

Draft Pandemic Plan

Part 1: Strategic Overview

Version 2

March 2006

Action Plan for Pandemic

Note: This document is subject to change/revision at any time as new information about the emerging infectious disease is discovered or operational management changes are made.

NB: This document should be discarded when updated versions are circulated. Version number and date are on the footer of each page.

SECTION 1: INTRODUCTION

SECTION 2: BACKGROUND

SECTION 3: EXPECTATIONS HELD FOR STAKEHOLDERS

- 3.1 INTRODUCTION
- 3.2 MINISTRY OF HEALTH
- 3.3 WAIKATO DHB
- 3.4 PUBLIC HEALTH UNIT
- 3.5 HEALTH WAIKATO
- 3.6 CORPORATE WAIKATO DHB
- 3.7 THE ROLE OF THE BOARD
- 3.8 NON-GOVERNMENT ORGANISATIONS
- 3.9 PRIVATE HOSPITALS AND OTHER MEDICAL FACILITIES
- 3.10 PRIMARY HEALTH ORGANISATIONS
- 3.11 TERRITORIAL AUTHORITIES EMERGENCY SERVICES AND UTILITIES
- 3.12 SCHOOLS
- 3.13 OTHER DHBS WITHIN THE MIDLAND REGION
- 3.14 DHBS BEYOND THE MIDLAND REGION
- 3.15 PHARMACIES
- 3.16 OTHER GOVERNMENT DEPARTMENTS
- 3.17 THE PUBLIC

SECTION 4: POTENTIAL IMPACT AND PLANNING ASSUMPTIONS

- 4.1 IMPACT ON HEALTH AND SOCIAL SERVICES
- 4.2 ASSUMPTIONS

SECTION 5: HIGH LEVEL PLANNING STRUCTURE

SECTION 6: HIGH LEVEL ACTIVATION STRUCTURE

SECTION 7: COMMUNICATIONS

- 7.1 THE MINISTRY OF HEALTH
- 7.2 WAIKATO DISTRICT HEALTH BOARD

SECTION 8: BUSINESS CONTINUITY

SECTION 9: DETAILED PLANNING

- 9.1 WAIKATO DHB
- 9.2 THE MINISTRY OF HEALTH
- 10.1 MINISTRY OF HEALTH
- 10.2 HEALTHCARE PROVIDERS
- 10.3 COMMUNITY BASED ASSESSMENT CENTRES
- 10.4 SUPPORT AGENCIES/OTHER SERVICES
- 10.5 MIDLAND REGION DHBS

SECTION 10: TESTING THE PLAN

SECTION 11: RECOVERY

Appendix 1: WDHB Incident Management Structure and Contacts

Appendix 2: NZ Health & Disability Emergency Management Structure

Appendix 3: The Ministry response team will be responsible for:

Appendix 4: Alert Code Communications Ministry of Health and DHB Actions

Appendix 5: MoH 'Alert' Communications process -'Code White'

Appendix 6: Communications process -'Code Yellow, Red, Green'

Appendix 7: Duty Card: Response Coordinator

SECTION 1: INTRODUCTION

This plan has been developed to inform the response to a pandemic in the Waikato District Health Board area. It has been designed to be used as a guide for all health providers in the region, including those funded by the Waikato DHB or directly by the Ministry of Health.

The plan also identifies key emergency management partners and support agencies and communications processes, and describes how the DHB will link into a regional and national response.

The plan has used as its foundation documents the National Influenza Pandemic Plan, the National Health Emergency Plan: Infectious Diseases¹, the Canadian National Pandemic Plan, the UK Influenza Pandemic Contingency Plan and the WDHB SARS Action Plan.

The key principles used in developing this plan are:

- To provide the greatest possible protection for the population at large, all health services workers and patient/clients consistent with the resources available;
- To protect and maintain business as usual for as much of the health service as possible consistent with the resources available;
- To provide the best possible clinical care to affected patients/clients consistent with the resources available;
- To develop and test the plan in partnership with key external agencies and services.

SECTION 2: BACKGROUND

Influenza pandemics have swept the world from time to time throughout history, three times in the last century. In just a few weeks, they caused widespread illness and large numbers of deaths, including children and young adults. There was huge societal disruption. There is growing concern that the influenza virus H5N1 affecting birds in many parts of the world could change into a virus that easily affects people, sparking a pandemic.

A pandemic:

- Is likely to affect the entire country
- May impact any age group (rather than just the young or elderly)
- May have a high death rate
- May come in several waves

Accurate predictions about length or arrival cannot be made.

¹ Available on the Ministry of Health website.

SECTION 3: EXPECTATIONS HELD FOR STAKEHOLDERS

3.1 Introduction

The fundamental basis for pandemic planning is a clear understanding of the roles of stakeholders. This chapter sets out the expectations that are held by the Waikato DHB for these various agencies. It follows the contents of the National Health Emergency Plan: Infectious Diseases but with greater detail to meet Waikato DHB circumstances.

3.1.1 It also takes account of a number of discrete decisions taken by relevant agencies over time which may not be recorded in the National Health Emergency Plan: Infectious Diseases.

3.1.2 This chapter repeats in narrative form information that will be found in a variety of different forms through the full Waikato DHB Pandemic Plan. This is because it was originally developed as a precursor document to set the planning context. It has been retained because it forms a useful overview and because it allows stakeholders to readily identify what issues they should be addressing. In particular, it is expected that stakeholders will pro-actively develop their plans without immediate guidance from the Waikato DHB or alternatively engage with the Waikato DHB to refine the expectations held for them.

3.2 Ministry of Health

The Ministry of Health is the lead agency in relation to pandemic planning. Its requirements will determine the nature of the response by district health boards. At the time of writing a number of key elements of the Ministry's approach remained to be determined or alternatively were regarded as matters to be addressed closer to an actual event. Some will only be possible to assess once the precise nature of the virus' impact is known. However, they include:

- What will the "tipping point" be at which a pandemic emergency will trigger a civil defence declaration²;
- How in broad terms the system should respond medically to the virus (i.e., what will the thresholds for treatment be);
- On what basis should preventative pharmaceuticals and personal protective equipment be made available; and
- What compromises should be made in relation to the adequacy of the training of staff given the likelihood of very high absenteeism and what legislative protection will be necessary to deal with this situation.

² See further discussion later in this document.

3.3 Waikato DHB

The Waikato DHB response to pandemic planning is broken down into four broad dimensions. These are:

- The activities of the Public Health Unit;
- The activities of Health Waikato;
- The activities of the corporate Waikato DHB; and
- The role of the Board.

3.4 Public Health Unit

The Public Health Unit is the local source of medical and scientific advice to the community at large on the virus, its prevention, spread, control and management (both personally and generally), and consequences.

Within the Public Health Unit is located the Medical Officer of Health who has significant legislative powers that can be exercised in the public interest during an emergency. These include:

- Taking possession of and occupying land and buildings for the treatment of patients;
- Requisitioning vehicles;
- Compelling the provision of drugs, food, drink and other materials for the care of patients;
- Requiring isolation, quarantine or disinfection; and
- Restricting the treatment of any person until treated.

Powers are likely to be enhanced and/or clarified upon the enactment of the Law Reform (Epidemic Preparedness) Bill.

3.4.1 The Public Health Unit takes charge on a local basis of border control, and immunisation.

3.4.2 The Public Health Unit will need to have in place plans for a rapid immunisation campaign once a vaccine becomes available.

3.4.3 Responsibility for contact tracing, isolation and quarantine rests with the Public Health Unit during any period that this is reasonably practicable.

3.4.3 Given the nature of the Public Health Unit's work it places considerable emphasis on having in place the communication lines that enable it to readily discharge its functions both before and during an emergency.

3.5 Health Waikato

3.5.1 Health Waikato is charged with providing care to those patients who cross the threshold for care that is ultimately determined. In order to

undertake this role it has a range of subsidiary objectives. These include:

- To maintain essential non-pandemic services;
- To discontinue non-essential services to the extent necessary;
- To treat those crossing whatever threshold for treatment applies;
- To minimise the risk to staff and patients from the virus to the extent that is practicable; and
- To remain a good employer.

3.5.2 Underlying these objectives is an ethical difficulty that has not, as yet, been adequately explored. This relates to the issue of whether, from a population perspective, the maintenance of essential non-pandemic services should be taken as a given. Depending on the nature of a pandemic and the population groups it strikes, it may be necessary to consider whether influenza sufferers should be given priority for inpatient care as against those requiring treatment for other conditions. This Plan offers no view on that issue at this point.

3.5.3 To be at an optimum state of readiness to achieve the other objectives it is anticipated that Health Waikato will need to do the following:

- Define essential services which will operate during an emergency;
- Have clear processes for shutting down non-essential services;
- Have clear processes for safe triage of potentially infectious patients, wherever they present for assessment (this being subject of course to decisions as to the nature of community assessment centres);
- Have clear processes for the safe assessment of suspected patients, away from other patients and visitors (this being subject of course to decisions as to the nature of community assessment centres);
- Have clear processes for transport or transfer and clinical hand-over processes for suspected or probable cases;
- Have temporary or definitive area(s) where suspected or probable child and/or adult cases who are considered to require inpatient care, can receive the necessary ongoing care;
- Have clear processes for safe access to laboratory, radiological and other diagnostic tests;
- Have clear processes for the safe provision of cleaning, laundry, translation and other ancillary services;
- Have clear infection control practices tailored for individual departments as necessary, together with an ability to rapidly increase infection control education and advice during an event;
- Have a defined clinical pathway for child and adult patients requiring long-term hospital care, including possible long-term ventilation;
- Have a defined internal clinical escalation pathway, moving from use of negative pressure rooms to isolation rooms to cohort situations;

- Have protocols for the support and management of discharged patients recuperating and/or in need of monitoring at home³
- Have developed departmental business continuity plans with a particular emphasis on identifying how best the necessary staff resources can be marshaled to ensure those services continue;
- Have agreed with private hospitals and other similar facilities the way in which they can fit most effectively into the overall response; and
- Purchase in advance whatever supplies it may be prudent to purchase to supplement national stocks including ventilators, oxygen supplies, syringes and antivirals.

3.6 Corporate Waikato DHB

3.6.1 The corporate Waikato DHB is the third leg of the Waikato DHB response. It involves at least the following activities:

- (a) Emergency Planning;
- (b) Human Resources;
- (c) Information Systems;
- (d) Planning and Funding; and
- (e) Communications.

3.6.2 These four activities are intended to support the other dimensions of the Waikato DHB in the ways set out following.

(a) Emergency Planning

- Emergency Planning functions as a coordinating activity for both Waikato DHB and between Waikato DHB and all other stakeholders. Emergency Planning is also the service that will compile the formal pandemic plan and initiate regular testing of it.
- Emergency Planning plays a key role in developing and testing the Coordinated Incident Management System (CIMS) upon which the response is based and, in the event of an emergency, in ensuring it operates effectively.

(b) Human Resources

- The key role for Human Resources in pandemic planning relates to the likelihood of significant staff vacancies and the need to utilize volunteers and other people who may not be suitably qualified to undertake their role. There are also significant health and safety issues associated with providing services during a pandemic, many of which, at the periphery, also become infection control issues.
- The National Health Emergency Plan: Infectious Diseases takes the approach that many of these issues are a responsibility of district health boards. For example it states that all health service providers are required to ensure that all staff are appropriately trained and skilled.

³ It is suggested that national decisions as to thresholds for inpatient treatment and therefore as to expectations for treatment at home will be crucial in these circumstances.

- This is somewhat unrealistic. If absenteeism is severe then compromises will need to be made about many things including the skill levels of staff. These decisions will need to be made at a national level and will need to be supported by appropriate legislative protections to ensure that staff and district health boards are not legally exposed.
- It would appear sensible that the Ministry should undertake a considerable amount of this work, doing so at the level of specific professional groups. Discussions would appear to be required with unions, professional organizations with regulatory oversight and district health boards. Legislative backing may be required to override legislative requirements embodied in scopes of practice and health and disability law as well as the legal consequences of deploying staff who are not fully qualified⁴.
- Similarly, the issue of whether or not health staff should feel obliged to come to work and what the consequences of this will be for them personally if they don't come, or even if they do, need to be settled by way of national consensus. By way of example, would there be sanctions for medical staff who refused to work? Alternatively what access would staff (and their families) have to preventative or other medication, should they choose to work.
- At the date of writing these matters had not been resolved. Accordingly, Human Resources needs to assess the parameters within which the Waikato DHB should work and what is or is not possible in this respect. A practical example of the sort of measures that could be adopted might be for the Waikato DHB to decide to set aside accommodation for staff who are willing to work but are not willing to return home each night for risk of infecting their family.
- Human Resources will need to work closely with infection control staff to ensure that health and safety requirements and infection control requirements are properly aligned. Areas of commonality may include assessments of the recent history of staff and volunteers, rules relating to stand down after travel and steps to be followed after caring for an infectious patient.
- Appropriate social and mental support mechanisms will need to be addressed.

(c) Information Services

- The role of IS in relation to pandemic planning has three aspects. Firstly to maximise opportunities for staff to work from home. Secondly to assist with developing and using alternative communication pathways. Thirdly to enable the seamless flow of information between the various parties comprising the total local response.

(d) Planning and Funding

⁴ The Law Reform (Epidemic Preparedness) Bill appears to provide mechanisms by which this can occur.

- Planning and Funding funds private providers and has close relationships with them. It is expected that Planning and Funding will take a lead in addressing the funding concerns of providers called upon in relation to a pandemic, both in respect of the process issues and the availability or otherwise of funding.
- The issue of funding will emerge in two different ways. Firstly, there will be an expectation that any additional services required of private providers are funded. Secondly, where private providers have been asked to prioritise services and discontinue where appropriate, there will be concerns about payment and the impacts upon staff and the organisation itself. As with many issues, a national consensus about payment in those circumstances would be helpful.

(e) Media and Communications

- Communications is a small team within the Waikato DHB. However, in the context of pandemic planning it takes on a slightly different meaning. For present purposes it relates to the communication aspects of all that other Waikato DHB groups are doing. The reason for this is that communications are such an integral part of the total response they need to be elevated (both as to media and messages) for special attention.
- In brief, there is an expectation that all groups which will be required to communicate with other groups will have in place formal protocols governing who they will communicate with, what form of communication will be used and what the messages to be conveyed are to be. Where message flow is contingent upon a given event happening (for example a particular alert level being reached) then the processes flowing from that trigger being reached must be seamless.
- That said, the Media and Communications Unit of the Waikato DHB will take overall charge of coordinating the communications function through both the planning and activation phases of a pandemic. Releases will be made in the name of the central control group and disseminated through local communications staff at the territorial authority level with local input as necessary.

3.7 The Role of the Board

3.7.1 The Board is the final governance authority for the Waikato DHB. While the Board would not be directly represented at an operational level in the organisational response to a pandemic, it needs to be assured that planning is occurring with the requisite speed and comprehensiveness and that during an emergency the response is adequate.

3.7.2 With this in mind it is expected that the Board will:

- Receive regular progress reports during the planning phase;
- Approve the final pandemic plan;
- Mandate the Incident Controllers for Health;

- Determine its role during the activation phase.

3.7.3 The Board of the Waikato DHB has resolved that its role during a pandemic will be discharged by the Chair and will be to strengthen the mandate of the Controllers' Group to ensure that its decisions have the profile and authority they require.

3.7.4 The Board has resolved that the Incident Controllers for Health should come from the Executive Group (Chief Executive and senior managers) in the first instance.

3.8 Non Government Organisations

3.8.1 Non-government organisations for the purposes of pandemic planning are those organisations funded by the Waikato DHB to provide services (other than primary health organisations). The most significant in the context of a pandemic are likely to be aged-residential care providers because of the vulnerability of their residents. Others such as organisations catering for the intellectually disabled and the mentally ill will have less vulnerable residents but will share with aged-residential care providers difficulties in maintaining services in the face of high absenteeism.

3.8.2 The expectations held for NGOs are that they will:

- Have and activate business continuity plans;
- Prioritise their services with a view to determining which could and/or should be temporarily discontinued during a pandemic (recognising that different levels of severity may necessitate several options);
- Access clinical information and advice about disease characteristics and case management and make it available to staff;
- Ensure infection control processes are current, entrenched and rigorous;
- Provide feedback on conditions in the field.

3.8.3 In relation to business continuity plans, providers' service agreements with the Waikato DHB generally contain a requirement to "operate a major incident and emergency plan which is appropriate to the services...to ensure essential services are able to be delivered in times of civil defence or other emergency".

3.8.4 Given the pressure likely to be placed on the Waikato DHB as a result on a pandemic it needs to be a fundamental assumption of all funded providers that there will be no assistance available from the Waikato DHB to assist with their contracted work. That is, to assist in the day-to-day care of their clients to the standards expected at any other time.

3.8.5 Where the clients of providers themselves become ill with influenza the same arrangements would apply as in relation to the population at large.

3.9 Private Hospitals and Other Medical Facilities

3.9.1 There are in the community private hospitals and other facilities that may be valuable resources in the event of a pandemic. An important component of that value will be their staff.

3.9.2 Given that Waikato DHB does not have service agreements with such organisations the relationship between Waikato DHB and these other parties will be based either on the exercise of legislative powers or by agreement. Waikato DHB preference would be for clearly defined protocols to be agreed that set out how the organizations will work together during a pandemic. The fact that memoranda of understanding already exist with some facilities as an expression of current relationships is a useful first step.

3.9.3 It is not yet clear whether it would be preferable for private facilities to continue functioning during a pandemic to assist Waikato DHB or whether they should close with staff and other resources deployed as part of the total response. These matters still need to be determined.

3.9.4 At this stage it is hoped that private facilities and other similar facilities will:

- Work productively with Waikato DHB to determine where they should fit in the overall health response;
- To the extent that their regular work allows, work with the Waikato DHB to apply staff and resources in the manner best able to meet the threat;
- Develop and test plans that will enable their involvement in whatever form is agreed to be achieved as easily and effectively as possible.

3.10 Primary Health Organisations

3.10.1 Primary health organizations are those organisations through which general practitioner primary care is delivered. Several or many practices may comprise a primary health organization.

3.10.2 Expectations for primary health organisations at this stage are that they will:

- Have and activate business continuity plans;
- Prioritise their services with a view to determining which could and/or should be temporarily discontinued during a pandemic (recognising that different levels of severity may necessitate several options);
- Work with the Waikato DHB to apply staff and resources in the manner best able to meet the threat;
- Work with the Waikato DHB in relation to public health aspects such as contact tracing;
- Access clinical information and advice about disease characteristics and case management and make it available to staff;

- Ensure infection control processes are current, entrenched and rigorous;
- Provide feedback on conditions in the field.

3.10.3 The objective of working with the Waikato DHB to apply pooled staff and resources in the manner best able to meet the threat has yet to be worked through. Current Waikato DHB planning for CBACs does not involve PHOs. It is expected that PHOs will continue to provide their normal services with those suffering or possibly suffering from influenza being directed towards CBACs. As with the objective of maintaining (to some extent at least) normal inpatient services during a pandemic, this does raise ethical issues concerned with the extent to which priorities should be determined across all classes of patients.

3.11 Local Government, Emergency Services and Utilities

3.11.1 Local Government are the experts in civil defence planning and management. While decisions taken centrally require local government to act in support of Health in a pandemic, it is possible that a health emergency could develop into a civil defence emergency. This could occur as social distancing becomes formalized and widespread, families and communities seek to achieve self-reliance, and as the need to check on the needs of those least able to cope (for example the elderly living alone) becomes more intense. In short, the breakdown of infrastructure that civil defence deals with could occur as a consequence of labour shortages arising from both illness and individual withdrawal related to illness. It is understood that any declaration will occur on a national basis and that a declaration will not be made readily.

3.11.2 Even in the event that a civil defence declaration does not occur the planning undertaken by the central agencies envisages a central place for local government in both planning for and responding to a pandemic. That role is comprehensively outlined in the New Zealand Local Authority and CDEM Group Pandemic Planning Guide. The Waikato DHB strongly supports that document as appropriately emphasising that a pandemic is first and foremost a community issue and in itemising the actions that flow from this assessment.

3.11.3 Local government, emergency services and health have well-practiced procedures and structures for joint operation in relation to emergency management generally.

3.11.4 Given the involvement of both Health and local government as pivotal components in planning for and responding to a pandemic, it is anticipated that a joint group will be established which will oversee the Waikato pandemic response across both the health and civil defence/territorial authority sectors.

3.11.5 Decisions have been taken centrally which mean that during a pandemic “while Health will retain accountability for implementing the Pandemic Action Plan, CDEM structures and resources would be available to provide support to help manage subsequent community impacts”⁵ It is further anticipated that the Health Coordinator (Incident Controller), Medical Officer of Health and CDEM Controller would, during an emergency, sit around the same table and consider decisions and their consequences jointly.

3.11.6 Bearing in mind the above it is expected that territorial authorities will:

- Have and activate business continuity plans;
- Maintain business as usual generally to the greatest extent possible consistent with minimising the spread of infection;
- Maintain those services essential in a health emergency such as water supply, refuse disposal, wastewater disposal and treatment;
- Deploy regulatory staff such as environment health officers and exercise relevant legislative powers in agreement with the Public Health Unit;
- Meet the planning and response requirements of the New Zealand Local Authority and CDEM group Pandemic Planning Guide;
- Establish and operate with the Waikato DHB a joint group (mandated by the Waikato CDEM group) to develop the overarching pandemic response for the Waikato;
- Mandate the CDEM Group Controller to work with the Health Incident Controller, and Medical Officer of Health to make day to day decisions during a pandemic;
- Be prepared to commit resources (both human and financial) in response to a pandemic in the absence of a civil defence declaration and in accordance with the directions of the Controller’s Group mentioned above; and
- Provide feedback on conditions in the field.

3.12 Schools

3.12.1 Expectations of schools are that they will:

- Close as directed by the Public Health Unit.
- Provide information to children and their families.
- Provide feedback on conditions in the field.

3.13 Other District Health Boards Within the Midland Region

3.13.1 Waikato DHB is a tertiary provider with referrals occurring from across the Midland region (i.e. from the Lakes, Bay of Plenty, Tairāwhiti and Taranaki District Health Boards). District Health Boards within the Midland region maintain close links and cooperate on a wide range of issues on a day-to-day basis.

⁵ Letter from Chief Executive Department of Prime Minister and Cabinet to Chief Executive Local Government New Zealand 23 December 2005.

3.13.2 This structure is recognized in the National Health Emergency Plan, which requires regional co-ordination to manage the response in each region. This is achieved through the formation of a regional co-ordination team.

3.13.3 It is expected that prior to any pandemic the following will have occurred:

- A regional co-ordination team will have been established;
- There will be an agreed approach to the management of referrals during an emergency.
- There will be an agreed approach to transport arrangements during an emergency;
- There will be an agreed approach to the deployment of staff and resources on a regional rather than a local basis;
- There will be an agreed approach to quarantine, isolation and management of contacts.

3.13.4 It is anticipated that in a pandemic the other district health boards within the Midland would:

- Together with the Waikato DHB activate the regional co-ordination team in discussion with the Ministry of Health.
- Implement the approaches agreed by the participating district health boards.
- Provide feedback on conditions in the field.

3.13.5 The deployment of staff and resources on a regional basis recognizes the fact that the virus will not reach all areas at the same time or impact upon all with the same intensity⁶. There may be scope for district health boards to pool across their organizations so as to meet the actual pattern of spread. Doing so will require accurate information from all parties and a clear and common understanding as to how help will be effected.

3.14 District Health Boards Beyond the Midland Region

3.14.1 The issues outlined above with respect to the pattern of spread and intensity apply as much to district health boards beyond the Midland region as they do to district health boards within it. However, cooperation may be a more difficult task given the less comprehensive history and range of cooperation. It may be that DHBNZ and/or the Ministry of Health may wish to take a hand in determining the nature of the sector response as events unfold.

3.15 Pharmacies

3.15.1 The role of pharmacies in a pandemic will be a significant one of maintaining the supply of pharmaceuticals to the population at large

⁶ There may, for example, be variations in morbidity and mortality based on ethnicity that will be reflected in differences between Waikato DHB (23% Māori) and Tairāwhiti (48% Māori).

both for influenza and for other conditions. This may necessitate consideration of new modes of operation to minimise the risk of infection. Possibilities include the profession identifying designated “Influenza Pharmacies” and developing modes of dispensing that minimise personal contact.

3.15.2 Expectations of the pharmacy profession include:

- Developing and initiating methods by which prescriptions can be filled and dispensed with minimal human contact.
- Coordinating the availability of pharmacy services in the best way to achieve the previous objective.

3.16 Other Government Departments

3.16.1 The role of government departments vis a vis district health boards relates primarily to the care of dependants. It is likely that in an emergency there will be substantial numbers of normal caregivers who will not be in a position to provide that care. It is expected that all government departments involved in supporting caregivers will review their ability to provide support for these dependants and will agree with the Waikato DHB protocols with respect to this issue.

3.17 The Public

3.17.1 One of the keys to the success or otherwise of the strategies developed by the Waikato DHB is the response of the public. There will, of course, be available to the Medical Officers of Health and civil defence staff, legislative backing for the decisions they take and the measures they implement. Nevertheless, it is worth stating the expectations that are held for the public, as the expectations will impact upon the messages that are conveyed to them.

3.17.2 The expectations for the public are that they will:

- Prepare for the pandemic in the ways set out by relevant material.
- Use whatever ‘front doors’ (i.e. community assessment centers or otherwise) are developed for assessing and/or triaging patients.
- Accept triaging decisions made recognising the pressure that will be upon the system at the time.
- Treat family members at home where they are not admitted for secondary care.
- Minimise the risk of infection both at home and in the community by acting in accordance with the public health messages given.

Help wherever possible consistent with other obligations and as asked by the relevant authorities.

SECTION 4: POTENTIAL IMPACT AND PLANNING ASSUMPTIONS

4.1 Impact on Health And Social Services

The impact of an influenza pandemic on health and social services is likely to be intense, sustained and nation-wide; they may quickly become overwhelmed as a result of:

- The increased workload of patients with influenza and its direct complications
- The particular need for high dependency care and infection control facilities and equipment
- A secondary burden on health caused by anxiety and bereavement
- Depletion of the workforce and of existing numbers of informal carers, due to the direct or indirect effects of influenza on themselves and their families, eg: the need to provide childcare or care for ill members of their families
- Logistical problems due to interruption of supplies, utilities and transport as part of the general disruption caused by the pandemic, including blood and other essential supplies
- Delays in dealing with other medical conditions
- The longer term macro effects of the pandemic on the national (and world) economy and the structure of society.
- Innovative approaches will be needed to many aspects of health care, including staffing, triaging of patients and coping with those patients needing more intense care than is normally possible at home but who may not be admitted to hospital
- There will be pressure on mortuary facilities (possibly exacerbated by delays in death registrations and funerals)

4.2 Assumptions

For the purposes of resource planning for pandemic influenza the following assumptions have been made:

a) The health care system may be overwhelmed

There will be an increase in primary care requirements, hospitalisations and deaths putting the health care system under extreme stress.

There is highly unlikely to be any ability to increase capacity as health services are already running close to capacity. Moreover, increasing or even maintaining existing bed capacity requires committed human resources. During a pandemic, shortages of personnel, supplies and equipment can be expected to limit the ability of institutions to respond to a significant increase in patient volume.

b) The best use of resources will be achieved through system-wide prioritisation

A pandemic will require national prioritisation of needs and resources, across the health care system, not just a review of resources as a

single DHB. For example, in terms of human resources, health care professionals may need to be moved from their usual work areas. Equipment may need to be moved to non-traditional sites. This will require a review of logistical, ethical and practical issues throughout the region.

c) There will be limited international transfer of resources

The global nature of the crisis will mean that resources from other countries cannot be depended upon for meeting additional requirements during a pandemic.

d) The usual supply lines will be disrupted

The demand for medications, medical/surgical and other supplies will increase substantially around the world and across the country. Suppliers may experience difficulties responding to increased demand, due to staff shortages, raw material shortages and transportation disruptions. Additionally, because most medications, equipment and supplies are produced outside of New Zealand, there will be barriers to obtaining supplies, which include embargoes of medications, cross border issues and transportation issues due to staff shortages.

e) A pandemic vaccine may be unavailable

There will likely be no vaccine available until well into the first wave of pandemic or later. When a vaccine does become available prioritisation of recipients will have to be established.

f) Anti-viral drugs will be in short supply

Currently no raw materials for anti-viral drugs are produced in New Zealand. Existing supplies are very limited and insufficient to form the basis for an effective antiviral response strategy. Stockpiling of these medications is organised and will be sufficient for 20% of the population.

When antiviral drugs are made available, treatment and prophylaxis for people seeking health care services at health care facilities will need to be prioritised according to national recommendations.

g) The number of essential service workers will be reduced

The availability of health care workers, and service providers essential to limiting societal disruption during a pandemic, may be reduced due to illness to themselves or family members.

h) The pandemic will occur in waves

The pandemic will likely occur in successive waves of approximately six to eight weeks duration in any one community followed by a recovery period of unknown duration. Between the waves substantial resources will be required to 'catch up' with elective procedures, delayed treatments for cancer or cardiac care and other treatments. Maintenance on equipment, restocking of supplies, and other activities

necessary to recover and prepare for another pandemic wave will need to occur during this time frame.

i) A civil defence emergency may not be declared.

j) Triggers for implementation will be provided by the Ministry of Health, using the 'one point of contact', colour-coded alert (Appendix 4).

SECTION 5: HIGH LEVEL PLANNING STRUCTURE

The planning structure for a pandemic event needs to take account of a number of aspects, which increase complexity. These are:

- The involvement of many different sectors including health, local government, emergency services, utilities and government;
- The fact that the health sector itself straddles the public/private boundary and includes large numbers of non-government organisations as well as crown agents; and
- The fact that the key organisations within health and local government are governed by elected officials but with different dynamics within the two sectors.

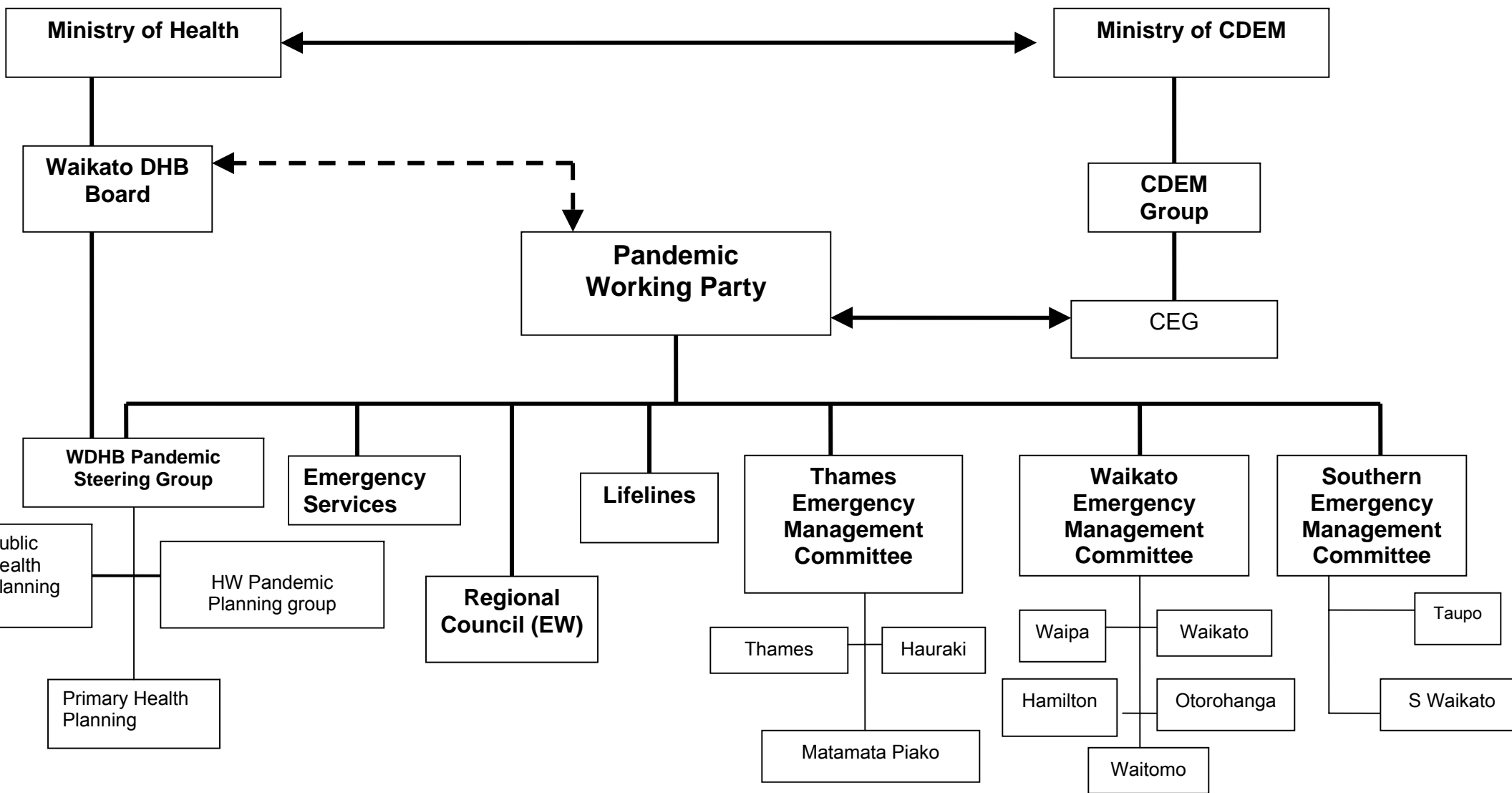
The Waikato approach assumes that pandemic influenza will never be a health emergency only. It is regarded as inevitable that a community (or perhaps even formal civil defence) emergency will result centred on meeting the needs of large numbers of isolated individuals, families and communities (comprising sick, sound and disabled) while simultaneously managing the spread of the virus. The New Zealand Local Authority and CDEM Group Pandemic Planning Guide confirms the significant involvement of local government in planning for and responding to a pandemic.

Accordingly, there are two broad aspects to the response, which can be described as health and civil defence. Other stakeholders such as emergency services, utilities and government departments are obviously also important but align more with the community response than the health response.

With this in mind, the primary planning forum will be a working party of the Civil Defence Emergency Management Coordinating Executive Group (chaired by the Waikato DHB). That working party will report through the Coordinating Executive Group to the Waikato Civil Defence Emergency Management Group and thereby to territorial authorities. On the health side, despite its status as lead agency, the Waikato DHB will seek review of all its planning through that group and will in turn have the opportunity to review planning undertaken through civil defence.

Figure 1 sets out this high level structure.

Figure1: Waikato Region Joint Agency Pandemic Planning model



It is recognised that planning cannot ultimately be driven solely by functional responsibilities. The need to plan coherently for the Waikato as a whole is also important. With this in mind the working party includes representatives of three different geographical sub-groups of the Waikato DHB's district. It is expected that the planning being undertaken at a district level will be duplicated at a local level.

Within the Health sector at large, planning will occur through the Waikato DHB Pandemic Planning Group. This will bring together the various arms of the Waikato DHB, including the Public Health Unit. It will initiate contact with NGOs, private medical facilities, PHOs and so on as necessary without any formal standing structures being put in place.

Health Waikato, the Waikato DHB provider, will establish its own planning forums to undertake the planning necessary for that organization.

SECTION 6: ESCALATION PATH AND ACTIVATION STRUCTURE

The high-level activation structure has been determined centrally. In brief it will be a Controllers' Group comprising the Medical Officer of Health, the Civil Defence Controller, and the Health Controller.

The Medical Officer of Health is a statutory position to which named staff of the Waikato DHB have been appointed. The Health Controllers will be the Chief Executive of the Waikato DHB and members of his/her team as appointed by the Chief Executive based on the circumstances at the time⁷. The Civil Defence Controllers have also been identified for the district through existing civil defence structures.

The Controllers Group will be supported by an expert advisory group convened at activation. Exact membership will be determined at the time but the core of the group will be the membership of the CEG working party which functions as the primary planning forum. However, a heightened medical presence is likely.

The structure is set out in Figure 2 (yet to be developed).

The role of the Board of the Waikato DHB will be discharged through the Chair. It will be to lend authority to the decisions of the Controllers' Group by mandating/supporting its decisions wherever this need arises⁸.

A parallel role is expected for the Councils of the territorial authorities within the district. That is, it is expected that through their Mayor, they will mandate/support the decision-making of the Controllers' Group at a local level.

⁷ The Board has formally resolved that this should be the case.

⁸ The Board has formally resolved that this should be the case.

The next chapter describes the communication strategy that will be followed. It aligns with the high-level activation structure in attempting to ensure that the activation structure is regarded as the source of authority, being neither ignored nor displaced. It is for this reason that it is important to ensure the Board and Councils on the one hand, and the Controllers Group on the other, give the same messages.

The fact that a civil defence declaration will not necessarily be made and, if it is, will not be made readily, poses some problems. This is because the involvement of local government is anticipated to occur early as required by the central agencies. In essence, a declaration will not be the trigger for formal involvement by local government and their associated civil defence structures.

This has been accommodated by the adoption of the following principles/protocols, which define how activation will occur:

- The declaration of a civil defence emergency will not be a critical threshold in the activation process, as the central agencies have made clear that only a very severe pandemic will result in a declaration.
- Health will set up its early activation in the Hocking Building, Waikato Campus.
- Early activation will include regular briefings of, and meetings with, the wider group of Waikato agencies⁹ involved in the Waikato response.
- Health will initiate the formal activation of the wider group of Waikato agencies (irrespective of whether or not a declaration has been made).
- Formal activation of the wider group of Waikato agencies will be expected to occur at the point that Health (either the Waikato DHB or the Ministry of Health) recognises the need for a wider agency response.
- At the point that the formal participation of the wider group of Waikato agencies is requested, or if there is a civil defence declaration, the EOC will shift to Duke Street, Hamilton.
- The controllers group (Medical Officer of Health, Health Controller, Group Controller) will activate as the governing body as soon as Health initiates the formal participation of the wider group of Waikato agencies.

SECTION 7: COMMUNICATIONS

To be completed. High level comment only.

SECTION 8: BUSINESS CONTINUITY

⁹ The wider group of Waikato agencies would be those normally involved in a community crisis and participating in civil defence/pandemic planning including territorial authorities, emergency services, and government departments.

All healthcare providers are expected to develop, maintain, and regularly test, business continuity plans (BCPs). As part of preparing for a pandemic, initial activity should focus on updating existing BCPs in light of the various pandemic scenarios.

The Ministry of Economic Development has developed a 'plain language', easy to follow template for BC planning, which can be accessed at http://www.med.govt.nz/templates/ContentTopicSummary_14451.aspx

SECTION 9: DETAILED PLANNING

Introduction

Much of the detailed pandemic planning is contained in stand-alone documents compiled in respect of particular agencies or in relation to particular aspects of the response. Some, but not all, follow the Strategic Section in the overall Plan of the Waikato DHB, according to their degree of proximity to Waikato DHB responsibilities.

Ministry of Health

The Ministry of Health is responsible for maintaining a standing capability for rapid response, including clinical, logistical and laboratory services and a robust and rapid system to rapidly recognise infectious disease threats and promptly initiate an appropriate response as described below.

In the event of an emerging national infectious disease-related emergency, the Ministry of Health will establish a single emergency response team under the CIMS structure. This will activate the national communication process and comprise members of the Public Health, Clinical Services, DHB Funding and Performance, and Corporate and Information Directorates, and others as appropriate.

The Ministry of Health has prepared the National Health Emergency Plan: Infectious Diseases. An up to date copy can be obtained at <http://www.moh.govt.nz>.

Further detail on Ministry responsibilities is attached at Appendices 2 and 3 to this section of the Plan

Health Sector Generally in the Waikato

As discussed in the chapter concerned with expectations for stakeholders, it is anticipated that healthcare providers including hospitals, GPs, accident and emergency clinics, resthomes, Iwi providers, St John Ambulance and so on will undertake their own planning. Their plans will not be included within the Waikato DHB Plan.

The plans should cover the following:

- the command and control structure, escalation policies and links to other sectors
- capacity building

- arrangements to appoint a named influenza coordinator
- ensuring they have the appropriate facilities for infection control
- arrangements for mutual support between neighbouring health organisations
- arrangements to decide which routine work can be dropped or modified, ie what business will not be continued as usual.
- managing the disruption caused by influenza on other health services and other medical conditions
- contingency staffing arrangements
- planning for the optimal use of human resources including healthcare workers and volunteers
- arrangements to cope with staff absenteeism and increased patient loads
- arrangements to immunise and provide antiviral prophylaxis to essential staff according to MoH guidelines¹⁰
- plans for emergency vaccination programmes according to MoH guidelines¹¹, including an estimate of local vaccine and antiviral needs and arrangements for ensuring the vaccine and antivirals are distributed and administered appropriately
- infection control protocols
- appropriate communication arrangements to healthcare professionals
- staff training

This list is not intended to be definitive and each provider will need to identify their own issues.

Because the specific plans of health providers are outside the scope of the Waikato DHB Plan, a coordination approach to activation must be maintained. Table 1 below sets out actions to be taken at each phase of an event.

¹⁰ Still to be provided

¹¹ Still to be provided

TABLE (1): ALERTS/RESPONSIBILITIES & ACTIONS (to be completed)

Phase Alert Code	Ministry Actions	DHB Actions	Public Health	Hospitals/ Health Services	Primary Care/Ambulance	Disability Support (including residential Aged Care and home-based services)
Preparedness		<ul style="list-style-type: none"> Usual planning activities Routine public health messages 	<ul style="list-style-type: none"> Business as usual Develop key information re Influenza Identify relevant people re pandemic influenza team Strengthen intersectorial arrangements that will identify and minimise risk of human infection with a new influenza strain Ability to respond to outbreaks of seasonal influenza appropriately Promote routine influenza immunisation 	<ul style="list-style-type: none"> Usual planning and testing activities Identify relevant people re pandemic influenza team Promote routine influenza immunisation amongst staff 	<ul style="list-style-type: none"> Business as usual Promote routine influenza immunisation amongst staff Promote routine influenza immunisation amongst high risk groups (GPs) Routine surveillance (sentinel GPs) 	<ul style="list-style-type: none"> Business as usual Promote routine influenza immunisation amongst staff
Information (White)	<ul style="list-style-type: none"> Advise CEOs of all 21 DHBs; 21 DHB 'single points of contact'; and Public Health Managers of emerging situation and potential developments Provide media and public information and advice Provide case definitions and other clinical and public health advice on control, where possible 	<ul style="list-style-type: none"> Advise all relevant staff, services and service providers Notify clinical and public health staff of case definitions, clinical advice, and control measures Review clinical emergency plans Work with Primary care re pre-planning for CBACs 	<ul style="list-style-type: none"> Bring Influenza Pandemic team together Communicate information to relevant parties Use information from Ministry to: <ol style="list-style-type: none"> Prepare case definition Prepare algorithms primary care Prepare and circulate infection control guidance Possibly input border measure at major international port-Hamilton airport <ul style="list-style-type: none"> Link with Waikato District Health Board team 	<ul style="list-style-type: none"> Advise all relevant staff; Notify clinical staff of case definitions, clinical advice, and control measures Review clinical emergency plans Test communications processes Identify risks and impacts Test plans 	<ul style="list-style-type: none"> Advise all relevant staff; Notify clinical/operational staff re definitions, clinical advice, and control measures Review response plans Test communications processes Prepare/source information for clients/families Take part in pre-planning for CBACs 	<ul style="list-style-type: none"> Advise all relevant staff; Notify clinical staff of case definitions, clinical advice, and control measures Review response plans Test communications processes Prepare/source information for clients/families
Standby (Yellow)	<ul style="list-style-type: none"> Activate Ministry CIMS structure Identify National Coordinator and National Co-ordination Team members Identify and activate national Technical 	<ul style="list-style-type: none"> Prepare to activate DHB CIMS structure Prepare to activate Regional Co-ordination Teams Advise and prepare all staff, services and service providers 	<ul style="list-style-type: none"> Review of CIMS plan Meet doctors internally Circulate relevant information to staff Communicate relevant information to public Border Health Screening implemented 	<ul style="list-style-type: none"> Prepare to activate Incident Management Teams/CIMS structure Advise and prepare all staff, services and service providers Manage own clinical response if impacted by 	<ul style="list-style-type: none"> Participate in DHB Supplies Management Group Finalise/confirm details of CBACs, including staffing and supplies. 	

	<ul style="list-style-type: none"> Advisory Group Contact all 21 DHBs, via DHB single points of contact and advise of situation and national emergency control contact number(s) Manage liaison and communications with other government agencies 	<ul style="list-style-type: none"> Manage own DHB clinical response and public health response if impacted by emergency Establish Supplies Management Group 	<ul style="list-style-type: none"> Case definitions, protocols, infection control guidance communicated to all relevant bodies Participate in DHB Supplies Management Group Finalise processes for staff working from home 	<ul style="list-style-type: none"> emergency Confirm service closure processes and triggers. Activate joint (inter agency) communications plan Participate in DHB Supplies Management Group Provide PPE packs to Community staff 		
Activation (Red)	<ul style="list-style-type: none"> Inform all DHBs, via single points of contact Direct activation of the four Regional Co-ordination Teams Coordinate response at national level through the four Regional Co-ordination Teams 	<ul style="list-style-type: none"> Activate DHB CIMS structure Activate Regional Co-ordination Teams Advise of regional emergency control contact number(s) Manage own DHB response, as required under regional co-ordination arrangements 	<ul style="list-style-type: none"> Team meets twice day Link with Waikato DHB team <ul style="list-style-type: none"> - press - staff - public - other Communication Regular information to public and health care workers Adapt protocols and management where necessary Previously identified staff start working from home. 	<ul style="list-style-type: none"> Establish regular team meetings Finalise communications plans Activate service closure plans Incident Management Team (IMT) activated. IMT rosters confirmed Previously identified staff start working from home. 	<ul style="list-style-type: none"> Activate Plans Establish CBACs Finalise CBAC staff rosters 	
Stand down (Green)	<ul style="list-style-type: none"> Moving from red to green – inform all Regional Co-ordinators Moving from yellow to green – inform all DHB single points of contact Advise media and public Deactivate Ministry CIMS structure Resume normal functions <p><i>Post stand down: Design and implement evaluation and review of emergency response</i></p>	<ul style="list-style-type: none"> Deactivate Regional Co-ordination Teams (where activated) Deactivate DHB CIMS structure Resume normal functions Communicate <ul style="list-style-type: none"> - press - staff - others Feedback good work Restock supplies/resources used Review processes Learn <p><i>Post stand down: Participate in the Ministry-led review of emergency response</i></p>	<ul style="list-style-type: none"> Communicate <ul style="list-style-type: none"> - press - staff - others Feedback good work Restock supplies/resources used Review processes Learn 	<ul style="list-style-type: none"> Communicate <ul style="list-style-type: none"> - press - staff - others Feedback good work Restock supplies/resources used Review processes Learn 	<ul style="list-style-type: none"> Communicate <ul style="list-style-type: none"> - press - staff - others Feedback good work Restock supplies/resources used Review processes Learn 	

Regional Planning

The regional plan embracing the preparations of the Waikato, Lakes, Bay of Plenty, Tairāwhiti and Taranaki District Health Boards follows as Section x in this Plan.

Public Health Unit

The Public health Unit Plan follows as section x.

Health Waikato Plan

The Health Waikato Plan follows as section x.

Laboratories

Because of the unique challenges arising from a contagious disease of this type, a specific plan for the laboratories is required. This follows as section x.

Community Based Assessment Centres

Waikato DHB will work with PHOs to plan for the establishment of CBACs.

During an influenza pandemic, the role of CBACs will be to provide the primary care surge capacity arising from a sudden increase in demand. These centres will be a means of concentrating the initial assessment of people who may have influenza away from individual general practices and hospital emergency departments, the usual first ports of call for people who are unwell. CBACs will be for influenza cases that meet the case definition and for people that are likely to benefit from available clinical intervention. As well, CBACs will support the provision of home-based self-care in association with teletriage and advice.

The primary functions of a CBAC will be to:

- provide clinical assessment and advice
- dispense antivirals and antibiotics
- provide triage and referrals to other primary health or secondary health care (if capacity exists)
- enable health professionals to specialize in influenza and infection control
- practice and provide advice on infection prevention and control; and
- provide a secure distribution centres for anti-virals in accordance with Ministry guidelines.

CBACs may provide other functions as determined by DHBs, for example the provision of outreach services into people's homes (if capacity exists). CBACs will not provide inpatient or observation services. It is anticipated that they will not be responsible for the provision of pandemic vaccination.

CBACs will be facilities for the community that:

- are an identified place for the community to seek help and information

- obviate the need for extensive travel (which might help slow the spread of the pandemic)
- will enable the community and the health workforce to be utilised in an efficient and effective way
- are responsible for rationing scarce resources in accordance with national policy
- have the capacity to stream patients into appropriate clinical pathways as available
- are a means of providing emergency public health interventions close to the community and concentrating on the problem immediately at hand; and
- have local leadership.

Waikato DHB has commissioned a comprehensive project to identify the form and location of CBACs. The final results of this work are included in this Plan at section x. An action plan arising from this work is currently being implemented.

Communication

The WDHB communication plan follows at Section x.

SECTION 10: TESTING THE PLAN

Plans will be reviewed six monthly or as required.

Plans will be peer reviewed every two years.

Pandemic exercises will be run annually and include all health providers.

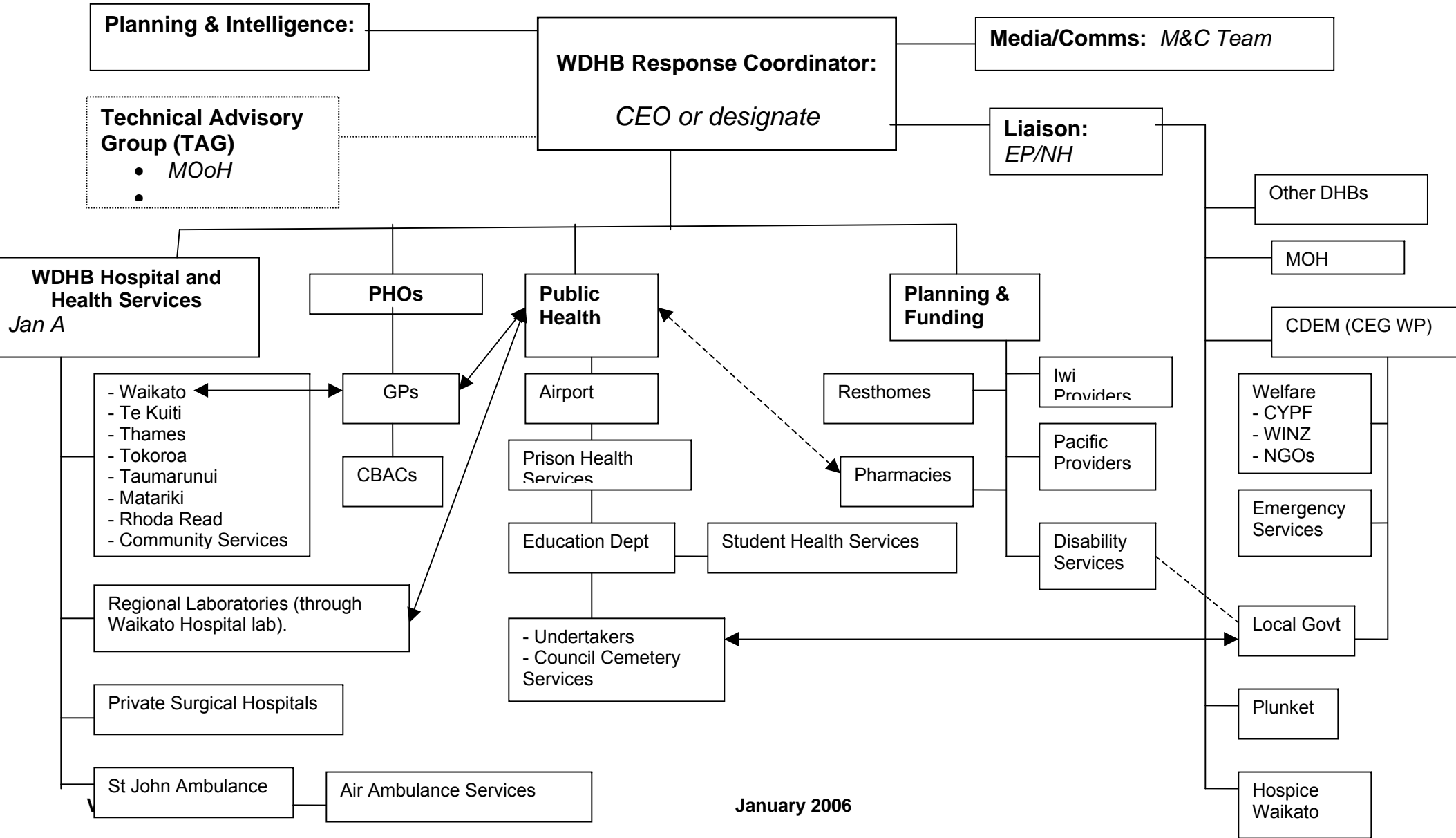
External agencies will be invited to join in the annual exercise.

SECTION 11: RECOVERY

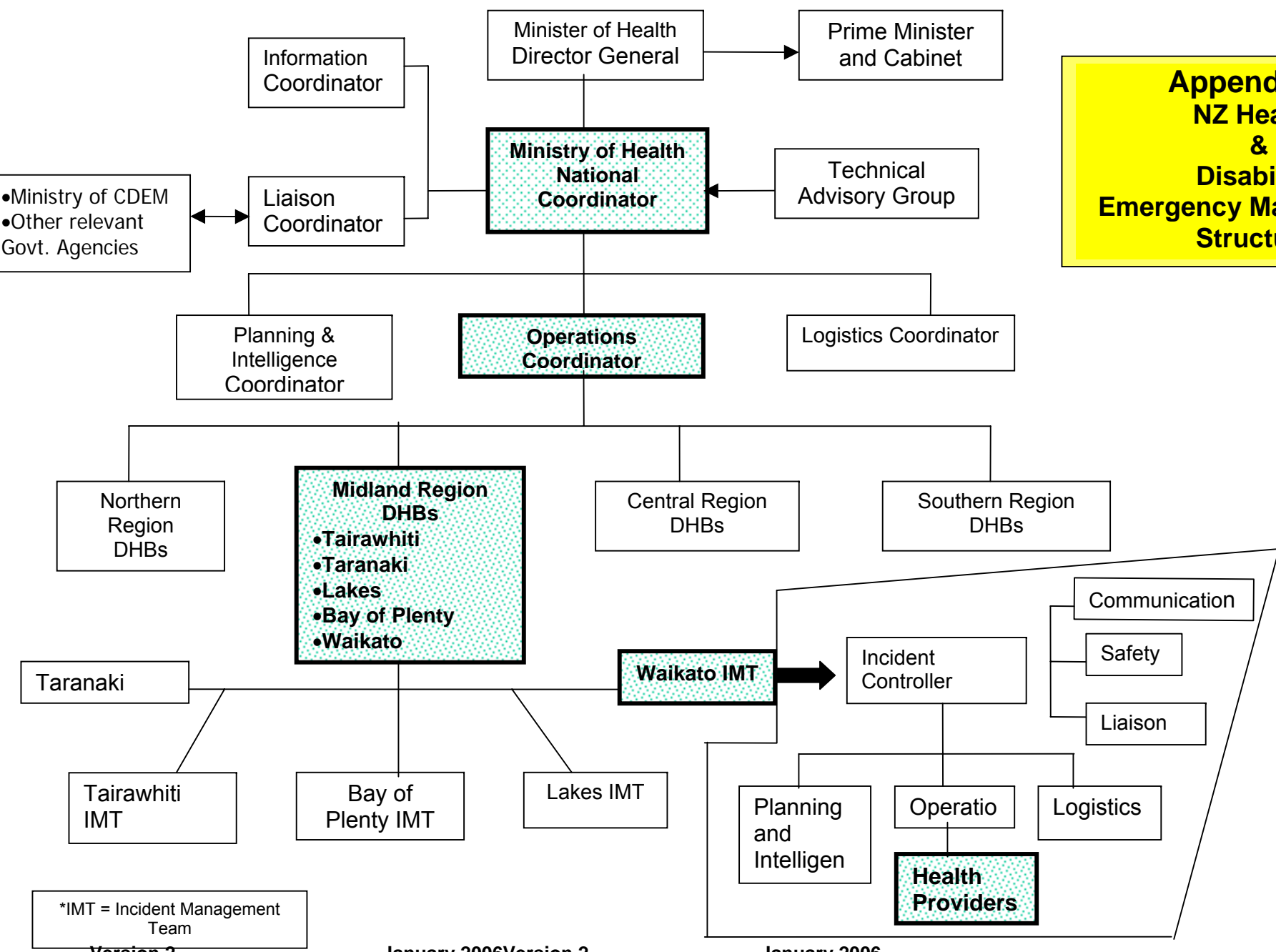
This section is still to be developed and will include:

- Assessment of the needs of community health needs;
- Coordination of community health resources;
- Actions to ensure community health restoration and rehabilitation;
- New measures to reduce hazards and risks.

Appendix 1: DRAFT WDHB Incident Management Structure and Contacts (Influenza Pandemic)



**Appendix 2:
NZ Health
&
Disability
Emergency Management
Structure**



*IMT = Incident Management Team

Version 2

January 2006 Version 2

January 2006

APPENDIX 3

Ministry of Health: Specific Responsibilities

The Ministry response team will be responsible for:

- Communicating with DHBs and Public Health Services using the established communications process and single-point of contact (see Appendix 4).
- national intelligence and planning, including liaison with the World Health Organisation and other international bodies
- provision of public information, including travel advisories, 0800 advice lines, website information
- Dissemination of guidelines for clinical management of patients suffering from Influenzae.
- national liaison with other government agencies such as Immigration, Customs, Education, Department of Prime Minister and Cabinet
- information and advice to Ministers
- national oversight of clinical response, including the clinical escalation pathway
- oversight of clinical services at the border
- convening of advisory group(s) and national dissemination of clinical and public health advice.
- Oversight of the national reference laboratory (ESR or NZ Virology Lab Network), expediting collection of specimens, provision of technical capability and rapid dissemination of laboratory test results for individual patient care and Public Health planning.

In the case of SARS, diagnostic tests have been developed since the 2003 outbreaks and it is no longer necessary to rely on a clinical case definition alone. Prompt recognition of sporadic cases without clear epidemiological links will be advantageous. Active laboratory testing of suspected cases of any novel emerging infectious disease will be important and should supplement epidemiologically based case definitions for clinical care.

Appendix 4: Alert Code Communications Ministry of Health and DHB Actions (2004)

Phase / Alert Code	Ministry Actions	DHB Actions
Information (White)	<ul style="list-style-type: none"> • Advise CEOs of all 21 DHBs; 21 DHB 'single points of contact'; and Public Health Managers of emerging situation and potential developments • Provide media and public information and advice • Provide case definitions and other clinical and public health advice on control, where possible 	<ul style="list-style-type: none"> • Advise all relevant staff, services and service providers • Notify clinical and public health staff of case definitions, clinical advice, and control measures • Review clinical emergency plans
Standby (Yellow)	<ul style="list-style-type: none"> • Activate Ministry CIMS structure • Identify National Co-ordinator and National Co-ordination Team members • Identify and activate national Technical Advisory Group • Contact all 21 DHBs, via DHB single points of contact and advise of situation and national emergency control contact number(s) • Manage liaison and communications with other government agencies 	<ul style="list-style-type: none"> • Prepare to activate DHB CIMS structure • Prepare to activate Regional Co-ordination Teams • Advise and prepare all staff, services and service providers • Manage own DHB clinical response and public health response if impacted by emergency
Activation (Red)	<ul style="list-style-type: none"> • Inform all DHBs, via single points of contact • Direct activation of the four Regional Co-ordination Teams • Coordinate response at national level through the four Regional Co-ordination Teams 	<ul style="list-style-type: none"> • Activate DHB CIMS structure • Activate Regional Co-ordination Teams • Advise of regional emergency control contact number(s) • Manage own DHB response, as required under regional co-ordination arrangements.
Stand down (Green)	<ul style="list-style-type: none"> • Moving from red to green – inform all Regional Co-ordinators • Moving from yellow to green – inform all DHB single points of contact • Advise media and public • Deactivate Ministry CIMS structure • Resume normal functions <p><i>Post stand down: Design and implement evaluation and review of emergency response.</i></p>	<ul style="list-style-type: none"> • Deactivate Regional Co-ordination Teams (where activated) • Deactivate DHB CIMS structure • Resume normal functions <p><i>Post stand down: Participate in the Ministry-led review of emergency response.</i></p>

Appendix 5: MoH 'Alert' Communications process: CODE WHITE

(If using as a hard checklist):

Date: _____

Time _____

Name: _____

- For use in the event of:**
- DHB/Regional Health emergency
 - CDEM emergency/declaration
 - Information from the Ministry of Health

WH Duty Manager

Public Health

**WDHB
Emergency
Management**

- Waikato
- Te Kuiti
- Taumarunui
- Community Services
- Tokoroa
- Matariki
- Rhoda Read
- Thames
- Mental Health
- CMA
- DON
- Infection Control Team
- Health & Safety Team
- Ops Manager, Pt Flow
- ED Seniors (all HW hospitals)
- CD HW Laboratory
- ID Physician
- *WDHB Emergency Management

- CEO
- Media & Comms
- As appropriate/the situation dictates:**
- Planning & Funding
- St John (Midland & Northern)
- Quality and Risk
- Insurers
- Prime Coordinator
- Hamilton Airport
- Rural Health Institute
- Community Providers (eg Resthomes, Private Hospitals, Iwi Providers, DSL, etc)
- Police
- Fire
- Other DHBs
- District Councils
- Regional Council
- Other external services as required.

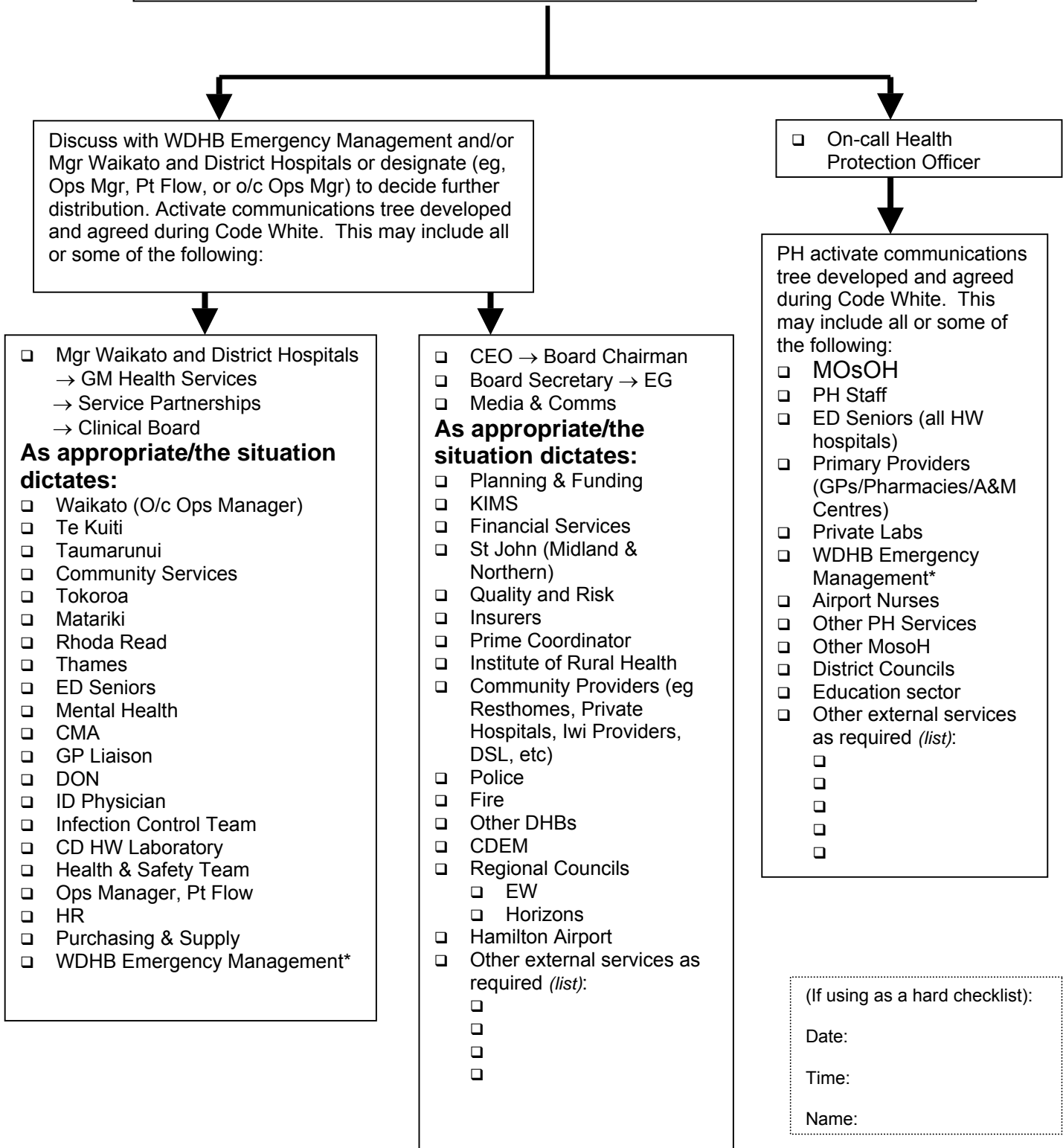
- PH Comms plan to ensure information forwarded to the following (as appropriate/the situation dictates):**
- MOsOH
 - PH Staff
 - Primary Providers (GPs/Pharmacies)
 - Private Labs
 - *WDHB Emergency Management
 - Airport Nurses
 - Other PH Services
 - Other MosoH
 - Education sector
 - Other external services as required.

***Note: DMs and PH will both be forwarding information to WDHB Emergency Management**

All to ensure Team communications processes are in place for further dissemination of information.

Appendix 6: MoH 'Alert' Communications process: CODE YELLOW, RED, GREEN (Ver. 1 May 05)

Information from the Ministry of Health to the
WH DUTY MANAGER (WDHB 'single point of contact'),
WHO generates information flow as follows:



APPENDIX 7: WDH B RESPONSE COORDINATOR DUTY CARD *(to be completed)*

POSITION: Appointment from WDH B or Public Health Service
LOCATION: To be confirmed at the time
RESPONSIBLE TO: CEO and Board.

Key Objectives:	
i. Provide strategic direction, support and coordination to Health Provider and Public Health Incident Management Teams (IMTs)	
ii. Provide regular updates to CEO and Board	
iii. Liaise with Ministry of Health	
TASKS	DESCRIPTION
Assess the current situation	<ul style="list-style-type: none"> • Establish immediate and ongoing information gathering • Likely impact on health services • What resources will be required • Consult with appropriate people
Appoint Coordination Staff	<ul style="list-style-type: none"> • Consider the current and anticipated size and complexity of the situation. • Establish the incident management team (IMT) as per Appendix 1 • Anticipate Incident Management Team resource requirements • Establish a DHB-wide clinical advisory group (CAG) incorporating public health, hospital services, St John, primary health and other key health services. • Establish a Supplies Management Group
Consult with key authorities and organisations	<ul style="list-style-type: none"> •
Anticipate and manage public/media information requirements	<ul style="list-style-type: none"> • Establish a Media and Communications Coordinator to ensure Health Provider and Public Health media/information management is coordinated • Establish a 'face of the DHB' • Ensure information is well-managed integrated with local and national messages
Liaise with neighbouring DHBs and the Ministry of Health	<ul style="list-style-type: none"> • As per 'Midland' group plan and established channels • Consider appointing a Liaison person(as per CIMS structure)
Consider issues around Public Safety	Consider: <ul style="list-style-type: none"> • Cultural (Maori advisory groups) • Psychological needs • Physical (health needs) • Social (family, friends, communication)
	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> •