

REPORT TO EXECUTIVE GROUP

WAIKATO DHB HEALTH EMERGENCY PLAN 2016-19

Purpose of the Report

The Ministry of Health's Operating Policy Framework requires each District Health Board to have a Health Emergency Plan, which ensures the delivery of essential primary, secondary, tertiary services as well as mental health, disability support and public health services during health emergencies, civil defence emergencies, large casualty-causing incidents, major weather events or natural disasters.

The Health Emergency Plan provides for both immediate, short duration events and extended emergencies, on both small and large scales.

An executive summary of Waikato DHB's Health Emergency Plan follows. The full copy is **embedded** for inspection (94 pages).

The Ministry expects that the DHB Chief Executives sign off their plans and post them on their websites.

Key Points

MAJOR INCIDENT AND EMERGENCY PLAN

The Emergency Plan for 2016-19 provides key plans, strategies and information to guide Waikato DHB's comprehensive emergency management planning.

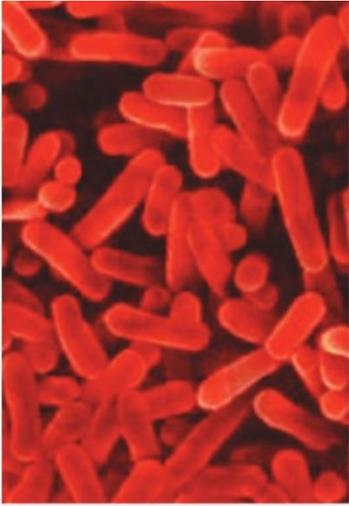
The overarching goal of the Waikato DHB Emergency Planning Service is 'resilient health services in the Waikato DHB area'.

The Waikato DHB Health Emergency Plan 2016-19 includes planning for essential primary, secondary, tertiary, mental health, disability support and public health services.

Responsibility for the co-ordination of healthcare resources in the Waikato rests with Waikato DHB. When an incident or event is likely to extend outside the Waikato DHB region, the Midland DHB group provides regional planning and an operational response. The Ministry of Health could also activate all or part of the National Health Emergency Plan.

Waikato DHB's four 'Rs'

- **Reduction** activities to reduce the health impacts of emergencies or other Events
- **Readiness** activities to ensure a state of readiness for health emergencies
- **Response** activities mean that in an emergency event, establishment of a Waikato DHB Incident Management Team occurs using the Co-ordinated Incident Management System (CIMS) model, led by an incident controller

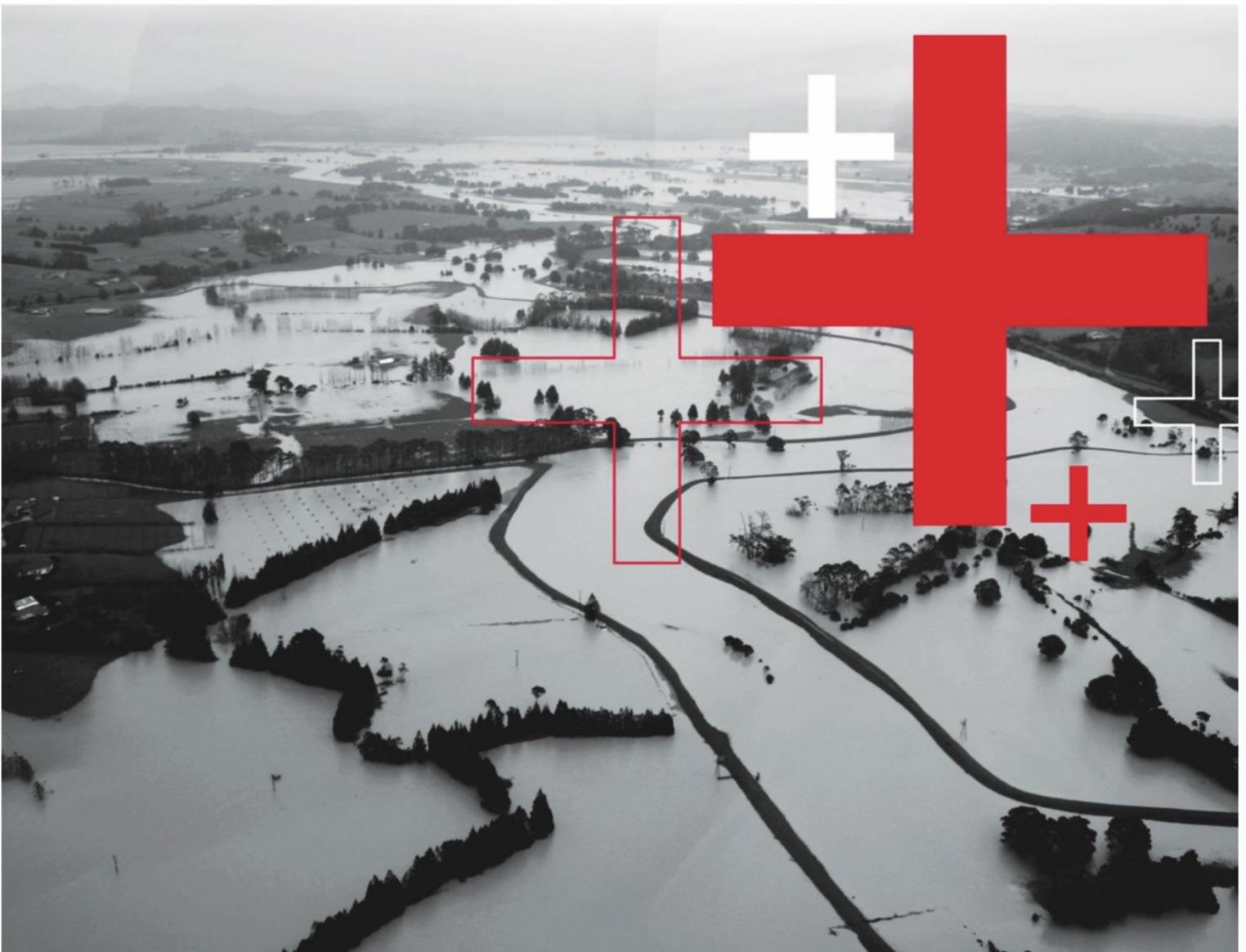


Te Hanga Whaioranga Mō Te Iwi
Building Healthy Communities



Waikato District Health Board

Health Emergency Plan 2016-2019



Our Vision:

*Te Hanga Whaioranga Mo Te Iwi
- Building Healthy Communities*

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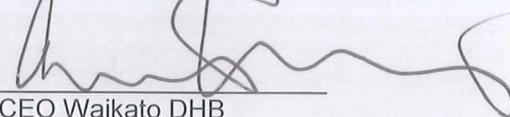
1. APPROVAL

This plan is approved by:

Name:

Dr Nigel Murray

Signature:



Role:

CEO Waikato DHB

17.5.16

2. DISTRIBUTION

This is a controlled document. Numbered hard copies are held:

- by each member of the stakeholder group,
- in the Regional Emergency Operations Centre (Waikato Regional Council , Hamilton)
- by the Waikato DHB emergency management planning manager*.

- A copy is on the Waikato DHB website www.waikatodhb.health.nz/emergency

3. SCOPE

This plan is to for use during the co-ordination of an emergency or incident that:

- involves, or potentially involves a number of health providers, or
- has the potential to have, a major impact on the health of the population.

This plan will be utilised to manage any emergency requiring a co-ordinated 'health' response, whether or not a civil defence emergency is declared.

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PART 1: INTRODUCTION

1.1 Purpose of the plan

The overarching goal of the Waikato DHB Health Emergency plan is 'resilient health services in the Waikato DHB area'. The Waikato DHB Health Emergency Plan (HEP) has been developed to provide a consistent approach to coordination, cooperation and communication across the health sector when planning for and responding to an emergency incident.

1.2 Definition of a 'Health Emergency'

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

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

A regional health emergency is defined as a health emergency event which involves the whole region or when a local DHB is overwhelmed, regional support will be activated to support the local response.

1.3 Plan objectives

The plan has four objectives:

1. to create a framework to manage a resilient and sustainable health sector during any potential of significant health emergency
2. to maintain or restore the health status of the population of the Waikato District Health Board's (Waikato DHB) area of response, following a major incident
3. to define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency
4. to define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.

1.4 The area to which this plan applies

The area encompassed by this plan includes the districts of Thames-Coromandel, Hauraki, Matamata-Piako, South Waikato, Northern Ruapehu and Waikato Valley - Hamilton city, Waipa, Otorohanga, Waitomo

The Waikato DHB is a tertiary level centre and serves a population of about 391770 people (Statistics New Zealand - estimates). This includes the largest rural population of all the DHB's.

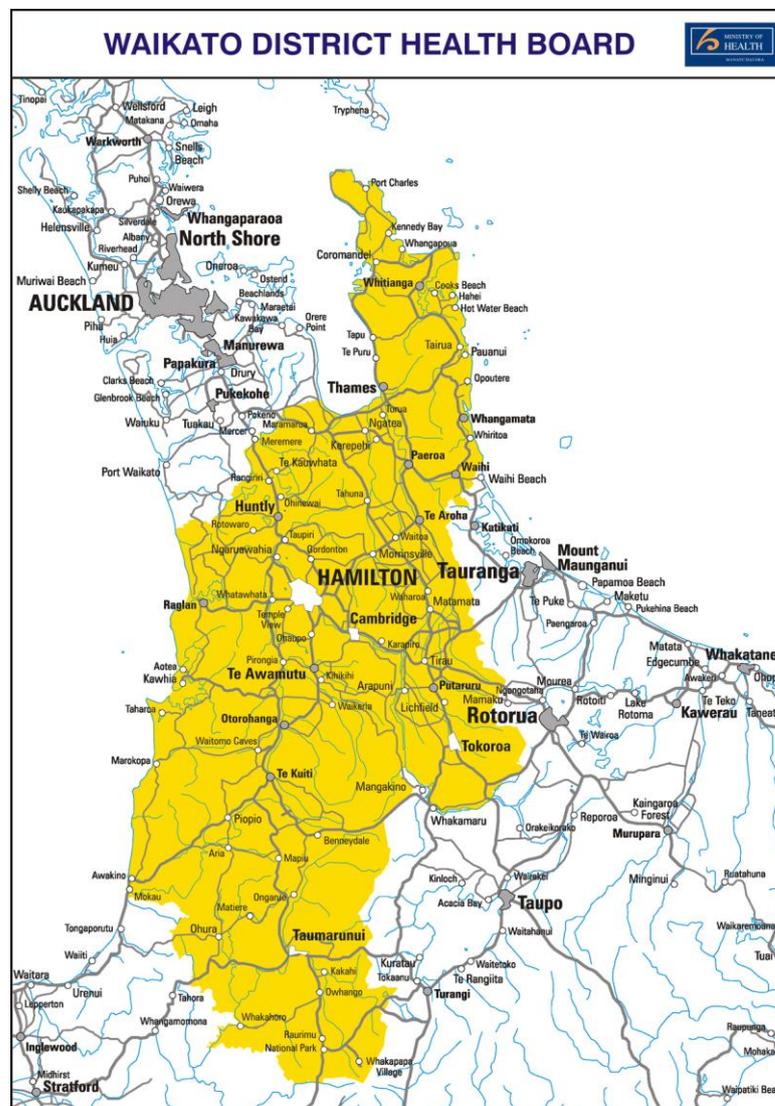
The district is centred upon the city of Hamilton and spans from the east coast to the west coast, stretches north to the Bombay Hills, south to the ski fields of the North Island volcanic plateau (meeting Wanganui and Lakes DHBs at the top of Mount Ruapehu) and covers large areas of farmland and native bush.

Waikato is home to a diverse population including large Māori and rural communities, which influence funding and delivery of health services. A wide range of independent providers and the Waikato DHB's provider of hospital and related services.

Waikato DHB falls into six local civil defence areas

1. **Thames Valley Emergency Operating Area**: Thames Coromandel, Hauraki and Matamata-Piako district councils, with the Emergency Operations Centre and administering authority at Thames.
2. **Hamilton City Council**: Hamilton City Council, with the Emergency Operations Centre in Hamilton.
3. **Waikato District Council**: Waikato District Council, with the Emergency Operations Centre located in Ngaruawahia.
4. **South Waikato District Council**: South Waikato District Council, with the Emergency Operations Centre located in Tokoroa.
5. **Taupo District Council**: Taupo District Council, with the Emergency Operations Centre located in Taupo.
6. **Western Waikato Emergency Operating Area**: Waipa, Otorohanga and Waitomo district councils, with the Emergency Operations Centre and administering authority in Te Awamutu.

Figure 1: Map - Waikato DHB area



These six areas make up the Waikato Region Civil Defence Group. Waikato DHB has responsibilities within the group plan as health liaison or in a health emergency will become lead agency.

1.5 The target audience

This plan is for the health services of the Waikato DHB that will be exposed to a variety of hazards. Health services need to be aware of the hazards that could affect the various districts and the potential consequences of them on health services they provide. Health service managers will then have the ability to plan appropriately for hazard events. The plan takes a regional approach and seeks to provide the foundation for helping health providers' work together.

This plan is primarily directed at health providers and their personnel, with a role in emergency planning and management. Other strategic partners include, but are not limited to;

- Ministry of Health
- Local and National Civil Defence Emergency Management
- NZ Police
- NZ Fire Service
- Ambulance Service.

1.6 Structure of the document

The document begins by describing the rationale and requirements for the plan showing how the plan is aligned with regional and national health emergency plans. The remainder of the document describes how the Waikato DHB is meeting these requirements through the four areas of emergency management which are; reduction, readiness, response, and recovery. These are commonly referred to as the 4Rs of comprehensive emergency management as outlined below. The operational component of the plan is covered in Part 5, Response.

Appendices cover supporting material including glossary of terms, definitions, roles and responsibilities of health providers, emergency related forms and role cards for responders etc.

1.6.1 The 4Rs are defined as:

Reduction – Identifying and analysing long-term risks to human life and property from natural or manmade hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and magnitude of their impact **(Part 2 and 3)**.

Readiness – Developing operational systems and capabilities before an emergency happens. These include self-help and response programmes for the general public, as well as specific programmes for emergency services, utilities and other agencies **(Part 4)**.

Response – Actions taken immediately before, during or directly after an emergency, to save lives and property, “prevent the spread of disease as well as help communities to recover **(Part 5)**.

Recovery – Activities beginning after initial impact has been stabilised in the response phase and extending until the community's capacity for self-help has been restored **(Part 6)**.

1.6.2 Funding arrangements

The requirement for the Waikato DHB to develop and maintain a Health Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans is stipulated in their funding contracts with Waikato DHB.

During response and recovery activities providers must document their response actions and keep a record of all costs incurred during response and recovery activities. Costs should first be billed through normal or pre-arranged funding agreements.

For DHB incidents, DHBs will cover the costs of a major incident up to 0.1% of its allocated budget. Following that, costs will be recovered via application to the Ministry of Health or, if relevant, the Ministry of Civil Defence Emergency Management.

In order to assist with tracking of costs associated with the response, an emergency cost centre has been set up by the DHB to be used during an emergency event.

1.6.3 Reference documents and legislative requirements

This Plan meets the requirements placed on service providers by:

- NZ Public Health and Disability Act 2000
- Health Act 1956
- Civil Defence and Emergency Management Act 2002
- National Civil Defence Plan 2015
- National Health emergency Plan 2015

<https://www.health.govt.nz/publication/national-health-emergency-plan-framework-health-and-disability-sector>

- Health and Safety in Employment Act
- The Law Reform (Epidemic Preparedness) Bill 2006
- Ministry of Health 2006 Operational Policy Framework
- National Health Emergency Plan Infectious Diseases
- The New Zealand Influenza Pandemic Action Plan
- The National Health Emergency Plan
- Waikato CDEM Group Plan

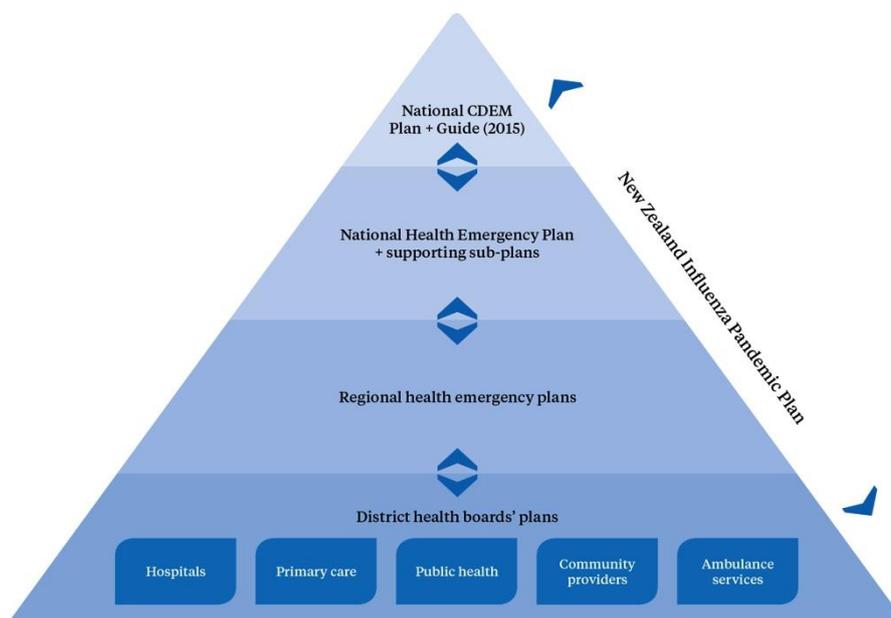
1.6.4 Emergency management principles

The National Civil Defence Emergency Management Strategy 2007 (CDEM) stipulates that an ‘all hazards, all risks, multi-agency, integrated and community focused approach’ is central to emergency management in New Zealand.

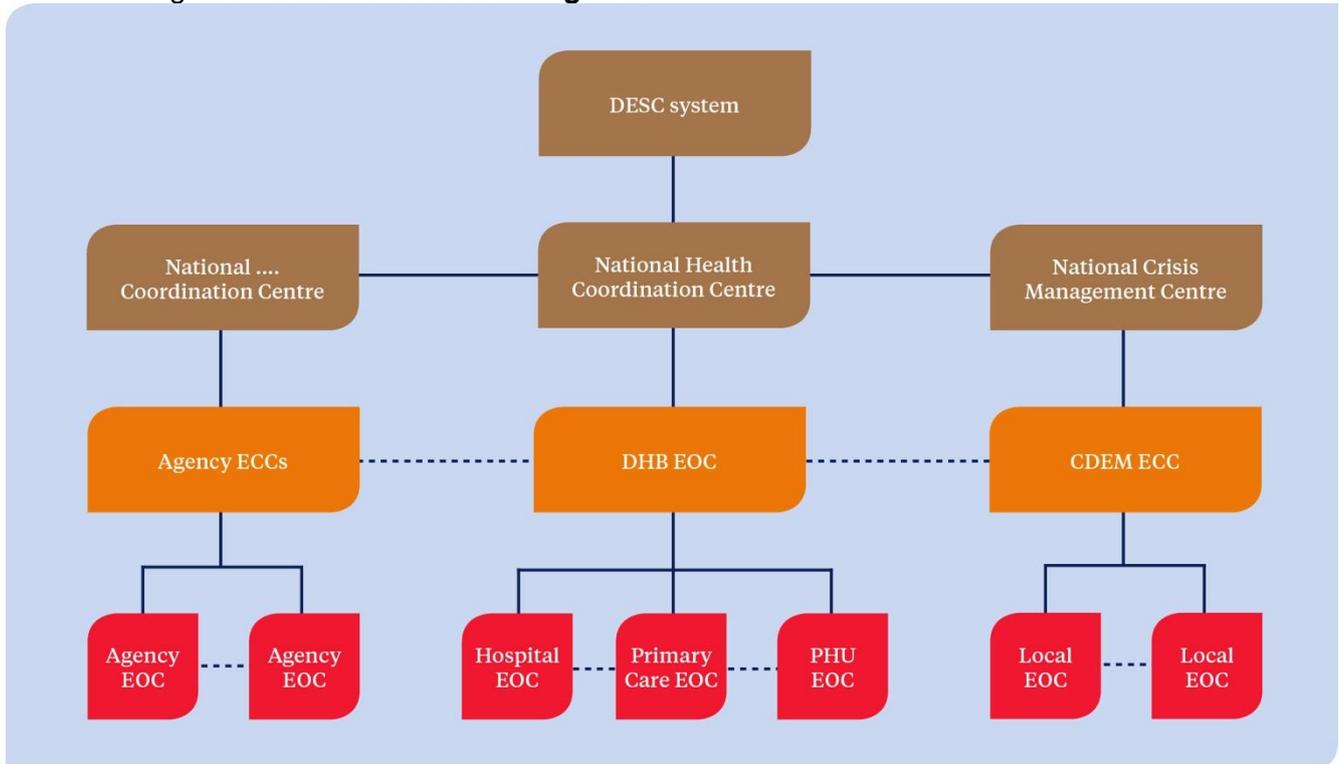
The strategy outlines that the New Zealand integrated approach to Civil Defence Emergency Management can be described under the four key areas described in section 1.6.1; reduction, readiness, response and recovery.

The preparedness and planning by the health sector is underpinned by the all hazards risk based approach which encompasses the four “R”s of emergency management as defined in the CDEM Strategy (2007).

1.7 Framework of plans/integration with other plans (Figure 2)



a) The fit between Waikato DHB / National health planning and “other” organisations and agencies is illustrated below: **Figure 3**



Provides planning support and advice, and liaises with, district-wide health providers as follows:

- provides planning templates and advice
- develops an annual exercise plan and facilitates exercises
- provides operational support to major incidents
- establishes, tests and maintains DHB HEPs
- facilitates event debriefs and post-incident reviews
- provides documented reports and follows up on actions arising
- assists with Provider Arm HEPs. Provides exercises to test these plans.

Liaises with other DHBs and represents Waikato DHB in national activities as appropriate

- represents the DHB on the Midland DHB EMP forum
- represents Waikato DHB at national meetings
- involved with MOH-led national EMP projects as able/appropriate
- Represents DHB / attends special interest meetings as required (e.g. Volcanic Plateau).

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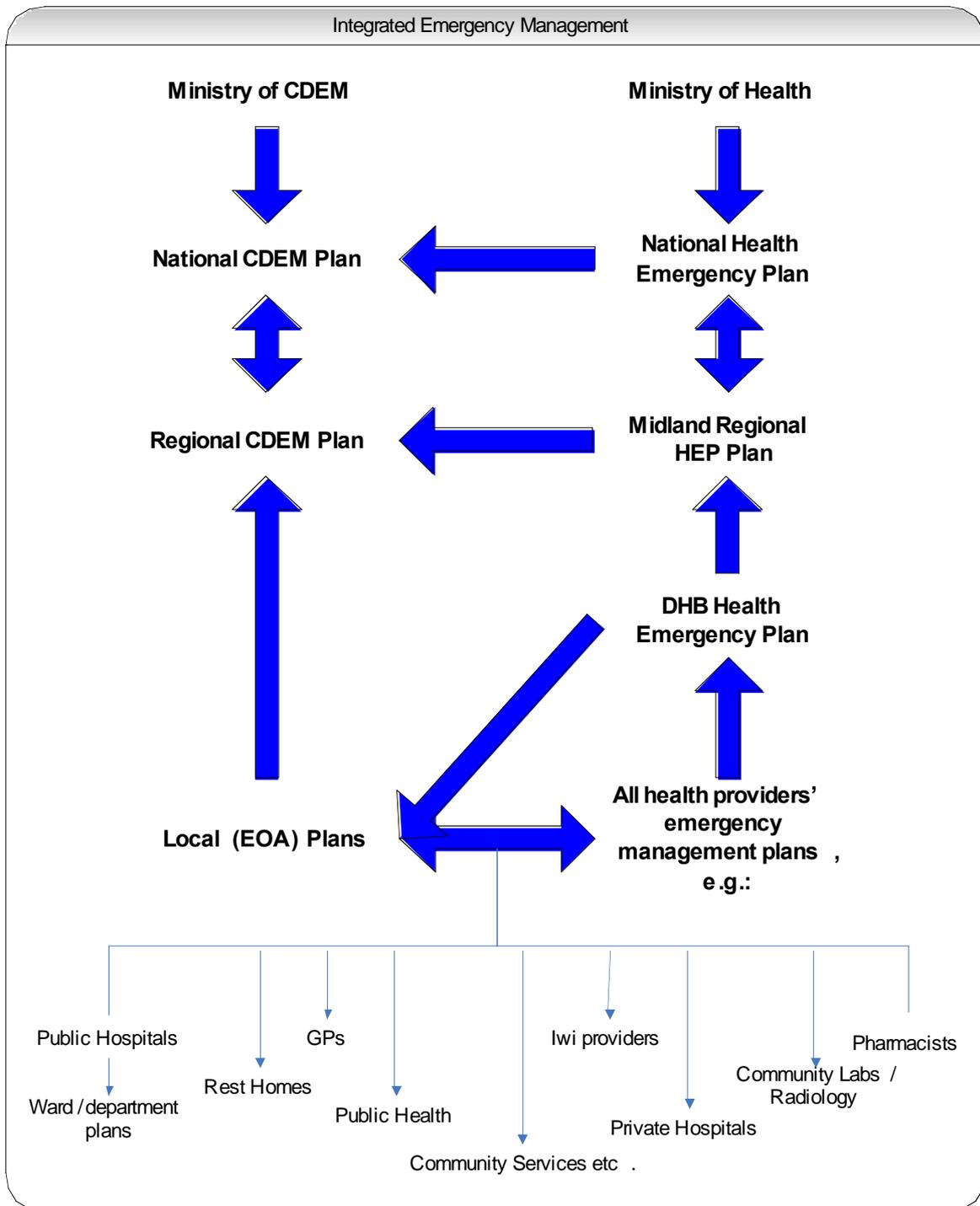
Represents District-wide health providers on the following emergency management groups:

Name	What
CEG ¹	Coordinating Executive Group Readiness and Response sub group
ESCC	Emergency Services Coordinating Committees
HSTLC	Hazsub Technical Liaison Committee
EMGs	Emergency Management Groups (Local Authorities)
ECCT	Emergency Care Coordination Team
WCG	Welfare Coordination Group

Note: definitions attached in the Glossary, Section 4.8 of this Plan.

¹ Represents Lakes DHB on the Waikato CEG; is represented by MidCentral DHB on the Manawatu RC CEG (northern Ruapehu).

b) The fit between national and local, and CDEM and Ministry of Health planning is illustrated below in **Figure 4 Hierarchy of Health Emergency Planning:**



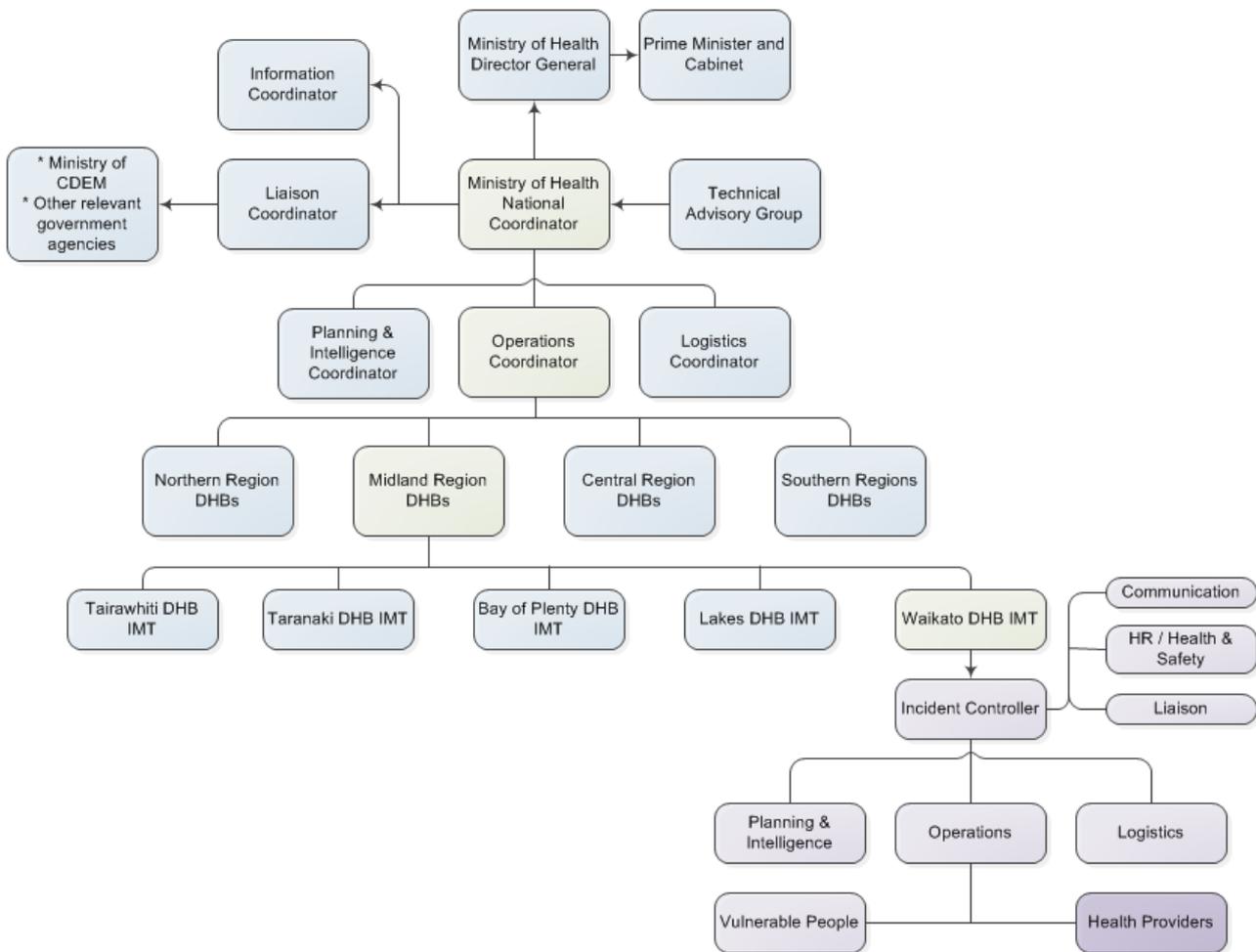
c) The National Health Emergency Plan (NHEP) requires DHBs to work in regional clusters for the purposes of coordinating the response to a national or regional health emergency. The five 'Midland' DHBs maintain a regional HEP. The relationship between Waikato DHB and regional/national health emergency planning is illustrated in section 1.9.

1.8 National context

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

The Civil Defence and Emergency Management Act 2002 designates District Health Boards as emergency services which are required to be active members of their regional Civil Defence and Emergency Management Groups. The Act designates responsibility for the provision of health care services in an emergency, as well as the restoration of the health status of a community to health. The Act also requires DHBs to actively engage with other response agencies in planning and exercise activities

1.9 New Zealand health and disability emergency/coordinated incident management systems structure (Figure 5)



1.10 Health provider roles, responsibilities and coordination arrangements in planning and response

Details of health provider roles and responsibilities are outlined in Appendix 4. Coordination arrangements are outlined in Part 4 Readiness.

PART 2: RISK PROFILE

2.1 Context

This section focuses on the natural and technological (man-made) hazards and risks that are considered significant to the whole or major parts of the Waikato region. Only those hazards that require the Waikato DHB to design an integrated strategy and operational arrangements for addressing them are addressed in this plan.

There are a large number of natural and technological² (man-made) hazards facing the region. Its geographic size, coupled with the spread of rural communities linked primarily by road, emphasises the need for emergency management systems that take into account the need for self-reliance, while working to a wider co-operative framework. The region is bisected by major gas, electricity, and telecommunication grids and is host to active faults, volcanic action, and large rivers. The Waikato DHB is further challenged by its boundaries being different to those of Waikato Regional Council and the other emergency organisations providing services to the Waikato region.

2.2 Regional hazards

The Waikato DHB must plan for all natural and technological hazards that have the potential to endanger the health status of the community, and have the potential to be beyond the ability of individual providers to cope with, or may require a significant and coordinated response. The hazards that have been identified for the Waikato region are listed in the table in the Waikato Civil Defence Emergency Management Group Plan as shown in appendix 3.

² Technological hazards are non-natural hazards, namely those hazards created as a result of human activity that have potential to create an emergency situation. The line between natural and technological events is not always clear cut, therefore an arbitrary classification has been made

PART 3: REDUCTION

(Activities and measures taken to analyse long term risks to life and property from hazards, in order to eliminate or reduce the risks as practicable.)

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 of the sector's ability to provide health and disability services.

3.1 Identifying and analysing hazards

The hazards that have been identified for the region are listed below. It should be noted that this is a general summary for the hazards in the region and does not identify the unique and specific levels of risk in different localities within the area covered by the Waikato DHB. Health providers are expected to conduct risk assessment for their organisation.

3.2 Hazard prioritisation

Prioritisation of regional hazards has taken place as part of the integrated CDEM planning. As one of the larger DHBs in New Zealand, with diverse geographical features, a unique feature of the Waikato district is that hazards are prioritised differently in different areas. The hazards/risks that all parts of the region have identified in common are:

- animal epidemic
- earthquake
- tsunami
- rural fire
- human pandemic
- major transport accident (road)
- river/stream flooding
- severe storm/storm surge/serious weather event (eg 'storm bomb')
- health providers have also identified infrastructure/utility failure as a major risk.

Likely impacts and issues could include:

- casualties
- public health issues (water quality, epidemic, etc)
- building failure
- failure of electricity, gas, water, sewerage and telephone services
- failure of critical supplies
- public panic
- social impact
- transportation issues (need for/lack of resources)
- transportation networks fail/are closed
- mental health issues
- isolation of patients/clients and staff
- that usual providers (eg pharmacy and GPs) close down.

3.3 Key partners involved in emergency planning to assist in reducing the risks

3.3.1 Health provider stakeholders

Waikato DHB has a health provider emergency planning stakeholder group. This group provides a forum for emergency planning education, advice and discussion to share resources and ideas and exercise plans. The group meets six monthly or as required and are also invited to provide feedback on this Plan.

The DHB maintains a fax and e-mail contact list of health providers within the Waikato in order to forward emergency planning information and Ministry of Health emergency alerts in the event of an incident.

The development, maintenance and exercising of plans ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered to the highest level possible and prioritised during health or civil defence emergencies.

This plan meets the relevant requirements outlined in the Civil Defence Plan and is aligned with plans existing inside and outside the health system. Links to and alignments with other DHBs within the Midland region are shown in section 1.9.

3.3.2 Public Health Service

The Public Health Service provides services for Waikato DHB. The Medical Officer of Health operates and leads Public Health emergency management planning within the service. Waikato DHB Manager Emergency Management assists services to align and plan consistently across the DHB

3.3.3 Midlands Health Emergency Management Group

The five DHB Emergency managers/coordinators within the Midland Region, (BOP, Lakes, Tairāwhiti, Taranaki, and Waikato), along with a representative from Public Health, St John Ambulance and the Midland Regional Emergency Management Advisor from the Ministry, meet on a monthly basis. This group is working towards a consistent approach towards emergency planning, coordination, cooperation and communication across the region. In addition the group has organised a roster system where one DHB per month takes the lead to notify the rest of the group, if there is an emergency alert or event requiring action. This has the added value of testing communication systems on a monthly basis.

3.3.4 Waikato Region Civil Defence Coordinating Executive Group (CEG)

Local authorities in the Waikato region have united to form the Waikato Region Coordinating Executive Group, a legislative group of which Health is a legislated member. The group provides political governance and has the overall legal responsibility for the provision of CDEM in the Waikato region. The group is made up of chief executives, or their designate, emergency services and other organisations who work towards ensuring the effective delivery of CDEM within the area.

3.3.5 Primary Health Organisations (PHO)

PHOs operate within Waikato DHB. PHOs are represented on the Waikato health provider emergency planning stakeholder group. Work with PHO managers is ongoing to strengthen communications, assist primary care services to develop and exercise their emergency plans. The DHB has Planning and Funding portfolio managers who have contact numbers / email for the PHOs who provide a conduit for passing messages to general practices within their organisation during an emergency.

If the emergency requires maternity providers to act, an emergency txt can be sent out via the NZCOM e-mail network. This would be an invaluable workforce to keep a service going in the community in a coordinated fashion. Refer to clinical midwife director.

3.3.6 CDEM Welfare Coordination Group (WCG)

Waikato DHB have a representative on the Waikato Welfare Coordination Group as well as local CDEM welfare groups in order to ensure that health issues are considered in all aspects of planning and response. Waikato DHB Services e.g. Public Health Service provides advice and information to Welfare Managers regarding public health for planning and implementation of welfare services for evacuees. DHB Services - Mental Health, Planning and Funding and Public Health provides advice and coordination of agencies providing Psycho social support

3.3.7 Waikato DHB risk management planning process

The Waikato DHB Risk Management Planning process is used to identify the risks to the DHB and to assist to develop the various emergency response plans. Appendix 15 outlines this process.

PART 4: READINESS

(Readiness involves planning and developing operational arrangements before an emergency happens, including equipping, training and exercising in preparedness for all emergencies identified as well as testing and refining systems developed.)

4.1 Development of plans

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

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

All healthcare providers contracted by the Waikato DHB and Ministry of Health are expected to develop emergency plans which identify:

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

4.2 Plan duration and amendments

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

4.3 Plan maintenance

The Waikato DHB Emergency Planner will maintain the plan. She/he will:

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

4.4 Plan monitoring, exercises and review

Health emergency planning sits in the Population Health area of the DHB. Monitoring and evaluation will take place as follows:

- the plan or aspects of the plan will be tested by table-top exercise annually. Following the completion of each exercise an evaluation will be undertaken and areas identified requiring improvements will be acted on
- Waikato DHB will take part in multi-agency exercises when the opportunity arises
- a self-assessment against the Operational Policy Framework will be carried out by the Emergency Planning Coordinator and the Midland Regional Emergency Management Advisor for the Ministry of Health
- the Emergency Planning Coordinator will provide the opportunity for health providers to test their emergency plans on an annual basis through the stakeholder meetings or workshops.

4.5 Staff training and education

The DHB and health providers are required to ensure that staff are trained sufficiently in order to respond appropriately during an emergency event.

Waikato DHB provides:

- information to new Waikato DHB staff relating to emergency planning and response procedures as part of the orientation programme
- Coordinated Incident Management System Level 4 (CIMS4) or CDEM Intermediate level training for key staff who will make up the incident management team in order to respond to any emergency event
- in-house CIMS training updates and the opportunity to take part in multi-agency table top exercises
- in-house emergency management information system (EMIS) training and updates
- support for Incident Controllers and Communications Managers to attend CDEM specific CIMS role training
- support for emergency managers to receive emergency management training where appropriate.

4.6 Key considerations in planning

4.6.1 Vulnerable communities

Vulnerable communities which have been identified within the Waikato DHB region needing special consideration when planning and responding to an emergency event are:

Māori

The Waikato DHB IMT will engage with the Māori community within the Waikato DHB.. During an emergency event resources would be coordinated through the DHB Te Puna Oranga – Māori health unit to take the role of Māori Liaison to ensure that appropriate messages and feedback are provided for the Māori community and appropriate communication links are maintained. Appendix 7 outlines the communication tree for contracted providers and Māori stakeholders.

Pacific

The Waikato DHB IMT will liaise with health-related roles and assist to co-ordinate resources of relevant non-government, volunteer, Pacific organisations, and will act as a link to these organisations for emergency response activities affecting their services.

Children

In an emergency, children may not be with their primary carer. Large numbers may be in early childhood care centres, schools or other education facilities and therefore may have particular vulnerability. Waikato DHB will consider communication with these facilities/carers.

Other ethnic communities where English is a second language

The Waikato DHB IMT will liaise with representatives in health-related roles and assist to co-ordinate resources.

Remote isolated communities

Health services who operate within these communities are required to have emergency plans for all hazards. During an emergency event the established contacts will be used to assess the need and maintain communication links.

The aged and/or infirmed

The DHB maintains (via Planning and Funding portfolio managers) a list of aged care facilities within the region and has assisted them with resources and emergency planning workshops, to develop and test their emergency plans. Providers are also included on the health provider emergency planning stakeholder lists.

The Waikato DHB maintains district nursing service contact with staff that will assist in providing information relating to clients within the region who may have specific needs. Such clients are encouraged to develop their personal emergency plans so that they are self-reliant based on the “Disaster Preparedness for People with Disabilities” resource developed by Waikato DHB and Waikato CDEM Group. This work is ongoing.

People with disabilities

Providers of disability support services within the DHB are included in the health provider emergency planning stakeholder group and are being assisted to develop their emergency plans. The services are encouraged to work with their clients to assist them to develop their personal emergency plans so that they are self-reliant based on the “Disaster Preparedness for People with Disabilities” resource developed by the Waikato DHB and Waikato CDEM Group.

<http://www.waikatodhb.health.nz/assets/public-health-advice/public-health-topics/emergency-management/Disabilities-and-disaster-preparedness.pdf>

4.6.2 Human resources

The Human Resources Department of the DHB have a department emergency response plan (DERP) that outlines how they will manage staff capacity issues and staff health and safety during emergency events. DHB departments are also responsible for maintaining their DERP which outlines how they will communicate with staff during an emergency, including methods of staff call back, essential services and essential resources required in order to maintain a service.

4.6.3 Volunteers

The DHB has a number of volunteers, who provide assistance at Hospital sites. The volunteer coordinator coordinates the volunteers. There is a potential for these volunteers to be engaged in assisting during an emergency.

4.6.4 Visitors and dependents

Provision for visitors and dependents is covered in the Hospital Health Emergency Plan. The DHB will liaise with local welfare agencies to assist with the young, elderly or disabled being effectively orphaned or isolated because of hospitalisation or death of their caregiver.

4.6.5 Public information management

Resources and training for the Waikato DHB communications team to assist with the provision of timely accurate and clear information to those who need it during an emergency includes:

- a communications job card with information and processes specific to the DHB emergency response. This includes methods of disseminating national messages to local populations and reinforces local messages for local populations. The job card is located in the EOC and in the emergency plan
- communications staff are encouraged to attend CDEM public information management training
- communications staff are encouraged to build relationships with local authority public information managers nationally and within the region.

4.6.6 Teletriage

Waikato DHB has resources in place to enable the activation of a 0800 number to provide the public with health information and advice should this be required during an emergency or infectious outbreak. In addition to this Public Health have the ability to provide up to date information of the Waikato DHB website for both health professionals and the public.

4.6.7 Agreements with external health providers to increase surge capacity

Waikato DHB has signed a memorandum of understanding (MOU) document with Braemar and Southern Cross Hospitals. Communications with birthing units would occur in an emergency situation to discuss mutual support.

The Public Health Service is responsible for emergency planning within the unit and maintains the Quarantine Activation Plan as part of the public health border/cluster control service.

4.6.8 Flu clinic/community based assessment centre

Waikato DHB will work closely with primary care to manage flu/pandemic outbreaks. Primary care plans are in place for such an event.

4.6.9 Single point of contact system

The single point contact system is the method used to provide 24-hours, seven days a week communication between DHBs, their public health units and the Ministry. The system is based on a group e-mail that the Ministry uses to send messages to a single contact e-mail address within the 20 DHBs.

The Waikato DHB address is: dutymanager@waikatodhb.health.nz. E-mails received at this address generate cascades to Emergency Management Response Teams.

The email also generates a text message to the duty manager's cell phones to ensure duty managers away from their computers receive the information as soon as possible.

The system is maintained by the Ministry and the DHBs and is regularly tested.

The Midland Emergency Management Group maintains a monthly roster so that each month one DHB emergency manager/planner is responsible for sending a text message to the group to alert them of a single point contact message. If appropriate that DHB will set up a teleconference for the group to discuss the response a possible resources/assistance required.

4.6.10 Emergency ambulance communication centre (EACC) external notifications procedure

The St John national emergency management team have also set up a single point contact system with the 20 DHBs, in the form of an electronic paging/text notification to provide notification of a major incident. The Waikato DHB single point contact message goes to the duty managers and the emergency planner. This system is tested on a monthly basis.

4.6.11 National reserve supplies

The DHB has access to the national reserve supplies of specialist emergency equipment. Release will be authorised by Ministry of Health Logistics.

4.6.12 Infant feeding in an Emergency situation

During an emergency, the use of breast milk substitutes (infant formula) to feed infants (0–12months) can become a critical issue. Breastfeeding in an emergency remains safe and the best option for infant feeding, and should be continued where possible. The Ministry of Health recommends exclusive breastfeeding until around six months of age and continuing to breastfeed while introducing complementary foods (solids) until infants are at least one year of age, or beyond.

Further advice on infant feeding is available on the Ministry of Health website (www.health.govt.nz). DHBs need to be prepared to offer advice and guidance to other agencies about appropriate measures for all infant feeding at the time of an emergency. While DHBs will provide infant formula for those in their care who require it, it is not the role of DHBs to provide infant formula or feeding equipment for the community in an emergency or otherwise.

The role of providing infant formula in an emergency, if it is required in the community, will be performed by local civil defence responders. This role includes sourcing and distributing infant formula, water (for powdered formula) and the associated feeding equipment.

Donations should be discouraged or declined. However, should unsolicited donations of infant formula be made (to any of the CDEM agencies), it is expected that individual DHBs will act as the single designated health agency to manage those donations to ensure the appropriate use of infant formula. Refer to Appendix 16 Waikato flow chart for managing donated formula.

4.7 Development of risk specific plans and operating procedures

4.7.1 Mass casualty plan (surge capacity)

Mass Casualty Incident Response Plans are in place e.g. Waikato Hospital Emergency Departments mass casualty response plan.

4.7.2 Waikato DHB pandemic infectious diseases outbreak response plan

This DHB plan is located in the DHB EOC.

4.7.3 Operating procedures for specific events

Operating procedures for specific events such as earthquake, fire, cardiac arrest and hazardous substance spill are available on flip charts throughout the organisation.

PART 5: RESPONSE

(The actions taken immediately after the recognition an emergency is taking place or is imminent, during, and after an emergency as well as working towards to recovery of affected communities).

5.1 Activation trigger for the Health Emergency Plan

All or part of this plan will be activated when a local, regional or national incident meets the definition of a 'health emergency'. When usual resources are overwhelmed or have the potential to be overwhelmed in a local, regional or national emergency.

All providers can activate their HEP in these circumstances. DHBs can activate both local and regional HEPs and the Ministry can activate the NHEP. The Ministry can also require DHBs to activate their local and regional plans once the NHEP has been activated.

5.1.1 Criteria for activation of the DHB HEP

The Plan will be activated when:

- a) There is a serious threat to the health status of the community, such as:
- expected influenza epidemic/ pandemic
 - predicted volcanic ash fall
 - major flooding
 - other

Notification of these threats will most likely be via either MoH or CDEM agencies

- b) There is the presentation to a healthcare provider of more casualties or patients than they are staffed or equipped to treat, of which the cause may be:
- major transport accident
 - hazardous substances spill resulting in many casualties
 - earthquake resulting in many casualties
 - tsunami
 - other
- c) There is the loss of services which prevent healthcare facility(s) from continuing to care for patients e.g.
- extended loss of electricity, loss of water supply
 - transport strike resulting in non-delivery of critical medical supplies
 - industrial action
 - major weather event causing casualties or disrupting provision of health services (flooding and slides etc).

Notification of these events will most likely be from the incident controller of the health service provider, or emergency service.

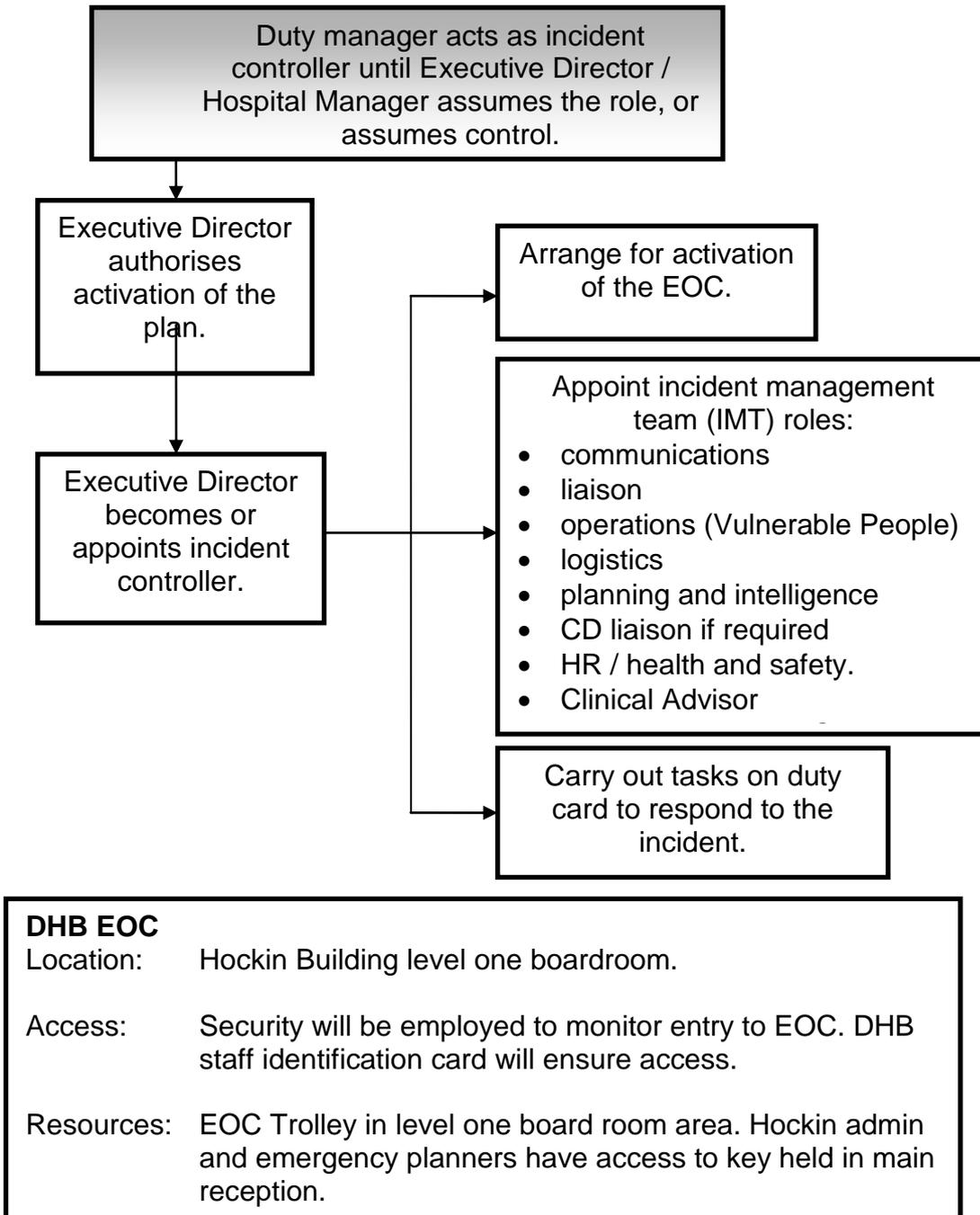
5.1.2 Procedures for activation of the Waikato DHB HEP

The initial alert for health incidents can be signaled through to the Waikato Hospital duty managers (single point of contact), the GP or PHO liaison manager, or Population Health. The initial alert for a public health incident may be signaled through the on-call health protection officer or the on-call medical officer of health.

The duty manager is instructed to;

1. notify the Executive Director / Hospital Manager on call
2. take control until the director / manager takes over
3. begin the incident log
4. begin the communication process
5. Executive Director signs authorisation for activation of the HEP.

EOC activation

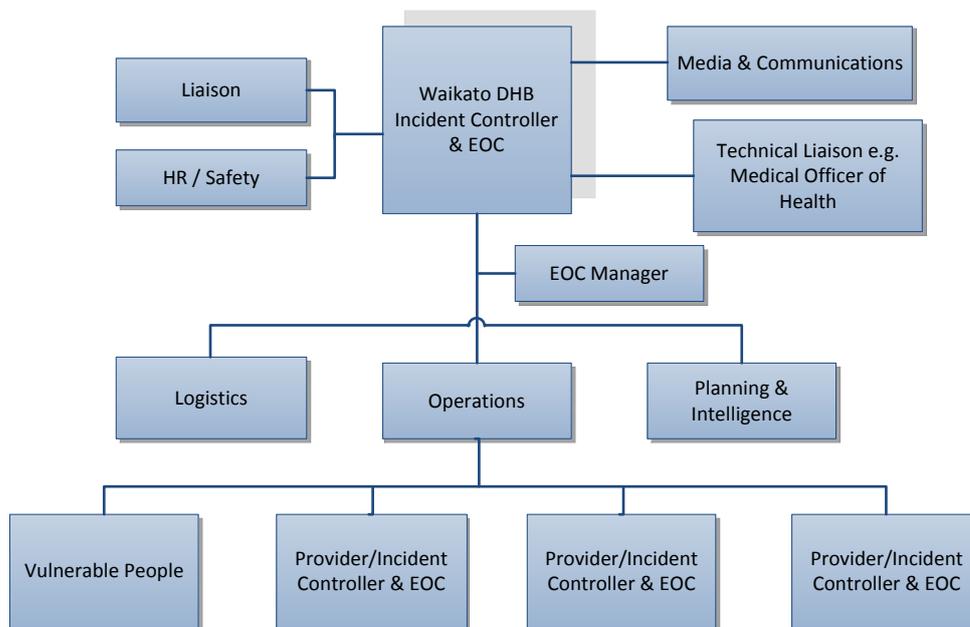


5.1.3 Alternative location for the DHB EOC

If the DHB EOC is inaccessible there is back up emergency management information and templates held in Waikato Hospital IOC. This will enable an EOC to be set up in appropriate locations to best respond to the event.

5.2 Waikato DHB response structure

Refer to appendix 6 for more detail on roles



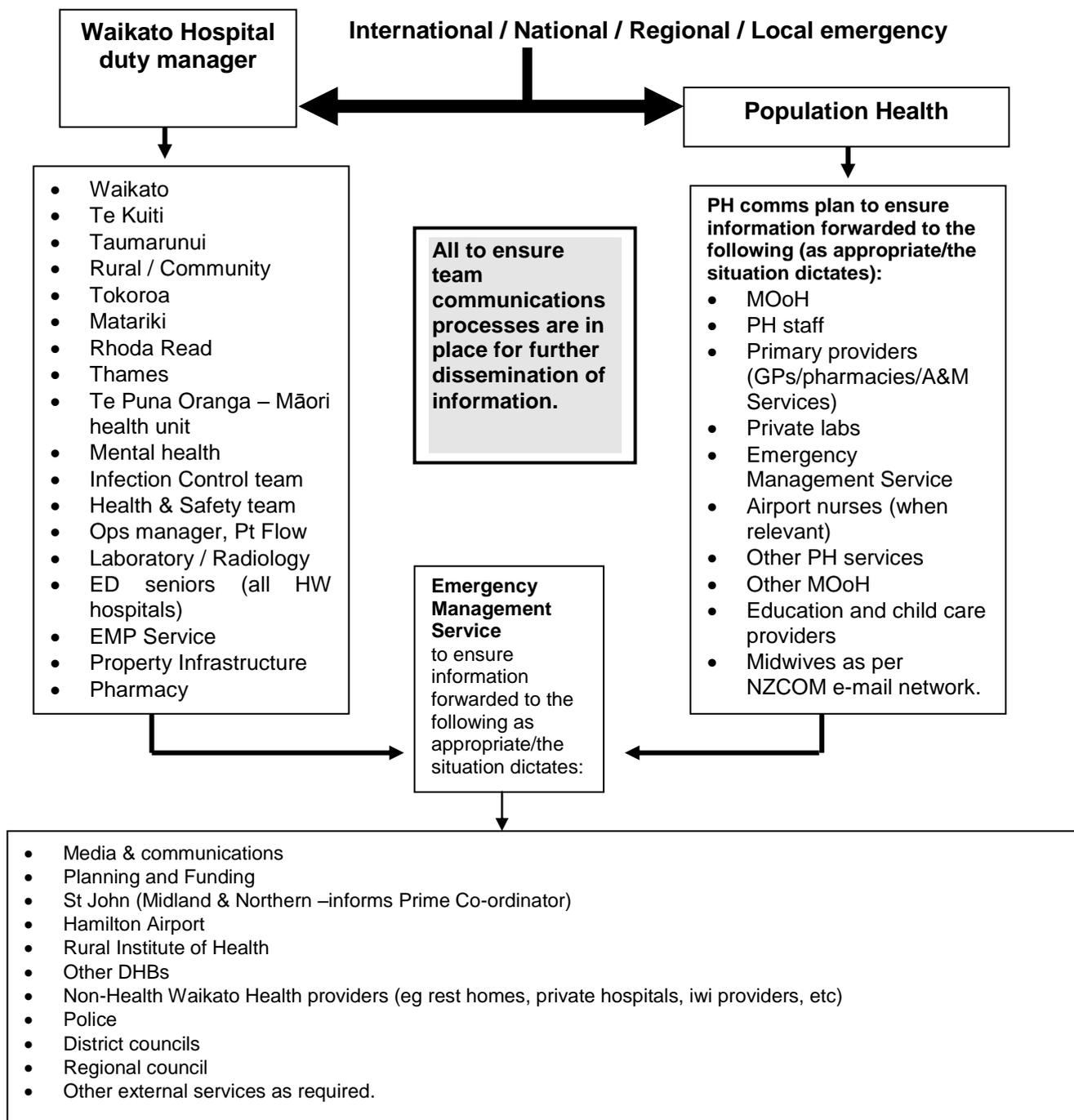
5.3 Ministry of Health communication processes

Alert Level	Measures
Code White (Information phase)	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity.
Code Yellow (Standby phase)	Warning of imminent code red alert that will require immediate activation of health emergency plans. Example: imported case of a new and highly infectious disease in New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected DHBs.
Code Red (Activation stage)	Major emergency in New Zealand exists that requires immediate activation of health emergency plans. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from unaffected DHBs.
Code Green (Stand down phase)	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.

Ministry of Health Emergency Management Information System (EMIS) is an Internet tool available for use. It will be used to coordinate, inform and record actions in all stages of Emergency Management activities.

Contact MoH or DHB Manager Emergency Management for access to below web access
<http://waikatodhb.healthemis.govt.nz/SitePages/Landing.aspx>

5.4 Waikato DHB communication processes



The Ministry has developed alert codes, the purpose of which is to provide a system of communication for an emergency that is easily recognised within the sector. These alert codes are issued via the Single Point of Contact system (Duty Manager Waikato Hospital 24/7 cover).

The following alert codes outlined in 5.5 below have been adopted for use by the health and disability sector at district, regional and national levels. Other government agencies may choose to align their agencies' response to a health-led emergency to the health alert code structure; however this is not a requirement.

5.6 Roles and responsibilities by alert codes

The role of the Ministry in an emergency is national co-ordination of health and disability services. The Ministry shall also co-ordinate any international response for the health and disability sector, in partnership with the Ministry of Foreign Affairs and Trade and MCDEM.

The primary response for the management of an emergency lies with the affected local provider, which may be the local DHB, or the DHB regional group if a regional emergency plan is activated. At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Table 5.1.6 below summarises the key roles and responsibilities at the local, regional, and national level during each alert code.

5.7 Health sector emergency communication structure

The formal communication structure used by key health agencies to ensure critical information is captured and acted on quickly and effectively, including mechanisms to develop and disseminate critical information both within the health sector and to other organizations involved in the response is based on the coordinated incident management system (CIMS).

- Depending on the event, the Waikato DHB emergency operation centre (EOC) is capable of coordinating any event(s) across the whole region will be activated. DHB hospitals may establish and operate a local EOC, which is capable of coordinating events within its area. Local emergency services and EOC representatives will provide key sources of advice and liaison for a health response.
- A Waikato DHB Health incident controller will be appointed who will provide Waikato DHB health coordination during a regionally or nationally significant emergency.
- In a regionally or nationally significant emergency a Waikato DHB representative will be appointed to the local or regional CDEM emergency operations centres. A duty card for this role is attached in Appendix 6 CDEM Health Liaison.
- Section 5.2 shows the Waikato DHB incident response structure. Job cards for the Waikato DHB incident controller, logistics, media and communications, planning and intelligence, operations liaison, clinical advisor, finance, vulnerable people, security, recovery manager are attached in Appendix 6.
- Information will be communicated to the, staff, services and health providers within the region via the internal communication systems and the health provider emergency planning stakeholder group e-mail / fax or via representative members such as PHO managers.
- The DHB will use the current web based emergency management information system (EMIS) hosted by the Ministry of Health in order to manage local regional or national emergencies. These systems complement existing business as usual systems such as EpiSurv and patient management systems. EMIS provides DHBs, public health units and other key health providers (such as ambulance) with a logging and task tracking system, in order to manage their local response to an incident.

5.8 Key roles and responsibilities at the regional and local level

Phase/ alert code	Regional responsibilities	Local responsibilities (DHB)
All alert phases	<ul style="list-style-type: none"> coordinates the regional health response liaises between the Ministry, DHB groupings and other agencies' regional emergency structures coordinates intelligence-gathering and tasking in the region. 	<ul style="list-style-type: none"> coordinates and manages the health sector response in its particular areas liaises with other agencies at the local level and within the region provides the region and the Ministry with required information.
Information (code white)	<ul style="list-style-type: none"> not activated in code white. 	<ul style="list-style-type: none"> monitors situation and obtains intelligence reports and advice from the Ministry advises all relevant staff, services and service providers of the event and developing intelligence liaises with Ministry regarding media statements assists development for local and regional HEPs prepares to activate emergency plans liaises with other emergency management agencies within the region.
Standby (code yellow)	<ul style="list-style-type: none"> not activated in code yellow. <p>NB In some circumstances a single regional coordination team may be activated without the national plan moving to the red phase. This may occur when a health related emergency is localised and likely to remain so or when the Ministry considers activation of the NHEP is not currently required.</p>	<ul style="list-style-type: none"> prepares to activate DHB emergency operations centre identifies the need for and appoints a IMT prepares to activate regional coordination advises and prepares all staff, services and service providers manages liaison with local agencies monitors local situation and liaises with the Ministry prepares to assist primary care response to flu clinics and triage as necessary <p>NB in certain types of emergencies (such as pandemic) public health units may fully deploy whilst clinical services remain on standby to provide assistance if required, and mount a clinical response.</p>
Activation (code red)	<ul style="list-style-type: none"> activates regional incident management structure and identifies a regional coordinator coordinates the regional health response communicates with the Ministry, regional DHBs and other agencies' regional emergency structures coordinates regional intelligence gathering. 	<ul style="list-style-type: none"> activates DHB EOC activates DHB IMT activates DHB primary, secondary and public health service response liaises with other agencies at a district level prepares to assist primary care response to flu clinics and triage as necessary provides regional coordination centre with DHB/community health intelligence.
Stand-down (code green)	<ul style="list-style-type: none"> stands down regional coordination participates in debrief updates plans. 	<ul style="list-style-type: none"> stands down DHB EOC stands down IMT focuses activities on health recovery issues in the DHB region facilitates debriefs provides management and Ministry with information following debriefs updates plans.

5.9 National health coordination centre (NHCC)

Ministry of Health may activate the NHCC in code yellow or red in order to coordinate the response at a national level. NHCC are responsible for monitoring the situation, revising and communicating strategic actions for response as appropriate and approving/directing distribution of national reserve supplies when required. NHCC also provides clinical and public health advice, carries out national public information management activities and manages liaison with other government agencies as well as advice on recovery planning.

5.10 Alternative communication

Alternative communication in the event of internet/computer failure includes;

- paper based templates available in the EOC and fax machine which is linked to generator power
- base unit satellite phones have been installed in the:
 - DHB
 - Public Health Unit
- portable satellite phones are also located in the DHB and Public Health (satellite phone directory in appendix 14).

5.11 Public information management

The DHB communications team will coordinate significant information releases approved by the incident controller and coordinated with the Ministry of Health. Media releases are to be forwarded to the Ministry preferable before but always after the release.

Medical officers of health under the special powers (listed in the NHEP p29) may also issue media statements in an emergency. It is expected that the medical officers will liaise with the Ministry and DHBs prior to releasing media statements.

5.12 Websites

In an emergency the following websites may have specific information, they include;

- Ministry of Health, <http://www.moh.govt.nz>
- Waikato DHB Public Health, <http://www.waikatodhb.health.nz/public-health-advice/>
- Ministry of Civil Defence, <http://www.civildefence.govt.nz>
- Waikato Regional Council, <http://www.waikatoregion.govt.nz/Services/Regional-services/Regional-hazards-and-emergency-management/Civil-Defence-and-Emergency-Management/>
- Metrological Service, <http://www.metservice.com/warnings/severe-weather-warnings>
- New Zealand Transport Agency <https://www.nzta.govt.nz/traffic-and-travel-information/>
- Health EMIS <http://www.healthemis.govt.nz/SitePages/Landing.aspx>
- GEO net (Tsunami Earthquake information) <http://info.geonet.org.nz/display/home/Latest+>
-

5.13 Primary care management

PHOs are invited to have a representative on the Technical Advisory Group which advises the DHB Incident management team, to ensure that primary care are represented and supported to enable them to continue to provide their services during the response phase of any emergency event.

Representatives assist in monitoring the situation and disseminating information to and from the DHB EOC to their respective practices.

5.14 Communicating with local emergency agencies

DHBs are responsible for communicating directly with other local emergency agencies that may be involved in the response, including CDEM groups ambulance, police and fire services. In an unexpected sudden event a teleconference involving affected parties may be held as soon as possible to establish the ongoing communications framework.

Formal liaison should be established for local or regional response. This includes the provision for a health liaison representative at the group and local CDEM EOCs. The liaison will communicate and disseminate interagency information with the DHB EOC.

The DHB CDEM health liaison representative desk file including role card and communications equipment via the DHB emergency management team.

During a health led incident the DHB EOC should provide for accommodation of a CDEM liaison representative at the Waikato DHB EOC.

5.15 Health and safety of employees

Health and safety of the employees is pivotal to a successful response, this includes consideration of:

- physical
- mental health
- social wellbeing
- maintaining a safe environment.

The HR / health and safety role in the IMT will be responsible for ensuring the all practical steps are applied to the general duties that are carried out by staff and volunteers during an emergency as outlined in the Health & Employment Act 1992. This includes, but is not limited to, ensuring the employees and other people where appropriate have access to;

- information , policies and procedures relevant to implementing the HEP
- the required personal protective equipment (PPE) and decontamination equipment
- supplies for treatment of anyone who may be exposed to infectious diseases, e.g. antibiotics or tamiflu
- relief staff
- facilities to ensure their physical and mental wellbeing throughout the response phase
- any other protective measure that is practical to provide.

In order to reduce the of the response of staff welfare, health worker shifts should be limited to 12 hours and staff should be rotated between high medium and low-stress areas; and sufficient relief teams should be provided.

Employees have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. Their belief must be on reasonable grounds and they must have attempted to resolve the matter with their employee.

5.16 Planning for recovery

Recovery activities commence while response activities are in progress. As directed in the NHEP the DHBs will implement plans for recovery after the initial impact of the emergency has been stabilised. Appointment of a recovery manager should occur in the response phase. The responsibility of the recovery manager is to ensure that early planning is acted on in order to restore essential health and disability services as soon as possible.

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. Psychosocial support is therefore an important issue to incorporate into response and recovery planning. Psychosocial support ensures an individual's emotional, spiritual, cultural, psychological and social needs are addressed in the immediate, medium and long term recovery following an emergency. This includes those who may be providing psychosocial support services as well as those who may be receiving them.

Psychosocial recovery planning is intersectoral in nature, requiring coordination between agencies at national, regional and local levels, and spans all the phases of emergency management, including planning.

Waikato DHB representatives from the Planning Funding, Mental Health and Public Health services will work with CDEM Group Welfare Manager to develop a plan for the coordination of the delivery of psychosocial support services within the region.

With the rewriting of the National CDEM Plan and subsequent guidelines, the responsibility for Community psychosocial recovery is now vested with the Ministry of Health and the health and Disability sector.

The Ministry will provide strategic advice and guidance to the Government, CDEM agencies and health and disability sector through the Offices of the Director of Mental Health and Public Health. The Ministry will represent the health and disability sector on the National Welfare Coordinating Group. It is expected that DHBs will lead with the wider local groups responsible for delivery of services that meet the psychosocial needs of a community after an emergency. It is expected DHBs will be represented on welfare coordinating groups to provide advice, guidance and lead agency responsibilities for psychosocial recovery.

5.17 Standing down the 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 Ministry. Some basic points that should have been passed before deactivation can be declared are:

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

When the Ministry is satisfied, it will issue a code green alert to signify the end of the response.

PART 6: RECOVERY

(Activities that begin after the initial impact of the incident has been stabilised, and extends until normal business has been restored.)

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

- minimising the escalation of the consequences of the disaster
- rehabilitating the emotional, social and physical wellbeing of individuals within communities;
- taking opportunities to adapt to meet the physical, environmental, economic and psychosocial future needs
- reducing future exposure to hazards and their associated risks
- coordination of the key activities between the main stakeholders.

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

- the immediate health needs of those affected have been met
- systems have been established / re-established to assist individual and community self-sufficiency
- essential services have been restored to minimum operating levels.

See Appendix 13 for recovery action plan template.

6.1 Recovery arrangements

Recovery activities will incorporate (as required):

- overseeing the physical reconstruction of facilities
- reviewing key priorities for service provision and restoration
- financial implications, remuneration, and commissioning agreements
- staffing and resources to address the new environment
- socio-economic effect of the incident on staff and the health providers
- very important person (VIP) visits
- the DHB's role in funerals, memorials and anniversaries
- staffing levels, welfare and resilience
- ongoing need for assistance from other DHBs or other agencies
- equipment and re-stocking of supplies
- liaising with and supporting external health providers.

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

- mid-long term community support and medical services
- long term case management
- long term public health issues.

6.2 Recovery manager

The Waikato DHB CEO will appoint a Waikato DHB recovery manager and/or a health recovery liaison officer. A duty card for recovery manager is attached in Appendix 6.

Recovery activities will be physically implemented at a local level, while the Waikato DHB Recovery Manager will affect the coordination of region wide and external resources to meet the local need. Health will work with a large number of other agencies during the response and recovery phases.

The need for a local approach to implementing recovery 'on the ground' is necessary partly because of the geographical spread of the region and partly because of the disparate nature of the communities likely to be affected.

6.3 Evaluation of the emergency response

The Ministry and the DHB are responsible for conducting debriefings and an internal review of their plans following an incident, exercise or activation of the HEP.

The aim of the debriefing is for staff to communicate their experiences of a particular exercise or incident, so that lessons can be identified and plans can be modified to reflect those lessons and best practice.

Debriefing is a quality improvement activity that also provides an opportunity for the organisation to:

- thanks its staff
- provide positive feedback
- improve the performance and the ability to respond to a future event, rather than assign blame.

Debriefings are subject to the Official Information Act 1982, and privacy principles apply.

Consideration should be given to the community's need for debriefing, which will be dependent on the type and scale of the emergency. DHBs public health units and PHOs may be actively involved.

Details of the organisational model can be found on the MCDEM website <http://www.civildefence.govt.nz>

6.4 Types of debrief

6.4.1 The hot or immediate post-event debrief

A hot debrief is to be held immediately after the incident or after the shift is completed to allow for rapid 'off-load' of a variety of issues. They provide a forum to address key health and safety issues.

The person who communicates the stand-down within the organisation is to ensure that an initial debrief is held immediately.

The debrief should be attended by all key staff involved in key management of the incident and those who will assume responsibility for any ongoing management of any affected services.

At a minimum the hot debrief should include discussion on:

- the identification and management of matters that need to be addressed urgently
- the management of extraordinary measures that need to remain in place
- the restoration of a response capability
- the process for the cold debrief and/or the multi-agency debrief (see below)
- the process for reporting the hot debrief.

6.4.2 The 'cold' or internal organisational debrief

The cold debrief is held within four weeks of the incident. If the incident continues to be managed over the medium or long term it may be necessary to hold regular internal organisational debriefs at key milestones. They address organisational issues rather than personal or psychosocial issues and focus on strengths and weaknesses as well as ideas for future learning.

6.4.3 The multi-agency debrief

The multi-agency debrief is to be held within six months of the event whenever more than one agency is involved in the event. If the incident continues to be managed over the medium or long term it may be necessary to hold regular multi-agency debriefs at key milestones.

The debrief should focus on:

- effectiveness of inter-agency coordination
- address multi-agency organisational issues
- strengths and weaknesses
- ideas for future learning.

Following debriefing, reports should be compiled which should be disseminated to all participants, along with providers or agencies that may benefit from the information gathered and lessons learned from the debriefing.

6.5 Reviews

The report from debriefings should be reviewed by all recipient participants and agencies in order for review and subsequent actions that may require inter-agency collaboration to progress.

The purpose of the review is to;

- analyse the plans and arrangements in place at the time of the event
- evaluate the actions of participants and their responses
- identify areas for improvement.

Following review the plan is to be revised taking review findings into account.

New plans will then require testing and validating by exercise to ensure lessons learned have been effectively applied.

Appendices

Appendix 1: Glossary of terms for the Waikato DHB Health Emergency Plan

Abbreviation	In Full
4R's	Reduction, Readiness, Response, Recovery
Waikato DHB	Waikato District Health Board
CD	Civil Defence
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CYFS	Children, Young Persons, and their Family Service
DHB	District Health Board
EMC	Emergency Medical Centre
EMG	Emergency Management Group
EMOG	Emergency Management Operations Group
EOC	Emergency Operation Centre
ESCC	Emergency Services Coordinating Committee
GEOC	Group Emergency Operations Centre
GP	General Practitioner
HCC	Health Coordination Centre
HEP	Health Emergency Plan
IMT	Incident Management Team
IPA	Independent Practitioners Association
KPI	Key Performance Indicator
Local EOC	Local Emergency Operation Centre (District Level)
MAF	Ministry for Agriculture and Forestry
MAOP	Mutual Aid Operating Protocol
MCDEM	Ministry of Civil Defence and Emergency Management
MHEMG	Midland Health Emergency Management Group
MIRT	Major Incident Response Team
MOU	Memorandum of Understanding
PHO	Primary Health Organisation
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system
SOP	Standard Operating Procedure
TA	Territorial Authority (District Council)
TAG	Technical Advisory Group

Appendix 2: Definitions

Civil (Defence) emergency	<p>The Civil Defence and Emergency Management Act 2002 defines an emergency as a situation that:</p> <ul style="list-style-type: none"> • Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act. • Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand. • Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act. <p><u>Note:</u> An emergency service means the New Zealand Police, New Zealand Fire Service, National Rural Fire Authority and District Health Boards.</p>
Consequences	The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.
Emergency services coordination committee	A committee organised and managed by the Police, with representatives from CD group / council, and other emergency services. In a major incident this committee would coordinate local emergency services response.
Emergency operations centre	An established facility where the response to an incident may be supported and controlled.
Hazard	A source of potential harm or a situation with a potential to cause loss.
Health services emergency	<p>Any event which:</p> <ul style="list-style-type: none"> • presents an unexpected serious threat to the health status of the community • results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time • causes loss of services that prevent a healthcare facility from continuing to care for those patients it has. <p>Disastrous events having a significant impact on healthcare providers will not necessarily be declared a civil defence emergency.</p>
Incident management team	The group of incident management personnel carrying out the functions of incident controller, operations manager, planning/intelligence manager and logistics manager.
Likelihood	Used as a qualitative description of probability or frequency.
Major incident	<p>Any event which:</p> <ul style="list-style-type: none"> • presents a serious threat to the health status of the community; or • results in the presentation to a healthcare provider of more casualties or patients in type, number or degree that they are staffed or equipped to treat at that time; or • leads to or represents the loss of services which prevent healthcare facility(ies) from continuing to care for patients.
Primary health services	Primary health services are those providing universally accessible first level contact with the health system.

Public health emergency	<p>An unexpected adverse event that overwhelms the available public health resources or capabilities at a local or regional level. Public health emergencies may or may not be declared civil defence emergencies.</p> <p>A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956. Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies.</p>
Risk	The chance of something happening that will have an impact upon service delivery. It is measured in terms of consequences and likelihood.
Service continuity plans	Back-up or contingency plans for unforeseen or unpreventable events, so that the service provided can be continued.

Appendix 3: Risk Table – Waikato Civil Defence Emergency Management Group Plan

Hazard	Risk Evaluation	Frequency	Scenario and Consequences
Tsunami	Very high	Centuries	2.5m locally generated wave leading to inundation along east coast. Multiple deaths and injuries, widespread damage to buildings, local failure of lifelines utilities, large regional economic losses.
Earthquake	High	Millennia	There are two main areas where large damaging earthquakes could be generated (Hauraki and Taupo Fault Belt). These could result in multiple deaths and injuries, widespread damage to buildings, major failure of lifelines utilities and large economic losses followed by long-term reconstruction requirements.
Caldera Unrest	High	Decades to Centuries	An increase in the volcanic alert level for any of the caldera complexes from 0-1. No eruption signs are visible but social and economic responses would be significant due to uncertainty and likely length of unrest sequence (years to decades).
Severe Storm	High	Decades	Possible deaths or injuries, damage to buildings, electricity failure and road closures, economic losses.
Volcanic eruption (within region)	High	Decades to Centuries	Could expect up >20mm of ash across much of the region. Small likelihood of injuries close to vent, minor damage to buildings, some risk of failure of lifelines utilities including water supplies. Social and economic disruption, eg: agriculture and tourism industries.
Human Pandemic	High	Centuries	H5N1 outbreak (or similar) with 2% mortality rate. Multiple deaths (potentially thousands), widespread illness (40% of population), large economic losses, reduced workforce to maintain infrastructure.
Volcanic eruption (distal)	Moderate	Decades to Centuries	<20mm of ash across much of the region. Very minor to no damage of buildings, some risk of failure of lifelines utilities including water supplies closer to the source. Social and economic disruption.
River Flooding	Moderate	Centuries	River levels above flood protection schemes. Likely deaths and injuries, need for evacuations, isolated communities, widespread damage to buildings and infrastructure, large economic losses.
Animal Epidemic	Moderate	Unknown	Foot-and-mouth disease outbreak. Social impacts of unemployment and psychological impacts to rural communities, pressure on infrastructure, large economic losses through reduced exports.
Lifeline Utility Failure	Moderate	Unknown	Social disruption, possible injuries from increased accidents and urgent treatment requirements, economic losses.
Drought	Moderate	Decades	Loss of agricultural production, large economic losses, environment impacts.
Terrorism	Moderate	Unknown	Probable deaths and injuries, evacuations, social disruption, psychosocial impacts, loss of tourism, infrastructure damage.
Rural Fire	Moderate	Unknown	Possible injuries and health effects, disruption to transport systems, damage to rural infrastructure, economic losses, ecological impacts.
Landslide	Moderate	Centuries	Large scale landslide at Hipaua or debris flow along Coromandel Peninsula. Climate/weather and earthquakes are possible causes of smaller scale landslides. Multiple deaths and some injuries, localised damage to buildings, lifelines infrastructure damage, economic losses.
Hazardous Substances Incident	Moderate	Unknown	Possible deaths, health impacts from toxic fumes, evacuation, closure of transport routes, economic losses, impacts to environment – air and waterways.
Waikato hydro dam burst	Moderate	Unknown	Probable multiple deaths and injuries, inundation of buildings, damage to transportation links, lifelines infrastructure damage, economic costs, environmental effects from erosion.
Storm Surge/ Coastal Flooding / Erosion	Moderate	Decades	Inundation of coastal buildings, minor damage to coastal infrastructure.
Geothermal Ground Activity	Low	Unknown	Small scale eruptions occur at least annually, frequency is not well documents. Very localised impacts. Possible injuries, damage to buildings and infrastructure.
Transport Accident	Low	Unknown	Major Transport Accident - Air, Sea or Land. Multiple fatalities and injuries, pressure on rescue/health services.

Appendix 4 Key roles and responsibilities in an emergency

Service	Planning responsibilities
<p>1. District Health Board</p>	<p>The DHB will ensure that:</p> <ul style="list-style-type: none"> • The planning for and assessment of any major incident includes the impact on the health status of the community. • Following a major incident, a health needs assessment is conducted and appropriate services are provided in a coordinated manner to restore the health status of the affected population. • There is agreement on the contributions that providers within the Waikato DHB area of responsibility will make to the overall health services major incident response. • The health services responding to the incident have the necessary support and resources, including information and health advice, to enable them to meet the demands on their services. • There is health service input to a multi-agency strategic response. This will be achieved through Waikato DHB participation in the Coordinating Executive Group (CEG) of the Civil Defence and Emergency Management Group set up in its area, including Emergency Services Coordinating Committee and representatives on local CDEM operational committees. DHB service will Coordinate Psycho Social support delivery by support agencies • All health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts. • During a major incident DHB purchasing and supplies department & pharmacy will coordinate the delivery of essential medical supplies for the response to DHB services. • Ensure that new service agreements contain a commitment from providers for an emergency plan and resources in place to ensure they can respond in an emergency in an integrated and effective manner. • Ensure there are efficient systems for notifying staff or rapid recall of staff • Link available Health provider's information to the Civil Defence welfare response.
<p>2. Public Health Services Public Health Services' role in an emergency is guided by Section 1.10 of the PH Handbook. The Waikato DHB Public Health Service will oversee those matters that impinge upon the health, health protection, disease prevention and statutory Public Health response to the Waikato population.</p>	<p>The Public Health Service will:</p> <ul style="list-style-type: none"> • Ensure that the planning for and assessment of any major incident includes the impact on the health status of the community. • Through an analysis of the hazards and risks posed by the situation, be able to identify and assess the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response. • Communicate with relevant people about the assessment of the emergency situation and ensure appropriate management of the public health aspects.

	<ul style="list-style-type: none"> • Establish, and regularly test, communications with regional GPs, Community Pharmacies and an Accident and Medical Services. • In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. During a declared state of emergency all information, releases and distributions are to be approved by the appropriate Civil Defence Controller. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. <p>The Public Health Service response will also, as required, address and/or advise on the following issues:</p> <ul style="list-style-type: none"> • drinking water quality control and treatment • food safety and mass feeding facilities • control of sewage and other wastes, rodent control and the disposal of human as well as organic masses • shelter for evacuees and hygiene standards • control of infectious diseases • control and disposal of hazardous substances • radioactive hazards • in association with the Police, emergency disposal of the dead • ensure there are efficient processes for disseminating health warnings and messages.
<p>3. Secondary hospitals Hospitals operated by Waikato DHB will provide the facilities in which the majority of acute treatment for those affected by the incident is undertaken. They will also accommodate the majority of recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans.</p> <p>Note: When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide. This will be coordinated by the Waikato DHB. In a declared emergency, the Hospital incident</p>	<p>Secondary hospitals will:</p> <ul style="list-style-type: none"> • Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services. • Plan for a graduated response, including the evacuation of patients. • Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency services. • Manage capacity to accept those needing hospital care as a result of the incident. • Participate in an alternate communications network linking key healthcare facilities, including Tertiary Hospitals, and CDEM organisations. • Have arrangements for access to essential supplies during an emergency. • Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies • Agree mutual aid agreements with other providers, such as private hospitals. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources.

<p>controller will need to maintain close cooperation with the Police and/or Civil Defence Emergency Management Groups, in order to ensure that comprehensive registration of movements is completed.</p>	<ul style="list-style-type: none"> • Provide for incident review and critical incident stress debriefing (CISD) of staff.
<p>3 Mental Health Services Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.</p> <p>Note: Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the Welfare Coordination Group has the responsibility to coordinate the response of agencies providing that support.</p>	<p>Mental Health Providers will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Make provision for the psychological needs of those patients it has. • Provide for incident review and critical incident stress debriefing (CISD) of staff • Provide psychosocial information and coordination to health providers, agencies, NGOs, responders and the public
<p>5. Disability Support Services (DSS) Note: These include services supporting both physically and intellectually disabled people.</p>	<p>DSS will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Work closely with contracted providers, social services departments, agencies and voluntary organisations, especially in relation to support needs, as well as social and psychological support. • Provide for incident review and critical incident stress debriefing (CISD) of its own staff.
<p>6. Ambulance services The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event. In response to more severe events the Ambulance National Major Incident and Disaster Plan proposes extra resources being brought in from outside the region.</p>	<p>Ambulance service will:</p> <ul style="list-style-type: none"> • Prior to an emergency, participate in an alternate communications network that links key health facilities and emergency management organisations. • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of vehicles, buildings or utility services. • Ensure the emergency plan is integrated with the DHB and the regional emergency services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources.

<p>Note During a full scale disaster the need to prioritise the use of limited ambulance effort to best satisfy competing demands will probably preclude their use beyond the network of Medical Centres and Casualty Collection Points. It is therefore likely that private resources will transport some casualties.</p>	<ul style="list-style-type: none"> • Participate in coordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and emergency management organisations; • Maintain its own emergency plan, command structure and communications in order to liaise with the appropriate controller(s). • Provide for incident review and critical incident stress debriefing (CISD) of staff.
<p>7. New Zealand Blood Service</p>	<p>The New Zealand Blood Service (NZBS) routinely supply blood and blood products to Waikato Hospitals. NZBS have in place emergency response plans to ensure continuity of supply blood and blood products if demand should suddenly increase. The hospitals have contact numbers for a 24 hour callout service.</p>
<p>8. Aged care</p>	<p>All healthcare providers contracted by the Waikato DHB and Ministry of Health are expected to develop emergency plans which identify:</p> <ul style="list-style-type: none"> • How the provider as a whole will respond to a crisis at any of its facilities or services, who has the coordination role, where they will operate from, and, where relevant, what the role and responsibilities are of each department. • A facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified. • Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on site and filling that role when the crisis occurs. • How the service or facility can provide support to a community emergency. • Identifies risks and hazards. • Monitors staff awareness, outlines how training will be provided and ensures resources are available, including emergency supplies to enable them to respond. • How the facility will participate in coordinated planning and exercising of plans. • How they will communicate with the DHB or other emergency services if normal lines of communication are not available. • How they will maintain their business continuity plans.
<p>9. Non-Governmental Organisations Note: These are non-Ministry/DHB funded organisations that provide health services to members of the community, such as Plunket, Red Cross, Cancer Society</p>	<p>Non-government organisations, under the Civil defence Emergency Act, are also required to have plans and resources in place to ensure that they can respond to an emergency in an integrated and effective manner.</p>

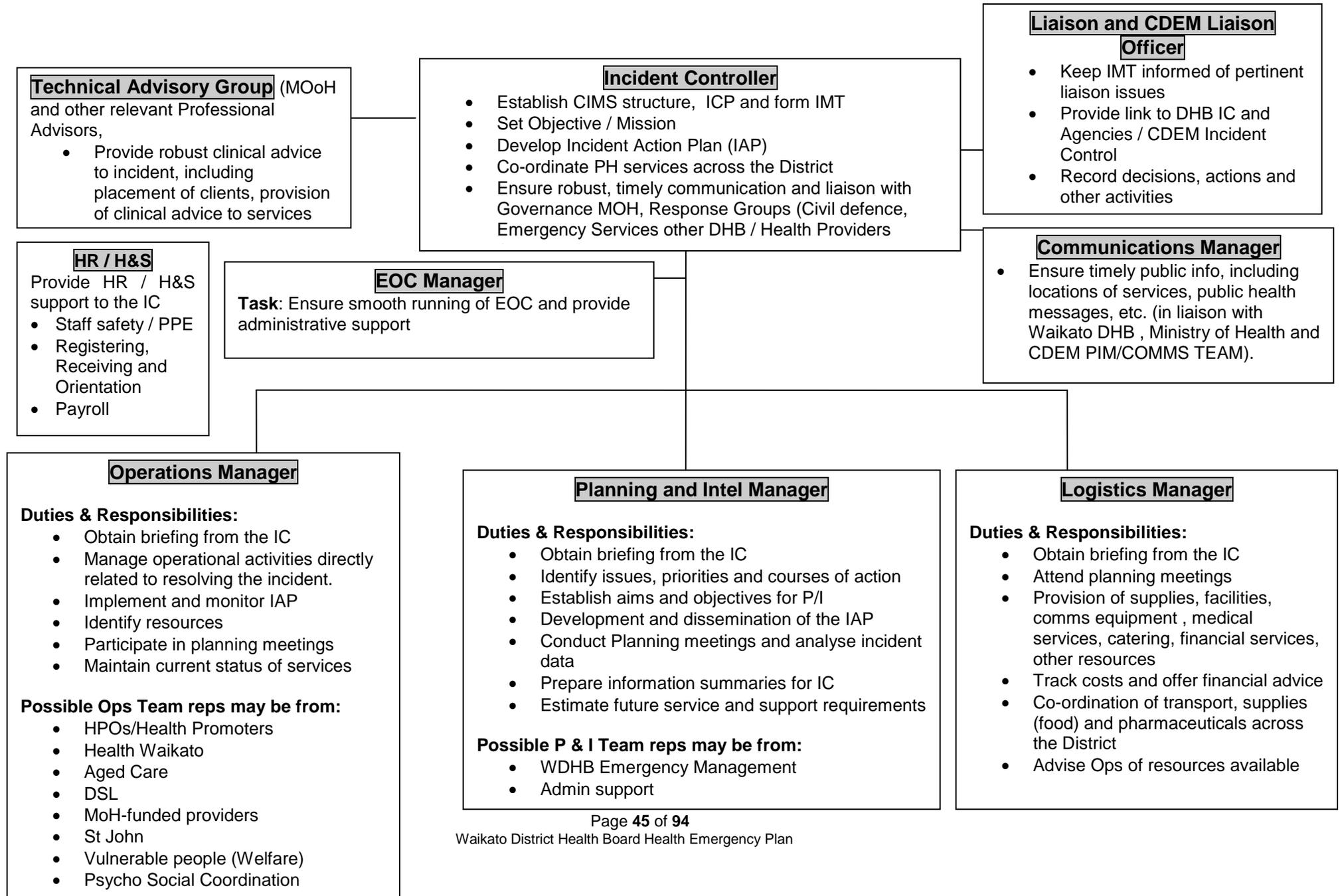
10. Civil Defence	<p>If a Civil Defence Emergency is declared, overall management of such is the responsibility of the Group and/or Local Civil defence Organisations(s).</p> <p>The main role of Civil defence is to maintain contact with Waikato DHB through the appointed Regional and District Health Liaison Officers and to facilitate requests for resources, not available from Waikato DHB or other health sources, when advised or requested by the DHB Health Incident Controller via Health Liaison.</p>
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<p>11. Primary and Community Services³ Following a major incident some people may require primary health care or community health services immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:</p> <ul style="list-style-type: none"> • There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment. • There are people needing health care, social and psychological support because they are indirectly affected by an incident in their community or because their relatives have been involved in an incident elsewhere. • Patients are transferred or discharged home early, in order to free up acute beds for the treatment of casualties injured in the incident. • People are evacuated from their homes or workplaces, which are threatened by toxic hazards or flooding, to rest or evacuation centres set up by local authorities. 	<p>Primary and Community Services will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans, appropriate for their situation, to minimise disruption to services through the loss or impairment of buildings or utility services. • Identify risks and hazards. • Agree mutual aid agreements with like providers. • Ensure there is an efficient system for rapidly notifying staff or for staff recall. • Ensure there is access to essential emergency supplies. • Following a major incident, whenever possible continue to provide their services, to meet the needs of their normal patients or clients and others who, as a result of the emergency, are unable to access their usual provider. This includes Community Pharmacies, where possible, opening their premises and providing their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier. • Have planned to participate in a response to: <ol style="list-style-type: none"> a) Meet the need for care and advice to uninjured casualties or those with minor injuries. b) Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds. c) Meet the health care needs of people at (evacuation) civil defence centres; this could include: <ul style="list-style-type: none"> • replacing missing medication • undertaking health screening • the provision of information and advice to the public • the provision of social and psychological support in conjunction with social services. d) Plan to increase their ability to accept and treat casualties (GPs and Medical Centres). e) Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. f) Participate in alternative communications networks that link principal health care facilities with CDEM and the DHB. g) Provide for incident review and critical incident stress debriefing (CISD) of staff. h) Report to funders on request about readiness and response to an emergency.
<p>12. Community Medical Laboratories Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services.</p>	<p>Community Medical Laboratories will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. • Work closely with healthcare providers responding to the emergency to facilitate the

³ Includes GP Practices, medical centres/A&M Clinics, Community Pharmacies, and other healthcare services provided in the Community.

	treatment of those affected by the event and provide for incident review and Critical incident Stress Debriefing (CISD) of staff.
<p>13. Community Radiology Services Radiology Services are expected to assist the health response through, where possible, continuing their normal diagnostic services.</p>	<p>Community Radiology Services will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. • Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event. • Provide for incident review and critical incident stress debriefing (CISD) of staff.
<p>14. Ministry of Health The Ministry is responsible for developing and maintaining the national Health Emergency Plan (NHEP) which is the umbrella plan incorporating specific plans, such as the NHEP: Infectious Diseases.</p>	<p>The Ministry of Health will, where appropriate:</p> <ul style="list-style-type: none"> • Establish and maintain clear communications processes with DHBs (including Public Health Services). MoH will use and maintain information on the Health Emergency Management Information System (EMIS) • In the event of a national health-related emergency, establish a national coordination team under a CIMS structure and identify a national coordinator. • Establish national coordination of media and public information. • Provide timely, accurate and up-to-date clinical advice and information. • Facilitate health assessments as part of border control. • Establish priority groups for vaccines and other medications and provide advice as to which medicines to use. • Establish systems for national procurement and management of supplies. • Following stand-down, initiate a review of actions and outcomes and update the national plan.
<p>15. NGOs These may be non Ministry DHB funded organisations that provide health services to the community.</p>	<p>NGOs, Pacific Organisations and IWI Provider Organisations will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support. • Provide for incident review and critical incident stress debriefing (CISD) of its own staff.

Appendix 5: Waikato DHB IMT



Appendix 6: CIMS Duty Cards

INCIDENT CONTROLLER

LINE OF AUTHORITY – INCIDENT CONTROLLER APPOINTED BY DHB GOVERNANCE

- CIMS managers report directly to the incident controller
- EOC provides support for recovery management functions through the recovery manager when one is appointed (Recovery manager and Operations manager liaise early in event)

DUTIES

The incident controller is responsible for the following:

- Providing overall direction and leadership for the response to an emergency situation.
- Activating and deactivating the EOC.
- Organizing and directing the incident management team (IMT). Set Objective /s (Mission)
- Coordinating the response of health service providers.
- Setting priorities requesting responses from other agencies.
- Disseminating information to the IMT.
- Directing specific actions as required.
- Approving press releases, and providing liaison with other agencies.
- Response and recovery (until recovery manager is appointed).
- Conduct initial briefing for all staff.
- Activate elements of CIMS response as needed.
- Develop and implement strategic decisions and approve the ordering and releasing of resources.
- Assess the situation regularly.
- Obtain situation briefing from prior shift incident controller (if running more than one shift).
- Brief the incoming shift.
- Brief management staff.
- Ensure planning meetings are conducted.
- Arrange for the appointment of a recovery manager.
- Assist in the implementation of a recovery action plan.
- Determine information needs and inform governance, management, and personnel of needs.
- Coordinate staff activity.
- Manage overall operations.
- Approve requests for additional resources and requests for release of resources.
- Authorize release of information to news media and internal communications.
- Approve plan for demobilisation.

ACTIVATION DUTIES

- Refer to the Waikato DHB HEP and other related plans.
- Liaise with clinical / technical advisors appropriate to event e.g. Medical Officer of Health.
- Notify the incident management team to activate and report to the EOC.

- Notify the staff needed to activate the EOC, and appoint key CIMS managers.
- Establish a sign in sheet for the operational period.
- Ensure the EOC is set up and ready for operations.
- Brief the EOC staff after obtaining a situation report from the source closest to the incident.
- Review the incident controller responsibilities.
- Open a chronological logbook of your activities.
- Determine status of telephone and other communications.
- Schedule an action-planning meeting for the first operational period with your staff and the key CIMS managers.
- Determine whether the EOC needs representation from other organisations.
- Estimate the emergency's duration.
- Plan for shift operations of no more than a 12-hour duration if the emergency is going to be more than one day.
- Consider additional EOC support personnel for extended operations.

OPERATIONAL PERIOD DUTIES

- Establish and maintain contacts with other key health managers, Ministry of Health, DHB incident controllers and with Civil Defence and Emergency services.
- Ensure the DHB chief executive officers and board chairperson is regularly informed.
- Establish regular action planning and intelligence meetings with the CIMS managers.
- Consider co-opting others with specialised technical expertise, as needed.
- Get the CIMS managers recommendations for the next operational period.
- Use the action planning and intelligence and information forms.
- Prepare and brief relief at shift change. Use the action planning and situation reports.
- Brief incoming incident controller.
- Sign out at change of shifts.

DEACTIVATION DUTIES

- Downgrade EOC activation to reduce staffing when practicable, based on situation reports and with management team's concurrence.
- Authorise deactivation of sections when they are no longer required. Ensure managers debrief their teams and secure logbooks.
- Notify the chief executive officers and the board chairperson.
- Ensure collection of copies of logbooks and critical records from EOC personnel.
- Note incomplete actions to be cleared after deactivation.
- Deactivate the EOC and close out your own logs.
- Keep your notes for event review reports, reviews and analyses.
- Establish a time, date, and place for an incident debrief.
- Ensure all EOC management positions attend the debrief.
- Ensure an after action report is completed.

HOW TO DETERMINE THINGS ARE RETURNING TO NORMAL

- Conditions may persist, but are being managed and no longer going to worsen.
- Normal communications are restored and stable.
- The chief executive officer or board chairperson requests the deactivation of the EOC.

PLANNING AND INTELLIGENCE MANAGER

LINE OF AUTHORITY

The planning and intelligence manager is in direct line of authority, and reports directly to the incident controller.

DUTIES

The planning and intelligence officer is responsible for the following:

- Collecting, analysing and displaying situation information.
- Preparing periodic situation status reports with the incident controller and other managers and disseminating them within established timeframes.
- Developing goals and objectives for the forthcoming operational period's action plan (please see the action planning forms attached to this plan and document the action plan on the action planning forms).
- During each operational period, begin advance planning for forthcoming periods. As the workload decreases, begin planning for deactivation and demobilisation.
- Provide information management and related support to the other managers and staff support positions in the EOC.
- Keep the incident controller updated on significant planning and intelligence findings (e.g. advance planning reports, serious changes in weather or safety issues, and projected reductions in resources or support etc).
- Collection, evaluation, dissemination and use of information about the event. Information is needed to:
 - understand the current situation
 - predict probable course of recovery events
 - prepare alternative strategies and control operations for the recovery. Raw data must be prepared and analysed to provide meaningful information to inform planning.
- Obtaining an initial briefing from the incident controller.
- Activating the planning and intelligence section.
- Establishing information requirements and reporting schedules for all organisational elements for use in preparing action plans.
- Post the names of the activated staff in the EOC, including names and locations of assigned personnel. The names should be available from the logistics manager.
- Establish a Health provider data collection system and other threat assessment techniques, as necessary. This could include traffic light system. Green – functioning, yellow – monitor , red – needs assistance.
- Supervise preparation of action plans. Facilitate the action-planning meetings.
- Assemble information on alternative strategies for response and recovery.
- Identify need for use of specialised resource(s) for logistics.
- Provide periodic predictions on recovery schedule status — evaluate milestones and per cent completion of objectives.
- Compile and display on status boards, the response or recovery status summary information.
- Advise general staff of any significant changes in response or recovery status.
- Provide a traffic plan, including safe routes for evacuation to another site if required.
- Prepare and distribute the action plan and other written orders from the incident controller.
- Ensure that other agency information/reporting requirements are being met.
- Prepare recommendations for release of resources for the incident controller.
- Track expenditure of EOC if finance manager not allocated.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- Report to the incident controller and get a briefing on the situation.
- Review the planning and intelligence manager's responsibilities and open your logbook. Log all EOC meeting activities and assigned tasks. Display for IMT to refer to / follow up actions for next meeting.
- Determine where in the EOC you will be operating and set up.
- Review the EOC organisation and who has the information or support you will need.
- Meet with the logistics manager to:
 - obtain a briefing about on-site and external communications capabilities and restrictions
 - establish operating procedures for use of telephone, computer and radio systems
 - determine established priorities and make any requests for services you need.
- Assess the communications linkages provided for adequacy and advise the logistics manager.
- Meet regularly with the operations, comms and logistics managers to exchange available situation information.
- Track events throughout the EOC involving recovery and normal operations.
- Identify and display:
 - event log - number and actions (incident controller oversight)
 - maps of the site locations, physical descriptions, and directions on safe routes to and from those facilities
 - maps and details of other locations related to emergency response and recovery.
- Estimate the emergency event's duration, and track objective status by percent completion.
- Consider adopting shifts for the planning and intelligence section.
- Request additional personnel for your section if necessary to maintain a 24/7 operation.
- Attend and provide inputs to all incident controller meetings, especially for action planning and intelligence. Take notes to add to your log.
- Prepare the next situation status report (Use MoH Emergency Management Information System), and the action plan.
- Brief incoming planning and intelligence manager prior to change of shift.

OPERATIONAL PERIOD DUTIES

- Anticipate situations and problems likely to occur, such as interruptions of power failure, darkness, weather changes, personnel burnout, aftershocks etc, that will impact the current and the next operational period's goal and objectives.
- Advise the incident controller about your section's status, including progress toward the operational period goals and objectives.
- Prepare and gain the incident controller's approval to send the daily SITREP required by the National Health Co-ordination Centre by 1000 hours daily (or prescribed time).
- Maintain current data displays and ensure reports or displays you prepare are understandable.
- Ensure all contacts with the media are referred to the communications manager.
- Share information received with the other managers. Confirm that their information about critical issues matches yours.
- Make fiscal and administrative issues known to the finance manager, (if one appointed) examples:
 - extraordinary expenditures this emergency causes, and
 - other expenses that may be reimbursable by government or insurers.

- Prepare input to and facilitate the action planning and intelligence session. The goal is to cover the following topics:
 - time period the plan covers (operational period)
 - the mission priorities (health and safety always top priority)
 - listing of objectives to be accomplished (should address the priorities and be measurable in some way so EOC knows when they are finished)
 - statement of strategy to achieve the objectives (identify whether there is more than one way to accomplish the objective, and which way is preferred)
 - assignments necessary to implement strategy
 - organisational elements to be activated to support the assignments
 - organisational elements that will be deactivated during or at the end of the period
 - logistical or other technical support required, who will provide it, and time needed.
- Attend the incident controller's action planning and intelligence meetings for managers and provide situation briefings with your section staff. Update the situation status board.
- Brief the incident controller on major problem areas (which now need or will require solutions), and then confer with the other managers to develop recommendations.
- Keep notes and brief your relief at shift change time.
- Sign out on the EOC attendance roster.

DEACTIVATION DUTIES

- Obtain agreement by the incident controller to deactivate the section, close out your logbook.
- Ensure any open actions are assigned to remaining EOC staff, and that the incident controller is informed.
- Sign out on the attendance roster.
- Advise the incident controller where you can be contacted and leave a phone number.
- Ensure your notes and materials are made available to the incident controller for the after action report.
- Attend the event debrief and assist with the after action report.

OPERATIONS MANAGER

LINE OF AUTHORITY

The operations manager is in direct line of authority, reporting directly to the EOC incident controller (Work closely with Recovery Manager when appointed).

DUTIES

The operations manager is responsible for the following:

- Obtaining a briefing from the incident controller.
- Developing the operations portion of the action plans.
- Briefing and assigning operations personnel in accordance with the action plan.
- Overseeing the continuity of operations, assessing response and recovery support situations, and overseeing operational response in line with the action plans.
- Co-ordinating all operational activity with the other EOC units (initial contacts should be oriented on needs assessment. Second priority should be to establish care and shelter operations).
- Consulting with the logistics manager and the planning and intelligence manager to determine if full or partial closure of health facilities is likely, then determine how to ensure effective response strategies and tactics.
- Directing the preparation of operational plans, requests for or release of resources.
- Makes expedient changes to the action plans as necessary and reports such to the incident controller.
- Supervise operations staff and activities to move the recovery forward.
- Determine response/recovery action needs and request additional support resources.
- Review the suggested list of resources to be used in response and recovery, and initiate recommendations for when the resources will be used and for what purpose.
- Assemble and disassemble teams assigned to operations section.
- Report information about special activities, events, and occurrences to the EOC incident controller.

ACTIVATION DUTIES

- Check in upon arrival at the EOC by signing in and letting logistics manager know you are present.
- Report to the incident controller and obtain a briefing on the situation.
- Review your position's responsibilities and open your logbook.
- Ensure the operations section is set up properly with needed equipment, and supplies in place, including maps and status boards.
- Review the rest of the EOC organisation and establish who has information or support you will need.
- Clarify any issues you may have regarding your assignment and those of others in the EOC, with the incident controller.
- Meet with the logistics manager.
- Get briefed about on-site and external communications capabilities and restrictions.
- Establish operating procedures for your section's use of telephone, computer and radio systems; make any priorities or special requests known.
- Assess communications adequacy for your section's needs and advise the logistics manager.

OPERATIONAL PERIOD DUTIES

- Set up and meet with **critical stakeholders** (arrange ongoing meeting times).
- Confer with the service providers/managers and other staff. Obtain and provide information that the external

stakeholders need to know. Stakeholders to consider include: **(IMTs)**

- **Hospitals and Health Operational areas (internal/external providers)**
- **Primary Care**
- **Mental Health**
- **Population Health, Medical Officer of Health**
- **Community Health services**
- **Disability Support services**
- **Emergency Departments (internal/external providers)**
- **Community people requiring health information / equipment.**
- **Vulnerable People**
- **Psychosocial Coordination**

Make a list of key issues currently facing your section. Considerations:

- business functions impaired or lost
- continued operability of the health providers
- continued operability of EOC, including staffing
- relocation restrictions, and
- re-establishment of data.

Set action items that match the current operational period's action plan's goal and objectives.

Ensure your logbook is maintained and key actions are recorded with time/date references.

Determine if there is a need for representation or participation from outside organisations as part of operations actions.

Provide the incident controller, and the planning and intelligence manager, with periodic reports about progress on the objectives.

Think ahead to anticipate situations and problems before they occur, using advanced planning information from the planning and intelligence section. Examples: threat changes in respect to hospital/service provider operations, shortages of resources critical to operations, heat/cold, darkness, weather changes, personnel burnout, next period's goal and objectives.

Direct requests for resources, staffing, and facility support to the logistics manager.

Refer media requests to the communications manager.

Attend and participate in incident controller's action planning and intelligence meetings.

Work with the planning and intelligence manager to develop recommendations for the next operational period's action plans.

Ensure all fiscal and administrative issues are attended to and discussed with the P&I or finance manager, including:

Extraordinary expenditures caused by this emergency.

Other expenses that may be reimbursable by government or insurers.

Brief the incident controller on major issues which require immediate resolution or are foreseeable in the near future when they may cause issues of health and safety, or major interruption of operations capability.

Share received information with the other section managers. Confirm that their critical issues match yours.

If there are problems in communicating, provide that information to the logistics manager.

Keep notes to brief your relief at change of shift.

Brief incoming operations manager prior to change of shift.

Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

Ensure any ongoing actions come to you for completion – or are transferred to another CIMS manager

(Recovery manager) or the Incident Controller.

- Close out your logbook.
- Leave phone number(s) where you can be reached.
- Ensure your comments and materials are made available to the incident controller for the after action report.
- Attend the event debrief.

LOGISTICS MANAGER

LINE OF AUTHORITY

The logistics manager is in direct line of authority, and reports directly to the incident controller.

DUTIES

The logistics manager is responsible for:

- Supply of logistics resources to match the other CIMS managers requirements.
- Providing facilities, services, and material in support of the emergency.
- Participates in development and implementation of the action plans and activates and supervises the work within the logistics section.

During response and recovery the logistics manager should:

- Obtain a briefing from the incident controller.
- Plan the organisation of the logistics section.
- Provide work locations for all response team personnel, whether in or out of the EOC.
- Record and track the activated response team members, including names and locations of assigned personnel.
- Participate in preparation of action plans for support and service elements.
- Identify service and support requirements for planned and expected operations.
- Provide input to and review communications logistics (phone, cell phone, radio, information services) and security plans.
- Co-ordinate and process requests for additional resources with other sections.
- Estimate all sections' needs for next operational period.
- Ensure general welfare and safety of all EOC personnel in coordination with the safety manager.
- Assist the security officer with any needs for establishing and maintaining security of the EOC and response staff, which could include escorts to and from personal vehicles.
- Assist planning and intelligence section to develop an EOC demobilisation plan.
- Recommend release of resources in conformity with the demobilisation plan.

ACTIVATION DUTIES

- Check in with incident controller on arrival and establish sign-in-sheet process with security at all controlled entries to the EOC.
- Report to the incident controller and get a briefing on the current situation.
- Review the logistics managers position description and responsibilities; open your log.
- Set up maps, diagrams and status board for planning and intelligence section.
- Order additional supplies and equipment as needed.
- Evaluate the current EOC organisation for adequate staff and advise the incident controller of any shortfalls or special needs, including 24/7 coverage, if required.
- Meet with the incident controller to clarify any issues you may have regarding your authority and assignment, and what others in the EOC are responsible for.
- Meet with the planning and intelligence section manager to obtain the most recent situation information and establish the logistics section's intelligence needs.
- Meet with all CIMS managers to review their logistics needs.

- Establish guidelines for coordination of logistics requests from the sections.
- Attend and provide inputs to the incident controller action planning and intelligence and briefing meetings. Take notes and use them to plan for upcoming resource requests, or for withdrawing resources no longer needed in order to control costs. This can include staffing reductions.
- Track events, requests, etc. that require action by logistics section. Identify:
 - event number (from incident controller)
 - time you received the request
 - location where the resource is needed, who will accept it, and who will use it, and
 - description of the resource: number, type, size, weight, etc.
- Track when the resource action was assigned, time, and to whom for completion.
- Track and report at action planning and intelligence meetings about the status of the resources assigned.
- Have a habitability survey of work sites done. Consider:
 - hazardous materials, including nearby sources
 - air quality, including heating, cooling, and oxygen content
 - structural integrity (as-built drawings available from the building owner)
 - posted instructions for employees, to include escape routes, safe havens, and assembly points
 - disabled employees' issues
 - utilities
 - fire protection.
- Meet with the finance and EOC managers regularly to review financial and administrative support needs and guidelines, including the purchasing authority and limits authority delegated to the logistics manager.

DEACTIVATION DUTIES

- Ensure any ongoing actions come to you for completion – or are transferred to another CIMS manager of the incident controller.
- Close out your logbook.
- Leave phone numbers(s) where you can be reached.
- Ensure your comments and materials are made available to the incident controller for the after action report.
- Attend the event debrief.

LIAISON MANAGER

LINE OF AUTHORITY

The liaison manager is a staff assistant to the incident controller, and does not have a direct line of authority.

DUTIES

The liaison manager is a member of the management team, and is the point of contact for assisting and working with external and internal organization representatives. This may include organisation representatives from Emergency Management (CDEM), administrative agencies, police, schools and universities, non-profit and private sector interests involved with DHB operations and provide direct support to the incident controller. **The liaison manager is responsible for the following:**

- Answering calls and managing messages from other organisations in government and the private sector.
- Co-ordinating activity with key stakeholders in government, and those with direct service agreements with the DHBs.
- Requesting assistance directly from other organizations when appropriate; and relevant.
- Keeping the incident controller informed about concerns and pressures from outside organisations.
- Maintaining links with hapu and iwi of Waikato DHB areas (Contact DHB Link for this below).
- Providing direction and support to the incident controller about interacting with the iwi / Māori community. Supported by Te Puna-Oranga.
- Working very closely with the CDEM health liaison and communications manager.
- Liaising with CDEM, police, fire, St John, education, facilities, DHB contractors etc.

The liaison manager must:

- Obtain an initial briefing from the EOC incident controller.
- Provide a point of contact for assisting/co-operating with agency representatives.
- Identify agency representatives from each agency including communications links and locations.
- Respond to requests from health staff for inter-organisational contacts.
- Monitor recovery operations to identify current or potential inter-organisational problems.
- Assist the incident controller in developing strategies for co-ordinating with other organisations.

ACTIVATION DUTIES

- Sign the attendance roster upon arrival at the EOC.
- Report to incident controller and get a briefing on the situation.
- Review the liaison manager's responsibilities and open a chronological logbook of your activities.
- Establish times required to communicate with CDEM health liaison to gather other agency EOC meeting information.
- Establish a working position near the communications manager and the incident controller so they can be reached immediately in order to respond to as outside requests and concerns as they arrive at the EOC.
- Meet with the logistics manager to:
 - obtain briefing about on-site and external communications capabilities and restrictions
 - establish operating procedures for use of telephone, computer and radio systems, and
 - determine established priorities and make any special requests for services you need.
- Assess the communications linkages provided for adequacy and advise the logistics manager especially if key stakeholders cannot be contacted.

- Track events of inter-agency concern by attending the incident controller's briefings and by monitoring the status boards in the EOC. Record that information in your log.
- Get estimates of the duration of the operation to share with concerned outside agencies.
- Consider adopting shifts for the liaison manager position.
- Attend and monitor the meetings by the incident controller with the other EOC managers.

OPERATIONAL PERIOD DUTIES

- Confer with the incident controller about the policies regarding other organisation's roles.
- Establish contact names and numbers for all possible agencies that might call for information or be asked to assist with or adjust to the health recovery operations.
- Determine if there is a requirement to staff the position 24/7.
- Prepare an operational strategy for managing external organisation requests.
- Pass relevant information to the planning and intelligence manager for inclusion in sitreps before 1000 hours daily (or prescribed time).
- Keep notes to brief your relief at change of shift.
- Brief incoming liaison manager.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Ensure all continuing coordination or questions from external organisations will be forwarded to the communications manager.
- Sign out on the EOC attendance form and inform the incident controller you are deactivated.
- Ensure your comments and reports are available to the incident controller for the after action report.
- Attend the event debrief.
- Assist with the after action reports as required.

COMMUNICATIONS MANAGER

LINE OF AUTHORITY

The Communications manager is a staff assistant to the incident controller, and is not in the direct line of authority.

DUTIES

The Communications manager is responsible for the following:

- Advising the incident controller on the potential effects of proposed actions on external and internal relations.
- Serving as the dissemination point for all news releases from the EOC. Other groups that wish to release information to the public, employees, CEO, board chairperson and stakeholders, should co-ordinate their releases through the communications manager.
- Reviewing and co-ordinating all information releases from other sources.
- Co-ordinating to ensure that employees, their families, and other stakeholders receive timely and accurate information about the situation.
- Should follow the communications guidelines already established for emergencies.
- Prepare fact sheets about the emergency for distribution to all staff.
- Obtain regular briefings from the incident controller.
- Contact other involved agencies to coordinate public information activities.
- Establish a single recovery information point of contact whenever possible.
- Arrange for necessary workspace, materials, telephones, computers and staffing for communications staff.
- Prepare an initial information summary as soon as possible after arrival.
- Observe constraints on the release of information imposed by the incident controller.
- Obtain approval for release of all information from the incident controller.
- Release information to news media (after approval of incident controller) and post information in EOC and other appropriate locations.
- Attend meetings to update information releases.
- Arrange and facilitate meetings between media and incident controller.
- Respond to special requests for information.

ACTIVATION DUTIES

- Sign the attendance roster upon arrival at the EOC.
- Report to incident controller to obtain a briefing on the situation.
- Review the communications manager's responsibilities and open a chronological logbook of your activities.
- Establish an electronic media monitoring position outside the EOC. Instruct the person monitoring what to look for and report to you (e.g. watch local TV, listen to local radio, monitor social media).
- Meet with the logistics manager.
- Obtain briefing about on-site and external communications capabilities and restrictions.
- Establish operating procedures for use of telephone, computer and radio systems.
- Determine established priorities and make any special requests for services you need.
- Assess the communications linkages provided for adequacy and advise the logistics manager.
- Track events of public information significance from the incident controller's briefings and the status boards in

the EOC. Record that information in your log.

- Get estimates of the time for completion of the operation.
- Consider adopting shifts for communications staff.
- Attend and monitor the meetings by the incident controller with the other managers.

OPERATIONAL PERIOD DUTIES

- Confer with the incident controller about the information available and when it is appropriate for release.
- Confer with the incident controller and CIMS managers. Obtain and provide information that the DHB's stakeholders need to know. Stakeholders include:
 - board and executive
 - minister
 - employees — through Human Resources
 - other key medical/health organisations
 - DHB customers
 - media who may cover the event
 - local/state government agencies
 - vendors
 - insurers.
- Determine if there are requirements to staff the communications managers position 24/7, if so, request the support required to:
 - Develop a media briefing schedule.**
 - Prepare briefing materials.
 - Clear the releases with the incident controller.
 - Prepare final news releases and advise media representatives of points-of-contact for follow-up stories.
 - Keep notes to brief your relief at change of shift.
 - Sign out at the EOC attendance roster at change of shift.
 - Co-ordinate with the incident controller for permission to begin to close down communications functions.
 - Ensure that continuing media questions will be directed to communications managers.
 - Leave forwarding phone number(s) where you can be reached.
 - Periodically brief the incident controller about issues raised by reporters, and external situations the media are covering that are likely to affect the DHB.
 - The incident controller may call manager meetings to determine the goals and objectives for subsequent operating periods. Attend and monitor those to determine potential impacts and requirements for public information.
 - Use the information from broadcast media monitoring to develop follow-up news releases and rumour control.
 - Provide copies of all releases to the incident controller; ensure file copies are maintained of all information released.
 - Keep the incident controller advised of all unusual requests for information and all major critical or unfavourable media comments; provide an estimate of their impact and severity and consider actions.
 - Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
 - Sign out on the EOC attendance form.
 - Ensure your comments and materials are made available to the incident controller for the after action report.

DEACTIVATION DUTIES

- Ensure any ongoing actions come to you for completion – or are transferred to another CIMS manager of the incident controller.
- Close out your logbook.
- Leave phone numbers(s) where you can be reached.
- Ensure your comments and materials are made available to the incident controller for the after action report.
- Attend the event debrief.

EOC MANAGER

LINE OF AUTHORITY

The EOC manager reports directly to the incident controller.

DUTIES

The EOC manager is responsible for:

- Facilitating the installation and ongoing operation of all equipment in the EOC, e.g. photocopiers, faxes, computers, phones, white boards, furnishing etc.
- Facilitating the document management system within the EOC.
- Overseeing the management of all administration support for the CIMS team.
- Ensuring administration staff are fully briefed on duties, systems and protocols.
- Ensuring the smooth running of the EOC.
- Providing support and assistance to the incident controller.
- Arranging catering and refreshments, ensure vegetarian food is available.
- Ensuring stationery and cleaning stocks are replenished in administration areas.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- Receive briefing from incident controller of current and potential status, as well as technical and support requirements.
- Conduct familiarisation for EOC facility.
- Meet with administration support staff and assign to CIMS managers.
- Establish administration work areas.
- Attend initial briefing for specific EOC procedures for EOC facility.
- Organise any equipment or resources required.
- Set up an information board in the staff area with information on EOC layout, rosters, etc obtained from incident controller.
- Staff roster developed – ensure there are back up staff on standby.

OPERATIONAL PERIOD DUTIES

- Check administration supplies prior to shift changeover and order stocks as required.
- Ensure administration areas are cleaned.
- Determine if there is a requirement for administration staff 24/7.
- Attend briefing on shift change.
- Attend all action planning meetings and provide support and assistance to the IMT as required.
- Keep notes to brief your relief at change of shift.
- Leave phone numbers(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Attend the event debrief.

Assist with the after action reports as required.

Co-ordinate the disestablishment of the EOC.

ADMINISTRATION SUPPORT

LINE OF AUTHORITY

Administration support reports directly to the EOC manager.

DUTIES

Administration support is responsible for:

- Managing all administrative information for incident controller, planning and intelligence, logistics or operations manager.
- Conducting administration duties and data entry tasks as required, including documenting actions.
- Assisting in compiling reports as required (sitreps, incident action plans etc).
- Providing administration support to staff including maintenance of staff time sheets, contact lists, preparation for meetings and minutes of meetings.
- Ensuring stationery and cleaning stocks are replenished in administration areas.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- Receive briefing from EOC manager of current and potential status, and support requirements.
- Report to the CIMS manager you are supporting.
- Establish a working area close to the CIMS manager you are supporting.
- Conduct administration duties and data entry tasks as required, including documenting actions of incident controller, planning and intelligence, logistics or operations manager.
- Conduct familiarisation for EOC facility.
- Attend updated EOC and Health and Safety training if required.
- Attend initial briefing for specific EOC procedures for EOC facility.

OPERATIONAL PERIOD DUTIES

- Check administration supplies prior to shift changeover and order stocks as required.
- Ensure your area is clean and tidy.
- Determine if there is a requirement for cover for your role 24/7 and advise EOC manager.
- Attend briefing on shift change.
- Keep notes to brief your relief at change of shift.
- Leave phone numbers(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Attend the event debrief.
- Assist with the after action reports as required.
- Assist with the disestablishment of the EOC.

HUMAN RESOURCES & SAFETY MANAGER

LINE OF AUTHORITY

The safety manager is a staff assistant to the incident controller, and is not in the direct line of authority.

DUTIES

- The safety manager provides direct support to the incident controller .

The Human Resources and Safety Manager is responsible for the following:

- Continuously monitoring the work environment to ensure the health and safety of the EOC personnel and visitors.
- Exercise emergency authority to prevent and stop unsafe acts.
- Monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety (although the safety manager may exercise emergency authority to prevent or stop unsafe acts when immediate action is required, the safety manager will generally correct unsafe acts or conditions through the regular line of authority).
- Developing safety strategies along with the incident controller and the logistics manager.
- Identify hazardous situations associated with the response/recovery to ensure personnel avoid them or are prepared to manage operations in that environment without harm.
- Participate in all planning meetings.
- Review action plans.
- Develop a medical plan if required (NOTE: medical plan refers to treatment of injuries at the EOC or related to response and recovery actions).
- Maintaining awareness of active and developing situations, approving the medical plan, and including safety messages in each action plan.
- For all reportable injuries conduct an initial investigation, write a report, and submit it to appropriate officials within required timeframes.
- Investigate accidents that have occurred within the response/recovery operations area, including arranging for investigation of accidents in field operations involving DHB personnel.
- Co-ordinating the provision of critical incident stress management for staff.
- HR – Provide responder registration point
- HR – Volunteer management
- HR - Inducting / Orientating incoming Health response staff from other DHBs / Providers
- HR – Time Sheet collation / Payroll – for internal / external responders

ACTIVATION DUTIES

- Sign the attendance roster upon arrival at the EOC.
- Report to incident controller and get a briefing on the situation.
- Review the HR and safety manager's responsibilities and open a chronological logbook of your activities (keep a record of messages on message log).
- Establish a central worksite with access to phones, IT.
- Meet with the logistics manager to:
 - obtain briefing about on-site and external communications capabilities and restrictions

- establish operating procedures for use of telephone, computers and radio systems
- determine established priorities and make any special requests for services you need.

- Assess the HR & health and safety linkages provided for adequacy and advise the operations and logistics manager, especially for connections to responders.
- Track events of Hr & safety significance by the incident controller's briefings and the status boards in the EOC - record that information in your log.
- Get estimates of the time for arrival of medical support if there are injuries and ensure security is in place to direct arriving teams.
- Consider adopting shifts for the Hr & safety manager's position.
- Attend and monitor the meetings by the incident controller with the other EOC managers.

OPERATIONAL PERIOD DUTIES

- Confer with the incident controller about HR, life safety issues that are found deficient or threatening during the recovery process.
- Confer with the CIMS managers and other staff.
- Obtain and provide information re the EOC staff and field staff requirements to remain safe. Information can include:
 - threatening weather and dangers from heat, cold, lightning, sunburn, etc.
 - toxic chemical conditions and proper response to exposure
 - recommendations to evacuate or shelter in place
 - physical threats to avoid, such as after an earthquake, flood, or fire
 - family preparedness guides to ensure the employees' families are also prepared
 - how to watch for and avoid tripping hazards and slipping hazards
 - how to avoid back strain by lifting correctly, even during emergencies, and
 - anti-viral protection strategies.
- Determine if there are requirements to staff the HR & safety manager position for 24/7.
- Prepare safety reports, injury reports, and insurance application reports for each operational period.
- Keep notes to brief your relief at change of shift.
- Brief incoming HR & safety manager prior to change of shift.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Coordinate with the incident controller for concurrence that you can begin to close down HR & safety manager's position.
- Ensure that continuing HR & safety questions will be directed to the incident controller.
- Provide copies of all Hr & safety actions, reports, messages and assessments to the incident controller; ensure file copies are maintained for long-term issues of workers compensation and insurance.
- Sign out on the EOC attendance form.
- Leave a location and forwarding phone number(s) where you can be reached.
- Ensure your comments and materials are made available to the incident controller for the after action report.
- Attend the event debrief.
- Assist with the after action report.

SECURITY MANAGER

LINE OF AUTHORITY

Security reports directly to the logistics manager, and is not in the direct line of authority.

DUTIES

The Security manager is responsible for the following:

- Ensuring only authorised personnel are allowed access to the EOC during emergency operations.
- Controlling ingress and egress into the EOC area, including the maintenance of a sign-in and out log.
- Controlling the location of parking and general traffic around the EOC site during a major emergency.
- Verifying personnel identification and their reason for entering the EOC area.
- Preventing criminal acts upon EOC staff or facilities.
- Providing protection for the incident controller, communications manager and recovery manager, during public press briefings or general public briefings.
- Preparing a security plan in consultation with the logistics manager.
- Receive initial briefing from incident controller.
- Consulting with logistics manager to identify his/her requirements and prepare a security plan.
- Establish and maintain a controlled entry area to the EOC, including the use of a formal entry log. Record entrance and exit times of all staff and visitors.
- Ensure staff wear position ID jerseys. Provide identification badges for visitors and additional staff, as necessary.
- Deny entrance when there is reason to suspect the need for admittance is not warranted.
- Coordinate with usual building security and/or police, if present.
- Request external police assistance as needed.
- Provide a copy of the log to the logistics manager before the end of each operational period in order to track staffing.
- Provide a copy of the log to the finance manager so they can track time for possible reimbursement.

ACTIVATION DUTIES

- Set up and sign-in on the attendance roster upon arrival at the EOC.
- Report to logistics manager to get a briefing on the situation.
- Review security's responsibilities, the site safety plan, and then open a chronological logbook of your activities.
- Establish perimeter control, including the verification of locked doors and entries other than controlled entrances used by staff.
- If security cameras are in place establish a monitoring site which will allow for simultaneous control of ingress and egress.
- Meet with the logistics manager.
- Obtain briefing about on-site and external communications capabilities/restrictions.
- Establish operating procedures for use of telephone, computer and radio systems.
- Determine established priorities and make any special requests for services.
- Assess the communications linkages provided for adequacy and advise the logistics manager, especially if 111

cannot be used, or police are not reachable.

- Get estimates of the time for recovery in order to plan staffing.
- Consider adopting shifts for security staff.
- Attend meetings called by the incident controller only if specifically requested to attend.

OPERATIONAL PERIOD DUTIES

- Confer with the EOC managers and other staff. Provide security information the staff need to know. Security information includes:
 - sign-in log protocols
 - identification protocols for entry, and then work within the EOC
 - entry protocols for visitors, including vendors, government stakeholders, and the media
 - violence control strategies, should staff or visitors be endangered
 - system for working with outside police that may be involved
 - co-ordination plans if responders such as, Fire, Ambulance and law enforcement are required,
 - details of any personal effects search and seizure policies that are in place for entry to the EOC during operations.
- Determine if there are requirements to staff security 24/7, if so, request the support required to:
 - protect all primary entrances
 - control entry through a log, and
 - support the incident controller's need for security status information.
- Update the security plan, as needed as the operation continues.
- Keep notes to brief your relief at change of shift.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Co-ordinate with the incident controller for permission to begin to close down security support.
- Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
- Leave a location and forwarding phone number(s) where you can be reached.
- Sign out on the EOC attendance form.
- Ensure your comments and a copy of your log and the sign in log are made available to the incident controller for the after action report, and to the finance manager to verify staff support hours for reimbursement, when necessary.
- Attend the event debrief.

FINANCE MANAGER

LINE OF AUTHORITY

The finance manager reports directly to the Emergency Operations Centre (EOC) logistics manager.

DUTIES

The finance manager is responsible for the following:

- Monitor incoming information and action planning in the EOC in order to identify and assess potential impacts on the DHB's financial status, including but not limited to: cash flow, extraordinary expenses, budget impacts, and needs for funding to meet the emergency's requirements.
- Advise the logistics manager about these impacts and recommend actions to mitigate them.
- Work with the other CIMS managers in developing means to identify potential impacts and ways to reduce them.
- Work closely with the logistics manager to ensure that expenses related to the emergency are captured and recorded in the format desired for governmental and insurance reimbursements.
- Maintain contact with salvage and clean-up contractors to ensure they work effectively to minimise the DHB's costs.
- Participate in action planning and intelligence sessions and ensure support is provided for other elements consistent with priorities established in the action plans.
- All financial and cost analysis aspects of the recovery until a recovery manager is appointed.
- Obtaining initial briefing from incident controller.
- Develop an operating plan for finance section for response and recovery.
- Ensure that personnel time records are tracked and processed according to policy.
- Processing purchase orders and contracts in coordination with logistics manager.
- Purchase/order food, lodging and transportation support for response and recovery activity.
- Processing workers compensation claims related to DHB emergency response and recovery activities.
- Handle travel and expense claims.
- Attend planning meetings to gather information and to provide input on financial and cost analysis matters.
- Brief managers on all response or recovery-related business management issues needing attention and follow-up prior to closure of recovery.
- Ensure that all documents initiated during response and recovery are properly prepared and completed.
- Participate in all demobilisation planning.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- See the logistics manager to get a briefing on the situation.
- Review the finance managers responsibilities and open your logbook.
- Determine where in the EOC you will be operating and ensure the finance office is set up with your database, status board and telecommunications in place.
- Clarify any uncertainties about your authority and assignment.
- Clarify what others in the EOC are tasked with performing.
- Review the rest of the EOCs organisation to determine who has the information and support you need.

- Track events with potential significance for finance by their EOC event numbers (issued by planning and intelligence manager). Record that information in your logbook.
- Estimate the emergency's duration to determine whether you need to adopt shifts for the finance section.
- Meet with the logistics manager to:
 - get briefed on on-site and external communications capabilities and restrictions
 - find out the operating procedures for using telephone, computer and radio systems
 - determine the established priorities and make special requests for any services you need.
- Assess the adequacy of the communications linkages provided and advise the logistics manager of any further requirements.
- Attend and provide input to the incident controller's action plan meeting and briefings.

OPERATIONAL PERIOD DUTIES

- Track events throughout the EOC by planning and intelligence manager – issued event numbers. Identify:
 - contact names, addresses and phone numbers of critical vendors
 - budget status to address needs being projected by the other section managers.
- Verify with the logistics manager whether there are personnel casualties. Then, ensure records exist to meet the needs for compensation claims and investigating agencies.
- List the key issues facing your section and set action items that match the operational period's goal and objectives. Considerations:
 - records acceptable to auditors.
 - records for regulatory agencies – with the liaison
 - cost accounting and tracking acceptable to insurance companies and other potential sources of reimbursement/funding.
- Keep the logistics manager advised of your section's status with progress reports related to the operational period's goal. Brief the logistics manager on major issues that require resolutions now or are foreseeable that might delay or disrupt response or recovery.
- Anticipate situations and problems likely to occur, such as budget shortfalls, vendor inability to deliver/refuse to vend, lack of purchasing authority, lack of contracting authority, etc.
- Attend action-planning meetings called by the incident controller.
- Ensure any finance issues are coming to your section from the other sections.
- Extraordinary expenditures caused by this emergency.
- Other expenses that may be reimbursable.

DEACTIVATION DUTIES

- Co-ordinate with the logistics manager for permission to begin to close down the finance functions.
- Close out your logbook.
- Provide your notes and logbook to the logistics manager for input to the after action report.
- Determine what follow-ups might be required and inform the logistics manager before leaving to ensure that financial recovery processes continue and are completed.
- Sign out and advise the logistics manager where you can be contacted, including phone and location.
- Attend the event debrief.
- Assist with the after action report.

CIVIL DEFENCE HEALTH LIAISON

LINE OF AUTHORITY

The Civil Defence health liaison reports direct to the incident controller and supports the CDEM incident controller as health liaison.

ACTIVATION DUTIES

- Go to district or region CDEM EOC as directed by the Waikato DHB incident controller.
- Take the emergency management lap top computer and accessories with you.
- Set up lap top computer and log onto EMIS and other relevant health computer systems.
- Report to CDEM incident controller.
- Establish telephone and other communication options with Waikato DHB EOC.
- Check that the health provider contact details and maps are accessible from the CDEM EOC. If not take them with you (collect hard copies from DHB EOC or view Web access)

DUTIES

The CDEM health liaison is responsible for the following:

- Facilitating a smooth transition of information between the DHB and CDEM to support a co-ordinated response to the emergency.
- With district or region CDEM EOC team, identify immediate city/district/regional needs as they impact on health services.
- Monitor CDEM situation reports and activity and provide regular SITREPS to Waikato DHB EOC and relevant CIMS managers.
- Monitor health situation reports and activity and share information that will be useful with CDEM EOC managers.
- Represent the Waikato DHB in joint agency meetings chaired by CDEM.
- Confer with Waikato DHB incident controller and Waikato DHB liaison officer to decide and commit resources.
- In consultation with the Waikato DHB incident controller, assess the need to inform the MoH of issues of regional significance to health.
- Provide status reports to DHB, CDEM or NHCC (National Health Co-ordination Centre) as necessary.

ACTIVATION DUTIES

- Establish and maintain an event log.
- If the incident continues for some time:
 - organise changeover of personnel with Waikato DHB incident controller
 - in liaison with the district/region and Waikato DHB incident controllers, develop ongoing incident action plans.

DEACTIVATION DUTIES

- In liaison with the district/region, CDEM and Waikato DHB incident controllers make decision to end response, wind down and facilitate smooth transition either to recovery phase or to normal routines.
- Obtain agreement by the CDEM incident controller to deactivate the section, close out your logbook.
- Ensure any open actions are assigned to remaining EOC staff, and that the CDEM incident controller is informed.
- Sign out on the attendance roster.
- Advise the CDEM incident controller where you can be contacted and leave a phone number.

- Ensure your notes and materials are made available to the incident controller for the after action report.
- At the conclusion of the incident, take part in a full event review with district/region CDEM and Waikato DHB emergency management teams.
- Provide a report of your actions during the event to the district/region CDEM and Waikato DHB incident controller within three weeks of the event stand-down.
- Attend the event debrief and assist with the after action report.

RECOVERY MANAGER

Incident Controller appoint Recovery Manager ASAP in response

LEADERSHIP

The recovery manager is responsible for the following:

- Planning community needs assessment action plan – see appendix 13 in this document.
- Identifying and engaging with recovery local task group and key agencies and internally with other senior staff.
- Preparing and agreement on terms of reference and documenting management processes.
- Co-ordinating and prioritising community health resource: needs and timeframes.
- Identify any modified methods to manage hazards and risks.
- Establishing call centre and website for dissemination of information.
- Identifying ongoing support needs with other local services such as CEG subgroup for food banks, emergency accommodation, support, counselling, orphan and animal care.
- Consider and plan for financial management systems to be implemented.
- Initiate actions to re-commence 'back to normal services' beyond essential services.
- Initiate plan for recovery of services.
- Stand down teams and restore back to normal.

PLANNING AND COORDINATION

- Assess the health and welfare of all staff and consider responses.
- Contact all staff to advise intended return to normal operations. Staff may need to return on a graduated basis depending on family status. Consider whether staff are available to work from office versus home.
- Consider potential for longer term interim arrangements/disruption due to staff or family member deaths.
- Identify employee assistance programme intervention required to those affected. Consider a workplace held employee assistance programme session.
- Plan for reactivation of closed hospitals and associated services.
- Remember there will be an increase in physical and emotional illness so plan clear links to access of services.

WORKPLACE

- Consider security provision for staff and files at office location.
- Monitor return to work conditions and review workplace in terms of:
 - no health hazards
 - security and personal safety
 - equipment and facilities operational, and
 - temperature and ventilation.
- Open office, alter voicemail and outlook messages.
- Ensure all relevant contacts have been advised of back to normal services and information updates.
- Review levels of service depending on the extent of the effect both internally and externally.
- Announce hours and services availability through appropriate channels.
- Monitor delayed cases for accelerated decisions.
- Communicate with clients on case-by-case basis re restoration and expectations.

- Consider possible claim for business interruption.
- Check assets relocated have all been accounted for.
- Develop recruitment plan to replace incapacitated employees.
- If required identify and recover critical records.
- Apply for appropriate emergency response and recovery reimbursement.
- Make claims on insurance if relevant.
- Review, evaluate and assess impact on local authority of pandemic response and recovery.
- Assess ability to resume normal local services.
- Report outcome and findings.

COMMUNICATION

- Reiterate communications and media liaison to staff. Key messages to include:
 - restrictions on public gatherings lifted
 - schools may reopen
 - border management may be scaled back
 - travel restrictions may be lifted
 - public health emergency continues
 - re-opening of health services and levels of operation, and
 - ongoing consultation with key stakeholders.

MONITORING AND SURVEILLANCE

- Ongoing gathering of intelligence and dissemination of information to staff.

LESSONS LEARNT

- Consider security provision for staff and files at office location.
- Monitor return to work conditions and review workplace in terms of:
- Post operational brief on lessons learned.
- Debrief with IMT and staff about how the response systems worked.
- Review communications strategy.
- Identify gaps and lessons for remedial action.
- BCP improvements.
- Update all contact lists.
- Assign responsibility for remedial actions.
- Amend BCP and toolkit.
- Send new version of plan and department plans to relevant staff.

CLINICAL ADVISOR

LINE OF AUTHORITY

The clinical advisor reports directly to the incident controller.

DUTIES

The Clinical Advisor is responsible for the following:

- Monitor incoming clinical information and action planning in the EOC in order to identify and assess potential clinical impacts on the DHB status, including but not limited to the emergency's requirements.
- Monitor clinical advice being distributed from event site, regionally and from the Ministry of Health advisor groups.
- Advise the incident controller about these impacts and recommend actions to mitigate them.
- Work with other Clinicians in developing means to identify potential impacts and ways to reduce them.
- Participate in action planning and intelligence sessions and ensure support is provided for other elements consistent with priorities established in the action plans.
- Obtaining initial briefing from incident controller.
- Attend planning meetings to gather information and to provide input on clinical matters.
- Brief managers on all response or recovery-related clinical management issues needing attention and follow-up prior to closure of recovery.
- Ensure that all documents initiated during response and recovery are properly prepared and completed.
- Participate in all demobilisation planning.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- See the incident controller to get a briefing on the situation.
- Review the Clinical Advisor responsibilities and open your logbook.
- Determine where in the EOC you will be operating and ensure the Clinical Advisor space is set up with your database, status board and telecommunications in place.
- Clarify any uncertainties about your authority and assignment.
- Clarify what others in the EOC are tasked with performing.
- Review the rest of the EOCs organisation to determine who has the information and support you need.
- Track events with potential significance for Clinicians by their EOC event numbers (issued by planning and intelligence manager). Record relevant information for dissemination to fellow clinicians.
- Estimate the emergency's duration to determine whether you need to adopt shifts for this section.
- Meet with the logistics manager to:
 - get briefed on on-site and external communications capabilities and restrictions
 - find out the operating procedures for using telephone, computer and radio systems
 - determine the established priorities and make special requests for any services you need.
- Assess the adequacy of the communications linkages provided and advise the logistics manager of any further requirements.
- Attend and provide input to the incident controller's action plan meeting and briefings.

OPERATIONAL PERIOD DUTIES

- Track events throughout the EOC provided by planning and intelligence manager – issued event numbers.

Identify:

- clinical related issues
- specialised clinical information distributed to clinical teams
- list the key issues facing your section and set action items that match the operational period's goal and objectives. Considerations.

- Keep the incident controller advised of your section's status with progress reports related to the operational period's goal. Brief the incident controller on major issues that require resolutions now or are foreseeable that might delay or disrupt response or recovery.
- Anticipate situations and problems likely to occur in the clinical environment DHB wide.
- Attend action-planning meetings called by the incident controller.

DEACTIVATION DUTIES

- Co-ordinate with the incident controller for permission to begin to close down the clinical advisor functions.
- Close out your logbook.
- Provide your notes and logbook to the incident controller for input to the after action report.
- Determine what follow-ups might be required and inform the incident controller before leaving to ensure that financial recovery processes continue and are completed.
- Sign out and advise the incident controller where you can be contacted, including phone and location.
- Attend the event debrief.
- Assist with the after action report.

VULNERABLE PEOPLE MANAGER

This duty card is intended as a guide only as every emergency may require a slightly different response

LINE OF AUTHORITY

The People Manager reports directly to the Operations Manager

DUTIES

The Venerable People Manager is responsible for the following:

- Identifying vulnerable people and groups in relation to the event and the area involved.
- Recording all actions and decisions on the log sheet.
- Assessing the type of support that these people/groups may require.
- Identifying and consulting with the support agencies involved in providing care pre/during and after the event.
- Identifying the resources required to provide additional support.
- Developing a plan for support of people for inclusion in the DHB incident action plan.
- Requesting resources of logistics for the action plan to be implemented.
- Recording requests for/offer of support on a spreadsheet to feed into the incident action plan.
- Keeping planning and intelligence informed of situational information gained regarding people/groups.
- Ensuring that Civil Defence are receiving information re these people/groups and the support that is planned via the health liaison role.

ACTIVATION DUTIES

- Sign the attendance roster on arrival at the EOC.
- Receive briefing from incident controller of current and potential status.
- Familiarise with the EOC facility, processes and routines.
- Establish working area
- Attend health and safety training if required.
- Organise any equipment or resources required.

OPERATIONAL PERIOD DUTIES

- Undertaken duties above.
- Make a list of the issues facing your section.
- Determine if there is a requirement for administration staff 24/7.
- Attend briefing on shift change.
- Keep notes to brief your relief at change of shift.
- Brief oncoming shift.
- Leave phone number(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

- Ensure any ongoing actions come to you for reactivation or are transferred to another CIMS role or agency.

- Close out incident log.
- Ensure comments and material is made available to the incident controller for the after action report.
- Attend the event debrief contacted, including phone and location.
- Assist with the After Action Reports as required.
- Coordinate the disestablishment of the EOC.

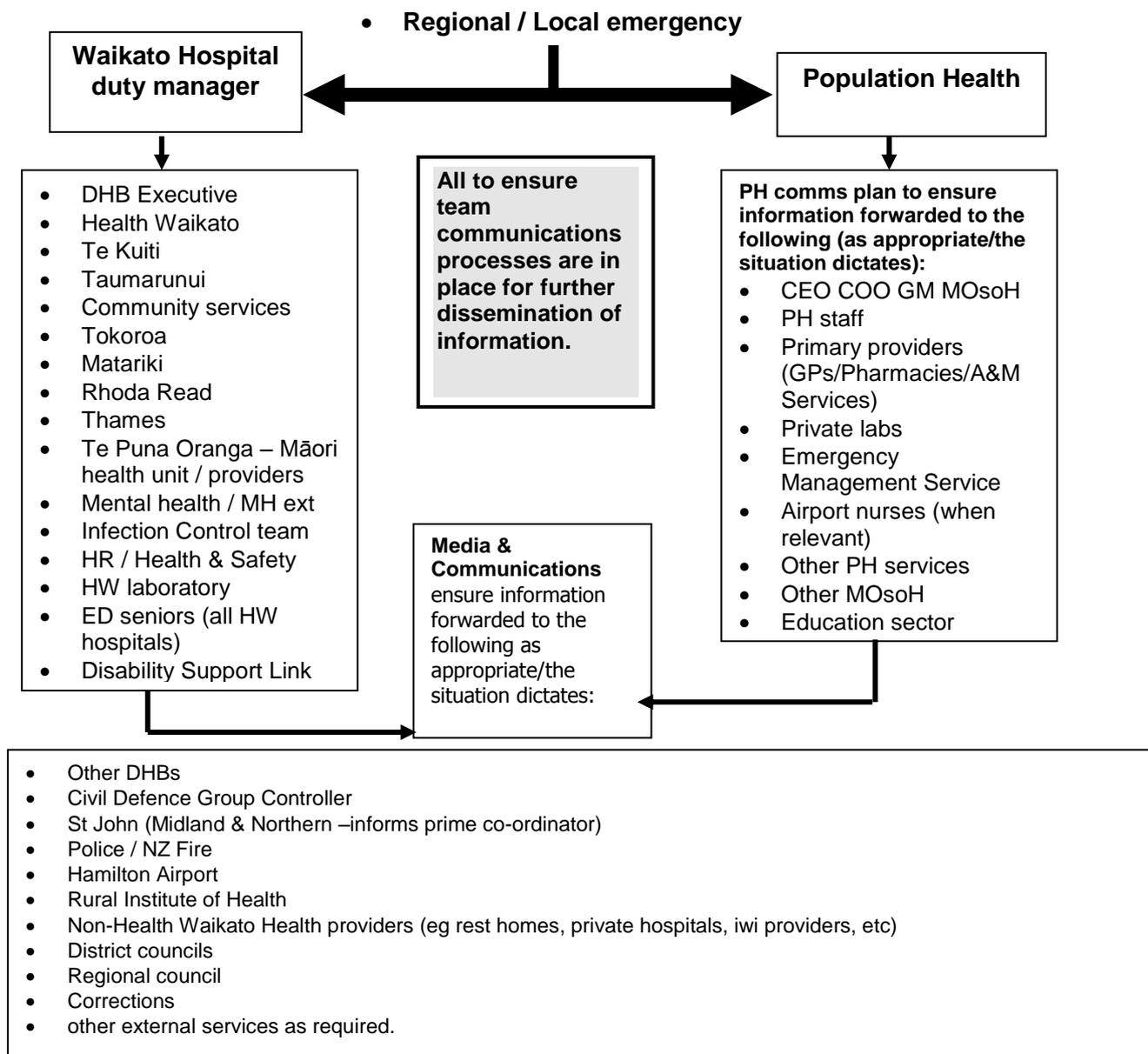
Appendix 7: Communication tree for contracted providers, stakeholders, Māori / Pacific providers, NGOs

Figure 1: MoH communications process

Alert level	Communications
<p>Code white (Information phase)</p>	<p>The MoH communicates with the following, advising them of the situation:</p> <ol style="list-style-type: none"> 1. CEOs of all DHBs 2. DHB 'single point of contact' 3. Public health services
<p>Code yellow (Standby phase)</p>	<ul style="list-style-type: none"> • CIMS structure activated in the Ministry • communication initiated to DHBs 'single point of contact' to prepare to activate CIMS structures (see Appendix Five).
<p>Code red (Activation stage)</p>	<ul style="list-style-type: none"> • Ministry directs activation of CIMS structures • communication is now with MoH or four regional co-ordinators (MoH or regional coordinators have established communication with DHB EOCs).
<p>Code green (Stand down phase)</p>	<p>The Ministry advises 'stand down' in respect of the regional or DHB CIMS structures.</p>

Figure 2: Waikato DHB communications process

Information from the MoH re Health / Public Health alert above



Appendix 8: Major incident action plan

Incident Action Plan

Date:		Operational period (with times):	
Goal (mission, aim)		Accompanying documents: IMT structure, Sitrep, logistics status form, Comms plan:	
Critical factors		<i>The strategies will determine the most effective and efficient way to achieve the objectives. This then determines the assignments.</i>	
Priorities	Incident Objectives <i>(what you want to achieve during the operational period – make them SMART)</i>	Strategies <i>(link to objectives e.g 1.1, 1.2, 1.3)</i>	Assignment / Resources
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
Prepared by:		Position:	
Approved by IC name:		Signature:	

Appendix 9: Major incident log sheet

Waikato major incident log sheet

Log #	Time	Waikato DHB event log – message summary	Assigned to	Review time	%
		Event sit rep	IC / P&I		
		Event prediction <ul style="list-style-type: none"> • people affected (public, patients, staff) • facilities affected. 	Ops P&I		
		IAP <ul style="list-style-type: none"> • IMT assembled • public, staff and site safety • reduce disruption • liaison with emergency services • media management – staff and public messages 	IC		
		Incident management meeting: - update report incident controller:	IC		
		Operations	Ops		
		Logistics – supplies, equipment, security, traffic, utilities, finance	Logs		
		Health and safety:	H&S		
		Media and communications:	Comms		
		Internal contacts (list)			
		External contacts (list)			
		Recovery			
		Next incident management meeting: time or by exception			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
		ongoing			

Appendix 10: Situation Report

Incident Name Date Situation Report

Incident Name: Rotorua Test		
Date:	Time:	Sitrep No:
Prepared By:	Contact telephone:	Contact email:
Next Sitrep to be issued at:	Time:	Date:
Organisation or Team Name:		Incident Controller:
EOC Location:	EOC Telephone:	EOC email:
Situation Report Released to:		

Event details:

Situation Summary:

A brief overview of the incident, for use during briefings. The summary should provide an overview the development of the incident, resources available and deployed, actions taken, casualties, spread of disease, property damage, and progress since last IAP. May also include predicted development of the incident. State of emergency declaration or lifted – Recovery phase start.

Test 1 2 3

Overall Goal:

A goal statement indicating the desired outcome of the incident. The overall goal guides the development of the IAP and must reflect the policies of the DHB, MoH, PHU, lead and supporting agencies. The goal should include a time frame.

Test 1, 2 3

Assessment:

Critical issues, progress made, assumptions and predicted incident development, ADVERSE EVENT.

Reminder: Seek balance between speed and quantity/quality/source of the information.

Checklist:

- Geographical are affected
- Access
- Health facilities status (total damages – partial damages – level of care provided – services lost
- Local health personnel status
- Gaps identified (due to events)
- Victims figure and sources (dead, missed, injured)
- Figures, sources. Location, environmental health conditions, level of health service
- Shelter, food and water access/availability
- Action being taken in the health sector (MOH, UN, Red Cross, MSF, Oxfam and other international and local NGOs
- Lead agency and list of Health related clusters
- Priority areas for intervention – type of intervention
- Quality of the coordination
- MFAT/NZAid prioritised areas
- ATTACH FULL ASSESSMENT FORMS

Actions Taken**Planning and Intelligence:**

An overall summary of the situation to date, plus a summary from a Planning and Intelligence perspective including risks, considerations and assumptions. Actions being taken or planned and progress made. Times for activation events and further activities to be included.

Checklist:

- Major current health issues (trauma, primary, paediatrics, mental health)
- Potential development (positive or negative)
- Mitigating actions taken by the team or other organisations
- List of agencies involved in health and key focus areas during the response and recovery.
- Water supply quality and status / Access to distribution sites / Estimated time for partial/full restoration
- Vector control – Epidemiology - Environmental health condition – sanitation – drainage – human and solid waste disposal
- Food safety update (source)

Actions Taken**Operations:**

A summary of the operational responses and activities undertaken, in progress or planned. Also include a record of risks, considerations and assumptions.

Actions Taken**Logistics:**

A summary of logistic activities including risks, considerations and assumptions.

Checklist:

- Status of the health supply chain within the affected country
- Status of the health supply chain coming from NZ and system implemented locally to manage imports and donations
- Status of key medical equipment
- Storage and warehousing capacity and condition
- Transport issue or not for goods and personnel

Actions Taken**Liaison:**

A summary of liaison activities, liaison supplied elsewhere or supplied to your own EOC or required.

Actions Taken**Communications:**

Details of communications released under preparation or planned and how and to whom provided.

Resources:**Resources In place:**

Details of resources in place, those in reserve and where deployed or located. Included those resources being sourced and likely times for availability.

Resources that may be required:

Details of resources that may be required, why and where and possible sources.

Actions Taken:**Factors:**

Critical elements, security/safety issues, weather and other factors or limitations that are impacting or likely to impact on the development of this incident and the response.

Predicted Incident Development:

How the situation is expected to evolve, including spread of disease, patient numbers, staff and resource availability.

Proposed Activities:

Proposed activity general:

Plans to respond to predicted incident development, resourcing issues, communications strategies, etc.

Proposed activity and strategy:

The proposed strategic development to meet any predicted changes.

Information Flow:

A summary of the departments, agencies, teams and individuals who may have information needed and/or need to be kept informed of actions taken and planned. Includes contact lists of specialists and briefing times and locations.

Communications Plan:

Includes telephone and cell phone numbers, email addresses, radio call signs and frequencies also calling schedules if required.

Checklist:

- More reliable communication at the moment
- What is available, what has been restored and what is still unavailable

Public Information (Includes information for staff):

Details of communications released, under preparation or planned for. Record how, when and to whom the information has and will be provided. Also include details of key media contacts.

Other relevant information:

Situation Report Approved by:

Name & Position:

Time:

Date:

Additional Information (elaborate or comment on any of the above)

Appendix 12: Authorisation for activation of the Waikato DHB Health Emergency Plan

**AUTHORISATION FOR ACTIVATION OF
THE Waikato DHB HEALTH EMERGENCY PLAN**

I,,
(print name)

authorise the activation of the Waikato DHB Health Emergency Plan in response to the following incident:

.....
(print brief description of incident)

This authorisation shall be effective on the time and date of the signing of this form.

Authorised by:.....

Designation:.....

Time and date of authorisation:.....

NOTIFICATION OF THIS AUTHORISATION MUST BE COMMUNICATED TO:

- **Waikato District Health Board Executive**
- **Relevant Health Service Providers within the Waikato District Health Board area**

INCIDENT CONTROLLER ACTIVATES THE EMERGENCY COST CENTRE.

Appendix 13: Template for a recovery action plan

Event.....
 Date of event.....
 Districts/regions affected.....
 Recovery manager for event.....
 Date recovery action plan commences.....
 Date to review recovery action plan.....

Date(s) identified for transition from response to recovery activity:

Date for transition	Activity	Signed and dated by group controller and group recovery manager

Brief Sitrep:

Date	Current situation

Schedule of meetings:

Date	Location	Type of meeting	Agencies to attend

Actions outstanding from response phase:

Date	Outstanding actions from response phase	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key short term recovery priorities:

Date	Short term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key medium term priorities:

Date	Medium term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key long term priorities:

Date	Long term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

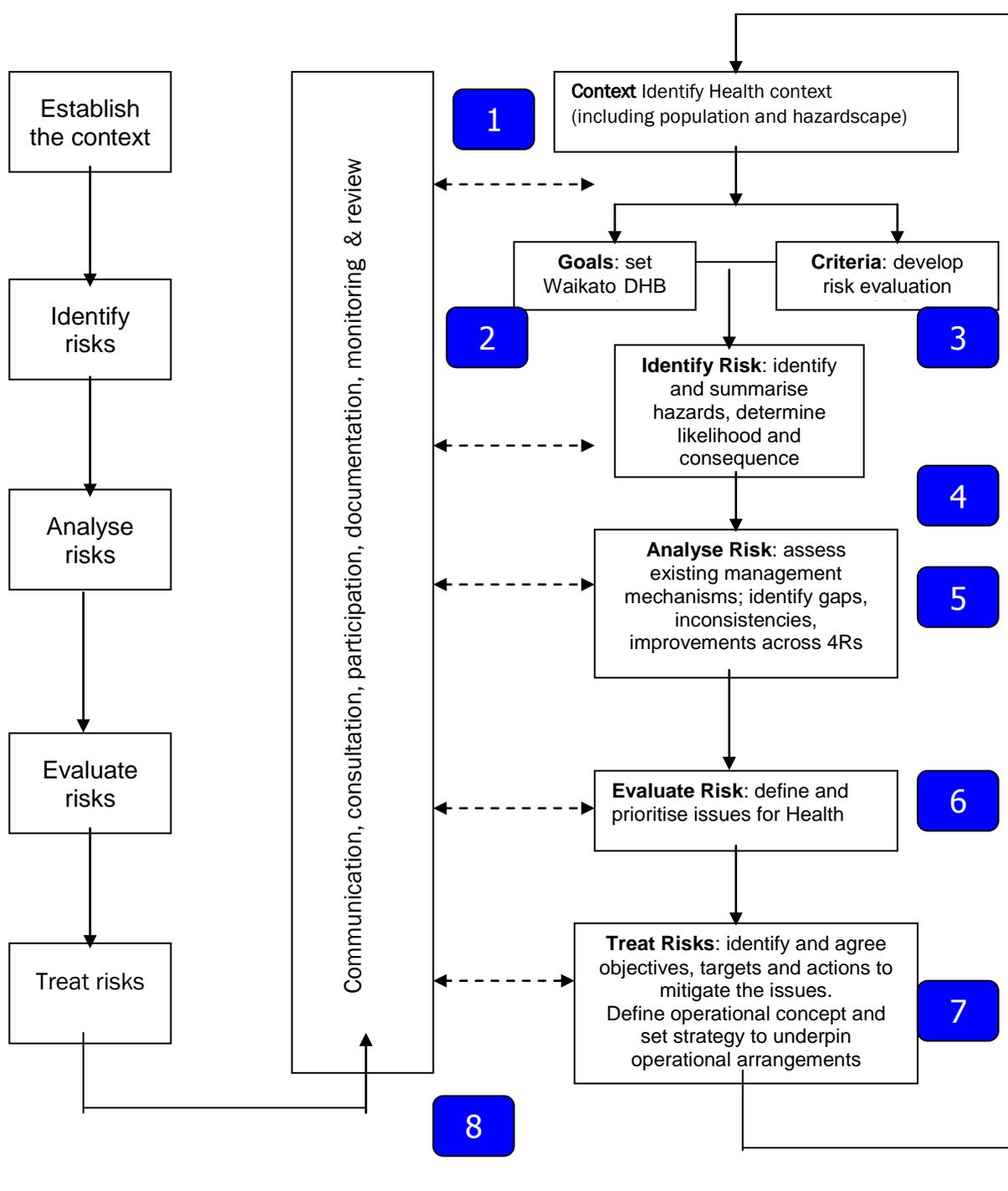
Development of an exit strategy:

	Activities	Department responsible
Identification of assistance required in the longer term.		
A transition to business as usual to manage long term recovery activities.		
Planning and reporting in the longer term.		
Management of public information and communications.		
Opportunities for communities to discuss unresolved issues and continue to participate in their recovery.		
Changes to organisational arrangements including need for subcommittees and contact lists.		
Learning from the event: debriefing and reviewing.		
Notes		

Appendix 14: Waikato DHB risk management planning process

AS/NZS4360: Risk management

Plan development process



Reference:
AS/NZS4360: Risk Management (1999)

Appendix 16: Infant formula and feeding equipment emergency plan

Infant formula and feeding equipment emergency plan

