

Counties Manukau District Health Board

HEALTH EMERGENCY PLAN

Document ID	Health Emergency Plan	Version:	2.1
Department:	Emergency Response	Last Updated:	20/06/2011
Document Owner:	Manager Emergency Response Planning	Next Review Date:	20/06/2013
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Overview

This document This Emergency Plan is the Counties Manukau District Health Board Health Emergency Plan. The plan outlines processes preparing for and managing significant incidents and emergencies as provided for in paragraph 30 (1) of the National Civil Defence Emergency Management Plan Order, 2005.

This plan is updated 2 yearly or after major exercise or incident. This document is distributed to other emergency services, see distribution list at rear of document.

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Introduction

Purpose The CMDHB Health Emergency Plan, is written in accordance with the requirements of the Ministry of Health (Operational Policy Framework 2007-2008).

Associated documents The table below identifies associated documents.

Type Title/Description
CMDHB CMDHB Emergency Operational Plan (which contains all contact details and personal information).
Operational Emergency Fire Protection, Management & Evacuation General
Policy and Local Service Plans: Emergency Care
Procedures CMDHB Pandemic Health Response Plan
 Site Service Plans
 Manukau Super Clinic, Botany Super Clinic

Emergency Planning Reference Documents The Health Act 1956
[The Health Act 1956](#)
 The Law reform (Epidemic Preparedness) Bill
[The Law Reform Bill](#)
 The Civil Defence Emergency Act 2002
www.civildefence.govt.nz
 The New Zealand Influenza Pandemic Action Plan
www.moh.govt.nz/pandemicinfluenza
 The National Health Emergency Plan: Hazardous Substances Incident Hospital Guidelines 2005
www.moh.govt.nz/emergencymanagement
 Auckland City Civil Defence Plan
[Auckland City Civil Defence Plan](#)
HCEG documents Regional Health Emergency Coordination Plan

Emergency planning for CMDHB is always done in conjunction with its stakeholders and the emergency responders both within the region and nationally. Details of this collaboration can be found in appendix 1.

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Emergency Exercises and events Program involving CMDHB

CMDHB Emergo Exercise	Mass Casualty event	13 July 2011
MoH National Emergo Exercise		30 June 2011
Auckland Tornado	Coordinated response with St John, ADHB and WDH. CMDHB prepared to initiate the Rapid Discharge Process.	3 May 2011
Japan Tsunami	Tsunami warning distributed.	11 March 2011
Christchurch Earthquake	Health response to send health professionals to assist.	22 February 2011
Christchurch Earthquake	CMDHB on standby.	4 September 2010
PABX Telecommunication Failure	Landline outage at Middlemore Hospital	21 July 2010
Samoa Tsunami	Health response to send medical aid and supplies.	October 2009
H1N1	Pandemic	May – August 2009
Spring Fever – ARPHS	Infection Border Control Exercise	October 2008

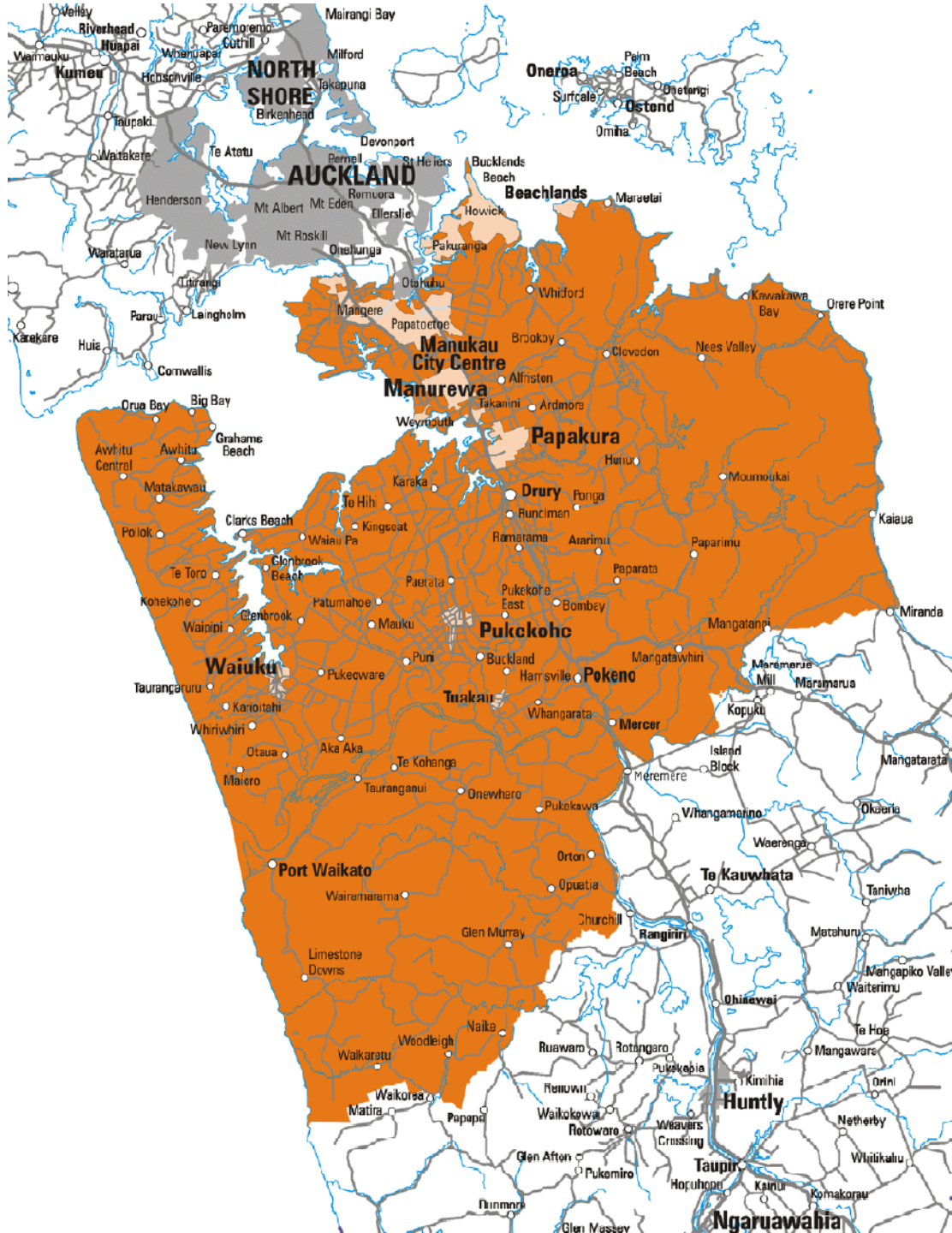
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Emergency Management Definition

ADHB	Auckland District Health Board
A&M	Accident and Medical
ARPHS	Auckland Region Public Health Service
CD	Civil Defence
CDEM	Civil Defence Emergency Management
CIMS	Co-ordinated Incident Management System
CMDHB	Counties Manukau District Health Board
COO	Chief Operating Officer
DHB	District Health Board
EOC	Emergency Operations Centre
ESCC	Emergency Services Coordination Centre
EWIS	Emergency Warning and Intercommunication System
HAZMAT	Hazardous Material
HCEG	Health Coordination Emergency Group
IC	Incident Controller
ICU/HDU	Intensive Care Unit / High Dependency Unit
IMT	Incident Management Team
MCDEM	Ministry of Civil Defence and Emergency Management
MOH	Ministry of Health
NDHB	Northland District Health Board
NGO	Non Government Organisation
NRHCC	Northern Regional Health Coordination Centre
PHO	Public Health Organisation
WDHB	Waitemata District Health Board

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Counties Manukau District Health Board Map



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CMDHB Environment



- The estimated Counties Manukau population for 2010 was 490,300, 11.2% of the total New Zealand population.
- The estimated population for 2011 is 500,800.
- The DHB has 7 inpatients sites Middlemore, Manukau SuperClinic, Franklyn, Papakura/Botany Maternity, Pukekohe (approx 2000 beds).
- New Zealand National Burn Unit is situated at Middlemore Hospital.

Relevant services in the DHB area

Primary Health

Counties Manukau DHB has 5 Primary Health Organisations

- In an emergency CMDHB works with the PHOs and through their communication trees to its 101 general practices across the district.

Botany/Clevedon	Manurewa
Franklin	Otara
Howick/Pakuranga	Papakura
Mangere	Papatoetoe
Manukau	Pukekohe

http://www.cmdhb.govt.nz/About_CMDHB/Overview/Our-Localities/3.1Access2Services-GP.htm

Aged Residential Care

There are residential aged care facilities in the district,

- 35 Rest Home, 18 Long Stay Hospital, 5 Dementia Care facilities

Mental Health: there are facilities offering supported services, these include Adult and Patient Mental Health, Adult Community Mental Health, Maaori Mental Health, Pacific Mental Health, Child and Adolescent Mental Health, Mental Health for Older People, Liaison Psychiatry, Whakatapu Ora – emotional wellbeing of babies, toddlers and families, Dual Disability Service.

<http://www.cmdhb.govt.nz/careers/clinical/netp/mhgradprogramme.htm>

[Principles for Emergency Management Planning in the Health and Disability Sector](#)

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Home Health care: there are people receiving home support services in the district, provided by various NGOs, ongoing communication and dialog continues with these groups.

Kidz First - Community Health

provides an integrated child, youth and family focused service.

This includes a comprehensive range of services for the child, young person and their families/whanau in the South Auckland region.

Services are provided in and from a number of settings and environments including Manukau Super Clinic™, community outpatient clinics, schools and preschools and the family's home.

Click on the following links to view information on the different services we provide.

[Kidz First Centre for Youth Health](#)
[Kidz First Child Development Service](#)
[Kidz First Hearing and Vision Testing Service](#)
[Kidz First Home Care Nurses](#)
[Kidz First Public Health Nursing](#)

<http://www.cmdhb.govt.nz/funded-services/hospital-specialist/Services/KidzFirst/communityhealth.htm>

Schools

There are 213 primary and secondary schools in the district:

- There are number kindergartens/child care facilities.
- There is a main tertiary campus (Manukau Institute of Technology, AUT, CMDHB)

Correctional Facilities

It should be noted that in any emergency there are possibilities that the location of South Auckland Women's Prison has increased impact on CMDHB in particular Middlemore Hospital. The prison has its own emergency plan in place.

The Woman's Prison can secure up to 290 female prisoners and whilst it has its own medical unit it relies on CMDHB for more advanced services. [South Auckland's Women Prison](#)

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Relationships with other DHB's

There are three other DHB's in the northern region: Northland DHB (148 000 population), Auckland DHB (431 000 population) and Waitemata DHB (503.000 population).

- Each DHB has an Health Emergency Plan and emergency response capacity, and work together through HCEG.
- Major trauma is triaged by St John.

Hospital & Specialist Services

CMDHB provides a wide range of health specialist services, such as:

- Orthopaedic surgery
- Plastic, reconstructive and maxillo-facial surgery
- National Burns service
- Spinal injury rehabilitation
- Renal dialysis
- Neo-natal intensive care
- Breast surgery
- Specialist youth health services (this service provides a national youth suicide prevention framework in conjunction with the Mental Health Foundation).

<http://www.cmdhb.govt.nz/funded-services/hospital-specialist/default-funding.htm>

Auckland DHB provides tertiary vascular, neurosurgery and trauma specialist services for the region. Auckland DHB also has a large ICU and isolation capacity, pediatric specialist and trauma services.

St John

St John provides Ambulance Services to the northern region. They respond to all emergencies, triage and transport patients according to agreed priorities to the relevant secondary and tertiary hospitals.

- They also alert DHBs Emergency Planners and hospital Duty Managers to relevant emergency situations
- St John hold the license for Emergo Train System, the health emergency exercise planning tool.

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Public Health In the Auckland metro area there is one public health service ARPHS that provides surveillance, education and response to the three DHBs. Northland DHB has its own public health service

- In emergency response situations ARPHS mounts its own EOC as appropriate and liaison people for the CDEM EOC and the NRHCC.

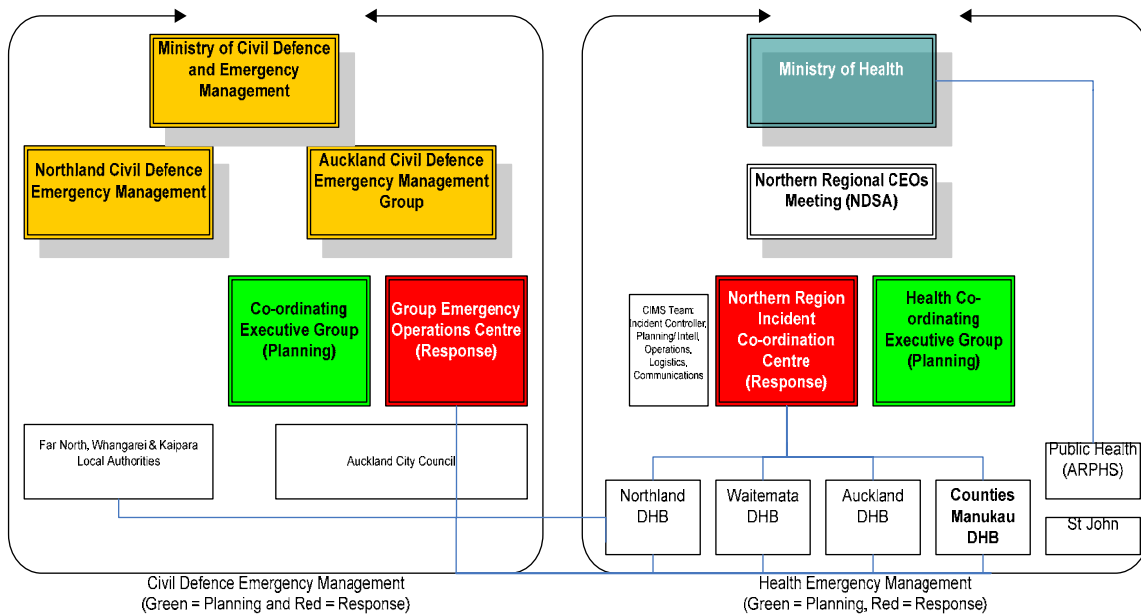
[Public Health - Protecting Yourself in an Emergency.](#)

Health relationships CMDHB supports the HCEG to maintain relationships with relevant NGO, Volunteers, Maori and Pacific Island organizations in the Northern Region that act to support emergency response. However, needs have been identified to further engage in partnership with these agencies.

Civil Defence Emergency Management CMDHB also contributes to CDEM projects to support emergency planning and regional public education activities. CMDHB is also represented on

1. ESCC
2. MCDEM Planning Group
3. The CDEM WAG

Regional health emergency planning The northern region DHB's, St John and (ARPHS) undertake emergency planning as part of HCEG.. This group reports back to the DHB Chief Operating Officer (COO).



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Emergency Planning Objectives

Purpose

This Health Emergency Plan outlines the planning and response processes for emergencies occurring in the Counties Manukau District Health Board community. It also sets out procedures for CMDHB if called upon to support other DHB's.

1. It is built around the four 'R's' of Emergency management: reduction of risk, readiness, response and recovery for the whole district. Emergency Planning is built around the 4 "R's" which takes into consideration
 - **reduction** (risk mitigation) relevant for the region, to reduce the impact of emergencies / other events
 - **readiness planning** (operational plans, staff training, relevant resource, exercise)
 - **response implementation** (use of CIMS structure, Incident Control Centre, resources) for immediate short duration events and extended emergencies of small and large scales
 - **recovery management** (restoring business continuity)
2. Counties Manukau Health Emergency Plan
Is developed in conjunction with the relationships and plans of the emergency services, other DHBs in the district and the Northern Region Health Co-ordination Committee (NRHCC).
Also, included in this planning are the responses of ambulance, primary, secondary, tertiary, mental health, disability support and public health services and will be prioritized, structured and delivered during health emergencies, Civil Defence emergencies, mass casualty incidents, major weather events or natural disasters. It identifies the health-related roles and resources of relevant non-government organizations, volunteers, Maori and Pacific Island organizations.
3. It sets out the DHB response to any major incident which happens in New Zealand or affects its partner countries.
4. It outlines how the plan components are further developed / maintained and exercised / tested.

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District Health Board responsibilities

The New Zealand Public Health and Disability Act 2000 requires:-

- All DHB's to improve, promote and protect the health of their communities.
- Promote the integration of health services, especially primary and secondary care services.
- Promote effective care or support of those in need of personal health services or disability support.
- CMDHB health emergency plan sets out procedures to address the health needs of the population within available resources and relationships in emergency situations.

CMDHB Emergency Planning is closely aligned with the national Health Emergency Plan (HEP), Northern Region Health Emergency Plan and the emergency plans of the Northern region DHB's.

District Health Boards are also responsible for planning and provision of health care services necessary to restore the health status of those of its population affected by an emergency (Civil Defence and Emergency Management Act 2002). This will be achieved through our existing close relationship with civil defence and other emergency response agencies.

Planning Assumptions

Any incident will be responded to in a calm manner.

Emergency planning aims at simple and clear processes that can be used by the right people/agencies at the right time to achieve the right outcome.

In a **Civil Defence** emergency situation:

- CMDHB will act in a liaison role with the local authority Emergency Operation Centre in Auckland and through the NRHCC and the Health Liaison team, St John and ARPHS.
- In an emergency involving the entire northern region CMDHB will have a Liaison person available to be located at the relevant local authority Civil Defence Emergency Operation Centre (EOC) or as required by Health Coordination Emergency Group (HCEG). This person will assist with communication and co-ordination of the community health response to ensure continuity of service, (PHOs, Residential Aged Care facilities, Home Support Services and NGOs, etc).
- All health providers are required to be self-sufficient and have their own emergency plans.

Where there is a major prolonged health emergency, the four DHB's (Counties Manukau, Auckland, Waitemata, and Northland), St John and Public Health will work together through the NRHCC. CMDHB maintains responsibility for their community through the CMDHB EOC.

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In a major incident the emergency services (e.g. Police, Fire, St John) will respond to the incident.

- St John will triage injured people and transport those requiring hospital treatment to the closest available medical facility or hospital.
- Where there are mass casualties St John will liaise with Health CEG to ensure that hospital resources are correctly utilized. This will help to ensure that overloading of those resources is avoided wherever possible.

In a CMDHB emergency (e.g. fire, power outage), the Emergency Response Operation Plan will be initiated. This plan is designed to work in cooperation with emergency services (e.g. Police, Fire) who may be called to assist.

- All plans including CMDHB Emergency Operation Plan have been developed to ensure an orderly and effective response to any incident that significantly disrupts business operations.

Each DHB and health provider across the district has a detailed individual plan for each of their sites that:

- provides for the safety of staff and clients.
- protects business information and assets
- provides for continuity of business.
- the response, recovery and restoration of services .
ensures appropriate communication processes are in place to inform key stakeholders of progress..

Planning should also take into consideration the facts that some facilities may never be fit to reopen and therefore replacement may form part of the planning process.

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Reduction of Risk

Purpose This section identifies proactive measures that will reduce the health impacts of emergencies or other events.

Priority Hazards	CMDHB has undertaken the risk assessment based on the Auckland CDEM plan that uses the SMUG Prioritisation method: (S-seriousness, M-manageability, U-urgency, G-growth). Rating 1 (high) – 5 (low)	
	<p>High priority hazards (1 -2)</p> <ul style="list-style-type: none"> (1) Criminal acts (1) High violence/crime rate in area (1) Lifeline utility failure / Electricity infrastructure failures (2) Computer systems failure (2) Biological - animal disease / epidemic (2) Biological - human epidemic (2) Fire - urban structure fire (National Burn Unit) (2) Auckland Airport, NZ's main entry/exit point (2) Major crash - aircraft (2) Volcanic - Auckland field (2) Terror, (bombs, white powder etc) (2) Several large hazardous materials facilities. (2) Major crash rail (2) Major crash road 	<p>Moderate – Low priority hazards (3 – 5)</p> <ul style="list-style-type: none"> (3) Coastal - sea level rise (3) Coastal - tsunami - distantly generated (3) Fire - catastrophic wild fire (3) Dam failure Drought - agriculture (3) Drought water supply (3) Flooding (3) Land instability / subsidence (3) Volcanic - distant volcanic eruption (3) Cyclone (4) Coastal - tsunami - locally generated (4) Major collision - marine (4) Tornado (4) Biological - introduced species / pests (5) Earthquake

Reduction Mitigation Measures CMDHB sites are assessed at least annually by the Facilities/Maintenance Service to ensure that the site, buildings, infrastructure and trees etc are safe. Maintenance is undertaken as appropriate. Where possible backup systems (e.g. emergency power, alternative water) are in place. When necessary Coordination with Civil Defence Emergency Management will be used to assist in provision of emergency equipment i.e. generators. This applies particularly to A&M, GP and outlying facilities, where this type of equipment usually doesn't exist.

All other health providers in the district are responsible to ensure their facilities are sited safely (residential aged care, NGO facilities, A & M's), and their buildings regularly assessed and maintained as appropriate.

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Engineering Lifeline contingency plans For each facility there is a clear understanding of essential services / utilities that would be needed and this has been communicated to the Auckland Engineering Lifelines Group, through CMDHB Emergency Management Department. Liaison with lifeline groups is maintained on an ongoing basis.

Readiness

Purpose This section considers actions to ensure a state of readiness for health emergencies is maintained at all times.

Operational Plans All operational plans are living documents and are documented for management of potential emergency situations. The Emergency Response Committee are consulted in the plan revision every 2 years, or as required. These plans relate to:

- immediate, short duration events - both small and large scales
- extended emergencies - both small and large scales

Facilities / resource to manage an emergency CMDHB has an Emergency Operation Centre (EOC) available for immediate activation if required as set out in Operations Plan.

- The Food Services contractors have alternate supply of food if required.
- Middlemore Hospital site has emergency generators and a supply of diesel (& contract). There is also a supply of emergency mobile phones and RT's in the event of communications outage.

The DHB Emergency Planning and Incident Management Team have access to laptops, satellite phones, RTs and radios connected to the St John network for alternate communication..

The CMDHB Emergency Operations Plan is supported by the Emergency Response Database. This database contains contact details of all GP's, Pharmacies, PHO's, A&M's, Rest Homes, Civil Defence and Police. All data base information is up-dated on a regular basis.

It is expected that all other health providers in the district have emergency plans and procedures.

- In an emergency the managers of these facilities can contact the CMDHB Emergency Planner, EOC or NRHCC to request assistance.

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People to manage an emergency

As part of the CMDHB Emergency Plan measures are in place to ensure that trained staff are available to initiate the response immediately it becomes necessary.

- The Duty Managers at Middlemore Hospital is the single point of contact. All Duty Managers and Service Managers at Middlemore are CIMS trained to manage any emergency situation until the Emergency Planner / on-call duty manager / COO / CEO are available on site.

All CMDHB staff who may be required to assist in the CMDHB EOC are trained in CIMS 2 and 4 to assist them to be effective in response to manage incidents. This includes the DHB Communications Manager.

- The DHB has a team of trained people who can be called at short notice to set up the DHB Emergency Operation Centre (EOC). The control centre and its team coordinate, direct and support any health related emergency response in the hospital, the DHB and regionally.
- CMDHB Departments have specific HAZMAT, Fire drills, surge capacity and a rapid discharge plan in place.
- EOC activation is discussed at Staff orientation and role played during Exercises. Emergency response procedures are also available on CMDHB Southnet.
- The EOC set up procedure including location, maps and job description details are documented in the Operational Plan.

All DHB staff receive a basic introduction to clinical and non-clinical emergency response on induction. (Welcome Day)

Front-line managers receive mandatory emergency training on induction

- Additionally, unit wardens, floor wardens and building wardens receive at least annual updating in fire training.

It is expected that each health provider in the district has ensured that their staff receive training regarding the management of any emergency situation and that a site manager is available to respond if called upon.

Exercises are regularly conducted to ensure that those people trained to respond to the emergency are always up to date in their training.

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The Co-ordinated Incident Management System: (CIMS)

The CIMS structure is consistent at all operational levels of emergency response. This structure is used by emergency services throughout New Zealand and shall be used whenever an emergency response. Consistency is necessary for effective communication both within health and across the whole of government.

CIMS is built around five major positions and two optional ones descriptions of these are described below

Incident Controller

Responsible for the management of the incident.

(Initially the Duty Manager will take on the position of Incident Controller and will appoint personnel for the other positions below. Management of the incident may be over by a CIMS trained designated person at any time.)

Communication

Media, other DHB's, MoH, NRHCC, ARPMS, Civil Defence, Police, Fire, Ambulance

Planning/Intelligence Manager

Responsible for the collection and analysis of incident information and planning of response activities.

EMIS WebEOC

MoH, DHB's, St John's
Communication Software
(System update to EMIS to be completed by Sept 2011)

Operations Manager

Responsible for managing the agencies response to the incident.

Logistics Manager

Responsible for the provision of facilities, services and materials required to combat the incident.

Depending on the scale of the event, this plan may include a fifth role if it is felt that the communication role needs input from a trained practitioner.

Liaison Manager

Responsible for establishing communication channels with other emergency services,

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Systems for alert and notification

CMDHB has a '**single point of contact**' for notification from St John and/or Ministry of Health regarding all major emergencies. The duty manager is the single point of contact for CMDHB.

- The Emergency Response Manager liaises with the other DHB/Public Health emergency managers if there is a regional or national event, or if CMDHB is unable to cope with a local incident alone.

CMDHB has internal alert systems for advising clinical and non-clinical emergency personnel. The Telephonists use a series of pager groups to alert specific responders who may be required to deal with emergency situations.

In each DHB service there are telephone trees used to communicate with key managers and clinical staff in the event of them being required to respond to an emergency. These people may be required to return to their place of work in the event that they are off duty.

In the CMDHB Emergency Operation Plan there is a **database** of key contacts within the DHB and the region so that all health providers and emergency responders in the district can be contacted if required. Included in this database are primary care, aged residential care, NGOs, cultural leaders, Civil Defence key contacts. Pharmacies, GP's, Mortuaries.

- This information is updated as required and reviewed at six monthly intervals.
- At Middlemore and Manukau Super Clinic there is a EWIS system which allows for direct communication with wards and departments via a dedicated phone line.
N.B. This system does not cover all areas.

Emergency Plan revision and testing

After any serious incident there is a debrief with the key people involved.

- During the debrief, there is a review of applicable plans and an assessment of response effectiveness. Changes are made as appropriate.

Each year there are a number of exercises designed to test response team effectiveness and also the status of available resources. At least once each year at one of these exercises, external assessors are invited to review the outcome.

WebEOC – a tool to assist regional and national communication between DHB's and other emergency responders

(In process of updating to E Sponder systems to be completed by September 2011)

WebEOC is the health sectors web-based emergency management system, which is the agreed primary tool for the management of significant incidents and emergencies at a local, regional and national level. In order to manage our local response to an incident this system provides each DHB with a task tracking system, standard templates for situation reports and reporting of key intelligence information. It also includes standard templates for requests for information or action, and a mechanism to track progress on these results. This information is visible to all organisations involved in the response, who have access to WebEOC.

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Response

Purpose	This section explains how response is activated and managed.
Alert / Notification	<p>On receipt of the alert / notification, the Emergency Manager or Duty Manager will call an initial meeting of key people to assess the emergency and decide on the level of response required (a list of these people is contained in the Emergency Operational Plan). These levels are likely to be either:</p> <ul style="list-style-type: none"> • immediate, short duration events - both small and large scales • extended emergencies - both small and large scales <p>Based on initial assessment, an escalation of the plan may be deemed necessary. If this is the case an EOC will be set up to coordinate, direct and support any health-related community response.</p>
Generic management of emergencies	<p>All emergencies are managed using the CIMS structure. With the use of these clear procedures the DHB can be either self-sufficient or inter-connected with other health providers, other DHBs, public health and emergency services.</p> <ul style="list-style-type: none"> • Regardless of the emergency type, all responders will remain in their normal place of business unless instructed to evacuate by the lead agency.
Immediate, short duration events - both small and large scales	<p>An Emergency Operation Centre (EOC) will be set up at:</p> <ul style="list-style-type: none"> • At locations listed in the Operational Plan. This EOC and it's team manages the emergency for it's duration. • The Duty Manager and Departmental Manager manage Daily Operations as normal until instructed otherwise by the Incident Controller. <p>The EOC will be set up as per the Operational Plan under CIMS leadership.</p> <p>The EOC will initiate communication with all other agencies as required. The Management Team will complete Situation Reports (Sit Rep) and Incident Action Plans (IAP) for communication to agencies involved:</p> <ul style="list-style-type: none"> • Key clinical and non-clinical people are called for a briefing either face to face or tele/videoconference at regular times. • Key people are required to provide regular updates to the EOC of any issues, impact and developments. • Transfer of resources will be handled through the Logistics Manager in accordance with national procedures. (See Operational Plan) • New resources coming to CMDHB will be handled by Health Alliance, Materials Management and Health Support Limited in the normal way.

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EOC

Management of the emergency will continue for as long as required.

Other tasks coordinated by the EOC:

- The Ministry of Health will be kept informed at all times through the EOC
- Decisions made regarding hospital capacity and capability
If there is a need to set up alternative areas for triage or to divert admissions to other hospitals
- Decisions made regarding continuation of elective procedures while the incident is underway
- Communication with St John, GP's and district Accident & Medical Centres (A&M) is made to assist in handling casualties who may have been diverted away from Middlemore.
- Internal communication to DHB staff will be made through the EOC as it is important to keep our own staff up to date with all information regarding the event.
- Site management will be managed as prescribed in the Operational Plan. This aspect of the plan will be changed and upgraded as CMDHB building program continues.

If EOC co-ordination is required for longer than 4 hours, a replacement team is organised to ensure continuity. Rosters will be created as required. If it becomes necessary to close or move the EOC all changes will be communicated to all those involved in the incident (internal and external).

Extended emergencies

The EOC will already be in place. The following decisions and communications will be made as part of the ongoing incident management.

- Advise the Ministry of Health of the situation on regular SitReps.
- Senior management briefings at regular intervals.
- Regular situation updates to all participants.
- It may be necessary to involve more organizations in the ongoing planning. This will be achieved by meeting with the appropriate people which are contained in the Emergency database (A&M's, GP's etc).
- The PHO Coordinator will be asked to set up liaison people to assist with communication and co-ordination.
- Communication with Emergency Service contacts.
- Communicate with DHB neighbours, Public Health and St John to provide briefing and ascertain potential for assistance if required.
- Security and people management.
- Media briefings as required (consider regional implications)

It is expected that DHB services will continue to manage their business continuity using existing management teams. The CMDHB EOC should be contacted for advice or assistance as required. If any service is overwhelmed or needs to evacuate their premises this should be done in conjunction with the Incident Management Team.

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Long term emergencies e.g Pandemic disease

Any such scenario is likely to develop over a period of time i.e. pre-warning. The DHB and providers have extensive operational plans for this scenario.

CMDHB will work closely with NRHCC to facilitate existing plans regarding relevant response, coordination of logistics and regional communication.

Any evacuation or change of function will be made in liaison with the NRHCC. This team will liaise with all other emergency groups as required.

Transition from response to recovery

- Recovery begins on day one of an emergency.
- This means the recovery arrangements are established and information received about the response is used as a basis for planning recovery.
- As the response concludes, a careful transition to recovery must be managed.
- The transition from response to recovery in emergencies of national significance may be staged and variable according to the situation.
- It is to be expected that the recovery programme, which may be ongoing for some considerable time will be managed by a recovery manager and a team made up of different personnel to that of the response team. Existing planning for winter surges and strike planning can be utilised during the recovery phase.

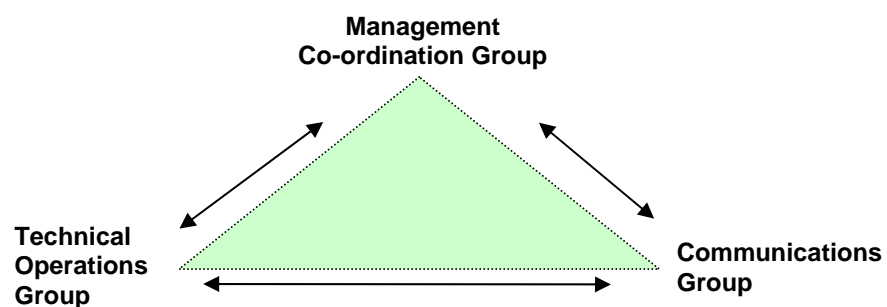
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Recovery

Purpose This section describes the health recovery measures, actions and operations during the recovery phase of health emergencies.

Regional-wide coordination of Health recovery, for protracted and serious emergency situation. In the event that a major incident occurs that is likely to be *protracted or have significant impact*, the IMT is brought together to assist with planning and management of aspects of the DHB and Regional recovery and response.

- This is a different group from the response EOC team and may include DHB Planning & Funding, Financial Advisor and other technical advisors
- A Recovery Manager may be required to co-ordinate these activities and can be appointed during the response phase.



Issues that might require attention:

Personnel & Organisational Issues

- Staff debriefing, replacement issues.
- Payroll.
- Staff welfare.
- Staff recovery time.
- Assistance with family related issues.
- Planning & Co-ordination Monitoring & Evaluation Welfare for the homeless/services that cannot return to their facility.

Operational Issues

- Communication, Expenditure Management
- Contract review and assistance where business as usual cannot continue.
- Damage & Needs Assessment
- Resource Management
- Repair damaged infrastructure e.g. communications, water and power supplies
- Re-establishment of reliable systems for re-building to occur.

Health Recovery issues

- Public health issues
- Support for Primary Health to resume health services
- Maori/Pacific Support
- NGO support

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Appendix 1

As part of the requirements under the National Health Emergency Plan, CMDHB is committed to working with the following agencies.

ARPHS
 NZ Police
 NZ Fire Service
 St John
 Auckland City Council
 Auckland Health Coordinating Executive Group
 Civil Defence
 Ministry of Health Planning Groups
 NGO'
 PHO's

This list maybe increased as required.

These agencies are engaged by way of the following meetings:

Bi Monthly:

Civil Defence and Emergency Management Group

Health Co-ordinating Executive Group

Attendees: CMDHB, WDHB, ADHB, NDHB, St John, MOH, ARPHS

CMDHB Incident Management Team

Emergency Management Committee

Attendees:

Police, Fire St John, Council, CMDHB, Auckland Airport, , Auckland Region Public Health, Ardmore Airport, Youth Justice, Department of Corrections.

Emergency Services Coordinating Committee

Attendees:

Police, Fire, St John, City Council, CMDHB, ARPHS

Quarterly:

Midland/Northern Health Emergency Management Planner Forum

Distribution List for Plan

CM Police
 CM Fire Service
 St John

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