Te Whatu Ora
Health New Zealand
Taranaki

Taranaki Regional Health Emergency Plan

2023 – 2026

v.3

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Department:	Corporate Delivery Services	Authorised by:	Interim Lead Hospital and Specialist Services
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TIRITI STATEMENT

PRINCIPLES

Te Whatu Ora - Taranaki is committed to ensuring Te Tiriti o Waitangi informs policy and practice across all service units. The principles outlined below guide the types of actions needed for the organisation to meet its obligations in this respect:

Tino rangatiratanga

Provides for Māori self-determination and mana motuhake. This means that Māori are key decision makers in the design, delivery, and monitoring of health and disability services.

Equity

Requires the Crown to commit to achieving equitable health outcomes for Māori and to eliminate health disparities. This includes the active surveillance and monitoring of Māori health to ensure a proportionate and coordinated response to health need.

Active protection

Means to act to the fullest extent practicable, to protect Māori health and achieve equitable health outcomes for Māori. This includes ensuring that Te Whatu Ora - Taranaki and its Treaty partner under Te Tiriti o Waitangi are well-informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.

Options

Requires Te Whatu Ora - Taranaki to provide for and properly resource kaupapa Māori health services. Furthermore, Te Whatu Ora - Taranaki is obliged to ensure that all healthcare services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Partnership

Requires Te Whatu Ora - Taranaki and Māori to work in partnership in the governance, design, approval, delivery and monitoring of health and disability services. Māori must be co-designers, with Te Whatu Ora - Taranaki, of the health and disability system for Māori. This contributes to a shared responsibility for achieving health equity for Māori.

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PLAN APPROVAL

This plan has been approved by Te Whatu Ora Taranaki Interim Lead Hospital and Specialist Services on behalf of Te Whatu Ora Taranaki.

Name: Gillian Campbell **Title** Interim Lead Hospital and Specialist Services

Signed: **Date:** 19 July 2023

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EXECUTIVE SUMMARY

Since January 2020, the New Zealand health system has been at the forefront of the COVID-19 Pandemic emergency. Without exception, this health emergency has touched everyone in one form or another across Aotearoa New Zealand. In attempts to give hospitals and the health system time to build resilience, travel restrictions and lockdowns were implemented; a testing programme rolled out that surged to demand; a vaccination schedule and delivery programme developed when vaccines became available; and a complete health delivery system for the wider community developed incorporating virtual support and contactless care. Every profession in health has been part of the wider delivery of care during this international emergency including hospitals, aged residential care and home care support, primary care, pharmacy, health support services, ambulance, mental health, disability services, Māori health providers and many more who provide health support. Whilst a slow-moving emergency, the pandemic has demonstrated the collaboration required across the health sector to meet the needs of the community during unprecedented events.

Yet the pandemic alone is not the only emergency event we have faced. We are often reminded of the power of nature with severe weather events, the odd shake across the isles and the ever-present Maunga in the centre of our region. Technology risks pervade with cyber-attacks on the health system and risks to infrastructure failure as demand increases for utilities and the existing systems. We also face the risk of smaller emergencies our health system must manage through mass casualty incidents (MCI's), winter illness, localised public health concerns and the ongoing and increasing demands on all health services each day.

On 1 July 2022, the Pae Ora (Healthy Futures) Act 2022 took effect establishing three new entities:

- The National Public Health Service within the Ministry of Health/Manatū Hauora to lead and strengthen public health
- Health New Zealand/Te Whatu Ora as the national organisation to lead and coordinate delivery of health services across the country
- the Māori Health Authority/Te Aka Whai Ora as an independent statutory authority to drive improvement in hauora Māori.

In addition, Whaikaha - Ministry of Disabled People, was created on 1 July 2022, to provide a wider lens on disability across Government. The aim of the reforms has been to support all New Zealanders to live longer and have the best quality of life.

As Taranaki District Health Board (TDHB) transitioned to become a part of Te Whatu Ora (Health New Zealand), the responsibility for health emergency planning and management continues to lie in statute, contract, good governance and a commitment to its vision – ***Taranaki Together, a Healthy Community*****.** The Taranaki Health Emergency Plan (the Plan) covers the key arrangements needed to co-ordinate the activities of healthcare providers responding to an emergency in a way that ensures effective and efficient emergency management.

Section 1 | Background to the Taranaki Health Emergency Plan

1 BACKGROUND

This *Taranaki Health Emergency Plan* (the HEP) details the requirements for health and disability services in assessing risk, readying for, responding to and recovering from emergency incidents in Taranaki. The HEP is a subplan to the *National Health Emergency Plan's (NHEP's)* and is one of the requirements of the Ministry of Health Operational Policy Framework to meet legislated emergency management requirements for health.

The Civil Defence Emergency Management Act 2002 outlines the requirements of agencies in planning for and responding to in emergencies. Within Taranaki, Te Whatu Ora Taranaki works in close partnership with all agencies that contribute to emergency management. Each sector will develop their own plans and through collaboration, consider how those plans interlink with each other where a multi-agency response is required.

While this document is offered as a guide for health and disability services, it is recommended that for comprehensive emergency planning, additional documents related to emergency management are sourced, reviewed and referenced.

1.1 UNDERSTANDING CIVIL DEFENCE EMERGENCY MANAGEMENT

This document often makes reference to Civil Defence Emergency Management (CDEM) Group (the Group) and the Taranaki Emergency Management Office (TEMO). It is worth defining the contexts of these wording for the Group and TEMO.

The Group can be viewed as a consortium of the local authorities in a region working in partnership with emergency services, lifeline utilities and government departments, amongst other things to:

- Identify and understand hazards and risks
- Prepare CDEM Group plans and manage hazards and risks in accordance with the 4R's (reduction, readiness, response and recovery).

The Group is arranged under a governance structure which comprises the Joint Committee (Chair of Regional Council, three mayors from the Territorial Authorities and the Coordinating Executive Group (CEG), comprising of Chief Executives of all councils, senior members of Emergency Services, senior member of Te Whatu Ora Taranaki, Group Controller, Group Recovery manager, Group Welfare Manager and the chairs of the advisory groups.

This structure is a statutory requirement under the Civil Defence Emergency Management Act 2002.

TEMO, on the other hand, is the Group office and they provide Emergency Management Coordination, support and administration in business as usual across the region.

1.2 TE TIRITI O WAITANGI

It is the Crown's obligation to uphold Te Tiriti and promote Māori Health and equity. This plan is underpinned by the five principles as outlined in Whakamaua: Māori Health Action Plan 2020-2025:

- Tino rangatiratanga,
- Equity,
- Active protection,
- Options, and
- Partnership.

It is the intention of this plan to:

- Work in collaboration with Iwi, hapū, and Māori partnerships to respond directly to ensure health equity and appropriate needs for Māori due to emergency events.
- Iwi, hapū, and Māori partnerships are supported through Mātauranga Māori knowledge in delivery of appropriate service for Māori.
- Implement Māori models of health which incorporates taha wairua, taha tinana, taha hinengakau, mauri ora, and taha whānau.
- Apply measurable outcomes through data to ensure Māori health equity.

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The principles that apply to our work are as follows:

- Tino rangatiratanga: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- Equity: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- Active protection: The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partners are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- Options: The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- Partnership: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.
- Iwi/ Māori involvement occurs within a framework of Mātauranga Māori, traditional knowledge, values and practices, and is often indispensable to effective response and recovery.
- Collaboration between Iwi, hapu and Māori partners before, during and after an event across all four R's (Reduction of risks, Readiness, Response, Recovery).

1.3 PLAN STRUCTURE

The document begins by introducing the emergency management frameworks and applicable documents to emergency planning in health. It then moves into defining what a health emergency is and the rational for the Taranaki Health Emergency Plan (the Plan) itself. Following the principles of the emergency management framework (outlined below), the remainder of this document outlines how Te Whatu Ora Taranaki is meeting the objectives of the Taranaki Health Emergency Plan with more detailed information.

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

In the event of an activation of this plan, refer directly to **Section 6|Response**.

1.4 THE EMERGENCY MANAGEMENT FRAMEWORK

Health planning for emergencies will be based on the emergency management framework used in Aotearoa New Zealand commonly referred to as the 4R's:

- **Risk Reduction**: Identifying and analysing risks to human life and property from hazards; taking steps to eliminate these risks wherever possible, and if not, reducing the magnitude of their impact and the likelihood of them occurring. See **Section 3 | Risk Profile** and **Section 4 | Risk Reduction**.
- **Readiness**: Developing operational systems and capabilities before an emergency incident happens; including self-help and response programmes as well as interactions with other agencies. See **Section 5 | Readiness**.
- **Response:** Actions taken immediately before, during or directly after an emergency incident to save lives and protect property, and to maintain health services. See **Section 6 | Response**.
- **Recovery:** The coordinated efforts and processes to bring about the immediate, medium-term, and long-term re-establishment of health services capabilities. See **Section 7 | Recovery**

Diagram 1: Emergency Management Framework

In addition to the 4R's, there is a fifth R – that of **Resilience**. This is our ability as a health system to maintain services in adverse times, to ensure our planning minimises disruptions and we can 'bounce back' and continuously move forward from the emergencies we face.

1.5 REQUIREMENTS UNDER LEGISLATION & REGULATIONS

Emergency management in health is built into the following government legislation, regulations and documents.

- Health (Burial) Regulations 1946
- Health Act 1956
- Health (Infectious and Notifiable Diseases) Regulation 1966
- Medicines Act 1981
- Health (Quarantine) Regulations 1983
- New Zealand Public Health and Disability Act 2000
- Civil Defence Emergency Management Act 2002
- Health Practitioners Competence Assurance Act 2003
- Building Act 2004
- International Health Regulations 2005
- Epidemic Preparedness Act 2006
- Health and Safety at Work Act 2015
- Fire and Emergency New Zealand Act 2017
- Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes Regulations 2018)
- Pae Ora (Healthy Futures) Act 2022

1.6 OTHER DOCUMENTS:

- National health Emergency Plan: Guiding principles for emergency management planning in the health and disability sector, 2005
- National Health Emergency Plan: Hazardous Substances Incident Hospital Guidelines 2005
- National Health Emergency Plan: H5N1 Pre-Pandemic Vaccine useage policy
- National Health Emergency Plan: National Reserve Supplies Management and useage policies
- New Zealand Influenza Action Plans
- Any other published national health emergency planning documents
- The Environmental health protection manual
- Health and Disability Standards (2008) Part 4.7 Essential emergency and security systems
- Major Hazard Facilities Good Practice Guideline: Emergency Planning
- National Civil Defence Emergency Management Plan Order 2015
- National Health Emergency Plan 2015
- New Zealand Influenza Pandemic Plan 2017
- New Zealand Co-ordinated Incident Management System (CIMS) v.3 2020
- Taranaki Civil Defence Emergency Management Group Plan 2018-2023
- The Environmental Health Manual
- Health and Disability Standards (2008) Part 4.7: 'Essential emergency and security systems'. From 28 February 2022 *Ngā Paerewa, health and Disability services standard NZ 8134:2021* applies.
- Any other published national health emergency planning documents

Section 2 | The Taranaki Health Emergency Plan

2 INTRODUCTION TO THE PLAN

The Taranaki Health Emergency Plan (the Plan or the HEP) has been developed as a requirement under the Ministry of Health (MoH) Operating Policy Framework (OPF)[1]. This Plan is a sub-plan to the National Health Emergency Plan (NHEP) and its sub-plans which encompass mass casualty incidents, burns, pandemics and psychosocial support.

Under the National Civil Defence Emergency Plan Order 2015[2], health services in each district must adequately ensure the delivery of essential primary, secondary and tertiary services as well as mental health, disability support and public health services during health emergencies, civil defence emergencies, large casualty-causing incidents, major weather events or natural disasters.

They must also use the Coordinated Incident Management Systems (CIMS) framework, which forms the basis if operational response to emergencies in New Zealand.

Following the enactment of the New Zealand Public Health and Disability Act 2000, District Health Boards became responsible for maintaining and improving the health status of the population of their geographical areas. The Civil Defence Emergency Management Act 2002 designates District Health Boards as "emergency services", active members of the appropriate Civil Defence Emergency Management Groups and responsible for the provision of healthcare services necessary to restore the health status of its population. The amendments to this Plan recognise the transition from District Health Boards to the entity that is Te Whatu Ora (Health New Zealand).

Te Whatu Ora Taranaki is required to plan with other response agencies and does this by:

- Participating in Civil Defence Emergency Management (CDEM) led meetings facilitated by Taranaki Emergency Management Office (TEMO).
- Participating in joint planning and exercises.
- Participating in meetings which include other emergency services.
- Joint agency risk and hazard management through the Taranaki Civil Defence Emergency Management Group
- Regular meetings with Taranaki Emergency Management staff.

The Plan provides a strategy to achieve:

- The reduction of impact consequences (established by hazard analysis) on facilities and supplies.

[1] Ministry of Health. (2022, August 16). *Operational Policy Framework 2021/22.* https://nsfl.health.govt.nz/accountability/operational-policy-framework-0#:~:text=The%20Operational%20Policy%20Framework%20is%20a%20set%20of,Framework%20will%20be%20published%20on%20the%20Ministry%27s%20website.

[2] New Zealand Government. (2015, June 2). National Civil Defence Emergency Management Plan. National Civil Defence Emergency Management Plan Order 2015 (LI 2015/140) (as at 01 July 2022) Schedule National civil defence emergency management plan – New Zealand Legislation

- Continuing care of existing patients/clients, and provision of normal services to the fullest possible extent, should facilities or services be disrupted in an emergency.
- Activation of available resources to meet a sudden rise in demand (including plans to ensure the continuation of core business).
- Alternative facilities and sources of supply.
- Communication between health providers prior to and during an emergency.
- Staff training in health-related emergency roles and responsibilities.
- Care of staff during an emergency.
- Cooperation with other responding agencies during an emergency (including the provision of alternative communications).
- Facilitation of support to other agencies and facilities which require assistance during an emergency. These arrangements are to include contracts or Mutual Aid agreements, which outline the conditions governing the transfer of staff or equipment to meet an urgent need.

The Plan recognises changing information in areas such as hazard information. Rather than stall the planning process, issues and new information will be incorporated into the ongoing Emergency Management Action Programme. Throughout the Plan a 'functional' planning approach is utilised.

While plans help guide best practice, it is people who ultimately manage an event. Hence the overriding focus within the Plan is on building solid partnerships, which are supported by plans that highlight opportunities for co-operation, and improvement.

2.1 Definition of a Health Emergency

For the purposes of this plan, a health emergency is defined as any real or potential event which[3]:

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

A regional or national health emergency is defined as a health emergency event which involves the whole region or country, or when a districts health service is overwhelmed. In these instances, regional and/or national health support will be activated to support the response of the affected district.

2.2 Plan Objectives

The Health Emergency Plan has six objectives.

1. To provide guidance to the health and disability sector in Taranaki for emergency planning
2. To identify and mitigate identified risks to the health sector.
3. To create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency.

[3] Ministry of Health. 2015. *National Health Emergency Plan: A framework for the health and disability sector.* Wellington: Ministry of Health

4. To define the responsibilities for control and coordination of the collective response by the health sector to an emergency.
5. To maintain or restore the health status of the population of the Te Whatu Ora Taranaki's area of responsibility.
6. To define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.

2.3 PLAN PURPOSE

The purpose of the Plan is to:

- provide guidance in the development, maintenance, exercising and operation of all health emergency plans.
- ensure essential service providers have a corresponding ability to plan, maintain, exercise, and continue the delivery of health services in an emergency.

These services included but are not limited to:

- ambulance services
- primary health care (including pharmaceutical services)
- secondary health care
- tertiary health care
- public health
- mental health
- disability support
- aged residential care
  iwi or other ethnic health services

2.4 PLAN SCOPE

The Plan provides for immediate, short duration events and extended emergencies, on both small and large-scale events.

This plan is to be used before, during the coordination of, and after an emergency or incident that:

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

The plan will be used to manage any emergency requiring a coordinated 'health' response, whether or not a civil defence emergency is declared.

2.5 KEY STAKEHOLDERS

The following are identified as stakeholders for this Plan:

- Te Whatu Ora Taranaki
  - Hospital & Specialist Services
  - Mental Health Services
  - Public Health Services
  - Māori Health Services

- Taranaki Health Care Providers
    - Primary Health Organisation
    - General Practice
    - Pharmacies
    - Private Hospitals
    - Private Radiology & Laboratory Services
    - Non-Governmental Healthcare Organisations (e.g., Red Cross, Salvation Army)
    - Aged Residential Care facilities
    - Home Support Providers
    - Ambulance services

- Emergency Management Sector including but not limited to
    - Taranaki Emergency Management Group (TEMO)
    - Other government agencies
    - Local authorities
    - NZ Police
    - Fire and Emergency New Zealand
    - Hato Hone St John Ambulance
    - Red Cross
    - Salvation Army
    - Rural Support Trust

- The Taranaki Community

2.6 GUIDING PRINCIPLES

The guiding principles for health and disability services to effectively manage the health-related risks and consequences of significant hazards are listed below.

1. **Comprehensive approach:** Encompass all hazards and associated risks, and inform and enable a range of risk treatments concerned with reduction, readiness, response and recovery.

2. **Integrated all agencies approach:** Develop and maintain effective relationships among individuals and organisations, both in the health and disability sector and with partners, to enhance collaborative planning and operational management activities at all levels (local, regional and national).

3. **Community and stakeholder engagement:** Facilitate community input to and understanding of the full spectrum of risk identification, reduction, readiness, response and recovery activities and arrangements.

4. **Hazard risk management:** Take a contemporary all-hazards approach based on sound risk management principles (hazard identification, risk analysis and impact analysis).

5. **Health wellness and safety:** Maintain an emergency management structure that supports, to the greatest extent possible, the protection of all health workers, health and disability service consumers and the population at large.

6. **Health equity:** Establish, maintain, develop and support services that are best able to meet the needs of patients/clients and their communities during and after an emergency, even when resources are limited, and

ensure that special provisions are made for vulnerable people and hard-to-reach communities so that emergency responses do not create or exacerbate inequalities.

7. **Continuous improvement:** All agencies undertake continuous improvement, through ongoing monitoring and review, in which they update capabilities, plans and arrangements using an evidence-based approach. Continuous improvement incorporates education, professional development, exercising, post-operational debrief, review, evaluation and ethical practice.

2.7 TARGET AUDIENCE

This Plan is for the health services in Taranaki and their personnel who may be involved in an emergency event. Health services need to be aware of the hazards that can potentially affect their ability to deliver health services. The Plan takes a regional approach and seeks to provide a common framework to help health providers to work together.

Other strategic partners include, but are not limited to:

- Iwi
- New Zealand Police
- Fire and Emergency New Zealand
- Ambulance services
- Te Whatu Ora (Health New Zealand)
- Te Aka Whai Ora (Māori Health Authority)
- Whaikaha
- National Public Health Agency (NPHA)
- Ministry of Health (MoH)
- National Emergency Management Agency (NEMA)

2.8 PLAN DISTRIBUTION

This plan is a public document as required by the Ministry of Health and will be available on the Te Whatu Ora Taranaki website. Printed copies will be held by Te Whatu Ora Taranaki Manager Emergency Response and made available to others as required.

2.9 DURATION AND AMENDMENTS

This Health Emergency Plan remains current for three years from the date of approval by the Te Whatu Ora Taranaki Interim Lead, Hospital and Specialists Services. The Health Emergency Plan will be subjected to regular exercising and review to ensure that outcomes are being achieved, and amendments will be made as appropriate. Any amendments to the plan, other than those for supporting documents, will be notified to all interested parties.

2.10 HIERARCHY OF PLANS

Taranaki emergency plans fit within the hierarchy of emergency plans that sit regionally and nationally (*Diagram 1*). The *Te Whatu Ora Taranaki Health Emergency Plan 2023-2026* (this Plan) is an overarching plan that identifies the environmental, organisational and technological risks for Te Whatu Ora Taranaki facilities and services, and the region including:

- Private providers include private hospitals, rest homes, emergency medical centres, and General Practitioners.
- Service providers include laboratory and radiology facilities, transport providers, consulting specialists, Primary Health Organisations and health related Non-Government Organisations.
- Suppliers include all critical agencies that provide goods to the health sector. Risk analysis must identify critical suppliers such as medical and pharmaceutical suppliers and caterers.

Each of these health sector players is expected to maintain appropriate plans and procedures to ensure the continued delivery of their core services. Plans developed at this level of the health sector should identify the level to which they intend to operate during an emergency, arrangements for liaison and co-operation and management structures.

Supporting the emergency plans are guidelines, procedures and standards of best practice. Some of these will be normal routine work. Others however will only be required when an emergency is imminent, for instance, evacuation procedures, mass casualty reception, epidemic outbreak procedures, and reduced supply chain periods.

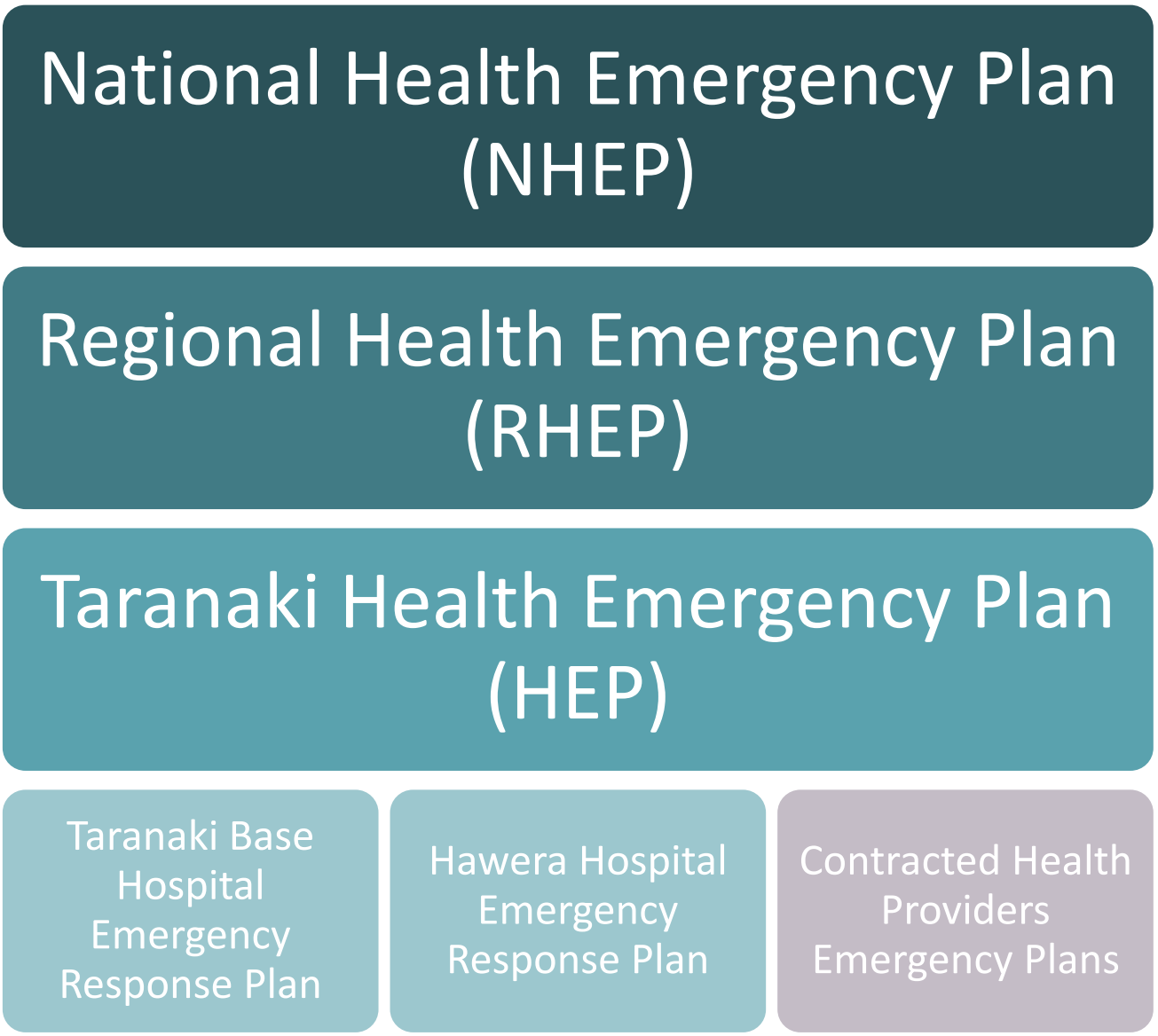

Diagram 2: Hierarchy of Plans

2.11 FUNDING ARRANGEMENT

This Plan meets the requirement for Te Whatu Ora Taranaki to develop and maintain a Health Emergency Plan as stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain emergency and service continuity plans is stipulated in their funding contract with Te Whatu Ora Taranaki.

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

For health incidents in the district, Te Whatu Ora Taranaki will cover the costs of a major incident up to 0.1% of its allocated budget. Following that, costs will be recovered via application to the Ministry of Health or, if relevant, the Ministry of Civil Defence Emergency Management.

In order to assist with tracking of costs associated with a response, an emergency costs centre will be set up by Te Whatu Ora Taranaki.

2.12 THE AREA TO WHICH THE PLAN APPLIES

2.12.1 Local Government

Taranaki is governed by Taranaki Regional Council and the New Plymouth, Stratford and South Taranaki District Councils.

2.12.2 Geography

The land area encompassed by this plan lies on the west coast of the North Island of Aotearoa New Zealand with a land area of 723,610 hectares (3% of Aotearoa New Zealand's area).

At the heart of Taranaki is Mount Taranaki (the Maunga), a quiescent stratovolcano.

Surrounding the Maunga is coastline bordering the Tasman Sea to the west with coastal towns and farmlands and the towns of Hawera and Stratford to the south and New Plymouth to the north.

2.12.3 Population

Taranaki is home to a diverse population including Māori, Pasifika, Asian, Indian, Middle Eastern, African and European. The overall population of Taranaki is 117,561 people. And 23,298 people are Māori [4].

[4] Stats NZ Tatauranga Aotearoa. (n.d.) *2018 Census Place Summaries, Taranaki Region.* https://www.stats.govt.nz/tools/2018-census-place-summaries/taranaki-region

2.12.4 Taranaki Iwi

There are eight Iwi in Taranaki who are represented by the Taranaki Iwi Chairs Forum.

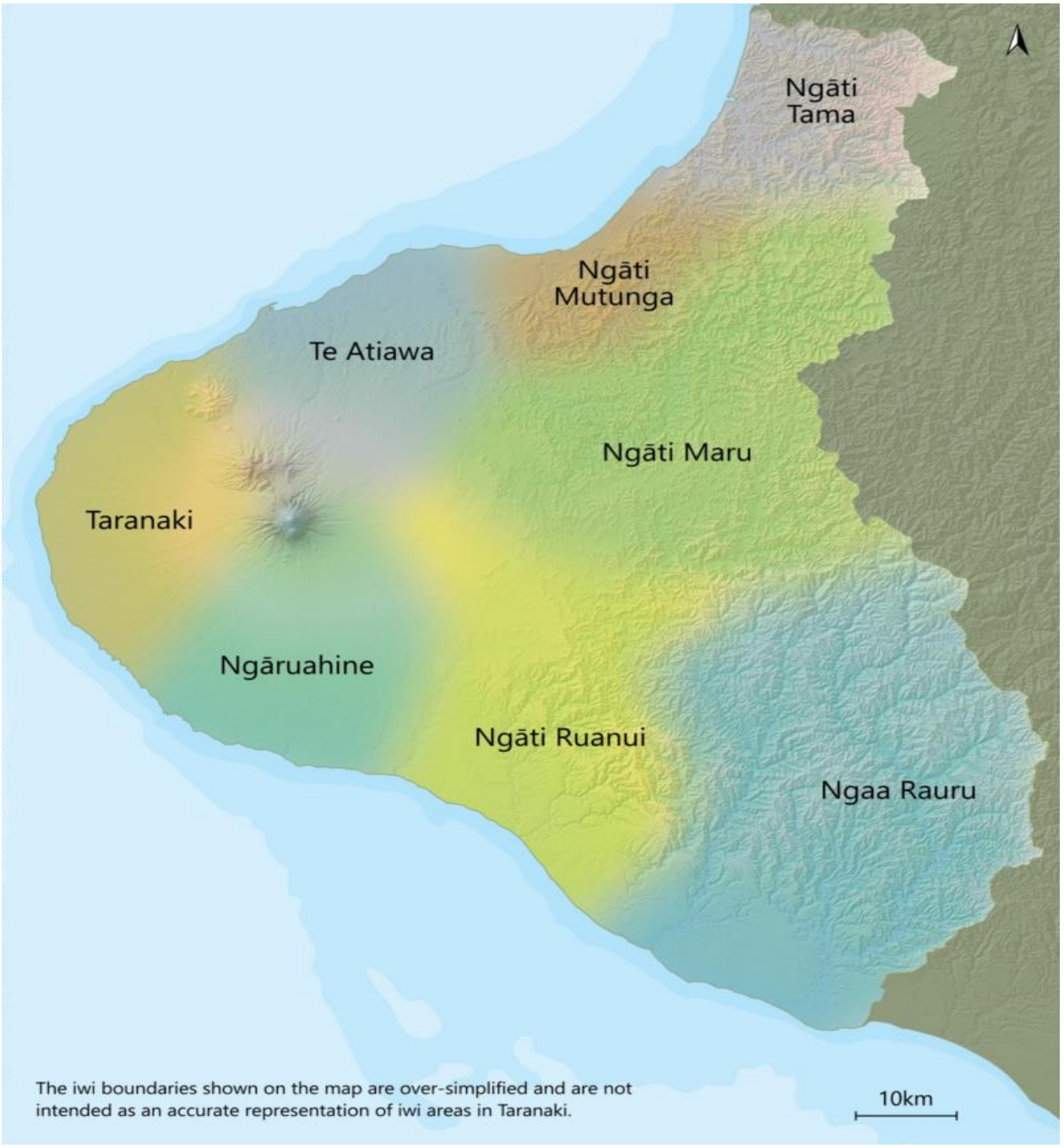

Diagram 3: Iwi within Taranaki

Document Name:	Taranaki Regional Health Emergency Plan 2023-2026 (v.3)	Responsibility:	Manager Emergency Response
Department:	Corporate Delivery Services	Authorised by:	Interim Lead Hospital and Specialist Services
Date Issued:	June 2023	Review by Date:	June 2026
Caveat: The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version.			

Health Services

Te Whatu Ora Taranaki is the predominant provider of health services in Taranaki. The entity operates Taranaki Base Hospital (in New Plymouth) and Hawera Hospital as well as community health centres in Stratford, Patea, Opunake, Waitara and Mokau as shown on the following map.

Health care is also purchased from private providers located throughout the region and encompasses general practice, dental, pharmacy, radiology, physiotherapy, mental health, radiology and laboratory services among the primary services.

Taranaki Kaupapa Māori Health services are provided by Tui Ora, Ngāti Ruanui and Ngā Ruāhine.

The only private surgical hospital in the region is Southern Cross Hospital (New Plymouth).

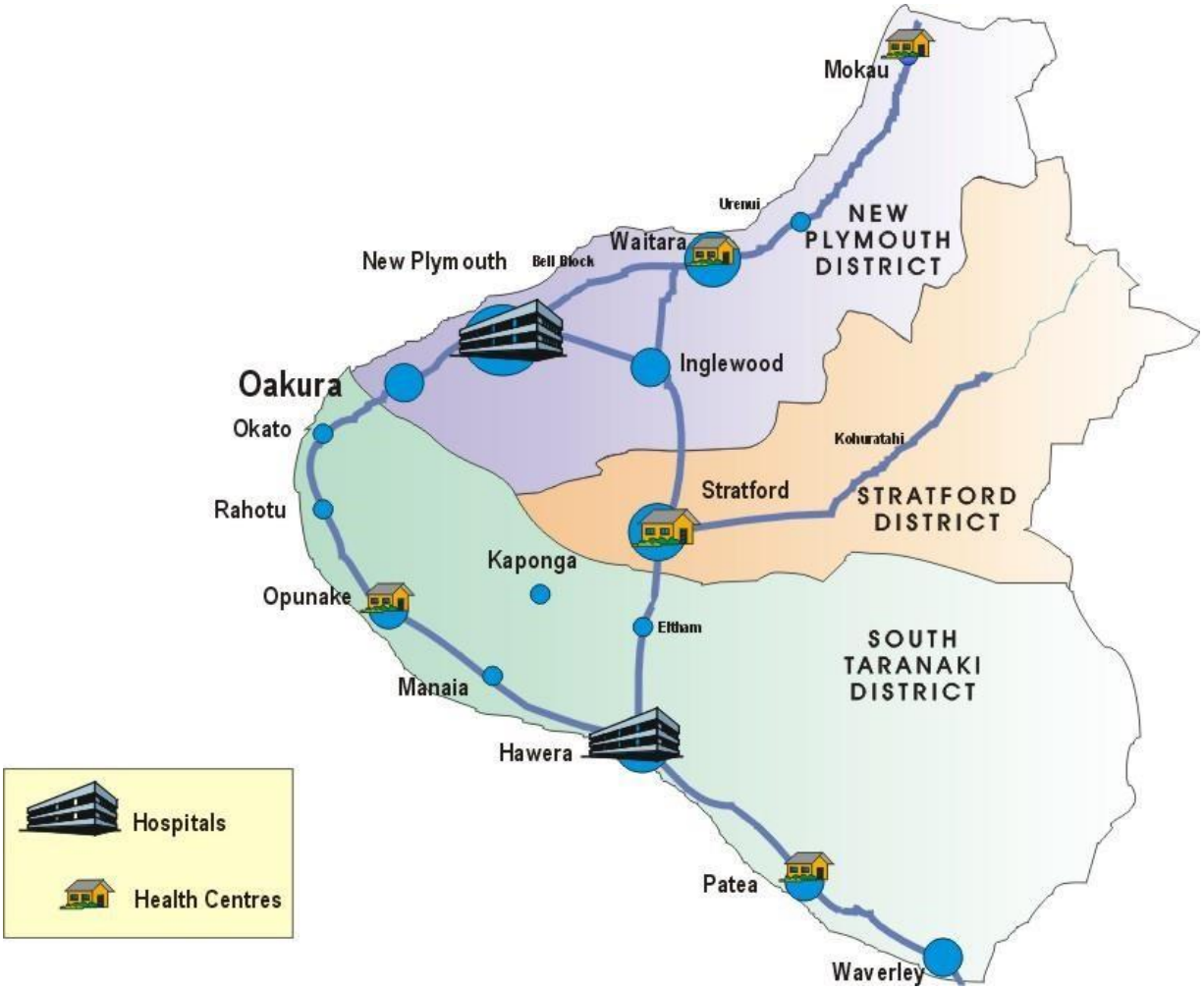

Diagram 4: Te Whatu Ora Taranaki health facilities

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2.13 GENERAL PRINCIPALS UNDERPINNING OPERATIONAL COMPONENT

These have been identified as follows:

1. The priorities during an emergency will be to:
    a. Treat those injured or medically affected by the emergency.
    b. Monitor the impact of the emergency on the health status of the population.
    c. Minimise the loss of health status.
    d. Minimise the risk of ongoing health threats.
    e. Continue the provision of healthcare services.
2. Emergency management planning will give priority to catering for the requirements of small to midsize (or frequently occurring) events, rather than a pure focus on large-scale events with a low probability.
3. The objective of the operational arrangements is to ensure that the management of health emergencies throughout the Taranaki region is carried out in an integrated way. Opportunities will be taken for developing external agreements with neighbouring health districts, Te Whatu Ora and the Ministry of Health.
4. The focus for operational arrangements is on activities needed to coordinate the various providers and agencies but not necessarily the activities internal to the providers themselves.
5. All providers will attend to their own internal incident management training and system arrangements (using the Aotearoa New Zealand Co-ordinated Incident Management System). The Te Whatu Ora Taranaki will seek to facilitate this training.
6. The planning focus is on what each agency's generic responsibilities are during an emergency, rather than on defining responsibilities for each event. (i.e., planning is functional rather than contingency-based). Where needed, contingency plans for specific events will be developed.
7. Recovery activities will focus on individual and social recovery concurrent with the reinstatement of service continuity for essential healthcare services. Longer-term facility recovery will include minimisation of risk from future events i.e., reconstruction that avoids or negates the recent hazard.

Section 3 | Risk Profile

3 TARANAKI RISK PROFILE

This part of the Taranaki Health Emergency Plan focuses on the region's hazards; including the risks that are associated with each hazard (likelihood and consequences). Hazard data is retrieved from the Taranaki Civil Defence Emergency Management Group Plan.

3.1 REGIONAL CONTEXT

The Taranaki region comprises generally the slopes of Mount Taranaki and the undulating plains surrounding the mountain. Steeply dissected hill country lies along the eastern boundary of the region. The traditional economic base of the region is dairy farming. Over time, oil and gas exploration has become important, as has the subsequent development of the petrochemical industry. Taranaki is to some extent geographically isolated.

The natural and technological hazards facing our region are many and varied. The geographic size of our region, coupled with the spread of rural communities linked primarily by road, emphasises the need for emergency management systems that consider the need for self-reliance, while working to a wider co-operative framework.

Mount Taranaki, a quiescent volcano, is one of the biggest risks to the region.

Likely Impacts and Issues could include:

- Casualties
- Public Health issues (water quality, epidemic, etc)
- Building failure
- Contamination
- Failure of electricity, gas, water, sewerage and telephone services
- Failure of critical supplies
- Public panic
- Social impact
- Transportation issues (need for/lack of resources)
- Transportation networks fail/are closed
- Mental health issues
- Isolation of patients/clients and staff

3.2 HEALTH HAZARD PRIORITISATION

The prioritisation of hazards for Te Whatu Ora Taranaki will continue to be reviewed by the Ministry of Health, Te Whatu Ora, Te Aka Whai Ora and the National Public Health Service. Where an event of significance is noted, appropriate collaboration between agencies is undertaken at local, regional and national levels to better understand the risk and mitigation processes and undertake appropriate readiness, response and recovery planning.

As exhibited over the last few years, winter planning occurs to manage the risks associated with winter illness and extra pressure placed on the health system. Mitigation steps include vaccination programmes, health promotion and additional

management processes within health to manage increasing demand. Understanding and identifying the health risks is ongoing work for health

3.3 REGIONAL HAZARDS

All natural and manmade hazards that have the potential to endanger the health status of the community. They have the potential to be beyond the ability of individual providers to cope, or may require a significant and co-ordinated response.

The hazards that have been identified for the Taranaki Emergency Management Office (TEMO) for the region are listed below. It should be noted that this is a general summary for the hazards in the region and does not identify the unique and specific levels of risk in different localities within the area covered by the Te Whatu Ora Taranaki. Health providers are expected to conduct risk assessments for their organisation. Prioritisation of regional hazards has taken place as part of the integrated Civil Defence Emergency Management planning.

Diagram 5: Taranaki risk profile[5]

[5] Taranaki Emergency Management Office. (2018). *Civil Defence Emergency Management: Group Plan for Taranaki 2018-2023.*

Section 4 | Risk Reduction

Identifying and analysing risks to human life and property from hazards; taking steps to eliminate these risks wherever possible, and if not, reducing the magnitude of their impact and the likelihood of their occurring.

4 Risk Identification, Analysis and Evaluation Diagram

Disaster risk reduction in New Zealand is based on the Sendai Framework and understanding risks and managing them is the Emergency Management Framework (the 4 R's) as explained in section 1.4 of this document.

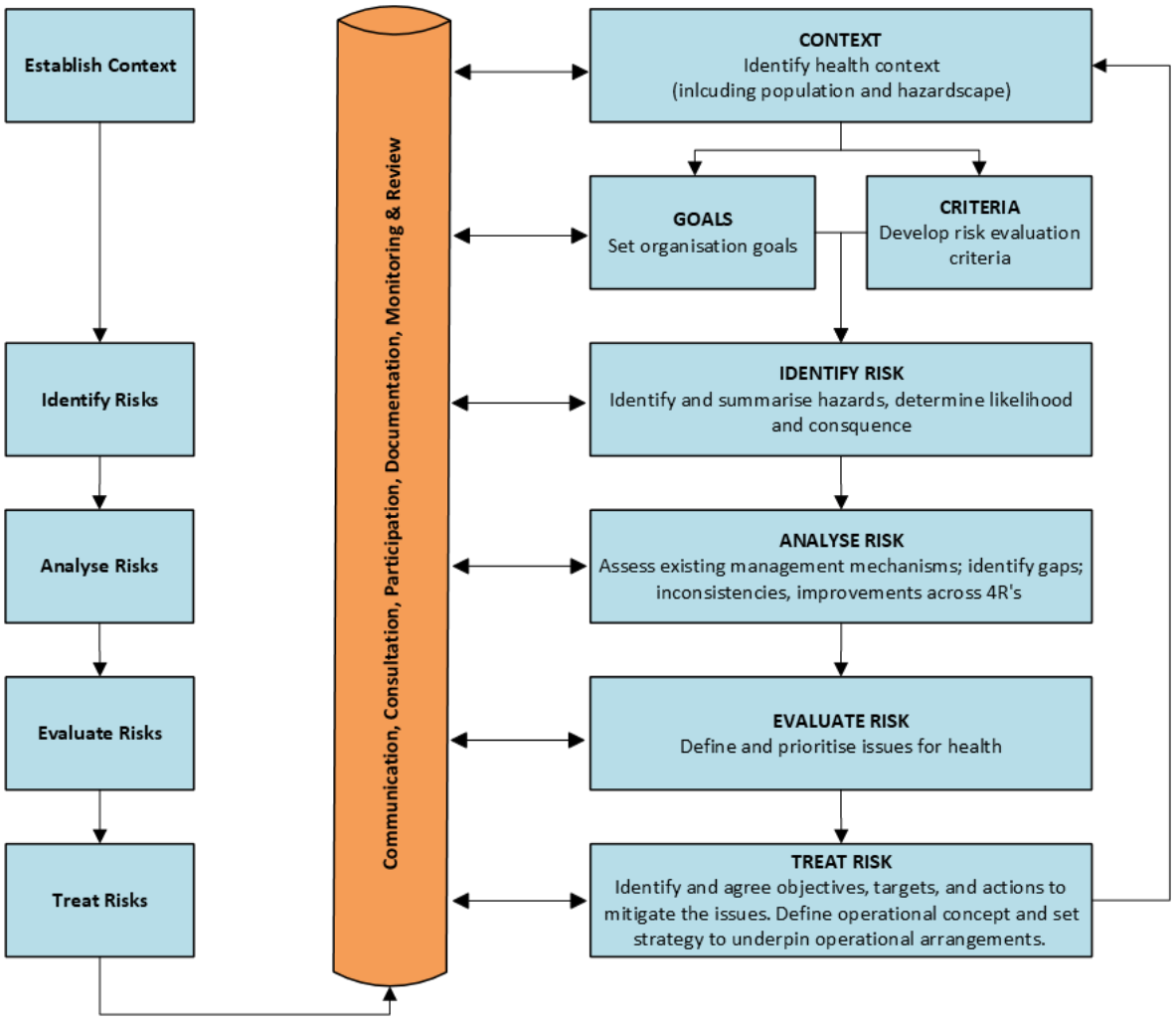

Diagram 6: Risk identification, analysis and evaluation diagram

4.1 Risk Reduction Activities

In the context of emergency management planning, reduction activities are those that will minimize the health impacts of emergencies or other events. At Te Whatu Ora Taranaki these include:

- Regular hazard and risk identification and management.
- The maintenance and testing of generators for emergency power.
- Fire alarm and management systems, such as smoke alarms and sprinklers.
- Building works to appropriate to Building Code Standards.
- Potable water storage.
- Regular engagement between clinical and non-clinical units to build relationships and discuss emergency management matters.
  Regular networking with the emergency services, including updates as to building and maintenance activities at each hospital site.

4.2 Health Sector Operational Concept

The operational contexts against which the Te Whatu Ora Taranaki will conduct emergency management involves the following:

1. If required, to stand up a Te Whatu Ora Taranaki Emergency Operation Centre or Incident Management Team capable of co-ordinating the response to health emergencies across the region. Location, scale and involvement of health partners, emergency services and Civil Defence Emergency Management will be dependent on the type of incident and level of activation.
2. If required, each Te Whatu Ora Taranaki hospitals will establish and operate a local Emergency Operations Centre or Incident Management Team as appropriate, which can manage the health response for their facility.
3. If required, a Te Whatu Ora Taranaki Health Liaison Office will be appointed to the Taranaki CDEM Group Emergency Coordination Centre
4. If a health led response, a Taranaki CDEM Group Liaison Officer will be appointed to the Te Whatu Ora Taranaki Emergency Operations Centre.

Section 5 | Readiness

Developing operational systems and capabilities before an emergency incident happens, including self-help and response programmes as well as interactions with other agencies

5 ENSURING READINESS FOR HEALTH EMERGENCIES

Readiness activities are those taken to ensure a state of readiness for health emergencies. At Te Whatu Ora Taranaki these activities include:

- The development and testing of plans for facilities, services and staff.
- Facilitation of exercise and training activities with Te Whatu Ora funded providers including undertaking an annual Mass Casualty Incident (MCI) and bi-annual EMERGO Train System exercises.
- Participation in 'Emergency Management Month'.
- Ongoing education to staff through induction and online materials on emergency readiness.
- Participation in joint-agency training and exercises.
- Participation in national exercises as able/required.
- Regular meetings with stakeholders.
- Identification and review of how health providers can provide support to a community emergency.

5.1 EMERGENCY PLANNING

All Te Whatu Ora funded primary, secondary, mental health, disability support and public health providers must have plans and resources in place that ensure their emergency response systems are integrated, coordinated and exercised with the Te Whatu Ora Taranaki Health Emergency Plan.

If, or when, an incident occurs, the many health service organisations involved in a response need to cooperate effectively on the day. Close collaboration in the planning phase helps to identify inter-dependencies and key individuals and actions.

All healthcare providers contracted by Te Whatu Ora Taranaki and the Ministry of Health are expected to develop emergency plans which identify:

- How the provider will respond to a crisis at any of its facilities or services:
  - who has the coordination role,
  - where they will operate from, and, where relevant,
  - what the role and responsibilities are of each department.
- A facility plan, which sets out the structure and process of how that facility will respond to any crisis identifying key roles and personnel who will fill these roles.
- Action cards, setting out the duties of those key responders, so a considered systematic response is assured no matter who is on site and filling the role when the crisis occurs (see Appendix D and E)
- How the service of facility can provide support to a community emergency by developing a business continuity plan.

This Plan and all Te Whatu Ora Taranaki Plans are developed as sub-plans to the Ministry of Health National Emergency Plan and its sub plans. Te Whatu Ora Taranaki plans follow the guidance and recommendations as set out by the Ministry of Health and Operational Policy Framework with regards to emergency planning.

5.2 KEY CONSIDERATIONS IN PLANNING

Vulnerable Communities

Special consideration should be given to engagement with vulnerable communities. Primarily, thought should be given to establishing and maintaining relationships, engaging with these communities when preparing emergency plans and identifying key people and organisations to contact during the response and recovery stages. Te Whatu Ora Taranaki has identified the following as priority populations; however, it is acknowledged that vulnerability and resilience can affect people who may not be in the groups below:

- **Māori:** The Te Whatu Ora Taranaki Incident Management Team (IMT) will engage with the wider Māori community within the Taranaki region. During an emergency event, resources would be coordinated through the Te Whatu Ora Māori Health Unit and Te Aka Whai Ora to ensure that appropriate messages and feedback are provided for all Māori stakeholders and appropriate communication links are maintained.
- **Pasifika:** The Te Whatu Ora Taranaki IMT will liaise with health-related roles and assist to coordinate resources of relevant non-government, volunteers, Pacific organisations, and will act as a link to these organisations for emergency response activities affecting these services.
- **Children:** In an emergency, children may not be with their primary carer. Large numbers may be in early childhood care centres, schools, or other educations facilities and therefore may have vulnerability. Te Whatu Ora Taranaki will consider communication with these facilities either through the Ministry of Education local representative or direct contact.
- **Culturally and Linguistically Diverse (CALD) communities:** Te Whatu Ora Taranaki will liaise with representatives from these communities, particularly in health-related roles, and assist to coordinate health related resources.
- **Remote, isolated and rural communities:** Health services that operate within these communities are required to have emergency plans for all hazards. During an emergency event the established contacts, or where there are no health services other connections, will be used to assess the need and maintain communication links.
- **The aged and/or infirmed:** Te Whatu Ora Taranaki (via Strategy and Funding portfolio managers) maintains a list of aged residential care (ARC) facilities within the region and providers are also included in the health provider emergency planning stakeholder list. The portfolio manager will act as the liaison between the Te Whatu Ora Taranaki IMT and these facilities helping to coordinate response support as needed. ARCs are represented on the Taranaki Health Forum Group.

  Te Whatu Ora Taranaki maintains district nursing service contact with staff that will assist in providing information relating to clients within the region who may have specific health needs. Such clients are encouraged to develop their own personal emergency plans so that they are self-reliant if required.
- **People with disabilities:** Providers of disability support services within the Te Whatu Ora Taranaki district are included in the health provider emergency planning stakeholder list. There is a Disability Providers representative on the Taranaki Health Emergency Forum Group. The services are encouraged to work with their clients to assist them to develop their personal emergency plans so that they are self-reliant if required.

Visitors and Dependants

Provision for visitors and dependants is considered in the Hospital Emergency Response Plans. Te Whatu Ora Taranaki will liaise with the Taranaki CDEM Welfare Coordinating Group and local welfare agencies to assist with the young, elderly or disabled being effectively orphaned or isolated because of hospitalisations or death of their caregiver.

Human Resources

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

Surge Capacity

Te Whatu Ora Taranaki maintains relationships at multiple levels with health partners within the region to coordinate surge capacity. In addition, regional and national surge coordination is managed via the Regional Coordination Centres (RCC's) and the Ministry of Health.

Volunteers

Te Whatu Ora Taranaki has a number of volunteers who aid hospital sites. The Volunteer Coordinator organises these volunteers. During an emergency event, there is the potential these volunteers and spontaneous volunteers to present, that could be engaged to assist. The Emergency Operations Centre (EOC) Operations function will monitor and consider the use of volunteers during a response.

Public Information Management

The Te Whatu Ora Taranaki Communications Team are responsible for providing timely, accurate and clear information to the public and wider stakeholders who need it during an emergency. The Communications Team members are encouraged to utilise the following in readiness:

- Participate in CDEM courses specific to Public Information Management (PIM).
- Build relationships with local, regional and national public information managers and the media.
- Utilise the PIM Role Card which is in the Hospital Emergency Response Plans to conduct their role.
- Work collaboratively with partner agencies in a wide-spread event to disseminate consistent messaging to avoid public confusion.

Public Information is disseminated through as many sources as possible to ensure comprehensive coverage including but not limited via stakeholder newsletters, social media posts, radio, and local news media.

Telephone helplines

Te Whatu Ora Taranaki has resources in place to enable the activation of an 0800 number to provide the public with health information and advice should this be required during an emergency or infectious outbreak. In addition, Whakarongorau Aotearoa (New Zealand Telehealth Services) operate a free 24 hours a day, 7 days a week virtual health service and may be utilised as additional support for wide scale regional or national emergencies[6].

Flu clinic / Community based assessment centres (CBAC's)

Te Whatu Ora Taranaki will work closely with primary care, public health services and all health providers to manage flu and/or pandemic outbreaks. A whole of health system approach is adopted to manage such events dependant on severity and scale.

[6] https://whakarongorau.nz

5.3 RELATIONSHIPS

5.3.1 Te Whatu Ora Taranaki administered groups

Hospital Health Emergency Management Group (HHEMG)

The Health Emergency Management Group (HHEMG) provides strategic direction and risk management covering the "4R's" of emergency management - risk reduction, readiness, response and recovery for Te Whatu Ora Taranaki.

Activities of the group:

- Identify any issues related to emergency reduction, readiness, response and recovery and ensure that appropriate action plans are established and implemented.
- Ensure that Te Whatu Ora Taranaki complies with all legal requirements and national standards regarding emergency planning and response co-ordination.
- Oversee the development, maintenance and testing of the current Te Whatu Ora Taranaki related emergency plans.
- Provide advice, support and co-ordination in the event of an emergency or incident impacting on local and or regional health service provision. This includes responsibility for an initial response by evaluating the situation and implementing the appropriate response to coordinate or manage the emergency. This may involve establishing an Incident Management Team and activation of the Te Whatu Ora Taranaki Emergency Operation Centre.
- Identify training needs related to emergency management e.g., training key staff in emergency response.
- Report to the Lead Hospital and Specialists Services on issues of importance.
- Provide health related advice to the Civil Defence Emergency Management Group.
- Assist with development of the Civil Defence Emergency Management Group Plan.
- Liaise with the Taranaki Health Emergency Forum regarding issues of mutual concern.
- Liaise with Taranaki Emergency Management Office, the Te Manawa Taki regional Health Emergency Management Group, the Ministry of Health and other Te Whatu Ora Districts in the event of a regional emergency affecting health services.
- Provide feedback and review other regional plans.

Taranaki Health Emergency Forum (HEMF)

The Taranaki Health Emergency Forum (HEMF) will provide the region's health and welfare support sectors with a mechanism for information sharing and discussion regarding health emergency planning, response and recovery.

Activities of the group:

- Be administered by Te Whatu Ora Taranaki Hospital Health Emergency Management Group.
- Provide a forum for discussion of issues relevant to health.
- Provide a conduit for information sharing within the health sector.
- Discuss contingent capability for emergencies across the health sector in Taranaki.
- Participate in debriefing sessions during or after an emergency event involving health.
- Facilitate and support the development of effective emergency response plans that are consistent with the Taranaki Health Emergency Plan for individual health providers across Taranaki. Where possible, this should be achieved by utilizing existing service networks.

5.3.2 Civil Defence Emergency Management Administered Groups

Te Whatu Ora Taranaki has a representative on the following Taranaki Emergency Management Office (TEMO) committees in order to ensure that health issues are considered in all aspects of emergency planning and response.

Co-ordinating Executive Group (CEG).

A Coordinating Executive Group (CEG) has been established by the Taranaki Civil Defence Emergency Management Group (the Group). This is a statutory requirement under the Civil Defence Emergency Management Act 2002 and Health are a statutory member of this group. The CEG are responsible to the Group:

- Providing advice to the Group and any sub-groups
- Implementing the decisions of the Group
- Overseeing the implementation, development, maintenance, monitoring and evaluations of the Group Plan.

The CEG has representation from local authorities, emergency services, Welfare, Lifelines, Rural and Health Advisory Groups and the Civil Defence Emergency Management (CDEM) Group Controller. The main role of this group is to ensure co-ordinated and integrated emergency management planning and delivery at the local CDEM Group level. Te Whatu Ora Taranaki representation on the CEG will be provided by the Te Whatu Ora Taranaki Lead, Hospital and Specialist Services or their delegate.

Welfare Coordinating Group (WCG)

The Welfare Coordination Group is a regional cluster of agencies that are collectively responsible for coordination and support to deliver welfare services by local authorities and agencies prior to and during an emergency. The WCG ensures that welfare service delivery is planned, organised, integrated, coordinated and supported.

As a sub-function under Welfare, Psychosocial delivery is the responsibility of the health sector. Te Whatu Ora Taranaki accordingly has an appointed Psychosocial Support Coordinator that attends these meetings on the behalf of Te Whatu Ora Taranaki.

The WCG is chaired by the Taranaki Emergency Management Office Welfare manager.

Risk Reduction Advisory Group (RRAG)

The Risk Reduction Advisory Group (RRAG) comprises of representatives from the emergency services, scientific community and technical experts to consider the risks to Taranaki and actions to take to minimise such risks.

Readiness and Response Advisory Group (RARAG)

The Readiness and Response Advisory Group (RARAG) shall be an advisory group to promote effective and collaborative Readiness and Response capability across the Taranaki Group region. The group contribute to and co-ordinate the development and implementation of the readiness and response components of the CDEM Group plan and support the ongoing relationships between the emergency services to enable a coordinated response in an emergency.

Lifelines Advisory Group (LAG)

The Lifelines Advisory Group (LAG) is comprised of representatives from providers of essential utilities (water, power, gas, telecommunications, fuel) in emergencies. The LAG work together on lifelines projects and through capability development promotes inter-organisational relationships which in turn facilitates effective communication during emergencies.

Geospatial Innovation Advisory Group (GIAG)
Terms of reference currently in development.

The Taranaki branch of the National Public Health Service provides advice and information to the local Civil Defence Emergency Management group as required. They participate as members of CDEM committees as appropriate.

5.4 STAFF TRAINING AND EDUCATION

Te Whatu Ora Taranaki and health providers are required to ensure that staff are trained sufficiently in order to respond appropriately during an emergency event.

Te Whatu Ora Taranaki provides:

- Information to new Te Whatu Ora Taranaki staff relating to emergency planning and response procedures as part of their orientation programme.
- Training specific to the immediate assistance in an emergency incident such as hazardous substance spill handline, fire warden and evacuation drills, first aid and CPR.
- Coordinated Incident Management Systems (CIMS) ITF Foundation/CIMS2 and ITF Intermediate/CIMS4 level training for key staff who will make up the Incident Management Team (IMT) to respond to emergency incidents and training specific to the Recovery process.
- Additional support and specific training for CIMS functions (Intelligence, Planning, Logistics, Operations, Safety, Welfare, PIM) to enhance the knowledge of EOC function managers and role holders.
- Support for Psychosocial First Aid (PFA) training as part of the Welfare function.
- Support for emergency managers to receive additional education and training where appropriate.

The Manager, Emergency Response and will maintain a list of all Te Whatu Ora Taranaki CIMS trained staff.

5.5 EXERCISING

The range of hazards faced by Te Whatu Ora Taranaki requires and ongoing, comprehensive and varied exercise programme. When a section or sections of the Plan are exercised, Te Whatu Ora Taranaki will advise Te Whatu Ora Emergency Management, who will support any exercising as appropriate.

5.5.1 Mass Casualty Incident Exercising

Te Whatu Ora Taranaki exercises their Mass Casualty Incident (MCI) Response Plan annually. A departmental wide mass casualty exercise is to be run biannually.

5.5.2 Emergo Train Simulation Exercise

Te Whatu Ora Taranaki engages with exercise provider St John Ambulance to test plans using the Emergo Train Simulation system on a biannual basis.

5.5.3 Tabletop and other exercising

In addition to the MCI and EMERGO Train simulation exercises, Te Whatu Ora Taranaki will take all opportunity to work with health partners to discuss and exercise plans as able, including departmental and emergency plans within the hospital.

5.6 SUPPLIES FOR PANDEMICS AND INFANT FEEDING

5.6.1 National Pandemic Reserve Supplies

Te Whatu Ora Taranaki stores department maintain the pandemic stores for Taranaki as part of the national pandemic stores (such as pandemic antibiotics, personal protective equipment (PPE), and critical clinical supplies) to ensure these are available if needed. As much as possible, stock is rotated through hospital supplies to minimise expiring stock.

5.6.2 Infant Feeding in an Emergency Situation

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

Further advice on infant feeding is available on the Ministry of Health website (www.health.govt.nz). This includes informational documents to guide health and other agencies planning for and response to emergency situations. These documents support breastfeeding while also providing advice related to the use of formula.

Te Whatu Ora districts need to be prepared to offer advice and guidance to other agencies about appropriate measures for all infant feeding at the time of an emergency. While Te Whatu Ora Taranaki will provide infant formula for those in their care who require it, it is not the role of Te Whatu Ora Districts to provide infant formula or feeding equipment for the community in an emergency or otherwise.

The role of providing infant formula in an emergency, if it is required in the community, will be performed by the Civil Defence Emergency Management Welfare function of the response Emergency Operations Centre or Emergency Coordination Centre. This role includes sourcing and distributing infant formula, water (for powdered formula) and the associated feeding equipment (*see Diagram 7: Managing infant Formula and feeding equipment during emergencies*).

Donations should be discouraged or declined. However, should unsolicited donations of infant formula be made (to any of the CDEM agencies). It is expected that Te Whatu Ora Taranaki will act as the single designated health agency to manage those donations to ensure appropriate use of infant formula.

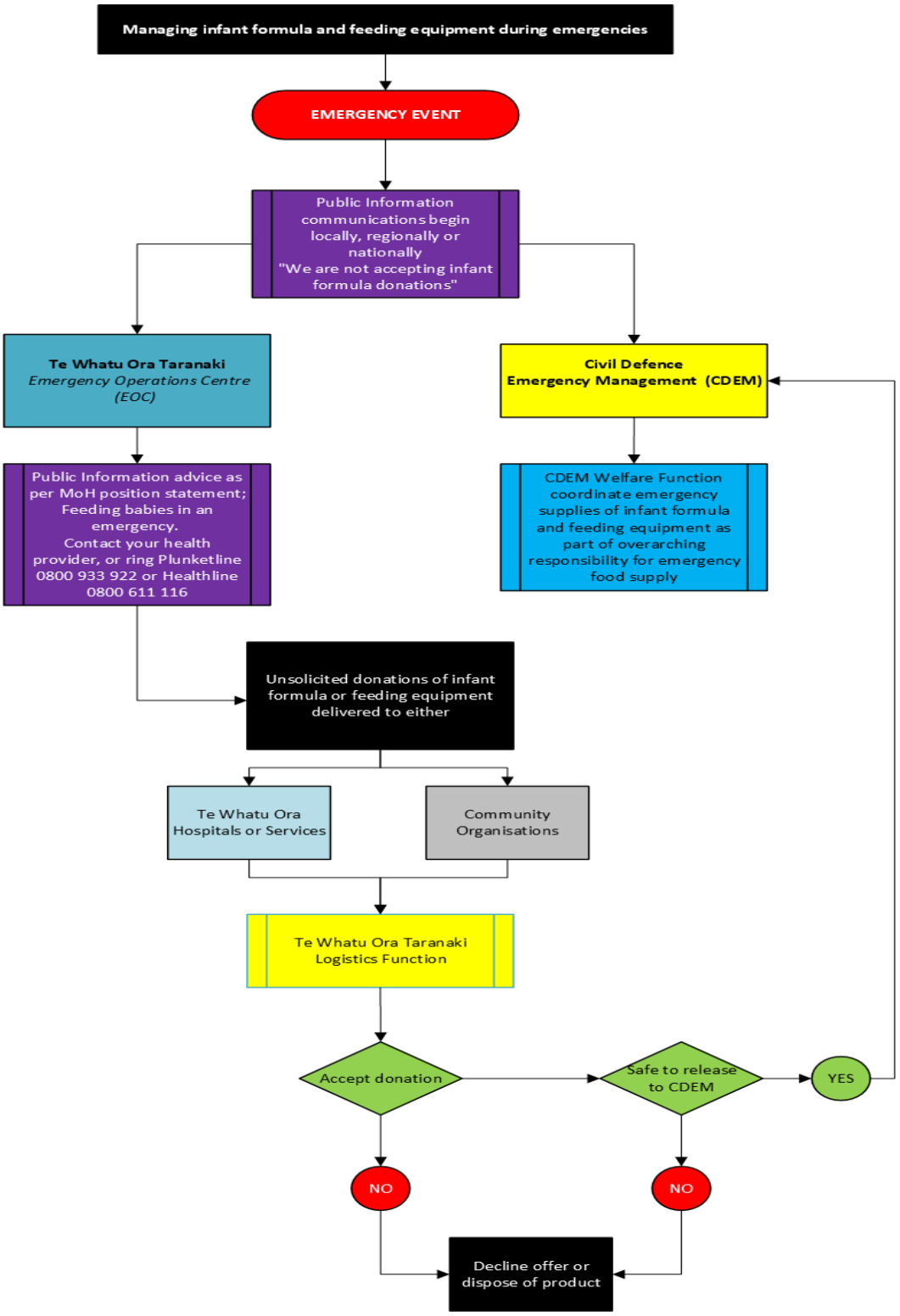

Diagram 7: Managing infant formula and feeding equipment in emergencies

5.7 RISK SPECIFIC PLANS AND STANDARD OPERATING PROCEDURES

The Te Whatu Ora Taranaki Health Emergency Plan (this plan) is available on the Te Whatu Ora Taranaki website. For copies of other plans please contact organisations Emergency Management staff.

5.7.1 Mass Casualty Incident (MCI)

Mass Casualty Incident Response Plans are in place for Taranaki Base Hospital and Hawera Hospital as part of the Hospital Emergency Response Plans.

5.7.2 Pandemic Infectious Disease and Outbreak Response Plan

Pandemic and Infectious Disease Outbreak Response Plans are in place.

5.7.3 Manaaki Wellbeing Support Plan

Formerly referred to as the Psychosocial Support Plan, the Manaaki Wellbeing Support Plan is in place.

5.7.4 Standard Operating Procedures for Specific Events

Standard Operating Procedures for specific events such as earthquake, fire, cardiac arrest or hazardous substance spill are available on flip charts throughout the organisation and in the Hospital Emergency Response Plans.

Section 6 | Response

Actions taken immediately before, during or directly after an emergency incident to save lives and protect property, and to maintain health services.

6 INTRODUCTION TO RESPONSE

Response activities are those taken to mobilise and deploy health resources immediately or during an emergency to ensure continuation of essential health services. Te Whatu Ora Taranaki's response will be prioritised, structured and delivered by using the Coordinated Incident Management System (CIMS) and by ongoing risk assessment. At Te Whatu Ora Taranaki these activities include:

- Coordinating the response from an Emergency Operation Centre (EOC) based at the Taranaki Base Hospital (or elsewhere as appropriate to the situation).
- Contributing to a regional or national health emergency response by coordinating its activity through an EOC which will be established at the Taranaki Base Hospital. The EOC will link with the Te Manawa Taki Regional Coordination Centre (TMT RCC) and the National Health Coordination Centre (NHCC) initially through virtual and digital information management systems, or via other communication mediums as appropriate to the situation.
- The transfer to other Te Whatu Ora districts of resources or supplies maintained under national programmes (i.e., personal protective equipment (PPE), antiviral medication etc) will be coordinated through the Te Whatu Ora Taranaki EOC Logistics function role. Any transfer of resources will be documented and the NHCC will be notified of any movement of these resources.
- Providing delivery of services to the populations of other Te Whatu Ora districts when requested to do so, subject to availability of resources and equipment in the Te Whatu Ora Taranaki area. (This will be coordinated as a regional or national response).

6.1 NOTIFICATION AND COMMUNICATION OF A HEALTH EMERGENCY

6.1.1 Single Point of Contact (SPOC) System

The Single Point of Contact (SPOC) system is the method used to provide 24-hours, seven days a week communication between Te Whatu Ora Districts, Public Health Service and respective national agencies and the Ministry of Health (MoH).

The system is based on a group e-mail that the Ministry uses to send messages to a single contact e-mail address within the 20 districts. This in turn is forwarded to a distribution list of key staff who can act on the messaging. The national single point of contact system is maintained by the Ministry of Health and is regularly tested.

The Te Whatu Ora Taranaki email address is SinglePointContact@tdhb.org.nz and will cascade to incident management and clinical staff members. The system is maintained by the Ministry of Health, Te Whatu Ora and Te Whatu Ora Taranaki and is regularly tested.

6.1.2 Health Emergency Management Information System (Health EMIS)

The Health Emergency Management Information System (Health EMIS) was a web-based emergency management system hosted by the Ministry of Health and provided to the Aotearoa New Zealand health sector. Health EMIS was the primary emergency management communications tool and will be used as such for the management of significant incidents and emergencies at a local, regional and national level within the Aotearoa New Zealand health sector.

The transition has been made from Health EMIS to using Microsoft Teams based platforms for managing responses, both within the National Health Coordination Centre (NHCC) and at a local level within Te Whatu Ora Taranaki. Access to these systems for external guests is monitored by the Response Manager with the assistance of the IT departments.

6.1.3 Emergency Ambulance Communication Centre (EACC) Notifications

The St John national emergency management team has established a single point of contact system with all Te Whatu Ora districts, in the form of an electronic paging/text notification to provide notification of a major trauma incident. The Te Whatu Ora Taranaki notification message goes to the Duty Nurse Managers cell phones. This system is tested on a regular basis.

6.1.4 Telecommunications Equipment

Te Whatu Ora Taranaki maintains Radio Telephone and satellite phones as part of their equipment for emergency communications in the event all land line, cell phone and internet-based communications systems fail.

6.1.5 Te Whatu Ora Taranaki processes for emergency notification

Notification of an emergency event may come in from:

- an event raised within the hospital and escalated to the duty nurse manager
- through the single point of contact (SPOC) email
- raised by the GP liaison or public health service (or health protection officer) to the duty nurse manager, hospital manager or on-call manager or a senior leadership member.

The Duty Nurse Manager will escalate any notifications through the appropriate channels

6.1.6 Ministry of Health communication process

The Ministry of Health and Te Whatu Ora will use the single point of contact email to advise of all notifications. This will also be used to forward on any emergency alerts that are received from the National Emergency Management Agency (NEMA).

6.1.7 Health Sector Alert Codes

The Ministry has developed alert codes, the purpose of which is to provide a system of communication for an emergency that is easily recognised within the sector. These alert codes are issued via the Single Point of Contact system.

6.1.8 Ministry of Health Alert Codes

The below colour codes are used to alert to the significance of information received.

Alert level	Measures	Communications & Actions
Code White (Information phase)	Notification of potential emergency that may impact in and/or Aotearoa New Zealand or specific information important to the health and disability sector *Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity*	The MoH communicates with the following, advising them of the situation: 1. Hospital Leads of all Te Whatu Ora districts 2. Single Point of Contact of all Te Whatu Ora districts 3. Public Health Services
Code Yellow (Standby phase)	Warning of imminent code red alert that will require immediate activation of health emergency plans. *Example: imported case of a new and highly infectious disease in Aotearoa New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected Te Whatu Ora districts.*	Te Whatu Ora NHCC activates CIMS structure Communication initiated to Te Whatu Ora districts single point of contact to prepare to activate local CIMS structures
Code Red (Activation phase)	Major emergency in Aotearoa New Zealand exists that requires immediate activation of health emergency plans. *Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance form unaffected Te Whatu Ora districts.*	Te Whatu Ora NHCC directs activation of local CIMS structures Communication is with Te Whatu Ora NHCC and four regional coordinators
Code Green (Stand down phase)	Deactivation of emergency response. *Example end of an epidemic or outbreak. Recovery activities will continue.*	Te Whatu Ora NHCC advises 'stand down' in respect of the regional or local CIMS structures

6.2 TARANAKI ACTIVATION AND MANAGEMENT PROCESSES

6.2.1 Criteria for Activating the Taranaki Health Emergency Plan

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

All providers can activate their Emergency Response Plan in these circumstances. Te Whatu Ora Taranaki can activate both local Hospital Emergency Response Plans and regional Health Emergency Plans, and the Ministry can activate the National Health Emergency Plan. The Ministry can also require Te Whatu Ora districts to activate their local and regional plans once the National Health Emergency Plan has been activated.

The Plan will be activated when:

a. there is a serious threat to the health status of the community, such as:
   - expected influenza epidemic/ pandemic
   - predicted volcanic ash fall or lahar
   - major flooding
   - tsunami

   Notification of these threats will most likely be via either emergency services, the community, Ministry of Health and/or CDEM.

b. there is the presentation to a healthcare provider of more casualties or patients than they are staffed or equipped to treat, of which the cause may be:
   - major transport accident
   - hazardous substances spill resulting in many casualties
   - earthquake resulting in many casualties
   - tsunami

c. there is the loss of services which prevent a healthcare facility or facilities from continuing to care for patients e.g.
   - extended loss of electricity, loss of water supply
   - transport strike resulting in non-delivery of critical medical supplies
   - industrial action
   - major weather event causing casualties or disrupting provision of health services
   - loss of road transport access (road or bridge) into Taranaki.

   Notification of these events will most likely occur from the Duty Nurse Manager, Hospital Manager, or emergency services.

6.2.2 Activating the Health Emergency Plan

The initial alert for health incidents will be signalled through the Taranaki Base Hospital Duty Nurse Manager through SPOC, The GP Liaison Officer, Public Health or other.

The initial alert for a public health incident may be signalled through the on-call health protection officer or the on-call medical officer of health.

The Duty Nurse Manager, GP Liaison or Public Health staff member is instructed to:

a. notify
    i. the directorate manager (working hours) / on-call hospital manager (afterhours) for small scale/singular events; or
    ii. the hospital manager (working hours) / on-call hospital manager (afterhours) or Lead Hospital Specialists Services or Senior Leadership if a larger scale/multiple impact event.
b. take control until a senior manager arrives.
c. begin the incident log.
d. begin the communication process.

6.2.3 Declaring a Health Emergency

Although this Plan will be triggered by mass casualty loads, major public health emergencies (e.g., pandemic) it may also be activated by incidents where no-one is injured such as facility utility failure (power outage or loss of information systems).

Te Whatu Ora Taranaki will maintain a full stakeholder contact list of key staff, other health providers and support services as appropriate.

The following diagram outlines the procedure for declaring health emergencies.

Declaring a health emergency

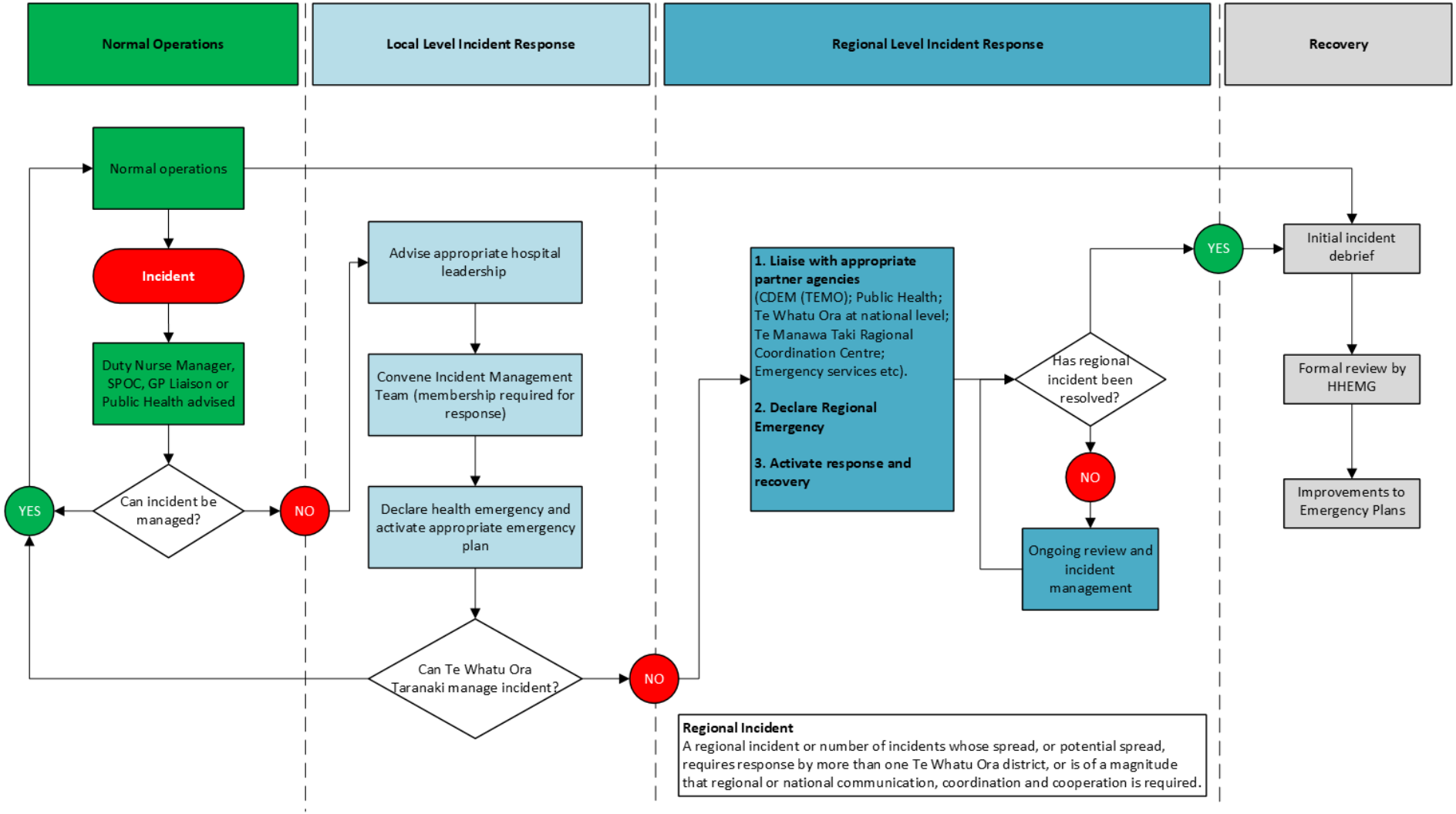

Diagram 8: Declaring a health emergency

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6.2.4 Te Whatu Ora Taranaki Specific Incident Management

The initial response to any incident will be managed by representatives of the Te Whatu Ora Taranaki. The primary responsibility is to co-ordinate the response to any incident on a local and regional level. Once the situation has been evaluated, the appropriate structure will be established to co-ordinate or manage the incident including representation from:

a. Te Whatu Ora Taranaki

b. The wider health sector including but not limited to:
   i. Public Health Service
   ii. Māori Health Providers
   iii. Acute care Centres
   iv. Pharmacies
   v. Disability Support Services
   vi. Private Hospitals
   vii. Mental Health Services
   viii. Diagnostic Services
   ix. General Practice
   x. Aged Residential Care
   xi. Ambulance; and/or

c. Emergency Services; and/or

d. Taranaki Emergency Management Office (TEMO); and/or

e. Escalation to regional and national support as required including but not limited to:
   i. Te Whatu Ora
   ii. Te Aka Whai Ora
   iii. National Public Health Agency
   iv. Ministry of Health.

The below diagram depicts the Te Whatu Ora Taranaki Incident Management Framework and demonstrates the alignment to that of Civil Defence Emergency Management (CDEM) within Taranaki.

6.3 TE WHATU ORA TARANAKI INCIDENT MANAGEMENT FRAMEWORK

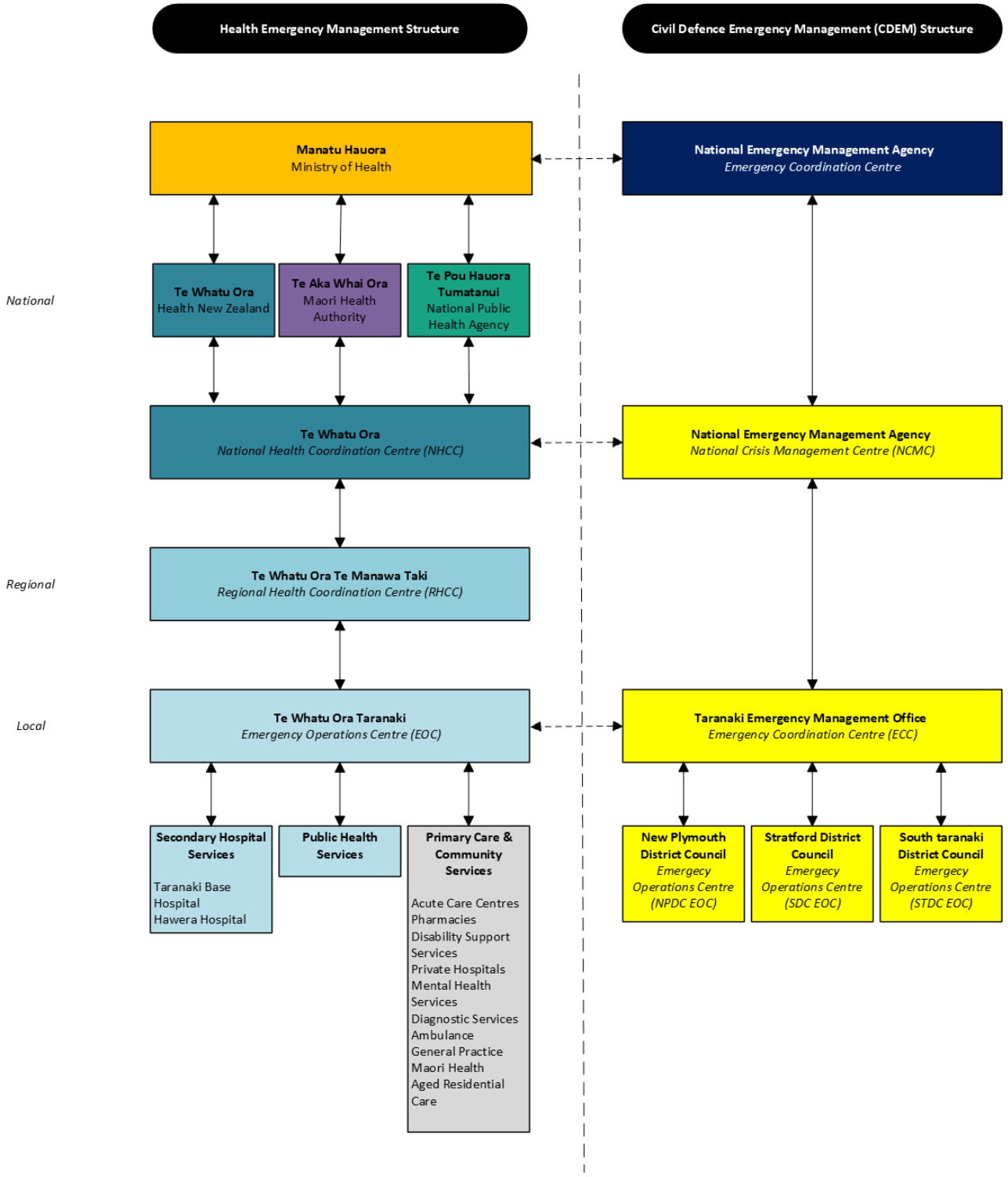

Diagram 9: Te Whatu Ora Taranaki Incident Management Framework

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6.4 TE WHATU ORA TARANAKI EMERGENCY OPERATIONS CENTRE (EOC)

The Emergency Operations Centre is a centralised space to enable a coordinated approach to emergencies of all types, size and quantity.

Through the Coordinated Incident Management System (CIMS) framework and the tools and resources available in the EOC (radios, satellite phones, information management systems, key trained CIMS staff) the response efforts are planned and operationalised in a collaborative, coordinated and controlled manner. Primarily, EOC's function to collect, analyse and disseminate information and co-ordinate the procurement and delivery of resources to support the response.

6.4.1 Role of the Emergency Operation Centre

The Emergency Operation Centre's responsibilities will be many and varied during an emergency. However, the significant activities of the Te Whatu Ora Taranaki EOC will be:

a. Holding the overall responsibility for monitoring and co-ordinating the health response across the region. The Te Whatu Ora Taranaki EOC provides strategic advice and direction on health issues within Taranaki and in conjunction with the Taranaki Civil Defence Emergency Management Group Controller, establishes the health priorities for response.
b. Addressing operational responses at Base Hospital, Hawera Hospital, or Public Health Services.
c. Coordinating all Incident Control Points.
d. Providing a Te Whatu Ora Health Liaison Officer to the Taranaki Civil Defence Emergency Management (CDEM) Group Emergency Coordination Centre (ECC) located on Marsland Hill, New Plymouth[7].
e. Taking the Lead Agency role in a Pandemic or other health emergency. In such cases relevant members of the Taranaki Civil Defence Emergency Management group will attend the Te Whatu Ora Taranaki EOC in support roles.
f. Working with provider EOC's (Pharmacies, Rest Homes, etc.) to manage a provider's response to an event or incident.

6.4.2 Functions of the Emergency Operations Centre

a. Gather and distribute information.
b. Assess resource levels and request assistance when needed.
c. Coordinate the use of resources and assistance.
d. Liaise with responding organisations.
e. Provide the Taranaki CDEM Group Controller and Group Recovery manager with advice, when needed.

6.4.3 Tasks of the Emergency Operations Centre:

a. To gather, analyse and distribute information by:
   - Receiving initial information from all Te Whatu Ora Taranaki facilities and/or health status of the Taranaki community and develop an immediate picture of the impact of any emergency on all health facilities.
   - Coordinating available status reports/media releases from all Te Whatu Ora Taranaki facilities to include:

[7] The ECC provides strategic advice and direction to all agencies and coordination of the welfare response. Te Whatu Ora Taranaki provides a Liaison Officer to form part of the joint management team at the Taranaki Civil Defence Emergency Management Group Emergency Operation Centre.

- injury or loss of life, damage to facilities and services, current capacity, potential health risks, requirements, staffing levels present and projected and communications.

- Liaising with Taranaki CDEM Group to develop an overall picture of the threat or impact on the health status of the Taranaki community.
- Providing regular Situation Reports (SitReps) to partners in the emergency and integral stakeholders.

b. To coordinate use of health resources and assistance by:
   - Deciding priorities for use of existing health resources.
   - Coordinating assistance to all responding health providers.
   - Identifying short falls in resources and coordinate requests for assistance.
   - Coordinating assistance from other health districts or central government.
   - Deciding on procurement and distribution of staff and other resources made available to Te Whatu Ora Taranaki.

c. To liaise with the following responding organisations:
   - Taranaki CDEM Group Controller.
   - Police, Fire and Emergency New Zealand, St John Ambulance and other responding organisations.
   - Other health districts, Te Manawa Taki Regional Health Coordination Centre, Te Whatu Ora, and then Ministry of Health.

6.4.4 Location

The Te Whatu Ora Taranaki EOC will be sited at Taranaki Base Hospital in New Plymouth. Locations to be considered for the Emergency Operations Centre are:

- Education Centre
- Corporate Meeting Room 1 (contingency)

6.4.5 Staffing

When activated, the EOC will be staffed by Te Whatu Ora Taranaki and other staff as appropriate.

6.4.6 Roles within the Emergency Operations Centre

The following roles will be allocated to members of the Hospital Health Emergency Management Group and other appropriately trained personnel. These staff will manage the incident from the Te Whatu Ora Taranaki EOC as appropriate.

See **Appendix D: Incident Role Cards** for detailed guidance on the EOC roles.

Incident Controller

The role and responsibility of the Te Whatu Ora Taranaki Incident Controller is to:

- Activate the Te Whatu Ora Taranaki EOC in the event of a health emergency.
- Appoint, brief and task Te Whatu Ora Taranaki EOC staff.
- Initiate a response co-ordination plan and initiate information gathering regarding the incident(s).
- Establish liaison, communications and planning with relevant health districts and external organisations and the National Health Coordination Centre (NHCC) if appropriate.

On those occasions where Te Whatu Ora Taranaki is the lead agency, an Incident Controller will be appointed by the Lead Hospital and Specialists Services to provide operational leadership. The Health Emergency Co-ordinator's role, if appointed, remains unchanged in this case.

Māori Health and Equity Advisor

Equity in emergencies, just as in daily health is essential. The role of the Māori Health and Equity Advisor is to:

- advise the Incident Controller
- ensure Māori Health interests are represented
- as part of the IMT, establish and maintain connection with functions managers and their teams
- promote the interests of Māori health in planning and response activities
- promote connection between Te Aka Whai Ora and Te Whatu Ora Taranaki and Māori health providers in Taranaki.

Scientific and Technical Advisors

Scientific and Technical Advisors provide specialists advice on aspects of the response. This could include specialists in public health such as the Medical Officer of Health in an infectious disease incident or clinical advisors or trauma specialists where there is industrial or mass casualty incidents.

These experts can also be assigned to Planning, Intelligence and/or Operations but maintain a direct relationship with the Incident Controller. If they are members of a support agency they may also serve as Liaison Officers to the Te Whatu Ora Taranaki EOC.

Risk and Legal Advisors

A Risk Advisor monitors and advises the Incident Controller on wider risk considerations related to the response i.e., reputational, political, and strategic considerations.

A legal advisor may be required to identify and advise on legal issues.

Safety Manager

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

- Physical
- Mental health
- Social wellbeing
- Maintaining a safe environment.

The Safety role in the Incident Management Team will be responsible for ensuring that all practical steps are applied to the general duties that are carried out by staff and volunteers during an emergency as outlined in the Health and Safety at Work Act 2015. This includes, but is not limited to, ensuring the employees and other people, where appropriate, have access to:

- information, policies and procedures relevant to implementing the Health Emergency Plan
- the required personal protective equipment and decontamination equipment and training in their use
- supplies for treatment of anyone who may be exposed to infectious diseases, e.g., antibiotics, antivirals or vaccines
- facilities to ensure their physical and mental wellbeing throughout the response and recovery phase
- any other protective measure that is practical to provide.

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

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

Intelligence Manager

The role and responsibility of the Te Whatu Ora Taranaki Intelligence Manager is to:

- Gather and disseminate information relating to the health response.
- Analyse data to enable suitable forward planning.
- Identify resource requirements across health sites, both current and future.
- Maintain status and location of resources during the emergency.

Planning Manager

The role and responsibility of the Te Whatu Ora Taranaki Intelligence & Planning Manager/s is to:

- Prepare the incident action plan (IAP).
- Plan across multiple timeframes considering long-term planning.
- Prepare contingency plans to back up implementation of the incident action plan.

Operations Manager

The role and responsibility of the Te Whatu Ora Taranaki Operations Manager is to:

- Implement the incident action plan.
- Coordinate day to day activities and ensure tasking of operational activities.

Logistics Manager

The role and responsibility of the Te Whatu Ora Taranaki Logistics Manager is to:

- Co-ordinate the provision of all personnel, materials, facilities and services between the various health providers.
- Liaise with relevant providers, Te Whatu Ora districts and external organisations to facilitate this (if needed).

Liaison Officer to Taranaki CDEM

The Te Whatu Ora Taranaki Health Liaison Officer will be accessible to the Taranaki CDEM Group Controller. Their role (when needed) is to:

- Ensure effective liaison between the Te Whatu Ora Taranaki Incident Controller and the Taranaki CDEM Group Controller and incident management team.
- Participate as a member of the incident management team at the Taranaki CDEM Group's Emergency Coordination Centre (ECC).

Welfare Manager & Psychosocial Support Coordinator

The role and responsibility of the Te Whatu Ora Taranaki Welfare Manager (and Psychosocial Support Coordinator) is to:

- Meet any welfare needs as requested that can be facilitated by health or escalate such requests to the CDEM Welfare function
- Attend Welfare Coordinating Group meetings organised by CDEM
- Coordinate the Psychosocial response as part of the CDEM Welfare function.

PIM Manager

The role and responsibility of the Te Whatu Ora Taranaki Public Information Management (PIM) Manager is to:

- Take on the role of PIM Manager (PIM) for the Te Whatu Ora Taranaki EOC
- Manage all media enquiries relating to the health response
- Coordinate and manage the release of information to the media and onto internal and external communication platforms
- To ensure information is consistent, timely, accurate, and specific to the event
- To ensure messaging is consistent with that of the lead agency when an event is not health led.

The Te Whatu Ora Taranaki Communications team will coordinate significant information releases approved by the incident controller and Te Whatu Ora Taranaki leadership. Messaging will be aligned and consistent across local, regional and national agencies in health. Media releases are to be forwarded to the NHCC preferably before but always after the release.

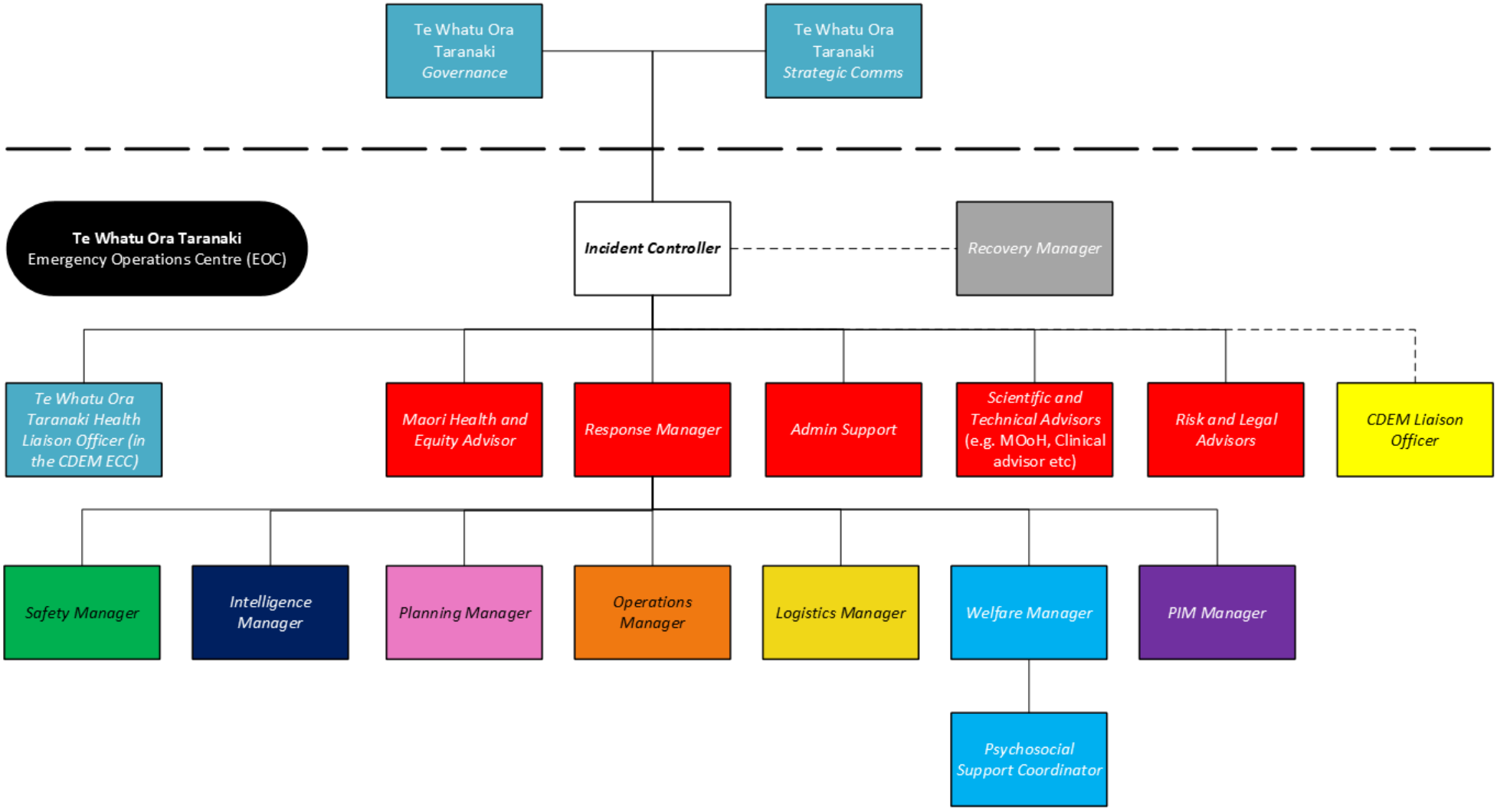
Medical Officers of Health (MOoH), under their special powers, may also issue media statements in an emergency. It is expected that the MOoH will liaise with the Ministry of Health and Te Whatu Ora prior to releasing media statements.

CDEM Liaison Officer to Te Whatu Ora Taranaki

The Taranaki CDEM Liaison Officer will be accessible to the Te Whatu Ora Taranaki Incident Controller. Their role (when needed) is to:

- Ensure effective liaison between the Te Whatu Ora Taranaki Incident Controller and the Taranaki CDEM Group
- Actively participate as a member of the joint Incident Management Team (IMT) at the Te Whatu Ora Taranaki's EOC.

Diagram 10: Te Whatu ora Taranaki Emergency Operations Centre Roles



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6.4.7 Telecommunications

The communications network is based on telephone, cell phone and radio. Radio communication is normally used between the engineering staff, orderlies, Duty Nurse Managers and clinical staff. The telephone system is normally used for communication between all EOC functions and departments of Te Whatu Ora Taranaki.

- If the telephone system is not useable, the communications system is based on radios, cell phones and possibly runners. There are three local VHF channels, one simplex and two national VHF. UHF hand-held radios are used within the facilities covering short distances in a radius of 500 metres from the centre of the Base Hospital.
- Communication to the Police or Fire Service will be handled, in such a case, through the Taranaki Civil Defence Emergency Management Group Emergency Coordination Centre by the Te Whatu Ora Taranaki Liaison Officer to CDEM.
- Management should take a radio to the Taranaki Civil Defence Emergency Management Group Emergency Operations Centre for liaison back to the Te Whatu Ora Taranaki Emergency Operations Centre.
- Satellite phones have been provided by Ministry of Health and are available to the Te Whatu Ora Taranaki Emergency Operations Centre (Taranaki Base Hospital and Hawera Hospital) and Public Health Unit at Base Hospital. Primarily they are to maintain communication for regional and national coordination, however, the Te Whatu Ora Taranaki Emergency Operations Centre will utilise this resource as required to assist their function.

6.5 SECONDARY HOSPITALS

6.5.1 Function

Hospitals operated by Te Whatu Ora Taranaki will provide the facilities in which most of the acute treatment for those affected by the incident is undertaken. They will also accommodate most recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans. Those patients requiring tertiary services will be transferred to a tertiary hospital according to normal protocol, or further afield, in accordance with normal protocols.

When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide. This will be co-ordinated by the Te Whatu Ora Taranaki and may be limited by the availability of surgeons who have a dual role at both private and Te Whatu Ora Taranaki hospitals.

It is also possible that a major incident may compromise a private hospital, necessitating a transfer of patients to a Te Whatu Ora Taranaki hospital.

6.5.2 Graduated response

When acuity and/or the demand for service dictates, some patients will be transferred to hospitals operated by other Te Whatu Ora districts, or private hospitals. Access to private hospitals will be through agreement at the time or memorandums of understanding.

The degree to which the routine functions of hospitals will be affected will depend upon the severity of the event. At the lower end of response, little more than the relocation or early discharge of some recuperative patients will be required. In response to more severe events, the routine function of hospitals will be progressively modified to the requirements of the facility's emergency plan.

6.5.3 Medical Evacuation

Because of the clinical risks involved, mass evacuation of patients will only be undertaken as a last resort. However, in some cases, evacuation may be direct from a scene to alternative hospital(s), using the Rescue Helicopter. This would occur in keeping with the National Ambulance Multiple Casualty Incident Plan and in consultation with the Te Whatu Ora Taranaki Emergency Operation Centre. As far as possible, when patients are moved, normal transfer protocols will be followed.

Te Whatu Ora Taranaki is responsible for registering patients who have been admitted to hospital or transferred for treatment to another health facility. Te Whatu Ora Taranaki will liaise with the coroner regarding registration of the deceased.

6.6 National Public Health Services

The restoration of potable water supplies, sanitation systems and hygienic food storage and distribution facilities by the agencies and organisations with primary responsibility in these areas, will make the greatest contribution to the good health of a community affected by an emergency. The National Public Health Service will ensure such restoration are undertaken in a safe manner or that temporary measures will not create a public health concern.

The Taranaki office of the National Public Health Service will, as part of its planning, in conjunction with the relevant territorial authority (where appropriate), coordinate the assessment of the impact on the public health status of the community. It will communicate with relevant people about their assessment and ensure appropriate management of the public health aspects is undertaken in a co-ordinated manner. It will also communicate with the community including Iwi, on all matters relating to public health.

6.7 Primary and Community Services

6.7.1 Summary

Following a major incident many people will not need hospital care, but they will need help from primary care or community health services either immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:

- There are large numbers of people needing assessment, healthcare and advice following exposure to a hazardous substance.
- There are people needing healthcare and/or social and psychological support because they are directly or indirectly affected by an incident in their community or because their relatives have been involved in an incident elsewhere.
- Patients are transferred or discharged home early, with appropriate support, to free up acute beds for the treatment of casualties injured in the incident.
- People have been displaced from their homes or workplaces to an Emergency Centre / Community Led Centre established by the Taranaki CDEM Group.

6.7.2 Planning

The many health service organisations involved in a response need to co-operate effectively on the day. This requires close collaboration in the planning phase where key actions must be identified and agreed. The plans of receiving hospitals include arrangements to increase their ability to accept and treat casualties. The plans of community and primary care organisations need to address similar matters. Plans will cover:

- Arrangements for their agreed response.
- How to mobilise resources to meet the extra demands on their services.
- Health service support for social and psychological services (co-ordinated by the Taranaki CDEM Group Welfare function).
- Health care services at Emergency Centres established by the Taranaki CDEM Group.

The following are all likely to feel the effects of any increased demand for emergency health care because of a health emergency:

- General Practitioners
- Community based nurses, e.g., District Nurses, Public Health Nurses and Mental Health services
- Community Pharmacists.
- Accident and Medical Clinics

General Practice Surgeries will be a focus for members of the community requiring medical assistance during and after an emergency. Surgeries will be included in coordinated planning, training, exercising and testing response arrangements.

6.7.3 Welfare Needs

Individuals affected by the event may require immediate welfare, psychological and social support. The CDEM Welfare function coordinates delivery of this and Health holds responsibility for the coordination of psychosocial support. Taranaki have reframed the word psychosocial to Manaaki and Wellbeing. Immediate counselling and support assists in the short-term, it may also reduce long-term and chronic demands on health and social services.

Te Whatu Ora Taranaki has an appointed Manaaki & Wellbeing Support Coordinator to support the provision of Manaaki and Wellbeing (psychosocial support) as part of the Welfare function.

6.7.4 Health Care Services at Civil Defence Centres

Civil Defence Centres (CDC's)may be established by the Taranaki CDEM Group to register and accommodate evacuees, provide emergency shelter for people evacuated from their homes, provide advice and assistance, co-ordinate manpower and distribute resources during an emergency.

People in these centres are unlikely to need immediate hospital care. They may need some physical or psychological first aid, comforting or other emotional or practical support, or some form of screening before they leave the Centre.

Support from Primary Services in the affected area(s) will be required to:

- assess patients
- give advice on self-care and infection prevention control measures
- help refer people to whichever community or emergency service they need. Nominated persons or organisations will be identified in Te Whatu Ora Taranaki Provider Plans for the area concerned.

6.7.5 Key issues for Support at Emergency Centres / Community Led Centres

- Some people may already be receiving health care and support through community health services or social services, either locally or in their own home. Continuity of such care may be important for such vulnerable persons.
- People in Centres will need information and reassurance about any health risks arising from the incident.
- Where people have or may have been exposed to a hazardous substance, such as chemical or radioactive material, they may need to be screened, offered advice and possibly treatment or prophylaxis before they return home or be transported to a medical treatment facility.

- Some people may lose or leave behind their prescription medicines, which may need urgent replacement through community pharmacies.
- Some people may be distressed and in need of early proactive psychosocial intervention.
- In the event of people being evacuated from their homes, some people (for example, the elderly or disabled, either living at home or in care) are likely to need transport. Transport arrangements will be the responsibility of the agency requiring the evacuation. Where this agency is health, a request will go to the Taranaki Civil Defence Emergency Management Group for assistance.
- For some people, such as the frail elderly or very ill, relocation to a Civil Defence Centre is likely to be inappropriate or resisted. Other options should be considered, for example the use of health and social care resources in the community. Trained staff will be needed to help make these decisions and arrange appropriate care.

6.7.6 Emergency Medical Centres

The provision of primary medical care through existing providers and facilities is the most efficient and effective means of providing medical care in an emergency. How this might occur needs to be discussed further with Primary Health Organisations and General Practitioners.

Community (retail) Pharmacies will provide their normal prescription services and a limited healthcare response for those injured or requiring treatment.

6.7.7 Ambulance Loading Points

The Ambulance Service will normally site Ambulance Loading Points. Where possible, they will be sited at, or adjacent to the actual scene.

6.7.8 Health Support Units

In the event of a large-scale event, Te Whatu Ora Taranaki will, if necessary, seek through the National Health Coordination Centre (NHCC), assistance and support from another region or international source. A Health Support Unit may be deployed to the region to:

- Provide pre-hospital emergency care.
- Assist an overwhelmed hospital.
- Undertake specific short-term assignments to relieve distress and improve casualty management.
- Undertake health protection or mental health assignments.
- Undertake any other functions appropriate to the situation.

6.8 MENTAL HEALTH SERVICES

Emergency events cause psychological stress and may impair the mental health of those immediately involved and the wider community. In the response phase of an emergency, each health provider is expected to make provision for the psychological needs of those patients it has in its care as well as providing Psychological First Aid to its staff.

Psychological support to the wider community is supplied through a diverse range of health and welfare agencies.

6.9 Alcohol and Drug Services

Emergency events can place additional stressors and where people are accessing support for alcohol and drug addiction continuation of service is essential. During a large-scale emergency access to services may be severely restricted and this should be made a priority to ensure continuation of care. Often programmes such as the Opiate Substitution Treatment Programme this can be overlocked in emergency planning. Lack of access can result in cascading consequences for service users and impacts for pharmacies and the wider community as a result.

6.10 Ambulance Services

The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the incident scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event. In response to more severe events the Ambulance National Major Incident Plan (known as AMPLANZ) should be activated. This plan proposes extra resources being brought in from outside the region.

During a large emergency the need to prioritise the use of limited ambulance resources to best satisfy competing demands will probably preclude their use beyond the network of Emergency Medical Centres and Casualty Collection Points. It is therefore likely that private resources will transport some casualties.

6.11 Inter-Regional Response Coordination

Emergency Managers from the Te Manawa Taki region have developed the Te Manawa Taki Region Health Emergency Plan. The prerogative and responsibility for the co-ordination of healthcare resources in the Taranaki region rests with the Te Whatu Ora Taranaki EOC. Where interregional support and co-ordination is required, it may be accessed through the Te Manawa Taki Regional Coordination Centre with responsibility for the Taranaki, Tairawhiti, Lakes, Bay of Plenty and Waikato districts or through the National Health Coordination Centre (NHCC).

When telephone circuits are unavailable, satellite phones are available for communications between Te Whatu Ora and the Public Health Service at local, regional and national levels. There is also limited emergency communication between hospitals and regions available through the Ambulance radio network outside of Taranaki and through Te Whatu Ora Taranaki within the region.

6.12 Healthcare Provider Plans

Healthcare providers contracted by the Te Whatu Ora Taranaki are expected to develop emergency plans that align with the Te Whatu Ora Taranaki Health Emergency Plan and contain the following components:

- Each facility has a plan, which sets out the structure and process of how that facility will respond to any crisis as well a synopsis of how the provider will respond to a crisis within any of its facilities or services.
- Key roles and persons who will fill those roles are identified.

6.13 National Health Coordination Centre (NHCC)

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

6.14 MONITORING

6.14.1 Local Monitoring

Te Whatu Ora Taranaki will monitor:

- Status of hospitals, their facilities, resources and staffing.
- Status of rest homes and nursing care providers.
- Status of Community Health Care services.
- Status of healthcare facilities (public and private) within the region.
- Mass casualty incident scenes and transportation of casualties.
- Evacuations, search and rescue and other incidents involving or likely to involve a health/medical response.
- Hazardous materials releases or biological contamination incidents.
- Infectious disease surveillance via the National Public Health Service (NPHS) surveillance systems.

6.14.2 Regional Monitoring

The Te Manawa Taki Regional Coordination Centre will monitor:

- Co-ordination of operations by the Te Whatu Ora Taranaki (and other Te Manawa Taki districts)

6.14.3 National Monitoring

Te Whatu Ora will monitor:

- National health response operations. This will be co-ordinated through the National Health Coordination Centre (NHCC).
- Status of health services nationally.
- National/international status reports of issues of inter-departmental /inter-governmental response.
- International health threats.

6.15 INCIDENT INFORMATION

Information in and out is key during an emergency response. There are multiple and varied sources of, and all information should be from verifiable sources.

6.15.1 Local Information Sources

Te Whatu Ora Taranaki obtains status information through:

- Regularly submitted status reports from Hospitals, Public Health Services and other healthcare providers within the Te Whatu Ora Taranaki region.
- National Health Coordination Centre (NHCC) (two-way communication flow).
- The Taranaki CDEM Group Emergency Coordination Centre.

6.15.2 Regional Information Sources

The Te Manawa Taki Regional Coordination Centre obtains status information through:

- Status reports, situation reports and briefings and direct communication with the Te Whatu Ora Taranaki EOC.
- Situations reports from other regional Health Coordination Centres and the Ministry of Health.

6.15.3 National Information Sources

Te Whatu Ora obtains status information through:

- Status briefings and direct communication with:
  - the Te Manawa Taki Health Regional Coordination Centre and/or
  - Te Whatu Ora Taranaki EOC and/or
  - other regional Health Coordination Centres and/or
  - other Te Whatu Ora district EOC's in any affected area.
- Status briefings and direct communication with the National Emergency Management Agency (NEMA) and/or other Government Departments.

6.16 Analysing Information and Resource Requests

The Ministry of Health, National Health Coordination Centre (NHCC) and Te Whatu Ora Taranaki Emergency Operations Centre will be responsible to:

1. Track resource requests and delivery to the required areas.
2. Arrange for the allocation and distribution of resources.

Other unique responsibilities per organisation are:

1. Te Whatu Ora Taranaki analyses status information and resource requests to:
   - Obtain an overview of the response situation and assess shortfalls in health resources.
   - Determine when and how to request additional resources within its own area of responsibility.
   - Establish contact with key in-hospital staff to co-ordinate additional resource requests and responses.
   - Analyse public health information to determine status and advise on public health matters.

2. Te Manawa Taki Regional Health Coordination Centre analyses status information and resource requests to:
   - Obtain a regional overview of the response situation and assess shortfalls in health resources.
   - Establish contact with the Te Whatu Ora Taranaki Incident Controller to co-ordinate resource requests and responses.
   - Consider when and how to request additional resources regionally and inter-regionally.

3. Te Whatu Ora analyses status information and resource requests to:
   - Obtain a national/international overview of the response situation and assess shortfalls in health resources.
   - Determine when and how to request additional national or international resources.
   - Establish contact with the Te Manawa Taki Health Coordination Centre Co-ordinator to co-ordinate resource requests and responses.

6.17 Funding Arrangements

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

6.17.1 Response and Recovery Activities of Providers.

Providers are to document their response and keep a record of all costs incurred during response and recovery activities. Costs should first be billed through normal or prearranged funding agreements. Where costs cannot be recovered through this process, the Te Whatu Ora Taranaki will seek to meet costs from its own resources or through a case stated to the Ministry of Health.

6.17.2 Variation or Termination of Contracted Services

Where an emergency occurs which causes either Te Whatu Ora Taranaki or the contracted provider to be unable to perform an obligation under the Operating Policy Framework agreement for thirty days or more because of an uncontrollable event, both parties must seek to agree to what extent, if any, services can be varied and / or continued by the party whose performance is prevented. Alternative arrangements for the supply of services may need to be considered. Te Whatu Ora Taranaki will negotiate with providers to contribute to their costs if extraordinary funding is available to manage an emergency.

6.18 PLANNING FOR RECOVERY

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

6.19 STANDING DOWN THE HEALTH EMERGENCY PLAN

The date and time of the official stand down or deactivation of an emergency response, will be determined by either the local or regional agency in consultation with the Ministry of Health. Some basic criteria that should have been satisfied before deactivation can be declared are:

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

Section 7 | Recovery

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

7 INTRODUCTION TO RECOVERY

Recovery is a developmental and remedial process to manage the rehabilitation and restoration of the affected community's healthcare services and health status which encompass the following activities:

- Minimising the escalation of the consequences of the disaster.
- Assessment of the health needs of the affected community.
- Co-ordinating the health resources made available.
- Rehabilitating the emotional, social and physical wellbeing of individuals within communities.
- Taking opportunities to adapt to meet the physical, environmental, economic and psychosocial future needs.
- Reducing future exposure to hazards and their associated risks.
- Coordination of the key activities between the main stakeholders.

7.1 TRANSITIONING FROM RESPONSE TO RECOVERY

As the transition from response to recovery begins there will be an overlap between responding to events of the crisis and a return to 'normal/new normal'. Below are some key considerations to undertake during this time.

7.1.1 Communication:

a. Consider what the key messages are and ensure wide communication of these with staff, patients and visitors, family/whanau
    i. hours of operation
    ii. service level being delivered
    iii. contact information
    iv. queries and concerns helplines/info lines
b. Ongoing consultation with key stakeholders and service providers
c. Considerations and plans for longer term recovery

7.1.2 Workplace:

a. Consider security provisions for staff, equipment and documents at office location
b. Monitor return to work conditions and review workplace of:
    i. health hazards
    ii. security and personal safety
    iii. operational ability of equipment and facilities
    iv. environmental considerations such as temperature and ventilation
c. Open office, alter voice mail messaging if needed and email replies
d. Ensure all relevant contacts have been advised of back to normal services and information and updates

e. Review levels of service depending on the extent of the event both internally and externally
f. Announce hours and service availability through appropriate channels
g. Monitor delayed cases for accelerated decisions
h. Communicate with clients on a case-by-case basis re restoration and expectations
i. Consider possible claims for business interruption
j. Check assets relocated have been accounted for
k. Develop a recruitment plan to replace incapacitated employees
l. If required identify and recover critical records
m. Apply for appropriate emergency response and recovery reimbursement
n. Review, evaluate and assess impact on external service providers (e.g., waste management, supplies, local authority) and impact on business
o. Assess ability to resume normal local services
p. Report outcomes and findings

7.1.3 Lessons Learnt:

a. Post-operational debriefs with IMT, response staff and wider staff and public
b. Identify gaps and lessons for remedial actions
    i. Review communications strategy
    ii. Assign responsibility for remedial actions
    iii. Amendments to Health Emergency Plans
    iv. Update Business Continuity Plan (BCP)
    v. Update contact lists
    vi. Disseminate updated documents as required to staff and stakeholders

7.1.4 Recovery Activities

Recovery activities begin after the initial impact of the incident has been stabilised and extends until normal business has been restored.

Recovery activities will incorporate (as required):

- Overseeing the physical reconstruction of facilities
- Reviewing key priorities for service provision and restoration
- Financial implications, remuneration, and commissioning agreements
- Staffing and resources to address the new environment
- Socio-economic effect of the incident on staff and the health providers
- Very Important Person (VIP) visits
- Te Whatu Ora Taranaki's role in funerals, memorials and anniversaries
- Staffing levels, welfare and resilience
- Ongoing need for assistance from other Te Whatu Ora district s or other agencies
- Equipment and re-stocking of supplies
- Liaising with and supporting external health providers

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

- Mid to long term community support and medical services
- Long term case management
- Long term public health issues

7.2 RECOVERY ARRANGEMENTS

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

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

7.3 HEALTH RECOVERY MANAGER

The Te Whatu Ora Taranaki Lead Hospital and Specialist Services will appoint a Te Whatu Ora Taranaki Health Recovery Manager.

Essentially, recovery activities will be 'physically implemented' at a local level by the business, while the co-ordination of region wide and external health resources to meet the local need will be the responsibility of the Te Whatu Ora Taranaki Health Recovery Manager. The need for a 'local approach" to implementing recovery 'on the ground' is necessary partly because of the geographical spread of the region, and partly because of the disparate nature of the communities likely to be affected.

7.4 INCIDENT DEBRIEFING

The Ministry of Health and Te Whatu Ora Taranaki are responsible for conducting debriefings and an internal review of the plans following an exercise, incident or activation of the Health Emergency Plan.

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

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

- Thank its staff.
- Provide positive feedback.
  Improve the performance and the ability to respond to future events, rather than assign blame.

Consideration should be given to the community's need for debriefing, which will be dependent on the type and scale of the emergency. These types of debriefs may also involve the National Public Health Service, Primary Health Organisations and other health providers and agencies.

7.4.1 Purpose of debriefing

The purpose of debrief is for personnel to communicate their:

- experiences of an emergency response, transition and/or recovery,
- to help bring personal closure,
- identify outstanding issues and
- identify lessons learnt.

Debriefing is necessary to:

- critically examine an event
- record successful actions and techniques for inclusion in plans and training
- evaluate what went wrong, so that it won't happen again
- solicit suggestions for improvement and consider valid criticisms
- identify any need for welfare assistance and support, and provide the assistance if required

7.4.2 Types of debrief

The hot or immediate post-event debrief

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

1. The person who initiates the stand-down within the organisation is to ensure that an initial debrief is held immediately.
2. The debrief should be attended by all key staff involved in key management of the incident and those who will assume responsibility for any ongoing management of any affected services.
3. At a minimum the hot debrief should include a discussion on:
    a. The identification and management of matters that need to be addressed urgently
    b. The management of extraordinary measures that need to remain in place
    c. The restoration of a response capability
    d. The process for the cold debrief and/or the multi-agency debrief (see below)
    e. The process for recording/reporting the hot debrief

The 'cold' or internal organisational debrief

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

The multi-agency debrief

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

The debrief should focus on:

- Effectiveness of inter-agency coordination.
- Address multi-agency organisational issues.
- Strengths and weaknesses.
- Ideas for future learning.

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

7.5 REVIEWING INCIDENTS

The report from debriefings should be reviewed by all participants and agencies for subsequent actions to progress.

The purpose of a review is to:

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

Following review, the plan is to be revised to implement findings and lessons learned.

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

Section 8 | Plan Management, Review and Maintenance

8 TARANAKI HEALTH EMERGENCY PLAN MANAGEMENT, REVIEW AND MAINTENANCE

8.1 PLAN RESPONSIBILITY

Health emergency planning sits in the Corporate Delivery Services of Te Whatu Ora Taranaki. The roles and responsibilities in relation to the implementation and maintenance of this plan are described in the table below.

Roles	Plan Responsibilities
Te Whatu Ora Taranaki Manager Emergency Response	• Is the owner of Health Emergency Plan and is responsible for its upkeep and review. • Ensure that the Plan conforms to requirements set out by the Ministry of Health. • Oversee the review, implementation, and maintenance of the Plan. • Communicate regularly with Te Whatu Ora Taranaki service provider organisations. • Liaise with the Ministry of Health, other Te Whatu Ora districts, Emergency Services and the Taranaki Civil Defence Emergency Management Group. • Co-ordinate monitoring and evaluation activities. • Ensure this plan is reviewed by April 2026. • Maintain the web-based aspect of the plan • Maintains and promote the Health Emergency Plan. • Review the Health Emergency Plan in consultation with stakeholders no later than 3 years since the last formal review.
Contributors and Health Partners	• Contribute to the development of the Health Emergency Plan. • Participate in the review and maintenance of the Health Emergency Plan. • Participate in any exercises conducted to test and improve the Health Emergency Plan.

8.2 MONITORING AND EVALUATION

Monitoring and evaluation will take place as follows:

- The plan, or aspects of the plan, will be tested by real events or a table-top exercise annually. Following the completion of each event or exercise, an evaluation will be undertaken, and areas identified requiring improvement will be acted on.
- Te Whatu Ora Taranaki will take part in multi-agency exercises when the opportunity arises
- A self-assessment against the Operational Policy Framework will be carried out by the Manager, Emergency Response and the Te Manawa Taka Regional Emergency Management Advisor for the Ministry of Health.
- The Manager, Emergency Response will provide the opportunity for health providers to test their emergency plans on an annual basis through the stakeholder's meetings or workshops.

8.3 PLAN REVIEW

The Plan will be subject to regular review to ensure that outcomes are being achieved. Amendments will be made as appropriate. Any amendments to the Plan, other than those to supporting documents, will be notified to all interested parties.

8.3.1 Periodic Review

This Health Emergency Plan shall be reviewed under the following circumstances:

- Following any emergency that occurs affecting the wider health sector (no later than 3 months post-event)
- When considering any change to personnel, equipment or procedures that could affect the plan
- When a potential improvement is identified, such as by an exercise, or by Emergency Services.

8.3.2 Formal Review

A formal review with key stakeholders shall take place no later than three years from the date of approval by Te Whatu Ora Taranaki. This review shall include, where necessary:

- engagement with workers
- consultation with Emergency Services
- consultation with local authorities.

This review shall consider:

- any changes in any aspect of the facility, including work methods, quantities of substances, plant and equipment, personnel, and organisation, and/or
- results and actions from emergency drills; and/or
  advice and recommendations of emergency services.

Any amendments to the Health Emergency Plan and supporting documents will be made and notified to all stakeholders as required.

8.4 CONTRIBUTORS TO THE PLAN

Te Whatu Ora Taranaki will consult widely throughout the process of reviewing and maintaining this Health Emergency Plan. Organisations consulted will include:

- Te Whatu Ora Taranaki Hospital Health Emergency Management Group
- Te Aka Whai Ora
- Public Health Service
- Whaikaha
- Māori Health
- Mental Health
- Radiology Services
- Pharmacy Services
- Laboratory Services
- Ambulance Services
- Aged Residential Care Services
- Primary Health Organisation
- Private Hospitals
- Taranaki Emergency Management Office (TEMO)

Section 9 | Appendices

- Appendix A: Glossary of Abbreviations
- Appendix B: Definitions
- Appendix C: Roles and Responsibilities
- Appendix D: Role Cards for Incident Management
- Appendix E: Templates for Incident Management

APPENDIX A: GLOSSARY OF ABBREVIATIONS

Abbreviation	Description
4R's	(Risk) Reduction, Readiness, Response, Recovery
BCP	Business Continuity Plan
CALD	Culturally and Linguistically Diverse
CACC	Child & Adolescent Community Centre
CDEM	Civil Defence Emergency Management
CD	Civil Defence
CEG	Coordinating Executive Group
CIMS	Co-ordinated Incident Management System
COMMS	Communications, e.g., radio, telephone, email, social media
DHB	District Health Board *(now known as Te Whatu Ora Districts)*
ED	Emergency Department
EMC	Emergency Management Committee
EOC	Emergency Operations Centre
GP	General Practitioner
HEMG	Health Emergency Management Group
HEP	Health Emergency Plan
HERP	Hospital Emergency Response Plan
ICP	Incident Control Point
IMT	Incident Management Team
MCI	Mass Casualty Incident
MoH	Ministry of Health
NAEC	National Adverse Events Committee

Abbreviation	Description
NEMA	National Emergency Management Office
NGO	Non-Governmental Organisation
NHCC	National Health Coordination Centre
NHEP	National Health Emergency Plan
NWCG	National Welfare Coordination Group
OPM	Office of the Prime Minister
OPF	Operating Policy Framework
PHO	Primary Health Organisation
PHS	Public Health Service
PIM	Public Information Management
PPE	Personal Protective Equipment
REMA	Regional Emergency Management Advisor
RCC	Regional Coordination Centre
SEPC	Safe Environment and Practice Committee
SPOC	Single Point of Contact
TA	Territorial Authority (District Council)
TEMO	Taranaki Emergency Management Office
THEF	Taranaki Health Emergency Forum
TMT RCC	Te Manawa Taki Regional Coordination Centre
TPK	Te Puni Kokiri
WCG	Welfare Coordinating Group

APPENDIX B: DEFINITIONS

Term	Definition
Civil Defence emergency	The Civil Defence Emergency Management Act 2002 defines an emergency as a situation that: • Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act. • Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand. • Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act. Note: an emergency service means the New Zealand Police, Fire and Emergency New Zealand, Ambulance Service, and Te Whatu Ora (previously District Health Boards)
Consequences	The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event
Emergency Operations Centre (EOC) or Emergency Coordination Centre (ECC)	An established facility where the response to an incident may be supported and controlled.
Hazard	A source of potential harm or a situation with a potential to cause loss
Health Emergency	Any real or potential event which: • presents a serious threat to the health status of the community that overwhelms existing resources; or • results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time; or • results in the loss of services which prevent a healthcare facility from continuing to care for those patients it has.
Incident Management Team (IMT)	A group of personnel carrying out the Coordinated Incident Management System (CIMS) framework functions of Incident Controller, and/or Intelligence, Planning, Operations, Logistics, Safety, Welfare, PIM Managers.
Likelihood	Used as a qualitative description of probability or frequency
Major Incident	Any event which: • presents a serious threat to the health status of the community; or

Term	Definition
	• results in the presentation to a healthcare provider of more casualties or patients in type, number or degree that they are staffed or equipped to treat at that time; or • leads to or presents the loss of services which prevent healthcare facility/facilities from continuing to care for patients
Primary health services	Those services providing universally accessible first level contact with the health system.
Public health emergency	An unexpected adverse event that overwhelms the available public health resources and capabilities at a local or regional level. Public health emergencies may or may not be declared as civil defence emergencies. A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister if Health under the provisions of section 71 of the Health Act 1956. Many incidents that will have a significant impact on the health sector will not be declared civil defence emergencies.
Risk	The chance of something happening that will have an impact upon service delivery. It is measured in terms of consequence and likelihood.
Business continuity plans	Back up or contingency plans for unforeseen or unpreventable events so that the service provided can continue to operate

APPENDIX C: ROLES AND RESPONSIBILITIES

- Ministry of Health
- Te Whatu Ora (Health New Zealand)
- Te Aka Whai Ora (Māori Health Authority)
- Te Manawa Taki Regional Health Coordination Centre
- Te Whatu Ora Taranaki
- National Public Health Service
- Primary and Community Healthcare Services
- Secondary and Community Hospitals
- Ambulance Services
- Disability Support Service Providers
- Community Pharmacies
- Medical Laboratories
- Radiology Services
- Civil Defence Emergency Management
- Other Health Providers (including Private Hospitals)
- Mental Health Services
- Māori Health Services

Ministry of Health (MoH)

Is responsible for:

a. Setting the strategic frameworks for health emergency management
   Setting national standards for health emergency management planning and response coordination and monitoring compliance.

Te Whatu Ora (Health New Zealand)

Is responsible for:

a. Setting national standards for health emergency management planning and response coordination and monitoring compliance.
b. Development, implementation and annual practice of a National Health Emergency Management Plan(s) (NHEP).
c. Establishing Te Whatu Ora district's planning requirements.
d. Setting national response coordination structures and responsibilities.
e. Regional Emergency Management Advisor (REMA) appointments.
f. Providing inter-regional and national response co-ordination to major health emergency incidents where regional health resources are or may be overwhelmed, adversely impacted, or placed at risk through any actual or likely occurrence via the National Health Coordination Centre.
g. Establishing, practising and maintaining communication links with Regional Health Coordination Centres including monitoring, obtaining status information, providing information and analysing resource requests.
h. Providing links to Government Departments.
i. Providing links to international organisations likely to aid responding to health emergency incidents.
j. Arranging the supply of required resources through contact with Regional Health Coordination Centre(s), Government Departments or international health contacts.
k. Registering of international medical personnel and equipment arriving in Aotearoa New Zealand to assist in response to any major incident.
l. Arranging the supply of required resources.
m. Working in partnership with Te Aka Whai Ora for all aspects of emergency planning and response

Te Aka Whai Ora (Māori Health Authority)

- Manifesting the aspirations, objectives and imperatives of whānau, hapū and iwi
- Directing and guiding the entire health system to understand and respond to needs of whānau Māori
- Upholding the wairua of collective contribution - leading to greater health and wellbeing for all in Aotearoa New Zealand
- Indigenising the health system - driving growth within the Māori workforce by supporting our existing staff, and ensuring Māori have a clear pathway into hauora health mahi.

a. Providing inter-regional and national response co-ordination to major health emergency incidents where regional health resources are or may be overwhelmed, adversely impacted, or placed at risk through any actual or likely occurrence via the National Health Coordination Centre.
b. Working in Partnership with Te Whatu Ora for all aspects of emergency planning and response

Te Manawa Taki Regional Health Coordination Centre (TMT RHCC)

The Te Manawa Taki Coordination Centre is responsible for:

a. Regional coordination of health responses to an emergency incident and support of Te Whatu Ora Taranaki when an emergency is taking place.

b. Establishing and maintaining communication links with the Ministry of Health, Te Whatu Ora, other Regional Health Coordination Centres, other Te Whatu Ora districts and where appropriate emergency services and other relevant organisations.
c. Providing links to regional organisations likely to aid responding to health emergencies.
d. Providing monitoring, obtaining status information, analysing resource requests from Te Whatu Ora districts.

Te Whatu Ora Taranaki

It is the responsibility of the Te Whatu Ora Taranaki Interim Hospital and Specialists Services Lead to ensure that Te Whatu Ora Taranaki meets the following:

a. Compliance with national standards for health emergency planning and response coordination
b. Reduction and Readiness activities will include:
    - Te Whatu Ora Taranaki risk management activities.
    - Plan writing, review and maintenance.
    - Emergency procedures flip charts in facilities.
    - Regular training sessions and exercises.
    - Emergency management month.
    - Participation in joint agency and national exercises.
    - Participation in groups and workshops to foster relationships and networking.
    - Coordinated Incident Management System training for key staff.
c. Development, implementation and annual practice of Emergency Management Plans.
d. Identification of risks to public health and to the provision of healthcare.
e. Consultation with all key stakeholders, including primary, secondary, public health services, and allied providers within the Te Whatu Ora Taranaki area of responsibility.
f. Meeting requirements of National Civil Defence Emergency Management Act.
g. Annual development of both training and exercise plans within the provider arm as well as other Te Whatu Ora districts contracted health providers.
h. Annual testing or exercising of components of the plan. ○ Training of staff for emergency roles.
i. Providing staff counselling to deal with psychological and behavioural responses to stress caused by an emergency.
j. Setting Te Whatu Ora Taranaki wide response co-ordination structures and responsibilities.
k. Providing co-ordination to major health emergency incidents within the Te Whatu Ora Taranaki area.
l. Taking a Lead Agency role in a Pandemic or other health emergency.
m. Accepting and maintaining communication links with the Te Manawa Taki (Midland) Regional Health Coordination Centre.
n. Arranging links and liaison with other health related local organisations likely to aid responding to health emergency incidents.
o. Appointing a person to liaise with the Taranaki Civil Defence Emergency Management Group.
p. During any emergency, obtaining and communicating status information and analysing resource requests from Te Manawa Taki (Midland) Regional Health Coordination Centre or other regional Health Coordination Centre.
q. Facilitating the supply of required resources for use within the Te Whatu Ora Taranaki region or any other Te Whatu Ora districts as appropriate.

It is the responsibility of the Te Whatu Ora Taranaki Lead Hospital and Specialist Services or delegate to:

- Represent the Te Whatu Ora Taranaki on the Taranaki Civil Defence Emergency Management Group's Co-ordinating Executive Group.
- Facilitate and administer the Health Advisory Group on behalf of the Taranaki Civil Defence Emergency Management Group.

- Coordinate Te Whatu Ora Taranaki emergency response at the Te Whatu Ora Taranaki Emergency Operation Centre.

Public Health Services

Public Health Services in the Taranaki district are provided by the Public Health Service of Te Whatu Ora Taranaki and the Territorial Authorities. Public Health Services are responsible for:

a. Ensuring that the planning for and assessment of any emergency includes the impact on the health status of the community.
b. Identifying and assessing, through an analysis of the hazards and risks posed by the situation, the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response.
c. Monitoring all risks that may impinge on the health of the public.
d. Communicating with relevant people about the public health assessment and ensure appropriate management of the public health response.
e. Communicating, in liaison with the Te Whatu Ora Taranaki Communications Manager, with the community on all matters relating to public health.
f. Reporting to the Ministry of Health on readiness and response to a particular recognised incident.

Public Health Services response will provide advice and direction to the appropriate agencies on the following issues:

g. Provision of a potable water supply.
h. Food safety, particularly at mass feeding facilities and in power outages.
i. Control of sewage and other wastes, rodent control and the disposal of human and organic waste.
j. Shelter for evacuees and hygiene standards.
k. Control of infectious diseases including case and contact follow up.
l. Control and disposal of hazardous substances.
m. Radioactive hazards.
n. In association with the New Zealand Police, emergency storage and disposal of the dead.
o. Entry & Exit screening of international borders.

Primary and Community Healthcare Services

It is the responsibility of those providing primary and community healthcare services to:

a. Develop and maintain service continuity plans, appropriate for their situation, to minimise disruption to services through the loss of staff, loss or impairment of buildings, resources or utility services.
b. Continue to provide their services, to the fullest extent possible, to meet the needs of their normal patients or clients and others who, because of the emergency, are unable to access their usual provider.
c. Have planned to participate in a response to:
    i. Meet the need for care and advice to uninjured casualties or those with minor injuries.
    ii. Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds.
    iii. Meet the healthcare needs of people at Civil Defence Centres; this could include replacing missing medication, undertaking health screening, the provision of information and advice to the public and the provision of psychosocial support.

Secondary and Community Hospitals

It is the responsibility of the hospital lead or designated staff member from each hospital and other facility within the Te Whatu Ora Taranaki region to:

a. Develop and maintain service continuity plans to minimise disruption to services through the loss of staff, loss or impairment of buildings, resources or utility services.
b. Manage capacity to accept those needing hospital care.
c. Participate in an alternative communications network linking key healthcare facilities and the Te Whatu Ora Taranaki Emergency Operation Centre.
d. Have arrangements for access to essential supplies during an emergency.
e. Participate in co-ordinated planning, training, exercising and response arrangements with complementary and neighbouring providers and other key agencies.

Ambulance Services

St John Hato Hone Ambulance Services through its Manager shall:

a. Ensure that an alternative communications network exists that links key health facilities and emergency services.
b. Develop service continuity plans to minimise disruption to services through the loss of staff, loss or impairment of vehicles, buildings, resources or utility services.
c. Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
d. Participate in co-ordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and other key agencies.
e. Maintain an emergency plan, management structure and communications to enable effective assistance to Incident Controllers and the Te Whatu Ora Taranaki Emergency Operation Centre.

Disability Support Service Providers

Those responsible for the provision of Disability Support Services (such as rest homes and home support agencies) shall:

a. Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings, resources or utility services.
b. Ensure all obligations can be met and there is regular monitoring of staff awareness and training, and readiness of resources.
c. When requested by Te Whatu Ora Taranaki, make available resources to support secondary services, keeping in mind the requirements of maintaining core business.

Community Pharmacies

Community Pharmacies will, where possible, open their premises and provide their normal dispensing and retail services to both their usual customers and the public unable to reach their normal supplier. They will:

a. Develop and maintain service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings, resources or utility services.
b. Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources as per Quality Standards for Pharmacy in New Zealand.
c. Work closely with General Practitioners and other health professionals to dispense prescriptions and respond to requisitions to provide medicines and medical supplies.

Medical Laboratories

Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services. They will:

a. Develop and maintain service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings, resources or utility services.
b. Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
c. Work closely with healthcare providers responding to the emergency to facilitate the testing, diagnosis and treatment of those affected by the event.

Radiology Services

Radiology services are expected to assist the health response through, where possible, continuing their normal diagnostic services. They will:

a. Develop and maintain service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings, resources or utility services.
b. Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
c. Work closely with healthcare providers responding to the emergency to facilitate the imaging, diagnosis and treatment of those affected by the event.

Civil Defence Emergency Management

Where a local emergency is significant and/or declared, the Taranaki Civil Defence Emergency Management (CDEM)Group:

a. Will maintain contact with Te Whatu Ora Taranaki through the appointed Health Liaison Officer at the CDEM Group's Emergency Coordination Centre.
b. May facilitate requests for resources, not available from Te Whatu Ora Taranaki or other health sources, when advised or requested by the Health Liaison Officer.
c. Will in a health emergency, provide a Taranaki CDEM Liaison Officer to attend the Te Whatu Ora Taranaki Emergency Operation Centre upon direction of the CDEM Incident Controller.

Other Health Related Providers (including Private Hospitals)

Other health providers in the region are required to assist in any emergency by:

a. Undertaking roles identified in this Plan, when requested by Te Whatu Ora Taranaki to do so.
b. As part of a coordinated approach to emergency planning, Te Whatu Ora Taranaki will assist as able all funded health providers to develop their own Emergency Plans.

Mental Health Services

Mental Health Services are expected to assist the health response as per the Mental Health Emergency Plan. They will:

a. Develop and maintain service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings, resources or utility services.
b. Continue to provide their services, to the fullest extent possible, to meet the needs of their normal patients or clients.
c. Participate in co-ordinated planning, training, exercising and response arrangements with Te Whatu Ora Taranaki complementary providers and other key agencies.
d. Maintain an emergency plan, management structure and communications to enable effective liaison and assistance to Incident Controllers and the Te Whatu Ora Taranaki Emergency Operation Centre.

e. Undertake roles identified in the Mental Health Services Emergency Plan.
f. Liaise with government and non-governmental agencies regarding victim counselling requirements and assist as required. This would be during the initial response and the recovery phases.

Māori Health Service

In collaboration with the Māori Health Provider network, the Māori Health Service will utilise the following four main strategies, as well as the identification of key issues for consideration by and for Māori, when developing and maintaining emergency plans:

a. Emergency awareness to the Taranaki Māori community to ensure prevention and early intervention, and whanau preparedness.
b. Consultation with Kaumatua regarding practices of tikanga and kawa.
c. Exchange of opinions and alternatives regarding emergency management between Te Whatu Ora Taranaki Emergency Management Committees and Taranaki Māori to ensure the wellbeing of the wider Māori community.
d. Identify and prioritise resources required to implement the plans.

APPENDIX D: INCIDENT ROLE CARDS EXAMPLES

Included in this document are some examples of roles cards to assist in any planning works to emergency management.

- Duty Nurse Manager
- Incident Controller
- Response Manager
- Technical Advisor
- Safety Manager
- Intelligence Manager
- Planning Manager
- Logistics Manager
- Operations Manager
- Welfare Manager
- Public Information Management (PIM) Manager
- Recovery Manager
- Manaaki & Wellbeing Support Coordinator (Psychosocial Support)

DUTY NURSE MANAGER

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

Line of Authority

- You will be Incident Control until relieved by a Clinical Services Manager, Senior Manager or suitably qualified member of the Hospital Health Emergency Management Group

Responsibilities

You will be responsible for:

- Receiving and responding (as required) to initial alerts from National Health Coordination Centre (NHCC) and Taranaki Emergency Management Office Emergency Coordination Centre (TEMO ECC).
- Activate emergency response processes
- Advise directorate leads (work week) / on-call hospital manager (afterhours) of issues being raised
- Ensure appropriate Incident Response Team members are contacted if required (via call centre)
    - Emergency Management
    - Security
    - Communications Manager
    - IOC Manager
    - ICT Manager
    - Call Centre Team Leader / Patient Services Manager

Activation Duties	Tick
Review this role card to understand what duties will be required initially and ongoing	
Don the **Incident Controller** vest/lanyard (until relieved)	
Start and maintain a logbook of all actions taken and decisions made	
Consider calling in backup Duty Nurse Manager	
Review the **Incident Controller** role card for Incident Control actions to be undertaken – work in coordination between that and this role card	
Delegate a staff member to gather any emergency equipment required from the DNM emergency cupboard and deploy to where it is required (affected ward/building or EOC)	
Alert department leads if utilities or services are compromised	
Handover to the **Incident Controller** on their arrival – hand over the logbook of actions undertaken to date as part of the response	

Operational Duties	Tick
Maintain your logbook	

Delegate actions to Nursing Resource staff	
Attend all briefings and IMT meetings until you fall under the **Operations Manager**, whereby they will keep you informed	
Attend Action Plan meetings and participate actively in the development of these	
Consider if you require additional support and request this from the **Logistics Manager** if you are unable to source from your known resources.	
Conduct in-shift briefings with staff; ensure follow-up actions and new issues / actions are made known	
Maintain operational effectiveness of the hospital environment working closely with nursing hierarchy and nursing resources as required	
Report to the **Operations Manager** as required to keep the IMT/EOC informed.	
Brief incoming **Duty Nurse manager**	
Advise the **Operations Manager** you are being relieved	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure any ongoing actions due for completion are transferred to the **Incident Controller** for close off	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the incident debrief	
Assist with the after-action report as required	

INCIDENT CONTROLLER

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

Line of Authority

You will report to the Taranaki Leadership Team and Te Whatu Ora National Incident Controller (where in place)
The Incident Management Team (IMT) and Emergency Operations Centre (EOC) staff will report to you

Responsibilities

You are responsible for:

- The overall management, direction and coordination of any response in an emergency situation within Te Whatu Ora Taranaki. (Command and Control, Collaboration and Communication)
- Providing support for recovery management functions through the **Recovery Manager** when and if one is appointed.
- Ensuring Te Whatu Ora leadership and executive, staff, public and key stakeholders are appropriately informed of the situation

Activation Duties – Assessment	Tick
1. Don the **Incident Controller** vest/lanyard 2. Receive handover 3. Assign **Admin Support** to assist with taking notes of actions, setting meetings, minutes etc 4. Size up the event by conducting a quick toolbox with those present • Size and scale • Nature of event • Impact to lifelines utilities and other services (power, telecommunications, gas, linen, kitchen etc) • Weather • Time of day • Threat to life and property • Expected duration • Who do you need? (personnel for IMT/EOC, support roles, external agency input) • What do you need? (resources, supplies, equipment, lifelines and services) • Key actions required 5. Set the response level - 1, 2, 3 or 4. 6. Determine the appropriate location of the emergency operations centre (EOC) - ensure you consider duration of response and number of people who may be using the room – bigger is better.	
Instruct the call-centre operators to contact members of the Hospital Health Emergency Management Group to report to the EOC (unless already present)	
Start and maintain a logbook of actions taken as **Incident Controller**	
Review this role card to understand what duties will be required initially and ongoing	
Refer to the relevant plans available dependant on circumstance	

Breathe – the initial stages of the response are disorganised, lack information and feel hectic. This role card is here to help you.	
Activation Duties - Response	**Tick**
As EOC personnel arrive or if the majority are present conduct initial briefing: 1. Ensure **Admin Support** are ready to take minutes 2. Outline and summarise incident 3. Set goals of the response and record on whiteboard for all to see: e.g., Preserve human life to the best of our abilities; Ensure hospital services are maintained; Get the Power on; Protect patient data etc 4. Appoint personnel to the function roles required to support the response following the CIMS framework (Response Manager, Intelligence, Planning, Logistics, Operations, Welfare, Safety, & PIM) 5. Consider any priority requests and delegate for action (some initial function delegations are provided below as a guideline) 6. Decide and advise timeframe for the operational period (no longer than 12 hours/shift) 7. Consider who else needs to be in the room from external agencies, other health agencies or for support to the response (see **Response Manager** delegations) 8. Delegate the **Response Manager** to conduct an initial familiarisation for staff present to the EOC duties, systems and protocols	
Schedule an Action Planning meeting for the first operational period of the response with your staff and key Incident Management Team members.	
Schedule a time for the first Situation Report to be completed and decide on distribution list and instruct the **Intelligence Manager** to prepare – sign this off when ready	
INITIAL DELEGATIONS TO FUNCTIONS The below are delegations for initial response actions to consider. NOT ALL functions may be in place/used in a response so consider who else could do (this is a guideline only).	
Delegate the **Response Manager** to: 1. Oversee setting up the EOC with the assistance of all present to set up their function areas. (Facilities and ICT staff may be required to help if the response is level 3 or 4) 2. Set up a sign in sheet 3. Notify any other require external agencies or regional or national emergency management of activation and level of support needed	
Delegate the **Safety Manager** to: 1. Complete a health and safety survey on site as per their role card. 2. Consider any safety measures to incorporate in planning	
Delegate **Intelligence Manager** to obtain: 1. A status report from the location of the incident if external (refer CDEM, FENZ, etc) 2. Up to date information from the Duty Nurse Managers/department leads on status of the hospital 3. Up to date information on lifelines, utilities and services if affected 4. The status of telecommunications and network e.g., phones, cell phones, SPOC, satellite phones etc	

Delegate the **Planning Manager** to: 1. Review planning documentation 2. Begin initial action plan	
Delegate the **Logistics Manager** to: 1. Obtain a budget code from finance for the response 2. Consider any crowd control / traffic management considerations 3. Obtain information on the status of facilities, resources, supplies and suppliers, etc • If telecommunications (phone, cell phone) are non-functional confirm radio channel to use for response) and resource staff as runners 4. Organise for refreshments for the response staff (departments affected, clinical areas, IMT/EOC, call centre etc)	
Delegate the **Operations Manager** to: 1. Consider the initial operational activities and obtain information on: • the incident actions underway obtain • operational personnel needed to meet clinical and non-clinical requirements • resources needed 2. Ascertain on-site and external communications capabilities and restrictions	
Delegate the **Welfare Manager** to: 1. Consider what support is needed for family/whanau and friends 2. Staff welfare requirements 3. Consider if Psychosocial Support Coordinator needs to be contacted	
Delegate the **PIM Manager** to: 1. Draft messaging for the public and staff based on • Information available, • Lead agency messaging (if external to Te Whatu Ora Taranaki) • Goals of the response	
Operational Duties	**Tick**
COMMAND and CONTROL:	
• Overall organisation and direction of the response, personnel in Incident Management Team (IMT) and function of the Emergency Operations Centre (EOC) • Direct specific actions as required • Coordinate staff activity • Co-opt subject matter experts as needed for the response • Assess and re-evaluate the situation regularly • Approve requests for resources / spending (consider appointing a Finance Manager) • Approve release of resources • Approve media releases • Approve Action Plans • Approve Situation Reports	
• Determine information needs and inform **Intelligence Manager**	
• Determine Recovery Planning needed and arrange for appointment of a **Recovery Manager** if needed.	

• Set the tempo of the response (see *Operational Schedule Template)* e.g., when the IMT meets; when Status Reports should be received and Situation Report are to be sent out and Action Plans completed by; the start and end of shifts, regular briefings etc)	
• Schedule and attend regular Action Planning Meetings with IMT members (see *IMT Agenda Template)*: 1. Current Situation and obtain updates from each lead function 2. Outstanding issues (from last Action Plan) 3. Next Action Plan options 4. Task prioritisation and options analysis 5. Resource requirements 6. Public information requirements 7. Welfare requirements (staff, patients, family/whanau) 8. Issues and/or concerns 9. Recovery status and/or plans 10. EOC staffing and other business 11. Set next meeting	
COMMUNICATION:	
• Briefing the incoming Incident Controller, and IMT and staff at shift changeover/start of shift and in turn as incoming incident controller obtaining a briefing. Use completed *Action Plans* and *Situation Reports* as a guide	
• Ensure briefings to keep staff informed throughout the operational period as required	
• Ensure liaison with other agencies through providing Health/Public Health Liaison Officers of allowing Agency Liaison Officers into Te Whatu Ora Taranaki EOC	
• Discuss with the **Medical Officer of Health (MOoH)** consider any information that is needed for release e.g. public health advice, clinical guidance etc	
• Discuss with the **Technical Advisors** any information that is needed to manage the response (individually or as part of IMT meetings, Action Planning meetings)	
• Provide regular updates to Te Whatu Ora Taranaki Leadership Team	
• Approve media releases	
• Ensure Situation Reports are distributed to external agencies as relevant to the response	
COLLABORATION	
• Coordinating the response of health service providers	
• Consider co-opting others with specialised subject expertise as needed	
• Ensure Emergency Management and Public Health Liaison officers are available as needed to sit external agencies e.g., CDEM, Police, FENZ etc	
• Assist in the implementation of the Recovery Plan (see *Recovery Plan Template)*	

Brief incoming **Incident Controller** (use the *Shift Handover Template)*	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
De-activation actions • Gather all response documents for any after actin reviews • Schedule hot and cold debriefs • Ensure IMT Managers debrief with their outgoing teams	
Downgrade EOC and response levels and approve de-activation plan	
Notify the Te Whatu Ora Taranaki Leadership Team and all stakeholders of deactivation	
Authorise deactivation of CIMS functions when they are no longer required. Ensure managers: • secure logbooks and documentation • debrief their teams	
Establish a date, time and place for the incident debrief	
Deactivate the emergency operations centre (EOC) and instruct staff to: • Gather all documentation, catalogue and file for any after action reviews • Pack up their function areas and ready for the next response before storing	
Close out your logbook	
Note incomplete actions to be cleared after deactivation (may be managed by **Recovery Manager**)	
Handover to **Recovery Manager**	

RESPONSE MANAGER

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

Line of Authority

You will report to the **Incident Controller**

Responsibilities

Is responsible for:

- Ensuring the smooth running of the Emergency Operations Centre (EOC)
- Rostering of EOC and ensuring staff are inducted and fully briefed on duties, systems and protocols
- Inducting any external agency staff into the EOC

Activation Duties	Tick
Report to the EOC and sign in	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Response Manager** vest/lanyard for easy identification to others	
Start and maintain a logbook of all actions taken and decisions made	
Log into the emergency management information system (EMIS) being used for the incident and set up an Incident folder – assign an appropriate name for the response and document on the white board.	
Conduct an initial familiarisation session for staff present of the: • EOC duties, systems and protocols • Show staff where the Incident folder is on the system	
OVERSEE SETTTING UP THE EOC	
• Moving desks/tables as appropriate to workflow for functions	
• Acquire whiteboards for status boards	
• Distribute IMT function boxes, with role cards, vests/lanyards, stationary	
• Ensure relevant plans are available in hard copy and as soft copy in the Incident folder	
• Delegate ICT to set up IT and communications capacity for functions (computers, laptops, phones, radios etc)	

• Establish contact with the call-centre operators to:
  • Establish contact details for Incident Controller, Admin Support, Response Manager etc
  • Ensure staffing appropriate for level of response (e.g. satellite phone, radio being monitored)	

• Set up the EOC sign in sheet and ensure staff present have completed this	
• Establish a CONTACT INFO BOARD within the EOC and/or in the EMIS Incident folder and document all IMT members, EOC function, important phone numbers	

ADDITIONAL NOTIFICATIONS	

• If advised by controller to do so contact:
  • National Health Coordination Centre (NHCC) and Regional Emergency Management Advisor (REMA) to advise of activation / request support
  • external agencies to advise of activation / request Liaison officers or additional support	

• Update and add any contact information to the CONTACT INFO BOARD	
Operational Duties	**Tick**
Maintain your logbook	
Log events into the EMIS	
Attend all briefings and IMT meetings	
Ensure the EOC runs efficiently – support IMT and oversee EOC infrastructure	
Maintain the CONTACT INFO BOARD	
Complete setting up Incident Management folder established for the response: • Function subfolders: ## - {function name} e.g., 01 – Incident Controller • Subfolders for other agencies, information etc	
Coordinate with the ICT Team staff requiring permission to log in to the EMIS system as required	
Ensure welfare needs, wellbeing and workloads of EOC staff – action any requirements with support from HR, Psychosocial support or organise for additional staff to meet demand	
Ensure efficient flow of information within the EOC: • Function status boards are updated • Function Managers are updating logbooks, handover notes etc	
Consider the duration of the response and if there will be a next operational period. • Discuss with Incident Controller / IMT Managers • If required start roster planning and contact personnel.	
Facilitate shift changeovers: • Induct new staff to the EOC • Ensure handovers occur between outgoing staff to incoming staff for each function • Update CONTACT INFO BOARD as appropriate	
Brief incoming **Response Manager** (use the *Shift Handover Template)*	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Attend the Incident debrief	
Assist with the after-action report as required	
Coordinate the disestablishment of the EOC with exiting functions, ICT and facilities staff	

TECHNICAL ADVISOR

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

Line of Authority

You are assistant to the **Incident Controller** and are not in the direct line of authority

Responsibilities

Is responsible for:

- Advising the **Incident Controller** on specific technical issues in which the advisor is a specialist. E.g., the Chief Medical Officer, Medical Officer of Health, Fire and Emergency New Zealand, Civil Defence Emergency Management

Activation Duties	Tick
Report to the EOC and sign in	
Partake in an induction into the EOC	
Ensure the R**esponse Manager** has your contact details	
Don organisational identification / name tag so other staff can identify you	
Receive briefing from the **Incident Controller** of current and potential status as well as technical and support requirements	
Start and maintain a logbook of all actions taken and decisions made	

Operational Duties	Tick
Maintain a logbook of actions	
Attend all briefings and other meetings as requested by the **Incident Controller**	
Liaise with Incident Controller and IMT members for specific needs	
Attend Action Planning Meetings	
Brief incoming shift cover	
Sign out of the EOC attendance register on shift changeover	

Deactivation Duties	Tick
Complete and close out logbook	
Provide all material, comments, and notes to the Incident Controller for the de-brief and after-action report	
Attend debriefs as required	

SAFETY MANAGER

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

Line of Authority

You will report to the **Incident Controller**

Responsibilities

Is responsible for:

- Ensuring direct support to continuously monitor the incident environment to ensure health and safety of personnel, patients and visitors
- Investigating all staff injuries/deaths whether on site or in the field with external agencies
- Completing reports and submitting to appropriate officials within the required time frame
- Ensuring Action Planning incorporates safety considerations and messaging
- Exercising emergency authority to stop unsafe activities / actions
- Monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety
- Developing safety strategies with the **Incident Controller, Operations Manager** and **Logistics Manager**

Activation Duties	Tick
Report to the EOC and sign in	
Partake in an induction into the EOC	
Ensure the R**esponse Manager** has your contact details	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Safety Manager** vest/lanyard for easy identification to others	
Start and maintain a logbook of all actions taken and decisions made	
Partake in an induction into the EOC	
Consider any initial safety information that needs to be passed on to the **Response Manager** to include in the EOC induction specific to the incident.	
Assist with setting up the EOC and Safety Function area	
COMPLETE INITIAL HEALTH AND SAFETY SURVEY OF THE INCIDENT Consider: • Hazardous materials, including nearby sources • Air quality, including heating, cooling and oxygen content • Structural integrity • Escape routes, safe havens and assembly points • Utilities	

• Issues for movement for elderly, mobility, hearing and sight impaired • Fire protection	
CONSIDER ANY SAFETY MEASURES NEEDED • Access and egress for the EOC, Hospital areas etc • Signage / instructions for persons to site • Safety strategies to be incorporated into response planning for staff	
Meet with the **Logistics Manager** to: • Obtain briefing about on site and external communications capabilities and restrictions • Assess the communications linkages provided for adequacy to emergency services • Make requests for additional resources as needed to ensure effective telecommunication	
Set up a SAFETY STATUS BOARD within the EOC and/or EMIS to record risks, contact information, concerns, safety messaging etc	
Operational Duties	**Tick**
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Exercise emergency authority to prevent and stop unsafe actions / activities	
Consider if you require additional support and request this from the **Logistics Manager** if you are unable to source from your known resources.	
Obtain and provide information regarding the EOC and field staff requirements to remain safe. Information can include: • Threatening weather and dangers from heat, cold, lightning, wind, sunburn etc • Toxic chemical conditions and proper response to exposure utilising material safety data sheets • Recommendations to evacuate or shelter in place • Physical threats to avoid, such as after an earthquake, flood, fire etc • Determine if there are any requirements to staff the Safety Advisors position 24/7	
Maintain awareness of active and developing situations, ensure **Incident Controller** and **all Function Managers** are advised as appropriate for information, planning and communication considerations	
Participate in all planning meetings	
Review action plans	
Include safety messages in each Action Plan	
Prepare safety reports, injury reports, and insurance application reports for each operational period	
Maintain the SAFETY STATUS BOARD	
Ensure support staff arriving to site undergo Safety Inductions e.g., additional medical workforce, contractors, emergency services etc	

Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Brief incoming **Safety Manager** (use the *Shift Handover Template)*	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Coordinate the deactivation of the Safety Function with the **Incident Controller.** • No significant safety risks • Process for any safety questions	
Provide copies of all safety actions, reports, messages, and assessments to the **Incident Controller** AND Ensure file copies are maintained for long-term issues for workers compensation or insurance	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

INTELLIGENCE MANAGER

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

Line of Authority

You will report to the **Incident Controller**

The Planning Team will report to you

Responsibilities

Is responsible for:

- The collection, analysis and dissemination of relevant information

Activation Duties	Tick
Report to the EOC and sign in	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Intelligence Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC and Intelligence Function area	
Establish where to attain the information you will need (e.g., Duty Nurse Manager, *Status Reports* from departments, Logistics Manager etc)	
Meet with Logistics Manager to obtain briefing on: • Onsite and external communications capabilities/restrictions • Operating procedures for communication systems • Established priorities and any requests for services needed	
Establish your support team resources	
Begin the initial Situation Report (SitRep)	

Operational Duties	Tick
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Establish a data collection system and threat assessment technique e.g., casualty numbers, weather, traffic, hazardous substances information, flood reports etc to inform IMT members	
Compile and display on status boards, the response and recovery status summary information	

Collect, evaluate, and disseminate information about the event to: • understand current situation, • predict probable course and • prepare alternative strategies and control operations for recovery	
Analyse raw data to provide meaningful information for planning	
Regularly update the Incident Controller of: • the status of your function • significant changes/updates to Intelligence information e.g., serious changes in weather, safety issues, projected resource reduction	
Display: • locations that are being used for mass care and shelter by facility name • maps of the site locations, physical descriptions, and directions on safe routes to and from those facilities • maps and details of other locations related to emergency response and recovery	
Brief supporting staff of incident	
Collate and share information with other IMT members – validate data	
Prepare Situations Reports and attend Action Planning Meetings with IMT for each operational period	
Prepare and gain **Incident Controller** approval	
Disseminate SITREPs to relevant parties once approved	
Update situation board before and after-Action Planning Meetings	
Ensure normal agency information/reporting requirements are being met	
Brief incoming **Logistics Manager**	
Sign out of the EOC attendance register on shift changeover	

Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure recovery plan items are in place related to your session	
Ensure any ongoing actions due for completion are transferred to the **Incident Controller** for close off	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

PLANNING MANAGER

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

Line of Authority

You will report to the **Incident Controller**
The Planning Team will report to you

Responsibilities

Is responsible for:

- The development of the Initial Action Plan, subsequent Action Plans and any contingency and long-term planning

Activation Duties	Tick
Report to the EOC and sign in	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Planning Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC and Planning Function area	
Meet with the Logistics Manager to: • Establish operating procedures required for telecommunications • Determine established priorities and make any requests you need	
Review planning documentation for what is available and what needs to be developed	
Begin the Initial Action Plan	

Operational Duties	Tick
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	

INFORMATION GATHERING FOR PLANNING	
• Meet regularly with the **Intelligence, Operations** and **Logistics Managers** to exchange available information	
• Conduct Action Plan meetings and engage other IMT members to ascertain issues and consensus	

• Anticipate situations and problems that are likely to occur and impact the current and next operational periods e.g.,:
  • Power interruptions
  • Weather
  • Darkness
  • Personnel burnout
  • Aftershocks etc	

ACTION PLANNING	

• Supervise action planning sessions
  • Time period the plan covers (operational period)
  • The mission priorities
  • Listing of objectives to be accomplished (this should address the mission priorities and be measurable in some way so the EOC knows when they are completed)
  • Statement of strategy to achieve the objectives (identify whether there is more than one way to accomplish the objective, and which is the preferred method)
  • Assignments necessary to implement the strategy
  • Organisation elements to be activated to support the assignments
  • Organisation elements that will be deactivated during or at the end of the period
  • Logistical or other technical support required, who will provide it and time needed
  • Develop goals and objectives for the forthcoming operational period (if more than one) with other Managers	

• Estimate the incident duration and track objective status in relation to this	
• Attain **Incident Controller** approval of action plans and disseminate	
• Assemble information on alternative strategies	
Advise IMT members and support staff of any changes to the response or recovery status	
Escalate issues that cannot be resolved with other managers to the **Incident Controller**	
Brief the **Incident Controller** on major problem areas (which will need resolution) and then confer with other managers to gather recommendations	
As the workload decreases begin planning for deactivation/transition to recovery	
Brief incoming **Logistics Manager**	

Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure any ongoing actions due for completion are transferred to the **Incident Controller** for close off	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

LOGISTICS MANAGER

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

Line of Authority

You will report to the **Incident Controller**

The Logistics Team will report to you and this team consists of staff in the Emergency Operations Centre plus the roles of **Personnel Support Coordinator, Facilities Coordinator, Admin & Document Support Coordinator** and **ICT Coordinator**

Responsibilities

Is responsible for:

- Supply of logistics resources to match the Incident Management Team (IMT) requirements
- Ensures the provision of facilities and utilities, supplies and materials, ICT and other services to support the incident response
- Ensures crowd control measures/traffic control measures are put in place if required

Activation Duties	Tick
Report to the EOC	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Logistics Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Ascertain if Traffic Management is required and coordinate this	
Ascertain if Security is required in collaboration with the **Hospital Support Services Coordinator / Operations Manager** and coordinate this	
ASSIST WITH SETTING UP THE EOC AND LOGISTICS FUNCTION AREA	
• Facilitate installation and operation of equipment for EOC e.g., phones, computers, whiteboards, printers/photocopiers with support from the **Facilities Coordinator** and **ICT Coordinator**	
• Set up maps, diagrams, and status boards	
• Assess communications systems adequacy and delegate any requirements to the **ICT Coordinator**	
ESTABLISH LOGISTICS FUNCTION	
• Attain a budget code for the incident for any expenses incurred	

• Assign personnel to the roles within logistics as required	
• Establish guidelines for coordination of logistics requests	
• Ensure space is available in the Functions area for all role holders to effectively be able to work	
• Record and track activated sections of the Logistic function, including names, locations and current tasking	
ASCERTAIN INITIAL REQUIREMENTS OF EOC / RESPONSE	
• Meet with the **Intelligence Manager** to obtain the most up to date situation information and establish your requirements for information	
• Meet with IMT members to establish their resource needs	
• Evaluate the current EOC staffing with the **Response Manager** to ascertain any further personnel needs – consider 24/7 coverage needs	
• Assess catering needs and organise	
• Oversee the management of all administration support in the EOC	
• Assess any transport needs for the EOC or wider incident response and coordinate	
Operational Duties	**Tick**
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Set up a LOGISTICS STATUS BOARD within the EOC and/or EMIS to progress on actions from the Action Plan	
Attend Action Plan meetings and participate actively in the development of these	
Provide input to and review communications and security plans	
Consider if you require additional logistics support and coordinate this	
Oversee logistics, service, and support response actions in line with the Action Plan	
Co-ordinate and process request for resources by other IMT members	
Liaise with Operations, Planning and Intelligence Managers to determine what resources are required and what can be withdrawn to control costs (equipment and personnel)	

Track events and requests: • Event number from Incident Controller • Time request was received • Location where resource is required, who will receive it and who will use it • Description of resource: number, type, size, weight etc • Track when the resource action was assigned, time and to whom for completion • Track and report on status or assigned resources	
Ensure general welfare and safety of EOC personnel with **Safety Manager** and R**esponse Manager**	
Assist Security with establishing and maintaining security requirements	
Brief and assign administration staff to IMT members	
Organise any further resource for the EOC including information board in staff area with EOC layout, rosters, information from the IC	
Develop staff roster and ensure back up staff are on standby including 24/7 coverage if required	
Meet with Finance Department, **Incident Controller** and IMT members to: • review financial and administration supports needs • purchasing authority and limits delegated to **Logistics Manager**	
Brief incoming **Logistics Manager**	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure any ongoing actions due for completion are transferred to the **Incident Controller** for close off	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

OPERATIONS MANAGER

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

Line of Authority

You will report to the **Incident Controller**

The **Operations Team,**

During a Mass Casualty Incident (MCI) the **MCI Duty Nurse Manager, MCI Medical Staff Coordinator, MCI Clinical Support Coordinator and MCI Volunteer Coordinator** will report to you

Responsibilities

Is responsible for:

- Ensuring that the objectives within the *Incident Action Plan* are met through the operational teams on the ground – both clinical and non-clinical.

Activation Duties	Tick
Report to the EOC	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Operations Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC and Operations Function area	
Meet with the **Logistics Manager** to: • Obtain briefing about on site and external communications capabilities and restrictions • Assess the communications linkages provided for adequacy to direct the actions from the Action Plan • Make requests for additional resources as needed to ensure effective telecommunication	
CONSIDER INITIAL OPERATIONAL ACTIVITIES FOR CLINICAL AND NON-CLINICAL AREAS Consider: • Actions under way • Operational personnel on site and required to meet clinical and non-clinical requirements • Resources needed	

Operational Duties	Tick
Maintain your logbook	
Log events of significance into the EMIS	

Attend all briefings and IMT meetings	
Attend Action Plan meetings and participate actively in the development of these	
Consider if you require additional support and request this from the **Logistics Manager** if you are unable to source from your known resources.	
Supervise Operations staff and activities	
Set up an OPERATIONS STATUS BOARD within the EOC and/or EMIS to progress on actions from the Action Plan	
OPERATIONALISING THE ACTION PLAN	
• Set action items to match the current operational periods Action Plan goals and objectives	
• Assign and brief operations personnel in accordance with the Action Plan (workstreams)	
• Identify need for specialised resources and request from the **Logistics Manager**	
• Determine if external representation or participation are required and assemble	
• Request resources and funding approval from the **Incident Controller**	

• Anticipate situations and problems before they occur using advanced planning information from the Intelligence and Planning sections e.g.,
  • Shortage of resources
  • Change to the threat situation to the hospital
  • Weather changes
  • Personnel fatigue
  • Goals for the next operational period etc	

• Make expedient changes to the Action Plan as necessary and report these to the **Incident Controller**	
• Determine additional resources required for further response and recovery phases and request additional support as suitable	
VOLUNTEER MANAGEMENT	

• Ensure a **Volunteer Coordinator** is appointed to manage all volunteers (ideally from People and Capability)
  • The **Volunteer Coordinator** is responsible for:
  • Setting up a *Volunteer Register*
  • Working with the **Personnel Coordinator** to advise of volunteer availability
  • Inducting volunteers to the site and ensuring they are suitable supervised	

INFORMATION SHARING	
• Share information received with other function managers	
• Report information about special activities, events, and occurrences to the **Incident Controller**	

• Utilise an OPERATIONS STATUS BOARD in the EOC and/or on the incident management EMIS to update response actions	
• Provide update reports to the **Incident Controller, Intelligence Manager, Planning Manager**	
• Brief the **Incident Controller** on major issues which require immediate resolution or are foreseeable in the near future when they may cause issues for health and safety, or major interruptions of operations capability	

• Provide Incident Controller, Planning Manager and Intelligence Managers with progress reports and anticipated problems e.g.,
  • Hospital operations threats,
  • Critical resource/personnel shortages
  • Heat/cold
  • Darkness
  • Severe weather changes etc	

The **PIM Manager** will manage: • Media requests – direct staff and/or volunteers not to talk to media	
The **Logistics Manager** will manage: • Requests for resources (equipment, supplies, staffing and facility support) • Communications / ICT queries • Finance queries • Food and refreshments for staff	
The **Safety Manager** will manage: • Information needed by staff regarding health and safety • Assessments of activities	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Brief incoming **Operations Manager**	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure any ongoing actions due for completion are transferred to the **Incident Controller** for close off	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

WELFARE MANAGER

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

Line of Authority

You will report to the **Incident Controller**

The Welfare Team in the EOC and the **Manaaki & Wellbeing Support Coordinator** and the **Family/Whanau Support Coordinator** will report to you

Responsibilities

Is responsible for:

- The welfare delivery for staff, patients, and visitors to Te Whatu Ora Taranaki
- Any Welfare response required as part of a Public Health Emergency or as part of the CDEM Welfare Response
- Overseeing the actions of the **Manaaki & Wellbeing Support Coordinator** and the **Family/Whanau Support Coordinator**

Activation Duties	Tick
Report to the EOC and sign in	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Welfare Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC and establish a Welfare Function desk	
Establish where to attain the information you will need (e.g., Duty Nurse Manager, *Status Reports* from departments, Logistics Manager etc)	
Assign personnel to the roles of **Family/Whanau Support Coordinator** if required	
Contact the **Manaaki & Wellbeing Support Coordinator** if required for a CDEM response	
Establish your support team resources	

Operational Duties	Tick
Maintain your logbook	
Log events of significance into the EMIS	

Attend all briefings and IMT meetings	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Liaise with other IMT members and support staff for any welfare concerns that need to be addressed	
Liaise with other IMT members and support staff for immediate and ongoing welfare requirements for the response	
Determine and arrange psychological first aid for staff, patients, family/whānau and friends for during the response and for recovery	
Determine and arrange psychosocial needs assessment for staff, patients, family/whānau and friends for during the response and for recovery	
Complete needs assessment for staff, patients and their family/whānau and friends and local community affected by emergency incident	
Participate in recovery phase planning for the co-ordination such as co-ordination of food, water, hygiene, clothing, medication, shelter, financial assistance.	
Engagement with external agencies providing welfare arrangements e.g. welfare services, Iwi/Māori, community groups,	
Co-ordinate establishment of welfare facilities to supported affected community with Logistics Manager and CDEM	
Attend Action Plan Meetings	
Brief incoming **Recovery Manager**	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to deactivate your position	
Ensure all welfare needs have been addressed and referrals made to appropriate agencies or services as needed	
Compile all notes, logbooks etc and give to the **Response Manager** for filing and establish a means to access these as required for ongoing Recovery work	
Attend the Incident debrief	
Assist with the after -action report as required	

PUBLIC INFORMATION MANAGEMENT (PIM) MANAGER

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

Line of Authority

You will report to the **Incident Controller**

Responsibilities

Is responsible for:

- **Internal communication during an emergency.** Providing timely, and accurate information to staff through the period of crisis.
- **External stakeholder.** Key stakeholders may need to be informed at the hospital which could affect their services. External agencies may also need to be kept informed. Lists of stakeholders (Te Whatu Ora Taranaki contracted providers) and external agencies are held by the Communications Team
- Advising the **Incident Controller** on the potential effects of the proposed actions on external and internal relations
- Serving as the dissemination point for all media releases and information from the Emergency Operations Centre (EOC) once approved by the **Incident Controller**
- Reviewing and coordinating all information releases from other sources (e.g., Te Whatu Ora leadership, partner agencies etc to ensure a coordinated approach and consistent messaging
- Preparing fact sheets relevant to the incident for distribution to staff
- Facilitate engagement between the media and **Incident Controller**
- Respond to special requests for information

Activation Duties	Tick
Report to the EOC and sign in	
Partake in an induction into the EOC	
Ensure the R**esponse Manager** has your contact details	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **PIM Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC and PIM Function area	
DRAFT INITIAL MESSAGING FOR STAFF AND PUBLIC Consider: • Information available	

• Lead agency messaging • Incident Controller's intent • Have signed off by Controller	
Meet with the **Logistics Manager** to: • Obtain briefing about on site and external communications capabilities and restrictions • Assess the communications linkages provided for adequacy to release information and handle media enquiries • Make requests for additional resources as needed to ensure effective telecommunication	
Establish media and social media monitoring to look for information on the incident to be able to correct information and respond as required	
Maintain awareness of active and developing situations and track events of significant public interest	
Provide contact information to the call-centre for any media enquiries	
Operational Duties	**Tick**
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Attend Action Plan meetings	
Consider if you require additional support and request this from the **Logistics Manager** if you are unable to source from your known resources.	
Establish points of contact with external agency liaison and with the Crisis Management Team	
Confer with the **Incident Controller** about information available and when it is appropriate for release	
Confer with the Incident Management Team (IMT) and other staff and provide the information needed to Te Whatu Ora Taranaki stakeholders. Stakeholders include: • Executive Management Team and Leadership • Employees • Other key medical / health organisations • Te Whatu Ora Taranaki consumers • Media who may cover the event • Local / national government agencies • Vendors • Insurers	
Develop a schedule for media briefings	
Prepare briefing materials	
Have all communications approved by the **Incident Controller**	

Brief Incident Controller of: • issues raised by reporters / external situations covered by the media which could affect Te Whatu Ora Taranaki • unusual requests for information • major critical or unfavourable media comments – include impact assessment and recommended actions	
Use information from broadcast media, Twitter, Facebook, and other social media to develop follow-up releases	
Control rumours and speculation with timely and accurate information	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	
Brief incoming PIM **Manager** (use the *Shift Handover Template)*	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** to de-activate your function	
Ensure continuing media questions are directed to business-as-usual Communication Managers	
Complete and close out logbook	
Compile all notes, logbooks etc and give to the **Response Manager** for filing.	
Attend the Incident debrief	
Assist with the after -action report as required	

RECOVERY MANAGER

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

Line of Authority	
You will sit alongside the **Incident Controller**	
Responsibilities	
Is responsible for: • The recovery process during and following an incident	
Activation Duties	**Tick**
Report to the EOC and sign in	
Receive briefing from the **Incident Controller** and participate in any Initial situation size up and appreciation discussions as per the Activation Duties – Assessment on the Incident Controller role card	
Review this role card to understand what duties will be required initially and ongoing	
Don the **Recovery Manager** vest/lanyard for easy identification to others	
Begin logbook of actions	
Partake in an induction into the EOC	
Assist with setting up the EOC	
Establish where to attain the information you will need (e.g., Duty Nurse Manager, *Status Reports* from departments, Logistics Manager etc)	
Meet with Logistics Manager to obtain briefing on: • Onsite and external communications capabilities/restrictions • Operating procedures for communication systems • Established priorities and any requests for services needed	
Establish your support team resources	
Begin the initial Situation Report (SitRep)	
Operational Duties	**Tick**
Maintain your logbook	
Log events of significance into the EMIS	
Attend all briefings and IMT meetings	
Conduct in-shift briefings with staff; ensure follow-up actions from the IMT meetings and new issues / actions are known.	

Liaise with other IMT members and support staff for recovery requirements	
Determine and arrange needs assessment for staff, patients and family/friends and local community for the recovery phase with the **Welfare Manager**	
Identify gaps in information and work with **PIM Manager** to ensure consistent messaging is provided internally and external for the recovery phase	
Assess needs of the Te Whatu Ora Taranaki to transition to business-as-usual and develop a plan for recovery of services with the hospital lead and Taranaki leadership Team	
Create recovery plan with **Incident Controller** approval	
Engage with external agencies, key organisations, and community leaders in affected areas	
Work with **Incident Controller** and **Planning Manager** to transition from response to recovery	
Attend Action Plan meetings	
Ensure normal agency information/reporting requirements are being met	
Brief incoming **Recovery Manager**	
Sign out of the EOC attendance register on shift changeover	
Deactivation Duties	**Tick**
Obtain agreement from **Incident Controller** of when handover to Recovery will occur	
Ensure Recovery Plan has been started and handover of ongoing actions to be completed attained from IMT	
Compile all notes, logbooks etc and give to the **Response Manager** for filing and establish a means to access these as required for ongoing Recovery work	
Attend the Incident debrief	
Assist with the after -action report as required	
Establish the Recovery Team as required in collaboration with the Te Whatu Ora Taranaki Leadership team	

MANAAKI & WELLBEING SUPPORT COORDINATOR

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

Line of Authority

The **Manaaki and Wellbeing Support Coordinator** role, sits within a Welfare function and reports to the **Welfare Manager –** either in the Te Whatu Ora Taranaki Operations Centre (EOC) or the CDEM Group Emergency Coordination Centre (ECC), is to coordinate the delivery of manaaki and wellbeing support for the affected community and reports to the Welfare Manager.

Responsibilities

Responsible for the following:

- Leading and drawing on the Te Whatu Ora Taranaki resources as well as the support agencies to ensure manaaki and wellbeing support is provided for the community
- Leading the above team to assess the nature, extent and impact of the incident in order to develop an action plan.
- Recording all actions and decisions on a log sheet/book
- Ensuring that expenses are tracked
- Working with the Emergency Coordination Centre (ECC) Planning team and the Welfare Manager to assess the type of support that vulnerable people/groups may require.
- Working with Te Whatu Ora Communications Team and Māori/Iwi liaison to develop key messages and a communication plan.
- Ensuring implementation of the action plan
- Identifying additional resources required to provide support
- Keeping the Welfare Manager informed of progress/situational information/issues re implementation of the action plan
- Liaising with the Te Whatu Ora Taranaki Civil Defence Health Liaison rep and the Welfare/Recovery Managers
- Monitoring if the initiatives are meeting their objectives on the community and adjusting where needed

Activation Duties	Tick
Report to the EOC and sign in	
Partake in an induction into the EOC	
Ensure the R**esponse Manager** has your contact details	
Report to the **Welfare Manager** to obtain a briefing on the situation	
Check that the *Te Whatu Ora Taranaki Manaaki and Wellbeing Support Plan* has been activated	
Review the plan and partners as needed	
Review the Manaaki and Wellbeing Support Coordinator role card (this card) responsibilities and open a chronological logbook of communications/decisions & activities.	

Notify the backup Coordinators of the situation to prepare to cover ongoing activation	
Start and maintain a logbook of all actions taken and decisions made	
Operational Period Duties	**Tick**
Arrange for a meeting/teleconference of the Manaaki and Wellbeing Sub-Group and relevant support agencies in order to develop an implementation plan.	
Ensure relevant support agencies are notified and have an opportunity to engage with planning	
Ensure the support agencies are coordinated in the implementation of the plan and actions meet objectives	
Report implementation to the Welfare Manager, Recovery manager and CDEM	
Provide status updates to Te Whatu Ora Taranaki Incident Controller as required	
Attend and monitor the meetings by the Incident Controller with the other managers	
Keep notes to brief your back up Coordinator at change of shift	
Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.	
Sign out at the ECC/EOC attendance roster at change of shift.	
Leave forwarding phone number(s) where you can be reached if needed.	
Deactivation Duties	**Tick**
Notify Manaaki and Wellbeing Sub-Group, support agencies and the Welfare Manager of deactivation	
Close out your logbook, leave phone numbers(s) where you can be reached	
Arrange a debrief meeting for the Manaaki and Wellbeing Sub-Group and support agencies (debrief templates and guidance documents are available)	
Ensure your comments and materials are made available to the Recovery Manager & Emergency Planning team for the After-action Report.	
Attend the event debriefs	
Update the *Te Whatu Ora Taranaki Manaaki and Wellbeing Support Plan* based on lessons learned.	

APPENDIX E: TEMPLATES FOR INCIDENT MANAGEMENT

- IMT Agenda
- Operational Schedule
- Incident Action Plan
- Status Report
- Status Report – Facility, Utilities and Equipment
- Situation Report
- Shift Handover and Briefing Template
- Recovery Action Plan

IMT Agenda

Coordination Centre:		**Meeting Chairperson:**	
Event name:		**Date & Time:**	
Agenda Items		**Responsible Function:**	
1.	Current situation - *from status reports, liaison reports and other agency situation reports*	Intelligence	
2.	Outstanding issues (from last Action Plan)	Operations / Logistics / Welfare	
3.	Next Action Plan options	Planning	
4.	Task prioritisation and options analysis	Incident Controller	
5.	Resource requirements	Operations / Logistics / Welfare / Safety	
6.	Public Information requirements	PIM / Welfare / Safety	
7.	Welfare requirements (staff, patients, family/whānau)	Welfare	
8.	Issues and/or concerns	Controller / Response Manager	
9.	Recovery status and/or plans	Recovery Manager	
10	EOC staffing and other business	All functions	
11.	Set next meeting	Incident Controller	
Decisions / Outcomes / Tasks		**Assigned to:**	**Complete by:**
Notes / Minutes			

Minute taker: (notes taken by)		**Approved by:** (Controller)	
Distribution List:			
Incident Controller	Response Manager	Māori Health Advisor	Recovery Manager
Safety Manager	Intelligence Manager	Planning Manager	Logistics Manager
Operations Manager	Welfare Manager	PIM Manager	

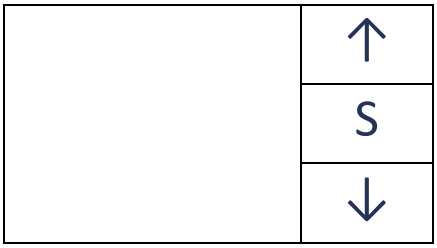
Operational Schedule

Coordination Centre:	**Schedule number:**
Event name:	**Date & Time:**

Types of Events: *Briefing, IMT Meeting, SitRep, Initial AP Briefing, Media Briefing, Objectives Meeting, Options Meeting, Operations presentation & Controller decision, Conference Call, Media Briefing, Action Plan printed and distributed, AP Briefing, Welfare, Controller & IMT handover briefing, Staff shift handover, COP final update check etc.*

Time	Event	Who	Location

Incident Action Plan

CIMS Function, Service or Organisation:	**Status Report number:**
Event name:	**Date & Time:**
Incident Classification: (CIMS 3 Sect 3.2.1) *https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019-PRINT.pdf*  *In the box indicate:* • *if the incident is (I) incident, (L) local (R) regional or (N) national* • *the Level number.* • *circle if the incident is stable, escalating or de-escalating*	**Type of Incident:** **Date & Time of Incident:** **Operational Period:**

New information should be written in blue – the different colour allows people to quickly scan a document if they are familiar with previous reports.

Summary of incident/event

A summary of the hazard impacts, environment and response actions to date based on issued SitReps.

Intent

A statement that gives clear direction on what the Controller wants to achieve, the response actions to achieve them, and what it will look like when it's done. It may be combined with Objectives and/or with Plan of action/strategy below

Response objectives

Breaking the intent down into specific objectives; best described as Specific, Measurable, Achievable, Relevant and Time-bound (SMART – Specific, Measurable, Achievable, Relevant, Timebound).

Objective 1:

Objective 2:

Objective 3:

Plan of action/strategy

Concept of operations describing the response actions that will be done to achieve the intent and objectives — a broad statement of what must happen and when. Consider vulnerable populations, equity. Include options for contingency which may account for restrictions to resources, staffing, escalation or prolonged event or concurrent events etc (contingency and long-term planning).

Designated tasks

Specific task and timings for each organisation under the plan.

Task	Who	When by	Phone

Limiting factors

Matters that may or will limit options, timeframes, outcomes

Coordination measures

Times, locations, boundaries, and other measures designed to coordinate the response

Resource needs

Who will provide what and when will they do it – including: supply, personnel, equipment, transport

Information flow

Who needs to know and who has information we need. May include information collection plan (or this may be an appendix)

Public Information Plan

Outline of intended public information processes and outputs. This may be an appendix

Communications Plan for Response (Logistics)

Frequencies, purpose, coverage, role cell phone numbers, communications schedule etc.

Name	Role	Email	Phone

Organisational Contacts

List/organisation chart of key roles, contact details, and roster of people assigned to the roles

Name	Organisation	Email	Phone

Appendices

Specialist functions, lists, tables, maps, etc. Suggested appendices include response map, operational schedule, PIM, logistics and Welfare.

References

References may include existing local, regional or national plans, previous incident Action Plans, current larger planning that informs local planning or any other document used in forming the Action Plan.

Document name	File path

Plan Approval

Action Plan prepared by:	
Action Plan approved by:	
Date and Time approved:	
Distribution:	

Status Report

Service, Business, CIMS Function etc:	Status Report number:
Event name:	**Date & Time:**

A status report is how you are at that point in time.

Current Situation

Outstanding issues/challenges/problems

Anticipated priorities/actions

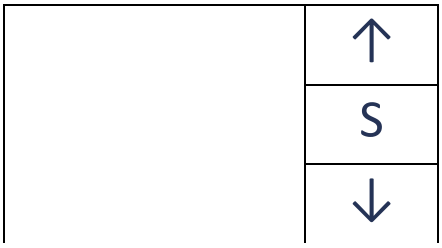
Other comments issues

Status Report – Facility, Utilities & Equipment

Tick only where appropriate and consider special equipment that should be included in this assessment

Building Name (and level and ward/unit name)			***Building Number***		
Building Damage		**None**	**Isolated**	**Severe**	**Unusable**
1.	Structural Damage	[ ]	[ ]	[ ]	[ ]
2.	Fire	[ ]	[ ]	[ ]	[ ]
3.	Flooding	[ ]	[ ]	[ ]	[ ]
Utility Assessment			**Fully Functional**	**Partially Functional**	**Non Functional**
4.	Power		[ ]	[ ]	[ ]
5.	Cold water		[ ]	[ ]	[ ]
6.	Hot Water		[ ]	[ ]	[ ]
7.	Wastewater *(toilets, wastewater, sluice etc)*		[ ]	[ ]	[ ]
8.	Medical Gases		[ ]	[ ]	[ ]
9.	HVAC *(Heating, Ventilation, Air conditioning)*		[ ]	[ ]	[ ]
10.	Phones		[ ]	[ ]	[ ]
11.	Computers /Laptops		[ ]	[ ]	[ ]
12.	Intranet & Internal digital systems		[ ]	[ ]	[ ]
13.	Internet & Email		[ ]	[ ]	[ ]
14.			[ ]	[ ]	[ ]
15.			[ ]	[ ]	[ ]
16.			[ ]	[ ]	[ ]
Other critical issues					

Situation Report

CIMS Function, Service or Organisation:	Situation Report number:
Event name:	**Date & Time:**
Incident Classification: (CIMS 3 Sect 3.2.1) *https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019-PRINT.pdf*  *In the box indicate:* • *if the incident is (I) incident, (L) local (R) regional or (N) national* • *the Level number.* • *circle if the incident is stable, escalating or de-escalating*	**Type of Incident:** **Date & Time of Incident:** **Operational Period:**

New information should be written in blue – the different colour allows people to quickly scan a document if they are familiar with previous reports. Ensure you amend the document information in the footer for all new reports for accurate document storage – a suggested format is Event name – Situation Report number (e.g. Earthquake, Jan 2023 – SitRep.001)

Summary of Incident:

(Summary of what has happened, and any critical issues/decisions made.)

Actions Taken

(Summary of what support agencies are doing, what has been done since previous SITREP or Action Plan, any coordination issues and priority actions.)

Predicted Incident / Event Progression:

(How the situation is anticipated to evolve – cause factors, consequences, and response.)

Resources

Resources in Place

(Key Resources being used.)

Resources Required

(These need to be requested on separate "Resource Request" forms but can be summarised here.)

Limiting Factors:

(Anything that is or is likely to affect the effectiveness of the response.)

Options for Action Planning:

(Outline major options for action that have been or are being considered.)

1.

2.

3.

4.

5.

Intended Actions:

(Outline significant actions intended in current and subsequent operations.)

Building Assessment

If more than one building affected, provide individual assessment information for each.

INFRASTRUCTURE

Tick only where appropriate

Building Name			***Building Number***		
Building Damage		**None**	**Isolated**	**Severe**	**Unusable**
1.	Structural Damage	[ ]	[ ]	[ ]	[ ]
2.	Fire	[ ]	[ ]	[ ]	[ ]
3.	Flooding	[ ]	[ ]	[ ]	[ ]
Utility Assessment			**Fully Functional**	**Partially Functional**	**Non Functional**
4.	Power		[ ]	[ ]	[ ]
5.	Generator		[ ]	[ ]	[ ]
6.	Generator Fuel		[ ]	[ ]	[ ]
7.	Water Supply		[ ]	[ ]	[ ]
8.	Water Storage		[ ]	[ ]	[ ]
9.	Sewage		[ ]	[ ]	[ ]
10.	Gas Supply		[ ]	[ ]	[ ]
11.	Telecommunications		[ ]	[ ]	[ ]
			Fully Functional	**Partially Functional**	**Non Functional**
12.	Overall operational status is:		[ ]	[ ]	[ ]
Additional Comments					

SERVICE AVAILABILITY

Tick only where appropriate

Service Assessment	**True**	**False**
All services fully functional	[ ]	[ ]

	If false, complete the below	**Fully Functional**	**Partially Functional**	**Non Functional**
13.	Emergency Department	[ ]	[ ]	[ ]
14.	Satellite ED	[ ]	[ ]	[ ]
15.	Operating Theatres	[ ]	[ ]	[ ]
16.	Recovery	[ ]	[ ]	[ ]
17.	Radiology	[ ]	[ ]	[ ]
18.	Laboratory	[ ]	[ ]	[ ]
19.	Pharmacy	[ ]	[ ]	[ ]
20.	Decontamination	[ ]	[ ]	[ ]
21.	Vehicles/Transport	[ ]	[ ]	[ ]
22.	Mortuary	[ ]	[ ]	[ ]
23.	Pathology	[ ]	[ ]	[ ]
24.	Catering/Kitchens	[ ]	[ ]	[ ]
25.	Laundry	[ ]	[ ]	[ ]
26.	Sterilisation	[ ]	[ ]	[ ]
27.	Blood products	[ ]	[ ]	[ ]
28.	Renal Unit	[ ]	[ ]	[ ]
29.	Oncology	[ ]	[ ]	[ ]
30.				
31.				

PERSONNEL ASSESSMENT

Tick only where appropriate

		Number on site	Critical Shortage
32.	ED Doctors		[ ]
33.	Intensivists		[ ]
34.	General Surgeons		[ ]
35.	Orthopaedic Surgeons		[ ]
36.	Specialist Surgeons		[ ]
37.	Operating Theatre Staff		[ ]
38.	Physicians		[ ]
39.	Registered Nurses - ED		[ ]
40.	Registered Nurses - ICU		[ ]
41.	Registered Nurses *(specify type)*		[ ]
42.			[ ]
43.			[ ]
44.	Health Care Assistants		[ ]
45.	Radiology Staff		[ ]
46.	Lab Staff		[ ]
47.	Clerical staff		[ ]
48.	Security guards		[ ]
49.	Call Centre Staff		[ ]
50.	Orderlies		[ ]
51.			[ ]
52.			[ ]
53.			[ ]

BED AVAILABILITY

		Number Available	Critical Shortage
54.	Emergency Department (ED)		[ ]
55.	Intensive Care Unit (ICU)		[ ]
56.	Medical		[ ]
57.	Surgical		[ ]
58.	Maternity		[ ]
59.	Paediatrics		[ ]
60.	Neo Natal Unit (NNU)		[ ]
61.	Burns		[ ]
62.			[ ]
63.			[ ]

CASUALTY INFORMATION

(In last 24 hours)

		Total People	Total Māori
64.	Patients treated as Outpatients		
65.	Patients admitted		
66.	Patients awaiting treatment		
67.	Patients discharged		
68.	Deaths		

CAN THIS HOSPITAL RECEIVE AND TREAT PATIENTS WITH?

		Yes	No
69.	Injuries	[ ]	[ ]
70.	Infectious diseases	[ ]	[ ]

Wider Assessment:

Any critical issues or assumptions made – consider if there will be ongoing consequences from the event such as aftershocks, prolonged bad weather, disruption to transport channels, infrastructure and lifelines.

Equity

(Māori populations ability to access healthcare).

Vulnerable, Special and Rural Populations

(Access to healthcare for vulnerable populations including but not limited to Pasifika, ESOL, CALD, rural communities, ARC's, End-of-life, outpatients, disability, visitors to region etc)

Environment

(Security risks, roading issues around Te Whatu Ora sites, weather & season, ongoing impact from event (e.g., aftershocks, prolonged weather event), major community events on (e.g., garden festival, WOMAD)

Transport

(Availability of transport routes such as air, road, rail and sea, availability of organisational transport, fuel/power supply for EV)

Lifelines

(Wider power, gas, telecommunications, fast moving consumer goods, issues affecting ability to operate hospital and wellbeing of staff)

Services to Hospital

(Impact on contractors for waste removal, medical gas supply, hospital meals/cafeteria, linen, stores delivery)

Public Information Plan

Staff Messaging

Public Messaging

Communication Plan

Name	Organisation	Email	Phone

Situation Report Distribution List

Name	Organisation /Role	Email

Other Relevant Information

Situation Report Approval

Situation Report prepared by:	
Situation Report approved by:	
Date and Time approved:	
Distribution:	
Next Situation Report due at:	

Shift Handover and Briefing Template

Event name:		**Date & Time:**	
Operational Period Start:		**Operational Period End:**	
Position being handed over:		**Latest SitRep Number:**	
What has been done?			
What is currently in progress?			
What is planned?			
What is outstanding and why?			
Are there any changes to objectives, tasks or key personnel?			
Questions?			
Outgoing person & Author:		**Contact Phone:**	
Incoming person & Recipient:		**Contact Phone:**	

Recovery Action Plan

Event name:	**Date & Time of Event:**
District/Region affected:	**Appointed Recovery Manager:**
Plan in effect from:	**Date to review plan:**

Summary of Situation

A summary of what has happened describe the event, number of people, services, facilities affected and predicted impacts.

Summary of Proposed Actions

Schedule of Meetings

Date	Location	Type of Meeting	Agencies to Attend

Outstanding Response Actions

Start Date	Outstanding actions from response phase	Risks identified? (Yes/No) If yes, what risks?	Agency Responsible	Date to be completed	Date of completion

Notes

Key Short-term Priorities

Start Date	Outstanding actions from response phase	Risks identified? (Yes/No) If yes, what risks?	Agency Responsible	Date to be completed	Date of completion

Notes

Key Medium-term Priorities

Start Date	Outstanding actions from response phase	Risks identified? (Yes/No) If yes, what risks?	Agency Responsible	Date to be completed	Date of completion

Notes

Key Long-term Priorities

Start Date	Outstanding actions from response phase	Risks identified? (Yes/No) If yes, what risks?	Agency Responsible	Date to be completed	Date of completion

Notes

Parked Items (Reoccurring themes, issues, & risks) flagged for debrief

Date	Outstanding actions from recovery phase	Risks identified? (Yes/No) If yes, what risks?	Agency Responsible	Date to be completed

Notes

Exit Strategy Development

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

Notes

Recovery Plan Approval

Recovery Plan prepared by:	
Recovery Plan approved by:	
Date and Time approved:	
Distribution:	