Draft Influenza Pandemic Plan

Part 7

Regional Health Incident Coordination Plan Midland DHBs

(*Currently under review)*

Midland
District Health Boards

Regional Health Incident Coordination Plan

Bay of Plenty, Lakes, Tairawhiti, Taranaki and Waikato District Health Boards

March 2005

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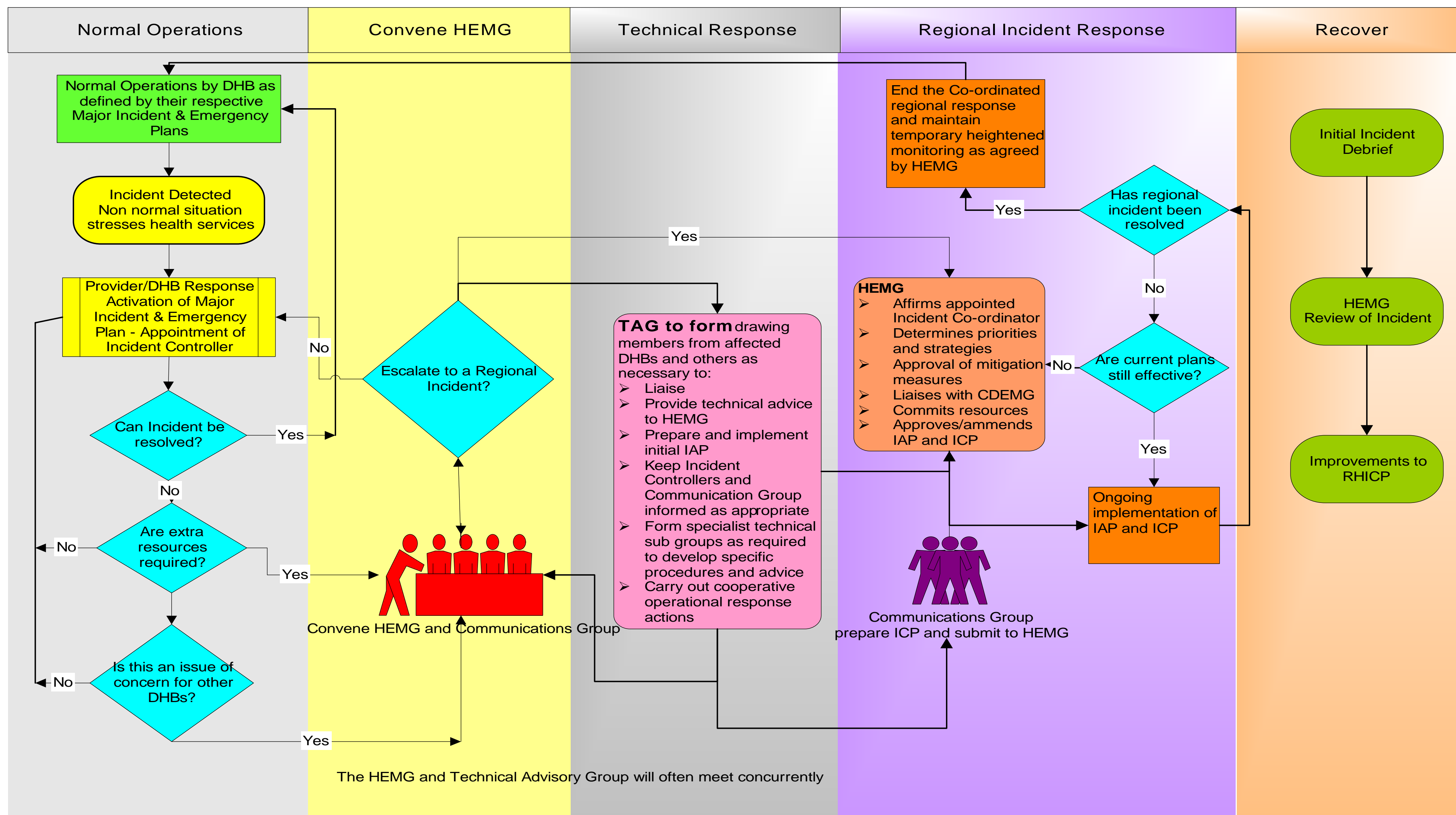
Flowchart showing Actions and Communications in the response to a Regional Incident



HEMG Health Emergency Management Group
ICP Incident Communication Plan
IAP Incident Action Plan developed to respond to a specific Incident

<u>Regional Incident</u>
A Regional Incident is an incident or number of incidents whose spread, or potential spread, requires responses by more than one DHB, or is of a magnitude that regional co-ordination, communication, and co-operation is required

Explanation

The following table provides explanations of terms and abbreviations used throughout this document.

Term or Abbreviation	Explanation
Affected DHBs	In any given Incident there may be Affected and Unaffected DHBs. Affected DHBs are either: Those DHBs directly impacted by the Incident OR Those DHBs with imminent potential to be directly impacted by the Incident.
CC	Communications Coordinator. The CC is the Communications Manager, of the Lead District Health Board or designated alternate.
CDEMG	Civil Defence and Emergency Management Group
CIMS	Co-ordinated Incident Management System. A structure, used by all emergency services, to systematically manage emergency incidents.
Communications Group	The Communications Group will cooperate with the CC in carrying out his/her tasks during a Regional Incident. The Communications Group will have the membership of the senior Communications Manager from each of the participating DHBs and where appropriate, the Communication Manager/s of other organisations material to the response to the incident. The Ministry of Health Communications Manager, (or designate) shall, where appropriate, also be a member of the Communications Group.
HEMG	Health Emergency Management Group.
HEMG Members	▫ Bay of Plenty District Health Board ▫ Lakes District Health Board ▫ Tairawhiti District Health Board ▫ Taranaki District Health Board ▫ Waikato District Health Board ▫ Order of St John
Incident	An event, whose impact cannot be handled within routine service arrangements and requires the implementation of special procedures by one or more agencies. The term "emergency" is often used interchangeably with incident. The term "incident" covers all events on a continuum ranging from minor to major.

Term or Abbreviation	Explanation
Incident Action Plan	A statement of the objectives, strategies and critical functions to be taken to respond to a specific Regional Incident and/or Incident.
Lead DHB	The DHB with the legislative or agreed authority to control the event. The Midland DHB raising the alert will, by default, be the lead DHB, unless otherwise agreed.
MOH	Medical Officer(s) of Health.
PHO	Primary Health Organisation
Regional Incident	A Regional Incident is an Incident or number of Incidents whose spread, or potential spread requires responses by more than one DHB, or is of a magnitude that a co-ordinated regional response is, or may be required.
RHICP	(The Midland) Regional Health Incident Co-ordination Plan
SOP	Standard Operating Procedure. Written incident practices adopted by an agency(s)
TAG	Technical Advisory Group. This is an advisory group convened when a co-ordinated technical response is required for a Regional Incident. The TAG supports the HEMG during a Regional Incident.
Unaffected DHBs	See “Affected DHBs”

This plan developed from a directive to produce a regional pandemic escalation plan. On analysis it became clear that responses to all manner of hazard events in the Midland region have a similar process and structure. Therefore, this plan has been developed to provide a consistent approach to co-ordination, co-operation and communication across the Midland region DHBs with the unique nature of a hazard dealt with through a specific Standard Operating Procedure (SOP).

Many disastrous events having a significant impact on healthcare providers will not be a declared (Civil Defence) emergency.

This Plan can be extended to allow a co-ordinated response with the Northern region, as required by the National Clinical Action Plan.[1]

Expectations

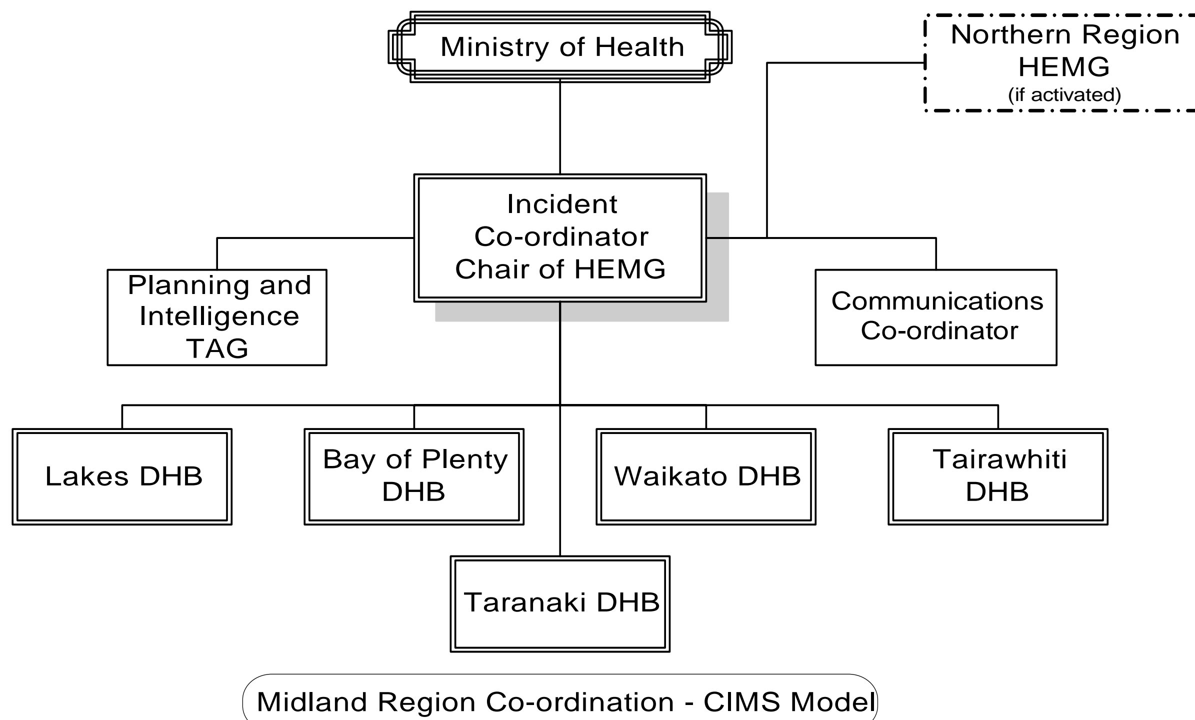
A number of expectations underlie this plan:

1. The Ministry of Health will provide national co-ordination, support and leadership.
2. The Ministry of Health will produce national plans, to which this plan will be consistent.[2]
3. This plan assumes an alignment of intent, philosophy and terminology with each DHB's Major incident and Emergency Plan. This plan depends upon these "local" documents to provide such things as operational detail and the location of resources.
4. The implementation of a standard 'Coordinated Incident Management System' (CIMS) across all emergency services and response agencies within the region to improve the management of response activities through common incident management rules.
5. The loss of services or increase in patient numbers can be managed to some degree, by the reallocation of resources and deferment of elective procedures. DHB plans are expected to provide for this process.

Response Hierarchy	
Civil Defence	**Health**
National Emergency Operations Committee	**Ministry of Health**
Civil Defence Emergency Management Groups **Co-ordinating Executive Group (CEG)**	**Regional Health** **RHICP**
Territorial Local Authorities **Emergency Management Committees**	**DHB**
Internal DHB processes	

[1] National Clinical Action Plan Discussion Document 2003

[2] E.g. National Influenza Pandemic Plan – can be found at www.moh.govt.nz
National Emergency Management Plan (NEMP)



Note: Public Health services are included within the DHBs

Strategic Principles

Our strategy is to create resilient health services in the Midland region. This emphasises the importance of an integrated effort – one of partnerships, cooperation and the working together of all Health Services to restore population health status.

It is in the nature of Major Incidents that they are unpredictable and each will present a unique set of challenges. This Plan does not set out to anticipate them in detail. Its purpose is to have a set of expertise available and offer a set of core processes to handle the uncertainty and unpredictability of whatever happens

This plan has been developed to provide a consistent approach to co-ordination, co-operation and communication across the Midland region DHBs when they are responding to an incident. Detail, unique to a hazard, will be dealt with through specific plans and standard operating procedures (SOP).

Where possible, treatment will be delivered at the primary/community level with DHB provider hospitals being reserved for the most acute cases and the continuation of other acute services. Each DHB will plan to:

- Provide public health advice and support;
- Co-ordinate PHOs and GPs;
- Support early-discharge patients in the community (i.e. if hospitals have to empty out beds);
- Support community health services supporting people in their own homes;
- Work with social and welfare agencies to provide social and psychological support;
- Continue business as usual to the greatest extent possible;

- Work with other DHBs and other emergency services in the Midland region in order to provide a co-ordinated response;

A regional response will include:

- Assistance with the management of hospital patients (eg regional bed management);
- Regional management of critical supplies;
- The regional role in a national emergency.

Regional arrangements outlined in this Plan are focused on supporting and enhancing local and emergency service capabilities, and thereby increasing the thresholds of local capacity

Emphasis on integrating effort, and leveraging the resources and skills of the Midland DHBs and other health services operating in the region.

Regional capability will be enhanced by appropriate interaction with neighbouring DHBs.

Midland Region Co-ordination

The development of this Plan has been undertaken to provide a generic process for the management of Regional Incidents, irrespective of origin and whether it is a declared (civil defence) emergency or not. These include incidents which:

- Presents a serious threat to the health of the community;
- Will result in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time;
- Cause the loss of services or personnel that prevent a healthcare facility from continuing to care for those patients it has.

Responding to an Incident

The initial response to an Incident will be carried out by each DHB or Public Health Service under the provisions of its Major Incident and Emergency Plan. This will include an immediate investigation to determine whether there is need to cooperate with other DHBs in responding to the Incident.

The implementation of the RHICP will follow the framework outlined in the flowchart (Page 2).

What to do in a Regional Incident

Should the Incident become, or have the potential to become a Regional Incident (refer Definitions) the identifying organisation will take the lead and convene the Health Emergency Management Group.

Where possible, the following information should be conveyed:

- What has happened and where?
- What is the cause of the possible Incident (if known)?
- What are the known and likely (if known) effects?
- How is the possible Incident likely to develop (if known)?
- What resources are likely to be required to manage the incident?
- What is the potential for the incident (worst case scenario)?
- What is being done to address the possible Incident?
- Who can be contacted for further information?

Any DHB or Public Health Service can request that the HEMG convene if it is perceived there is a widespread health problem.

Roles and Responsibilities of the HEMG are detailed later in this document.

If an immediate media release is required, the Incident Controllers of the Affected DHBs will convene their respective Communications Managers for a co-ordinated communication response.

The initial meeting of the Technical Advisory Group may be a formal “convening” or an informal site meeting, depending upon the nature of the Regional Incident.

Convening the HEMG and Communications Group

If not advised otherwise, the HEMG will in the first instance convene by teleconference.

Unless otherwise advised, the HEMG’s first physical meeting will take place at a location determined by the “lead DHB, or health provider” for the incident.

Unless otherwise advised, the Communications Group will also convene (simultaneously) at the same location.

In a Regional Incident an appropriate meeting schedule, location and frequency will be established for both the HEMG and Communications Group.

Escalating to a Regional Incident

A decision to, or not to, escalate to a Regional Incident will be made solely by the HEMG. The issue of a declared civil defence emergency with no immediate health consequences, but the potential to impact on public health, should be reviewed and considered in this process.

Communications

The HEMG (which includes the Communication Co-ordinator) will set the strategy of any communications prior to its release to the media or other affected organisations. The strategy should have full regard for the needs and desires of Affected DHBs.

It is however recognised that individual HEMG Members *may* need to insert information (specific to their area of jurisdiction) or rephrase the agreed communications to meet their unique communications needs.

Any additional information should remain consistent with the HEMG strategy.

The End of a Regional Incident

The decision to end a Regional Incident will be the sole responsibility of the HEMG. The original reasons for escalating to a Regional Incident should be reviewed and considered in this process.

The HEMG with due consideration of TAG advice and the specifics of the Regional Incident may agree to establish heightened levels of monitoring for a period immediately after a Regional Incident.

The Health Emergency Management Group (HEMG)

Constituents

During non-operational periods the HEMG will be a standing committee with representative from each of the DHBs party to this plan. Representation should be at CEO delegated level.

During operational periods, representation should be at an appropriate level as decided by individual member organisations.

The HEMG Chair

During a Regional Incident the HEMG Chair will be an appointee of the lead DHB/health organisation and will assume the position of Incident Co-ordinator. This is the period of time from the initial convening of the HEMG through to the declaring of an end to a Regional Incident. It is expected that the person appointed HEMG Chair would be trained to CIMS Level 4.

Strategic Responsibilities

In the event of a Regional Incident the HEMG will manage and oversee the achievement of the following:

- Collection and assessment of information
- Establishment of regional priorities, aims and objectives
- The review and amendment (as appropriate) of Incident Action Plans and Incident Communication Plans.
- Public and health personnel health and safety
- Liaison with key stakeholders
- Management of the debriefing.

In non-Incident periods, the HEMG will manage:

- RHICP training and exercises
- The review of Regional Incidents
- Updating of the RHICP.

The HEMG Officer

In non-Incident periods, St John Northern Region, as part of their contract with the Ministry of Health to facilitate regional emergency co-ordination, will provide a HEMG Officer.

The HEMG Officer will:

- Coordinate the maintenance of the RHICP
- Provide administrative support to the HEMG during non-Incident periods
- Call meetings of the HEMG as appropriate
- Initiate and coordinate one (1) RHICP exercise each year
- Initiate and coordinate four (4) Contact List tests each year

The Communications Group

Authority of Attendees

Representation at meetings of the Communications Group may be delegated – but only to a representative with sufficient authority to make decisions on behalf of the member organisation.

Responsibilities

Members of the Communications Group will cooperate with each other in preparing and implementing the Incident Communications Plan on behalf of the HEMG.

The Incident Communication Plan's strategic intent shall be either set or reviewed by the HEMG prior to its approval for action.

A standard Incident Communication Plan is set out in Appendix A1

The Communications Coordinator (CC)

The CC will be the Communications Manager from the lead DHB, or an alternate.

The CC will:

- During the Incident, attend and participate fully in the HEMG.
- Chair meetings of the Communications Group throughout a Regional Incident.
- Coordinate communication between the Communications Group and the HEMG.
- Advise the HEMG on matters of public information and media management.
- Sight all proposed HEMG media statements.

In any Regional Incident, information can change quickly and without warning. The CC will be responsible for ensuring relevant information is conveyed to the Communications Group so that priorities can be reviewed frequently. It is intended that there be a co-ordinated response to formulating media statements.

Technical Advisory Group (TAG)

Membership and Authority of Attendees

In an Incident the TAG will draw its membership from the Affected DHBs. All other DHBs will be informed of the convening of the TAG. Where appropriate, the TAG may co-opt others with specialist expertise relevant for the incident.

Representation at meetings of the TAG will be at the most appropriate operational level available.

Responsibilities in a Regional Incident

In a Regional Incident the TAG will provide technical, logistical and planning support to the HEMG. Under the CIMS structure, it fills the Intelligence function.

A senior person, with appropriate skills or responsibilities for the particular Incident, will lead the TAG and will report to the HEMG.

When appropriate, the TAG may form sub groups to examine specific technical issues in detail.

In the coordinated technical response to an Incident the key roles of the TAG are to provide:

- A continuous technical, operational and public health perspective.
- Rapid coordinated technical response to assist in the preparation of an Incident Action Plan (IAP).

The IAP should include provision to cooperate on such things as:

- Operational responses
- Monitoring, and reporting requirements
- Information sharing
- Critical supplies and services
- Clinical protocols
- Staffing requirements
- Capacity of facilities in the region
- A forum for technical and operational liaison between Affected DHBs
- A flow of information to affected DHBs.

Specific actions of the TAG will include:

- Liaison with national and local committees / experts e.g. Public Health Directorate at Ministry of Health, HSTLC, ECCC.
- An immediate review of whether the Incident has, or has the potential to impact on public health or public confidence.
- Informing all DHBs of the convening of TAG
- Documentation of all actions undertaken
- Isolation of sub-zones
- Consideration of alternative supply options

Progress Reporting

- The TAG will report to the HEMG on progress throughout a Regional Incident.
- The HEMG will set reporting frequency and expectation.

Document Control

Document maintenance

Copies of this document are distributed to the designated HEMG member for each DHB

It is the receiver's responsibility to identify and control superseded documents and to ensure amendments are inserted in to hard copies and any Intranet versions are updated.

During non-Incident periods the HEMG Officer is responsible for coordinating the maintenance of this document. These responsibilities include:

Making amendments (as agreed by the HEMG – see below).

Distributing copies.

Maintaining version control of all documents.

Document update and review

See Appendix B for information on Plan and Contact List amendments.

The document will be formally reviewed annually, or as determined by the release of national plans, and reissued accordingly.

Version control

During development, the document is published with the version number as 0.1 and the date changes each time the document is altered.

At document issue, the version number is changed from 0.1 to 1.0.

When updates are issued, the version number increases sequentially, (i.e. from 1.0 to 2.0) and the month and year of the issue is corrected as appropriate.

Forms

Standard Forms

In any activation of this plan the forms used will be standard CIMS forms.

It is expected that all DHBs will use for their Major Incident and Emergency Plans, CIMS forms for:

- Situation Report
- Incident Action Plan; and
- Incident Log

Appendix A – Communications

Appendix A-1. Incident Communication Plan

The contact lists provided within this section are to speed communication between all parties involved in the response to an Incident by providing up-to-date telephone and fax details for each.

All official communication during a Regional Incident should be confirmed in written (electronic or hard-copy) form.

The Incident Communication Plan should include:

- A list of the key stakeholders affected by the Regional Incident
- The key messages
- The process for distributing the key messages
- The likelihood of the Regional Incident affecting stakeholders (not already affected), either directly or indirectly
- The scope of the Regional Incident in terms of public health, access to health services and/or public confidence
- Technical and operational information.
- Likely communications issues and escalations in all scenarios (worst-case planning).
- Internal communications requirements:
- CEOs and DHB Board members
- Call centre staff
- Staff
- Ministry of Health
- Other organisations (e.g. Emergency Services, Civil Defence)
- The allocation of resources and task responsibilities.
- Guidelines for the documentation of communication

If an Incident is relating to a failure or fault within a given DHB then the Incident Communication Plan will be approved (or otherwise) by that same DHB and it shall be communicated to the HEMG and its members.

Appendix A-2 Contact List

A1.1 DHBs

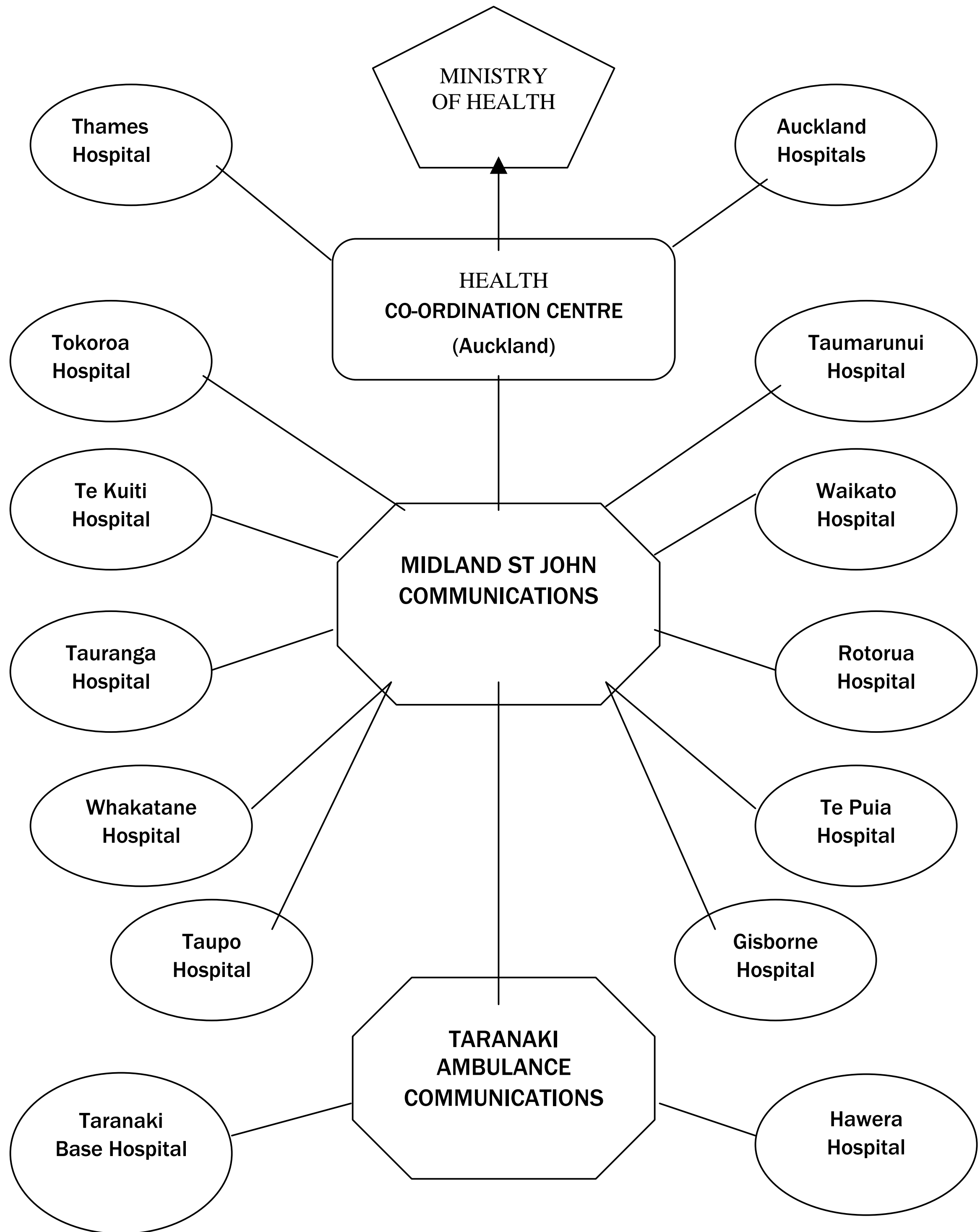
Name	Phone / Fax	
Bay of Plenty DHB		
Bay of Plenty DHB Duty Manager + Tauranga Hospital	Phone: Fax:	07 579 8000 07 579 8487
Whakatane Hospital Duty Manager	Phone: Fax:	07 306 0999 07 307 0451 (daytime) 07 306 0919 (after hrs)
Public Health –Med Officer of Health	Phone: Fax: A/H:	07 571 8975 07 578 5485 0274 985 534
Public Health Unit – o/c HPO	A/H: A/H: (Tauranga)	07 349 3522 026 111 980
Lakes DHB		
Lakes DHB Duty Manager + Rotorua Hospital	Phone: Fax:	07 348 1199 07 349 7878
Taupo Hospital	Phone: Fax:	07 378 8100 07 378 2033
Waikato DHB		
Waikato DHB Duty Manager + Waikato Hospital	Phone: Fax: Mobile	07 839 8899 07 839 8749 021 504 638
Public Health Unit – o/c HPO	Phone: Fax: Mobile:	07 839 8899 (ask Operator to connect) 07 838 2382 021 999 521
Public Health – o/c Med Officer of Health	Phone: Fax:	07 839 8899 (ask Operator to connect) 07 838 2382
Taumarunui Hospital Manager	Phone: Fax: Mobile:	07 896 0020 07 896 0025 021 760 537
Te Kuiti Hospital Manager	Phone: Fax: Mobile:	07 878 7333 07 878 8231 021 598 503
Thames Hospital Manager	Phone: 07 868 6550 Fax: 07 868 7169 Mobile: 021 285 6691	
Tokoroa Hospital Manager	Phone: Fax: Mobile:	07 886 7239 07 886 4701 021 228 0358
Tairawhiti DHB		
Gisborne Hospital	Phone: Fax:	06 869 0500 06 869 0522
Duty Manager (After Hours)	Phone:	06 869 0500

Name	Phone / Fax
	Hospital Pager: #026
CEO's Office (Jim Green)	DDI Phone: 06 869 0530 Fax: 06 869 0542
Medical Officer of Health (PHU)	DDI Phone: 06 867 9119 Via Hospital: 06 869 0500 x 8597–140 Hosp. Pager: #026 Fax: 06 867 8414
Taranaki DHB	
Taranaki Base Hospital	Phone: 06 753 6139 Fax: 06 753 7770
Hawera Hospital	Phone: 06 278 7109
	Fax: 06 278 9930
Public Health Unit O/C HPO	Phone: 06 753 7798
	Fax: 06 753 7788

A1.2 Key Services

Name	Phone / Fax
St John	
Midland Region Ambulance Services Regional Manager Assistant Manager	Phone: 07 846 9972 Phone: 07 846 9978
Northern Region Ambulance Services	Phone: 07 868 5501
Taranaki Ambulance Services	Phone: 0800 753 466 Fax: 06 753 7786

Appendix A-3 Emergency Radio Communication Network



What to do after a Regional Incident

It is important for the TAG, Communications Group and/or HEMG and HEMG Members to learn from the co-ordinated response to a Regional Incident and continually improve their Co-ordination and response processes. Toward this end, a debrief and review should be conducted as follows:

Initial Debrief

The initial debrief should occur within 72 hours of an end to the co-ordinated response to a Regional Incident. Its primary purpose is to capture fresh impressions and to identify significant issues for later review.

Review of Co-ordinated Response and Improvements

The review should be held once all records have been collated and assessed. All respondents should provide a written report outlining their involvement, significant issues identified and possible solutions or amendments to be made to the existing arrangements.

The HEMG should ensure that all recommendations are followed up, assessed and approval given for amendments to the RHICP.

Training and Exercises

While initial training will take place immediately upon adoption of this plan, regular training and testing of the RHICP will occur annually.

Training is the responsibility of each DHB and the MOH for their respective staff.

It is the responsibility of the HEMG Officer to convene the HEMG to initiate and coordinate RHICP exercises and tests.

The purpose of exercises is to test the arrangements outlined in the RHICP. Two different types of exercise will be used over a two-year period – the *full exercise* in one year and the *tabletop exercise* in the next.

Full Exercises

A “Full” exercise will include the establishment of a response organisation and physical deployment of staff and resources.

Tabletop Exercises

A “Tabletop” exercise will involve key staff and organisations in a chosen scenario providing the basis for discussion on possible responses.

Contact List Tests

Contact List tests (telephones and pager) will be carried out on a quarterly basis both during and after hours.

Plan Update

Any HEMG Member at a meeting of the HEMG may submit suggested changes to the RHICP. The HEMG will collectively accept, reject or amend any suggested changes and the RHICP will be amended accordingly. The HEMG Officer will send updates (complete document reissues) to HEMG Representatives.

The Contact List (see Appendix A) will be reviewed quarterly. The HEMG Officer will send updates (complete document reissues) to HEMG Representatives.

Appendix C – Memorandum of Understanding for Emergency Management Planning

Parties:

Bay of Plenty District Health Board

Lakes District Health Board

Tairawhiti District Health Board

Taranaki District Health Board

Waikato District Health Board

Agreement:

1. In the event of a major incident or emergency, the parties agree to support each other, where possible, with the provision of facilities, equipment, supplies, laboratory and radiology services, and relevant skilled staff.
2. Each organisation has the ability to track costs associated with this MOU. Due to the urgency of a situation, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other's services including facilities will be between managers of those services and/or facilities named, or the respective incident controllers.
4. The parties will:

   a.) treat each other's facilities and/or equipment with the care and respect and to a standard reasonably expected in the circumstances.

   b.) comply with all relevant law and professional standards when using another's facilities and/or equipment, and/or staffing resource(s).

   c.) assist each other through the regular/as required exchange of information during the management of the incident

5. In the event of a Civil Defence emergency the parties agree to fulfil their obligations pursuant to the Civil Defence Emergency Management Act 2002.

Signed on behalf of the contributing District Health Boards:

Signature			
Name			
DHB	Bay of Plenty	Lakes	Tairawhiti
Date			

Signature		
Name		
DHB	Taranaki	Waikato
Date		

Appendix D – Regional Incident Co-ordinator Duty Card

POSITION	Appointment from lead DHB or Public Health Service
LOCATION	To be confirmed at the time
RESPONSIBLE TO	Chair of Health Emergency Management Group.
	Providing strategic direction, support and co-ordination to Midland DHB Incident Management Teams (IMTs). Key tasks are:

TASKS (✓)

☐ Assess the situation. Initiate regional risk assessment and develop regional situation report

Consider: What is the problem? How is the situation likely to develop? What resources will be required?

☐ Coordinate, collate & disseminate relevant information eg:

- Hospital bed state.
- Availability of personal protective equipment (hospitals and community).
- Ability of primary and community health services to function
- Status of allied health professional services
- Availability of appropriately skilled staff.

☐ Arrange for briefing of primary, community, and secondary health services on a regular basis

☐ Identify regional response structure and key roles and develop a communications plan.

☐ Set priorities and allocate resources.

Prioritise resource allocation to all DHBs.

☐ Ensure effective strategies are adopted

Coordination strategies should be developed in conjunction with DHBs, considering the policies, politics, and other factors that influence the situation.

☐ Oversee development of Incident Action Plan

The Incident action Plan should reflect the objectives, strategies, communications and resource needs of the DHBs Incident Action Plans.

☐ Ensure information is well managed and timely.

Ensure that personnel are given clear directions on their allocated role, and understanding of the 'big picture' and how they relate to it, and a source for updated status reports. Maintain proper information flow.

☐ Ensure coordination of public information.

A large incident requires the appointment of a Regional Spokesperson

to manage public information. A policy on who can make statements should be clearly articulated. There should be regular media briefings.

- ☐ Organise changeovers.

  The briefing of the Incoming Incident Controller will include details of

  The incident control structure presently in place

  An up-to-date situation report on the overall situation and current planning

  Critical or unresolved issues

  Key authorities and organisations to be consulted

- ☐ Maintain a log of activities, issues and decisions.

  Maintain a log of all activities, issues and decisions

- ☐ Keep Ministry of Health informed of status of Regional capacity.

Appendix E – Bed State Procedure

This procedure is based on the procedure already used by Midland bed managers to maximise bed usage. It is used frequently, especially during winter peaks, and is tested six-monthly.

1. Purpose: To maximise the appropriate bed usage across the Midland Region and identify spare bed capacity in a major incident.
2. Scope: This procedure applies to those incidents in which a major incident arises e.g. the emergence or re-emergence of an infectious disease in which an increasing number of people have a transmissible disease which is capable of widespread person to person transmission.
3. Process: For the purpose of this plan this procedure is immediately implemented once an individual District Health Board implements its Major Incident Emergency Plan

The lead District Health Board shall send out the Midland Region Bed State form. (Appendix E1).

The lead District Health Board shall collate the responses and distribute them to the other District Health Boards in the region. (The collated information shall include date and time at which information was collated, and the contact person for each hospital).

All collated information shall be sent to health Coordination centre for their information.

This information shall be collated and distributed by the lead District Health Board at the prescribed frequency until the decision is made to de-escalate the plan.

The lead District Health Board will notify all Midland Region District Health Boards of the de-escalation.

Points to Note:

If telephony sources have failed, then the Ambulance radio network might still be used. If that has failed, then the Civil Defence radio network may still available.

The frequency of information collation shall be decided by the lead District Health Board.

As part of each District Health Boards Major Incident Emergency Plan, the Bed State Procedure contact list shall be kept current and continue to be reviewed at the first and third Regional Emergency Planners meeting each year.

Appendix E 1– Bed State Form

Phone: (Lead DHB Number)
Fax: (Lead DHB Number)
Email:

Date: Time:

Bed State	Beds open	Current no. of inpatients	No. of patients you could take	Mental Health Number of inpatients/beds open		No. of planned discharges over the next 12 hour period
				IPC	Acute	
EXAMPLE	40	38	2 (40 – 38)	5/14	23/25	20 discharges
Gisborne						
New Plymouth						
Rotorua						
Taumarunui Provided by Waikato						
Taupo						
Tauranga						
Te Kuiti Provided by Waikato						
Thames Provided by Waikato						
Tokoroa Provided by Waikato						
Waikato All Hospitals						
Whakatane						

District Health Boards and Public Health Services

A pandemic, by its very definition, will significantly impact on health services across New Zealand, although all regions may not be similarly affected at the same time. Subject to national and regional support, each DHB is responsible for the safety of health service workers and the treatment of infected persons within its area of responsibility. By working co-operatively, DHBs in the Midland region plan to utilise available resources, such as staff, drugs, ICU beds and PICU facilities, to achieve the best outcome.

An influenza outbreak may be restricted to one DHB area, or distributed unevenly across the region at any point of time. In this situation there are significant opportunities for DHBs and Public Health services to work co-operatively to most efficiently utilise the available health service resources within the Midland region

Responsibilities of DHBs – Adapted from the New Zealand Influenza Pandemic Plan

DHBs and public health services [should] maintain specific protocols for responding to a (influenza) pandemic in their region. Regional action plans need to cover planning for delivery and maintaining infrastructure in the face of increasing absenteeism, identification of medical and healthcare provisions and facilities, and giving attention to adequate antibiotic, vaccination and ancillary drugs and equipment.

Specific DHB requirements for WHO pandemic phases/levels of preparedness:

Level of readiness	DHB/Public Health Services Responsibilities
Phase 0 Inter-pandemic period. No indications of new pathogen type reported. **Preparedness level 1** appearance of a new pathogen with suspected pandemic potential in a human case. **Preparedness level 2** two or more infected humans confirmed	Ensure every region has an Action Plan and Action Committee in place, and that both are complementary to each other and to the national plan **Develop Regional Action Plans** - Establish regional pandemic action committees, with stakeholder representation (eg, Medical Officers of Health and GPs) - Set up register of general practitioners, nurses, and social service staff available in region - Identify and document all medical and health care provisions and facilities (eg, hospital beds, ventilators) - Attention to having access to adequate supplies of antibiotics, ancillary drugs and equipment - Determine mortuary capacity and locations of appropriate cold storage facilities - Attain high coverage of appropriate immunisation in identified cohorts and high-risk groups
Phase 1 confirmation of onset of pandemic Several outbreaks involving the novel pathogen. **Outbreak** Involving emergence or re-emergence of novel infectious diseases in at least one country with possible spread to other countries	Immediate mobilisation to immunise priority groups against a causative organism if a vaccine is available Regular and timely reporting to jurisdictions on the spread of the pandemic **DHBs, MOH, Ministry of Health**: Implement joint communications strategy. Advise people of travel and other risks. Make recommendations on public health measures (eg school closures, event cancellation etc) as appropriate. **Vaccine and antimicrobial supply** Co-ordinate supply of vaccines and antivirals. Follow the Ministry of Health's Infectious Diseases Advisory Committee recommendations for antiviral treatment and prophylaxis Determine availability of appropriate antibiotics **Surveillance** Use absentee data from local industry, schools, etc. Hospitals to prioritise admissions and services. Commence reallocation of staff and duties if required Notify relevant areas of mortuary capacity within each jurisdiction
Phase 2 regional and multi-regional epidemics Outbreaks and epidemics occurring in multiple countries and spreading in regions across the world.	**If New Zealand has cases** **Public health measures:** Medical Officer of Health will consider whether further public health measures are required (eg, school closures, etc). **With ESR:** Continue review of age-specific attack rates and complications, and any subsequent re-prioritisation of immunisation groups. **Surveillance** Continue with enhanced surveillance through general practitioners and continue surveillance of hospital infections.
Phase 3 end of first pandemic wave No increase in countries affected initially but outbreaks occurring elsewhere in the world.	**Regroup and evaluate Phases 1 & 2.**
Phase 4 second or later waves of pandemic Second wave of outbreaks occurring in many countries	**The same measures should be implemented in phase 4 as were implemented in phase 2**

Phase 5 end of pandemic/post pandemic phase Causative organism activity returned to normal inter-pandemic levels and immunity to new organism is widespread.	**Evaluation and reporting** Phase out national information hotline Phase out public health measures Summarise impact of pandemic, collate data, and update national and State and Territory Action Plans. Prepare report to WHO, states and territories, etc reviewing the effectiveness of the plans Restock resources used during the pandemic