and unusual situation. The ongoing exercising of emergency plans will increase the pool of appropriately trained people competent in emergency management.

MDHB HEP testing incorporates an annual internal exercise and participation at other agency exercises when possible to ensure planning is well integrated.

MDHB staff are trained and educated in Coordinated Incident Management Systems (CIMS) to provide Emergency Operations Centre (EOC) resourcing. This is done with consideration given to the area they work in and priority roles they may have. Ongoing training is provided in keeping with the principles of readiness, to limit the need for training in the response phase.

6.4 Emergo Train System

MidCentral DHB have practiced mass casualty response through the Emergo Train Systems tool provided and coordinated by St Johns. The MoH contracted St Johns to run these exercises with health providers to enhance both organisational awareness of mass casualty impacts and interagency communication.

The learning's from this exercise have been used to enhance organisational mass casualty planning and as a basis for future exercising.

6.5 Debriefings

The aim of a de-brief is for staff to communicate their experiences of an emergency, an exercise or other activity so that issues can be identified and plans can then be monitored to reflect these lessons and best practice. De-briefing and Root Cause Analysis are routinely used in departments throughout MidCentral DHB. This is a quality activity, the purpose of which is to improve performance and develop MidCentral DHB's ability to respond to future emergencies without assigning blame. De-briefings are subject to the Official Information Act and privacy principles apply.

Consideration will be given to the community's need for de-briefing. The need will be dependant on the type and scale of the emergency. MidCentral DHB including the Public Health Unit and the Primary Health Organisation (PHO) will have an active involvement in this area; as will the Non-Government Organisation (NGO) sector including resthomes, mental health and residential rehabilitation providers if affected.

Three types of organisational de-briefing can be used to promote post-event learning. They are the hot or immediate post-event de-brief, the cold or internal organisational de-brief and the multi-agency de-brief. Further information is contained in the MCDEM document Organisational De-briefing: Information for the CDEM sector (IS6/05).

Refer Appendix 3 De-Briefing Templates

6.6 Reviews

Reports from the de-briefings are reviewed by all participants and agencies involved in the event. The purpose of the review is to analyse the existing plans and arrangements in place at the time of the event. The review shall evaluate actions of all participants and their responses to identify areas for improvement. Review and subsequent actions may require inter-agency collaboration.

Plan changes will go through a consultation process and require testing and validation by exercising to ensure that the lessons learnt have been effectively addressed.

7.0 MANAGEMENT AND GOVERNANCE

7.1 Roles and Responsibilities

During an activation of the HEP, Coordinated Incident Management Systems (CIMS) will be adopted to manage the event in conjunction with Emergency Operations Centre activation. As mentioned the CIMS structure does not affect the normal day to day vertical operation of command within MidCentral DHB and other health agencies. Normal clinical, managerial and usual relationships are maintained within units and agencies involved in a response.

7.2 Incident Control Point (ICP)

Incident Control is scene specific. The function of the ICP is to provide an easily accessible area close to the incident to provide updates to the Incident Controller and the Incident Management Team in the EOC.

7.3 Emergency Operations Centre (EOC)

The MDHB EOC is an established facility from which the DHB's response to an incident or emergency may be directed. The MDHB EOC may be activated to monitor a potential emergency or to respond to, or recover from, an emergency situation that is occurring or has occurred. The EOC will be activated to a level necessary to carry out the task that must be performed. The level of activation may range from a situation monitoring operation with minimal staff, to a limited activation involving selected representatives, to a full activation involving all departments, agencies and liaison personnel.

7.4 Incident Control, EOC Interface

When ICP's and EOC's have been activated, it is essential to establish a division of responsibility between the ICP and the EOC.

7.5 District Health Board Incident Controller

The MDHB Incident Controller is responsible for providing leadership for the DHB in decision making and planning for all major events or disasters and includes:

- Chairing all meetings of the Incident Management Team
- Coordination of external resources and technical support
- Ensuring Welfare and Recovery activities are considered
- Taking advice from participants on essential decision making
- Liaising with the EOC Manager regarding EOC resourcing and related matters
- Signing off all media releases and internally circulated information
- Ensuring all DHB policies and procedures are in place to fulfil MoH reporting requirements
- Providing information and Situation Reports to the Board, CEO and MoH.

7.6 Incident Management Team (IMT)

The MDHB IMT consists of the Desk Managers from Planning & Intelligence, Operations & Logistics and the EOC Manager and can also include representatives from:

- Communications (Public information management)
- Human Resources
- Pharmacy
- Materials Management
- Public Health/Medical Officer of Health
- Maori Health Unit – Te Whare Rapuora
- Civil Defence Liaison
- St Johns

Or any other agencies identified as essential for the effective response to an emergency event.

7.7 Incident Controller Appointment Positions within MDHB

- Director, Patient Safety & Clinical Effectiveness
- Operations Director, Specialist Community & Regional Services
- Operations Director, Hospital Services
- Chief Medical Director

These appointments during an event will have delegated authorities as stipulated in MDHB Delegation Policy 2022 (attachments 2723 and 2724).

Other senior members of staff may assume the role of Incident Controller provided they have completed CIMS training to level 2 and MDHB Incident Controller training or at the discretion of the Chief Executive Officer MDHB, the District Health Board or General Manager MCH.

8.0 ALIGNING PLANS AND RESOURCES

As part of the Plan development process, MidCentral DHB will ensure that:

- All provider service agreements, entered with MDHB, contain contractual commitments requiring a provider health emergency plan relating to the services provided.

In addition, all MidCentral DHB funded primary, secondary, tertiary, mental health, disability support and public health providers will have plans and resources in place that ensure that their emergency responses are integrated, coordinated and exercised with the MidCentral DHB HEP.

8.1 Enable New Zealand Emergency Plan

Enable New Zealand provide disability support services throughout New Zealand which include:

- Processing of funding
- Applications for equipment & housing modifications
- Hearing and spectacle subsidies
- Wheelchair modifications and repairs
- ACC equipment procurement
- Needs assessment
- Service coordination through Supportlinks.

Enable NZ emergency planning is aligned to DHB emergency planning and supported by MDHB to ensure disability services can be provided to communities in the event of any disaster or emergency situation.

APPENDIX 1

(the Contact details provided in this plan are for internal use only).

APPENDIX 2

Regional DHB Action Net Radio Call Signs

RADIO	LOCATION	GROUP CALL
201	MDHB Public Health Unit Reception	902
200	MDHB EOC Base Set	
202	MDHB Handheld	
226	MDHB Handheld	
228	MDHB Handheld	
225	MCH ICP	
221	PHU Whanganui Vehicle 655	
222	PHU Palmerston North Vehicle 672	
223	PHU Palmerston North Vehicle 648	
203	MoH REMA	
240	Whanganui Base Set	
241	Whanganui Base set	
242	Whanganui Handheld	
243	Whanganui Handheld	
250	Hutt Valley Base Set	
251	Hutt Valley Handheld	
260	Hawkes Bay Base Set	
261	Hawkes Bay Handheld	
270	Wairarapa Base Set	
271	Wairarapa Base Set	
272	Wairarapa Handheld	
280	Capital & Coast Base Set	
281	Capital & Coast Base Set	
282	Capital & Coast Handheld	

APPENDIX 3

DEBRIEFING TEMPLATES

EXAMPLE OF AN ORGANISATIONAL DEBRIEF SUMMARY

Occasion/Event:	The Response and Recovery to the 2009 Pandemic Event.
Aim of Debrief:	<ol style="list-style-type: none">1. To reflect on the experiences of staff involved in Event from (date) until (date).2. Identify personal experiences.3. Views shared and discussed to establish:<ol style="list-style-type: none">a. Personal learning and the future positive use of that learning, and.b. Ideas for the future of your organisation's involvement in the response and/or recovery of communities from disasters.
Place:	
Time:	
Debrief led by:	
Initiator/Client:	
Participants:	
Material output Of debrief:	<ol style="list-style-type: none">1. Original notes.2. Debrief summary (this document).3. Responses made during the debrief (attached as an annex).4.
Debrief report:	<p>Example only</p> <p>The debrief took place following an intensive period of both Response and Recovery activity by staff during the event. Twenty-five staff members attended with representatives from</p> <p>The debrief focused on each individual's personal learning and its future use. All were given time to reflect, to generate and express personal views and to listen to others. Final responses were expressed to the whole group. All participants were given the opportunity to reflect on their roles and to contribute their views in discussion. The main issues raised were:</p> <p>Main Negative Aspects:</p> <ol style="list-style-type: none">1. Communications.2. Catering.3. EMIS.4. Direction from the MoH.5. Incident Management.6. Personal impacts. <p>Main Positive Aspects:</p> <ol style="list-style-type: none">1. Teamwork.2. Staff Welfare.3. Multi-Agency Relationships. <p>In closing the debrief, participants were asked to identify:</p> <ol style="list-style-type: none">1. Personal Learning and its use.2. Ideas for the future.3. <p>Attach sticky notes as an Annex to this summary but list key points:</p> <p>Personal Learning and Future use of those Learnings:</p> <ol style="list-style-type: none">1. Increase personal preparedness.2. Clarifying roles and responsibilities.3. Strengthening communications.4. Etc.

Signed:
Date:
Roles taken: Planner and Leader

Key Considerations when Debriefing

Introduction	<ol style="list-style-type: none"> 1. Aims – write up and keep in view (Whiteboard). 2. Explain overall approach (stages) and the time the debrief should finish. 3. Explain the presence of observers i.e. an initiator. 4. Explain the ground rules of organisational debriefing. 5. Ask group to be as open and honest as they feel they can be. 6. Remind – all views will be valued – focus is future positive. 7. Not making group decisions or looking for consensus. 8. Say what you intend doing with the debrief output.
Review	<ol style="list-style-type: none"> 1. Go for a clear visual outline – K.I.S.S. 2. Introduce and keep in view. 3. Its purpose is to stimulate thinking and provide hooks for their ideas.
Ponder	<ol style="list-style-type: none"> 1. Write up your prompt questions if possible. 2. Check understanding and ask for the ponder to be in silence. 3. Possible use of ‘Sticky Notes’ (not always necessary). 4. Keep control of time “A few seconds more...”
Sharing and Discussion	<ol style="list-style-type: none"> 1. Tell the group “We now move on to the Sharing and Discussion Stage”. 2. Divide your time between the prompt questions used (usually two). Consider the following subjects for prompt questions: 3. <ol style="list-style-type: none"> a. Notification/Activation. b. Deployment/Mobilisation. c. Operational issues. d. Relationship management. 4. Ask one person to speak at a time and control any side conversations. 5. Deal with the negative views first. 6. All to have an equal opportunity to share their thoughts. 7. Create a picture by mapping ‘Sticky Notes’ or ‘Key Words’. 8. Ask facilitative questions to bring out/develop points made. 9. Do not express your own views. 10. Difficulty in making notes – consider options such as ‘Sticky Notes’, ‘Flip Chart’, ‘SMART Board’ A ‘Note Taker’. 11. Be aware of individual wanting to speak – bring them in. 12. Encourage discussion between individuals. 13. Keep an eye on the time. 14. Move on to the Positive views for the second half of the period. 15. Remember to remain neutral during feedback and provide encouragement when someone comments e.g. “Thanks for that”, head nod etc.
Summary	<ol style="list-style-type: none"> 1. Be concise and do not try evaluating what has been raised. 2. Refer the group to what is before them if visually displayed. 3. Remind the group that there will be no further structured opportunity for discussion.
Ponder	<ol style="list-style-type: none"> 1. Tell the group they are now starting the ‘Closing Stage’ of the debrief. 2. Write up the final prompt question. 3. Consider using ‘Sticky Notes’ to write answers on. 4. Check ALL understand – ask for this to be done without discussion. 5. Keep control of time.

- Sharing**
1. Remind – no further discussion – listen to each other.
 2. Each to read out their known words in turn.
 3. Do not let anyone expand on their views.
 4. Collect ‘Sticky Notes’ and display on the prompt diagram.
- Closure**
1. Thank all for their participation.
 2. Say what you intend doing with their final views (the output).
 3. Consider using social occasion for continued relationship development if appropriate.

Example of a Structured Debriefing Plan

Structured Debrief (Based on approximately 20 attendees)

Experience: The Response and Recovery to the.....emergency/Event.

Date: / /

Time:..... Minutes

Participants (#):

Introduction
4 minutes

1. To reflect on the experiences of staff involved in Event from..... (date) until..... (date).
2. Identify personal experiences.
3. Views shared and discussed to establish:
 - c. Personal learning and the future positive use of that learning, and.
 - d. Ideas for the future of your organisation's involvement in the response and/or recovery of communities from disasters.

Ponder
10 minutes

What for me were the negative/worst/bad/lowest/least successful aspects of the..... event?

- a.
- b.
- c.

What for me were the most positive/good/best/most successful parts of the..... event?

- d.
- e.
- f.

Sharing and discussion
54 minutes

Views shared during a facilitator-led discussion.

Summary
2 minutes

Facilitator summarises main points raised.

Ponder
6 minutes

1. For me the most significant thing I have learnt during the event has been....., and
2. If I was involved in the Response and/or Recovery of another Emergency I would.....

Sharing
10 minutes

Closure
2 minutes

Debrief led & planned by:

.....(Name and Organisation)

APPENDIX 4

FUNDING DURING PLANNING AND RESPONSE CYCLES

The Ministry of Health (MoH) provides funding to MDHB to support and enhance emergency management capabilities. Funding is based on the MDHB population mix, Tertiary loading and hazard complexity.

Funding for an emergency is to be used for the following:

- To provide for the development and maintenance of emergency plans.
- To ensure that planning reaches beyond the hospital environment to encompass a health sector-wide response.
- To ensure the response links robustly with local services.
- To provide sustained and effective emergency management education and training.
- To ensure the capacity of MDHB and Primary Care can be fully utilised in an emergency response.
- To develop and maintain effective means of emergency communication with identified stakeholders.

OPERATION POLICY FRAMEWORK

The Operational Policy Framework (OPF) on good financial management outlines requirements concerning the cost of additional services purchased in response to a major incident. For example, Section 5.6.2.5, paragraph 3 of OPF, effective 1 July 2007, states that each DHB is to:

.....cover the cost of additional services purchased in response to a major incident up to 0.1% of the DHB's total population based funding. Above this 0.1% level, the Crown will determine on a case-by-case basis, and in consultation with the DHB, whether:

- The DHB is able to fund additional services purchased.
- To provide the DHB with additional funding.
- There will be any negative effects on the DHB's baseline services.

In order to identify that 0.1% MDHB is to track direct emergency response-related expenses. Detailed, realistic and fully completed accounts will be necessary to support funding discussions between MDHB and the Crown. To that end MidCentral District Health Board will include a representative from finance to be included in the CIMS structure, who will track extraordinary costs incurred.

All District Health Board-funded services are covered by the OPF. These include provider-arm services (personal and mental health), primary care services, laboratories, pharmacies and other referred services, and much of disability support services.

INTER-DISTRICT FLOWS (IDF)

Clinically driven referrals and transfers between hospitals in different DHBs' are part of normal day-to-day business, enabled by the Inter-District Flow (IDF) business rules for funding contained in the OPF. The standard IDF business rules provide for financial adjustments between DHBs' if there are abnormal numbers of IDF referrals or transfers for any reason, for example as a result of a mass casualty event, disease epidemic or pandemic.

APPENDIX 5

Reference Documents

Auckland District Health Board Health Emergency Plan 2008-2010

http://www.adhb.govt.nz/documents/auckland_dhb_hep2.pdf

Central Region DHB Health Emergency Plan

Guidance for CBACS, 2008 MoH

Manawatu-Wanganui Civil Defence Emergency Management Group Plan
2009-2014

<http://www.horizons.govt.nz/keeping-people-safe/emergency-management/group-plan/>

MDHB Business Continuity Plan (BCP) *(to be updated)*

MDHB CBAC (Community Based Assessment Centre) Procedures

MDHB Mass Casualty Plan *(not complete)*

MDHB Emergency Response Manual *(to be updated)*

MDHB EOC Standard Operating Procedures *(to be updated)*

MDHB Public Health Service Emergency Management Plan *(draft)*

Spontaneous Volunteer Management Planning (BPG3/06, MCDEM)

<http://www.civildefence.govt.nz/memwebsite.nsf/srch/A10E3665F9785276CC2573620013BED8?OpenDocument>

The National Civil Defence Emergency Management Act, 2002

<http://www.civildefence.govt.nz/memwebsite.nsf/srch/44AB1852180D9B88CC256FA10011C002?OpenDocument>

The National Civil Defence Emergency Management Plan Order 2005

The Guide to the National CDEM Plan 2006 *(revised 2009)*

<http://www.civildefence.govt.nz/memwebsite.nsf/srch/19D807C1B3F7ED26CC257758007FEA7B?OpenDocument>

The National Health Emergency Plan 2008

<http://www.moh.govt.nz/moh.nsf/indexmh/emergencymanagement-nhep>

The National Health Emergency Plan 2008 Burns *(to be completed)*

The National Health Emergency Plan 2008 Mass Casualty *(to be completed)*

The National Health Emergency Plan 2008 Psycho Social Guidelines 2008

New Zealand Influenza Pandemic Action Plan (NZIPAP) – A Framework for Action.

APPENDIX 6

Glossary

TERM	Health Emergency Plan Meaning
MDHB	MidCentral District Health Board.
BCP	Business Continuity Plan. BCP is focused on ensuring businesses, organisations or hospital services areas can continue to provide essential services to support communities in an emergency response.
CBAC	Community Based Assessment Centre. CBAC's maybe set up by DHBs during an emergency. They are commonly used in instances of infectious disease outbreak affecting a large number of people to control community spread.
CDEM	Civil Defence Emergency Management.
CDEMG	Civil Defence Emergency Management Group. The CDEM Group is a joint committee of local authorities with the functions, duties and powers to assist their region. The committee is the decision making body that has overall responsibility for the provision of civil defence and emergency management within the region.
CEG	Coordinating Executive Group. The CEG comprises Chief Executive Officers (or persons acting on their behalf) of local authorities, District Health Boards, and senior representatives of the NZ Police and Fire Service, and is responsible to the CDEM Group. The CEG has no operational role; it implements the decisions of the CDEM Group and provides them with strategic advice.
CEO	Chief Executive Officer.
CIMS	Coordinated Incident Management System. This is the organisational structure that is used for managing emergencies. It is a structure that allows multiple agencies or units involved in an emergency to work together to systematically manage emergency incidents.
DAP	A District Annual Plan of a DHB agreed with the Minister under section 9 of the NZ Public Health and Disability Services Act (2000).
DHB	An organisation established as a District Health Board by or under section 19 of the NZ Public Health and Disability Services Act (2000). DHBs are funders and providers of publicly funded services for the population of specific geographical areas in New Zealand.
EOC	Emergency Operations Centre.
EMIS	Emergency Management Information System.
EMS	Emergency Management Service.
ERM	Emergency Response Manual.
GECC	Group Emergency Coordination Centre (CDEMG). The GECC is the main facility from which the response to a CDEMG emergency will be coordinated.
Health Emergency	A health emergency exists when the usual resources of the provider are overwhelmed, or have the potential to be overwhelmed.
HEP	Health Emergency Plan.

IC	Incident Controller. A member of a DHB emergency management team, with overall responsibility for coordinating emergency response at the individual DHB level. There is one incident controller for each DHB.
IMT	Incident Management Team. A group of senior managers from key services within MidCentral DHB with responsibility to manage major incidents.
Liaison Officer	Liaison Officers improve the flow of information by acting as single points of contact between agencies.
MAF	The Ministry of Agriculture and Forestry.
MCDEM	Ministry of Civil Defence and Emergency Management.
MCP	Mass Casualty Plan
MoH	Ministry of Health.
MOH	Medical Officer of Health.
NGO	Non-Government Organisation.
NHCC	National Health Coordination Centre.
NHEP	National Health Emergency Plan. A Ministry of Health umbrella plan incorporating health emergency-specific action plans (e.g., the National Burns Plan, New Zealand Influenza Pandemic Action Plan). The NHEP provides guidance for the New Zealand health sector response to emergencies.
OPF	The Operational Policy Framework 2007-2008. Operational Policy Framework is a group of documents collectively known as the 'Policy Component of the District Health Board Planning Package' that sets out the operational level accountabilities for DHBs for each fiscal year. The OPF is executed through Crown Funding Agreements between the Minister of Health and each DHB. The OPF covers emergency obligations based on the 4R's.
PHO	Primary Health Organisation. A grouping of primary health care providers; local structures through which DHBs implement the Primary Health Care Strategy.
PHU	Public Health Unit. PHUs provide health services to populations rather than individuals. Nationally there are 12 public health services providing environmental health, communicable disease control, and health promotion programmes. Each public health service is administered by a public health unit (PHU), led by a manager and staffed by medical officers of health, public health nurses, health protection officers and others.
PPE	Personal Protective Equipment. Equipment that can be used by all clinical and non-clinical staff for example gloves, masks, eye protection, respirators, gowns and footwear.
Primary Care	Care/services provided by general practitioners, nurses, pharmacists, dentists, ambulance services, midwives and others in the community setting.
SOP's	Standard Operating Procedures
SPOC	Single Point of Contact. Single point of contact system used to facilitate Communications in the health sector.
The Plan	MidCentral District Health Board Health Emergency Plan.
TAG	Technical Advisory Group. Advisory Groups convened to provide coordinated expert technical advice as required.
WebEOC	WebEOC is a web based emergency management system hosted by the Ministry of Health and provided to the New Zealand health sector in order to manage local, regional and national emergencies.
WHO	World Health Organisation.