Health Emergency Plan

2015 - 2018

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

This Plan is approved by:

Name: Phil Cammish
Signature: 
Role: Chief Executive Officer, Bay of Plenty District Health Board (BOPDHB)

2. Distribution

Numbered hard copies of this document are held:
- At Tauranga Hospital in the Emergency Operations Centre and in the Emergency Cupboard;
- At Whakatāne Hospital in the Incident Control Room and in the Emergency Cupboard;
- In the Regional Emergency Management Advisor for the Ministry office in Hamilton;
- By the DHB Emergency Management Planning Service.

A PDF copy will be placed on the BOPDHB website.

3. Scope

This plan is to be used during the coordination of an emergency or incident that:
- Involves, or potentially involves a number of health providers, or
- Has the potential to have a major impact on the health of the population.

4. Manual process and records management

Where any situation, however arising, that results in manual processes being adopted for any period, any paper record/document that is generated during the period of the manual process must be retained for later inclusion into the appropriate system, in accordance with normal BOPDHB records management process. Any query around the specific nuances of this requirement should be directed to the BOPDHB Corporate Records Manager.

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

IN CASE OF ACTIVATION OF THIS PLAN REFER DIRECTLY TO PART 5 – RESPONSE, PAGE 37
EXECUTIVE SUMMARY

The Bay of Plenty District Health Board Health Emergency Plan builds on the experiences of preparing for, building resilience to, responding to and recovering from a range of hazards within the Bay of Plenty. This includes flooding, earthquake, tsunami and technological incidents over the past decade.

The plan uses a comprehensive, risk-based approach to emergency management, intended to support all health stakeholders to better understand the risk context they are required to manage and to deliver services in. It strengthens the focus on risk reduction to assist all parts of the health and disability sector of the Bay of Plenty understand they have roles in managing risks to their services and the communities they serve.

The plan focuses on those risks described in the Bay of Plenty Civil Defence Emergency Management Group Plan (2012 – 2017) and describes the context in which health emergency management is planned for within the region. It also outlines the roles and responsibilities at all levels of health delivery and the mechanisms, systems and tools used by the DHB to respond to an emergency event.

The appendices provide additional information and practical guidance for the DHB and the health and disability sector to support planning activities and provide information on specific aspects of the DHB response. This includes, but is not limited to, incident management team response role cards, response templates, communication and alerting information and the DHB risk management planning process.
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PART 1: INTRODUCTION

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

1.2 Definition of a ‘Health Emergency’
An emergency is an occurrence, actual or imminent, which endangers or threatens to endanger life, the environment, the economy, critical infrastructure or the health of the public. By their very nature, the consequences of emergencies are difficult to predict and can happen anywhere, at any time, with little or no warning. An emergency can vary in scope, intensity and impact. However, we can ensure that we have an adequate understanding of the nature of hazards that our communities, health services and partner organisations face and that we are all as prepared for them as possible. We all have a role to play in building resilience to hazards and reducing vulnerabilities before, during and after emergencies.

(Source: National Health Emergency Plan 2014)

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

1.3 Plan Objectives
The Plan has four objectives:
1. To create a framework to manage a resilient and sustainable health sector during any potential of significant health emergency
2. To maintain or restore the health status of the population of the Bay of Plenty District Health Board’s (BOPDHB) area of responsibility, following a major incident.
3. To define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency.
4. To define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.

1.4 The Area to which this Plan Applies
The area encompassed by the plan covers the geographical area shown as the shaded areas in Figure 1. The district includes Waihi Beach in the North but not Waihi township which is in the Waikato District Health Board area. The district boundary in the North West runs along the Kaimai ranges. The district includes Waihau Bay and Cape Runaway in the East but not Potaka which is in the Tairawhiti District Health Board area. The southernmost towns in the district are Murupara, Minginui and Ruatahuna.

The area encompassed by the Bay of Plenty DHB is home to a diverse population (274,492 people) including large Maori and rural communities, which influence the way health services are funded and delivered. In the DHB about a quarter of the population live in areas with high NZDep06 scores (which are associated with poorer health). About one in seven people live in areas with low scores (associated with better health). Overall the DHB population is markedly over represented in high deprivation scores. The Bay of Plenty is expected to remain the second fastest growing region, after Auckland, with a projected population increase of 30% (over 80,000 people) between 2001 and 2026.2

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1 Based on statistics NZ June 2010
2 Statistics NZ projections of medium fertility, medium mortality and medium migration
Health services are provided by a wide range of independent providers and the DHB Provider Arm (Bay of Plenty DHB's provider of hospital and related health services including two secondary hospitals located in Tauranga and Whakatāne, Opotiki Health Centre (a 4 general bed and 1 maternity bed unit), Te Kaha and Murupara health centres, district nursing and mental health services etc).

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

Included in this district are the Territorial Local Authorities of Tauranga, Western Bay of Plenty, Kawerau, Whakatāne, and Opotiki (Figure 2).
1.5 The Target Audience

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

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

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

1.6 Structure of the Document

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

(The operational component of the plan is covered in Part 5, Response).

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

1.6.1 The 4Rs are defined as:

**Reduction** – Identifying and analysing long-term risks to human life and property from natural or man-made hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and magnitude of their impact. *(Part 2 and 3)*

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

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

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

The requirement for the BOPDHB to develop and maintain a health emergency plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain service continuity plans is stipulated in their funding contracts with BOPDHB. During response and recovery activities providers must document their response actions and keep a record of all costs incurred during response and recovery activities. Costs should first be billed through normal or pre-arranged funding agreements.

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

In order to assist with tracking of costs associated with the response, an emergency cost centre has been set up by the DHB to be used during an emergency event. This cost centre will be activated by the Chief Financial Officer or designate, when the HEP is activated. Details of the operation of the emergency cost centre are included in the Incident Management Team (IMT) Desk file in the Emergency Operations Centre (EOC) and at the following link:

http://docman/org/Emergency/BusMgmt/IMT%20Desk%20File%20August%202013.doc

1.6.3 Reference Documents and Legislative Requirements

This Plan meets the requirements placed on service providers by:

- Health Act (1956)
- Civil Defence and Emergency Management Act 2002
- National Civil Defence Plan 2006 section 9 (Revised 2009)
- Health and Safety in Employment Act
- National Health Emergency Plan Infectious Diseases
- The New Zealand Influenza Pandemic Action Plan (2010)
- The National Health Emergency Plan (2008)
- BOP CDEM Group Plan 2012 - 2017

1.6.4 Emergency Management Principles

The National Civil Defence Emergency Management Strategy (MCDEM 2008) stipulates that an ‘all hazards, all risks, multi-agency, integrated and community focused approach’ is central to emergency management in New Zealand.

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

The preparedness and planning by the health sector is underpinned by the all hazards risk based approach which encompasses the four “R”s of emergency management as defined in the CDEM Strategy (2007) (1.6.1 page 11)
1.7 Hierarchy of Plans/Integration with other plans (Figure 3)

a) The relationship between BOPDHB emergency planning and other organisations and agencies is illustrated below:

<table>
<thead>
<tr>
<th>Provides planning support advice and liaises with district-wide health providers as follows:</th>
<th>Represents district-wide health providers with the following emergency management groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides planning templates and advice</td>
<td>Name</td>
</tr>
<tr>
<td>• Develops an annual exercise plan and facilitates exercises</td>
<td>CEG</td>
</tr>
<tr>
<td>• Provides operational support to major incidents</td>
<td>ESCC</td>
</tr>
<tr>
<td>• Establishes, tests and maintains DHB and provider arm HEPs</td>
<td>HSTLC</td>
</tr>
<tr>
<td>• Facilitates debriefs and post-incident reviews</td>
<td>EMGs</td>
</tr>
<tr>
<td>• Provides documented reports and follows up on actions arising</td>
<td>LWCG</td>
</tr>
<tr>
<td>Liaisises with other DHBs and the MoH and represents BOPDHB in national activities as appropriate:</td>
<td>LCG</td>
</tr>
<tr>
<td>• Represents the DHB on the Midland DHB Health Emergency Management Group forum</td>
<td>WCG</td>
</tr>
<tr>
<td>• Represents the DHB on the Midland/Northern Regional Health Emergency Management Group forum</td>
<td></td>
</tr>
<tr>
<td>• Represents BOPDHB at national meetings</td>
<td></td>
</tr>
<tr>
<td>• Involved with MoH-led national emergency management projects as able/appropriate</td>
<td></td>
</tr>
<tr>
<td>• Attends special interest meetings as required (eg Volcanic Plateau Planning)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Glossary of Terms can be found in Appendix 1 and Definitions in Appendix 2
b) The fit between national and local, and CDEM and Ministry of Health planning is illustrated below in Figure 4 **Hierarchy of Health Emergency Planning**:

![Hierarchy of Health Emergency Planning](image)

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

### 1.8 National context

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

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

1.10 Health Provider Roles, Responsibilities and Coordination Arrangements

Details of health provider roles and responsibilities are outlined in Appendix 3. Coordination arrangements are outlined in part 4 Readiness.
PART 2: RISK PROFILE

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

2.1 Overview of Geographical Features

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

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

2.2 Geology

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

2.3 Climate

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

2.4 Bay of Plenty Hazardscape

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

Potential hazards that occur as a result of human activity include: agricultural emergencies, industrial processes, urban fires, public health crisis, infrastructure failure and hostile acts. Major industries in the BOP can create hazards as well as being exposed to hazards e.g. large scale industrial sites such as the Port of Tauranga, the Kawerau Mill and others create the potential for hazardous chemical emergencies to occur.

The geographic size of the region, coupled with the spread of rural communities linked primarily by road, emphasises the need for emergency management systems that take into account the need for self-reliance, while working to a wider co-operative framework. The region is bisected by major gas, electricity, and telecommunication grids and rivers. The BOPDHB is further challenged by its boundaries being different to those of Environment BOP and the other emergency services providing services to the region.

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3 Technological hazards are non-natural hazards, namely those hazards created as a result of human activity, that have potential to create an emergency situation. The line between natural and technological events is not always clear cut, therefore an arbitrary classification has been made.
PART 3: REDUCTION

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

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

3.1 Identifying and Analysing Hazards

The hazards that have been identified for the region are listed below. It should be noted that this is a general summary for the hazards in the region and does not identify the unique and specific levels of risk in different localities within the area covered by the BOPDHB. Health providers are expected to conduct a risk assessment for their organisation.

Refer to Appendix 4 for further details on hazards and ways to reduce the risk.

3.2 Hazard Prioritisation

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

- Flooding
- Volcanic activity
- Earthquake
- Extreme weather event
- Tsunami
- Coastal erosion
- Coastal storm
- Geothermal systems (hydrothermal eruptions)
- Animal disease epidemic – biological pests and new organisms
- Land subsidence
- Public Health emergency – human disease epidemic
- Utility failure
- Dam failure
- Hazardous substance spills
- Transportation crashes
- Fire (Rural/Urban)
- Industrial explosion
- Civil unrest/ terrorism
- Marine accident – cruise liner

Likely impacts and issues could include:

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

3.3.1 Health Provider Stakeholders

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

Health providers are contracted to develop, maintain and exercise their plans to ensure that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered and prioritised during health or civil defence emergencies.

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

3.3.2 Toi Te Ora Public Health Service

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

3.3.3 Midland Health Emergency Management Group

The five DHB Emergency managers/coordinators within the Midland Region, (BOP, Lakes, Tairawhiti, Taranaki, and Waikato), along with a representative from Public Health, St John Ambulance and the Midland Regional Emergency Management Advisor from the Ministry of Health, meet on a monthly basis. This group is working towards a consistent approach towards emergency planning, coordination, cooperation and communication across the region. In addition the group has organised a roster system where one DHB per month takes the lead to notify the rest of the group, if there is an emergency alert or event requiring action. This has the added value of testing communication systems on a monthly basis.

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

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

3.3.5 Primary Health Organisations (PHO)

Three PHOs operate within the Bay of Plenty they are: Western BOPPHO, Eastern Bay Primary Health Alliance and Nga Matapuna Oranga. PHOs are represented on the Bay of Plenty health provider emergency response key stakeholder groups. Work with PHO representatives to strengthen communications, assist primary care services to develop plans and exercise these plans is ongoing. The DHB has a list of emergency contact numbers for the PHOs who provide a conduit for passing messages to general practices within their organisation during an emergency. Contact numbers can be found in the health liaison desk files and on the EOC position holder email contacts folder.
3.3.6 CDEM Welfare Groups
Bay of Plenty DHB have a representative on the Waikato/BOP Welfare Coordination Group as well as local CDEM welfare coordination groups in order to ensure that health issues are considered in all aspects of planning and response. Toi Te Ora Public Health Service provides advice and information to Welfare Managers regarding public health for planning and implementation of welfare services for evacuees.

3.3.7 BOP DHB Risk Management Planning Process
The BOP DHB Risk Management Planning process is used to identify the risks to the DHB and to assist to develop the various emergency response plans. Appendix 18 outlines this process.

3.3.8 BOP Lifelines Group
The BOPDHB has a representative on the BOP Lifelines Group to ensure that health issues are considered on all aspects of planning and response.
PART 4: READINESS

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

4.1 Development of Plans

All DHB-funded primary, secondary, mental health, disability support and public health providers must have plans and resources in place that ensure that their emergency responses are integrated, coordinated and exercised with the DHB HEP.

The many health service organisations involved in a response need to cooperate effectively on the day. This requires close collaboration in the planning phase where key individual actions must be identified.

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

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

4.2 Plan Duration and Amendments.

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

4.3 Plan Maintenance

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

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

4.4 Plan Monitoring, Exercises and Review

Health emergency planning sits in the Governance and Quality area of DHB. Monitoring and evaluation will take place as follows:

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

4.5 Staff Training and Education

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

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

4.6 Key Considerations in Planning

4.6.1 Vulnerable Communities

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

Maori
Engagement with the Maori community within the BOP DHB is ongoing through the DHB Runanga representatives who represent the 18 Iwi within the region and the Maori Health Unit of the DHB. The Emergency Planning Coordinator maintains a Maori Pandemic Communication Plan, part of which was to provide each Iwi with an emergency/pandemic planning workshop and resources (a pandemic kit and an emergency kit) to assist them with their emergency preparedness. During an emergency event resources have been developed for a member of the Maori Health Unit to take the role of Maori Liaison to ensure that appropriate messages and feedback are provided for the Maori community and appropriate communication links are maintained. Appendix 6 outlines the communication tree for contracted providers and Maori stakeholders.

Pacific
Engagement with the Pacific community within the BOP DHB is also ongoing through the Pacific Island Community Tauranga Trust. The Emergency Planning Coordinator has provided an emergency/pandemic planning workshop to key leaders within the Trust.

Other Ethnic Communities where English is a Second Language
The Emergency Planning Coordinator is working with the Tauranga Regional Multicultural Council president with a view to assisting vulnerable groups with emergency preparedness. The president of the council is also a member of the health provider emergency response key stakeholder group in order to assist with planning and dissemination of information.
Remote Isolated Communities
The Public Health Nursing Service has established key relationships and contacts with leaders within these communities. In addition to this, health services who operate within these communities are required to have emergency plans for all hazards. During an emergency event the established contacts will be used to assess the health needs and maintain communication links.

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

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

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

4.6.2 Human Resources (HR)
The Human Resources Department of the DHB are currently responsible for a business continuity plan to outline how they will manage staff capacity issues and will work closely with the DHB incident management team as well as staff Health and Safety during and following an emergency event in order to support staff and the DHB response.

HR will facilitate:
- Recruitment of staff
- Redeployment of staff
- Formal recognition procedure for all workers involved in the emergency response
- Liaison with the joint EOC on all employment related issues including supporting the Incident Controller and Communications Manager to develop consistent and timely messages to staff members about developments etc
- Liaise with Payroll Services

DHB departments are also responsible for maintaining their department business continuity plans which include staff contact lists for staff call back, essential services, resources essential to maintain the service, emergency management templates and instructions on emergency communication equipment including blue phones and radio telephones.

4.6.3 Volunteers
The DHB has a number of volunteers, who provide assistance at both the Tauranga and Whakatane Hospital sites. The DHB Volunteer coordinator is responsible for
coordinating approximately 74 part time volunteers who assist as concierge, hospital guides, cancer centre volunteers, carers in the wards providing support for nurses and supporting with admin in the Health In Aging (HIA) ward. Currently there are also approximately 130 volunteers coordinated by a St John Ambulance Volunteer Co-ordinator; these are Friends of the Emergency Department (FEDs) to assist in both emergency departments in Tauranga and Whakatane Hospitals. There is a potential for these volunteers to be engaged in assisting during an emergency. This will be coordinated via the volunteer coordinators and the incident management team.

4.6.4 Visitors and Dependents
Provision for visitors and dependents will be coordinated by DHB social workers. This is outlined in their business continuity plan. The DHB will liaise via the EOC with local welfare agencies to assist with the young, elderly or disabled being effectively orphaned or isolated because of hospitalisation or death of their caregiver.

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

- Communications staff are encouraged to attend the two day CDEM Public Information Management training;
- Communications staff are encouraged to build relationships with Local Authority Public Information Managers within the district;
- Communications staff also work closely with Toi Te Ora Public Health Service and the Tauranga Regional Multi Cultural Council to receive advice regarding messages for culturally and linguistically diverse communities;
- During an emergency Toi Te Ora Public Health Service will provide health information on their website. A link will be provided from the DHB website;
- Communication staff also have access to social media which will be monitored during an emergency event and appropriate messages posted.

4.6.6. Teletriage
BOP DHB has resources in place to enable the activation of an 0800 number to provide the public with health information and advice should this be required during an emergency or infectious outbreak. In addition to this Toi Te Ora Public Health Service will provide up to date information on their website for both health professionals and the public. The 0800 number activation plan and activation grab bag are located in the DHB EOC. A copy of the plan can be found at: http://docman/org/Emergency/Plans/BOP%20DHB%200800%20Number%20Activation%20Plan.doc

4.6.7 Agreements with External Health Providers to Increase Surge Capacity
BOP DHB has signed a Memorandum of Understanding (MOU) document with Grace Hospital in Tauranga in order to provide extra surgical services for a mass casualty or major service failure for Tauranga or Whakatāne Hospitals. This MOU can be found at: http://docman/org/Emergency/Plans/Grace%20Hospital%20MOU%2031%20August%2009.doc

The DHB also has a MOU signed with the following practices to provide extra capacity during a mass casualty or major service failure at Tauranga Hospital:

- Accident & Healthcare located on Second Avenue, Tauranga;
- Centalmind located on Devonport Road, Tauranga;
- Baymed located at Girven Road, Mount Maunganui.

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

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

MOU agreements are maintained by the DHB Emergency Planning Coordinator.

4.6.8. Flu Clinic/Community Based Assessment Centre

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

http://docman/org/Emergency/Plans/Flu%20Clinic%20Activation%20Guidelines%20Draft
%20May%202010.doc
http://docman/org/Emergency/Plans/BOP%20CBAC%20Plan%20Version%202013.doc

4.6.9 Single Point Contact System

The single point contact system is the method used to provide 24-hours, seven days a week communication between DHBs, their public health units and the Ministry. The system is based on a group e-mail that the Ministry uses to send messages to a single contact e-mail address within the 20 DHBs.

BOPDHB single point contact e-mails received generate cascades to the following addresses:

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

The email also generates a text message to the duty managers’ cell phones for both Tauranga & Whakatāne Hospitals, to ensure duty managers away from their computers receive the information as soon as possible. The Emergency Planning Coordinator and the Operations Coordinator also have the text alert set up on their phones.

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

The Midland Emergency Management Group maintains a monthly roster so that each month one DHB emergency manager/planner is responsible for sending a text message to the group to alert them if a single point contact message is received from the MoH, or if there is a local or Midland regional emergency event. If appropriate that DHB will set up a teleconference for the group to discuss the response and possible resources/assistance required. Communications are tested on a monthly basis as part of the roster hand over.
4.6.10 (EACC) External Notifications Procedure

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

4.6.11 National Reserve Supplies

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

DRAFT – not government policy 20 March 2014

Prepared by the Ministry of Health.

**Ministry of Health position statement: feeding babies during an emergency (for babies aged 0-12 months)**

**Advice for parents / caregivers, health practitioners, and emergency responders (including Civil Defence Centre staff)**

Breastfeeding provides optimum nutrition for babies, and is the safest way to feed a baby, especially in an emergency situation when clean water and electricity may be hard to get. Women who have recently stopped breastfeeding can be encouraged and supported to start breastfeeding their babies again.

For babies who are not fed breast milk, a commercially prepared infant formula is the only safe alternative (also known as a breast milk substitute; BMS). Cows’ milk should not be given to babies less than 12 months of age. Agencies working with babies and families during an emergency response situation must ensure safe and adequate nutrition for babies by:

- protecting, promoting and supporting breastfeeding
- ensuring safe use of infant formula when necessary
- avoiding donations of infant formula, and only providing infant formula to families who request it.

**For breastfed babies**

- Breastfeeding is the best and safest option for feeding babies, particularly in an emergency, so encourage mothers to continue (or if possible, restart) breastfeeding.
- Breastfeeding should not be discouraged by giving breast milk substitutes (including infant formula or other formula products) to breastfeeding mothers or giving breast milk substitutes as a generic part of the provision of emergency household goods and services.
- Babies should be fed only breast milk until they are ready for and need extra food at around six months of age, with continued breastfeeding once complementary foods have been introduced until at least one year of age or beyond. For parents or caregivers needing further advice, contact your lead maternity carer or well-child provider.

**For formula fed babies**

- Babies have a higher risk of infection and illness because of their immature immune systems. Caregivers may need support with preparing infant formula safely, especially when there is limited clean water and electricity.
- Infant formula can be bought as usual from supermarkets or pharmacies that are still open. If this is not possible, contact your usual health care provider for advice, or the local Civil Defence Centre (or your local council if a Civil Defence Centre is not operating) who will provide access to the required infant formula, and feeding and sterilisation equipment.
- If available, ready-to-feed infant formula is preferable to powdered formula when clean water and electricity are limited. If using ready-to-feed formula, sterile disposable bottles and teats will also be required.

**Infant formula donations**

- Emergency response agencies will not accept donations of breast milk substitutes (including infant formula or other formula products). In an emergency situation, unsolicited donations create problems and are unhelpful. If someone contacts your agency wanting to donate breast milk substitutes, suggest they donate money to the emergency relief effort instead. That way, emergency personnel can purchase goods for the affected population based on their needs.
- If unsolicited donations of breast milk substitutes are provided to your agency, contact your local DHB who will arrange for the donated stock to be removed.

*For parents or caregivers with concerns or questions about breastfeeding or formula feeding, contact your usual health care provider, or ring PlunketLine (0800 933 922) or Healthline (0800 611 116).*

*For questions about obtaining infant formula in an emergency, please contact your local council Emergency Management Officer.*

*Civil Defence and Emergency Management personnel seeking advice on infant feeding in emergencies should contact their local District Health Board Emergency Manager.*
4.7 Development of Risk Specific Plans and Operating Procedures

4.7.1 Mass Casualty Plan (Surge Capacity)
Tauranga and Whakatāne Major Incident Emergency Plans outline the DHB planned response to a surge in capacity. The plans are located in the DHB EOC and electronic copies can be found at:

http://docman/org/Emergency/Plans/Tauranga%20Hospital%20Major%20Incident%20Electronic%20Plan%20March%202013.doc

http://docman/org/Emergency/Plans/Whakatāne%20Hospital%20Major%20Incident%20Electronic%20Plan%20May%202013%20draft.doc

4.7.2 BOP DHB Pandemic Infectious Diseases Outbreak Response Plan
This DHB plan is located in the DHB EOC and an electronic copy is located at:


4.7.3 BOP DHB Multiple Mortality Plan
The plan is located in the DHB EOC and an electronic copy is located at:

http://docman/org/Emergency/Plans/Multiple%20Deaths%20Mortality%20Plan%20Sept%202010.doc

4.7.4 Operating Procedures for Specific Events
Operating procedures for specific events such as tsunami, earthquake, volcanic eruption, additional to those included in the Hospital Plans and department flip charts, have been developed and made available in a desk file in the EOC and in the Emergency Planning work area.

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

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

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

BOPDHB has a three staged plan to deliver vaccinations:

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

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

Planning and Funding and Health and Safety are responsible for coordination and maintenance of any vaccination programme within BOPDHB.
Communication staff will work with Planning and Funding and Health and Safety to promote vaccination programmes

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

4.7.6 Processes for Provision of staff for other DHBs or Regions

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

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

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

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

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

Criteria for staff willing to be deployed:

- Must have the required current qualification, current practicing certificate and skill set;
- Must be healthy and fully immunised;
- Have had some days off prior to travel as overtime will not be covered;
- Have approval from their department manager to cover travel costs as outlined above;
- Provide contact numbers, including next of kin;
- Agree to the terms of deployment and sign the deployment letter;
- Must agree to a minimum 2 week deployment period excluding travel time.

Logistics will be responsible for:

- Ensuring the staff deployment record/spreadsheet remains current.
- Sending a copy of the staff deployment record to the Chief Financial Officer (CFO) so that insurance can be arranged for the staff deployed;
- Sending a copy of the staff deployment record to HR so that a letter of appreciation and a certificate can be sent when they return from deployment;
- Ensuring staff deployed receive a letter containing the details of deployment including dates, who to report to, contact details of who to contact if they have any issues, what to take, shifts they will be required to do, specific safety information and insurance details;
- Tracking and recording overall staff deployment expenses.

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

4.7.7 Processes for Receipt of Support Staff from other DHBs

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

Specific details of the staff required must be completed, this includes:
- Qualification and skill set required (including current practicing certificate);
- Dates required and shifts to be worked;
- Location of deployment (hospital, clinic, community etc);
- Arrangements for accommodation. (The requesting department will be required to cover accommodation costs. Accommodation may be arranged via the Non-Clinical Support Manager.

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

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

4.7.8 Process for Provision of National Reserve Supplies for Other DHBs

Approval for transfer of any supplies from the National Reserve Supplies, held by the Bay of Plenty DHB on behalf of the Ministry of Health, must be approved by the Ministry of Health. Once approved arrangements for transportation can be made via the Purchasing/Supplies/Stores Dept Manager Ext 8402 or designate. Details required for transfer include:
- The name of the product and product number;
- Where it is to be delivered to;
- When it is required;
- A contact name and phone number of the person who is to take receipt of the goods;
- Who the cost of transfer is to be charged to;
- Whether there are any specific instructions re transfer e.g. maintain cold chain.
A record of the numbers, type, destination, and date of the stock transported will be recorded by the Purchasing/Supplies/Stores department and reported to EOC logistics and on the quarterly report to the Ministry of Health.

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

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

- The name of the produce and product number;
- Where it is to be delivered to;
- When it will arrive;
- A contact name and phone number of the person who is to take receipt of the goods following arrival;
- Who the cost of transfer is to be charged to;
- Whether there is any specific instructions re transfer – e.g. maintain cold chain.

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

### 4.8 Health Sector Alert Codes

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

### 4.9 Roles & Responsibilities by Alert Codes

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

The primary response for the management of an emergency lies with the affected local provider, which may be the local DHB, or the DHB regional group if a regional emergency plan is
activated. At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Table 5.5. page 46 summarises the key roles and responsibilities at the local, regional, and national level during each alert code.

4.10 Health Sector Emergency Communication Structure

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

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

- A BOPDHB Health Coordinator and District or Local Controllers will be appointed. District or Local Controllers will operate under the auspices of the BOPDHB Health Coordinator during a regionally or nationally significant emergency.

- In a regionally or nationally significant emergency a BOPDHB representative will be appointed to the local or regional CDEM Emergency Operations Centres. A duty card for this role is attached as Appendix 5.1 CDEM Health Liaison.

- The DHB has a list of 100 staff trained to CIMS 4 level to call on to undertake the CIMS roles during an emergency. This list can be found at: [http://docman/org/Emergency/Lists/CIMSTrainedStaff/AllItems.aspx](http://docman/org/Emergency/Lists/CIMSTrainedStaff/AllItems.aspx)

- Section 5.2 shows the BOP DHB Incident Response Structure. Job Cards for the BOPDHB Response Controller, Logistics, Media and Communications, Planning and Intelligence Coordinator, Operations and Liaison are attached in Appendix 5.

- Information will be communicated to the, staff, services and health providers within the region via the internal communication systems and the health provider emergency planning stakeholder group e-mail or via representative members such as the PHO managers.

- The DHB will use the current web based emergency management information system (EMIS) hosted by the Ministry of Health in order to manage local regional or national emergencies. These systems complement existing business as usual systems such as Episurv and patient management systems, provide each DHB, Public Health Unit and other key health providers (such as ambulance) with a logging and task tracking system, in order to manage their local response to an incident.

- All health services including ambulance, secondary, mental health and disability services are required to have business continuity and emergency plans which outline the individual organisation’s essential services and how these services will be maintained during an emergency event. They must also outline how they will communicate with the DHB during the event. Individual services will prioritise their services according to their plans and the situation as well as communicate any changes of service / issues to the DHB EOC.

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

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

4.11 National Health Coordination Centre (NHCC)

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

4.12 Alternative Communication

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

- Paper based templates available in the EOC and a fax machine which is linked to generator power.
- Radio links with CDEM Group, and local CDEM EOCs in the DHB EOC (directions for use in the IMT desk file).
- CDEM VHF radios at Tauranga EOC, Tauranga telephony, Whakatāne Incident Operations room and Te Kaha Medical Centre.
- UHF portable radios available at Tauranga and Whakatāne Hospitals
- Base unit satellite phones have been installed in the;
  - DHB EOC
  - At Whakatāne Hospital – location to be confirmed
  - Toi Te Ora Public Health Service 510 Cameron Road (directions for use in the IMT desk file)
- Portable satellite phones are also located in the DHB EOC and the Toi Te Ora Public Health Service Rotorua Office. (Satellite Phone directory in appendix 17)

4.13 Public Information Management

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

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

The Ministry of Health is responsible for communicating with the media on national health issues during a health related emergency and oversight of all health related media communications. The DHB Communications team will coordinate significant information releases approved by the incident controller and coordinated with the local CDEM communications manager and the Ministry of Health. Media releases are to be forwarded to the Ministry, preferably before but always after the release.

Medical Officers of Health under the special powers (listed in the National Health Emergency Plan (NHEP)) may also issue media statements in an emergency. It is expected that the Medical Officers will liaise with the Ministry and DHBs prior to releasing media statements.
4.14 Websites
In an emergency the following websites may have specific information, they include;
- Environment Bay of Plenty, [http://www.envbop.govt.nz](http://www.envbop.govt.nz)
- Shared Workspace [http://see.govt.nz](http://see.govt.nz)
- Met service [http://www.metservice.com](http://www.metservice.com)

4.15 BOP region radio station frequencies
In an emergency the radio may be the main source of information:

- **National Radio** 101.0 FM and 819 AM
  Whakatāne - 101.7 FM
  Rotorua - 1188AM and 101.5 FM

- **Newstalk ZB**
  Tauranga – 1008 AM
  Rotorua – 747 AM

- **Classic Hits**
  Tauranga & Eastern Bay of Plenty - 95.0 FM
  Rotorua - 97.5 FM and 90.9 FM

- **More FM**
  Tauranga - 93.4 FM
  Rotorua - 95.9 FM

- **Radio Live**
  Bay of Plenty - 1107AM

- **1XX**
  Whakatāne, Opotiki, Kawerau and Edgecumbe – 90.5 FM
  Ohope Beach - 92.9 FM

- **Sunlive Website**

4.16 Primary Care Management
PHOs are invited to have a representative on the Technical Advisory Group which advises the DHB Incident Management Team, to ensure that primary care are represented and supported to enable them to continue to provide their services during the response phase of any emergency event. Representatives assist in monitoring the situation and disseminating information to and from the DHB EOC to their respective practices. The DHB also employs a GP Liaison who would be involved in any response and who manages Bay Navigator, a web based tool available to general practice to disseminate information and provide clinical reference material.
4.17 Communicating with Local Emergency Agencies

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

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

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

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

4.18 Welfare Arrangements and Psychosocial Recovery

The CDEM Group is responsible for the coordination of welfare services through the Welfare Coordination Group. The implementation of welfare arrangements through the coordination of resources and facilities will be managed through the CDEM Incident Controller, local and/or group welfare managers.

With the rewriting of the National CDEM Plan and subsequent guidelines, the responsibility for community psychosocial recovery is now vested with the Ministry of Health and the health and disability sector.

The Ministry will provide strategic advice and guidance to the Government, CDEM agencies and the health and disability sector through the Office of the Director of Mental Health. The Ministry will represent the health and disability sector on the National Welfare Coordinating Group.

It is expected that DHBs will lead the wider local groups responsible for delivery of services that meet the psychosocial needs of a community after an emergency. It is expected DHBs will be represented on welfare coordinating groups to provide advice, guidance and lead agency responsibilities for psychosocial recovery.

The DHB is responsible for:

- Coordinating a regional health response including health personnel
- The assessment of health and disability requirements
- Working collaboratively with support agencies to coordinate delivery of relevant welfare functions to meet community needs

4.19 Health and Safety of Employees

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

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

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

- Information, policies and procedures relevant to implementing the HEP
- the required personal protective equipment (PPE) and decontamination equipment
- supplies for treatment of anyone who may be exposed to infectious diseases, eg antibiotics or tamiflu
- relief staff
- facilities to ensure their physical and mental wellbeing throughout the response phase
- any other protective measure that is practical to provide.

In order to reduce the impact of the response on staff welfare, health worker shifts should be limited to 12 hours and staff should be rotated between high, medium and low-stress areas; and sufficient relief teams should be provided.

Employees have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. Their belief must be on reasonable grounds and they must have attempted to resolve the matter with their employee.

4.20 Care of the Deceased

The BOPDHB Multiple Deaths Mortality Plan outlines the processes that will be used during an emergency when workload exceeds the ability for the conventional funeral activities. An electronic copy of the plan is located at:
http://docman/org/Emergency/Plans/Multiple%20Deaths%20Mortality%20Plan%20-%20Sept%202010.doc
PART 5: RESPONSE

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

5.1 Activation Trigger for the HEP

All or part of this plan will be activated when a local, regional or national incident meets the definition of a ‘health emergency’, that is when usual resources are overwhelmed or have the potential to be overwhelmed in a local, regional or national emergency.

All providers can activate their HEP in these circumstances. DHBs can activate both local and regional HEPs and the Ministry can activate the National Health Emergency Plan (NHEP). The Ministry can also require DHBs to activate their local and regional plans once the NHEP has been activated.

5.1.1 Criteria for activation of the DHB HEP

The Plan will be activated when:

a) there is a serious threat to the health status of the community, such as:
   - expected influenza epidemic/ pandemic
   - predicted volcanic ash fall
   - major flooding
   Notification of these threats will most likely be via either MoH or CDEM

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

c) there is the loss of services which prevent healthcare facility(s) from continuing to care for patients e.g.
   - extended loss of electricity, loss of water supply, loss of waste water service
   - transport strike resulting in non-delivery of critical medical supplies
   - industrial action
   - major weather event causing casualties or disrupting provision of health services (flooding landslides etc).

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

5.1.2 Procedures for Activation of the BOP DHB HEP

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

The Duty Manager is instructed to:
1. Notify the Senior Manager on call;
2. Take control until the Senior Manager takes over;
3. Begin the incident log;
4. Begin the communication process; (see notification list page 39)
5. Senior Manager signs authorisation for activation of the HEP.
Emergency Notification

Duty Manager arranges notification of relevant personnel using the Emergency Notification List (page 39) as a guide.

1. Consider all communication options.

2. Notification message to include:
   - Details of the emergency;
   - Which stage of the emergency plan has been activated;
   - Where the support is required;
   - What support is required;
   - When the support is required;
   - Where to report and to whom;
   - Likely hazards that may be encountered en route.

3. Notification must be acknowledged with date and time of acknowledgement recorded.

4. Established Email Group - Emergency Incident Notification includes:
   - Duty Managers;
   - Occupational Health & Safety;
   - Single Point Contact forward.

5. Log into EMIS

6. Quickly establish a battle rhythm
   - Establish a working incident management team. Role cards are available in appendix 5. Role jerkins are stored in the EOC.
   - Establish regular briefing times (mandatory for key CIMS roles) – briefing template can be found in the desk file.
   - Establish action planning and situation reporting cycle.

External notification should include:
Midland Regional Emergency Management Advisor 021 513 465
Ministry of Health GETMOH 0800 438 664
Group CDEM Groups Tauranga City Council 07 577 7000
   Western BOP District Council 07 571 8008
   Whakatāne District Council 07 306 0500
   Opotiki District Council 07 315 3030
   Kawerau District Council 07 306 9009
BOP Group CDEM 0275194823
Police, Fire and Ambulance

See page 45 for ongoing communication process
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:

DHB Internal Notification

<table>
<thead>
<tr>
<th>Name</th>
<th>Method of notification</th>
<th>Notified date/ time</th>
<th>Received/ acknowledged date/time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior manager on call</td>
<td></td>
<td></td>
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<tr>
<td>Telephony</td>
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<tr>
<td>Medical Officer of Health on call</td>
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<td></td>
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<tr>
<td>Business Leader - Surgical Service</td>
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<tr>
<td>Service Leader - Medical Cluster</td>
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<tr>
<td>Service Leader - Mental Health</td>
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<td></td>
<td></td>
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<tr>
<td>Business Leader - WCF</td>
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<tr>
<td>Hospital Coordinator</td>
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<tr>
<td>Duty Managers</td>
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<tr>
<td>Bureau</td>
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<td></td>
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<tr>
<td>ED Senior Medical Staff</td>
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<tr>
<td>Medical Physician on call</td>
<td></td>
<td></td>
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<tr>
<td>Senior Doctors on call</td>
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<tr>
<td>Relevant Junior Drs on Duty</td>
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<tr>
<td>Infectious Diseases Consultant</td>
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<tr>
<td>GP Liaison</td>
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<tr>
<td>Operations Coordinator</td>
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<tr>
<td>Emergency Planner</td>
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<tr>
<td>Purchasing Department</td>
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<tr>
<td>Chief Executive Officer</td>
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<tr>
<td>Chief Operating Officer</td>
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<tr>
<td>Director of Nursing</td>
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<td></td>
<td></td>
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<tr>
<td>GM Governance &amp; Quality</td>
<td></td>
<td></td>
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<tr>
<td>GM Property Services</td>
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<tr>
<td>GM Planning &amp; Funding</td>
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<tr>
<td>GM Corporate Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GM Maori Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td>Contact Person</td>
<td>Phone</td>
<td>Email</td>
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<td>------------------------------------------------</td>
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<tr>
<td>GM Regional Community Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GM Information Management</td>
<td></td>
<td></td>
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<tr>
<td>Communications Manager</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Orderlies &amp; Security</td>
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<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy</td>
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<td></td>
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<tr>
<td>Operating Theatres</td>
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<td></td>
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<tr>
<td>ICU</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Social Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Clinical Services Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen, Cleaning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Enquet
   - 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
   - 84 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
- P PUBLIC PARKING
- A DISABLED PARKING
- V VEHICLE ACCESS
- H HELICOPTER
- C CONSTRUCTION
EOC Activation

Duty Manager acts as Incident Controller until senior manager assumes the role, or assumes control

Senior Manager authorisation for activation of plan

Senior Manager appoints Incident Controller

Arrange for activation of the EOC

Appoint Incident Management Team (IMT) roles:
- Communications
- Liaison
- Operations
- Logistics
- Planning & Intelligence
- EOC Manager
- CD Liaison if required
- Health & Safety
- Technical Advisory Group
- Maori Liaison

Carry out tasks on Duty Card to respond to the incident

DHB/ Tauranga Hospital EOC
Location: Ground floor Property Services Building – see map
Access: Day & Night: pin (Emergency Planners & Governance & Quality GM have the number) Security and Property Services can also open the EOC by key if required.
Resources: EOC Trolley in main reception (Duty Managers & Emergency Planners have access keys)

Whakatāne Hospital Incident Control Room
Location: Ground floor situated next to IT room
Access: Day & night: via Duty Manager
5.1.3 Alternative Location for the DHB EOC

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

5.2 BOPDHB Response Structure

5.3 Ministry of Health Communication Processes

<table>
<thead>
<tr>
<th>Alert Level</th>
<th>Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code White</strong></td>
<td>The Ministry of Health communicates with the following, advising them of the situation:</td>
</tr>
<tr>
<td>(Information phase)</td>
<td>1. CEOs of all DHBs</td>
</tr>
<tr>
<td></td>
<td>2. DHB ‘single point of contact’</td>
</tr>
<tr>
<td></td>
<td>3. Public Health Services</td>
</tr>
<tr>
<td><strong>Code Yellow</strong></td>
<td>• CIMS structure activated in the Ministry.</td>
</tr>
<tr>
<td>(Standby phase)</td>
<td>• Communication initiated to DHBs ‘single point of contact’ to prepare to activate regional CIMS structures</td>
</tr>
<tr>
<td><strong>Code Red</strong></td>
<td>• Ministry directs activation of Regional CIMS structures.</td>
</tr>
<tr>
<td>(Activation stage)</td>
<td>• Communication is now with the four Regional Coordinators (Regional Coordinators have established communication with DHB EOCs).</td>
</tr>
<tr>
<td><strong>Code Green</strong></td>
<td>The Ministry advises ‘stand down’ in respect of the Regional CIMS structures.</td>
</tr>
<tr>
<td>(Stand down phase)</td>
<td></td>
</tr>
</tbody>
</table>
5.4 Bay of Plenty DHB Communication Processes

The Ministry has developed alert codes, the purpose of which is to provide a system of communication for an emergency that is easily recognised within the sector. These alert codes are issued via the Single Point of Contact system.

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

<table>
<thead>
<tr>
<th>Phase/Alert code</th>
<th>Regional Responsibilities</th>
<th>Local Responsibilities (DHB)</th>
</tr>
</thead>
</table>
| **All Alert Phases** | • Coordinates the regional health response.  
• Liaises between the Ministry, DHB groupings and other agencies' regional emergency structures.  
• Coordinates intelligence-gathering and tasking in the region. | • Coordinates and manages the health sector response in its particular areas.  
• Liaises with other agencies at the local level and within the region.  
• Provides the region and the Ministry with required information. |
| **Information** (code white) | • Not activated in code white. | • Monitors situation and obtains intelligence reports and advice from the Ministry.  
• Advises all relevant staff, services and service providers of the event and developing intelligence.  
• Liaises with Ministry regarding media statements.  
• Reviews local and regional HEPs.  
• Prepares to activate emergency plans.  
• Liaises with other emergency management agencies within the region. |
| **Standby** (code yellow) | • Not activated in code yellow. 
**NB** In some circumstances a single regional coordination team may be activated without the national plan moving to the red phase. This may occur when a health related emergency is localised and likely to remain so or when the Ministry considers activation of the NHEP is not currently required. | • Prepares to activate DHB emergency operations centre.  
• Identifies the need for and appoints an Incident Management Team (IMT).  
• Prepares to activate regional coordination  
• Advises and prepares all staff, services and service providers.  
• Manages liaison with local agencies.  
• Monitors local situation and liaises with the Ministry.  
• Prepares to activate flu clinics/CBACs and triage as necessary.  
**NB** in certain types of emergencies (such as pandemic) public health services may fully deploy whilst clinical services remain on standby to provide assistance if required, and mount a clinical response. |
| **Activation** (Code Red) | • Activates regional incident management structure and identifies a regional coordinator.  
• Coordinates the regional health response.  
• Communicates with the Ministry, regional DHBs and other agencies' regional emergency structures.  
• Coordinates regional intelligence gathering. | • Activates DHB EOC.  
• Activates DHB IMT.  
• Manages DHB primary, secondary and public health service response.  
• Liaises with other agencies at a district level  
• Activates Flu Clinics/CBACS and triage as necessary.  
• Provides regional coordination centre with DHB/community health intelligence.  
• Appoints a recovery manager |
| **Stand-down** (code green) | • Stands down regional coordination.  
• Participates in debrief.  
• Updates plans. | • Stands down DHB EOC.  
• Stands down IMT.  
• Focuses activities on health recovery issues in the DHB region.  
• Facilitates debriefs.  
• Provides management and Ministry with information following debriefs.  
• Updates plans. |
5.6 Planning for Recovery

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

5.7 Standing Down the HEP

The date and time of the official stand down or deactivation of an emergency response, will be determined by either the local or regional agency in consultation with the Ministry. Some basic points that should have been passed before deactivation can be declared are;

- The emergency response role has concluded
- The immediate physical health and safety needs of affected people have been met
- Essential health and disability services and facilities have been re-established and are operational
- Immediate public health concerns have been satisfied
- It is timely to enter the active recovery phase.

When the Ministry is satisfied, it will issue a code green alert to signify the end of the response.
PART 6: RECOVERY

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

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

- Minimising the escalation of the consequences of the disaster;
- Rehabilitating the emotional, social and physical wellbeing of individuals within communities;
- Taking opportunities to adapt to meet the physical, environmental, economic and psychosocial future needs;
- Reducing future exposure to hazards and their associated risks;
- Coordination of the key activities between the main stakeholders.

Recovery arrangements include those activities that address the immediate problems of stabilising the affected community and assure that life support systems are operational. The recovery arrangements in this plan focus on facilitating and coordinating the short / medium term disaster recovery activities for affected community / communities to a point where:

- The immediate health needs of those affected have been met;
- Systems have been established / re-established to assist individual and community self-sufficiency;
- Essential services have been restored to minimum operating levels.

See Appendix 16 for Recovery Action Plan Template.

6.1 Recovery Arrangements

Recovery activities will incorporate (as required):

- Overseeing the physical reconstruction of facilities;
- Reviewing key priorities for service provision and restoration;
- Financial implications, remuneration, and commissioning agreements;
- Staffing and resources to address the new environment;
- Socio-economic effect of the incident on staff and the health providers;
- Very Important Person (VIP) visits;
- The DHB's role in funerals, memorials and anniversaries;
- Staffing levels, welfare and resilience;
- Ongoing need for assistance from other DHBs or other agencies;
- Equipment and re-stocking of supplies;
- Liaising with and supporting external health providers;

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

- Mid-long term community support and medical services;
- Long term case management;
- Long term public health issues.

Psychosocial recovery

Recovery encompasses the psychological and social dimensions that are part of the regeneration of a community. The process of psychosocial recovery from emergencies involves easing the physical and psychological difficulties for individuals, families / whanau and communities, as well as building and bolstering social and psychological wellbeing. Psychosocial support is therefore an
important issue to incorporate into recovery planning. Psychosocial support ensures an individual’s emotional, spiritual, cultural, psychological and social needs are addressed in the immediate, medium and long term recovery following an emergency. This includes those who may be providing psychosocial support services as well as those who may be receiving them.

Psychosocial recovery planning is intersectoral in nature, requiring coordination between agencies at national, regional and local levels, and spans all the phases of emergency management, including planning.

BOPDHB Emergency Planning Coordinator and representatives from the Mental Health Service will work CDEM Group and local welfare managers to develop a plan for the coordination of the delivery of psychosocial support services within the region.

6.2 Recovery Manager

The BOPDHB CEO will appoint a BOPDHB Recovery Manager and/or a Health Recovery Liaison Officer. A duty card for Recovery Manager is attached as Appendix 5.10.

Recovery activities will be physically implemented at a local level, while the BOPDHB Recovery Manager will effect the coordination of region wide and external resources to meet the local need. Health will work with a large number of other agencies during the response and recovery phases. The need for a local approach to implementing recovery ‘on the ground’ is necessary partly because of the geographical spread of the region and partly because of the disparate nature of the communities likely to be affected.

6.3 Evaluation of the Emergency Response

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

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

Debriefing is a quality improvement activity that also provides an opportunity for the organisation to:
- Thank the staff
- Provide positive feedback
- Improve the performance and the ability to respond to a future event, rather than assign blame.

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

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

Details of the organisational debrief model can be found on the MCDEM website [http://www.civildefence.govt.nz](http://www.civildefence.govt.nz)
6.4 Types of Debrief

6.4.1 The hot or immediate post-event debrief

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

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

The debrief should be attended by all key staff involved in key management of the incident and those who will assume responsibility for any ongoing management of any affected services. At a minimum the hot debrief should include discussion on:

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

6.4.2 The ‘Cold’ or Internal Organisational Debrief

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

6.4.3 The Multi-agency Debrief

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

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

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

6.5 Reviews

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

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

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

BOPDHB will ensure that an expenditure management system will have been put in place during the management of the incident allowing a transparent tracking of emergency expenses. The Logistics manager will record and track resources/expenditure on a master sheet, (Appendix XX) The DHB will cover the costs of the response in alignment with arrangements for government financial support for emergencies set out in the Operational Policy Framework (OPF). These provisions apply whether or not there is a state of emergency in force.
Appendices
### Appendix 1: Glossary of Terms for the BOPDHB Health Emergency Plan

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>In Full</th>
</tr>
</thead>
<tbody>
<tr>
<td>4R’s</td>
<td>Reduction, Readiness, Response, Recovery</td>
</tr>
<tr>
<td>BOPDHB</td>
<td>Bay of Plenty District Health Board</td>
</tr>
<tr>
<td>CD</td>
<td>Civil Defence</td>
</tr>
<tr>
<td>CDEM</td>
<td>Civil Defence Emergency Management</td>
</tr>
<tr>
<td>CDEMG</td>
<td>Civil Defence Emergency Management Group</td>
</tr>
<tr>
<td>CEG</td>
<td>Coordinating Executive Group</td>
</tr>
<tr>
<td>CIMS</td>
<td>Coordinated Incident Management System</td>
</tr>
<tr>
<td>CISD</td>
<td>Critical Incident Stress Debriefing</td>
</tr>
<tr>
<td>CYFS</td>
<td>Children, Young Persons, and their Family Service</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>EMC</td>
<td>Emergency Medical Centre</td>
</tr>
<tr>
<td>EMIS</td>
<td>Emergency Management Information System</td>
</tr>
<tr>
<td>EMG</td>
<td>Emergency Management Group</td>
</tr>
<tr>
<td>EMOG</td>
<td>Emergency Management Operations Group</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operation Centre</td>
</tr>
<tr>
<td>ERT</td>
<td>Emergency Response Team</td>
</tr>
<tr>
<td>ESCC</td>
<td>Emergency Services Coordinating Committee</td>
</tr>
<tr>
<td>GEOC</td>
<td>Group Emergency Operations Centre (BOP &amp; Lakes wide)</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HCC</td>
<td>Health Coordination Centre</td>
</tr>
<tr>
<td>HEP</td>
<td>Health Emergency Plan</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>IPA</td>
<td>Independent Practitioners Association</td>
</tr>
<tr>
<td>KPI</td>
<td>Key performance Indicator</td>
</tr>
<tr>
<td>Local EOC</td>
<td>Local Emergency Operation Centre (District Level)</td>
</tr>
<tr>
<td>MAF</td>
<td>Ministry for Agriculture and Forestry</td>
</tr>
<tr>
<td>MAOP</td>
<td>Mutual Aid Operating Protocol</td>
</tr>
<tr>
<td>MCDEM</td>
<td>Ministry of Civil Defence and Emergency Management</td>
</tr>
<tr>
<td>MHEMG</td>
<td>Midland Health Emergency Management Group</td>
</tr>
<tr>
<td>MIRT</td>
<td>Major Incident Response Team</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NHCC</td>
<td>National Health Coordination Centre</td>
</tr>
<tr>
<td>OPF</td>
<td>Operational Policy Framework</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
</tr>
<tr>
<td>Primary Health Services</td>
<td>Primary Health Services are those providing universally accessible first level contact with the health system</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
</tr>
<tr>
<td>TA</td>
<td>Territorial Authority (District Council)</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
</tbody>
</table>
## Appendix 2: Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
</table>
| Civil (Defence) Emergency     | The Civil Defence and Emergency Management Act 2002 defines an emergency as ‘a situation that:  
• Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act and  
• Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand and  
• Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act.  
Note: An emergency service means the New Zealand Police, New Zealand Fire Service, National Rural Fire Authority and District Health Boards |
| Consequences                  | The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event. |
| Emergency services Committee  | A committee organised and managed by the Police, with representatives from local council, local utility companies and emergency services. In a major incident this committee would coordinate local emergency response. |
| Emergency Operations Centre   | An established facility where the response to an incident may be supported and controlled.                                                                                                                  |
| Hazard                        | A source of potential harm or a situation with a potential to cause loss.                                                                                                                                  |
| Health Services Emergency     | Any event which:  
• presents an unexpected serious threat to the health status of the community  
• results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time  
• causes loss of services that prevent a healthcare facility from continuing to care for those patients it has  
Disastrous events having a significant impact on healthcare providers will not necessarily be declared a civil defence emergency. |
| Incident Management Team      | The group of incident management personnel carrying out the functions of Incident Controller, Operations Manager, Planning/Intelligence Manager and Logistics Manager.                                           |
| Likelihood                    | Used as a qualitative description of probability or frequency.                                                                                                                                              |
| Major Incident                | Any event which:  
• presents a serious threat to the health status of the community; or  
• results in the presentation to a healthcare provider of more casualties or patients in type, number or degree that they are staffed or equipped to treat at that time; or  
• leads to or represents the loss of services which prevent healthcare facility(ies) from continuing to care for patients |
| Primary Health Services       | Primary Health Services are those providing universally accessible first level contact with the health system.                                                                                               |
| Public Health Emergency | An unexpected adverse event that overpowers the available public health resources or capabilities at a local or regional level. Public Health emergencies may or may not be declared civil defence emergencies. A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956. Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies. |
| Risk | The chance of something happening that will have an impact upon service delivery. It is measured in terms of consequences and likelihood. |
| Service Continuity Plans | Back-up or contingency plans for unforeseen or unpreventable events, so that the service provided can be continued. |
Appendix 3  Key Roles and Responsibilities in an Emergency

<table>
<thead>
<tr>
<th>Service</th>
<th>Planning and Response responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. District Health Board</td>
<td>The DHB will ensure that:</td>
</tr>
<tr>
<td></td>
<td>• The planning for and assessment of any major incident includes the impact on the health status of the community;</td>
</tr>
<tr>
<td></td>
<td>• Following a major incident, a health needs assessment is conducted and appropriate services are provided in a coordinated manner to restore the health status of the affected population;</td>
</tr>
<tr>
<td></td>
<td>• There is agreement on the contributions that providers within the BOP District Health Board area of responsibility will make to the overall health services major incident response;</td>
</tr>
<tr>
<td></td>
<td>• Emergency Management personnel will be trained and equipped to respond to DHB emergencies, national warning system alerts, MoH code alert messages or any event that may impact on DHB services, and to provide a cadre of appropriately skilled staff for the management of large or extended emergencies;</td>
</tr>
<tr>
<td></td>
<td>• An exercise programme is developed and conducted to test plans;</td>
</tr>
<tr>
<td></td>
<td>• The health services responding to the incident have the necessary support and resources, including information and health advice, to enable them to meet the demands on their services;</td>
</tr>
<tr>
<td></td>
<td>• There is health service input to a multi-agency strategic response. This will be achieved through BOP District Health Board participation in the Coordinating Executive Group (CEG) of the Civil Defence and Emergency Management Group set up in its area, including Emergency Services Coordinating Committee and representatives on local CDEM operational committees such as local welfare groups, the Lifelines Group and health provider stakeholder groups;</td>
</tr>
<tr>
<td></td>
<td>• Health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts;</td>
</tr>
<tr>
<td></td>
<td>• During a major incident DHB purchasing and supplies department will coordinate the delivery of medical supplies to all DHB services and also to Emergency Medical Centres if they have been activated;</td>
</tr>
<tr>
<td></td>
<td>• New service agreements contain a commitment from providers for an emergency plan and resources in place to ensure they can respond in an emergency in an integrated and effective manner;</td>
</tr>
<tr>
<td></td>
<td>• Ensure there are efficient systems for notifying staff or rapid recall of staff;</td>
</tr>
<tr>
<td></td>
<td>• Support is provided for a Civil Defence welfare response;</td>
</tr>
<tr>
<td></td>
<td>• There is a system for monitoring health providers plans and resources to assist with an integrated and effective emergency response.</td>
</tr>
</tbody>
</table>

The District Health Board’s role in an emergency is guided by:

- The Civil Defence Act 2002
- The National Civil Defence Guidelines
- The MoH National Health Emergency Plan
- The MoH Operations Policy Framework OPF Section 3.10
### 2. Public Health Services

Public Health Services' role in an emergency is guided by Section 10 of the PH Handbook. The BOPDHB Public Health Service (Toi Te Ora Public Health Service) will oversee those matters that impinge upon the health, health protection, disease prevention and statutory Public Health response to the BOP population.

<table>
<thead>
<tr>
<th>The Public Health Service will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure that the planning for and assessment of any major incident includes the impact on the health status of the community;</td>
</tr>
<tr>
<td>• Through an analysis of the hazards and risks posed by the situation, be able to identify and assess the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response;</td>
</tr>
<tr>
<td>• Communicate with relevant people about the assessment of the emergency situation and ensure appropriate management of the public health aspects;</td>
</tr>
<tr>
<td>• Establish, and regularly test, communications with regional GPs, Community Pharmacies and Accident and Medical Services;</td>
</tr>
<tr>
<td>• In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. During a declared state of emergency all information, releases and distributions are to be approved by the appropriate Civil Defence Controller. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller;</td>
</tr>
<tr>
<td>• Ensure all obligations can be met and there is regular monitoring of staff awareness, staff training is provided, emergency resources are ready for deployment and exercises are conducted;</td>
</tr>
<tr>
<td>• Maintain up to date epidemiological data.</td>
</tr>
</tbody>
</table>

The Public Health Service response will also, as required, address and/or advise on the following issues:

| • Drinking water quality control and treatment; |
| • Food safety and mass feeding facilities; |
| • Control of sewage and other wastes, rodent control and the disposal of human as well as organic masses; |
| • Shelter for evacuees and hygiene standards; |
| • Control of infectious diseases; |
| • Control and disposal of hazardous substances; |
| • Radioactive hazards; |
| • In association with the Police, emergency disposal of the dead; |
| • Ensure there are efficient processes for disseminating health warnings and messages. |

### 3. Secondary Hospitals

Hospitals operated by BOP District Health Board will provide the facilities in which the majority of acute treatment for those affected by the incident is undertaken. They will also accommodate the majority of recuperative patients during their

<table>
<thead>
<tr>
<th>Secondary Hospitals will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services;</td>
</tr>
<tr>
<td>• Plan for a graduated response, including the evacuation of patients;</td>
</tr>
<tr>
<td>• Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency services;</td>
</tr>
</tbody>
</table>
immediate post operation period. Precise functions of hospitals are detailed in their individual plans.

**Note:** When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide. This will be coordinated by the BOPDHB. BOPDHB as a memorandum of understanding with Grace Hospital for this purpose.

[http://docman/org/Emergency/Plans/Grace%20Hospital%20MOU%2031%20August%2009.doc](http://docman/org/Emergency/Plans/Grace%20Hospital%20MOU%2031%20August%2009.doc)

In a declared emergency, the Hospital Incident Controller will need to maintain close cooperation with the Police and/or Civil Defence Emergency Management Groups, in order to ensure that comprehensive registration of movements is completed.

<table>
<thead>
<tr>
<th>2</th>
<th>Physical Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Manage capacity to accept those needing hospital care as a result of the incident;</td>
<td></td>
</tr>
<tr>
<td>• Participate in an alternate communications network linking key healthcare facilities, including Tertiary Hospitals, and CDEM organisations;</td>
<td></td>
</tr>
<tr>
<td>• Have arrangements for access to essential supplies during an emergency;</td>
<td></td>
</tr>
<tr>
<td>• Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies;</td>
<td></td>
</tr>
<tr>
<td>• Maintain the Memorandum of Understanding with Grace Hospital and three local General Practitioners;</td>
<td></td>
</tr>
<tr>
<td>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training;</td>
<td></td>
</tr>
<tr>
<td>• Ensure readiness of resources;</td>
<td></td>
</tr>
<tr>
<td>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff;</td>
<td></td>
</tr>
<tr>
<td>• Private hospitals will plan to admit low activity patients transferred from public hospitals;</td>
<td></td>
</tr>
<tr>
<td>• Private hospitals will be prepared to make facilities available for public hospital patients;</td>
<td></td>
</tr>
<tr>
<td>• Private hospitals will be prepared to make medical equipment and supplies available for public hospitals.</td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health Services
Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.

**Note:** Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. The DHB will be responsible for the coordination of the delivery of services following an event.

<table>
<thead>
<tr>
<th>Mental Health Providers will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services;</td>
</tr>
<tr>
<td>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training;</td>
</tr>
<tr>
<td>• Ensure readiness of resources;</td>
</tr>
<tr>
<td>• Make provision for the psychological needs of patients and the extended community affected by a disaster;</td>
</tr>
<tr>
<td>• Develop and conduct an exercise programme to test plans;</td>
</tr>
<tr>
<td>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff;</td>
</tr>
<tr>
<td>• Support the Civil Defence welfare response.</td>
</tr>
</tbody>
</table>
5. Disability Support Services (DSS)
   Note: These include services supporting both physically and intellectually disabled people.

   **DSS will:**
   - Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services;
   - Ensure all obligations can be met and there is regular monitoring of staff awareness and training;
   - Ensure readiness of resources;
   - Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support;
   - Contribute to emergency planning capability building and exercises in conjunction with DHBs and MoH;
   - Provide for incident review and Critical Incident Stress Debriefing (CISD).

6. Ambulance Services

   The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event. In response to more severe events the Ambulance National Major Incident and Disaster Plan proposes extra resources being brought in from outside the region.

   **Note**
   During a full scale disaster the need to prioritise the use of limited ambulance effort to best satisfy competing demands will probably preclude their use beyond the network of Emergency Medical Centres and Casualty Collection Points. It is therefore likely that private resources will transport some casualties.

   **Each ambulance service will:**
   - Prior to an emergency, participate in an alternate communications network that links key health facilities and emergency management organisations;
   - Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of vehicles, buildings or utility services;
   - Ensure the emergency plan is integrated with the DHB and the regional emergency services;
   - Ensure all obligations can be met and there is regular monitoring of staff awareness and training;
   - Ensure readiness of resources;
   - Participate in coordinated planning, training, exercising and response arrangements with complementary or neighbouring providers and emergency management organisations;
   - Maintain its own emergency plan, command structure and communications in order to liaise with the appropriate controller(s);
   - Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.

7. New Zealand Blood Service

   The New Zealand Blood Service (NZBS) routinely supply blood and blood products to Tauranga and Whakatāne Hospitals. NZBS have in place emergency response plans to ensure continuity of supply blood and blood products if demand should suddenly increase. The hospitals have contact numbers for a 24 hour callout service. It is expected that blood products will reach Tauranga hospital within 1.5 hours of the initial call and Whakatāne Hospital within 2.5 hours.

8. Aged Care

   All healthcare providers contracted by the BOP District Health Board and Ministry of Health are expected to develop emergency plans which identify:
   - **How** the provider as a whole will respond to a crisis at any of its facilities or services, **who** has the
coordination role, **where** they will operate from, and, where relevant, **what** the role and responsibilities are of each department;

- A facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified;
- Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on site and filling that role when the crisis occurs;
- How the service or facility can provide support to a community emergency;
- Identifies risks and hazards;
- Monitors staff awareness, outlines how training will be provided and ensures resources are available, including emergency supplies to enable them to respond;
- How the facility will participate in coordinated planning and exercising of plans;
- How they will communicate with the DHB or other emergency services if normal lines of communication are not available;
- How they will maintain their business continuity plans.

9. Non-Governmental Organisations

Note: These are non-Ministry/DHB funded organisations that provide health services to members of the community, such as Plunket, Red Cross, Cancer Society.

Non-government organisations, under the Civil defence Emergency Act, are also required to have plans and resources in place to ensure that they can respond to an emergency in an integrated and effective manner.

**NGOs, Pacific Organisations and IWI Provider Organisations will:**

- Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services;
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training;
- Ensure readiness of resources;
- Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support;
- Provide for incident review and Critical Incident Stress Debriefing (CISD) of its own staff;
- Develop and conduct an exercise programme to test plans;
- Support a Civil defence welfare response.

10. Civil Defence

If a Civil Defence Emergency is declared, overall management of such is the responsibility of the Group and/or Local Civil Defence Organisations(s).

The main role of Civil Defence is to maintain contact with BOPDHB through the appointed Regional and District Health Liaison Officers and to facilitate requests for resources, not available from BOPDHB or other health sources, when advised or requested by the Regional Health Liaison Officer.
### 11. Primary and Community Services
Following a major incident some people may require primary health care or community health services immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:

- There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment.
- There are people needing health care, social and psychological support because they are indirectly affected by an incident in their community or because their relatives have been involved in an incident elsewhere.
- Patients are transferred or discharged home early, in order to free up acute beds for the treatment of casualties injured in the incident.
- People are evacuated from their homes or workplaces, which are threatened by toxic hazards or flooding, to Civil Defence centres set up by local authorities.

#### Primary and Community Services will:

- Develop and maintain service continuity plans, appropriate for their situation, to minimise disruption to services through the loss or impairment of buildings or utility services.
- Identify risks and hazards.
- Agree mutual aid agreements with like providers.
- Ensure there is an efficient system for rapidly notifying staff or for staff recall.
- Ensure there is access to essential emergency supplies.
- Contribute to emergency planning capability planning and exercises in conjunction with DHBs and MoH as required.
- Following a major incident, whenever possible continue to provide their services, to meet the essential needs of their patients or clients and others who, as a result of the emergency, are unable to access their usual provider. This includes Community Pharmacies, where possible, opening their premises and providing their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier.
- Have planned to participate in a response to:
  - a) Meet the need for care and advice to uninjured casualties or those with minor injuries;
  - b) Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds;
  - c) Meet the health care needs of people at reception or Civil Defence centres; this could include:
    - replacing missing medication;
    - undertaking health screening;
    - the provision of information and advice to the public;
    - the provision of social and psychological support in conjunction with social services.
  - d) Plan to increase their ability to accept and treat casualties (GPs and Medical Centres).
  - e) Ensure all obligations can be met and there is regular monitoring of staff awareness, training and exercises undertaken as well as readiness of resources.
  - f) Participate in alternative communications networks that link principal health care facilities with CDEM & the DHB.
  - g) Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.
  - h) Report to funders on request about readiness and response to an emergency.

### 12. Community Medical Laboratories
Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services.

#### Community Medical Laboratories will:

- Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services;
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training (including exercises) and readiness of resources.

---

4 Includes GP Practices, medical centres/A&M Clinics, Community Pharmacies, Maori Health Services and other healthcare services provided in the Community.
| 13. Community Radiology Services | **Community Radiology Services will:**
Radiology Services are expected to assist the health response through, where possible, continuing their normal diagnostic services. | Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services; Ensure all obligations can be met and there is regular monitoring of staff awareness and training (including exercises) and readiness of resources Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event. Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff. |
|--------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Ministry of Health         | **The Ministry of Health will, where appropriate:**
The Ministry is responsible for developing and maintaining the National Health Emergency Plan (NHEP) which is the umbrella plan incorporating specific plans, such as the NHEP: NZ Influenza Action Plan, Multiple Complex Burn Action Plan etc. | Establish and maintain clear communications processes with DHBs (including Public Health Services); In the event of a national health-related emergency, establish a national coordination team under a CIMS structure and identify a national coordinator; Establish national coordination of media and public information; Provide timely, accurate and up-to-date clinical advice and information; Facilitate health assessments as part of border control; Establish priority groups for vaccines and other medications and provide advice as to which medicines to use; Establish systems for national procurement and management of supplies; Following stand-down, initiate a review of actions and outcomes and update the national plan. |
## Appendix 4: Regional Risks
BOP Civil Defence Emergency Management Group Plan 2012 - 2017

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Likelihood</th>
<th>Consequence/Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| Flooding                             | Possible     | Disruption of road, 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, isolation of services, staff, clients and communities. In the unlikely event the Matahina dam failed following an earthquake, the Rangataiki Plains would be flooded. A flood protection system is in place to prevent flooding from most rivers. If this system were to fail extensive flooding could occur. | • 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 and clients if they cannot get home |
| Coastal storm/extreme weather event  | Almost certain | 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, localised flooding, tree fall, wind, water and airborne debris damage to structures, heavy seas and storm surge, coastal erosion | • 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 |
| Volcanic Activity                    | Possible     | Ashfall will cause the major problems, dependent on wind direction at the time of eruption. Possible loss of life, respiratory, eye and skin problems, widespread damage to property, disruption of utility services, damage to roading and bridges, long-term effects on agriculture and horticulture, psychosocial and economic impacts. It is expected the Eastern BOP and central North Island will be more affected than the Western BOP. Previous sources of ashfall in the BOP were from the Okataina volcanic centre, the Taupo volcanic center, the Rotorua caldera, Mayor Island and the central North Island volcanoes. | • 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  
• Volcanic eruption resource folder in EOC. |
<table>
<thead>
<tr>
<th>Hazard</th>
<th>Likelihood</th>
<th>Consequence/Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| 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 | • Raise health provider and staff awareness  
• Business continuity plans  
• Early alert systems for providers and staff  
• Staff training flu prevention and infection control updates provided  
• 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 |
| Wild fire / rural fire       | Possible   | Loss of life, burns, smoke inhalation, exhaustion. Destruction of homes, disruption to utility services, pollution of waterways and water supplies. Evacuation of homes. Greatest risk from fire is in rural areas, especially forest areas, both native and exotic. Risk increased during long, dry periods. Fires may start following volcanic activity, lightning strikes, high winds, floods and earthquake causing electrical shorts. | • 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 |
| Tsunami – local, regional or distal | Possible   | Loss of life, personal injury, structural damage (especially near the coast), damage to coastal roads, rail routes and bridges, disruption and/or loss of utilities, damage to small craft at moorings, potential for grounding of shipping within the harbour. Fires and chemical pollution from chemical spillage around the harbour.  
Greater potential for loss of life during summer months due to influx of holidaymakers close to the coast. | • 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 and clients if they cannot get home  
• Ability to call extra staff/volunteers or redeploy if staff cannot get to work |
<table>
<thead>
<tr>
<th>Hazard</th>
<th>Likelihood</th>
<th>Consequence/Impact</th>
<th>Mitigation</th>
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</table>
| Earthquake              | Possible   | 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. | • 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 |
| Utility Failure         | Likely     | 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. | • Raise health provider and staff awareness  
• Business continuity plans  
• Alternative methods of communication  
• Additional essential supplies, food and water stored in the event of supply chain disruption  
• Ability to call extra staff/volunteers or redeploy if staff cannot get to work |
| Hazardous Substance Spills | Unlikely | May include fire, explosion, and 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. | • 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. |
| Transportation Crashes  | Probable   | Loss of life, personal injury, disruption to transportation. May be hazardous substance spill if carrier involved in accident. Risk of fire and explosion with subsequent injuries, loss of utilities if accident damaged utility network. Flow on effect to hospitals, leading to a surge in demand for services. More likely to happen in inclement weather conditions. 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). | • Raise health provider and staff awareness  
• Mass casualty plan & regional plans.  
• MOUs with Grace Hospital & three local GP services 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 |
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<th>Hazard</th>
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</table>
| 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. | • Raise health provider and staff awareness  
• Mass casualty plan |
| Civil unrest / terrorism | Rare       | 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. | • Raise health provider and staff awareness  
• Instruction on flip charts  
• Mass casualty plans  
• Regional coordination |
Appendix 5: CIMS Role Cards

5.1 Civil Defence / Health Liaison

<table>
<thead>
<tr>
<th>CIVIL DEFENCE/HEALTH LIAISON</th>
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<tr>
<td>This duty card is intended as a guide only as every emergency may require a slightly different response</td>
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</table>

**Line of Authority**

The Civil Defence / Health Liaison role reports directly to the Incident Controller.

**Duties**

The Civil Defence / Health Liaison role is responsible for:

- Liaising between Bay of Plenty DHB EOC and Regional / District EOC
- Coordinating the Health response with that of the CDEM response
- Communicating BOPDHB assistance and resource to the emergency response committed by the BOPDHB Incident Controller

**Activation Duties**

- Get health status report from BOPDHB Incident Controller.
- Collect grab bag – see list inside bag for contents
- Go to district / region EOC, sign in, then report to the Incident Controller

**Operational Period Duties**

- Deliver and receive status reports
- Establish communications between CDEM EOC and BOPDHB EOC via landline / cell phone/ computer via EMIS
- With district / region EOC team, identify immediate city/district/regional needs as they impact on health services
- Confer with CDEM and BOPDHB EOC to decide and commit resources
- Provide regular briefings to BOPDHB EOC
- Establish and maintain an event log
- If the incident continues for some time:
  - Organise changeover of personnel with BOPDHB Incident Controller;
  - In liaison with the district / region and the BOPDHB Incident Controllers, develop ongoing Incident Action Plans.
5.2 Incident Controller

EOC INCIDENT CONTROLLER

This duty card is intended as a guide only as every emergency may require a slightly different response

Line of Authority

- The Incident Controller reports to the CEO or designate.
- The EOC Managers report directly to the Incident Controller.
- The EOC provides support for recovery management functions through the Recovery Manager when one is appointed.

Duties

The Incident Controller is responsible for the following:

- Providing overall direction and leadership for the response to an emergency event
- Activating and deactivated the EOC and the Health Emergency Plan (see appendices 13 & 14)
- Organising and directing the EOC. Developing the Incident Action Plan (appendix 9)
- Coordinating the response of health service providers
- Setting priorities requesting responses from other agencies
- Disseminating information to the EOC Managers
- Ensuring information on EMIS is monitored and DHB information remains current.
- Directing specific actions as required – e.g. who to notify (see pages 38 - 40)
- Approving press releases, and providing liaison with other agencies
- Response and recovery (until Recovery Manager is appointed)
- Conduct initial briefing for all staff.
- Activate elements of CIMS response as needed
- Develop and implement strategic decisions and approve the ordering and releasing of resources.
- Assess situation regularly.
- Obtain situation briefing from prior shift Incident Controller (if running more than one shift).
- Briefing the incoming shift. (Use Situation Report page 101)
- Brief management staff.
- Ensure planning meetings are conducted
- Arrange for the appointment of a Recovery Manager.
- Assist in the implementation of a recovery action plan.
- Determine information needs and inform management personnel of needs.
- Coordinate staff activity.
- Manage overall operations.
- Approve requests for additional resources and requests for release of resources.
- Authorize release of information to news media.
- Approve plan for demobilization.

Activation Duties

- Refer to the BOPDHB Emergency Operations Centre Activation (page 43)
- Log onto EMIS
- Liaise with Medical Officer of Health
- Notify the Emergency Management Team to activate and report to the EOC.
- Determine appropriate stage of EOC activation and daily meeting schedule
- Notify the staff needed to activate the EOC, and appoint key CIMS Managers.
- Establish a sign in sheet for the operational period. (Appendix 2)
- Ensure the EOC is set up and ready for operations, including habitability.
- Brief the EOC staff after obtaining a situation report from the source closest to the incident.
- Review the Incident Controller responsibilities
- Open a chronological logbook of your activities. (Appendix 10)
- Determine status of telephone and other communications
- Schedule an action-planning meeting for the first operational period with your staff and the key CIMS Managers.
- Determine whether the EOC needs representation from a Technical Advisory Group (TAG) or other organisations.
- Estimate the emergency’s duration.
- Plan for shift operations of no more than a 12-hour duration if the emergency is going to be more than one day in duration.
- Consider additional EOC support personnel for extended operations.

### Operational Period Duties

- Establish and maintain contacts with other key Health Managers, DHB Incident Controllers and with Civil Defence and Emergency Services.
- Confer with your support staff and the EOC Managers.
  - Establish the goal for the first operational period. *Recommendation:* for an initial goal, determine the situation; cause, effects, impacts, projected impacts, countermeasures planned and begun.
  - Establish the steps needed to reach that goal, and
  - How long they should take. Use Action Planning form (appendix 9).
- With the Medical Officer of Health, consider clinical guidelines for information releases.
- Ensure the DHB Chief Executive Officers and Board Chairperson is regularly informed.
  - Establish regular Action Planning and Intelligence meetings with the CIMS Managers
  - Consider co-opting others with specialised technical expertise, as needed.
- Prepare and brief relief at shift change. Use the Action Planning and Situation Reports.
- Brief incoming Incident Controller
- Sign out at change of shifts – leave contact details.

### Deactivation Duties

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

### How to Determine Things are Returning to Normal

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

<table>
<thead>
<tr>
<th>LOGISTICS MANAGER</th>
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<table>
<thead>
<tr>
<th>Line of Authority</th>
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<tbody>
<tr>
<td>The Logistics Manager is in direct line of authority, and reports directly to the Incident Controller.</td>
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<tr>
<th>Duties</th>
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<tbody>
<tr>
<td>The Logistics Manager is responsible for:</td>
</tr>
<tr>
<td>❏ Supply of logistics resources to match the other EOC Managers requirements.</td>
</tr>
<tr>
<td>❏ Providing facilities, services, and material in support of the emergency.</td>
</tr>
<tr>
<td>❏ Participating in development and implementation of the Action Plans, and activating and supervising the work within the Logistics Section.</td>
</tr>
<tr>
<td>❏ Maintaining a record of the resources requested and received for the response (see IMT desk file)</td>
</tr>
</tbody>
</table>

| During response and recovery the Logistics Manager should: |
| ❏ Obtain a briefing from the Incident Controller. |
| ❏ Plan the organisation of the Logistics Section. |
| ❏ Provide work locations for all Emergency Response Team (ERT) personnel, whether in or out of the EOC. |
| ❏ Record and track the activated ERT members, including names and locations of assigned personnel. |
| ❏ Record and track resources/expenditure on master sheet (see IMT desk file). |
| ❏ Participate in preparation of Action Plans for support and service elements. |
| ❏ Identify service and support requirements for planned and expected operations. |
| ❏ Provide input to and review communications plan, medical plan, and security plan. |
| ❏ Coordinate and process requests for additional resources with other sections. |
| ❏ Estimate all Section’s needs for next operational period. |
| ❏ Ensure general welfare and safety of all EOC personnel in coordination with the Safety Officer. |
| ❏ Assist the Security Officer with any needs for establishing and maintaining security of the EOC and ERT staff, which could include escorts to and from personal vehicles. |
| ❏ Assist Planning and Intelligence Section to develop an EOC Demobilization Plan. |
| ❏ Recommend release of resources in conformity with the Demobilization Plan. |

<table>
<thead>
<tr>
<th>Activation Duties</th>
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<tbody>
<tr>
<td>❏ Check in with the Incident Controller on arrival and establish the sign-in-sheet process with Security at all controlled entries to the EOC</td>
</tr>
<tr>
<td>❏ Report to the Incident Controller and get a briefing on the current situation.</td>
</tr>
<tr>
<td>❏ Log into EMIS.</td>
</tr>
<tr>
<td>❏ Review the Logistics Managers position description and responsibilities; open your log.</td>
</tr>
<tr>
<td>❏ Set up maps, diagrams and status board for Planning and Intelligence Section.</td>
</tr>
<tr>
<td>❏ Order additional supplies and equipment as needed.</td>
</tr>
<tr>
<td>❏ Evaluate the current EOC organisation for adequate staff and advise the Incident Controller of any shortfalls or special needs, including 24-7 coverage, if required.</td>
</tr>
<tr>
<td>❏ Meet with the Incident Controller to clarify any issues you may have regarding your authority and assignment, and what others in the EOC are responsible for.</td>
</tr>
<tr>
<td>❏ Meet with the Planning and Intelligence Section Manager to obtain the most recent situation information and establish the Logistics Section’s intelligence needs.</td>
</tr>
<tr>
<td>❏ Meet with all EOC Managers to review their logistics needs</td>
</tr>
<tr>
<td>❏ Establish guidelines for coordination of logistics requests from the Sections.</td>
</tr>
<tr>
<td>❏ Attend and provide inputs to the Action Plan and briefing meetings. Take notes and use them to</td>
</tr>
</tbody>
</table>
plan for upcoming resource requests, or for withdrawing resources no longer needed in order to control costs. This can include staffing reductions.

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

### Deactivation Duties

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

<table>
<thead>
<tr>
<th>PLANNING AND INTELLIGENCE MANAGER</th>
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<tr>
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</table>

### Line of Authority

The Planning and Intelligence Manager is in direct line of authority, and reports directly to the Incident Controller.

### Duties

The Planning and Intelligence Officer is responsible for the following:

- Collecting, analysing and displaying situation information
- Preparing periodic situation status reports with the Incident Controller, and the other Managers and disseminating them within established time frames.
- Developing goals and objectives for the forthcoming operational period’s Action Plan (appendix 9).
- During each operational period, begin advance planning for forthcoming periods. As the workload decreases, begin planning for deactivation and demobilization.
- Provide information management and related support to the other Managers and staff support positions in the EOC.
- Keep the Incident Controller updated on significant Planning and Intelligence findings (e.g., advance planning reports, serious changes in weather or safety issues, and projected reductions in resources or support etc).
- Collection, evaluation, dissemination and use of information about the event. Information is needed to:
  - understand the current situation
  - predict probable course of recovery events
  - prepare alternative strategies and control operations for the recovery. Raw data must be prepared and analysed to provide meaningful information to inform planning.
- Obtaining an initial briefing from the Incident Controller
- Activating the Planning and Intelligence Section
- Log into EMIS.
- Establishing information requirements and reporting schedules for all organisational elements for use in preparing the Action Plans.
- Post the names of the activated staff in the EOC, including names and locations of assigned personnel. The names should be available from the Logistics Manager.
- Establish a weather data collection system, and other threat assessment techniques, as necessary. This could include traffic, fire, hazardous substances and flood reports.
- Supervise preparation of Action Plans as facilitator for the action-planning meetings.
- Assemble information on alternative strategies for response and recovery.
- Identify need for use of specialized resource(s) for Logistics.
- Provide periodic predictions on recovery schedule status—evaluate milestones and % completion of objectives.
- Compile and display on status boards, the response or recovery status summary information.
- Advise general staff of any significant changes in response or recovery status.
- Provide a traffic plan, including safe routes for evacuation to another site.
- Prepare and distribute the Action Plan and other written orders from the Incident Controller.
- Ensure that normal agency information/reporting requirements are being met.
- Prepare recommendations for release of resources for the Incident Controller.
## Activation Duties

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

## Operational Period Duties

- Anticipate situations and problems likely to occur, such as: interruptions of power, heating, ventilation, air conditioning failure, darkness, weather changes, personnel burnout, aftershocks etc that will impact the current and the next operational period’s goal and objectives.
- Advise the Incident Controller about your section’s status, including progress toward the operational period goals and objectives
- Prepare and gain the Incident Controllers approval to send the daily SITREP required by the National Health Coordination Centre by 1000 hours daily
- Maintain current data displays, and ensure reports or displays you prepare are understandable.
- Ensure all contacts with the media are referred to the Communications Officer
- Share information received with the other managers. Confirm that their information about critical issues matches your information
- Make fiscal and administrative issues known to the Logistics Manager, examples:
  - Extraordinary expenditures this emergency causes.
  - Time of hourly employees applied to this emergency.
  - Other expenses that may be reimbursable by government or insurers.
- Prepare input to, and facilitate the action planning and intelligence session. (see appendix 9)
- Attend the Incident Controller’s action planning and intelligence meetings for managers and provide situation briefings with your section staff. Update the situation status board.
- Brief the Incident Controller on major problem areas (which now need or will require solutions), and then confer with the other managers to develop recommendations.
- Keep notes and brief your relief at shift change time.
- Sign out on the EOC attendance roster – leave a contact number.

**Deactivation Duties**

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

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### Line of Authority

The Liaison Manager is a staff assistant to the Incident Controller, and does not have a direct line of authority.

### Duties

The Liaison Manager is a member of the management team, and is the point of contact for assisting and working with external and internal organisation representatives. This may include government organisation representatives from Civil Defence and Emergency Management (CDEM), administrative agencies, police, schools, universities, non-profit as well as private sector interests involved with DHB operations and provides’ direct support to the Incident Controller.

The Liaison Manager is responsible for the following:

- Answering telephone calls and managing messages from other organisations in government and the private sector;
- Coordinating activity with key stakeholders in government, and those with direct service agreements with the DHB’s;
- Requesting assistance directly from other organisations when appropriate; and relevant;
- Keeping the Incident Controller informed about concerns and pressures from outside organisations.
- Maintaining links with hapu and iwi of Lakes and Bay of Plenty DHB areas.
- Providing direction and support to the Incident Controller in regard to interacting with the Iwi/Maori community.
- Working very closely with the Communications Officer.
- Liaising with CDEM, Police, Education, Facilities, DHB contractors etc

The Liaison Manager must.

- Obtain an initial briefing from the EOC Incident Controller.
- Provide a point of contact for assisting/cooperating agency representatives.
- Identify agency representatives from each agency including communications links and locations.
- Respond to requests from Health staff for inter-organisation contacts.
- Monitor recovery operations to identify current or potential inter-organisational problems.
- Assist the Incident Controller in developing strategies for coordinating with other organisations.

### Activation Duties

- Sign the attendance roster upon arrival at the EOC.
- Report to Incident Controller and get a briefing on the situation.
- Review the Liaison Manager’s responsibilities and open a chronological logbook of your activities.
- Log into EMIS.
- Establish a working position near the Communications Manager and the Incident Controller so they can be reached immediately in order to respond to outside requests and concerns as they arrive at the EOC.
- Meet with the Logistics Manager to:
  - Obtain briefing about on-site and external communications capabilities and restrictions
  - Establish operating procedures for use of telephone, computer and radio systems
  - Determine established priorities and make any special requests for services you need
  - Assess the communications linkages provided for adequacy and advise the Logistics Manager especially if key stakeholders cannot be contacted.
- Track events of inter-agency concern by attending the Incident Controller’s briefings and by
monitoring the status boards in the EOC. Record that information in your log.

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

### Operational Period Duties

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

### Deactivation Duties

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

<table>
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<tr>
<th>COMMUNICATIONS MANAGER</th>
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### Line of Authority

The Communications Manager is a staff assistant to the Incident Controller, and is not in the direct line of authority.

### Duties

**The Communications Manager is responsible for the following:**

- Advising the Incident Controller on the potential effects of proposed actions on external and internal relations
- Serving as the dissemination point for all news releases from the EOC. Other groups that wish to release information to the public, employees, Chief Executive Officer, Board Chairperson and stakeholders, should coordinate their releases through the Communications Manager
- Reviewing and coordinating all information releases from other sources
- Coordinating to ensure that: employees, their families, and other stakeholders receive timely and accurate information about the situation.
- Should follow the communications guidelines already established for emergencies.
- Prepare fact sheets about the emergency for distribution to all staff.
- Obtain regular briefings from the Incident Controller.
- Contact other involved agencies to coordinate public information activities
- Establish a single recovery information point of contact whenever possible
- Arrange for necessary workspace, materials, telephones, computers and staffing for communications staff
- Prepare an initial information summary as soon as possible after arrival
- Observe constraints on the release of information imposed by the Incident Controller.
- Obtain approval for release of information from the Incident Controller.
- Collaborate with Communication Managers from Public Health and Civil Defence.
- Release information to news media and post information in EOC and other appropriate locations
- Send a copy of media releases to the Ministry of Health
- Attend meetings to update information releases
- Arrange and facilitate meetings between media and Incident Controller
- Respond to special requests for information

### Activation Duties

- Sign the attendance roster upon arrival at the EOC.
- Report to Incident Controller to obtain a briefing on the situation.
- Review the Communications Manager responsibilities and open a chronological logbook of your activities.
- Log into EMIS..
- Establish an electronic media monitoring position outside the EOC. Instruct the person monitoring what to look for and report to you (e.g., watch local TV or listen to local radio, monitor social media)
- Meet with the Logistics Manager;
  - Obtain briefing about on-site and external communications capabilities and restrictions;
  - Establish operating procedures for use of telephone, computer and radio systems;
  - Determine established priorities and make any special requests for services you need; and
  - Assess the communications linkages provided for adequacy and advise the Logistics Manager.
- Track events of public information significance from the Incident Controller’s briefings and the status boards in the EOC. Record that information in your log.
Get estimates of the time for completion of the operation.
Consider adopting shifts for communications staff.
Attend and monitor the meetings by the Incident Controller with the other managers.

**Operational Period Duties**

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

**Deactivation Duties**

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

**OPERATIONS MANAGER**

*This duty card is intended as a guide only as every emergency may require a slightly different response*

**Line of Authority**

The Operations Manager is in direct line of authority, reporting directly to the Incident Controller.

**Duties**

The Operation Manager is responsible for the following:

- Obtaining a briefing from the Incident Controller
- Developing the operations portion of the Action Plans
- Briefing and assigning operations personnel in accordance with the Action Plan
- Overseeing the continuity of operations, assessing response and recovery support situations, and overseeing operational response in line with the Action plans.
- Coordinating all operational activity with the other EOC units. (Initial contacts should be oriented on needs assessment. Second priority should be to establish care and shelter operations)
- Consulting with the Logistics Manager and the Planning and Intelligence Manager to determine if full or partial closure of health facilities is likely, or whether Community Based Assessment Centers (CBACS) are likely to be opened. They then determine how to ensure effective response strategies and tactics.
- Directing the preparation of Operational Plans, requests for or release of resources.
- Makes expedient changes to the action plans as necessary and reports such to the Incident Controller.
- Supervise operations staff and activities to move the recovery forward.
- Determine response / recovery action needs and request additional support resources.
- Review the suggested list of resources to be used in response and recovery, and initiate recommendations for when the resources will be used and for what purpose.
- Assemble and disassemble teams assigned to operations section.
- Report information about special activities, events, and occurrences to the Incident Controller.

**Activation Duties**

- Check in upon arrival at the EOC by signing in and letting Logistics Manager know you are present.
- Report to the Incident Controller and obtain a briefing on the situation.
- Review your position’s responsibilities and open your logbook.
- Log into EMIS
- Ensure the Operations section is set up properly with needed equipment, and supplies in place, including maps and status boards.
- Review the rest of the EOC organisation and establish who has information or support you will need.
- Clarify any issues you may have regarding your authority and assignment, and those of others in the EOC, with the Incident Controller.
- Meet with the Logistics Manager:
  - Get briefed about on-site and external communications capabilities and restrictions.
  - Establish operating procedures for your section’s use of telephone, computer and radio systems: make any priorities or special requests known.
  - Assess communications adequacy for your section’s needs and advise the Logistics Manager.
Operational Period Duties

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

Deactivation Duties

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

<table>
<thead>
<tr>
<th><strong>EOC ADMINISTRATION MANAGER</strong></th>
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<td><strong>This duty card is intended as a guide only as every emergency may require a slightly different response</strong></td>
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**Line of Authority**

The Administration Manager reports directly to the Incident Controller.

**Duties**

**The Administration Manager is responsible for:**
- Facilitating the installation and ongoing operation of all equipment in the EOC, e.g. photocopiers, faxes, computers, phones, white boards, furnishing etc.
- Facilitating the document management system within the EOC.
- Overseeing the management of all administration support for the CIMS team.
- Ensuring administration staff are fully briefed on duties, systems and protocols.
- Ensuring the smooth running of the EOC.
- Arranging catering and refreshments ensure vegetarian food is available.
- Ensuring stationery and cleaning stocks are replenished in administration areas.

**Activation Duties**

- Sign the attendance roster on arrival at the EOC.
- Receive briefing from Incident Controller of current and potential status, as well as technical and support requirements.
- Log into EMIS.
- Conduct familiarisation for EOC facility.
- Meet with administration support staff and assign to CIMS Managers.
- Establish administration work areas.
- Attend updated EOC and Health & Safety training if required.
- Attend initial briefing for specific EOC procedures for EOC facility.
- Organise any equipment or resources required.
- Set up an information board in the staff area with information on EOC layout, rosters, etc obtained from Incident Controller.
- Staff roster developed – ensure there are back up staff on standby.

**Operational Period Duties**

- Check administration supplies prior to shift changeover and order stocks as required.
- Ensure administration areas are cleaned.
- Determine if there is a requirement for administration staff 24/7.
- Attend briefing on shift change.
- Keep notes to brief your relief at change of shift.
- Leave phone numbers(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift.

**Deactivation Duties**

- Attend the event debrief.
- Assist with the After Action Reports as required.
- Coordinate the disestablishment of the EOC.
## 5.9 Administration Support

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<th>ADMINISTRATION SUPPORT</th>
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<td>This duty card is intended as a guide only as every emergency may require a slightly different response</td>
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### Line of Authority
Administration Support reports directly to the Incident Controller and/or the Administration Manager.

### Duties

**Administration Support is responsible for:**
- Managing all administrative information for Incident Controller, Planning & Intelligence, Logistics or Operations Manager.
- Conducting administration duties and data entry tasks as required, including documenting actions.
- Assisting in compiling reports as required (SITREPs, Incident Action Plans, logs etc).
- Providing administration support to staff including maintenance of staff time sheets, contact lists, preparation for meetings and minutes of meetings.
- Ensuring stationery and cleaning stocks are replenished in administration areas.

### Activation Duties
- Sign the attendance roster on arrival at the EOC.
- Receive briefing from Incident Controller of current and potential status, and support requirements.
- Report to the CIMS Manager you are supporting.
- Establish a working area close to the CIMS Manager you are supporting.
- Conduct administration duties and data entry tasks as required, including documenting actions of Incident Controller, Planning & Intelligence, Logistics or Operations Manager.
- Conduct familiarisation for EOC facility.
- Attend updated EOC and Health & Safety training if required.
- Attend initial briefing for specific EOC procedures for EOC facility.

### Operational Period Duties
- Check administration supplies prior to shift changeover and order stocks as required
- Ensure your area is clean and tidy.
- Determine if there is a requirement for cover for your role 24/7 and advise Administration Manager
- Attend briefing on shift change.
- Keep notes to brief your relief at change of shift
- Leave phone numbers(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift

### Deactivation Duties
- Attend the event debrief
- Assist with the After Action Reports as required
- Coordinate the disestablishment of the EOC.
### 5.10 Recovery Manager

#### RECOVERY MANAGER

*This duty card is intended as a guide only as every emergency may require a slightly different response*

**Code GREEN restoration** response declared by Ministry of Health.

Decisions to reopen operations will be based on Ministry of Health direction and advisement. The Incident Management Team will provide continual updates.

#### Leadership

The Recovery Manager is responsible for the following:

- Planning community needs assessment action plan
- Identifying and engaging with recovery local task group and key agencies as well as internally with other senior staff
- Preparing and agreement on Terms of Reference and documenting management processes
- Coordinating and prioritising community health resource: needs and time frames
- Identify any modified methods to manage hazards and risks
- Establishing call centre and website for dissemination of information, if appropriate
- Identifying ongoing support needs with other local services such as CEG subgroup for food banks, emergency accommodation, support, counselling, orphan and animal care
- Consider and plan for financial management systems to be implemented
- Initiate actions to re-commence ‘back to normal services’ beyond essential services.
- Initiate plan for recovery of services. (See appendix 17)
- Stand down teams and restore back to normal.

#### Planning & Coordination

- Assess the health and welfare of all staff and consider responses.
- Contact all staff to advise intended return to normal operations. Staff may need to return on a graduated basis depending on family status. Consider whether staff are available to work from office vs. home.
- Consider potential for longer term interim arrangements/disruption due to staff or family member deaths.
- Identify Employee Assistance Programme intervention required to those affected. Consider a workplace held Employee Assistance Programme session.
- Acknowledge staff fatalities e.g. ceremonies
- Plan for reactivation of closed hospitals and associated services
- Remember there will be an increase in physical and emotional illness so plan clear links to access of services

#### Workplace

- Consider security provision for staff and files at office location
- Monitor return to work conditions and review workplace in terms of:
  - No health hazards
  - Security and personal safety
  - Equipment and facilities operational
- Temperature and ventilation
- Open office, alter voicemail and outlook messages
- Ensure all relevant contacts have been advised of back to normal services and information updates
- Review levels of service depending on the extent of the effect both internally & externally.
  - Announce hours and services availability through appropriate channels.
  - Monitor delayed cases for accelerated decisions.
  - Communicate with clients on case-by-case basis re restoration and expectations.
  - Consider possible claim for business interruption.
  - Check assets relocated have all been accounted for.
  - Develop recruitment plan to replace incapacitated employees
  - If required identify and recover critical records
  - Apply for appropriate emergency response and recovery reimbursement
  - Make claims on insurance if relevant
  - Review, evaluate and assess impact on local authority of emergency response and recovery
  - Assess ability to resume normal local services
- Report outcome and findings

### Communication

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

### Monitoring & Surveillance

- Ongoing gathering of intelligence and dissemination of information to staff
- Maintaining and monitoring information on EMIS

### Lessons Learnt

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

**SAFETY MANAGER**

*This duty card is intended as a guide only as every emergency may require a slightly different response*

### Line of Authority

The Safety Manager is a staff assistant to the Incident Controller, and is not in the direct line of authority.

### Duties

The Safety Manager provides direct support to the Incident Controller.

The Safety Manager is responsible for the following:

- Continuously monitoring the work environment to ensure the health and safety of the EOC personnel, staff and visitors
- Exercise emergency authority to prevent and stop unsafe acts.
- Monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety. (Although the Safety Manager may exercise emergency authority to prevent or stop unsafe acts when immediate action is required, the Safety Manager will generally correct unsafe acts or conditions through the regular line of authority).
- Developing safety strategies along with the Incident Controller and the Logistics Manager
- Providing direct medical attention to ill or injured personnel until professional medical help can arrive
- Identify hazardous situations associated with the response/recovery to ensure personnel avoid them or are prepared to manage operations in that environment without harm.
- Participate in all planning meetings.
- Review action plans.
- Maintaining awareness of active and developing situations and including safety messages in each Action Plan
- For all reportable injuries conduct an initial investigation, write a report and submit it to appropriate officials within required timeframes.
- Investigate accidents that have occurred within the response / recovery operations area, including arranging for investigation of accidents in field operations involving DHB personnel
- Coordinating the provision of critical incident stress management for staff.

### Activation Duties

- Sign the attendance roster upon arrival at the EOC.
- Report to Incident Controller and get a briefing on the situation.
- Review the Safety Officer’s responsibilities and open a chronological logbook of your activities. – (keep a record of messages on message log).
- Log into EMIS.
- Establish a central worksite with access to phones for 111 calls and for an emergency first-aid kit and fire extinguisher.
- Meet with the Logistics Manager to:
  - Obtain briefing about on-site and external communications capabilities and restrictions
  - Establish operating procedures for use of telephone, computers and radio systems
  - Determine established priorities and make any special requests for services you need
  - Assess the communications linkages provided for adequacy and advise the Logistics Manager, especially for connections to local medical response.
- Track events of safety significance by the Incident Controller’s briefings and the status boards in the EOC - record that information in your log.
- Get estimates of the time for arrival of medical support if there are injuries, and ensure security is in place to direct arriving teams.
- Consider adopting shifts for the Security Officer position.
- Attend and monitor the meetings by the Incident Controller with the other EOC Managers.

## Operational Period Duties

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

## Deactivation Duties

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

<table>
<thead>
<tr>
<th>VULNERABLE PEOPLE MANAGER</th>
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<td>This duty card is intended as a guide only as every emergency may require a slightly different response</td>
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</table>

**Line of Authority**
The Vulnerable People Manager reports directly to the Incident Controller.

**Duties**
The Vulnerable People Manager is responsible for:
- Identifying vulnerable people and groups in relation to the event and the area involved
- Recording all actions & decisions on the log sheet.
- Assessing the type of support that vulnerable people/groups may require
- Identifying and consulting with the support agencies involved in providing care pre/during and after the event
- Identifying the resources required to provide additional support
- Developing a plan for support of vulnerable people for inclusion in the DHB incident action plan
- Requesting resources of logistics for the action plan to be implemented.
- Recording requests for/offer of support on a spreadsheet to feed into the incident action plan.
- Keeping planning & intelligence informed of situational information gained regarding vulnerable people/groups
- Ensuring that Civil Defence are receiving information re vulnerable people/groups and the support that is planned via the health liaison role.

**Activation Duties**
- Sign the attendance roster on arrival at the EOC.
- Receive briefing from Incident Controller of current and potential status.
- Familiarise with the EOC facility, processes and routines.
- Establish working area and sign into EMIS, (instructions in IMT Desk file).
- Attend health & safety training if required.
- Organise any equipment or resources required.

**Operational Period Duties**
- Undertake duties above
- Make a list of the issues facing your section
- Determine if there is a requirement for administration staff 24/7
- Attend briefing on shift change.
- Keep notes to brief your relief at change of shift
- Brief oncoming shift
- Leave phone numbers(s) where you can be reached.
- Sign out at the EOC attendance roster at change of shift.

**Deactivation Duties**
- Ensure any ongoing actions come to you for activation or are transferred to another CIMS role or agency.
- Close out incident log.
- Ensure comments & material is made available to the IC for the after action report.
- Attend the event debrief
- Assist with the After Action Reports as required
- Coordinate the disestablishment of the EOC.
Appendix 6: Communication Tree for Contracted Providers and Maori Stakeholders

**Responsibility Planning & Funding Administrator**

*Action:* Provide updated list of all contracted providers to Emergency Planner and Communications

*Timeframe:* At least quarterly and/or on the request of the Liaison Officer / Emergency Planner when CODE YELLOW or RED is activated

---

**Incident Management Team**

**Responsibility Emergency Planner**

*Action:* Update contact list

*Timeframe:* Immediately

**Responsibility Liaison Officer**

*Action:* Alert Planning & Funding Administrator of CODE YELLOW or RED activation

*Timeframe:* Set by the Incident Management Team

**Responsibility Communications**

*Action:* Update contact list

*Timeframe:* Immediately

---

**Responsibility Emergency Planner**

*Action:* If CODE YELLOW, RED or GREEN disseminates health notice/update to relevant contacts

*Timeframe:* Set by the Incident Management Team

**Responsibility Liaison Officer**

*Action:* If CODE YELLOW, RED or GREEN disseminates health notice/update to the Iwi Liaison Team

*Timeframe:* Set by the Incident Management Team

**Responsibility Communications**

*Action:* If CODE YELLOW, RED or GREEN disseminates health notice/update to relevant contacts

*Timeframe:* Set by the Incident Management Team

---

**Iwi Liaison Team**

**Runanga Secretary**

Disseminates health notice/updates to 18 Iwi Representatives

**Liaison Officer Regional Maori Health Services**

Disseminates health notice/updates to their network

**Iwi Representatives**

Disseminate health notice/updates to their Hapu, Marae and networks
Appendix 7: St John Major Incident Notification Process

Process:
Major Incident notifications are sent by the Ambulance Communications Centres to the DHB’s single point of contact in the form of electronic paging / text notifications so it can be disseminated to the appropriate people within the organisation. The internal notification of this information is the DHB’s responsibility.

Ambulance response levels and escalation:
There are now three levels of notifications that a DHB will receive from Ambulance. These are:
- Level 1: medium impact on normal operations;
- Level 2: high impact on normal operations;
- Level 3: severe impact on normal operations.

The main variables governing the type of incident response from St John include:
- The time to respond to the incident (travel, triage, treat and transport);
- The type and complexity of the incident;
- The number of patients.

Notes relating to the notification of DHBs and PHUs:
- The decision to declare an Ambulance Major Incident is with the Ambulance District Operations Manager (or delegate);
- Once a major incident is declared, a level 1, 2 or 3 pager message will be sent;
- The use of this paging notification compliments ‘business as usual’ verbal communications that occur between local ambulance en route or at the scene and the receiving hospitals including emergency departments;
- The decision as to which Notification level Paging Group a DHB or PHU is on is the decision for the DHB. Depending on the capacity and capability, the majority of DHBs have requested that they start receiving pages / texts at level 1. A number of PHUs only receive notifications at Level 3;
- In the majority of cases, all DHBs in a health region will be informed of an incident in any one DHB in that region. For example a Major Incident Level 1, 2 or 3 in the Bay of Plenty DHB will be notified to all DHBs in the Midland Health Region;
- Following a declaration of a Major Incident, a teleconference may be called. The initial decision to call a health teleconference lies with the Ambulance District Operations manager (or delegate) and will depend on the scale and complexity of the event. The teleconference is designed to minimise calls coming into the Ambulance Communications Centre during a time of extreme work pressure. If called, the initial teleconference is a short briefing and aims to provide the health agencies with clear and concise information quickly to assist with their activations and planning. Each organisation is asked to have a maximum of two staff joining any teleconference. Subsequent teleconferences may be arranged and will be dependent on the incident’s development.

DHB or Health Agency cascade in a major incident:
It is the responsibility of the DHB, its hospitals, PHU and primary health organisations to have appropriate internal activation mechanisms in response to a major incident. This procedure only aims to provide DHBs with timely information of a major incident where there is likely to be an impact on normal ambulance services and possibly health services.

Testing:
It is important to test the communications systems regularly. The current Regional DHB page groups are tested monthly, on the first Tuesday of every month.
## Appendix 8: Incident Action Plan

<table>
<thead>
<tr>
<th>Date:</th>
<th>Operational period (with times):</th>
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<tbody>
<tr>
<td>Goal (mission, aim)</td>
<td>Accompanying documents: IMT structure, Sitrep, logistics status form, Comms plan:</td>
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<tr>
<td>Critical factors</td>
<td>The strategies will determine the most effective and efficient way to achieve the objectives. This then determines the assignments.</td>
</tr>
<tr>
<td>Priorities</td>
<td>Incident Objectives <em>(what you want to achieve during the operational period – make them SMART)</em></td>
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<td>Strategies <em>(link to objectives e.g 1.1, 1.2, 1.3)</em></td>
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<td>Assignment / Resources</td>
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Prepared by:  
Position:  
Approved by IC name:  
Signature:
Appendix 9 : Major Incident Log Sheet

BOPDHB Major Incident Log Sheet

<table>
<thead>
<tr>
<th>Nature of Incident:</th>
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<td>Dept:</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>In</th>
<th>Out</th>
<th>Activity/Event</th>
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Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Major Incident Log Sheet
Appendix 10: Major Incident Situation Report

**Incident Name Date**

Situation Report

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Date:</th>
<th>Time:</th>
<th>Sitrep No:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Prepared By:</th>
<th>Contact telephone:</th>
<th>Contact email:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Next Sitrep to be issued at:</th>
<th>Time:</th>
<th>Date:</th>
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</table>

<table>
<thead>
<tr>
<th>Organisation or Team Name:</th>
<th>Incident Controller:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EOC Location:</th>
<th>EOC Telephone:</th>
<th>EOC email:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Situation Report Released to:</th>
</tr>
</thead>
</table>

**Event details:**

**Situation Summary:**
A brief overview of the incident, for use during briefings. The summary should provide an overview of the development of the incident, resources available and deployed, actions taken, casualties, spread of disease, property damage, and progress since last IAP. May also include predicted development of the incident. State of emergency declaration or lifted – Recovery phase start.

**Overall Goal:**
A goal statement indicating the desired outcome of the incident. The overall goal guides the development of the IAP and must reflect the policies of the DHB, MoH, PHU, lead and supporting agencies. The goal should include a time frame.

**Assessment:**

Critical issues, progress made, assumptions and predicted incident development, ADVERSE EVENT.

Reminder: Seek balance between speed and quantity/quality/source of the information.

**Checklist:**
- Geographical are affected
- Access
- Health facilities status (total damages – partial damages – level of care provided – services lost
- Local health personnel status
- Gaps identified (due to events)
- Victims figure and sources (dead, missed, injured)
- Figures, sources. Location, environmental health conditions, level of health service
- Shelter, food and water access/availability
- Action being taken in the health sector (MOH, UN, Red Cross, MSF, Oxfam and other international and local NGOs
- Lead agency and list of Health related clusters
- Priority areas for intervention – type of intervention
- Quality of the coordination
- MFAT/NZ Aid prioritised areas
- ATTACH FULL ASSESSMENT FORMS
### Actions Taken
#### Planning and Intelligence:
An overall summary of the situation to date, plus a summary from a Planning and Intelligence perspective including risks, considerations and assumptions. Actions being taken or planned and progress made. Times for activation events and further activities to be included.

Checklist:
- Major current health issues (trauma, primary, paediatrics, mental health)
- Potential development (positive or negative)
- Mitigating actions taken by the team or other organisations
- List of agencies involved in health and key focus areas during the response and recovery.
- Water supply quality and status / Access to distribution sites / Estimated time for partial/full restoration
- Vector control – Epidemiology - Environmental health condition – sanitation – drainage – human and solid waste disposal
- Food safety update (source)

#### Operations:
A summary of the operational responses and activities undertaken, in progress or planned. Also include a record of risks, considerations and assumptions.

#### Logistics:
A summary of logistic activities including risks, considerations and assumptions.

Checklist:
- Status of the health supply chain within the affected country
- Status of the health supply chain coming from NZ and system implemented locally to manage imports and donations
- Status of key medical equipment
- Storage and warehousing capacity and condition
- Transport issue or not for goods and personnel

#### Liaison:
A summary of liaison activities, liaison supplied elsewhere or supplied to your own EOC or required.

#### Communications:
Details of communications released under preparation or planned and how and to whom provided.

### Resources:
#### Resources In place:
Details of resources in place, those in reserve and where deployed or located. Included those resources being sourced and likely times for availability.

#### Resources that may be required:
Details of resources that may be required, why and where and possible sources.
### Actions Taken:

#### Factors:
Critical elements, security/safety issues, weather and other factors or limitations that are impacting or likely to impact on the development of this incident and the response.

#### Predicted Incident Development:
How the situation is expected to evolve, including spread of disease, patient numbers, staff and resource availability.

### Proposed Activities:

#### Proposed activity general:
Plans to respond to predicted incident development, resourcing issues, communications strategies, etc.

#### Proposed activity and strategy:
The proposed strategic development to meet any predicted changes.

### Information Flow:
A summary of the departments, agencies, teams and individuals who may have information needed and/or need to be kept informed of actions taken and planned. Includes contact lists of specialists and briefing times and locations.

### Communications Plan:
Includes telephone and cell phone numbers, email addresses, radio call signs and frequencies also calling schedules if required.

#### Checklist:
- More reliable communication at the moment
- What is available, what has been restored and what is still unavailable

### Public Information (Includes information for staff):
Details of communications released, under preparation or planned for. Record how, when and to whom the information has and will be provided. Also include details of key media contacts.

### Other relevant information:

### Situation Report Approved by:

<table>
<thead>
<tr>
<th>Name &amp; Position</th>
<th>Time</th>
<th>Date</th>
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</table>
### INFRASTRUCTURE ASSESSMENT

**No damage; all utilities fully functional:**

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<tr>
<th>True</th>
<th>False</th>
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</thead>
</table>

**If false:**

1. **Structural Damage**
   - Severe
   - Moderate
   - Isolated
   - None

2. **Fire**
   - Fully
   - Partially
   - Not Functional
3. **Flooding**
   - Fully
   - Partially
   - Not Functional

4. **Power**
5. **Generators**
6. **Water Supply**
7. **Sewage**
8. **Communications**
9. **Gas Supply**
10. **Other Utility (please identify):**
    - Fully
    - Partially
    - Not Functional

**Overall Operational Status is:**

<table>
<thead>
<tr>
<th>Critical</th>
<th>Shortage</th>
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### PERSONNEL ASSESSMENT

**ED Doctors**

**Intensivists**

**General Surgeons**

**Orthopaedic Surgeons**

**Specialist Surgeons**

**Operating Theatre Staff**

**Physicians**

**Registered Nurses (specify type):**

**Health Care Assistants**

**X-ray Staff**

**Lab Staff**

**Clerical Staff**

**Other:**

### SERVICE AVAILABILITY

**Emergency Department**

**Satellite ED**

**Operating Theatres**

**Recovery**

**Radiology**

**Laboratory**

**Pharmacy**

**Decontamination**

**Vehicles / Transport**

**Mortuary**

**Pathology**

**Catering**

**Laundry**

**Sterilisation**

**Blood Products**

**Other Services**

**Service Name**

**Service Name**

**Service Name**

### BED AVAILABILITY

<table>
<thead>
<tr>
<th>Available (Can Admit)</th>
<th>Critical Shortage</th>
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### CASUALTY INFORMATION

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<th>(in last 24 hours)</th>
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### CAN THIS HOSPITAL RECEIVE AND TREAT PATIENTS WITH?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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| Additional Information (elaborate or comment on any of the above) | | |
Appendix 11: EOC Staff Sign in Sheet

EOC Sign in sheet

Incident:

Location:

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<tr>
<th>Date</th>
<th>Name</th>
<th>Position in EOC</th>
<th>Time In</th>
<th>Time Out</th>
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</tbody>
</table>
Appendix 12: Authorisation for Activation of the BOPDHB Health Emergency Plan

AUTHORISATION FOR ACTIVATION OF THE BOPDHB HEALTH EMERGENCY PLAN

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

authorise the activation of the BOPDHB Health Emergency Plan in response to the following incident:

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

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

Authorised by: ......................................................................................................................

Designation: ..........................................................................................................................

Time and date of authorisation: ............................................................................................

NOTIFICATION OF THIS AUTHORISATION MUST BE COMMUNICATED TO:

• THE CHIEF FINANCIAL OFFICER TO ACTIVATE THE EMERGENCY COST CENTRE

AND TO

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

Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Authorisation for activation of the BOPDHB Health Emergency Plan
AUTHORISATION FOR DEACTIVATING
THE BOPDHB HEALTH EMERGENCY PLAN

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

authorise the deactivation of the BOPDHB Health Emergency Plan in response to the following incident:

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

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

Authorised by:…………………………………………………………………………………………

Designation:…………………………………………………………………………………………

Time and date of authorisation:……………………………………………………………………

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

Please note: This form can be downloaded from Pacentral, Forms, Emergency Management, Authorisation for deactivating of the BOPDHB Health Emergency Plan
## Appendix 14: Contacts List

### KEY HEALTH PROVIDER CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Phone</th>
<th>Cell</th>
<th>Fax</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOH</td>
<td>0800 GET MOH 0800 438 664</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHB 0800 number</td>
<td>0800 BOPDHB 0800 267 342</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tauranga Hospital</td>
<td>07 579 8000</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Whakatāne Hospital</td>
<td>07 306 0999</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DHB EOC IC</td>
<td>07 579 8845</td>
<td></td>
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<tr>
<td>DHB EOC P&amp;I</td>
<td>07 579 8899</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DHB EOC Ops</td>
<td>07 579 8232</td>
<td></td>
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<tr>
<td>DHB EOC Log</td>
<td>07 579 8858</td>
<td></td>
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<tr>
<td>Satellite Phone Base Tauranga</td>
<td>8816214 33908</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Satellite Phone Mobile</td>
<td>8816214 33907</td>
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<tr>
<td>Satellite Phone Whakatāne</td>
<td>8816214 65709</td>
<td></td>
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<tr>
<td>Whakatāne Hospital IOC</td>
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<tr>
<td>Toi Te Ora Satellite Phone base</td>
<td>8816214 33836</td>
<td></td>
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<td></td>
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<tr>
<td>Toi Te Ora Satellite Phone mobile</td>
<td>8816214 33821</td>
<td></td>
<td></td>
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<tr>
<td>Toi Te Ora IOC</td>
<td>0800 221 555</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty Medical Officer of Health</td>
<td>026 360 40111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty Health Protection Officer</td>
<td>021 241 4727 Pager 026 111 980</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opotiki Health Centre</td>
<td>07 315 8500</td>
<td>0272 096 000 0272 096 002</td>
<td>07 315 7977</td>
<td></td>
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<tr>
<td>Te Whanau A Apanui Health Centre</td>
<td>07 325 2803 AH; 07 315 8500</td>
<td></td>
<td></td>
<td>07 325 2709</td>
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<tr>
<td>Murupara Health Centre</td>
<td>07 3666 555</td>
<td></td>
<td>07 3666 5828</td>
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<tr>
<td>CHADS EOC</td>
<td>07 3060777</td>
<td>027 221 6201</td>
<td>07 306 0987</td>
<td></td>
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<tr>
<td>Accident &amp; Healthcare</td>
<td>07 577 0010 AH; 07 544 1426</td>
<td>021 908 270</td>
<td>07 577 9435</td>
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<tr>
<td>Bay Radiology</td>
<td>07 578 0273</td>
<td>027 297 1315</td>
<td>07 577 9930</td>
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<tr>
<td>Western BOP/TCC Civil Defence</td>
<td>07 571 8008</td>
<td>027 494 6556</td>
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<td>WDC CDEM</td>
<td>07 306 0500</td>
<td>027 552 6984</td>
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<tr>
<td></td>
<td>Phone 1</td>
<td>Phone 2</td>
<td>Phone 3</td>
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<tr>
<td>Kawerau CDEM</td>
<td>07 306 9044</td>
<td>027 283 6949</td>
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<tr>
<td>Opotiki CDEM</td>
<td>07 315 3030</td>
<td>026 104 129</td>
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<tr>
<td>NZ Blood Services</td>
<td>07 578 2194</td>
<td></td>
<td></td>
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<tr>
<td>Grace Hospital</td>
<td>07 578 4004</td>
<td>021 544 060</td>
<td>07 578 5264</td>
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<tr>
<td>St John Ambulance</td>
<td>07 578 3960</td>
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<td>07 578 1368</td>
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</tr>
<tr>
<td>(2 radios in Tauranga Hospital ED)</td>
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<tr>
<td>Pathlab</td>
<td>07 571 2197</td>
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<td>07 571 2795</td>
<td></td>
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<tr>
<td>Translation Services</td>
<td>0800 872 615</td>
<td></td>
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### Appendix 15: Exercise Plan Calendar

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

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<td>EBOP Stakeholder Meeting</td>
<td>Exercise NZ Shakeout</td>
<td>EBOP Stakeholder Meeting</td>
</tr>
<tr>
<td>WBOP Stakeholder Meeting</td>
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<td>WBOP Stakeholder Meeting</td>
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<td>WBOP Stakeholder Meeting</td>
</tr>
<tr>
<td>Intro to CIMS Tauranga</td>
<td>Intro to CIMS Whakatāne</td>
<td>Into to CIMS Tauranga</td>
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<td>Intro to CIMS Tauranga</td>
<td>Emergo Training Whakatāne Hospital Intro to CIMS Tauranga</td>
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<tbody>
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<td>EBOP Stakeholder Meeting</td>
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<tr>
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<td>WBOP Stakeholder Meeting</td>
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Appendix 16: Template for a Recovery Action Plan

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<tr>
<th>Event</th>
<th>Date of Event</th>
<th>Districts/Regions affected</th>
<th>Recovery Manager for Event</th>
<th>Date Recovery Action Plan commences</th>
<th>Date to Review Recovery Action Plan</th>
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</table>

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

<table>
<thead>
<tr>
<th>Date for Transition</th>
<th>Activity</th>
<th>Signed &amp; dated by Group Controller &amp; Group Recovery Manager</th>
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Brief Sitrep:

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<tr>
<th>Date</th>
<th>Current Situation</th>
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</table>
Schedule of Meetings:

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<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Type of Meeting</th>
<th>Agencies to attend</th>
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Actions outstanding from Response Phase:

<table>
<thead>
<tr>
<th>Date</th>
<th>Outstanding Actions from Response Phase</th>
<th>Risks Identified?</th>
<th>Department Responsible</th>
<th>Date to be completed</th>
<th>Date Completed</th>
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Notes

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Key short term recovery priorities:

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<th>Short Term Recovery Priorities</th>
<th>Risks Identified?</th>
<th>Department Responsible</th>
<th>Date to be completed</th>
<th>Date Completed</th>
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Notes

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### Key Medium Term Priorities:

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<th>Medium Term Recovery Priorities</th>
<th>Risks Identified?</th>
<th>Department Responsible</th>
<th>Date to be completed</th>
<th>Date Completed</th>
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**Notes**

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<td>Management of public information and communications</td>
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<td>Opportunities for communities to discuss unresolved issues and continue to participate in their recovery</td>
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<td>Changes to organisational arrangements including need for subcommittees and contact lists</td>
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AS/NZS31000:2009 Risk Management

Establishing the context:
Identify health context (including population and hazardscape)

Risk Identification:
Identify and summarise hazards, determine likelihood and consequence

Risk Analysis:
Assess existing management mechanisms; identify gaps, inconsistencies, improvements across 4Rs

Risk Evaluation:
Define and prioritise issues for health

Risk treatment:
Identify and agree objectives, targets and actions to mitigate the issues. Define operational concept and set strategy to underpin operational arrangements

Monitoring and review
OPF, event debriefs

Communication and Consultation
Monthly reports, MHEMG, Stakeholder Groups, CDEM Groups

Reference: ISO
AS/NZS31000:2009