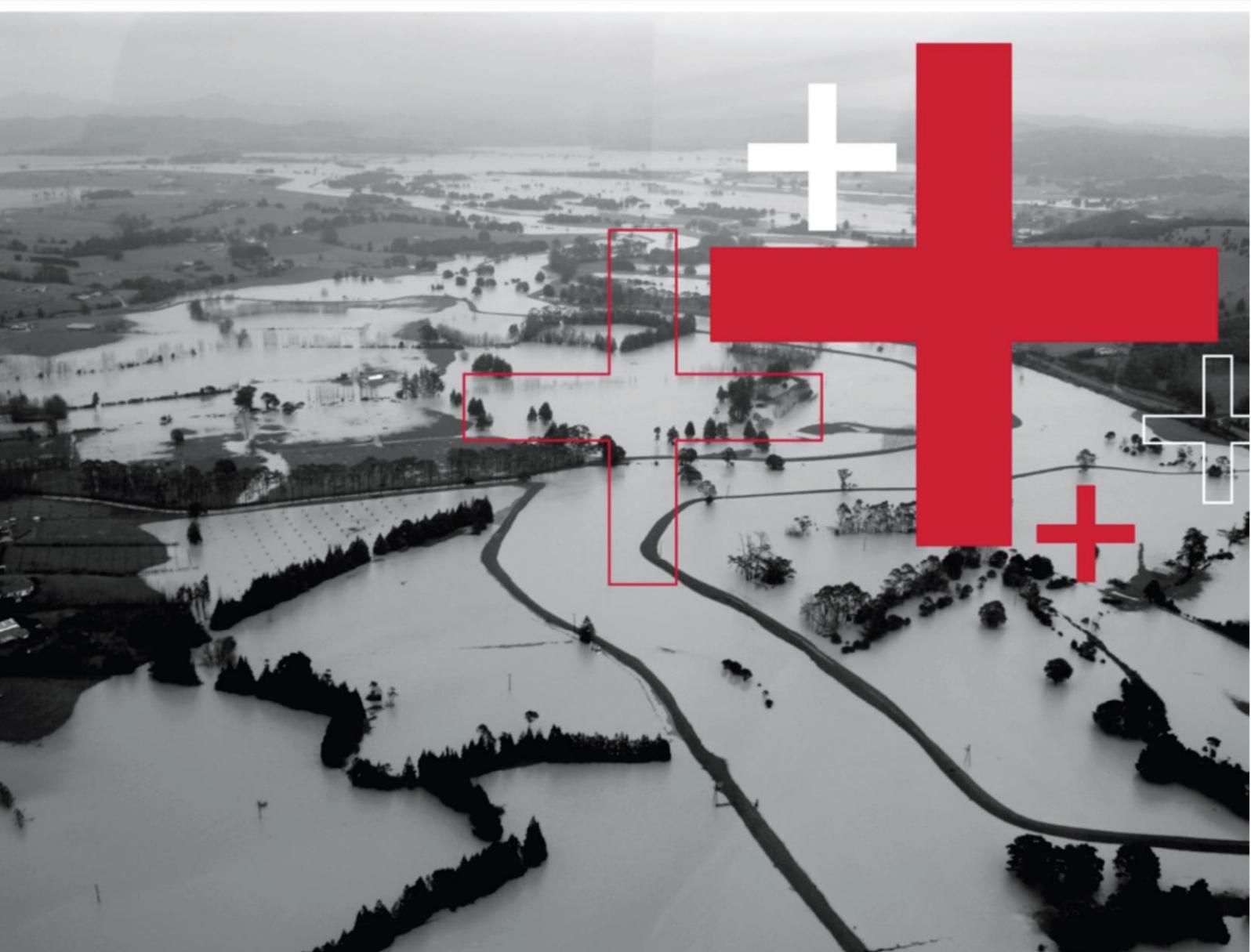**Waikato** District Health Board

Health Emergency Plan
2022-2025

WAIKATO DISTRICT HEALTH BOARD (DHB)
HEALTH EMERGENCY PLAN 2022 - 2025

Purpose of the Report

The Ministry of Health's Operating Policy Framework requires each District Health Board to have a Health Emergency Plan, which ensures the delivery of essential primary, secondary, tertiary services as well as mental health, disability support and public health services during health emergencies, civil defence emergencies, large casualty-causing incidents, major weather events, natural or technological disasters.

The Health Emergency Plan provides for immediate, short duration events or extended emergencies, on both small and large scales.

The Ministry of Health expects that District Health Board Chief Executives sign off their plans and post them on their websites.

Key Points

MAJOR INCIDENT AND EMERGENCY PLAN

The Emergency Plan for 2022- 2025 provides key plans, strategies and information to guide Waikato DHB's comprehensive emergency management activities.

The overarching goal of the Waikato DHB Emergency Management is 'resilient health services in the Waikato DHB area'.

The Waikato DHB Health Emergency Plan 2022 - 2025 includes planning for essential primary, secondary, tertiary, mental health, disability support and other public health services.

Responsibility for the co-ordination of healthcare resources in the Waikato rests with Waikato DHB. When an incident or event is likely to extend outside the Waikato DHB region, Te Manawa Taki (the Midland DHB group) provides regional planning and another level of coordination in response. The Ministry of Health could also activate all or part of the National Health Emergency Plan.

Waikato DHB uses the four 'Rs' planning process to manage/mitigate risks and to write this plan

- **Reduction:** activities to reduce the health impacts of emergencies or other events

- **Readiness:** activities to ensure a state of readiness for health emergencies

- **Response:** means that in an emergency event, establishment of a Waikato DHB Incident Management Team occurs using the Co-ordinated Incident Management System (CIMS) model, led by an incident controller

- **Recovery:** can begin at response. Preparation of immediate and long term recovery strategies that need to be actioned to continue to serve our community's needs (Ultimate Goal: Build Back Better)**.**

Waikato DHB Strategy

Vision
Healthy people. Excellent care

Mission
Enable us all to manage our health and wellbeing
Provide excellent care through smarter, innovative delivery

Values

People at heart
Te iwi Ngakaunui

Give and earn respect – *Whakamana*

Listen to me; talk to me – *Whakarongo*

Fair play – *Mauri Pai*

Growing the good – *Whakapakari*

Stronger together – *Kotahitanga*

Whanaketanga — Productive partnerships

Oranga — Health equity for high need populations

Pae taumata — A centre of excellence in learning, training, research, and innovation

Haumaru — Safe, quality health services for all

Ratonga a iwi — Effective and efficient care and services

Manaaki — People centred services

'Amohia ake te ora o te iwi, kia puta ki te wheiao'
The wellbeing of the people is paramount

NA H.M KIINGI TUHEITIA POOTATAU TE WHEROWHERO VII

DOCUMENT CONTROL

1   Approval

This plan is approved by
Name and Title: Kevin Snee - Chief Executive Officer, Waikato District Health Board

Signature:

2   Distribution
Copies are distributed to:

- Waikato Region Group Emergency Coordination Centre (Waikato Regional Council, Hamilton)
- Waikato DHB Integrated Operations Director - Business Continuity and Emergency Planning Office

3   A copy is on the Waikato DHB website: https://www.waikatodhb.health.nz/for-health-professionals/emergency-management/

Scope
This plan is to be used before, during and after an emergency or incident that:

- involves, or potentially involves, a number of health providers, or
- has the potential to have a major impact on the health of the population

This plan should be used to manage any emergency requiring a co-ordinated 'health' response, whether or not a civil defence emergency is declared.

Waikato District Health Board

Waikato District Health Board

1.1   Purpose of the Plan

The overarching goal of the Waikato District Health Board (DHB) Health Emergency Plan (HEP) is '*resilient health services in the Waikato DHB area'.* The Waikato DHB HEP has been developed to provide a consistent approach to coordination, cooperation and communication across the health sector when planning for, responding to and recovering from an emergency incident.

1.2   Definition of a 'Health Emergency'

For the purposes of this plan, a health emergency is defined as any event which:
  a)   presents a serious threat to the health status of the community
  b)   results in the presentation of more casualties or patients in number, type or degree than a healthcare provider is staffed or equipped with, to treat at that time
  c)   due to loss of services, prevents a healthcare facility or service, from continuing to care for the patients it has.

A regional health or national emergency is defined as a health emergency event which involves the whole region or country. When a local DHB is overwhelmed, regional or national support may be activated to support the local response.

1.3   Plan objectives

The plan has four objectives:
  d)   to create a framework to manage a resilient and sustainable health sector during any potential of significant health emergency
  e)   to maintain or restore the health status of the population of the Waikato District Health Board's (Waikato DHB) area of response, following a major incident
  f)   to define the responsibilities for control and coordination of the collective response by the health sector to a major incident or emergency
  g)   to define the communication network and procedures for alerting and working with functioning health service providers in the event of an emergency or potential emergency.

1.4   The area to which this plan applies

The area encompassed by this plan includes the districts of Thames-Coromandel, Hauraki, Matamata-Piako, South Waikato, Northern Ruapehu and Waikato Valley - Hamilton City, Waipa, Otorohanga and Waitomo.

The Waikato DHB has a tertiary level centre, Waikato Hospital. The geographical area serviced by Waikato DHB includes the largest rural population of all the DHBs. It serves an estimated population of 985,285[1] people in the Midland Region. This number is made up of approximately 27% Māori, according to Statistics New Zealand (October 2018 estimates).

The district is centred upon the city of Hamilton and spans from the east coast (meeting Bay of Plenty DHB) to the west coast, stretches north to the Bombay Hills (meeting Counties-Manukau DHB), south to the ski fields of the North Island volcanic plateau (meeting Whanganui and Lakes DHBs at the top of Mount Ruapehu) and covers large areas of farmland and native bush.

Waikato is home to a diverse population including large Māori and rural communities, which influence funding and delivery of health services. There is both a range of independent providers and Waikato DHB's provider arm for hospital and related services.

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[1] Ministry of Health (2020/21 projections)

Waikato DHB falls into eight local civil defence areas and the Waikato Regional Council area

- **Thames Coromandel Council:** Emergency Operations Centre at Thames.
- **Hauraki District Council**: Emergency Operations Centre at Paeroa.
- **Hamilton City Council:** Emergency Operations Centre in Hamilton.
- **Matamata- Piako District Council:** Emergency Operations Centre at Matamata.
- **Waikato District Council:** Waikato District Council, with the Emergency Operations Centre located in Ngaruawahia.
- **South Waikato District Council:** South Waikato District Council, with the Emergency Operations Centre located in Tokoroa.
- **Taupo District Council:** Taupo District Council, with the Emergency Operations Centre located in Taupo.
- **Western Waikato Emergency Operating Area:** Waipa, Otorohanga and Waitomo district councils, with the Emergency Operations Centre and administering authority in Te Awamutu.

Waikato Region Group: Emergency Operations Centre: Genesis Building c/o Bryce and Tristram Streets, Hamilton.

Figure 1: Map - Waikato DHB area
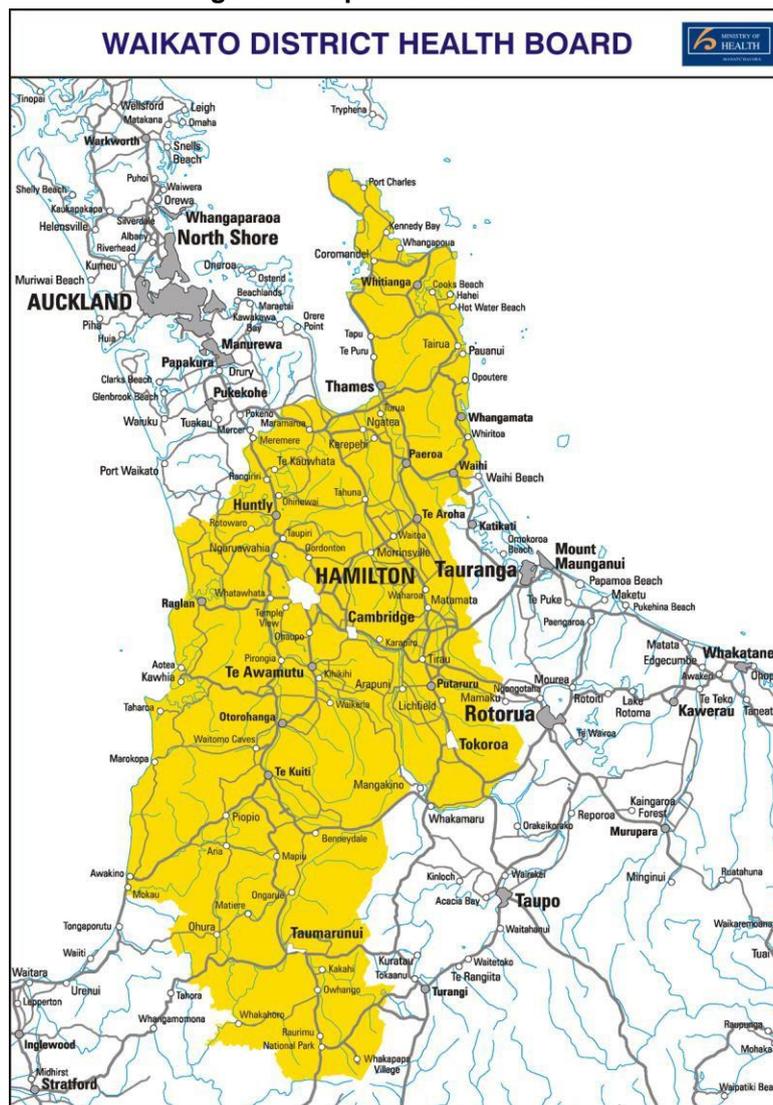
These areas make up the Waikato Region Civil Defence Group. Waikato DHB has responsibilities within the group plan as health liaison or in a health emergency will become lead agency.

1.5   The target audience

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

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

- Iwi – Te Tiriti based approach to Māori Equity (TPO) Mana Whakahaere
  - We have Iwi Māori at the CIMS table and involved in decision making
  - We support Iwi solutions and keep Iwi informed
- Ministry of Health (MoH)
- National Emergency Management Agency (NEMA)
- Waikato Civil Defence groups
- New Zealand Police
- Fire and Emergency New Zealand
- Ambulance Services

1.6   Structure of the document

The document begins by describing the rationale and requirements for the plan showing how the plan is aligned with regional and national health emergency plans. The remainder of the document describes how the Waikato DHB is meeting these requirements through the four areas of emergency management which are: reduction, readiness, response, and recovery. These are commonly referred to as the 4Rs of comprehensive emergency management as outlined below. The operational component of the plan is covered in Part 5, Response.

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

1.6.1 The 4Rs are defined as:

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

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

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

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

1.6.2 Funding arrangements

The requirement for the Waikato DHB to develop and maintain a Health Emergency Plan is stipulated in its Crown Funding Agreement. The requirement for contracted providers to maintain Service Continuity Plans is stipulated in their funding contracts with Waikato DHB.

During response and recovery activities providers must document their response actions and keep a record of all costs incurred during response and recovery activities. Costs should first be billed through normal or pre-arranged funding agreements.

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

In order to assist with tracking of costs associated with a response, an emergency cost centre has been set up by Waikato DHB, to be used during an emergency event.

1.6.3 Reference documents and legislative requirements

This Plan meets the requirements placed on service providers by National Health Emergency Plan (NHEP) 2015 and also the following statutes:

- Waikato CDEM Group Plan relevant legislative requirements
- Biosecurity Act 1993
- Biosecurity Amendment Act 2015
- Civil Aviation Act 1990
- Civil Defence Emergency Management Act 2002
- Conservation Act 1987
- Defence Act 1990
- Epidemic Preparedness Act 2006
- Fire and Emergency New Zealand Act 2017
- Hazardous Substances and New Organisms Act 1996
- Health Act 1956
- Health and Safety at Work Act 2015
- Land Transport Act 1998
- Local Government Act 2002
- Maritime Transport Act 1994
- National Civil Defence Emergency Management Plan Order 2015
- Policing Act 2008
- Railways Act 2005
- Resource Management Act 1994
- Terrorism Suppression Act 2002
- COVID-19 Public Health Response Act 2020
- Crimes Act 1961

and any subsequent amendments or replacements of the above.

1.6.4 Emergency management principles

The National Civil Defence Emergency Management Strategy 2007 (CDEM) stipulates that an 'all hazards, all risks, multi-agency, integrated and community focused approach' is central to emergency management in New Zealand.

Waikato District Health Board

1.7 Framework of plans / integration with other plans (Figure 2)

National CDEM Plan + Guide (2015)

National Health Emergency Plan + supporting sub-plans

Regional health emergency plans

District health boards' plans

Hospitals | Primary care | Public health | Community providers | Ambulance services

New Zealand Influenza Pandemic Plan

Waikato District Health Board
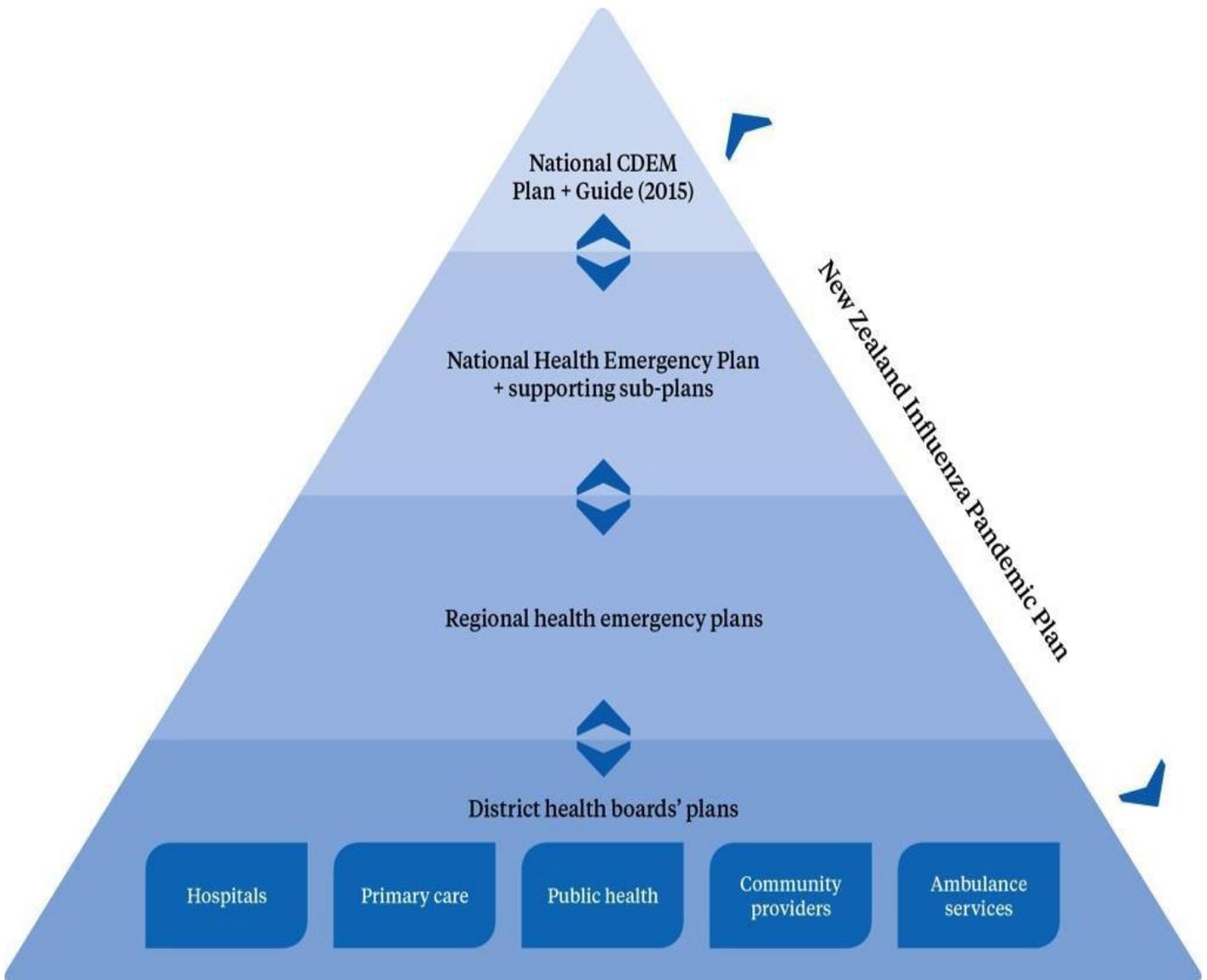
a) The fit between Waikato DHB, National Health Planning, other organisations and agencies is illustrated below: **Figure 3**
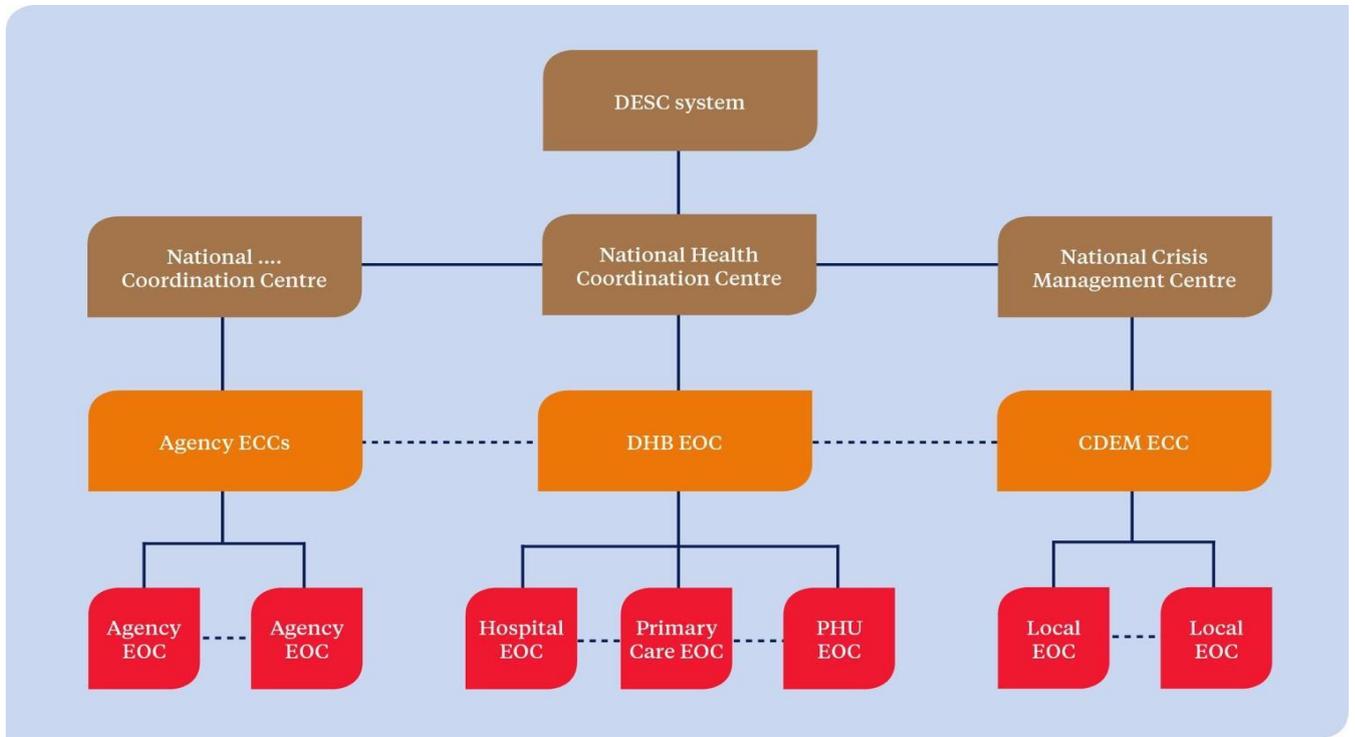
b) The fit between national, regional and local Civil Defence and Ministry of Health planning is Illustrated in **Figure 4 Hierarchy of Health Emergency Planning:**
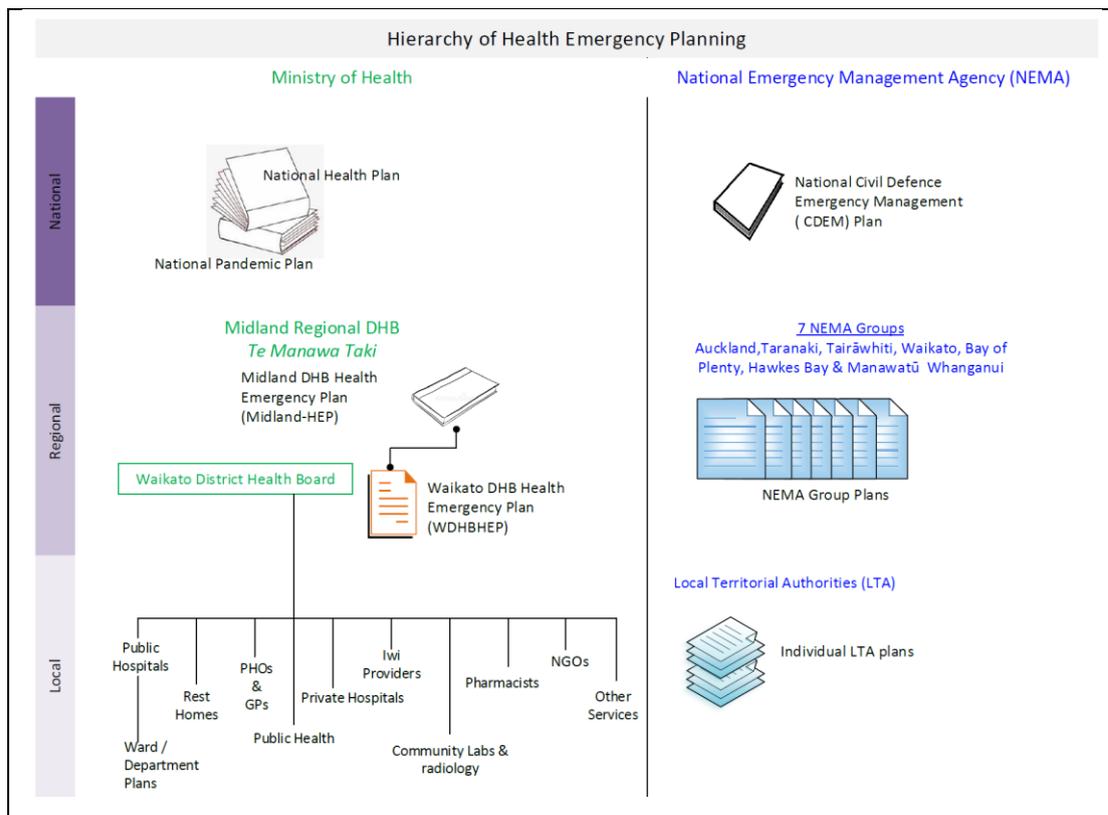
c) The National Health Emergency Plan requires DHBs to work in regional clusters

for the purposes of coordinating the response to a national or regional health emergency. Te Manawa Taki maintains a regional HEP. The relationship between Waikato DHB and regional/national health emergency planning is illustrated in the chart below, as well as in section **1.9**.

Provides planning support and advice, and liaises with, district-wide health providers as follows	W A I K A T O D H B E M	Represents district wide health providers on the following emergency management groups

Provides planning support and advice, and liaises with, district-wide health providers as follows

• provides 24/7 on call coverage of executive director, hospital manager and emergency management team
• develops exercises plans and facilitates exercises
• provides planning templates and advice
• provides support advice in major incidents

• establishes, tests and maintains DHB HEPs

• facilitates event debriefs and post-incident reviews

• provides documented reports and follows up on actions
• assists with Provider Arm HEPs. Provides exercises to test these plans

Represents district wide health providers on the following emergency management groups

NAME	WHAT
CEG	Readiness and Response sub group
ESCC	Emergency Services Coordinating Committees
HSTLC	HazSub Technical Liaison Committee
EMG	Emergency Management Groups (Local Authorities)
LLUG	Life Line Utilities Group
WCG	Welfare Coordination Group

Liaises with other DHBs and represents Waikato DHB in national activities as appropriate

• represents the DHB on the Midland DHB EM group
• represents Waikato DHB at national meetings
• involved with MOH-led national EM projects as able/appropriate
• Represents DHB / attends special interest meetings as required (e.g. Volcanic Plateau).
• Represents Lakes DHB on the Waikato WCG and is represented by Mid Central DHBs on their WCG (Taumarunui Hospital / Ruapehu DC).

Who is Waikato DHB's Emergency Management Team?

• the Business Continuity and Emergency Planning Office sits within the Integrated Operations Directorate (IOC)
• is currently staffed by 2 full time officers that are supported by other IOC staff including a Project Manager and administrative assistance
• is further assisted by other staff members, which includes the Director of the IOC, to enable a 24/7 response capability

1.8   National context

The Civil Defence and Emergency Management Act 2002 designates District Health Boards as emergency services which are required to be active members of their regional Civil Defence and Emergency Management Groups. The Act designates responsibility for the provision of health care services in an emergency, as well as the restoration of the health status of a community to health. The Act also requires DHBs to actively engage with other response agencies in planning and exercise activities.

1.9   New Zealand health and disability emergency / coordinated incident management systems structure (Figure 5)
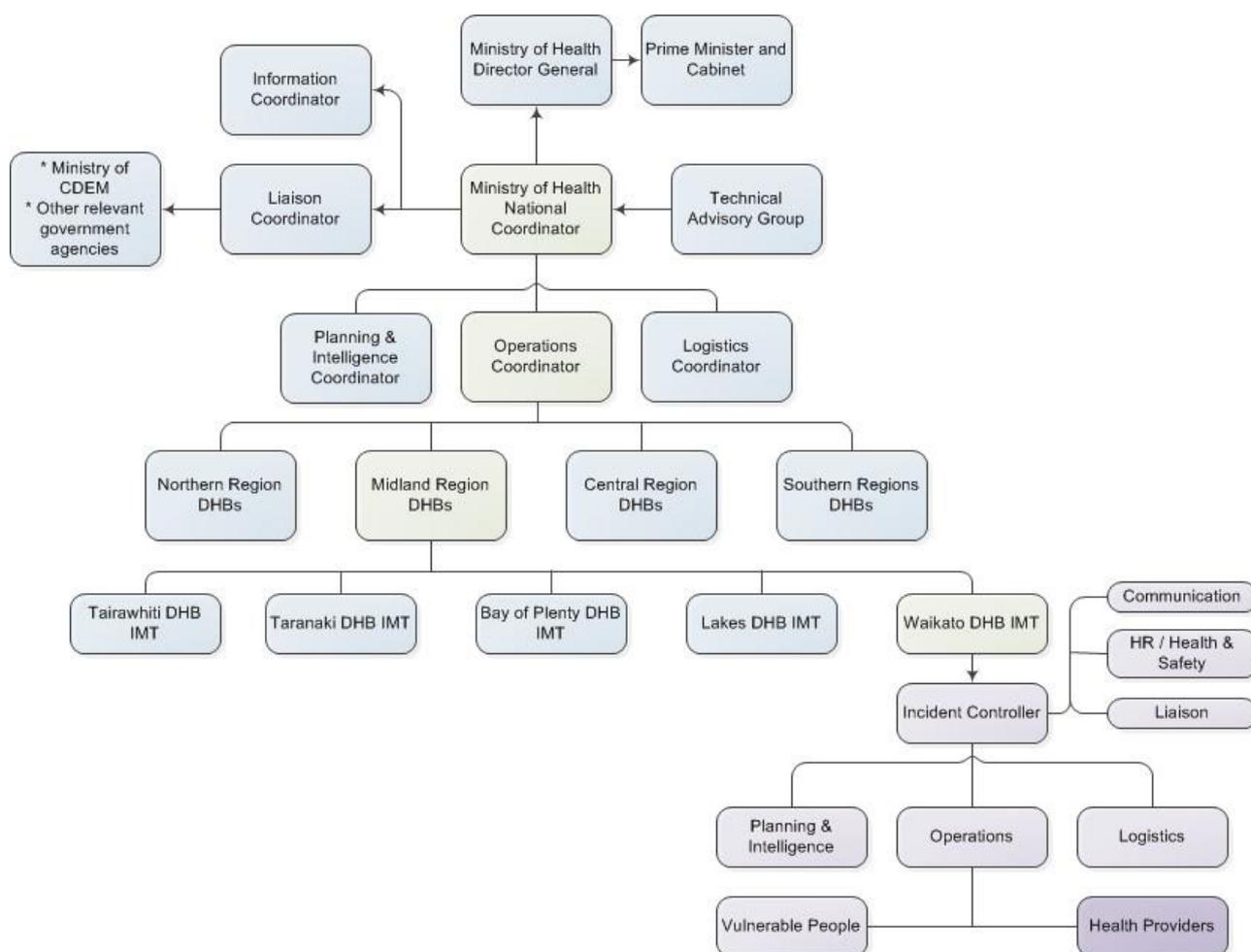
1.10 Health provider roles, responsibilities and coordination arrangements in planning and response

Details of health provider roles and responsibilities are outlined in Appendix 4. Coordination arrangements are outlined in Part 4 Readiness.

PART 2: RISK PROFILE

2.1   Context

This section focuses on the natural and technological hazards and risks that are considered significant to the whole or major parts of the Waikato region. Only those hazards that require the Waikato DHB to design an integrated strategy and operational arrangements for addressing them are addressed in this plan.

There are a large number of natural and technological[2] hazards facing the region. Its geographic size, 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 toward 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 Waikato DHB is further challenged by its boundaries being different to those of Waikato Regional Council and the other emergency organisations providing services to the Waikato region.

2.2   Regional hazards

The Waikato DHB must plan for all natural and technological hazards that have the potential to endanger the health status of the community, and have the potential to extend beyond the ability of individual providers to cope with, or may require a significant and coordinated response. The hazards that have been identified for the Waikato region are listed in the table in the Waikato Civil Defence Emergency Management Group Plan as shown in Appendix 3.

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[2] 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

Waikato District Health Board

PART 3: REDUCTION

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

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

3.1   Identifying and analysing hazards

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

3.2   Hazard prioritisation

Prioritisation of regional hazards has taken place as part of the integrated CDEM planning. As one of the larger DHBs in New Zealand, with diverse geographical features, a unique feature of the district is that hazards are prioritised differently than other areas. The hazards/risks that all parts of the region have identified in common are:

- animal epidemic
- earthquake / volcanic eruption
- tsunami
- rural fire
- human pandemic e.g. COVID-19
- major transport accident
- river/stream flooding
- severe storm/storm surge/serious weather event (e.g. 'weather bomb')
- health providers have also identified infrastructure/utility failure as a major risk e.g. 2021 cyber-attack and subsequent computer and telecommunication outages

Likely impacts and issues could include:

- casualties
- public health issues (water quality, epidemic, etc.)
- building failure
- failure of electricity, gas, water, sewerage and telephone services
- running out of critical supplies
- public panic
- social impacts
- transportation issues (need for/lack of resources)
- transportation networks fail/are closed
- mental health issues
- isolation of patients/clients and staff
- usual providers (e.g. pharmacy and GPs) close down.

Waikato District Health Board

3.3. Key partners involved in emergency planning to assist in reducing the risks

3.3.1 Health provider stakeholders

Waikato DHB has a health provider emergency planning stakeholder group. This group provides a forum for emergency planning education, advice and discussion to share resources and ideas and exercise plans. The group meets six monthly or as required and are also invited to provide feedback on this Plan. The organisation maintains an e-mail contact list of health providers within the Waikato in order to forward emergency planning information and Ministry of Health emergency alerts in the event of an incident.

The development, maintenance and exercising of plans ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered to the highest level possible and prioritised during health or civil defence emergencies.

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

3.3.2 Public Health Service

The Public Health Service provides services for Waikato DHB. The Medical Officers of Health operate and lead Public Health emergency management planning within the service. Waikato DHB Emergency Management assists services to align and plan consistently across the organisation.

3.3.3 Te Manawa Taki Health Emergency Management Group

The five DHB Emergency managers/coordinators within the Midland Region, (Bay of Plenty, Lakes, Tairawhiti, Taranaki and Waikato), along with a representative from Public Health, St John Ambulance and the Midland Regional Emergency Management Advisor from the MOH, meet on a monthly basis. This group is working towards a consistent approach towards emergency planning, coordination, cooperation and communication across the region. If required or there is an emergency alert or event requiring regional or single DHB support this group can alert and provide advice to the designated Incident Controller.

3.3.4 Waikato Region Civil Defence Coordinating Executive Group (CEG)

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

3.3.5 Primary Care Organisations (PCO)

PCO's operate within Waikato DHB. PCO's are represented on the Waikato Health Provider Emergency Planning stakeholder group. Work with PCO managers is ongoing to strengthen communications, assist primary care services to develop and exercise their emergency plans. The organisation has Strategy, Investment & Transformation portfolio managers who have contact numbers / email for the PCO's who provide a conduit for passing messages to general practices within their organisation during an emergency. If the emergency requires maternity providers to act, an emergency text can be sent out via the NZCOM e-mail network. This would be an invaluable workforce to keep a service going in the community in a coordinated fashion. Refer to Director of Midwifery.

3.3.6 CDEM Welfare Coordination Group (WCG)

Waikato DHB have a representative on the Waikato Welfare Coordination Group as well as local CDEM welfare groups in order to ensure that health issues are considered in all aspects of planning and response. Waikato DHB Services e.g. Public Health Service provides advice and information to Welfare Managers regarding public health for planning and implementation of welfare services for evacuees.

Other Waikato DHB Services e.g Mental Health & Addictions, Strategy, Investment & Transformation, and Public Health provides advice and coordination of agencies providing psycho-social support.

3.3.7 Waikato DHB risk management planning process

The Waikato DHB Risk Management Planning process is used to identify the risks to the organisation and to assist to develop the various emergency response plans. See appendix 16 (page 103).

PART 4: READINESS

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

4.1   Development of plans

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

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

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

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

4.2   Plan duration and amendments

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

4.3   Plan maintenance

The Waikato DHB Business Continuity and Emergency Planning Officers will maintain the plan. They will:

- ensure that the Plan conforms to requirements set out by the Ministry of Health
- oversee the development, implementation, and maintenance of the Plan.
- communicate regularly with Waikato health service provider organisations.
- liaise with the Ministry of Health, other DHBs, Emergency Services and Civil Defence organisations.
- coordinate monitoring and evaluation activities.
- maintain the web-based aspect of the Plan.

4.4   Plan monitoring, exercises and review

Health emergency planning sits in the Integrated Operations Centre (IOC) directorate. Monitoring and evaluation will take place as follows:

- the plan or aspects of the plan will be tested by real events or a table-top exercise annually. Following the completion of each event or exercise an evaluation will be undertaken and areas identified requiring improvements will be acted on.

- Waikato DHB will take part in multi-agency exercises when the opportunity arises.
- a self-assessment against the Operational Policy Framework will be carried out by the Business Continuity and Emergency Planning Officers and the Midland Regional Emergency Management Advisor for the Ministry of Health.
- the Business Continuity and Emergency Planning Officers will provide the opportunity for health providers to test their emergency plans on an annual basis through stakeholder meetings or workshops.

4.5   Staff training and education

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

Waikato DHB provides:
- information to new Waikato DHB staff relating to emergency planning and response procedures as part of the orientation programme.
- Coordinated Incident Management System Level 4 (CIMS4) or CDEM Intermediate level training for key staff who will make up the incident management team in order to respond to any emergency event.
- in-house CIMS training updates and the opportunity to take part in multi-agency table top exercises.
- in-house emergency management information system (EMIS) training and updates.
- support for Incident Controllers and function managers to attend CDEM specific CIMS role training.
- support for staff to receive emergency management training where appropriate.

4.6   Key considerations in planning

4.6.1 Vulnerable communities

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

Māori
The Waikato DHB IMT will engage with the wider Māori community within the Waikato DHB. During an emergency event, resources would be coordinated through the DHB Te Puna Oranga (MEHI Directorate) to ensure that appropriate messages and feedback are provided for all Māori stakeholders and appropriate communication links are maintained. Appendix 7 outlines the communication tree for contracted providers and Māori stakeholders.

Pacific
The Waikato DHB IMT will liaise with health-related roles and assist to coordinate resources of relevant non-government, volunteer, Pacific organisations, and will act as a link to these organisations for emergency response activities affecting their services.

Children
In an emergency, children may not be with their primary carer. Large numbers may be in early childhood care centres, schools or other education facilities and therefore may have particular vulnerability. Waikato DHB will consider communication with these facilities/carers via Ministry of Education.

Other ethnic communities where English is a second language
The Waikato DHB IMT will liaise with representatives in health-related roles and assist to coordinate resources.

Remote isolated communities
Health services who operate within these communities are required to have emergency plans for all hazards. During an emergency event the established contacts will be used to assess needs and maintain communication links.

The aged and/or infirmed
The Waikato DHB maintains (via Strategy, Investment & Transformation portfolio managers) a list of aged care facilities within the region and has assisted them with resources and emergency planning workshops, to develop and test their emergency plans.

Contracted health providers are also included on the health provider emergency planning stakeholder lists. The Waikato DHB maintains district nursing service that will assist in providing information relating to clients within the region who may have specific needs. Such clients are encouraged to develop their personal emergency plans in accordance with "Disaster Preparedness for People with Disabilities" resource developed by Waikato DHB and Waikato CDEM Group.

People with disabilities
Providers of disability support services within the Waikato DHB are included in the health provider emergency planning stakeholder group and are being assisted to develop their emergency plans. The services are encouraged to work with their clients to assist them to develop their personal emergency plans in accordance with the "Disaster Preparedness for People with Disabilities" resource developed by the Waikato DHB and Waikato CDEM Group. http://www.waikatodhb.health.nz/assets/public-health-advice/public-health-topics/emergency-management/Disabilities-and-disaster-preparedness.pdf

4.6.2 Human resources
The Human Resources Services of the Waikato DHB has a department emergency response plan (DERP) that outlines how they will manage staff capacity issues and staff health and safety during emergency events. Departments are also responsible for maintaining their DERP which outlines how they will communicate with staff during an emergency, including methods of staff call back, essential services and essential resources required in order to maintain a service.

4.6.3 Volunteers
The Waikato DHB has a number of volunteers, who provide assistance at Hospital sites. There is potential for these volunteers to be utilised during an emergency. The CIMS Operation function will monitor and consider use of Volunteers.

4.6.4 Visitors and dependents
Provision for visitors and dependents are considered in Hospital Health Emergency Plans. Waikato DHB will liaise with local welfare agencies to assist with the young, elderly or disabled being effectively orphaned or isolated because of hospitalisation or death of their caregiver.

4.6.5 Public information management
Resources and training for the Waikato DHB communications team to assist with the provision of timely, accurate and clear information to those who need it during an emergency includes:

- a communications job card with information and processes specific to the emergency response. This includes methods of disseminating national messages to local populations and reinforcing local messages for local populations. The job card is located in the EOC and in the emergency plan.
- communications staff are encouraged to attend CDEM public information management training.
- communications staff are encouraged to build relationships with local, regional and national public information managers.

4.6.6 Tele-triage

Waikato DHB has resources in place to enable the activation of a 0800 number to provide the public with health information and advice should this be required during an emergency. In addition to this Public Health has the ability to provide up to date information on the Waikato DHB website for both health professionals and the public.

4.6.7 Agreements with external health providers to increase surge capacity

Waikato DHB has signed a memorandum of understanding (MOU) document with Braemar and Southern Cross Hospitals.

The Public Health Service is responsible for emergency planning within the unit and supports alongside the Provider Arm, the Quarantine Activation Plan as part of the Waikato DHB border control.

4.6.8 Flu clinic / community based assessment centre

Waikato DHB will work closely with primary care to manage flu/pandemic outbreaks. Primary care plans are in place for such an event.

4.6.9 Single point of contact system

The single point contact system is the method used to provide 24/7 communication between DHBs, their public health units and the MoH. The system is based on a group e-mail that the MoH uses to send messages to a single contact e-mail address within each of the 20 DHBs.

The Waikato DHB address is: dutymanager@waikatodhb.health.nz. E-mails received by this address are cascaded to Emergency Management Response Teams.

The email also generates a text message to the duty nurse manager's cell phones to ensure duty managers away from their computers receive the information as soon as possible.

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

The Te Manawa Taki Emergency Management Group and DHB emergency management are responsible for sending text messages to the group to alert them of a single point of contact message. If appropriate, the relevant DHB will set up a teleconference for the group to discuss response, possible resources and if assistance is required.

4.6.10 Emergency ambulance communication centre (EACC) external notifications procedure

The St John national emergency management team have also set up a single point contact system with the 20 DHBs, in the form of an electronic paging/text notification to provide notification of a major incident. The Waikato DHB single point contact message goes to the duty nurse managers, WH Emergency Department Emergency Physician In Charge and Emergency Management. This system is tested on a monthly basis by St John.

4.6.11 National reserve supplies

The DHB has access to the national reserve supplies of specialist emergency equipment. Release will need to be authorised by Ministry of Health Logistics.

4.6.12 Infant feeding during emergencies

During an emergency, the use of breast 22milk substitutes (infant formula) to feed infants (0-12 months) can become a critical issue.

Breastfeeding in an emergency remains the safest and the best option for infant feeding, and should be continued where possible. The Ministry of Health recommends exclusive breastfeeding until around six months of age and continuing to breastfeed while introducing complementary foods (solids) until infants are at least one year of age, or beyond.

Further advice on infant feeding is available on the Ministry of Health website (www.health.govt.nz). DHBs need to be prepared to offer advice and guidance to other agencies about appropriate measures for all infant feeding at the time of an emergency.
While DHBs will provide infant formula for those in their care who require it, it is not the role of DHBs to provide infant formula or feeding equipment for the community in an emergency or otherwise.

The role of providing infant formula, if it is required by the community in an emergency, will be performed by local civil defence responders. This role includes sourcing and distributing infant formula, water and the associated feeding equipment.

Donations should be discouraged or declined. However, should unsolicited donations of infant formula be made (to any of the CDEM agencies), it is expected that individual DHBs will act as the single designated health agency to manage those donations to ensure the appropriate use of infant formula. Refer to flow chart for managing infant formula in Appendix 15.

4.7   Development of risk specific plans and operating procedures

4.7.1 Mass casualty plan (surge capacity)

Mass Casualty Incident Response Plans are in place e.g. Waikato Hospital Emergency Departments mass casualty response plan.

4.7.2 Waikato DHB pandemic infectious diseases outbreak response plan

This plan is located in the COVID-19 DHB files database.

4.7.3 Operating procedures for specific events

Operating procedures for specific events such as earthquake, fire, cardiac arrest and hazardous substance spill are available on flip charts throughout the organisation. If and when there are changes to specific parts of services, business continuity plans are reviewed during and following events. Learnings from events and debrief processes are captured and used to update these plans. Some examples of events that provided learning opportunities include but are not limited to: COVID-19 pandemic, Whakaari / White Island Volcanic eruption in 2019, the 2021 DHB wide Information Services cyber-attack. These plans are usually held by Services, in a Service- specific database however, following the aforementioned cyber-attack, plans are also held in hard copy and in cloud storage.

PART 5: RESPONSE

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

5.1   Activation trigger for the Health Emergency Plan

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

All providers can activate their HEP in these circumstances. DHBs can activate both local and regional HEPs and the MoH can activate the NHEP. The MoH can also require DHBs to activate their local and regional plans once the NHEP has been activated.

5.1.1 Criteria for activation of the Waikato DHB HEP

The Plan will be activated when:

a) There is a serious threat to the health status of the community, such as:
   - expected influenza epidemic/ pandemic
   - predicted volcanic ash fall
   - major flooding
   - other

Notification of these threats will most likely be via either Emergency Services, our Community, MoH or CDEM agencies

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

c) There is the loss of services which prevent healthcare facilities from continuing to care for patients such as:
   - extended loss of electricity
   - loss of water supply
   - industrial action
   - major weather event causing casualties or disrupting provision of health services
   - technological failure (malicious or otherwise, e.g. 2021 cyber-attack, UPS failure)
   - other

Notification of these events will most likely be from either the incident controller of the health service provider or emergency services.

5.1.2 Procedures for activation of the Waikato DHB HEP

The initial alert for health incidents can be signalled through to the Waikato Hospital Duty Nurse Managers (single point of contact), the GP or PCO liaison manager, Public Health or other.

The initial alert for a public health incident may be signalled through the on-call health protection officer or the on-call Medical Officer of Health.

The Duty Nurse Manager is instructed to;

1. notify the Hospital Manager or Executive Director on call.
2. take control until the manager / director takes over.
3. begin the incident log.
4. begin the communication process.
5. Executive Director authorises the activation of the HEP.

EOC activation

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┌─────────────────────────────────────────┐
│ Duty manager acts as incident           │
│ controller until Executive Director /   │
│ Hospital Manager assumes the role, or   │
│ delegate's control.                     │
└─────────────────────────────────────────┘
```

Executive Director authorises activation of the plan.	Arrange for activation of an EOC.
	Incident Controller appoints incident management team (as required for type of event): • Operations • Logistics • Planning and Intelligence • Communications • HR / health and safety, Risk • Clinical Advisor / DON • Liaison - Emergency Management CD / Services • Recovery manager
Executive Director becomes or appoints Incident Controller.	Carry out tasks on duty cards to respond to the incident.

5.1.3 Alternative location for the DHB EOC

Should the above EOC's be inaccessible, the duplicate emergency management documentation held in the Waikato Hospital Operations Centre will enable set up of an EOC in an alternate location. In selecting such a location due consideration should be given to the nature, size and severity of the event.

DHB EOC's

Primary: Waiora Building, level 1, Waikato Hospital

Secondary: Waiora CBD, 99 Alexandra Street, Hamilton

Access: Access to EOC will be strictly controlled.

5.2 Waikato DHB response structure

Refer to appendix 5 and 6 for further detail on planning, structure & roles
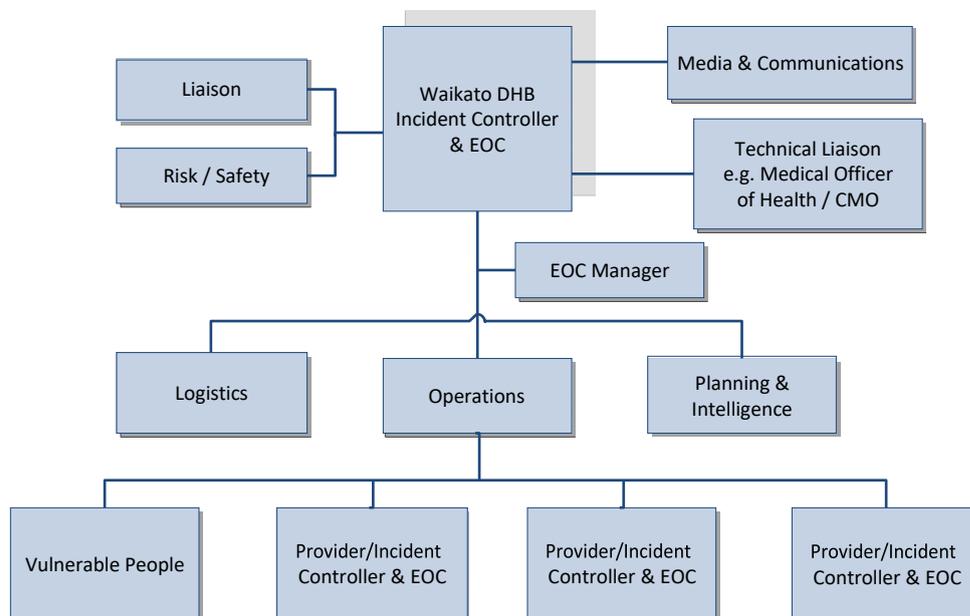
5.3 Ministry of Health communication processes

The Ministry of Health has developed alert codes which provides a system of communication, in an emergency that is easily recognised within the sector. These alert codes are issued via the Single Point of Contact system (Duty Nurse Manager Waikato Hospital for 24/7 cover).

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

Alert Level	Measures
Code White (Information phase)	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity.
Code Yellow (Standby phase)	Warning of imminent code red alert that will require immediate activation of health emergency plans. Example: imported case of a new and highly infectious disease in New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected DHBs.
Code Red (Activation stage)	A major emergency that requires immediate activation of health emergency plans exists or is declared. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from unaffected DHBs.
Code Green **(Stand down phase)**	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.

5.4   Waikato DHB communication processes

International / National / Regional / Local emergency

Waikato Hospital duty nurse manager

Public Health

- Waikato DHB ELT
- Emergency Management
- Te Kuiti
- Taumarunui
- Rural / Community
- Tokoroa
- Matariki
- Rhoda Read
- Thames
- Te Puna Oranga
- Mental Health
- Infection Control team
- HR & Health & Safety
- IOC, Pt Flow
- Laboratory / Radiology
- ED seniors (all HW hospitals)
- Property & Infrastructure
- Pharmacy

All to ensure team communications are in place for further dissemination of information.

PH communications plan to ensure information forwarded to the following (as appropriate):

- MoH
- PH staff
- Primary providers (GPs/ pharmacies/A&M Services)
- Private labs
- Emergency Management Service
- Airport nurses (when relevant)
- Other PH services
- Other MOH
- Education and child care providers
- Midwives as per NZCOM e-mail network.

Incident Controller ensures information forwarded to the following as appropriate via Media & Comms:

- Media & Communications
- Strategy and Funding
- St John
- Hamilton Airport
- Rural Institute of Health
- Other DHBs
- Non-Health Waikato Health providers (e.g. rest homes, private hospitals, iwi providers, etc.)
- Police
- District councils
- Regional council (Civil Defence Group Controller)
- Other external services, as required.

5.5   Roles and responsibilities by alert codes

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

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

At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Table 5.8 below summarises the key roles and responsibilities at the local, regional, and national level during each alert code.

5.6   Health sector emergency communication structure

The formal communication structure used by key health agencies to ensure critical information is captured and acted on swiftly and effectively is based on the Coordinated Incident Management System (CIMS). CIMS includes mechanisms to develop and disseminate critical information both within the health sector and to other organizations that may involved in the response.

- Depending on the event, the Waikato DHB Emergency Operations Centre (EOC) is tasked to coordinate the response across the region. DHB hospitals may establish and operate a local EOC, with the capacity to coordinate events within its area. Local emergency services and EOC representatives will provide key sources of advice and liaison for a health response.

- A Waikato DHB Incident Controller (IC) will be appointed, The IC will provide Waikato DHB health coordination during a regionally or nationally significant emergency.

- In a regionally or nationally significant emergency a Waikato DHB representative will be appointed to the local or regional CDEM emergency operations centres. A duty card for this role is attached in Appendix 6 CDEM Health Liaison.

- Section 5.2 shows the Waikato DHB incident response structure. Job cards for the various CIMS functions can be found in Appendix 6.

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

5.7 Key roles and responsibilities at the regional and local level

Phase/ alert code	Regional responsibilities	Local responsibilities (DHB)
	• coordinates the regional health response • liaises between the MoH, DHB groupings and other agencies' regional emergency structures • coordinates intelligence-gathering and tasking in the region.	• coordinates and manages the health sector response in its particular areas • liaises with other agencies at the local level and within the region • provides the region and the MoH with required information
Information (code white)	• not activated in code white	• monitors situation and obtains intelligence reports and advice from the Ministry • advises all relevant staff, services and service providers of the event and developing intelligence • liaises with MoH regarding media statements • assists development for local and regional HEPs • prepares to activate emergency plans • liaises with other emergency management agencies within the region
Standby (code yellow)	• not activated in code yellow **NB** In some circumstances a single regional coordination team may be activated without the national plan moving to the red phase. This may occur when a health related emergency is localised and likely to remain so or when the MoH considers activation of the NHEP is not currently required	• prepares to activate DHB emergency operations centre • identifies the need for and appoints a IMT • prepares to activate regional coordination • advises and prepares all staff, services and service providers • manages liaison with local agencies • monitors local situation and liaises with the MoH • prepares to assist primary care response to flu clinics and triage as necessary **NB** in certain types of emergencies (such as pandemic) public health units may fully deploy whilst clinical services remain on standby to provide assistance if required, and mount a clinical response
Activation (code red)	• activates regional incident management structure and identifies a regional coordinator • coordinates the regional health response • communicates with the MoH, regional DHBs and other agencies' regional emergency structures • coordinates regional intelligence gathering	• activates DHB EOC • activates DHB IMT • activates DHB primary, secondary and public health service response • liaises with other agencies at a district level • prepares to assist primary care response to flu clinics and triage as necessary • provides regional coordination centre with DHB/community health intelligence
Stand-down (code green)	• stands down regional coordination • participates in debrief • updates plans	• stands down DHB EOC • stands down IMT • focuses activities on health recovery issues in the DHB region • facilitates debriefs • provides management and MoH with information following debriefs • updates plans

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5.8   National Health Coordination Centre (NHCC)

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

5.9   Alternative communication
Alternative communication in the event of internet/computer failure includes;
- paper based templates, which is kept in cache in the EOC
- fax machine, which is linked to generator power.
- base unit satellite phones have been installed at both Waikato Hospital and Public Health Unit (CBD).
- portable satellite phones are also available at the above locations with sat-phone directory pre-installed

5.10   Public information management

The DHB communications team will coordinate significant information releases approved by the incident controller and coordinated with the Ministry of Health. Media releases are to be forwarded to the MoH preferable before but always after the release.

Medical officers of health under their special powers may also issue media statements in an emergency. It is expected that the medical officers will liaise with the MoH and DHBs prior to releasing media statements.

5.11   Websites

In an emergency the following websites may have specific information:
- Waikato DHB, http://www.waikatodhb.health.nz
- Ministry of Health, http://www.moh.govt.nz
- Ministry of Civil Defence, http://www.civildefence.govt.nz
- Waikato Regional Council, http://www.waikatoregion.govt.nz/Services/Regional-services/ Regional-hazards-and-emergency-management/Civil-Defence-and-Emergency- Management/
- Metrological Service, http://www.metservice.com/warnings/severe-weather-warnings
- New Zealand Transport Agency, https://www.nzta.govt.nz/traffic-and-travel-information
- GEO net (Tsunami Earthquake information) http://info.geonet.org.nz/display/home/Latest+

5.12   Primary care management

PCOs are invited to have a representative in the Operations team or on the Technical Advisory Group which advises the Incident management team, to ensure that primary care are represented and supported to enable them to continue to provide their services during the response phase of any emergency event.

Representatives assist in monitoring the situation and disseminating information to and from the EOC to their respective practices.

5.13 Communicating with local emergency agencies

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

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

During a health led incident the DHB EOC should consider accommodating CDEM liaison and liaisons from other agencies, as appropriate.

5.14 Health and safety of employees

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

- physical health.
- mental health.
- social wellbeing.
- maintaining a safe environment.

The Health and Safety role, within the IMT, will ensure that all reasonable, practicable steps are taken to ensure that staff and volunteers are safe in carrying out their duties, as outlined in the Health & Safety in Employment Act 2015. This includes, but is not limited to, ensuring the employees and other people, where appropriate have access to;

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

In order to reduce fatigue, response staff and health workers shifts should be limited to 12 hours and staff should be rotated between high, medium and low-stress areas. Sufficient relief teams should also be provided.

5.15 Planning for recovery

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

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Psychosocial recovery

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

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

Waikato DHB representatives from the Strategy and Funding, Mental Health and Public Health services will work with CDEM Group Welfare Manager to develop a plan for the coordination of the delivery of psychosocial support services within the region.

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

The MoH will provide strategic advice and guidance to the Government, CDEM agencies and Health and Disability sector through the directorate Mental Health and Addictions, and Public Health Serices. The MoH will represent the Health and Disability sector on the National Welfare Coordinating Group.

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

5.16 Standing down the HEP

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

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

When the MoH is satisfied, it will issue a code green alert to signify the end of the response.

PART 6: RECOVERY

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

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

- minimising the escalation of the consequences of the disaster.
- rehabilitating the emotional, social and physical wellbeing of individuals within communities.
- taking opportunities to adapt to meet the physical, environmental, economic and psychosocial future needs.
- reducing future exposure to hazards and their associated risks.
- coordination of the key activities between the main stakeholders.

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

- the immediate health needs of those affected have been met.
- systems have been established or re-established to assist individual and community self-sufficiency.
- essential services have been restored to minimum operating levels.

See Appendix 14 for recovery action plan template.

6.1   Recovery arrangements
Recovery activities will incorporate (as required):

- overseeing the physical reconstruction of facilities.
- reviewing key priorities for service provision and restoration.
- financial implications, remuneration, and commissioning agreements.
- staffing and resources to address the new environment.
- socio-economic effect of the incident on staff and the health providers.
- VIP visits.
- the DHB's role in funerals, memorials and anniversaries.
- staffing levels, welfare and resilience.
- ongoing need for assistance from other DHBs or other agencies.
- equipment and re-stocking of supplies.
- liaising with and supporting external health providers.

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

- mid to long term community support and medical services
- long term case management
- long term public health issues

6.2   Recovery Manager

The Waikato DHB CEO will appoint a Waikato DHB recovery manager and/or a health recovery liaison officer. A duty card for recovery manager is attached in Appendix 6.

Recovery activities will be physically implemented at a local level, while the Waikato DHB Recovery Manager will affect the coordination of region wide and external resources to meet the local need.

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

6.3 Evaluation of the emergency response

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

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

Debriefing is a quality improvement activity that also provides an opportunity for the organisation to:

- thank its staff
- provide positive feedback
- improve performance and the ability to respond to a future event, rather than assign blame

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

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

Details of the organisational model can be found on the MCDEM website
http://www.civildefence.govt.nz

6.4   Types of debrief

6.4.1 The hot or immediate post-event debrief

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

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

The debrief should be attended by all key staff involved in key management of the incident and those who will assume responsibility for any ongoing management of any affected services.

At a minimum the hot debrief should include discussion on:

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

6.4.2 The 'cold' or internal organisational debrief

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

6.4.3 The multi-agency debrief

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

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

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

6.5   Reviews

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

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

Following review the plan is to be revised taking review findings into account.

New plans will then require testing and validating by exercise to ensure lessons learned have been effectively applied.

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Appendices

Appendix 1: Glossary of terms for the Waikato DHB Health Emergency Plan

Abbreviation	In Full
4Rs	Reduction, Readiness, Response, Recovery
Waikato DHB	Waikato District Health Board
CD	Civil Defence
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
DHB	District Health Board
EMC	Emergency Medical Centre
EMG	Emergency Management Group
EMOG	Emergency Management Operations Group
EOC	Emergency Operation Centre
ESCC	Emergency Services Coordinating Committee
GEOC	Group Emergency Operations Centre
GP	General Practitioner
HCC	Health Coordination Centre
HEP	Health Emergency Plan
IMT	Incident Management Team
IPA	Independent Practitioners Association
KPI	Key Performance Indicator
Local EOC	Local Emergency Operation Centre (District Level)
MAF	Ministry for Agriculture and Forestry
MAOP	Mutual Aid Operating Protocol
MCDEM	Ministry of Civil Defence and Emergency Management
MHEMG	Midland Health Emergency Management Group
MIRT	Major Incident Response Team
MOU	Memorandum of Understanding
NEMA	National Emergency Management Agency
PCO	Primary Care Organisation
Primary Health Services	Primary Health Services are those providing universally accessible first level contact with the health system
SOP	Standard Operating Procedure
TA	Territorial Authority (District Council)
TAG	Technical Advisory Group

Appendix 2: Definitions

Civil (Defence) emergency	The Civil Defence and Emergency Management Act 2002 defines an emergency as a situation that: • Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act. • Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand. • Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act. Note: An emergency service means the New Zealand Police, Fire and Emergency New Zealand, and District Health Boards.
Consequences	The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.
Emergency services coordination committee	A committee organised and managed by the Police, with representatives from CD group / council, and other emergency services. In a major incident this committee would coordinate local emergency services response.
Emergency operations centre	An established facility where the response to an incident may be supported and controlled.
Hazard	A source of potential harm or a situation with a potential to cause loss.
Health services emergency	Any event which: • presents an unexpected serious threat to the health status of the community • results in the presentation to a healthcare provider of more casualties or patients in number, type or degree than it is staffed or equipped to treat at that time • causes loss of services that prevent a healthcare facility from continuing to care for those patients it has Disastrous events having a significant impact on healthcare providers will not necessarily be declared a civil defence emergency.
Incident management team	The group of incident management personnel carrying out the functions of incident controller, operations manager, planning/intelligence manager and logistics manager.
Likelihood	Used as a qualitative description of probability or frequency.
Major incident	Any event which: • presents a serious threat to the health status of the community; or • results in the presentation to a healthcare provider of more casualties or patients in type, number or degree that they are staffed or equipped to treat at that time; or • leads to or represents the loss of services which prevent healthcare facilities from continuing to care for patients
Primary health services	Primary health services are those providing universally accessible first level contact with the health system.

Public health emergency	An unexpected adverse event that overwhelms the available public health resources or capabilities at a local or regional level. Public health emergencies may or may not be declared civil defence emergencies. A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956. Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies.
Risk	The chance of something happening that will have an impact upon service delivery. It is measured in terms of consequences and likelihood.
Service continuity plans	Back-up or contingency plans for unforeseen or unpreventable events, so that the service provided can be continued.

Appendix 3: Risk Table – Waikato Civil Defence Emergency Management Group Plan

Hazard	Risk assessment (BEFORE reduction)			Risk reduction focuses on...			Risk assessment (AFTER reduction)		
	Likelihood	Consequence	Risk	Hazard	Exposure	Vulnerability	Likelihood	Consequence	Risk
Drought	Possible	Nation	Very high			✓	Possible	Nation	Very high
Pandemic (animal)	Almost certain	Nation	Extreme	✓	✓	✓	Possible	Nation	Very high
Pandemic (human)	Almost certain	Nation	Extreme	✓	✓	✓	Possible	Region	Very high
Tsunami	Possible	Nation	Very high		✓	✓	Possible	Nation	Very high
Volcanic (ashfall only)	Likely	Region	Very high			✓	Likely	Region	Very high
Volcanic (caldera unrest only)	Likely	Region	Very high			✓	Likely	Region	Very high
Earthquake	Possible	Region	High			✓	Possible	Region	High
Infrastructure failure (lifeline)	Almost certain	Region	Extreme	✓	✓	✓	Possible	Region	High
Infrastructure failure (technological)	Almost certain	Nation	Extreme	✓	✓	✓	Possible	Region	High
Land instability (long-term deformation)	Almost certain	Community	High			✓	Almost certain	Community	High
Marine oil spill	Likely	Nation	Extreme	✓	✓	✓	Possible	Region	High
River flooding	Likely	Region	Very high		✓	✓	Possible	Region	High
Severe storm	Likely	Region	Very high		✓	✓	Likely	District	High
Volcanic (caldera eruption)	Rare	Nation	High			✓	Rare	Nation	High
Volcanic (eruption)	Likely	Region	Very high		✓	✓	Likely	District	High
Coastal (surge/flood/erosion)	Possible	District	High		✓	✓	Possible	Community	Moderate
Dam break	Possible	Region	High	✓		✓	Rare	Region	Moderate
Fire (structure)	Almost certain	Community	High	✓	✓	✓	Likely	Community	Moderate
Fire (vegetation)	Almost certain	District	Very high	✓	✓	✓	Likely	Community	Moderate
Hazardous substance incident	Almost certain	District	Very high	✓	✓	✓	Likely	Community	Moderate
Land stability (subsidence)	Likely	Community	Moderate	✓	✓		Likely	Community	Moderate
Land stability (landslide)	Possible	Community	Moderate			✓	Possible	Community	Moderate
Mass casualty incident (land/air/sea)	Likely	Community	Moderate	✓	✓	✓	Possible	Community	Moderate
Terrorism	Rare	Region	Moderate	✓	✓	✓	Rare	Region	Moderate
Geothermal ground activity	Likely	Individual	Low		✓		Likely	Individual	Low

FIGURE 2-5: WAIKATO CDEM GROUP RISKS

Important note: Within each broad category of risk (high, moderate, etc.) the risks are not listed in order of ranking or priority. Also, the likelihood of an event occurring is described as the probability of it occurring during a person's lifetime (with the average life expectancy currently 81 years).

Appendix 4   Key roles and responsibilities in an emergency

Service	Planning responsibilities
1. District Health Board	**The DHB will ensure that:** • The planning for and assessment of any major incident includes the impact on the health status of the community. • Following a major incident, a health needs assessment is conducted and appropriate services are provided in a coordinated manner to restore the health status of the affected population. • There is agreement on the contributions that providers within the Waikato DHB area of responsibility will make to the overall health services major incident response. • The health services responding to the incident have the necessary support and resources, including information and health advice, to enable them to meet the demands on their services. • There is health service input to a multi-agency strategic response. This will be achieved through Waikato DHB participation in the Coordinating Executive Group (CEG) of the Civil Defence and Emergency Management Group set up in its area, including Emergency Services Coordinating Committee and representatives on local CDEM operational committees. DHB service will Coordinate Psycho Social support delivery by support agencies • All health service providers responding to the emergency maintain a record of resources used in that emergency response in preparation for a reconciliation of accounts. • During a major incident DHB purchasing and supplies department & pharmacy will coordinate the delivery of essential medical supplies for the response to DHB services. • Ensure that new service agreements contain a commitment from providers for an emergency plan and resources in place to ensure they can respond in an emergency in an integrated and effective manner. • Ensure there are efficient systems for notifying staff or rapid recall of staff • Link available Health provider's information to the Civil Defence welfare response.
2. Public Health Services Public Health Services' role in an emergency is guided by Section 1.10 of the PH Handbook. The Waikato DHB Public Health Service will oversee those matters that impinge upon the health, health protection, disease prevention and statutory Public Health response to the Waikato population.	**The Public Health Service will:** • 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.

Service	Planning responsibilities
	• Establish, and regularly test, communications with regional GPs, Community Pharmacies and an Accident and Medical Services.
	• In liaison with the Media and Communications Coordinator, communicate with the community on all matters relating to public health. During a declared state of emergency all information, releases and distributions are to be approved by the appropriate Civil Defence Controller. This includes the preparation of press releases for distribution via or on behalf of the Emergency (Civil Defence) Controller.
	• Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
	The Public Health Service response will also, as required, address and/or advise on the following issues:
	• drinking water quality control and treatment
	• food safety and mass feeding facilities
	• control of sewage and other wastes, rodent control and the disposal of human as well as organic masses
	• shelter for evacuees and hygiene standards
	• control of infectious diseases
	• control and disposal of hazardous substances
	• radioactive hazards
	• in association with the Police, emergency disposal of the dead
	• ensure there are efficient processes for disseminating health warnings and messages

Service	Planning responsibilities
3. Secondary hospitals Hospitals operated by Waikato DHB will provide the facilities in which the majority of acute treatment for those affected by the incident is undertaken. They will also accommodate the majority of recuperative patients during their immediate post operation period. Precise functions of hospitals are detailed in their individual plans. **Note:** When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide. This will be coordinated by the Waikato DHB.	**Secondary hospitals will:** • Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services. • Plan for a graduated response, including the evacuation of patients. • Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency 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, including Tertiary Hospitals, 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 • Agree mutual aid agreements with other providers, such as private hospitals. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Provide for incident review and critical incident stress debriefing (CISD) of staff.
4. Mental Health Services Disastrous events cause psychological stress and may impair the mental health of both those immediately involved and the wider community. **Note:** Psychological support to the wider community is supplied through a diverse range of health and welfare agencies. Following a declared emergency the DHB has the responsibility to coordinate providers delivering psychosocial first aid.	**Mental Health Providers will:** • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Make provision for the psychological needs of those patients it has. • Provide for incident review and critical incident stress debriefing (CISD) of staff • Provide psychosocial information and coordination to health providers, agencies, NGOs, responders and the public

Service	Planning responsibilities
5. Disability Support Services (DSS) Note: These include services supporting both physically and intellectually disabled people.	**DSS will:** • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Work closely with contracted providers, social services departments, agencies and voluntary organisations, especially in relation to support needs, as well as social and psychological support. • Provide for incident review and critical incident stress debriefing (CISD) of its own staff.
6. Ambulance services The Ambulance Service will plan to retain the capacity to respond to other calls for assistance outside the disaster scene. The degree to which the routine function of the Ambulance Service is affected will depend upon the severity and type of event. In response to more severe events the Ambulance National Major Incident and Disaster Plan proposes extra resources being brought in from outside the region.	**Ambulance service will:** • Prior to an emergency, participate in an alternate communications network that links key health facilities and emergency management organisations. • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of vehicles, buildings or utility services. • Ensure the emergency plan is integrated with the DHB and the regional emergency services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources.
Note During a full scale disaster the need to prioritise the use of limited ambulance effort to best satisfy competing demands will probably preclude their use beyond the network of Medical Centres and Casualty Collection Points. It is therefore likely that private resources will transport some casualties.	• Support ETS exercises and participate in coordinated planning, training and response arrangements with complementary or neighbouring providers and emergency management organisations; • Maintain its own emergency plan, command structure and communications in order to liaise with the appropriate controller(s). • Provide for incident review and critical incident stress debriefing (CISD) of staff.
7. New Zealand Blood Service	The New Zealand Blood Service (NZBS) routinely supply blood and blood products to Waikato Hospitals. NZBS have in place emergency response plans to ensure continuity of supply blood and blood products if demand should suddenly increase. The hospitals have contact numbers for a 24 hour callout service.

Service	Planning responsibilities
8. Aged care	All healthcare providers contracted by the Waikato DHB and Ministry of Health are expected to develop emergency plans which identify: • **How** the provider as a whole will respond to a crisis at any of its facilities or services, **who** has the coordination role, **where** they will operate from, and, where relevant, **what** the role and responsibilities are of each department. • A facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified and persons who will fill those roles are identified. • Action cards, setting out the duties of those key people are prepared so a considered systematic response is assured no matter who is on site and filling that role when the crisis occurs. • How the service or facility can provide support to a community emergency. • Identifies risks and hazards. • Monitors staff awareness, outlines how training will be provided and ensures resources are available, including emergency supplies to enable them to respond. • How the facility will participate in coordinated planning and exercising of plans. • How they will communicate with the DHB or other emergency services if normal lines of communication are not available. • How they will maintain their business continuity plans.
9. Non-Governmental Organisations Note: These are non-Ministry/DHB funded organisations that provide health services to members of the community, such as Plunket, Red Cross, Cancer Society	Non-government organisations, under the Civil defence Emergency Act, are also required to have plans and resources in place to ensure that they can respond to an emergency in an integrated and effective manner.
10. Civil Defence Emergency management	If a Civil Defence Emergency is declared, overall management of such is the responsibility of the Group and/or Local Civil defence Organisations(s). The main role of Civil defence is to maintain contact with Waikato DHB through the appointed Regional and District Health Liaison Officers and to facilitate requests for resources, not available from Waikato DHB or other health sources, when advised or requested by the DHB Health Incident Controller via Health Liaison.

Service	Planning responsibilities

11. Primary and Community Services[2]
 	
Following a major incident some people may require primary health care or community health services immediately, in the long term, or both. Incidents, where the major response will lie with primary and community healthcare services include those where:
 	
• There are large numbers of people needing health care, advice or reassurance following exposure to a hazardous substance in the environment.
 	
• There are people needing health care, social and psychological support because they are indirectly affected by an incident in their community or because their relatives have been involved in an incident elsewhere.
 	
• Patients are transferred or discharged home early, in order to free up acute beds for the treatment of casualties injured in the incident.
 	
People are evacuated from their homes or workplaces, which are threatened by toxic hazards or flooding, to rest or evacuation centres set up by local authorities.
	Primary and Community Services will:
	
	• Develop and maintain service continuity plans, appropriate for their situation, to minimise disruption to services through the loss or impairment of buildings or utility services.
	• Identify risks and hazards.
	• Agree mutual aid agreements with like providers.
	• Ensure there is an efficient system for rapidly notifying staff or for staff recall.
	• Ensure there is access to essential emergency supplies.
	• 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. This includes Community Pharmacies, where possible, opening their premises and providing their normal dispensing and retail services to both their usual customers and the general public unable to reach their normal supplier.
	• Have planned to participate in a response to:
	a) Meet the need for care and advice to uninjured casualties or those with minor injuries.
	b) Meet changes in workload arising from any early discharge arrangements in hospitals to free up beds.
	c) Meet the health care needs of people at (evacuation) civil defence centres; this could include:
	  • replacing missing medication
	  • undertaking health screening
	  • the provision of information and advice to the public
	  • the provision of social and psychological support in conjunction with social services
	d) Plan to increase their ability to accept and treat casualties (GPs and Medical Centres).
	e) Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources.
	f) Participate in alternative communications networks that link principal health care facilities with CDEM and the DHB.
	g) Provide for incident review and critical incident stress debriefing (CISD) of staff.
	h) Report to funders on request about readiness and response to an emergency.

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[2] Includes GP Practices, medical centres/A&M Clinics, Community Pharmacies, and other healthcare services provided in the Community.

Service	Planning responsibilities
12. Community Medical Laboratories Medical Laboratories are expected to assist the health response through, where possible, continuing their normal diagnostic services.	**Community Medical Laboratories will**: • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. • Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event and provide for incident review and Critical incident Stress Debriefing (CISD) of staff.
13. Community Radiology Services Radiology Services are expected to assist the health response through, where possible, continuing their normal diagnostic services.	**Community Radiology Services will:** • Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training and readiness of resources. • Work closely with healthcare providers responding to the emergency to facilitate the treatment of those affected by the event. • Provide for incident review and critical incident stress debriefing (CISD) of staff.
14. Ministry of Health The Ministry is responsible for developing and maintaining the National Health Emergency Plan (NHEP) which is the umbrella plan incorporating specific plans, such as the NHEP https://www.health.govt.nz/our-work/emergency-management/national-health-emergency-plan https://www.health.govt.nz/publication/new-zealand-influenza-pandemic-plan-framework-action and the https://www.health.govt.nz/system/files/documents/publications/framework-psychosocial-support-emergencies-dec16-v2.pdf	**The Ministry of Health will, where appropriate:** • Establish and maintain clear communications processes with DHBs (including Public Health Services). MoH will use and maintain information on the Health Emergency Management Information System (EMIS) • In the event of a national health-related emergency, establish a national coordination team under a CIMS structure and identify a national coordinator. • Establish national coordination of media and public information. • Provide timely, accurate and up-to-date clinical advice and information. • Facilitate health assessments as part of border control. • Establish priority groups for vaccines and other medications and provide advice as to which medicines to use. • Establish systems for national procurement and management of supplies. • Following stand-down, initiate a review of actions and outcomes and update the national plan.

Service	Planning responsibilities
15. NGOs These may be non-Ministry of Health or DHB funded organisations that provide health services to the community.	**NGOs, Pacific Organisations and IWI Provider Organisations and others will:** • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services. • Ensure all obligations can be met and there is regular monitoring of staff awareness and training. • Ensure readiness of resources. • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support. • Provide for incident review and critical incident stress debriefing (CISD) of its own staff.

Appendix 5: Waikato DHB IMT structure examples

Technical Advisory Group
(MOoH, CMA and other relevant professional advisors
- Provide robust clinical advice to incident, including placement of clients, provision of clinical advice to services

Incident Controller
- Establish CIMS structure, ICP and form IMT
- Set objective / mission
- Develop Incident Action Plan (IAP)
- Co-ordinate PH services across the district
- Ensure robust, timely communication and liaison with Governance MOH, response groups (civil defence, emergency services, other DHB/health providers)

Liaison and CDEM Liaison Officer
- Keep IMT informed of pertinent liaison issues
- Provide link to DHB IC and agencies / CDEM Incident Control
- Record decisions, actions and other activities

Risk / H&S
Provide HR & H&S support to the IC
- Staff safety / PPE
- Registering, receiving and orientation
- Payroll

EOC Manager
Task : Ensure smooth running of EOC and provide administrative support

Communications Manager
- Ensure timely public information, including locations of services, public health messages, etc (in liaison with Waikato DHB, Ministry of Health and CDEM PIM/COMMS team

Operations Manager
Duties and responsibilities
- Obtain briefing from the IC
- Manage operational activities directly related to resolving the incident
- Implement and monitor IAP
- Identify resources
- Participate in planning meetings
- Maintain current status of services
Possible Ops Team reps may be from :
- HPOs/Health promoters
- Waikato DHB services
- Aged Care
- DSL
- MoH funded providers
- St John
- Vulnerable people (Welfare)
- Psycho social co-ordination

Planning and Intel Manager
Duties and responsibilities
- Obtain briefing from the IC
- Identify issues, priorities and courses of action
- Establish aims and objectives for P/I
- Development and dissemination of the IAP
- Conduct planning meetings and analyse incident data
- Prepare information summaries for IC
- Estimate future service and support requirements
- Admin support

Logistics Manager
Duties and responsibilities
- Obtain briefing from the IC
- Attend planning meetings
- Provision of supplies, facilities, comms equipment, medical services, catering, financial services, other resources
- Track costs and offer financial advise
- Co-ordination of transport, supplies (food) and pharmaceuticals across the district
- Advise Ops of resources available

Waikato DHB Incident Management Structure

| Civil Defence Emergency Services | ← | Liaison | | **Incident Controller** (Admin support) | | Communications (External / Internal Communication and Liaison with National Communications) | → | Staff Public Media |

Incident Controller (Admin support)

Civil Defence Emergency Services

Liaison

Communications — (External / Internal Communication and Liaison with National Communications)

Staff Public Media

Planning/Intelligence

Clinical Advisor (CMO)
Nursing & Midwives (CMNO)
Medical Officer of Health (MOoH) / Chief Advisor Allied Health Science and Technical

Operations (Admin support)

RISK (Reputation / Legal) HR / H&S

Logistics **Finance tracking RC 1199**

Status report collation Situation Report

Action Plan

Strategy and Funding Disability Support Link

Contract / Providers

Waikato Hospital / Ops C

Community and Clinical support

Older Persons and Rehab Allied

Maori / Pacific Health Vulnerable People

Mental Health (Psycho Social Coordination)

Public Health

Women / Children

Other (as required for event)

PHO / GP Liaiason

PHOs, GPs, Pharmacies

N and F

Attendants Security Parking

Reconciliation Accommodation BEC Laundry

Property and Infrastructure

Equipment Purchasing

Other

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Appendix 6: CIMS Duty Cards – Note: Duty Cards should be read alongside the CIMS 3rd addition Role Cards for Inter Agency response clarity

https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/Role-Cards/Regional-level/CIMS-Controller-Role-Card-Regional-Level-V2.pdf

INCIDENT CONTROLLER

LINE OF AUTHORITY – INCIDENT CONTROLLER APPOINTED BY DHB GOVERNANCE

☐ CIMS function managers' report directly to the incident controller

☐ EOC provides support for recovery management functions through the recovery manager when one is appointed (Recovery manager and Operations manager liaise early in event)

DUTIES

The incident controller is responsible for the following:

☐ Providing overall direction and leadership for the response to an emergency situation.

☐ Activating and deactivating the EOC.

☐ Organizing and directing the incident management team (IMT). Set Goals, Objective /s (Mission) see appendix 8 of the Waikato DHB HEP

☐ Coordinating the response of health service providers.

☐ Setting priorities requesting responses from other agencies.

☐ Disseminating information to the IMT.

☐ Directing specific actions as required.

☐ Approving press releases, and providing liaison with other agencies.

☐ Response and recovery (until recovery manager is appointed).

☐ Conduct initial briefing for all staff.

☐ Activate elements of CIMS response as needed.

☐ Develop and implement strategic decisions and approve the ordering and releasing of resources.

☐ Assess the situation regularly.

☐ Obtain situation briefing from prior shift incident controller (if running more than one shift).

☐ Brief the incoming shift.

☐ Brief management staff.

☐ Ensure planning meetings are conducted.

☐ Arrange for the appointment of a recovery manager.

☐ Assist in the implementation of a recovery action plan.

☐ Determine information needs and inform governance, management, and personnel of needs.

☐ Coordinate staff activity.

☐ Manage overall operations.

☐ Approve requests for additional resources and requests for release of resources.

☐ Authorize release of information to news media and internal communications.

☐ Approve plan for demobilisation.

ACTIVATION DUTIES

- [ ] Refer to the Waikato DHB HEP and other related plans.
- [ ] Liaise with clinical / technical advisors appropriate to event e.g. CMA, Medical Officer of Health PHO Clinicians.
- [ ] Notify the incident management team to activate and report to the EOC (Where by When).

- [ ] Notify the staff needed to activate the EOC, and appoint key CIMS managers.
- [ ] Establish a sign in sheet for the operational period.
- [ ] Ensure the EOC is set up and ready for operations.
- [ ] Brief the EOC staff after obtaining a situation report from the source closest to the incident.
- [ ] Review the incident controller responsibilities.
- [ ] Open a chronological logbook of your activities. Appoint Personal Assistant support to record your log book entries.
- [ ] Determine status of telephone and other communications.
- [ ] Schedule an action-planning meeting for the first operational period with your staff and the key CIMS managers. (see appendix 8 of the DHB HEP for action plan template)
- [ ] Determine whether the EOC needs representation from other organisations.
- [ ] Estimate the emergency's duration.
- [ ] Plan for shift operations of no more than a 12-hour duration if the emergency is going to be more than one day.
- [ ] Consider additional EOC support personnel for extended operations.

OPERATIONAL PERIOD DUTIES

- [ ] Establish and maintain contacts with other key health managers, Ministry of Health, DHB incident controllers and with Civil Defence and Emergency services.
- [ ] Ensure the DHB chief executive officers and board chairperson is regularly informed.
- [ ] Establish regular action planning and intelligence meetings with the CIMS managers.
- [ ] Consider co-opting others with specialised technical expertise, as needed.
- [ ] Get the CIMS managers recommendations for the next operational period.
- [ ] Use the action planning and intelligence and information forms.
- [ ] Prepare and brief relief at shift change. Use the action planning and situation reports.
- [ ] Brief incoming incident controller.
- [ ] Sign out at change of shifts.

DEACTIVATION DUTIES

☐ Begin handover process with the Recovery Manager – fully brief on actions to date, current status and actions still requiring follow up

☐ Downgrade EOC activation to reduce staffing when practicable, based on situation reports and with management team's concurrence.

☐ Authorise deactivation of sections when they are no longer required. Ensure managers debrief their teams and secure logbooks.

☐ Notify the chief executive officers and the board chairperson.

☐ Ensure collection of copies of logbooks and critical records from EOC personnel.

☐ Note incomplete actions to be cleared after deactivation.

☐ Deactivate the EOC and close out your own logs.

☐ Keep your notes for event review reports, reviews and analyses.

☐ Establish a time, date, and place for an incident debrief.

☐ Ensure all EOC management positions attend the debrief.

☐ Ensure an after action report is completed.

HOW TO DETERMINE THINGS ARE RETURNING TO NORMAL

☐ Conditions may persist, but are being managed and no longer going to worsen.

☐ Normal communications are restored and stable.

☐ The chief executive officer or board chairperson requests the deactivation of the EOC.

PLANNING AND INTELLIGENCE MANAGER

LINE OF AUTHORITY

The planning and intelligence manager is in direct line of authority, and reports directly to the incident controller.

DUTIES

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ Report to the incident controller and get a briefing on the situation.

☐ Review the planning and intelligence manager's responsibilities and open your logbook. Log all EOC meeting activities and assigned tasks. Display for IMT to refer to / follow up actions for next meeting.

☐ Determine where in the EOC you will be operating and set up.

☐ Review the EOC organisation and who has the information or support you will need.

☐ Meet with the logistics manager to:

- o obtain a briefing about on-site and external communications capabilities and restrictions
- o establish operating procedures for use of telephone, computer and radio systems
- o determine established priorities and make any requests for services you need.

☐ Assess the communications linkages provided for adequacy and advise the logistics manager.

☐ Meet regularly with the operations, comms and logistics managers to exchange available status information.

☐ Track events throughout the EOC involving recovery and normal operations.

☐ Identify and display:

- o event log - number and actions (incident controller oversight)
- o maps of the site locations, physical descriptions, and directions on safe routes to and from those facilities
- o maps and details of other locations related to emergency response and recovery.

☐ Estimate the emergency event's duration, and track objective status by percent completion.

☐ Consider adopting shifts for the planning and intelligence section.

☐ Request additional personnel for your section if necessary to maintain a 24/7 operation.

☐ Attend and provide inputs to all incident controller meetings, especially for situation report updates and action planning. Take notes to add to your log.

☐ Prepare the next situation report from function status updates (Use MoH Emergency Management Information System), and the action plan.

☐ Brief incoming planning and intelligence manager prior to change of shift.

OPERATIONAL PERIOD DUTIES

☐ Anticipate situations and problems likely to occur, such as interruptions of power failure, darkness, weather changes, personnel burnout, aftershocks etc. that will impact the current and the next operational period's goal and objectives.

☐ Advise the incident controller about your section's status, including progress toward the operational period goals and objectives.

☐ Prepare and gain the incident controller's approval to send the daily SITREP required by the National Health Co-ordination Centre by 1000 hours daily (or prescribed time).

☐ Maintain current data displays and ensure reports or displays you prepare are understandable.

☐ Ensure all contacts with the media are referred to the communications manager.

☐ Share information received with the other managers. Confirm that their information about critical issues matches yours.

☐ Make fiscal and administrative issues known to the finance manager Logistics   examples:
   o   extraordinary expenditures this emergency causes, and
   o   other expenses that may be reimbursable by government or insurers.

☐ Prepare input to and facilitate the action planning and intelligence session. The goal is to cover the following topics:
   o   time period the plan covers (operational period)
   o   the mission priorities (health and safety always top priority)
   o   listing of objectives to be accomplished (should address the priorities and be measurable in some way so EOC knows when they are finished)
   o   statement of strategy to achieve the objectives (identify whether there is more than one way to accomplish the objective, and which way is preferred)
   o   assignments necessary to implement strategy
   o   organisational elements to be activated to support the assignments
   o   organisational elements that will be deactivated during or at the end of the period
   o   logistical or other technical support required, who will provide it, and time needed.

☐ Attend the incident controller's action planning and intelligence meetings for managers and provide situation briefings with your section staff. Update the situation status board.

☐ Brief the incident controller on major problem areas (which now need or will require solutions), and then confer with the other managers to develop recommendations.

☐ Keep notes and brief your relief at shift change time.

☐ Sign out on the EOC attendance roster.

DEACTIVATION DUTIES

☐ Obtain agreement by the incident controller to deactivate the section, close out your logbook.

☐ Ensure any open actions are assigned to remaining recovery staff, and that the incident controller is informed.

☐ Sign out on the attendance roster.

☐ Advise the incident controller where you can be contacted and leave a phone number.

☐ Ensure your notes and materials are made available to the incident controller for the after action report.

☐ Attend the event debrief and assist with the after action report.

OPERATIONS MANAGER

LINE OF AUTHORITY
The operations manager is in direct line of authority, reporting directly to the EOC incident controller (work closely with Recovery Manager when appointed).

DUTIES
The operations manager is responsible for the following:

☐ Obtaining a briefing from the incident controller.

☐ Developing the operations portion of the action plans.

☐ Briefing and assigning operations personnel in accordance with the action plan.

☐ Overseeing the continuity of operations, assessing response and recovery support situations, and overseeing operational response in line with the action plans.

☐ Co-ordinating all operational activity with the other EOC units (initial contacts should be oriented on needs assessment. Second priority should be to establish care and shelter operations).

☐ Consulting with the logistics manager and the planning and intelligence manager to determine if full or partial closure of health facilities is likely, then determine how to ensure effective response strategies and tactics.

☐ Directing the preparation of operational plans, requests for or release of resources.

☐ Makes expedient changes to the action plans as necessary and reports such to the incident controller.

☐ Supervise operations staff and activities to move the recovery forward.

☐ Determine response/recovery action needs and request additional support resources.

☐ Review the suggested list of resources to be used in response and recovery, and initiate recommendations for when the resources will be used and for what purpose.

☐ Assemble and disassemble teams assigned to operations section.

☐ Report information about special activities, events, and occurrences to the EOC incident controller.

ACTIVATION DUTIES

☐ Check in upon arrival at the EOC by signing in and letting logistics manager know you are present.

☐ Report to the incident controller and obtain a briefing on the situation.

☐ Review your position's responsibilities and open your logbook.

☐ Ensure the operations section is set up properly with needed equipment, and supplies in place, including maps and status boards.

☐ Review the rest of the EOC organisation and establish who has information or support you will need.

☐ Clarify any issues you may have regarding your assignment and those of others in the EOC, with the incident controller.

☐ Meet with the logistics manager.

☐ Get briefed about on-site and external communications capabilities and restrictions.

☐ Establish operating procedures for your section's use of telephone, computer and radio systems; make any priorities or special requests known.

☐ Assess communications adequacy for your section's needs and advise the logistics manager.

OPERATIONAL PERIOD DUTIES

☐ Set up and meet with **critical stakeholders** (arrange ongoing meeting times).

☐ Confer with the service providers/managers and other staff. Obtain and provide information that the external

stakeholders need to know. Stakeholders to consider include: (IMTs)
- o Hospitals and Health Operational areas (internal/external providers)
- o Primary Care
- o Mental Health
- o Public Health, Medical Officer of Health
- o Rural Community and Clinical services
- o Disability Support services
- o Emergency Departments (internal/external providers)
- o Community people requiring health information / equipment.
- o Vulnerable People
- o Psychosocial Coordination

☐ Draft a Status report - list of key issues currently facing your section. Considerations:
- o business functions impaired or lost
- o continued operability of the health providers
- o continued operability of EOC, including staffing
- o relocation restrictions, and
- o reestablishment of data.

☐ Set action items that match the current operational period's action plan's goal and objectives.

☐ Ensure your logbook is maintained and key actions are recorded with time/date references.

☐ Determine if there is a need for representation or participation from outside organisations as part of operations actions.

☐ Provide the incident controller, and the planning and intelligence manager, with periodic status reports about progress on the objectives.

☐ Think ahead to anticipate situations and problems before they occur, using advanced planning information from the planning and intelligence section. Examples: threat changes in respect to hospital/service provider operations, shortages of resources critical to operations, heat/cold, darkness, weather changes, personnel burnout, next period's goal and objectives.

☐ Direct requests for resources, staffing, and facility support to the logistics manager.

☐ Refer media requests to the communications manager.

☐ Attend and participate in incident controller's action planning and intelligence meetings.

☐ Work with the planning and intelligence manager to develop recommendations for the next operational period's action plans.

☐ Ensure all fiscal and administrative issues are attended to and discussed with the Logistics - finance manager, including:

☐ Extraordinary expenditures caused by this emergency.

☐ Other expenses that may be reimbursable by government or insurers.

☐ Brief the incident controller on major issues which require immediate resolution or are foreseeable in the near future when they may cause issues of health and safety, or major interruption of operations capability.

☐ Share received information with the other section managers. Confirm that their critical issues match yours.

☐ If there are problems in communicating, provide that information to the logistics manager.

☐ Keep status reports to brief your relief at change of shift.

☐ Brief incoming operations manager prior to change of shift.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES
☐ Ensure any ongoing actions come to you for completion – or are transferred to Recovery manager (or the Incident Controller).
☐ Close out your logbook
☐ Leave phone number(s) where you can be reached.
☐ Attend the event debrief.

LOGISTICS MANAGER

LINE OF AUTHORITY

The logistics manager is in direct line of authority, and reports directly to the incident controller.

DUTIES

The logistics manager is responsible for:

☐ Supply of logistics resources to match the other CIMS manager's requirements.

☐ Providing facilities, services, and material in support of the emergency.

☐ Participates in development and implementation of the action plans and activates and supervises the work within the logistics section.

During response and recovery the logistics manager should:

☐ Obtain a briefing from the incident controller.

☐ Plan the organisation of the logistics section.

☐ Provide work locations for all response team personnel, whether in or out of the EOC.

☐ Record and track the activated response team members, including names and locations of assigned personnel.

☐ Participate in preparation of action plans for support and service elements.

☐ Identify service and support requirements for planned and expected operations.

☐ Provide input to and review communications logistics (phone, cell phone, radio, information services) and security plans.

☐ Co-ordinate and process requests for additional resources with other sections.

☐ Estimate all sections' needs for next operational period.

☐ Ensure general welfare and safety of all EOC personnel in coordination with the safety manager.

☐ Assist the security officer with any needs for establishing and maintaining security of the EOC and response staff, which could include escorts to and from personal vehicles.

☐ Provide status reports to planning and intelligence section for development of situation reports

☐ Develop an EOC demobilisation plan.

☐ Recommend release of resources in conformity with the demobilisation plan.

ACTIVATION DUTIES

☐ Check in with incident controller on arrival and establish sign-in-sheet process with security at all controlled entries to the EOC.

☐ Report to the incident controller and get a briefing on the current situation.

☐ Review the logistics manager's position description and responsibilities; open your log.

☐ Set up display areas for maps, diagrams and status board for IMT functions.

☐ Order additional supplies and equipment as needed.

☐ Evaluate the current EOC organisation for adequate staff and advise the incident controller of any shortfalls or special needs, including 24/7 coverage, if required.

☐ Meet with the incident controller to clarify any issues you may have regarding your sections status - assignments, and what others in the EOC require.

☐ Meet with the planning and intelligence section manager to obtain the most recent situation information and establish the logistics section's needs.

☐ Meet with all CIMS managers to review their logistics needs.

☐ Establish guidelines for coordination of logistics requests from the sections.

☐ Attend and provide inputs to the incident controller action planning and intelligence and briefing meetings. Take notes and use them to plan for upcoming resource requests, or for withdrawing resources no longer needed in order to control costs. This can include staffing reductions.

☐ Track events, requests, etc. that require action by logistics section. Identify:
  o event number (from incident controller)
  o time you received the request
  o location where the resource is needed, who will accept it, and who will use it, and
  o description of the resource: number, type, size, weight, etc.

☐ Track when the resource action was assigned, time, and to whom for completion.

☐ Track and report at action planning and intelligence meetings about the status of the resources assigned.

☐ Have a habitability survey of work sites done. Consider:
  o hazardous materials, including nearby sources
  o air quality, including heating, cooling, and oxygen content
  o structural integrity (as-built drawings available from the building owner)
  o posted instructions for employees, to include escape routes, safe havens, and assembly points
  o disabled employees' issues
  o utilities
  o fire protection.

☐ Appoint a finance manager sub function and inform EOC managers to regularly review financial needs. Provide guidelines, including the purchasing authority and any limits delegated to function managers.

DEACTIVATION DUTIES

☐ Ensure any ongoing actions come to you for completion – or are transferred to the Recovery manager.

☐ Close out your logbook.

☐ Leave phone numbers(s) where you can be reached.

☐ Ensure your comments and materials are made available to the incident controller for the after action report.

☐ Attend the event debrief.

LIAISON MANAGER

LINE OF AUTHORITY

The liaison manager is a staff assistant to the incident controller, and does not have a direct line of authority.

DUTIES

The liaison manager is a member of the management team, and is the point of contact for assisting and working with external and internal organization representatives. This may include organisation representatives from Emergency Management (CDEM), administrative agencies, police, FENZ, St John, Schools and Universities, non-profit and private sector interests involved with DHB operations and provide direct support to the incident controller. **The liaison manager is responsible for the following:**

☐ Answering calls and managing messages from other organisations in government and the private sector.

☐ Co-ordinating activity with key stakeholders in government, and those with direct service agreements with the DHBs.

☐ Requesting assistance directly from other organizations when appropriate; and relevant.

☐ Keeping the incident controller informed about concerns and pressures from outside organisations.

☐ Maintaining links with hapu and iwi of Waikato DHB areas (Contact DHB Link for this below).

☐ Providing direction and support to the incident controller about interacting with the iwi / Māori community. Supported by Te Puna-Oranga.

☐ Working very closely with the CDEM health liaison and communications manager.

☐ Liaising with CDEM, police, fire, St John, education, facilities, DHB contractors etc.

The liaison manager must:

☐ Obtain an initial briefing from the EOC incident controller.

☐ Provide a point of contact for assisting/co-operating with agency representatives.

☐ Identify agency representatives from each agency including communications links and locations.

☐ Respond to requests from health staff for inter-organisational contacts.

☐ Monitor recovery operations to identify current or potential inter-organisational problems.

☐ Assist the incident controller in developing strategies for co-ordinating with other organisations.

ACTIVATION DUTIES

☐ Sign the attendance roster upon arrival at the EOC.

☐ Report to incident controller and get a briefing on the situation.

☐ Review the liaison manager's responsibilities and open a chronological logbook of your activities.

☐ Establish times required to communicate with CDEM health liaison to gather other agency EOC meeting information.

☐ Establish a working position near the communications manager and the incident controller so they can be reached immediately in order to respond to as outside requests and concerns as they arrive at the EOC.

☐ Meet with the logistics manager to:

- o obtain briefing about on-site and external communications capabilities and restrictions
- o establish operating procedures for use of telephone, computer and radio systems, and
- o determine established priorities and make any special requests for services you need.

☐ Assess the communications linkages provided for adequacy and advise the logistics manager especially if key stakeholders cannot be contacted.

☐ Track events of inter-agency concern by attending the incident controller's briefings and by monitoring the status boards in the EOC. Record that information in your log.

☐ Get estimates of the duration of the operation to share with concerned outside agencies.

☐ Consider adopting shifts for the liaison manager position.

☐ Attend and monitor the meetings by the incident controller with the other EOC managers.

OPERATIONAL PERIOD DUTIES

☐ Confer with the incident controller about the policies regarding other organisation's roles.

☐ Establish contact names and numbers for all possible agencies that might call for information or be asked to assist with or adjust to the health recovery operations.

☐ Determine if there is a requirement to staff the position 24/7.

☐ Prepare status reports for managing external organisation requests.

☐ Pass relevant information to the planning and intelligence manager for inclusion in sitreps before 1000 hours daily (or prescribed time).

☐ Keep notes to brief your relief at change of shift.

☐ Brief incoming liaison manager.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Ensure all continuing coordination or questions from external organisations will be forwarded to the communications manager.

☐ Sign out on the EOC attendance form and inform the incident controller you are deactivated.

☐ Ensure your comments and reports are available to the incident controller for the after action report.

☐ Attend the event debrief.

☐ Assist with the after action reports as required.

COMMUNICATIONS MANAGER

LINE OF AUTHORITY

The Communications manager is a staff assistant to the incident controller, and is not in the direct line of authority.

DUTIES

The Communications manager is responsible for the following:

☐ Advising the incident controller on the potential effects of proposed actions on external and internal relations.

☐ Serving as the dissemination point for all news releases from the EOC. Other groups that wish to release information to the public, employees, CEO, board chairperson and stakeholders, should co-ordinate their releases through the communications manager.

☐ Reviewing and co-ordinating all information releases from other sources.

☐ Co-ordinating to ensure that employees, their families, and other stakeholders receive timely and accurate information about the situation.

☐ Should follow the communications guidelines already established for emergencies.

☐ Prepare fact sheets about the emergency for distribution to all staff.

☐ Obtain regular briefings from the incident controller.

☐ Contact other involved agencies to coordinate public information activities.

☐ Establish a single recovery information point of contact whenever possible.

☐ Arrange for necessary workspace, materials, telephones, computers and staffing for communications staff.

☐ Prepare an initial information summary as soon as possible after arrival.

☐ Observe constraints on the release of information imposed by the incident controller.

☐ Obtain approval for release of all information from the incident controller.

☐ Release information to news media (after approval of incident controller) and post information in EOC and other appropriate locations.

☐ Attend meetings to update information releases.

☐ Arrange and facilitate meetings between media and incident controller.

☐ Respond to VIP special requests for information or arrange their visits.

ACTIVATION DUTIES

☐ Sign the attendance roster upon arrival at the EOC.

☐ Report to incident controller to obtain a briefing on the situation.

☐ Review the communications manager's responsibilities and open a chronological logbook of your activities.

☐ Establish an electronic media monitoring position outside the EOC. Instruct the person monitoring what to look for and report to you (e.g. watch local TV, listen to local radio, monitor social media).

☐ Meet with the logistics manager.

☐ Obtain briefing about on-site and external communications capabilities and restrictions.

☐ Establish operating procedures for use of telephone, computer and radio systems.

☐ Determine established priorities and make any special requests for services you need.

☐ Assess the communications linkages provided for adequacy and advise the logistics manager.

Track events of public information significance from the incident controller's briefings and the status boards in the EOC. Record that information in your log.

☐ Get estimates of the time for completion of the operation.

☐ Consider adopting shifts for communications staff.

☐ Attend and monitor the meetings by the incident controller with the other managers.

OPERATIONAL PERIOD DUTIES

☐ Confer with the incident controller about the information available and when it is appropriate for release.

☐ Confer with the incident controller and CIMS managers. Obtain and provide information that the DHB's stakeholders need to know. Stakeholders include:

- o board and executive
- o minister
- o employees — through Human Resources
- o other key medical/health organisations
- o DHB customers
- o media who may cover the event
- o local/state government agencies
- o vendors
- o insurers.

☐ Determine if there are requirements to staff the communications managers position 24/7, if so, request the support required to:

☐ **Develop a media briefing schedule.**

☐ Prepare briefing materials.

☐ Clear the releases with the incident controller.

☐ Prepare final news releases and advise media representatives of points-of-contact for follow-up stories.

☐ Keep notes to brief your relief at change of shift.

☐ Sign out at the EOC attendance roster at change of shift.

☐ Co-ordinate with the incident controller for permission to begin to close down communications functions.

☐ Ensure that continuing media questions will be directed to communications managers.

☐ Leave forwarding phone number(s) where you can be reached.

☐ Periodically brief the incident controller about issues raised by social media, reporters, and external situations the media are covering that are likely to affect the DHB.

☐ The incident controller may call manager meetings to determine the goals and objectives for subsequent operating periods. Attend and monitor those to determine potential impacts and requirements for public information.

☐ Use the information from broadcast media monitoring to develop follow-up news releases and rumour control.

☐ Provide copies of all releases to the incident controller; ensure file copies are maintained of all information released.

☐ Keep the incident controller advised of all unusual requests for information and all major critical or unfavourable media comments; provide an estimate of their impact and severity and consider actions.

☐ Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.

☐ Sign out on the EOC attendance form.

☐ Ensure your comments and materials are made available to the incident controller for the after action report.

DEACTIVATION DUTIES

☐ Ensure any ongoing actions come to you for completion – or are transferred to Recovery manager or the incident controller.

☐ Close out your logbook.

☐ Leave phone numbers(s) where you can be reached.

☐ Ensure your comments and materials are made available to the incident controller for the after action report.

☐ Attend the event debrief.

EOC MANAGER

LINE OF AUTHORITY
The EOC manager reports directly to the incident controller.

DUTIES
The EOC manager is responsible for:

☐ Facilitating with logistics the installation and ongoing operation of all equipment in the EOC, e.g. photocopiers, faxes, computers, phones, white boards, furnishing etc.

☐ Facilitating the document management system within the EOC.

☐ Overseeing the management of all administration support for the CIMS team.

☐ Ensuring administration staff are fully briefed on duties, systems and protocols.

☐ Ensuring the smooth running of the EOC.

☐ Providing support and assistance to the incident controller.

☐ Arranging catering and refreshments, ensure special diet requirements are available.

☐ Ensuring stationery and cleaning stocks are replenished in administration areas.

☐ Prepare shift change over schedules / Hot Debriefs.

☐ Develop and display the operational schedule for the 24hour period.

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ Receive briefing from incident controller of current and potential status, as well as technical and support requirements.

☐ Conduct familiarisation for EOC facility.

☐ Meet with administration support staff and assign to CIMS managers.

☐ Establish administration work areas.

☐ Attend initial briefing for specific EOC procedures for EOC facility.

☐ Organise with logistics any equipment or resources required.

☐ Set up an information board in the staff area with information on EOC layout, rosters, etc. obtained from incident controller.

☐ Staff roster developed – ensure there are back up staff on standby.

OPERATIONAL PERIOD DUTIES

☐ Check administration supplies prior to shift changeover and order stocks as required.

☐ Ensure administration areas are cleaned.

☐ Determine if there is a requirement for administration staff 24/7.

☐ Prepare and attend briefings on shift change.

☐ Attend all action planning meetings and provide support and assistance to the IMT as required.

☐ Keep notes to brief your relief at change of shift.

☐ Leave phone numbers(s) where you can be reached.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Attend the event debrief.

☐ Assist with the after action reports as required.

☐ Co-ordinate the disestablishment of the EOC and leaved prepared for next event.

ADMINISTRATION SUPPORT

LINE OF AUTHORITY

Administration support reports directly to the EOC manager.

DUTIES

Administration support is responsible for:

☐ Managing all administrative information for incident controller, planning and intelligence, logistics or operations manager.

☐ Conducting administration duties and data entry tasks as required, including documenting actions.

☐ Assisting in compiling reports as required (status reports, sitreps, action plans etc.).

☐ Providing administration support to staff including maintenance of staff time sheets, contact lists, preparation for meetings and minutes of meetings.

☐ Ensuring stationery and cleaning stocks are replenished in administration areas.

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ Receive briefing from EOC manager of current and potential status, and support requirements.

☐ Report to the CIMS manager you are supporting – Incident Controller is priority.

☐ Establish a working area close to the CIMS manager you are supporting.

☐ Conduct administration duties and data entry tasks as required, including documenting actions of incident controller, planning and intelligence, logistics or operations manager. Using and displaying the EOC LOG appendix 9 of the DHB Health Emergency Plan

☐ Conduct familiarisation for EOC facility.

☐ Attend updated EOC and Health and Safety training if required.

☐ Attend initial briefing for specific EOC procedures for EOC facility.

OPERATIONAL PERIOD DUTIES

☐ Check administration supplies prior to shift changeover and order stocks as required.

☐ Ensure your area is clean and tidy.

☐ Determine if there is a requirement for cover for your role 24/7 and advise EOC manager.

☐ Attend briefing on shift change.

☐ Keep notes to brief your relief at change of shift.

☐ Leave phone numbers(s) where you can be reached.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Attend the event debrief.

☐ Assist with the after action reports as required.

☐ Assist with the disestablishment of the EOC and preparation for following events.

RISK (Q&R) & SAFETY MANAGER (HR)

LINE OF AUTHORITY

The safety manager is a staff assistant to the incident controller, and is not in the direct line of authority.

DUTIES

☐ The safety manager provides direct support to the incident controller.

The Risk and Safety Manager is responsible for the following:

☐ Continuously monitoring the work environment to ensure the health and safety of the EOC personnel and visitors.

☐ Exercise emergency authority to prevent and stop unsafe acts.

☐ Monitoring and assessing hazardous and unsafe situations and developing measures for assuring personnel safety (although the safety manager may exercise emergency authority to prevent or stop unsafe acts when immediate action is required, the safety manager will generally correct unsafe acts or conditions through the regular line of authority).

☐ Developing safety strategies along with the incident controller and the logistics manager.

☐ Identify hazardous situations associated with the response/recovery to ensure personnel avoid them or are prepared to manage operations in that environment without harm.

☐ Participate in all planning meetings.

☐ Review action plans.

☐ Develop a medical plan if required (NOTE: medical plan refers to treatment of injuries at the EOC or related to response and recovery actions).

☐ Maintaining awareness of active and developing situations, approving the medical plan, and including safety messages in each action plan.

☐ For all reportable injuries conduct an initial investigation, write a report, and submit it to appropriate officials within required timeframes.

☐ Investigate accidents that have occurred within the response/recovery operations area, including arranging for investigation of accidents in field operations involving DHB personnel.

☐ Co-ordinating the provision of critical incident stress management for staff.

☐ HR – Provide responder registration point

☐ HR – Volunteer management

☐ HR - Inducting / Orientating incoming Health response staff from other DHBs / Providers

☐ HR – Time Sheet collation / Payroll – for internal / external responders

☐ Q&R assess reputational risk for the organisation – inform the Incident controller of mitigation strategies.

ACTIVATION DUTIES

☐ Sign the attendance roster upon arrival at the EOC.

☐ Report to incident controller and get a briefing on the situation.

☐ Review the Risk and safety manager's responsibilities and open a chronological logbook of your activities (keep a record of messages on message log).

☐ Establish a central worksite with access to phones, IT.

☐ Meet with the logistics manager to:
o   obtain briefing about on-site and external communications capabilities and restrictions

- o establish operating procedures for use of telephone, computers and radio systems
- o determine established priorities and make any special requests for services you need.

☐ Assess the Q&R, HR & health and safety linkages provided for adequacy and advise the operations and logistics manager, especially for connections to responders.

☐ Track events of Q&R HR & safety significance by the incident controller's briefings and the status boards in the EOC - record that information in your log.

☐ Get estimates of the time for arrival of medical support if there are injuries and ensure security is in place to direct arriving teams.

☐ Consider adopting shifts for the Q&R HR & safety manager's position.

☐ Attend and monitor the meetings by the incident controller with the other EOC managers.

OPERATIONAL PERIOD DUTIES

☐ Confer with the incident controller about Q&R, HR, life safety issues that are found deficient or threatening during the recovery process.

☐ Confer with the CIMS managers and other staff.

☐ Obtain and provide information re the EOC staff and field staff requirements to remain safe. Information can include:
- o threatening weather and dangers from heat, cold, lightning, sunburn, etc.
- o toxic chemical conditions and proper response to exposure
- o recommendations to evacuate or shelter in place
- o physical threats to avoid, such as after an earthquake, flood, or fire
- o family preparedness guides to ensure the employees' families are also prepared
- o how to watch for and avoid tripping hazards and slipping hazards
- o how to avoid back strain by lifting correctly, even during emergencies, and
- o anti-viral protection strategies
- o Privacy and response material security

☐ Determine if there are requirements to staff the Q&R, HR & safety manager position for 24/7.

☐ Prepare safety reports, injury reports, and insurance application and reputational risk reports for each operational period.

☐ Keep notes to brief your relief at change of shift.

☐ Brief incoming Q&R, HR & safety manager prior to change of shift.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Coordinate with the incident controller for concurrence that you can begin to close down Q&R, HR & safety manager's position.

☐ Ensure that continuing Q&R, HR & safety questions will be directed to the incident controller.

☐ Provide copies of all Q&R, HR & safety actions, reports, messages and assessments to the incident controller; ensure file copies are maintained for long-term issues of workers compensation and insurance.

☐ Sign out on the EOC attendance form.

☐ Leave a location and forwarding phone number(s) where you can be reached.

☐ Ensure your comments and materials are made available to the incident controller for the after action report.

☐ Attend the event debrief.

☐ Assist with the after action report.

SECURITY MANAGER

LINE OF AUTHORITY

Security reports directly to the logistics manager, and is not in the direct line of authority.

DUTIES

The Security manager is responsible for the following:

☐ Ensuring only authorised personnel are allowed access to the EOC during emergency operations.

☐ Controlling ingress and egress into the EOC area, including the maintenance of a sign-in and out log.

☐ Controlling the location of parking and general traffic around the EOC site during a major emergency.

☐ Verifying personnel identification and their reason for entering the EOC area.

☐ Preventing criminal acts upon EOC staff or facilities.

☐ Providing protection for the incident controller, communications manager and recovery manager, during public press briefings or general public briefings.

☐ Preparing a security plan in consultation with the logistics manager.

☐ Receive initial briefing from incident controller.

☐ Consulting with logistics manager to identify his/her requirements and prepare a security plan.

☐ Establish and maintain a controlled entry area to the EOC, including the use of a formal entry log. Record entrance and exit times of all staff and visitors.

☐ Ensure staff wear position ID jerkins. Provide identification badges for visitors and additional staff, as necessary.

☐ Deny entrance when there is reason to suspect the need for admittance is not warranted.

☐ Coordinate with usual building security and/or police, if present.

☐ Request external security or police assistance as needed.

☐ Provide a copy of the log to the logistics manager before the end of each operational period in order to track staffing.

☐ Provide a copy of the log to the finance manager so they can track time for possible reimbursement.

ACTIVATION DUTIES

☐ Set up and sign-in on the attendance roster upon arrival at the EOC.

☐ Report to logistics manager to get a briefing on the situation.

☐ Review security's responsibilities, the site safety plan, and then open a chronological logbook of your activities.

☐ Establish perimeter control, including the verification of locked doors and entries other than controlled entrances used by staff.

☐ If security cameras are in place establish a monitoring site which will allow for simultaneous control of ingress and egress.

☐ Meet with the logistics manager.

☐ Obtain briefing about on-site and external communications capabilities/restrictions.

☐ Establish operating procedures for use of telephone, computer and radio systems.

☐ Determine established priorities and make any special requests for services.

☐ Assess the communications linkages provided for adequacy and advise the logistics manager, especially if 111 cannot be used, or police are not reachable.

☐ Get estimates of the time for recovery in order to plan staffing.

☐ Consider adopting shifts for security staff.

☐ Attend meetings called by the incident controller only if specifically requested to attend.

OPERATIONAL PERIOD DUTIES

☐ Confer with the EOC managers and other staff. Provide security information the staff need to know. Security information includes:

- o   sign-in log protocols
- o   identification protocols for entry, and then work within the EOC
- o   entry protocols for visitors, including vendors, government stakeholders, and the media
- o   violence control strategies, should staff or visitors be endangered
- o   system for working with outside police that may be involved
- o   co-ordination plans if responders such as, Fire, Ambulance and law enforcement are required,
- o   details of any personal effects search and seizure policies that are in place for entry to the EOC during operations.

☐ Determine if there are requirements to staff security 24/7, if so, request the support required to:

- o   protect all primary entrances
- o   control entry through a log, and
- o   support the incident controller's need for security status information

☐ Update the security plan, as needed as the operation continues.

☐ Keep notes to brief your relief at change of shift.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Co-ordinate with the incident controller for permission to begin to close down security support.

☐ Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.

☐ Leave a location and forwarding phone number(s) where you can be reached.

☐ Sign out on the EOC attendance form.

☐ Ensure your comments and a copy of your log and the sign in log are made available to the incident controller for the after action report, and to the finance manager to verify staff support hours for reimbursement, when necessary.

☐ Attend the event debrief.

FINANCE MANAGER

LINE OF AUTHORITY

The finance manager reports directly to the Emergency Operations Centre (EOC) logistics manager.

DUTIES

The finance manager is responsible for the following:

☐ Monitor incoming information and action planning in the EOC in order to identify and assess potential impacts on the DHB's financial status, including but not limited to: cash flow, extraordinary expenses, budget impacts, and needs for funding to meet the emergency's requirements.

☐ Advise the logistics manager about these impacts and recommend actions to mitigate them.

☐ Work with the other CIMS managers in developing means to identify potential impacts and ways to reduce them.

☐ Work closely with the logistics manager to ensure that expenses related to the emergency are captured and recorded in the format desired for governmental and insurance reimbursements.

☐ Maintain contact with salvage and clean-up contractors to ensure they work effectively to minimise the DHB's costs.

☐ Participate in action planning and intelligence sessions and ensure support is provided for other elements consistent with priorities established in the action plans.

☐ Gather all financial and cost analysis aspects of the response or recovery

☐ Obtaining initial briefing from incident controller.

☐ Develop an operating plan for finance section for response and recovery.

☐ Ensure that personnel time records are tracked and processed according to policy.

☐ Processing purchase orders and contracts in coordination with logistics manager.

☐ Purchase/order food, lodging and transportation support for response and recovery activity.

☐ Processing workers compensation claims related to DHB emergency response and recovery activities.

☐ Handle travel and expense claims.

☐ Attend planning meetings to gather information and to provide input on financial and cost analysis matters.

☐ Brief managers on all response or recovery-related business management issues needing attention and follow-up prior to closure of recovery.

☐ Ensure that all documents initiated during response and recovery are properly prepared and completed.

☐ Participate in all demobilisation planning.

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ See the logistics manager to get a briefing on the situation.

☐ Review the finance manager's responsibilities and open your logbook.

☐ Determine where in the EOC you will be operating and ensure the finance office is set up with your database, status board and telecommunications in place.

☐ Clarify any uncertainties about your authority and assignment.

☐ Clarify what others in the EOC are tasked with performing.

☐ Review the rest of the EOCs organisation to determine who has the information and support you need.

☐ Track events with potential significance for finance by their EOC event numbers (issued on the log). Record that information in your logbook.

☐ Estimate the emergency's duration to determine whether you need to adopt shifts for the finance section.

☐ Meet with the logistics manager to:

  o get briefed on on-site and external communications capabilities and restrictions
  o find out the operating procedures for using telephone, computer and radio systems
  o determine the established priorities and make special requests for any services you need.

☐ Assess the adequacy of the communications linkages provided and advise the logistics manager of any further requirements.

☐ Attend and provide input to the incident controller's action plan meeting and briefings.

OPERATIONAL PERIOD DUTIES

☐ Track events throughout the EOC by using the EOC log – issued event numbers. Identify:
  o contact names, addresses and phone numbers of critical vendors
  o budget status to address needs being projected by the other section managers.

☐ Verify with the logistics manager whether there are personnel casualties. Then, ensure records exist to meet the needs for compensation claims and investigating agencies.

☐ List the key issues facing your section and set action items that match the operational period's goal and objectives. Considerations:
  o records acceptable to auditors.
  o records for regulatory agencies – with the liaison
  o cost accounting and tracking acceptable to insurance companies and other potential sources of reimbursement/funding.

☐ Keep the logistics manager advised of your section's status with progress reports related to the operational period's goal. Brief the logistics manager on major issues that require resolutions now or are foreseeable that might delay or disrupt response or recovery.

☐ Anticipate situations and problems likely to occur, such as budget shortfalls, vendor inability to deliver / refuse to vend, lack of purchasing authority, lack of contracting authority, etc.

☐ Attend action-planning meetings called by the incident controller.

☐ Ensure any finance issues are coming to your section from the other sections.

☐ Extraordinary expenditures caused by this emergency.

☐ Other expenses that may be reimbursable.

DEACTIVATION DUTIES

☐ Co-ordinate with the logistics manager for permission to begin to close down the finance functions.

☐ Close out your logbook.

☐ Provide your notes and logbook to the logistics manager for input to the after action report.

☐ Determine what follow-ups might be required and inform the logistics manager before leaving to ensure that financial recovery processes continue and are completed.

☐ Sign out and advise the logistics manager where you can be contacted, including phone and location.

☐ Attend the event debrief.

☐ Assist with the after action report.

CIVIL DEFENCE HEALTH LIAISON

LINE OF AUTHORITY

The Civil Defence health liaison reports direct to the incident controller and supports the CDEM incident controller as health liaison.

ACTIVATION DUTIES

☐ Go to district or region CDEM EOC as directed by the Waikato DHB incident controller.

☐ Take the emergency management lap top computer and accessories with you.

☐ Set up lap top computer and log onto EMIS and other relevant health computer systems.

☐ Report to CDEM incident controller.

☐ Establish telephone and other communication options with Waikato DHB EOC.

☐ Check that the health provider contact details and maps are accessible from the CDEM EOC.(DHB Website)

DUTIES

The CDEM health liaison is responsible for the following:

☐ Facilitating a smooth transition of information between the DHB and CDEM to support a co-ordinated response to the emergency.

☐ With district or region CDEM EOC team, identify immediate city/district/regional needs as they impact on health services.

☐ Monitor CDEM situation reports and activity and provide regular SITREPS to Waikato DHB EOC and relevant CIMS managers.

☐ Monitor health situation reports and activity and share information that will be useful with CDEM EOC managers.

☐ Represent the Waikato DHB in joint agency meetings chaired by CDEM.

☐ Confer with Waikato DHB incident controller and Waikato DHB liaison officer to decide and commit resources.

☐ In consultation with the Waikato DHB incident controller, assess the need to inform the MoH of issues of regional significance to health.

☐ Provide status reports to DHB, CDEM or NHCC (National Health Co-ordination Centre) as necessary.

ACTIVATION DUTIES

☐ Establish and maintain an event log.

☐ If the incident continues for some time:

   o   organise changeover of personnel with Waikato DHB incident controller
   o   in liaison with the district/region and Waikato DHB incident controllers, develop ongoing incident action plans

DEACTIVATION DUTIES

☐ In liaison with the district/region, CDEM and Waikato DHB incident controllers make decision to end response, wind down and facilitate smooth transition either to recovery phase or to normal routines.

☐ Obtain agreement by the CDEM incident controller to deactivate the section, close out your logbook.

☐ Ensure any open actions are assigned to remaining EOC staff, and that the CDEM incident controller is informed.

☐ Sign out on the attendance roster.

☐ Advise the CDEM incident controller where you can be contacted and leave a phone number.

☐ Ensure your notes and materials are made available to the incident controller for the after action report.

☐ At the conclusion of the incident, take part in a full event review with district/region CDEM and Waikato DHB emergency management teams.

☐ Provide a report of your actions during the event to the district/region CDEM and Waikato DHB incident controller within three weeks of the event stand-down.

☐ Attend the event debrief and assist with the after action report.

RECOVERY MANAGER

Incident Controller to appoint Recovery Manager ASAP, in response

LEADERSHIP

The recovery manager is responsible for the following:

☐ Planning community needs assessment action plan – see appendix 13 in this document.

☐ Identifying and engaging with recovery local task group and key agencies and internally with other senior staff.

☐ Preparing and agreement on terms of reference and documenting management processes.

☐ Co-ordinating and prioritising community health resource: needs and timeframes.

☐ Identify any modified methods to manage hazards and risks.

☐ Establishing call centre and website for dissemination of information.

☐ Identifying ongoing support needs with other local services such as CEG subgroup for food banks, emergency accommodation, support, psycho social coordination or counselling, orphan and animal care.

☐ Consider and plan for financial management systems to be implemented.

☐ Initiate actions to re-commence 'back to normal services' beyond essential services.

☐ Initiate plan for recovery of services.

☐ Stand down teams and restore back to normal.

PLANNING AND COORDINATION

☐ Assess the health and welfare of all staff and consider responses.

☐ Contact all staff to advise intended return to normal operations. Staff may need to return on a graduated basis depending on family status. Consider whether staff are available to work from office versus home.

☐ Consider potential for longer term interim arrangements/disruption due to staff or family member deaths.

☐ Identify employee assistance programme intervention required to those affected. Consider a workplace held employee assistance programme session.

☐ Plan for reactivation of closed hospitals and associated services.

☐ Remember there will be an increase in physical and emotional illness so plan clear links to access of services.

WORKPLACE

☐ Consider security provision for staff and files at office location.

☐ Monitor return to work conditions and review workplace in terms of:

- o   no health hazards
- o   security and personal safety
- o   equipment and facilities operational, and
- o   temperature and ventilation.

☐ Open office, alter voicemail and outlook messages.

☐ Ensure all relevant contacts have been advised of back to normal services and information updates.

☐ Review levels of service depending on the extent of the effect both internally and externally.

☐ Announce hours and services availability through appropriate channels.

☐ Monitor delayed cases for accelerated decisions.

☐ Communicate with clients on case-by-case basis re restoration and expectations.

☐ Consider possible claim for business interruption.

☐ Check assets relocated have all been accounted for.

☐ Develop recruitment plan to replace incapacitated employees.

☐ If required identify and recover critical records.

☐ Apply for appropriate emergency response and recovery reimbursement.

☐ Make claims on insurance if relevant.

☐ Review, evaluate and assess impact on local authority e.g. pandemic response and recovery.

☐ Assess ability to resume normal local services.

☐ Report outcome and findings.

COMMUNICATION

☐ Reiterate communications and media liaison to staff. E.g. Key messages to include:

- o   restrictions on public gatherings lifted
- o   schools may reopen
- o   border management may be scaled back
- o   travel restrictions may be lifted
- o   public health emergency continues
- o   re-opening of health services and levels of operation, and
- o   ongoing consultation with key stakeholders

MONITORING AND SURVEILLANCE

☐ Ongoing gathering of intelligence and dissemination of information to staff.

LESSONS LEARNT

☐ Consider security provision for staff and files at office location.

☐ Monitor return to work conditions and review workplace in terms of:

☐ Post operational debrief on lessons learned.

☐ Debrief with IMT and staff about how the response systems worked.

☐ Review communications strategy.

☐ Identify gaps and lessons for remedial action.

☐ BCP improvements.

☐ Update all contact lists.

☐ Assign responsibility for remedial actions.

☐ Amend DHB Health Emergency Plan and services update their BCPs.

☐ Send new version of plan and department plans to relevant staff.

CLINICAL ADVISOR

LINE OF AUTHORITY

The clinical advisor reports directly to the incident controller.

DUTIES

The Clinical Advisor is responsible for the following:

☐ Monitor incoming clinical information and action planning in the EOC in order to identify and assess potential clinical impacts on the DHB status, including but not limited to the emergency's requirements.

☐ Monitor clinical advice being distributed from event site, regionally and from the Ministry of Health advisor groups.

☐ Advise the incident controller about these impacts and recommend actions to mitigate them.

☐ Work with other Clinicians in developing means to identify potential impacts and ways to reduce them.

☐ Participate in action planning and intelligence sessions and ensure support is provided for other clinical elements consistent with priorities established in the action plans.

☐ Obtaining initial briefing from incident controller.

☐ Attend planning meetings to gather information and to provide input on clinical matters.

☐ Brief managers on all response or recovery-related clinical management issues needing attention and follow-up prior to closure of recovery.

☐ Ensure that all documents initiated during response and recovery are properly prepared and completed.

☐ Participate in all demobilisation planning.

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ See the incident controller to get a briefing on the situation.

☐ Review the Clinical Advisor responsibilities and open your logbook.

☐ Determine where in the EOC you will be operating and ensure the Clinical Advisor space is set up with your database, status board and telecommunications in place.

☐ Clarify any uncertainties about your authority and assignment.

☐ Clarify what others in the EOC are tasked with performing.

☐ Review the rest of the EOCs organisation to determine who has the information and support you need.

☐ Track events with potential significance for Clinicians by their EOC event numbers (issued by planning and intelligence manager). Record relevant information for dissemination to fellow clinicians.

☐ Estimate the emergency's duration to determine whether you need to adopt shifts for this section.

☐ Meet with the logistics manager to:

  o   get briefed on on-site and external communications capabilities and restrictions
  o   find out the operating procedures for using telephone, computer and radio systems
  o   determine the established priorities and make special requests for any services you need

☐ Assess the adequacy of the communications linkages provided and advise the logistics manager of any further requirements.

☐ Attend and provide input to the incident controller's action plan meeting and briefings.

OPERATIONAL PERIOD DUTIES

☐ Track events throughout the EOC provided by EOC log – issued event numbers.
Identify:
  - clinical related issues
  - specialised clinical information distributed to clinical teams
  - list the key issues facing your section and set action items that match the operational period's goal and objectives. Considerations.

☐ Keep the incident controller advised of your section's status with progress reports related to the operational period's goal. Brief the incident controller on major issues that require resolutions now or are foreseeable that might delay or disrupt response or recovery.

☐ Anticipate situations and problems likely to occur in the clinical environment DHB wide.

☐ Attend action-planning meetings called by the incident controller.

☐ Meet with Operational Teams / Services to determine your redefined priorities to the Clinical work to be carried out. Inform them of the Incident and your decisions on Clinical work continuing or being reduced / stopped. e.g. Elective / Outpatient work cancelled

DEACTIVATION DUTIES

☐ Co-ordinate with the incident controller for permission to begin to close down the clinical advisor functions.

☐ Close out your logbook.

☐ Provide your notes and logbook to the incident controller for input to the after action report.

☐ Determine what follow-ups might be required and inform the incident controller before leaving to ensure that financial recovery processes continue and are completed.

☐ Sign out and advise the incident controller where you can be contacted, including phone and location.

☐ Attend the event debrief.

☐ Assist with the after action report.

VULNERABLE PEOPLE MANAGER

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

LINE OF AUTHORITY

The Vulnerable People Manager reports directly to the Operations Manager

DUTIES

The Vulnerable People Manager is responsible for the following:

☐ Identifying vulnerable people and groups in relation to the event and the area involved.

☐ Recording all actions and decisions on the log sheet.

☐ Assessing the type of support that these people/groups may require.

☐ Identifying and consulting with the support agencies involved in providing care pre/during and after the event.

☐ Identifying the resources required to provide additional support.

☐ Developing a plan for support of people for inclusion in the DHB incident action plan.

☐ Requesting resources of logistics for the action plan to be implemented.

☐ Recording requests for/offer of support on a spreadsheet to feed into the incident action plan.

☐ Keeping planning and intelligence informed of situational information gained regarding people / groups.

☐ Link with Psycho Social Coordination activity

☐ Ensuring that Civil Defence are receiving information re these people/groups and the support that is planned via the health liaison role.

ACTIVATION DUTIES

☐ Sign the attendance roster on arrival at the EOC.

☐ Receive briefing from incident controller of current and potential status.

☐ Familiarise with the EOC facility, processes and routines.

☐ Establish working area

☐ Attend health and safety training if required.

☐ Organise any equipment or resources required.

OPERATIONAL PERIOD DUTIES

☐ Undertaken duties above.

☐ Make a list of the issues facing your section.

☐ Determine if there is a requirement for administration staff 24/7.

☐ Attend briefing on shift change.

☐ Keep notes to brief your relief at change of shift.

☐ Brief oncoming shift.

☐ Leave phone number(s) where you can be reached.

☐ Sign out at the EOC attendance roster at change of shift.

DEACTIVATION DUTIES

☐ Ensure any ongoing actions come to you for reactivation or are transferred to another CIMS role or agency.

☐ Close out incident log.

☐ Ensure comments and material is made available to the incident controller for the after action report.

☐ Attend the event debrief contacted, including phone and location.

☐ Assist with the After Action Reports as required.

☐ Coordinate the disestablishment of the EOC.

Psychosocial Coordinator

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

Line of Authority

The psychosocial coordinator role is to coordinate the delivery of psychosocial support for the affected community and reports to the Welfare Manager.

Duties

The Psychosocial Coordinator is responsible for the following:

- ❑ Leading and drawing on the DHB Planning Group as well as the support agencies to ensure psychosocial support is provided for the community
- ❑ Leading the above team to assess the nature, extent and impact of the incident in order to develop an action plan.
- ❑ Recording all actions & decisions on a log sheet
- ❑ Ensuring that expenses are tracked
- ❑ Working with the planning team and the Welfare Manager to assess the type of support that vulnerable people/groups may require.
- ❑ Working with Communications and Maori/Iwi liaison to develop key messages and a communication plan.
- ❑ Ensuring implementation of the action plan
- ❑ Identifying additional resources required to provide support
- ❑ Keeping the Welfare Manager informed of progress/situational information/issues re implementation of the action plan
- ❑ Liaising with the DHB Civil Defence Health Liaison rep and the Welfare/Recovery Managers.
- ❑ Monitoring if the initiatives are meeting their objectives on the community and adjusting where needed.

Activation Duties

- ❑ Sign the attendance roster upon arrival at the EOC.
- ❑ Report to the Welfare Manager to obtain a briefing on the situation.
- ❑ Check that the Psychosocial Support Plan has been activated
- ❑ Review the plan and partners as needed
- ❑ Review the psychosocial Coordinator Role card responsibilities and open a chronological logbook of communications/decisions & activities.
- ❑ Notify the backup Coordinators of the situation to prepare to cover ongoing activation

Operational Period Duties

- ❑ Arrange for a meeting/teleconference of the psychosocial planning group and relevant support agencies in order to develop an implementation plan.
- ❑ Ensure relevant support agencies are notified and have an opportunity to engage with planning.
- ❑ Ensure the support agencies are coordinated in the implementation of the plan and actions meet objectives.
- ❑ Report implementation to the Welfare/recovery manager & CDEM
- ❑ Attend and monitor the meetings by the Incident Controller with the other managers.
- ❑ Keep notes to brief your back up Coordinator at change of shift.
- ❑ Conduct shift change briefings in detail; ensure in-progress activities are identified and that follow-up requirements are known.
- ❑ Sign out at the EOC attendance roster at change of shift. (Leave your contact details.)
- ❑ Leave forwarding phone number(s) where you can be reached.

Deactivation Duties
❑ Notify planning Group and support agencies and the Civil Defence Welfare Manager ❑ Close out your logbook, Leave phone numbers(s) where you can be reached. ❑ Arrange a debrief meeting for the planning group and support agencies. ❑ Ensure your comments and materials are made available to the Recovery Manager & Emergency Planning team for the After Action Report. ❑ Attend the event debriefs ❑ Update the DHB Psychosocial Support Plan based on lessons learned.

Appendix 7: Communication tree for contracted providers, stakeholders, Māori / Pacific providers, NGOs

Figure 1: MoH communications process

Alert level	Communications
Code white (Information phase)	The MoH communicates with the following, advising them of the situation: 1. CEOs of all DHBs 2. DHB 'single point of contact' 3. Public health services
Code yellow (Standby phase)	• CIMS structure activated in the MoH • Communication initiated to DHBs 'single point of contact' to prepare to activate CIMS structures (**see Appendix Five).**
Code red (Activation stage)	• MoH directs activation of CIMS structures • communication is now with MoH or four regional co-ordinators (MoH or Regional coordinators have established communication with DHB EOCs).
Code green (Stand down phase)	The MoH advises 'stand down' in respect of the regional or DHB CIMS structures.

Appendix 8: Incident action plan
(Template example)

Name of field	Comments	Example
Coordination Centre	Coordination Centre issuing the Action plan (include organisation)	Thames Hospital EOC
Type of report		Action Plan
Action plan number	Include a hash (#) (versions are indicated by adding .1, .2, etc.)	#1, #1.2
Incident	Type of incident, location	Weather event Thames
Date and time issued		2020-04-30 0600
Operational Period covered	Date/time covered (start and finish)	2020-04-29 0500 to 2020-04-29 1700
Incident Classification	See CIMS 3rd edition Section 3.2 https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019-PRINT.pdf	
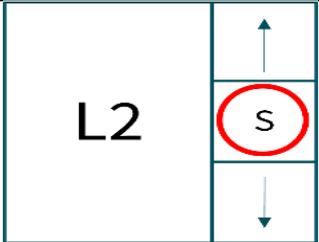
Main Body

Name of Field	Comments
Summary of incident	A summary of the hazard impacts, environment and response actions to date based on issued SitReps.
Intent	A statement that gives clear direction on what the Controller wants to achieve, the response actions to achieve them, and what it will look like when it's done. It may be combined with Objectives and/or with Plan of action/strategy below
Objectives	Breaking the intent down into specific objectives; best described as Specific, Measurable, Achievable, Relevant and Time-bound (SMART).
Plan of action/strategy	Concept of operations describing the response actions that will be done to achieve the intent and objectives — a broad statement of what must happen and when
Designated tasks	Specific tasks and timings for each organisation under the plan
Limiting factors	Matters that may or will limit options, timeframes and/or outcomes
Coordination measures	Times, locations, boundaries and other measures designed to coordinate the response
Resource needs	Resource requirements — who will provide what and when they will do it
Information flow	Who needs to know and who has the information

Public information plan	Outline of intended public information processes and outputs — this may be an appendix
Communications Plan (Logistics)	Frequencies/purpose/coverage, role cell phone numbers, communications schedule, etc.
Organisation	List / organisation chart of key roles, contact details and rosters of people assigned to the roles
Appendices	Specialist functions, lists, tables, maps, etc.

Approval and Distribution

Name of Field	Comments
Action plan prepared by	Name (and normal role if applicable), response role, signature and contact details
Action plan approved by	Name (and normal role if applicable), Incident Controller signature and contact details
Distribution	Include Governance, CIMS functions, partner agencies and representatives at the Coordination Centre, and consider including partner agencies not represented at the Coordination Centre and external liaison
Next Action plan due at	Date and time

Appendix 9: Incident log sheet

Log #	Time	Waikato DHB event log – message summary	Assigned to	Review time	%
		Event sitrep	**IC / P&I**		
		Event prediction • people affected (public, patients, staff) • Facilities affected	**Ops P&I**		
		IAP • IMT assembled • public, staff and site safety • reduce disruption • liaison with emergency services • media management – staff and public messages	**IC**		
		Incident management meeting: - update report incident controller:	**IC**		
		Operations	**Ops**		
		Logistics – supplies, equipment, security, traffic, utilities, finance	**Logs**		
		Health and safety:	**H&S**		
		Media and communications:	**Comms**		
		Internal contacts (list)			
		External contacts (list)			
		Recovery			
		Next incident management meeting: time or by exception			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
		ongoing			

**Appendix 10: Status Report
(Template example)**

Name of field	Comments	Example
CIMS Function, Service or organisation	Function, service or organisation completing the Status Report	Thames Hospital EOC
Type of report		Status Report
Report number	Include a hash (#) and include enough digits for maximum required	#008
Incident	Type of incident, location	Weather event Thames
Date and time issued		2020-04-30 0600
Period covered	Date/time covered (start and finish)	2020-04-29 0500 to 2020-04-29 1700

Main Body

Name of Field	Comments
Current status	Current status of function, service or organisation (not the incident as a whole), actions taken current resources, etc.
Limiting factors / outstanding issues	Anything that affects, or is likely to affect, the effectiveness of the function, service or organisation's ability to carry out its tasks
Anticipated priorities/actions	In the current and subsequent operational period — note any assumption or conditions
Comments	

Approval and Distribution

Name of Field	Comments
Status Report prepared by	Name (and normal role if applicable), response role, signature and contact details
Status Report approved by	Name (and normal role if applicable), response role, signature and contact details

Appendix 11: Situation Report

(Template exemple)

Name of field	Comments	Example
Coordination Centre	Coordination Centre issuing the Sit Rep (include organisation)	Thames Hospital EOC
Type of report		Sit Rep
Report number	Include a hash (#) and include enough digits for maximum required	#002
Incident	Type of incident, location	Weather event Thames
Date and time issued		2020-04-30 0600
Period covered	Date/time covered (start and finish)	2020-04-29 0500 to 2020-04-29 1700
Incident Classification	See CIMS 3rd edition Section 3.2 https://www.civildefence.govt.nz/assets/Uploads/CIMS-3rd-edition/CIMS-3rd-edition-FINAL-Aug-2019-PRINT.pdf	L2 S

Main Body

Name of Field	Comments
Summary of incident	
Actions carried out	
Predicted incident progression	How this situation is anticipated to evolve — causal factors, consequences and response
Resources in place	
Resources required	
Limiting factors	Anything that is currently affecting, or is likely to affect, the effectiveness of the response
Assessment	Any critical issues or assumptions made
Options	Outline major options for action that are being or have been cons
Intended actions	Outline significant actions intended in current and subsequent operations

Approval and Distribution

Name of Field	Comments
Sit Rep prepared by	Name (and normal role if applicable), response role, signature and contact details
Sit Rep approved by	Name (and normal role if applicable), response role, signature and contact details
Distribution	Include Governance, CIMS functions, partner agencies and representatives at the Coordination Centre, and consider including partner agencies not represented at the Coordination Centre and external liaison
Next Sit Rep due at	Date and time

Appendix 12: Staff registration form

Incident: **Location:**

<u>Sign in sheet</u>

Date	Name	Position in EOC	Time In	Time Out

Appendix 13: Authorisation for activation of the Waikato DHB Health Emergency Plan

**AUTHORISATION FOR ACTIVATION OF
THE WAIKATO DHB HEALTH
EMERGENCY PLAN**

I,.. ,
(print name)

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

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

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

of this form. Authorised

by:……………………………………………………………………………

…

Designation:………………………………………………………………………….

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

**NOTIFICATION OF THIS AUTHORISATION MUST BE COMMUNICATED
TO:**

- **Waikato District Health Board Executives**

- **Relevant Health Service Providers within the Waikato District Health Board area**

INCIDENT CONTROLLER ACTIVATES THE EMERGENCY COST CENTRE.

Appendix 14: Template for a recovery action plan. Refer to detailed Waikato DHB Recovery plan

Event……………………………………………………………………………………………

Date of event………………………………………………………………………….……….

Districts/regions affected………………………………………………………………………..

Recovery manager for event…………………………………………………………………….

Date recovery action plan commences…………………………………………..…………

Date to review recovery action plan……………………………………………..…………

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

Date for transition	Activity	Signed and dated by group controller and group recovery manager

Brief Sitrep:

Date	Current situation

Schedule of meetings:

Date	Location	Type of meeting	Agencies to attend

Actions outstanding from response phase:

Date	Outstanding actions from response phase	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key short term recovery priorities:

Date	Short term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key medium term priorities:

Date	Medium term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Key long term priorities:

Date	Long term recovery priorities	Risks identified?	Department responsible	Date to be completed	Date completed

Notes

Development of an exit strategy:

	Activities	Department responsible
Identification of assistance required in the longer term.	96	
A transition to business as usual to manage long term recovery activities.		
Planning and reporting in the longer term.		
Management of public information and communications.		
Opportunities for communities to discuss unresolved issues and continue to participate in their recovery.		
Changes to organisational arrangements including need for subcommittees and contact lists.		
Learning from the event: debriefing and reviewing.		

Notes

Appendix 15: Infant formula and feeding equipment emergency plan

Infant formula and feeding equipment emergency plan

Emergency

Communication via Lead Agency
commence publicity national, regional and local
"We are not accepting infant formula
donations they are unhelpful"
Along with other health messages
e.g. boil water, hand hygiene, other.

Waikato DHB

Civil Defence

Advice as per Ministry of Health Position Statement, feeding babies
in an emergency, contact your usual health care provider, or ring
Plunketline 0800 933 922,
or Healthline 0800 611 116.

Coordinate emergency supplies of infant formula and
feeding equipment as part of overarching emergency food supply
responsibility for questions about obtaining infant formula in an
emergency, please contact your local council
emergency management officer.

Civil Defence and Emergency Management personnel seeking
advice on infant feeding in emergencies should contact their
local District Health Board Emergency Manager.

Unsolicited donations of infant formula or
feeding equipment delivered to either:

Community organisations or **Hospitals**

Contact Waikato DHB logistics manager for
collection / disposal (or safety assessment for
release to Civil Defence)

There are guidance documents available on the Ministry of Health website that offer best practice advice and help especially for DHB emergency planning and emergency responses. This includes four informational documents/pamphlets to guide health and other agencies planning for and responding to emergency situations. These support breastfeeding while also providing advice related to use of formula as well.

https://www.health.govt.nz/your-health/healthy-living/emergency-management/feeding-your-baby-emergency-babies-aged-0-12-months

Appendix 16: Waikato DHB Incident Response Guides

1 **Waikato DHB** INITIAL ACTIONS & Duty Manager Consideration **1**

POSTERS | **1** Initial Actions | **2** Response Levels | **3** CIMS Structure | **4** Defined CIMS Roles | **5** DNM Process | **6** Considerations
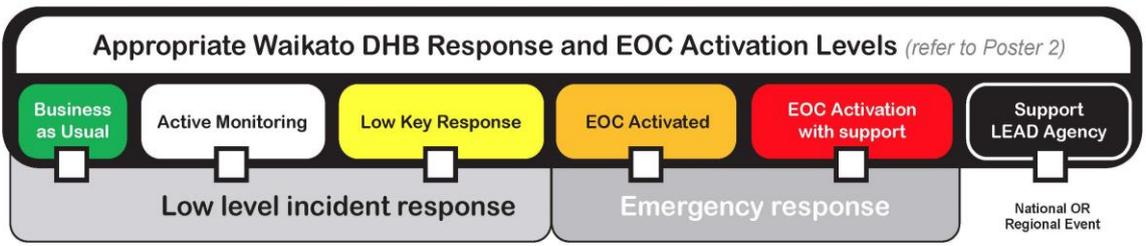
INCOMING ALERTS & NOTIFICATIONS

| dutynursemanager@ waikatodhb.health.nz | Waikato DHB Intelligence Alert | Waikato DHB Surveillance | MCDEM Alert | MOoH Alert | EM Alert | Emergency Services Alert | Stakeholder Alert | Other |

Initial Actions

☐ Review information and gather ALL intelligence

☐ Identify hazard / concern

☐ Discuss with Director or Executive Director

☐ Consider CIMS Response *(Refer to poster 6)*

☐ Arrange meeting / teleconference (if required)

☐ Refer to Waikato DHB Incident Response Plan

☐ Refer to specific Waikato DHB Protocol

Identify hazard / concern

Communicable Disease	Environmental Health	Other
Pandemic	Hazardous	Utility outage
Outbreak	Enterics	BCP
Emerging Disease	Border Health	Natural Disaster
Other	Other	Terror / Mass Casualty

CIMS – Coordinated Incident Management System

Consider applying the CIMS model early. Identify the functions required to effectively respond and manage the incident or emergency. Assign function managers and sub-function team members as appropriate. *Posters 3 & 4*

Appropriate Waikato DHB Response and EOC Activation Levels *(refer to Poster 2)*

Business as Usual	Active Monitoring	Low Key Response	EOC Activated	EOC Activation with support	Support LEAD Agency
☐	☐	☐	☐	☐	☐

Low level incident response | Emergency response | National OR Regional Event

Posters produced and shared nationally from ARPHS EM

POSTERS | **1** Initial Actions | **2** Response Levels | **3** CIMS Structure | **4** Defined CIMS Roles | **5** DNM Process | **6** Considerations

Waikato DHB Response and EOC Activation Levels

| Business as Usual | Active Monitoring | Low Key Response | EOC Activated | EOC Activation with support | Support LEAD Agency |

Coordinated Incident Management System (CIMS)

- The CIMS Model is designed to support staff in systematically dealing with an event / incident / or emergency.
- The [P.I.L.O.W. Talk]* functions can be used at any time from BAU to FULL Activation of IMT and EOC.
- Early use of the function & sub-function roles will make any escalation more effective and efficient.

*PLANNING | INTELLIGENCE | LOGISTICS | OPERATIONS | WELFARE | TALK (Comms)

EMERGENCY RESPONSE

Support LEAD agency
National / Regional event / emergency

- Waikato DHB support provided to the LEAD agency in response to a major regional/national/ international emergency,
- Waikato DHB personnel may be deployed out of region in support of a national response. Health, Safety and Wellbeing of Waikato DHB staff MUST be monitored and regular contact, briefings and debriefs available.
- Waikato DHB IMT and EOC may be activated to support Waikato DHB staff and coordinate our response.

Waikato DHB EOC Activated
(External support required)

- Waikato DHB is unlikely to have the capacity to appropriately resource a response to an event(s).
- Executive Leadership Team (ELT) and will need to prioritise Waikato DHB essential BAU services against our Emergency Response.
- Waikato DHB immediate focus is on IMT and EOC activation, emergency management and response.
- Essential BAU may be disrupted if external assistance is not requested and deployed.
- Time Critical (non-essential services) may become Category One if disruption continues beyond 1 week.
- Staff will be required to work overtime in positions they may not be familiar with.

Waikato DHB EOC Activated

- IMT activated to oversee appropriate management and response. Waikato DHB staff can cope with event.
- ELT will need to prioritise Waikato DHB essential BAU services against our Emergency Response.
- Regular national/regional reporting will be required.
- Rostering of Waikato DHB staff to cover CIMS functions and sub-functions, in the EOC. Appropriate function managers appointed.
- Operational Stakeholder liaison appointed as HPO for external agencies.
- If extended response – consideration MUST be given to escalating to RED and requesting support.

Requires IMT and EOC Activation

INCIDENT RESPONSE

Low Key Response
(small # of staff)

- Some Waikato DHB personnel are redeployed for a short period to respond to an incident/event.
- Formal meetings are taking place with clinical leads and operational staff to update and brief appropriate ELT and stakeholders (where required).
- No requirement for staff / management / IMT / rostering at this time.
- The focus is on identifying any possible threat/outbreak which may require IMT and/or EOC activation.
- Required function managers now identified and may be in place - this is a low key response.
- While this is a Low Key Response consideration MUST be given to escalation to ORANGE should more resources be required or BAU (Essential Services / Category One) are impacted.

Active Monitoring & Planning

- Some Waikato DHB staff are gathering further data and intelligence for specific cases or inquiries.
- Informal meetings, with line management, may be occuring to provide status updates.
- Potential for emerging threat, and/or need for Waikato DHB to focus on a specific hazard to gather further data / intelligence in order to make an informed decision. Escalation may be required.
- Should Waikato DHB teams experience several events simultaneously AND they are working to full capacity – consider escalating to YELLOW.

Unlikely to require IMT

Business as Usual (Routine)

- Daily routine work carried out across Waikato DHB teams.
- ALL information and tasking can be managed using our normal processes, staffing and resources.
- Be aware that teams across Waikato DHB may begin working to capacity. Consider escalating to WHITE.

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ESCALATION / DE-ESCALATION

POSTERS 1 Initial Actions 2 Response Levels 3 CIMS Structure 4 Defined CIMS Roles 5 DNM Process 6 Considerations

Incident

Date

EMERGENCY RESPONSE STRUCTURE

GOVERNANCE

LEAD AGENCY

EXECUTIVE LEADERSHIP TEAM

INCIDENT MANAGEMENT TEAM *(Function managers & SME's)*
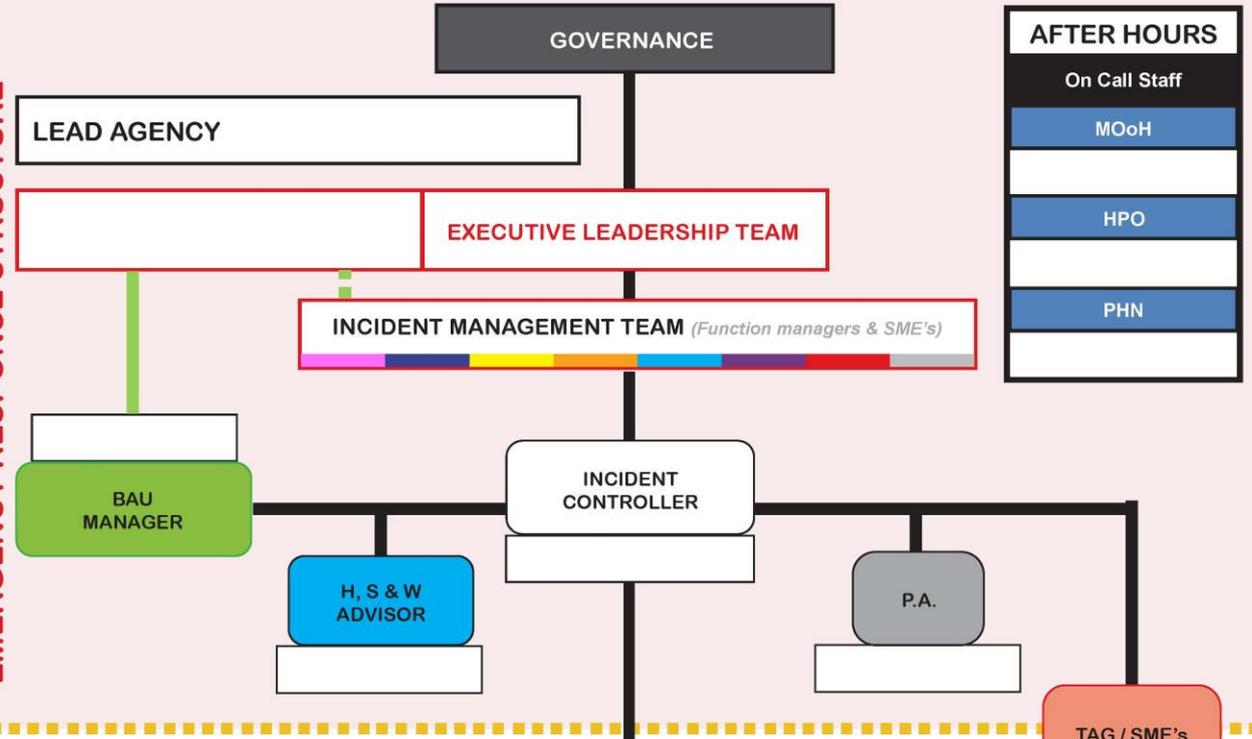
AFTER HOURS

On Call Staff
MOoH
HPO
PHN

BAU MANAGER

INCIDENT CONTROLLER

H, S & W ADVISOR

P.A.

TAG / SME's

* CIMS model can be applied at any level of response. Not all functions may be required. Functions can be merged.

RESPONSE MANAGER

ADMIN

INCIDENT RESPONSE STRUCTURE*

PLANNING	INTELLIGENCE	LOGISTICS	OPERATIONS	PIM (Comms)
			Iwi	
			Welfare	Manage VIP visits
Action Plan	Gather Intel	Resources	Coordination	Liaison / share info
Long Term Plans	Verify & Analyse	Rostering Staff	Agency Liaisons	Monitor/Liaise Press
Contingencies	Brief staff	Procure	Stakeholder engage	Social media
Review Plans	Intel Management	Catering	Tasking	Prepare advisories
Status reports	SitRep Dissemination	Transport etc	Field Operators	Provide advice
'Planners'	'Thinkers'	'Getters'	'Doers'	'Talkers'

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4 Waikato DHB Coordinated Incident Management System (CIMS) Defined Roles 4

POSTERS | 1 Initial Actions | 2 Response Levels | 3 CIMS Structure | 4 Defined CIMS Roles | 5 DNM Process | 6 Considerations

CONTROLLER

- Conduct Strategic Risk Assessment
- Confirm emergency management / response level
- Confirm Waikato DHB role
- Confirm CIMS structure

- Establish & Chair IMT meetings
- Conduct initial incident briefing
- Activate Emergency Operations Centre
- Establish Action Plan objectives.
- Identify stakeholders
- Ensure health, safety & wellbeing of all responding staff.
- Manage Waikato DHB response.

Response Manager

- Establish EOC and identify required function managers
- Confirm EOC requirements for personnel and resourcing
- Activate emergency on Health EMIS

- Ensure Function Managers are appointed
- Make sure critical updates are available to IMT staff
- Troubleshoot equipment issues
- Monitor H&S of EOC staff, facilities and management team
- Provide expert advice

Crisis Management

- Assess business continuity risks
- Confirm level of activation of BCP
- Confirm process to move staff/ resources to response
- Ensure resources available for

- 'Essential' BAU services
- Confirm business continuity status
- Establish regular communication with Incident Controller
- Discuss resourcing with CMT members
- Confirm ongoing 'Essential' services requirements
- Identify personnel and resource needs

TAG (Chair–Clinical Lead)

- Confirm TAG role, risks, and, priorities;
- Provide advice, options, recommendations to IMT;

- Incident Controller, review and/or sign-off Health advisories;
- Ensure PIM information is appropriate;
- Inform clinical actions;
- Liaise with regional/national contacts

Planning

- Support initial risk assessment
- Confirm strategic direction
- Confirm Action Plan needs
- Confirm intelligence management principles

- Support the publication of Situation Reports (Sitreps)
- Write and maintain Action Plan
- Develop specific plans (Comms, handovers etc)
- Prepare for Recovery phase
- Attend IMT to keep Controller informed of planning aspects of response
- Prepare Daily Reports based on Action Plan

Action Plan
Long Term Plans
Contingencies
Review Plans
'The Planners'

Intelligence

- Confirm intel status and verify information to support risk assessment
- Confirm internal intel sources
- Confirm external intel sources
- Confirm intelligence needs
- Surveillance needs

- Attend regular P & I meetings
- Review and report on intel–provide SitRep updates
- Liaise with Technical Advisory Group (TAG)
- Monitor sources and receive updates
- Ensure intel reporting is up-to-date
- Evaluate risks/issues and recommend control measures
- Conduct briefings as required
- Maintain briefing board / situational awareness information

Gather Intel
Verify & Analyse
Brief staff
Intel Management
Dissemination
'The Thinkers'

Logistics

- Identify personnel needs - Waikato DHB and external assistance
- Take over call tree - contact required staff
- Create and maintain an EOC activation / CIMS roster
- Confirm resources and equipment
- Ensure EOC set up and other facilities are satisfactory
- Confirm EOC catering
- Confirm equipment needs
- Confirm Waikato DHB communications channels

- Action logistics requests
- Source staff as required
- Contact external stakeholders re: staff/resources as required
- Maintain reponsibility for external staff
- Lead incident induction
- Source equipment as req.
- Ensure external Incident Control Points and emergency sites are operational
- Ensure robust communication processes
- Support the development of the Action Plan
- Confirm finance arrangements

Resources
Rostering Staff
Procure
Catering
Transport etc
'The Getters'

Operations

- Support the risk assessment process
- Ensure ALL Functional Tasks are completed
- Assess Operational staffing needs
- Stakeholder Liaison including Iwi and Welfare functions
- Volunteer Coordination
- Data management I Data entry I Data analysis
- Function manager updates
- Provide intel updates

- Establish Operations Team
- Establish team facility requirements
- Establish team personnel resourcing
- Establish team equipment requirements
- Provide Operational Plan / Status
- Support revisions to Action Plan
- Manage staff and resource needs
- Ensure staff capability
- Manage deployed staff and their safety

Coordination
Data Managing
Liaison
Tasking
Field Operators
'The Doers'

Health, Safety & Wellbeing

- Confirm scope of role
- Conduct initial Health, Safety and Wellbeing assessment of incident risks and identify any PPE requirements
- Confirm incident-specific hazards and recommendations
- Confirm business continuity risks/issues
- Ensure ALL deployed (internal and external) staff are contactable
- Confirm response staffing in line with H&S principles
- Confirm response rostering in line with H&S and HR principles

- Ensure staff are aware of agreed work practices and H&S risks/processes
- Conduct site assessments of ALL facilities used during response
- Manage H&S issues
- Identify new issues
- Confirm processes in place for significant H&S issues
- Resolve issues
- Maintain contact with regional colleagues
- Ensure IMT staff following shift processes
- Keep accurate records
- Confirm H&S component of debriefing and recovery

Needs assessment
Wellbeing of staff
Debrief deployed
Liaison with WCG
Manage H&S issues
'The Carers'

PIM (Comms)

- Confirm risks associated with response and hazard
- Liaise and support Incident Controller
- Confirm Waikato DHB Communications needs and produce plans
- Created tailored internal communications
- Ensure staff are aware of communications priorities and key messages

- Create tailored external communications
- Support ad hoc communications
- Liaise with other agency communications
- Monitor Social Media channels
- Verify contents of Stakeholder and Public Messaging
- Coordinate Press and Media interests - advise Controller
- Respond to external media inquiries

Share Info
Monitor/Liaison
Social media
Public speaking
Provide advice
'The Talkers'

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INITIAL RISK ASSESSMENT CONSIDERATIONS
Regional or National Event

Date Time	Examples of aspects to be considered	**C** Community ☐ / **O** BAU	**I** Incident ☐ / **1** Minor	**L** Local ☐ / **2** Moderate	**R** Regional ☐ / **3** Major	**N** National ☐ / **4** Severe	Response Level / **5** Support

S (with up/down arrows)

Category	Aspect	Examples of aspects to be considered	O BAU	1 Minor	2 Moderate	3 Major	4 Severe	5 Support
Category	Consequences/ impacts	Health and life, infrastructure, culture, community, Treaty obligations, reputation, trade, economy, environment, shelter and accommodation, recovery	The population in the area is unlikely to be impacted ☐	A small number of the population in the area are / would be / could be impacted ☐	Some of the population in the area are / would be / could be impacted ☐	Many of the population in the area are / would be / could be impacted ☐	A majority of the population in the area are / would be / could be impacted ☐	Lead agency requires support to coordinate the response for the population in the area which is impacted ☐
	Resources	Capacity and capability to manage (e.g. availability of technical expertise and resources, responders) and finances available	Manageable with BAU resources and capacity ☐	Manageable with available resources and capacity ☐	Manageable with available resources and capacity ☐	Requires some additional allocation of resources ☐	Resource limits and capacity are full ☐	Lead agency requires additional allocation of agencies ☐
	Public, political and media interest	Degree of expected public, political and media interest (i.e. local interest only, through to global interest, and at what level it should be managed	No interest ☐	Minimal to no interest Routinely managed ☐	Some degree of interest Senior leadership and executives ☐	Some degree of interest Senior leadership and executives are engaged ☐	Significant degree of interest Elected officials and ministers are engaged ☐	Lead agency requires input to manage the degree of interest Senior leadership and executives are engaged ☐
	Response and recovery characteristics	Containment, stability, location, spread, number of entities involved, urgency, novelty (e.g. a new event, agenvies working with unfamiliar partners etc.), disruption, decisions required, timeframe / expected duration, cost	Business as usual ☐	Familiar/routine/ predictable Known solutions to familiar/routine/ predictable problems ☐	Mostly familiar/routine/ predictable with some degree of irregularity Known solutions to known but irregular problems ☐	Mostly irregular with some degree of familiarity and predictability Mostly known solutions to irregular and possibly unknown problems ☐	Mostly irregular with some degree of familiarity and predictability Mostly known solutions to irregular and possibly unknown problems ☐	Mostly irregular with some degree of familiarity and predictability Mostly known solutions to irregular and possibly unknown problems ☐

Incident or Local Event

☐ There has been a death which may have an impact on Waikato DHBs role or reputation

☐ Resourcing requirements is higher than usual (or is estimated to be higher than usual)

☐ Attendance is estimated to be required on site for more response staff or for more than ½ a day

☐ The incident has or may generate media interest

☐ External communications (eg public, other organisations) are required or expected

☐ There is a reputational risk to DHBs

☐ There is a high profile element (event or person)

☐ There is already one or more event/incident that is requiring similar resources

☐ There is a significant or anticipated multi-agency response

☐ There is likely to be moderate to severe disruption of other priorities/ services/activities

☐ An EOC may require activation

☐ There is concern for the health and safety of staff

☐ For other reasons the incident may benefit from a discussion.

Does the event/information suggest that any of the above would apply?

Initial Assessment Meeting Process

Incident may meet Criteria
↓
Discuss with manager
↓
L4 manager and MOoH agree
↓
Emergency management team to facilitate meeting / teleconference
↓
Response & Actions decided. Roles and responsibilities

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5 **Waikato DHB** SINGLE POINT OF CONTACT – DNM PROCESS **5**

POSTERS **1** Initial Actions **2** Response Levels **3** CIMS Structure **4** Defined CIMS Roles **5** DNM Process **6** Considerations

DNM email

The DNM email account is monitored 24 / 7
1. The DNM account forwards email to DNMs on duty
2. Alerts are escalated to a "Code Alert" email group including Directors and Executive

Escalation DNM

Following a DNM email, where there is a requirement to take action, the recipient responsible will assess and notify Manager if required.

Confidentiality

Recipients must ensure that any messages containing urgent or sensitive information are discretely managed. Escalation to appropriate personnel is carried out in a timely manner.

Ministry of Health	Emergency Management (EM)	Other

EM proved watches, warnings and alerts

Waikato DHB = DutyNurseManager@waikatodhb.health.nz
Ph: 021 504 638

RESPONDING TO / NOTIFYING THE MINISTRY OF HEALTH

Responding to a Ministry notification

Waikato DHB SPOC

Waikato DHB ELT	Emergency Management Team	OTHERS (internal)

If the MOH is unable to respond, during business hours, in a timely manner then, The Emergency Management Team has the responsibility to assess and respond to an incoming email through the HPO process.

There should be NO test messages outside of business hours.

Ministry of Health	0800 GET MOH (0800 438 664) available 24/7 OR appropriate email below

Notifications: ihr.nfp@health.govt.nz I **Urgent Non-clinical:** nhcc.spoc@health.govt.nz I **Administration use:** nhep@health.govt.nz

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6 **Waikato DHB CIMS RESPONSE** CONSIDERATIONS and ACTIVATION **6**

POSTERS **1** Initial Actions **2** Response Levels **3** CIMS Structure **4** Defined CIMS Roles **5** DNM Process **6** Considerations

CONSIDERATIONS

- [ ] Has there been a death which may have an impact on Waikato DHB scope, role or reputation?
- [ ] Has Pratique been withheld OR likely to be withheld?
- [ ] Are resourcing requirements higher than usual (or estimated to be higher than usual)?
- [ ] Is attendance at the scene required for more than 2 Waikato DHB staff or for more than ½ a day?
- [ ] Will this incident generate or be likely to generate media interest?
- [ ] Will external communications (eg public, other organisations) be required or expected?
- [ ] Is there reputational risk to Waikato DHB, MOoH or DHBs?
- [ ] Is there a high profile element (event or person)?
- [ ] Are there already other events/incidents requiring similar resources?
- [ ] Is this a high risk or rare disease – eg MERS or Ebola?
- [ ] Will there be a significant or anticipated multi–agency response and coordination required?
- [ ] Is there likely to be any disruption of other Waikato DHB priorities/services/activities?
- [ ] Are there any other reasons why the incident is or may be complex and benefit from a discussion?
- [ ] Is the health and safety of Waikato DHB staff at risk?
- [ ] Have Waikato DHB been requested to activate their EOC by the Ministry or Key Stakeholder?

Initiating the CIMS Response

- **Verify information / intelligence**
- **Identify participants (list below)**
- **Arrange a meeting and/or teleconference**
- **Record actions and respond to the situation at agreed level**
- **Review (if required)**

Call 0800633866 I Access code: 1429301093#
Host code: *6003#

Emergency Management Team can assist

Meeting agenda items:

- Brief overview (latest information and intelligence)
- Waikato DHB role clarified and agreed:
- Checklist of questions/actions to be identified at the meeting and analysed/resourced/documented post meeting (for current and future state):
  - [ ] **CONTROLLER**: Level of response (colour code), Risks, Hazards and Threats
  - [ ] **PLANNING**: Degree of planning required
  - [ ] **INTELLIGENCE**: Current state
  - [ ] **LOGISTICS**: Level of resourcing
  - [ ] **OPERATIONS**: Prioritisation of tasks (if required)
  - [ ] **WELFARE, H&S**: Health and safety of current staff involved
  - [ ] **PIM** (Comms): Communications plan - internal and external (including MOoH notifications)
- Next update/action plan/meeting requirements - determine whether another meeting is required, an IMT is required or no further meetings required. If no further meetings determine if an end of day report is required.

CIMS Incident Management Team Likely Participants

- [ ] Manager or designee
- [ ] Director
- [ ] Member(s) of SLT
- [ ] Portfolio lead
- [ ] Technical lead (HPO, PHN, MO)

- [ ] Medical Officer of Health
- [ ] Communications
- [ ] BaU manager
- [ ] Others deemed appropriate

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CIMS Function Managers

Preparing to participate in an IMT

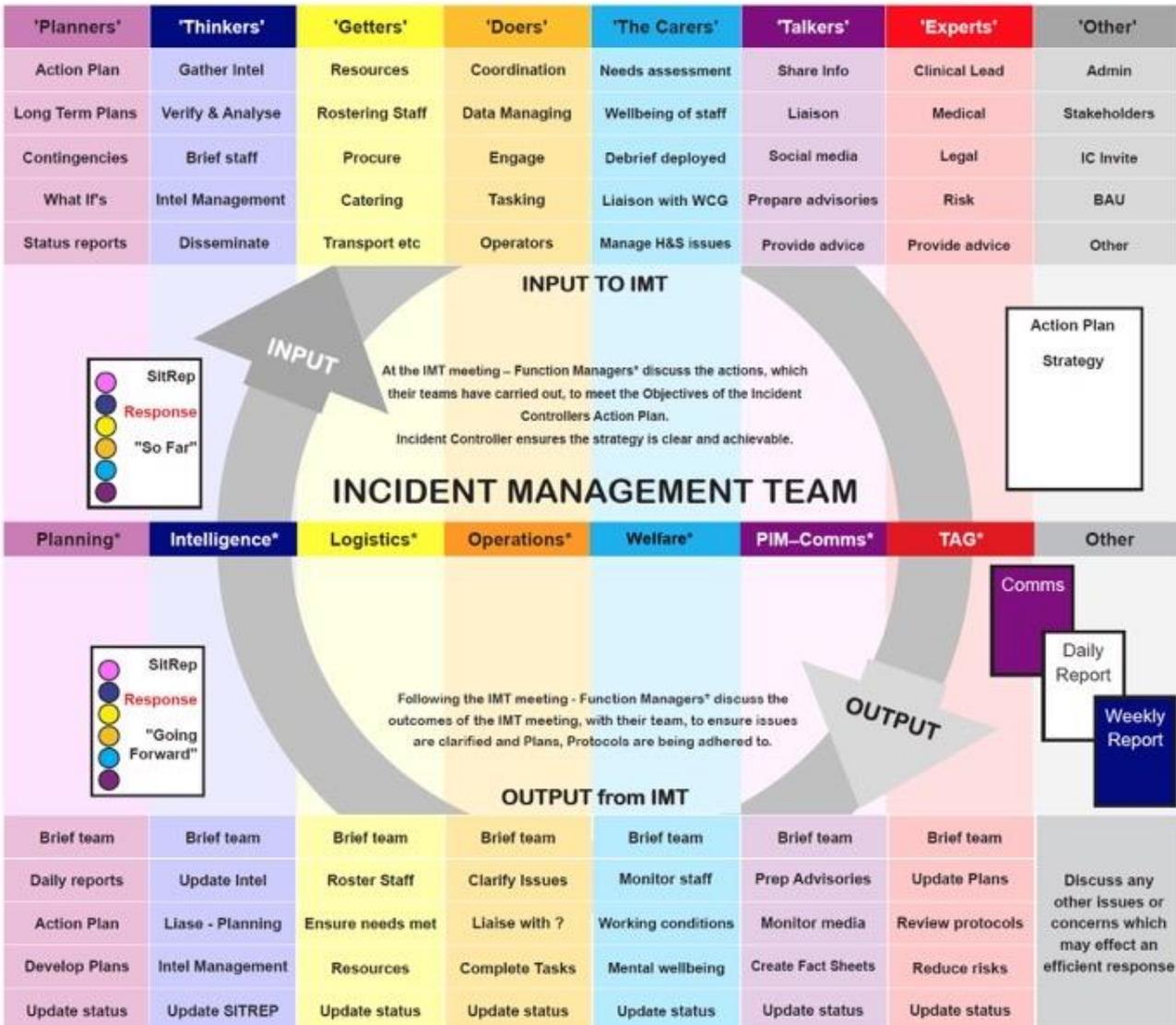| INCIDENT CONTROLLER	
• Conduct Strategic Risk Assessment • Confirm response level • Confirm Waikato DHB role • Confirm CIMS structure	• Establish & Chair IMT meetings • Conduct initial incident briefing • Activate Emergency Operations Centre • Establish Action Plan objectives • Identify stakeholders • Ensure health, safety & wellbeing of all responding staff • Manage Waikato DHB response.

Below are the CIMS Functions and some sub-functions required to support a response and assist the Incident Controller.

An incident management team (IMT) manages the coordination of an organisational response by providing direction to all functions involved. Function managers participate in the IMT to discuss, with the Incident Controller (IC), tasks relevant to their function AND actions required to support the response to achieve the Incident Controllers objectives reflected in the Action Plan.

The IMT is informed by the Situation Reports (SitRep) provided from each function status reports. The current SitRep is discussed to ensure tasks are completed and any outstanding Actions will be taken care of.

Actions should reflect a timeline and person responsible for ensuring the action is completed.

'Planners'	'Thinkers'	'Getters'	'Doers'	'The Carers'	'Talkers'	'Experts'	'Other'
Action Plan	Gather Intel	Resources	Coordination	Needs assessment	Share Info	Clinical Lead	Admin
Long Term Plans	Verify & Analyse	Rostering Staff	Data Managing	Wellbeing of staff	Liaison	Medical	Stakeholders
Contingencies	Brief staff	Procure	Engage	Debrief deployed	Social media	Legal	IC Invite
What If's	Intel Management	Catering	Tasking	Liaison with WCG	Prepare advisories	Risk	BAU
Status reports	Disseminate	Transport etc	Operators	Manage H&S issues	Provide advice	Provide advice	Other

INPUT TO IMT

INPUT

SitRep
Response
"So Far"

At the IMT meeting – Function Managers* discuss the actions, which their teams have carried out, to meet the Objectives of the Incident Controllers Action Plan.
Incident Controller ensures the strategy is clear and achievable.

Action Plan Strategy

INCIDENT MANAGEMENT TEAM

Planning*	Intelligence*	Logistics*	Operations*	Welfare*	PIM–Comms*	TAG*	Other

SitRep
Response
"Going Forward"

Following the IMT meeting - Function Managers* discuss the outcomes of the IMT meeting, with their team, to ensure issues are clarified and Plans, Protocols are being adhered to.

OUTPUT

Comms

Daily Report

Weekly Report

OUTPUT from IMT

Brief team	Brief team	Brief team	Brief team	Brief team	Brief team	Brief team	
Daily reports	Update Intel	Roster Staff	Clarify Issues	Monitor staff	Prep Advisories	Update Plans	Discuss any other issues or concerns which may effect an efficient response
Action Plan	Liase - Planning	Ensure needs met	Liaise with ?	Working conditions	Monitor media	Review protocols	
Develop Plans	Intel Management	Resources	Complete Tasks	Mental wellbeing	Create Fact Sheets	Reduce risks	
Update status	Update SITREP	Update status	Update status	Update status	Update status	Update status	

Follow up with sub-functions after the IMT

Following an IMT meeting the Function Managers are responsible for ensuring their function and sub-functions are updated especially IF tasks and actions need to be completed.

The Function Manager will provide clarification to their function members of any questions, concerns or issues raised by their team to ensure there is clear understanding of roles, responsibilities and timelines/milestones to be met.

The Function Manager should also liaise with their colleagues (other function managers) to ensure support is provided where needed.

For example Planning and Intelligence should meet with TAG members to discuss plans requiring clinical input - these plans are then updated and presented back to the IMT for approval.

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