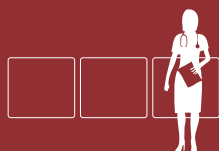




# Taranaki District Health Board

# HEALTH EMERGENCY PLAN



Taranaki Together, a Healthy Community  
Taranaki Whanui He Rohe Oranga



# CONTENTS

## **PART 1: INTRODUCTION and BACKGROUND**

**Page 5**

- 1.1 Foreword
- 1.2 Name
- 1.3 The Area to Which this Plan Applies
- 1.4 Scope
- 1.5 Definition of a Health Emergency
- 1.6 Plan Objectives
- 1.7 Structure of the Document
- 1.8 The 4Rs of Emergency Management
- 1.9 Supporting Documents
- 1.10 Plan Rationale
- 1.11 Key Themes
- 1.12 Hierarchy of Plans
- 1.13 Key Stakeholders
- 1.14 General Principles Underpinning Operational Components
- 1.15 Emergency Management Funding and Obligations

## **PART 2: RISK PROFILE**

**Page 12**

- 2.1 Introduction
- 2.2 Context
- 2.3 The Challenge
- 2.4 Regional Hazards
- 2.5 Health Hazard Prioritisation

## **PART 3: REDUCTION**

**Page 14**

- 3.1 Introduction
- 3.2 Risk Identification, Analysis and Evaluation
- 3.3 Health Sector Operational Concept

## **PART 4: READINESS**

**Page 17**

- 4.1 Introduction
- 4.2 Health Sector Alert Codes and Systems
- 4.3 Single Point of Contact System
- 4.4 Emergency Ambulance Communication Centre Notifications
- 4.5 Health Sector Emergency Management Information System
- 4.6 Midland Health Emergency Management Group
- 4.7 Health Emergency Management Group
- 4.8 Taranaki Health Emergency Forum
- 4.9 Liaison with the Co-ordinating Executive Group
- 4.10 Civil Defence Emergency Management Welfare Groups
- 4.11 National Pandemic Reserve Supplies
- 4.12 Development of Plans
- 4.13 Staff Training

## **PART 5: RESPONSE**

**Page 21**

- 5.1 Introduction
- 5.2 Taranaki District Health Board Procedure for Declaring Health Emergencies
- 5.3 Plan Activation
- 5.4 National Health Coordination Centre
- 5.5 Public Information Management
- 5.6 Health and Safety of Employees
- 5.7 Appointment of a Health Emergency Co-ordinator
- 5.8 Service Roles
- 5.9 Inter Regional Response Coordination
- 5.10 Healthcare Provider Plans
- 5.11 Monitoring
- 5.12 Status Reports
- 5.13 Analysing Status Information and Resource Requests
- 5.14 Generic Arrangements
- 5.15 Taranaki District Health Board Specific Arrangements
- 5.16 Funding Arrangements
- 5.17 Planning for Recovery
- 5.18 Standing Down the Health Emergency Plan

## **PART 6: RECOVERY**

**Page 38**

- 6.1 Introduction
- 6.2 Recovery Arrangements
- 6.3 Recovery Activities
- 6.4 Health Recovery Manager

## **PART 7: MONITORING AND EVALUATION**

**Page 40**

- 7.1 Responsibility
- 7.2 Planning, Implementation, Monitoring and Evaluation
- 7.3 Incident Debriefing
- 7.4 Types of Debrief
- 7.5 Reviews

## **PART 8: MANAGEMENT AND GOVERNANCE**

**Page 42**

- 8.1 Plan Approval
- 8.2 Distribution
- 8.3 Contributors to this Plan
- 8.4 Plan Maintenance
- 8.5 Plan Duration and Amendments
- 8.6 Reference Documents and Legislative Requirements

## **PART 9: APPENDICES**

**Page 44**

- Appendix 1 Key Roles and Responsibilities
- Appendix 2 Activation and Deactivation of the Health Emergency Plan
- Appendix 3 Glossary of Terms

# PART 1: INTRODUCTION and BACKGROUND

## 1.1 Foreword

It seems that not a week goes by that we do not see in the media some sort of emergency in the world including extreme weather, earthquakes, tsunamis, utility failure, ferry sinking's, plane crashes, infectious disease outbreaks and terrorist attacks. New Zealand is not immune, and as such has experienced significant emergency events itself over recent years.

The Taranaki District Health Board's responsibility for emergency management lies in statute, contract, good governance and a commitment to its vision – ***Taranaki Together, a Healthy Community***.

Emergency management planning is about building resilience and being prepared for events that stretch our ability to cope beyond our usual day to day capacity.

While this Plan assists in directing practice, it is people who in the end deal with an event. Therefore, the paramount focus, within the Plan, is on building solid partnerships, which are supported by plans that highlight opportunities for collaboration, co-operation and improvement.

## 1.2 Name

This plan is the Taranaki District Health Board Health Emergency Plan (the Plan).

## 1.3 The Area to Which this Plan Applies

The area encompassed by this Plan lies on the west coast of the North Island of New Zealand with a land area of 723,610 hectares (3% of New Zealand's area) and a population of 109,700 people (2011). This area includes the Taranaki Regional Council as well as the New Plymouth, Stratford and South Taranaki District Councils.

The Taranaki District Health Board is the predominant provider of health services in the Taranaki region. Taranaki District Health Board 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. The only private surgical hospital in the region is Southern Cross Hospital (New Plymouth).



## 1.4 Scope

This plan will be used during the coordination of a response to an emergency or incident which:

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

This plan will be used to manage any emergency requiring a coordinated health response whether or not a civil defence emergency has been declared.

## 1.5 Definition of a Health Emergency

For the purposes of this plan, a Health Emergency is defined as 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.

Where an event is of material significance only for healthcare providers, a 'local emergency' under the Civil Defence Emergency Management Act 2002 is unlikely to be declared. However, when a local emergency is declared for whatever reason, the co-ordination of the health response will still follow this Plan.

## 1.6 Plan Objectives

This Plan has five objectives:

1. To identify and mitigate identified risks to the health sector.
2. To create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency
3. To define the responsibilities for control and coordination of the collective response by the health sector to an emergency.
4. To maintain or restore the health status of the population of the Taranaki District Health Board's area of responsibility.
5. To define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.

## 1.7 Structure of the Document

The document begins by describing the rationale and requirements for the plan showing how the plan is aligned with regional and national health emergency plans. The remainder of the document describes how the Taranaki District Health Board is meeting these requirements through the four areas of emergency management which are; reduction, readiness, response, and recovery. These are commonly referred to as the 4Rs of comprehensive emergency management as outlined below.

The operational component of the plan is covered in Part 5, Response. In the event of an activation of this plan, refer directly to part 5.

Appendices cover supporting material including glossary of terms, definitions, roles and responsibilities of health providers.

## 1.8 The 4Rs of Emergency Management

Health planning for emergencies will be based on consideration of all phases of comprehensive emergency management

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

**Readiness** – Developing operational systems and capabilities before an emergency happens. These include response processes for the health sector as well as working relationships with emergency services, utilities and other agencies.

**Response** – Actions taken immediately before, during or directly after an emergency, to save lives and property and maintain health services to the highest possible level.

**Recovery** – Activities beginning after initial impact has been stabilised in the response phase and extending until health services capability has been restored.

## 1.9 Supporting Documents.

This 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. Supporting operational documents continue to be developed and will be regularly updated to provide detailed information, such as contact lists and communication links.

## 1.10 Plan Rationale

Following the enactment of the NZ 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.

Taranaki DHB is required to plan with other response agencies and does this by:

- Participating in Taranaki Civil Defence Emergency Management led meetings
- Participating in joint 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 Officers

This Plan provides a strategy to achieve:

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

## **1.11 Key Themes.**

This 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 this 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 this Plan is on building solid partnerships, which are supported by plans that highlight opportunities for co-operation, and improvement.

## **1.12 Hierarchy of Plans**

Plans developed within the health sector in Taranaki should fit within the hierarchy of emergency plans. The following diagram represents the hierarchy of plans for emergency management purposes.

The Taranaki District Health Board Health Emergency Plan is an overarching plan that identifies the environmental, organisational and technological risks for Taranaki District Health Board facilities and services, and the region.

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.

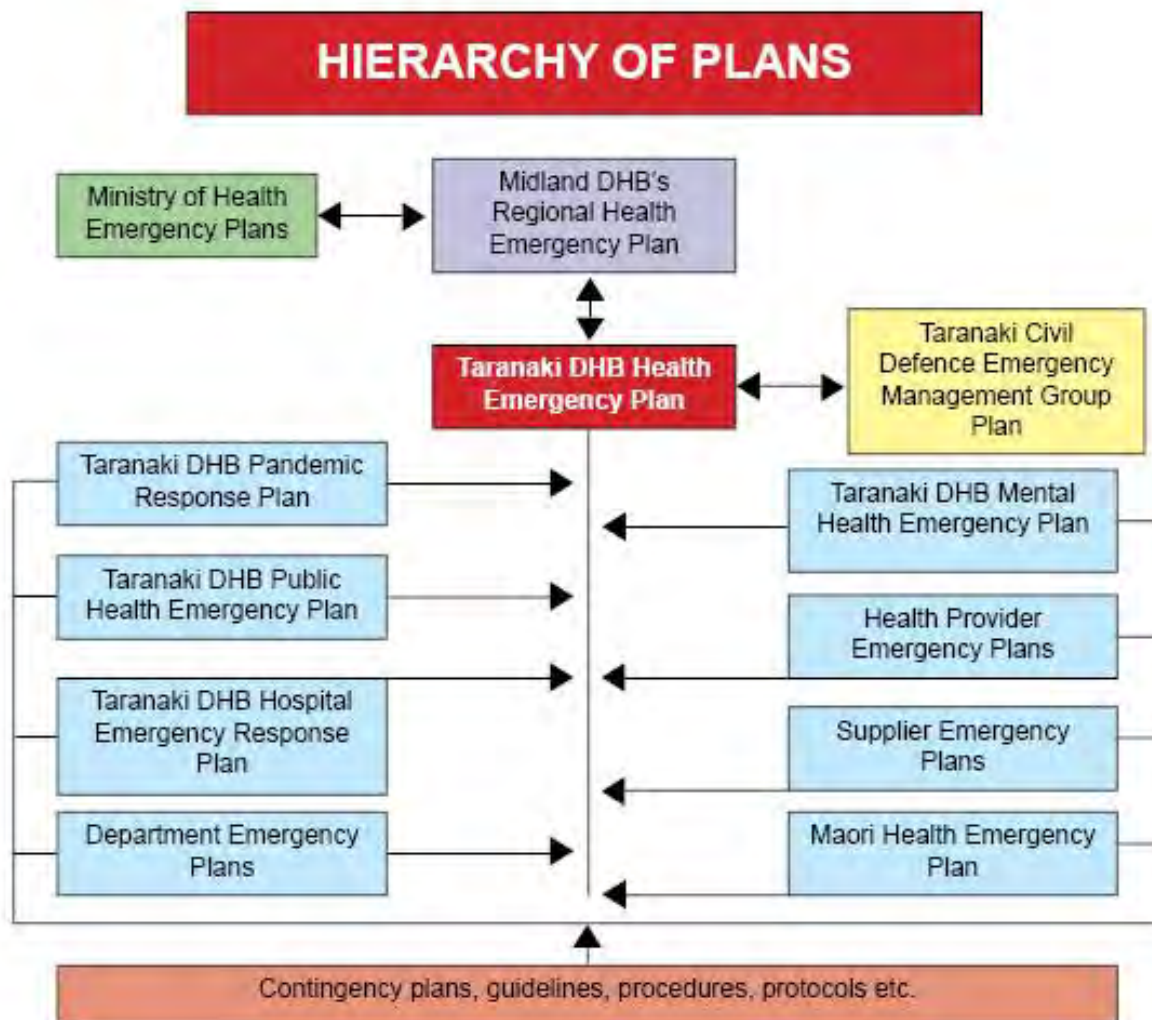
Each of these health sector players is expected to maintain appropriate plans and procedures to ensure the continued delivery of their core services. Plans developed at this level of the health sector should identify



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 1**



### 1.13 Key Stakeholders

The following are identified as stakeholders for this Plan:

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Taranaki District Health Board:</b><br>Hospital & Health Services<br>Mental Health Services<br>Public Health Services<br>Planning and Funding Division<br>Maori Health Services<br><br><b>Local Authorities</b><br>Taranaki Civil Defence Emergency<br>Management Group | <b>Taranaki:</b><br>Primary Health Organisations<br>General Practices<br>Pharmacies<br>Private Hospitals<br>Private Radiology & Laboratory Services<br>Health Non Government Organisations<br>Rest Homes & Home Support Providers<br>Ambulance Services<br>Red Cross<br>Salvation Army |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 1.14 General Principles Underpinning Operational Components

These have been identified as follows:

1. The priorities during an emergency will be to:
  - Treat those injured or medically affected by the emergency.
  - Monitor the impact of the emergency on the health status of the population.
  - Minimise the loss of health status.
  - Minimise the risk of ongoing health concerns.
  - Continue the provision of healthcare services.
2. Emergency management planning will give priority to catering for the requirements of small to mid size (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 District Health Board s, 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 New Zealand Co-ordinated Incident Management System). The Taranaki District Health Board 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 and every event. (ie 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.

### 1.15 Emergency Management Funding and Obligations

This Plan meets the requirement for the Taranaki District Health Board 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 Taranaki District Health Board.

## PART 2: RISK PROFILE

### 2.1 Introduction

This part focuses on the hazards that are considered significant to the health of the people of the Taranaki region; including the risks that are associated with each hazard (likelihood and consequences). The 'risk description' for each hazard is purposefully brief to assist readability and comprehension. There will be ongoing work to update risk descriptions for each hazard as information comes to hand.

### 2.2 Context

The Taranaki region comprises generally the slopes of Mount Taranaki/Egmont 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 petro-chemical industry. Taranaki is to some extent geographically isolated.

### 2.3 The Challenge

The natural and man-made 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 take into account the need for self reliance, while working to a wider co-operative framework.

### 2.4 Regional Hazards

All natural and man made hazards that have the potential to endanger the health status of the community, and have the potential to be beyond the ability of individual providers to cope with, or that require a significant and co-ordinated response, must be planned for by the Taranaki District Health Board .

The hazards that have been identified for the region are listed below. It should be noted that this is a general summary for the hazards in the region and does not identify the unique and specific levels of risk in different localities within the area covered by the Taranaki District Health Board. 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.

The significant hazards for the Taranaki region have identified as:

- Seismic events
- Volcanic eruption
- Flooding
- Damaging winds or tornadoes
- Hazardous substance spill
- Lifeline Utility failure
- Significant structure failure
- Infectious human disease or pandemic
- Biosecurity incursion

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

## **2.5 Health Hazard Prioritisation.**

The prioritisation of hazards for Taranaki District Health Board will continue to be reviewed and updated by the Taranaki District Health Board Health Emergency Management Group as necessary in conjunction with the Taranaki Health Emergency Forum and Taranaki Civil Defence Emergency Management.

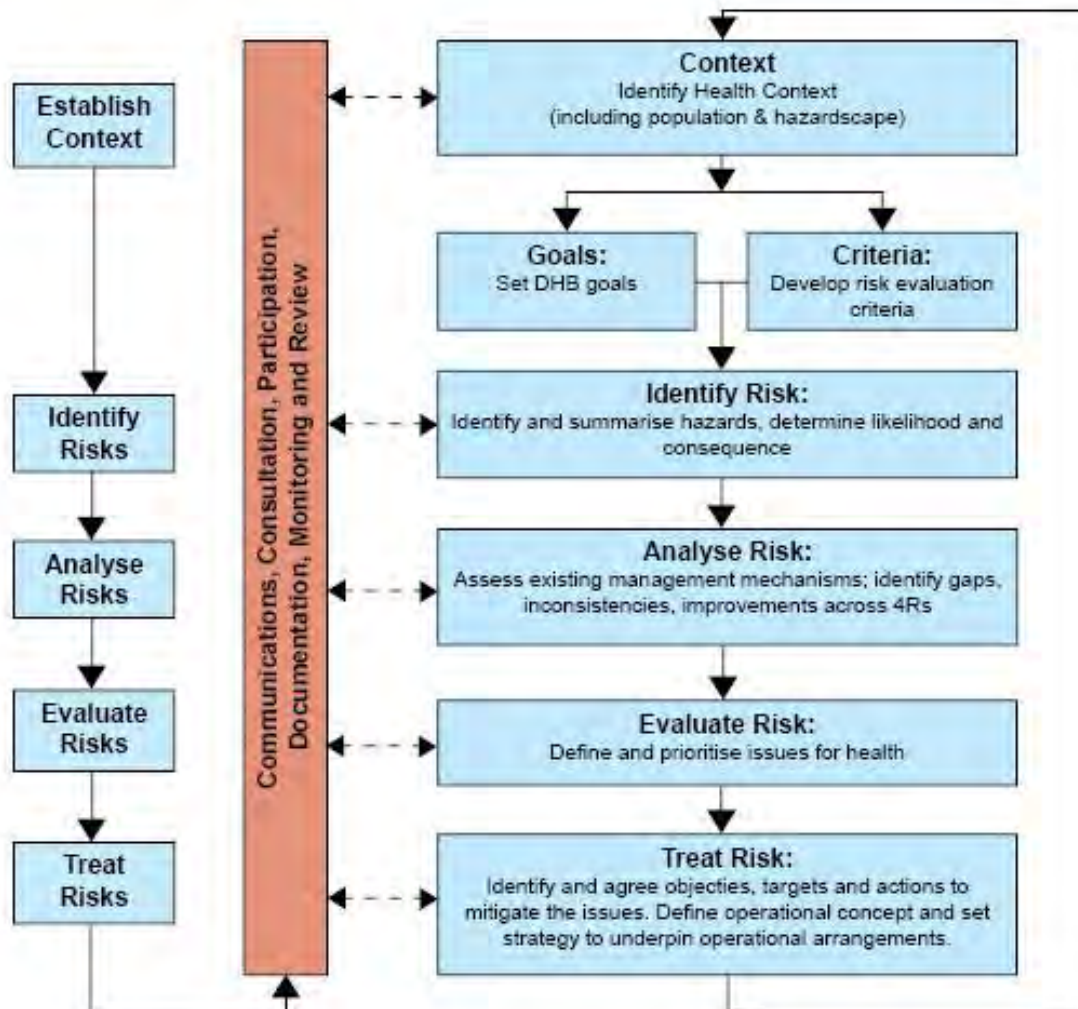
## PART 3: REDUCTION

### 3.1 Introduction

In the context of emergency management planning, reduction activities are those that will minimize the health impacts of emergencies or other events. At Taranaki District Health Board 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;
- Regular networking with the other emergency services, including updates as to building and maintenance activities at each hospital site;
- Rebuilding/major renovation to appropriate Building Code Standards.

### 3.2 Risk Identification, Analysis and Evaluation Diagram

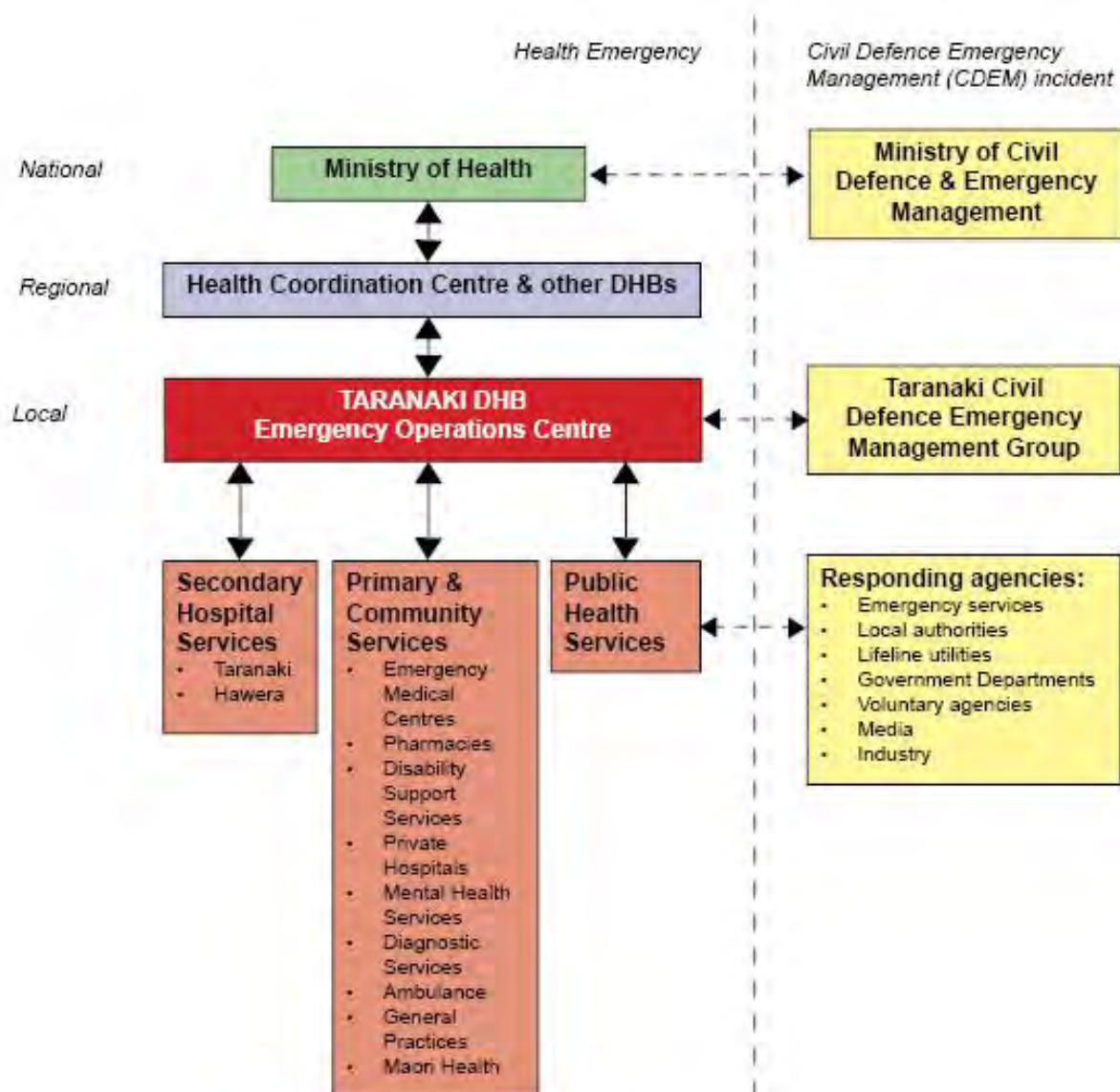


### 3.3 Health Sector Operational Concept

The operational concept (or framework) against which the Taranaki District Health Board readiness, response, and recovery planning (and implementation) will be conducted involves the following:

- A Taranaki District Health Board Emergency Operation Centre or Incident Control Point capable of co-ordinating the response to health emergencies across the region, will be routinely located as part of the Taranaki Base Hospital. Location will be dependant on the level of activation
- If required, each Taranaki District Health Board hospital will establish and operate a local Emergency Operations Centre or Incident Control Point as appropriate, which is capable of managing the health response for their facility. Liaison with the Taranaki Civil Defence Emergency Management Group will be undertaken through the Taranaki District Health Board Emergency Operation Centre.

**Diagram 3: Taranaki District Health Board Framework**





## PART 4: READINESS

### 4.1 Introduction

Readiness activities are those taken to ensure a state of readiness for health emergencies. At Taranaki District Health Board these activities include:

- The development and execution / testing of annual exercise and training plans for provider arm facilities, services and staff.
- Participation in 'Emergency Management Month'.
- Facilitation of exercise and training activities with District Health Board funded providers.
- 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.

### 4.2 Health Sector Alert Codes and Systems

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.

### 4.3 Single Point of Contact System

The Single Point Of Contact system is the method used to provide 24-hours, seven days a week communication between District Health Boards, their Public Health Units and the 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 District Health Boards. This in turn alerts the Duty Manager via pager. The national single point of contact system is maintained by the Ministry and is regularly tested.

### 4.4 Emergency Ambulance Communication Centre Notifications

The St John National Emergency Management Team has established a Single Point of Contact system with the 20 District Health Boards, in the form of an electronic paging/text notification to provide notification of a major trauma incident. The Taranaki District Health Board notification message goes to the Duty Managers and the Emergency Management Coordinators cell phones. This system is tested on a regular basis.

### 4.5 Health Sector Emergency Management Information System

Emergency Management Information System is a web based emergency management system hosted by the Ministry of Health and provided to the New Zealand health sector. Emergency Management Information System is 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 New Zealand health sector.

Emergency Management Information System compliments existing business as usual systems such as EpiSurv and patient management systems. It provides each District Health Board Public Health Unit and other key health responders, such as Ambulance, with a logging and task tracking system in order to manage their local response to an incident.

## **4.6 Midland Health Emergency Management Group**

The five District Health Board Emergency managers/coordinators within the Midland Region, (Bay of Plenty, Lakes, Tairāwhiti, Taranaki, and Waikato), along with a representative from Public Health, St John Ambulance and the Midland Regional Emergency Management Advisor from the Ministry, meet on a monthly basis. This group is working towards a consistent approach towards emergency planning, coordination, cooperation and communication across the region

The Midland Emergency Management Group maintains a monthly roster so that each month one District Health Board duty emergency manager/planner is responsible for sending a text message to the group to alert them of a Single Point of Contact message. If appropriate the On Call Service Manager or District Health Board Duty Manager will set up a teleconference for the group to discuss the response and possible resources/assistance required.

## **4.7 Health Emergency Management Group**

The Health Emergency Management Group provides strategic direction and risk management covering the “4 Rs” of emergency management - risk reduction, readiness, response and recovery for Taranaki District Health Board. The Health Emergency Management Group is an advisory group to the Taranaki Civil Defence Emergency Management Group, through the Coordinating Executive Group.

### **4.7.1 Group Membership:**

Quality Risk Manager (Chairperson), St John Ambulance Service Manager, Communications Advisor, Duty Nurse Manager, Emergency Department Nurse Manager, Emergency Management Coordinator, Engineering Services, Hospital Operations Manager, Infection Control Clinical Nurse Specialist, Medical Officer of Health, Public Health Unit Manager and Chief Medical Advisor.

### **4.7.2 Activities of the group include:**

- Identify any issues related to Emergency Reduction, Readiness, Response and Recovery and ensure that appropriate action plans are established and implemented.
- Ensure that Taranaki District Health Board complies with all legal requirements and national standards regarding emergency planning and response co-ordination.
- Oversee the development, maintenance and testing of the current Taranaki District Health Board 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 Taranaki District Health Board Emergency Operation Centre.
- Identify training needs related to Emergency Management e.g. training key District Health Board staff in emergency response.
- Report to the Chief Executive Officer 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 Midland Regional Emergency Management Group, the Ministry of Health and other District Health Board s in the event of a regional emergency affecting health services.
- Link to the Safe Environment and Practices Committee and report to it as part of the Emergency Planning function.



## **4.8 Taranaki Health Emergency Forum**

The Taranaki Health Emergency Forum will provide the regions health and welfare support sectors with a mechanism for information sharing and discussion regarding health emergency planning, response and recovery

### **4.8.1 Group Membership:**

Taranaki District Health Board Quality Risk Manager (Chairperson), Emergency Management Coordinator, Chief Medical Advisor, Maori Health Unit Manager, Clinical Management, Planning & Funding, Pharmacy Manager, Medical Officer of Health, Mental Health & Addiction Service, General Practice Liaison

Other Health Provider Representation Southern Cross Hospital, Hospice Taranaki, Labcare, Midlands Health Network, Fulford Radiology, Community Pharmacies, Rest Homes, St John Ambulance Service.

Agencies: Ministry of Social Development, Taranaki Emergency Management Office,

### **4.8.2 Activities of the group:**

The group will:

- Be administered by Taranaki District Health Board 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 District Health Board Health Emergency Plan for individual health providers across Taranaki. Where possible, this should be achieved by utilizing existing service networks.

## **4.9 Liaison with the Co-ordinating Executive Group.**

A Coordinating Executive Group has been established by the Taranaki Civil Defence Emergency Management Group. The Taranaki Coordinating Executive Group has representation from local authorities, Emergency Services, Welfare, Lifelines, Rural and Health Advisory Groups and the Civil Defence Emergency Management Group Controller. The main role of this group is to ensure co-ordinated and integrated emergency management planning and delivery at the local Civil Defence Emergency Management Group level. Taranaki District Health Board representation on the Coordinating Executive Group will be provided by the Taranaki District Health Board Chief Executive Officer or their delegate.

## **4.10 Civil Defence Emergency Management Welfare and Hazardous Substances Groups**

Taranaki District Health Board has a representative on the Taranaki Civil Defence Emergency Management Welfare Coordination Group and the Hazardous Substances group in order to ensure that health issues are considered in all aspects of planning and response. The Taranaki Public Health Service provide advice and information to the local Civil Defence Emergency Management group as required

#### **4.11 National Pandemic Reserve Supplies**

The District Health Board stores department maintain the National reserve supplies of specialist emergency equipment to ensure that it is available if needed. As much as possible, stock is rotated through hospital supplies to minimise expiring stock.

#### **4.12 Development of Plans**

All District Health Board funded primary, secondary, mental health, disability support and public health providers must have plans and resources in place that ensure that their emergency responses are integrated, coordinated and exercised with the District Health Board Health Emergency Plan. The many health sector organisations involved in a response need to cooperate effectively on the day. This requires close collaboration in the planning phase where key individual actions must be identified.

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

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

#### **4.13 Staff Training**

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

Taranaki District Health Board provides:

- Information to new District Health Board staff relating to emergency planning and response procedures during orientation.
- Coordinated Incident Management Systems level 4 training for key staff who will make up the incident management team during a response to an emergency.
- In house Coordinated Incident Management Systems training updates and the opportunity to take part in multi agency exercises.
- In house Emergency Management Information System training and updates.
- Support for Incident Controllers and Communication Managers to attend specific Coordinated Incident Management Systems role training.
- Support for Emergency Managers to receive emergency management training where appropriate.

## PART 5: RESPONSE

### 5.1 Introduction

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

- Coordinating the response from an Emergency Operation Centre based at the Base Hospital (or elsewhere as appropriate to the situation).
- Contributing to a regional or national health emergency response by coordinating its activity through an Emergency Operation Centre which will be established at the Base Hospital. The District Health Board Emergency Operation Centre will link with the Midland Region Health Coordination Centre and the National Health Coordination Centre initially through the national computerised Emergency Management Information System, or via other communication mediums as appropriate to the situation.
- The transfer to other District Health Boards of resources or supplies maintained under national programmes (i.e. Personal Protective Equipment, Anti Viral Medication etc) will be coordinated through the District Health Board Emergency Operation Centre's Logistics role. Any transfer of resources will be documented and the National Health Coordination Centre will be notified of any movement of these resources.
- Providing delivery of services to the populations of other District Health Boards when requested to do so, subject to availability of resources and equipment in the Taranaki District Health Board area. (This will be coordinated as a regional or national response).

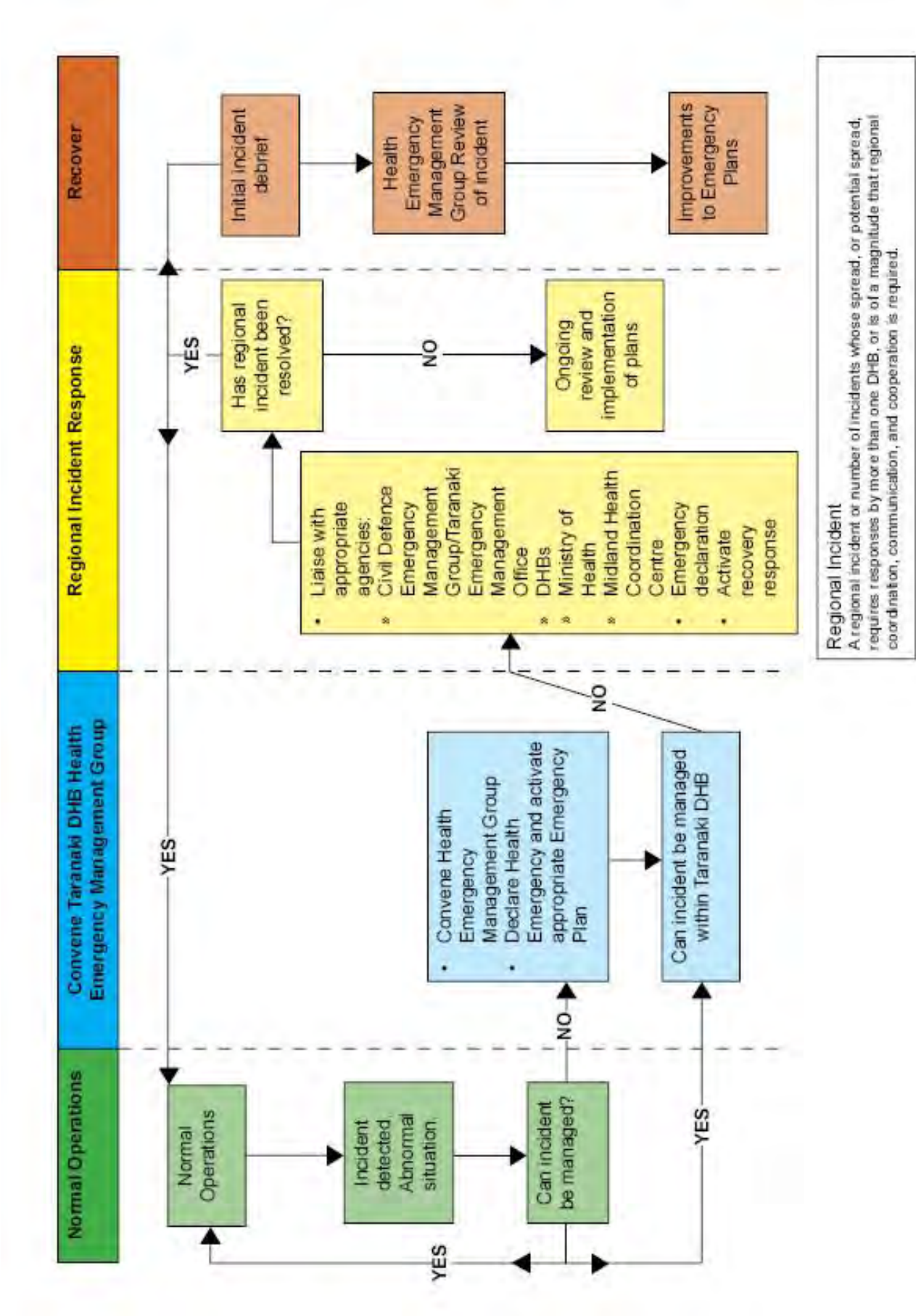
### 5.2 Taranaki DHB Procedure for Declaring a Health Emergency

Although this plan will be triggered by mass casualty loads, pandemic or facility utility failure such as a power outage in the Taranaki region, it may also be activated by incidents where no-one is injured.

Taranaki District Health Board will maintain a full contact list of key District Health Board staff, other health providers and support services as appropriate.

The following diagram outlines the procedure for declaring health emergencies.

Diagram 6



### **5.3 Plan Activation**

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 Health Emergency Plan in these circumstances. District Health Boards can activate both local and regional Health Emergency Plans and the Ministry can activate the National Health Emergency Plan. The Ministry can also require District Health Boards to activate their local and regional plans once the National Health Emergency Plan has been activated.

#### **5.3.1 Criteria for activation of the Taranaki District Health Board Health Emergency Plan**

The Plan will be activated when:

- a) there is a serious threat to the health status of the community, such as:
  - expected influenza epidemic/ pandemic
  - predicted volcanic ash fall
  - major flooding
- 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 healthcare facility(s) from continuing to care for patients e.g.
  - extended loss of electricity, loss of water supply
  - transport strike resulting in non-delivery of critical medical supplies
  - industrial action
  - major weather event causing casualties or disrupting provision of health services

### **5.4 National Health Coordination Centre**

Ministry of Health may activate the National Health Coordination Centre in code yellow or red in order to coordinate the response at a national level. National Health Coordination Centre 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. National Health Coordination Centre also provides clinical and public health advice carries out national public information management activities and manages liaison with other government agencies as well as advice on recovery planning.

### **5.5 Public Information Management**

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

Medical Officers of Health under the special powers may also issue media statements in an emergency. It is expected that the Medical Officers will liaise with the Ministry and District Health Boards prior to releasing media statements.

## **5.6 Health and Safety of Employees**

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

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

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

- information, policies and procedures relevant to implementing the 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, eg antibiotics or Tamiflu
- relief staff
- facilities to ensure their physical and mental wellbeing throughout the response phase
- any other protective measure that is practical to provide.

In order to reduce the 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.

## **5.7 Appointment of a Health Emergency Co-ordinator**

The role of the Taranaki District Health Board is to co-ordinate the provision of healthcare activities during an emergency situation. The Taranaki District Health Board may appoint a Health Emergency Co-ordinator for this purpose. Each responding provider will appoint a person to manage their response and liaise with the Taranaki District Health Board Health Emergency Co-ordinator.

On those occasions where the Taranaki District Health Board is the lead agency, the Taranaki District Health Board HEMG will appoint an Incident Controller to provide operational leadership. The Health Emergency Co-ordinator's role, if appointed, remains unchanged in this case.

## **5.8 Service Roles**

### **5.8.1 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 Taranaki District Health Board's Public Health Service will ensure such restoration are undertaken in a safe manner or that temporary measures will not present a public health concern.

The Taranaki District Health Board 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 on all matters relating to public health.

## **5.8.2 Primary and Community Services**

### **a) 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, in order to free up acute beds for the treatment of casualties injured in the incident.
- People are evacuated from their homes or workplaces, to a Civil Defence Centre established by the Taranaki Civil Defence Emergency Management Group.

### **b) 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.

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 Civil Defence Emergency Management Group).
- Health care services at Emergency Welfare Centres established by the Taranaki Civil Defence Emergency Management Group.

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

- General Practitioners
- Community based nurses, e.g. District Nurses, Public Health Nurses
- 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.

### **c) Social, Psychological and Psychiatric Support**

Individuals may need support in order to come to terms with the effects of the disaster on their lives. Whilst immediate counselling and support assists in the short-term, it may also reduce long-term and chronic demands on health and social services.

In a national or regional emergency, the Ministry of Social Development presently have responsibility to ensure that an appropriate level of coordination is achieved for the many providers delivering mental health and counselling services in the community. This responsibility may change in the future. The same process will take place following incidents that do not become a declared local emergency.

Taranaki District Health Board Mental Health Service will coordinate the provision of social, psychological and psychiatric support within Taranaki District Health Board facilities.

#### **d) Health Care Services at Civil Defence Centres**

Civil Defence Centres may be established by the Taranaki Civil Defence Emergency Management Group to register and accommodate evacuees, provide temporary 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 be in need of immediate hospital care. They may need some 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
- help refer people to whichever community or emergency service they need.

Nominated persons or organisations will be identified in Taranaki District Health Board Provider Plans for the area concerned.

#### **e) Key issues for Support at Civil Defence Centres**

- Some people may already be receiving health care and support through community health services or social services, either locally or in the area of 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 social and psychological 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 an 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.

#### **f) 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 also a limited healthcare response for those injured or requiring treatment.

#### **g) 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.

#### **h) Health Support Units**

In the event of a large scale event, the Taranaki District Health Board will, if necessary, seek through the Ministry of Health Health Co-ordination Centre, 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.

### **5.8.3 Secondary Hospitals**

#### **a) Function**

Hospitals operated by Taranaki District Health Board will provide the facilities in which the majority of acute treatment for those affected by the incident is undertaken. They will also accommodate the majority of recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans. 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 Taranaki District Health Board and may be limited by the availability of surgeons who have a dual role at both private and Taranaki District Health Board hospitals.

It is also possible that a major incident may compromise a private hospital necessitating a transfer of patients to a Taranaki District Health Board hospital.

#### **b) Graduated response**

When acuity and/or the demand for service dictates, some patients will be transferred to hospitals operated by other District Health Boards, or private hospitals. Access to private hospitals will be through agreement 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.

#### **c) 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 Taranaki District Health Board Emergency Operation Centre. As far as possible, when patients are moved, normal transfer protocols will be followed.

The Taranaki District Health Board is responsible for registering patients who have been admitted to hospital or transferred for treatment to another health facility. The Taranaki District Health Board will liaise with the Coroner regarding registration of the deceased.

### **5.8.4 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. Presently these agencies are co-ordinated by Child Youth and Family during a local emergency. This arrangement may change in the future

#### **5.8.5 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.

### **5.9 Inter Regional Response Coordination**

The Midland District Health Boards have developed the Midland Region Health Emergency Plan and the Midland Region Mental Health Emergency Plan.

The prerogative and responsibility for the co-ordination of healthcare resources in the Taranaki region rests with the Taranaki District Health Board Emergency Operation Centre. Where inter-regional support and co-ordination is required it may be accessed through the Midland Health Co-ordination Centre. The Midland Health Co-ordination Centre, with responsibility for the Taranaki, Tairāwhiti, Lakes, Bay of Plenty and Waikato District Health Board areas, will be led by the Ministry of Health Midland Emergency Management Advisor. The role of the Midland Health Co-ordination Centre is limited to co-ordination between the agencies in the Midland District Health Board's area and is detailed in the Midland District Health Boards' "Regional Health Incident Coordination Plan" Each organisation retains authority and responsibility for its own facilities and resources.

The Midland District Health Boards' Emergency Management Group operates an "on call" system to ensure that at all times regional links are maintained and assistance can be provided in the event of a threatened, actual or escalating incident.

When public switch telephone circuits are unavailable, satellite phones are available for communications between Public Health Units, other District Health Boards and the Ministry of Health. There is also limited emergency communication between hospitals and regions available through the Ambulance radio network outside of Taranaki and through Taranaki District Health Board within the region.

### **5.10 Healthcare Provider Plans**

Healthcare providers contracted by the Taranaki District Health Board are expected to develop emergency plans that align with the Taranaki District Health Board 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

## 5.11 Monitoring

### a) The Taranaki District Health Board 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.

### b) The Midland Region Health Co-ordination Centre will monitor:

- Co-ordination of operations by the Taranaki District Health Board.

### c) The Ministry of Health will monitor:

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

## 5.12 Status Reports

### a) The Taranaki DHB obtains status information through:

- Regularly submitted reports from Hospitals, Public Health Services and other healthcare providers within the Taranaki District Health Board region.
- National Health Coordination Centres (two-way communication flow).
- The Taranaki Civil Defence Emergency Management Group Emergency Operation Centre.

### b) The Midland Regional Health Coordination Centre obtains status information through:

- Status reports and briefings and direct communication with the Taranaki District Health Board Emergency Operation Centre.
- Status reports from other regional Health Coordination Centres and the Ministry of Health.

### c) The Ministry of Health obtains status information through:

- Status briefings and direct communication with the Midland Health Coordination Centre and/or the Taranaki District Health Board or other regional Health Coordination Centres and/or other District Health Boards in any affected area.
- Status briefings and direct communication with the Ministry of Civil Defence & Emergency Management and/or other Government Departments.
- Status briefings and direct communication with Health Coordination Centres or District Health Boards in areas likely to be able to provide support.

### 5.13 Analysing Status Information and Resource Requests

The MoH, Taranaki District Health Board and Midland Health Coordination Centre will be responsible to:

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

Other unique responsibilities per organisation are:

**a) The Taranaki District Health Board analyses status information and resource requests in order 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.

**b) The Midland Health Coordination Centre analyses status information and resource requests in order to:**

- Obtain a regional overview of the response situation and assess shortfalls in health resources.
- Establish contact with the District Health Board Incident Controller to co-ordinate resource requests and responses.
- Consider when and how to request additional resources regionally and inter-regionally.

**c) The Ministry of Health analyses status information and resource requests in order 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 Midland Health Coordination Centre Co-ordinator to co-ordinate resource requests and responses.

### 5.14 Generic Arrangements

#### 5.14.1 Role of the Emergency Operation Centre

Emergency Operation Centres provide a means for agencies to manage their response to an emergency. Their primary role involves activities surrounding the collection, analysis and dissemination of information, and the co-ordination of resources to support incidents. Emergency Operation Centres will be many and varied during an emergency however the significant Emergency Operation Centres described in this Taranaki District Health Board Plan are:

- The Taranaki District Health Board Emergency Operation Centre has the overall responsibility for monitoring and co-ordinating the health response across the region. The Taranaki District Health Board Emergency Operation Centre 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.
- An Operational Emergency Operation Centre may be established to address operational responses at Base Hospital, Hawera Hospital, or Public Health Services.
- The Emergency Operation Centre coordinates all Incident Control Points.
- The Taranaki Civil Defence Emergency Management Group Emergency Operation Centre is located on Marsland Hill, New Plymouth and during a local emergency provides the focal point for all responding agencies in Taranaki. The Taranaki Civil

Defence Emergency Management Group Controller provides strategic advice and direction to all agencies and the Civil Defence Emergency Management Group Welfare Manager co-ordinates the welfare response. The Taranaki District Health Board provides a Liaison Officer to form part of the joint management team at the Taranaki Civil Defence Emergency Management Group Emergency Operation Centre.

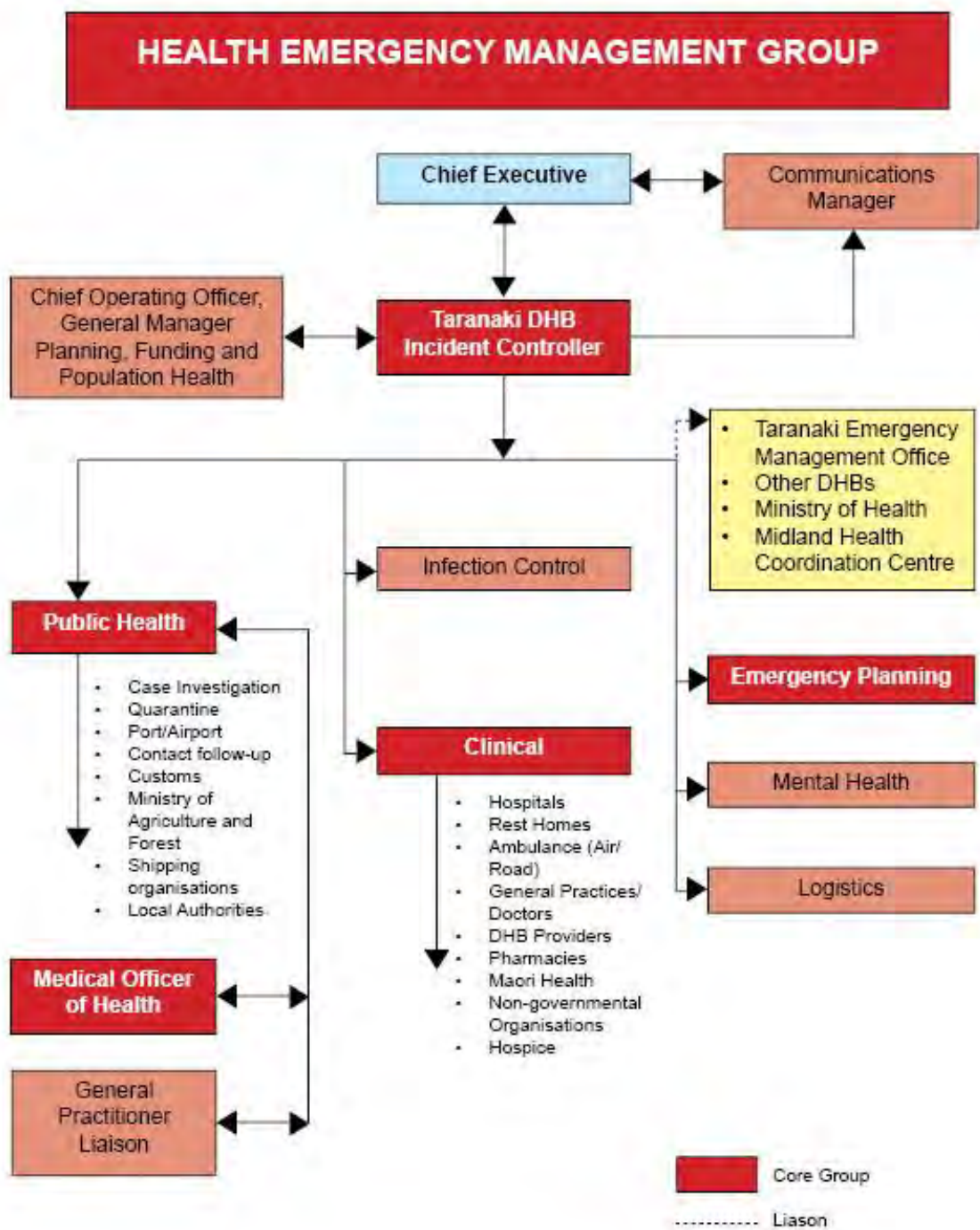
- Taranaki District Health Board will take the Lead Agency role in a Pandemic or other health emergency and in such cases relevant members of the Taranaki Civil Defence Emergency Management group will attend the Taranaki District Health Board Emergency Operation Centre in support roles.
- Provider Emergency Operation Centres (Pharmacies, Rest Homes, etc.) may be used to manage a providers' response to an event or incident.
- As part of the development of individual provider plans, education re roles and responsibilities will be undertaken

## **5.15 Taranaki District Health Board Specific Arrangements**

### **5.15.1 Health Emergency Management Group**

The initial response to any incident will be managed by the Health Emergency Management Group of the Taranaki District Health Board (refer to diagram 4 for the structure of the Health Emergency Management Group). Their primary responsibility is to co-ordinate the response to any incident on a regional/macro level. Once the situation has been evaluated by the Health Emergency Management Group, the appropriate structure will be established to co-ordinate or manage the incident.

Diagram 4: Structure of the Health Emergency Management Group for Taranaki District Health Board



### **5.15.2 Taranaki District Health Board Emergency Operations Centre**

In order to obtain the optimal response, it is necessary to have a centralised and co-ordinated approach to an emergency response. The Emergency Operations Centre provides the means for coordinating emergencies of all types, size and quantity. Their primary role involves activities surrounding the collection, analysis and dissemination of information, and the coordination of resources to support incidents. The Emergency Operations Centre will operate within the Coordinated Incident Management System structure.

#### **a) Location**

The Taranaki District Health Board Emergency Operations Centre 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
- Quality Risk Meeting Room
- Funding and Planning area within the Corporate area

#### **b) Staffing**

When activated, the Emergency Operations Centre will be staffed by Taranaki District Health Board and other staff as appropriate.

### **5.15.3 Taranaki District Health Board Emergency Operations Centre Function and Tasks**

The function of the Emergency Operations Centre is to:

- Gather and distribute information.
- Assess resource levels and request assistance needed.
- Coordinate the use of resources and assistance.
- Liaise with responding organisations.
- Provide the Taranaki Civil Defence Emergency Management Group Controller with advice, when needed.

The tasks of the Taranaki District Health Board Emergency Operations Centre are:

#### **a) To gather, analyse and distribute information by:**

- Receiving initial information from all Taranaki District Health Board 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 Taranaki District Health Board facilities to include: 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 Civil Defence Emergency Management Group to develop an overall picture of the threat or impact on the health status of the Taranaki community.

#### **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 District Health Boards or Central Government.
- Deciding on procurement and distribution of staff and other resources made available to the Taranaki District Health Board.

#### **c) To liaise with the following responding organisations:**

- Taranaki Civil Defence Emergency Management Group Controller.

- Police, Fire Service and other responding organisations.
- Midland Regional Health Coordination Centre, Ministry of Health and other District Health Boards.

#### **5.15.4 Taranaki District Health Board Emergency Operations Centre Roles**

The following roles will be allocated to members of the Health Emergency Management Group and other appropriately trained personnel and will be used to manage the incident from the Taranaki District Health Board Emergency Operations Centre as appropriate.

##### **a) Taranaki District Health Board Incident Controller**

The role and responsibility of the Taranaki District Health Board Incident Controller is to:

- Activate the Taranaki District Health Board Emergency Operations Centre in the event of a health emergency.
- Appoint, brief and task Taranaki District Health Board Emergency Operations Centre staff to manage various functions of the Taranaki District Health Board Emergency Operations Centre .
- Initiate a response co-ordination plan and initiate information gathering regarding the incident(s).
- Establish liaison, communications and planning with relevant regional District Health Board and external organisations if appropriate.

##### **b) Taranaki District Health Board Planning/Intelligence Manager**

The role and responsibility of the Taranaki District Health Board Planning/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.
- Assist responding agencies with planning/intelligence tasks.
- Prepare the incident action plan.
- Maintain status and location of resources during the emergency.

##### **c) Taranaki District Health Board Operations Manager**

The role and responsibility of the Taranaki District Health Board Operations Manager is to:

- Implement the incident action plan.

##### **d) Taranaki District Health Board Logistics Manager**

The role and responsibility of the Taranaki District Health Board Logistics Manager is to:

- Co-ordinate the provision of all personnel, materials, facilities and services between the various health providers.
- Liaise with relevant providers, District Health Board's and external organisations in order to facilitate this (if needed).

##### **e) Taranaki District Health Board Liaison Officer to Taranaki Civil Defence Emergency Management**

The Taranaki District Health Board Liaison Officer will be accessible to the Taranaki Civil Defence Emergency Management Group Controller. Their role (when needed) is to:

- Ensure effective liaison between the Taranaki District Health Board Incident Controller and the Taranaki Civil Defence Emergency Management Group Controller and Incident Response team.
- Participate as a member of the Incident Response team at the Taranaki Civil Defence Emergency Management Group's Emergency Operations Centre.

##### **f) Civil Defence Emergency Management Liaison Officer to Taranaki District Health Board**

The Taranaki Civil Defence Emergency Management Liaison Officer will be accessible to the Taranaki DHB Incident Controller. Their role (when needed) is to:



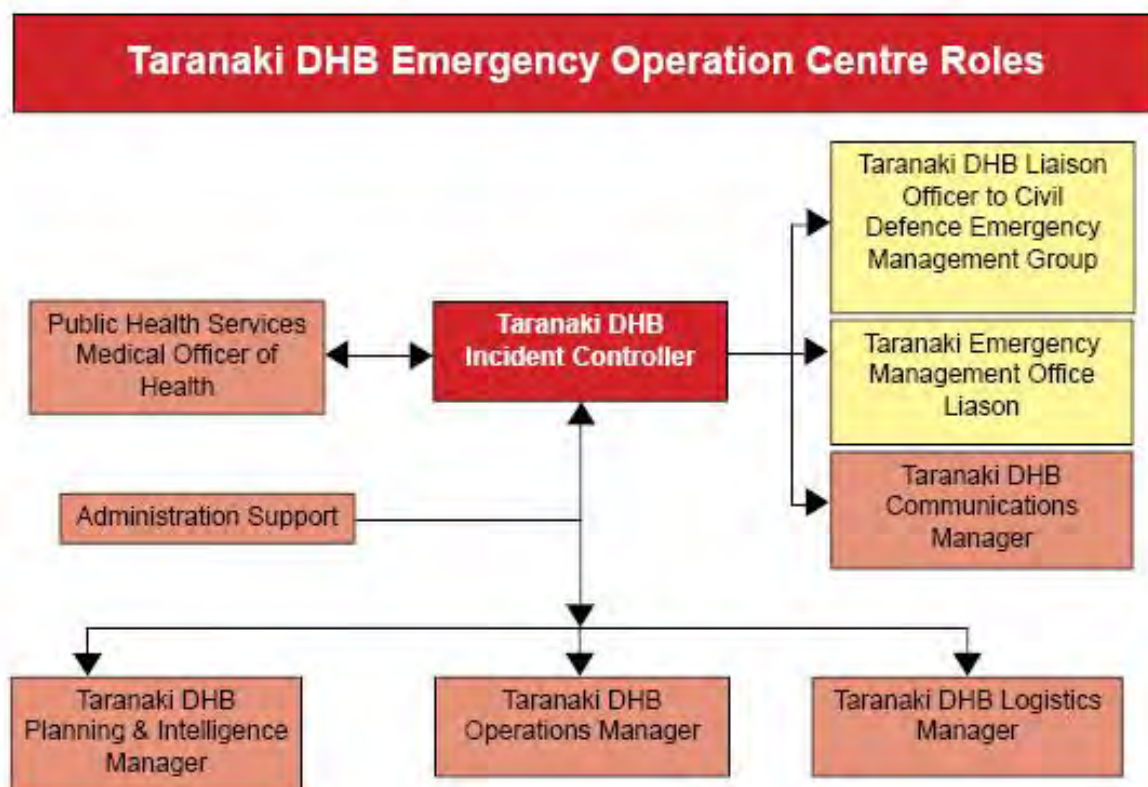
- Ensure effective liaison between the Taranaki District Health Board Incident Controller and the Taranaki Civil Defence Emergency Management Group.
- Actively participate as a member of the joint Incident Management Team at the Taranaki District Health Board's Emergency Operations Centre.

**g) Taranaki District Health Board Communication Manager**

The role and responsibility of the Taranaki District Health Board Communications Manager is to:

- Manage all media enquiries relating to the health response.
- Coordinate and manage the release of information to the media in liaison with the Health Emergency Management Group, health providers and if an emergency is declared, with the Taranaki Civil Defence Emergency Management Group's Media Management Team.

**Diagram 5**



**5.15.5 Taranaki District Health Board Emergency Operations Centre Communications**

The communications network is based on telephone and radio. Radio communication is normally used between the engineering staff, orderlies, Duty Managers and field staff. The telephone system is normally used for communication between all functions and departments of Taranaki District Health Board.

- 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 Operations Centre. The Taranaki District Health Board Liaison Officer to Civil Defence Emergency Management should take a radio to the Taranaki Civil Defence Emergency Management Group Emergency Operations Centre for liaison back to the Taranaki District Health Board Emergency Operations Centre.

- Four satellite phones have been provided by Ministry of Health and are available to the Taranaki District Health Board Emergency Operations Centre and Public Health Unit at Base Hospital. Primarily they are to maintain communication for regional and national coordination, however, the Taranaki District Health Board Emergency Operations Centre will utilise this resource as required to assist their function.

## **5.16 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.

### **5.16.1 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 pre-arranged funding agreements. Where costs cannot be recovered through this process, the Taranaki District Health Board will seek to meet costs from its own resources or through a case stated to the MoH.

### **5.16.2 Variation or Termination of Contracted Services**

Where an emergency occurs which causes either the District Health Board 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.

Taranaki District Health Board will negotiate with providers to contribute to their costs if extraordinary funding is available to manage an emergency.

## **5.17 Planning for Recovery**

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

## **5.18 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.

# PART 6: RECOVERY

## 6.1 Introduction

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.

## 6.2 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.

## 6.3 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
- The District Health Board's role in funerals, memorials and anniversaries
- Staffing levels, welfare and resilience
- Ongoing need for assistance from other District Health Boards or other agencies
- Equipment and re-stocking of supplies
- Liaising with and supporting external health providers

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

- Mid-long term community support and medical services
- Long term case management

- Long term public health issues

## **6.5 Health Recovery Manager**

The Taranaki District Health Board Chief Executive Officer will appoint a Taranaki District Health Board Health Recovery Manager. Essentially, recovery activities will be 'physically implemented' at a local level, while the co-ordination of region wide and external health resources to meet the local need will be the responsibility of the Taranaki District Health Board 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.

# PART 7: MONITORING AND EVALUATION

## 7.1 Responsibility

Health emergency planning and response sits in the Quality Risk Unit of Taranaki District Health Board and is the responsibility of the District Health Board Health Emergency Management Group. Monitoring and evaluation will take place as follows:

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

## 7.2 Planning, Implementation, Monitoring and Evaluation.

One of the primary purposes of the Taranaki Health Emergency Management Group is to maintain oversight of the emergency planning activities undertaken within the District Health Board and evaluate the District Health Board's overall state of preparedness.

The group will maintain a monitoring framework that identifies what specific activities are to be monitored and the monitoring mechanisms. The group will also establish an evaluation framework to evaluate the District Health Board's preparedness.

## 7.3 Incident Debriefing

Following all declared emergencies and/or activation of the emergency plans, the Taranaki District Health Board will ensure that an evaluation is undertaken of the response to ensure that the strategies, as outlined in this Plan, allowed an effective response. Where necessary, this Plan will be adjusted to reflect improvements identified in that evaluation.

### 7.3.1 Evaluation of the Emergency Response

The Ministry and the District Health Board are responsible for conducting debriefings and an internal review of their plans following an incident, exercise or activation of the Health Emergency Plan.

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

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

- Thank its staff
- Provide positive feedback
- Improve the performance and the ability to respond to a future event, 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. District Health Boards public health units and Primary Health Organisations may be actively involved.

## **7.4 Types of Debrief**

### **7.4.1 The 'Hot' Debrief**

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

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

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

At a minimum the hot debrief should include discussion on:

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

### **7.4.2 The 'Cold' or 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.

### **7.4.3 The Multi-agency Debrief**

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

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

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

## **7.5 Reviews**

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

The purpose of the review is to:

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

Following review the plan is to be revised taking review findings into account. New plans will then require testing and validating by exercise to ensure lessons learned have been effectively applied.

# PART 8: MANAGEMENT AND GOVERNANCE

## 8.1 Plan Approval

This plan has been approved by Taranaki District Health Board Chief Executive Officer.

**Name:**

**Signed:**

**Title:** Chief Executive Officer

**Date:**

## 8.2 Distribution

This plan is a public document as required by the Ministry of Health and will be available on the Taranaki District Health Board website.

Printed copies will be held by Taranaki District Health Board Emergency Management Coordinator and made available to others as required.

## 8.3 Contributors to this Plan

The Taranaki District Health Board will consult widely throughout the process of reviewing and maintaining this Plan. The Taranaki Health Emergency Forum group is the key mechanism for this. Organisations consulted will include:

|                          |                                      |                                                   |
|--------------------------|--------------------------------------|---------------------------------------------------|
| Public Health            | Primary Health Organisations         | Mental Health                                     |
| DHB Hospitals            | Local Authorities                    | Disability Support Services                       |
| Southern Cross Hospital  | Non Government Organisations         | Taranaki Civil Defence Emergency Management Group |
| Pharmacy Services        | Laboratory Services                  | Radiology Services                                |
| Ambulance Services       | Hospice Taranaki                     | Ministry of Social Development                    |
| Maori Health             | Ministry of Health                   | District Health Board                             |
| Midland Health           | Neighbouring District Health Board s | Planning & Funding                                |
| Emergency Planners Group |                                      |                                                   |

## 8.4 Plan Maintenance

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.

The Taranaki District Health Board Emergency Management Coordinator will maintain the Plan. They will:

- Ensure that the Plan conforms to requirements set out from time to time by the Ministry of Health.
- Oversee the review, implementation, and maintenance of the Plan.
- Communicate regularly with Taranaki District Health Board service provider organisations.

- Liaise with the Ministry of Health, other District Health Boards, Emergency Services and the Taranaki Civil Defence Emergency Management Group.
- Co-ordinate monitoring and evaluation activities.
- Ensure this plan is reviewed by 2016.
- Maintain the web based aspect of the plan

## **8.5 Plan Duration and Amendments.**

This plan remains current for 3 years from the date of approval by the Taranaki District Health Board. The plan will be subjected to regular review to ensure that outcomes are being achieved; amendments will be made as appropriate. Any amendments to the plan, other than those for supporting documents, will be notified to all interested parties.

## **8.6 Reference Documents and Legislative Requirements**

This Plan meets the requirements placed on service providers by:

- NZ Public Health and Disability Act (2000)
- Health Act (1956)
- Civil Defence and Emergency Management Act 2002
- National Civil Defence Plan 2006 section 9
- Health and Safety in Employment Act
- The Law Reform (Epidemic Preparedness) Bill (2006)
- Ministry of Health (2006) Operational Policy Framework 2012-2013
- National Health Emergency Plan: Guiding Principles for Emergency Management Planning in the Health and Disability Services (2005).
- National Health Emergency Plan Infectious Diseases
- The New Zealand Influenza Pandemic Action Plan (2010)
- The National Health Emergency Plan (2008)
- Civil Defence Emergency Management Group Plan Review (2009)



## PART 9: APPENDICES

### **Appendix 1:** **Key Roles and Responsibilities**

#### **a) Ministry of Health (MoH)**

Is responsible for:

- Setting national standards for health emergency management planning and response co-ordination and monitoring compliance.
- Development, implementation and annual practice of a national health emergency management plan.
- Establishing District Health Board planning requirements.
- Setting national response co-ordination structures and responsibilities.
- Regional Emergency Management Advisor appointments.
- 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.
- Establishing, practising and maintaining communication links with Regional Health Co-ordination Centres including monitoring, obtaining status information, providing information and analysing resource requests.
- Providing links to Government Departments.
- Providing links to international organisations likely to provide assistance responding to health emergency incidents.
- Arranging the supply of required resources through contact with Health Coordination Centre(s), Government Departments or international health contacts.
- Registering of international medical personnel and equipment arriving in New Zealand to assist in response to any major incident.

#### **b) Midland Region Health Co-ordination Centre (MRHCC)**

The Midland Regional Health Coordination Centre is responsible for:

- Regional co-ordination of health responses to an emergency incident and support of Taranaki District Health Board when an emergency is taking place
- Establishing and maintaining communication links with the Ministry of Health, other Regional Health Coordination Centres, District Health Board's within the Midland region, and where appropriate emergency services and other relevant organisations.
- Providing links to regional organisations likely to provide assistance responding to health emergencies.
- Providing monitoring, obtaining status information, analysing resource requests from District Health Board(s).
- Arranging the supply of required resources.

#### **c) Taranaki District Health Board**

It is the responsibility of the Taranaki District Health Board Chief Executive Officer to ensure that the District Health Board meets the following:

- Compliance with national standards for health emergency planning and response co-ordination
- Reduction and Readiness activities will include
  - Taranaki District Health Board risk management activities.
  - Emergency procedures flip charts in facilities.
  - Regular training sessions and exercises.
  - Emergency management month.
  - Participation in joint agency and national exercises.
  - Coordinated Incident Management System training for key staff.

- Development, implementation and annual practice of a District Health Board Emergency Management Plan including:
  - Identification of risks to public health and to the provision of healthcare.
  - Consultation with all key stakeholders, including primary, secondary, public health services, and allied providers within Taranaki District Health Board's area of responsibility.
  - Meeting requirements of National Civil Defence Emergency Management Act.
  - Annual development of both training and exercise plans within the provider arm as well as other District Health Board contracted health providers.
  - Annual testing or exercising of components of the plan.
  - Training of staff for emergency roles.
  - Providing staff counselling to deal with psychological and behavioural responses to stress caused by an emergency.
- Setting Taranaki District Health Board wide response co-ordination structures and responsibilities.
- Providing co-ordination to major health emergency incidents within the Taranaki District Health Board area.
- Taking a Lead Agency role in a Pandemic or other health emergency.
- Accepting and maintaining communication links with the Midland Regional Health Coordination Centre.
- Arranging links and liaison with other health related local organisations likely to provide assistance responding to health emergency incidents.
- Appointing a person to liaise with the Taranaki Civil Defence Emergency Management Group.
- During any emergency, obtaining and communicating status information and analysing resource requests from Midland Regional Health Coordination Centre or other regional Health Coordination Centre.
- Facilitating the supply of required resources for use within the Taranaki District Health Board region or any other District Health Board region as appropriate.

It is the responsibility of the Taranaki District Health Board Chief Executive or delegate to:

- Represent the Taranaki District Health Board 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 Taranaki District Health Board emergency response at the Taranaki District Health Board Emergency Operation Centre

#### **d) Public Health Services**

Public Health Services in the Taranaki District Health Board region are provided by the Public Health Unit of Taranaki District Health Board and the Territorial Authorities. Public Health Services are responsible for:

- Ensuring that the planning for and assessment of any emergency includes the impact on the health status of the community.
- 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.
- Monitoring all risks that may impinge on the health of the public.
- Communicating with relevant people about the public health assessment and ensure appropriate management of the public health response.
- Communicating, in liaison with the Taranaki District Health Board Communications Manager, with the community on all matters relating to public health.
- 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:

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

#### **e) Primary and Community Healthcare Services**

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

- 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.
- Continue to provide their services, to the fullest extent possible, to meet the needs of their normal patients or clients and others who, as a result of the emergency, are unable to access their usual provider.
- Have planned to participate in a response to:
  - a. Meet the need for care and advice to uninjured casualties or those with minor injuries.
  - b. Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds.
  - c. Meet the 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 social and psychological support in conjunction with Child Youth and Family Services.

#### **f) Secondary and Community Hospitals**

It is the responsibility of the manager or designated staff member from each hospital and other facility within the Taranaki District Health Board region to:

- 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.
- Manage capacity to accept those needing hospital care.
- Participate in an alternative communications network linking key healthcare facilities and the Taranaki District Health Board Emergency Operation Centre.
- Have arrangements for access to essential supplies during an emergency.
- Participate in co-ordinated planning, training, exercising and response arrangements with complementary and neighbouring providers and other key agencies.

#### **g) Ambulance Services**

St John Ambulance Services through its Manager shall:

- Ensure that an alternative communications network exists that links key health facilities and emergency services.
- Develop service continuity plans to minimise disruption to services through the loss of staff, loss or impairment of vehicles, buildings, resources or utility services.
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
- Participate in co-ordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and other key agencies.

- Maintain an emergency plan, management structure and communications to enable effective assistance to Incident Controllers and the Taranaki District Health Board Emergency Operation Centre.

#### **h) Disability Support Service Providers**

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

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

#### **i) 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 general public unable to reach their normal supplier. They will:

- 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.
- 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.
- Work closely with General Practitioners and other health professionals to dispense prescriptions and respond to requisitions to provide medicines and medical supplies.

#### **j) Medical Laboratories**

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

- 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.
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
- Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event.

#### **k) Radiology Services**

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

- 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.
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
- Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event.

#### **l) Civil Defence Emergency Management**

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

- Will maintain contact with Taranaki District Health Board through the appointed Health Liaison Officer at the Civil Defence Emergency Management Group's Emergency Operation Centre.

- May facilitate requests for resources, not available from Taranaki District Health Board or other health sources, when advised or requested by the Health Liaison Officer.
- Will in a health emergency, provide a Taranaki Civil Defence Emergency Management Liaison Officer to attend the Taranaki District Health Board Emergency Operation Centre if requested.

**m) Other Health Related Providers (including Private Hospitals)**

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

- Undertaking roles identified in this Plan, when requested by the Taranaki District Health Board to do so.
- As part of a co-ordinated approach to emergency planning, the Taranaki District Health Board will assist all funded health providers to develop their own Business Continuity and Emergency Plans.

**n) Mental Health Services**

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

- 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.
- Continue to provide their services, to the fullest extent possible, to meet the needs of their normal patients or clients.
- Participate in co-ordinated planning, training, exercising and response arrangements with the District Health Board, complementary providers and other key agencies.
- Maintain an emergency plan, management structure and communications to enable effective liaison and assistance to Incident Controllers and the Taranaki District Health Board Emergency Operation Centre.
- Undertake roles identified in the Mental Health Services Emergency Plan.
- Liaise with Child Youth and Family Services (coordinating agency for psychological welfare) regarding victim counselling requirements and assist as required. This would be during the initial response and the recovery phases.

**o) Maori Health Service**

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

- Emergency awareness to the Taranaki Maori community to ensure prevention and early intervention, and whanau preparedness.
- Consultation with Kaumatua regarding practices of tikanga and kawa.
- Exchange of opinions and alternatives regarding emergency management between Taranaki District Health Board Emergency Management Committees and Taranaki Maori to ensure the wellbeing of the wider Maori community.
- Identify and prioritise resources required to implement the plans.

## **Appendix 2:**

### **Activation and Deactivation of the Health Emergency Plan form**

#### **Part 1: AUTHORISATION FOR ACTIVATION OF THE TARANAKI DISTRICT HEALTH BOARD HEALTH EMERGENCY PLAN**

I, .....,  
(print name)

authorise the activation of the Taranaki District Health Board Health Emergency Plan in response to the following incident:

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

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

Authorised by:.....

Designation:.....

Time and date of authorisation:.....

#### **Part 2: AUTHORISATION FOR DEACTIVATING THE TARANAKI DISTRICT HEALTH BOARD HEALTH EMERGENCY PLAN**

I, .....,  
(print name)

authorise the deactivation of the Taranaki District Health Board Health Emergency Plan in response to the following incident:

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

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

Authorised by:.....

Designation:.....

Time and date of authorisation:.....

**Appendix 3:****Glossary of Terms for the Taranaki District Health Board Health Emergency Plan**

| Abbreviation | In Full                                    |
|--------------|--------------------------------------------|
|              |                                            |
| 4R's         | Reduction, Readiness, Response, Recovery   |
| CACC         | Child & Adolescent Community Centre        |
| CDEM         | Civil Defence Emergency Management.        |
| CEG          | Co-ordinating Executive Group,             |
| CEO          | Chief Executive Officer                    |
| CIMS         | Co-ordinated Incident Management System.   |
| CYFS         | Child Youth and Family Service             |
| DHB          | District Health Board                      |
| ED           | Emergency Department                       |
| EMC          | Emergency Medical Centre,                  |
| EOC          | Emergency Operation 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                         |
| MRHCC        | Midland Region Health Coordination Centre, |
| NGO          | Non-Government Organisation                |
| NHCC         | National Health Coordination Centre        |
| NHEP         | National Health Emergency Plan             |
| OPF          | Operating Policy Framework                 |
| PHO          | Primary Health Organisation                |
| PHU          | Public Health Unit                         |
| PPE          | Personal Protective Equipment              |
| RHCC         | Regional Health Coordination Centre        |
| SEPC         | Safe Environment and Practice Committee    |
| TA           | Territorial Authority (District Council)   |
| TEMO         | Taranaki Emergency Management Office       |
| THEF         | Taranaki Health Emergency Forum            |