

# Southern District Health Board

## Emergency Management



Better Health, Better Lives, Whānau Ora.

## HEALTH EMERGENCY PLAN

2014 – 2017

## **The Southern Way...**

- **The community and patients are at the centre of everything we do**
- **We are a single unified DHB which values and supports its staff**
- **We are a high performing organisation with a focus on quality**
- **We provide clinically and financially sustainable services to the community we serve**
- **We work closely with the entire primary care sector to provide the right care in the right place at the right time and to improve the health of the community**

**IF THIS PLAN HAS BEEN ACTIVATED,  
PROCEED TO  
THE RESPONSE SECTION 4.0, Page 30**

## Document Control

### Approval

This plan is approved by

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Signature:

A handwritten signature in black ink that reads "Carole Heatly". The signature is written in a cursive style with a large initial 'C'.

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### Distribution

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# 1.0 Introduction

## 1.1 Abbreviations and Acronyms

AMPLANZ	Ambulance National Major Incident Plan
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEO	Chief Executive Officer
CIMS	Coordinated Incident Management System
DHB	District Health Board
EACC	Emergency Ambulance Communication Centre
EMIS	Emergency Management Information System
EOC	Emergency Operation Centre
HEP	Health Emergency Plan
IMT	Incident Management Team
MCDEM	Ministry of Civil Defence and Emergency Management
MoH	Ministry of Health
MOoH	Medical Officer of Health
NHCC	National Health Coordination Centre
NHEP	National Health Emergency Plan
PHO	Primary Health Organisation
PHS	Public Health South
Southern DHB	Southern District Health Board
Southern DHB HEP	Southern District Health Board Health Emergency Plan
SPoC	Single Point of Contact
TLA	Territorial Local Authority
WCG	Welfare Coordinating Group

## 1.2 Statement of Intent

The Southern District Health Board (Southern DHB) is responsible for the whole of health services for the population of Otago and Southland. In accordance with Civil Defence Emergency Management legislation and the Ministry of Health National Health Emergency Plan, all Southern DHB facilities shall have a Health Emergency Plan (HEP).

Under the National Civil Defence Emergency Management Plan Order (2005) (National CDEM Plan) and the Crown Funding Agreement, each District Health Board (DHB) is tasked with developing their Health Emergency Plan (HEP) to coordinate a whole of health response within the district and to assist regionally and nationally when required. These plans apply the structures and processes identified in the National Health Emergency Plan (NHEP) by district and region and require the DHB to provide adequately for public, primary, secondary, tertiary, mental and disability health services.<sup>1</sup>

In turn, the Southern DHB Health Emergency Plan must integrate with the National Health Emergency Plan, the South Island Region Health Emergency Plan and the Health Emergency Plans of the other South Island DHBs.

Accordingly all health providers within the Southern DHB region must ensure their health emergency plans align with the Southern DHB HEP.

The Southern DHB Health Emergency Plan HEP 2014-2017 supersedes the Otago District Health Board Major Incident Emergency Plan 2005 and the Southland District Health Board Major Incident and Emergency Plan 2006-2009.

## 1.3 Definition of a Health Emergency

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

- Because of the scale of its impact, generates acute health care needs at a level beyond the capacity of usual health care systems and resources thus overwhelming the health facility
- Causes significant disruption, or has the potential to cause significant disruption to the provision of health services in the region.

Within health, an emergency event may present as;

- An event that generates a surge in casualties and/or people with wider health issues.
- A gradually developing situation that affects the health of people, where there is no clear starting point but is predicted to progress to have a major health impact over time.

## 1.4 Purpose of the Plan

The overarching goal of the Southern DHB emergency planning service is to provide a framework that facilitates a resilient and sustainable health service for the Southern DHB area during any actual or potential emergency.

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<sup>1</sup> National Civil Defence Emergency Management Plan Order 2005. (2008). S. 28-30. Retrieved from <http://www.legislation.govt.nz/regulation/public/2005/0295/latest/whole.html#DLM356569>

The Southern DHB Health Emergency Plan 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.

The plan supports a health response which is predictable, sustainable, appropriate and integrated at all levels. As part of this integration all provider plans will incorporate the structure of the New Zealand Coordinated Incident Management System (CIMS). The Southern DHB HEP establishes the link with the plans and procedures of other agencies which may be involved in an emergency response as well as specific national, regional and local Health Emergency Plans and procedures.

## 1.5 Plan Objectives

This plan has the following objectives:

To enable a consistent, effective and sustainable response to immediate, short duration and extended emergency events at the local, regional, and national level.

- 1 To take an all hazards approach which aligns with the hazardscape<sup>2</sup> identified by the Otago and Southland Civil Defence and Emergency Management Groups.
- 2 To identify and describe the proactive measures which will reduce the health impacts of the consequences of these hazardous events.
- 3 To ensure a state of readiness for health emergencies.
- 4 To identify and describe how DHB funded ambulance, primary, secondary, tertiary, mental health, disability support and public health services will be prioritised, structured and delivered during the response phase of health emergencies, or other emergencies affecting health services.
- 5 To maintain or restore the health status of the population of the Southern District Health Board's area of responsibility, following a major emergency event.
- 6 Identify the health-related roles and resources of relevant non-government, volunteer, iwi/Māori and Pacific organisations, and describe the HEP's linkages with, assumptions about, and critical dependencies on, these organisations' emergency response plans.
- 7 Provide for DHB co-ordination, direction and support of health-related community responses to a very large scale or extended emergency such as pandemic disease.

## 1.6 Preparation of Health Emergency Plans.

The four phases of overall emergency management are referred to as the 4 Rs. These guide the emergency planning process and, in the context of health emergency management, they are defined as follows:

<i>Reduction</i>	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 the magnitude of their impact.
<i>Readiness</i>	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.

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<sup>2</sup> Ministry of Civil Defence and Emergency Management. (2008). *National civil defence emergency management strategy 2007*. P. 16. Retrieved from [http://www.civildefence.govt.nz/memwebsite.NSF/Files/National\\_CDEM\\_Strategy/\\$file/National-CDEM-strategy-2008.pdf](http://www.civildefence.govt.nz/memwebsite.NSF/Files/National_CDEM_Strategy/$file/National-CDEM-strategy-2008.pdf)



**Response** Actions taken immediately before, during or directly after an emergency, to save lives and property, reduce suffering and prevent the spread of disease as well as help communities to recover.

**Recovery** Activities beginning after initial impact has been stabilised in the Response phase. Recovery is defined as “the coordination efforts and processes to effect the immediate, medium and long term holistic regeneration of a community following a disaster”

The Southern DHB HEP will incorporate the 4Rs (Reduction, Readiness, Response and Recovery) and the following overview is intended to guide the preparation of all supporting Health Provider Emergency Plans.

## 1.7 Plan Area

Located in the lower South Island of New Zealand (south of the Waitaki River) Southern DHB services an estimated resident population of 294,957<sup>3</sup> residing in Invercargill City, Gore District, Queenstown-Lakes District, rural Southland (encompassing Fiordland, Stewart Island and the Catlins), Dunedin City, Central Otago, Maniototo, Clutha District and Waitaki District. The Otago / Southland regions comprise the second largest District Health Board by geographical area in New Zealand.



Southern DHB is the southernmost DHB in New Zealand and comprises the provinces of Otago and Southland.

<sup>3</sup> Statistics New Zealand (2013). *2013 Census usually resident population counts*. Retrieved from [http://www.stats.govt.nz/browse\\_for\\_stats/population/census\\_counts/2013CensusUsuallyResidentPopulationCounts\\_HOTP2013Census/Tables.aspx](http://www.stats.govt.nz/browse_for_stats/population/census_counts/2013CensusUsuallyResidentPopulationCounts_HOTP2013Census/Tables.aspx)

## 1.8 Southern DHB Catchment Population

The Southern DHB catchment area has estimated resident population of 294,957. (7% of the national population live in the Southern DHB catchment area).

Of the Southern DHB catchment population:

- 17.5% live in Invercargill City
- 4.1% live in Gore District,
- 9.6% Queenstown-Lakes District
- 10% live in rural Southland
- 40.8% live in Dunedin City
- 6.1% live in Central Otago
- 5.7 % live in Clutha District
- 7.1% live in Waitaki District.

## 1.9 Ethnicity

Within the Southern DHB catchment population:

- 8.8% is Māori
- 2.0% is Pacific Peoples
- 85.7% is European
- 4.4% is Asian
- 0.8% Middle Eastern/Latin American/African
- 2.1% identify as an 'Other' ethnicity group

*NB People may identify with more than one ethnic group; therefore the totals may be greater than the total population*

## 1.10 Reference Documents and Legislative Requirements

This plan meets the requirements placed on service providers by:

- The Civil Defence Emergency Management Act (2002)
- New Zealand Public Health and Disability Act 2000
- The Health Act (1956)
- The Epidemic Preparedness Act (2006)
- Health and Safety in Employment Act (1992)
- National Civil Defence Emergency Management Plan Order 2005
- The Law Reform (Epidemic Preparedness) Act
- The National Health Emergency Plan
- The National Health Emergency Plan: Infectious Diseases 2004
- The New Zealand Influenza Pandemic Action Plan 2010
- The National Health Emergency Plan: Hazardous Substances Incident Guidelines 2005
- The National Health Emergency Plan: Guiding Principles for Emergency Management Planning in Health & Disability Sector (2005)
- The National Health Emergency Plan: Planning for Individual and Community Recovery in an Emergency Event (2007)
- Getting Through Together, Ethical Values for a Pandemic (2007)
- The Southern Region Health Emergency Plan
- Operational Policy Framework
- Hazardous Substances and New Organisms Act 1996
- EQulP 4 and Certification Requirements

## 1.11 Hierarchy of Plans and Integration with other plans

The Civil Defence Emergency Management Legislation requires the Southern DHB to actively engage with other response agencies in planning and exercises activities. The fit between Southern DHB's Health planning and that of other organisations and agencies is illustrated below:

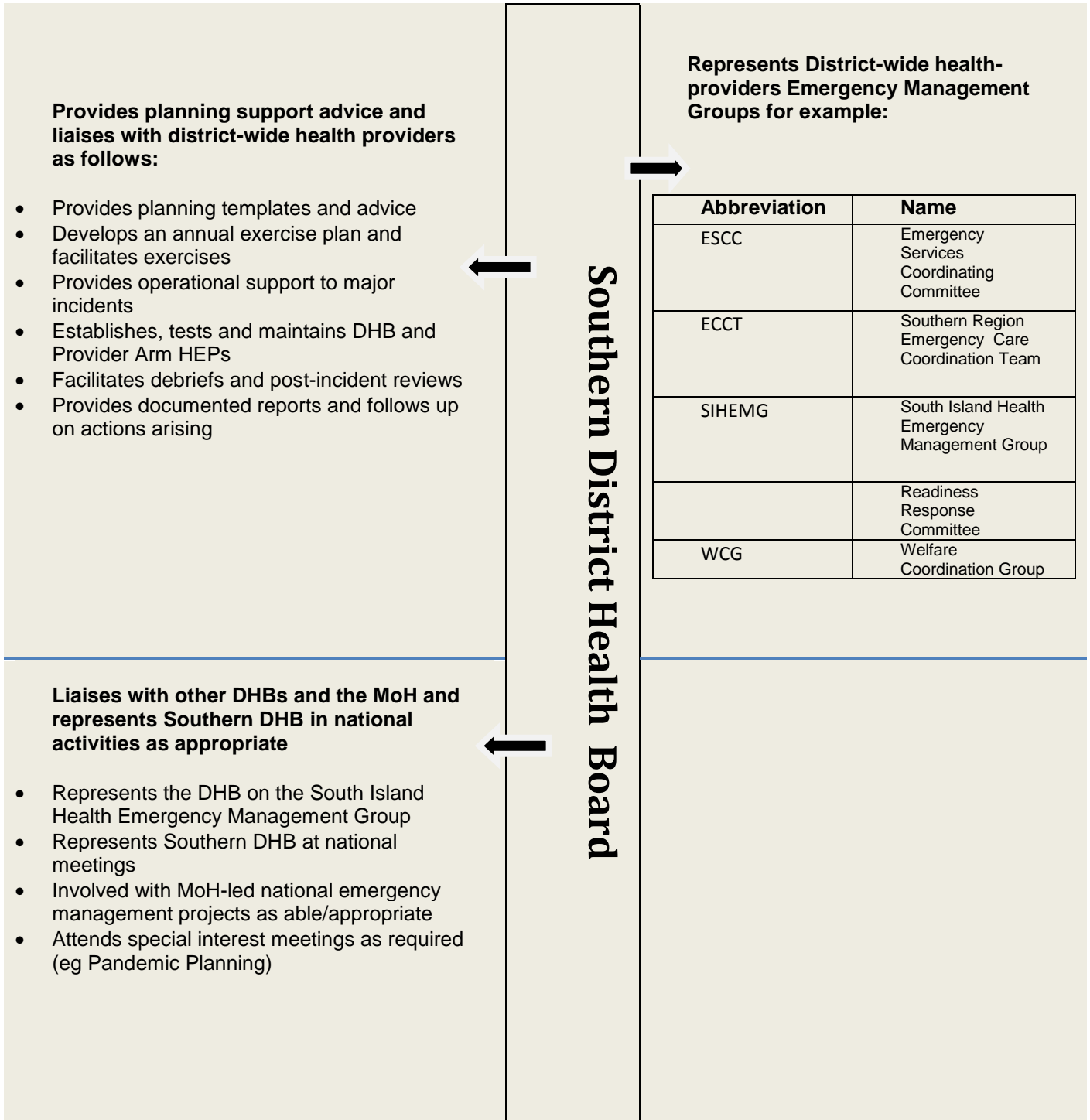


Figure 1

The fit between national, group and local CDEM and Ministry of Health planning is illustrated below in Figure 2<sup>4</sup>.

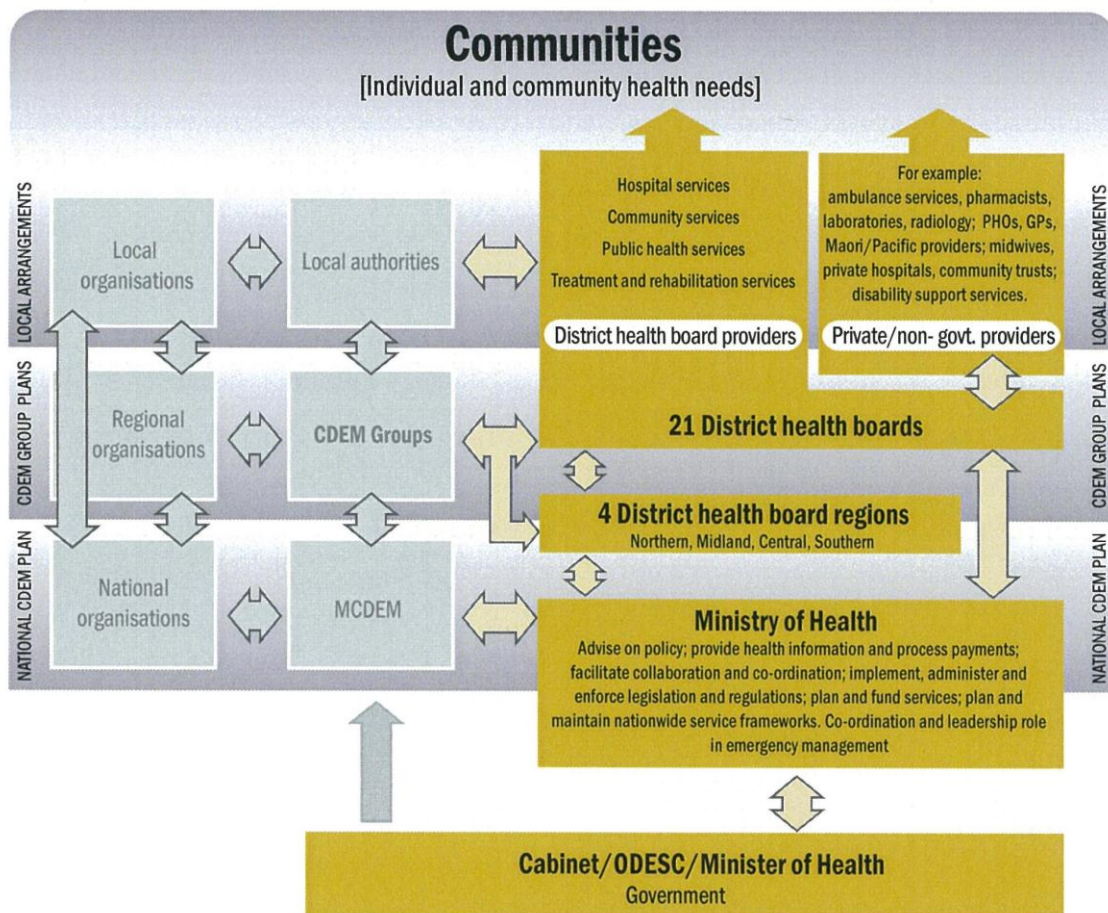


Figure 2

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 South Island DHBs maintain the South Island Regional HEP.

## 1.12 Funding Arrangements

Funding for the Southern DHB is provided by the Ministry of Health in its Crown Funding Agreement of supporting and enhancing the emergency managements preparedness and response.

This includes the development and maintenance of emergency plans for the Southern DHB as well as the emergency management education and training. It is also to ensure that planning encompasses the health response to reach beyond the hospital environment to be a sector wide response, while ensuring that the response links vigorously with local services. The crown funding is to ensure the response capacity of the Southern DHB and the primary health sector can be fully utilised in an emergency event.

<sup>4</sup> Ministry of Civil Defence and Emergency Management. (2009). *The Guide to National Civil Defence Emergency Management Plan 2006*. Wellington. (p. 6, para. 9.6).

During response and recovery phases, 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. In order to assist with tracking of costs associated with the response, an emergency cost centre has been set up by the Southern DHB to be used during an emergency event. This cost centre will be utilised when the HEP is activated.

For Southern DHB incidents, the Southern DHB 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.

The Southern DHB will absorb the first 0.1% of additional costs in responding to an emergency event as agreed to in the Operating Policy Framework (OPF). Above this 0.1% level, the Crown will determine on a case-by-case basis, and in consultation with the Southern DHB, whether;

- The Southern DHB is able to fund additional services purchased.
- To provide the Southern DHB with additional funding.
- There will be any negative effects on the Southern DHB's baseline services.

### **1.13 Southern DHB Governance**

The normal governance relationships continue. The board remains ultimately responsible for overall governance and management of elements such as response and recovery phases.

### **1.14 Memoranda of Understanding**

Where no funding agreement is in place, or it is otherwise appropriate, the Southern DHB will negotiate Memoranda of Understanding or Mutual Aid Operating agreements with key providers or agencies to develop clear understandings on mutual support.

## 2.0 Reduction

Reduction involves a consideration of natural or man-made risks that are significant because of the likely adverse consequences they represent for human life and property. The key factor within reduction is risk mitigation.

### 2.1 Hazardscape

The Hazardscape considers the hazards and degree of risk facing the region; it will identify key issues to be addressed and will establish objectives, targets and actions to address these issues, then defines the principles and concepts to guide operational level planning by all supporting health providers.

### 2.2 Overview of the Southern DHB Area

The Southern DHB is the southernmost district health board in New Zealand and comprises the provinces of Otago and Southland. Southern DHB covers a land area of over 62,356 sq km which is the largest DHB region in New Zealand, and a coastline of nearly 5000km. The territorial authorities this region are the Otago Regional Council and Environment Southland.

Southern DHB offices are located on both the Dunedin and Southland Hospital sites, and service the districts of Waitaki, Otago, Queenstown Lakes, Clutha, Gore, Southland, and Stewart Island.

The region has three airports; Dunedin (national and international flights), Invercargill (national flights) and Queenstown (national and international flights). There are also numerous airfields throughout the region.

Port Chalmers, Bluff, Milford and Stewart Island have shipping ports, with cruise ships visiting both Port Chalmers and the Milford Sounds and occasionally Stewart Island and Bluff.

Livestock farming is a major industry throughout this region. Tourism is a growing industry in many parts of the Southern DHB area e.g. Queenstown, Te Anau, Wanaka and Stewart Island.

There are significant areas of undulating terrain and four ski fields across the region. In addition, Fiordland National Park is a vast, remote region in the south western corner of the South Island and much of this region is inaccessible by road.

The size of the Southern DHB region, coupled with the spread of small, and potentially isolated, rural communities places a greater emphasis on the need for self-reliance and mutual support as outside help may take some time to arrive.

### 2.3 Hazards and Risk Analysis

As a geographically large and diverse DHB, a significant feature of the Southern DHB district is that hazards will be prioritised differently in different areas. This will mean that activation of the Southern DHB HEP or supporting HEPs will take into consideration local factors such as location (isolation), weather conditions, number of injured, event duration, etc and assess the local resources available to respond.

The Southern DHB Hazard and Risk Analysis is based on the hazardscape as defined by the Otago and Southland Civil Defence and Emergency Management Groups and to the risk management policy and the identification of risk on the risk register within the Southern DHB. The CDEM Hazardscape which lists all hazards, their likelihood and their impact according to the Southland CDEM Group Plan 2012 - 2017 and Otago Civil Defence Management Plan 2012 -2017, is provided in Appendix1 and 1A



It should be noted that the hazards listed below are a general summary and do not identify the unique and specific levels of risk in different localities within the Southern DHB region. Healthcare Providers are expected to conduct detailed risk assessment for their organisation.

## 2.4 Hazard Prioritisation

Analysis of regional hazards as part of integrated DHB and CDEM planning has identified that the most common hazards or events which pose a health risk to all parts of the region are:

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

*Note: These are not listed in any particular order.*

Likely Impacts and Issues could include:

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

## 2.5 Risk Mitigation

Southern DHB actively practices risk mitigation wherever practicable. Examples of this are:

- The seasonal Influenza vaccination programme for staff, run through Infection Prevention and Control.
- Installation and maintenance of electrical generators at Southern DHB sites.
- Education for Early Childhood and Aged Care Facilities to reduce instances of gastroenteritis.

## 3.0 Readiness

Readiness involves planning and developing operational arrangements before an emergency happens. It includes consideration of response and recovery.

### 3.1 Plan Development

The Southern DHB HEP and all supporting Health Emergency Plans will have the overall accountability of the health response to any emergency event affecting the communities of Otago and Southland.

For this reason all plans will identify and describe the proactive measures required for the reduction of, readiness of and for the response to, all health emergencies, whether they are manmade or natural disasters. This will include arrangements that are integrated in terms of their preparedness and processes.

The many health service organisations involved in a response need to cooperate effectively to ensure essential ambulance, primary, secondary, tertiary, mental health, disability support, aged residential care and public health services will continue to be delivered. This requires close collaboration in the planning phase where key individual actions must be identified.

Strategic Aims of the plans are:

- Continuing care of existing patients/clients, and provision of normal services to the fullest possible extent, should facilities or services be disrupted in an emergency.
- Activation of available resources to meet a sudden rise in demand (including contingency plans to overcome the consequences of identified events)
- Provision for alternate facilities and sources of supply.
- Communication between health providers prior to and during an emergency.
- Staff training in health-related emergency roles and responsibilities.
- Care of staff during an emergency.
- Co-operation with other responding agencies during an emergency (including the provision of alternate communications).
- Provision of support to other health provider agencies and facilities, which require assistance during an emergency. These arrangements should be documented as memoranda of understanding or mutual aid agreements which outline the obligations and expectations of both parties.

All healthcare providers contracted by the Southern DHB and Ministry of Health are expected to develop emergency plans which identify:

- How the Southern DHB 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;
- To have in place Business Continuity Plans that will provide the facility the ability to continue functioning under adverse conditions which will include recovery planning.



- □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.



### 3.2 Contributors to the Plan

The Southern DHB will engage widely during the process of developing and maintaining this Health Emergency Plan. Organisations consulted but are not limited to, include:

Age Related Care Facilities  
 CDEM  
 Community Health Teams  
 Community Medical Trusts  
 Community Mental Health Providers  
 Community Providers

Neighbouring DHB's  
 Occupational Health Nurses  
 Pharmacy Services  
 Primary & Community Healthcare Services  
 Primary Health Care Clinics  
 Public Health South

Emergency Services  
Home Based Support Services  
Māori Health Providers  
Medical Laboratory Services  
Mercy Hospital  
Ministry Of Health

Radiology Services  
Southern DHB Contractors  
Southern DHB Planning And Funding  
Southern DHB Provider Arm  
Southern Cross Hospital  
Southern Primary Health Organisation

### **3.3 Plan Duration and Amendments and Review**

The HEP plan will remain current for 3 years from the date of approval by the Southern DHB. The plan will be subjected to regular review to ensure that outcomes are being achieved any amendments will be made as appropriate.

Plan monitoring and evaluation of the plan or aspects of the plan will be tested annually by table-top exercises or by other exercises whether they are in-house or multi-agency exercises. Following the completion of each exercise an evaluation will be undertaken and areas identified requiring improvements will be acted on. Any amendments to the plan, other than those for supporting documents, will be notified to all interested parties.

An annual self-assessment against the Operational Policy Framework will be carried out by the Southern DHB Emergency Management Manager and the Southern Regional Emergency Management Advisor for the Ministry of Health.

### **3.4 Staff Training and Education**

The Southern DHB is required to ensure that staff are trained sufficiently in order to respond appropriately during an emergency event. In this regard the Southern DHB will provide:

- Information to new DHB staff relating to emergency planning and response procedures as part of the orientation programme.
- Coordinated Incident Management Systems (CIMS) training for key staff who will make up the incident management team in order to respond to any emergency event.
- Health EMIS training for staff who will make up the incident management team.
- Staff who will fulfil the role of Health Liaison to partner agencies will have the capacity of working within a non-health led EOC/ECC environment through CIMS training and participation in multi-agency exercises.
- The ongoing exercising of Emergency Plans will increase the pool of appropriately trained staff.
- Southern DHB shall also participate in joint exercises with other health and disability providers and emergency response agencies.

### **3.5 Supporting Plans**

#### **Common Elements.**

All health providers are expected to develop Emergency Response and Business Continuity Plans which are appropriate to their facility and reflect the relationship between the service and the Southern DHB.

Health Emergency plans should align with the Southern DHB Health Emergency Plan using the Coordinated Incident Management System and provide a reliable Single Point of Contact for their facility to enable timely emergency communication.

Risk management should follow the functional approach and address the consequences of the local hazards as described in Appendices 1 and 1A.

All health providers should participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Southern DHB and other key agencies with some form of exercise or test of their plan being undertaken each year.

Other organisations will also have linkages to the Southern DHB in the event of an emergency this should be reflected in their own planning.

The following table summarises the roles and general responsibilities of organisations that the Southern DHB will be working collaboratively during an emergency event.

### 3.6 Key Roles and Responsibilities of the Health Sector in an Emergency Event

Organisation	Responsibilities
<p><b>1. District Health Board</b></p> <p>The Southern DHB is required to develop and maintain an overarching Health Emergency Plan for the Otago and Southland region acknowledging the role of DHBs as both funders and providers of health services.</p> <p>The Southern DHB will have a management strategy that parallels other emergency response plans in the region to enhance community resilience in emergency management.</p> <p>The Southern DHB will lead the health response in a major emergency.</p>	<p>The Southern DHB will ensure that:</p> <ul style="list-style-type: none"> <li>• Health emergency planning and response coordination comply with National Standards.</li> <li>• The planning for and assessment of any major incident includes the impact on the health status of the community.</li> <li>• Emergency planning uses an all hazard approach for hazard identification and risk analysis across the region.</li> <li>• There is provision for coordination of all major health emergency incidents within the Southern DHB region.</li> <li>• MoH Code Alerts and CDEM health related alert information is distributed through pre-established distribution channels in an effective and timely fashion.</li> <li>• 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.</li> <li>• There is agreement on the contributions that providers within the Southern District Health Board area of responsibility will make to the overall health services major incident response.</li> <li>• 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.</li> <li>• There is health service input to a multi-agency strategic response. This will be achieved through Southern 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 Committees, Readiness and Response Committees and representatives on local CDEM operational committees.</li> <li>• All health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts.</li> <li>• During a major incident DHB purchasing and supplies department will coordinate the delivery of medical supplies to all DHB services, assessed on a case by case basis.</li> <li>• Ensure that new service agreements contain a commitment from providers for an emergency plan and resources in place to ensure they can respond in an emergency in an integrated and effective manner.</li> <li>• Ensure there are efficient systems for notifying staff or rapid recall of staff.</li> <li>• Support the Civil Defence welfare response, where possible.</li> <li>• The activation, escalation and deactivation of the whole of health district emergency</li> </ul>

	<p>response is appropriately managed and facilitate optimal health service delivery</p> <ul style="list-style-type: none"> <li>• Recovery processes are initiated in a timely fashion</li> <li>• Following a major event a review of health activities and response processes is undertaken</li> <li>• Vaccination programs, including a mass vaccination program is developed and administered in accordance with ministry directives.</li> <li>• Be the single designated health agency to manage unsolicited donations of infant formula during an emergency on behalf of all agencies involved in the emergency response in the district.</li> </ul>
<p><b>2. DHB Secondary / Tertiary Hospitals</b></p> <p>Hospitals operated by the Southern DHB will provide the in-patient facilities for the treatment and recuperation of patients seriously affected by the emergency event.</p>	<p>Secondary and Tertiary hospitals will:</p> <ul style="list-style-type: none"> <li>• Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services.</li> <li>• Plan for a graduated response, including the evacuation of patients.</li> <li>• Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency services.</li> <li>• Manage capacity to accept those needing hospital care as a result of the emergency event</li> <li>• Participate in alternate communications network linking key healthcare facilities and CDEM organisations.</li> <li>• Have arrangements for access to essential supplies during an emergency.</li> <li>• Agree mutual aid agreements with like providers, such as private or trust hospitals.</li> <li>• Make personnel with specific expertise available for the Technical Advisory Group to support the Southern DHB Incident Management Team during the response phase. Alternatively there may be situations where a separate Incident Management Team at Secondary and Tertiary Hospitals is established.</li> <li>• Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies.</li> <li>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training;</li> <li>• Ensure readiness of resources.</li> <li>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.</li> </ul>
<p><b>3. Public Health Unit</b></p> <p>Public Health South are funded by the Ministry of Health to provide public health</p>	<p>Public Health South will:</p> <ul style="list-style-type: none"> <li>• Be well prepared for any emergency where there is risk to public health; and</li> <li>• Act in association with other agencies to protect the public health in the event of such an emergency. Public Health South will communicate with: <ul style="list-style-type: none"> <li>○ Its CDEM partner agencies about the assessment of the emergency situation and</li> </ul> </li> </ul>

<p>emergency planning and response capabilities in the Southern DHB areas.</p> <p>The Public Health South will exercise special powers conferred during a declared Civil Emergency, a Pandemic or a Public Health Emergency</p> <p>The Environmental Health Protection Manual prescribes that during a public health emergency or a civil defence emergency the public health service should take prompt and effective measures to protect the health of the public against injury or disease or illness arising from the emergency.</p>	<p>ensure appropriate management of the public health aspects</p> <ul style="list-style-type: none"> <li>○ The community on all matters relating to public health, During a declared state of emergency all information releases, including the preparation of media releases for distribution will be cleared for release via or on behalf of the Civil Defence Incident Controller.</li> </ul> <p><i>Environmental Health Protection</i></p> <p>The public health service response will address the following issues:</p> <ul style="list-style-type: none"> <li>• Public health measures to control communicable disease</li> <li>• Potability of water supplies, public and private</li> <li>• Safety of available food supplies</li> <li>• Food hygiene in disaster area including mass feeding facilities</li> <li>• Sewage disposal – requires close liaison with territorial authority engineering staff</li> <li>• Waste disposal – including pest control measures</li> <li>• Sanitary burial of the dead – requires liaison with Police and medical services</li> <li>• Residential and emergency accommodation including advice on the maintenance of sanitary conditions</li> <li>• Control and disposal of hazardous substances – requires liaison with Fire Service</li> <li>• Ionising radiation – requires liaison with the National Radiation Laboratory</li> <li>• Sanitary disposal of dead animals – provide advice to the Ministry of Primary Industries, Societies for the Prevention of Cruelty to Animals etc.</li> </ul> <p>Public Health South will work with the Southern DHB Public Information Management to communicate with the community on all matters relating to clinical (Public Health) issues. This includes the preparation of press releases for distribution via or on behalf of either the Civil Defence Emergency Management (CDEM) Incident Controller or Southern DHB Incident Controller. For any communications concerning food / food safety, the Ministry of Primary Industries must sign off on any media release.</p>
<p><b>4. Ambulance</b></p> <p>The St John AMPLANZ will link to and integrate with the Health Emergency Plan</p>	<p>The St John will:</p> <ul style="list-style-type: none"> <li>• Maintain its own emergency plan, command structure and communications</li> <li>• Work with the Southern DHB Emergency Management to establish processes to ensure resilient operational links between the emergency responses of both organisations.</li> </ul>

of the Southern DHB	<ul style="list-style-type: none"> <li>• Develop working arrangements with any private ambulance providers and, in the event of an emergency, coordinate the overall ambulance response for the Southern DHB District</li> </ul>
<b>5. Primary Health Organisation (PHO) and General Practices</b>	<p>The Southern PHO will maintain a Health Emergency Plan and Business Continuity Plan to:</p> <ul style="list-style-type: none"> <li>• Ensure that plans and processes are in place for their PHO and affiliated General Practices to meet the expectations and hazards outlined above in a manner which reflects the relationship between each General Practice, the PHO and the Southern DHB</li> <li>• Provide a response capability which: <ul style="list-style-type: none"> <li>○ Establishes a single point of contact (SPoC) and communications processes which enable timely notification to and consultation with affiliated GPs</li> <li>○ Is integrated to the Southern DHB Incident Management Team response</li> <li>○ Contributes to the coordination of the Primary response (to the best of their ability)</li> <li>○ Describes the role of the PHO when an individual member practice is or may be overwhelmed or incapacitated by any emergency event.</li> </ul> </li> <li>• The Southern PHO Health Emergency Plans, will be reviewed after any activation of their provisions or (at least tri-annually) in accordance with the PHO review of its policies and procedures.</li> <li>• The Southern PHO Health Emergency Plans or a component thereof will be tested annually. Biennial testing may be undertaken in conjunction with the Southern DHB.</li> </ul>
<b>6. Aged Residential Care Facilities</b>	<p>Age Residential Care Facilities / Services will:</p> <ul style="list-style-type: none"> <li>• Develop and maintain emergency response plans and business continuity plans which are appropriate to their facility and reflect the nature of the services they provide.</li> <li>• How the service or facility can provide support to a community emergency.</li> <li>• Identifies risks and hazards.</li> <li>• Maintain communication with the Southern DHB through Eldernet, to the Care Coordination Centre.</li> <li>• How they will communicate with the Southern DHB or other emergency services if normal lines of communication are not available.</li> <li>• Have arrangements for access to essential supplies during an emergency.</li> <li>• Agree mutual aid agreements with like providers.</li> <li>• Maintain a service/facility 'Single Point of Contact' to enable timely notification of emergency messages.</li> </ul>

<p><b>7. Trust or Private Hospitals</b></p> <p>Hospitals operated by private organisations or community trusts may support secondary/tertiary hospitals in the provision of health care service delivery.</p>	<p>Trust and Private hospitals will:</p> <ul style="list-style-type: none"> <li>• Develop and maintain emergency response plans and business continuity plans which are appropriate to their facility and reflect the nature of the services they provide.</li> <li>• Align their emergency plans with the Southern DHB HEP and provide a copy of their plan to the Southern DHB on request.</li> <li>• Assume an all hazard approach for hazard identification and risk analysis for their service.</li> <li>• Be prepared to support the Southern DHB Secondary/Tertiary Hospital/s if they become overwhelmed.</li> <li>• Maintain a service/facility 'single point of contact' to enable timely notification for emergency messages.</li> </ul>
<p><b>8. Primary and Community Health Care Services<sup>1</sup></b></p> <p>Following a major incident some people may require primary health care or community health services immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:</p> <ul style="list-style-type: none"> <li>• There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment.</li> <li>• 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.</li> <li>• Patients are transferred or discharged home early, in order to free up acute beds for the treatment of casualties injured in the incident.</li> <li>• People are evacuated from their</li> </ul>	<p>Primary and Community Health Care services will:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Identify risks and hazards.</li> <li>• Agree mutual aid agreements with like providers.</li> <li>• Ensure there is an efficient system for rapidly notifying staff or for staff recall.</li> <li>• Ensure there is access to essential emergency supplies.</li> <li>• Following a major incident, whenever possible continue to provide their services in alignment with the Southern DHB responses, to meet the needs of their normal patients or clients and others who, as a result of the emergency, are unable to access their usual provider. This includes Community Pharmacies, where possible, opening their premises and providing their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier.</li> <li>• Have planned to participate in a response to: <ol style="list-style-type: none"> <li>1. Meet the need for care and advice to uninjured casualties or those with minor injuries.</li> <li>2. Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds.</li> <li>3. Meet the health care needs of people at reception or evacuation centres; this could include: <ol style="list-style-type: none"> <li>I. Replacing missing medication;</li> <li>II. Undertaking health screening;</li> <li>III. The provision of information and advice to the public.</li> <li>IV. The provision of social and psychological support in conjunction with social services.</li> </ol> </li> <li>4. Plan to potentially increase their ability to accept and treat casualties (GPs and Medical Centres).</li> </ol> </li> </ul>



<p>homes or workplaces, which are threatened by toxic hazards or flooding, to rest or evacuation centres set up by local authorities.</p> <p><sup>1</sup> Includes GP Practices, medical centres/urgent doctor clinics, community pharmacies, and other healthcare services provided in the community.</p>	<p>5. Participate in alternative communications networks that link principal health care facilities with CDEM &amp; the DHB.</p> <p>6. Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.</p> <ul style="list-style-type: none"> <li>• Provide status/situation reports based on agreed frequency according to the parameters of the emergency</li> <li>• There is annual monitoring of staff awareness, training and checking/replenishing of resources (equipment, supplies)</li> <li>• Undertake annual exercising of their emergency plan or a component thereof. The Southern DHB may request their participation in an integrated and coordinated exercise. The level of participation required will reflect the nature of the services they provide and the expected roles and service in an emergency situation.</li> </ul>
<p><b>9. Māori Health</b></p>	<p>Māori Health services will:</p> <ul style="list-style-type: none"> <li>• Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services.</li> <li>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training.</li> <li>• Ensure readiness of resources.</li> <li>• Make provision for the needs of the community.</li> <li>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.</li> </ul>
<p><b>10. Mental Health Services</b></p> <p>Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community.</p> <p><b>Note:</b> Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the Child Youth and Family Service (CYFS) has the responsibility to coordinate the response of agencies providing that support.</p>	<p>Mental Health Providers will:</p> <ul style="list-style-type: none"> <li>• Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services.</li> <li>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training.</li> <li>• Ensure readiness of resources.</li> <li>• Make provision for the psychological needs of those patients it has.</li> <li>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of staff.</li> </ul>

<p><b>11. Disability Support Services (DSS)</b></p> <p>Note: These include services supporting both physically and intellectually disabled people.</p>	<p>DSS will:</p> <ul style="list-style-type: none"> <li>• Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services.</li> <li>• Ensure all obligations can be met and there is regular monitoring of staff awareness and training.</li> <li>• Ensure readiness of resources.</li> <li>• Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support.</li> <li>• Provide for incident review and Critical Incident Stress Debriefing (CISD) of it's own staff.</li> </ul>
<p><b>12. New Zealand Blood Service (NZBS)– all MoH funded</b></p>	<p>The NZ Service (NZBS) will:</p> <ul style="list-style-type: none"> <li>• Maintain its own emergency plan, command structure and communications</li> <li>• Work with the Southern DHB Emergency Management to establish processes to ensure resilient operational links between the emergency responses of both organisations</li> </ul>
<p><b>13. Civil Defence Emergency Management</b></p>	<p>If a Civil Defence Emergency is declared, overall management of such is the responsibility of the Group and/or Local Civil defence Organisation(s).</p> <p>The main role of Civil defence is to maintain contact with Southern DHB through the appointed Regional and District Health Liaison Officers and to facilitate requests for resources, not available from Southern DHB or other health sources, when advised or requested by the Health Liaison Officer.</p>

## **3.7 Key Considerations in Planning**

Key considerations in planning cover areas that require special consideration when it comes to planning and the response to an emergency event.

### **3.7.1 Vulnerable Communities**

Vulnerability can be defined as: The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of natural or man-made hazards<sup>5</sup>. Therefore identifying such communities that may be particularly vulnerable in an emergency is of importance during the planning process.

Communities that are described as vulnerable, can be found listed in the Ministry of Health National Health Emergency Plan 2008.

### **3.7.2 Volunteers**

The Southern DHB has a number of volunteers, who provide assistance within the hospital environments, there is a potential for these volunteers to be engaged in assisting during an emergency.

The Friends of the Emergency Department (FEDs) in Southland and Dunedin Hospitals along with the Help Desk (Dunedin Hospital) and volunteers in Oamaru Hospital are all St John volunteers and will be coordinated by St John.

### **3.7.3 Visitors and Dependents**

In an emergency event the Southern DHB can expect large numbers of people who wish to be with friends and relatives or that may be dependant on those that are injured or sick. Provision for these visitors and dependents is covered in the Hospital Emergency Response Plan. The Southern DHB will liaise with local welfare agencies to assist with the young, elderly or disabled being effectively orphaned or isolated because of hospitalisation or death of their caregiver.

### **3.7.4 Tele-Triage**

The Southern DHB has resources in place to enable the activation of a 0800 number to provide the public with health information and advice, should this be required during an emergency or infectious outbreak.

### **3.7.5 Community Based Assessment Centres**

CBACs have the ability to provide assessment and triage and will supplement primary health care capacity when existing primary and home-based services are or have the potential of being overwhelmed. They can be used in the event of a pandemic, mass evacuation or large hazardous substances incident.

In these types of health emergencies it is likely that:

- The number of additional unwell people will be beyond surge capacity

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<sup>5</sup> Ministry of Health. (2008). *National Health Emergency Plan 2008*. Wellington. (p.10)

- The capacity of the Southern DHB and primary health organisations (especially during a pandemic) will be diminished by staff absences due to illness or staff staying at home to care for family members
- Access to existing facilities will be limited, either because the facility is non-operational due to the emergency or because there is a risk of cross-infection
- Existing primary and hospital facilities will need to continue to provide care for people requiring treatment for other conditions.

The Southern DHB maintains plans to enable activation of CBACs throughout the district if they are required.

### **3.7.6 Single Point of Contact System**

The Single Point of Contact (SPoC) system is the method used to provide 24-hours, seven days a week communication between the Southern DHB, public health units and the Ministry of Health. The system is based on a group e-mail that the Ministry uses to send Etxt and email messages to a SPoC within the Southern DHB.

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

- Duty Managers, Duty Coordinators
- Emergency Managers
- Senior Management

For a list of SPoC's within the Southern DHB see Appendix 3

### **3.7.7 National Reserve Supplies**

The Ministry of Health manages a number of national reserve emergency supply reserves and stockpiles, for use during an emergency event (including Pandemic) that could be required if normal supply chains are overwhelmed or cannot meet demand.

The Southern DHB undertakes to use supplies from its own stores and normal suppliers along with any other supplies available from other DHBs in the South Island Region before making requests to the MoH to release reserve stock.

The Southern DHB will coordinate the maintenance and turnover held within the Southern DHB of national reserves and will account for and receipt, any use of, disposal of, or use in support of neighbouring DHBs.

### **3.7.8 Resources**

Any emergency has the capacity to reduce the workforce required to meet the needs of that emergency, which can lead to the transfer of staff from the Southern DHB to other DHBs, or have staff come to the Southern DHB.

Depending on the availability of staff with the necessary skills and qualifications, it is important to ensure that the Southern DHB's basic service levels are maintained.

This can be done by reviewing a request either via Health EMIS or through current communications channels. The requesting DHB will be informed via EOC to EOC communication that the requested staff are available. Transport and accommodation for the requested staff will be organised through appropriate channels, records for the receipt and deployment of staff will be kept by the Southern DHB.

Requests from other DHBs concerning supplies /materials will be received by the IMT. Depending on the availability of the resources requested and ensuring the resources demands of the Southern DHB are maintained. The requested supplies will be logged and transported through whatever appropriate transport options are available.

## 4.0 Response

Response involves those actions taken immediately after the recognition that an emergency event has occurred, or is imminent. The following guidelines are intended to ensure a common approach and facilitate the incorporated management of any health emergency response. They identify the concepts and processes that are required during an emergency event.

### 4.1 Activation Criteria

All or part of this plan will be activated when a local, regional or national incident meets the definition of a 'health emergency' (When usual resources are overwhelmed or have the potential to be overwhelmed in a local, regional or national emergency event level.)

The Southern DHB can activate its HEP when it receives notification of an "event" from MoH, CDEM, an Incident Controller of another health provider, or from the emergency services. The Southern DHB can activate both its HEP and the SIRHEP.

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 etc
  - Major flooding
- 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 and/or significant damage to infrastructure
  - 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 or loss of supply
  - Transport strike resulting in non-delivery of critical medical supplies
  - Industrial action
  - Major weather event causing casualties, and or disrupting provision of health services (adverse weather, flooding, landslides etc).

If the Ministry should activate the National Health Emergency Plan (NHEP), the Ministry can also require the Southern DHB to activate its local and district plans once the NHEP has been activated

**If there is any doubt about the appropriate course of action to follow, the  
Health Emergency Plan must be activated**

## 4.2 Procedures for Activation

In the case of a Major Incident the Southern DHB HEP will be activated through the Single Point of Contact (SPoC).

(See Appendix 4 for the South Island Coordination Activation Flowchart)

The Hospital Duty Coordinator or Duty Manager will be the first people to be notified of an incident through the SPoC system. The Duty Coordinator or Duty Manager is the default Incident Controller until a senior manager assumes the role or control.

The Duty Coordinator or Duty Manager, Senior Manager will liaise with Emergency Management staff and decide on the activation process required.

The nature, location and size of the incident will determine whether other DHB's and medical facilities within the District and South Island Region are notified. The Southern DHB will inform neighbouring DHB's of a **Standby** or **Activation** of the HEP.

The following staff have the **authority to activate** the Southern DHB HEP:

- Chief Executive Officer
- Chief Operating Officer
- Chief Medical Officer
- Executive Director of Nursing and Midwifery
- Operational Managers
- Designated Regional Health Controllers
- Medical Officer of Health
- Manager, Emergency Management
- Duty Manager/ Duty Coordinator
- Rural Hospital Clinical Leader
- Emergency Department Clinical Head of Department
- Emergency Department Nurse Manager
- Emergency Department Charge Nurse or Duty Consultant

On activation of the HEP, the Incident Management Team will be responsible for the following tasks:

- Establishment of the Emergency Operations Centre (EOC).
- Establishment of the CIMS structure
- Appoint an Incident Controller
- Organise staff to undertake positions in the EOC and establish key positions including Bed Management and Reconciliation Coordinators
- Establish Liaison with other key response agencies
- Consider shutting down non-essential services and transferring staff to key departments
- Begin Roster Management of key department staff
- Ensuring all departments initiate departmental plans

## 4.3 Ministry of Health Alert Codes

The MoH has developed alert codes to provide an easily understood system of communication for an emergency that is easily recognised within the health sector.

These alert codes are issued via the Single Point of Contact system.

The alert codes outlined in *Figure 3* have been adopted for use by the health and disability sector at district, regional and national levels.

Phase	Example situation	Alert code
<b>Information</b>	Confirmation of a potential emergency situation that may impact in and/or on New Zealand <b>Example:</b> A new infectious disease with pandemic potential, early warning of volcanic activity or other threat.	<b>White</b>
<b>Standby</b>	Warning of imminent Code Red alert <b>Example:</b> 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)	<b>Yellow</b>
<b>Activation</b>	A major emergency in New Zealand exists that requires immediate activation of HEPs <b>Example:</b> A large scale epidemic or pandemic or major mass casualty event requiring assistance from outside the affected region	<b>Red</b>
<b>Stand-down</b>	Deactivation of the emergency response <b>Example:</b> End of outbreak, epidemic or emergency when services are returning to business as usual.	<b>Green</b>

Figure 3

#### 4.4 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.



# Emergency Event Activation Flowchart

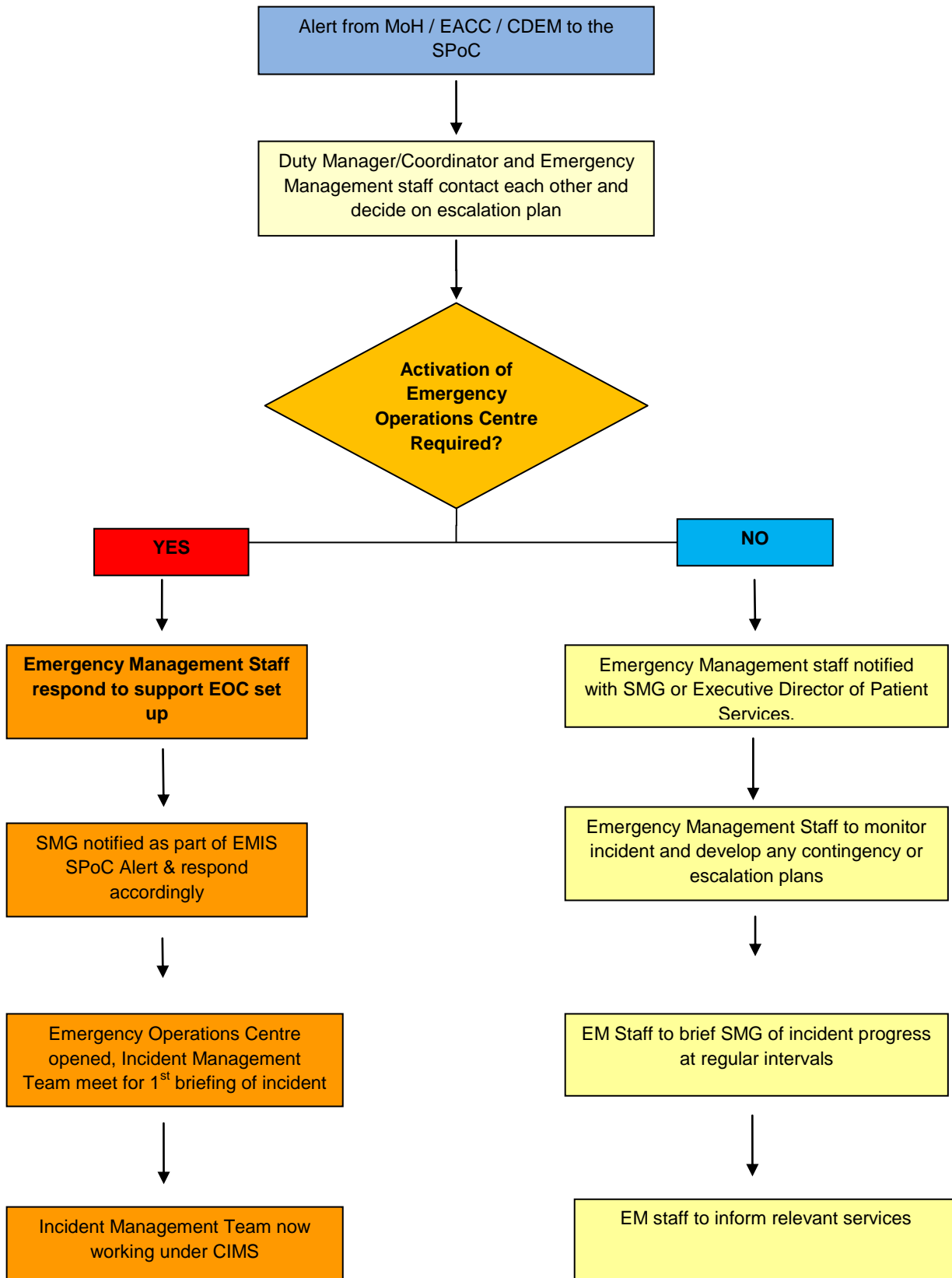


Figure 4

## 4.5 South Island Regional Health Emergency Plan (SIRHEP)

The South Island Regional Health Plan supports the NHEP to provide a consistent response to a regional or national emergency event. It may be activated when a situation arises that has the potential to overwhelm the resources of a DHB and assistance may be required from either within the South Island region or nationally.

The SIRHEP comprises of Southern DHB, South Canterbury DHB, Canterbury DHB, West Coast DHB and Nelson Marlborough DHB.

Activation of the SIRHEP occurs through the Single Point of Contact (SPoC)

### SDHB Emergency Management Structures

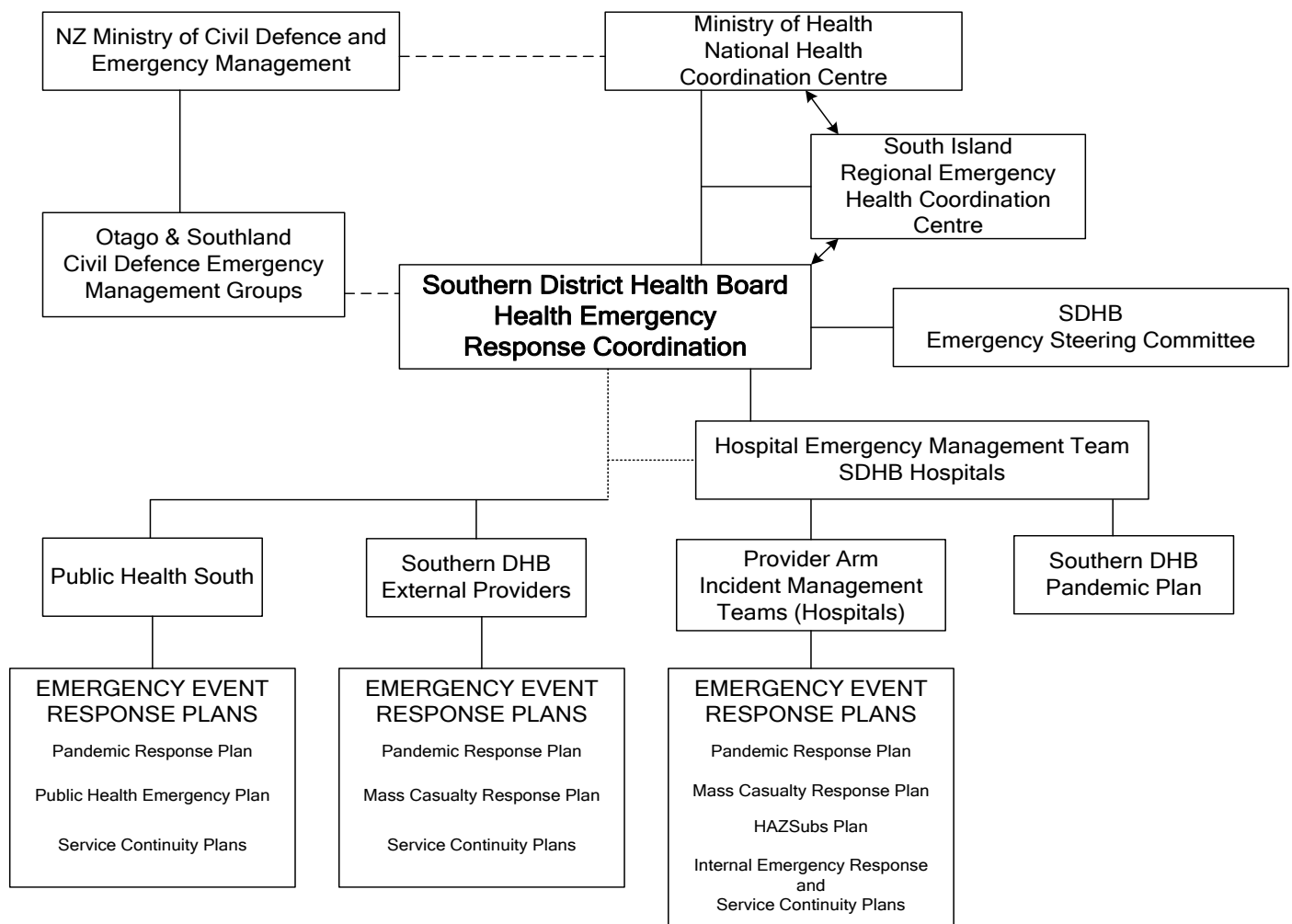


Figure 5

## 4.6 Coordinated Incident Management System (CIMS)

The CIMS structure is New Zealand's model for the systematic management of an emergency response. It is a modular process and can be expanded as the incident increases in size and / or complexity. It is an integrated incident management system that provides a model for command, control and coordination of any emergency response regardless of the size of the incident.

The CIMS structure will allow for multiple agencies to work together in their response to an emergency event, creating consistent response at all operational levels within the health and disability sector.

The Southern DHB shall use a CIMS structure whenever a health emergency is activated. The key functions of CIMS will be undertaken by the Incident Management Team (IMT) comprising of senior staff trained in CIMS. Training in CIMS will be provided for all key staff.

The initial person managing any response will become the Incident Controller and, where possible, should wear some identification to assist identification.

The level of response to any emergency event will be determined by the nature and complexity of the incident. (See Appendix 5)

The Incident Management Team roles within CIMS are as follows:

- Incident Controller
- Operations
- Planning & Intelligence
- Logistics
- EOC Manager
- Public Information Management
- Liaison
- Risk

### Incident Management Structure

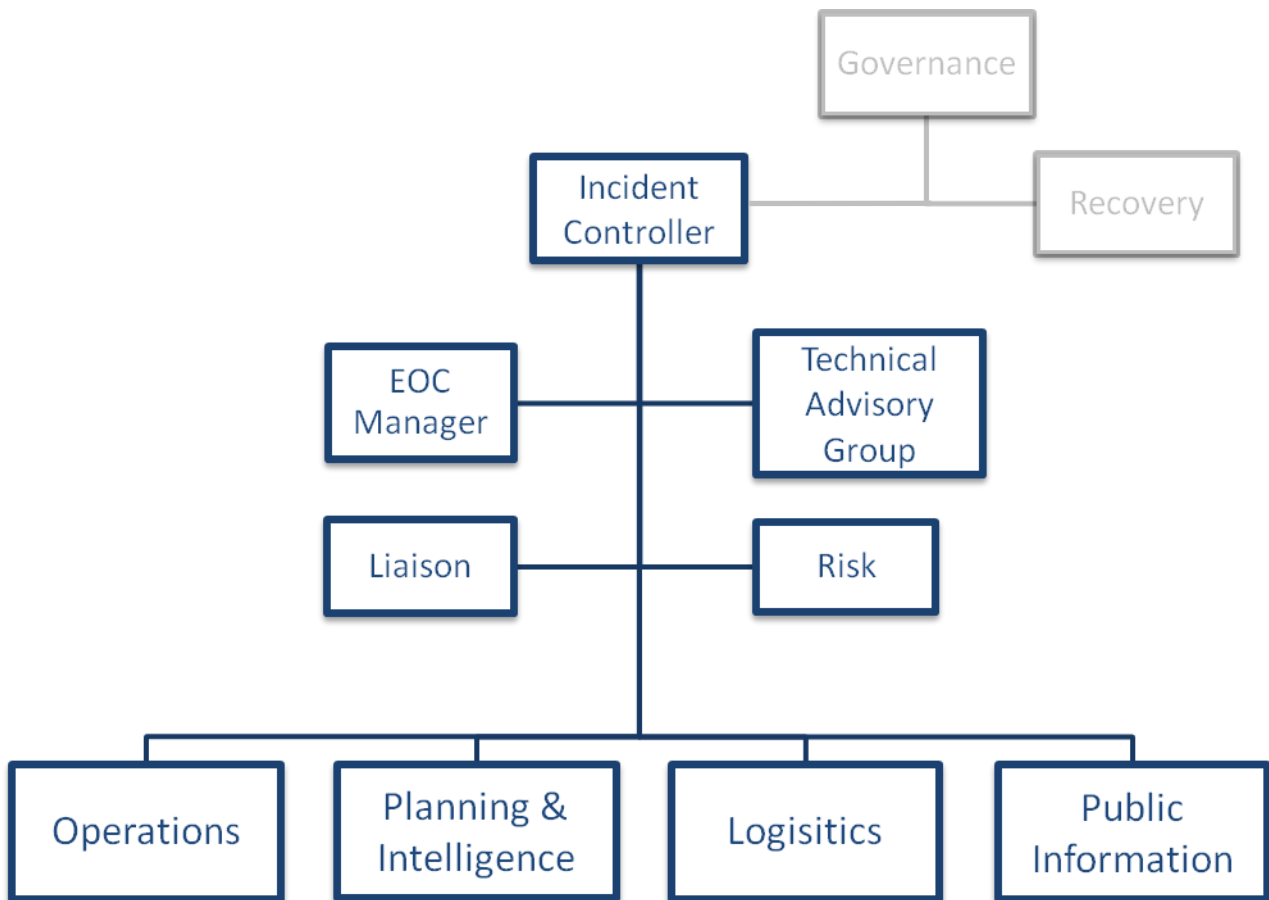


Figure 6

## 4.6.1 Descriptions of Incident Management Team Positions

### Incident Controller

Responsible for the overall direction of response activities in an emergency situation and is the person in charge at an incident. The Incident Controller fulfils all management functions and responsibilities until the incident requires additional appointments.

Major responsibilities include:

- Establishing command and control
- Establishing the Emergency Operations Centre (EOC),
- Protecting life and property
- Controlling personnel and equipment
- Maintaining accountability for responder and public safety, as well as for task accomplishment
- Establishing and maintaining effective liaison with outside organisations, including the EOC, when it is activated.

### Operations Manager.

Coordinates activities and has primary responsibility for receiving and implementing the incident action plan. The Operations Manager reports to the Incident Controller and determines the required resources and organisational structure within the Operations Section.

Main responsibilities are to:

- Direct and coordinate all operations, ensuring the safety of all operations personnel
- Assist the Incident Controller in developing response goals and objectives for the incident
- Implement the incident action plan
- Keep the Incident Controller informed of the situation

### Planning / Intelligence Manager.

The Planning / Intelligence Manager reports to the Incident Controller.

Main functions include:

- Gathering, evaluating and disseminating information about the incident and the status of resources.
- Creation of the Incident Action Plan, which defines the response activities and the use of resources for a specified time period.
- Long term and recovery planning

### Logistics Manager.

The Logistics manager reports to the Incident Controller.

Responsible for:

- Providing facilities, materials, services and resources – including personnel – in support of the incident.
- Supporting the incident responders.

### Public Information Management.

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

- Providing timely and accurate information (general, advice or instruction) to the public in times of an emergency.
- Building public confidence and 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 Public Information Management team will coordinate significant information releases approved by the Incident Controller and coordinated with the local CDEM Communications Manager and the Ministry of Health. Copies of the media releases are to be forwarded to the Ministry, preferably before but always after release.

Medical Officers of Health under the special powers (listed in the 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.

#### Risk Officer.

Assess the risks and monitors safety conditions and develops measures for ensuring the safety of all assigned personnel.

#### Liaison Officer.

Is the contact for other agencies assigned to the incident. They may be Southern DHB Liaison deployed to other agencies EOCs, or representatives from other agencies within the Southern DHB EOC.

Liaison representatives from other agencies can include, but not limited to:

- St John
- Southern Primary Health Organisation
- Mercy and Southern Cross Hospitals
- Fire
- Police

#### Technical Advisory Group

Provides expert technical advice on specific matters that may arise during an emergency event.

#### EOC Manager

Coordinates the internal functions of the EOC for effective operational capability.

### **4.6.2 Specific Roles of the Incident Management Team**

Southern DHB IMT will monitor:

- Status of hospitals, their facilities, resources and staffing
- Status and use of non-public hospital sites including, health centres, clinics, General Practitioner's surgeries, welfare centres, blood banks and other permanent or temporary sites
- Status of Age Related Care Facilities, Maternity units and nursing care providers.
- Status of Community Health Care services.

Southern DHB IMT will obtain status information through:

- Regularly submitted status reports from hospitals and other health care providers within the Southern DHB region.
- South Island Regional Health Coordination Committee (two way communication flow)
- Emergency Operations Centres (EOCs) at Regional and/or District CDEM Headquarters (two way communication flow).

Southern DHB IMT will analyse status information and resource requests in order to:

- Obtain an overview of the response situation and assess shortfalls in health resources
- Determine when and how to request additional resources within it's own area of responsibility
- Establish contact with the key in-facility Incident Management Team to co-ordinate additional resource requests and responses
- Track resource requests and delivery to the required areas
- Arrange for the allocation, distribution, and transport of resources

## 4.7 Emergency Operation Centres

Southland, Lakes District, Wakari and Dunedin Hospitals have Emergency Operation Centres (EOCs) for the management of an emergency event.

Depending on the size or complexity of the event, a local or district EOC will be activated at any of the above EOCs. In Appendix 7 there is a list of the locations of the Southern DHB EOCs

## 4.8 Alternative Communication

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

- Paper based templates are available in the EOC and a fax machine
- Radio links with Ambulance in Southland, Dunedin and Lakes District Hospitals (also a UHF radio link between Southland and Lakes District Hospitals).
- Base unit satellite phones have been installed in the;
  - DHB EOC Provider Services Meeting Room at Dunedin Hospital
  - DHB EOC Clinical Administration Meeting Room at Southland Hospital
  - Public Health South, Wakari Hospital
  - Portable satellite phones are also located in the;
    - Emergency Managers Office, Wakari Hospital
    - Emergency Management Coordinators Office, Southland Hospital
    - Public Health South, Frankton

## 4.9 Primary Care Management

PHOs are invited to have a Liaison officer within the DHB EOC or representative on the Technical Advisory Group when relevant, which advises the Southern DHB Incident Management Team. This is to ensure that primary care are represented and supported. It will also allow them to continue to provide their services during the response phase of any emergency event and assist in monitoring the situation and disseminating information to and from the DHB EOC to their respective practices.

## **4.10 Communicating with Local Emergency Agencies**

Southern DHB is 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 Southern DHB EOC. The distribution of health information (Situation Reports etc) to other agencies will be facilitated through the health liaison officer or other communication means such as HealthEMIS etc.

## **4.11 Lead Agency**

Where it is unclear which agency is taking the lead agency role, the Incident Controller should consult with Emergency Management staff in the first instance or request clarification from the other agency/s involved. The Civil Defence Emergency Management Group Controller can assist in any discussion.

## **4.12 Welfare Arrangements**

An emergency may affect the physical and emotional wellbeing of a large number of people, communities or individuals who may have suffered bereavement, severe illness or separation from families and support.

People may also experience loss of employment and income, along with social and community isolation. The ability of individuals to be self reliant and for communities to remain resilient in the face of these challenges will be vital. Well developed community support networks will go a long way to assisting individuals and communities to respond to and recover from an emergency.

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

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

The Southern DHB is an active member of both Otago and Southland Welfare Coordination Groups and will liaise closely with these groups to ensure seamless coordination of services.

## **4.13 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 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 & Safety in 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 no longer than 8 to 12 hours in length 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 (as defined by the HSE Act). Their belief must be on reasonable grounds and they must have attempted to resolve the matter with their employer. Employees are encouraged to consult with their employee representative (union, health & safety) during the process.

#### **4.14 Deactivation of the Health Emergency Plan**

The ‘Stand Down’ or deactivation of the HEP occurs when the emergency event is no longer considered to be a threat to the population of the Southern DHB.

Deactivation will be determined by either the local or regional agency, in consultation with the Ministry.

The deactivation of the HEP will be determined by the following factors

- The emergency response role has concluded.
- The immediate physical health and safety needs of the affected people have been met.
- The immediate health concerns arising from the public have been satisfied
- That it is timely to enter the active recovery phase.

In the case of the HEP being activated by the Ministry, the Ministry will issue a Code Green alert to signify the end of the response.

After each deactivation, a review of emergency management procedures and existing plans will be conducted based on briefings and evaluation of outcomes.

#### **4.15 Planning for Recovery**

Recovery activities commence while response activities are in progress. As directed in the NHEP the Southern DHB 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 back to “business as usual” as soon as possible



## 5.0 Recovery

Recovery includes those processes that begin after the initial impact 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 / long 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.

### 5.1 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 Southern 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.

### 5.2 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, staff, families / whanau and communities, as well as building and bolstering social and psychological wellbeing.

Psychosocial support is therefore an important issue that needs to be incorporated into recovery planning, ensuring that 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 maybe providing psychosocial support services as well as those who may be receiving them. Psychosocial recovery planning requires coordination between agencies at national, regional and local levels, and spans all the phases of emergency management, including planning.

The Ministry of Social Development is the primary agency responsible for the planning for the provision of psychosocial support when that assistance or support is required.

### **5.3 Recovery Manager**

The Southern DHB CEO will appoint a Southern DHB Recovery Manager. Recovery activities will be physically implemented at a local level, while the Southern DHB 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 dissimilar nature of the communities that are likely to be affected.

Where the recovery is led by Civil Defence Emergency Management, then the recovery process will fit within the Social Task Group within the respective Civil Defence Emergency Management recovery plans

### **5.4 Evaluation of the Emergency Response**

The Ministry and the Southern 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.

It is vital that all staff involved, regardless of seniority, understand that a debrief is about improving performance and not about assigning blame. All staff who contributed to the activity being debriefed should be able to contribute to the debriefing process.

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.

## 5.5 Types of Debriefings

Debriefings can be used to promote post-event learning and recovery for the people who are involved in the emergency event. They can be held at different times for example at the end of each shift, following the end of the response and after the transition from response to recovery.

### 5.5.1 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 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:

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

### 5.5.2 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 should address organisational issues rather than personal or psychosocial issues and focus on strengths and weaknesses as well as ideas for future learning.

### 5.5.3 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.

### 5.5.4 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. These changes to /or new plans will require testing and validating by exercise to ensure lessons learned have been effectively applied.

### **5.5.5 Other Types of Debriefing**

Other types of debriefing may be employed to assist individuals or groups to overcome the experiences they encountered during the event. The Southern DHB currently maintains a contract with Vitae that is accessible through the employee assistance programme to provide psychological assistance.

# 6.0 Appendices

## Appendix 1 - Hazard Identification

### Reading the Risk Matrix.

Likelihood x Consequence = Level of Risk e.g. possible likelihood x major consequence = High Risk

Likelihood	Consequences				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
A: Almost Certain	Moderate	High	Very High	Extreme	Extreme
B: Likely	Low	Moderate	High	Very High	Extreme
C: Possible	Low	Moderate	Moderate	High	Very High
D: Unlikely	Very Low	Low	Moderate	High	Very High
E: Rare	Very Low	Very Low	Low	Moderate	High

### Risk Analysis

Hazard Identification	Southland, including Invercargill		
	Likelihood	Consequence	Rating
Alpine Fault - Ground shaking	Likely	Major	Very high
River/Stream flooding	Likely	Major	Very high
Drought	Almost certain	Moderate	Very high
Electricity failure	Almost certain	Moderate	Very high
Communications failure	Almost certain	Moderate	Very high
High winds	Almost certain	Moderate	Very high
Snow	Almost certain	Moderate	Very high
Frost	Almost certain	Moderate	Very high
Animal Epidemic	Possible	Catastrophic	Very high
Storm Surge - tidal effects	Almost certain	Minor	High
Hail	Almost certain	Minor	High
Coastal erosion	Almost certain	Minor	High
Rural Fire	Almost certain	Minor	High
Avalanche	Almost certain	Minor	High
Hazardous substances spill	Likely	Moderate	High
Transport accident - Air <10 pax	Likely	Moderate	High
Human Pandemic	Likely	Moderate	High
Plant & Animal Pests	Likely	Moderate	High
Distant Tsunami*	Possible	Major	High
Transport accident - Marine/Port - people incident	Unlikely	Major	High
Other - Ground shaking	Likely	Minor	Moderate
Landslide	Likely	Minor	Moderate
Transport accident Rooding	Likely	Minor	Moderate
Urban Fire	Likely	Minor	Moderate
Transport accident Marine/Port - environmental incident	Possible	Moderate	Moderate

Local Tsunami*	Possible	Moderate	Moderate
Civil unrest	Unlikely	Moderate	Moderate
Transport accident - Air >11 pax	Rare	Major	Moderate
Terrorism	Rare	Major	Moderate
Lightning strike	Unlikely	Minor	Low
Regional Tsunami*	Unlikely	Minor	Low
Volcanic Ashfall	Rare	Moderate	Low
Coastal Flooding	Possible	Insignificant	Low
Roading/Bridging failure	Unlikely	Minor	Low
Water supply failure	Unlikely	Minor	Low
Wastewater failure	Unlikely	Minor	Low
Fuel supply failure	Unlikely	Minor	Low
Dam break failure	Rare	Moderate	Low
Tornados	Rare	Minor	Very low

\*Description of distant, regional and local tsunami

*Distant source* – greater than three hours travel time to New Zealand

*Local source* – less than 60 minutes travel time to the nearest New Zealand coast.

*Regional source* – one to three hours travel time to New Zealand

#### Risk Analysis

Hazard Identification	Otago, including Dunedin		
	Likelihood	Consequence	Rating
Local Earthquake	Likely	Major	Very High
Dam break	Possible	Catastrophic	Very High
Human Pandemic	Likely	Major	Extreme
Landslide	Almost certain	Moderate	Extreme
River flood	Almost certain	Moderate	Very High
Local Tsunami	Possible	Possible	High
Severe Storm -	Almost certain	Major	Extreme
Electricity failure	Almost certain	Moderate	Very High
Lake Flood	Almost certain	Moderate	Very high
Fuel supply disruption	Likely	Major	Very High
Regional/Distal Tsunami	Likely	Catastrophic	Extreme
Severe Storm - Wind	Almost certain	Moderate	Very High
Heavy Rain	Almost certain	Major	Extreme
Sewerage failure	Likely	Moderate	High
Storm Surge	Almost certain	Moderate	Very High
Telecommunications failure	Almost certain	Moderate	Very High
Food supply disruption	Almost certain	Moderate	High
Rural Fire	Possible	Moderate	High
Terrorism	Unlikely	Catastrophic	Very High
Animal Epidemic	Possible	Catastrophic	High

## Appendix 1A - Hazards

### Natural –

Naturally occurring events are either of an impact or progressive type. Likely impact (Earthquake, storm etc) or progressive (Flood, etc) events of significance in the Southern DHB's geographic area include:

Hazard (Natural)	Likelihood	Consequence	Remarks
Weather		Disruption of road and air traffic, disruption of essential services, landslip, localized flooding, tree fall, wind, water and airborne debris damage to structures, heavy seas and storm surge.	Includes rainfall, drought, wind, snow, frost and to a lesser degree hail, electrical, fog & sunshine. The risk to health is providing rescue services to those injured or trapped in extreme conditions, isolation of health resources and the problem of transporting health professionals to and from their work.  Snow is a major consideration for Otago with at least one significant snow fall each year which may affect roads, power and transport.
Flooding		Disruption of roading, property damage in low-lying areas, potential for public health hazards due to disruption of sewage systems or release of hazardous substances, loss of reticulated water supplies, loss of electrical supply in affected areas.  If the flood protection systems were to fail extensive flooding could occur or if the warning system fail there may not be sufficient time to evacuate people in the path of a flood.  Persistent rain may cause surface flooding to low lying flat areas impacting on roads and cutting off some rural towns.	Being beside the sea and having many major rivers flow through or near population centres poses a major threat from floods throughout the DHB's geographic area. There are early warning systems in place on most major rivers and a flood protection system is in place to prevent flooding from most rivers.  Evacuation of residents from their homes may affect their ability to come to work.  Evacuation of rest homes requires contingency planning for placement.
Earthquake		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 affected area.	Earthquakes can affect all or part of the DHB's geographic area, the majority of which occur along the main Alpine fault line as well as other fault lines of lesser length throughout the island.
Tsunami		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.	Local Tsunami <60mins warning are possible especially in coastal areas of Southland and Otago and may cause mass casualties. More distant source Tsunami's will generally allow more time for warnings to the general public.

### Technological –

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. Technological events of significance in the Southern DHB's geographic area include:

Hazard (Technological)	Likelihood	Consequence	Remarks
Epidemic/ Pandemic/ Communicable Disease		Increased mortality and morbidity. High absenteeism from work places resulting in disruption to essential services, civil unrest, economic and social hardship. Restrictions on people's activities and movements.	Increased global mobility has heightened the risk of an epidemic or communicable disease affecting the region. Livestock farming is a major industry and tourism is a growing industry in this area and anything affecting these industries would have an enormous flow-on effect to the social and economic aspects of the region.
Hazardous Substance Spills		Loss of life, personal injury, contamination of the environment (air, land and waterways). Disruption to road and rail traffic.	May include fire, explosion, release of toxic fumes and or contamination. An event may be localized or wide-spread, short- or long-term and may occur in high or low population areas.  Spill may occur during production, transport or storage. Health providers would require the assistance of Fire Service to decontaminate people prior to their entry into the facility to ensure facility and staff safety
Loss of Lifelines		The extended loss of lifelines such as power, water, sewerage and communications, through natural or technological events, has the potential to cause major disruption to the operation of major responders in the Health Service.	Utility failure could be precipitated by earthquake, volcanic eruption, storms, flooding, tsunami and fires.
Industrial explosion		Loss of life, burns, respiratory problems, chemical contamination, toxic gas cloud, structural damage, may require evacuation of homes and businesses.	A number of industrial plants in the region are in close proximity to residential areas.
Terrorism		This could occur in any area, result in major disruption to utilities, leave large numbers of casualties, affect a range of age groups and result in varying degrees of injuries.	May be due to chemical, biological, or a radiological weapon. Help would probably be requiring from outside the region.
Major Events/ Large Crowd Gathering		Loss of life, personal injury, crush injuries, likely to be complicated by alcohol and drug use. Crowd control and limited resources to transport injured to medical facility.	Events held at the Town Hall, Regent Theatre, University, Edgar Centre, Forsyth Barr Stadium etc  Student mass gatherings  Events held at Stadium Southland. Queenstown Events centre, Millbrook etc.
Mass Passenger / Transportation Crash		Loss of life, personal injury, disruption to road, rail and air traffic, stretching capabilities of rescue services. Risk of hazardous substance spill, fire or explosion with subsequent injuries.	An increase in tourist numbers and their movement throughout the region, coupled with the introduction of larger passenger transport vehicles and aircraft increases the risk of accidents involving large numbers of casualties. Such accidents (Air, Road, Rail, and Sea) could occur in isolated areas and possibly inclement weather conditions.  The Taieri Gorge Passenger train carries up to 600 passengers in the summer with cruise ship tourists. Cruise ships visit Port Chalmers and the Milford Sounds through the summer
Fire		Loss of life, burns, smoke inhalation, exhaustion. Destruction of homes, disruption to utility services, pollution of waterways and water supplies. Evacuation of homes.	Fires may be started deliberately, accidentally or following volcanic activity, lightning strikes, high winds, floods and earthquake causing electrical shorts.
Civil Unrest		Disruption to normal services, large crowd related problems.	Including industrial action, such as withdrawal of labour by healthcare workers



## Appendix 2 - Organisations Providing Response and Welfare Support in an Emergency

Organisations / Services	GPs and Urgent Drs	Aged Residential Care Facilities	St John	Private Hospitals	Mental Health Providers	Māori Health Providers	Public Health Services	Public Hospitals	Private Labs	Private Radiology	Community Services	Pharmacies	Disability Support	CYFS	WINZ	Police	Fire	Marae	Civil Defence	TLAS	NZ Red Cross	Salvation Army	Teaching Institutions
Care and advice to the uninjured / displaced			✓			✓	✓				✓		✓	✓	✓			✓	✓	✓	✓		
Clothing															✓					✓			
Communications (emergency response)			✓													✓	✓		✓				
Communications (Public Information)			✓			✓	✓									✓		✓	✓	✓			
Counselling	✓				✓	✓							✓	✓		✓							
Emergency Care	✓		✓	✓		✓*		✓															
First Aid	✓		✓			✓*						✓					✓				✓		
Food Supplies																			✓	✓		✓	
Health Screening at Evacuation Centres	✓		✓				✓																
Health status assessments (of the community)	✓				✓	✓	✓				✓		✓										
Hygiene at evacuation centres							✓																

\*Mobile Nursing

Organisations / Services	Tasks / Roles	GPs and Urgent Drs	Aged Residential Care Facilities	St John	Private Hospitals	Mental Health Providers	Māori Health Providers	Public Health Services	Public Hospitals	Private Labs	Private Radiology	Community Services	Pharmacies	Disability Support	CYFS	WINZ	Police	Fire	Marae	Civil Defence	TLAs	NZ Red Cross	Salvation Army	Teaching Institutions
	Provision of support to acute health services	✓			✓	✓			✓	✓	✓		✓											
	Provision of medicines and medical supplies	✓			✓				✓				✓											
	Quarantine advice, follow-up etc							✓																
	Quarantine facilities							✓	✓															✓
	Replacing missing medication	✓							✓				✓											
	Shelter (for displaced and evacuated people)						✓												✓	✓	✓			✓
	Social or psychological support	✓		✓		✓	✓							✓	✓				✓			✓	✓	
	Storage / disposal of the dead							✓	✓								✓				✓			
	Transport		✓	✓										✓					✓		✓	✓		
	Supplies of potable water																				✓			
	Cooking Facilities		✓		✓				✓										✓					✓
	Accommodation		✓																✓					✓
	Bedding																		✓			✓		

## Appendix 3 - Single Point of Contact

### Dunedin & Wakari Hospitals

Via the Operator

Mobile

Email

Pager

Fax

### Southland Hospital

Via the Operator

Mobile:

Email:

E-txt:

Fax:

### Lakes District Hospital

Phone

Fax

Manager

### Dunstan Hospital

Phone

Fax

### Gore Hospital

Phone

Fax

### Clutha Health First

Phone

Fax

### Oamaru Hospital

Phone

Fax

### Maniototo Hospital

Phone

Fax

### Southern Cross Hospital

Phone

Fax

Emergency phone

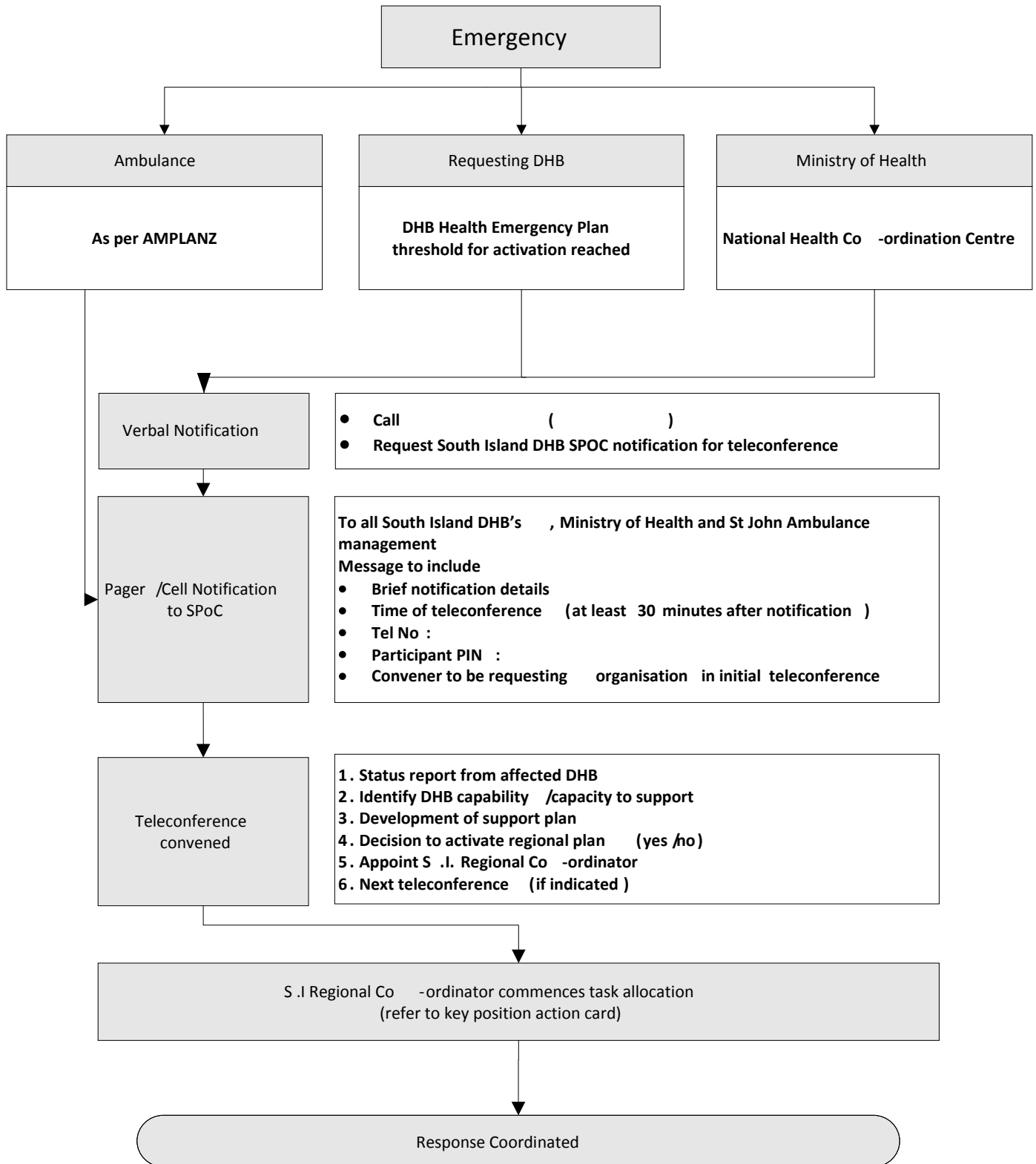
### Mercy Hospital

Phone

Fax

Exec on call

# Appendix 4 – South Island Regional Coordination Activation Flowchart



## Appendix 5 – Alert Levels

**Characterisation of an Incident** An emergency incident is assessed and graded into 3 levels.

<p><b>Level 1</b></p>	<p>An incident is characterised by being able to be resolved through the use of local or initial response resources only.</p> <p>In a Level 1 incident the major function is operations.</p> <p>Control of the incident is limited to the immediate area, and, therefore, the operations function can usually be carried out by the Incident Controller.</p> <p>Being relatively minor, the other functions of planning and logistics will, generally, be undertaken concurrently by the Incident Controller.</p>
<p><b>Level 2</b></p>	<p>These incidents are more complex either in size, resource or risk. The incident exceeds the resources available. A divisional approach is warranted, characterized by the need for deployment of resources beyond an initial response,</p> <p>Or</p> <p>Sectorisation of the incident,</p> <p>Or</p> <p>The establishment of functional sections due to the levels of complexity (e.g. operations and planning),</p> <p>Or</p> <p>A combination of the above.</p>
<p><b>Level 3</b></p>	<p>These incidents are characterized by degrees of complexity that require the establishment of DHB overarching management. This will require leadership from senior executive management team.</p> <p>There may be an Incident Controller for the Provider Arm (Hospital) and one for the DHB. The incident will, usually, involve delegation of all functions.</p>

## Appendix 6 – Alert Systems

This table shows the alert system for each service.



## Appendix 7 - EOC LOCATIONS & CONTACT DETAILS

### Dunedin Hospital

<ul style="list-style-type: none"><li>• Primary Location:</li></ul>		
<ul style="list-style-type: none"><li>• Secondary Location:</li></ul>		
<ul style="list-style-type: none"><li>• Off Site Location:</li></ul>		

1

### Southland Hospital

<ul style="list-style-type: none"><li>• Primary Location:</li></ul>		
<ul style="list-style-type: none"><li>• Secondary Location:</li></ul>		
<ul style="list-style-type: none"><li>• Off site Location:</li></ul>		

### Lakes District Hospital

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## Appendix 8 - AUTHORISATION FOR ACTIVATION



### AUTHORISATION FOR ACTIVATION

**THE Southern DHB HEALTH EMERGENCY PLAN**

I, .....

*(print name)*

**authorise the activation of the:**

**THE Southern DHB 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 SOUTHERN DISTRICT HEALTH BOARD AREA.**



## Appendix 9 - AUTHORISATION FOR DEACTIVATION



### AUTHORISATION FOR DEACTIVATION

**THE Southern DHB HEALTH EMERGENCY PLAN**

I, .....

*(print name)*

authorise the deactivation of the:

**THE Southern DHB 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 SOUTHERN DISTRICT HEALTH BOARD AREA.**