



Waikato District Health Board

Draft Influenza Pandemic Plan

Part 3

Health Waikato



Waikato District Health Board
HEALTH WAIKATO DIVISION

Version 6

February 2006

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Note: This document is subject to change/revision at any time as new information about the pandemic is disseminated 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.

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REFERENCE DOCUMENTS

- National Health Emergency Plan: Infectious Diseases
- Ministry of Economic Development: Template for Infrastructure Providers
- World Health Organisation: Checklist for Pandemic Planning

SECTION 1 : PURPOSE, SCOPE, PRINCIPLES

This plan has been developed by Health Waikato services and facilities to inform the response to an emerging infectious disease. It has been designed as key sub-section of the Waikato DHB Plan.

Health Waikato is charged with providing services to those patients who require care. 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 remain a good employer.

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 any decision as to 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 any decision as to 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 home¹;
- 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. Pre-purchasing may include: syringes, food supplies and antivirals.

Services and Facilities included in the scope of this plan are as follows:

- Clinical Services
- Clinical Support Services
- Community Mental Health Services
- Community Services
- Henry Bennett Centre

¹ National decisions as to thresholds for inpatient treatment and therefore as to expectations for treatment at home will be crucial in these circumstances.

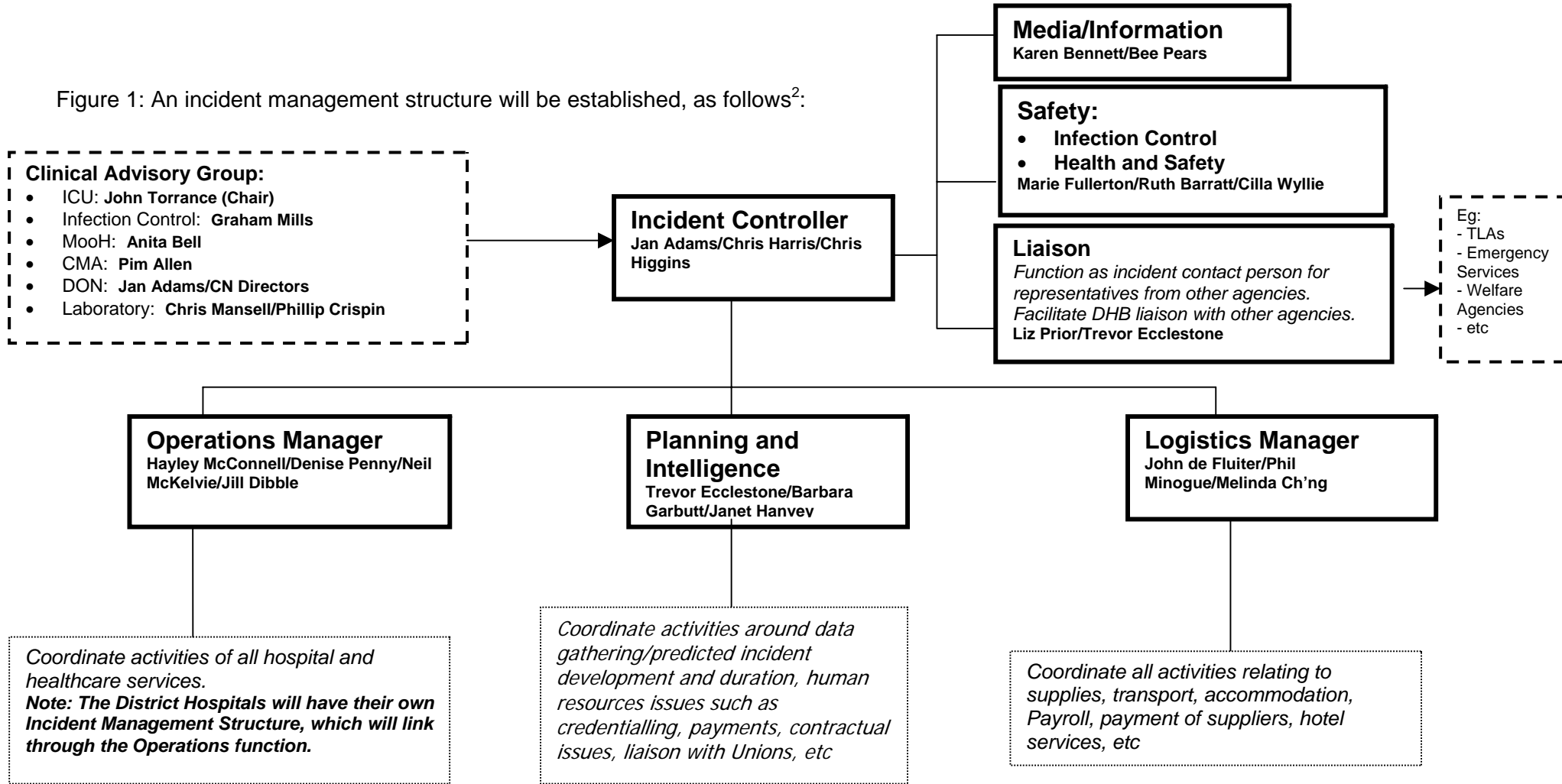
- Matariki Hospital
- Rhoda Read Hospital
- Screening Services
- Support Services
- Taumarunui Hospital
- Te Kuiti Hospital
- Thames Hospital
- Tokoroa Hospital
- Waikato Hospital

SECTION 2: THE COORDINATED RESPONSE

The Health Waikato response will be based on the Coordinated Incident Management System. The Incident Management Team will be established as per Figure 1 (next page) and ensure that the following services are represented in response planning:

- Children's Health
- Community Services
- District Hospitals
- Duty Managers
- Emergency Department, Waikato Hospital
- Emergency/Contingency Planning Service
- General Manager, Health Services or designate
- Health and Safety Team
- Human Resources
- Infection Control Team
- Infectious Diseases Physician
- Intensive Care Unit
- Laboratory
- Media Communications Manager
- Mental Health Services
- Nursing and Midwifery
- Pharmacy
- Public Health Services
- Purchasing and Supply Service
- Radiology
- Respiratory Medicine
- St John
- Support Services
- Women's Health

Figure 1: An incident management structure will be established, as follows²:



² Duty Cards attached as Appendix 2

SECTION 3: CASE DEFINITION

Case Definitions will entered be into the action plan once the NZ Ministry of Health (MoH), WHO and Centres for Disease Control have established them. The MoH will determine which case definition is being used at any time.

The Case Definition will identify affected areas and provide advice as to how to identify:

- Suspect cases;
- Probable cases;
- Definite/confirmed cases (if defined)
- Algorithms and treatment options

SECTION 4: ACTIVATION

1. Activation will be on notification of a Yellow Alert by the Ministry of Health, at which stage the Incident Management Team (see Figure 1) will be convened.
2. The Incident Management Team may be convened by either:
 - General Manager Health Services, or
 - Manager, Waikato Hospital (or designate), **or**
 - Medical Office of Health, **or**
 - Manager, Emergency/Contingency Planning, **or**
 - Infectious Diseases Physician, **or**
 - Chief Medical Advisor **or**
 - Designated Incident Controller (s)
3. The Incident Management Team will:
 - Finalise detailed operational planning
 - Establish an action plan
 - Establish meeting frequency
 - Initiate communication with staff, patients and the community
 - Commence an Incident Log outlining decision points and actions
 - Establish centralised systems as required, including bed management, staff rostering, supplies management and agreement of essential services.

SECTION 5: COMMUNICATIONS

There will be a communications plan developed to cover:

- Staff Information
- Public Information
- Media Management

It will include:

- The identification of a key contact for Health Waikato (the Response Coordinator)
- The identification of a Media/Communications person to oversee the establishment of a communications function that allows the receipt, supply and distribution of information through a single point of contact, on a 24-hour, seven-day basis.
- Placing advice and guidelines on the Waikato DHB website (www.waikatodhb.govt.nz) and staff Intranet
- The identification of key individuals to be 'the face' of the Health Waikato (eg GM Health Services, Medical Officer of Health, etc)

Note: The complete WDHB Communications Plan is Section 4 of the WDHB Pandemic Plan

SECTION 6: DUTY MANAGERS

The Duty Managers are the first point of contact for all Ministry of Health 'code' levels, and provide first level response to all emergencies on the Waikato site. They also coordinate initial responses between all hospitals and services. They retain responsibility for operationalising the decisions of the Incident Management Team in relation to day-to-day operations and 'business as usual'.

Operational planning will include:

- Regular updating and testing of the 'code' communications processes;
- Duty Cards for Code Red, Code, Yellow and Code Green that will include the following:
 - Bed management/reconfiguration of services
 - Communications within Health Waikato
 - Regional Communications
 - Management of 'Code' messages from the Ministry of Health

SECTION 7: INFECTION CONTROL GUIDELINES

Refer: WDHB Infection Control Policies and Procedures

SECTION 8: EMERGENCY DEPARTMENTS

At Code Yellow (or when there is a case definition – whichever comes first), hospital Emergency Departments, in liaison with the Clinical Advisory Group and St John, will complete treatment protocols and algorithms for the assessment, diagnosis, admission and treatment of people presenting at ED who meet the case definition.

Code Yellow operational planning will also allow for trauma and other emergency presentations that will continue to take place and present to A&M clinics and EDs in the usual way. Additionally, Waikato Hospital will continue to be the tertiary provider in the Midland region.

Concurrently, Community Based Assessment Centres (CBACs) will be established to be a first point of contact for people who believe they have pandemic influenza. CBACs will be staffed by community and primary practitioners and are designed to be a free assessment and advice service, keeping people from overwhelming GP practices and emergency departments. CBACs will operate with clear assessment and referral guidelines, maintaining close communication with hospital emergency departments and Accident and Medical Clinics.

Note: Section 5 of the WDHB Draft Pandemic Plan outlines the DHB's plans for CBACs.

SECTION 9: CLINICAL ADVISORY GROUP

A Clinical Advisory Group has been convened with the following brief:

At Code White:

- To provide expert clinical advice to planning and preparations for influenza pandemic
- To develop processes to identify the manageable scope of work on an ongoing basis
- To agree clinical protocols and algorithms
- To identify clinical issues that should be addressed via planners

At Code Yellow:

Provide oversight into the development of detailed clinical management protocols and algorithms.

These will include:

- i) Diagnostic algorithms
- ii) Treatment guidelines;

- iii) Investigation guidelines;
- iv) Referral guidelines for Community Based Assessment Centres;
- v) Prevention of contamination of documentation.

When the Incident Management Structure is activated the CAG will provide expert advice as a technical advisory group (see Figure 1)

SECTION 10: RESCUSITATION

Refer WDHB Infection Control Policies and Procedures

SECTION 11: INVESTIGATIONS

11.1 Laboratory

Every effort should be made to diagnose a specific cause for cases meeting the criteria of the case definition. The full routine differential diagnosis of the individual's presenting condition must be considered. Additional specific investigations will be clarified at Code Yellow or when a case definition comes available.

Procedure for transport of specimens:

Refer Infection Control Management of Laboratory Specimens in the WDHB Infection Control Policy and Procedure Manual.

Note: The joint Hospital/Community Laboratories Plan for the Waikato DHB, Lakes DHB and Bay of Plenty DHB region is Section 7 of the WDHB Pandemic Plan

11.2 Radiology

At Code Yellow or when a case definition comes available, specific operation planning will take place, focusing on the following specific issues:

- Department Layout.
- Staffing.
- Prevention of contamination of documentation.
- Lifts and porters.
- Handling of films.
- Portable examinations.
- Requesting examinations.
- General Radiography.
- CT.
- Ultrasound. (Including special precautions for obstetric patients).
- Fluoroscopy/contrast studies.

SECTION 12: GRADUATED REDUCTION/RESUMPTION OF CLINICAL SERVICES

12.1 Reduction of Services

Reduction of services will be planned and managed using a structured and collaborative approach. All decisions about services to be scaled down or stopped, will be decided jointly by the Incident Management Team with the input of all Hospitals and Services at daily meetings/teleconferences.

At Code Yellow:

Final operational planning will take place, with the clarification of rapid discharge processes, community health procedures and guidelines, ward closure processes and staff rosters.

At Code Red:

i) Waikato Hospital

The goal is to plan to keep a minimum of the following reduced clinical services

functioning:

- Emergency Department
- Two surgical wards
- Two medical wards
- ICU
- HDU
- Delivery Suite
- One paediatric ward
- Three acute operating theatres
- NICU
- Mental Health (inpatient services)
- Cardiac Care Unit

ii) District Hospitals

District Hospitals and Birthing Units will plan to continue to provide:

- Emergency triage and some treatment
- Some inpatient beds (numbers according to staff availability)
- Some birthing beds for low-risk births (according to staff availability)

12.2 Resumption of Services

Resumption of services will follow a defined process, based on the availability of staff, support services and clinical and non-clinical supplies. A draft Recovery Plan will be developed by June 30th 2006, and be based on assumptions of staffing projected recovery period, availability of supplies and other factors.

Service-specific high-level plans for managing the cessation and resumption of services follow, and are subject to change according to circumstances.

These documents pre-suppose that each service will be working in with a total organisational approach and will not function in isolation.

Each Service will complete detailed operational plans on notification of Code Yellow.

| 12.1: MENTAL HEALTH SERVICES | | | |
|-------------------------------------|---|--|---|
| Pandemic Phase | | Activity | By whom |
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Link planning with Nursing and Clinical Services to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up MH Emergency Management Team • Finalise operational planning • Finalise plans for isolating patients who meet the case definition. • Commence discharge planning • Ensure all clients have in place sufficient medications and a treatment plan for a minimum 6 week period, contact pharmacists / NGO's • Contact Mental Health Line and determine their status • Identify high needs clients both actual and potential • Obtain accurate staff lists and details of work availability • Review rosters • Review all existing Annual Leave approvals / no new leave applications to be approved • Review detailed plan | Service Managers 3-Team Leaders HR |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <ul style="list-style-type: none"> • Reduce inpatient numbers i.e. via discharge • Closure of Wards 30 and 31 • Community cover reduced to essential services only i.e. CAT, urgent outpatient clinics • Priority to maintain HRBC and Crisis Team staffing levels • Identify and implement isolation area and staffing to manage | Team Leaders / Service Managers |
| CODE RED | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION DHB STAFFING SEVERLY AFFECTED | <ul style="list-style-type: none"> • Closure / cancellation of all outpatient clinics • Centralise telephone service for all teams - Hamilton • Establish Triage phone service for all referrals / Hamilton • Establish rural North & South Crisis team to support high need client group only • Redeployment of all staff to inpatient and crisis areas only | 3-Team Leaders Admin Co-ordinators Ops Manager Service Manager – Rural Team Leaders |
| CODE GREEN | 3.RECOVERY | <ul style="list-style-type: none"> • Recovery phase planning to be developed | Service Managers |

| 12.2: MEDICINE, ONCOLOGY, HAEMATOLOGY & PALLIATIVE CARE SERVICES³ | | | |
|---|---|--|--|
| Pandemic Phase | | Activity | By whom |
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Link planning with Nursing and Clinical Services to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up Service Emergency Management Team • Finalise operational planning • Finalise plans for isolating patients who meet the case definition. • Commence discharge planning • Finalise and establish restricted admission criteria • Each Sub-Specialty develop an on call roster for SMOs • Start restricting public visiting • Review follows ups and treatment review patients | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION DHB STAFFING SEVERLY AFFECTED | <ul style="list-style-type: none"> • Initiate daily management meetings • Reallocate all non acute SMO and RMOs as appropriate and able • Reduce to acute service only – inpatients • Centralised approach to resource allocation for all staff groups across the hospital • Collapse RMO late and night roster into one roster across Medicine/Haem/Onc • Identify isolated pick up zone for Oncology patients • Reduce to emergency Respiratory services only • Cancel all elective procedures • Manage as per priority | Service Manager Team Leaders Clinical Directors CNLs |
| CODE GREEN | 3.RECOVERY | Services to be reinstated as services and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

³ For ward management, including nursing staff, refer to Nursing and Clinical Services plan.

| 12.3: CHILD AND ADOLESCENT HEALTH⁴ | | | |
|--|---|--|--|
| Pandemic Phase | | Activity | By whom |
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Link planning with Nursing and Clinical Services to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3-CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up Service Emergency Management Team • Finalise operational planning, including planning to pool/maximise resources • Finalise plans for isolating patients who meet the case definition. • Commence discharge planning • Finalise and establish restricted admission criteria • Develop/finalise SMO/RMO roster • NICU: Establish processes for national management • Establish referral processes with other tertiary centres • CDC: Urgent cases seen by available Allied Health staff unless required elsewhere • Mothercraft Unit: Possible holding area used for other specialities | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION DHB STAFFING SEVERLY AFFECTED | <ul style="list-style-type: none"> • Close Mothercraft Unit and reallocate staff • Roster a SMO to the Emergency department to manage admissions • NICU: implement processes for national management • Stop elective surgery • Cancel all non-urgent outpatient appointments • Implement emergency staffing rosters as required | Service Manager Team Leaders Clinical Directors CNLs |
| CODE GREEN | 3-RECOVERY | Services to be reinstated as services and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

⁴ For ward management, including nursing staff, refer to Nursing and Clinical Services plan.

| 12.4: SURGICAL SERVICES⁵ | | | |
|--|---|--|--|
| Pandemic Phase | | Activity | By whom |
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Link planning with Nursing and Clinical Services to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3-CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up Service Emergency Management Team • Finalise operational planning, including planning to pool/maximise resources • Finalise plans for isolating patients who meet the case definition. • Commence discharge planning • Each Sub-Specialty develop an on call roster for SMOs • No A/L approved on declaration of Code Yellow. • Develop ward cohorting/reduction plan | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO | <ul style="list-style-type: none"> • Initiate daily meetings of Service Team • Cancel electives • All external transfer in and out requests triaged as per degree of urgency • Implement reduction of bed numbers/cohorting of patients as necessitated • Activate emergency staffing rosters | Service Manager Team Leaders Clinical Directors CNLs |
| | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION | <ul style="list-style-type: none"> • Urgent operations only • No inter hospital referrals accepted for surgery unless trauma • Minimise all tests and examinations to safe clinical level for acutes. • Stop all internal patient transfers except those life threatening ie ICU /HDU /CCU/ ED | Service Manager Operations Managers Team Leaders Clinical Directors |
| CODE GREEN | 3-RECOVERY | Services to be reinstated as services and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

⁵ For ward management, including nursing staff, refer to Nursing and Clinical Services plan.

| 12.5: WOMEN'S HEALTH SERVICES⁶ | | | |
|--|---|---|--|
| Pandemic Phase | | Activity | By whom |
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Explore options of utilising private / recently retired O&G consultants • Link Delivery Suite planning with regional Birthing Units (private and public) • Link planning with Radiology, NICU, Nursing and Clinical Services and Ultrasound services • Investigate arranging for outside provider subcontracts for TOPs. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up Service Emergency Management Team • Finalise operational planning, including planning to pool/maximise resources, manage beds down and minimise elective procedures • Develop admission criteria • Develop an on call roster for SMOs and RMOs • Finalise plans for isolating patients and labouring women who meet the case definition. • Commence discharge planning • Finalise arrangements with regional Birthing Units (private and public) | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO | <ul style="list-style-type: none"> • Only accept tertiary referrals from within district. • Cancel elective procedures • Divert all maternity and gynae acute assessments via Delivery suite. | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION DHB STAFFING SEVERLY AFFECTED | <ul style="list-style-type: none"> • Amalgamate antenatal and gynaecology onto one ward. • Activate emergency rosters • Urgent procedures only • No inter hospital referrals accepted for surgery unless needing acute tertiary care • Minimise all tests and examinations to safe clinical level for acutes. • Stop all internal patient transfers except those life threatening ie ICU /HDU /CCU/ ED | Service Manager Operations Managers Team Leaders Clinical Directors |
| CODE GREEN | 3.RECOVERY | Services to be reinstated as services and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

⁶ For ward management, including nursing staff, refer to Nursing and Clinical Services plan.

12.6: OLDER PERSONS AND REHABILITATION SERVICES⁷

| Pandemic Phase | | Activity | By whom |
|----------------|--|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> High level planning completed Staff information prepared Staff training and education needs identified Ensure that planning is linked with Home Hospital, Nursing and Clinical Services and Community Equipment and Supply to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> Maintain normal service delivery Set up Service Emergency Management Team Finalise operational planning, including planning to pool/maximise resources, manage beds down and minimise elective procedures Develop admission criteria Develop an on call roster for SMOs and RMOs Finalise plans for isolating patients who meet the case definition. Commence discharge planning Finalise arrangements with DSL and Community Equipment and Supply re how best place services to support the patient in their home environment | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO | <ul style="list-style-type: none"> Close Day clinic; pool resources into assessment team Continue with assessment work within Waikato Hospital to best plan patient care and co-ordinate resources Continue with community assessment work to best plan patient care and co-ordinate resources | Service Manager Team Leaders Clinical Directors CNLs |
| CODE RED | PANDEMIC INFLUENZA AT PEAK IN WAIKATO REGION | <ul style="list-style-type: none"> Close all services and pool resources to ward 58 and HHS Rehabilitation to take place on ward 58 or the patients home If required staff to use private cars and running costs to be paid by WDHB Maintain an overview of the 'community' via service co-ordination role to continually plan workload and resource needs Activate emergency rosters Urgent procedures only | Service Manager Operations Managers Team Leaders Clinical Directors |
| CODE GREEN | 3.RECOVERY | Services to be reinstated as services and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

⁷ For ward management, including nursing staff, refer to Nursing and Clinical Services plan.

12.7 CLINICAL SUPPORT SERVICES

Includes Laboratory, Radiology, Occupational Therapy and Pharmacy

| Pandemic Phase | | Activity | By whom |
|----------------|-------------------------------------|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • Staff information prepared • Staff training and education needs identified • Increase stocks of body bags • Plan for extra refrigerated storage • OT: pre-prepare letter ready to send to outpatients to cancel appointments. Look at alternative products to use for splinting if unable to import usual products from overseas. • Pharmacy: pre-prepare information about recommended alternative products that are available if required. Pre-prepare for the need to hand-write or type labels. • Ensure planning is linked with: <ul style="list-style-type: none"> - Lab - Community Laboratories MedLab, PathLab) - Pharmacy - Community Pharmacies and pharmaceutical suppliers - OTs - Community Occupational Therapists - Mortuary – the Public Health Service, Undertakers, the Police and Council services (storage of bodies) - Radiology – Community Radiology providers | Service Managers Media and Communications Professional Leaders |
| CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Maintain normal service delivery • Set up Service Emergency Management Team • Finalise internal operational planning. • Finalise operational arrangements with external planning partners. • Plan to ensure regular equipment maintenance/calibration is performed. Pre-arrange ancillary services e.g. rubbish removal etc • Establish emergency rosters. Consider rostering staff to allow flexibility with looking after family members. <p>Pre-arrange manual systems for ordering supplies.</p> <ul style="list-style-type: none"> • Increase level of PPE in departments • Ensure appropriate Infection control training is up to date • Ensure appropriate Infection control equipment is available • Radiology: Finalise appropriate treatment/diagnostic pathways. | Service Manager Team Leaders Clinical Directors |

| | | | |
|-------------------|---|--|--|
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <p>Radiology:</p> <ul style="list-style-type: none"> • Reduce demand – suspend primary referred (non pandemic related work) • Reduce services available (weekend type service level) • Isolate rooms for pandemic response cases only. • Minimise patient transportation where appropriate. <p>Pharmacy:</p> <ul style="list-style-type: none"> • Work with relevant staff, such as Infectious Diseases specialists, to identify where supplies should be directed. • Provide MOH antiviral (“Tamiflu”) stock to relevant staff/ patients as directed. • Implement manual ordering systems as required for ordering of pharmaceuticals from suppliers. <p>Occupational Health</p> <ul style="list-style-type: none"> • Cancel outpatients. • Hold two weeks worth of supplies in department • Stop non-clinical tasks • Occupational Therapist hotline from home for hand injuries and burns. • Pharmacy to assist in restricting use of pharmaceuticals to areas/ patients of most need if required. • Implement joint (ie community and DHB) services plans. Continue to provide core services to hospital inpatients as able. | Service Manager Team Leaders Clinical Directors |
| CODE GREEN | 3-RECOVERY | Services to be reinstated as resources and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders Clinical Directors |

12.8 NON-CLINICAL SUPPORT SERVICES

Includes Nutrition and Food Services, Property Services, Estate Services, Information Services, Payroll, Communications, Governance and Hotel Services.

| Pandemic Phase | | Activity | By whom |
|----------------------|---|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> High level planning completed Staff information prepared Staff training and education needs identified Ensure that planning is linked with relevant internal and external services, eg telecommunications providers, coal suppliers, medical gases suppliers, parts suppliers and food suppliers, couriers, Family Health Teams, Infection Control, etc Establish escalation points for implementation of different systems/work practices Ensure all desk files/job cards are up to date. | Service Managers Media and Communications |
| 3-CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> Maintain normal service delivery Set up Emergency Management Teams as appropriate Working with Hospital Incident Management Team, identify key services and priority areas for Support Services. Finalise operational planning, including planning to pool/maximise resources and manage services down. Clarify with and communicate to other Services. Develop on call and emergency rosters Ensure stock supply of personal protective equipment. Identify services that will close, and at what point, and any staff that will be available for other areas. | Service Manager Team Leaders Clinical Directors |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <ul style="list-style-type: none"> Activate operational plans Initiate daily management meetings Reallocate all available staff as appropriate and able Reduce to essential services only Manage as per priority and as directed by Logistics Manager of central Incident Management Team. | Service Manager Team Leaders Clinical Directors |
| CODE GREEN | 3-RECOVERY | Services to be reinstated as resources and supplies allow. Detailed planning to take place. | Service Manager Operations Managers Team Leaders |

12.9 HAMILTON COMMUNITY HEALTH SERVICES

Includes Hamilton Family Health Team and the School Dental Service

| Pandemic Phase | | Activity | By whom |
|----------------------|---|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> ▪ HFHT Emergency Planning Core Group to plan for essential services and requirements; ▪ Liaise with other primary health care providers, PHU, relevant WDHB services (i.e. Supplies, Propharma) to coordinate planning; ▪ Ongoing support of staff, including identifying opportunities for staff to work from home, using cell phones, etc; ▪ Planning of ordering extra supplies immediately notification of outbreak ▪ Ensure staff up to date re infection control procedures and use of PPE | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <p>School Dental Services</p> <ul style="list-style-type: none"> • See children singly, by appointment. • No services provided to children meeting the case definition <p>Hamilton Family Health Team</p> <ul style="list-style-type: none"> • Finalise operational planning; ensure staff aware; • Order additional supplies immediately after notification of outbreak • Ensure professional support is available for staff | |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <p>School Dental Services</p> <ul style="list-style-type: none"> • Services cancelled <p>Hamilton Family Health Team</p> <ul style="list-style-type: none"> • Community staff receive weekly individual PPE kits • Prioritise workloads and deliver essential services as able • Identified staff to start working from home ▪ Delivery of wound supplies and / or equipment to patient doorstep as necessary ▪ Utilisation of all staff available from all disciplines to deliver supplies and communicate to relevant staff for delivery of service | |
| CODE GREEN | 3.RECOVER Y | Services reinstated as staffing and supplies allow. | |

12.10 DISTRICT HOSPITALS AND COMMUNITY HEALTH SERVICES

Includes: Thames, Taumarunui, Te Kuiti, Tokoroa, Matariki and Rhoda Read Hospitals and Community Services.

| Pandemic Phase | | Activity | By whom |
|----------------------|---|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Ensure that planning is linked with other District Hospitals, OPRS, Community Services, Community Equipment and Supply, local Health Providers and Waikato Hospital to ensure a streamlined approach. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Activate Incident Management Teams • Commence regular meetings/teleconferences with Waikato IMT • Finalise operational planning (with all stakeholders) planning to pool/maximise resources and manage services down. • Finalise transfer protocols with Waikato Hospital and St John • Finalise staff rosters • Finalise communications plans | Hospital/Service Managers |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <ul style="list-style-type: none"> • Elective services discontinued • Activate emergency rosters • Urgent procedures only • Activate regular communications between local stakeholders | Hospital/Service Managers |
| CODE GREEN | 3.RECOVER Y | Services to be reinstated as resources and supplies allow. Detailed planning to take place. | |

12.11 POPULATION HEALTH SERVICES

Includes Public Health, Screening Services and Health Promotion

| Pandemic Phase | | Activity | By whom |
|----------------------|---|---|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Staff training and education needs identified • Ensure that planning is linked with relevant internal and external services, eg vendors, Waikato Hospital, etc • Establish escalation points for implementation of different systems/work practices • Ensure all desk files/job cards are up to date. | Service Managers Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Activation of Public Health Pandemic Influenza Plan • Finalise MRT and Radiologist on call roster • Finalise operational planning • Finalise staff working from home and test systems. | Service Managers Professional Leaders |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO DHB STAFFING AFFECTED | <ul style="list-style-type: none"> • All breast screening cancelled. Urgent breast referrals only (current criteria) • All health promotion screening cancelled • Cervical screening register closed • All but previously identified high-risk Public Health work and disease identification and management would be discontinued. Increased focus on case id and contact tracing for pandemic and border control. | Service Managers Professional Leaders |
| CODE GREEN | 3.RECOVER Y | Services to be reinstated as resources and supplies allow. Detailed planning to take place. | |

12.12 NURSING AND CLINICAL SERVICES

| Pandemic Phase | | Activity | By whom |
|----------------------|---|--|--|
| CODE WHITE | INFORMATION AND PLANNING | <ul style="list-style-type: none"> • High level planning completed • Staff information prepared • Identify and train Incident Management Team members. • Staff training and education needs identified • Ensure that planning is linked with Service Managers, HR, Community Services, District Hospitals, Media and Communications, Non-Clinical Support Services, St John, etc • Establish escalation points for implementation of different systems/work practices • Investigate establishment/availability of telephone translations services • Ensure all desk files/job cards are up to date. • Identify additional staff to be trained on Fire Control Panel and first response procedures • Ensure staff up to date re infection control procedures and use of PPE • Develop plan for management of volunteers | Service Manager Operations Mgrs Media and Communications Professional Leaders |
| 3.CODE YELLOW | PANDEMIC INFLUENZA IDENTIFIED IN NZ | <ul style="list-style-type: none"> • Continue usual services • Activate Incident Management Team • Operational plans finalised, including: <ul style="list-style-type: none"> - Centralised rostering - Bed management/rapid discharge processes - Patient/community information – activation of 0800 info lines - Community liaison - Transfer and referral protocols and processes (with St John and Primary Care) - Management of volunteers - Phone translation services - Supplies management - Dissemination of clinical guidelines and protocols - IMT roles and responsibilities - Designation of Operating Theatres (people who the case definition vs people who don't) - Visiting policy • Building 'Bed Coordinators' assigned for the Waikato site • Volunteer Coordinator appointed for Waikato site. • Supply and Equipment Coordinator assigned for Waikato site • Train additional staff on Fire Control Panel and first response procedures. • Finalise how Braemar and Southern Cross hospital will be utilised. Set up as 'virtual' wards. • Staff information updated | Incident Controller IMT Service Manager Operations Mgrs Media and Communications Professional Leaders |
| CODE RED | PANDEMIC INFLUENZA IDENTIFIED IN THE WAIKATO | <ul style="list-style-type: none"> • Stop elective admissions • Implement operational plans • Establish twice daily management meetings • Appoint Rapid Discharge Coordinator and initiate rapid discharge processes in liaison with Community Services • Reduce beds/cohort patients as staffing dictates • Activate centralised nursing rosters • Minimise visitors | Incident Controller IMT Service Manager Operations Mgrs Media and Communications Professional Leaders |
| CODE GREEN | 3.RECOVER Y | Services to be reinstated as resources and supplies allow. Detailed planning to take place. | |

SECTION 13: HUMAN RESOURCES

13.1 General information:

During a pandemic influenza, as an employer, we will still need to continue to meet:

- Our legislative obligations e.g. under the Health and Safety in Employment Act 1992 and the Employment Relations Act 2000.
- Staffing requirements. Employees will be required to staff the essential services that Health Waikato will continue to provide.

Communication with staff members about employment related issues would need to take place during the different planning stages for a Pandemic Influenza. This may be done using tools like Frequently Asked Questions fact sheets. This will be co-ordinated with the Media/Information team.

The suggested key messages during the different planning stages for a Pandemic Influenza include:

Code White:

Staff members to be advised that if Pandemic Influenza comes to NZ that there could be some impact on their employment with regard to:

- where they work
- the tasks that they complete
- whether they will be able to come to work or not
- who to contact if they require personal support
- who to contact for more information

Code Yellow:

Staff members to be advised:

- what the plan is with regard to the operation of their service during a pandemic influenza
- the potential impact on where they work
- the tasks that they complete
- whether they will be able to come to work or not
- who to contact if they require personal support
- potential changes to their terms and conditions of employment
- who to contact for more information

Code Red:

Staff members to be advised

- what the plan is with regard to the operation of their service during the pandemic influenza
- where they will be working
- what tasks they will be carrying out
- what signs to look out for with regard to whether they should come to work or not
- who to contact if they cannot come to work
- who to contact if they require personal support
- potential changes to their terms and conditions of employment
- who to contact for more information

Code Green:

Staff members to be advised

- when the operations of their service will return to normal
- who to contact if they cannot come to work
- who to contact if they require personal support
- who to contact for more information

Through all relevant pandemic planning stages it may be appropriate that communication

13.2 Staffing for Essential Services with existing Employees and Volunteers

1. Based on staffing needs of essential services, assist managers to make contact with existing employees and volunteers required to run these services and advise:
 - Of the pandemic situation and the services that they will be involved in delivering.
 - Any changes to employee and volunteers usual terms and conditions of employment, e.g. change in work location and/or duties and/or responsibilities.
 - Any other essential information those employees and volunteers need to know.
2. In conjunction with professional advisors, advise managers where health practitioners can be redeployed to work while still working within their scope of practice.
3. Manage process for deployment and registering of employees and volunteers to ensure they are vaccinated, have task lists, have APC/Registration sighted, signed and copied, agree to terms and conditions, attend orientation programme etc.

13.3 Action Plan for utilising new Employees and Volunteers

1. Incident Controller to determine staffing needs to manage declared emergency. Allowing for rest and relaxation, illness, gaps in rostering and safe rostering etc.
2. To establish those willing to work during the pandemic, communicate with public via mass media, by contacting registered ex-employees and using communication forums of unions, health agencies, professional bodies and other health provider's etc.
3. Use mass recruitment process.
4. Establish who can act in roles as support staff, unregulated care givers; previously registered staff members with no APC and/or Registration; registered staff members with current APC and/or Registration.
5. Arrange for mass registering of new employees and volunteers to ensure they are vaccinated, have task lists, have APC/Registration sighted, signed and copied, agree to terms and conditions, attend orientation programme etc.
6. If patients require isolation, special terms and conditions for staff designated to these areas will need to be confirmed.

13.4 Support Structures during declared emergency

1. The HR team will appoint a HR Leader(s). The HR Leader will liaise with and advise the Incident Controller on all employment related issues. This will include, but is not limited to:
 - Supporting Incident Controller and Communications to develop consistent and timely messages to staff members about developments etc.
 - Advising on requirement to invoke preferred supplier arrangements. Specifically in regard to impact of emergency on staff members mental and physical wellbeing.
 - Liaising with Payroll Services.
2. The HR Team will manage mass recruitment of new employees and volunteers.
3. The HR Team will set up and manage HR headquarters in pre-determined locations for registering and orienting new and existing employees and volunteers.
4. The HR Team will manage engagements with EAP Services and other staff support mechanisms during and after the emergency.
5. The HR Team will communicate with key employment stakeholders e.g. Unions and the Department of Labour.
6. The HR Team will provide HR support on issues that are deemed to be urgent e.g. disciplinary action for serious misconduct.

13.5 Management of newly appointed Employees and Volunteers

1. HR will communicate with newly appointed staff members advising that they may have their start date deferred (if currently based in an area where Code Red has/has not been declared). Or that they may be required to come to work in a role initially that is not what they have been employed to do. Also clarifying intended travel paths.
2. Regular contact with these staff members until situation is clarified; based on Incident Controller and MoH information.

SECTION 14: EQUIPMENT AND SUPPLIES

General information:

- At the request of the Incident Controller, a Distribution Group will be convened by the Logistics Manager, comprising at least an Infection Control Practitioner, the Medical Officer of Health, the GP Liaison Officer, St John Area Manager and the Purchasing and Supply Manager or designate.
- All addresses of GP Practices, A&M clinics, Police Stations, Fire Stations and Ambulance bases will be preloaded into the Purchasing and Distribution database and checked every six months.
- The Medical Officer of Health will coordinate the development of criteria for the use of PPE in the community.
- The Ministry of Health-funded stockpiles can only be used on direction of the Director-General of Health.
- Storage/warehousing and delivery of supplies will be coordinated by the Purchasing and Supply Manager or designate.
- At notification of Code Yellow the Purchasing and Supply Manager or designate will instruct ProPharma to commence making up PPE packs for Community staff. Packs will be distributed as per pre-arranged agreements.

SECTION 15: MANAGEMENT OF THE DEAD

Detailed planning will be undertaken in collaboration with the Police, Local Councils, Public Health and Undertakers at **Code Yellow**.

15.1 Hospitals

Persons handling bodies will be advised to:

- Observe strict hygienic precautions,
- Wear suitable protective clothing,
- Wash the hands and forearms with disinfectant soap when the task is completed,
- Wash with an efficient disinfectant all surfaces that have been in contact with bodies,
- Place dirty clothing into suitable bags or containers for washing.

Death certificates should be completed as quickly as possible to facilitate timely burial/cremation.

15.2 Community

The Police will make arrangements for those who die in the community. Staff should refer to the Police at all times in this instance.

SECTION 16: STAND DOWN/RECOVERY

This section is still to be developed and will include:

- The appointment of a Recovery Coordinator
- Staff involvement;
- Impact assessments;
- Communication;
- Integration with community and health provider recovery activities;
- Actions to ensure systematic service restoration;
- Review of planning and incident management and new measures to reduce hazards and risks. This will include organisational debriefing.

HIGH-LEVEL RECOVERY PLANS WILL BE COMPLETED BY JUNE 2006

APPENDIX 1: ACTIONS BY MINISTRY OF HEALTH 'CODE' NOTIFICATIONS

| Phase Alert Code | Ministry Actions | DHB Actions | Waikato Hospitals/ Health Services |
|----------------------------|--|---|--|
| Preparedness | | <ul style="list-style-type: none"> Usual planning activities Routine public health messages | <ul style="list-style-type: none"> Usual planning and testing activities Identify relevant people re pandemic influenza team 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 | <ul style="list-style-type: none"> Advise all relevant staff; Develop community and staff messages Notify clinical staff of case definitions, clinical advice, and control measures Review clinical emergency plans Test communications processes Update IMT training |
| 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 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 Establish Supplies Management Group | <ul style="list-style-type: none"> Activate Incident Management Teams/CIMS structure Finalise operational planning Advise and prepare all staff, services and service providers Manage own clinical response if impacted by emergency Decide service configuration Participate in DHB Supplies Management Group Finalise arrangements with Private Hospitals Prepare to activate/activate CBACs Prepare home-based clients for self-care and phone management |
| 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"> Establish regular team meetings Cancel elective admissions Cancel outpatient clinics Move to providing pre-identified essential services only. Implement operational plans Implement communications plans/activate 0800 lines Participate in regional communications Implement phone procedures rather than home visits |

| | | | |
|----------------------------------|---|--|--|
| <p>Stand down (Green)</p> | <p>Moving from red to green – inform all Regional Co-ordinators</p> <p>Moving from yellow to green – inform all DHB single points of contact</p> <ul style="list-style-type: none"> • 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) • Resume normal functions • Provide a Recovery Liaison person to Regional Recovery Group • Communicate <ul style="list-style-type: none"> ○ press ○ staff ○ others • Feedback good work • Restock supplies/resources used • Review processes • Learn <p>Post stand down: Participate in the Ministry-led review of emergency response Deactivate DHB CIMS structure</p> | <p>Plan for gradual resumption of services as able</p> <p>Restock supplies/resources used</p> <p>Provide a Recovery Liaison person to joint agency Recovery Groups</p> <p>Communicate: staff media others</p> <p>Feedback good work</p> <p>Review processes</p> <p>Learn</p> <p>Participate in joint agency debriefs</p> <p>Post stand-down/Recovery: deactivate IMT</p> |
|----------------------------------|---|--|--|

APPENDIX 2: INCIDENT MANAGEMENT TEAM DUTY CARDS

INCIDENT CONTROLLER

Key Objectives:

- Organises and direct the Incident Management Team
- Provide overall direction for the response to the Pandemic.
- Coordinate the response of the Provider Arm
- Set priorities for action
- Liaise with other agencies

| TASKS | DESCRIPTION |
|--|--|
| Assess the current situation | <ul style="list-style-type: none"> • Likely impact on health services • What resources will be required • Consult with appropriate people |
| Assume Control | <ul style="list-style-type: none"> • Establish the incident management team (IMT) • Establish a clinical advisory group (CAG) • Activate the Operations Centre |
| Develop Incident Action Plan | <ul style="list-style-type: none"> • Consult with IMT and CAG • Document initial action plan • Allocate tasks |
| Identify Liaison / Communication Needs NB: ensure coordination with DHB-wide response | Consider: <ul style="list-style-type: none"> • Information for staff • Information for patients • Media management • Other Health Service Providers • Ambulance, Police, Fire • District Council • Public Health • Other DHBs • Health Coordination Centre/Ministry of Health |
| Clinical Considerations | <ul style="list-style-type: none"> • Meet current health needs • Continuation of usual services if possible • Forward planning/future considerations |
| Ensure Staff Safety | Consider: <ul style="list-style-type: none"> • EAP/Collegial support • Cultural (Maori advisory groups) • Physical (Health and Safety Service) • Social (contact with family, communication) • Chaplains/kaitiaki and other support staff |
| Receive & Analyse Situation Reports | <ul style="list-style-type: none"> • Ensure robust data collection and information sharing • Assess effectiveness of decisions/actions • Reassess Incident Action Plan • Issue Progress Reports |
| Continuation of Incident | <ul style="list-style-type: none"> • Arrange for ongoing Incident Management Team • Organise changeovers • Maintain a log of all Activities, Issues and Decisions • Monitor impact of event |
| End of Incident | <ul style="list-style-type: none"> • Make decision to end response • Ensure smooth transition to usual routines • Record/document Incident |
| After the Incident | <ul style="list-style-type: none"> • Facilitate procedural de-briefing for staff and modification of plans as appropriate |

OPERATIONS

- Coordination of the activities of all hospital and healthcare services
- Liaison between clinical operations and the Incident Management Team

| TASKS | DESCRIPTION |
|---|---|
| Receive briefing from the Incident Coordinator | Assess: <ul style="list-style-type: none"> • Likely impact on health services • What resources will be required • Consult with appropriate people |
| Immediate Action | <ul style="list-style-type: none"> • Establish and brief clinical operations group • Establish how communications will be managed with team members operating in non-Waikato Hospital locations (District Hospitals, Community Services, etc) • Identify immediate clinical issues • Identify potential impact on short- medium- and long-term service provision • Develop operations plan |
| Ongoing actions | <ul style="list-style-type: none"> • Maintain Records and Log • Liaise with Media/Communications and Public Health to establish and maintain an information services for staff, patients the community • Liaise with technical specialists (CAG) • Establish and conduct regular planning meetings • Attend/feed back to Incident Management Team meetings |
| End of Incident | <ul style="list-style-type: none"> • Notify all clinical services • Liaise with Logistics to ensure restocking/ordering of clinical supplies • Liaise with Planning and Intelligence to ensure HR issues identified/followed up • Coordinate final report |
| After the Incident | <ul style="list-style-type: none"> • Contribute to review and update of Pandemic Plan |

LOGISTICS

| <p>Key Objectives:</p> <ul style="list-style-type: none"> Coordinate all activities relating to supplies, transport, accommodation, Payroll, payment of suppliers, hotel services, information systems, etc | |
|--|--|
| TASKS | DESCRIPTION |
| Receive briefing from the Incident Coordinator | <ul style="list-style-type: none"> Assess likely resource needs Agree process for collating immediate and ongoing resource needs |
| Immediate Action | <ul style="list-style-type: none"> Confirm communication systems are in place and operating Appoint support staff to Operations Centre Establish Supplies Distribution Group⁸ |
| Develop Logistics Plan | <ul style="list-style-type: none"> Meet / communicate with relevant Logistics personnel Provide update/clarify role of logistics Start to anticipate potential issues/requirements Set strategic goals and formulate action plans Allocate tasks |
| Manage Logistics | <ul style="list-style-type: none"> In consultation with the Incident Coordinator, arrange the allocation of a Cost Centre for expenses incurred or anticipated. Ensure that service providers are advised of details. Ensure the separate accounting of all contracts and purchases specifically related to the emergency Receive information on servicing and support facilities Evaluate effectiveness of services and support Prepare situation reports for Incident Coordinator Determine future logistic requirements Liaise with service providers <ul style="list-style-type: none"> ▪ Supplies ▪ Equipment ▪ Transport ▪ Personnel Maintain a log of all activities, issues and decisions |
| End of Incident | <ul style="list-style-type: none"> Advise all service providers Ensure smooth transition to usual routines Record/document incident |
| After the Incident | <ul style="list-style-type: none"> Return or disposal of unused resources Return of borrowed equipment Take part in de-briefing and modification of DHB plans as appropriate |

⁸ Comprising at least an Infection Control Practitioner, the Medical Officer of Health, the GP Liaison Officer, St John Area Manager, CBAC Administrator and the Purchasing and Supply Manager or designate, this group will coordinate the distribution of PPE and anti-viral medications, including supplies from the Ministry of Health-funded stockpile.

PLANNING AND INTELLIGENCE

Key Objectives:

- Coordination of activities around data gathering/predicted incident development and duration, human resources issues such as credentialling, payments, contractual issues, liaison with Unions, etc
- Maintaining and updating all information relating to the pandemic including logs, records, issues and decisions
- Developing plans and determining strategies for combating the pandemic for the Incident Coordinator's approval

| TASKS | DESCRIPTION |
|---|--|
| Receive Briefing from the Incident Coordinator | <ul style="list-style-type: none"> • Current and potential situation • Likely impact on service providers and facilities • Assist with the development of an initial action plan • Other assistance required by the Incident Controller |
| Process Information relating to the current and predicted incident situation | <ul style="list-style-type: none"> • Gather, maintain and update all information relating to the pandemic including numbers of the general population affected, number of healthcare workers affected, situation reports, maps and estimated losses • Use gathered information to assist in forecasting incident behaviour |
| Maintain Records and Log | <ul style="list-style-type: none"> • Develop an effective system to record what resources are deployed on the pandemic, where they are and what they are doing at any particular time. • Keep a log all activities, issues and decisions |
| Maintain an Information Service | <ul style="list-style-type: none"> • Work with the Media/Communications Officer to establish an information service to provide up to date information relating to the pandemic, including current situation, resources and other related matters of general interest. |
| Liaise with technical specialists (CAG) | <ul style="list-style-type: none"> • Liaise with technical specialists for developing plans and strategies for the Incident Coordinator. |
| Conduct Planning Meetings | <ul style="list-style-type: none"> • Work with the Incident Coordinator in scheduling and conducting planning meetings. Need for and the number of meetings will be dependent on the scale of the incident. |
| Develop alternative control objectives and strategies | <ul style="list-style-type: none"> • In consultation with other members of the Incident Management Team develop other objectives and strategies for the Incident Coordinator to consider. |
| Disseminate the Incident Action plans | <ul style="list-style-type: none"> • Ensure the Incident Action Plan is prepared after planning meetings and sent to the Incident Management Team. |
| End of Incident | <ul style="list-style-type: none"> • Record/document Incident • Prepare final report |
| After the Incident | <ul style="list-style-type: none"> • Facilitate procedural de-briefing for staff and modification of plans as appropriate |

LIAISON

Key Objectives:

- Function as incident contact person for representatives from other agencies.
- Facilitate DHB liaison with other agencies.

| TASKS | DESCRIPTION |
|---|---|
| Receive Briefing from the Incident Coordinator | <ul style="list-style-type: none"> • What happened • Current status of the pandemic • Likely impact on service providers and facilities • Your role |
| Obtain information relevant to role | <ul style="list-style-type: none"> • Nature of pandemic • Identify all parties involved • Number of patients / deaths • Number of patients likely to be transferred to different facilities • Current or anticipated shortage of personnel, supplies, equipment, etc • Current condition of hospital / service provider structures and utilities. |
| Manage Liaison | <ul style="list-style-type: none"> • Identify agencies/other facilities likely to be involved and determine appropriate contacts and methods of communication • Receive calls from interested parties, e.g. community volunteer groups, undertakers • Provide support to the Incident Coordinator in liaising with other DHBs and agencies for mutual support • Maintain a log of all activities, issues and decisions • Establish liaison with the Ministry of Health |
| End of Incident | <ul style="list-style-type: none"> • Advise all external services • Ensure smooth transition to usual routines • Record/document incident |
| After the Incident | <ul style="list-style-type: none"> • Take part in de-briefing and modification of DHB plan as appropriate |

MEDIA AND COMMUNICATIONS

Key Objectives:

- Coordinate and manage information from the health sector to the news media.
- Coordinate and manage information and progress reports to all staff.
- Work with the news media to facilitate public information for the community
- Facilitate information flow from and to responding health providers.

| TASKS | DESCRIPTION |
|---|---|
| Receive Briefing from the Incident Controller | <ul style="list-style-type: none"> • What happened • Current status of the pandemic • Resources that are allocated, available or unserviceable • Your role • Identify restrictions in the content of news releases from the Incident Controller |
| Manage media access / develop media relationships | <ul style="list-style-type: none"> • Notify switchboard and staff that all news media enquiries are to come to the Media and Communications Coordinator • Provide news media with all contact details for the Media and Communications Coordinator • Identify and set up process for media conferences – consider all sites • Appoint ‘face(s) of the organisation’ and brief as necessary • Liaise with Ministry of Health Media/Comms people • Update WDHB website with appropriate information • Consider use of 0800 info line |
| Develop a Media / Communications Plan | <ul style="list-style-type: none"> • Plan media releases to coincide with significant events and/or media deadlines. • Plan for regular and timely staff updates • Develop plans for linkages with other Media and Communication Coordinators • As incident expands consider liaising with Media/Comms of Police/Civil Defence, etc |
| Briefings | <ul style="list-style-type: none"> • Provide briefings to news media, staff and health provider representatives as appropriate • Ensure all news releases have the approval of the Incident Controller • Facilitate news media conferences as required and/or timely updating of websites and direct queries to there in the first instance |
| End of Incident | <ul style="list-style-type: none"> • Advise all units and personnel • Ensure smooth transition of usual routines • Record/document Media/Comms report |
| After the Incident | <ul style="list-style-type: none"> • Take part in procedural de-briefing and modification of plans as appropriate |

SAFETY (to be completed)

Key Objectives:

- Identify key safety issues for staff and patients
- Monitor safety issues and concerns
- Develop and implement measures to ensure safety of staff, patients and visitors

| TASKS | DESCRIPTION |
|---|---|
| Receive Briefing from the Incident Controller | <ul style="list-style-type: none"> • Current status of the pandemic • Resources that are allocated and/or available • Clarify Safety issues and personnel/services involved |
| Develop a Staff safety plan | <ul style="list-style-type: none"> • Infection Control and Health and Safety - joint plan? |
| Training/Education | <ul style="list-style-type: none"> • Identify training/update needs • Provide training and education where indicated • Provide written material where appropriate • Provide 'rapid response' facility for responding to immediate concerns • |
| End of Incident | <ul style="list-style-type: none"> • |
| After the Incident | <ul style="list-style-type: none"> • |