

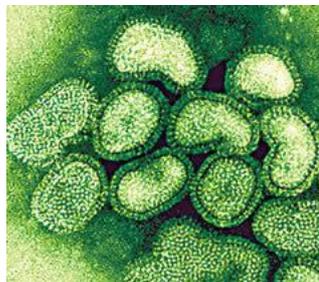


BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Bay of Plenty District Health Board

Pandemic / Infectious Disease Outbreak

Response Plan



September 2013

(Review date: September 2016)

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GLOSSARY OF TERMS

Pandemic	A disease prevalent throughout an entire country or continent, or the whole world
Epidemic	A widespread outbreak of an infectious disease; many people are infected at the same time
Inter-pandemic	The period during a pandemic
Post-pandemic	The period immediately after a pandemic
Infectious Disease	A disease that can be transmitted from person to person or from organism to organism
Influenza	A viral respiratory tract infection. The influenza viruses are divided into three types: A, B, and C
BCP	Business Continuity Plan
BOPDHB	Bay of Plenty District Health Board
CBAC	Community Based Assessment Centre
CCYHS	Community Child Youth Health Service
CDEMG	Civil Defence Emergency Management Group
CEO	Chief Executive Officer
CIMS	Co-ordinated Incident Management System
CISD	Critical Incident Stress Debriefing
DDG	Deputy Director General
DHB	District Health Board
EAP	Employee Assistance Programme
EID	Emerging Infectious Disease
EOC	Emergency Operations Centre
FAQ	Frequently Asked Questions
GM	General Manager
GP	General Practitioner
H&SO	Health and Safety Officer
HEMG	Health Emergency Management Group
HPO	Health Protection Officer
IAP	Incident Action Plan
ICP	Incident Communications Plan
ICT	Incident Control Team
IMT	Incident Management Team
IT	Information Technology
MOH	Medical Officer of Health
MoH	Ministry of Health
PHN	Public Health Nurse
PHO	Public Health Organisation
PHU	Public Health Unit
PPE	Personal Protective Equipment
PSG	Pandemic Steering Group
PTAG	Pandemic Technical Advisory Group
Q&R	Quality and Risk
RMIECP	Regional Major Incident Emergency Coordination Plan
RMO	Resident Medical Officer
SMO	Senior Medical Officer
SOP	Standard Operating Procedure
TAG	Technical Advisory Group
TLA	Territorial Local Authority
TTOPHS	Toi Te Ora Public Health Service

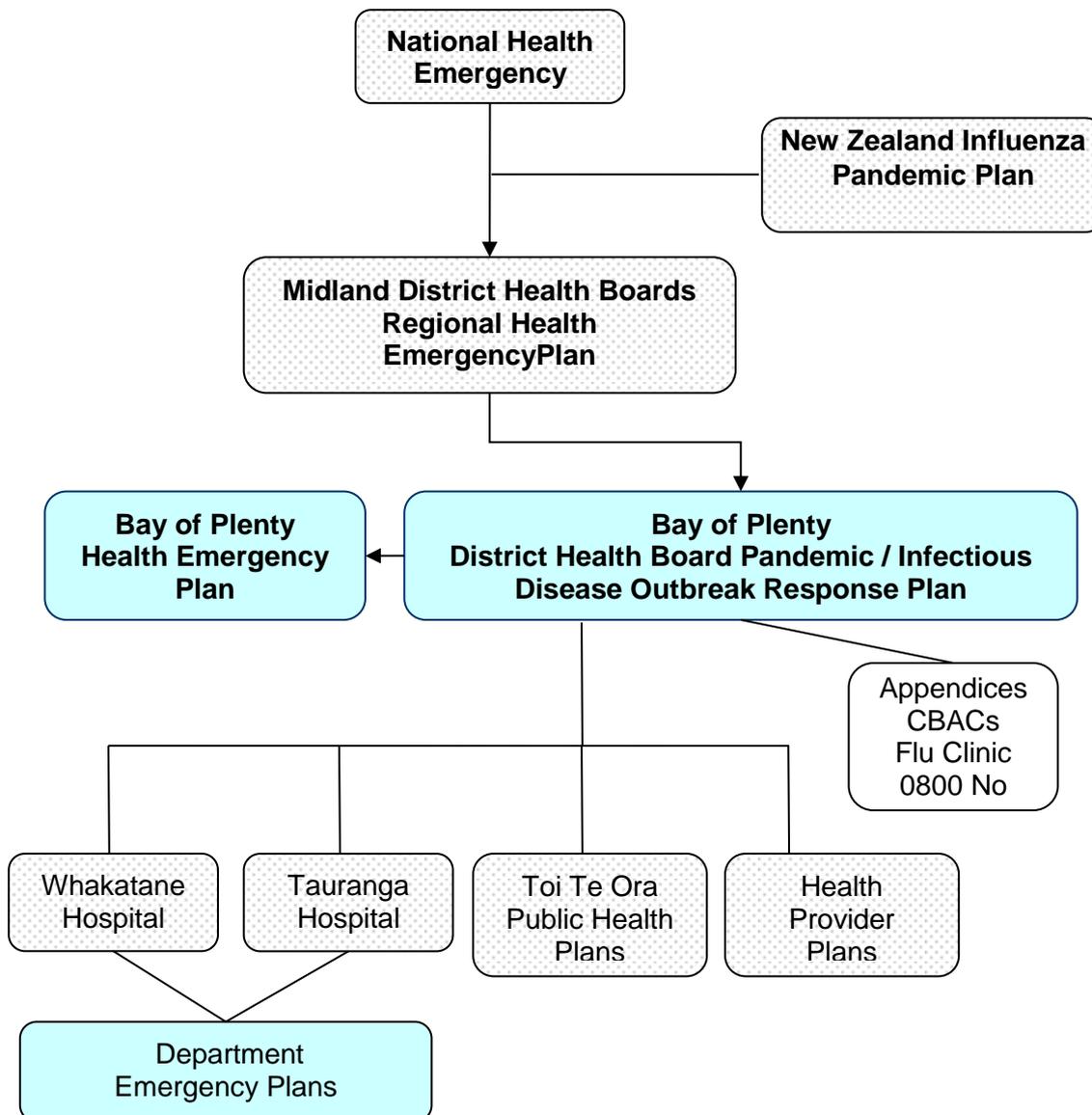
INTRODUCTION

Purpose and Scope of Plan

This plan is to be read in conjunction with:

- The National Health Emergency Plan
- The Ministry of Health, New Zealand Influenza Pandemic Plan: A framework for action 2010
- The Midland District Health Boards, Regional Health Incident Coordination Plan
- BOPDHB Health Emergency Plan (HEP)
- Tauranga and Whakatane Major Incident Emergency Plans (MIEP)
- Supporting plans and guidelines
- Additional plans found in the appendices section

Bay of Plenty District Health Board Pandemic / Epidemic Emerging Infectious Disease Response Plans relationship with other plans



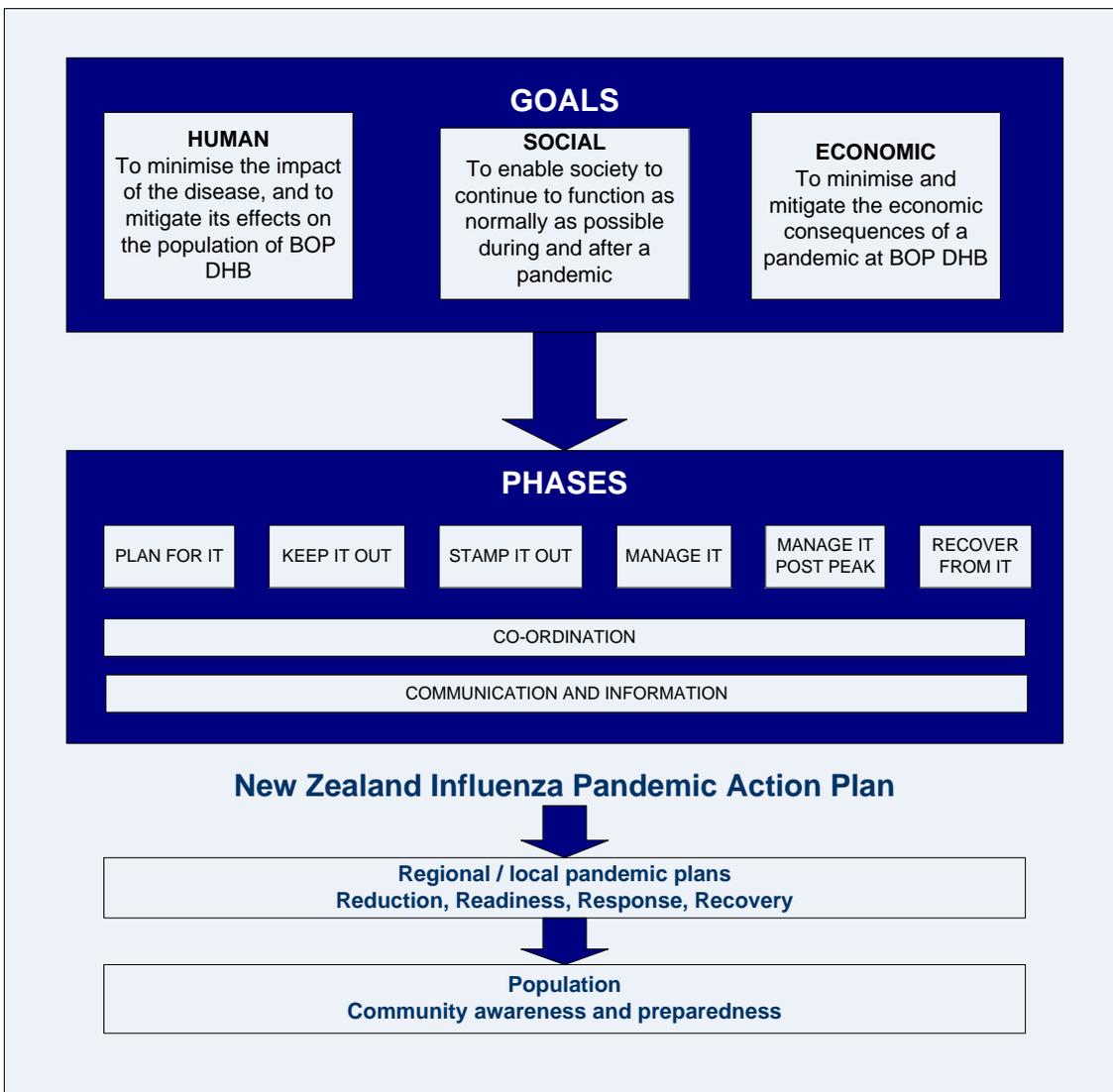
A pandemic is a worldwide outbreak of an infectious disease. In response to this the Ministry of Health has developed the New Zealand Influenza Pandemic Plan which is based on an established strategy to deal with outbreaks of infectious disease.

This plan is designed to describe Bay of Plenty District Health Board’s response to a pandemic or an infectious disease outbreak and outline the operational activities of a response. This is to ensure a resilient and sustainable health sector and that essential health services within the BOPDHB region continue to function as effectively as possible.

The activation component of the plan outlines how BOPDHB will coordinate the response with Civil Defence Emergency Management (CDEM) local and group activity. It also outlines coordination with the National Health Coordination Centre (NHCC) which may be activated by the Ministry of Health to coordinate a national response.

This plan will be revised and updated as new information is available.

Bay of Plenty DHB Strategic approach to a pandemic



Government Approach

District Health Boards have been directed by the Government, through the NZ Influenza Pandemic Plan, to be lead agency for planning and responding to a pandemic on a local and regional basis. All DHBs are responsible for the preparation of an emergency plan. The plan should identify how essential health services will continue to be delivered in the event of a national health related emergency, taking into account the DHB's role as both a provider and funder of health services.

Six-phase strategy of New Zealand pandemic planning

Phase	Potential trigger	Specific objectives
Plan for it <i>Planning and preparedness</i>	Level of influenza at normal seasonal levels	Plan and prepare to reduce the health, social and economic impact of a pandemic on New Zealand Deal with disease in animals, if required
Keep it out <i>Border management</i>	Sustained human-to-human transmission of a novel influenza virus overseas in two or more countries	Prevent, or delay to the greatest extent possible, the arrival of the pandemic virus in New Zealand
Stamp it Out <i>Cluster control</i>	Human pandemic strain case(s) found in New Zealand	Control and/or eliminate any clusters that are found in New Zealand
Manage It <i>Pandemic management</i>	Multiple clusters at separate locations, or clusters spreading out of control	Reduce the impact of pandemic influenza on New Zealand population
Manage It: Post-Peak <i>Transition to Recover From It phase, and plan for a resurgence or second wave</i>	New Zealand wave decreasing	Expedite recovery, and prepare for a re-escalation response
Recover From It <i>Recovery</i>	Population protected by vaccination, or pandemic abated in New Zealand	Expedite the recovery of population health, communities and society where affected by the pandemic, pandemic management measures, or disruption to normal service

Note:

- Most interventions (in particular in the Keep It Out and Stamp It Out phase) rely on rapid implementation for their efficacy. Decision-makers can therefore, expect they will need to make critical decisions in real time on many of these interventions in a situation of considerable uncertainty and with a lack of information.
- Health agencies should not wait until Code Red is announced in order to mount response phase actions necessary to deal with a mild to moderate pandemic wave.

Links to Emergency Groups

Planners have linked with CDEM and other emergency services to ensure legislative requirements set out in the Civil Defence Emergency Management Act 2002 and the National Civil Defence Emergency Management Plan Order 2005 are met.

Midland District Health Boards Regional Health Emergency Plan

The Midland District Health Boards Regional Health Emergency plan outlines the Communication and Coordination processes for a Midland response to an incident.

The Plan is based on consideration of all phases of comprehensive emergency management:

Reduction: - action to avoid or minimise the adverse health-related impacts of events likely to give rise to an emergency;

Readiness: - includes planning, establishing and maintaining systems and undertaking training for an efficient and effective health sector response to a potential emergency;

Response: - mobilising and deploying health resources immediately prior to, or during an emergency, in collaboration with other services, to ensure as far as practicable:

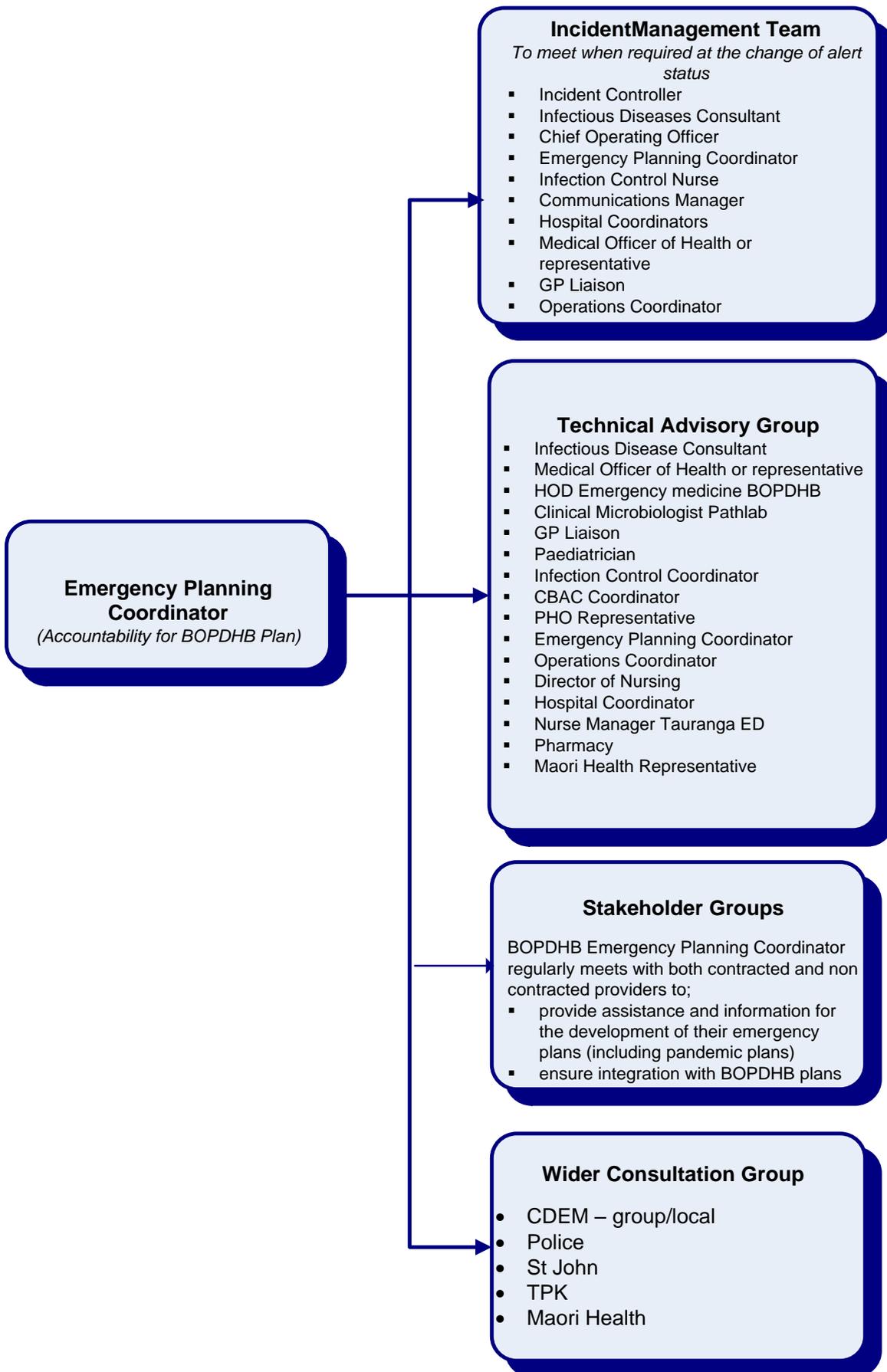
- the continuation of essential health services,
- the relief and treatment of people injured or in distress as a result of the emergency,
- the avoidance or reduction of ongoing public or personal health risks to all those affected by the event;

Recovery: - actions undertaken after an emergency, including:

- assessment of the health needs of the affected community,
- co-ordinating the health resources made available,
- managing the rehabilitation and restoration of the affected community's health care services and health status.

The Bay of Plenty District Health Board response during a pandemic will be based on the Coordinated Incident Management System (CIMS). CIMS is the model adopted in New Zealand for the command, control and co-ordination of an emergency response. (A list of current CIMS trained staff is available on the intranet (Emergency Planning section). [CIMS Trained Staff](#))

Bay of Plenty DHB Planning Structure



Activation

National Health Sector Emergency Alert Codes

Ministry of Health monitors health hazards that could impact on Health Services throughout New Zealand. Civil Defence also routinely monitors natural hazards including weather, volcanic activity, earthquakes and tsunami in order to mitigate, manage, and provide early warning where possible.

Table one illustrates the relationship between the Four “R’s” of emergency management and the health sector alert codes.

Table One: Ministry of Health Communications Processes

The four ‘R’s’ of Emergency Management	Alert Level	Communications
Risk Reduction and Readiness. Codes white and yellow may be activated simultaneously and rapidly followed by Response - (Code Red)	Code White (Information phase)	The Ministry of Health communicates with the following, advising them of the situation: <ol style="list-style-type: none"> 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
Response	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).
Recovery	Code Green (Stand down phase)	The Ministry advises ‘stand down’ in respect of the Regional CIMS structures.

Ministry of Health will provide health sector alerts to District Health Boards by activating the “Single Point of Contact” system.

The Duty Managers at Tauranga and Whakatane Hospitals are the designated “Single Point of Contact” for the Bay of Plenty District Health Board. Ministry of Health will provide notification only to the single point of contact..

In most cases Health sector alerts will be conveyed by e-mail direct to the Duty Manager. However when e-mail systems are not working, the alert may be conveyed to the Duty Manager by other means. e.g.: telephone, cell phones, facsimile or satellite telephone.

In all cases the Duty Manager must acknowledge receipt of the **Alert** and note the time it was received. *(If e-mail is used, a return e-mail acknowledgement is sufficient).*

When a health sector alert is received the Duty Manager **must** ensure that the following DHB position holders are advised:

- Senior Manager on Call
- Operations Coordinator
- Hospital Coordinator
- Emergency Planning Coordinator

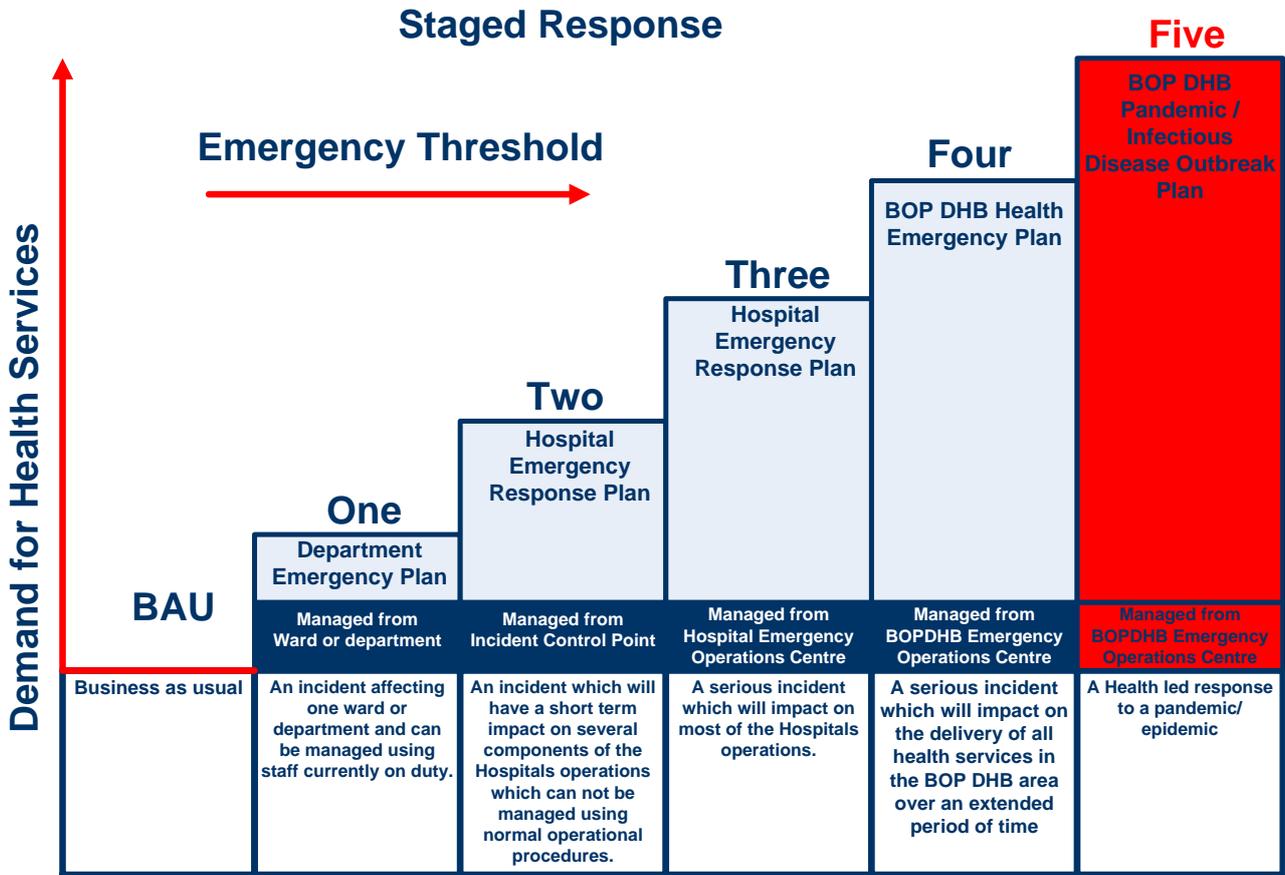
The Duty Manager shall notify other DHB position holders as appropriate to the alert or as directed by the On Call Service Manager, Operations Coordinator or Emergency Planning Coordinator. (Refer to the Emergency Notification List (page 17) for options.)

The Single Point of Contact e mail alert generates a text message to the Tauranga and Whakatane Duty Manager cell phones and then cascades to the following staff via e mail:

- Chief Executive Officer
- Chief Operating Officer
- Chief Financial Officer
- General Managers
 - Governance & Quality
 - Human Resources
 - Planning & Funding
 - Maori Health Service
 - Information Technology
 - Property Services
 - Regional Community Services
- .TGA Duty Managers
- .WHK Duty Managers
- Medical Officers of Health
- Hospital Coordinators
- Emergency Planner
- Operations Coordinator
- Communications Manager
- Radiology Manager
- Quality Coordinator Community Services
- Nurse Leader Surgical Services
- Medical Leader Radiology
- Radiology Unit Coordinator Whakatane
- Infection Control Specialist
- Pharmacy Manager
- Microbiologist
- Opotiki Health Centre Manager
- Te Kaha Doctor
- Te Kaha Health Centre Manager
- All EOC email addresses
- GP Liaison
- Service Improvement Unit Manager

Bay of Plenty DHB Activation

BOP DHB has a staged level of activation for Emergency Response Plans. (Stages 1 – 5) as follows:



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			
	Business Leader - Surgical			
	Business Leader - Medical Cluster			
	Business Leader - Mental Health			
	Telephony			
	Hospital Coordinator			
	Duty Managers			
	ED Senior Medical Staff			
	Medical Physician on call			
	Senior Doctors on call			
	Duty Medical Officer of Health			
	Infectious Diseases Consultant			
	GP Liaison			
	Operations Coordinator			
	Emergency Planning Coordinator			
	Purchasing Department			
	Chief Executive Officer			
	Director of Nursing			
	Team Leader Human Resources			
	GM Governance & Quality			
	GM Property Services			
	GM Planning & Funding			
	GM Corporate Services			
	GM Maori Health			
	GM Regional Community Services			
	GM Information Management			
	Communications Manager			

DHB Actions
No Alerts issued. (Reduction Phase)
<p>Usual planning activities</p> <ul style="list-style-type: none"> ▪ Develop and implement action plans for the organisation or sector to address lessons learned in the H1N1 pandemic. ▪ Incorporate pandemic response issues into normal emergency planning and business continuity plans ▪ Maintain sector-specific guidelines and protocols for planning, response and communications. ▪ Establish, revise and exercise pandemic plans within sectors and agencies. ▪ Maintain a communication plan and resources for the organisation, and for external agencies. ▪ Train staff and exercise agency and intersectoral plans. ▪ Maintain stockpiles of critical pandemic supplies (eg, antivirals, antibiotics and personal protective equipment). ▪ Maintain plans and policies for the use of antivirals and vaccines. ▪ Plan for a surge in demand for laboratory services, assessment facilities, resources etc ▪ Plan CBAC options with primary and provider arm health and other community support organisations. ▪ Plan for and train staff to enable a rapid increase in ICU capacity. ▪ Plan local quarantine facilities and social distancing measures.
(No Human cases in NZ) Code White (Information / Advisory received by DHB Single Point of Contact) PLAN FOR IT (Readiness Phase)
<p>Strengthen pandemic preparedness locally by:</p> <ul style="list-style-type: none"> ▪ Preparing to implement pandemic plans at short notice should circumstances change. ▪ Briefing CEO ▪ Identify a potential Incident Controller ▪ Briefing other emergency services and partner agencies. (Civil Defence, Police, Ambulance, Laboratories, PHOs.) ▪ Prepare for an expansion in demand for key services including primary care, ambulance, Ed, lab, ICU, 0800 lines ▪ Reviewing communication plans and resources (eg, addressing public information, health systems disease assessment and management tools, information for other authorities). ▪ Monitor overseas developments closely ▪ Review EOC activation (rosters, update pandemic information) ▪ Reconfirm Flu Clinic / CBAC establishment plans and agreements with interested parties. ▪ Identify an infection control advisory group and a Technical Advisory Group ▪ Review international airport and quarantine arrangements. ▪ Plan for accommodating tourists who are confirmed as having contracted influenza. ▪ Link with Midland Emergency Planning Group to ensure consistency of response. ▪ Promote the uptake of inter-pandemic influenza vaccine and personal hygiene. ▪ Consider potential need for a rapid immunization programme. ▪ Review Hospital infection control plans to ensure that they are ready for implementation. ▪ Update stakeholders of the current situation and the need to update planning and review infection control procedures. ▪ Work with Public Health to build public awareness about influenza and prevention measures

(social distancing, hand washing, cough and sneeze etiquette)

KEEP IT OUT
(No Human Cases in NZ)
Code White or Code Yellow

- Prepare to activate pandemic plan at short notice.
- Activate emergency management structure as required to manage the situation.
- Commence coordinated local communications in line with National Communication strategies. (GP's, Key Stakeholders, DHB staff, public and others, in particular any vulnerable groups who are perceived to be at higher risk or high priority).
- Activate Infection Control Advisory Group to the extent that the situation dictates.
- Update the case definition and treatment protocols
- Establish DHB level link to monitor information being communicated via the Health Emergency Information System.
- Check personal protection and antiviral/antibiotic supplies (Ministry stockpile and DHB).
- Check systems are in place for distribution of PPE and antivirals.
- Prepare for possible release of pre-pandemic vaccine (if available under the Pre-Pandemic Vaccine Usage Policy).
- Continue briefing other emergency services and partner agencies as the situation develops.
- Contact quarantine facilities and re confirm availability according to the Memorandum of Understanding. (Arrange PHU staff training visits as necessary)
- Contact any facilities who have agreed to accommodate tourists that are influenza symptomatic and re confirm arrangements are in place.
- Contact PHO Flu Clinic/CBAC facility principals and re confirm availability according to plans.
- Review plans for DHB 0800 line.
- Confirm laboratory preparedness and arrangements for managing increased work flows.(Appendix 11)
- Introduce enhanced staff surveillance and sickness reporting – follow up of influenza like illness.
- Review recent surveillance of influenza like illness including primary care, accident and emergency departments to detect possible imported cases and secondary cases.
- Support Public Health efforts to “Keep it Out.” at borders within BOP DHB.
- Review DHB Intensive Care Unit plans and the linkage to the National ICU plans.
- Alert DHB Human Resources to the situation and arrange for them to review their plans especially around Flu Clinic/CBAC and hospital staffing.
- Activate hospital infection control protocols.

STAMP IT OUT
(First case identified in NZ / Clusters of Cases in NZ)
Code Yellow or Code Red

- Monitor and comply with all NHCC directions and requests.
- Implement communications strategy with the Incident Controller approving all releases of information. (Pay particular attention to potentially vulnerable groups who are identified as being at higher risk)
- Ensure clinical definitions and protocols are widely disseminated to PHO, GP Practices, ED and other health facilities.
- Continually update DHB and Public Health Websites.

- Continue support of border management initiatives.
- Support Public Health initiatives to investigate and monitor cases and their contacts in quarantine and isolation.
- Commence PPE and personal hygiene refresher training regimes.
- Continue briefing other emergency services and key stakeholders.
- Ensure local ambulance services are well briefed on transport protocols.
- Track any staff contacts and report as required.
- Consider activating Flu Clinics/CBACs to support cluster control responses.
- Consider activating regional response communication links or structures.
- Distribute National situation reports and intelligence summaries.
- Prepare to activate DHB 0800 lines to support National networks as required.

MANAGE IT

(Increased and substantial transmission in the general population)

Code Yellow or Code Red

- Activate DHB/EOC/CIMS structure
- Implement roster system for EOC
- Advise all agencies of alert status
- Update Incident Action Plan
- Provide and update situation report to CEO and circulate to areas as agreed with CEO
- Liaise with CEG Regional Group
- Identify a potential Recovery Manager
- Prepare to activate Flu Clinic/CBACs.
- Monitor information from CBACs
- Monitor Influenza Like Illness (ILI) patients attending in primary care and ED.
- Monitor workforce absence.
- Follow up influenza like illness.
- Monitor laboratory capacity and prioritise services, if required.
- Monitor emergency department capability and capacity
- Monitor intensive care unit capability and capacity.
- Consider setting prioritisation criteria for the distribution and usage of critical goods and services which might be in short supply.
- Action plans as necessary for antiviral or antibiotic distribution.
- Prepare to activate local 0800 help line if required.
- Identify vulnerable groups and provide relevant and accessible information to them.
- Apply DHB human resource guidelines.
- Monitor the impact on critical hospital services; postpone electives if required, and liaise with other DHBs to make best use of available regional and national resources.
- Report to Ministry of Health on service capacity as required.
- Liaise with ambulance providers to prioritise the use of this service, if required.
- Monitor staff absence in primary care, patient presentation numbers and request they report any changes in their ability to continue to provide services.

MANAGE IT – POST PEAK (Response / Recovery Phase)
(Wave decreasing; possibility of a resurgence or new wave)
Code Yellow or Code Red

- Review actions and decisions, in particular actions relating to key decisions made in earlier phases; lift controls and programmes when feasible, noting that such programmes may need to be re-introduced quickly if there is a resurgence of the pandemic.
- Debrief staff and agencies, and collate lessons learned in order to better inform planning and future responses.
- Evaluate the effectiveness of the measures used and update plans, guidelines, protocols and algorithms accordingly.
- Collate resources and store material developed in the response for future pandemics.
- Ensure activation of recovery arrangements.
- Incident Controller and Recovery Manager to plan changeover process and exit strategies.
- Prepare to re-introduce interventions from earlier phases at short notice, if required, should there be a resurgence of the pandemic.

RECOVER FROM IT (Recovery Phase)
(Pandemic over and/or population protected by vaccine)
Code Green

- Review actions, decisions, and develop phased plans for ceasing programmes introduced in earlier phases, continuing or starting recovery-specific programmes, and returning to business as usual activities.
- Consideration of activating or standing down recovery activities as demanded by the situation.
- Deactivate, when appropriate, the emergency operations centre.
- Provide all staff and providers involved in the response the opportunity to provide feedback on the response.
- Update the plan.

EMERGENCY OPERATION CENTRE ACTIVATION:

Emergency Operation Centre & Incident Control Team Structure

The Emergency Operation Centre (EOC), Incident Management Team (IMT), has the overall responsibility for controlling, monitoring and coordinating the health response across BOPDHB.

- The Emergency Operation Centre (EOC) is located on the ground floor of the DHB building, Tauranga Hospital. (B6 G-R11) An alternative location is the Kauri Room Level 2 Admin.
- The EOC will be staffed by members of the IMT. The IMT, (using the Coordinated Incident Management System (CIMS) approach for command, control and coordination of the response), will be used to allow a continuous 24 hour period of control, should it be deemed necessary (several people per role representing BOPDHB have been identified).
- The EOC will also provide close communication links with all the essential services during a pandemic.
- The IMT provides strategic advice and direction on health issues within the Bay of Plenty District Health Board's region and in conjunction with the Medical Officer of Health, the Technical Advisory Group (TAG) and Civil Defence Emergency Management Group (CDEM) will establish the health priorities for response.

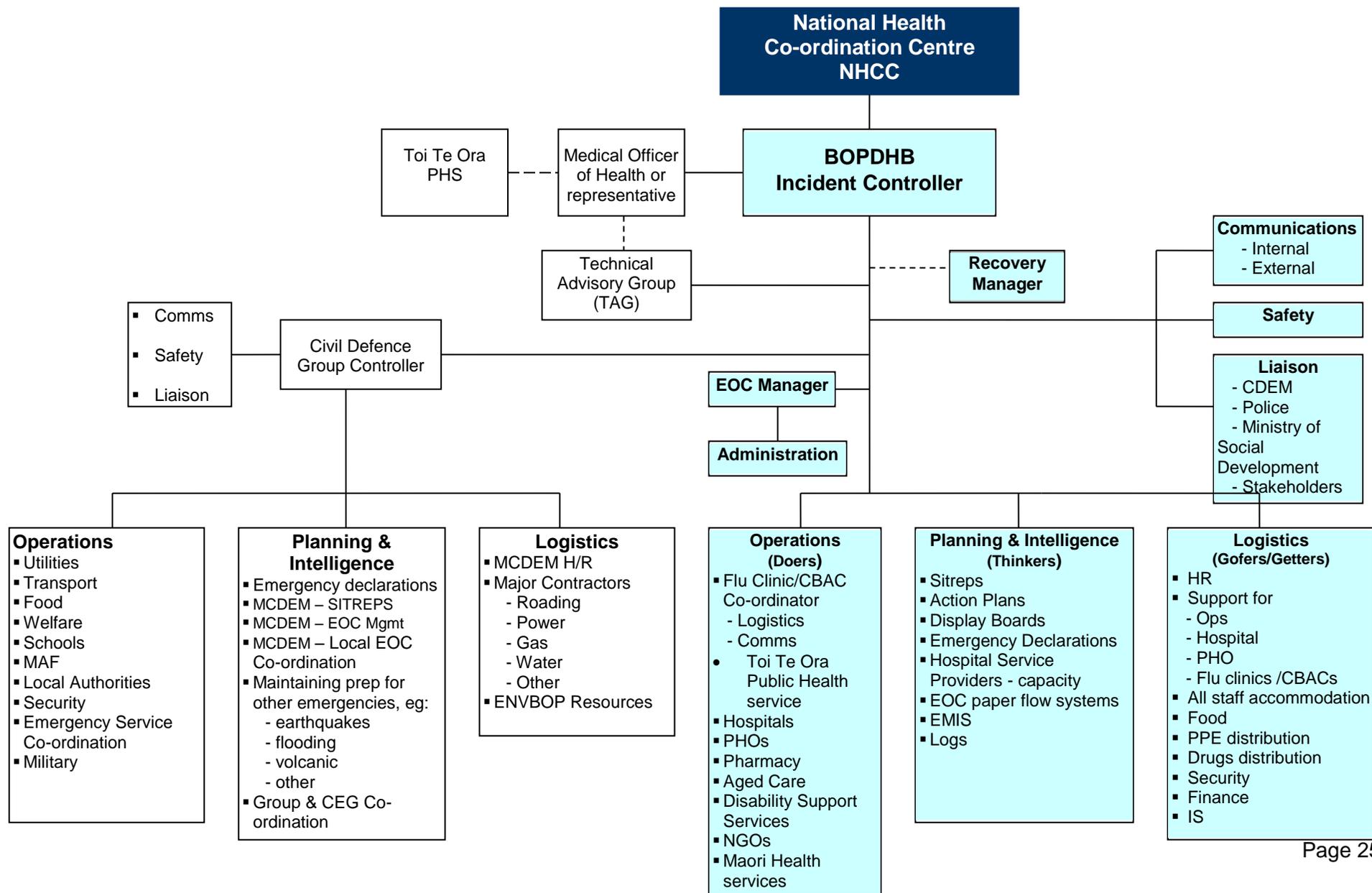
The CIMS organisation is built around four major components

CONTROL	- The management of the incident
PLANNING & INTELLIGENCE	- The collection and analysis of incident information and planning of response activities
OPERATIONS	- The direction of resources in combating the incident
LOGISTICS	- The provision of facilities, services and materials required to combat the incident

In preparation for activation the team will:

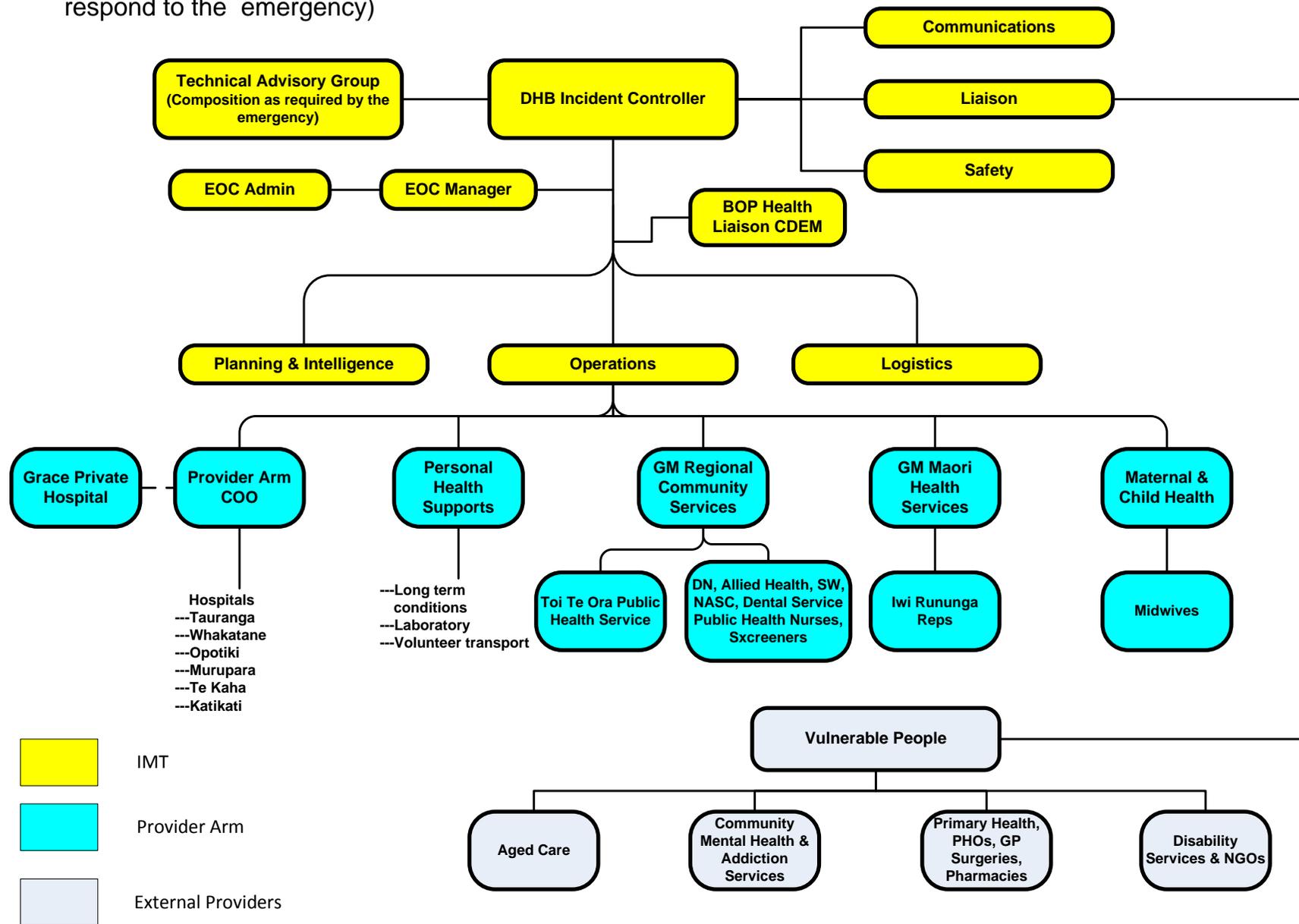
1. Log into EMIS
2. Establish an Incident Action Plan
3. Finalise the Pandemic Response plan
4. Set meeting schedules
5. Initiate the communication with staff, patients, CDEM, key stakeholders and community.
6. Re activate the Technical Advisory group
7. Liaise with emergency services and other organisations
8. Maintain incident logs
9. Establish centralised systems as required including data collection relating to patient numbers, staff absences, antiviral usage and bed management etc.
10. Establish reporting requirements: MOH, CEO & Exec, TAG, CDEM, staff
11. Establish staff rostering for the EOC
12. Establish supply management
13. Plan for maintenance of essential services
14. Appoint a recovery manager

CIMS Response Structure



BOP DHB Emergency Response Pathway

(To be scaled up or down as required to respond to the emergency)



EOC LOCATION

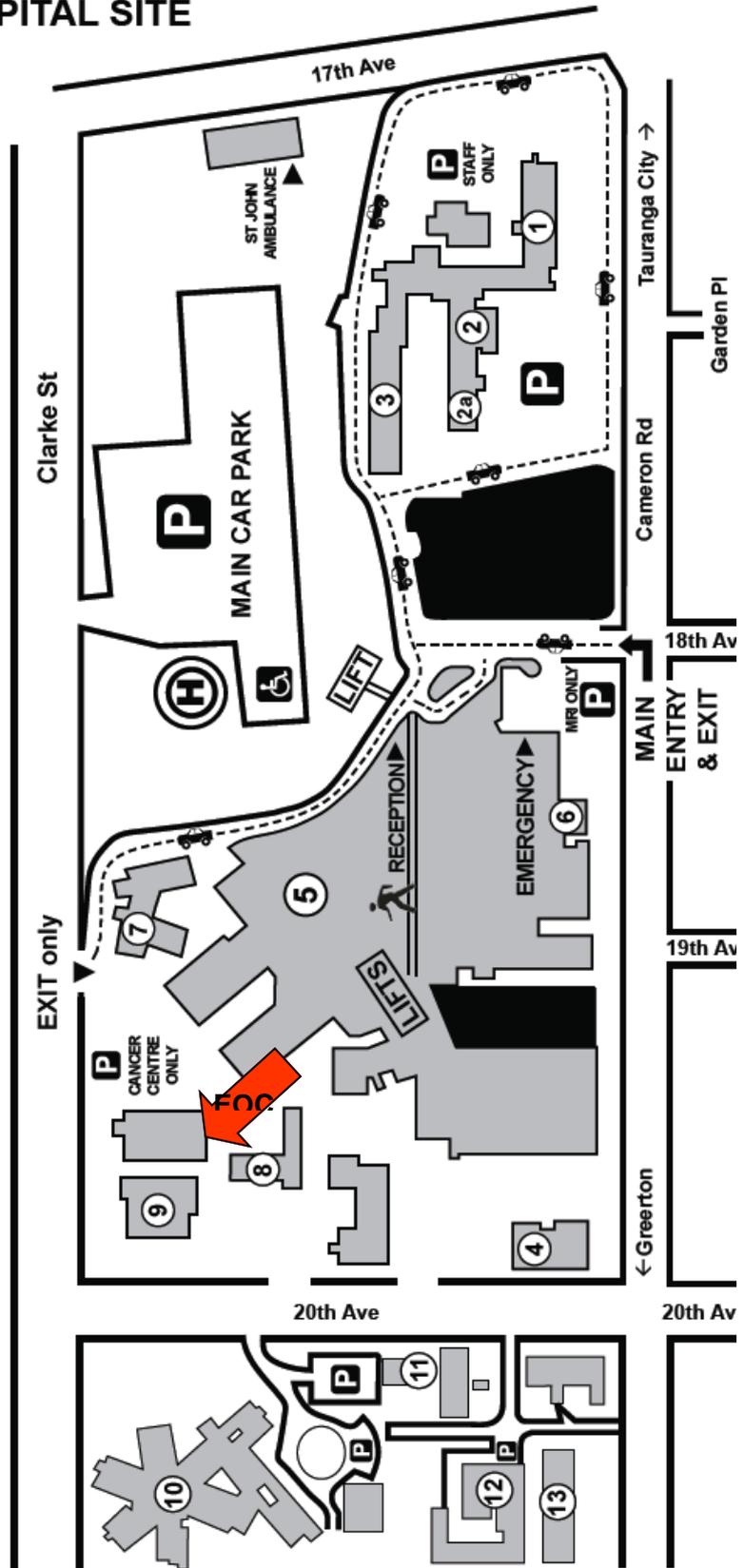
Ground Floor DHB Building, Tauranga Hospital

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**

KEY

- PUBLIC PARKING
- DISABLED PARKING
- VEHICLE ACCESS
- HELICOPTER
- CONSTRUCTION



Appendices

Appendix 1: 0800 Plans Overview

The Ministry of Health will continue to use the National 0800 Health Line (0800 611 116) as part of Health’s response to any pandemic or other serious health emergency.

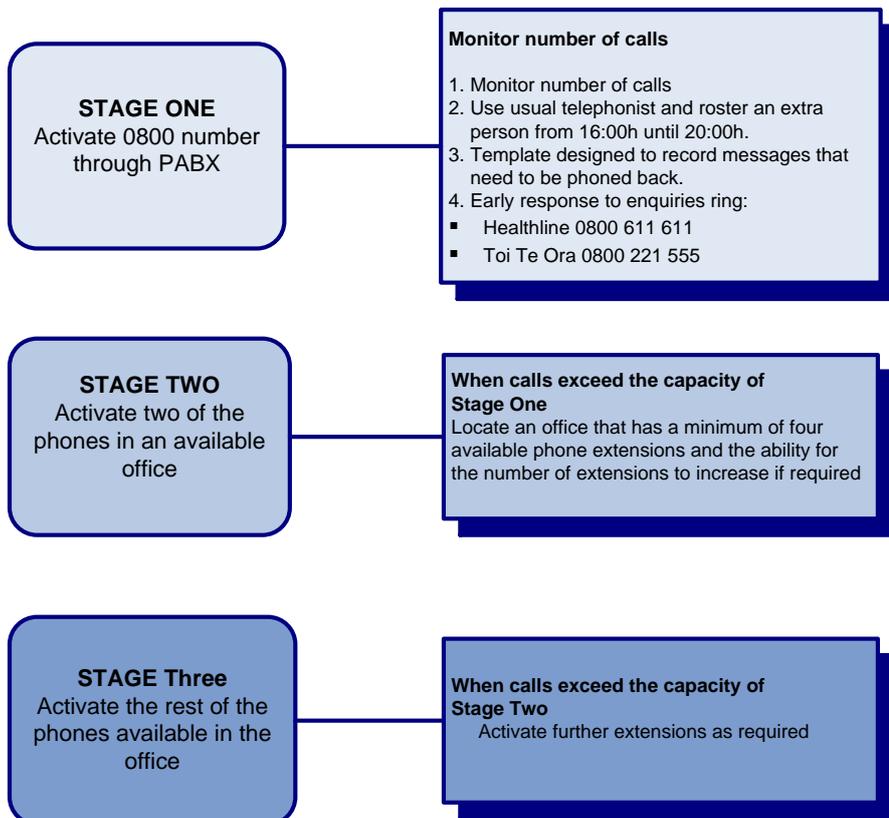
When the number of calls to the National Health line reaches a point where national resources are unable to cope, the DHBs will be requested to support the process by activating DHB 0800 lines. DHBs will be expected to provide information and advice, which is complimentary to the national response. DHBs will be required to advertise their local 0800 number to the public.

A GP 0800 line managed by Public Health may be set up to provide GP’s with direct access to advice from the Medical Officer of Health. Prior to this the Toi Te Ora Public Health Service will use their website to provide information, the existing BOP DHB 0800 number (below) may be used if it is not already on use.

The DHB 0800 Number (0800 26 73 42 or 0800 BOP DHB) will be activated on the direction of the DHB Incident Controller. Upon activation, an 0800 grab bag containing the resources (phones, headsets, plan and desk file) can be collected from the EOC.

A hard copy of the 0800 Number Activation Plan can be found in the EOC and in the Emergency Planning office. An electronic copy is available at <http://docman/org/Emergency/Plans/BOP%20DHB%200800%20Number%20Activation%20Plan.doc>

BOPDHB 0800 Plan overview



Appendix 2: Community Based Assessment Centres and Flu Clinics

The CBAC concept

Planning scenarios for an influenza pandemic indicate that without additional support primary care and hospital facilities may not be able to cope with the surge in demand for services. The *New Zealand Influenza Pandemic Plan*, prepared by the Ministry of Health (MoH), describes the role of CBACs as:

“a means of concentrating the initial assessment of people who may have influenza away from individual general practices and hospital emergency departments. CBACs will be for influenza cases that meet the case definition and for people who are likely to benefit from available clinical intervention. As well, CBACs will support the provision of home-based self-care in association with tele-triage and advice.”

It is intended that the use of CBACs will help slow influenza transmission by:

- separating as much as possible those with influenza symptoms from others requiring primary care services;
- helping prevent general practice and other primary care services from being overwhelmed, allowing such services to carry on providing essential care for those without influenza symptoms;
- helping alleviate and manage the demand on secondary health care services.

DHB planning

District Health Boards (DHBs) are responsible for CBAC planning at a local level.

A comprehensive CBAC plan was developed (pre H1N1) for BOPDHB. This plan includes provision for large scale influenza focussed CBACs and smaller “Mini or Satellite” CBACs at specific sites in cities and towns within BOPDHB. This plan was developed in dialogue with various stakeholders including Primary Health Organisations (PHOs), General Practitioners (GPs), Practice Managers, Maori health representatives and local government groups. A chart displaying the original CBAC concept is as follows:

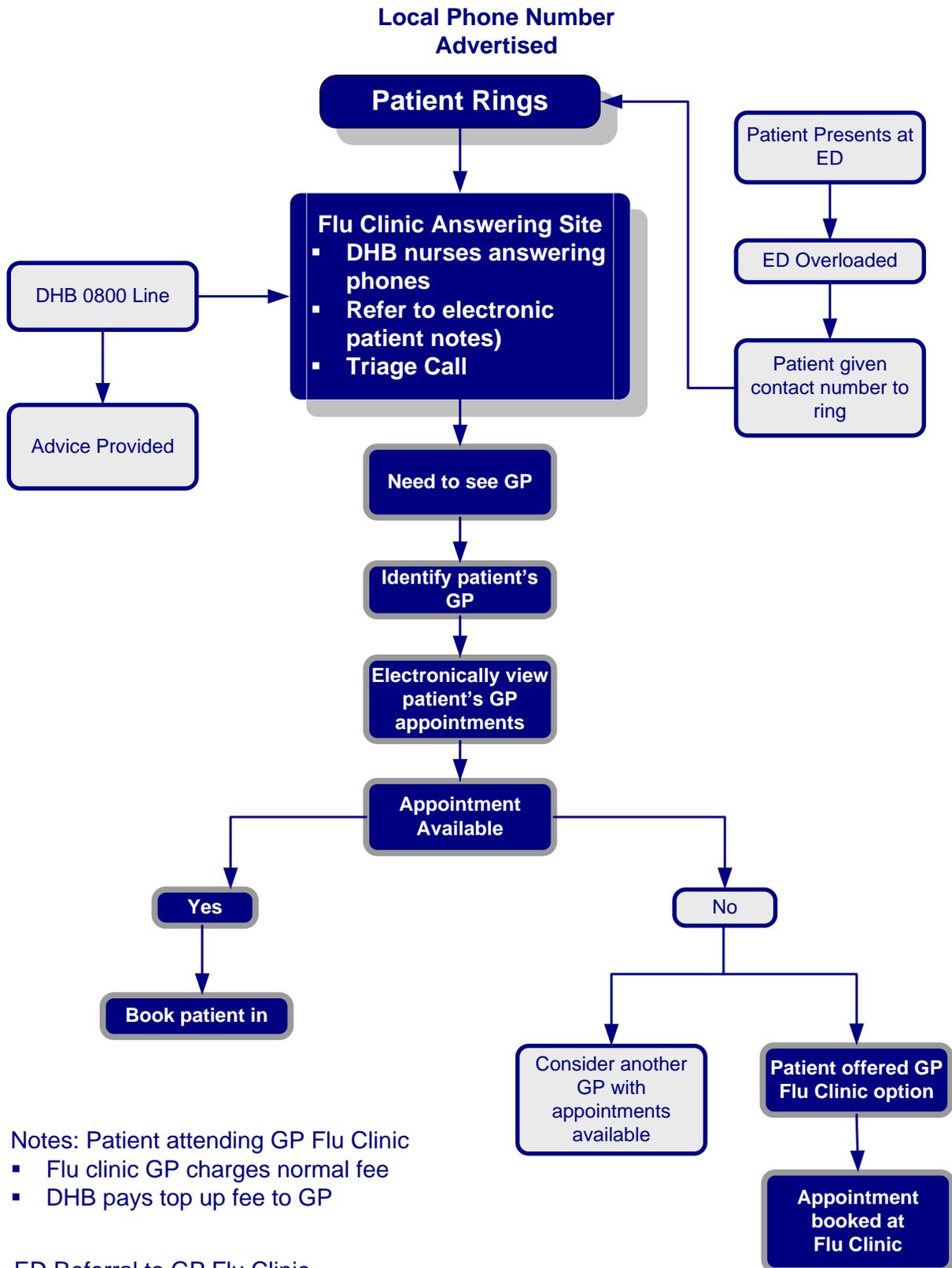
The comprehensive BOPDHB CBAC plan should be read in conjunction with this Appendix when considering the subject of CBAC implementation. Full copies of this plan are available at <http://docman/org/Emergency/Plans/BOP%20CBAC%20Plan%20Version%202013.doc>

During the response to the H1N1 Pandemic (a virus with “mild to moderate” symptoms) it became apparent that setting up large scale influenza focussed CBACs as proposed in the CBAC plan was not appropriate for every pandemic situation. Accordingly planning is ongoing between the DHB and PHOs to be ready to establish “Flu Clinic” facilities within the Primary Health Care Sector, supported by the DHB. During the initial planning rounds the key issues include:

- Identifying suitable sites.
- Reaching agreement as to what services/contracts can be reduced to free up PHO and DHB resources to manage the “flu clinics”.
- Staffing call centres
- Funding

Planning to refine both the “flu clinic” and full CBAC concepts within BOPDHB is ongoing. The level and shape of the combined health resource response will largely be driven by the specific characteristics of any pandemic virus that occurs in the future.

Appendix 3: Flu Clinic establishment



Notes: Patient attending GP Flu Clinic

- Flu clinic GP charges normal fee
- DHB pays top up fee to GP

ED Referral to GP Flu Clinic
DHB pays GP entire fee

Appendix 4: Bay Of Plenty District Health Board Communications Plan

Communications Overview

Aim

Clear communication before, during and after a pandemic will facilitate implementation of the pandemic response, allow healthcare workers to function most effectively, and address fears and concerns amongst the public.

Objectives

The overall objectives of the communications planning are to:

- Provide clear, accurate and consistent information to the main audience, key partners and stakeholders
- Raise awareness of potential consequences of an influenza pandemic
- Minimise public alarm
- Ensure people in the community have clear information about how to prepare themselves and their families for a pandemic and where to get help
- Reiterate public health messages such as social distancing, hand washing, cough etiquette etc
- Ensure timely communications by a variety of means appropriate to the target audiences
- Incorporate risk communication principles in all messaging
- Work closely alongside the Ministry of Health and its media strategy
- Work closely with Maori and Pacific Island peoples and those deemed most at risk to ensure information is accessible
- Portraying an “organisational body language” that is open, honest and trustworthy
- Link with appropriate communications professionals from other public sector and local body areas across the DHB, to increase understanding of the communications function and operation in the event of a pandemic
- Review and evaluate the communications plan

Communication initiatives to reach target audiences

Communication is essential to the management of any pandemic response. During a pandemic, the aim of a communication plan is to ensure that communications:

- Use existing media, communication channels, resources and partnerships – news media outlets, social media established communications networks, websites, professional bodies and organisations, and church and social groups
- Are simple and achievable – do not over complicate the message- what is important, and what will work
- Are appropriately targeted – ensure specific strategies and plans for specific groups, work with established professional bodies and networks
- Are e mailed to key groups

Communications function in the EOC

Bay of Plenty District Health Board communications staff will undertake the role of Communications Manager in the DHB Emergency Operations Centre. The role involves managing media enquiries and coordinating the release of information, once approved by the Incident Controller. (See specific role card).

- All communications will be managed and coordinated from within the EOC.
- All media enquiries during Code Yellow or Red will be directed to the Communications Manager at the EOC, who will respond appropriately.
- All communication, incoming and outgoing, will be logged by the Communications Manager and monitored to ensure current issues are responded to appropriately.
- The Communication manager will coordinate with the TTOPHS and CDEM communication managers.
- Copies of communications sent to the community are to be sent to the Ministry of Health communications manager.
-
- The Maori Communication Plan can be accessed via the following link:

<http://docman/org/Emergency/Plans/Maori%20Comms%20Plan%20June%202010.docx>

Appendix 5: Hospital preparedness – daily clinical operational planning

The hospital is defined to have five (5) variance response stages that govern the behaviour of all personnel and processes. Matching capacity to demand will become more centralised according to the severity of the care capacity deficit.

The variance response management states, in severity, are:

Variance Response Management Matrix					
Ward Unit	Mauve	Green	Yellow	Orange	Red
Service Leadership/Operations Management					
Provider Executive					

The Variance Status colours defined:

Mauve	Extra capacity
Green	Capacity matches demand
Yellow	Early variance
Orange	Significant care capacity deficit
Red	Critical care capacity deficit

The Care Capacity Variance Board is completed daily at the commencement of each shift or when variance changes by a senior staff member and dependent on the result actions are taken. See <http://docman/org/controlled/contdocs/IOC.B1.1.pdf> for more details

Appendix 6: Vaccination Activation Plan

A key component in managing infectious disease outbreaks is the implementation of timely and robust immunisation programmes when vaccinations are available.

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 complications; 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 BOPDHB 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

Appendix 7: ICU – CCU Services Overview

Influenza can lead to serious illness which results in patients being admitted to ICU and requiring ventilation.

Experience with the H1N1 influenza virus indicated that a high percentage of those patients that required hospitalisation also required intensive care and ventilation for an average period of seven days. (Normal average 3 days)

As a result normal ICU resources can rapidly become overloaded.

In order to achieve an increase in ICU capacity the hospital will need to deploy their trained workforce differently and may need to postpone elective surgery, so that they can concentrate their staff and resources on the most seriously ill patients.

Regional and National Management of ICU Capacity

During a pandemic ICU resources will be coordinated on a National basis to maximize the service available. Coordination is facilitated by the Ministry of Health and involves regular teleconferences between Intensive Care Managers, and daily reporting of DHB ICU capacity through the Ministry of Health's, bed based emergency management system.

National Bed Capacity

- National ICU bed capacity is 181 beds

BOPDHB Bed Capacity

ICU has the ability to ventilate up to 6 patients at any one time. This capability can in theory be increased to 8 with the utilisation of 2 x transport ventilators in a crisis. It is a 20 bed facility – 10 ICU and 10 CCU. Whakatane ICU is a 6 bed unit, and can ventilate 2 patients at any one time.

The Ministry of health may provide National guidance for the provision of Intensive Care Unit therapies in response to an influenza pandemic. This may include strategies to increase ICU capacity by:

- Increasing equipment
- Workforce planning
- Transferring patients to other public or private intensive care units
- Adapting the current model of nursing and/or triaging for ICU admissions and ventilation therapies

Appendix 8: Laboratory Services Overview

Every pandemic or outbreak of infectious disease which requires samples to be taken and analysed will require different levels of bio hazard precautions. Some may be standard local laboratory practice and others may require additional precautions.

In the case of a pandemic the World Health Organisation (WHO) <http://www.who.int/csr/en/> and European Centre for Disease Prevention and Control (ECDC) <http://www.ecdc.europa.eu/en/Pages/home.aspx> websites will provide the most up to date infection control / health and safety directions in respect of the particular virus. There may also be some guidance on sampling techniques. Regularly check this site for changes in recommendations that might impact on laboratory testing procedures.

On receipt of notification of a pandemic or outbreak of an infectious disease, Infection Control practitioners and Laboratory Service Managers within BOPDHB should liaise to plan as follows:

1. The DHB Incident Controller should ensure that contact is made with Laboratory Managers to ensure that protocols for taking, handling and processing samples from within the BOPDHB catchment are agreed. The Medical Officers of Health should approve the protocol. The protocol should include:
 - The criteria for sampling patients with consideration to primary and secondary health.
 - Type of samples required.
 - Details of the equipment to be used and where supplies can be obtained from.
 - Sample collecting techniques.
 - Packaging, addressing and delivery instructions including consideration for infection control/ health and safety.
 - Details of any security requirements.
 - Details of likely turn around times and implications in respect of immediate isolation of the patient.
 - Details of notification systems for inpatients results. (Consider speaking to IS programme analysts to set up daily auto reporting system to capture newly reported positive results.)
 - Details of direct Laboratory notifications systems to the Medical Officer of Health and Infection Control clinical nurse advisor. (Consider speaking to programme analysts as above.)
 - Priority criteria for:
 - Mental Health inpatients
 - ICU
 - Paediatric patients
 - Other high risk groups as identified for the particular outbreak.
2. Ensure that the sample collecting supplies within the DHB are reviewed, purchased as necessary and made available to health professionals who might need to use them.
3. Ensure that the protocols are circulated widely to primary and secondary medical practitioners within the BOPDHB
4. When the virus/disease is a new one, ensure the doctors taking samples are aware that there could be delays in reporting results due to the need to establish new IT systems. They should be prepared to monitor progress of the sample testing closely and to put in place appropriate patient isolation precautions as an interim measure until the results are returned.

5. If it is necessary to send samples outside the BOPDHB usual referral area the DHB Planning and Funding Manager responsible for Laboratory Services must be consulted.
6. Where it is necessary to transport samples after hours or on weekend consider available courier systems and any security requirements that are necessary for the particular samples.

Appendix 9: Pandemic Pharmaceuticals

Vaccine

Depending on availability, vaccine may be restricted to priority groups or it may be offered to the general public. A pandemic vaccination activation plan has been developed – see appendix 6. Ministry hold supplies of vaccination equipment and pre pandemic vaccination should this be required.

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Antibiotics

The Ministry has enhanced the supplies of antibiotics held in New Zealand. These are held in DHB stores under Ministry oversight. The supplies will be released for use as appropriate.

Antiviral Medication Interim Guidelines can be found on

<http://www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza-guidelines-forthehealthsector>

and

[http://www.moh.govt.nz/moh.nsf.pagesmh/9171/\\$File/diagnosis-and-mgmt-phase-v3-30july09doc](http://www.moh.govt.nz/moh.nsf.pagesmh/9171/$File/diagnosis-and-mgmt-phase-v3-30july09doc)

Antiviral Medication

In April 2010 Ministry requested that community pharmacies be offered the opportunity to distribute antiviral medication to patients who have a prescription from their GP. If this system is adopted in the future, a list of the pharmacies who stock the national antiviral reserve will be placed on the Toi Te Ora website, (www.toiteorapublichealth.govt.nz)

NB

Any release of the national reserve supplies will be coordinated on the authority of the Ministry of Health and requested by the Incident Controller. National reserve supplies are managed by the pharmacy manager (extension 8724 Monday – Friday). At all other times, or if the pharmacy manager is unavailable, contact telephony to contact the on call pharmacist.

Records of DHB stocks of antibiotics and antiviral medications will be maintained by the logistics manager.

Appendix 10: Personal Protective Equipment and Supplies

In an international health emergency such as a severe pandemic, normal supply chains within New Zealand may be severely interrupted due to a reduction in international manufacturing and supply chains. To ensure healthcare workers and first responders are protected, the Ministry of Health has enhanced various clinical supplies held in DHB stores and bulk stores around the country.

Enhanced supplies of personal protective equipment include surgical masks and P2 grade respirators, gowns, face shields, aprons and gloves. The Ministry of Health currently holds bulk stores of P2 respirators and general purpose face masks in several locations around the country. There is also the capability to manufacture respirators and masks. Stocks of intravenous fluids and associated equipment such as giving sets, injection devices, needles and syringes. are also stored for use during an emergency.

These supplies are stored by DHBs, but remain under the Ministry of Health oversight and authority for release will be from the Director General if needed.

The Ministry holds a large supply of body bags in bulk stores off DHB sites.

Due to the disruption of international and national manufacturing and distribution of supplies, it may be necessary for the Ministry to set prioritisation criteria for critical goods in short supply.

Responsibility for all matters concerning distribution of PPE within BOPDHB rests with the Logistics Manager.

A Pandemic Distribution Group may be formed by the Logistics Manager, to oversee the distribution of supplies. If formed the group should include:

- Infection Control Practitioner
- Primary Health Organisation, Medical Director or GP Liaison Officer
- Medical Officer of Health
- St John Area Manager
- BOP District Health Boards Purchasing Officer designate
- CBAC Administrator

The PPE store for BOPDHB is situated offsite. Contact the purchasing and supply manager (extension 8402) for details.

Appendix 11: Priority Groups

Some sectors of the community will be more susceptible to diseases than others for a variety of reasons. A specific pandemic will invariably result in certain “priority groups” being identified as needing more attention.

For example, during the H1N1 Pandemic the priority groups were identified as being:

- Pregnant women
- Morbidly obese
- Pacific Islanders
- Maori
- People with serious pre existing conditions such as respiratory complaints or heart conditions.

It will be necessary to tailor the DHB response to ensure that the groups identified as “most at risk” or “priority” receive information about preventative measures, vaccinations, symptoms/ warning signs, homecare and services in a timely and effective manner.

The DHB Communications Manager will be responsible for coordinating efforts to deliver specific health messages to health providers and the community, and ensuring that the key messages are consistent with National media releases.

Specific strategies tailored to ensure health messages reach these groups will be required. Consideration should be given to:

- Language – simple text, reading age >12yrs, translated where possible
- Customs
- Pre existing organisations (cultural groups, service clubs, midwives, youth clubs etc)
- Most appropriate venues (Marae, Church, Schools etc)
- Community leaders delivering the messages
- Variation in forms of communication (written, verbal, e-mail public media etc)

Consideration should be given to carrying out random surveys to ensure that the key messages are in fact reaching the “at risk” “priority” groups and that those messages are being interpreted correctly.

A record of any communication initiatives that have been implemented must be retained.

Appendix 12: Recovery

Recovery is defined as:

‘The coordinated efforts and processes to effect the immediate, medium and long term holistic rehabilitation of a community following a disaster.’

Recovery Objectives

Recovery planning has four objectives:

- To maintain or restore the health status of the population of the Bay of Plenty district, following a major incident.
- To provide a work programme to address current emergency management related issues for the Bay of Plenty district.
- To define the responsibilities for control and co-ordination of the collective recovery process by the health sector after a major incident or emergency.
- To define the communication network for working with functioning health service providers after an emergency.

Every pandemic will have a different impact on the Bay of Plenty District Health Board community and as such recovery initiatives will be decided at the time according to circumstances that prevail.

Appointment of a Recovery Manager

The BOPDHB Incident Controller will consider the appointment of a recovery manager for BOPDHB during the initial response phase. A recovery manager role card is available in the BOPDHB Health Emergency Plan and in the Tauranga and Whakatane Hospital Major Incident Response Plans.

Appendix 13: Security

As a general principle, in the event of an outbreak of pandemic influenza, the public will be expected to access information about the influenza and influenza health care services themselves. This access will be achieved in the following order:

1. 0800 Health lines – 0800 611116, these will provide advice on what to do when one is displaying symptoms which are consistent with having contracted the influenza virus.
2. Accessing Flu Clinics or if appropriate Community Based Assessment Centres.
3. Being admitted to Hospital or a secondary care facility.

There will be occasions where people are simply unable to physically visit Community Based Assessment Centres or other health care facilities to receive the treatment which will be available.

During an influenza pandemic the actual medication (antibiotics and antivirals) may become a valuable and sought after commodity. In the event that the public at large start to panic the personal security of health professionals going about their business, and in possession of these medications, may become an issue.

When all other options have been exhausted and it becomes necessary to deliver and administer the medication at the patients location, the security of the health professional carrying the medication must be considered and mitigated.

Security strategies to protect health professionals should include consideration of the following:

- Ensuring that health professionals carrying out this duty are made aware of the risks involved and the strategies that are to be considered by them in order to maintain a degree of personal security. (This includes abandoning the medications if this becomes necessary).
- Ensuring that the health professional has adequate means of communicating with their base in the event of an emergency. DHB emergency cell phones could be made available
- Using plain DHB vehicles with obvious logos removed from windows and doors.
- Using other vehicles which are not readily linked to health agencies e.g. utilities, vans.
- Ensuring that the medication is packaged in a discreet manner.
- Sending two health professionals to the home visit.
- Arranging for DHB security contractors (where available) to accompany the health professional during the home visit.
- Arranging for Police (when available) to accompany the health professional during the home visit.
- Arranging for suitable community volunteers to accompany the health professional.

Appendix 14: Public Health Response

Border Control - “KEEP IT OUT” Response Phase

Bay of Plenty and Lakes districts have an opportunity to assist New Zealand stop future influenza pandemic virus from entering the Country due to the limited number of international entry points in the District. Currently there are two points of entry, Port of Tauranga and Rotorua Airport.

Toi Te Ora Public Health Service routinely undertakes air and sea port border control services for the Bay of Plenty and Lakes District Health Boards under the Health (Quarantine) Regulations. Decisions to increase current border control measures at air and sea ports will be made by the Ministry of Health. Toi Te Ora when requested by either the District Health Board or Ministry of Health will activate Toi Te Ora Public Health Service Border Control Plan to Infectious Diseases which may or may not include the activation of [Toi Te Ora Public Health Service Pandemic Influenza Quarantine Facility Activation Plan](#) when responding to a pandemic, epidemic or an emerging infectious disease.

In Tauranga Rotorua and Taupo Memorandums of Understanding have been signed between the BOP District Health Board and four hotels for quarantine facility use. However, quarantine facilities could also be required for tour bus parties or from a diverted flight from international airports. For details of MOUs and contact details see appendix 15.

Cluster Control - “STAMP IT OUT” Response Phase

Toi Te Ora Public Health Service routinely undertakes cluster control services to limit the spread of disease in the community for the Bay of Plenty and Lakes District Health Boards under the Health (Infectious Disease) Regulations. Toi Te Ora when requested by either the District Health Board or Ministry of Health will activate the relevant sections of [Toi Te Ora Public Health Service Cluster Control Guidelines](#) to respond to a pandemic, epidemic or an emerging infectious disease.

Appendix 15: Quarantine Facilities

Summary of Toi Te Ora Public Health Service Activation Plan

Toi Te Ora Public Health Service (likely to be a Health Protection Officer) will be initially responsible for the management of quarantined persons. In the event that the number of quarantined becomes unmanageable Toi Te Ora Public Health Service will contact BOP District Health Board for assistance.

The purpose of placing a person into quarantine is to reduce the likelihood of person to person transmission in the event that a contact has had sufficient contact with a confirmed case of pandemic influenza they may be incubating the disease from their exposure.

Quarantine means the person stays in their designated accommodation and does not leave the building. They can not leave to shop or attend to family and friends. If there is an outside area that cannot be accessed by other hotel guests (public) this can be used by people in quarantine.

Visitors are not permitted. People going into quarantine need to understand that they may not be able to go outside the quarantine area, for a period of time, and that they will be contained under supervision. Putting people into quarantine, particularly against their will, is a very significant intervention. To make people comply, they need to be informed and provided with the most comfortable surroundings as possible. Despite measures to improve voluntary compliance, it is likely that some people will resist quarantine, either initially or after a period of time.

Hotels are excellent facilities to quarantine people because they are stand alone facilities with separate bathrooms and hand washing facilities in each room. Hotels can also cater for family groups to be accommodated together if appropriate and the supply of food, linen, towels and bedding for each room can be safely handled using appropriate infection control measures on site. People will require access to medical services, psychological support and the ability to communicate with friends and family outside the quarantine area.

The following hotels in Tauranga, Taupo and Rotorua have been identified as being willing to set up suitable quarantine facilities. A memorandum of understanding (MOU) has been signed by each hotel and Bay of Plenty District Health Board. These hotels will only be used for contacts of pandemic influenza that

- Require quarantine who do not have a permanent residence

Quarantine facilities could also be required for tour bus parties or from a diverted flight from an international airport.

Hotels in Tauranga have agreed to continue to accommodate people who develop flu symptoms as long as the DHB takes responsibility of ensuring their health needs are met. In such cases the DHB will make arrangements for either local Public Health Nurses, communicable diseases nurses or local General practitioners provide the service.

Hotels willing to provide quarantine facilities within the Bay of Plenty and Lakes DHB regions

- | | | |
|------------------------------|------------------------------|-------------------|
| 1. Sudima Hotel Lake Rotorua | 1000 Eruera Street, Rotorua. | Phone 07 348 1174 |
| 2. Hotel Armitage | 9 Willow Street, Tauranga. | Phone 07 578 9119 |
| 3. Trinity Hotel | 51 Dive Crescent Tauranga. | Phone 07 577 8700 |
| 4. Wairakei Hotel | State Highway 1, Taupo | Phone 07 374 8021 |