



**West Coast**  
—District Health Board—

*Te Poari Hauora a Rohe o Tai Poutini*

# **Emergency Management Plan**

**November 2007**

**Version 4**

**West  
Coast  
District  
Health  
Board**

**Greymouth  
West Coast  
New Zealand**



**PLEASE NOTE: THE INFORMATION CONTAINED WITHIN THIS GUIDEBOOK IS SUBJECT TO CHANGE AND UPDATING.**

<b>REVISION HISTORY</b>			
<b>Ver.</b>	<b>Description of Change</b>	<b>Author</b>	<b>Effective Date</b>
1	Initial release	Risk Management	01/05/03
2	Alterations To Section 3	Risk Management	14/05/03



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**GLOSSARY OF TERMS FOR THE WCDHB EMERGENCY MANAGEMENT PLAN**

<b>Abbreviation</b>	<b>In Full</b>
CDEM	Civil Defence Emergency Management
CDEMG	Civil Defence Emergency Management Group
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
CISD	Critical Incident Stress Debriefing
CYFS	Children, Young Persons, and their Family Service
WCDHB	West Coast District Health Board
EMC	Emergency Medical Centre
EMG	Emergency Management Group
EOC	Emergency Operation Centre
Local EOC	Local Emergency Operation Centre (District level)
GP	General Practitioner
KPI	Key Performance Indicator
MAF	Ministry for Agriculture and Forestry
MCDEM	Ministry of Civil Defence and Emergency Management
MAOP	Mutual Aid Operating Protocol
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system
SOP	Standard Operating Procedure
4R's	Reduction, Readiness, Response, Recovery
TLA	Territorial Local Authority (District Council)



## **1.0 INTRODUCTION**

### **1.01 Name**

This plan is the West Coast District Health Board Major Emergency Plan.

### **1.02 The Area to Which this Plan Applies (see map pg 5).**

The area encompassed by this plan includes the Districts of Buller, Greymouth and Westland.

### **1.03 Definition of a Major Emergency**

For the purposes of this plan, a Major Emergency is defined as any event which:

- presents a serious threat to the health status of the community;
- results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time;
- the loss of services which prevent a healthcare facility from continuing to care for those patients it has.

Where an event is of material significance only for healthcare providers, a civil emergency is unlikely to be declared. However, when a civil emergency is declared for whatever reason, the health response to that declaration will follow this plan.

### **1.04 The Purpose of this Plan**

The purpose of this Plan is to create a framework to manage a resilient and sustainable health sector during any potential or significant health emergency. The focus is to provide a consistent approach by coordinating the strengths and resources of the many providers of healthcare services in the West Coast region to better prevent, prepare for, respond to, and recover from the effects of both natural and man made hazards.

The Plan has been prepared to reflect the current philosophy of Emergency Management, which is to build resilience to “everyday” emergencies so they do not become major incidents. The Plan will be used to manage a response to a major incident, whether or not a civil emergency has been declared.

### **1.05 Plan Objectives**

This Plan has five objectives:

- i.) To identify and mitigate identified risks;
- ii.) To maintain or restore the health status of the population of the West Coast District Health Board’s area of responsibility, following a major emergency;
- iii.) To define the communication network and procedures for alerting and working with functioning health service providers in the event of a emergency or potential emergency.
- iv.) To define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency.
- v.) To provide a work programme to address current emergency management issues for the WCDHB.

### **1.06 Legislative Requirements**

This Plan meets the requirements placed on the WCDHB by:

- New Zealand Public Health and Disability Act (2000)
- Health Act (1956)
- Civil Defence and Emergency Management Act (2002)
- National Civil Defence Plan – Part 6 (Health)

**1.07 Plan Rationale**

Following the enactment of the N.Z. Public Health and Disability Act 2000, District Health Boards became responsible for maintaining and improving the health status of the population of their geographical areas.

The Civil Defence and Emergency Management Act designates District Health Boards as “emergency services”, active members of their regional Civil Defence and Emergency Management Group and responsible for the provision of health care services necessary to restore the health status of those of its population affected by a declared emergency.

Health planning for emergencies must be based on consideration of all phases of comprehensive emergency management:

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

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

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

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

*Recovery:* actions undertaken after an emergency, including:

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

This Plan provides a strategy to achieve:

- i. the reduction of impact consequences (established by hazard analysis) on facilities and supplies;
- ii. 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;
- iii. activation of available resources to meet a sudden rise in demand (including contingency plans to overcome the consequences of identified events);
- iv. alternate facilities and sources of supply;
- v. communication between health providers prior to and during an emergency;
- vi. staff training in health-related emergency roles and responsibilities;
- vii. care of staff during an emergency;
- viii. cooperation with other responding agencies during an emergency (including the provision of alternate communications);
- ix. provision of support to other agencies and facilities which require assistance during an emergency. These arrangements are to include contracts or (Mutual Aid) agreements, which outline the conditions governing the transfer of staff or equipment to meet an urgent need.



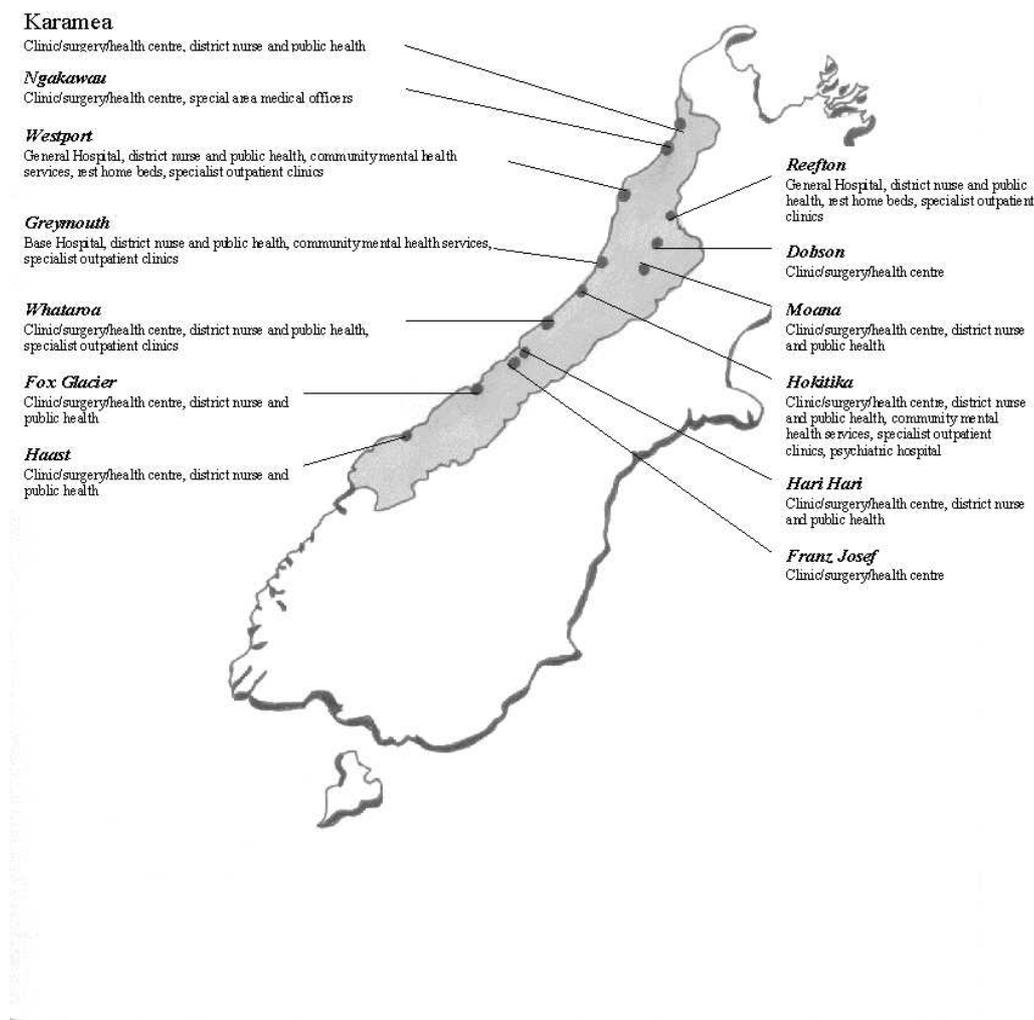
This Plan contains three key components: a Strategic Component (Part 2), an Operational Component (Part 3), and the Administrative Component (Part 4):

- The Strategic Component looks at the hazards and risk facing the region, identifies key issues to be addressed, establishes objectives, targets and actions to address the issues, then defines the principles and operational concept to guide operational level planning.
- The Operational Component co-ordinates the day-to-day activities of the key agencies involved in emergency management for readiness, response and recovery.
- The Administrative Component provides detail of support arrangements such as plan maintenance, associated documents and funding.

## 1.08 Key Themes.

1. Hazard information is incomplete at this stage.
2. Throughout this Plan a ‘functional’ planning approach is utilised<sup>1</sup>.
3. While plans help guide best practice, it is people who ultimately manage an event. The major focus of the planning process is to build solid partnerships, which will support a plan that highlights opportunities for cooperation, and improvement.

## THE WEST COAST DISTRICT





## **2.0 HAZARDS**

### **2.01 Context**

The West Coast District Health Board geographical area is the second largest in New Zealand and serves a population of approximately 320,000 people. This includes the largest rural population of all the DHBs.

The WCDHB covers the area between Karamea in the north and Jackson Bay in the south, and the east to Springs Junction.

West Coast is home to a diverse population including relatively large Maori and rural communities, which influence the way health services are funded and delivered. Services are provided by a wide range of independent providers and Coast Health Care, the WCDHB's provider of hospital and related services.

### **2.02 The Challenge**

The natural and technological<sup>i</sup> (man-made) hazards facing the region are many and varied. The geographic size of the region, coupled with the spread of rural communities linked primarily by road, emphasises the need for emergency management systems that take into account the need for self reliance, while working to a wider co-operative framework. The region is bisected by major gas, electricity, and telecommunication grids and is host to active faults, volcanic action, and large rivers. The WCDHB is further challenged by its boundaries being different to those of Environment West Coast and the other emergency organisations providing services to the West Coast region.

### **2.03 Regional Hazards**

All natural and technological hazards that have the potential to endanger the health status of the community, and have the potential to be beyond the ability of individual providers to cope with, or may require a significant and Coordinated response, must be planned for by the WCDHB.

The hazards that have been identified are listed in the table below

<b>Hazard (Natural)</b>	<b>Remarks</b>
Storm	Includes both wind and rain
Flooding	Includes storm surge and other water-atmospheric related events
Earthquake	The region is on the western side of a major earthquake fault line that has been subject to major activity in the past.
Tsunami	
Land subsidence	

<sup>i</sup> 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



<b>Hazard (Technological)</b>	<b>Remarks</b>
Public Health Emergency	Including pandemics-epidemics requiring community quarantine etc.
Utility Failure	<ul style="list-style-type: none"><li>• Electricity</li><li>• Water</li><li>• Telecommunications</li><li>• Gas</li></ul>
Hazardous Substance Spills	During production, transport, storage.
Transportation Crashes	<ul style="list-style-type: none"><li>• Air</li><li>• Road</li><li>• Rail</li></ul>
Fire	<ul style="list-style-type: none"><li>• Urban,</li><li>• Rural</li></ul>
Industrial explosion	Besides direct casualties, may create public health hazards or hazardous substance spill
Economic failure	May be as a result of: <ul style="list-style-type: none"><li>• Animal epidemic</li><li>• Crop failure</li></ul>
Civil Unrest	Including industrial action, such as withdrawal of labour by healthcare workers

#### **2.04 Hazard Prioritisation**

Prioritisation of regional hazards will take place as part of the integrated emergency management planning which will occur over the next two years. Covering a large land area in New Zealand, with diverse geographical features, a feature of the West Coast region is that hazards are common throughout the area. Flooding, weather events and the seismic activity are the top three natural hazards for the area.

Hazard identification and prioritisation is continuing in liaison with the West Coast Regional Council.



### **3.0 OBJECTIVES, TARGETS AND ACTIONS**

In this part of the plan, a series of objectives are developed to address identified issues. The objectives listed in this part of the plan provide the basis for future developmental activities over the next three years.

#### **3.01 Objectives:**

1. A WCDHB emergency management/civil defence plan that incorporates health care providers and funding responsibilities.
2. All providers have identified potential risks to their ability to continue to provide a service.
3. The WCDHB has identified and documented relevant risks.
4. Planning is integrated and coordinated with other emergency service providers in order to ensure a coordinated approach to increasing community resilience to adverse events.
5. Effective emergency management relationships are in place with neighbouring DHBs.
6. To ensure that providers are kept informed.
7. During emergencies the community is kept informed of health issues, including psychosocial behaviour patterns.
8. Recovery processes are in place.
9. Agreements are in place for funding healthcare response and recovery activities

#### **3.02 Key Performance Indicators (KPIs) are as follows:**

- Providers comply with ACC and OSH audit requirements.
- The West Coast Emergency Management Group and District Civil Defence Committees in the WCDHB region has one or more healthcare representatives.
- Formal relationships and Mutual Aid Operating Procedures are in place.
- Drafts for funding healthcare response and recovery activities Procedures are developed and ready for consultation.
- All healthcare organisations in the WCDHB have tested service continuity plans in place by December 2003.

The action-plan for achievement of the objectives and KPIs is attached as Appendix One



## **4.0 PRINCIPLES AND OPERATIONAL CONCEPT**

### **4.01 Introduction**

In this Section, broad principles are provided that will guide the detailed planning required for Part 5 - the Operational Component (Readiness, Response, and Recovery arrangements).

### **4.02 General Principles Underpinning the Operational Component**

These have been identified as follows:

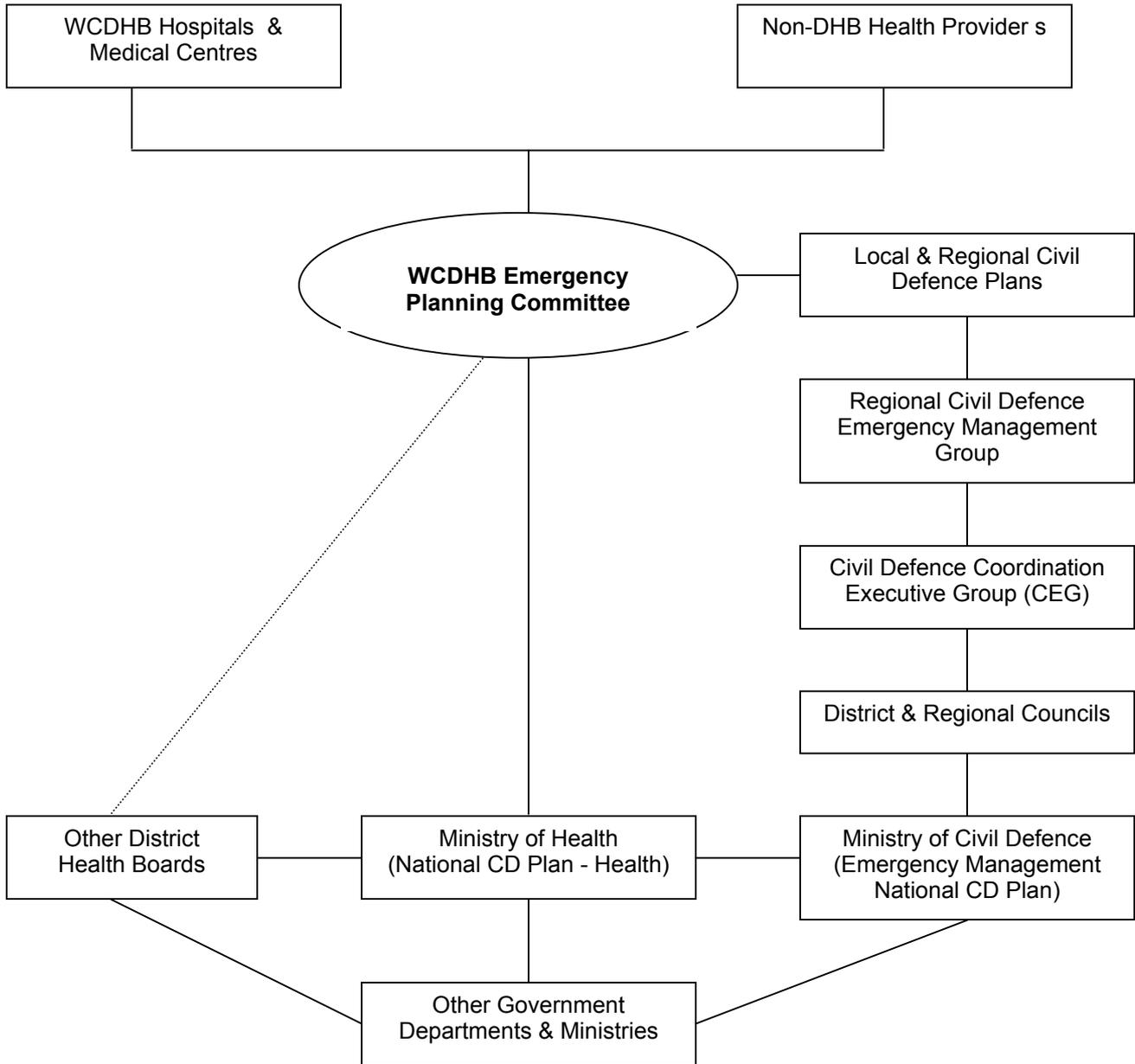
- The priority during an emergency will be to treat those injured or medically affected by the emergency; to monitor the impact of the emergency on the health status of the population; to minimise the loss of health status; to minimise the risk of ongoing health concerns and to continue the provision of healthcare services.
- Emergency management planning will give priority to catering for the requirements of small to mid size (or frequently occurring) events, rather than a pure focus on large-scale events with a low probability.
- The overall objective of the operational arrangements is to ensure that the operational management of health and healthcare emergencies throughout the West Coast region is carried out in an integrated way. Opportunities will be taken for developing external agreements with neighbouring DHBs, and the Ministry of Health.
- The focus for operational arrangements is on activities needed to co-ordinate the various providers and agencies but not necessarily the activities internal to the providers themselves:
- All providers will attend to their own internal command training and system arrangements (using the Coordinated Emergency Management System). The WCDHB will assist with facilitating those processes.
- The planning focus will be on what each agency's generic responsibilities are during an emergency, including the continuation of 'business as usual', rather than for each and every event. Where needed, contingency plans for specific events will be developed.
- Recovery activities will focus on individual and social recovery concurrent with the reinstatement of service continuity for essential healthcare services. Longer-term facility recovery will include minimisation of risk from future events, for example reconstruction that avoids or negates the recent hazard.

### **4.03 Health Sector Operational Concept**

The operational concept (or framework) against which WCDHB readiness, response, and recovery planning (and implementation) will be conducted involves the following:

- A WCDHB Emergency Operation Centre (EOC) capable of coordinating any event(s) across the whole region, will be routinely located at Greymouth Hospital.
- Each WCDHB hospital will establish and operate a local EOC, which is capable of coordinating events within its area. Local Emergency Management Group (EMG) representatives will provide key sources of advice and liaison for local EOCs.
- A WCDHB Coordinator and district level Local Coordinators will be appointed. Local coordinators will operate under the auspices of the WCDHB Coordinator during a regionally significant emergency.
- Coordinated Incident Management System (CIMS) provides the basis for Emergency Management at respective incident sites.

Figure 2: West Coast District Health Board Planning and Communication Links.



..... *Informal Links*



#### **4.04 Healthcare Provider's Plans**

Healthcare providers contracted by the WCDHB and Ministry of Health are expected to develop their own emergency plans with the following components:

- A synopsis of how the provider as a whole will respond to a crisis at any of its facilities or services. Who has the coordination role, where they will operate from, and what the role and responsibilities are of each department with an organisation wide role.
- Each facility operated by the provider has a plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified. Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on campus and filling that role when the crisis occurs.

#### **4.05 Public Health Services**

The restoration of portable water supplies, sanitation systems and hygienic food storage and distribution facilities will make the greatest contribution to the good health of a community affected by a major emergency.

Community and Public Health (CPH) will oversee those matters that impinge upon health protection, disease prevention and statutory Public Health response to the West Coast population.

CPH will as part of their planning prepare to assess the impact of a major emergency on the status of the community. CPH will also communicate with relevant people about their assessment of the emergency situation and ensure appropriate management of the public health aspects. CPH will work with the Media and Communications Coordinator 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 the Emergency (Civil Defence) Controller

#### **4.06 Primary and Community Services**

##### ***a) Summary***

Following a major incident many people will not need hospital care, but they will need help from primary care and community health services either immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:

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

##### ***b) Planning***

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

The major incident plans of receiving hospitals include arrangements to increase their ability to accept and treat casualties. The plans of community and primary care organisations need to do the same thing. Plans will cover:



- Arrangements for their agreed response;
- How to mobilise resources to meet the extra demands on their own services;
- Health service support for social and psychological services (through coordination with volunteer groups via local CDEM arrangements);
- Health care services at survivor reception centres and evacuation centres set up by police or local authorities.

The following are all likely to feel the effects of any increased demand for emergency health care as a result of a major incident:

- GPs
- Community nurses
- Mental health services
- Community pharmacists.

General practices will be the natural focus of health care in the community in the aftermath of a major incident. They will be included in coordinated planning, training, exercising and testing response arrangements.

***c) Social, psychological and psychiatric support***

Individuals caught up in a major incident may need the supportive framework provided by social and psychological services in which they can come to terms with the effects of the disaster on their lives. Not only does this rapidly get help to those who need it, but it may also reduce long-term and chronic demands on health and social services.

In a declared emergency, the Child Youth and Family Service (CYFS) has responsibility for coordinating the various providers providing mental health and counselling services in the community.

***d) Health care services at survivor reception and evacuation centres***

Survivor reception and evacuation centres may be set up by the police or local authority, either to accommodate those who have survived major incidents without obvious injury, or to shelter people evacuated from their homes because of direct risks, e.g. flooding, buildings collapsing, or exposure to dangerous chemicals or radiation.

People in these centres are unlikely to be in need of immediate hospital care. They may need some first aid, comforting or other emotional or practical support, or some form of screening before they leave the centre.

A *health team* will be assigned to these centres to:

- assess patients
- give advice on self-care, and
- help refer people to whichever community or emergency services they need.

The health team will be drawn from the St John Ambulance service and/or Primary Services in the affected area, or brought into the affected area to assist. Nominated persons or organisations will be identified in local CDEM plans for the area concerned.

***e) Key issues for support at survivor reception or evacuation centres***

- Some people may already be receiving health care and support through community health services or social services, either locally or in the area of their own home. Continuity of such care may be important.
- People in centres will need information and reassurance about any health risks arising from the incident.



- Where people have or may have been exposed to a hazardous substance, such as chemical or radioactive material, they may need to be screened, offered advice and possibly treatment or prophylaxis before they return home.
- Some people may lose or leave behind their prescription medicines, which may need urgent replacement through hospital and community pharmacies.
- Some people may be distressed and in need of early proactive social and psychological intervention. Following a declared emergency the Child Youth and Family Service (CYFS) has the responsibility to co-ordinate the response of agencies providing that support.
- In the event of people being evacuated from their homes, some people (for example, the elderly or disabled, either living at home or in care) are likely to need transport. Assessment of transport requirements will be part of the planning process, with the local Civil Defence Emergency Management Group.
- For some people, such as the frail elderly or very ill, relocation to an evacuation centre is likely to be inappropriate or resisted. Other options should be considered, for example the use of health and social care resources in the community. Trained staff will be needed to help make these decisions and arrange appropriate care.

**f) *Emergency Medical Centres***

The provision of primary medical care through existing providers and facilities is the most efficient and effective means of providing medical care an emergency. Designated Emergency Medical Centres (EMCs), based on nominated existing General Practice facilities will be used. EMCs will be chosen and set up in liaison with Civil Defence authorities.

Providing they are able to open and have electricity, community Pharmacies will provide their normal prescription services and also a limited healthcare response for those injured or medically affected by a disaster incident.

EMCs provide access into the formal medical treatment chain. Some definitive treatment may be carried out at this point and EMCs may also have a limited capacity to accommodate those casualties for whom evacuation is unnecessary or otherwise undesirable.

The Ambulance Service will normally site Ambulance Loading Points. Where possible, they will be sited at, or adjacent to the actual scene. During a full-scale disaster response operation it will be usual for ambulance loading points to be sited in conjunction with EMCs

**g) *Health Support Units***

In the event of a large-scale event, the WCDHB will, if necessary, seek through the Health Coordination Centre, the assistance of support from another region or nationally. A health support unit may be deployed within the region to:

- provide pre-hospital emergency care;
- assist a seriously stressed hospital;
- undertake specific short term assignments to relieve distress and improve casualty management;
- undertake health protection or mental health assignments<sup>ii</sup> in stressed areas;
- undertake any other functions appropriate to the situation.

<sup>ii</sup> In a declared emergency, mental health assignments will be as part of a CYFS-coordinated response. Otherwise, the usual referral processes will be used.



#### **4.07 Secondary Level Hospitals**

##### **a) *Function***

Hospitals operated by West Coast District Health Board will provide the facilities in which the majority of acute treatment for those affected by the incident are undertaken. They will also accommodate the majority of recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans.

When the resources of public hospitals are fully committed, temporary medical facilities may be established to assist with surgical operations and other treatment within their capacity to provide. This will be coordinated by the WCDHB.

##### **b) *Graduated Response***

When the demand for service dictates, some patients will be transferred to hospitals operated by other District Health Boards. No private hospitals exist in the WCDHB region.

The degree to which the routine functions of hospitals will be affected will depend upon the severity of the disastrous event. At the lower end of the scale of magnitude, little more than the relocation or early discharge of some recuperative patients will be required. In response to more severe events, the routine function of hospitals will be progressively modified to the requirements of the emergency response plan.

##### **c) *Medical Evacuation***

The mass evacuation of patients, either from a facility or the region, because of the lack of patient safety in doing so, will only be undertaken as a last resort. As far as possible, when patients are moved normal transfer procedures will be followed. Patient transfer will normally involve:

- Recuperative patients, not yet fit for discharge, must be transferred to other hospitals to create space at a receiving hospital. **or**
- In order to gain a treatment within an acceptable period, casualties are required to by-pass local hospitals.

In a declared emergency, close cooperation with the St John Ambulance Service, Police and/or Civil Defence Emergency Management Groups will be required to ensure that comprehensive registration of movements is completed.

#### **4.08 Mental Health**

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

In the response phase to a major incident, each health provider is expected to make provision for the psychological needs of those patients it has and the Critical Incident Stress Debriefing (CISD) of its own staff

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 co-ordinate the response of agencies providing that support.



#### **4.09 Ambulance Services**

The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event.

In response to more severe events the Ambulance National Major Incident and Disaster Plan proposes extra resources being brought in from outside the region.

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

#### **4.10 Inter Regional Response Coordination**

The prerogative and responsibility for the coordination of healthcare resources in the West Coast rests with the WCDHB EOC. Where inter regional support and coordination is required it may be accessed through a Ministry of Health funded Health Coordination Centre. The Centre for the South Island operates as part of the Order of St John Northern Region (South Island) Communication Centre in Christchurch.

The role of the centre is limited to coordination. Each organisation retains authority and responsibility of its own facilities and resources.

When public switch telephone circuits are unavailable, limited emergency communication between hospitals and regions is available through the St John Ambulance radio network. St John will retain control of this network.



## **5.0 OPERATIONAL COMPONENT**

### **5.00 Introduction**

“Operational level” means the day-to-day activities of putting emergency management into practice. Only the key details considered necessary for achieving operational effectiveness (through integration and Co-ordination) have been included in this component.

### **5.01 Management Arrangements.**

In all cases management of emergencies will be carried out in accordance with CIMS principles. Each provider will cater for its own internal training and command arrangements, while overall coordination and control will be vested in the WCDHB Co-ordinator.

### **5.02 Key Roles and Responsibilities**

#### ***a) Ministry Of Health***

The Ministry of Health is responsible for:

- Setting with national standards for health emergency management planning and response coordination and monitoring compliance.
- Development, implementation, and annual practice of a national health emergency management plan.
- Establishing DHB planning requirements, which include:
  - The development and implementation of an emergency management plan
  - Identification of regional and local risks
  - Consultation with all key stakeholders, including primary, secondary, public health services, and allied providers within that DHB’s area of responsibility.
  - Meeting the responsibilities for DHBs as required by Part 6, Health, of the National Civil Defence Plan
- Setting national response coordination structures and responsibilities.
- Providing inter regional and national response coordination to major health emergency incidents where regional health resources are or may overwhelmed, adversely impacted, or placed at risk through any actual or likely occurrence
- Establishing, practising and maintaining communication links with Health Coordination Centres (HCCs), including monitoring, obtaining status information, providing information and analysing resource requests.
- Providing links to national Government Departments.
- Providing links to international organisations likely to provide assistance responding to health emergency incidents.
- Arranging the supply of required resources through contact with HCC(s), Government Departments or International Health Contacts.
- Registering of International Medical Personnel and equipment arriving in New Zealand to assist in response to any major incident.

***b) Health Coordination Centre (HCC)***

The Regional HCC for the South Island, including the WCDHB region, is a function of the St John Ambulance Service, based in Christchurch.

The Chief Executive of the St John Ambulance Service (NRSI) is responsible for:

- Regional coordination of health responses to an emergency incident and support of WCDHB when an emergency is taking place.
- Establishing and maintaining communication links with the MOH, other HCCs, DHBs within the HCC Region, and where appropriate Emergency Services and other relevant organisations.
- Providing links to Local Authorities and Government Departments (Regional Offices) as required.
- Providing links to regional organisations likely to provide assistance responding to health emergency incidents.
- Providing monitoring, obtaining status information, analysing resource requests from DHB(s)
- Arranging the supply of required resources.

***c) The West Coast District Health Board***

It is the responsibility of the WCDHB Chief Executive for ensuring that the WCDHB meets the following:

- Compliance with national standards for health emergency planning and response coordination.
- Development, implementation and annual practice of a DHB emergency management plan
- Facilitating the supply of required resources for use within the WCDHB region or other DHB region as required.
- Appointing, in consultation with the St John Ambulance Service, Civil Defence Health Liaison Officers (If required) to liaise with Regional or District Civil Defence Headquarters.

It is the responsibility of the WCDHB Chief executive or delegate:

- To sit on the Coordinating Executive Group (Civil Defence)
- To coordinate WCDHB emergency response at the Emergency Operations Centre
- To liaise with and facilitate assistance to health sites in the West Coast region

***d) General Manager - Operations***

The General Manager - Operations or designated staff member from each hospital and other facility within the WCDHB region is responsible to;

- Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services;
- Manage capacity to accept those needing hospital care as a result of the incident
- Participate in an alternate communications network linking key healthcare facilities and CDEM organisations
- Have arrangements for access to essential supplies during an emergency
- Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies.
- Identification of regional and local risks
- Consultation with all key stakeholders, including primary, secondary, public health services, and allied providers within that DHB's area of responsibility.



- Meeting requirements of Part 6, Health, of the National Civil Defence Plan
- Annual testing or exercising of the plan.
- Training of staff for emergency roles.
- Providing staff counselling to deal with psychological and behavioural responses to stress caused by an emergency
  - Setting DHB wide response coordination structures and responsibilities.
  - Providing coordination to major health emergency incidents within the DHB area.
  - Accepting and maintaining communication links with the regional HCC.
  - Arranging links to local organisations likely to provide assistance responding to health emergency incidents.
  - During any emergency, obtaining and communicating status information and analysing resource requests from HCC(s).

#### ***e) Public Health Services***

Crown Public Health are contracted to provide Public Health services in the WCDHB region, the Medical Officer of Health or designated staff are responsible to

- Ensure that the planning for and assessment of any major incident includes the impact on the health status of the community;
- Through an analysis of the hazards and risks posed by the situation, be able to identify and assess the extent of public health problems, the delineation of the area and population affected, and estimate the resources needed for the initial response;
- Communicate with relevant people about the assessment of the emergency situation and ensure appropriate management of the public health aspects.
- In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller

The Public Health Unit response will, as required, address the following issues:

- Drinking water quality control and treatment
- Food safety and mass feeding facilities
- Control of sewage and other wastes, rodent control and the disposal of human and organic masses.
- Shelter for evacuees and hygiene standards.
- Control of infectious diseases
- Control and disposal of hazardous substances.
- Radioactive hazards
- In association with the New Zealand Police, emergency disposal of the dead.

#### ***f) Primary and Community Healthcare Services***

Those providing Primary and Community Healthcare services in the WCDHB region are responsible to;

- 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;
- Following a major incident, whenever possible continue to provide their services, 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.



- Have planned to participate in a response to:
  - Meet the need for care and advice to uninjured casualties or those with minor injuries;
  - Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds;
  - Meet the health care needs of people at reception or evacuation centres; this could include:
    - replacing missing medication;
    - undertaking health screening;
    - the provision of information and advice to the public;
    - the provision of social and psychological support in conjunction with social services.

### ***g) Disability Support Services***

Those responsible for the provision of Disability Support Services shall;

- Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services;
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources
- Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support.

### ***h) Ambulance Services***

The St John Ambulance Service Area Manager and/or designated Station Officer at each Ambulance location in the WCDHB region shall;

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

### ***i) Community Pharmacies***

Community Pharmacies will, where possible, open their premises and provide their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier. They will:

- Have service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of facilities, equipment or supplies.
- Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources as per Quality Standards for Pharmacy in NZ.
- Co-operate with GPs and other health professionals to dispense prescriptions and respond to requisitions to provide medicines and medical supplies.

***j) Civil Defence***

If a Civil Defence Emergency is declared, it is the responsibility of the regional and/or district Civil Defence Organisation(s):

- To maintain contact with WCDHB through the appointed Regional and District Health Liaison Officers
- To facilitate requests for resources, not available from WCDHB or other health sources, when advised or requested by the Regional Health Liaison Officer

***k) Other Health Providers***

Other health providers in the region are required to assist in any emergency by:

- ◆ Undertaking roles identified in this plan, when requested by the WCDHB to do so.
- ◆ As part of a coordinated approach to the emergency the WCDHB will assist all funded health providers to develop their own Business Continuity Plan.

**5.03 HEALTH RESOURCE MANAGEMENT.**

In any major incidents in the WCDHB region which seriously affects, or may seriously affect the ability, of any health service provider, either in the public or private sector, to respond to any incident involving casualties or the provision of ongoing services the situation will be:

- monitored,
- status information obtained and analysed,
- resource requests submitted and responded to as outlined in this section.

***a) Monitoring.***

**The WCDHB 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 rest homes and nursing care providers.
- Status of Community Health Care services.

**The Health Coordination Centre (HCC) will monitor:**

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

**The Ministry of Health (MOH) will monitor:**

- National health response operations both pre, in, and post-hospital. This will be coordinated through the HCC(s).
- Status of health services nationally.
- National/International status reports of issues of inter-departmental/inter-governmental response.

***b) Status Reports.*****The WCDHB will obtain status information through:**

- Regularly submitted status reports from hospitals and other health care providers within the WCDHB region.
- HCCs (two way communication flow).
- Emergency Operations Centres (EOCs) at Regional and/or District Civil Defence Headquarters.

**The HCC will obtain status information through:**

- Status briefings and direct communication with the Ambulance Service, Civil Defence and other Emergency Services.
- Status reports and direct communication from WCDHB, public hospitals and other health providers in the WCDHB region.
- Contact with those coordinating the scene, support and/or health response.
- Status reports from other HCCs and the MOH.

**The MOH will obtain status information through:**

- Status briefings and direct communication with the HCC and/or the WCDHB or HCC(s) and/or DHB(s) in any affected area.
- Status briefings and direct communication with the Ministry for Civil Defence and Emergency Management and/or other Government Departments.
- Status briefings and direct communication with HCC(s) or DHB(s) in areas likely to be able to provide support.

***c) Analysing Status Information & Resource Requests.*****The WCDHB analyses 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-hospital coordinators/controllers to coordinate additional resource requests and responses.
- Track resource requests and delivery to the required areas.
- Arrange for the allocation, distribution, and transport of resources.

**The HCC 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 Coordinator 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 MOH analyses status information and resource requests in order to:**

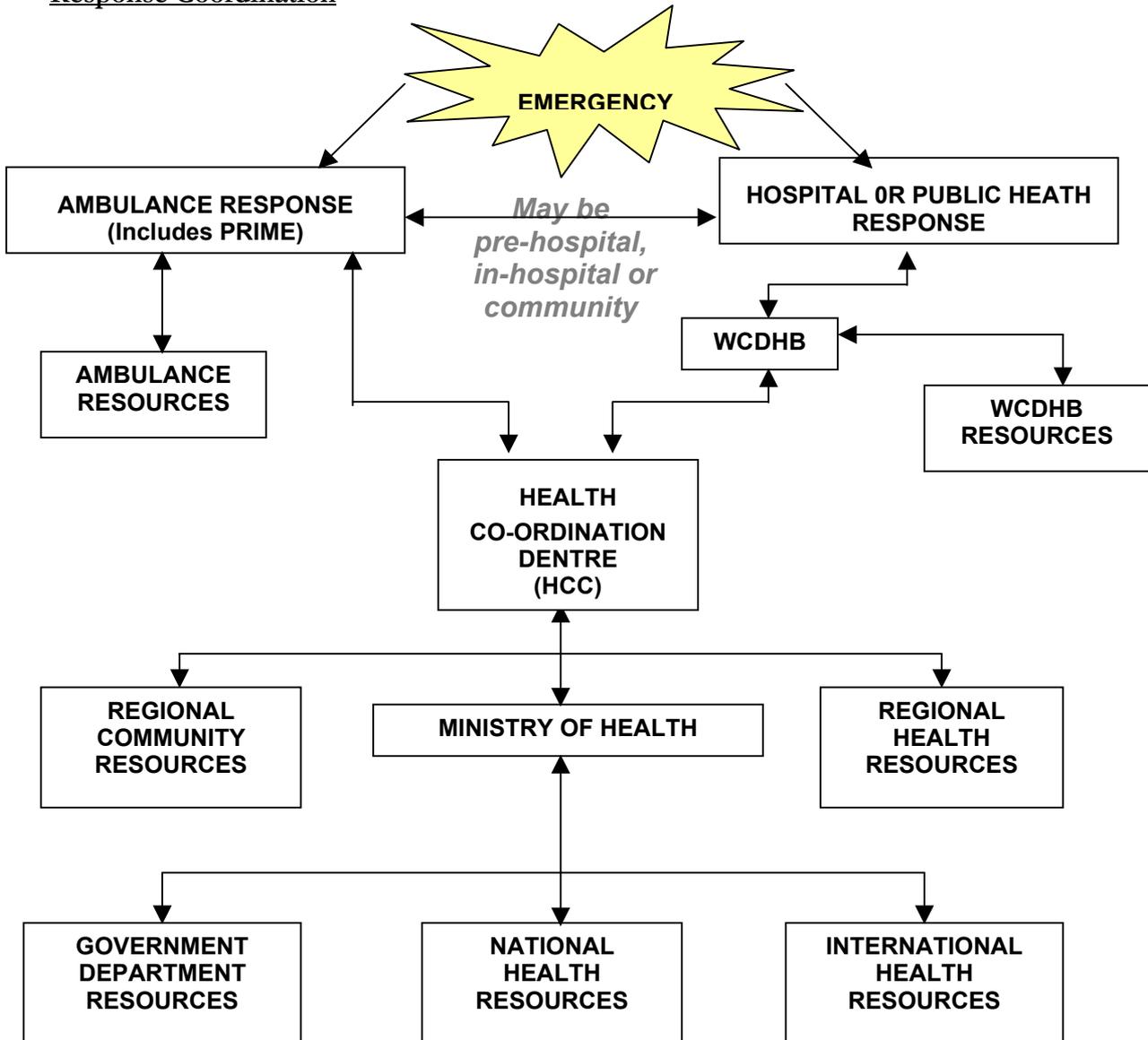
- Obtain a national/international overview of the response situation and assess shortfalls in health resources.
- Determine when and how to request additional national or international resources.



- Establish contact with the Regional HCC Coordinator to coordinate resource requests and responses.
- Track resource requests and delivery into the affected area.
- Arrange for the allocation, distribution, licensing and transport of resources.



Response Coordination





#### 5.04 Generic Arrangements

##### *a) Role of Emergency Operation Centre's (EOC)*

EOCs provide the means for coordinating emergencies of all types, size and quantity. Their primary role involves activities surrounding the collection, analysis and dissemination of information, and the coordination of resources to support incidents. Two types of EOC are proposed for this Plan:

- **WCDHB EOC.** The WCDHB EOC has the overall responsibility for monitoring and coordinating events across the region (when required) – be they confined to a single site, or spread across the region. The WCDHB EOC is the conduit for regional resource coordination.
- **Provider EOC.** The Provider EOC has the overall responsibility for monitoring and managing an event, or incidents, within their area of responsibility.

##### *b) The Role, Selection, & Training of Coordinators and Controllers.*

Coordinators and Controllers are persons who have been authorised by their organisation to manage all aspects of emergency events (including allocation of resources - financial, human, material, and information).

Coordinators and Controllers at all levels must receive formal CIMS training and also take part in appropriate emergency management exercises to ensure they remain up to date with current methods.

##### *c) Procedures for Activating the Plan.*

The proposed procedures for activating the plan is as follows:

Wesport & Reefton: Initial alert for Personal Health incidents is signalled through the relevant Coast Health Care Hospital Manager or Senior Nurse on Duty. The initial alert for Public Health incidents is signalled through the on-call Health Protection Officer or the Medical Officer of Health.

Rural Nurse Medical Centres: Initial alert for Personal Health incidents is signalled through the relevant rural nurse or the St John Ambulance service.

Greymouth: Initial alert for Personal Health incidents is signalled through the Duty Manager at Grey Base Hospital. The initial alert for Public Health incidents is signalled through the on-call Health Protection Officer or the Medical Officer of Health.

The Region: The health response for an incident involving all or part of the region is coordinated by the WCDHB General Manager – Operations or designate.

##### *d) Debriefing*

Following all declared emergencies and every other emergency involving a multi provider or facility response, the WCDHB will ensure that an evaluation is undertaken of the response to ensure that the strategies, as outlined in this plan, allowed an effective response. Where necessary, this plan is to be adjusted to reflect improvements identified in that evaluation.

##### *e) Recovery Arrangements*

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

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



As with Readiness and Response, the Recovery Arrangements seek to co-ordinate the key activities between the main stakeholders.

The WCDHB CEO will appoint a WCDHB Recovery Manager. Essentially, Recovery activities will be 'physically implemented' at a local level, while the coordination of region wide and external resources to meet the local need will be effected by the WCDHB Recovery Manager.

The need for a 'local' approach to implementing recovery 'on the ground' is necessary partly because of the geographical spread of the region, and partly because of the disparate nature of the communities likely to be affected.



## **6.0 ADMINISTRATIVE ARRANGEMENTS**

### **6.01 Contributors to the WCDHB Emergency Management Plan.**

The WCDHB will engage widely throughout the process of developing and maintaining this Plan. Organisations consulted will include:

Ambulance Services	Rural Health Institute	Laboratory Services
Civil Defence organisations	Police	Neighbouring DHBs
Local Government	West Coast TLAs	Disability Support Services
Ministry of Health	Child, Youth and Family Service	WCDHB Planning and Funding Services
The Resthomes Association	Primary & Community Health	Pharmacy Services
Crown Public Health Unit	NZ Fire Service	Radiology Services
Mental Health Services		

### **6.02 Plan Maintenance**

The WCDHB General Manager – Operations will maintain the Plan. They will:

- Ensure that the Plan conforms to requirements set out from time to time by the Ministry of Health
- Oversee the development, implementation, and maintenance of the Plan.
- Communicate regularly with West Coast healthcare service provider organisations.
- Liaise with the Ministry of Health, other DHBs, Emergency Services and Civil Defence organisations
- Co-ordinate monitoring and evaluation activities.
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### **6.03 Emergency Management Groups (EMGs).**

EMGs, however named, will be developed to incorporate the Territorial Local Authority districts in the West Coast region. EMGs represent all key agencies with a responsibility for emergency management. The main role of these groups is to ensure coordinated and integrated emergency management planning and delivery at the local (district) level.

WCDHB representation on EMGs will be provided by the Area Manager, or designate, servicing the District in which the EMG operates, and Crown Public Health will be represented on the West Coast Regional EMG.

### **6.04 Mutual Aid Operating Agreements**

Where no funding agreement is in place, and/or it is otherwise appropriate, the WCDHB will agree Mutual Aid Operating Agreements with key providers to develop clear understandings on mutual support.

Where WCDHB boundaries are not congruent with Civil Defence Emergency Management Group boundaries WCDHB will develop Mutual Aid Operating Agreements with neighbouring DHBs to ensure WCDHB is represented on the CDEMGs covering those areas.

### **6.05 Funding Arrangements**

The requirement for the WCDHB to develop and maintain a Major Incident and Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans will be stipulated in their funding contract with WCDHB.

**6.06 Response and Recovery Activities.**

Providers are to document their response 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. Where costs cannot be recovered through this process, the WCDHB will seek to meet costs from its own resources or through a case stated to the Ministry of Health.

**6.07 Supporting Documents.**

This Plan covers the key arrangements needed to co-ordinate the activities of healthcare providers responding to a major incident or emergency in a way that ensures effective and efficient emergency management. Supporting documents will be developed to provide detailed information, such contact lists etc.

**6.08 Plan Duration and Amendments.**

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

**6.09 Appointment of Controllers and Coordinators**

The role of the WCDHB is normally to manage the coordination of healthcare activities and accordingly will appoint a coordinator (with no operational role) for this purpose with each responding provider appointing a controller to manage their response. On those occasions where a region wide emergency is such that health is the Lead Agency, the WCDHB will appoint a Controller to provide operational leadership.

**6.10 Monitoring and Evaluation.**

All Providers are now contractually required to operate a Major Emergency Plan (*written into all agreements from July 2002*) Their Plan will:

- (a) identify how the services under their agreement will be delivered in health, civil defence or related emergencies;
- (b) meet relevant requirements outlined Part Six (Health) of the National Civil Defence Plan.

The WCDHB General Manager - Planning and Funding will monitor the implementation of the plan via routine monthly/quarterly reporting and routine audits.

Other processes and procedures for monitoring and evaluation are yet to be finalised. However, there are a number of ways this will take place:

- Through externally audited accreditation and certification processes against standards such as the Health and Disability Sector Standards, and the ACC Partnership Programme audit;
- External peer review;
- Following an emergency or an exercise;



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