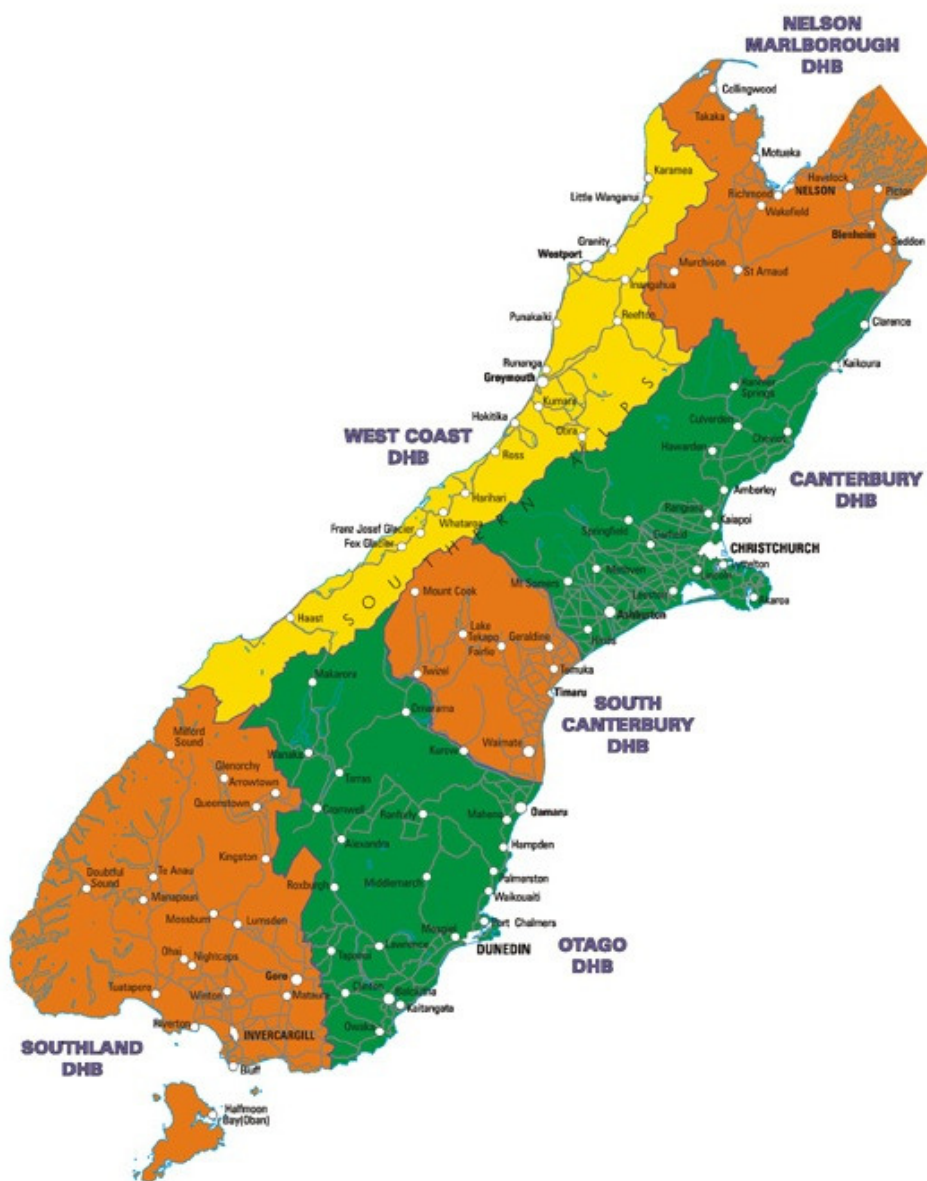



SOUTHERN REGION HEALTH EMERGENCY PLAN



As agreed By South Island District Health Boards
Current as of 01 / 12 / 2008

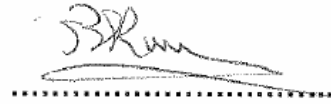
Southern Regional Health Emergency Plan

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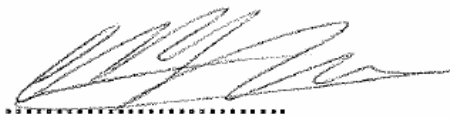
CEO Southland DHB

Date / /



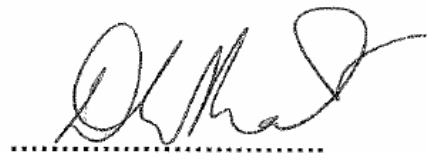
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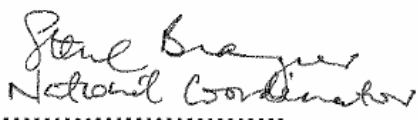
CEO West Coast DHB

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CEO N/M DHB

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Ministry of Health

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Contents

| | |
|--|-----------|
| Introduction | 5 |
| Definitions..... | 5 |
| Expectations..... | 5 |
| Southern Regional Health Emergency Plan | 7 |
| Plan Reviews..... | 7 |
| DHB Health Emergency Plans | 8 |
| Single Point of Contact | 8 |
| Regional groupings | 8 |
| National Health Coordination in relation to Regional Coordinators | 10 |
| Implementation of Southern Regional Health Emergency Plan | 10 |
| Responding to an Incident..... | 10 |
| Means of Activation..... | 11 |
| Initiating Process | 12 |
| Escalating to a Regional Incident | 13 |
| Public/Media Communications | 13 |
| Health sector emergency communications structure | 15 |
| Twenty four hour information cycle | 15 |
| Health sector emergency management information system (WebEOC)..... | 16 |
| Alternative communication and emergency information management methods | 17 |
| Public Information Management | 18 |
| Web-sites..... | 18 |
| The End of a Regional Incident Response | 19 |
| The Role of Southern Regional Coordination | 20 |
| Functional Statement..... | 20 |
| Southern Regional Coordination Monitoring | 21 |
| Southern Regional Coordination Intelligence Gathering | 21 |
| The Southern Regional Coordination Team Response Structure | 23 |
| Internal Structure and Roles Southern Regional Coordination | 24 |
| Positions Assignments..... | 25 |
| Southern Regional Coordination Management Team Members | 25 |
| Initial Regional Coordination | 25 |
| Regional Coordinator | 25 |
| Planning & Intelligence Manager | 25 |
| Operations Manager | 26 |
| Logistics Manager..... | 26 |
| Additional Team Members | 26 |
| Staff Selection and Training..... | 26 |
| Appendices | 27 |
| Appendix A Acronyms | 27 |

Southern Regional Health Emergency Plan

Appendix B Health sector alert codes 29
Roles & Responsibilities by Alert Codes 30
Appendix C Action Cards for SRHEC Roles..... 36

Introduction

Definitions

Southern Region:

Comprises of the South Island DHBs:

- Southland DHB
- Otago DHB
- South Canterbury DHB
- Canterbury DHB
- West Coast DHB
- Nelson Marlborough DHB

For the purposes of this plan the DHB includes the Public Health Unit (PHU) responsible for public health services for that DHB.

Regional Health Emergency:

A Regional Health Emergency may arise when the resources of a DHB, or more than one DHB, are, or have the potential to be overwhelmed and assistance is required either from within the southern region or nationally.

Strategic Intent

This plan supports the National Health Emergency Plan (NHEP) to provide a consistent response to a regional or national health emergency situation.

Goals

- To create a cooperative and coordinated emergency response to health incidents in the Southern region.
- To provide coordinated support for other regions during an emergency response.
- To work together to restore population health status.
- To enhance resilience for Health Care at DHB and Regional levels.

Expectations

The following expectations underlie this plan:

1. Each DHB will continue to manage resources at the primary/community health and hospital provider levels to provide the optimal health outcomes in response to the trigger event and, where possible, maintain acute services.

2. The loss of services or increase in patient numbers can be managed to some degree, by the reallocation of resources and deferment of elective procedures. DHB plans are expected to provide for this process.
3. This plan assumes an alignment of intent, philosophy and terminology with each DHBs Health Emergency Plan (HEP). This plan depends upon these “local” documents to provide such things as operational detail and the location of resources.
4. The Ministry of Health will provide national coordination, support and leadership.
5. The implementation of a standard ‘Coordinated Incident Management System’ (CIMS) across all emergency services and response agencies within the region to improve the management of response activities through common incident management rules.
6. WebEOC (provided by the Ministry of Health) will be a primary communication tool during the *emergency response phase*.

Roles and Responsibilities

Each DHB is responsible for the preparation of its own HEP that will identify how essential health services will continue to be delivered in the event of a local, regional or national health-related emergency. It will take into account the DHB’s role as both a provider and contractor/funder of health services. These plans must take national and regional perspectives into account.

Each DHB will plan to:

- Continue business as usual to the greatest extent possible
- Provide public health advice and support
- Coordinate planning and response activities by Primary Health Organisations (PHOs) and General Practitioners (GPs)
- Support early-discharge patients in the community (i.e. if hospitals have to empty out beds)
- Support community health services managing people in their own homes
- Work with social and welfare agencies to provide social and psychological support
- Work with other DHBs and other emergency services in the Southern region in order to provide a coordinated response
- Work with other agencies including Civil Defence and Emergency Management (CDEM) to support surge capacity facilities within their region

Southern Regional Health Emergency Plan (SRHEP)

The SRHEP focuses on the higher level processes, structures roles etc and supporting material to facilitate a coordinated Southern Regional health response. It is based on CIMS and mutual aid principles. It is not intended to replace the existing clinical and operational relationships between DHBs.

It sets out a generic process for managing regional incidents (irrespective of origin) with structures, assignments of roles and responsibilities, standard forms and other relevant guidance.

A regional response may include:

- Assistance with the management of hospital patients (eg regional bed management)
- Regional management of resources including critical supplies
- Coordination of regional response in a national emergency.

Plan Reviews

The production and revision of this plan is the responsibility of the Ministry of Health Regional Emergency Management Advisor (REMA) (Southern).

This plan will be reviewed in consultation with DHB and Ambulance Emergency Planner(s) and other appropriate personnel, following each major incident, exercise or at a minimum of every three years.

Each Incident and Exercise shall be debriefed and any lessons learnt or action required shall be incorporated into this plan.

The SRHEP shall be approved by the CEO of each of the South Island DHBs and the National Health Coordinator from the MoH.

DHB Health Emergency Plans (HEP)

DHB HEPs are expected to cover communication links with all health service providers and other relevant organisations/agencies in a DHB's district.

Health Emergency Plans must meet the relevant legislative and other requirements set out in the following:

- Civil Defence Emergency Management Act 2002
- Epidemic Preparedness Act 2006.
- Health Act 1956,
- National Civil Defence Emergency Management Plan Order 2005
- New Zealand Public Health and Disability Act 2000
- Operational Policy Framework

Single Point of Contact (SPoC)

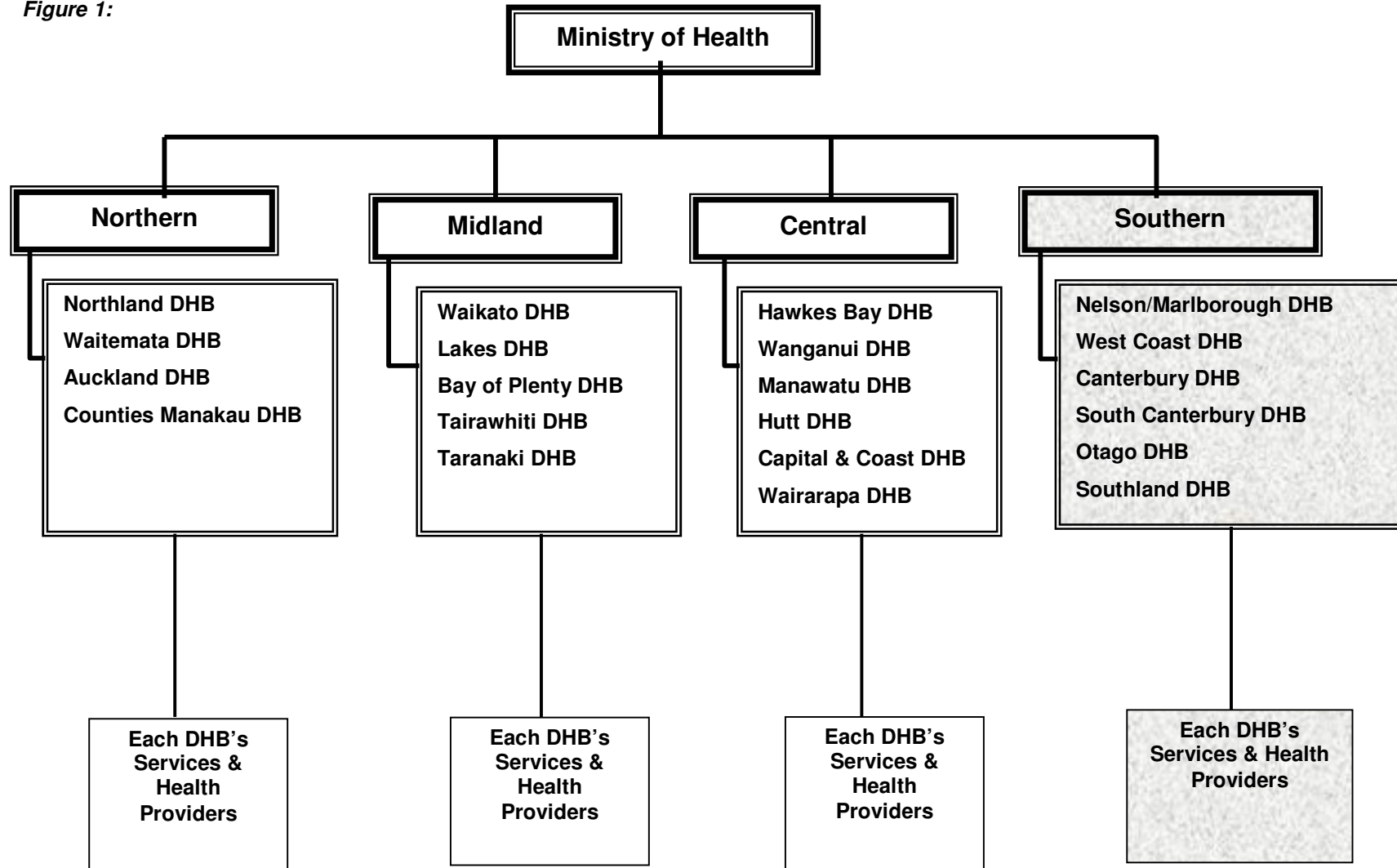
DHBs must maintain a communications function that ensures the effective two-way distribution of information through a single point of contact on a 24-hour, seven-day basis. This will ensure that the Ministry of Health, Southern Regional Coordination team and other DHBs can communicate directly with representatives of individual DHBs **at all times**. It is expected that these representatives have the authority to activate their DHB's response.

Regional Groupings

The country is divided into four regions, as shown in the following chart. The division reflects considerations of manageable population size and geographic spread. Each region will produce its own regional coordination plan.

Health Regions and Organisational Structures

Figure 1:

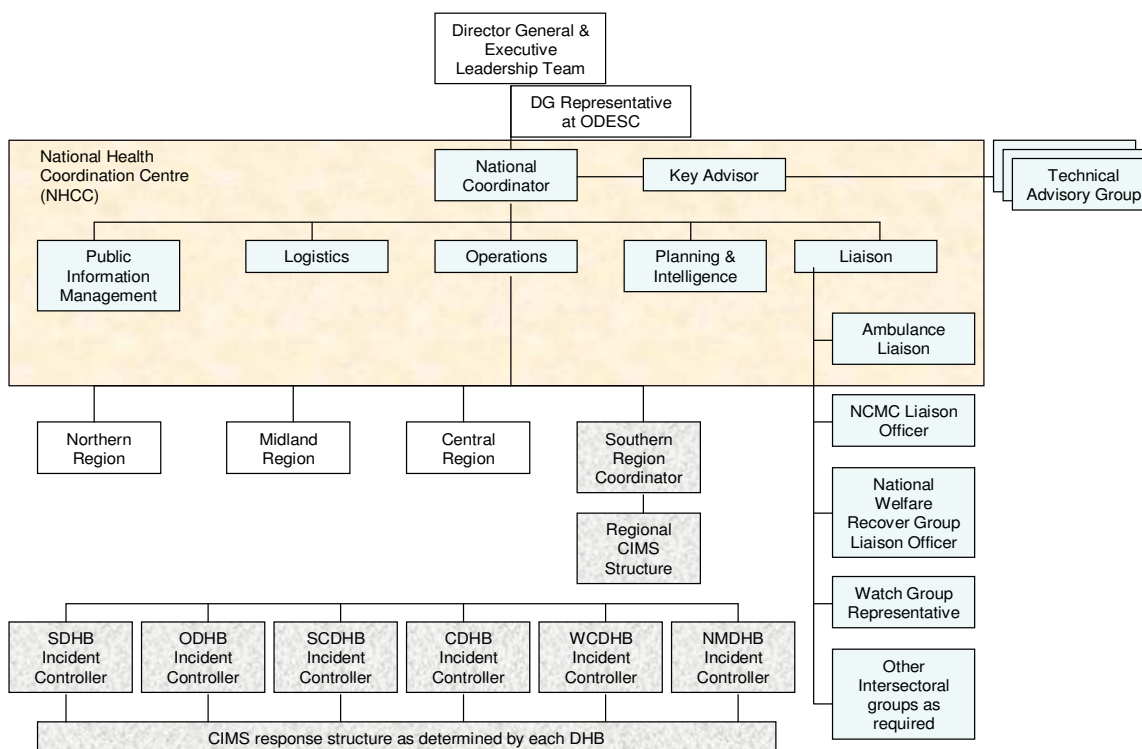


National Health Coordination in relation to Regional Coordinators

During a national or multi regional health emergency, the regional emergency management advisors or MoH staff will act as single points of contact between the MoH and the DHBs in their respective regions. The role of Regional Coordinator may be a functional position at the National Health Coordination Centre (NHCC) if that is the most appropriate and agreed decision between the DHBs and the MoH.

The organisation of the NHCC is as follows:

Figure 2:



Implementation of Southern Regional Health Emergency Plan Responding to an Incident

Each DHB, Public Health Unit or ambulance service under the provisions of their own HEP will carry out the initial response to an Incident. This will include a prompt assessment to determine whether there is need for assistance from outside that particular service/facility or DHB(s) region(s).

The implementation of the SRHEP will follow the framework outlined in the flowchart on page 14.

Activation

The Southern Regional Coordination Team can be activated either:

- regionally, by the Emergency Ambulance Communications Centre (EACC) , when it is recognised that an incident will or be likely to require a major coordinated response from DHBs and other providers. Initial notification of such an incident could be from; a public call, Police, Fire or Civil Defence Emergency Management or a combination of these sources.
 - regionally, by affected Southern Region DHB(s) in consultation with each other, when an emergency affects or may impact on more than one DHB within the region
- or**
- nationally, by the Ministry of Health when the National Health Coordination Centre (NHCC) Coordinator directs a national activation or requires an activation in support of another health region.

In a regional or national activation, the Southern Regional Coordination Team may be based in any DHB, as agreed between the affected regional DHBs and, if required, the Ministry of Health. Initially it is expected that the Southern Regional Coordination Team will be formed by teleconference or videoconference and if appropriate will continue to coordinate the response by either of these means.

Alternatively during any response the Southern Regional Coordination function may be located as part of the MoH NHCC.

Means of Activation

Requests to activate the SHREP by any DHB shall initially be made to the EACC. The centre shall then initiate the process as outlined in the following sections.

Contact details:

Contact shall be by telephone either '**111**' or **0800 262 266**

Information required:

Where possible, the following information should be briefly conveyed:

- What has happened and where?
- What is the cause of the possible Incident (if known)?
- What are the known and possible (if known) effects?
- How is the Incident likely to develop (if known)?
- What is being done to address the Incident?
- Who can be contacted for further information?

Initiating Process

Note:

- *This process is in place for operational requirements, other teleconferences and meetings may be called regionally as required to discuss administration matters and /or in response to MoH Code alerts.*
- *It is assumed that any organisation requesting that SRHEP be activated has already activated their emergency plan.*
- *In some instances follow up actions and initiation of responses will be by WebEOC.*

When an operational initiation of Regional Coordination is required the initial alerting shall be by the EACC contact to the SPoC for all DHBs in the Southern Region. The EACC have specific paging groups for this purpose

All Southern Region DHBs will ensure that each has a SPoC in their DHB to allow initial contact and any later follow up. Any changes to this SPoC shall be immediately notified to the MoH Emergency Management Advisor and to other DHBs in the region.

Depending on the nature or potential nature of the incident the requesting DHB or the EACC manager may also include a message to 0800 GET MoH to ensure that the MoH is advised of the incident or a 'No surprise' situation and/or to have a representative of the MoH participate in the teleconference.

Paging messages and initial telephone contact will, of necessity, be brief and include a time for a teleconference. This time should generally be 30 minutes after the initial page to allow DHBs to contact and include appropriate personnel in the conference.

The teleconference numbers and details are 083033, Convener Pin 127542#, Participant Pin 899996#.

The basic agenda for the teleconference is:

- Situation Report
- Appoint Southern Regional Coordinator
- Problem Discussion
- Identify DHBs capability / capacity to support
- Develop plan for implementation
- Next teleconference (as necessary)

This teleconference shall appoint a **Southern Regional Coordinator** and other key positions, if required. It is expected that once the incident is reported and personnel activated that WebEOC will be utilised.

During the incident the Regional Coordinator shall establish an appropriate meeting/teleconference/video conference schedule.

It is recognised that during a major or national response to any incident Southern Region Coordination may be a function allocated to a staff member in the MoH NHCC.

Escalating to a Regional Incident

A decision to escalate to a regional response will be made by the Southern Regional Coordination Team in respect of a regional incident or the National MoH Coordinator in respect of an incident with national implications. The MoH are to be advised of any escalation to a regional incident.

The issue of a declared civil defence emergency with no immediate health consequences, but the potential to impact on health, should be reviewed and considered in this process.

When Regional Coordination is established at any location or by electronic means the contact details shall be circulated to the SPoCs as soon as possible

Public/Media Communications

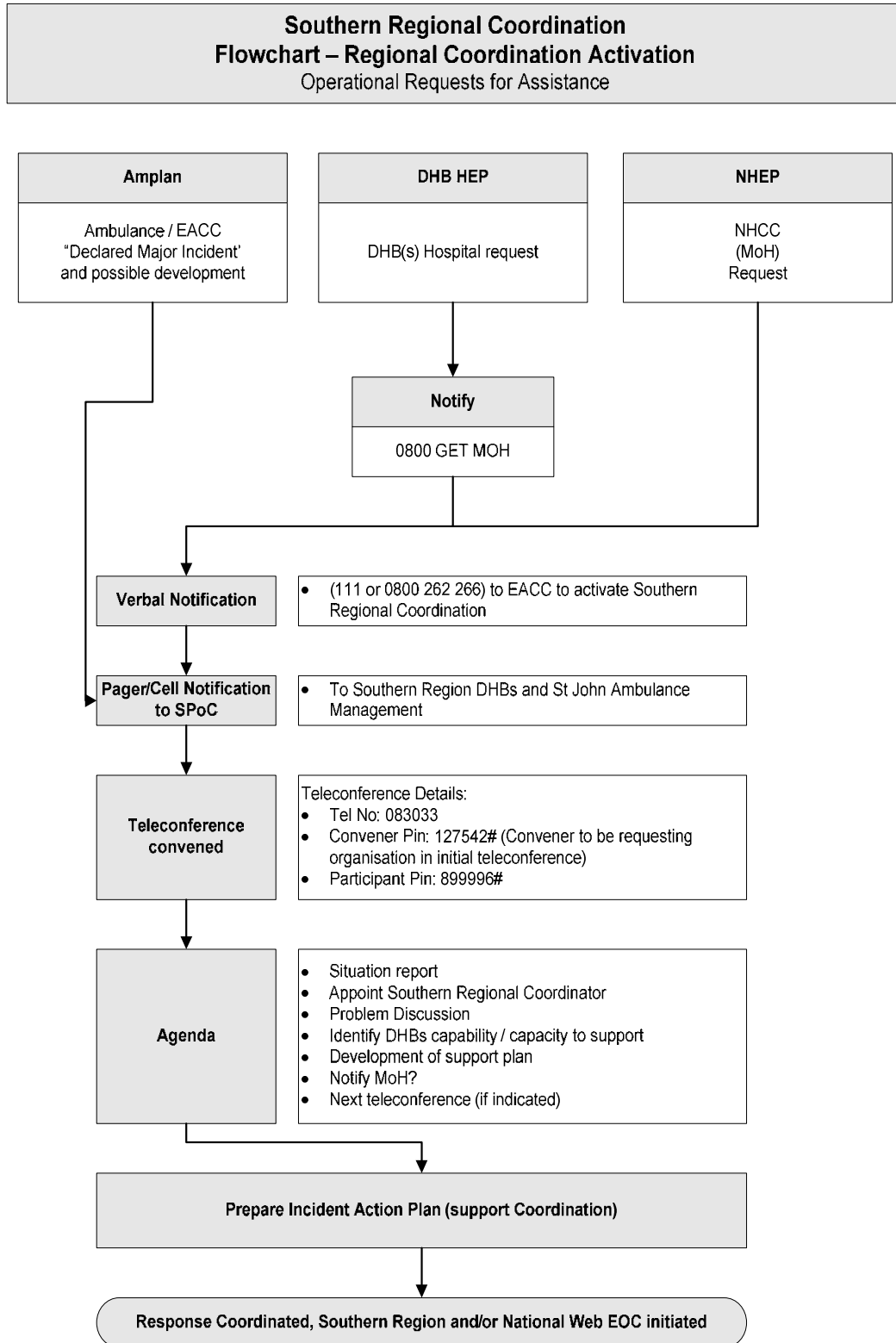
The communications strategy shall be guided by the requirements and coordination from the affected DHB, emergency response services, CDEM and/or the MoH.

It is however recognised that individual DHB(s) may need to insert information (specific to their area of jurisdiction) or rephrase the agreed communications to meet their unique needs.

Any additional information should remain consistent with the overall strategy.

Southern Region Coordination Activation Flowchart.

Figure 3:



Communications

Health sector emergency communications structure

In an emergency response a formal communication structure is required to be used by key health agencies such as DHBs, Environmental Science and Research (ESR) and the Ministry so that critical information is captured and acted on quickly and effectively. This structure includes the mechanisms to develop and disseminate critical information, both within the health sector and to other organisations involved in the response.

The key areas that require a formal structure include:

- logging information and tracking tasks
- requesting information or action and tracking response
- developing and disseminating reports on the current situation (Situation reports)
- summarising and communicating key intelligence on the incident.

This structure provides a consistent and agreed formal communication system for critical information. It compliments the informal communication mechanisms that are used in a response, for example telephone conversations and briefings. Critical information that results from informal communications must be formally logged using the agreed structure to stop multiple lines of communication forming and to minimise the risk that information is not captured and acted upon.

Twenty four hour information cycle

Activities that are required to occur at least once every twenty four hours or more regularly during a response will occur at planned times as outlined in Table 4. These times are default times and may be increased or decreased depending on the level of the response.

Southern Regional Health Emergency Plan

Table 1: Activities in a twenty-four hour response period (Guide only, actual times will be incident specific and agreed at the time of the incident)

| Time | Activity |
|-------------|--|
| 0900 | Briefing of regional coordinators by National Health Coordination Centre |
| 1000 | Regional Situation Reports to National Health Coordination Centre |
| 1100 | Media Briefing |
| 1300 | Regional Situation Reports to National Health Coordination Centre |
| 1500 | Media briefing |
| 1830 | Regional Situation Reports to National Health Coordination Centre |
| 2200 | Regional Situation Reports to National Health Coordination Centre |

Situation Reports are a brief of an incident usually given at regular intervals, which provide a snapshot of the situation and response. They are generally indicative of the situation some hours previously and are widely used in emergency management to communicate essential information.

Health sector emergency management information system (WebEOC)

The health sector has a web-based emergency management information system, which is the agreed primary tool for the management of significant incidents and emergencies at a local, regional and national level. This system is called WebEOC.

WebEOC provides a robust system to manage and log information produced during an incident. It does not replace verbal communications between agencies. It provides each DHB, PHU and other key health responders such as Ambulance with a logging and task tracking system, in order to manage their local response to an incident. The system complements other business as usual information systems, for example EPISURV, used by Public Health. The system includes standard templates for logging of requests for information or action, and a mechanism to track progress on these requests. In addition, the system also includes standardised templates for situation reports and reporting of key intelligence information.

WebEOC is an adaptable system. There is a formal set of standards and processes governing the development of the NZ health sector WebEOC system. These are aligned to best practice and include a formal change management process.

Information in WebEOC is visible to all organisations involved in the response that have access rights to WebEOC. Information on WebEOC is on the website at **<http://www.moh.govt.nz/emergencymanagement>**. Other government agencies may be provided with access rights to view the system, to enhance visibility of the health sector response.

The system is managed and hosted by the Ministry. The Ministry has ensured that appropriate disaster recovery systems are in place to minimise the risk that WebEOC will be unavailable due to an information technology (IT) outage.

Further information, on line training and other materials are available to all irrespective of access rights at **<http://www.moh.govt.nz/emergencymanagement>**

Alternative communication and emergency information management methods

There may be periods of time where WebEOC cannot be used. In these instances, an alternative system that replicates the main WebEOC functions is achieved through the use of paper-based templates to capture information. Alternative communication links, such as satellite phones and or radio links may be used to convey this information.

Paper-based templates have been developed for situation reports, intelligence reports and requests for information and action. Dissemination of the completed templates will be via the SPoC system using email, fax, satellite or radio. DHBs are responsible for developing their own alternative mechanism for logging information and tracking of tasks locally. Utilisation of the templates ensures that where information has to be communicated verbally it can be done so quickly and succinctly, plus their use ensures that a record is kept.

Public Information Management

Managing the media interest will be a significant challenge to all agencies in an emergency. DHBs shall co-ordinate significant information releases with the Ministry. Copies of all official DHB media releases shall be forwarded to the Ministry preferably before but always after release.

The Ministry shall be responsible for communicating with the media on national health issues during a national health-related emergency. It shall retain oversight of all health related media communications.

The Ministry will use information obtained from situation reports provided from the sector as the basis for developing media briefings and briefing other government agencies

Medical Officers of Health under their special powers may also issue media statements in an emergency response. It is expected that Medical Officers of Health will liaise with the DHBs and Ministry prior to releasing media statements.

Web-sites

In an emergency the Ministry shall place information specific to the health sector on the Ministry of Health website. This will enable health and disability providers, other agencies and the general public direct access to information.

The web address is **<http://www.moh.govt.nz/emergencymanagement>**. Health and disability providers should ensure they utilise and monitor the information on the Ministry web site. Information on the web site may change at short notice as the situation evolves. The emergency management website will be used to communicate general information and resources to the sector and the public.

In a health-led emergency the Ministry's emergency web site shall be used for information of general relevance to other agencies. However other agencies remain responsible for generating customised information relevant to their sector, and disseminating through appropriate channels for those sectors. Linkages may be placed on the Ministry web site to other agency web sites as applicable.

In a civil defence emergency information shall be displayed in the MCDEM website **<http://www.civildefence.govt.nz>**.

The End of a Regional Incident Response

The decision to end a Regional Incident response will be the responsibility of the Southern Regional Coordinator or the MoH Coordinator (for national activation). The original reasons for escalating to a Regional or National Coordination should be reviewed and considered in this process.

The Southern Regional Coordinator with due consideration of the specifics of the Regional Incident may agree to establish heightened levels of monitoring for a period immediately after a Regional Incident response.

The Role of Southern Regional Coordination

Functional Statement

The Southern Regional Coordination Team's principal task will be to coordinate the most effective use of regional DHB resources of all kinds during a national and/or regional health-related emergency. This will include the use of regional resources as part of any overall national response coordinated by the Ministry of Health.

Specific roles and responsibilities of the Southern Regional Coordination Team include:

- advising relevant personnel of regional emergency control contact number(s)
- regional liaison with the NHCC
- implementation of the SHREP
- reconfiguration of regional services, where necessary
- coordination of regional patient referrals and transfers
- regional transport arrangements
- monitoring the use of resources of all kinds
- coordination of resource distribution
- cross-DHB boundary staffing resource support
- regional planning in support of DHBs
- oversight of all communications with the national coordinator and DHB incident controllers.

The Southern Regional Coordination is a function rather than a physical centre where health coordination activities take place. The function can be carried out by any DHB at any suitable location and the coordinators role shall be assigned to the most appropriate DHB person able to manage the required response.

The Southern Regional Coordination team will also carry out the requirements of the MoH National Operations Coordinator as and when required.

Southern Regional Coordination shall where appropriate, follow the means and stages of alert and activation promulgated by the MoH and alert and activate DHB (s) in the same format. MoH stages are described on Page 30.

Southern Regional Coordination Monitoring

The Southern Regional Coordination Management Team will monitor:

- Response operations of DHBs, Ambulance and healthcare providers
- Status of healthcare facilities within the region
- Mass casualty incident (MCI) scenes and transportation/transfers of casualties
- Status and spread of infectious diseases.
- Evacuations, search and rescue and other incidents involving or likely to involve a medical/health response
- Hazardous substances (Hazsubs) releases or biological contamination incidents.

Southern Regional Coordination Intelligence Gathering

The Southern Regional Coordination Team obtains situation reports (sitreps) and other intelligence on the incident through:

- Briefings and direct communication with the St John Ambulance Service, DHB(s), Civil Defence Emergency Management and other Emergency Services
- Contact with those coordinating the scene, support and/or health response
- Sitreps and information updates from other Regional Coordination Teams.
- Sitreps and information updates from the MoH National Incident Coordinator.

The Southern Regional Coordination Team will issue sitreps and information updates to appropriate agencies on a regular basis

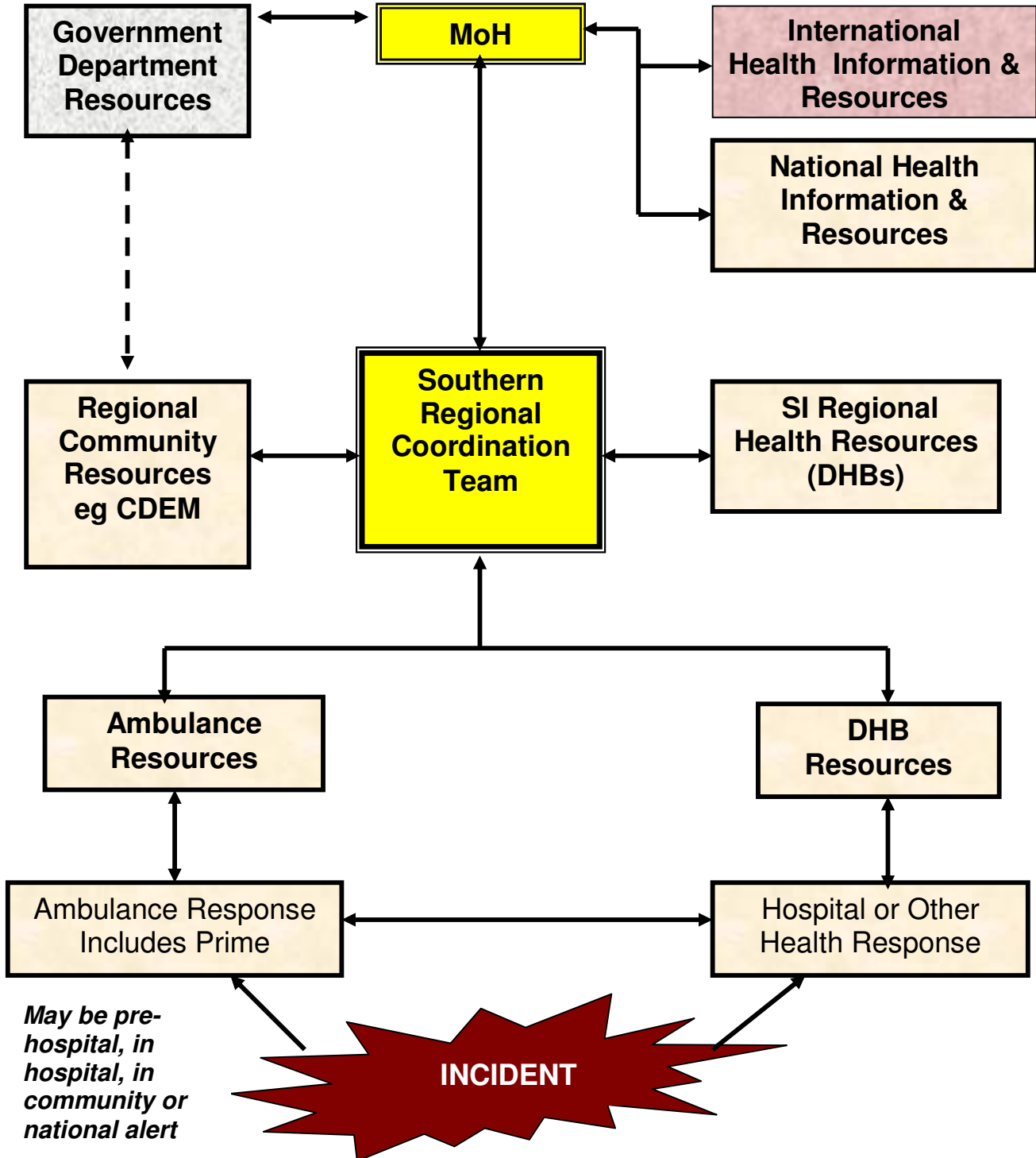
Southern Regional Coordination Team Status Information and Resource Requests

The Southern Regional Coordination Team analyses status information and resource requests in order to:

- Obtain a regional overview of the response situation and assess shortfalls in health resources
- Establish contact with the DHB Controller to coordinate resource requests and responses
- Consider when and how to request additional resources regionally and inter regionally
- Track resource requests and delivery into the affected area
- Arrange for the allocation, distribution and transport of resources

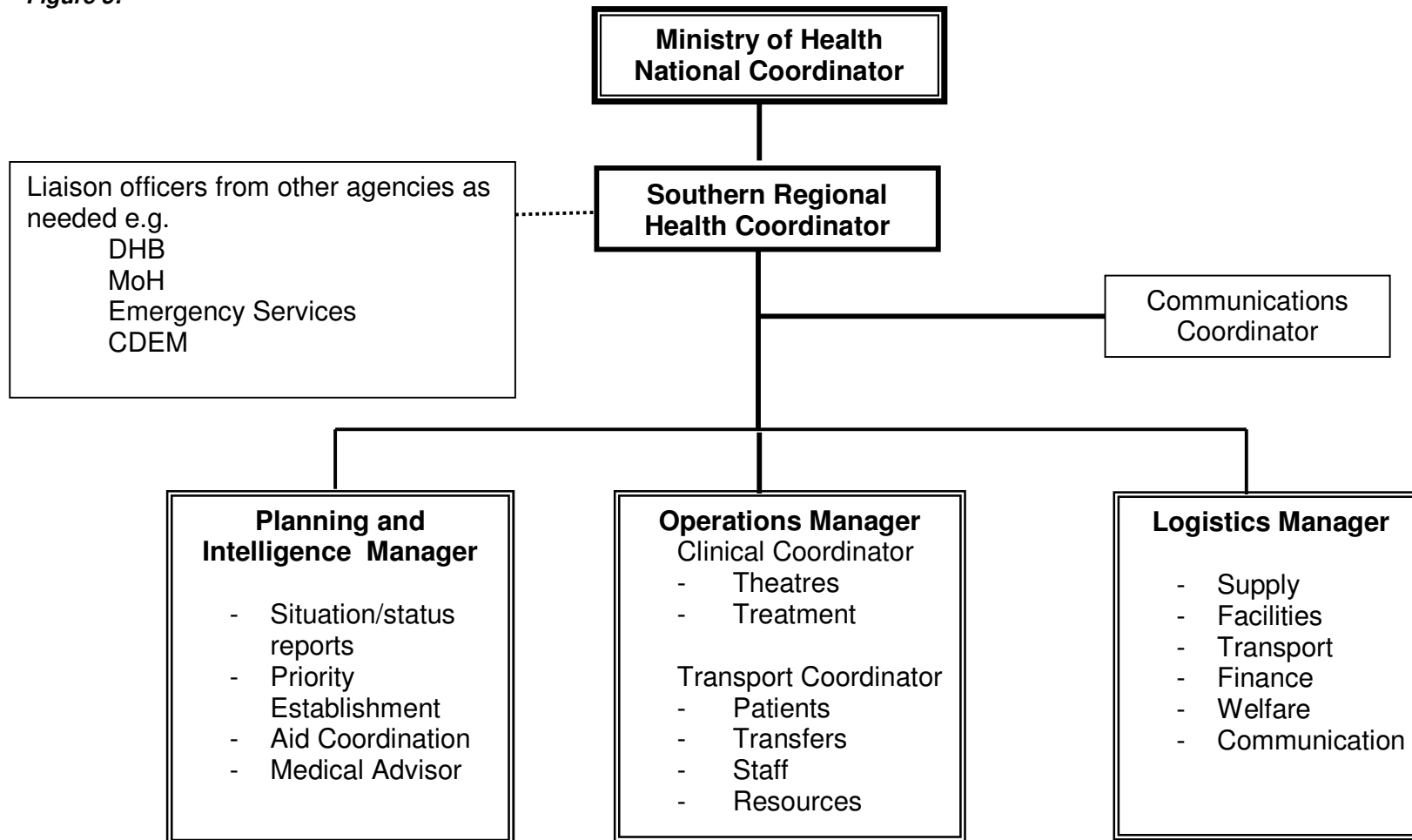
The Southern Regional Coordination Team Response Structure

Figure 4:



Internal Structure and Roles Southern Regional Coordination Organisation Chart

Figure 5:



Positions Assignments

Southern Regional Coordination Management Team Members

Establishment: The Southern Regional Coordination, in major incident situations, may establish a command centre in a suitable location. Depending on circumstances or the nature of the incident it could be virtual or located in any of the following locations; major incident room at EACC, Christchurch, any DHB, NHCC, other health provider, CDEM or at another location.

Key roles within Southern Regional Coordination may be activated or combined as appropriate for the coordination of the incident. Action Cards for the first two positions are attached in Appendix 'C'. The remainder will carry out support functions similar to roles within an organisations own EOC.

Initial Regional Coordination

Participants in the initial teleconference to outline the problem and plan the response shall agree on a person to chair that teleconference. That person may also be appointed as the ongoing Regional Coordinator.

Regional Coordinator

The Regional Coordinator will be an appointment agreed upon by the DHBs and services involved. This may be the Ambulance Regional Manager, DHB Executive, DHB Emergency Coordinator, DHB Staff member or Medical Officer of Health depending on the nature of the incident or event.

In some incidents such as a pandemic or those requiring national activation the Regional Coordinator may be located at and assigned to a position within the NHCC.

The Regional Coordinator will assume the coordination role from the initial coordinator. They will then make appointments to the key positions as/if required to manage the incident. The major appointments may be as follows:

Planning & Intelligence Manager

To be assigned to an appropriate staff member from any health provider as available.

Operations Manager

To be assigned to an appropriate staff member from any health provider as available.

Logistics Manager

To be assigned to an appropriate staff member from any health provider as available.

Additional Team Members

Additional team members will provide support to the Regional Coordinator, Planning & Intelligence Coordinator, and Logistics Coordinator. Liaison Officers will provide communication links with other agencies. Additional team members may include but are not limited to:

- Ambulance Manager(s)
- DHB Liaison
- Lead Hospital Liaison
- Clinical liaison (As appropriate to incident)
- Private Hospital Liaison
- GP/PHO Liaison
- Public Health Unit Liaison
- Lead Hospital Consultant
- CDEM Liaison
- Police Liaison
- Fire Liaison

Staff Selection and Training

DHBs, MoH and the Ambulance service shall identify senior staff with the potential and ability to fill key roles for Regional Coordination.

These staff must be available for annual training and exercising.

Appendices

Appendix A Acronyms

Table 2:

| | |
|---------------|--|
| AA | Assembly Area |
| CBAC | Community Based Assessment Centre |
| CBR | Chemical Biological Radiological |
| CCP | Casualty Collection Point |
| CDEM | Civil Defence Emergency Management |
| CEO | Chief Executive Officer |
| CIMS | Coordinated Incident Management System |
| DG | Director General |
| DHB | District Health Board |
| EACC | Emergency Ambulance Communication Centre |
| EHO | Environmental Health Officer |
| EMC | Emergency Medical Centre |
| EMG | Emergency Management Group |
| EOC | Emergency Operations Centre |
| ESR | Environmental Science and Research |
| GP | General Practitioner (Doctor) |
| HAZSUB | Hazardous Substance |
| HEP | Health Emergency Plan |
| HPO | Health Protection Officer |
| HSU | Health Support Unit |
| IC | Incident Controller |
| ICP | Incident Control Point |
| IT | Information Technology |
| MCDEM | Ministry of Civil Defence and Emergency Management |
| MCI | Mass Casualty Incident |
| MoH | Ministry of Health |
| MOoH | Medical Officer of Health |
| MOU | Memorandum of Understanding |
| NBC | Nuclear, Biological and Chemical |
| NCMC | National Crisis Management Centre |
| NHCC | National Health Coordination Centre |
| NHEP | National Health Emergency Plan |
| NMDHB | Nelson Marlborough District Health Board |
| ODESC | Officials Domestic and External Security Co-ordination Committee |
| ODHB | Otago District Health Board |
| PHO | Primary Health Organisation |
| PHU | Public Health Unit |
| PPE | Personal Protection Equipment |

Southern Regional Health Emergency Plan

| | |
|----------------|--|
| PRIME | Primary Response in Medical Emergency. (Trauma trained rural Drs and nurses) |
| RASM | Regional Ambulance Service Manager |
| REMA | Regional Emergency Management Advisor |
| SCDHB | South Canterbury District Health Board |
| SDHB | Southland District Health Board |
| SFP | Safe Forward Point |
| Sitreps | Situation Reports |
| SOP | Standard Operating Procedure |
| SPoC | Single Point of Contact |
| SRHEP | Southern Region Health Emergency Plan |
| WCDHB | West Coast District Health Board |
| WebEOC | Web Based Emergency Operations Centre |

Appendix B

Health sector alert codes

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

The following alert codes outlined in the Table have been adopted for use by the health and disability sector at district, regional and national levels. Other government agencies may choose align their agencies' response to a health-led emergency to the health alert code structure; however this is not a requirement.

Table 3: Health sector alert codes.

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

Roles & Responsibilities by Alert Codes

The role of the MoH in an emergency is national co-ordination of health and disability services. The Ministry shall also co-ordinate any international response for the health and disability sector.

The primary response for the management of an emergency lies with the affected local provider, the local DHB, or the Lead Regional DHB if a regional emergency plan is activated.

At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Table 5 below summarises the key roles and responsibilities at the local, regional, and national level during each alert code.

Southern Regional Health Emergency Plan

Table 4: Key roles and responsibilities at the local, regional and national level.

| Phase/ alert code | National MOH actions | Regional actions | Local DHB actions |
|-------------------|---|--|--|
| | <ul style="list-style-type: none"> • Coordinates the health sector operational response at the national level • Provides information and advice to the Minister • Provides strategic direction on health sector response • Liaises with other agencies at the national level • Liaises with international agencies • Identifies and activates national technical advisory group(s), as required. • Provides clinical and public health advice on control and management, where possible • Plans for Recovery. | <ul style="list-style-type: none"> • Coordinates the regional response • Liaises between the Ministry and DHB grouping • Coordinates intelligence gathering and tasking in region | <ul style="list-style-type: none"> • Coordinates and manages the health sector response in the DHB region • Liaises with other agencies at the local level |

Southern Regional Health Emergency Plan

| Phase/ alert code | National MOH actions | Regional actions | Local DHB actions |
|-------------------|---|---|---|
| (Code White) | <ul style="list-style-type: none"> • Issues Code White Alert through SPOC system • Monitors situation & continues surveillance. • Advises DHB CEOs, DHB single points of contact and all public health unit managers of the emerging situation and potential developments. • Provides media and public information and advice, as necessary. • Liaises with other Government agencies at the national level as necessary. • Liaises with International agencies as necessary. | <ul style="list-style-type: none"> • Not activated in Code White | <ul style="list-style-type: none"> • Monitors situation and obtains intelligence reports and advice from Ministry. • Advises all relevant staff, services and service providers of the event and developing intelligence. • Liaises with the Ministry regarding media statements • Reviews local and regional health emergency plans • Prepares to activate emergency plans • Liaises with other emergency management agencies within the region. |

Southern Regional Health Emergency Plan

| Phase/ alert code | National MOH actions | Regional actions | Local DHB actions |
|-------------------|--|---|---|
| (Code Yellow) | <ul style="list-style-type: none"> • Issues Code Yellow Alert. • Identifies and appoints national incident management team. • Assesses whether activation of the national health coordination centre is required, activates if necessary • Determines and communicates strategic actions for response to the incident • Identifies and activates national technical advisory group(s) as required. • Contacts the health sector via the single point of contact system, and advises them of the situation • Manages liaison and communications with other government agencies. • Manages liaison with international agencies | <ul style="list-style-type: none"> • Not activated in Code Yellow <p>Note: in some circumstances a single regional co-ordination team may be activated without the national plan moving to the Red phase. This may occur when a health-related emergency is localised and likely to remain so, or when the Ministry considers activation of the national health emergency plan is not currently required</p> | <ul style="list-style-type: none"> • Prepares to activate DHB emergency operations centre • Identifies and appoints DHB Incident Management Team • Prepares to activate regional coordination • Advises and prepares all staff, services and service providers. • Manages liaison with local agencies • Monitors local situation and liaises with the Ministry. • Prepares to activate CBACs, teletriage as necessary <p>Note: in certain types of emergencies (such as a pandemic) public health units may fully deploy whilst clinical services remain at stand-by to provide assistance to public health units if required, and to mount a clinical response.</p> |

Southern Regional Health Emergency Plan

| Phase/ alert code | National MOH actions | Regional actions | Local DHB actions |
|--------------------------|---|---|---|
| (Code Red) | <ul style="list-style-type: none"> • Issues Code Red alert thereafter subsequently communicates via the four regional coordinators • Co-ordinates health response at national level, as required • Activates the national health coordination centre, as required • Monitors situation, revises and communicates strategic actions for response, as appropriate • Considers strategic recovery issues • Provides clinical and public health advice on control and management, where possible • Carries out national public information management activities • Manages liaison with other government agencies. • Manages liaison with international agencies • Implements recovery planning | <ul style="list-style-type: none"> • Activates regional incident management structure and identifies a regional coordinator • Coordinates the regional response. • Liaison for communication between the Ministry and regional DHBs • Coordinates regional intelligence gathering | <ul style="list-style-type: none"> • Activates DHB emergency operations centre • Activates DHB Incident Management Team. • Manages DHB primary, secondary and public health service response • Liaises with other agencies at a district level. • Activates CBACs, and teletriage as necessary |

Southern Regional Health Emergency Plan

| Phase/ alert code | National MOH actions | Regional actions | Local DHB actions |
|--------------------------|---|---|---|
| (Code Green) | <ul style="list-style-type: none"> • Issues Code Green • Advises other government and international agencies of stand down • Advises media and public • Stands down Ministry incident management team. • Stands down the national health coordination centre • Focuses activities on national recovery issues for the health sector • Implements recovery plan in conjunction with other agencies. | <ul style="list-style-type: none"> • Stands down regional coordination | <ul style="list-style-type: none"> • Stands down DHB emergency operations centre • Stands down DHB Incident Management Team • Focuses activities on recovery issues for health in the DHB region |

It is important to note that different parts of New Zealand may be at different phases of a response: for example one DHB region affected by an incident may recover faster than another, and may therefore move from red to green sooner.

Different parts of the health system may respond at different levels to different phases: for example:

- during an infectious diseases emergency, public health services may be fully operational whereas DHB clinical services may be at a stand-by phase
- in the initial phases of a mass casualty events DHB clinical services may be at Code Red, whereas public health services may be at stand-by to give assistance if required

Appendix C
Action Cards for SRHEC Roles

Key Position Action Cards

SOUTHERN REGIONAL HEALTH EMERGENCY PLAN (SRHEP)

INITIAL RESPONSE COORDINATOR

| | |
|------------------------------|---|
| Position assigned to: | <i>Agreed at initial teleconference</i> |
| Reports to: | <i>Agreed Regional Coordinator (once appointed) May retain role if agreed amongst participating DHBs.</i> |
| Location: | <i>As required</i> |

Role

- **Chair Initial teleconference**
- **Initial assessment of information**
- **Decide extent of coordination required**
- **Establish liaison with affected DHB/Hospital**
- **Maintain liaison with Emergency Ambulance Communications Centre (EACC)**
- **Maintain log of action/events**

Immediate Actions

- Receive briefing following paging from EACC.
- Facilitate action discussion at the initial teleconference.
- Assess responses required or likely to require coordination.
- Maintain contact with appropriate DHB(s)
- Advise contacted DHB(s) of communication details.
- Follow Instructions of this plan.
- Call out appropriate staff for assistance re coordination
- Obtain situation report updates from scene or coordination requesting organisation.
- Prepare situation report of events and decisions to date
- Activate any support staff required.
- Activate any initiate response clearly indicated and available within own DHB resources.

Southern Regional Health Emergency Plan

- Maintain log of actions/events
- Facilitate further teleconference(s) as/if required.
- If appointed as Regional Coordinator, as a result of the teleconference, function in that role (See role action Card)
- In not appointed as Regional Coordinator function in whatever role appointed or return to normal duty if not appointed.
- Alert other agencies likely to be involved

Intermediate Actions

- Provide coordination required by SRHEP until full regional coordination activated.
- Hand over coordination to Regional Health Coordinator
- Brief Coordinator on incident and action taken to date.
- Record Action(s) taken and resource usage
- Stand down staff and resources as required by the Regional Coordinator.

SOUTHERN REGIONAL HEALTH EMERGENCY PLAN (SRHEP)

REGIONAL COORDINATOR

Position assigned to: *Appointee agreed By South Island DHBs Controllers.*

Reports to: *South Island DHBs CEOs and liaises with MoH Coordinator (If activated)*

Location: *Location as required.*

Role:

- Coordinates the Southern Regional response between DHBs
- Establishes a coordination centre with facilities to function in this role.
- Liaises with MoH Controller and Incident Management Team
- Liaises with DHB Controllers and Incident Management Teams.
- Provides single point of contact links between DHBs and the MoH.
- Oversees and contributes to the role and actions required by regional facilitation.
- Adjudicates between Southern DHBs to resolve issues to bring about the best use of resources to meet response requirements.
- Ensures in consultation with the MoH and Southern DHBs, that media and public communication responses, are coordinated and consistent.
Note *Liaison will be required with lead agencies for any media releases regarding the response and actual incident. .*
- Coordinates, where required, the release and supply of any additional and available resources for use by any DHB(s) during the response
Note transport assistance for these resources may be required from the Ambulance, CDEM transport coordinator or other source.
- Arranges the recording of resource use, including personnel and supplies, used in the regional coordination function during the incident.

Immediate Actions:

- Receive briefing on incident
- Complete handover from Initial Response Coordinator.
- Activate any support staff required to provide support to regional coordination.
- Establish with DHB(s) and MoH (If activated) times for briefings and issuing of sitreps.
- Advise DHB(s) and MoH when regional coordination is operational.

Southern Regional Health Emergency Plan

- Maintain single point of contact links between DHBs and the MoH.
- Establish liaison with the Incident Controller(s) at any DHB(s) likely to be affected.
- Brief DHB (s) on situation. Obtain;
 - Their contact/communication details
 - Their capacity/capabilities to deal with likely casualties/patients and injury types/categories.
- Establish liaison with other DHB(s) that may be required to receive patients. Obtain;
 - Their contact/communication details
 - Their capacity/capabilities to deal with likely casualties/patients and injury types/categories.
 - Their ability to provide treatment/retrieval teams.
- If incident large and/or likely to require resources from outside the region advise the MoH and update regularly.
- Provide DHB(s) and MoH with situation report(s) and recommendations as to the most appropriate response action.
- Monitor situation and maintain awareness of ongoing situation.
- Brief support staff, including log keeper on their duties.
- Collate and distribute Status and Situation Reports
- Record action(s) taken and resource usage.

Intermediate Actions:

- Maintain liaison with DHB(s), MoH and other agencies (Including out of region services) activated or on standby.
- Monitor situation and movement of patients and each DHB(s) ability to cope.
- If Operation is or is likely to be prolonged arrange regional coordination staff relief.
- Observe and assist any regional coordination staff that exhibits any signs of stress and fatigue.
- Continue actions with Status and Situation Reports on a regular basis as required.
- Record action(s) taken and resource usage.
- Provide any other assistance as required.