Health Emergency Plan [HEP] – Waitemata DHB

Contents

1. Introduction

This health emergency plan reflects the requirement of the Ministry of Health 'Operational Policy Framework (OPF)' to develop and maintain plans for incidents/emergencies and the content of the national and northern region health emergency plan [2010].

The plan

- outlines the framework within which the health and disability services in this district plan and respond to potential or significant health or civil defence emergencies
- outlines the structure, systems, processes and priorities of emergency management in this DHB [roles and responsibilities]. It shows how the DHB inter-relates with other essential services responding in an emergency situation i.e. northern region health agencies, St John and Civil Defence/emergency services
- shows how the Coordinated Incident Management System [CIMS] is used as a consistent approach to coordination, cooperation and communication across the health sector when responding to an incident. Operational processes are documented for internal reference.

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- considers the needs of public, primary, secondary, tertiary and mental and disability health services

2.1 Principles of planning

The guiding principles underpinning this plan include:

- all-hazards ('hazardscape') approach considering the needs of the Waitemata district and population
- planning that includes **risk reduction** and processes for readiness, response and recovery
- **self sufficiency** using an Incident Management Team [IMT] applying the Coordinated Incident Management System [CIMS]
- **connectedness** with other agencies
  - [i] across the district [i.e. primary care, residential aged care, cultural groups, disability and NGO agencies]
  - [ii] regional health providers [i.e. other district health boards, St John, Auckland Regional Public Health Service]
  - [iii] emergency service providers [i.e. Auckland Council Civil Defence Emergency Management, Fire, Police, Lifelines Groups]
  - [iv] national [i.e. Ministry of Health, other DHBs]
- **link with welfare and support agencies.** Ensure special provisions for hard-to-reach, vulnerable communities, different cultures and communities, resources, both human and other, to help people from culturally and linguistically diverse communities, and overseas visitors who may be unfamiliar with New Zealand practices. Also planning for **welfare** to own staff who are affected by the emergency, including those operating during it.

This is a strategic document. Local internal documents outline tactical and operational processes.

Why	**STRATEGIC** (Vision and Culture)	**Health Emergency Plan**
	⇕	
What	**TACTICAL** (Supporting Systems)	**Major Incident Plan**
	⇕	
How	**OPERATIONAL** (Underpinning Processes)	**Emergency Preparedness and Response Processes**

3. Waitemata DHB planning and response processes

3.1 Geographic boundaries

Waitemata DHB provides health services to the largest population in New Zealand of 540,000 people with anticipated growth through the west and Rodney district [current 1.4% growth].

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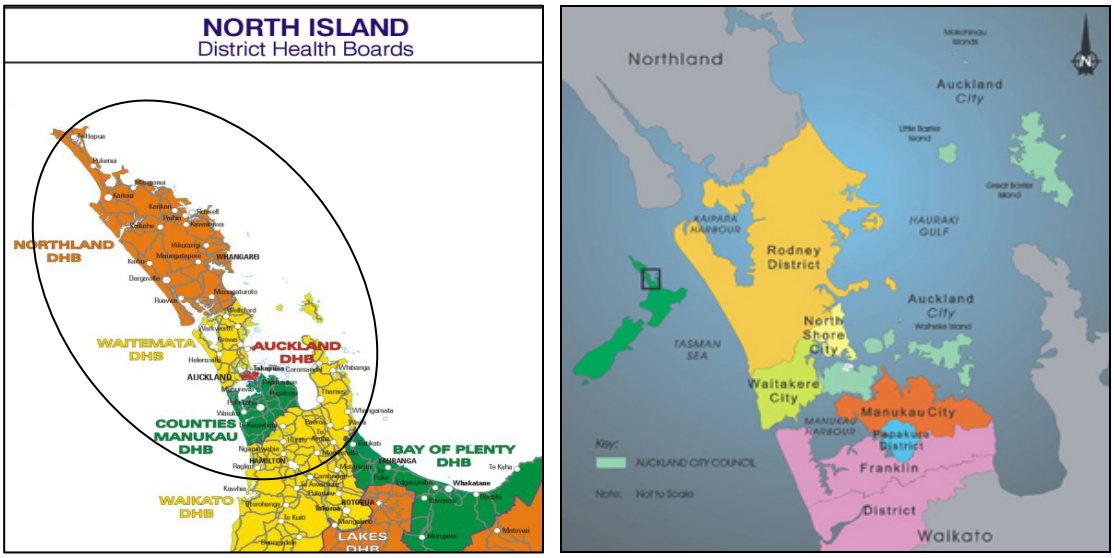

Figure 2: **Map of Auckland region**

Waitemata DHB provides health services to the Waitemata population across 5 inpatient sites, with 1007 inpatient beds. Some services are regional services. Services and staff are also provided in a range of community sites [36] in the district and regionally. There are 6600 staff employed in the provider services.

Waitemata DHB works with:

- the 57 Rest Homes and Private Hospitals who have their own local emergency plans for self sufficiency, but linked to the DHB emergency team for communication and support
- NGOs who provide support to approximately 6500 people receiving regular home support services under the care of NGOs who have their own local emergency plans for self sufficiency, but linked to the DHB emergency team for communication and support
- NGOs who provide mental health services to the population who have their own local emergency plans for self sufficiency, but linked to the DHB emergency team for communication and support
- privately owned surgical hospitals in the district who have their own local emergency plans for self sufficiency, but linked to the DHB emergency team for communication and support
- the two main Primary Health Organisations supporting primary care service providers in the district: Waitemata PHO and Procare

1.1 Structure

The Waitemata DHB emergency planning processes is led by the Emergency Systems Planner [0.2]. The Emergency Response Advisor [0.8] focuses on the DHB patient occupied facilities.

- The DHB Executive Leadership Group oversees the Emergency Planning agenda
- The DHB provider services have representatives on the DHB Emergency Planning Group which is coordinated by the Emergency Response Advisor

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- The WDHB Emergency Systems Planner represents the DHB on the northern region Health Coordinating Executive Group [HCEG], which reports to the Chief Executives of the region

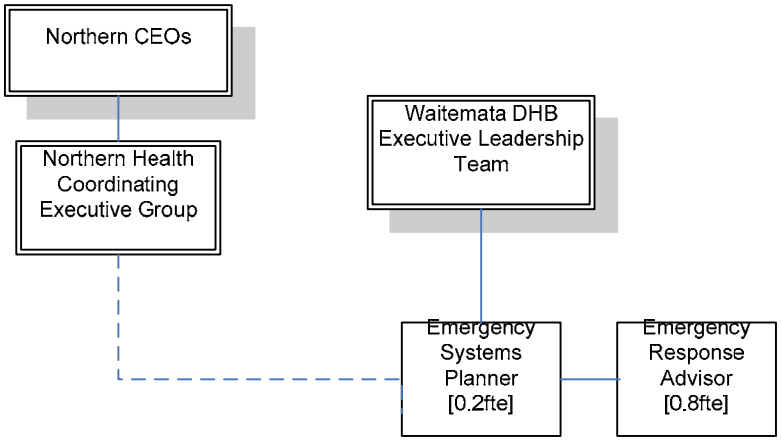

Figure 3: Diagram shows DHB emergency planning linkages

1.2 Roles and Responsibilities

The Emergency Systems Planner and Emergency Response Advisor are responsible for:

[a] Risk assessment and mitigation planning

- planning to support an emergency response for the wider Waitemata population with other emergency services, border agencies
- planning business continuity strategies within the district health board provider services i.e. 5 inpatient site plans and emergency response processes for incidents such as fire, infrastructure failure as well as individual specialty service plans e.g. mass casualty plan, forensic mental health service plan in the event of a natural disaster e.g. earthquake. Managers of departments and services participate in plans relevant for their areas of responsibility
- planning with Community services, NGOs and contracted health services
- planning with other DHBs, Public Health Services and St John in the region
- planning with cultural and social agencies in order that the needs of vulnerable communities and cultural groups are linked in an emergency situation.

[b] **Preparing for response** by district health board staff to promptly respond in an emergency. Includes activities such as training, exercises, equipment and resources.

[c] **Support of the Incident Management Team** in an emergency situation/incident. This includes management and resourcing of the DHB Incident Operations Centre, identification and training of key staff for the Incident Management Team [IMT] roles. The IMT staff are senior managers from within the DHB.

[d] **Assistance with recovery activities** e.g. post incident reviews, implementing corrective actions.

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2. Waitemata DHB Emergency Management

2.1 Risk Mitigation

The Auckland region physical setting and large metropolitan area exposes the population to a wide range of natural and technological (human) hazards which directly or indirectly impact on the health sector. Many hazards originate form the region and some from outside of the region.

The risks below are published by the Auckland region Civil Defence Emergency Management Group

2.2 Regional Hazards

Natural Hazards

- Beach erosion
- Biological Hazards
- Coastal Cliff erosion
- Climate change
- Cyclones
- Drought
- Earthquakes
- Fire
- Flooding
- Land instability
- Tornado
- Tsunami
- Volcanic Hazards

Man made Hazards

- Major transport accidents, including motor vehicle, train, aircraft
- Computer systems failure
- Dam failure
- Hazardous Substances
- Infrastructure
- Shipping accidents
- Vandalism & terrorism
- Pandemic

http://www.arc.govt.nz/council/civil-defence-emergency-management/natural-hazards/hazards-from-outside-auckland.cfm

Waitemata DHB has identified the following hazards

Natural Hazards

- Biological Hazards
- Cyclones
- Earthquakes
- Fire
- Flooding
- Tornado
- Tsunami
- Volcanic Hazards

Man made Hazards

- Major transport accidents, incl. motor vehicle, train, aircraft
- Computer systems failure
- Hazardous Substances
- Infrastructure e.g. gas outage
- Vandalism & terrorism
- Pandemic
- Food safety (e.g. accidental or deliberate contamination of food)

Health services and health sector response is impacted by these hazards due to:

- Clinical service surge in demand
- Widespread social and psychological disruption and isolation
- Workforce issues
- High demand on public health resources
- Reliance on primary care providers to undertake initial treatment and triage of injured or affected groups
- Requests from residential aged care and NGO providers for DHB/hospital assistance
- Medical supplies not readily available (demand exceeds supply)

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Response plans e.g. Pandemics, Mass Casualty Plans are updated in response according to prioritised need. These documents are linked with the other regional DHBs and emergency services to ensure consistency of response using contingency plans.

- The DHB maintains liaison with other emergency services and other community facilities and teams

2.3 Readiness

Plans and processes are documented for a range of potential situations and area available for reference by key staff for training and response

There is an Incident Management Team [IMT] and staff are trained for lead roles in the Coordinated Incident Management System [CIMS]. Exercises are planned to ensure staff know how to activate the IMT and manage a range of simple or more complex situations.

There is an Incident Operations Centre [IOC] identified and resourced where the IMT can work in the event there is a situation requiring a major response.

There are resources available that can be used for various situations e.g. emergency phones, additional lighting, emergency cabinets. The hospital buildings are planned for strength and resilience e.g. sprinklers and EWIS fire alert systems.

2.4 Response

In the event of an emergency there are procedures for

Alert	using internal alert systems, Single Point of Contact alert systems through St John, CDEM
Notification	The Telephonist uses Emergency Pager groups to activate teams required to respond
Immediate response	Duty Nurse Manager on the Northshore and Waitakere Hospitals are able to provide initial incident management 24 hours until the Incident Management team arrive. On the other sites there are staff in charge and able to manage initial response until on call managers and emergency services arrive The DHB has a senior manager on-call each week to provide support to the Duty Nurse Managers. There are senior medical staff on-call to respond to clinical demand issues Emergency Department and Intensive Care have senior medical staff on duty 24 hours to support acute clinical needs
Incident Management Team	Key manager on the Incident Management Team are available to be called in if required
Level of Activation and Response	See Appendix discussion regarding decisions of the level of activation and response

The Incident Management team utilises the following structure to manage a major incident.

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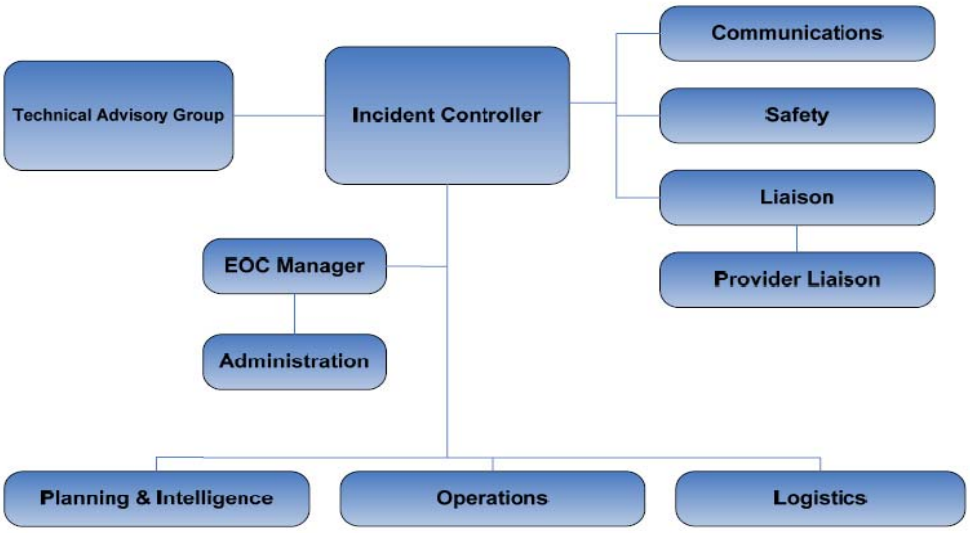

Figure 5: Diagram shows standard configuration of a Coordinated Incident Management System

Health sector communication

Communication processes are reviewed as sustainable and communication systems are tested regularly. The DHB Communications Director ensures

- that the relevant public education messages and templates are pre-prepared for a range of emergency situations
- a detailed Communications Plan is maintained for immediate use as required, which aligns with the other DHB Communications plans
- effective public information working relationships are established with local authority and civil defence communications personnel to assist with the development of consistent messages and to provide additional access to community populations.
- the DHB Communications Team is part of a roster of DHB, Public Health and St John communications personnel to support the northern region Health Co-ordination Team (NHCT).

The DHB has systems and processes established, including:

- IMS and paper base back-up
- Telephone, text
- Tele-video-conferencing
- Satphone
- Radio network
- Smart boards
- Facsimile and email

2.5 Recovery

Waitemata DHB works with the Senior Management Team to plan and undertake recovery activities after an incident/emergency scenario.

This recognises that a 'Recovery Manager' is appointed with approval of the Chief Executive to restore service, liaising with the relevant general managers until normal business has been restored. It may include:

- Assessment of the health needs of the affected community
- Coordinating the health resources made available

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- Managing the rehabilitation and restoration of the affected community's health care services and health status
- Reassuring measures to reduce hazards and risks.
- Critical infrastructure planning e.g. may not be able to be restored for a considerable period of time
- International supply chains may take time to get back to normal following an international event such as a pandemic
- It may take considerable time to return health services given the volume of deferred electives
- May require consideration of the appropriate level of health services to be provided within the affected area.

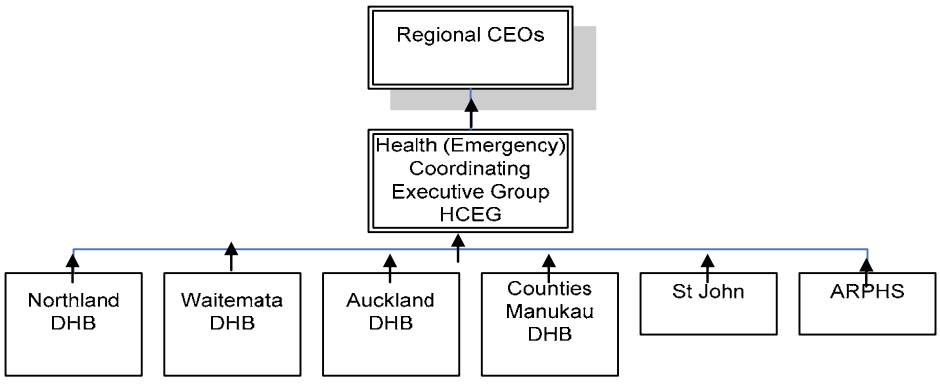
3. Waitemata DHB engagement with regional planning and response activities

The northern health region [the Ministry of Health has divided the health regions into four regions: northern, midland, central and southern], includes Northland and Auckland, providing health services to **1.6** people. The Northern region encompasses two regional authorities: Auckland Super City and Northland.

Planning for health emergency response includes the following agencies:

- Auckland DHBs which oversees the Auckland Region Public Health Services
- Counties Manukau DHB
- Waitemata DHB
- Northland DHB
- St John

The northern region works together through the Health Emergency Coordinating Executive Group [HCEG] that reports to the northern region health governance group including the Chief Executives Officers of the four District Health Boards.



3.1 Regional Planning

The health agencies for the region work together to plan and develop resources to ensure consistency of response. Decision making is made as a consensus through regular meetings of the HCEG members and signed off by the regional chief executives.

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3.2 Regional Response

In an emergency alert, the Health Emergency Coordinating Executive Group [HCEG] works together through the Emergency Single Point of Contacts from each DHB who make contact to confirm that all are informed of the event and to agree the next immediate steps and who else needs to be informed. This initially through phone contact for coordinated planning and supply of staff to assist with management of the Northern Regional Health Coordination Centre based at Auckland City Hospital if this is required. Alternate incident centres are available in the event that the Auckland City facility is damaged.

Where a decision is made that regional coordination and integration is required, the chair of HCEG initiates a teleconference [includes the region Chief Executive Officers].

- An incident plan is devised and ongoing communication maintained through regular teleconferences or face to face meetings.
- If a decision is made to activate the Northern Region Health Coordination Centre [NRHCC], Waitemata DHB will contribute CIMs trained personnel to support the Coordinated Incident Management [CIMs] team functions
- The Waitemata DHB plan integrates regionally so that patient referrals and transfers are managed according to the clinical pathway guidelines. In an emergency, the DHB works to minimize transfers between DHBs. Where necessary and approved, the DHB will follow the agreed processes for ambulance transfer.
- St John manages regional transport arrangements according to agreed protocols. St John maintains a clear understanding of DHB capacity so that triage is appropriate. St John manages patient transport and knows who can authorize transport.

3.3 Public Health services

Waitemata DHB relies on the Auckland region Public Health Service [ARPHS] to:

- Provide public health input into regional and national planning and response activities
- Contribute public health components to regional processes and plans
- Offer advice in line with the technical advisory group in relation to Infection control in the community and public health advice on case management e.g. restriction of movement or large gatherings
- Undertake contact tracing of cases in hospital or in the community as agreed with the Ministry of Health; and supervision of community isolation
- Undertake agreed surveillance activities
- Assist with public communications as agreed with the northern region Health Co-ordination Team (NHCT)

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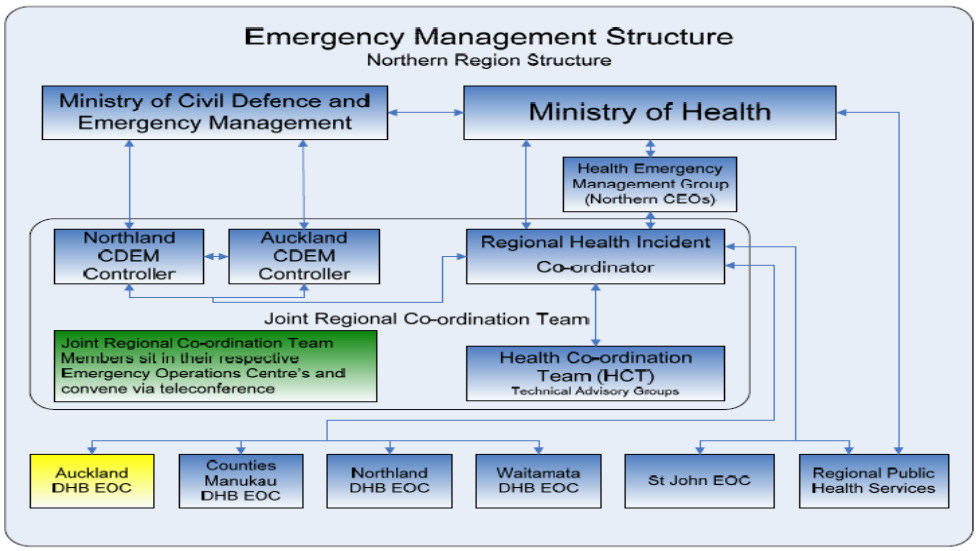

Waitemata DHB works with the other DHBs, St John and Civil Defence to plan and respond to health emergency situations impacting on the population of the district and region.

3.4 Link to Regional Health Technical Advisory Groups

Specialist DHB clinicians actively participate on the regional technical advisory groups (TAGs) to assist with planning and development of consistent guidelines for health agencies.

Standing TAGs include:

- Infectious Diseases /Infection Control
- Surveillance Planning/Intel
- Primary Health
- Intensive Care
- Emergency Departments
- Human Resources
- Maori Health communities
- Pacific Health communities

3.5 Supply contracts

The northern region works with Health Alliance to ensure key contracts for supply agreements and essential services/supplies are managed for the region.

Continuity agreements are updated to confirm supplier ability to deliver on agreed quantities will be tested at regular intervals.

3.6 The northern region works collaboratively to manage

a. Reconfiguration of regional services

Waitemata DHB plans to be self-sufficient as far as can be reasonably managed

- Details are maintained about available beds and private hospital capacity, including isolation beds
- Intensive Care Unit bed management protocols are defined for the region, and the clinical pathways are managed with the co-operation of the ICU Technical Advisory Group.

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Where an event requires reconfiguration of regional services e.g. volcanic action, earthquake, each DHB will have clear descriptions of how the health services can be reconfigured within the district and can participate in planning to move inpatients to alternative venue if a building damaged/service overloaded, key practices where GP practices closed in an area.

b. Community and Primary Care
The Primary Health Organisations work with HEG to support communication and support for primary care support for the population.

c. Coordination and monitoring of resources
Each DHB has procedures in place to monitor and manage resources purchased for their district and works collaboratively to manage high demand.

- In a regionally co-ordinated emergency, NRHCC would monitor distribution and co-ordinate needed resources where pre-identified resources start to run out. The DHB will advise NRHCC where there is delay and request assistance/access to a contingency supply.
- Where supplies cannot be accessed regionally e.g. medications, NRHCC negotiates access to resources nationally or internationally.

d. Cross-DHB staffing support
The DHB plans for self sufficiency i.e. utilization of staff within the DHB services. It is unlikely that staff will be moved from one DHB to another.

- Where there is clearly oversupply and undersupply issues and the situation necessitates intervention, this can be co-ordinated between the relevant DHBs in the first instance.
- Where the system is sufficiently challenged by demand, NRHCC may be asked to support decisions made.

e. Communication with health emergency management groups
WDHB and other health agencies use Health EMIS system to communicate regionally and nationally:

- logging information and tracking tasks
- requesting information or action and tracking response
- developing and disseminating reports on the current situation (situation reports)
- summarising and communicating key intelligence on the incident.

f. 24-hour information cycle
WDHB and other health agencies attend teleconferences and provides reports as required, at least once every 24 hours or more regularly during an emergency response. This fits into the National Health Coordination Centre schedule. The regional communication works around this time in order to have information to contribute.

g. Communicating with local, national and international emergency agencies
NRHCC where activated is responsible for communicating directly with other local emergency agencies that may be involved in the response, including CDEM groups and ambulance, police and fire services.

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- In an unexpected, sudden-onset event, a teleconference involving affected parties at the local, regional and national level may be held on the nearest half hour or hour to the event.
- In the event of a progressively escalating event a series of teleconferences may occur.
- The ongoing communication framework will be established during initial teleconferences.
- During the activation of a local or regional health emergency response, formal liaison shall be established. The DHB will have a liaison officer who will also share responsibility for local or regional CDEM group emergency operations centre.
- The liaison officer will communicate and disseminate inter-agency information when either a DHB HEP or a regional or national HEP is activated.
- All formal inter-agency communications shall go through established liaison channels.

4. Waitemata DHB involvement with national planning and response activities

Waitemata DHB participates in regional northern and midland DHBs discussions and attends national meetings so that the DHB processes are aligned with national plans and processes.

In an emergency situation Waitemata DHB participates in teleconferences, provides reports to the Ministry of Health and offers assistance where required including staff, receiving patients for care, providing equipment and supplies.

Waitemata DHB meets the requirements of the Ministry of Health 'Operational Policy Framework (OPF)' to develop and maintain plans for incidents/emergencies and the content of the national and northern region health emergency plan [2010].

Waitemata DHB has participated in all national exercises to test our plans and responsiveness.

3.2.4 Key Contacts

Pre-set contact lists are prepared to be activated as needed, maintained by the Emergency Systems Planner with details of key contacts as follows:

- Executive Leadership Team
- Health Key Contacts - regional, ministry
- Health Technical Advisory Groups
- Emergency Services and Civil Defence contacts
- Engineering Lifelines Groups
- Government agencies e.g. customs (border management)
- Private Health Facilities: Southern Cross Surgical Centre, Rest Homes and Private Hospitals
- Suppliers of critical products

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5. Appendix 1 Alerts, Activation and Stand Down

5.1 Alert

Waitemata DHB learns of an emergency event in multiple ways:

- Through internal alarm systems which alert key people through pagers/alarms e.g. Fire, power outage, information systems
- Through staff notification via the Telephonist e.g. chemical spill, flooding
- Pager alert via St John to single point of contact [Emergency Systems Planner, Duty Nurse Manager] e.g. Airliner distress alert
- St John staff informing ED staff of event
- Ministry of Health Alert
- Other DHB advising of internal event
- ARPHS surveillance of communicable disease e.g. measles, H1N1

5.2 Threshold for Activation

An event that requires the activation of a local, regional or national Health Emergency Plan [HEP] goes beyond the normal management of emergencies. HEPs are activated when usual resources are overwhelmed or have the potential to be overwhelmed.

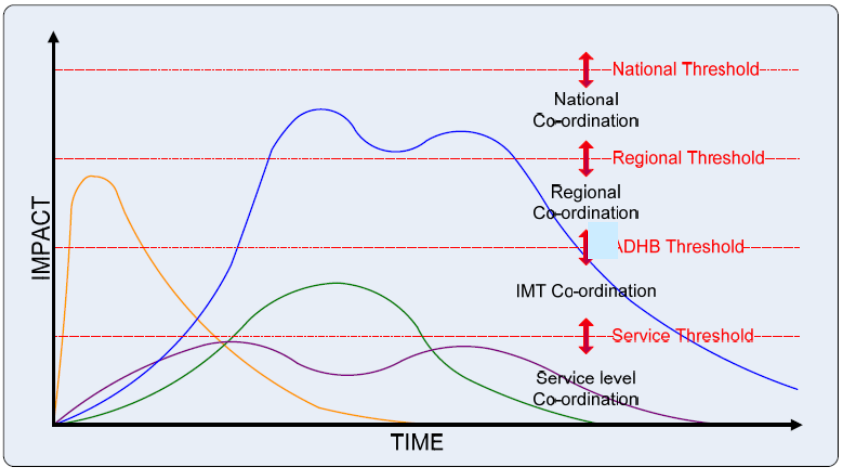

Figure: Activation threshold for Health Emergency Plans

5.3 Health Sector Alert Codes

The Ministry of Health has developed alert codes in order to communicate in an emergency. The alert codes are used in the health and disability sector at district, regional and national levels.

Alert Code	Phase	Example situation
White	**Information**	Confirmation of a potential situation that may impact on New Zealand. For example, a new infectious disease and pandemic potential, early warning of volcanic or other threat

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Yellow	**Standby**	Warning of imminent Code Red alert. For example a possible emergency in NZ such as imported case of a new and highly infectious disease without local transmission, or initial reports of a major mass casualty event within one area which may require assessistance from unaffected DHBs
Red	**Activation**	Major emergency exists in NZ requiring immediate activation of HEPs. For example a large scale epidemic or pandemic or major mass casualty event requiring assistance form outside the affected region
Green	**Stand-down**	Deactivation of the emergency response. For example, end of outbreak, epidemic or emergency. Recovery activities will continue

5.4 DHB Response activation

The DHB activation after initial alert notification follows the process below:

The Duty Nurse Manager is informed and alerts the Emergency Systems Planner and other key initial response staff through the Telephonist pager and phone system
The key initial responders attend within 15 minutes to receive a briefing, plan initial response plan and allocate frontline response activity. See steps 1-6 below

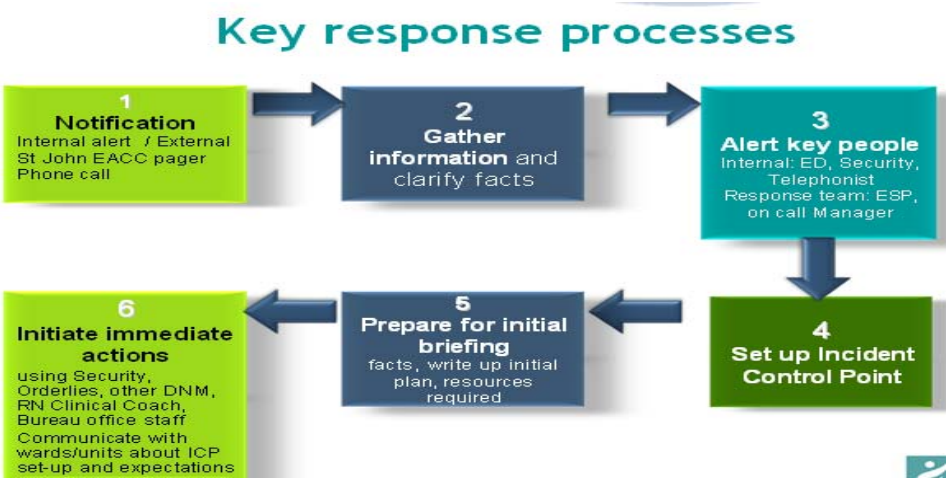

Figure : Diagram showing initial response steps

5.5 DHB Levels of Emergency and Activation

At the initial briefing, the initial response team decides about whether to manage using an Incident Control Point e.g. Duty Nurse Managers office or activate the Incident Coordination Centre with a separate CIMs team

Level 1	Can be managed with existing resources; Manageable impact of presentations [20+] affecting frontline departments i.e. ED, Theatre, Wd 4 and ICU only. On site coordination for < 4 hours. Emergency team monitors-assist
Level 2	All of hospital is involved e.g. Fire, local coordination at Incident Control Point. Coordination longer than 4 hrs - consider ICC set up. Emergency team assists and

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	engages
Level 3	Multi-agency involvement, requires district-wide coordination. Longer DHB response. DHB ICC set up. Emergency team engages and manages
Level 4	Multi-agency involvement with more serious district/regional event. CDEM makes declaration. DHB ICC is activated. Emergency team manages. Regular regional DHB teleconference.
Level 5	A state of national emergency exists or the local emergency is of national significance. At this level, coordination by the National Controller will be required. NRHCC activated. DHB ICC is activated with CIMS team. Emergency team manages.

5.6 Standing down a HEP

The date and time of the official stand-down, or deactivation of an emergency response, will be determined by

- either the DHB if a local event
- by NRHCC if a regional activation has been made in consultation with the Ministry. Other agencies may need to be involved in the decision-making process

The time that the deactivation of an emergency response is announced will be dependent on:

- 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.

A decision to stand down will be made after formal consideration of the available data. The decision will be communicated to all relevant agencies including the date and time of the stand-down, or deactivation.

- Recovery planning and transition is planned for during response and transition from response to recovery and is coordinated with appropriate resources.
- A 'Hot Debriefing' will be held prior to deactivation.
- Once the recovery phase is underway, a 'cold debriefing'/formal evaluation will be held which may result in recommendations for corrective measures and planning.