Bay of Plenty District Health Board

Pandemic / Infectious Disease Outbreak Response Plan

February 2020

(Review date: February 2023)
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# Glossary of Terms

<table>
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<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td>Pandemic</td>
<td>A disease prevalent throughout an entire country or continent, or the whole world</td>
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<tr>
<td>Epidemic</td>
<td>A widespread outbreak of an infectious disease; many people are infected at the same time</td>
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<tr>
<td>Inter-pandemic</td>
<td>The period during a pandemic</td>
</tr>
<tr>
<td>Post-pandemic</td>
<td>The period immediately after a pandemic</td>
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<tr>
<td>Infectious Disease</td>
<td>A disease that can be transmitted from person to person or from organism to organism</td>
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<tr>
<td>Influenza</td>
<td>A viral respiratory tract infection. The influenza viruses are divided into three types: A, B, and C</td>
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<tr>
<td>BCP</td>
<td>Business Continuity Plan</td>
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<tr>
<td>BOPDHB</td>
<td>Bay of Plenty District Health Board</td>
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<tr>
<td>CBAC</td>
<td>Community Based Assessment Centre</td>
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<tr>
<td>CCYHS</td>
<td>Community Health 4 Kids Service</td>
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<tr>
<td>CDEMG</td>
<td>Civil Defence Emergency Management Group</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CIMS</td>
<td>Co-ordinated Incident Management System</td>
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<tr>
<td>CISD</td>
<td>Critical Incident Stress Debriefing</td>
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<tr>
<td>DDG</td>
<td>Deputy Director General</td>
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<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>EAP</td>
<td>Employee Assistance Programme</td>
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<tr>
<td>EID</td>
<td>Emerging Infectious Disease</td>
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<td>EOC</td>
<td>Emergency Operations Centre</td>
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<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>GM</td>
<td>General Manager</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<td>H&amp;SO</td>
<td>Health and Safety Officer</td>
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<tr>
<td>HEMG</td>
<td>Health Emergency Management Group</td>
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<tr>
<td>HPO</td>
<td>Health Protection Officer</td>
</tr>
<tr>
<td>AP</td>
<td>Action Plan</td>
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<tr>
<td>ICP</td>
<td>Incident Communications Plan</td>
</tr>
<tr>
<td>IMT</td>
<td>Incident Management Team</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>MOH</td>
<td>Medical Officer of Health</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>PHN</td>
<td>Public Health Nurse</td>
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<tr>
<td>PHO</td>
<td>Public Health Organisation</td>
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<tr>
<td>PHU</td>
<td>Public Health Unit</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<tr>
<td>PSG</td>
<td>Pandemic Steering Group</td>
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<tr>
<td>PTAG</td>
<td>Pandemic Technical Advisory Group</td>
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<tr>
<td>RMO</td>
<td>Resident Medical Officer</td>
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<tr>
<td>SMO</td>
<td>Senior Medical Officer</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
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<tr>
<td>TLA</td>
<td>Territorial Local Authority</td>
</tr>
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<td>TTOPHS</td>
<td>Toi Te Ora Public Health Service</td>
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</tbody>
</table>
INTRODUCTION

Purpose and Scope of Plan

This plan is to be read in conjunction with:

- The National Health Emergency Plan 2015
- The Ministry of Health, New Zealand Influenza Pandemic Plan: A framework for action 2017
- The Midland District Health Boards, Regional Health Emergency Plan 2017
- BOPDHB Health Emergency Plan (HEP) 2019
- Supporting plans and guidelines
- Additional plans found in the appendices section

Contribution to the Te Toi Ahorangi 2030 Toi Ora Strategy

In line with the Te Toi Ahorangi 2030 Toi Ora Strategy, this plan outlines how the DHB Emergency Planning team will give effect to te Tiriti o Waitangi and support Māori communities to attain Toi Ora by:

- Inviting representatives of Māori Health Gains and Development to participate in emergency planning, response and recovery activities
- Prioritising Māori health and our iwi partners for support with emergency planning and training
- Support the development of Emergency Plans for Marae
- Supporting the development of emergency management resources in te reo Māori
- Developing emergency management plans that protect tikanga and kawa.
Bay of Plenty District Health Board Pandemic / Epidemic Emerging Infectious Disease Response Plans relationship with other plans

- National Health Emergency Plan
- New Zealand Influenza Pandemic Plan
- Midland District Health Boards Regional Health Emergency Plan
- National Health Emergency Plan

Bay of Plenty DHB Health Emergency Plan including Hospital specific appendices

- Appendices CBACs
- Flu Clinic
- 0800 No

Health Provider Plans

Toi Te Ora Public Health Plans

Department Emergency and Business Continuity Plans
Background

A pandemic is a worldwide outbreak of an infectious disease. In response to this, the Ministry of Health has developed the New Zealand Influenza Pandemic Plan which is based on an established strategy to deal with outbreaks of infectious disease. This plan is designed to describe Bay of Plenty District Health Board’s response to a pandemic or an infectious disease outbreak and outline the operational activities of a response. This is to support a resilient and sustainable health sector and ensure that essential health services within the BOPDHB region continue to function as effectively as possible.

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

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

Bay of Plenty DHB Strategic approach to a pandemic
Government Approach

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

Six-phase strategy of New Zealand pandemic planning

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

Note:

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

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

Midland District Health Boards Regional Health Emergency Plan

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

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

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

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

Response: - mobilising and deploying health resources immediately prior to, or during an emergency, in collaboration with other services, to ensure as far as practicable:
  o the continuation of essential health services,
  o the relief and treatment of people injured or in distress as a result of the emergency,
  o the avoidance or reduction of ongoing public or personal health risks to all those affected by the event;

Recovery: - actions undertaken after an emergency, including:
  o assessment of the health needs of the affected community,
  o co-ordinating the health resources made available,
  o managing the rehabilitation and restoration of the affected community's health care services and health status.

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

http://docman/org/Emergency/Lists/CIMSTrainedStaff/AllItems.aspx
Bay of Plenty DHB Planning Structure

Incident Management Team
To meet when required at the change of alert status
• Incident Controller
• Infectious Diseases Physician
• Chief Operating Officer
• Emergency Planning Team Leader
• Emergency Planning Coordinator
• Infection Control Nurse Specialists
• Communications Manager
• Hospital Coordinators
• Medical Officer of Health or representative
• GP Liaison
• Maori Liaison

Operational Advisory Group
• Infectious Diseases Physician
• Medical Officer of Health or representative
• HoD emergency medicine BOPDHB
• Clinical Microbiologist Pathlab
• GP Liaison
• Infection Control Nurse Specialists
• PHO representative
• Emergency Planning Team Leader
• Director of Nursing
• Hospital Coordinator
• Nurse Managers Tga & Whk ED
• Pharmacy manager
• Maori Health Gains and Development lead
• Planning & Funding representative

Technical Advisory Group
• Infectious Diseases Physician
• Pathlab representatives
• Medical Officer of Health
• Infection Control Nurse Specialists

Emergency Planning Coordinator
(Accountability for BOPDHB Plan)

Stakeholder Groups
BOPDHB Emergency Planning Coordinator regularly meets with both contracted and non-contracted providers to:
• Provide assistance and information for the development of their emergency plans (including pandemic plans)
• Ensure integration with BOPDHB plans

Wider consultation group
• CDEM- group/local
• Police
• St John
• Te Puni Kokiri
National Health Sector Emergency Alert Codes

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

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

Table One: Ministry of Health Communications Processes

<table>
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<tr>
<th>The four ‘R’s’ of Emergency Management</th>
<th>Alert Level</th>
<th>Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Reduction and Readiness. Codes white and yellow may be activated simultaneously and rapidly followed by Response - (Code Red)</td>
<td>Code White (Information phase)</td>
<td>The Ministry of Health communicates with the following, advising them of the situation: 1. CEOs of all DHBs 2. DHB ‘single point of contact’ 3. Public Health Services</td>
</tr>
<tr>
<td></td>
<td>Code Yellow (Standby phase)</td>
<td>- CIMS structure activated in the Ministry. - Event site established on Emergency management Information System (EMIS) - Communication initiated to DHBs ‘single point of contact’ to prepare to activate Regional CIMS structures</td>
</tr>
<tr>
<td></td>
<td>Code Red (Activation stage)</td>
<td>- Ministry may direct activation of Regional CIMS structures. - Communication may now be with the four Regional Coordinators (Regional Coordinators have established communication with DHB EOCs).</td>
</tr>
<tr>
<td></td>
<td>Code Green (Stand down phase)</td>
<td>- The Ministry advises ‘stand down’ in respect of the Regional CIMS structures. - Work with support agencies to provide psychosocial support to the community</td>
</tr>
</tbody>
</table>

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

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

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

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

When a health sector alert is received the Duty Nurse Manager must ensure that the Senior Manager on Call is advised.
The Duty Nurse Manager shall notify other DHB position holders as appropriate to the alert or as directed by the Senior Manager on Call, Emergency Planning Team Leader or Coordinator. (Refer to the Emergency Notification List (page 18) for options.)

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

- Chief Executive Officer
- Chief Operating Officer
- Chief Medical Officer
- Director of Nursing
- Executive Director Allied Health
- Head of Clinical School
- General Managers
  - Governance & Quality
  - Corporate Services
  - Planning & Funding
  - Maori Health Gains and Development
  - Business Support and Facilities
- EA to CEO
- .TGA Duty Nurse Managers
- .WHK Duty Nurse Managers
- Medical Officers of Health
- Hospital Coordinators
- Emergency Planning Team Leader
- Emergency Planning Coordinator
- Communications Manager
- Health Improvement Manager TTOPHS
- Business Leader Regional Community Services
- Radiology Manager
- Quality and Patient Safety Coordinator Whakatane
- Business/Contract Manager TTOPHS
- Medical Leader Radiology
- Infection Control Specialist
- Pharmacy Manager
- Pharmacist
- Microbiologist
- Opotiki Health Centre Manager
- Te Kaha Doctor
- Te Kaha Health Centre Manager
- All EOC email addresses
- Service Improvement Manager
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:

<table>
<thead>
<tr>
<th>To be notified</th>
<th>Method of notification</th>
<th>Notified date/time</th>
<th>Received/acknowledged date/time</th>
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</thead>
<tbody>
<tr>
<td>Senior manager on call</td>
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<td>Telephony</td>
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<td>Medical Officer of Health on call</td>
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<tr>
<td>Business Leader - Surgical Service</td>
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<td>Service Leader - Medical Cluster</td>
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<td>Service Leader - Mental Health</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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<tr>
<td>ED Senior Medical Staff</td>
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<tr>
<td>Medical Physician on call</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>Emergency Planning team Leader</td>
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<tr>
<td>Emergency Planning Coordinator</td>
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<tr>
<td>Procurement and Supply Manager</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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<tr>
<td>GM Governance &amp; Quality</td>
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<tr>
<td>GM Business Support and Facilities</td>
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<tr>
<td>GM Planning &amp; Funding</td>
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<tr>
<td>GM Corporate Services</td>
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<tr>
<td>GM Maori Health Gains and Development</td>
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</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Method of notification</td>
<td>Notified date/time</td>
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<tr>
<td>GM Regional Community Services</td>
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<tr>
<td>GM Information Management</td>
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<tr>
<td>Communications Manager</td>
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<td>Orderlies &amp; Security</td>
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<td>Laboratory</td>
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<td>Pharmacy</td>
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<td>Operating Theatres</td>
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<td>ICU</td>
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<tr>
<td>Social Workers</td>
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<td></td>
</tr>
<tr>
<td>Kitchen, Cleaning</td>
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</tbody>
</table>
No Alerts issued.
(Reduction Phase)

Usual planning activities
- Develop and implement action plans for the organisation or sector to address lessons learned in the H1N1 (2009) pandemic.
- Incorporate pandemic response issues into normal emergency planning and business continuity plans.
- Maintain sector-specific guidelines and protocols for planning, response and communications.
- Establish, revise and exercise pandemic plans within sectors and agencies.
- Maintain a communication plan and resources for the organisation, and for external agencies.
- Work with Maori Health Gains and Development staff to ensure communication with Maori staff and the community is appropriate and effective.
- Train staff and exercise agency and intersectoral plans.
- Maintain stockpiles of critical pandemic supplies (e.g., antivirals, antibiotics and personal protective equipment).
- Maintain plans and policies for the use of antivirals and vaccines.
- Plan for a surge in demand for laboratory services, assessment facilities, resources etc.
- Plan Flu Clinic / CBAC options with primary and provider arm health and other community support organisations.
- Plan for and train staff to enable a rapid increase in ICU capacity.
- Plan local quarantine facilities and social distancing measures.
- Plan with support agencies the provision of psychosocial support to the community.

(No Human cases in NZ)
Code White (Information / Advisory received by DHB Single Point of Contact)
PLAN FOR IT (Readiness Phase)

Strengthen pandemic preparedness locally by:
- Preparing to implement pandemic plans at short notice should circumstances change.
- Briefing CEO.
- Identify a potential Incident Controller.
- Briefing other emergency services and partner agencies. (Civil Defence, Police, Ambulance, Laboratories, PHOs.)
- Prepare for an expansion in demand for key services including primary care, ambulance, ED, lab, ICU, 0800 lines.
- Reviewing communication plans and resources (e.g., addressing public information, health systems disease assessment and management tools, information for other authorities).
- Monitor overseas developments closely.
- Review EOC activation (rosters, update pandemic information).
- Reconfirm Flu Clinic / CBAC establishment plans and agreements with interested parties.
- Identify an infection control advisory group and a Technical Advisory Group.
- Review international airport and quarantine arrangements.
- Plan for accommodating tourists who are confirmed as having contracted influenza.
- Link with Midland Emergency Planning Group to ensure consistency of response.
- Promote the uptake of inter-pandemic influenza vaccine and personal hygiene.
- Consider potential need for a rapid immunization programme.
- Review Hospital infection control plans to ensure that they are ready for implementation.
- Update stakeholders of the current situation and the need to update planning and review infection control procedures, and advise that they increase stock of personal protective equipment (PPE).
- Work with Public Health to build public awareness about influenza and prevention measures (social distancing, hand washing, cough and sneeze etiquette).
- Update the DHB Psychosocial Plan and appoint a psychosocial coordinator.

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

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

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

- Monitor and comply with all NHCC directions and requests.
• Implement communications strategy with the Incident Controller approving all releases of information. (Pay particular attention to potentially vulnerable groups who are identified as being at higher risk).
• Ensure clinical definitions and protocols are widely disseminated to PHO, GP Practices, ED, pharmacies, Maori health services and other health facilities.
• Continually update DHB and Public Health Websites.
• Continue support of border management initiatives.
• Support Public Health initiatives to investigate and monitor cases and their contacts in quarantine and isolation.
• Commence PPE and personal hygiene refresher training regimes.
• Continue briefing other emergency services and key stakeholders.
• Ensure local ambulance services are well briefed on transport protocols.
• Track any staff contacts and report as required.
• Consider activating Flu Clinics/CBACs to support cluster control responses.
• Consider activating regional response communication links or structures.
• Distribute National situation reports and intelligence summaries.
• Prepare to activate DHB 0800 lines to support National networks as required.
• Support the psychosocial coordinator to activate the plan.

MANAGE IT
(Increased and substantial transmission in the general population)
Code Yellow or Code Red

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

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

- Code Yellow or Code Red

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

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

- Code Green

- Review actions, decisions, and develop phased plans for ceasing programmes introduced in earlier phases, continuing or starting recovery-specific programmes, and returning to business as usual activities.
- Consideration of activating or standing down recovery activities as demanded by the situation.
- Deactivate, when appropriate, the emergency operations centre.
- Provide all staff and providers involved in the response the opportunity to provide feedback on the response.
- Provide management with a report of the DHB response to the event, including recommendations to improve response to this type of incident.
- Update the plan.
EMERGENCY OPERATION CENTRE ACTIVATION:

Emergency Operation Centre & Incident Management Team Structure

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

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

As part of activation the team will:

1. Sign in on the emergency operations centre register
2. Log into the emergency operations centre, incident management role email
3. Turn on the phone and familiarise yourself with its functions and ring tone
4. Ensure the CEO and Ministry of Health are notified of activation
5. Brief the team
6. Establish an Action Plan
7. Finalise the Pandemic Response plan
8. Set meeting schedules
9. Initiate the communication with staff, patients, CDEM, key stakeholders and community.
10. Re activate the Technical Advisory Group (TAG)
11. Liaise with emergency services and other organisations
12. Maintain incident logs
13. Establish centralised systems as required including data collection relating to patient numbers, staff absences, antiviral usage and bed management etc.
14. Establish reporting requirements: MOH, CEO & Exec, TAG, CDEM, staff, external health providers, CDEM, Emergency Services, Ministry of Education.
15. Establish staff rostering for the EOC
16. Establish supply management
17. Plan for maintenance of essential services
18. Appoint a recovery manager
19. Appoint a psychosocial recovery coordinator
CIMS Response Structure

National Health Co-ordination Centre NHCC

Toi Te Ora PHS

Medically Officer of Health or representative

Technical Advisory Group (TAG)

Recovery Manager

EOC Manager

Psychosocial Recovery Coordinator

Administration

Communications
- Internal
- External

Health &Safety
- Maori Liaison
- Maori staff
- Maori Health Providers
- Runanga Group

Operations (Doers)
- Flu Clinic/CBAC Co-ordinator
- Logistics
- Comms
- Toi Te Ora Public Health service
- Hospitals
- PHOs
- Pharmacy
- Aged Care
- Disability Support Services
- NGOs
- Maori Health services

Planning & Intelligence (Thinkers)
- Sitreps
- Action Plans
- Display Boards
- Emergency Declarations
- Hospital Service Providers - capacity
- EOC paper flow systems
- Logs

Logistics (Gofers/Getters)
- HR
- Support for - Ops - Hospital - PHO - Flu clinics/CBACs
- All staff accommodation
- Food
- PPE distribution
- Drugs distribution
- Security
- Finance
- IS
- Quarantine

Welfare (Supporters)
- Psychosocial coordination
- Activate plan
- Support staff
- Coordinate support agencies to identify and support vulnerable communities
- Develop community initiatives
- Monitor psychosocial response
BOPDHB Emergency Response Pathway
(To be scaled up or down as required to respond to the emergency)
EOC LOCATION
Ground Floor DHB Building, Tauranga Hospital
Appendices
Appendix 1: 0800 Plans Overview – May need to engage the patient enquiry line

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

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

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

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

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

BOPDHB 0800 Plan overview No 3 should read “Use the Template…“

- **STAGE ONE**
  - Activate 0800 number through PABX
  - Monitor number of calls
  1. Monitor number of calls
  2. Use Public Health Nurse and roster an extra person from 16.00h until 20.00h.
  3. Use the template designed to record messages that need to be phoned back.
  4. Early response to enquiries ring: Healthline 0800 611 116
  - Toi Te Ora 0800 221 555

- **STAGE TWO**
  - Activate two of the phones in an available office
  - When calls exceed the capacity of Stage One
  1. Locate an office that has a minimum of four available phone extensions and the ability for the number of extensions to increase if required

- **STAGE THREE**
  - Activate the rest of the phones available in the office
  - When calls exceed the capacity of Stage Two
  - Activate further extensions as required
Appendix 2: Community Based Assessment Centres and Flu Clinics

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

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

It is intended that the use of CBACs will help slow influenza transmission by:
• separating as much as possible those with influenza symptoms from others requiring primary care services;
• helping prevent general practice and other primary care services from being overwhelmed, allowing such services to carry on providing essential care for those without influenza symptoms;
• helping alleviate and manage the demand on secondary health care services.

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

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

Take out the temporary secondary hospital as we have not planning for this
The comprehensive BOPDHB CBAC plan should be read in conjunction with this Appendix when considering the subject of CBAC implementation. Full copies of this plan are available at http://docman/org/Emergency/Plans/BOP%20CBAC%20Plan%202014-2017%20version%2014.docx

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

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

Planning to refine both the “flu clinic” and full CBAC concepts within BOPDHB is ongoing. The level and shape of the combined health resource response will largely be driven by the specific characteristics of any pandemic virus that occurs in the future.
Appendix 3: Flu Clinic establishment

Local Phone Number Advertised

Patient Rings

Flu Clinic Answering Site
- DHB nurses answering phones
- Refer to electronic patient notes
- Triage Call

DHB 0800 Line
Advice Provided

Patient Presents at ED
ED Overloaded
Patient given contact number to ring

Need to see GP

Identify patient’s GP

Electronically view patient’s GP appointments

Appointment Available

Yes

Book patient in

No

Consider another GP with appointments available

Patient offered GP Flu Clinic option

ED Referral to GP Flu Clinic
DHB pays GP entire fee

Notes: Patient attending GP Flu Clinic
- Flu clinic GP charges normal fee
- DHB pays top up fee to GP
Appendix 4:  BOPDHB Communications Plan - Pandemic

Communications Overview

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

Objectives
The overall objectives of the communications planning are to:

- Provide clear, accurate and consistent information to the main audience, key partners and stakeholders
- Raise awareness of potential consequences of an influenza pandemic
- Minimise public alarm
- Ensure people in the community have clear information about how to prepare themselves and their families for a pandemic and where to get help
- Reiterate public health messages such as social distancing, hand washing, cough etiquette etc
- Ensure timely communications by a variety of means appropriate to the target audiences
- Incorporate risk communication principles in all messaging
- Work closely alongside the Ministry of Health and its media strategy
- Work closely with Maori, Pacific Island peoples and those deemed most at risk to ensure information is accessible and will reduce inequalities (See appendix 11)
- Portraying an “organisational body language” that is open, honest and trustworthy
- Link with appropriate communications professionals from other public sector and local body areas across the DHB, to increase understanding of the communications function and operation in the event of a pandemic
- Support the psychosocial recovery response with appropriate communications
- Review and evaluate the communications plan

Communication initiatives to reach target audiences

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

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

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

http://docman/org/Emergency/BusMgmt/Comms%20Role%20Card.doc
http://docman/org/Emergency/BusMgmt/Digital%20Comms%20Role%20Card.doc

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

http://docman/org/Emergency/Plans/Maori%20Comms%20Plan%20Feb%202015.docx
Appendix 5: Hospital preparedness – daily clinical operational planning

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

The variance response management states, in severity, are:

<table>
<thead>
<tr>
<th>Variance Response Management Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Unit</td>
</tr>
<tr>
<td>Service Leadership/Operations</td>
</tr>
<tr>
<td>Management</td>
</tr>
<tr>
<td>Provider Executive</td>
</tr>
<tr>
<td>Mauve</td>
</tr>
<tr>
<td>Green</td>
</tr>
<tr>
<td>Yellow</td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Red</td>
</tr>
</tbody>
</table>

The Variance Status colours defined:

<table>
<thead>
<tr>
<th>Mauve</th>
<th>Extra capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Capacity matches demand</td>
</tr>
<tr>
<td>Yellow</td>
<td>Early variance</td>
</tr>
<tr>
<td>Orange</td>
<td>Significant care capacity deficit</td>
</tr>
<tr>
<td>Red</td>
<td>Critical care capacity deficit</td>
</tr>
</tbody>
</table>

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

A daily operations centre meeting is facilitated by the senior manager on call for heads of departments to discuss and plan for care capacity demand and the associated variance status over all aspects of the provider arm services, using the hospital at a glance tool.
Appendix 6: Vaccination Activation Plan

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

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

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

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

BOPDHB has a three staged plan to deliver vaccinations:

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

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

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

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

When considering vaccination programmes, the option of prescribing vaccine to high risk individuals presenting at Hospital ED should not be excluded.
Appendix 7: ICU – CCU Services Overview

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

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

As a result normal ICU resources can rapidly become overloaded.

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

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

National Bed Capacity
- National ICU bed capacity to ventilate patients is 181 beds.

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

The Ministry of Health may provide National guidance for the provision of Intensive Care Unit therapies in response to an influenza pandemic. This may include strategies to increase ICU capacity by:
- Increasing equipment
- Workforce planning
- Transferring patients to other public or private intensive care units
- Adapting the current model of nursing and/or triaging for ICU admissions and ventilation therapies
Appendix 8: Laboratory Services Overview

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

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

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

1. The DHB Incident Controller should ensure that contact is made with Laboratory Managers to ensure that protocols for taking, handling and processing samples from within the BOPDHB catchment are agreed. The Medical Officers of Health should approve the protocol. The protocol should include:
   - The criteria for sampling patients with consideration to primary and secondary health.
   - Type of samples required.
   - Details of the equipment to be used and where supplies can be obtained from.
   - Sample collecting techniques.
   - Packaging, addressing and delivery instructions including consideration for infection control/ health and safety.
   - Details of any security requirements.
   - Details of likely turnaround times and implications in respect of immediate isolation of the patient.
   - Details of notification systems for inpatients results. (Consider speaking to IS programme analysts to set up a daily auto reporting system to capture newly reported positive results.)
   - Details of direct Laboratory notifications systems to the Medical Officer of Health and Infection Control clinical nurse advisor. (Consider speaking to programme analysts as above.)
   - Priority criteria may be for:
     - Mental Health inpatients
     - ICU
     - Paediatric patients
     - Other high risk groups as identified for the particular outbreak.

2. Ensure that the sample collecting supplies within the DHB are reviewed, purchased as necessary and made available to health professionals who might need to use them.

3. Ensure that the protocols are circulated widely to primary and secondary medical practitioners within the BOPDHB
4. When the virus/disease is a new one, ensure the doctors taking samples are aware that there could be delays in reporting results due to the need to establish new IT systems. They should be prepared to monitor progress of the sample testing closely and to put in place appropriate patient isolation precautions as an interim measure until the results are returned.

5. If it is necessary to send samples outside the BOPDHB usual referral area, in this case the DHB Planning and Funding Manager responsible for Laboratory Services must be consulted.

6. Where it is necessary to transport samples after hours or on a weekend consider available courier systems and any security requirements that are necessary for the particular samples.
Appendix 9: Pandemic Pharmaceuticals

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

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

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

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

Records of DHB stocks of antibiotics and antiviral medications will be maintained by the logistics manager.
Appendix 10: Personal Protective Equipment and Supplies

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

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

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

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

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

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

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

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

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

A start up pack of personal protective equipment has been provided to BOP GP practices in order for them to have the resources on hand to respond immediately to an infectious disease / pandemic situation. GP services are responsible for ensuring the resources in the kit remain current and pandemic plans in place.

Content of the GP Pandemic Starter Kits included:

- 100 N95 masks
- 300 Surgical masks
- 50 CPE Gowns
- 1 box of antibacterial wipes
- 12 x 500ml antibacterial hand gel
- 8 goggles
- 1 x D Op visor
- 3 boxes of latex gloves (SM L)
- 50 hair covers
- 50 aprons
- 1 face shield
- 10 biohazard bags
- 50 shoe covers
Appendix 11: Priority Groups

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

For example, during the H1N1 Pandemic the priority groups were identified as being:
- Pregnant women
- Morbidly obese
- Pacific Islanders
- Maori
- People with serious pre-existing conditions such as respiratory complaints or heart conditions.

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

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

Specific strategies tailored to ensure health messages reach these groups will be required. Consideration should be given to:
- Language – simple text, reading age >12yrs, translated where possible
- Customs
- Pre-existing organisations (cultural groups, service clubs, midwives, youth clubs etc)
- Most appropriate venues (Marae, Church, Schools etc)
- Community leaders delivering the messages
- Variation in forms of communication (written, verbal, e-mail public media etc)

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

A record of any communication initiatives that have been implemented must be retained.
Appendix 12: Recovery

Recovery is defined as:

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

BOPDHB are also responsible for the coordination of psychosocial recovery of the community during and following an emergency. The DHB will appoint a psychosocial recovery coordinator, and activate the BOPDHB psychosocial plan.

Recovery Objectives

Recovery planning has four objectives:

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

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

Appointment of a Recovery Manager

The BOPDHB Incident Controller will consider the appointment of a recovery manager for BOPDHB during the initial response phase. A recovery manager role card is available in the BOPDHB Health Emergency Plan. The recovery manager will work closely with the psychosocial recovery coordinator.

Appendix 13: Security

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

1. 0800 Health lines – 0800 611 116, these will provide advice on what to do when one is displaying symptoms which are consistent with having contracted the influenza virus.
2. Accessing Flu Clinics or if appropriate Community Based Assessment Centres.
3. Being admitted to Hospital or a secondary care facility.

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

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

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

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

- Ensuring that health professionals carrying out this duty are made aware of the risks involved and the strategies that are to be considered by them in order to maintain a degree of personal security. (This includes abandoning the medications if this becomes necessary).
- Ensuring that the health professional has adequate means of communicating with their base in the event of an emergency. DHB emergency cell phones could be made available.
- Using plain DHB vehicles with obvious logos removed from windows and doors.
- Using other vehicles which are not readily linked to health agencies e.g. utilities, vans.
- Ensuring that the medication is packaged in a discreet manner.
- Sending two health professionals to the home visit.
- Arranging for DHB security contractors (where available) to accompany the health professional during the home visit.
- Arranging for Police (when available) to accompany the health professional during the home visit.
- Arranging for suitable community volunteers to accompany the health professional.
Appendix 14: Public Health Response

Border Control - “KEEP IT OUT” Response Phase

Bay of Plenty district has an opportunity to assist New Zealand stop future influenza pandemic virus from entering the country due to the limited number of international entry points in the area. Currently there only one point of entry: Port of Tauranga.

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

A Memorandum of Understanding has been signed between the BOP District Health Board and Sudima Hotel in Rotorua for quarantine facility use. However, quarantine facilities could also be required for tour bus parties or from a diverted flight from international airports. For details of the MOU and contact details see appendix 15. BOP DHB are currently working towards developing MOUs with other Hotels in Tauranga and Taupo in order to increase capacity.

Cluster Control - “STAMP IT OUT” Response Phase

Toi Te Ora Public Health Service routinely undertakes cluster control services to limit the spread of disease in the community for the Bay of Plenty and Lakes District Health Boards under the Health (Infectious Disease) Regulations. Toi Te Ora when requested by either the District Health Board or Ministry of Health will activate the relevant sections of Toi Te Ora Public Health Service Cluster Control Guidelines to respond to a pandemic, epidemic or an emerging infectious disease.
Appendix 15: Quarantine Facilities

Summary of Toi Te Ora Public Health Service Activation Plan

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

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

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

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

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

The following hotel in Rotorua has been identified as being willing to set up suitable quarantine facilities. A memorandum of understanding (MOU) has been signed by the hotel and Bay of Plenty District Health Board. This hotel will only be used for contacts of people with a notifiable infectious disease that

- Requires quarantine who do not have a permanent residence.

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

The Hotel has not agreed to continue to accommodate people who develop flu symptoms. In this instance it is Public Health’s responsibility to find accommodation for these people in order for them to be isolated. In the past The DHB Whanau accommodation has been used and whanau relocated to a motel close to the hospital. It is the responsibility of Toi Te Ora Public Health Service staff to ensure quarantined and isolated people’s health needs are met. In such cases the DHB will make arrangements for either local public health nurses, communicable diseases nurses or local general practitioners provide the service.

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

1. Sudima Hotel Lake Rotorua  1000 Eruera Street, Rotorua  Phone 07 348 1174