3DHB Health Emergency Plan

2020 – 2025

Capital and Coast District Health Board

Hutt Valley District Health Board

Wairarapa District Health Board

Fionnagh Dougan
Chief Executive

Hutt Valley District Health Board
Private Bag 31907, Lower Hutt 5010
www.huttvalleydhb.org.nz

Dale Oliff
Chief Executive

Wairarapa District Health Board
PO Box 96, Masterton 5840
www.wairarapa.dhb.org.nz

Capital & Coast District Health Board
Private Bag 7902, Newtown, Wellington 6342
www.ccdhb.org.nz

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Executive Summary

This three district health board (3DHB) Health Emergency Plan (HEP) has been developed as a requirement of the Ministry of Health (MoH) Operational Policy Framework (OPF) for District Health Boards (DHBs).

The plan is a strategic document that establishes the link with specific national, regional and local health emergency plans and procedures. The plan replicates the National Health Emergency Plan (NHEP) framework in order to manage a resilient and sustainable health sector during any potential or significant health or civil emergency. This includes making clear the expectations and obligations of the DHBs, the emergency context in which they operate, and the roles and responsibilities to be fulfilled.

The 3DHB HEP follows a comprehensive emergency management model (Reduction, Readiness, Response, Recovery), and incorporates lessons learnt from major national incidents and other DHBs. Executing the plan is reliant on combining expertise and capabilities across all agencies in order to fulfil the directives of the NHEP, which are that DHBs are responsible for arrangements and partnerships to develop plans, manage risks, and build capabilities, to collectively contribute responses to emergencies.

The plan has been developed in consultation with key emergency managers and personnel within the 3 DHBs, through workshops and online collaboration. The plan is based on Hutt Valley and Wairarapa District Health Boards' plans, and further guided by Canterbury District Health Board's Health Emergency Plan, due to their emergency management and planning experience, and Auckland District Health Board's Health Emergency Plan, given their comprehensive multi-site emergency co-ordination.

The purpose of the plan is to illustrate how the 3DHBs intersect with the emergency management arrangements in place at national, regional and local levels. It provides the format for the 3 DHB coordination, direction and support of health-related community responses to a very large scale or extended emergency such as pandemic disease and is underpinned by various tactical plans such as Pandemic, Major Burns, Mass Casualty and Major Incident.

Two key proposals arise for consideration from researching Canterbury and Auckland DHBs planning documentation. These are:

- The formation of a 3DHB Health Emergency Governance Group (3DHB-HEGG), and
- The formation of a 3DHB Recovery Planning & Coordination Group.

The proposed 3DHB-HEGG Chair would be accountable to the CEOs. The Group is comprised of senior clinicians and managers, and ELT representatives from each DHB (e.g. Strategy, Planning & Performance, MHAIDS, Maori & Pacific Health, Primary Care, Community, Allied Health, Nursing & Midwifery) with the mandate to ensure the effectiveness and accountability of all 3DHB planning and response activity, and approve all plans prior to their implementation and monitor the annual emergency management preparedness programme.

A 3DHB Recovery Coordination Group is proposed to provide governance to the structures and processes of the HEP and develop a reporting dashboard in order to capture core performance information (CPI) in a consistent and continual manner. Specific measures would be developed to report on equity and inclusion, and the level of resilience across the 3DHB networks, each of which are high priority CPIs from the NHEP.

The dashboard would include progress reporting against the work programme identified throughout the plan:

- As a base for audit
- To inform training & exercises
- To give assurance to level of preparedness
- To assist each other as it is unlikely that proficiencies & deficiencies are the same across each DHB
- To monitor level of spend and effort to maintain an emergency capable workforce
- To monitor the effectiveness of risk reductions over time

The plan specifies the required outcomes at each phase of the emergency management process, which are:

Risk reduction: The 3DHB team will jointly review and analyse identified risks; take steps to eliminate these risks where practicable and specific to their "local" environment, and where not, take steps to reduce the likelihood and the magnitude of their impact on their own DHB and partner DHBs.

Readiness: A 3DHB whole of health system is ready and able to activate a coordinated, structured response and recovery, where all partner agencies are ready and able to participate in any system response. This includes both public and private health providers, and NGOs.

Response: The DHBs and related health service providers will execute a response which minimises the impacts of the emergency on their populations and maintains services to the greatest extent practical. The response will be the best it can be under rapidly changing circumstances, with staff fulfilling the expected roles and functions whether health is the lead or the supporting agency.

Recovery: The 3 DHBs will deliver to a structured recovery strategy based where possible on prior Recovery Pathway planning. This will ensure that restoration of services are accessible and sustainable, adjusting service delivery to emerging requirements and changes in demand by reshaping services and models of care. A priority restoration schedule will be based on the priority services planning commenced in the readiness phase.

In order to deliver to the required outcomes, a 3 DHB work programme is recommended supported by the three key proposals – establishment of a 3DHB HEGG, establishment of a 3DHB Recovery Coordination Group, and development of a 3DHB reporting performance dashboard.

Feedback is sought on the above proposals. The planned programme of work would entail a systematic review of current documentation including pandemic plans, incorporating lessons learnt from the recent and ongoing experience.

Acknowledgements

The following DHBs are acknowledged for their willing contribution to the development of this plan:

- **Hutt Valley DHB**: Hutt Valley District Health Board Health Emergency Plan 2017
- **Wairarapa DHB**: Wairarapa District Health Board Health Emergency Plan 2016
- **Canterbury DHB**: Canterbury District Health Board Health Emergency Plan 2017 and Health Emergency Governance Group Terms of Reference
- **Auckland DHB**: Auckland District Health Board Health Emergency Plan 2014-2017

Introduction

Emergency preparedness is progressive, continuously moving the public and agencies toward greater resilience. This ongoing process involves careful planning, designing of response actions, testing, evaluating and updating plans. For the health sector, careful planning is critical to protecting the public and healthcare providers and safe-guarding the public's investment in the healthcare system.

This 3 District Health Board (3DHB) Health Emergency Plan (HEP) is focused on improving the 3 DHB collaborative response, increasing capability and flexibility to effectively respond to emerging and rapidly changing environments and events.

The plan specifically focuses on key themes arising from the National Health Emergency Plan (NHEP) which include:

- Building resilience to unpredictable health emergency events across all service providers
- Using a recognised risk based approach for planning for and managing through an event
- Strengthening the focus on risk reduction
- Building resilience to hazards and reduce vulnerabilities before, during and after emergencies
- Ensuring a "whole of sector" approach

The plan follows a comprehensive emergency management model, and incorporates lessons learnt from major national incidents. Executing the plan is reliant on combining expertise and capabilities at all levels across all agencies in order to fulfil the directives of the NHEP, which are that DHBs are responsible for arrangements and partnerships to develop plans, manage risks, and build capabilities, to collectively contribute responses to and from emergencies. The plan has been developed in consultation with key local planners and emergency managers within the 3 DHBs, guided by Auckland and Canterbury District Health Boards Health Emergency Plans. The plan illustrates the interdependencies and service delivery benefits by operating as a 3DHB collaborative when one or all is impacted by emergency events or major incidents.

To maintain its alignment with the NHEP this plan will be reviewed by the sub regional DHBs within three years of its adoption. The plan will also be revised as required following any new developments or substantive changes to the operations or organisation of New Zealand health and disability services, and/or as a result of lessons from a significant emergency affecting the provision of health services within the region or by direction of the Ministry of Health, the Chief Executive Officer(s) (CEOs) or a 3DHB Health Emergency Governance Group (3DHB-HEGG).

Adopting the 3DHB HEP assures each sub regional DHB of the assistance and support of their partners regardless of whether or not they are experiencing the event locally.

Document Structure

The 3DHB HEP is a strategic document that establishes the link with specific national, regional and local health emergency plans and procedures. It encompasses both expectations and obligations of the DHBs, defines the emergency context in which they operate, and the roles and responsibilities to be fulfilled.
The plan replicates the NHEP framework in order to manage a resilient and sustainable health sector during any potential or significant health or civil emergency. It acknowledges the essential strategic partners (councils, emergency services, WREMO, lifeline utility agencies and welfare agencies) that have responsibilities outlined in the CDEM Act and which must work together throughout an event or emergency.

This plan also provides the strategic link to the tactical level DHB emergency plans, manuals and policies to provide a coordinated response across and within each DHB; the relationship between these plans is shown at Figure 1.

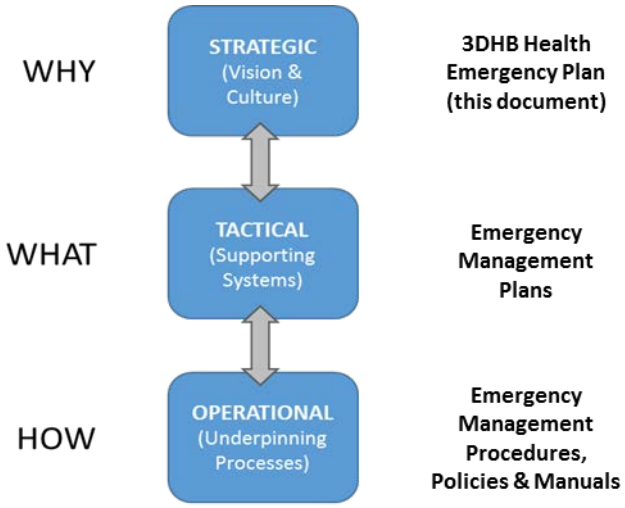


Figure 1: The relationship between 3 DHB plans and their management levels

The document begins by describing the rationale and requirements for this plan showing how it aligns with national and regional health emergency plans. It includes relevant supporting information to inform decision making and planning. The remainder of the document describes how the 3DHBs collectively plan to meet these requirements through the four areas of emergency management which are reduction, readiness, response and recovery. These are commonly referred to as the 4R's of comprehensive emergency management.

Rationale

The 3DHB HEP has been developed as a requirement of the Ministry of Health (MoH) Operational Policy Framework (OPF) for District Health Boards. The OPF is one of a group of documents, collectively known as the 'Policy Component of the District Health Board Planning Package', that sets out the accountabilities of District Health Boards (DHBs).

Under the National Civil Defence Emergency Management Plan Order (2005) (National CDEM Plan) and the Crown Funding Agreement (CFA), all DHBs and their public health units (PHUs) are tasked with developing their own emergency response plans for significant incidents and emergencies. These plans are required to identify how services will be delivered in a Civil Defence or related emergency and acknowledge the role of DHBs' as both funders and providers of health services. These plans apply the structures and processes identified in the NHEP by District and Region.

The National CDEM Plan requires DHBs' to provide adequately for public, primary, secondary, mental and disability health services. DHBs' shall cover an integrated and regional response and be coordinated with plans of other agencies, for example Ambulance, Fire, Police, Local Authorities and Civil Defence Emergency Management Groups (CDEMGs'). They must also use the Coordinated Incident Management System (CIMS), which forms the basis of the emergency operational response in New Zealand.

Purpose

The purpose of the plan is to illustrate how the 3DHBs intersect with the emergency management arrangements in place at national, regional and local levels to maintain a resilient and sustainable health sector during any potential or significant health or civil emergency. It formalises the agreement between partner DHBs and ensures a consistent approach to coordination, cooperation and communication across the sub region when one or all are responding to an incident.

Intended Audience

All relevant stakeholders and strategic partners who contribute to building resilience, collaborative planning and joint execution of plans, from the outset of the emergency to the end of recovery. i.e. all agencies and partners involved in health service delivery across the sub region, (emergency services, local government, welfare services agencies, lifeline utilities and non-government agencies); and the general public.

Objectives

This plan has the following objectives:

- To prepare for the risks to health services based on the hazardscape identified by the Wellington Region Civil Defence and Emergency Management (CDEM) Group.
- To ensure a state of readiness for any emergency that may affect the health of the community.
- To provide a planning framework for all 3DHB funded health services and providers within the sub region.
- To provide for individual DHB and 3DHB coordination, direction and support for a health response to short term, large scale or extended emergencies, within the region or nationally.

Guiding Principles

The 3DHB partners will be guided by the following principles from the NHEP to effectively prepare for and manage the health-related risks and consequences of significant hazards and events.

1. Comprehensive approach: Encompass all hazards and associated risks, and inform and enable a range of risk treatments concerned with reduction, readiness, response and recovery.

2. Integrated all agencies approach: Develop and maintain effective relationships amongst individuals and organisations, both in the health and disability sector and with partners, to enhance collaborative planning and operational management activities at all levels (local, regional and national).

3. Stakeholder engagement: Facilitate stakeholder input to and understanding of the full spectrum of risk identification, reduction, readiness, response and recovery activities and arrangements.

4. Hazard risk management: Take a contemporary all-hazards approach based on sound risk management principles (hazard identification, risk analysis and impact analysis).

5. Health wellness and safety: Maintain an emergency management structure that supports, to the greatest extent possible, the protection of all health workers, health and disability service consumers and the population at large.

6. Health equity: Establish, maintain, develop and support services that are best able to meet the needs of patients/clients and communities during and after an emergency, even when resources are limited, and ensure that special provisions are made for priority populations and hard-to-reach communities so that emergency responses do not create or exacerbate inequalities.

7. Continuous improvement: Undertake continuous improvement, through on-going monitoring and review, updating capabilities, plans and arrangements using an evidence-based approach. Continuous

improvement incorporates education, professional development, exercising, post-operational debrief, review, evaluation and ethical practice.

Relationship to the National Health Emergency Plan (NHEP)

The 3DHB HEP links with the Ministry of Health's National Health Emergency Plan, the Central Regional Health Emergency Plan, Wellington Region Civil Defence Emergency Management Plan, National Ambulance Plan and numerous services' and providers' plans (Figure 2).

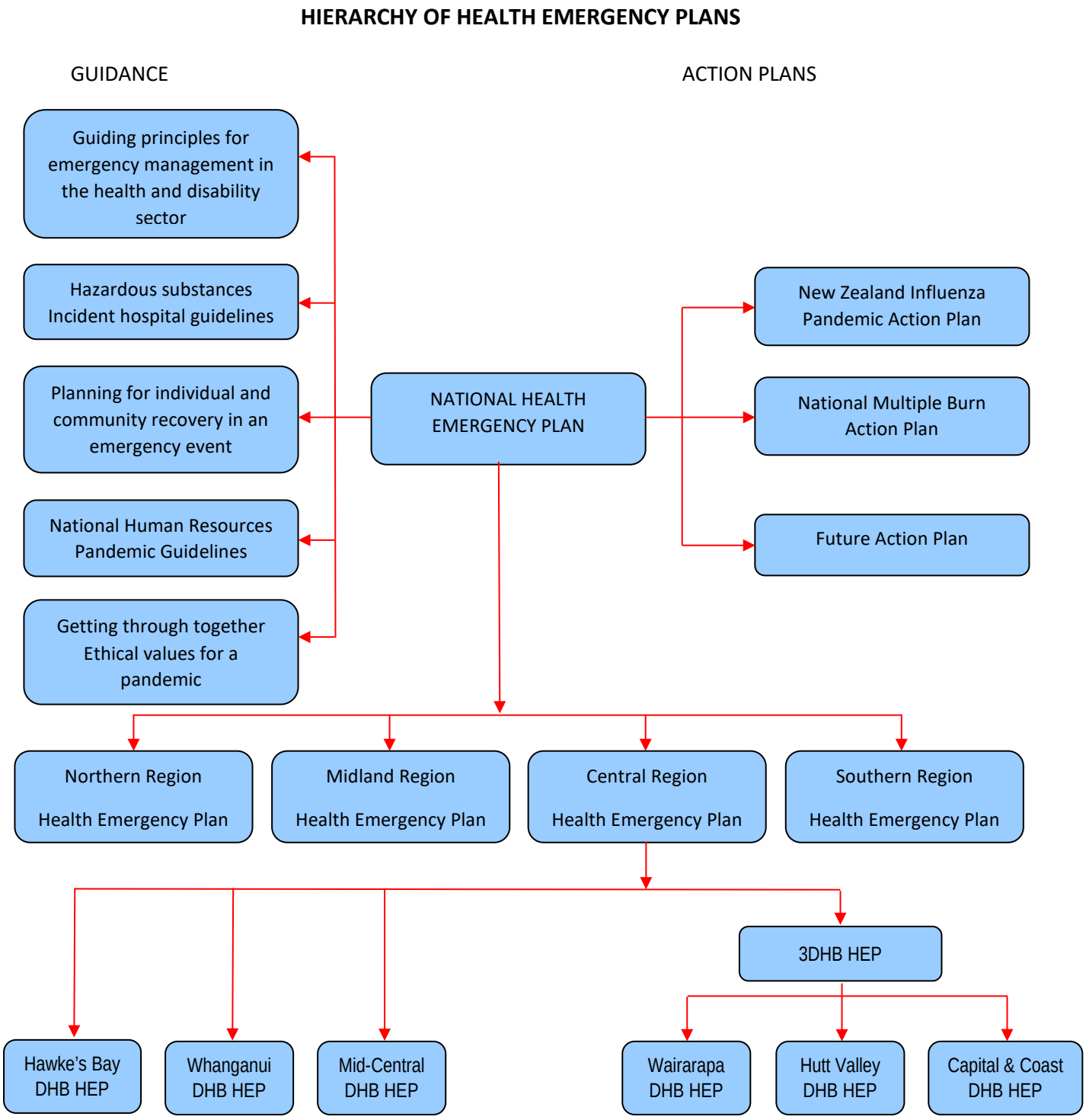


Figure 2: Diagram showing the relationship between the Plan and Regional and National HEPs

The 3DHB HEP emphasises the importance of an integrated effort – one of strategic alliances and partnerships, and cooperation to enable effective planning and response to all hazards that may result in an emergency response by the health sector. It provides the format for the coordination, direction and support of health-related community responses to a very large scale or extended emergency such as pandemic disease.
This 3DHB Hep is underpinned by various tactical plans such as Pandemic, Burns, Mass Casualty and Major Incident.

Supporting Information

The following supporting information shapes planning and decisions, guides capacity and capability development, and informs the design and content of future work programmes to maintain a state of readiness. Supporting information includes sub regional demographics, projected demographic changes, 3DHB strategic partners and their service plans, relevant legislation, and lead agency roles and responsibilities.

Sub Regional Demographics

Key characteristics of the Wellington Region

- The Wellington Region has approximately 521,500 people1. The main population centres are Wellington (41%), Lower Hutt (21%), Porirua (11%), Kāpiti (10%), Upper Hutt (9%) and the Wairarapa districts of Masterton, South Wairarapa and Carterton (8%).
- Wellington Region's physical geography and topography, with mountain ranges running north-south and dynamic river systems, has both created and restricted human settlement over the centuries. The risks facing people in the region reflect choices that have been made historically about where to live and work, as well as how to travel (e.g. living and working on floodplains and, as a consequence, being at risk of flooding).
- The Wellington Region produces 15% of the New Zealand's GDP and is the home of central government.

Wellington City

- Wellington City is New Zealand's capital city and the seat of government. Wellington City has a population of approximately 213,815 and is nationally important as the main port link between the North and South Islands, the nexus of State Highways (SH) 1 and 2 and national railway lines, and the home of the country's third largest airport, processing around six million passengers a year. Approximately 80,000 people commute into Wellington City during the business week (Monday to Friday), although high-density inner-city living is increasing with recent and planned development. Wellington City is threatened by various natural hazards including earthquakes, tsunami and landslides. Active fault lines pass through and near Wellington City, which makes it exposed to local source tsunami. A major hazard event could damage vulnerable national assets and disrupt government, businesses and infrastructure, including isolating the city.
- Evidence from the Kaikōura earthquake in November 2016 strongly suggests that a major earthquake in the South Island could have a major impact upon Wellington City.

Kāpiti Coast and Porirua

- Much of the growth along the Kāpiti Coast (population approximately 52,150) is on coastal dunes and river plains systems that stretch from Paekakariki to the Manawatu. The hazards facing the Kāpiti communities range from earthquakes, tsunami and landslides through to floods from both fastflowing rivers that flow down from the Tararua Ranges and smaller streams that have not yet had significant mitigation works completed. Kāpiti is connected to Wellington by one major road and two railway lines. Both transport links pass over fault lines and alongside steep coastal cliffs. As a result, the area's communication connections with the capital, and the region's most direct transport links with the rest of the North Island, are especially vulnerable.
- The Porirua area (population approximately 57,365) and Pauatahanui Inlet are also growing in population numbers. They are exposed to a similar range of hazards as the Kāpiti coastal communities. Porirua has limited communication links to adjoining areas because of steep hills defining the edge of the Porirua basin.

Figure 3. CCDHB District

Hutt Valley

- The Hutt Valley is home to approximately 156,450 people and several thousand businesses. Most have premises on the Hutt River floodplain. The western edge of the Hutt Valley runs along the same fault line that passes through Wellington city, posing a major threat of earthquake-related damage, including landslides. There is also a significant tsunami threat to a large section of the Hutt Valley population residing in the Eastbourne and Petone areas.

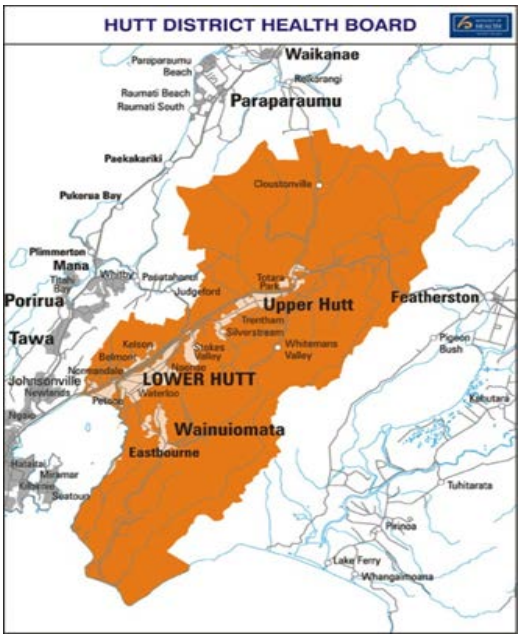


Figure 4. HVDHB District

Wairarapa

- Although the Wairarapa represents the largest area of land in the Wellington Region (78%), it is home to only 8% of the region's population (population approximately 41,720). The area is very important to the regional economy from an agricultural perspective in particular. The Wairarapa Plains are bisected by several major river systems and fault lines, and Lake Wairarapa stores large volumes of water that flows through the area. The risk of flooding across the Wairarapa Plains is an important consideration because of the threat to life in major settlements and the consequences on the rural economy.
- Wairarapa is additionally at risk of isolation if the major arterial route, State Highway No.2, running from Mount Bruce in the north to the Remutaka Summit in the south, was rendered impassable due to snow, landslide or high winds etc.

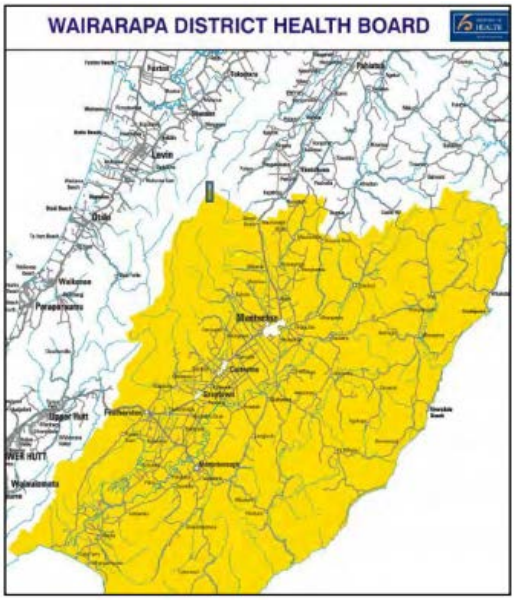


Figure 5. WDHB District

Strategic Partners - Implications for 3DHB Health Services

Territorial Local Authorities (TLAs)

3DHB has an obligation to build and maintain relationships with multiple agencies, including local government. The TLAs play a vital role in emergency management. As the boundaries of the TLA's do not match the DHB boundaries, relationships and multi –agency exercising are key to ensuring an effective and coordinated response.

The 3DHB's are both a statutory emergency service and a CDEM partner and are represented on the following CDEM committees:

Table One: DHB Committee representation

Committee	Goal	Frequency
Wellington Region Civil Defence Coordinating Executive Group (CEG)	The CEG is responsible to the CDEMG to provide advice, implement the decisions of the group, and to oversee the development of the CDEMG plan.	3 meetings per annum
Wellington Sub Regional Health Emergency Management Meeting	To achieve a consistent approach to emergency management across the sub region.	Monthly
Central Regional Health Emergency Managers Group	To achieve a consistent approach to emergency management across the region.	Bi- annual
Regional Inter Agency Planning Committee	To ensure appropriate relationships are maintained, consider options and scenarios to test response capacity and capability and to maintain awareness of agency roles	Quarterly
Regional Welfare Coordination Group	To ensure that welfare service delivery is planned, organised, integrated and coordinated.	Quarterly
Emergency Services Coordinating Committee	Discuss and plan for operational arrangements, to build and strengthen relationships.	Quarterly

The relationships listed above are essential to ensure a cooperative and coordinated multi-agency response to any emergency whether CDEM or Health led. Links to other organisation emergency plans can be found in Appendix B.

Reference Documents and Legislative Requirements

The Civil Defence Emergency Management Act 2002 (and amendments) and National CDEM Plan outlines the roles and responsibilities of key agencies in an emergency. A range of supporting and enabling legislation provides the legislative framework for health emergency management planning. This legislation includes but is not limited to:

- The Health Act 1956
- Medicines Act 1981
- Health (Infectious and Notifiable Diseases) Regulations 1966
- The Health (Quarantine) Regulations 1983
- The Health (Burial) Regulations 1946
- The Public Health and Disability Act 2000
- The Civil Defence Emergency Management Act 2002
- The Health Practitioners Competence Assurance Act 2003
- The International Health Regulations 2005
- The Epidemic Preparedness Act 2006
- The Public Health Bill (proposed)
- Ministry of Health Operational Policy Framework 2020-21

Lead Agency Roles and Responsibilities

DHB as Lead Agency

The lead agency is the agency with the mandate to manage the response to an incident through legislation, under protocols, by agreement or because it has the expertise and experience. The lead agency establishes control to coordinate the response of all agencies involved.

If Health is designated the lead agency of a multi-agency response (e.g., in a pandemic or declared health emergency) the 3DHB will be required to assume responsibility for coordinating all aspects of the response, including those of non-health agencies (Figure 6).

A health service emergency is defined as any event which:

- Presents an unexpected serious threat to the health status of the community
- Results in the presentation to a health care provider of more casualties or patients in number, type or degree that it is staffed or equipped to treat at that time
- Causes loss of services that prevent a health care facility from continuing to care for those patients it already has

A public health emergency is defined as:

- 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 (MOoH) when authorized by the Minister of Health, under the provisions of Section 71 of the Health Act 1956

Many incidents that will have a significant impact on the health sector will not be declared civil defence emergencies.

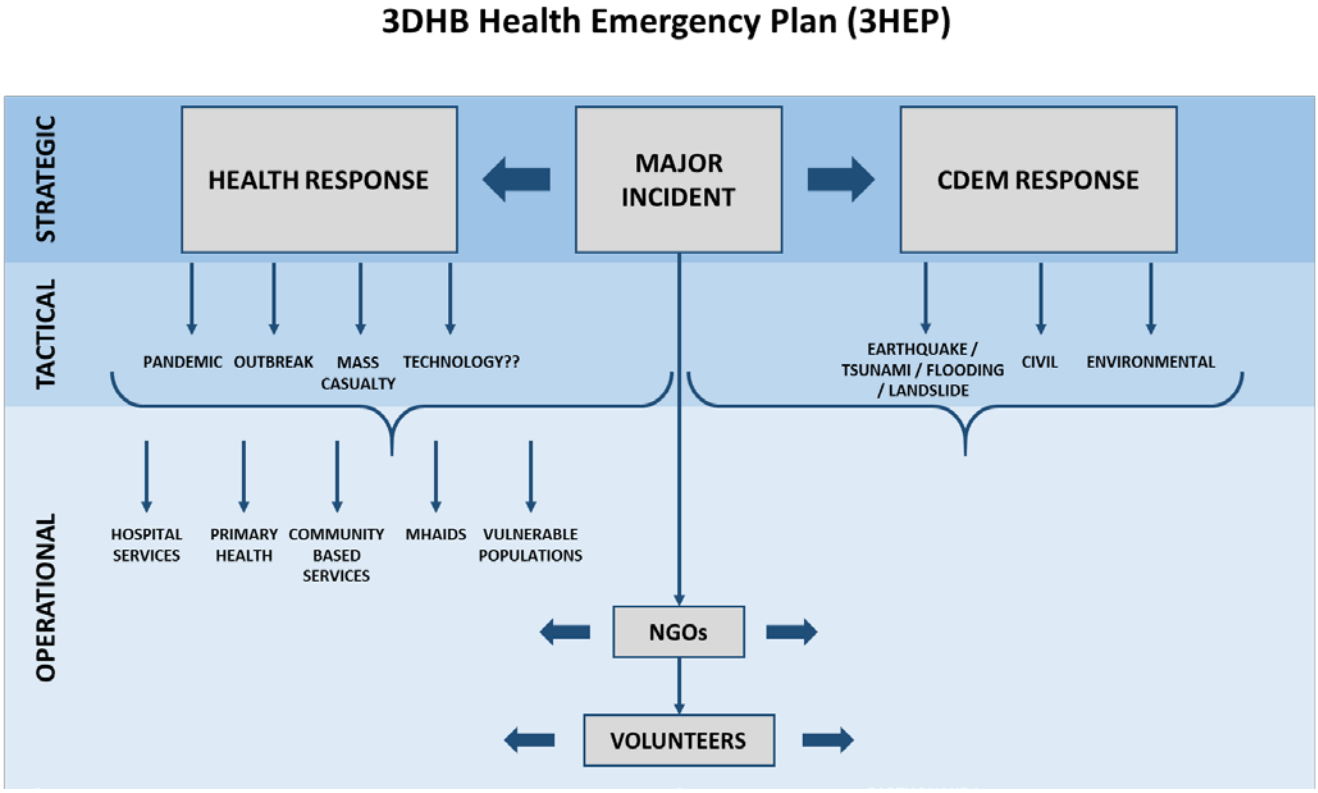


Figure 6. Health as Lead Agency in a multi-agency health emergency response

The 3DHB partners would decide the lead DHB depending on the nature and location of the health emergency or event. E.g. Hutt Valley DHB would take the lead in a major /multiple burns incident**.**

Chief Executive Officers (CEO)

The DHB CEOs are responsible for:

- Ensuring there is active ongoing development, maintenance and exercising of the 3DHB Health Emergency Plan
- Ensuring the 3DHB HEP is consistent with the MOH National Health Emergency Plan (NHEP); and
- Ensuring each of the 3DHBs are in a state of readiness and have the capability to coordinate and provide an effective emergency response

Proposed 3DHB Health Emergency Governance Group (3DHB-HEGG)

The proposed 3DHB-HEGG would be responsible to the CEOs and comprise senior clinicians and managers, and ELT representatives from the major components of the health system (e.g. Strategy, Planning & Performance, MHAIDS, Maori & Pacific Health, Primary Care, Community, Allied Health, Nursing & Midwifery) to for the following:

- To consider any emerging threats and agree on strategies to counter those threats.
- To set planning priorities, establish health sector task groups to develop specific contingency plans for a coordinated response to specific threats, and identify the resources required to give effect to those plans.
- To ensure the effectiveness and accountability of all 3DHB planning and response activity, and approve all plans prior to their implementation.
- To ensure an appropriate review of any plans and after any response being activated.
- To allocate funding for 3DHB planning projects and response activities.
- To monitor the annual emergency management preparedness programme.

See Appendix C: 3DHB-HEGG Draft TOR**.**

Emergency Management Approach

This section describes how the 3DHB teams will meet the planned requirements through the recognised approach commonly referred to as the 4R's of comprehensive emergency management.
The 4 R's of Comprehensive Emergency Management are defined as:

Reduction – Identifying and analysing long-term risks to human life and property from natural or man-made hazards; taking steps to eliminate these risks where practicable and where not, reducing the likelihood and the magnitude of their impact.

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.

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.

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.

Reduction

It is recognised that emergencies and their consequences are not always predictable and are likely to occur with little or no warning. Alternatively, they can be on the horizon for some time and allow space to prepare and plan a coordinated response from multiple agencies, such as an emerging pandemic.

This plan supports the 3 DHBs facilities, services and supporting health providers to further develop emergency and business continuity plans for their individual facilities and services in order to continue to provide health services during an emergency, to the best of their ability, based on the premise that an emergency or incident:

- Disrupts the environment of care
- Disrupts the ability to provide care and treatment to the community
- Changes or increases demand for an organisation's services

Objective

The objective of reduction is to avoid or mitigate adverse consequences before they occur and to manage down risks to an acceptable level.

Required Outcome

The 3DHB team will jointly review and analyse identified risks; take steps to eliminate these risks where practicable and specific to their "local" environment, and where not, take steps to reduce the likelihood and the magnitude of their impact on their own DHB and partner DHBs.

Process

Risk Assessment: Hazard risk analysis or "Hazardscape"

Every health provider has an obligation to understand both the hazards and the risks it faces. In understanding these risks, an organisation can make informed decisions about how to manage risk and develop needed capabilities; if it knows the origins of risk, it is better able to identify ways of reducing that risk; and if it can calculate a value for risk, the service can more easily set priorities for reducing risk.

At the national level, the *National Hazardscape Report*, published by the Officials' Committee for Domestic and External Security Coordination (ODESC 2007), identifies and considers the range of natural and artificial hazards that have relevance to New Zealand from national and regional perspectives. The report identifies the following 17 types of hazards, all of which have the potential to cause emergencies that require coordination or management at a regional or national level:

- earthquakes
- volcanic hazards
- landslides
- tsunami
- coastal hazards (for example, storm surge and coastal erosion)
- floods
- severe winds
- snow
- droughts
- wildfires
- animal and plant pests and disease
- infectious human disease pandemics (including water-borne illnesses)
- infrastructure failure
- hazardous substance incidents (including chemical, biological and radiological)
- major transport accidents (air, land and water)
- terrorism
- food safety (for example, accidental or deliberate contamination of food)

These hazards require management by Civil Defence Emergency Management (CDEM) Groups.

The vision of the Wellington CDEM Group Plan 2019- 2024 is 'A resilient community, ready, capable and connected' and serves to document hazards and risks, agreed actions and the principles of operation within which agencies involved in CDEM cooperate. Planning outcomes (such as agreed targets and actions or operational arrangements) are committed to by incorporating them within the existing processes of respective group members.

Implications for 3DHB Health Services

Table two details an analysis of the above hazards identifying a range of risk and consequences for the health and disability sector. These hazards were prioritised by Wellington CDEM Group; this risk rating has been applied to Table 2. (Detailed risk scoring is attached as Appendix F).

Table Two: Risk analysis – hazards and consequences for the health and disability sector

Hazard	Likelihood – based on Annual Exceedance Probability (AEP) %	Impact – largest predicted consequence across built, lifeline, health and safety environments	Resulting Risk Rating
Human pandemic	<2–1	Catastrophic	
6.2 magnitude shallow earthquake on the Wellington Fault	<1–.01	Catastrophic	
7.5 magnitude earthquake on the Wellington Fault	<1–.01	Catastrophic	
Distant source tsunami	<1–.01	Catastrophic	
Local tsunami – Hikurangi Subduction Zone	<0.1–0.04	Catastrophic	
Flooding – stopbank breach along the Hutt River	<1–.01	Major	
Landslide – affecting State Highway 1 or 2	<1–.01	Major	
Lifeline utility failure – power for a sustained period (e.g. a week or more)	>2	Moderate	
Severe weather – surface flooding and storm surge	>2	Minor	
Volcanic eruption – ash cloud	<0.04	Catastrophic	
Flooding – Waikanae River (100-year event)	<2–1	Minor	
Flooding – Wairarapa (Ruamahanga River – 100-year event)	<2–1	Minor	
Urban fire or wild fire	<2–1	Minor	
Multi-year drought	<2–1	Insignificant	
Hazardous substances	>2	Insignificant	

Risk Reduction Activities

These activities form the first phase of a work programme to review, revise and update business continuity, tactical and operational plans. This will include Technology/ICT plans, surge capacity plans and service continuity plans in addition to the development and testing of policies to support best practice emergency management. For emergency management, the standard for audit and guidance is:
AS/NZS ISO 31000:2009 *Risk Management – Principles and guidelines*.

This activity is complemented by membership of and participation in the Civil Defence Emergency Management Groups and Health Sector Groups identified in table one.
Activities are designed to lessen vulnerabilities within the community and across health services and include:

Monitoring and review

- Monitoring and review of effectiveness of risk reductions over time (see core performance indicators)
- Effective use of available resources- e.g. level of resourcing to enable stakeholder engagement in planning at all levels
- Measure the value of expenditure invested in risk reduction activity
- Strengthening the Emergency Management focus, e.g. Ensuring approach to operational and service change & development has emergency risk & consequence embedded in the evaluation/consideration framework
- Surveillance of emerging hazards and changing risks

Work Safe Practices

Each DHB will plan, demonstrate and implement work safe practices across their areas of responsibility. This includes:

- Patient safety
- Chemical handling and storage
- Communicable disease surveillance and
- Infection prevention and control

Protecting the well-being of the community

Community & Public Health will plan, demonstrate and provide services protecting the well-being of the community. This includes:

- Health advice
- Assessment of food and water standards
- Vaccination programmes
- GIS mapping capability
- Psycho-social support, in association with Specialist Mental Health Services.

Psychosocial recovery is not limited to the recovery phase of an emergency event, and is not synonymous with the concepts of 'recovery' that feature in mental health service delivery (Psychosocial Recovery Planning Guidelines: National Health Emergency Plan, 2007, p26). Psychosocial recovery in the field of emergency management begins at the level of prevention through risk reduction.

Emergency Planning for Maori Community

The Director, Maori Health will lead active engagement with Maori Partnership Board regarding possible impacts of health emergency planning on traditional Maori protocols and Treaty of Waitangi obligations.

Emergency Planning for Pacific Community

The Director, Pacific Health will lead active engagement with Pacific communities regarding possible impacts of health emergency planning and response activities.

Emergency Planning for Other Culturally and Linguistically Different Communities

Each DHB will appoint a liaison person(s) to lead consultation and active engagement with their local CALD communities regarding possible impacts of health emergency planning and response activities.

Emergency Planning for MHAIDS Community

The Directors MHAIDS will lead the development and engagement with specific client groups regarding possible impacts of health emergency planning and response activities.

Emergency Planning for Facilities

Facilities services have completed some work to determine the safety and functionality of all buildings across each campus, to determine whether a hospital will remain safe and operational in emergency situations.

A planned re-assessment schedule is recommended in the works programme arising from this 3DHB HEP taking into consideration location &environment, structural safety (history of buildings, construction of buildings), non-structural safety (electrical, communications, water supply; and function (organisation and management).

Readiness

Maintaining a state of readiness requires an emergency management focus to be embedded in strategic and operational fora and agendas in order to become common practice.

It includes continual re-assessment of existing systems, processes, policies and practices with a view to managing through an incident or event, and is applicable to all change programmes and projects.

A readiness focus applies to the "whole of health sector" approach and is intended to:

- Promote resilient communities
- Give confidence to service providers, the public, staff, patients and residents in care
- Position the health services to rapidly restore operations to the fullest level possible (noting

progressive restoration may mean services operate differently in a post event environment)

- Prepare services to operate in a changed environment for the long term

Objective

The objective of readiness is to refine, test and validate 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.

Required Outcome

A 3DHB whole of health system is ready and able to activate a coordinated, structured response and recovery, where all partner agencies are ready and able to participate in any system response. This includes both public and private health providers, and NGOs.

Process

Readiness Assessment

Readiness assessment forms the second phase of the work programme and builds upon the risk reduction activities taken as a first step. It specifically tackles the residual issues arising from the risk reduction work.

Key considerations for assessing readiness include:

- Level of capacity and capability developed across the region so far
- Strength of community and primary stakeholder engagement
- Level of and access to enabling technology/digital support
- Number and location of inaccessible communities /non participating communities & groups
- Level of testing of integrated plans and
- Practical application/testing of "default" locations
- Level of available emergency focused leadership across the services and community to support an integrated approach
- Rapidity in which an emergency response could be escalated and stood up

Specific Readiness Activities

Development of a Priority Services Schedule

Each of the 3DHB's will undertake or review existing assessments and rating of importance of services in providing healthcare to the community during a crisis.
Factors considered include clinical risk, business risk, impact on stakeholders and reputational risk.
Services are rated as being:

Critical- must be continued under all scenarios
Core - all efforts should be made to keep these services running
Reduced- Services which could be reduced or
Suspended - in extreme situations

The assessment and rating creates a networked priority services schedule, which informs the readiness actions and considerations. In particular, it informs planning and development of support services across hospital, residential and community services, which includes but is not limited to:

- Clinical: Primary/secondary/tertiary services
- Facilities: Hospital and Community
- ER/HR & Staff Welfare
- Occupational Health
- Technology & Communications/Public Relations
- Security, Transport, Logistics
- Infection Prevention & Control
- Access to & provision of Assessment (CBACs)
- Health and Safety & Emergency Management

(HVDHB and WDHB have priority schedules embedded within their Business Continuity Plan).

Capability development

A key enabler of effective delivery of emergency management across all agencies is building and maintaining effective human resource, communication and technology capabilities. The aim is to perform together with confidence.

A common framework of competencies, supported by education, training and exercise standards and accredited programmes, underpins professional development for emergency response and recovery roles.

The 3 DHBs will develop, maintain and annually assess the level of capability centred on the following components:

- Capability development activities for staff who are involved in emergency management and response (aim-proficiency under pressure, includes just in time training ability for personnel when base resource exhausted)
- Professional development via National, regional and local exercising programme
- Exercising and testing activities

Test/train/exercise/prove

All 3DHB facilities and services will exercise their emergency plans with regularity, with practical and virtual exercises. This activity includes assessing the practical application/testing of “default” locations or systems such as:

1. Alternative Accommodation: If the hospital or health centres’ and other buildings become uninhabitable as the result of a major disaster such as an earthquake, it is most likely that the majority of buildings in the disaster area will also be in a similar condition. The extent of planning for alternative hospital and residential health/welfare accommodation must be made with this premise in mind, noting that the eventual locations for temporary facilities can only be determined after the disaster has occurred. Each DHB, in consultation with Civil Defence, will decide on the most suitable

premises for the temporary health services, depending on the condition of alternative accommodation. Formalised agreements will facilitate testing the practicality of these arrangements in order to be clear on limitations to care and support that the temporary solution may generate.

2. Priority Populations: The DHB provides community based care to many people such as those:
    - In aged residential care
    - Receiving home based support services
    - On home renal dialysis
    - Under the care of the Disability Support Services
    - Under the care of MHAIDS

    In addition, many persons throughout the community will need alternative support if they are:

    - Persons without access to information, technology, or who require alternative assistance to maintain an independent lifestyle
    - Culturally and linguistically different communities/persons

    Readiness actions for managing these vulnerable groups may include:

    - Assessing the value of a 'Priority Populations Centre' or specific liaison role(s) as part of the DHB's management of an incident
    - Identifying a central point of contact for those caring for vulnerable persons; for associated agencies involved in the management of an incident; and for members of the community seeking advice and/or requesting assistance
    - Creating a pathway to expert clinical assessment and assistance for vulnerable residents directly and indirectly impacted by the emergency
    - Confirming a process for urgent repairs and other logistic support where this may be needed to keep a facility viable
    - Testing the transfer of residents evacuated from damaged facilities to other appropriate accommodation
    - Establishing arrangements for managing new referrals in situations where – as a result of an incident – demand for accommodation and support services may significantly exceed supply
    - This planning is expected to have particular application following damaging earthquakes, but may also be implemented following a more localised incident (e.g. a damaging storm) or as part of the management of a pandemic.

3. Infant Feeding: Arrangements to support the feeding of infants (up to one year of age) in emergencies sit with the DHBs. The planning is aligned with Ministry of Health policies and with international obligations and best practice for feeding babies in emergencies. Key aspects include:
    - Arrangements to support families with infants who may be displaced by an emergency, and in particular ensuring they have access to expert feeding advice and supplies
    - Ensuring sufficient stocks of infant formula and ancillary supplies are available to ensure

infants in hospital can continue to be cared for during any interruption to the normal supply chain and that any urgent needs for assistance in the community can be met

- Managing any unsolicited donations of infant formula and other associated items
- Supporting the agencies who normally work with infants – e.g. Lactation Specialists, Lead Maternity Carers, Plunket, Tamariki Ora, and general practices.

Each DHB has a designated contact for infant feeding in line with:

https://www.health.govt.nz/system/files/documents/publications/roles-and-responsibilities-infant-feeding-in-an-emergency-dec15.pdf

Recovery Pathways

Being ready to manage an event or emergency requires advance planning which includes consideration of recovery pathways. Projecting a likely or desired outcome for recovery, for groups, communities, facilities or individuals with high needs, allows options to be developed and tested ahead of time.

While each event will require dedicated recovery management, understanding access to and functionality of viable support options can aid this process and allow for progressive restoration of services. Pre-planning for recovery must balance the desire for a return to independence and "resumption of the new normal" against the risk of isolation and disconnect from people and services still wrapped in high level support.

Developing the Plans

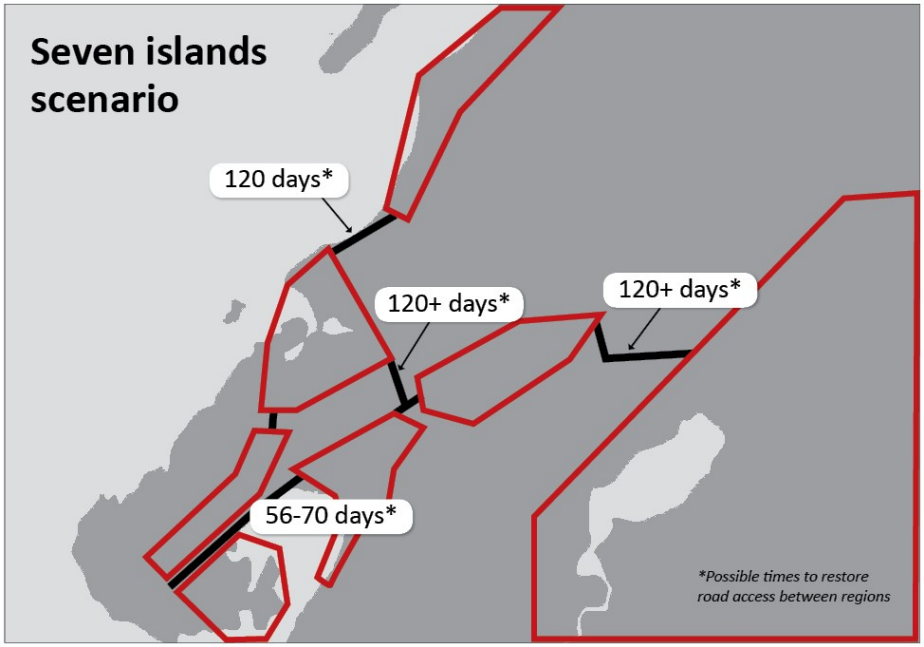
The following scenario example can be used to exercise plans at a tactical and operational level and test response options.

Planning the response to a damaging earthquake in the region is based on the 'seven islands, seven days' scenario. Geologists are concerned that a rupture of magnitude 7.5 or greater along the Wellington Fault could cause damage that was so widespread and severe that the region could be split into seven 'islands' separated from each other by road and rail.

In this scenario access to water supplies, power, medical care and other essential equipment and services may be impacted for at least seven days.

Within the health sector the focus of earthquake planning is to ensure hospitals and other key facilities are self-reliant for at least the first week.

Figure 7: Seven Islands Seven Days Exercise Scenario



Response

The response phase incorporates 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.

An effective response results from the commitment to active risk reduction, development and validating of systems and processes, enabling plans to be enacted to full effect, and is predicated on a well-practised, well understood, well communicated plan, which creates trust and confidence amongst providers. This trust and confidence is essential to enable greater flexibility managing through an event and finding solutions when issues and outcomes vary from the practised baseline.

Objectives

The response objectives are to minimise impact of event on individuals and communities by:

- Provision of life preserving services
- Preventing escalation of the emergency
- Providing safety and security measures for priority populations and property
- Caring for sick, injured and dependent people
- Providing essential health services
- Upholding a governance structure to respond effectively
- Enabling safe and equitable access to service people's health needs
- Enabling continuation or restoration of community activity

Required Outcome

The DHBs and related health service providers will execute a response which minimises the impacts of the emergency on their populations and maintains services to the greatest extent practical. The response will be the best it can be under rapidly changing circumstances, with staff fulfilling the expected roles and functions whether health is the lead or the supporting agency.

Process

Assessment

The assessment of the incident is a continuous information feed on which to base decisions. At all times in the response phase there will be a line of sight on recovery and restoration.

Threshold for activation

Local, sub-regional, central region or National HEPs are activated when resources are overwhelmed or have the potential to be overwhelmed.

Response to a health emergency

In a health related emergency i.e. pandemic, the MoH is the lead agency. The Director-General of Health on behalf of the Minster of Health has overall responsibility for health and disability matters in all phases of emergency management.

Standby

Intelligence received of an imminent threat/situation will afford the opportunity to risk assess and declare a standby phase.

Activating a response

Due to the potential interruption to normal service delivery, the decision to activate significant aspects of an emergency health response and coordination capabilities should be made by executive managers or other senior personnel with delegated authority to do so. (Example escalation HVDHB Appendix E).

A key aspect of all responses is to communicate any changes in the level of activation and share information on the hazard, impact and response within health services and with partner agencies and recovery organisations.

DHBs are required to notify the Ministry of Health of any activation where the Emergency Operations Centre (EOC) is established to manage an event. Notification can be made through normal reporting mechanisms, or if the event is out of hours through the Ministry's emergency 0800 number. This will enable the appropriate levels of support to be provided to the affected DHB(s) if required.

Advisories and Warnings

Single Point of Contact

The MOH and each DHB and public health unit maintain a single point of contact (SPOC) system that is available on a 24-hour, 7-days-a-week basis. The SPOC system is an integral part of health and disability

sector coordination for emergency management, especially for those with a role focused on response. The purpose of the system is to enable effective and rapid communications between senior MoH officials, DHBs and public health units at any time, via a dedicated SPOC email, to notify each other of a potential or actual emergency.

Alert Codes

The MoH has developed alert codes to provide an easily understood system of high-priority communication leading up to and during emergency response activations. These alert codes are issued from the Ministry via the SPOC system. The alert codes outlined in Table three are intended for use in relation to nationally led communication.

It is not necessary for all DHBs to be at equally corresponding levels of alert. The appropriate level will be determined by the impact and the ability for DHB(s) to respond or provide support for the response. For example, a single or group of DHBs may be in code red, while the remaining DHBs are in code yellow.

Emergency Ambulance Communication Centre Notification

Wellington Free Ambulance notifies DHBs of an incident through a text alert and these are received and assessed by Duty Nurse Managers and escalated to Senior Management as required.

Table Three: Health and disability sector alert codes

Phase	Measures	Code
Information	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.	White
Standby	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.	Yellow
Activation	Major emergency in New Zealand exists that requires immediate activation of health emergency plans. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from unaffected DHBs.	Red
Stand-down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	Green

Roles and responsibilities by alert codes

The initial response for the management of an emergency is made by the affected provider which may be any of the 3 DHBs, or the Central Region DHB group if support between DHBs is required. At each phase of the emergency there are actions that need to be taken at local, levels. Individual DHB will enact their escalation process in line with MoH NHEP requirements. See

http://www.health.govt.nz/publication/national-health- emergency-plan-framework-health-and-disability-sector

Structures and tools for response management

National Health Coordination Centre

The MoH established the National Health Coordination Centre (NHCC) as a structure through which the Ministry can nationally coordinate and manage the health responses to and recovery from emergencies. The centre is kept in a constant state of readiness for activation for a response to any emergency.

When the Ministry is the lead agency in a response, it may also use the National Crisis Management Centre (NCMC), maintained by Ministry of Civil Defence Emergency Management (MCDEM), depending on the extent of the response required. The MoH maintains alternative National Health Coordination Centre (NHCC) capabilities, depending on the needs of any particular emergency.

Central Region Health Co-ordination Centre

During a regional or national emergency, the Central Region Health Coordination Centre (CRHCC) may be established to co-ordinate and control the response and recovery phase. The location will be determined on the nature, type and location of the incident.

Emergency Operations Centre

The EOC is the venue from which the DHB can locally coordinate and manage an internal emergency or local health and disability sector response. The EOC can operate from a 'virtual' function to a fully activated response depending on the nature of the emergency.

Coordinated Incident Management System (CIMS)

The organisational structures, roles and processes used by the health and disability sector in its response to a national health-related emergency or to manage health aspects of any emergency are based on CIMS, tailored for use within the health context. CIMS provides a structure to allow and support the multiple agencies or units involved in an emergency to work together effectively and efficiently.

The CIMS organisational structure is built around the following major elements:

- control – coordinates and controls the response
- intelligence – collection, analysis and dissemination of incident information and intelligence related to the context
- planning – multi-function and multi-agency planning of response activities
- operations – multi-function and/or multi agency direction, coordination and supervision of response elements
- logistics – acquisition and management of facilities, services and materials to support response activities
- public information management – develops and delivers messages to the public, directly and through the media, and liaises with the community if required
- welfare – coordinates the delivery of emergency welfare services and resources to affected

individuals, families, whanau and communities

This structure is flexible, scalable and modular. Positions can be added or removed as the situation dictates. Role cards for the above CIMS positions are located within each EOC. See Appendix D for the CIMS Structure.

Health EMIS

Health EMIS, the health and disability sector's web-based 'emergency management information system', is the primary tool for managing significant incidents and emergencies at inter-DHB and national levels. Health EMIS provides an electronic system to manage information produced during an incident or emergency. It does not replace verbal communications between agencies and service providers. It provides DHBs, public health units and other key health responders, such as ambulance services, with a logging and task-tracking system which they can use to manage their local response to an incident. The system complements other business-as-usual information systems.

Public Information Management

Public Information Management during an emergency involves collecting, analysing, and disseminating information to the public. It enables the people affected by the emergency to understand and take the appropriate steps to protect themselves.

The goal of Public Information Management is to:

- Create strong public confidence in the emergency management response
- Support public safety with public information
- Positively influence public behaviour
- Manage public expectations
- Share consistent messaging, supportive to one another's efforts

Information sharing via social media carries certain risks in that much of the information may not be from a reliable source, but have a strong influence over public behaviour and understanding. In order to minimise this risk it is essential that the public information management system:

- Anticipates information requirements
- Provides accurate factual information with regularity
- Establishes security and credibility when receiving information
- Respects and preserves privacy and confidentiality of sensitive information

Deactivation - Standing Down the Response

The official stand down or deactivation of the emergency response will be determined by the Incident Controller. It is dependent on a number of variables, including when immediate health and safety needs of the population affected have been met; services are re-established and operational; and the immediate health concerns that arose from the emergency have been resolved. This will initiate the recovery phase.

In a multi-agency response the DHB Incident Controller will not order a stand down or deactivate without consulting the lead agency Incident Controller.

Recovery

Recovery is defined as the coordinated efforts and processes to effect the immediate, medium and long-term holistic regeneration of services and communities following a disaster. Recovery activity begins after the initial impact has been stabilised in the Response phase, and continues until the community's capacity for self-help has been restored.

Recovery must balance the desire for a return to independence and "resumption of the new normal" against the risk of isolation and disconnect from people and services still wrapped in high level support. The 3DHBs are likely to experience different recovery patterns; services and facilities are unlikely to resume at the same pace and in the same format as pre-event.

Objective

The objectives of recovery are to:

- Minimise escalation of the consequences of the emergency
- Regenerate the emotional, social and physical wellbeing of individuals and communities
- Seek opportunities to adapt to meet the future needs of the health services and communities
- Reduce future exposure to hazards and their associated risks

Required Outcome

The 3 DHBs will deliver to a structured recovery strategy based where possible on prior Recovery Pathway planning. This will ensure that restoration of services are accessible and sustainable, adjusting service delivery to emerging requirements and changes in demand by reshaping services and models of care.
A priority restoration schedule will be based on the priority services planning commenced in the readiness phase.

Process

Recovery is a complex social process and is best achieved when the affected community exercises a high degree of self-determination. Recovery extends beyond restoring physical assets or providing welfare services. Successful recovery recognises that both communities and individuals have a wide and variable range of recovery needs and that recovery is only successful where all needs are addressed in a coordinated way.

A structured recovery process ensures that health services transition from the immediate response to longer-term recovery with partner agencies and affected communities.

An integrated whole systems framework is applied to consider the multi-faceted aspects of recovery which, when combined, support the foundations of community sustainability. The framework used by MCDEM in its 'Focus on Recovery: A Holistic Framework for Recovery in New Zealand' document encompasses the Community and the four environments: social, economic, natural and built as illustrated in Figure 8.

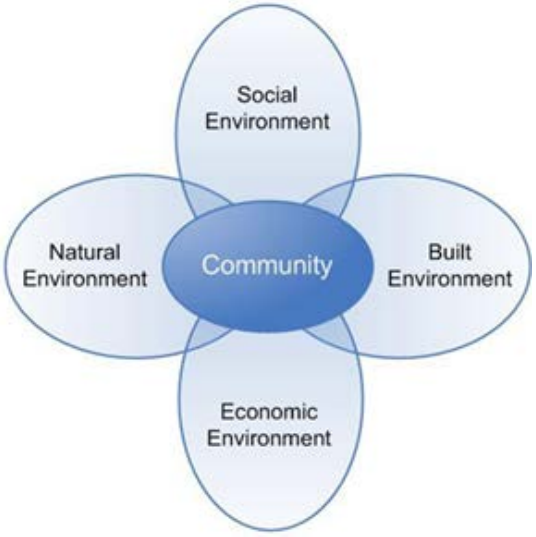


Figure 8: Integrated + holistic recovery

Source: *Focus on Recovery: A holistic framework for recovery in New Zealand*, MCDEM (2005)

Recovery structure and organisation

The recovery structures implemented will be based on the type and scale of the emergency. The DHBs will be represented in the relevant aspects of recovery management for their own communities, local areas or regions working alongside some or all of the following:

- Health and Disability sector
- Councils
- CDEM Group
- Central Government
- Community groups

Restoration of Services

While the MoH and other government agencies may be the lead for government involvement in a response phase (particularly in respect of a health emergency), it is usually MCDEM who becomes the lead government agency for coordinating any necessary government support for recovery. Large scale emergencies require a whole-of-government response. MCDEM coordinates the recovery activity of relevant CDEM groups, lifeline utilities (for example, electricity, telecommunications and water), government departments and international aid following the transition from response to recovery and during the short, medium and long-term. More in-depth information on recovery can be found in:
Recovery Management- Director's Guidelines for CDEM Groups (2005) and the
Guide to the National Civil Defence & Emergency Management Plan (2006, s25).

Psychosocial recovery

DHBs are responsible for coordinating the provision of psychosocial support following an emergency. They will lead the wider local groups responsible for delivery of services that meet the psychosocial needs of a community after an emergency. The role of Psychosocial Support Coordinator will be assigned to a senior

staff member to ensure that the DHBs responsibilities at the readiness, response and recovery phases can be met. The DHB is represented on CDEM welfare coordination groups to provide advice, guidance and lead agency responsibilities for psychosocial recovery.

During an incident, the Psychosocial Support Coordinator reports to the CDEM Group Welfare Manager in the WREMO led Emergency Coordination Centre (ECC), and to the DHB Incident Controller(s).

Implications for 3DHB Health Services

Health agencies and service providers contribute to all four environments of recovery. Considerations for immediate and long-term community recovery includes:

- Providing immediate health services to affected individuals and families
- Assessing community health and psychosocial recovery needs and prioritising the actions required
- Developing, implementing and monitoring the provision of community health recovery activities
- Enabling communication with the priority populations and participation in decision-making
- Adapting existing organisational structures and procedures in order to minimise the time needed to get post-disaster institutions functioning
- Contributing to future mitigation needs or improvements to planning
- Reassessing measures to reduce hazards and risks.

Considerations for immediate and long-term hospital recovery includes:

- Critical infrastructure may not be able to be restored for a considerable period of time
- International supply chains may take time to get back to normal following an international event such as a pandemic
- It may take a considerable time to resume operational throughput given the volume of deferred elective interventions
- The need to determine the appropriate level of health services to be provided within the affected area (informed by priority restoration schedule)

A 3DHB Recovery Coordination Group is proposed to exercise, develop or refine the recovery strategy for approval by the 3DHB HEGG and, during events, the Incident Management Team (IMT). The Recovery Coordination Group reports into the IMT until the IMT stands down. Membership of the Recovery Coordinating Group will be based on the type and scale and location of the emergency. Priority for restoration will be based on the priority schedule commenced in the readiness phase.

The action plan will include:

- Complete an impact assessment covering impact on services, communities, infrastructure, utilities, environment etc.
- Determine at an early stage if there is an opportunity for longer term regeneration as part of the recovery process
- Determine at an early stage if there is an opportunity to enhance the resilience of the affected area
- Develop a concise, balanced, affordable recovery action plan that can be quickly implemented, involving all relevant services, partner agencies and fits the needs of the emergency

- Restoration of utilities as soon as practicable
- Affected areas are restored to an agreed standard so that they are 'suitable for use' for their defined future purposes
- Information and media management of the recovery process is coordinated
- Targets/milestones for the recovery are established and agreed. Ensuring that affected services, communities and partner agencies are involved in establishing these targets where appropriate. These targets provide a means of measuring progress within the recovery process, and may assist in deciding when specific recovery activities can be scaled down

Reporting, Monitoring and Evaluation

Debriefing

Debriefs provide a forum to address key health and safety issues. A debrief will be conducted after each emergency response and exercises at all levels of CDHB and partner organisations involved in the response.

Debriefs are used to promote post-event learning and recovery for the people who are involved in the emergency event. All debriefs must concentrate on organisational and management issues, not on personal issues. Time should be set aside to debrief the team on emotional/personnel issues so that the group can then focus on organisational issues.

Immediate Post-Event ('Hot') Debrief

This debrief is to be held immediately after the incident or after the shift is completed to allow for rapid assessment of the response to date and issues arising. All staff involved in management of the incident and those who will assume responsibility for the ongoing management should attend. This 'hot' debrief should be conducted by the Incident Controller, their nominee or the manager of any particular function.
Notes must be recorded and distributed for learning purposes and raised at the 'Cold' debrief that follows.

Internal Organisation ('Cold') Debrief

A 'cold' debrief is typically held within four weeks of the stand down from the incident. All staff involved in management of the incident and/or functions should attend. Progressive debriefs can be held if the response extends over a length period of time. For the full cold debrief that follows it is preferable that debriefing is facilitated by a person(s) independent from the actual response.

Reports of the debrief findings and recommendations will be submitted to the 3DHB HEGG when completed.

The Multi-Agency Debrief

The multi-agency debrief should be held within six months of the event, whenever more than one agency is involved in the event. It should occur after all agencies have held their own debriefs. It should focus on the effectiveness of the coordination and address multi-agency issues.

Reporting

Core Performance Indicators (CPIs)

Development of a reporting dashboard is proposed in order to capture performance information in a consistent and continual manner. Specific measures will be created to report on equity and inclusion, and level of resilience across the 3DHB networks (high priority CPIs from the NHEP).

The dashboard would include progress reporting against the work programme identified throughout the plan:

- As a base for audit
- To inform training & exercises
- To give assurance to level of preparedness
- To assist each other as it is unlikely that proficiencies & deficiencies are the same across each DHB
- To monitor level of spend and effort to maintain an emergency capable workforce
- To monitor the effectiveness of risk reductions over time

Participating in local, regional and national exercises helps each DHB to ensure that it delivers on its commitments and is able to identify opportunities for improvement.

Performance monitoring of emergency management procedures and key processes include:

- The nature and implications of identified deficiencies in capacity and capability, including access to/use of technology/digital systems
- The relative importance of such deficiencies, and priorities for action
- Steps that the relevant agencies are undertaking to address the issues
- Recommendations on actions for other stakeholders to consider
- Debriefs and reviews following actual emergencies (including other regions e.g. Canterbury earthquakes)
- Significant developments likely to affect capacity and capability across the health sector

Further, it would capture those measures specific to the recovery phase which include:

- Measures of recovery success
- Available financial resource versus pace of recovery
- Exacerbation or correction of pre event inequalities
- Differential rates of recovery

Appendix A: Glossary

CALD	Culturally and Linguistically Different communities
CBAC	Community Based Assessment Centre
CDEM	Civil Defence and Emergency Management
CDEM Group	This group is made up of executives of each Territorial Local Authority (TLA) in the greater Wellington Region as well representatives of emergency services.
CCDHB	Capital and Coast District Health Board
CEO	Chief Executive Officer
CFA	Crown Funding Agency
CIMS	Coordinated Incident Management System. A structure to systematically manage emergency incidents which allows multiple agencies or units involved in an emergency to work together.
Community Services	Community based Services provided by DHBs and other organisations
CRHCC	Central Region Health Co-ordination Centre
CRHEMG	Central Region Health Emergency Managers Group
CRHEP	Central Regional Health Emergency Plan
CPI	Core Performance Indicator
DGL	Director General
DHB	District Health Board. Provides hospital and community-based health services (including public health units). DHBs have legislated obligations as funders and providers of publicly-funded services for the populations of specific geographical areas in New Zealand.
ECC	Emergency Coordination Centre, the strategic governance centre for the three DHBs. An established facility; the location where the response to any emergency is **coordinated.** An EOC (see below) operates under the control and coordination of the ECC.
Emergency	A health emergency is defined as a natural or man-made event that suddenly or significantly disrupts the environment of care; the ability to provide care and treatment to the community; or changes or increases demand for a health organisation's services.
Emergency Managers (EMs)	Also called emergency coordinators, or emergency service leaders
EOC	Emergency Operations Centre. An established facility where the operational response to an incident is controlled and provided.
EPARM	Emergency Preparedness and Response Manual
Epidemic	A disease affecting or tending to affect an atypically large number of individuals within a population, community or region at the same time.
ER	Employment Relations
ESCC	Emergency Services Coordination Committee
FENZ	Fire and Emergency New Zealand

Hazardscape	The natural process, events and human actions that may cause harm or disruption to people's lives and livelihoods.
HEGG	Health Emergency Governance Group. A group representing the health providers of the DHB's district, tasked with the oversight of emergency planning to ensure an integrated whole of health system approach.
HEP	Health Emergency Plan
Health EMIS	Health Emergency Management Information System. A web-based incident management and information sharing system provided by MoH.
Health facilities	A building or location where health services are provided. This may also include mobile services.
Hospital and Health Service	As defined by the Health and Disability Services Act 1993.
HR	Human Resources
HVDHB	Hutt Valley District Health Board
Incident Controller (IC)	The senior person, CIMS 4 trained, tasked with the overall responsibility controlling and coordinating the response to the emergency. Leads the Incident Management Team.
IMT	Incident Management Team
Lifeline utilities	Any organisation named or described in Part 1, Schedule 1 or carries on a business described in Part B of Schedule 1 of the CDEM Act. This includes airports, ports, railways, and providers of gas, electricity, water, wastewater or sewerage, storm water, telecommunications, roading networks and petroleum products
MCDEM	Ministry of Civil Defence and Emergency Management
MHB	Maori Health Board
MIP	Major Incident Plan
MoH	Ministry of Health
MOoH	Medical Officer of Health
MOU	Memorandum of Understanding
NCMC	National Crisis Management Centre
NGO	Non-government Organisation
NHEP	National Health Emergency Plan. This plan provides guidance on the enablers of effective health emergency management and describes the roles and responsibilities at all levels across the areas of reduction, readiness, response and recovery. The mechanisms, systems and tools used in the health and disability sector to respond to an emergency event are also described in detail.

NSC	The National Security Committee. The committee is chaired by the Prime Minister, and includes those ministers responsible for departments that may pay essential roles in emergencies. The NSC is the key decision-making body of executive government for coordination and directing national responses to major crises or circumstances affecting national security (either domestic or international).
ODESC	Officials' Committee for Domestic and external Security Coordination. A committee of government chief executives charged with providing strategic policy advice to ministers. It provides support to DESC and oversees emergency readiness, intelligence and security, terrorism and maritime security. Activation of ODESC is at ministerial request; for example, where a growing risk of a particular threat has been identified.
OPF	Operational Policy Framework. One of a group of documents collectively known as the *Policy Component of the District Health Board Planning Package* that sets out the operational level accountabilities for DHBs for each fiscal year. The OPF is executed through Crown Funding Agreements between the Minister of Health and each DHB.
Pandemic	An epidemic that spreads to the point that it affects a whole region, a continent of the world, and is declared by WHO to be a pandemic.
Partner Agencies	All non-DHB health providers in the Wellington Region
PHOs	Primary Health Organisations. Two PHOS work with the DHBs to coordinate the primary health response to major emergencies: Tū Ora Compass Health for the Wellington, Porirua, Kapiti and Wairarapa areas; and Te Awa Kairangi for the Hutt Valley
PHUs	Public Health Units
Primary Care	Care/services provided by general practitioners, practice nurses, community pharmacists, dentists, midwives, community nurses, and others in the community.
RIAPC	Regional Inter Agency Planning Committee
RPH	Regional Public Health Units
RWCG	Regional Welfare Coordination Group
SPOC	Single point of contact
TLA	Territorial Local Authority. These are the second tier of local government under regional councils. Regional councils are responsible for the administration of many environmental and public transport matters, while the territorial authorities administer local roads and reserves, sewerage, building consents, the land use and subdivision aspects of resource management, and other local matters. (Wikipedia, 2017.)
WDHB	Wairarapa District Health Board
WFA	Wellington Free Ambulance

WHO	World Health Organization
WRCDCEG	Wellington Region Civil Defence Coordinating Executive Group
WREMO	Wellington Region Emergency Management Office
3DHB	Sub regional DHBs of Capital and Coast, Hutt Valley and Wairarapa District Health Boards
3DHB-HEGG	3DHB Health Emergency Governance Group

Appendix B: Ministry of Health (MoH) Specialist Plans

The following plans have been produced by the MoH to meet specific requirements:

National Health Emergency Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-framework-health-and-disability-sector
Recovery Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-planning-individual-and-community-recovery-emergency-event
Burns Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-multiple-complex-burn-action-plan
Mass Casualty Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-mass-casualty-action-plan
Primary Care Plan	http://www.health.govt.nz/our-work/emergency-management/emergency-management-disaster-planning-and-business-continuity-primary-care
Border Control Plan	http://www.health.govt.nz/our-work/border-health/border-health-legislation-policy-and-planning/emergency-planning-and-border-responses
Hazardous Substances Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-hazardous-substances-incident-hospital-guidelines
Influenza Action Plan	http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza
National Stroke Plan	https://strokenetwork.org.nz

Links to CDEM Plans

National CDEM Plan Order	http://www.legislation.govt.nz/regulation/public/2015/0140/latest/DLM6486453.html?src=qs%20
Guide to National CDEM Plan	http://www.civildefence.govt.nz/assets/guide-to-the-national-cdem-plan/Guide-to-the-National-CDEM-Plan-2015.pdf
MCDEM Director's Guideline for CDEM Groups and Agencies with Responsibility for Welfare	http://www.civildefence.govt.nz/assets/Welfare-Services-in-an-Emergency/Welfare-Services-in-an-Emergency-Directors-Guideline.pdf
Wellington Region Emergency Management Group plans	https://wremo.nz/publications/plans/
Wellington Earthquake National Initial Response Plan (WENIRP)	https://www.civildefence.govt.nz/assets/Uploads/WENIRP-2.0-Final-for-publication.pdf https://www.civildefence.govt.nz/assets/Uploads/WENIRP-2.0-Annex-1-FINAL-PUBLICATION.pdf

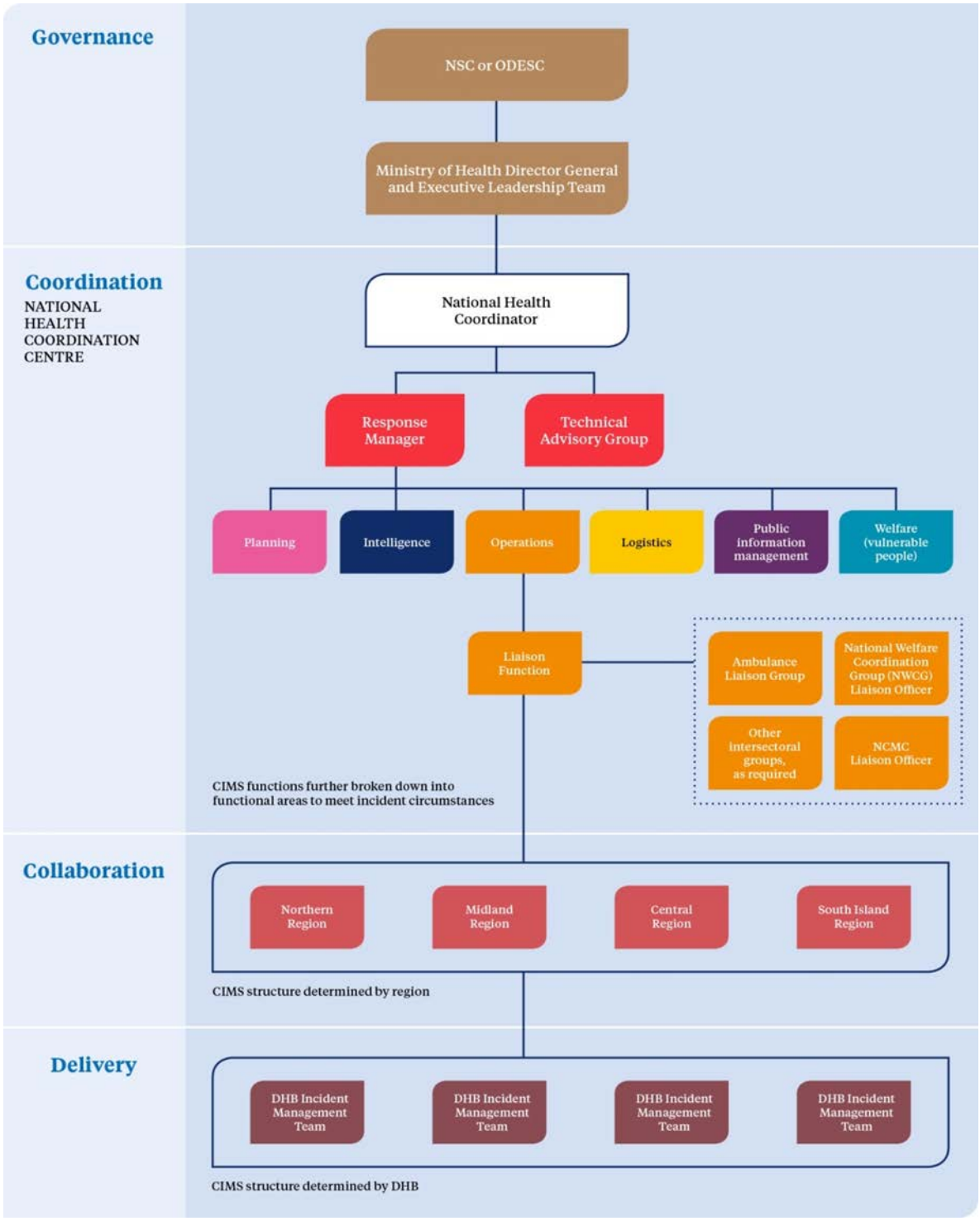
Other Plans

New Zealand Ambulance Major Incident and Emergency Plan (AMPLANZ)	http://www.ambulancenz.co.nz/standards/

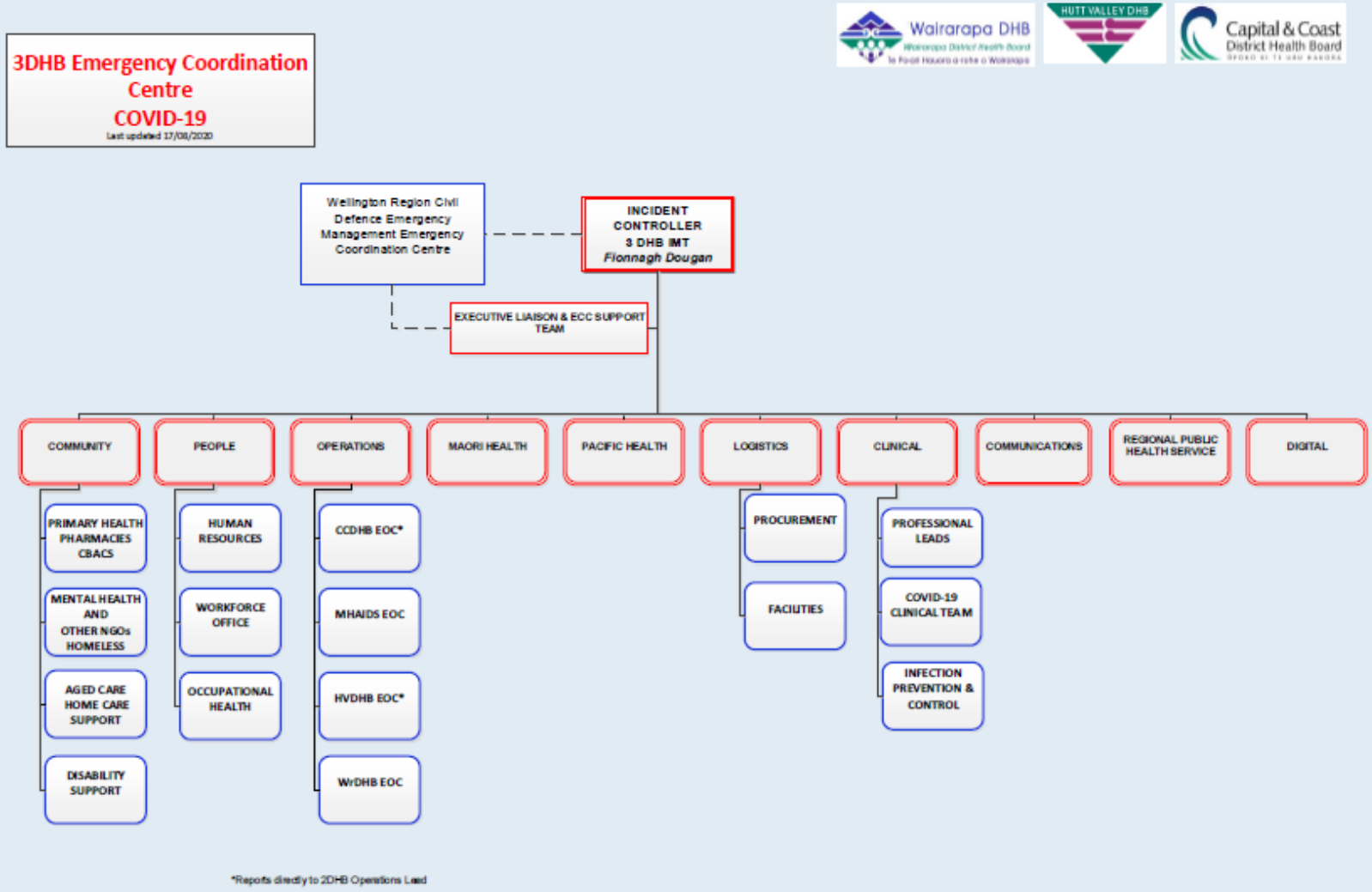
Appendix C: 3DHB Health Emergency Governance Group Draft TOR

DRAFT TERMS OF REFERENCE 3DHB Health Emergency Governance Group (3DHB-HEGG)	
Scope	To provide governance and guidance for all activities associated with emergency management / business continuity across the sub regional District Health Boards
Purpose	To oversee development, implementation and monitoring of an emergency management framework for the sub regional District Health Boards that reflects the requirements of relevant legislation, national plans and the Ministry of Health Operational Policy Framework
Objectives	To identify any emerging threats and agree on strategies to counter those threats. To set planning priorities, establish health sector task groups to develop specific contingency plans for a coordinated response to specific threats, and identify the resources required to give effect to those plans. To ensure the effectiveness and accountability of all 3DHB planning and response activity, and approve all plans prior to their implementation. To ensure an appropriate review of any plans and after any response being activated. To allocate funding for 3DHB planning projects and response activities.
Membership	Chief Medical Officer Director Mental Health Director Maori Health Director Pacific Health Director Strategy, Planning & Performance Director Provider Services General Manager, Priority Populations Director of Nursing and Midwifery GP(s), General Practice Public health Physician General Manager Wellington Free Ambulance
Chairperson	Chief Medical Officer
Quorum	50% of membership plus 1 (each DHB represented by a minimum of 1 member)
Meetings	Bi-monthly
Attendance	Attendance at over 50% of meetings per year is required to retain membership.
Agenda	A written agenda will be circulated prior to the meetings.
Minutes	Draft minutes shall be distributed within one week to all members and subcommittees
Accountability	The 3DHB-HEGG will provide progress reports and recommendations to the Chief Executive through the Executive Leadership Team.

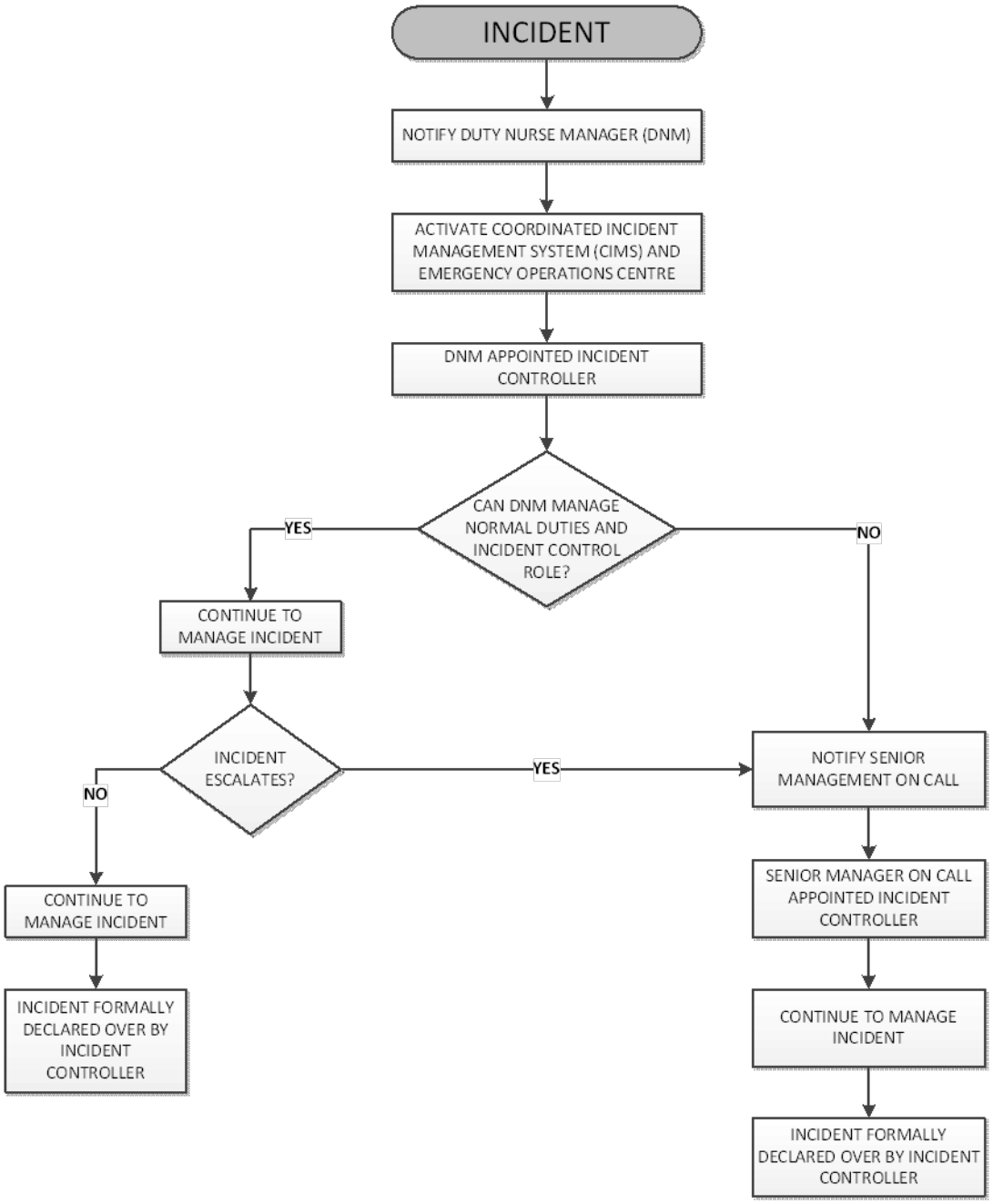
Appendix D: CIMS Structure



- NSC-The National Security Committee
- ODESC- Officials' Committee for Domestic and External Security Coordination.


3DHB Emergency Coordination Centre
COVID-19
Last updated 17/08/2020
Wairarapa DHB
HUTT VALLEY DHB
Capital & Coast District Health Board
Wellington Region Civil Defence Emergency Management Emergency Coordination Centre
INCIDENT CONTROLLER
3 DHB IMT
Fionnagh Dougan
EXECUTIVE LIAISON & ECC SUPPORT TEAM
COMMUNITY
PEOPLE
OPERATIONS
MAORI HEALTH
PACIFIC HEALTH
LOGISTICS
CLINICAL
COMMUNICATIONS
REGIONAL PUBLIC HEALTH SERVICE
DIGITAL
PRIMARY HEALTH PHARMACIES CBACS
MENTAL HEALTH AND OTHER NGOs HOMELESS
AGED CARE HOME CARE SUPPORT
DISABILITY SUPPORT
HUMAN RESOURCES
WORKFORCE OFFICE
OCCUPATIONAL HEALTH
CCDHB EOC*
MHAIDS EOC
HVDHB EOC*
WrDHB EOC
PROCUREMENT
FACILITIES
PROFESSIONAL LEADS
COVID-19 CLINICAL TEAM
INFECTION PREVENTION & CONTROL
*Reports directly to 2DHB Operations Lead

Appendix E: Hutt Valley DHB Incident Response



Appendix F: Risk Assessment Score Detail