



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Health Emergency Plan

2011 - 2014



Our Vision: Healthy, thriving communities
Kia Momoho Te Hapori Oranga

PART 1:	INTRODUCTION	9
1.1	Purpose of the Plan.....	9
1.2	Definition of a ‘Health Emergency’	9
1.3	Plan Objectives.....	9
1.4	The Area to which this Plan Applies	9
1.5	The Target Audience	11
1.6	Structure of the Document	11
1.6.1	The 4Rs are defined as:.....	11
1.6.2	Funding Arrangements.....	12
1.6.3	Reference Documents and Legislative Requirements.....	12
1.6.4	Emergency Management Principles	12
1.7	Hierarchy of Plans/Integration with other plans (Figure 3).....	13
1.8	National context.....	14
1.9	NZ Health & Disability Emergency/ CIMS structure.....	15
1.10	Health Provider Roles, Responsibilities and Coordination Arrangements.....	15
PART 2:	RISK PROFILE.....	16
2.1.	Overview of Geographical Features	16
2.2	Geology	16
2.3	Climate.....	16
2.4	Bay of Plenty Hazardscape	16
PART 3:	REDUCTION.....	17
3.1	Identifying and Analysing Hazards.....	17
3.2	Hazard Prioritisation	17
3.3	Key Partners Involved in Emergency Planning.....	18
3.3.1	Health Provider Stakeholders.....	18
3.3.2.	Toi Te Ora Public Health Service	18
3.3.3.	Midland Health Emergency Management Group	18
3.3.4	Bay of Plenty Civil Defence Coordinating Executive Group (CEG)	18
3.3.5	Primary Health Organisations (PHO)	18
3.3.6	CDEM Welfare Groups.....	19
3.3.7	BOP DHB Risk Management Planning Process	19
PART 4:	READINESS	20
4.1	Development of Plans	20

4.2	Plan Duration and Amendments.....	20
4.3	Plan Maintenance	20
4.4	Plan Monitoring, Exercises and Review	20
4.5	Staff Training and Education	21
4.6	Key Considerations in Planning	21
	4.6.1 Vulnerable Communities	21
	4.6.2 Human Resources (HR)	22
	4.6.3 Volunteers	22
	4.6.4 Visitors and Dependents	22
	4.6.5 Public Information Management.....	23
	4.6.6. Triage.....	23
	4.6.7 Agreements with External Health Providers to Increase Surge Capacity	23
	4.6.8. Flu Clinic/Community Based Assessment Centre.....	23
	4.6.9 Single Point Contact System.....	24
	4.6.10 (EACC) External Notifications Procedure	24
	4.6.11 National Reserve Supplies	24
4.7	Development of Risk Specific Plans and Operating Procedures.....	24
	4.7.1 Mass Casualty Plan (Surge Capacity)	24
	4.7.2 BOP DHB Pandemic Infectious Diseases Outbreak Response Plan	24
	4.7.3 BOP DHB Multiple Mortality Plan.....	25
	4.7.4 Operating Procedures for Specific Events	25
PART 5:	RESPONSE.....	29
5.1	Activation Trigger for the HEP	29
	5.1.1 Criteria for activation of the DHB HEP	29
	5.1.2 Procedures for Activation of the BOP DHB HEP	29
	5.1.3 Alternative Location for the DHB EOC	36
5.3	Ministry of Health Communication Processes.....	36
5.4	Bay of Plenty DHB Communication Processes	37
5.5	Health Sector Alert Codes	38
5.6	Roles & Responsibilities by Alert Codes.....	38
5.7	Health Sector Emergency Communication Structure	38
5.8	Key Roles and Responsibilities at the Regional and Local Level.....	40
5.9	National Health Coordination Centre (NHCC)	41
5.10	Alternative Communication.....	41
5.11	Public Information Management.....	41
5.12	Websites.....	41

5.13	BOP region radio station frequencies.....	42
5.14	Primary Care Management.....	42
5.15	Communicating with Local Emergency Agencies.....	42
5.16	Welfare Arrangements.....	43
5.17	Health and Safety of Employees.....	43
5.18	Care of the Deceased.....	44
5.19	Planning for Recovery.....	44
5.20	Standing Down the HEP.....	44
PART 6:	RECOVERY.....	45
6.1	Recovery Arrangements.....	45
6.2	Recovery Manager.....	46
6.3	Evaluation of the Emergency Response.....	46
6.4	Types of Debrief.....	46
6.4.1	The hot or immediate post-event debrief.....	46
6.4.2	The 'Cold' or Internal Organisational Debrief.....	47
6.4.3	The Multi-agency Debrief.....	47
6.5	Reviews.....	47
6.6	Financial Arrangements.....	47
Appendices.....		49
Appendix 1: Glossary of Terms for the BOPDHB Health Emergency Plan.....		51
Appendix 2: Definitions.....		52
Appendix 3 Key Roles and Responsibilities in an Emergency.....		54
Appendix 4: Organisations providing response and welfare support.....		61
Appendix 5: Regional Risks – Environment Bay of Plenty (2004).....		63
Appendix 6: CIMS Role Cards.....		67
6.1	Civil Defence / Health Liaison.....	67
6.2	Incident Controller.....	68
6.3	Logistics Manager.....	70
6.4	Planning & Intelligence Manager.....	72
6.5	Liaison Officer.....	75
6.6	Communications Officer.....	77
6.7	Operations Manager.....	79
6.8	Administration Manager.....	81
6.9	Administration Support.....	82
6.10	Recovery Manager.....	83

6.11 Safety Role	85
Appendix 7: Communication Tree for Contracted Providers and Maori Stakeholders	87
Appendix 8: Emergency Ambulance Communications Centre (EACC) procedures	88
Appendix 9: Major Incident Action Plan	91
Appendix 10: Major Incident Log Sheet.....	92
Appendix 11: Major Incident Situation Report	93
Appendix 12: Staff Registration Form.....	94
Appendix 13: Authorisation for Activation of the BOPDHB Health Emergency Plan	95
Appendix 14: Authorisation for Deactivation of the BOPDHB Health Emergency Plan	96
Appendix 15: Exercise Plan Calendar.....	98
Appendix 16: Template for a Recovery Action Plan.....	99
Appendix 17: BOPDHB Risk Management Planning Process	103

PART 1: INTRODUCTION

1.1 Purpose of the Plan

The overarching goal of the Bay of Plenty DHB emergency planning service is 'resilient health services in the Bay of Plenty DHB area'. The Bay of Plenty DHB Health Emergency Plan (HEP) has been developed to provide a consistent approach to coordination, cooperation and communication across the health sector when planning for and responding to an emergency incident.

1.2 Definition of a 'Health Emergency'

For the purposes of this plan, a health emergency is defined as any event which:

- presents a serious threat to the health status of the community;
- 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;
- due to loss of services, prevents a healthcare facility or service, from continuing to care for those patients it has.

A regional health emergency is defined as a health emergency event which involves the whole region or when a local DHB is overwhelmed and not able to manage the local response.

1.3 Plan Objectives

The Plan has four objectives:

1. To create a framework to manage a resilient and sustainable health sector during any potential of significant health emergency
2. To maintain or restore the health status of the population of the Bay of Plenty District Health Board's (BOPDHB) area of responsibility, following a major incident.
3. To define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency.
4. 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.

1.4 The Area to which this Plan Applies

The area encompassed by the plan covers the geographical area shown as the shaded areas in Figure 1. The district includes Waihi Beach in the North but not Waihi township which is in the Waikato District Health Board area. The district boundary in the North West runs along the Kaimai ranges. The district includes Waihou Bay and Cape Runaway in the East but not Potaka which is in the Tairāwhiti District Health Board area. The southern most towns in the district are Murupara, Minginui and Ruatahuna.

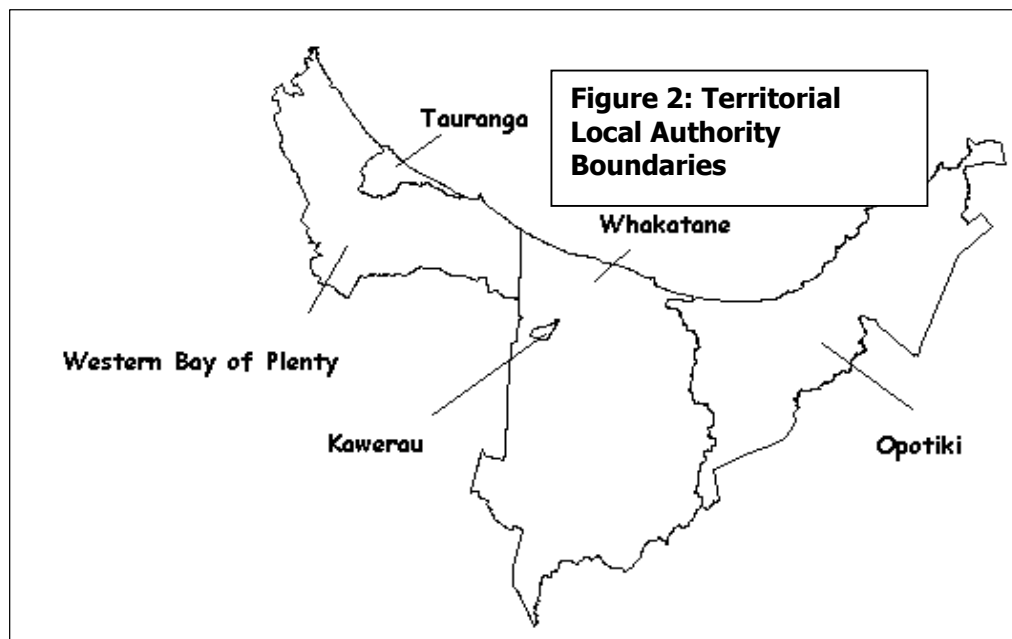
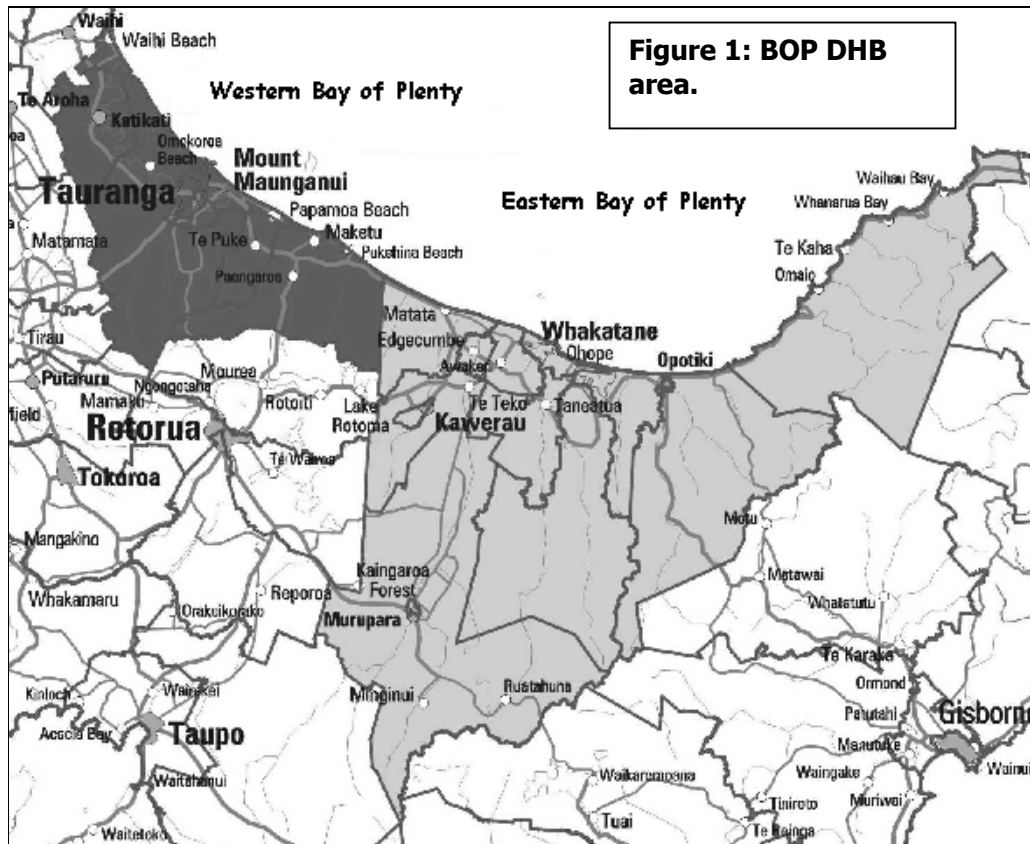
The area encompassed by the Bay of Plenty DHB is home to a diverse population (200,000 people) including large Māori and rural communities, which influence the way health services are funded and delivered. In the DHB about a quarter of the population live in areas with high NZDep06 scores (which are associated with poorer health). About one in seven people live in areas with low scores (associated with better health). Overall the DHB population is markedly over represented in high deprivation scores. The Bay of Plenty is expected to remain the second fastest growing region, after Auckland, with a projected population increase of 30% (over 80,000 people) between 2001 and 2026.*

Health services are provided by a wide range of independent providers and the DHB Provider Arm (Bay of Plenty DHB's provider of hospital and related health services including two secondary hospitals located in Tauranga and Whakatane, Opotiki Health Centre (a 4 general bed and 1 maternity bed unit), Te Kaha and Murupara health centres, district nursing and mental health services etc).

* Statistics NZ projections of medium fertility, medium mortality and medium migration

BOPDHB also hold the contract for the provision of public health services within the Lakes District Health Board, which takes in the Rotorua and Taupo Territorial Authority Districts. The Public Health response to a major incident in this area is covered under the Lakes District Health Board Health Emergency Plan.

Included in this district are the Territorial Local Authorities of Tauranga, Western Bay of Plenty, Kawerau, Whakatane, and Opotiki (Figure 2).



1.5 The Target Audience

This plan is for the health services of the Bay of Plenty District Health Board that will be exposed to a variety of hazards. Health services need to be aware of the hazards that could affect the various districts and the potential consequences of them on health services they provide. Health Service managers will then have the ability to plan appropriately for hazardous events. The plan takes a regional approach and seeks to provide the foundation for helping health providers work together.

This plan is primarily directed at health providers and their personnel, with a role in emergency planning and management. Other strategic partners include, but are not limited to;

- Local and National Civil Defence Emergency Management
- NZ Police
- NZ Fire Service
- Ambulance Service
- Victim Support
- NZ Red Cross
- Ministry of Social Development

1.6 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 Bay of Plenty DHB 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).

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

1.6.1 The 4Rs are defined as:

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. **(Part 2 and 3)**

Readiness – Developing operational systems and capabilities before an emergency happens. These include self-help and response programmes for the general public, as well as specific programmes for emergency services, utilities and other agencies. **(Part 4)**

Response – Actions taken immediately before, during or directly after an emergency, to save lives and property, “prevent the spread of disease as well as help communities to recover.” **(Part 5)**

Recovery – Activities beginning after initial impact has been stabilised in the response phase and extending until the community’s capacity for self-help has been restored. **(Part 6)**

1.6.2 Funding Arrangements.

The requirement for the BOPDHB to develop and maintain a Health Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans is stipulated in their funding contracts with BOPDHB. During response and recovery activities providers must document their response actions 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.

For DHB incidents, DHBs will cover the costs of a major incident up to 0.1% of its allocated budget. Following that, costs will be recovered via application to the Ministry of Health or, if relevant, the lead agency.

In order to assist with tracking of costs associated with the response, an emergency cost centre has been set up by the DHB to be used during an emergency event. This cost centre will be activated by the Chief Financial Officer or designate, when the HEP is activated. Details of the operation of the emergency cost centre are included in the Logistics Desk file in the EOC and on the G Drive\Governance & Quality\Emergency Planning\EOC\Desk Files\Logistics Manager Desk File.

1.6.3 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
- The Civil Defence Emergency 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 2010-2011
- 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)
- CDEM Group Plan Review (2009)

1.6.4 Emergency Management Principles

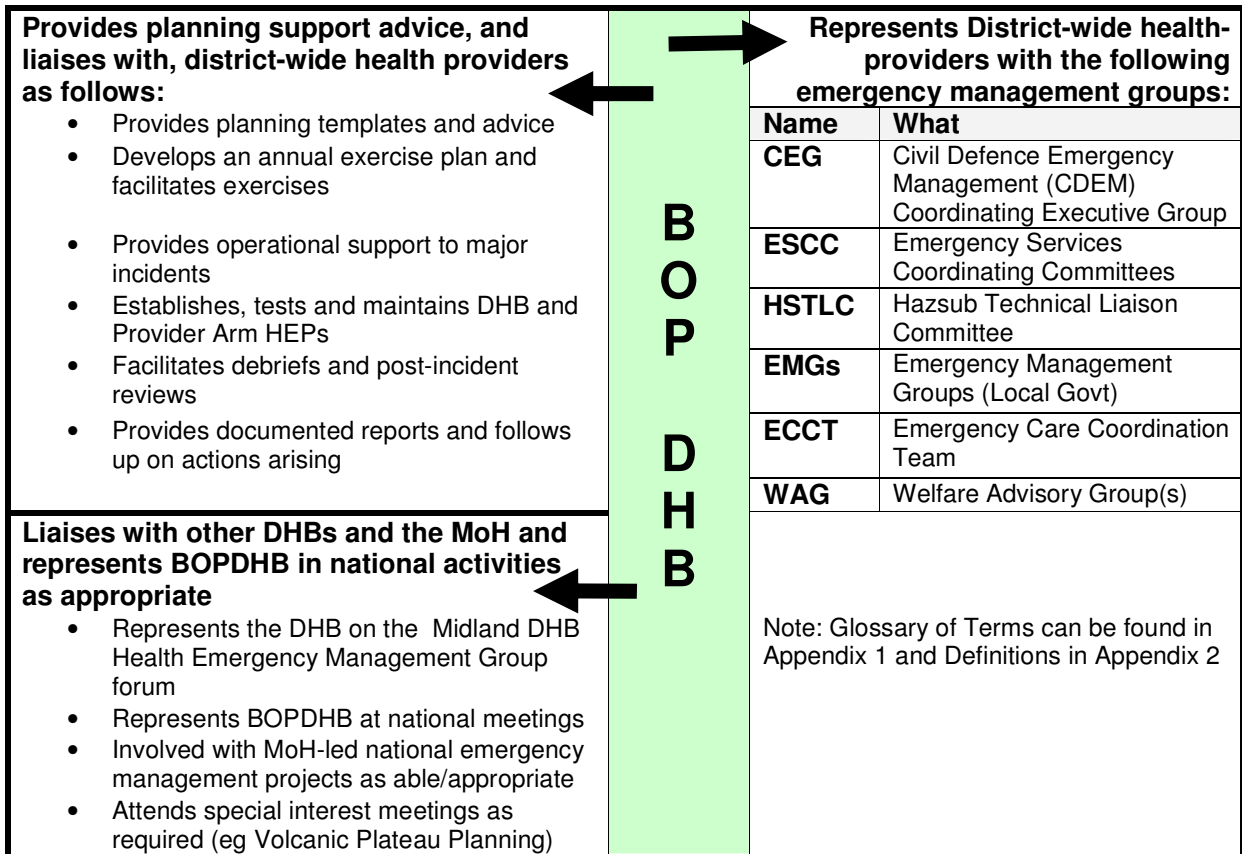
The National Civil Defence Emergency Management Strategy (CDEM Strategy 2007) stipulates that an 'all hazards, all risks, multi-agency, integrated and community focused approach' is central to emergency management in New Zealand.

The strategy outlines that the New Zealand integrated approach to Civil Defence Emergency Management can be described under the four key areas described in section 1.6.1; reduction, readiness, response and recovery.

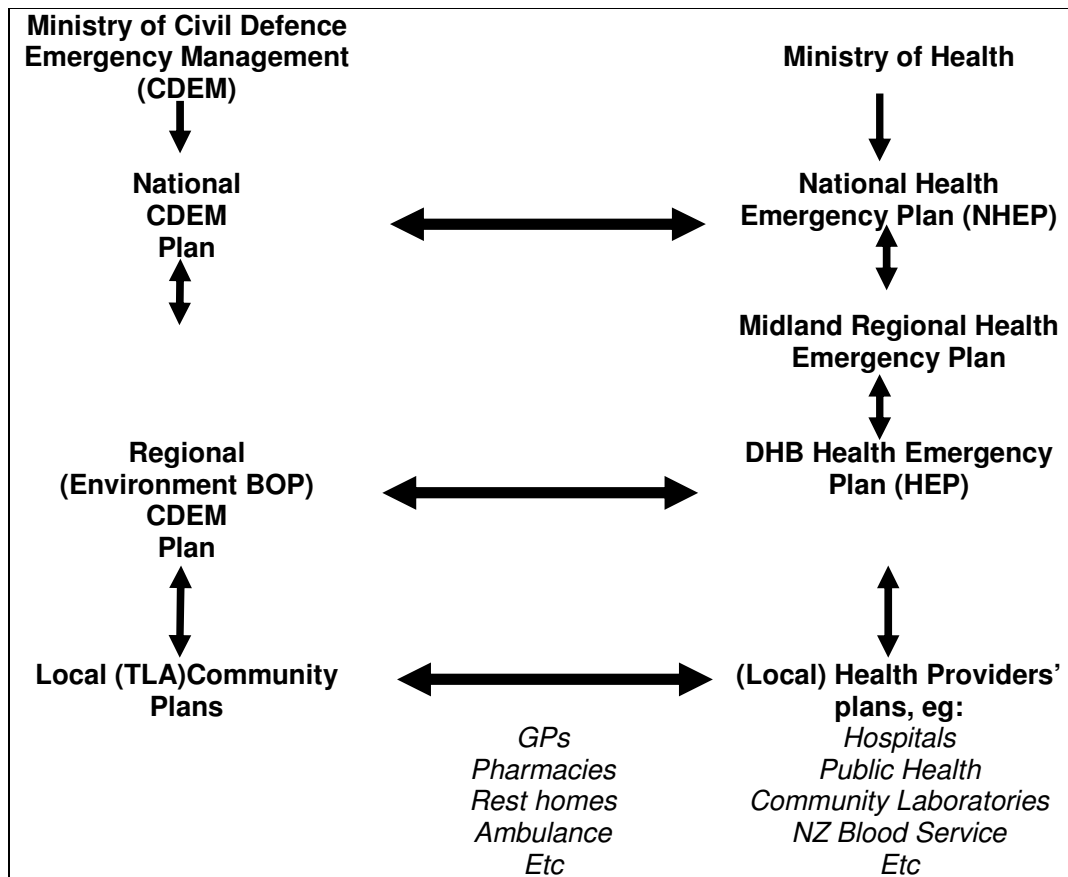
The preparedness and planning by the health sector is underpinned by the all hazards risk based approach which encompasses the four "R"s of emergency management as defined in the CDEM Strategy (2007) (1.6.1 page 11)

1.7 Hierarchy of Plans/Integration with other plans (Figure 3)

a) The fit between BOPDHB/Health planning and other organisations and agencies is illustrated below:



- b) The fit between national and local, and CDEM and Ministry of Health planning is illustrated below in Figure 4 **Hierarchy of Health Emergency Planning:**



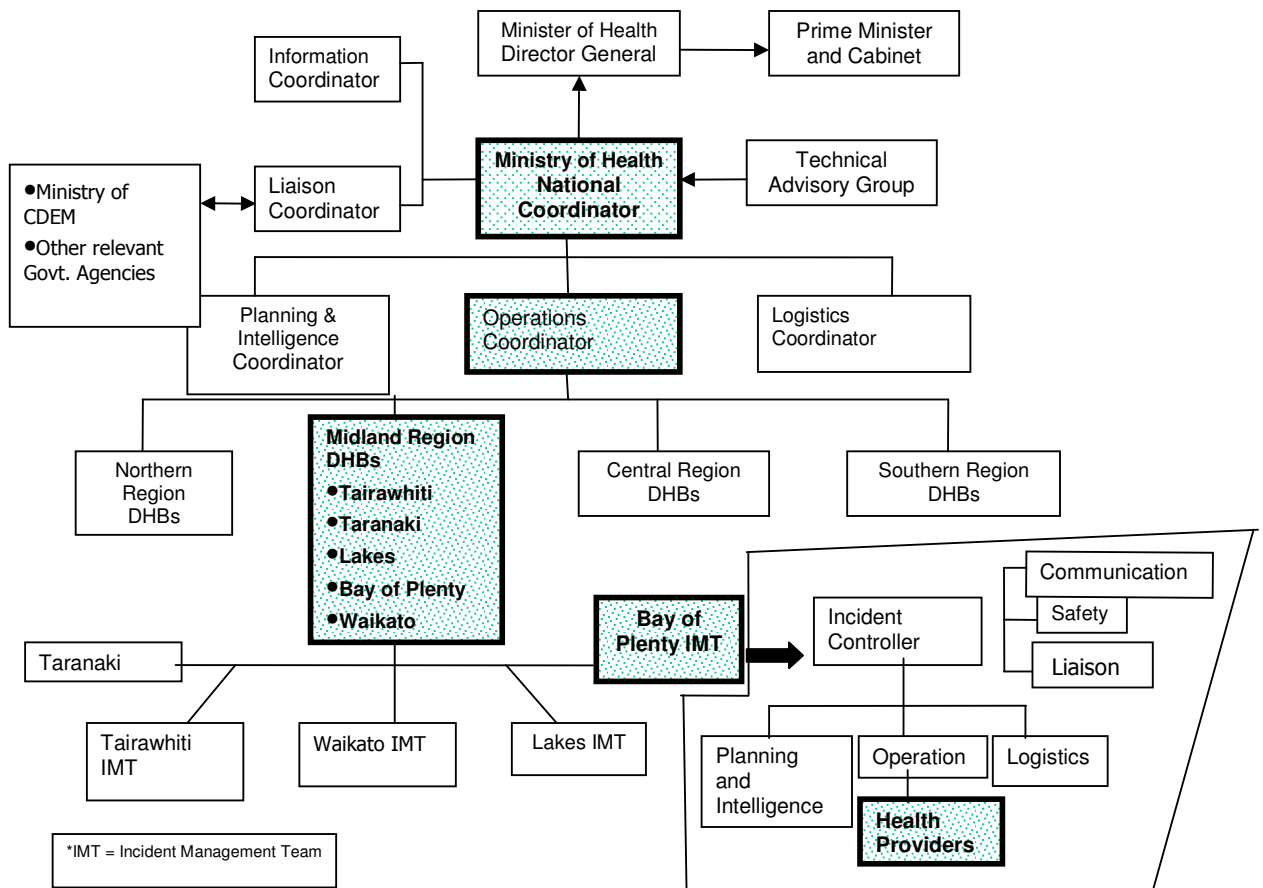
- b) The National Health Emergency Plan (NHEP) requires DHBs to work in regional clusters for the purposes of coordinating the response to a national or regional health emergency. The five 'Midland' DHBs maintain a regional HEP. The relationship between BOPDHB and regional/national health emergency planning is illustrated in section 1.9.

1.8 National context

District Health Boards have responsibility for maintaining and improving the health status of the population of their geographical areas.

The Civil Defence and Emergency Management Act designates District Health Boards as emergency services which are required to be active members of their regional Civil Defence and Emergency Management Groups. The Act designates responsibility for the provision of health care services in an emergency, as well as the restoration of the health status of a community, to Health. The Act also requires DHBs to actively engage with other response agencies in planning and exercise activities

1.9 NZ Health & Disability Emergency/ CIMS structure



1.10 Health Provider Roles, Responsibilities and Coordination Arrangements

Details of health provider roles and responsibilities are outlined in Appendix 3. Coordination arrangements are outlined in part 4 Readiness.

PART 2: RISK PROFILE

(An analysis of the natural, social, built and economic environments and their interaction, within which the Bay of Plenty DHB operates)

2.1. Overview of Geographical Features

The area comprises 12,241 square kilometres of land and 9,509 square kilometres of coastal marine. The prominent features of the region include:

- 18 offshore islands such as Matakana, Tuhua (Mayor) and White Island (an active volcano).
- Mauao & Putuaki (Mt Edgecumbe)
- A number of harbours, Tauranga, Ohiwa
- Estuaries including: Maketu, Little Waihi, Whakatane, Waiotahi & Waioeka/Otara
- 8 major rivers including: Wairoa, Kaituna, Tarawera, Rangataiki, Whakatane, Waioeka, Motu and Ruakokore rivers.

2.2 Geology

Volcanism has occurred sporadically within the Okataina Volcanic Zone in the region over the last seven million years. The BOP now has active geothermal features and New Zealand's most active volcano, White Island. Bay of Plenty lies above an active plate boundary – where the Pacific Tectonic Plate is being subducted beneath the Indo-Australian Plate which causes episodic volcanism, faulting and earthquakes.

2.3 Climate

The region has a sub-tropical climate with warm humid summers and mild winters. Winter usually has more rain and is the most unsettled time of year. In summer and autumn, storms of tropical origin may bring high winds and heavy rainfall from the east or northeast.

2.4 Bay of Plenty Hazardscape

The natural and technological¹ hazards facing the Bay of Plenty are many and varied, including active volcanoes, extensive geothermal areas and a number of earthquake fault lines. In addition flooding, disease and large storm inundation events, coastal erosion, and storm surges are perceived as threats.

Potential hazards that occur as a result of human activity include: agricultural emergencies, industrial processes, urban fires, public health crisis, infrastructure failure and hostile acts.

The geographic size of the 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. The region is bisected by major gas, electricity, and telecommunication grids and rivers. The BOPDHB is further challenged by its boundaries being different to those of Environment BOP and the other emergency services providing services to the region.

¹ Technological hazards are non-natural hazards, namely those hazards created as a result of human activity, that have potential to create an emergency situation. The line between natural and technological events is not always clear cut, therefore an arbitrary classification has been made

PART 3: REDUCTION

(Activities and measures taken to analyse long term risks to life and property from hazards, in order to eliminate or reduce the risks as practicable).

Many events have the potential to become a health emergency. These may result in one or more providers being potentially or actually overwhelmed. Each emergency brings its own individual conditions. Emergency events can escalate to the point where they will impact on the health of the sector's ability to provide health and disability services.

3.1 Identifying and Analysing Hazards

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 BOPDHB. Health providers are expected to conduct risk assessment for their organisation.

Refer to Appendix 5 for further details on hazards and ways to reduce the risk.

3.2 Hazard Prioritisation

Prioritisation of regional hazards has taken place as part of the integrated CDEM planning that is taking place. The major hazards/risks the region has identified in common are:

- Flooding
- Volcanic activity
- Earthquake
- Extreme weather event
- Tsunami
- Coastal erosion
- Coastal storm
- Geothermal systems (hydrothermal eruptions)
- Agricultural disease
- Land subsidence
- Public Health emergency
- Utility failure
- Dam failure
- Hazardous substance spills
- Transportation crashes
- Fire (Rural/Urban)
- Industrial explosion
- Civil unrest

Likely Impacts and Issues could include:

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

3.3 Key Partners Involved in Emergency Planning

3.3.1 Health Provider Stakeholders

Bay of Plenty DHB have established two health provider emergency planning stakeholder groups, one in the Eastern BOP and one in the Western BOP. These groups provide a forum for emergency planning education, advice and discussion to share resources and ideas and exercise plans. The groups meet every four months and also are invited to provide feedback on the DHB Health Emergency Plan. The Emergency Planning Coordinator maintains an e-mail contact list of health providers within the Bay of Plenty in order to forward emergency planning information and Ministry of Health emergency alerts in the event of an incident.

The development, maintenance and exercising of plans ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered and prioritised during health or civil defence emergencies.

This plan meets the relevant requirements outlined in the Civil Defence Plan and is aligned with plans existing inside and outside the health system. Links to and alignments with other DHBs within the Midland region are shown in section 1.9.

3.3.2. Toi Te Ora Public Health Service

Toi Te Ora Public Health Service provides public health services for both BOP and Lakes DHBs. Biannual meetings with the Health Protection Officer designated the emergency planning role, the Medical Officer of Health and the Lakes DHB Emergency Management staff ensure plans are aligned and planning across both DHBs is consistent.

3.3.3. Midland Health Emergency Management Group

The five DHB Emergency managers/coordinators within the Midland Region, (BOP, 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. In addition the group has organised a roster system where one DHB per month takes the lead to notify the rest of the group, if there is an emergency alert or event requiring action. This has the added value of testing communication systems on a monthly basis.

3.3.4 Bay of Plenty Civil Defence Coordinating Executive Group (CEG)

Local authorities in the Bay of Plenty and Lakes region have united to form the Bay of Plenty Region Coordinating Executive Group, a legislative group of which Health is a legislated member. The group provides political governance and has the overall legal responsibility for the provision of CDEM in the Bay of Plenty region. The group is made up of chief executives, or their designate, emergency services and other organisations who work towards ensuring the effective delivery of CDEM within the area.

3.3.5 Primary Health Organisations (PHO)

Three PHOs operate within the Bay of Plenty they are: Western BOPPHO, Eastern Bay Primary Health Alliance and Nga Matapuna Oranga. PHOs are represented on the Bay of Plenty health provider emergency planning stakeholder groups. Work with PHO representatives to strengthen communications, assist primary care services to develop plans and exercise these plans is ongoing. The DHB has a list of emergency contact numbers for the PHOs who provide a conduit for passing messages to general practices within their organisation during an emergency. Contact numbers can be found in the health liaison desk files and on the EOC position holder email contacts folder.

3.3.6 CDEM Welfare Groups

Bay of Plenty DHB have a representative on the Waikato Welfare Advisory Group as well as local CDEM welfare groups in order to ensure that health issues are considered in all aspects of planning and response. Toi Te Ora Public Health Service provide advice and information to Welfare Managers regarding public health for planning and implementation of welfare services for evacuees.

3.3.7 BOP DHB Risk Management Planning Process

The BOP DHB Risk Management Planning process is used to identify the risks to the DHB and to assist to develop the various emergency response plans. Appendix 19 outlines this process.

PART 4: READINESS

(Readiness involves planning and developing operational arrangements before an emergency happens, including equipping, training and exercising in preparedness for all emergencies identified as well as testing and refining systems developed.)

4.1 Development of Plans

All DHB-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 DHB HEP.

The many health service 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 BOP 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.

4.2 Plan Duration and Amendments.

This plan remains current for 3 years from the date of approval by the BOPDHB. 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.

4.3 Plan Maintenance

The BOPDHB Emergency Planning Coordinator will maintain the Plan. S/he will:

- Ensure that the Plan conforms to requirements set out by the Ministry of Health;
- Oversee the development, implementation, and maintenance of the Plan;
- Communicate regularly with Bay of Plenty health service provider organisations;
- Liaise with the Ministry of Health, other DHBs, Emergency Services and Civil Defence organisations;
- Coordinate monitoring and evaluation activities;
- Maintain the web-based aspect of the Plan.

4.4 Plan Monitoring, Exercises and Review

Health emergency planning sits in the Governance and Quality area of DHB. 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;
- BOP DHB 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 Planning Coordinator and the Midland Regional Emergency Management Advisor for the Ministry of Health;
- The Emergency Planning Coordinator will provide the opportunity for health providers to test their emergency plans on an annual basis through the stakeholder meetings or workshops.

4.5 Staff Training and Education

The DHB and health providers are required to ensure that staff are trained sufficiently in order to respond appropriately during an emergency event. BOP DHB provides:

- Information to new DHB staff relating to emergency planning and response procedures as part of the orientation programme;
- Coordinated Incident Management Systems Level 4 (CIMS4) training for key staff who will make up the incident management team in order to respond to any emergency event;
- In-house CIMS training updates and the opportunity to take part in multi-agency tabletop exercises;
- In-house webEOC/ E-Sponder training and updates;
- Support for Incident Controllers and Communications Managers to attend CDEM specific CIMS role training;
- Support for emergency managers to receive emergency management training where appropriate.

4.6 Key Considerations in Planning

4.6.1 Vulnerable Communities

Vulnerable communities which have been identified within the BOP DHB region needing special consideration when planning and responding to an emergency event are;

Maori

Engagement with the Maori community within the BOP DHB is ongoing through the DHB Runanga representatives who represent the 18 Iwi within the region and the Maori Health Unit of the DHB. The Emergency Planning Coordinator maintains a Maori Pandemic Communication Plan, part of which was to provide each Iwi with an emergency/pandemic planning workshop and resources (a pandemic kit and an emergency kit) to assist them with their emergency preparedness. During an emergency event resources have been developed for a member of the Maori Health Unit to take the role of Maori Liaison to ensure that appropriate messages and feedback are provided for the Maori community and appropriate communication links are maintained. Appendix 7 outlines the communication tree for contracted providers and Maori stakeholders.

Pacific

Engagement with the Pacific community within the BOP DHB is also ongoing through the Pacific Island Community Tauranga Trust. The Emergency Planning Coordinator has offered an emergency/pandemic planning workshop to key leaders within the Trust and will provide an emergency planning and pandemic kit to assist them with their planning. Translated emergency planning resources have been printed for the community and will be made available as part of the workshop.

Other Ethnic Communities where English is a Second Language

The Emergency Planning Coordinator is working with the Tauranga Regional Multicultural Council president with a view to assisting vulnerable groups with emergency preparedness. A copy of emergency planning resources which have been translated, have been provided to the Council, as well as a contact number for the group to request an emergency planning workshop. The president of the council

is also a member of the health provider emergency planning stakeholder group in order to assist with planning and dissemination of information.

Remote Isolated Communities

The Public Health Nursing Service has established key relationships and contacts with leaders within these communities. In addition to this health services who operate within these communities are required to have emergency plans for all hazards. During an emergency event the established contacts will be used to assess the need and maintain communication links.

The Aged and/or Infirm

The DHB maintains a list of aged care facilities within the region and has assisted them, with resources and emergency planning workshops, to develop and test their emergency plans. Providers are also included on the health provider emergency planning stakeholder lists. In addition those who are in coastal areas are part of a 'Coastal Provider' communication system to assist in providing information relating to tsunami alerts.

The BOP DHB maintains a list of the District Nursing Service contact numbers of staff who will assist in providing information relating to clients within the region who may have specific needs. Such clients are encouraged to develop their personal emergency plans so that they are self reliant based on the "Disaster Preparedness for People with Disabilities" resource developed by the Disability Resource Centre Trust and BOP CDEM Group. This work is ongoing.

People with Disabilities

Providers of disability support services within the DHB are included in the health provider emergency planning stakeholder group and are being assisted to develop their emergency plans. The services are encouraged to work with their clients to assist them to develop their personal emergency plans so that they are self reliant based on the "Disaster Preparedness for People with Disabilities" resource developed by the Disability Resource Centre Trust and BOP CDEM Group. This work is ongoing.

4.6.2 Human Resources (HR)

The Human Resources Department of the DHB are currently responsible for business continuity plan to outline how they will manage staff capacity issues and staff health and safety during emergency events. DHB departments are also responsible for maintaining their department business continuity plans which outline how they will communicate with staff during an emergency, including methods of staff call back, essential services and essential resources required in order to maintain a service.

A database of staff who have offered to assist as part of an emergency response in other areas both within or outside New Zealand is maintained by the Emergency Planner.

4.6.3 Volunteers

The DHB has a number of volunteers, who provide assistance in both the Tauranga and Whakatane Hospital sites. The Non-Clinical Support Administrator is responsible for coordinating the volunteers. There is a potential for these volunteers to be engaged in assisting during an emergency.

4.6.4 Visitors and Dependents

Provision for visitors and dependents is covered in the Hospital Major Incident Emergency Plan. The DHB will liaise with local welfare agencies to assist with the

young, elderly or disabled being effectively orphaned or isolated because of hospitalisation or death of their caregiver.

4.6.5 Public Information Management

Resources and training for the BOP DHB Communications Team to assist with the provision of timely accurate and clear information to those who need it during an emergency include;

- a communications desk file with information and processes specific to the DHB emergency response. This includes methods of disseminating national messages to local populations and reinforces local messages for local populations. The desk file is located in the EOC and in the Emergency Planning folder in the G Drive\Governance & Quality\Emergency Planning\ EOC\Desk Files\;
- Communications staff are encouraged to attend the two day CDEM Public Information Management training;
- Communications staff are encouraged to build relationships with Local Authority Public Information Managers within the district.

4.6.6. Teletriage

BOP DHB has resources in place to enable the activation of an 0800 number to provide the public with health information and advice should this be required during an emergency or infectious outbreak. In addition to this Toi Te Ora Public Health have the ability to provide up to date information on their website for both health professionals and the public. The 0800 number activation plan and activation grab bag are located in the DHB EOC. A copy of the plan is on the G drive: Governance & Quality\Emergency Planning\Plans\0800 Number.

4.6.7 Agreements with External Health Providers to Increase Surge Capacity

BOP DHB has signed a Memorandum of Understanding (MOU) document with Grace Hospital in Tauranga in order to provide extra surgical services for a mass casualty or major service failure for Tauranga or Whakatane Hospitals. This MOU is stored on the G Drive: Governance & Quality\Emergency Planning\MOUs.

The DHB also has a MOU signed with Accident and HealthCare located on Second Avenue in Tauranga to provide extra capacity during a mass casualty or major service failure at Tauranga Hospital.

The DHB has also signed MOUs with three hotels within the region to provide quarantine facilities in the event of an infectious diseases outbreak. These include two hotels in Tauranga City and one hotel in Rotorua. To access details of the hotels available contact the Emergency Planning Coordinator or Toi Te Ora Public Health Service.

The Toi Te Ora Public Health Service, Health Protection Officer responsible for emergency planning within the servicet maintains the Quarantine Activation Plan as part of the public health border/cluster control service.

MOU agreements are maintained by the Emergency Planning Coordinator.

4.6.8. Flu Clinic/Community Based Assessment Centre

In order to respond to large volumes of demand in a significant emergency while maintaining other health services, the DHB maintains plans to enable activation of either a flu clinic or community based assessment centre (CBAC) throughout the region. The initial flu clinic or CBAC would be located in the DHB Education Centre and only activated if existing services became overwhelmed. The purpose of the flu clinic or CBAC is to provide additional primary care capacity. Copies of the Flu Clinic and CBAC

Plans are located in the DHB EOC and on the G Drive: Governance & Quality\Emergency Planning\Plans\Pandemic\CBAC.

4.6.9 Single Point Contact System

The single point contact system is the method used to provide 24-hours, seven days a week communication between DHBs, their public health units and the Ministry. 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 DHBs.

DHB single point contact e-mails received generate cascades to the following addresses;

- Tauranga & Whakatane Duty Managers;
- Emergency Managers Group (existing hidden distribution group managed by GM Governance & Quality).

The email also generates a text message to the duty managers' cell phones for both Tauranga & Whakatane Hospitals, to ensure duty managers away from their computers receive the information as soon as possible.

The system is maintained by the Ministry and the DHBs and is regularly tested.

The Midland Emergency Management Group maintains a monthly roster so that each month one DHB emergency manager/planner is responsible for sending a text message to the group to alert them of a single point contact message. If appropriate that DHB will set up a teleconference for the group to discuss the response and possible resources/assistance required.

4.6.10 (EACC) External Notifications Procedure

The St John National Emergency Management Team has also set up a single point contact system with the 20 DHBs, in the form of an electronic paging/text notification to provide notification of a major incident. The BOP DHB single point contact message goes to the Tauranga & Whakatane Duty managers and the Emergency Planners. This system is tested on a monthly basis.

4.6.11 National Reserve Supplies

The DHB stores department maintain the national reserve supplies of specialist emergency equipment to ensure that it is available if needed. The stock with an expiry date is used within the hospital and replaced with new stock so that it does not expire.

4.7 Development of Risk Specific Plans and Operating Procedures

4.7.1 Mass Casualty Plan (Surge Capacity)

The DHB mass casualty plan outlines the DHB planned response to a surge in capacity. The plan is located in the DHB EOC and an electronic copy is located in the G drive: Governance & Quality/Emergency Planning/Plans/Mass Casualty Plan.

4.7.2 BOP DHB Pandemic Infectious Diseases Outbreak Response Plan

This DHB plan is located in the DHB EOC and an electronic copy is located in the G drive: Governance & Quality/Emergency Planning/Plans/Pandemic/BOPDHB Pandemic/Infectious Diseases outbreak Plan December 2010.

4.7.3 BOP DHB Multiple Mortality Plan

The plan is located in the DHB EOC and an electronic copy is located in the G drive: Governance & Quality/Emergency Planning/Plans/BOP DHB Multiple Mortality Plan.

4.7.4 Operating Procedures for Specific Events

Operating procedures for specific events such as tsunamis, earthquakes, volcanic eruptions, additional to those included in the Hospital Plans and department flip charts, will be developed and made available in a desk file in the EOC and as an electronic copy in the Emergency Planning Home Page.

4.7.5 Emergency Vaccination

Should a pandemic vaccination campaign be thought necessary the Ministry of Health will publish guidance for DHBs, which will be tasked with implementing vaccination campaigns when required.

New Zealand has stores of sufficient needles and syringes, sharps containers, and other vaccination equipment and supplies to mount a mass vaccination campaign. These supplies will be mobilized as necessary to support any pandemic vaccination campaign.

Depending on availability, vaccine may be restricted to priority groups, front line health workers and emergency services, or it may be offered to the general public.

BOPDHB has a three staged plan to deliver vaccinations:

1. Targeted Pandemic (Health care workers and those at risk of complications.)
2. Restricted seasonal (Health care workers; those at risk of complication; not to healthy people over 65; no private market.)
3. Normal seasonal. (Normal seasonal groups; all people; open to private market.)

The rollout of the stages will be supported by the combined efforts of Provider arm, General Practice, and DHB Communications staff. Public Health Nurses who are experienced in such vaccination programmes will also support vaccination initiatives as required.

Planning and Funding and Health and Safety are responsible for coordination and maintenance of any vaccination programme within BOPDHB.

Communication staff will work with Planning and Funding and Health and Safety to promote vaccination programmes

When considering vaccination programmes the option of prescribing vaccine to high risk individuals presenting at Hospital ED should not be excluded

Details of the vaccination activation plan can be found at the following link:

1-H1N1 EOC\Vaccination\Plans\2010 INFLUENZA VACCINATION CAMPAIGN v4
25 Jan10.docx

4.7.6 Processes for Provision of staff for other DHBs or Regions

Requests for staff to support an emergency response may be received via the National Health Coordination Centre, or directly from another DHB. Requests should be directed to the CEO or designate for approval. Once approved the Incident Controller will direct the request to Logistics for action. Logistics will require;

- Information re qualifications and specific skill set of staff required;
- Numbers of staff required;
- Dates required and shifts to be filled;
- Location of deployment (hospital, clinic, community setting);
- If accommodation is required;
- Who will cover the cost of accommodation and meals etc;
- Details of where and who the staff are to report to on arrival;
- Details of any safety requirements/information eg what to do during an earthquake.

When the above details have been obtained Logistics can approach department managers, who must approve specific staff absences from the service. The Manager will approach specific staff and request their participation in the deployment. Deployment is to be purely voluntary.

Release of staff. (NB Manager must ensure that existing services are not depleted due to staff deployment.)

- Travel, (including taxi chits) accommodation and meal costs will be covered by the department sending staff;
- Travel arrangements to be made by the department sending staff via existing processes;
- A record of deployment expenses is to be provided to logistics once deployment has been completed.

Criteria for staff willing to be deployed

- Must have the required current qualification and skill set;
- Must be healthy and fully immunised;
- Have had some days off prior to travel as overtime will not be covered;
- Have approval from their department manager to cover travel costs as outlined above;
- Provide contact numbers, including next of kin;
- Agree to the terms of deployment and sign the deployment letter.

Logistics will be responsible for;

- Ensuring the staff deployment record/spreadsheet remains current. (A template is available on G Drive:Q & R\ Emergency Planning\EOC\Forms\Staff Deployment Record);
- Sending a copy of the staff deployment record to the Chief Financial Officer (CFO) so that insurance can be arranged for the staff deployed;
- Sending a copy of the staff deployment record to HR so that a letter of appreciation and a certificate can be sent when they return from deployment;
- Ensuring staff deployed receive a letter containing the details of deployment including dates, who to report to, contact details of who to contact if they have any issues, what to take, specific safety information and insurance details; (A template is available on the G Drive: Q&R\Emergency Planning\EOC\Forms\Deployment Letter)
- Tracking and recording overall staff deployment expenses.

The Emergency Planner, or designate, will follow up with staff who have returned from deployment to offer a debrief interview. Any suggested changes are to be included in the final incident debrief.

4.7.7 Processes for Receipt of Support Staff from other DHBs

Approval for staff to be deployed from other DHBs to BOP DHB to assist in an emergency response must be obtained from the CEO or designate. Staff requests should be made via the National Health Coordination Centre.

Specific details of the staff required must be completed, this includes:

- Qualification and skill set required;
- Dates required and shifts to be worked;
- Location of deployment (hospital, clinic, community etc);
- Arrangements for accommodation. (The requesting department will be required to cover accommodation costs. Accommodation may be available in Jacaranda House; this can be arranged via the Non-clinical Support Coordinator Ext 8771, currently accommodation for medical students, total capacity 29 beds).

A pre-deployment package will be developed to include:

- A letter outlining where and who to report to as well as specific information relating to orientation, safety information, the support network and expense claims;
- Toi Te Ora Public Health Service “Helpful Tips and local Information for Visitors to BOP”; (available on the Toi Te Ota website)
- Maps of the department/hospital/city;
- Any other information relevant to the situation.

HR will be responsible for providing orientation to the DHB, passes, computer access and support during the staff deployment.

4.7.8 Process for Provision of National Reserve Supplies for Other DHBs

Approval for transfer of any supplies from the National Reserve Supplies, held by the Bay of Plenty DHB on behalf of the Ministry of Health, must be approved by the Ministry of Health. Once approved arrangements for transportation can be made via the Purchasing/Supplies/Stores Dept Manager Ext 8402 or designate. Details required for transfer include:

- The name of the product and product number;
- Where it is to be delivered to;
- When it is required;
- A contact name and phone number of the person who is to take receipt of the goods;
- Who the cost of transfer is to be charged to.

A record of the numbers, type, destination, and date of the stock transported will be recorded by the Purchasing/Supplies/Stores department and reported to EOC logistics and on the quarterly report to the Ministry of Health.

4.7.9 Process for the Receipt of National Reserve Supplies from Other DHBs

Approval for transfer of any supplies from the National Reserve Supplies from other DHBs to BOP DHB must be obtained from the Ministry of Health. Once approved, arrangements for receipt of the supplies can be made via the Purchasing/Supplies/Stores Dept Manager Ext 8402 or designate. Details required for receipt of supplies include:

- The name of the produce and product number;

- Where it is to be delivered to;
- When it will arrive;
- A contact name and phone number of the person who is to take receipt of the goods following arrival;
- Who the cost of transfer is to be charged to.

A record of the numbers, type, destination, and date of the stock transported will be recorded by the Purchasing/Supplies/Stores department and reported to EOC Logistics and on the quarterly report to the Ministry of Health.

PART 5: RESPONSE

(The actions taken immediately after the recognition an emergency is taking place or is imminent, during, and after an emergency as well as working towards to recovery of affected communities).

5.1 Activation Trigger for the HEP

All or part of this plan will be activated when a local, regional or nation 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 HEP in these circumstances. DHBs can activate both local and regional HEPs and the Ministry can activate the National Health Emergency Plan (NHEP). The Ministry can also require DHBs to activate their local and regional plans once the NHEP has been activated.

5.1.1 Criteria for activation of the DHB HEP

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

Notification of these threats will most likely be via either MoH or CDEM

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

Notification of these events will most likely be from the Incident Controller of the health service provider, or emergency service.

5.1.2 Procedures for Activation of the BOP DHB HEP

The initial alert for personal health incidents may be signaled through the Tauranga or Whakatane duty managers, the GP or PHO Liaison Manager, or the Public Health Service. The Initial alert for a public health incident may be signaled through the on-call health protection officer or the on-call medical officer of health.

The Duty Manager is instructed to:

1. Notify the Senior Manager on call;
2. Take control until the Senior Manager takes over;
3. Begin the incident log;
4. Begin the communication process;
5. Senior Manager signs authorisation for activation of the HEP.

Emergency Notification

Duty Manger arranges notification of relevant personnel using the Emergency Notification List as a guide.

1. Consider all communication options.
2. Notification message to include:
 - Details of the emergency;
 - Which stage of the emergency plan has been activated;
 - Where the support is required;
 - What support is required;
 - When the support is required;
 - Where to report and to whom.
3. Notification must be acknowledged with date and time of acknowledgement recorded.
4. Established Email Group - **Emergency Incident Notification** includes:
 - Duty Managers;
 - Occupational Health & Safety;
 - Single Point Contact forward.

Emergency Notification List

Incident:

Date:

Time:

Form completed by:

Details to be advised to staff called in:

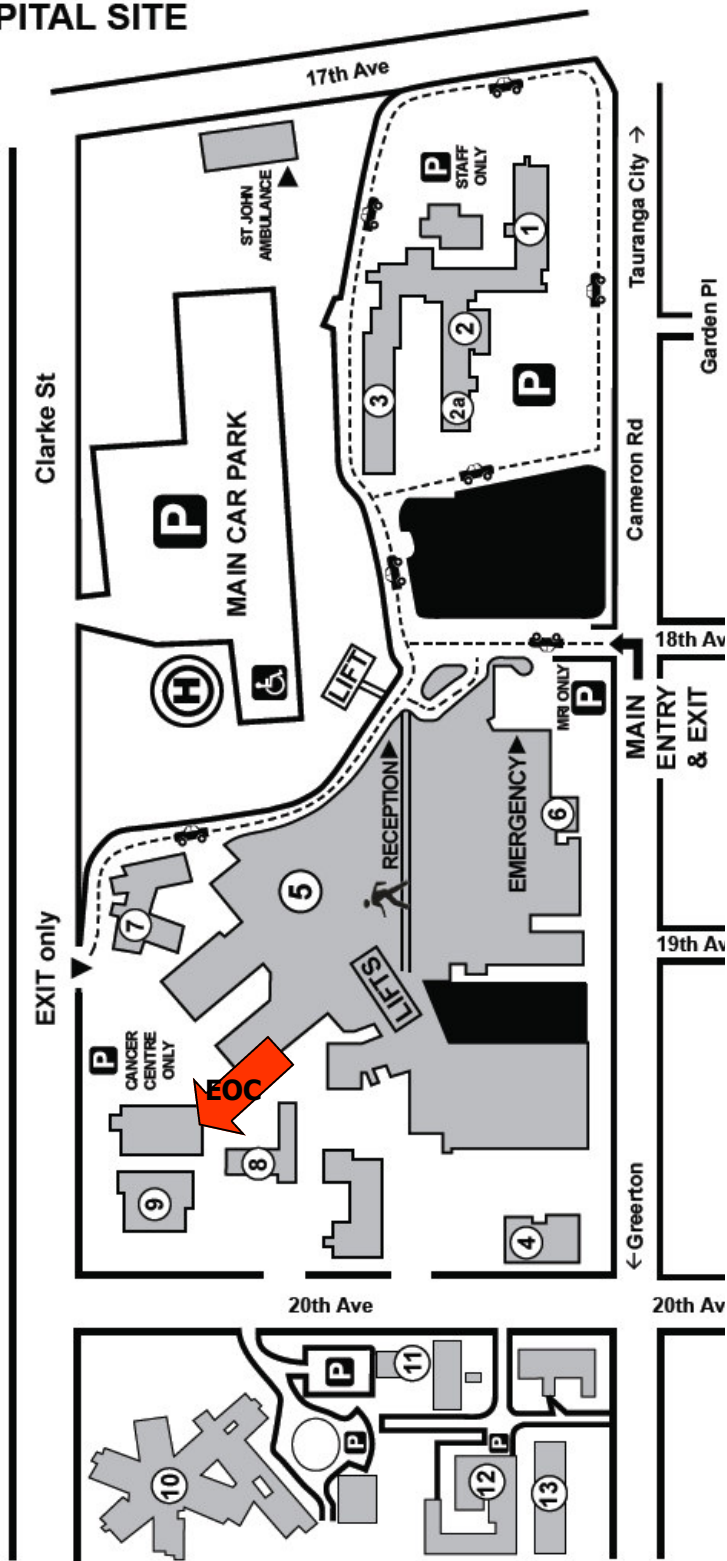
- Where to report:
 - Time required:
 - Who to report to:
 - What to bring:
-
- Likely hazards that may be encountered en route:

To be notified		Method of notification	Notified date/ time	Received/ acknowledged date/time
Name	Position			
	Senior manager on call			
	Telephony			
	Business Leader - Surgical Service			
	Service Leader - Medical Cluster			
	Service Leader - Mental Health			
	Business Leader - WCF			
	Hospital Coordinator			
	Duty Managers			
	Bureau			
	ED Senior Medical Staff			
	Medical Physician on call			
	Senior Doctors on call			
	Relevant Junior Drs on Duty			
	Infectious Diseases Consultant			
	GP Liaison			
	Operations Coordinator			
	Emergency Planner			
	Purchasing Department			
	Chief Executive Officer			
	Chief Operating Officer			
	Director of Nursing			
	GM Human Resources			
	GN Governance & Quality			
	GM Property Services			
	GM Planning & Funding			
	GM Corporate Services			
	GM Maori Health			

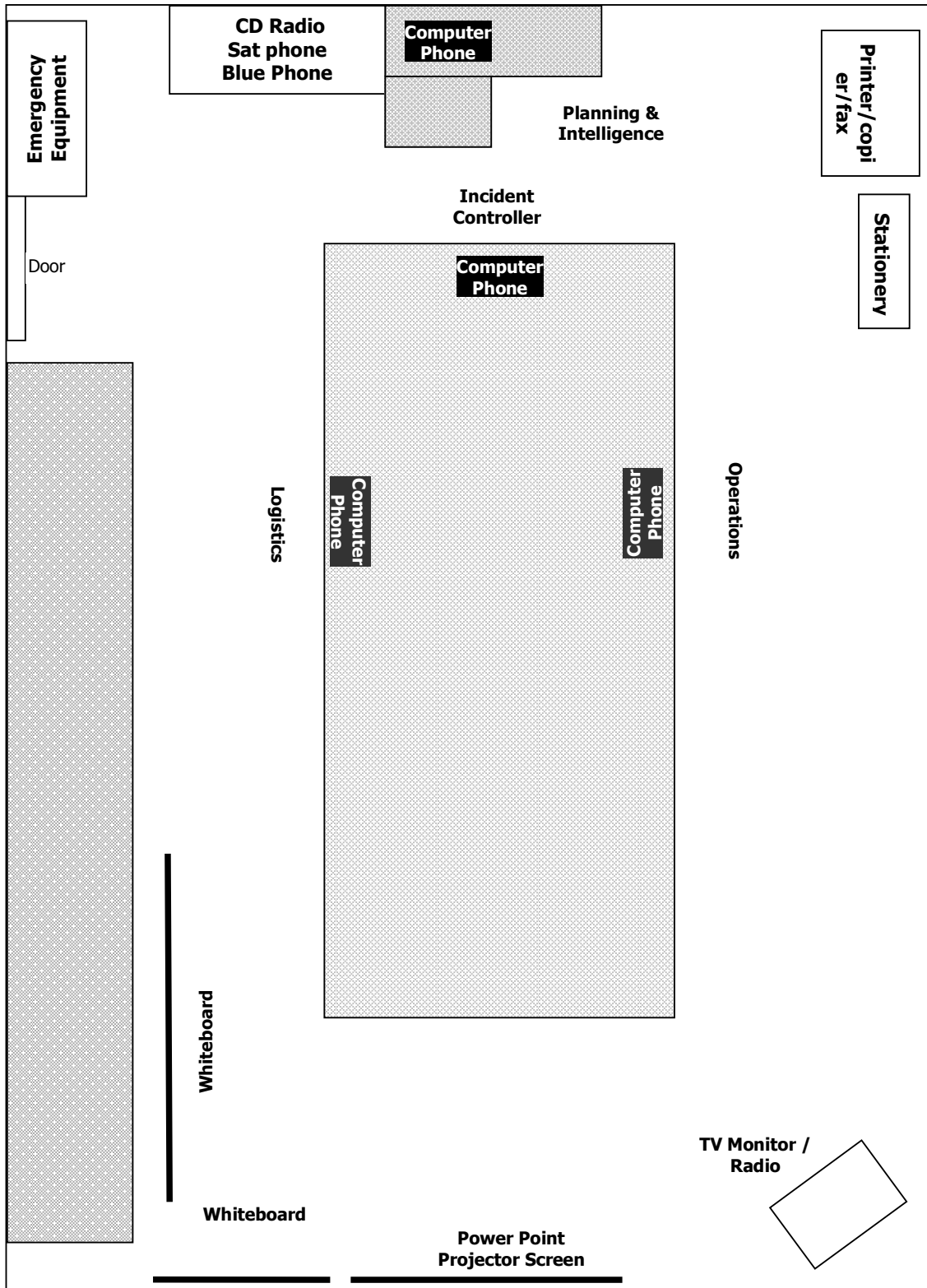
	GM Regional Community Services			
	GM Information Management			
	Communications Manager			
	Orderlies & Security			
	Laboratory			
	Pharmacy			
	Operating Theatres			
	ICU			
	Social Workers			

TAURANGA HOSPITAL SITE

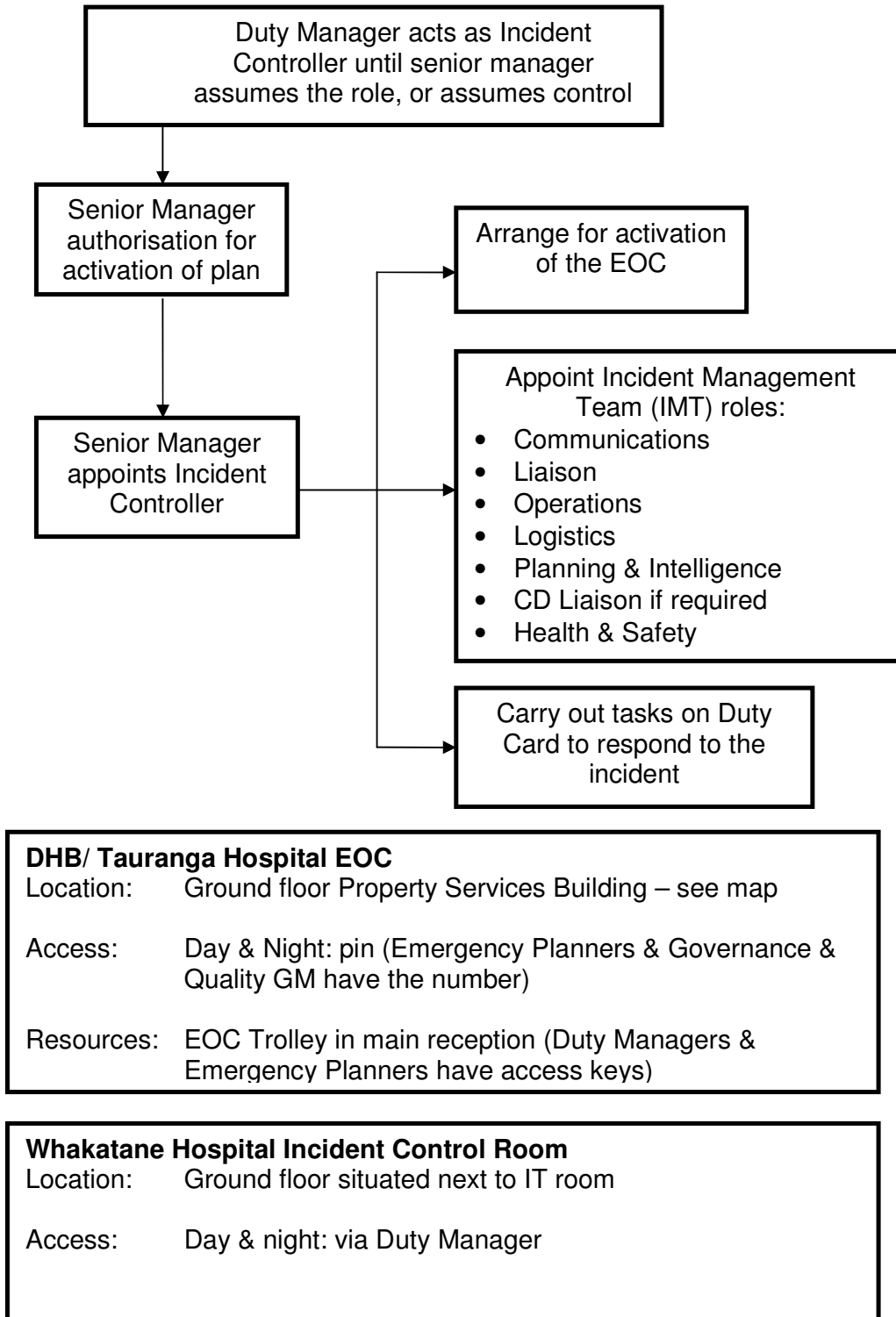
1. **JACARANDA HOUSE**
Diabetic Clinics
District Nursing
Information Technology
Staff Gym
2. **KOWHAI HOUSE**
Community Mental Health
Design & Print Centre
- 2a. **HATHOR HOUSE**
Community Alcohol & Drug
Learning Plus
3. **POHUTUKAWA HOUSE**
Corporate Services
Human Resources
Rehab Equipt
Ortholab (Orthotics)
Clinical School
4. **TE PUNA HAUORA**
Maori health unit which
includes clinics
5. **HOSPITAL BLOCK**
Hospital services includes
wards, maternity, radiology,
operating theatres,
outpatient clinics, chapel,
cafeteria, medical daystay,
surgical daystay, specialist
services for older people
6. **MRI & CT SCANNING**
7. **SILVERBIRCH HOUSE**
Pain Service
Occupational Health
B4 School Team
8. **RENAL UNIT**
9. **CANCER CENTRE**
10. **MENTAL HEALTH
INPATIENT UNIT**
11. **MENTAL HEALTH MGT**
12. **CHILD & ADOLESCENT
MENTAL HEALTH**
13. **SPECIALIST MENTAL
HEALTH SERVICES
FOR OLDER PEOPLE**



EOC Room Floor Plan



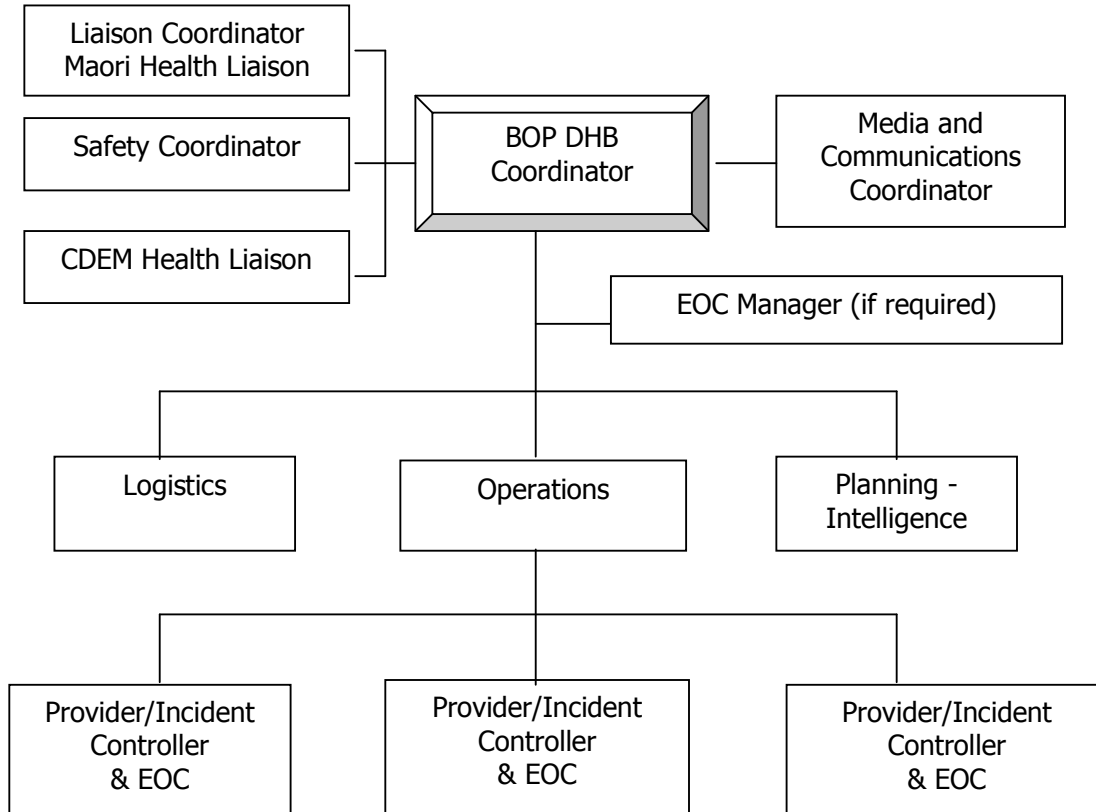
EOC Activation



5.1.3 Alternative Location for the DHB EOC

If the DHB EOC is inaccessible there is a Emergency Cupboard located in the Tauranga Hospital front reception area next to the fire control panel. This portable cupboard contains CIMS team personal equipment (role cards, desk files etc) plans, stationery and emergency equipment including extra torches, headlamps, radio. This equipment will enable responders to set up an EOC in an alternative location that is safe and accessible. There is also an emergency cupboard located at Whakatane Hospital.

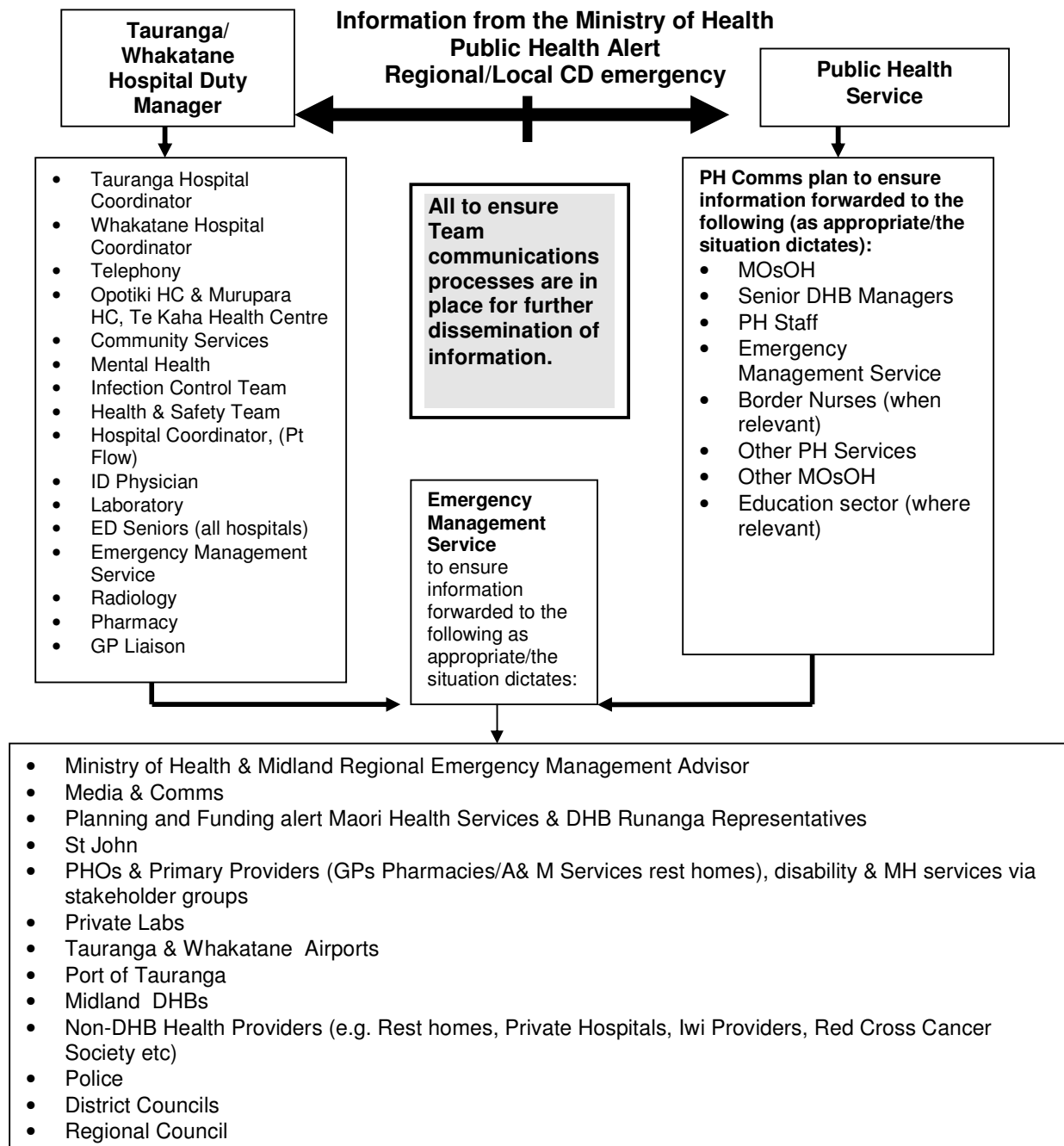
5.2 BOPDHB Response Structure



5.3 Ministry of Health Communication Processes

Alert Level	Communications
Code White (Information phase)	The Ministry of Health communicates with the following, advising them of the situation: 1. CEOs of all DHBs 2. DHB 'single point of contact' 3. Public Health Services
Code Yellow (Standby phase)	<ul style="list-style-type: none"> CIMS structure activated in the Ministry. Communication initiated to DHBs 'single point of contact' to prepare to activate regional CIMS structures
Code Red (Activation stage)	<ul style="list-style-type: none"> Ministry directs activation of Regional CIMS structures. Communication is now with the four Regional Coordinators (Regional Coordinators have established communication with DHB EOCs).
Code Green (Stand down phase)	The Ministry advises 'stand down' in respect of the Regional CIMS structures.

5.4 Bay of Plenty DHB Communication Processes



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.

The following alert codes outlined in 5.5 below have been adopted for use by the health and disability sector at district, regional and national levels. Other government agencies may choose align their agencies' response to a health-led emergency to the health alert code structure; however this is not a requirement.

5.5 Health Sector Alert Codes

Phase	Example situation	Alert code
Information	Confirmation of a potential emergency situation that may impact in and/or on New Zealand. For example a new infectious disease with pandemic potential, early warning of volcanic activity or other threat.	White
Standby	Warning of imminent Code Red alert. For example a possible emergency in New Zealand such as an imported case of a new and highly infectious disease in New Zealand without local transmission or initial reports of a major mass casualty event within one area of New Zealand which may require assistance from unaffected DHBs	Yellow
Activation	Major emergency in New Zealand exists requiring immediate activation of HEPs. For example a large scale epidemic or pandemic or major mass casualty event requiring assistance from outside the affected region	Red
Stand-down	Deactivation of the emergency response. For example end of outbreak, epidemic or emergency. Recovery activities will continue.	Green

5.6 Roles & Responsibilities by Alert Codes

The role of the Ministry in an emergency is national co-ordination of health and disability services. The Ministry shall also co-ordinate any international response for the health and disability sector, in partnership with the Ministry of Foreign Affairs and Trade and MCDEM.

The primary response for the management of an emergency lies with the affected local provider, which may be the local DHB, or the DHB regional group if a regional emergency plan is activated. At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Table 5.8. below summarises the key roles and responsibilities at the local, regional, and national level during each alert code.

5.7 Health Sector Emergency Communication Structure

The formal communication structure used by key health agencies to ensure critical information is captured and acted on quickly and affectively, including mechanisms to develop and disseminate critical information both within the health sector and to other organizations involved in the response is based on the Coordinated Incident Management System (CIMS).

- Depending on the event, the BOPDHB Emergency Operation Centre (EOC) capable of coordinating any event(s) across the whole region will be activated. The EOC is located on the ground floor of the Property Services Building, at Tauranga Hospital on Clark Street, Tauranga. This EOC will act as both Hospital and DHB EOC. Each Bay of Plenty DHB hospital may establish and operate a local EOC, which is capable of coordinating events within its area. Local Emergency Services and EOC representatives will provide key sources of advice and liaison for a health response.

- A BOPDHB Health Coordinator and District or Local Controllers will be appointed. District or Local Controllers will operate under the auspices of the BOPDHB Health Coordinator during a regionally or nationally significant emergency.
- In a regionally or nationally significant emergency a BOPDHB representative will be appointed to the local or regional CDEM Emergency Operations Centres. A duty card for this role is attached as Appendix 6.1 CDEM Health Liaison.
- The DHB has a list of 90 staff trained to CIMS 4 level to call on to undertake the CIMS roles during an emergency. This list can be found at:
http://pacentral/accredweb/html/cims_trained_staff
- Section 5.2 shows the BOP DHB Incident Response Structure. Job Cards for the BOPDHB Response Controller, Logistics, Media and Communications, Planning and Intelligence Coordinator, Operations and Liaison are attached in Appendix 6.
- Information will be communicated to the, staff, services and health providers within the region via the internal communication systems and the health provider emergency planning stakeholder group e-mail or via representative members such as the PHO managers.
- The DHB will use the current web based emergency management information system (WebEOC or E Sponder) hosted by the Ministry of Health in order to manage local regional or national emergencies. These systems compliment existing business as usual systems such as Episurv and patient management systems. Web EOC (and E Sponder when it is introduced) provide each DHB, Public Health Unit and other key health providers (such as ambulance) with a logging and task tracking system, in order to manage their local response to an incident.
- All health services including ambulance, secondary, mental health and disability services are required to have business continuity and emergency plans which outline the individual organisation's essential services and how these services will be maintained during an emergency event. They must also outline how they will communicate with the DHB during the event. Individual services will prioritise their services according to their plans and the situation as well as communicate any changes of service / issues to the DHB EOC.

If further prioritisation is required decisions will be made in the DHB EOC in collaboration with the existing DHB Executive Group and a Technical Advisory Group (TAG). This group is established with representatives from affected services, specialists, Medical Officer of Health etc specific to the emergency situation and will assist to inform the overall DHB coordination of health services during the event.

Non-essential health services, including out patient clinics and elective surgery may be postponed in order to increase surge capacity to enable staff deployment to areas of increased need.

5.8 Key Roles and Responsibilities at the Regional and Local Level

Phase/ Alert code	Regional Responsibilities	Local Responsibilities (DHB)
All Alert Phases	<ul style="list-style-type: none"> Coordinates the regional health response. Liaises between the Ministry, DHB groupings and other agencies' regional emergency structures. Coordinates intelligence-gathering and tasking in the region. 	<ul style="list-style-type: none"> Coordinates and manages the health sector response in its particular areas. Liaises with other agencies at the local level and within the region. Provides the region and the Ministry with required information.
Information (code white)	<ul style="list-style-type: none"> Not activated in code white. 	<ul style="list-style-type: none"> Monitors situation and obtains intelligence reports and advice from the Ministry. Advises all relevant staff, services and service providers of the event and developing intelligence. Liaises with Ministry regarding media statements. Reviews local and regional HEPs. Prepares to activate emergency plans. Liaises with other emergency management agencies within the region.
Standby (code yellow)	<ul style="list-style-type: none"> Not activated in code yellow. <p>NB In some circumstances a single regional coordination team may be activated without the national plan moving to the red phase. This may occur when a health related emergency is localised and likely to remain so or when the Ministry considers activation of the NHEP is not currently required.</p>	<ul style="list-style-type: none"> Prepares to activate DHB emergency operations centre. Identifies the need for and appoints an Incident Management Team (IMT). Prepares to activate regional coordination Advises and prepares all staff, services and service providers. Manages liaison with local agencies. Monitors local situation and liaises with the Ministry. Prepares to activate flu clinics/CBACs and triage as necessary. <p>NB in certain types of emergencies (such as pandemic) public health services may fully deploy whilst clinical services remain on standby to provide assistance if required, and mount a clinical response.</p>
Activation (Code Red)	<ul style="list-style-type: none"> Activates regional incident management structure and identifies a regional coordinator. Coordinates the regional health response. Communicates with the Ministry, regional DHBs and other agencies' regional emergency structures. Coordinates regional intelligence gathering. 	<ul style="list-style-type: none"> Activates DHB EOC. Activates DHB IMT. Manages DHB primary, secondary and public health service response. Liaises with other agencies at a district level Activates Flu Clinics/CBACS and triage as necessary. Provides regional coordination centre with DHB/community health intelligence.
Stand-down (code green)	<ul style="list-style-type: none"> Stands down regional coordination. Participates in debrief. Updates Plans. 	<ul style="list-style-type: none"> Stands down DHB EOC. Stands down IMT. Focuses activities on health recovery issues in the DHB region. Facilitates debriefs. Provides management and Ministry with information following debriefs. Updates Plans.

5.9 National Health Coordination Centre (NHCC)

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

5.10 Alternative Communication

Alternative communication in the event of internet/computer failure includes;

- Paper based templates available in the EOC and a fax machine which is linked to generator power.
- Radio links with CDEM Group, and local CDEM EOCs in the DHB EOC
- Base unit satellite phones have been installed in the;
 - DHB EOC
 - Board room at Whakatane Hospital
 - Toi Te Ora Public Health Service Whakatane Hospital
- Portable satellite phones are also located in the DHB EOC and the Toi Te Ora Public Health Service Rotorua Office. (Satellite Phone directory in appendix 18)

5.11 Public Information Management

Managing the media and public interest will be a significant challenge to all agencies. The objectives of public information management include:

- Providing timely and accurate information (general, advice or instruction) to the public in times of emergency.
- Building public confidence to inform and protect the community.
- Promoting the effective management and coordination of public information between government agencies, emergency services, CDEM groups, the media and the public.

The Ministry of Health is responsible for communicating with the media on national health issues during a health related emergency and oversight of all health related media communications. The DHB Communications team will coordinate significant information releases approved by the incident controller and coordinated with the local CDEM communications manager and 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 (listed in the NHEP p29) may also issue media statements in an emergency. It is expected that the Medical Officers will liaise with the Ministry and DHBs prior to releasing media statements.

5.12 Websites

In an emergency the following websites may have specific information, they include;

- Ministry of Health, <http://www.moh.govt.nz>
- Toi Te Ora Public Health, <http://www.toiteorapublichealth.govt.nz>
- Ministry of Civil Defence, <http://www.civildefence.govt.nz>
- Environment Bay of Plenty, <http://www.enbop.govt.nz>
- Metrological Service, <http://www.metservice.govt.nz>
- Automobile Association. <http://www.aa.govt.nz>
- Shared Workspace <http://see.govt.nz>

5.13 BOP region radio station frequencies

In an emergency the radio may be the main source of information:

- [National Radio](#) 101.0 FM and 819 AM
Whakatane - 101.7FM
Rotorua - 1188AM and 101.5FM
- [Newstalk ZB](#)
Tauranga - 1008AM
Rotorua - 747AM
- [Classic Hits](#)
Tauranga & eastern Bay of Plenty - 95.0FM |
Rotorua - 97.5FM and 90.9FM
- [More FM](#)
Tauranga - 93.4FM
Rotorua - 95.9FM
- [Radio Live](#)
Tauranga - 1107AM
Whakatane - 92.1FM
Rotorua - 1107AM
- [1XX](#) 90.5 FM
Whakatane, Opotiki, Kawerau and Edgecumbe - 93.0 FM
Ohope Beach - 92.9 FM
Te Puke - 1242 AM

5.14 Primary Care Management

PHOs are invited to have a representative on the Technical Advisory Group which advises the DHB Incident management team, to ensure that primary care are represented and supported to enable them to continue to provide their services during the response phase of any emergency event. Representatives assist in monitoring the situation and disseminating information to and from the DHB EOC to their respective practices.

5.15 Communicating with Local Emergency Agencies

DHBs are responsible for communicating directly with other local emergency agencies that may be involved in the response, including CDEM groups' ambulance, police and fire services. In an unexpected sudden event a teleconference involving affected parties may be held as soon as possible to establish the ongoing communications framework.

Formal liaison should be established for local or regional response. This includes the provision for a health liaison representative at the group and local CDEM EOCs. The liaison will communicate and disseminate interagency information with the DHB EOC.

The DHB CDEM health liaison representative desk file including role card and communications equipment is available in a series of grab bags located in the;

- The DHB EOC

- The Whakatane Hospital Incident Operations room

During a health led incident the DHB EOC should provide for accommodation of a CDEM liaison representative at the BOP EOC.

5.16 Welfare Arrangements

An emergency may affect the physical and emotional wellbeing of a large number of people who may suffer bereavement, severe illness or separation from families and support. People may also experience loss of employment and income, along with social and community isolation. The ability of individuals to be self reliant and for communities to remain resilient in the face of these challenges will be vital. Well developed community support networks will go a long way to assisting individuals and communities to respond to and recover from an emergency.

The welfare groups of the district will coordinate welfare support by government and non government organisations in communities as required. Welfare provision in a health emergency will follow the same guidelines as for any other response and involve supporting people through the coordinated provision of:

- Food and shelter
- Support of those unable to care for themselves
- Financial assistance
- Psychosocial support to promote recovery

The DHB will liaise closely with these groups to ensure seamless coordination of services.

5.17 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 IMT 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 & 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 HEP
- the required personal protective equipment (PPE) and decontamination equipment
- 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 impact of the response on 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.

5.18 Care of the Deceased

The BOPDHB Multiple Deaths Mortality Plan outlines the processes that will be used during an emergency when workload exceeds the ability for the conventional funeral activities. Hard copies of the plan are located;

- In the DHB EOC
- In the Whakatane IOC
- In the Emergency Cupboard at Tauranga Hospital.

An electronic copy of the plan is located in the G Drive; Governance & Quality/Emergency Planning/Plans/Multiple Deaths Mortality Plan.

5.19 Planning for Recovery

Recovery activities commence while response activities are in progress. As directed in the NHEP the DHBs 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.

5.20 Standing Down the HEP

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. Some basic points that should have been passed 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.

When the Ministry is satisfied, it will issue a code green alert to signify the end of the response.

PART 6: RECOVERY

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

Recovery is a developmental and remedial process encompassing the following activities:

- Minimising the escalation of the consequences of the disaster;
- 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.

Recovery arrangements include those activities that address the immediate problems of stabilising the affected community and assure 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.

See Appendix 17 for Recovery Action Plan Template.

6.1 Recovery Arrangements

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 DHB's role in funerals, memorials and anniversaries;
- Staffing levels, welfare and resilience;
- Ongoing need for assistance from other DHBs 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.

Psychosocial recovery

Recovery encompasses the psychological and social dimensions that are part of the regeneration of a community. The process of psychosocial recovery from emergencies involves easing the physical and psychological difficulties for individuals, families / whanau and communities, as well as building and bolstering social and psychological wellbeing. Psychosocial support is therefore an

important issue to incorporate into recovery planning. Psychosocial support ensures an individual's emotional, spiritual, cultural, psychological and social needs are addressed in the immediate, medium and long term recovery following an emergency. This includes those who may be providing psychosocial support services as well as those who may be receiving them.

Psychosocial recovery planning is intersectoral in nature, requiring coordination between agencies at national, regional and local levels, and spans all the phases of emergency management, including planning. The Ministry of Social Development is the primary agency responsible for the planning for the provision of psychosocial support when that assistance or support is required.

6.2 Recovery Manager

The BOPDHB CEO will appoint a BOPDHB Recovery Manager and/or a Health Recovery Liaison Officer. A duty card for Recovery Manager is attached as Appendix 6.10.

Recovery activities will be physically implemented at a local level, while the BOPDHB Recovery Manager will effect the coordination of region wide and external resources to meet the local need. Health will work with a large number of other agencies during the response and recovery phases. 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.

6.3 Evaluation of the Emergency Response

The Ministry and the DHB are responsible for conducting debriefings and an internal review of their plans following an incident, exercise or activation of the HEP.

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 the staff
- Provide positive feedback
- Improve the performance and the ability to respond to a future event, rather than assign blame.

Debriefings are subject to the Official Information Act 1982, and privacy principles apply.

Consideration should be given to the community's need for debriefing, which will be dependent on the type and scale of the emergency. DHBs public health units and PHOs may be actively involved.

Details of the organisational model can be found on the MCDEM website <http://www.civildefence.govt.nz>

6.4 Types of Debrief

6.4.1 The hot or immediate post-event 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 key 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.

6.4.2 The 'Cold' or Internal Organisational Debrief

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

6.4.3 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.

6.5 Reviews

The report from debriefings should 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.

6.6 Financial Arrangements

BOPDHB will ensure that an expenditure management system will have been put in place during the management of the incident allowing a transparent tracking of emergency expenses. The DHB will cover the costs of the response in alignment with arrangements for government financial support for emergencies set out in the Operational Policy Framework (OPF). These provisions apply whether or not there is a state of emergency in force.

Appendices

Appendix 1: Glossary of Terms for the BOPDHB Health Emergency Plan

Abbreviation	In Full
4R's	Reduction, Readiness, Response, Recovery
BOPDHB	Bay of Plenty District Health Board
CD	Civil Defence
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CYFS	Children, Young Persons, and their Family Service
DHB	District Health Board
EMC	Emergency Medical Centre
EMG	Emergency Management Group
EMOG	Emergency Management Operations Group
EOC	Emergency Operation Centre
ESCC	Emergency Services Coordinating Committee
GEOC	Group Emergency Operations Centre (BOP & Lakes wide)
GP	General Practitioner
HCC	Health Coordination Centre
HEP	Health Emergency Plan
IMT	Incident Management Team
IPA	Independent Practitioners Association
KPI	Key performance Indicator
Local EOC	Local Emergency Operation Centre (District Level)
MAF	Ministry for Agriculture and Forestry
MAOP	Mutual Aid Operating Protocol
MCDEM	Ministry of Civil Defence and Emergency Management
MHEMG	Midland Health Emergency Management Group
MIRT	Major Incident Response Team
MOU	Memorandum of Understanding
NHCC	National Health Coordination Centre
OPF	Operational Policy Framework
PHO	Primary Health Organisation
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system
SOP	Standard Operating Procedure
TA	Territorial Authority (District Council)
TAG	Technical Advisory Group

Appendix 2: Definitions

Civil (Defence) Emergency	<p>The Civil Defence and Emergency Management Act 2002 defines an emergency as ‘a situation that:</p> <ul style="list-style-type: none"> • Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act and • Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand and • Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act. <p><u>Note:</u> An emergency service means the New Zealand Police, New Zealand Fire Service, National Rural Fire Authority and District Health Boards</p>
Consequences	The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.
Emergency services Committee	A committee organised and managed by the Police, with representatives from local council, local utility companies and emergency services. In a major incident this committee would coordinate local emergency response.
Emergency Operations Centre	An established facility where the response to an incident may be supported and controlled.
Hazard	A source of potential harm or a situation with a potential to cause loss.
Health Services Emergency	<p>Any event which:</p> <ul style="list-style-type: none"> • presents an unexpected serious threat to the health status of the community • 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 • causes loss of services that prevent a healthcare facility from continuing to care for those patients it has <p>Disastrous events having a significant impact on healthcare providers will not necessarily be declared a civil defence emergency.</p>
Incident Management Team	The group of incident management personnel carrying out the functions of Incident Controller, Operations Manager, Planning/Intelligence Manager and Logistics Manager.
Likelihood	Used as a qualitative description of probability or frequency.
Major Incident	<p>Any event which:</p> <ul style="list-style-type: none"> • presents a serious threat to the health status of the community; or • results in the presentation to a healthcare provider of more casualties or patients in type, number or degree that they are staffed or equipped to treat at that time; or • leads to or represents the loss of services which prevent healthcare facility(ies) from continuing to care for patients
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system.

Public Health Emergency	<p>An unexpected adverse event that overwhelms the available public health resources or capabilities at a local or regional level. Public Health emergencies may or may not be declared civil defence emergencies.</p> <p>A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956. Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies.</p>
Risk	<p>The chance of something happening that will have an impact upon service delivery. It is measured in terms of consequences and likelihood.</p>
Service Continuity Plans	<p>Back-up or contingency plans for unforeseen or unpreventable events, so that the service provided can be continued.</p>

Appendix 3 Key Roles and Responsibilities in an Emergency

Service	Planning responsibilities
<p>1. District Health Board</p>	<p>The DHB will ensure that:</p> <ul style="list-style-type: none"> • The planning for and assessment of any major incident includes the impact on the health status of the community. • Following a major incident, a health needs assessment is conducted and appropriate services are provided in a coordinated manner to restore the health status of the affected population; • There is agreement on the contributions that providers within the BOP District Health Board area of responsibility will make to the overall health services major incident response; • The health services responding to the incident have the necessary support and resources, including information and health advice, to enable them to meet the demands on their services; • There is health service input to a multi-agency strategic response. This will be achieved through BOP District Health Board participation in the Coordinating Executive Group (CEG) of the Civil Defence and Emergency Management Group set up in its area, including Emergency Services Coordinating Committee and representatives on local CDEM operational committees; • All health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts; • During a major incident DHB purchasing and supplies department will coordinate the delivery of medical supplies to all DHB services and also to Emergency Medical Centres if they have been activated. • Ensure that new service agreements contain a commitment from providers for an emergency plan and resources in place to ensure they can respond in an emergency in an integrated and effective manor. • Ensure there are efficient systems for notifying staff or rapid recall of staff • Support the Civil Defence welfare response.

<p>2. Public Health Services Public Health Services' role in an emergency is guided by Section 10 of the PH Handbook. The BOPDHB Public Health Service (Toi Te Ora Public Health Service) will oversee those matters that impinge upon the health, health protection, disease prevention and statutory Public Health response to the BOP population.</p>	<p>The Public Health Service will:</p> <ul style="list-style-type: none"> • Ensure that the planning for and assessment of any major incident includes the impact on the health status of the community; • Through an analysis of the hazards and risks posed by the situation, be able to identify and assess the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response; • Communicate with relevant people about the assessment of the emergency situation and ensure appropriate management of the public health aspects; • Establish, and regularly test, communications with regional GPs, Community Pharmacies and an Accident and Medical Services; • In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. During a declared state of emergency all information, releases and distributions are to be approved by the appropriate Civil Defence Controller. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller; • Ensure all obligations can be met and there is regular monitoring of staff awareness, staff training is provided and emergency resources are ready for deployment; <p>The Public Health Service response will also, as required, address and/or advise on the following issues:</p> <ul style="list-style-type: none"> • Drinking water quality control and treatment; • Food safety and mass feeding facilities; • Control of sewage and other wastes, rodent control and the disposal of human as well as organic masses; • Shelter for evacuees and hygiene standards; • Control of infectious diseases; • Control and disposal of hazardous substances; • Radioactive hazards; • In association with the Police, emergency disposal of the dead; • Ensure there are efficient processes for disseminating health warnings and messages.
<p>3. Secondary Hospitals Hospitals operated by BOP 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</p>	<p>Secondary Hospitals will:</p> <ul style="list-style-type: none"> • Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services; • Plan for a graduated response, including the evacuation of patients; • Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency services; • Manage capacity to accept those needing hospital care as a result of the incident;

<p>functions of hospitals are detailed in their individual plans.</p> <p>Note: 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 coordinated by the BOPDHB.</p> <p>In a declared emergency, the Hospital Incident Controller will need to maintain close cooperation with the Police and/or Civil Defence Emergency Management Groups, in order to ensure that comprehensive registration of movements is completed.</p>	<ul style="list-style-type: none"> • Participate in an alternate communications network linking key healthcare facilities, including Tertiary Hospitals, and CDEM organisations; • Have arrangements for access to essential supplies during an emergency; • Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies; • Agree mutual aid agreements with other providers, such as private hospitals; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training; • Ensure readiness of resources; • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff; • Private hospitals will plan to admit low activity patients transferred from public hospitals; • Private hospitals will be prepared to make facilities available for public hospital patients; • Private hospitals will be prepared to make medical equipment and supplies available for public hospitals.
<p>3 Mental Health Services</p> <p>Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.</p> <p>Note: Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the Child Youth and Family Service (CYFS) has the responsibility to coordinate the response of agencies providing that support.</p>	<p>Mental Health Providers will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training; • Ensure readiness of resources; • Make provision for the psychological needs of those patients it has; • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.

<p>5. Disability Support Services (DSS) Note: These include services supporting both physically and intellectually disabled people.</p>	<p>DSS will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training; • Ensure readiness of resources; • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support; • Provide for incident review and Critical Incident Stress Debriefing (CISD) of it's own staff.
<p>6. Ambulance Services The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster 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 and Disaster Plan proposes extra resources being brought in from outside the region.</p> <p>Note During a full scale disaster the need to prioritise the use of limited ambulance effort 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.</p>	<p>Each ambulance service will:</p> <ul style="list-style-type: none"> • Prior to an emergency, participate in an alternate communications network that links key health facilities and emergency management organisations; • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of vehicles, buildings or utility services; • Ensure the emergency plan is integrated with the DHB and the regional emergency services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training; • Ensure readiness of resources; • Participate in coordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and emergency management organisations; • Maintain its own emergency plan, command structure and communications in order to liaise with the appropriate controller(s); • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.
<p>7. New Zealand Blood Service</p>	<p>The New Zealand Blood Service (NZBS) routinely supply blood and blood products to Tauranga and Whakatane Hospitals. NZBS have in place emergency response plans to ensure continuity of supply blood and blood products if demand should suddenly increase. The hospitals have contact numbers for a 24 hour callout service. It is expected that blood products will reach Tauranga hospital within 1.5 hours of the initial call and Whakatane Hospital within 2.5 hours.</p>
<p>8. Aged Care</p>	<p>All healthcare providers contracted by the BOP District Health Board and Ministry of Health are expected to develop emergency plans which identify:</p> <ul style="list-style-type: none"> • 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

	<p>and responsibilities are of each department;</p> <ul style="list-style-type: none"> • A facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified; • Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on site and filling that role when the crisis occurs; • How the service or facility can provide support to a community emergency; • Identifies risks and hazards; • Monitors staff awareness, outlines how training will be provided and ensures resources are available, including emergency supplies to enable them to respond; • How the facility will participate in coordinated planning and exercising of plans; • How they will communicate with the DHB or other emergency services if normal lines of communication are not available; • How they will maintain their business continuity plans.
<p>9. Non-Governmental Organisations Note: These are non-Ministry/DHB funded organisations that provide health services to members of the community, such as Plunket, Red Cross, Cancer Society.</p>	<p>Non government organisations, under the Civil defence Emergency Act, are also required to have plans and resources in place to ensure that they can respond to an emergency in an integrated and effective manner.</p> <p>NGOs, Pacific Organisations and IWI Provider Organisations will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services; • Ensure all obligations can be met and there is regular monitoring of staff awareness and training; • Ensure readiness of resources; • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support; • Provide for incident review and Critical Incident Stress Debriefing (CISD) of its own staff.
<p>10. Civil Defence</p>	<p>If a Civil Defence Emergency is declared, overall management of such is the responsibility of the Group and/or Local Civil defence Organisations(s).</p> <p>The main role of Civil defence is to maintain contact with BOPDHB through the appointed Regional and District Health Liaison Officers and to facilitate requests for resources, not available from BOPDHB or other health sources, when advised or requested by the Regional Health Liaison Officer.</p>

<p>11. Primary and Community Services² Following a major incident some people may require primary health care or community health services immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:</p> <ul style="list-style-type: none"> • There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment. • There are people needing health care, social and psychological support because they are 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, which are threatened by toxic hazards or flooding, to rest or evacuation centres set up by local authorities. 	<p>Primary and Community Services will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans, appropriate for their situation, to minimise disruption to services through the loss or impairment of buildings or utility services. • Identify risks and hazards. • Agree mutual aid agreements with like providers. • Ensure there is an efficient system for rapidly notifying staff or for staff recall. • Ensure there is access to essential emergency supplies. • Following a major incident, whenever possible continue to provide their services, 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. This includes Community Pharmacies, where possible, opening their premises and providing their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier. • Have planned to participate in a response to: <ol style="list-style-type: none"> 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 health care needs of people at reception or evacuation centres; this could include: <ul style="list-style-type: none"> • replacing missing medication; • undertaking health screening; • the provision of information and advice to the public; • the provision of social and psychological support in conjunction with social services. d) Plan to increase their ability to accept and treat casualties (GPs and Medical Centres). e) Ensure all obligations can be met and there is regular monitoring of staff awareness and training as well as readiness of resources. f) Participate in alternative communications networks that link principal health care facilities with CDEM & the DHB g) Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff. h) Report to funders on request about readiness and response to an emergency.
<p>12. Community Medical Laboratories Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services.</p>	<p>Community Medical Laboratories will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings 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

² Includes GP Practices, medical centres/A&M Clinics, Community Pharmacies, and other healthcare services provided in the Community.

	treatment of those affected by the event and provide for incident review and Critical incident Stress Debriefing (CISD) of staff.
<p>13. Community Radiology Services Radiology Services are expected to assist the health response through, where possible, continuing their normal diagnostic services.</p>	<p>Community Radiology Services will:</p> <ul style="list-style-type: none"> • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings 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. • Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.
<p>14. Ministry of Health The Ministry is responsible for developing and maintaining the National Health Emergency Plan (NHEP) which is the umbrella plan incorporating specific plans, such as the NHEP: NZ Influenza Action Plan, Multiple Complex Burn Action Plan etc.</p>	<p>The Ministry of Health will, where appropriate:</p> <ul style="list-style-type: none"> • Establish and maintain clear communications processes with DHBs (including Public Health Services); • In the event of a national health-related emergency, establish a national coordination team under a CIMS structure and identify a national coordinator; • Establish national coordination of media and public information; • Provide timely, accurate and up-to-date clinical advice and information; • Facilitate health assessments as part of border control; • Establish priority groups for vaccines and other medications and provide advice as to which medicines to use; • Establish systems for national procurement and management of supplies; • Following stand-down, initiate a review of actions and outcomes and update the national plan.

Appendix 4: Organisations providing response and welfare support

BOPDHB Stakeholder Group Capacity assessment

(* = in some areas, VS = Victim Support, CC = Crisis Care)

Organisations/ Services Tasks/roles → ↓	GP's/A&M Clinics	Resthomes	St John	Private Health Providers	Mental Health Providers	Māori Health Providers	Public Health services	Public Health	Private Labs	Private Radiology	Community Services	Pharmacies	Ministry of Health	Disability Support	CYFS	WINZ	BOPDHB (Planning)	Police	Fire	Marae	Civil Defence	Local Councils	Red Cross	Salvation Army	Air Transport
Care and advice to the uninjured / displaced			✓ CC				✓										✓ VS		✓		✓	✓	✓	✓	
Clothing																✓						✓	✓	✓	
Communications (emergency response)			✓															✓	✓		✓				
Communications (public information)			✓				✓						✓					✓			✓	✓			
Counselling	✓		✓ CC		✓	✓								✓	✓			✓ VS					✓	✓	
Emergency Care	✓		✓	✓					✓																
First Aid	✓		✓									✓							✓	✓ *			✓		
Food supplies		✓		✓																	✓	✓	✓		
Health screening at evacuation centres.	✓		✓				✓																		
Health status assessments (of the community)					✓	✓	✓				✓		✓	✓			✓								
Hygiene at evacuation centres							✓														✓				

Organisations/ Services	Tasks/roles	Provision of support to acute services	Provision of medicines and medical supplies	Quarantine advice, follow-up, etc	Quarantine facilities	Replacing missing medication	Shelter (for displaced and evacuated people)	Social or Psychological Support	Storage/disposal of the dead	Transport	Supplies of potable water	Cooking facilities	Accommodation	Bedding
Air Transport										✓				
Salvation Army								✓				✓		
Red Cross							✓							
Local Councils							✓		✓		✓		✓	
Civil Defence							✓							✓
Maraes												✓		✓
Fire														
Police									✓	✓				
BOPDHB (Planning)														
WINZ														
CYFS								✓						
Disability Support														
Ministry of Health														
Pharmacies		✓	✓			✓								
Community Services (HW)														
Private		✓												
Private Labs		✓												
Public Hospitals			✓			✓			✓			✓		
Public Health services				✓	✓				✓					
Māori Health Providers							✓							
Mental Health Providers				✓				✓						
Private Hospitals		✓	✓			✓						✓		
St John										✓				
Resthomes												✓		
GPs/A&M Clinics			✓			✓								

Appendix 5: Regional Risks – Environment Bay of Plenty (2004)

Hazard (Natural)	Likelihood	Consequence/Impact	Mitigation
Flooding	Possible	<p>Disruption of roading, property damage in low-lying areas, potential for public health hazards due to disruption of sewage systems or release of hazardous substances, loss of reticulated water supplies, loss of electrical supply in affected areas. In the unlikely event the Matahina dam failed following an earthquake, the Rangataiki Plains would be flooded. A flood protection system is in place to prevent flooding from most rivers. If this system were to fail extensive flooding could occur.</p>	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Early alert systems for providers and staff • Alternative sites to relocate to • Resources and plans in place to enable evacuation if necessary • Additional essential supplies and water stored • Ability to support staff if they cannot get home
Volcanic Activity	Possible	<p>Ashfall will cause the major problems, dependent on wind direction at the time of eruption. Possible loss of life, respiratory and skin problems, widespread damage to property, disruption of utility services, damage to roading and bridges, long-term effects on agriculture and horticulture. It is expected the eastern BOP and central North Island will be more affected than the Western BOP. Previous sources of ashfall in the BOP were from the Okataina Volcanic center, the Taupo volcanic center, the Rotorua caldera, Mayor Island and the central North Island volcanoes.</p>	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Information on flip charts & in plans • Early alert systems for providers and staff • Alternative sites to relocate to - MOU • Resources and plans in place to enable evacuation if necessary • Additional essential supplies, masks, food and water stored • Ability to support staff if they cannot get home
Earthquake	Probable	<p>Loss of life, personal injury, disruption of utility services, disruption to communication systems, damage to buildings, roads, bridges, landslip, fires, tsunami in low-lying coastal and harbour areas, interference with most types of transport, possible need to relocate people from the affected area.</p>	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Quakeproof the working environment • Business continuity plans • Information on flip charts & in plans • Alternative sites to relocate to - MOU • Resources and plans in place to enable evacuation if necessary • Additional essential supplies, food and water stored • Exercise response plans • Ability to support staff if they cannot get home

Extreme Weather Event	Probable	Includes wind, rain and electrical. May be expected at any time of the year, however, the potential for tropical cyclone conditions to occur increases over the November to March period. Disruption of road, rail and air traffic, disruption of essential services, landslip, localized flooding, tree fall, wind, water and airborne debris damage to structures, heavy seas and storm surge, coastal erosion	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Early Alerts for staff and providers • Business continuity plans • Information on flip charts & in plans • Alternative sites to relocate to - MOU • Resources and plans in place to enable evacuation if necessary • Additional essential supplies, food and water stored • Exercise response plans • Ability to support staff if they cannot get home • Ability to call extra staff/volunteers or redeploy if staff cannot get to work
Tsunami	Possible	Loss of life, personal injury, structural damage (especially near the coast), damage to coastal roads, rail routes and bridges, disruption and /or loss of utilities, damage to small craft at moorings, potential for grounding of shipping within the harbour. Greater potential for loss of life during summer months due to influx of holidaymakers close to the coast. A 3 metre wave is seen as the most likely event.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Early Alerts for staff and providers • Business continuity plans • Information on flip charts & in plans • Alternative sites to relocate to - MOU • Resources and plans in place to enable evacuation if necessary • Additional essential supplies, food and water stored • Exercise response plans • Ability to support staff if they cannot get home • Ability to call extra staff/volunteers or redeploy if staff cannot get to work
Land subsidence	Probable	Loss of life and personal injury may occur with damage to homes and buildings if in a residential area. Evacuation of homes may be required. May disrupt utilities if utility lines run through area of subsidence. Nature of substrata beneath certain areas of Tauranga City makes it vulnerable to earth movement, particularly after lengthy periods of heavy rain. Any areas of reclamation are prone to liquefaction during an earthquake	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Early alert systems for providers and staff • Alternative sites to relocate to • Resources and plans in place to enable evacuation if necessary • Additional essential supplies, food and water stored • Ability to support staff if they cannot get home • Ability to call extra staff/volunteers or redeploy if staff cannot get to work

Hazard (Technological)	Likelihood	Consequence/Impact	Additional Comments
Public Health Emergency	Possible	Large scale health emergency that may infect 40% of the population over an 8 week period, with a 2% death rate. Would severely affect health services ability to provide existing services and adequate treatment for those who cannot be cared for at home. Includes pandemics-epidemics requiring community quarantine	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Early alert systems for providers and staff • Staff training flu prevention and infection control updates. • Provision of personal protective equipment • Promote immunization for staff and clients • Additional essential supplies, food and water stored in the event of supply chain disruption or cluster control measures enforced. • Ability to call extra staff/volunteers or redeploy if staff cannot get to work
Utility Failure	Possible	Extended loss of essential utilities such as water, electricity sewerage and communication systems could result in life threatening situations for people in the community with compromised health. Water and sanitation disruption could result in a public health emergency. Utility failure could be precipitated by earthquake, volcanic eruption, storms, flooding, tsunami and fires.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Alternative methods of communication • Additional essential supplies, food and water stored in the event of supply chain disruption. • Ability to call extra staff/volunteers or redeploy if staff cannot get to work
Hazardous Substance Spills	Possible	May include fire, explosion, release of toxic fumes and or contamination. An event may be localized or wide-spread, short- or long-term and may occur in high or low population areas. Spill may occur during production, transport or storage. Likely to pose a significant threat to life, health and environment.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Business continuity plans • Hazard identification & register • Instructions on flip charts. • Staff training re PPE and use. • Provision of personal protective equipment.
Hazard (Natural)	Likelihood	Consequence/Impact	Additional Comments
Transportation Crashes	Probable	Loss of life, personal injury, disruption to transportation. May be hazardous substance spill if carrier involved in accident. Risk of fire and explosion with subsequent injuries, loss of utilities if accident damaged utility network. Flow on effect to hospitals, leading to a surge in demand for services. More likely to happen in inclement weather conditions.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Mass casualty plan & regional plans. • MOUs with Grace Hospital & Accident & Healthcare to increase capacity • Early alert systems for providers and staff • Emergo training for hospital staff

		May be air, road, rail or ,cruise ships. (Between October and April approximately 80 cruise ships visit Tauranga carrying up to 2700 passengers and 1200 crew each. On occasion more than one cruise ship may be in port at any one time).	<ul style="list-style-type: none"> • Additional essential surgical supplies, • Ability to call extra staff/volunteers or redeploy
Fire	Probable	Loss of life, burns, smoke inhalation, exhaustion. Destruction of homes, disruption to utility services, pollution of waterways and water supplies. Evacuation of homes. Greatest risk from fire is in rural areas, especially forest areas, both native and exotic. Risk increased during long, dry periods. Fires may start following volcanic activity, lightening strikes, high winds, floods and earthquake causing electrical shorts.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Fire plans, training and evacuation exercises • Business continuity plans • Information on flip charts & in plans • Alternative sites to relocate to - MOU • Resources and plans in place to enable evacuation if necessary
Industrial explosion	Possible	Loss of life, burns, respiratory problems, chemical contamination, toxic gas cloud, structural damage, may require evacuation of homes and businesses. Most likely at industrial sites and the wharf.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Mass casualty plan
Civil Unrest	Possible	Disruption to normal services, large crowd related problems. Includes industrial action, such as withdrawal of labour by healthcare workers	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Strike plans • Regional coordination
Major Events / Large Crowd Gathering	Might be expected	Loss of life, personal injury, crush injuries, likely to be complicated by alcohol and drug use. New Years Eve, Mount Maunganui.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Mass casualty plans • Regional coordination
Criminal Act / Terrorism	Unusual but possible	Difficult to predict but could include, bombs, public transport attack, bio-terrorism, major disruption to utilities. Primary motive is to create fear and confusion with major disruption. Intelligence sources may be able to provide some warning or indication of type of terrorism.	<ul style="list-style-type: none"> • Raise health provider and staff awareness • Instruction on flip charts • Mass casualty plans • Regional coordination

Appendix 6: CIMS Role Cards

6.1 Civil Defence / Health Liaison

CIVIL DEFENCE/HEALTH LIAISON
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Civil Defence / Health Liaison role reports directly to the Incident Controller.
Duties
<p>The Civil Defence / Health Liaison role is responsible for:</p> <ul style="list-style-type: none"> ❑ Liaising between Bay of Plenty DHB EOC and Regional / District EOC ❑ Coordinating the Health response with that of the CDEM response ❑ Committing BOPDHB assistance and resource to the emergency response
Activation Duties
<ul style="list-style-type: none"> ❑ Get health status report from BOPDHB Incident Controller. ❑ Collect grab bag – see list inside bag for contents ❑ Go to district / region EOC , sign in, then report to the Incident Controller
Operational Period Duties
<ul style="list-style-type: none"> ❑ Deliver and receive status reports ❑ Establish communications between CDEM EOC and BOPDHB EOC via landline / cell phone/ computer ❑ With district / region EOC team, identify immediate city/district/regional needs as they impact on health services ❑ Confer with CDEM and BOPDHB EOC to decide and commit resources ❑ With BOPDHB Incident Controller assess the need to inform the Ministry of Health. Provide status reports to them as required via BOPDHB EOC ❑ Provide regular briefings to BOPDHB EOC ❑ Establish and maintain an event log ❑ If the incident continues for some time: <ul style="list-style-type: none"> ■ Organise changeover of personnel with BOPDHB Incident Controller; ■ In liaison with the district / region and the BOPDHB Incident Controllers, develop ongoing Incident Action Plans.

6.2 Incident Controller

EOC INCIDENT CONTROLLER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
<ul style="list-style-type: none"> ▪ The Incident Controller reports to the CEO or designate. ▪ The EOC Managers report directly to the Incident Controller. ▪ The EOC provides support for recovery management functions through the Recovery Manager when one is appointed.
Duties
<p>The Incident Controller is responsible for the following:</p> <ul style="list-style-type: none"> ❑ Providing overall direction and leadership for the response to an emergency event ❑ Activating and deactivating the EOC ❑ Organizing and directing the EOC ❑ Coordinating the response of health service providers ❑ Setting priorities requesting responses from other agencies ❑ Disseminating information to the EOC Managers ❑ Directing specific actions as required ❑ Approving press releases, and providing liaison with other agencies ❑ Response and recovery (until Recovery Manager is appointed) ❑ Conduct initial briefing for all staff. ❑ Activate elements of CIMS response as needed ❑ Develop and implement strategic decisions and approve the ordering and releasing of resources. ❑ Assess situation regularly. ❑ Obtain situation briefing from prior shift Incident Controller (if running more than one shift). ❑ Briefing the incoming shift. ❑ Brief management staff. ❑ Ensure planning meetings are conducted ❑ Arrange for the appointment of a Recovery Manager. ❑ Assist in the implementation of a recovery action plan. ❑ Determine information needs and inform management personnel of needs. ❑ Coordinate staff activity. ❑ Manage overall operations. ❑ Approve requests for additional resources and requests for release of resources. ❑ Authorize release of information to news media. ❑ Approve plan for demobilization.
Activation Duties
<ul style="list-style-type: none"> ❑ Refer to the BOP Emergency Operations Centre Activation Plan. ❑ Liaise with Medical Officer of Health ❑ Notify the Emergency Management Team to activate and report to the EOC. ❑ Determine appropriate stage of EOC activation. ❑ Notify the staff needed to activate the EOC, and appoint key CIMS Managers. ❑ Establish a sign in sheet for the operational period. ❑ Ensure the EOC is set up and ready for operations, including habitability. ❑ Brief the EOC staff after obtaining a situation report from the source closest to the incident. ❑ Review the Incident Controller responsibilities ❑ Open a chronological logbook of your activities. ❑ Determine status of telephone and other communications

- ❑ Schedule an action-planning meeting for the first operational period with your staff and the key CIMS Managers.
- ❑ Determine whether the EOC needs representation from other organizations.
- ❑ Estimate the emergency's duration.
- ❑ Plan for shift operations of no more than a 12-hour duration if the emergency is going to be more than one day in duration.
- ❑ Consider additional EOC support personnel for extended operations.

Operational Period Duties

- ❑ Establish and maintain contacts with other key Health Managers, DHB Incident Controllers and with Civil Defence and Emergency Services.
- ❑ Confer with your support staff and the EOC Managers.
 - Establish the goal for the first operational period. *Recommendation:* for an initial goal, determine the situation; cause, effects, impacts, projected impacts, countermeasures planned and begun.
 - Establish the steps needed to reach that goal, and
 - How long they should take. Use Action Planning and Intelligence forms attached to this Plan.
- ❑ With the Medical Officer of Health, consider clinical guidelines for information releases.
- ❑ Ensure the DHB Chief Executive Officers and Board Chairperson is regularly informed.
 - Establish regular Action Planning and Intelligence meetings with the CIMS Managers
 - Consider co-opting others with specialised technical expertise, as needed.
 - Get the staff and Manager's recommendations for the next operational period.
 - Use the Action Planning and Intelligence and Information forms attached to the Plan.
- ❑ Prepare and brief relief at shift change. Use the Action Planning and Situation Reports.
- ❑ Brief incoming Incident Controller
- ❑ Sign out at change of shifts.

Deactivation Duties

- ❑ Downgrade EOC activation to reduce staffing when practicable, based on the situation reports and with the management team's concurrence.
- ❑ Authorize deactivation of sections when they are no longer required. Ensure managers debrief their teams and secure their logbooks.
- ❑ Notify the Chief Executive Officers and the Board Chairperson's.
- ❑ Ensure collection of copies of logbooks and critical records from EOC personnel.
- ❑ Note incomplete actions to be cleared after deactivation.
- ❑ Deactivate the EOC and close out your own logs.
- ❑ Keep your notes for After Action Reports, reviews and analyses.
- ❑ Establish a time, date, and place for an incident debrief.
- ❑ Ensure all EOC management positions attend the debrief.
- ❑ Ensure an After Action Report is completed.

How to Determine Things are Returning to Normal

1. Conditions may persist, but are stable and no longer worsen.
2. Normal communications are restored and stable.
3. The Chief Executive Officer or Board Chairperson requests the deactivation of the EOC.

6.3 Logistics Manager

LOGISTICS MANAGER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Logistics Manager is in direct line of authority, and reports directly to the Incident Controller.
Duties
<p>The Logistics Manager is responsible for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supply of logistics resources to match the other EOC Managers requirements. <input type="checkbox"/> Providing facilities, services, and material in support of the emergency. <input type="checkbox"/> Participates in development and implementation of the Action Plans, and activates and supervises the work within the Logistics Section. <p>During response and recovery the Logistics Manager should:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain a briefing from the Incident Controller. <input type="checkbox"/> Plan the organization of the Logistics Section. <input type="checkbox"/> Provide work locations for all Emergency Response Team (ERT) personnel, whether in or out of the EOC. <input type="checkbox"/> Record and track the activated ERT members, including names and locations of assigned personnel. <input type="checkbox"/> Participate in preparation of Action Plans for support and service elements. <input type="checkbox"/> Identify service and support requirements for planned and expected operations. <input type="checkbox"/> Provide input to and review communications plan, medical plan, and security plan. <input type="checkbox"/> Coordinate and process requests for additional resources with other sections. <input type="checkbox"/> Estimate all Section's needs for next operational period. <input type="checkbox"/> Ensure general welfare and safety of all EOC personnel in coordination with the Safety Officer. <input type="checkbox"/> Assist the Security Officer with any needs for establishing and maintaining security of the EOC and ERT staff, which could include escorts to and from personal vehicles. <input type="checkbox"/> Assist Planning and Intelligence Section to develop an EOC Demobilization Plan. <input type="checkbox"/> Recommend release of resources in conformity with the Demobilization Plan.
Activation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Check in with the Incident Controller on arrival and establish the sign-in-sheet process with Security at all controlled entries to the EOC <input type="checkbox"/> Report to the Incident Controller and get a briefing on the current situation. <input type="checkbox"/> Review the Logistics Managers position description and responsibilities; open your log. <input type="checkbox"/> Set up maps, diagrams and status board for Planning and Intelligence Section. <input type="checkbox"/> Order additional supplies and equipment as needed. <input type="checkbox"/> Evaluate the current EOC organization for adequate staff and advise the Incident Controller of any shortfalls or special needs, including 24-7 coverage, if required. <input type="checkbox"/> Meet with the Incident Controller to clarify any issues you may have regarding your authority and assignment, and what others in the EOC are responsible for. <input type="checkbox"/> Meet with the Planning and Intelligence Section Manager to obtain the most recent situation information and establish the Logistics Section's intelligence needs. <input type="checkbox"/> Meet with all EOC Managers to review their logistics needs <input type="checkbox"/> Establish guidelines for coordination of logistics requests from the Sections. <input type="checkbox"/> Attend and provide inputs to the Incident Controller Action Planning and Intelligence and briefing meetings. Take notes and use them to plan for upcoming resource requests, or for withdrawing resources no longer needed in order to control costs. This can include staffing reductions. <input type="checkbox"/> Track events, requests, etc. that require action by Logistics Section. Identify: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Event number (from Incident Controller).

- Time you received the request.
- Location where the resource is needed, who will accept it, and who will use it.
- Description of the resource: number, type, size, weight, etc.
- Track when the resource Action was assigned, time, and to whom for completion
- Track and report at Action Planning and Intelligence meetings about the status of the resources assigned.
- Have a habitability survey of the work site done.
 - Consider:
 - Hazardous materials, including nearby sources
 - Air quality, including heating, cooling, and oxygen content
 - Structural integrity (As-built drawings available from the building owner)
 - Posted instructions for employees, to include escape routes, safe havens, and assembly points.
 - Disabled employees' issues
 - Utilities
 - Fire protection
- Meet with the finance and administration managers regularly to review financial and administrative support needs and guidelines, including the purchasing authority and limits authority delegated to the Logistics Manager.

Deactivation Duties

- Ensure any ongoing actions come to you for completion – or are transferred to another CIMS Manager of the Incident Controller.
- Close out your logbook.
- Leave phone numbers(s) where you can be reached.
- Ensure your comments and materials are made available to the Incident Controller for the After Action Report.
- Attend the event debrief.

6.4 Planning & Intelligence Manager

PLANNING AND INTELLIGENCE MANAGER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Planning and Intelligence Manager is in direct line of authority, and reports directly to the Incident Controller.
Duties
<p>The Planning and Intelligence Officer is responsible for the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Collecting, analyzing and displaying situation information<input type="checkbox"/> Preparing periodic situation status reports with the Incident Controller, and the other Managers and disseminating them within established time frames.<input type="checkbox"/> Developing goals and objectives for the forthcoming operational period's Action Plan (please see the Action Planning forms attached to this plan and document the Action Plan on the Action Planning forms).<input type="checkbox"/> During each operational period, begin advance planning for forthcoming periods. As the workload decreases, begin planning for deactivation and demobilization.<input type="checkbox"/> Provide information management and related support to the other Managers and staff support positions in the EOC.<input type="checkbox"/> Keep the Incident Controller updated on significant Planning and Intelligence findings (e.g., advance planning reports, serious changes in weather or safety issues, and projected reductions in resources or support etc).<input type="checkbox"/> Collection, evaluation, dissemination and use of information about the event. Information is needed to:<ul style="list-style-type: none">■ understand the current situation■ predict probable course of recovery events■ prepare alternative strategies and control operations for the recovery. Raw data must be prepared and analyzed to provide meaningful information to inform planning.<input type="checkbox"/> Obtaining an initial briefing from the Incident Controller<input type="checkbox"/> Activating the Planning and Intelligence Section<input type="checkbox"/> Establishing information requirements and reporting schedules for all organizational elements for use in preparing the Action Plans.<input type="checkbox"/> Post the names of the activated staff in the EOC, including names and locations of assigned personnel. The names should be available from the Logistics Manager.<input type="checkbox"/> Establish a weather data collection system, and other threat assessment techniques, as necessary. This could include traffic, fire, hazardous substances and flood reports.<input type="checkbox"/> Supervise preparation of Action Plans as facilitator for the action-planning meetings.<input type="checkbox"/> Assemble information on alternative strategies for response and recovery.<input type="checkbox"/> Identify need for use of specialized resource(s) for Logistics.<input type="checkbox"/> Provide periodic predictions on recovery schedule status—evaluate milestones and % completion of objectives.<input type="checkbox"/> Compile and display on status boards, the response or recovery status summary information.<input type="checkbox"/> Advise general staff of any significant changes in response or recovery status.<input type="checkbox"/> Provide a traffic plan, including safe routes for evacuation to another site.<input type="checkbox"/> Prepare and distribute the Action Plan and other written orders from the Incident Controller.<input type="checkbox"/> Ensure that normal agency information/ reporting requirements are being met.<input type="checkbox"/> Prepare recommendations for release of resources for the Incident Controller<input type="checkbox"/> Track expenditure of EOC if Finance Officer not allocated

Activation Duties

- Sign the attendance roster on arrival at the EOC.
- Report to the Incident Controller and get a briefing on the situation.
- Review the Planning and Intelligence Managers responsibilities and open your logbook.
- Determine where in the EOC you will be operating and set up.
- Review the EOC 's organization and who has the information or support you will need.
- Meet with the Logistics Manager to:
 - Obtain a briefing about on-site and external communications capabilities and restrictions
 - Establish operating procedures for use of telephone, computer and radio systems
 - Determine established priorities and make any requests for services you need
 - Assess the communications linkages provided for adequacy and advise the Logistics Manager.
- Meet regularly with the Operations and Logistics Managers to exchange available situation information.
- Track events throughout the EOC involving recovery and normal operations. – (record in log book)
- Identify and display:
 - Event number (from Incident Controller).
 - Locations that are being used for mass care and shelter by facility name.
 - Maps of the site locations, physical descriptions, and directions on safe routes to and from those facilities.
 - Maps and details of other locations related to emergency response and recovery
- Estimate the emergency event's duration, and track objective status by % completion
- Consider adopting shifts for the Planning and Intelligence Section.
- Request additional personnel for your section if necessary to maintain a 24 hour-a-day operation.
- Attend and provide inputs to all Incident Controller meetings, especially for action planning and intelligence. Take notes to add to your log.
- Prepare the next Situation Status Report, and the Action Plan.
- Brief incoming Planning and Intelligence Manager prior to change of shift.

Operational Period Duties

- Anticipate situations and problems likely to occur, such as: interruptions of power, H/VAC failure, darkness, weather changes, personnel burnout, aftershocks etc that will impact the current and the next operational period's goal and objectives.
- Advise the Incident Controller about your section's status, including progress toward the operational period goals and objectives
- Prepare and gain the Incident Controllers approval to send the daily SITREP required by the National Health Coordination Centre by 1000 hours daily
- Maintain current data displays, and ensure reports or displays you prepare are understandable.
- Ensure all contacts with the media are referred to the Communications Officer
- Share information received with the other managers. Confirm that their information about critical issues matches your information
- Make fiscal and administrative issues known to the Finance Officer, examples:
 - Extraordinary expenditures this emergency causes.
 - Time of hourly employees applied to this emergency.
 - Other expenses that may be reimbursable by government or insurers.
- Prepare input to, and facilitate the action planning and intelligence session. The goal of the meeting is to cover the following topics:
 - Time period the plan covers (operational period)
 - The mission priorities (health and safety always #1)
 - Listing of objectives to be accomplished (should address the priorities and be measurable in some way so EOC knows when they are finished)
 - Statement of strategy to achieve the objectives (identify whether there is more than one way to accomplish the objective, and which way is preferred)

- Assignments necessary to implement strategy
- Organizational elements to be activated to support the assignments
- Organizational elements that will be deactivated during or at the end of the period
- Logistical or other technical support required, who will provide it, and time needed
- Attend the Incident Controller's action planning and intelligence meetings for managers and provide situation briefings with your section staff. Update the situation status board.
- Brief the Incident Controller on major problem areas (which now need or will require solutions), and then confer with the other managers to develop recommendations.
- Keep notes and brief your relief at shift change time.
- Sign out on the EOC attendance roster.

Deactivation Duties

- Obtain agreement by the Incident Controller to deactivate the section, close out your logbook.
- Ensure any open actions are assigned to remaining EOC staff, and that the Incident Controller is informed.
- Sign out on the attendance roster.
- Advise the Incident Controller where you can be contacted and leave a phone number.
- Ensure your notes and materials are made available to the Incident Controller for the After Action Report.
- Attend the event debrief and assist with the after action report.

6.5 Liaison Officer

LIAISON OFFICER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Liaison Officer is a staff assistant to the Incident Controller, and does not have a direct line of authority.
Duties
<p>The Liaison Officer is a member of the management team, and is the point of contact for assisting and working with external and internal organization representatives. This may include government organization representatives from Civil Defence and Emergency Management (CDEM), administrative agencies, police, schools and universities, non-profit and private sector interests involved with DHB operations and provides direct support to the Incident Controller.</p> <p>The Liaison Officer is responsible for the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Answering telephone calls and managing messages from other organizations in government and the private sector;<input type="checkbox"/> Coordinating activity with key stakeholders in government, and those with direct service agreements with the DHB's;<input type="checkbox"/> Requesting assistance directly from other organizations when appropriate; and relevant;<input type="checkbox"/> Keeping the Incident Controller informed about concerns and pressures from outside organizations.<input type="checkbox"/> Maintaining links with hapu and iwi of Lakes and Bay of Plenty DHB areas.<input type="checkbox"/> Providing direction and support to the Incident Controller in regard to interacting with the Iwi/Maori community.<input type="checkbox"/> Working very closely with the Communications Officer.<input type="checkbox"/> Liaising with CDEM, Police, Education, Facilities, DHB contractors etc <p>The Liaison Officer must.</p> <ul style="list-style-type: none"><input type="checkbox"/> Obtain an initial briefing from the EOC Incident Controller.<input type="checkbox"/> Provide a point of contact for assisting/ cooperating agency representatives.<input type="checkbox"/> Identify agency representatives from each agency including communications links and locations.<input type="checkbox"/> Respond to requests from Health staff for inter-organizational contacts.<input type="checkbox"/> Monitor recovery operations to identify current or potential inter-organizational problems.<input type="checkbox"/> Assist the Incident Controller in developing strategies for coordinating with other organizations.
Activation Duties
<ul style="list-style-type: none"><input type="checkbox"/> Sign the attendance roster upon arrival at the EOC.<input type="checkbox"/> Report to Incident Controller and get a briefing on the situation.<input type="checkbox"/> Review the Liaison Officer's responsibilities and open a chronological logbook of your activities.<input type="checkbox"/> Establish a working position near the Communications Manager and the Incident Controller so they can be reached immediately in order to respond to as outside requests and concerns as they arrive at the EOC.<input type="checkbox"/> Meet with the Logistics Manager to:<ul style="list-style-type: none"><input type="checkbox"/> Obtain briefing about on-site and external communications capabilities and restrictions<input type="checkbox"/> Establish operating procedures for use of telephone, computer and radio systems<input type="checkbox"/> Determine established priorities and make any special requests for services you need<input type="checkbox"/> Assess the communications linkages provided for adequacy and advise the Logistics Manager especially if key stakeholders cannot be contacted.<input type="checkbox"/> Track events of inter-agency concern by attending the Incident Controller's briefings and by monitoring the status boards in the EOC. Record that information in your log.

- ❑ Get estimates of the duration of the operation to share with concerned outside agencies.
- ❑ Consider adopting shifts for the Liaison Officer position.
- ❑ Attend and monitor the meetings by the Incident Controller with the other EOC Managers..

Operational Period Duties

- ❑ Confer with the Incident Controller about the policies regarding other organization's roles.
- ❑ Establish contact names and numbers for all possible agencies that might call for information or be asked to assist with or adjust to the Health recovery operations.
- ❑ Confer with the CIMS Managers and other staff. Obtain and provide information that the external stakeholders need to know. Stakeholders to consider include:
 - Health Operational Areas
 - Mental Health
 - Medical Officer of Health
 - Disability Services
 - Emergency Departments
 - Community people requiring equipment
- ❑ Determine if there is a requirement to staff the position 24/7.
- ❑ Prepare an operational strategy for managing external organization requests.
- ❑ Pass relevant information to the Planning and Intelligence Manager for inclusion in SITREPS before 1000 hours daily.
- ❑ Keep notes to brief your relief at change of shift.
- ❑ Brief incoming Liaison Officer
- ❑ Sign out at the EOC attendance roster at change of shift.

Deactivation Duties

- ❑ Ensure all continuing coordination or questions from external organizations will be forwarded to the Communications Officer.
- ❑ Sign out on the EOC attendance form and inform the Incident Controller you are deactivated.
- ❑ Ensure your comments and reports are made available to the Incident Controller for the After Action Report.
- ❑ Attend the event debrief.
- ❑ Assist with the After Action Reports as required.

6.6 Communications Officer

COMMUNICATIONS OFFICER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Communications Officer is a staff assistant to the Incident Controller, and is not in the direct line of authority.
Duties
<p>The Communications Officer is responsible for the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advising the Incident Controller on the potential effects of proposed actions on external and internal relations. <input type="checkbox"/> Serving as the dissemination point for all news releases from the EOC. Other groups that wish to release information to the public, employees, Chief Executive Officer, Board Chairperson and stakeholders, should coordinate their releases through the Communications Officer. <input type="checkbox"/> Reviewing and coordinating all information releases from other sources. <input type="checkbox"/> Coordinating to ensure that: employees, their families, and other stakeholders receive timely and accurate information about the situation. <input type="checkbox"/> Should follow the communications guidelines already established for emergencies. <input type="checkbox"/> Prepare fact sheets about the emergency for distribution to all staff. <input type="checkbox"/> Obtain regular briefings from the Incident Controller. <input type="checkbox"/> Contact other involved agencies to coordinate public information activities <input type="checkbox"/> Establish a single recovery information point of contact whenever possible <input type="checkbox"/> Arrange for necessary workspace, materials, telephones, computers and staffing for communications staff <input type="checkbox"/> Prepare an initial information summary as soon as possible after arrival <input type="checkbox"/> Observe constraints on the release of information imposed by the Incident Controller. <input type="checkbox"/> Obtain approval for release of information from the Incident Controller. <input type="checkbox"/> Release information to news media and post information in EOC and other appropriate locations <input type="checkbox"/> Attend meetings to update information releases <input type="checkbox"/> Arrange and facilitate meetings between media and Incident Controller <input type="checkbox"/> Respond to special requests for information
Activation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Sign the attendance roster upon arrival at the EOC. <input type="checkbox"/> Report to Incident Controller to obtain a briefing on the situation. <input type="checkbox"/> Review the Communications Officer responsibilities and open a chronological logbook of your activities. <input type="checkbox"/> Establish an electronic media monitoring position outside the EOC. Instruct the person monitoring what to look for and report to you (e.g., watch local TV or listen to local radio) <input type="checkbox"/> Meet with the Logistics Manager; <ul style="list-style-type: none"> <input type="checkbox"/> Obtain briefing about on-site and external communications capabilities and restrictions; <input type="checkbox"/> Establish operating procedures for use of telephone, computer and radio systems; <input type="checkbox"/> Determine established priorities and make any special requests for services you need; and <input type="checkbox"/> Assess the communications linkages provided for adequacy and advise the Logistics Manager. <input type="checkbox"/> Track events of public information significance from the Incident Controller's briefings and the status boards in the EOC. Record that information in your log. <input type="checkbox"/> Get estimates of the time for completion of the operation. <input type="checkbox"/> Consider adopting shifts for communications staff. <input type="checkbox"/> Attend and monitor the meetings by the Incident Controller with the other managers.

Operational Period Duties

- ❑ Confer with the Incident Controller about the information available and when it is appropriate for release.
- ❑ Confer with the CIMS Managers and other staff. Obtain and provide information the DHB's stakeholders need to know. Stakeholders include:
 - Employees—through Personnel
 - Other key medical/health organizations.
 - DHB customers.
 - Media who may cover the event
 - Local / State government agencies.
 - Vendors
 - Insurers
- ❑ Determine if there are requirements to staff Communications Officers position 24-7, if so, request the support required to:
 - Develop a media briefing schedule
 - Prepare briefing materials
 - Clear the releases with the Incident Controller.
- ❑ Prepare final news releases and advise media representatives of points-of-contact for follow-up stories.
- ❑ Keep notes to brief your relief at change of shift.
- ❑ Sign out at the EOC attendance roster at change of shift.
- ❑ Coordinate with the Incident Controller for permission to begin to close down Communications functions.
- ❑ Ensure that continuing media questions will be directed to Communications Officers.
- ❑ Leave forwarding phone number(s) where you can be reached.
- ❑ Periodically brief the Incident Controller and the Chief Executive Officer about issues raised by reporters, and external situations the media are covering that are likely to affect the DHB's.
- ❑ The Incident Controller may call manager meetings to determine the goals and objectives for subsequent operating periods. Attend and monitor those to determine potential impacts and requirements for Public Information.
- ❑ Use the information from broadcast media monitoring to develop follow-up news releases and rumour control. Be alert for the need to establish a rumour control branch.
- ❑ Provide copies of all releases to the Incident Controller; ensure file copies are maintained of all information released.
- ❑ Keep the Incident Controller advised of all unusual requests for information and all major critical or unfavourable media comments; provide an estimate of their impact and severity and consider / recommend actions.
- ❑ Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
- ❑ Sign out on the EOC attendance form.
- ❑ Ensure your comments and materials are made available to the Incident Controller for the After Action Report.
- ❑ Attend the event debrief.

Deactivation Duties

- ❑ Ensure any ongoing actions come to you for completion – or are transferred to another CIMS Manager of the Incident Controller.
- ❑ Close out your logbook.
- ❑ Leave phone numbers(s) where you can be reached.
- ❑ Ensure your comments and materials are made available to the Incident Controller for the After Action Report.
- ❑ Attend the event debrief.

6.7 Operations Manager

OPERATIONS MANAGER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Operations Manager is in direct line of authority, reporting directly to the Incident Controller.
Duties
<p>The Operation Manager is responsible for the following:</p> <ul style="list-style-type: none"> ❑ Obtaining a briefing from the Incident Controller ❑ Developing the operations portion of the Action Plans ❑ Briefing and assigning operations personnel in accordance with the Action Plan ❑ Overseeing the continuity of operations, assessing response and recovery support situations, and overseeing operational response in line with the Action plans. ❑ Coordinating all operational activity with the other EOC units. (Initial contacts should be oriented on needs assessment. Second priority should be to establish care and shelter operations) ❑ Consulting with the Logistics Manager and the Planning and Intelligence Manager to determine if full or partial closure of health facilities is likely, or whether Community Based Assessment Centers (CBACS) are likely to be opened. They then determine how to ensure effective response strategies and tactics. ❑ Directing the preparation of Operational Plans, requests for or release of resources. ❑ Makes expedient changes to the action plans as necessary and reports such to the Incident Controller. ❑ Supervise operations staff and activities to move the recovery forward. ❑ Determine response / recovery action needs and request additional support resources. ❑ Review the suggested list of resources to be used in response and recovery, and initiate recommendations for when the resources will be used and for what purpose. ❑ Assemble and disassemble teams assigned to operations section. ❑ Report information about special activities, events, and occurrences to the EOC Incident Controller
Activation Duties
<ul style="list-style-type: none"> ❑ Check in upon arrival at the EOC by signing in and letting Logistics Manager know you are present. ❑ Report to the Incident Controller and obtain a briefing on the situation. ❑ Review your position's responsibilities and open your logbook. ❑ Ensure the Operations section is set up properly with needed equipment, and supplies in place, including maps and status boards. ❑ Review the rest of the EOC organization and establish who has information or support you will need. ❑ Clarify any issues you may have regarding your authority and assignment, and those of others in the EOC, with the Incident Controller. ❑ Meet with the Logistics Manager: <ul style="list-style-type: none"> ■ Get briefed about on-site and external communications capabilities and restrictions. ■ Establish operating procedures for your section's use of telephone, computer and radio systems, make any priorities or special requests known. ■ Assess communications adequacy for your section's needs and advise the Logistics Manager.

Operational Period Duties

- ❑ Make a list of key issues currently facing your section. Considerations:
 - Business functions impaired or lost
 - Continued operability of the EOC, including staffing
 - Relocation restrictions
 - Reestablishment of data
 - Communicating with critical stakeholders
- ❑ Set action items that match the current operational period's action plan's goal and objectives
- ❑ Ensure your logbook is maintained and key actions are recorded with time/date references.
- ❑ Determine if there is a need for representation or participation from outside organizations as part of operations actions.
- ❑ Provide the Incident Controller, and the Planning and Intelligence Manager, with periodic reports about progress on the objectives.
- ❑ Think ahead to anticipate situations and problems before they occur using advanced planning information from the Planning and Intelligence Section.
 - Examples: threat changes in respect to hospital operations, shortages of resources critical to operations, heat/cold, darkness, weather changes, personnel burnout, next period's goal and objectives.
- ❑ Direct requests for resources, staffing, and facility support to the Logistics Manager.
- ❑ Refer media requests to the Communications Officer.
- ❑ Attend and participate in Incident Controller's Action Planning and Intelligence meetings.
- ❑ Work with the Planning and Intelligence Manager to develop recommendations for the next operational period's action plans.
- ❑ Ensure all fiscal and administrative issues are attended to and discussed with the Finance Manager, including:
 - Extraordinary expenditures caused by this emergency
 - Time of hourly employees applied to this emergency
 - Other expenses that may be reimbursable by government or insurers.
- ❑ Brief the Incident Controller on major issues which require immediate resolution or are foreseeable in the near future when they may cause issues of health and safety, or major interruption of operations capability.
- ❑ Share received information with the other section managers. Confirm that their critical issues match yours.
- ❑ If there are problems in communicating, provide that information to the Logistics Manager.
- ❑ Keep notes to brief your relief at change of shift.
- ❑ Brief incoming Operations Manager prior to change of shift.
- ❑ Sign out at the EOC attendance roster at change of shift.

Deactivation Duties

- ❑ Ensure any ongoing actions come to you for completion – or are transferred to another CIMS Manager or the Incident Controller.
- ❑ Close out your logbook.
- ❑ Leave phone number(s) where you can be reached.
- ❑ Ensure your comments and materials are made available to the Incident Controller for the after action report.
- ❑ Attend the event debrief.

6.8 Administration Manager

EOC ADMINISTRATION MANAGER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Administration Manager reports directly to the Incident Controller.
Duties
<p>The Administration Manager is responsible for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facilitating the installation and ongoing operation of all equipment in the EOC, e.g. photocopiers, faxes, computers, phones, white boards, furnishing etc <input type="checkbox"/> Facilitating the document management system within the EOC <input type="checkbox"/> Overseeing the management of all administration support for the CIMS team. <input type="checkbox"/> Ensuring administration staff are fully briefed on duties, systems and protocols. <input type="checkbox"/> Ensuring the smooth running of the EOC. <input type="checkbox"/> Arranging catering and refreshments ensure vegetarian food is available. <input type="checkbox"/> Ensuring stationery and cleaning stocks are replenished in administration areas.
Activation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Sign the attendance roster on arrival at the EOC. <input type="checkbox"/> Receive briefing from Incident Controller of current and potential status, as well as technical and support requirements <input type="checkbox"/> Conduct familiarisation for EOC facility. <input type="checkbox"/> Meet with administration support staff and assign to CIMS Managers. <input type="checkbox"/> Establish administration work areas. <input type="checkbox"/> Attend updated EOC and Health & Safety training if required. <input type="checkbox"/> Attend initial briefing for specific EOC procedures for EOC facility. <input type="checkbox"/> Organise any equipment or resources required. <input type="checkbox"/> Set up an information board in the staff area with information on EOC layout, rosters, etc obtained from Incident Controller. <input type="checkbox"/> Staff roster developed – ensure there are back up staff on standby
Operational Period Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Check administration supplies prior to shift changeover and order stocks as required <input type="checkbox"/> Ensure administration areas are cleaned <input type="checkbox"/> Determine if there is a requirement for administration staff 24/7 <input type="checkbox"/> Attend briefing on shift change. <input type="checkbox"/> Keep notes to brief your relief at change of shift <input type="checkbox"/> Leave phone numbers(s) where you can be reached. <input type="checkbox"/> Sign out at the EOC attendance roster at change of shift
Deactivation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Attend the event debrief <input type="checkbox"/> Assist with the After Action Reports as required <input type="checkbox"/> Coordinate the disestablishment of the EOC.

6.9 Administration Support

ADMINISTRATION SUPPORT
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
Administration Support reports directly to the Incident Controller and/or the Administration Manager.
Duties
<p>Administration Support is responsible for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Managing all administrative information for Incident Controller, Planning & Intelligence, Logistics or Operations Manager. <input type="checkbox"/> Conducting administration duties and data entry tasks as required, including documenting actions. <input type="checkbox"/> Assisting in compiling reports as required (SITREPs, Incident Action Plans etc). <input type="checkbox"/> Providing administration support to staff including maintenance of staff time sheets, contact lists, preparation for meetings and minutes of meetings. <input type="checkbox"/> Ensuring stationery and cleaning stocks are replenished in administration areas.
Activation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Sign the attendance roster on arrival at the EOC. <input type="checkbox"/> Receive briefing from Incident Controller of current and potential status, and support requirements. <input type="checkbox"/> Report to the CIMS Manager you are supporting. <input type="checkbox"/> Establish a working area close to the CIMS Manager you are supporting. <input type="checkbox"/> Conduct administration duties and data entry tasks as required, including documenting actions of Incident Controller, Planning & Intelligence, Logistics or Operations Manager. <input type="checkbox"/> Conduct familiarisation for EOC facility. <input type="checkbox"/> Attend updated EOC and Health & Safety training if required. <input type="checkbox"/> Attend initial briefing for specific EOC procedures for EOC facility.
Operational Period Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Check administration supplies prior to shift changeover and order stocks as required <input type="checkbox"/> Ensure your area is clean and tidy. <input type="checkbox"/> Determine if there is a requirement for cover for your role 24/7 and advise Administration Manager <input type="checkbox"/> Attend briefing on shift change. <input type="checkbox"/> Keep notes to brief your relief at change of shift <input type="checkbox"/> Leave phone numbers(s) where you can be reached. <input type="checkbox"/> Sign out at the EOC attendance roster at change of shift
Deactivation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Attend the event debrief <input type="checkbox"/> Assist with the After Action Reports as required <input type="checkbox"/> Coordinate the disestablishment of the EOC.

6.10 Recovery Manager

RECOVERY MANAGER
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
<p>Code GREEN restoration response declared by Ministry of Health. Decisions to reopen operations will be based on Ministry of Health direction and advisement. Incident Management Team will provide continual updates.</p>
Leadership
<p>The Recovery Manager is responsible for the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Planning community needs assessment action plan <input type="checkbox"/> Identifying and engaging with recovery local task group and key agencies and Internally with other senior staff <input type="checkbox"/> Preparing and agreement on Terms of Reference and documenting management processes <input type="checkbox"/> Coordinating and prioritising community health resource: needs and time frames <input type="checkbox"/> Identify any modified methods to manage hazards and Risks <input type="checkbox"/> Establishing call centre and website for dissemination of information <input type="checkbox"/> Identifying ongoing support needs with other local services such as CEG subgroup for food banks, emergency accommodation, support, counselling, orphan and animal care <input type="checkbox"/> Consider and plan for financial management systems to be implemented <input type="checkbox"/> Initiate actions to re-commence 'back to normal services' beyond essential services. <input type="checkbox"/> Initiate plan for recovery of services. <input type="checkbox"/> Stand down teams and restore back to normal.
Planning & Coordination
<ul style="list-style-type: none"> <input type="checkbox"/> Assess the health and welfare of all staff and consider responses. <input type="checkbox"/> Contact all staff to advise intended return to normal operations. Staff may need to return on a graduated basis depending on family status. Consider whether staff are available to work from office vs. home. <input type="checkbox"/> Consider potential for longer term interim arrangements/disruption due to staff or family member deaths. <input type="checkbox"/> Identify Employee Assistance Programme intervention required to those affected. Consider a workplace held Employee Assistance Programme session. <input type="checkbox"/> Acknowledge staff fatalities e.g. ceremonies <input type="checkbox"/> Plan for reactivation of closed hospitals and associated services <input type="checkbox"/> Remember there will be an increase in physical and emotional illness so plan clear links to access of services
Workplace
<ul style="list-style-type: none"> <input type="checkbox"/> Consider security provision for staff and files at office location <input type="checkbox"/> Monitor return to work conditions and review workplace in terms of: <ul style="list-style-type: none"> ■ No health hazards ■ Security and personal safety ■ Equipment and facilities operational <input type="checkbox"/> Temperature and ventilation <input type="checkbox"/> Open office, alter voicemail and outlook messages <input type="checkbox"/> Ensure all relevant contacts have been advised of back to normal services and information updates <input type="checkbox"/> Review levels of service depending on the extent of the effect both internally & externally. <ul style="list-style-type: none"> ■ Announce hours and services availability through appropriate channels. ■ Monitor delayed cases for accelerated decisions.

- Communicate with clients on case-by-case basis re restoration and expectations.
- Consider possible claim for business interruption.
- Check assets relocated have all been accounted for.
- Develop recruitment plan to replace incapacitated employees
- If required identify and recover critical records
- Apply for appropriate emergency response and recovery reimbursement
- Make claims on insurance if relevant
- Review, evaluate and assess impact on local authority of pandemic response and recovery
- Assess ability to resume normal local services
- Report outcome and findings

Communication

- Reiterate communications and media liaison to staff. Key messages to include
 - Restrictions on public gatherings lifted
 - Schools may reopen
 - Border management may be scaled back
 - Travel restrictions may be lifted
 - Public health emergency continues
 - Reopening of Health services and levels of operation
 - Ongoing consultation with key stakeholders.

Monitoring & Surveillance

- Ongoing gathering of intelligence and dissemination of information to staff

Lessons Learnt

- Consider security provision for staff and files at office location
- Monitor return to work conditions and review workplace in terms of:
- Post operational brief on lessons learned:
 - Debrief with IMT and staff about how the response systems worked .
 - Review communications strategy.
 - Identify gaps and lessons for remedial action.
- BCP improvements:
 - Update all contact lists.
 - Assign responsibility for remedial actions.
 - Amend BCP and toolkit.
 - Send new version of plan and department plans relevant staff

6.11 Safety Role

SAFETY ROLE
<i>This duty card is intended as a guide only as every emergency may require a slightly different response</i>
Line of Authority
The Safety Officer is a staff assistant to the Incident Controller, and is not in the direct line of authority.
Duties
The Safety Officer provides direct support to the Incident Controller.
<p>The Safety Officer is responsible for the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuously monitoring the work environment to ensure the health and safety of the EOC personnel and visitors <input type="checkbox"/> Exercise emergency authority to prevent and stop unsafe acts. <input type="checkbox"/> Monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety. (Although the Safety Officer may exercise emergency authority to prevent or stop unsafe acts when immediate action is required, the Safety Officer will generally correct unsafe acts or conditions through the regular line of authority). <input type="checkbox"/> Developing safety strategies along with the Incident Controller and the Logistics Manager <input type="checkbox"/> Providing direct medical attention to ill or injured personnel until professional medical help can arrive <input type="checkbox"/> Identify hazardous situations associated with the response/recovery to ensure personnel avoid them or are prepared to manage operations in that environment without harm. <input type="checkbox"/> Participate in all planning meetings. <input type="checkbox"/> Review action plans. <input type="checkbox"/> Develop the medical plan. (NOTE: Medical plan refers to treatment of injuries at the EOC or related to response and recovery actions). <input type="checkbox"/> Maintaining awareness of active and developing situations, approving the medical plan, and including safety messages in each Action Plan <input type="checkbox"/> For all reportable injuries conduct an initial investigation and write a report and submit it to appropriate officials within required timeframes. <input type="checkbox"/> Investigate accidents that have occurred within the response / recovery operations area, including arranging for investigation of accidents in field operations involving DHB personnel <input type="checkbox"/> Coordinating the provision of critical incident stress management for staff.
Activation Duties
<ul style="list-style-type: none"> <input type="checkbox"/> Sign the attendance roster upon arrival at the EOC. <input type="checkbox"/> Report to Incident Controller and get a briefing on the situation. <input type="checkbox"/> Review the Safety Officer's responsibilities and open a chronological logbook of your activities. – (keep a record of messages on message log). <input type="checkbox"/> Establish a central worksite with access to phones for 111 calls and for an emergency first-aid kit and fire extinguisher. <input type="checkbox"/> Meet with the Logistics Manager to: <ul style="list-style-type: none"> <input type="checkbox"/> Obtain briefing about on-site and external communications capabilities and restrictions <input type="checkbox"/> Establish operating procedures for use of telephone, computers and radio systems <input type="checkbox"/> Determine established priorities and make any special requests for services you need <input type="checkbox"/> Assess the communications linkages provided for adequacy and advise the Logistics Manager, especially for connections to local medical response. <input type="checkbox"/> Track events of safety significance by the Incident Controller's briefings and the status boards in

the EOC - record that information in your log.

- ❑ Get estimates of the time for arrival of medical support if there are injuries, and ensure security is in place to direct arriving teams.
- ❑ Consider adopting shifts for the Security Officer position.
- ❑ Attend and monitor the meetings by the Incident Controller with the other EOC Managers.

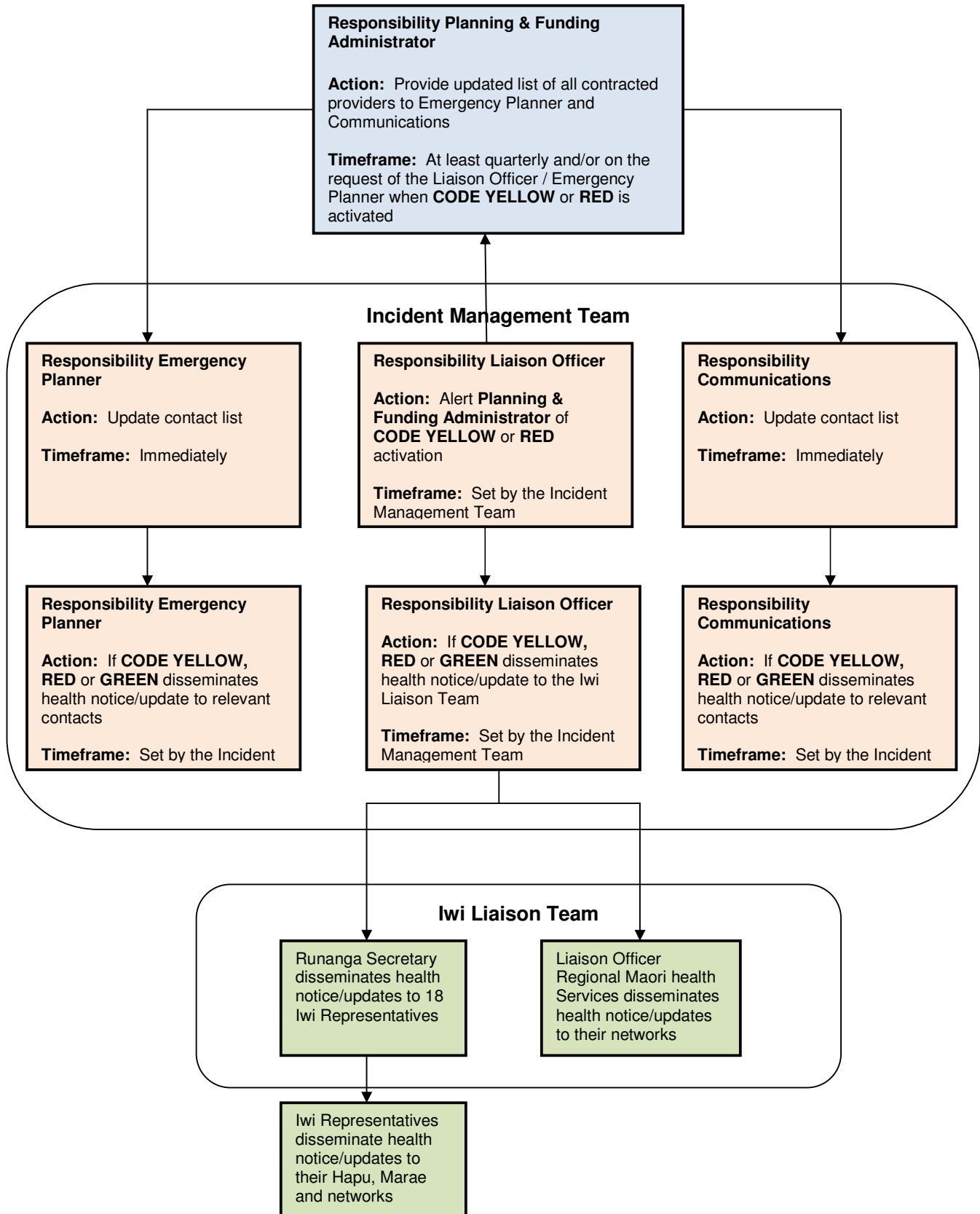
Operational Period Duties

- ❑ Confer with the Incident Controller about life safety issues that are found deficient or threatening during the recovery process.
- ❑ Confer with the Managers and other staff.
- ❑ Obtain and provide information re the EOC staff and field staff requirements to remain safe. Information can include:
 - Threatening weather and dangers from heat, cold, lightning, sunburn, etc.
 - Toxic chemical conditions and proper response to exposure
 - Recommendations to evacuate or shelter in place
 - Physical threats to avoid, such as after an earthquake, flood, or fire
 - Family preparedness guides to ensure the employees' families are also prepared
 - How to watch for and avoid tripping hazards and slipping hazards
 - How to avoid back strain by lifting correctly, even during emergencies
 - Anti viral protection strategies.
 - Determine if there are requirements to staff the Safety Officer position for 24-7.
- ❑ Prepare safety reports, injury reports, and insurance application reports for each operational period.
- ❑ Keep notes to brief your relief at change of shift.
- ❑ Brief incoming Safety Officer prior to change of shift.
- ❑ Sign out at the EOC attendance roster at change of shift.

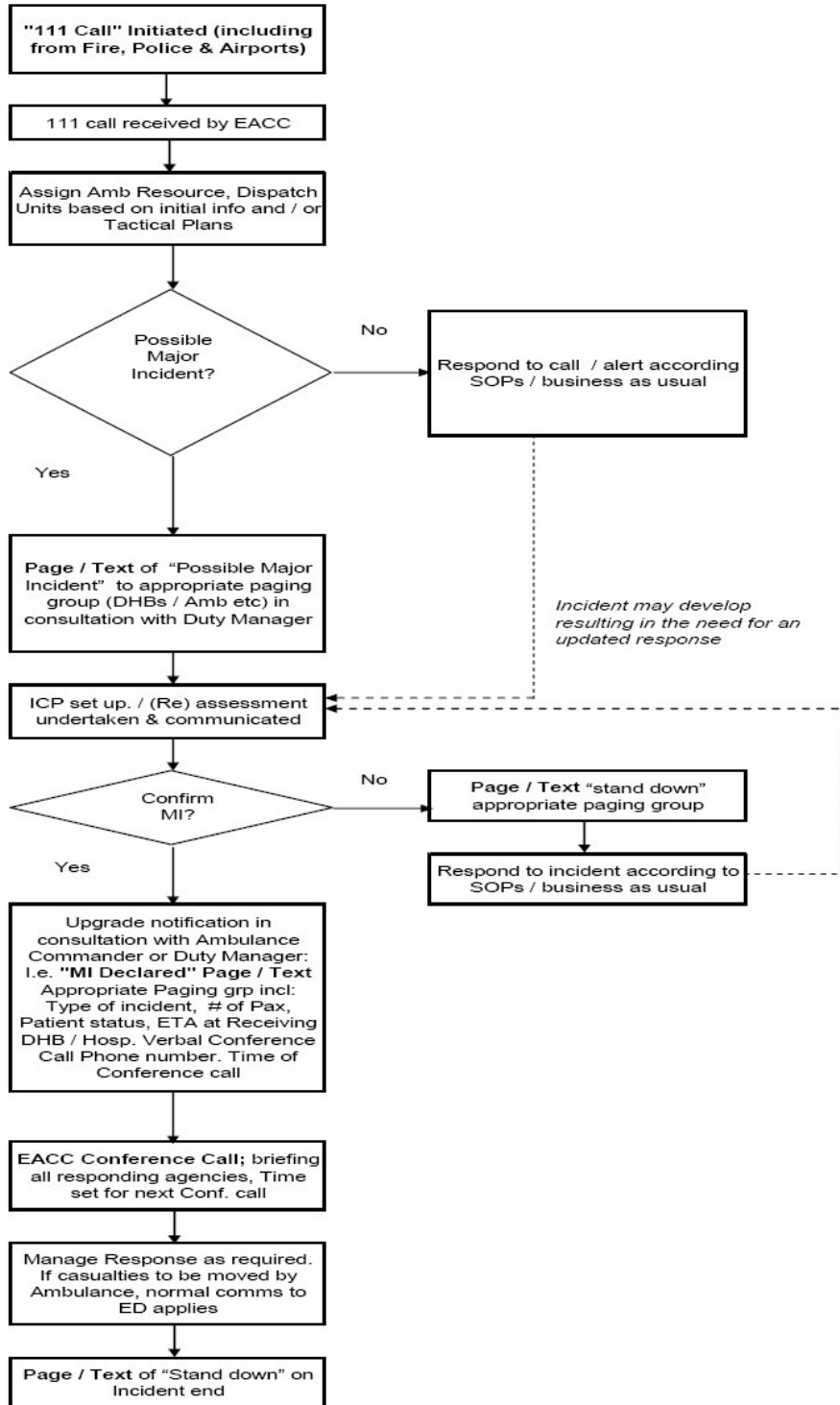
Deactivation Duties

- ❑ Coordinate with the Incident Controller for concurrence that you can begin to close down Safety Officer's position.
- ❑ Ensure that continuing safety questions will be directed to the Incident Controller.
- ❑ Provide copies of all safety actions, reports, messages and assessments to the Incident Controller; ensure file copies are maintained for long-term issues of workers compensation and insurance.
- ❑ Sign out on the EOC attendance form.
- ❑ Leave a location and forwarding phone number(s) where you can be reached
- ❑ Ensure your comments and materials are made available to the Incident Controller for the after action report.
- ❑ Attend the event debrief.
- ❑ Assist with the After Action Report.

Appendix 7: Communication Tree for Contracted Providers and Maori Stakeholders



Appendix 8: Emergency Ambulance Communications Centre (EACC) procedures



Please note the following points regarding incident types and notification levels:

'111 Call' initiated incidents:

- DHBs and other health agencies will receive notifications according to AMPLANZ (Ambulance NZ Major Incident Plan 2005) definitions. There are four notification levels:

Definition of Potential Patient Numbers	Notification Level and Actions
1-5	Level 0 Notification discretionary
6-10	Level 0 EACC to notify of a 'possible major incident' based in initial information Duty Ambulance Manager to declare a Major Incident based on reliable or confirmed information
11-15	Level 1 EACC to notify of a 'possible major incident' based in initial information Duty Ambulance Manager to declare a Major Incident based on reliable or confirmed information
16-20	Level 2 EACC to notify of a 'possible major incident' based in initial information Duty Ambulance Manager to declare a major Incident based on reliable or confirmed information
20 +	Level 3 EACC to notify of a 'possible major incident' based in initial information Duty Ambulance Manager to declare a major Incident based on reliable or confirmed information

- The use of this paging notifications compliments 'business as usual' communications that occurs between Ambulance staff at the scene, or route, and the receiving hospitals including emergency departments.
- The decision as to which Notification Level paging group a DHB or PHU is on the decision for the DHB. Depending on the capacity and capability, DHBs have requested that they start receiving pages/texts at level 0 (6-10 patients) or level 1.
- In the majority of cases, all DHBs in a Health Region will be informed of an incident in any one DHB in that region. For example a Major Incident Level 1, 2 or 3 in the Bay of plenty DHB will be notified to all DHBs in the Midland health Region.
- Following the declaration of a Major Incident, the teleconference noted in the flow diagram is designed to minimise calls coming into the EACC during a time of extreme work pressure. The initial teleconference is a briefing and aims to provide the health agencies with clear and concise information quickly to assist with their activations and planning. Subsequent teleconferences may be arranged and will be dependent on the incident's development.

Message Types

All messages from the EACC must be clear to all partner organisations. Therefore given the range and type of messages that may be sent from the EACC, it is necessary to ensure that all available information is able to be transferred quickly to facilitate the management of the incident. Below are the basic message formats to be sent:

Possible major incident:

FROM EACC NOTIFICATION ONLY: POSSIBLE MAJOR INCIDENT. <location (/town/suburb/city/district)>, <type of incident & level>, <any other information that may be confirmed> MORE INFORMATION TO FOLLOW

Notification only:

FROM EACC NOTIFICATION ONLY: <location (/town/suburb/city/district)>, <type of incident & level>, <any other information appropriate>, NO ACTION REQUIRED.

On declaration of a major incident:

FROM EACC MAJOR INCIDENT DECLARED: <location (/town/suburb/city/district)>, <type of incident & level>, <number and status of patients, number of adults and/or children (<14yrs)>, <ETA at receiving hospital>, <number, pin and time for teleconference>.

Update of a major incident:

FROM EACC UPDATE OF MAJOR INCIDENT: <location (/town/suburb/city/district)>, <type of incident & level>, <updated information / requests / action required>

On stand down:

FROM EACC STAND DOWN: <location (/town/suburb/city/district)>, <type of incident & level>, OFFICIAL STAND DOWN HAS BEEN ISSUED <time>

Testing:

FROM EACC TEST MESSAGE ONLY FROM AMBULANCE COMMS: PLEASE ACKNOWLEDGE THIS MESSAGE <means of acknowledgement>.

Exercise:

FROM EACC EXERCISE ONLY: <detail of message> EXERCISE ONLY

SOUTH ISLAND ONLY

Activation of a Region Health Coordination Centre

FROM EACC REGION HEALTH COORDINATION ACTIVATION: <location (/town/suburb/city/district)>, <type of incident>, <Information available> PLEASE CALL <number, pin and time for teleconference>.

Appendix 9: Major Incident Action Plan

INCIDENT NAME: LOCATION: DATE: TIME: PRIORITY: (high/medium/low) ICP LOCATION: CONTACT DETAILS:		MAJOR INCIDENT ACTION PLAN	
		Situation Summary:	
		Incident Objective:	
Plan of Action/Strategy:	Critical Elements (Note what must happen, when it is required and who is responsible)	Resource needs (Note who will provide what and when they will do it)	% Completed
Information Flow (Who needs to know and who has information we need)	Communications Plant (Technical ie frequencies, cellphone numbers, etc)	Plan to be updated: Hours: Plan prepared by: Plan approved by: Incident Controller:	

Appendix 11: Major Incident Situation Report

Incident Name:

Situation Report for BOPDHB

EOC Details		Assessment (note any critical issues and assumptions made)
Date		
Time		
Prepared By		
Organisation		
Incident Controller		
Contact Details		
Next Report Expected at		Reviewed by (Circle) Planning & Intel Ops Logs Liaison Comms
Actions Taken		
Planning & Intel		
Operations		
Logistics		
Liaison		
Communications		
Resources		
Resources (in place)	Resources (that may be required)	
Factors (weather and other factors or limitations should be noted)	Predicted incident development (note how this situation is anticipated to evolve, including patient numbers)	
Proposed activity: general (how do you plan to respond to the predicted incident development)	Proposed activity and strategy: Comms	

Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Major Incident Situation Report

Appendix 13: Authorisation for Activation of the BOPDHB Health Emergency Plan

**AUTHORISATION FOR ACTIVATION OF
THE BOPDHB HEALTH EMERGENCY PLAN**

I,,
(print name)

authorise the activation of the BOPDHB 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:.....

NOTIFICATION OF THIS AUTHORISATION MUST BE COMMUNICATED TO:

- **THE CHIEF FINANCIAL OFFICER TO ACTIVATE THE EMERGENCY COST CENTRE**

AND TO

- **ALL RELEVANT HEALTH SERVICE PROVIDERS WITHIN THE BAY OF PLENTY DISTRICT HEALTH BOARD AREA.**

Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Authorisation for activation of the BOPDHB Health Emergency Plan

Appendix 14: Authorisation for Deactivation of the BOPDHB Health Emergency Plan

**AUTHORISATION FOR DEACTIVATING
THE BOPDHB HEALTH EMERGENCY PLAN**

I,
(print name)

authorise the deactivation of the BOPDHB 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:.....

**NOTIFICATION OF THIS AUTHORISATION MUST BE COMMUNICATED TO ALL RELEVANT
HEALTH SERVICE PROVIDERS WITHIN THE BAY OF PLENTY DISTRICT HEALTH BOARD AREA.**

Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Authorisation for deactivating of the BOPDHB Health Emergency Plan

Appendix 15: Exercise Plan Calendar

*** NB Joint Agency Civil Defence and Ministry of Health exercises will be added as they are made available**

February 2011	March 2011	April 2011	July 2011	October 2011	November 2011
EBOP Stakeholder Meeting	Emergency Planning Workshop Pacific Island Community Trust	Emergo Training Tauranga Hospital	EBOP Stakeholder Meeting	Disaster Awareness Month	EBOP Stakeholder Meeting
WBOP Stakeholder Meeting	CIMS Training staff	Stakeholder Emergency Planning Workshop	WBOP Stakeholder Meeting	Stakeholder Tabletop Exercise Workshop	WBOP Stakeholder Meeting

February 2012	March 2012	April 2012	July 2012	October 2012	November 2012
EBOP Stakeholder Meeting	Iwi Emergency Planning Workshop	Stakeholder Emergency Planning Workshop	EBOP Stakeholder Meeting	Disaster Awareness Month	EBOP Stakeholder Meeting
WBOP Stakeholder Meeting	CIMS Training staff	Stakeholder Emergency Planning Workshop	WBOP Stakeholder Meeting	Stakeholder Tabletop Exercise Workshop	WBOP Stakeholder Meeting

February 2013	March 2013	April 2013	July 2013	October 2013	November 2013
EBOP Stakeholder Meeting	Stakeholder Emergency Planning Workshop	CIMS training Stakeholders	EBOP Stakeholder Meeting	Disaster Awareness Month	EBOP Stakeholder Meeting
WBOP Stakeholder Meeting	CIMS Training staff	Stakeholder Emergency Planning Workshop	WBOP Stakeholder Meeting	Stakeholder Tabletop Exercise Workshop	WBOP Stakeholder Meeting

Appendix 16: Template for a Recovery Action Plan

Event.....
 Date of Event.....
 Districts/Regions affected.....
 Recovery Manager for Event.....
 Date Recovery Action Plan commences.....
 Date to Review Recovery Action Plan.....

Date(s) identified for transition from response to recovery activity:

Date for Transition	Activity	Signed & dated by Group Controller & Group Recovery Manager

Brief Sitrep:

Date	Current Situation

Schedule of Meetings:

Date	Location	Type of Meeting	Agencies to attend

Actions outstanding from Response Phase:

Date	Outstanding Actions from Response Phase	Risks Identified?	Department Responsible	Date to be completed	Date Completed

Notes

Key short term recovery priorities:

Date	Short Term Recovery Priorities	Risks Identified?	Department Responsible	Date to be completed	Date Completed

Notes

Key Medium Term Priorities:

Date	Medium Term Recovery Priorities	Risks Identified?	Department Responsible	Date to be completed	Date Completed

Notes

Key Long Term Priorities:

Date	Long Term Recovery Priorities	Risks Identified?	Department Responsible	Date to be completed	Date Completed

Notes

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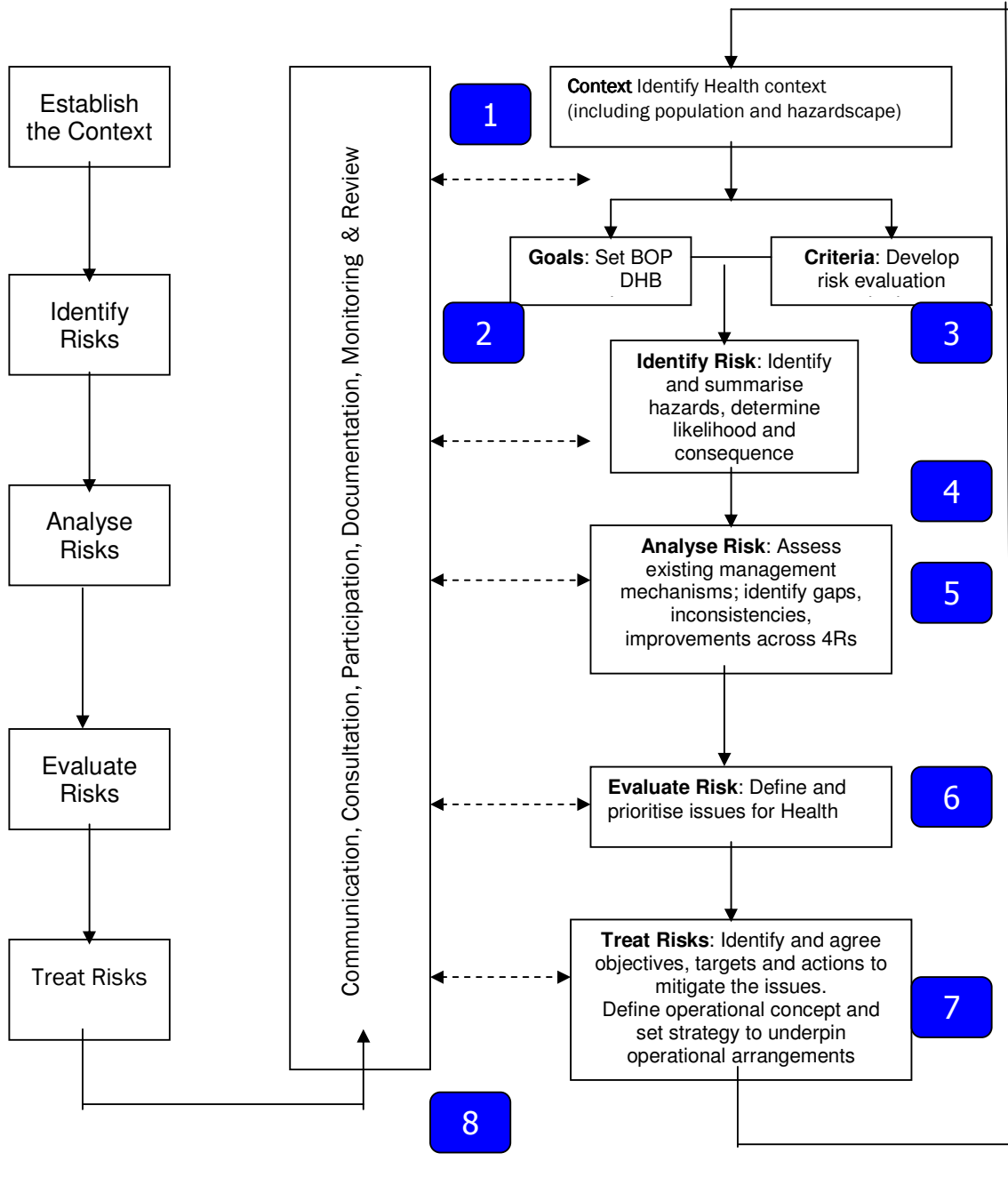
Development of an Exit Strategy:

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

Appendix 17: BOPDHB Risk Management Planning Process

AS/NZS4360: Risk Management

Plan Development Process



Reference:
AS/NZS4360: Risk Management (1999)