

<stakeholder logo>

HEALTH EMERGENCY AND BUSINESS CONTINUITY PLAN

During an Emergency:

- **Expect normal routine to be disrupted for the duration of the emergency.**
- **If at work, stay at work until ALL CLEAR given or otherwise instructed.**
- **Restrict telephone use to essential communication only.**
- **If the designated person is not available, the most senior staff member present at work shall assume control of the emergency**

Business Continuity and Emergency Plan:

Organisation:

PHO :

DHB:

Address:

Mailing Address:

Telephone:

Fax:

E-mail Address:

Senior Doctor:

Practice Manager:

Date Plan Created:

Plan Approved by:

Plan Review:

Date:

Approved By:

Date:

Approved By:

Date:

Approved By:

Date:

Approved By

TABLE OF CONTENTS

INTRODUCTION **p5**

Section A REDUCTION **p7**

- A1 Service/business risks
 - A1.1 Environmental risk and hazards
 - A1.2 Facility risks and hazards – example provided
 - A1.3 Business risks and hazards – example provided
- A2 Service/business continuity

Section B READINESS **p11**

- B1 Service description
- B2 General contingency plans (examples)
- B3 Equipment essential to service delivery
- B4 Clinical supplies essential to service delivery
- B5 Contact lists:
 - B5.1 Staff (includes expected travel time to facility)
 - B5.2 Emergency response support agencies
 - B5.3 Utility providers
 - B5.4 Service providers
- B6 Staff training, education and exercises
 - B6.1 Staff training template

Section C RESPONSE **p31**

- C1 General emergency response checklist
- C2 Action checklist for person activating the response
- C3 Guidelines for Staff
- C4 Incident Status Report
- C5 Major Incident Log Sheet

Section D RECOVERY **p43**

- D1 Recovery Action Planning

Section E APPENDICES **p45**

- Appendix 1 Memorandum of Understanding template
- Appendix 2 References and Resources
- Appendix 3 BOP Regional Risks

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Introduction

In order to manage an emergency and mitigate its immediate and potential effects, health care facilities and services need to have pre-prepared and tested emergency response plans.

There are also a number of legal requirements incumbent on health care services with regard to emergency planning, including (but not limited to) the following:

- NZ Public Health and Disability Act 2000,
- The Health and Safety in Employment Act 1992, and
- The National Civil Defence Emergency Plan, which stipulates the following in relation to health services:

Without limiting their overall responsibilities, health providers must, as appropriate:

- identify risks and hazards; *(see A1)*
- ensure that all obligations for response capability and actual response are met; *(see B1 self and mutual)*
- monitor staff awareness, staff training, and readiness of resources; *(see B6)*
- ensure that there is an efficient system for rapidly notifying or calling staff in an emergency; *(see B5.1)*
- ensure that in an emergency there is access to essential supplies; *(see B3, B4)*
- participate in coordinated planning, training, exercising and response arrangements with complimentary or neighbouring providers and other lead agencies; *(B6)*
- maintain current business continuity plans.'

(NZ CDEM Plan, Section 9. Health Services)

This plan is intended as a guide to the systems and processes *<stakeholder name >* will use to prepare and respond to an emergency situation. It is intended that this plan be flexible enough to cater for a variety of situations and be based on known hazards and risks and available resources.

This plan needs to be coordinated with other local health services, the emergency services and relevant national plans. To assist with the planning process and exercising of plans, make contact with emergency planning advisors from the DHB and CDEM.

Planning for health emergencies uses an 'all-hazards' approach using the four 'Rs' of emergency management planning:

The Four 'Rs' of Emergency Management Planning	
Reduction	Recognition of hazards and risks and mitigation to avoid or minimise the impact prior to the event.
Readiness	Planning, establishing response systems, training, maintaining readiness to respond.
Response	Mobilising and activating the Emergency Plan.
Recovery	Actions to recover from the incident, including moving back to business/service as usual and reviewing and updating the emergency plan, based on what has been learnt from the incident.

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Section A REDUCTION

In the context of emergency management planning, reduction activities are those that will reduce the health impact of emergencies or other events.

A1 Service/Business Risks

A1.1 Environmental risks and hazards

Low Med High

<Edit according to practice circumstances>

Hazard/Risk	Occurrence	Consequence/Impact	Mitigation
Earthquake		Building instability or destruction, need to evacuate and move to alternate facility.	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)
Volcano		Building destruction, need to evacuate and move to alternate facility.	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)
Tsunami		Flooding, infrastructure damage	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)
Flood (nearby river)		Damage to Property Inability to operate practice, see patients. Practice closure, Short to Med term.	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)
Storm damage		Flooding, infrastructure damage	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)
Wild fire		Risk of facility fire or infrastructure damage	<ul style="list-style-type: none"> • MOU with • Local Civil Defence aware of risk and facility plan • Staff trained/updated regularly (see B8)

A1.2

Facility risks and hazards

<Edit according to practice circumstances>

Hazard/Risk	Occurrence	Consequence/ Impact	Mitigation
Electrical Supply Interruption		If longer than 2hours then facility will close. Patient Safety	<ul style="list-style-type: none">• Storage of torches,• UPS on server,• Move patient consultation to rooms with windows,• Move refrigerated pharmaceutical supplies. (Store Chilly bin and ice packs for transport.)• Storage of basic phones that do not require elec. supply
Water Supply Interruption		If longer than 2hours then facility will close. Patient Safety	<ul style="list-style-type: none">• Small supply of water on site, if required purchase more from co located supermarket.• Close practice if longer than 2 hour outage• Consider alternative site
Gas Supply Interruption			
Telephone supply Interruption		Inability to communicate	<ul style="list-style-type: none">• Cell phones stored for emergency use
Fire		Evacuation, possible long term impact	<ul style="list-style-type: none">• Fire alarms in place• Alternative site
Security Breach		Staff attacked or held hostage	<ul style="list-style-type: none">• Orientation of staff• Doors locked after hours• Panic alarms in place• Isolation of area• Suspension of clinical services• Assist with Police investigation
Bomb Threat		Entire practice evacuated and unable to be reoccupied	<ul style="list-style-type: none">• Ensure safety of staff and & patients• Remove all personnel from area• Inform PHO to warn other Medical Centres
Steriliser Failure		Unable to sterilise instruments	<ul style="list-style-type: none">• Review availability of sterile instruments to continue• Arrange alternative service• Regular servicing of equipment

A1.3

Business risks and hazards

<Edit according to practice circumstances>

Hazard/Risk	Occurrence	Consequence/ Impact	Mitigation
Inability to staff at safe levels, due to pandemic.		Unable to provide care at safe or contracted levels	<ul style="list-style-type: none"> • Identify options ahead of time; • Identify potential volunteers and service groups which might assist; • Involve PHO/DHB in planning and management decisions; • Defer non urgent consultations • Repeat prescriptions done over phone and faxed to pharmacy
Adverse Publicity		Patients moving practice, loss of income	<ul style="list-style-type: none"> • Attention from Senior staff • Maintain good public relations at all times • Maintain highest possible standards of clinical care to reduce risk • Only senior management or PHO to talk to media, consult PHO/DHB for assistance.
Loss of key staff		Inefficiencies integrating new staff. Stress on existing workforce	<ul style="list-style-type: none"> • Employ temporary staff • Delay non-urgent tasks
Reduction in MOH funding		<ul style="list-style-type: none"> • Loss of income • Having to make staff redundant • Closing practice 	<ul style="list-style-type: none"> • Develop good relationship with PHO/ACC
Significant increase in costs Reduction in profit		<ul style="list-style-type: none"> • Loss of income • Having to make staff redundant • Closing practice 	<ul style="list-style-type: none"> • Monthly financial performance reviews • Effective contract negotiations • Maintain up-to-date consumable costs and prices
Medical Misadventure Unfavourable outcome		<ul style="list-style-type: none"> • Loss of income • Having to make staff redundant • Closing practice 	<ul style="list-style-type: none"> • GPs hold indemnity cover • Have appropriate insurance • Monitor infection / complications
Nursing Misadventure Inappropriate action		<ul style="list-style-type: none"> • Loss of income • Having to make staff redundant • Closing practice 	<ul style="list-style-type: none"> • Nurses members of NZNO/Nursing Council • Regular in-house and external training
Poor standard of clinical care Loss of patients		<ul style="list-style-type: none"> • Loss of income • Having to make staff redundant • Closing practice 	<ul style="list-style-type: none"> • Employ appropriately qualified staff • Regular update of policies & protocols • In-service education • Regular performance

			appraisals
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A2 Service/Business Continuity

<stakeholder name> will take all possible steps to maintain service delivery or restore essential services as rapidly as possible following an event. This includes arrangements for (as appropriate):

- moving to temporary facilities
 - includes pre-organised agreements (eg MOUs – see Appendix 1)
- acquisition of emergency supplies
 - includes arrangements with usual suppliers
- protection of clinical records, personal information, data
 - includes offsite backup of critical data at regular intervals
- continuation of payroll services
- protection of medical and business equipment
 - includes identifying/using Uninterrupted Power Supply (UPS), surge protectors, etc
 - ensure all serial numbers, dates of purchase, costs and maintenance agreements are listed for insurance purposes

Plus:

- ensuring staff are aware of emergency procedures and are regularly updated – see B6 – staff training, education and exercises. This may include:
 - emergency management planning as part of new staff orientation/induction;
 - use of PPE (location, when and how to use it, how to test it, etc);
 - emergency management exercises – table top, simulated and actual event;
 - fire drills.
- maintaining an up-to-date contact list for local emergency services, Civil Defence officer and other support services available to assist in an emergency – see B5;
- testing systems (eg generator/battery testing, UPS checks, smoke alarms, etc) regularly.

Section B READINESS

Readiness activities are those taken to ensure a state of readiness for health emergencies.

B1 Service Description

<Edit according to practice circumstances>

The type of service we provide:

Location/building information/hazards nearby:

Location of Business Continuity Emergency Plan:

Location of Hazard Register:

Relocation Site Preferences:

Memorandum of Understanding (MOU) in place for the above one/two alternative sites?

Yes No

If yes complete below

(See Appendix 1 - MOU template)

Name of Service: *Name, address and key contact details.*

MOU covers: *Details of services to be provided.*

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B2 GENERAL CONTINGENCY PLANS

<Edit according to practice circumstances>

Incident	Contingency	Action/Tasks
Telephone Failure Likelihood: Low Consequence: Med	Use a runner	<ul style="list-style-type: none"> • Identify appropriate person to act as runner • Assess communication requirements • Ensure runner has communication equipment
	Cell phones (if available)	<ul style="list-style-type: none"> • Will be distributed
	Call in more staff while emergency continues	<ul style="list-style-type: none"> • Use staff contact list – see B5.1, use pre-arranged call-trees
	Establish emergency call process.	<ul style="list-style-type: none"> • Staff identify appropriate person to act as runner. • Ensure runner has communication equipment.

Incident	Contingency	Action/Tasks
Electricity Failure Likelihood: Med Consequence: High	Utilise alternate power sources Loss of EFTPOS facility	<ul style="list-style-type: none"> • Staff ensure equipment on an Uninterrupted Power Supply (UPS) power source have a maintenance and residual power test completed on a regular plan; • Extension cords to run power from collocated buildings if it is available • Movement of refrigerated/frozen products to alternate service • Movement of fridge or freezer to alternate service • Provision of chilli bins and ice packs for storage • Staff assess relocation requirements and notify person in charge • Use of torches • If power outage is more than two hours close practice and if appropriate move to alternative location • Plug in phones that require no electricity to maintain communications • Ensure manual forms/machine available
Incident	Contingency	Action/Tasks
Loss of Sewerage Service Likelihood: Low Consequence: Med	Utilise alternate toilet facilities	<ul style="list-style-type: none"> • Staff position Out of Order notices • Negotiate use of neighbouring service facilities • Consider evacuation of affected area
	Relocate service	<ul style="list-style-type: none"> • Identify pre-arranged relocation facilities and activate Relocation Plan • Identify essential equipment requirements for relocation • Ensure all patients have identification • Staff position Out of Order notices

Incident	Contingency	Action/Tasks
Loss of Water Likelihood: Low Consequence: High	Assess water requirements for service Identify alternative hygiene options	<ul style="list-style-type: none"> • Release emergency drinking water supplies • Activate water conservation strategies • Access bottled water supplies <ul style="list-style-type: none"> • Staff establish alternative wash stations • Access hand washing gel if available • Staff position notices identifying water conservation strategies
Incident	Contingency	Action/Tasks
Computer Failure Likelihood: Low Consequence: High	Move to manual notes/prescribing	<ul style="list-style-type: none"> • Have manual recording sheets available for use in consultation rooms • Have manual prescribing pads available • Contact IT contractor as priority to ensure speedy repair of system

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B3 Equipment Essential to Service Delivery

<Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation. Please add or take away equipment and make a note in the column of the equipments' current location and the quantity needed to transport>

Essential Equipment Name	available at alternate locations? Y/N	If not, Current Location?	Mobile or Fixed? (include moving instructions)	quantity needed	Comment
Stethoscope					
Ophthalmoscope					
Sphygmomanometer					
Spatulae					
Reflex hammer					
Tuning fork					
Thermometer					
Measuring tape					
Height measure					
Weight measure					
Urine dipstick					
Blood glucose test strips					
Pregnancy test kits					
Proctoscope					
Eye local anaesthetic					

Fluorescein					
Gloves					
Syringes and needles					
Lab blood tubes					
Suture equipment					
Minor surgery instruments					
Dressings					
Bench-top steriliser					
Urinary catheters					

B4 Clinical Supplies Essential to Service Delivery

<Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation. Please add or take away equipment and make a note in the column of the equipments' current location and the quantity needed to transport>

Item Name / Description	Available at alternate location? Y/N	If not, where stored	Amount Required	Name and contact details of supplier
Ribbel Scalpel Blade No 11 100s				
Flouret Eye Strips 100's				
Needles 25 gauge x 5/8-Box 100				
Terumo Needles - 22 gauge x 1.5" - Box 100				
Propax Cathetrisation Pack				
Ethilon 4/0 19mm P 45cm Blue (W1620T)				
PDSII 5/0 PC-3 (Z844G)				
Sterile Eye Pad				
ECG Biotab Tab Electrode 21mm S/Gel 50 (0415M)				
Infusion Set IV 20 drop per ml				
Microporous Tape - 2.5cm x 10m				
Dressing Retention Tape 2.5cm				
Eurofarm Eurosuture 3 x75mm (5 Strips per				
Syringe 20ml Luer Slip Conc TS				
Syringe 3ml Luer Lock Terumo				
BD Catheters Insyte 18g x 1.16				

Item Name / Description	Available at alternate location? Y/N	If not, where stored	Amount Required	Name and contact details of supplier
Needles 21g x 3/4" vein (TS) - with cap				
Needles 23g x 3/4" vein (TS) - with cap				
Needles 25g x 3/4" vein (TS) - with cap				
Interlink Injection Site Luer Lock #2N3379				
IV Starter Pack				
Alcohol Prep Wipe - medium - box 200.				
Water for injection 10ml-Box50				
Single Use Blunt End Scissors				
Single use Tweezers/Forceps St				
Saline I.V. Bag 1000ml				
Sodium Chloride 0.9% IV Fluid 500ml Bag				
Triangular Bandage - non woven				
Crepe Bandage 5cm				
Crepe Bandage 7.5cm x 4.5m				
Tongue Depressors - box 100				
Aeroplast T'sparent - box 100				
Hygiopad Low Adherent 10cm x 1				
Adaptic 7.6 x 7.6cm - each				

Item Name / Description	Available at alternate location? Y/N	If not, where stored	Amount Required	Name and contact details of supplier
Sodium Chloride Injection BP 0.9% 10m l - box of 50				
Elasticated Tubular size C (6				
Hygiopore Island Dressing 15x				
5cm x 5cm Non-Sterile Non-Woven Gauze Swabs pack of 100				
Saline Solution - 15ml ampoul				
Cervical Collar 75mm x 480mm				
Combine Dressing Sterile - 20 x 20				
Combine Dressing Sterile - 20cm x 10cm				
Y Suction Catheter 10FG with Control 45cm to 25c				
Suction Catheter 14FG 52cm Aero-flo (Green)				
Super Sani Cloth 160 per canister				
Microshield Antimicrobial 500m				
Elasticated Tubular size G (12				
Propax Wound Dressing pack with 6 non-woven				
Nebulizer Set Child				
Nebulizer Set Adult				
Oxygen Mask Child & 2m O2 Tubing				

Item Name / Description	Available at alternate location? Y/N	If not, where stored	Amount Required	Name and contact details of supplier
Oxygen Mask Adult & 2m O2 Tubing				
Oxygen Mask Adult & 2m O2 Tubing				
Diagnostic P/FreeP/Gloves- sml				
Diagnostic P/Free Gloves - Med				
Diagnostix P/F Latex L - bx100				
Underpad Dynarex - pkt 100				
Vomit or Emesis Container 1500mm Sealable - p				
Multi-stik Urine Tests 5 tests per strip -Box 50				
Ketostix Strips (Pk 50)				
Uristix Reagent strip for Urin				
Multistix 10 Ames - box 100				
Welch Allyn Otoscope Tips - Child 2.75mm - pack				
Welch Allyn Otoscope Tips- Adult (Pk 34)				
Apron /hang 710x1400, 40m pk50				
Ear Loop Masks Pack 50				
P2 Face mask- pack 50 (Duck Bill)				
Virkon Powder Sachet				

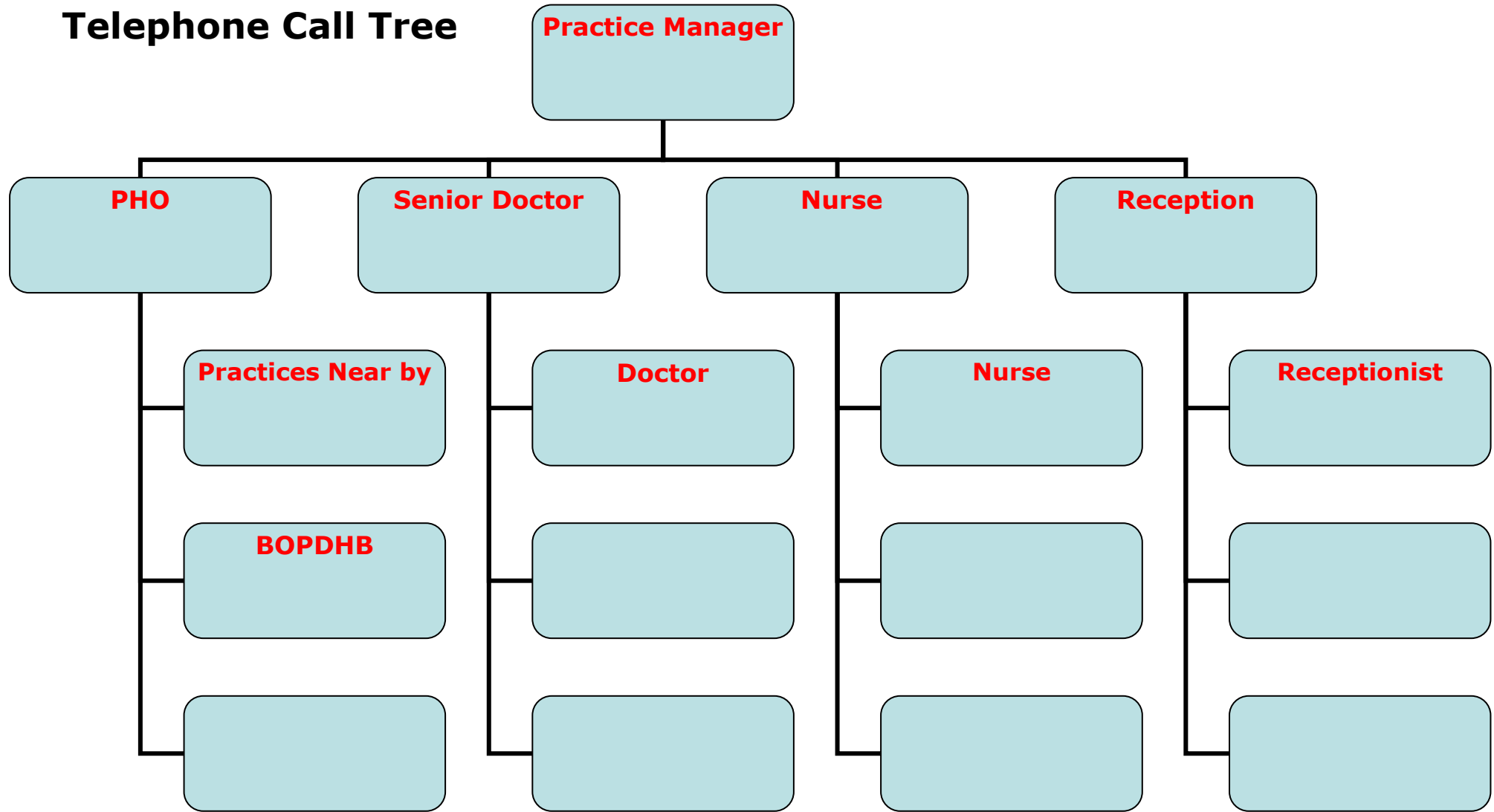
B5

B5.1 Staff Contact Details (these details are treated in a confidential manner)

NAME	POSITION	ADDRESS	HOME PHONE	MOBILE	TRAVEL TIME TO WORK

NAME	POSITION	ADDRESS	HOME PHONE	MOBILE	TRAVEL TIME TO WORK

Telephone Call Tree



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B5.2 EMERGENCY RESPONSE SUPPORT AGENCIES

Support Agency	Address	Phone	Mobile
Ambulance (non emergency)			
Fire (non-emergency)			
Police (non-emergency)			
PHO			
Hospital			
DHB			
Civil Defence			
Medical Officer of Health			

B5.3 UTILITY PROVIDERS

Service Provided	Company	Contact	Cell	Telephone	Account
Water					
Electricity					
Telephone					
Internet Provider					
IT Support					

B5.4 SERVICE PROVIDERS

Service Provided	Company	Contact	Cellphone	Telephone	Account No
Security					
Fire Safety Alarm & Equipment Servicing					
Cleaning & Domestic Waste					
Bank					
EFTPOS					
PM System					
Electrician					
Plumber					
Insurance (All)					
Pharmacy					
Clinical Supplies					
Engineer					

B6 STAFF TRAINING, EDUCATION AND EXERCISES

This section should:

- Outline how staff are orientated to emergency management procedures at the start of employment;
- Outline the programme for regular (annual) updates and refreshers;
- Identify the programme for exercising all, or aspects of, the plan on an annual basis;
- Identify any other relevant emergency management planning activities, eg DHB emergency planning workshops.

B6.1 STAFF TRAINING TEMPLATE

Training	Activity	When	Provider	Invites
Staff induction	Orientation / educate staff in emergency preparedness, procedures and plan Orientate / educate staff to Personal Protective Equipment (PPE) and the resources held on site. Orientate staff to the location of water mains, fuse boxes, etc	On commencing employment	Practice Manager	All staff
Staff training	First aid Identification of hazards Evacuation exercise Natural hazards Regular refresher training/updates Attend workshops on emergency planning	During annual training programme	Practice Manager	All staff
Staff participation in emergency exercises (table top; simulated; actual)	Example of emergency exercise undertaken Document outcomes and improvements required and plan to achieve these Review of lessons learned and any procedural changes advised to staff Update staff training records.	DHB annual Exercises	Practice Manager DHB	Senior staff
Review / update the Service's emergency management plan	Review Date: Person responsible:		Practice Manager	
Other relevant emergency planning activities undertaken	Attendance at DHB emergency planning workshops	As arranged	DHB	All staff
Other training	Attendance at stakeholder meetings		Practice Manager	

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Section C RESPONSE

C1 GENERAL EMERGENCY RESPONSE CHECKLIST

Take all necessary action to maintain safety and protect clients, staff and visitors

DATE:

TIME:

DETAILS OF PERSON ACTIVATING THE RESPONSE:

- Call 111 if life/safety may be compromised
- Assess situation and decide course of action. Use action checklist for person activating the response (C2 -next page).

If required:

- Activate the emergency plan;
- Evacuate the facility using the site/service evacuation plan;
- Assess the availability of staff and determine if you can continue to provide a service. Activate service/business continuity plan; this may include relocating services off-site.
- In a community emergency, provide support to a community response as able.

Following the immediate response:

- If necessary conduct a damage assessment of the building, including supplies and utilities. *Note that a Building Inspector has to give permission to re-enter a damaged/affected building after an incident.*
- Report actions to relevant parties, eg Civil Defence, DHB, PHO.
- Monitor initial and ongoing welfare of staff

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C2 ACTION CHECKLIST FOR PERSON ACTIVATING THE RESPONSE

Activity/Role	Person/Role Responsible	Action Complete Comment	Sign and Time
Assess staff, client and visitor safety			
Assess service and response status			
Assess staff requirements			
Undertake staff call back (see B5.1 – staff contact list)			
Commence staff register			
Ensure visitor log and controls are put in place			
Commence Major Incident Log (see C5 – Major Incident Log Sheet Template)			
Check essential equipment, clinical supplies, supplies and utility status (see B3 – essential equipment; B4 – essential clinical supplies, B5 - utilities)			
Initiate Incident Status Reports (see C4 – Incident Status Report template)			

Activity/Role	Person/Role Responsible	Action Complete Comment	Sign and Time
Notifications (may include Board of Directors, Owner, Manager, local hospital, neighbouring service providers, DHB, etc)	Person in charge of Service		
Implement rapid discharge			
Liaise with Civil Defence or emergency services (if a community emergency)			
If practical / safe collect patient notes, patient medications and essential supplies, if evacuation likely			
Clearly identify all patients			
Identify resource required for relocation			
Brief/ update staff as information comes available from the Emergency Operations Centre			
Monitor and record equipment and supplies status and request further items as required			
Rest and rotate staff			
When incident is being de-escalated begin planning for the recovery stage (see Section D of this plan)			

Activity/Role	Person/Role Responsible	Action Complete Comment	Sign and Time
Undertake review of your service and identify your staff, equipment, supplies, cleaning and other service requirements			
Add any issues Specific to your service			

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C3 GUIDELINES FOR STAFF – Refer to Action Cards in Appendix 4

Prior to event	During the event
<ul style="list-style-type: none"> • Be trained and aware of responsibilities. • Maintain current staff phone list on Unit and ensure Payroll/Staff information is updated • Ensure staff participate in a minimum of one Emergency Management exercise per year (table top, simulated and actual event) • Document outcomes and improvements required and plan to achieve these. • Orientate/educate staff in emergency preparedness. • Review and update service/business continuity plans annually or more frequently if changes occur to your environment or policy or legislated requirements are identified • Maintain and review record of location of back-up emergency equipment monthly and as required based on policy and procedures 	<ul style="list-style-type: none"> • Assess the emergency and respond accordingly • Undertake response as per plan or instruction from person in control of the incident in full • Attend to needs of patients/clients • Notify Manager of additional staffing requirements or staff availability • Identify ongoing staff needs and plan future requirements based on assessment of your service and instruction from the person in charge of the incident • Plan staff meal breaks to ensure they occur 3-4 hourly. • Plan the utilisation of called in staff as required • Maintain staff register • Update all staff changes • Rest/rotate staff • Maintain critical supplies as per list in this document • Keep incident log, including actions taken and <ul style="list-style-type: none"> - Bed status - Staff ratio status - Critical supplies requirements • Assess patients able to be discharged as instructed (Rapid Discharge Process) • If required plan to relocate to identified location with reference to alternate sites already decided. • Keep staff informed of decisions and progress • Consider/establish liaison with external services if event escalates or is part of a community emergency. • Start planning for return to normal service • Assess ongoing services needs • Join in with community debriefs if appropriate. • Complete incident report and review plan.

C4 INCIDENT STATUS REPORT

		Situation Report	
Incident:		Assessment (Note any critical issues and assumptions made. Attach map or drawing of incident):	
Report no.:			
Date:			
Prepared by:			
Name and Location:			
Time:			
Contact details:			
Valid until:			
Action taken:			
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):			
Options:			

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Section D RECOVERY

D1 Recovery Action Planning

Recovery planning is the process undertaken to restore business as usual during and following an event. This includes the provision of equipment and supplies, etc as defined in this Service/Business Continuity Plan as well as the support and follow up process required to ensure your staff are able to continue in their duties.

Recovery processes are integral in the planning for the management of an incident. Recovery may be managed either internally or by external personnel, eg Red Cross, who may be utilised depending on the size or nature of the incident.

The staff managing the incident from the incident control point will direct recovery procedures. This team will begin considering recovery requirements from the first incident management meeting based on the information from your Service/Business Continuity Plan. A recovery plan will be developed in consultation with the senior staff managing the service.

The key points for staff to be aware of in relation to recovery are:

- Update documentation regarding what you need to continue to provide your service;
- Use the templates provided in your Emergency Management Plan;
- The **ALL CLEAR** should be communicated when all parties involved in the management of the incident response agree that the incident is resolved and all risks around it have been mitigated.

Recovery also includes immediate incident debrief sessions, event review, staff debriefing either in groups or individually as required, media liaison, access to Employee Assistance Programmes and other support services. An event report will be written and assessment of the Site Emergency Management Response Plan against the actual event and subsequent modification of this will be completed as required. Financial impacts will be tracked.

The key points for staff to be aware of in relation to this part of the recovery process are:

- Participation in debrief sessions and event reviews are voluntary, however, it is recommended that all staff who participated in a response access these sessions;

- Staff involved in a response may not recognise the impact an incident has had on them and should be aware that the effects may emerge at any time during or following an event;
- Senior personnel should actively follow up with involved staff who should be encouraged to utilise the follow up support processes available within the organisation.

Section E APPENDICES

Appendix 1 Mutual Aid Operating Procedure Template

Emergency Management Mutual Aid Operating Protocol ('MAOP') between:

(*<<<name of service>>>*)
and
(*<<<name of service>>>*)

Date signed:

Review date:

PARTIES (Business name)

1. (First Party)
2. (Second Party)

AGREEMENT

1. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment (support).
2. The parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other's services/facilities will be between Managers of the facilities named or respective Incident Controllers during an emergency.
4. Support may be provided without charge.
5. Parties will treat each other's facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
6. The Parties will comply with all relevant law and professional standards when using the other's facilities and equipment.
7. In the event of a declared Civil Defence emergency the Parties agree to abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence & Emergency Management Act 2002.
8. The Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of
The First Party

Signed on behalf of
The Second Party

Signature

Signature

Full Name

Full Name

Position

Position

Date

Date

Appendix 2

References and Resources

- Ministry of Health (www.moh.govt.nz)
 - NZ Public Health and Disability Act 2000
 - National Health Emergency Plan: Guiding Principles for Emergency Management Planning in the Health and Disability Sector, 2005
 - The National Health Emergency Plan (www.moh.govt.nz/nhep)
 - The New Zealand Influenza Pandemic Action Plan (www.moh.govt.nz/pandemic)
 - The National Health Emergency Plan: Hazardous Substances Incident Hospital Guidelines, 2005;
 - The Health Act 1956
 - The Law Reform (Epidemic Preparedness) Act
- The MoH Operating Policy Framework (latest version); (available from DHBs)
- Health Emergency Management New Zealand (www.HEMNZ.org.nz)
- Ministry of Civil Defence (www.MCDEM.govt.nz)
 - The Civil Defence & Emergency Management Act 2002
 - The National Civil Defence Emergency Management Plan, Sections 6 and 9
- The NZ Health and Safety in Employment Act 1992
- AS/NZS 4360:2004 (Risk Management)
- SAA/SNZ HB 228:2001 (Guidelines for Managing Risk in Healthcare)

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Appendix 3 BOP Regional Risks – Environment BOP (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.</p> <p>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.</p> <p>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</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

		were from the Okataina Volcanic center, the Taupo volcanic center, the Rotorua caldera, Mayor Island and the central North Island volcanoes.	
Earthquake	Probable	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.	<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	<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

		<p>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.</p>	<ul style="list-style-type: none"> • 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	<p>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</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, 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

<p>Hazardous Substance Spills</p>	<p>Possible</p>	<p>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.</p>	<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.
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Hazard (Natural)	Likelihood	Consequence/Impact	Additional Comments
Transportation Crashes	Probable	<p>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.</p> <p>Flow on effect to hospitals, leading to a surge in demand for services. More likely to happen in inclement weather conditions.</p> <p>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).</p>	<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 • Additional essential surgical supplies, • Ability to call extra staff/volunteers or redeploy
Fire	Probable	<p>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</p>	<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

		activity, lightning strikes, high winds, floods and earthquake causing electrical shorts.	
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 Year's 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

