

HBDHB CIMS INCIDENT ACTION PLAN

<p>INCIDENT NAME: Havelock North Gastro Report 3</p> <p>ACTION PLAN ISSUED BY (Section /Unit): Ken Foote – Incident Controller</p> <p>APPROVED BY (Name):</p> <p>DATE: 13th August 2016</p> <p>TIME: 1800hours</p> <p>PRIORITY: High</p> <p>EOC/ICP Location: HBDHB EOC</p> <p>CONTACT DETAILS:</p>	<p>Situation Summary: <i>(Brief summary of what has/is happening and what is likely to happen in the future)</i></p> <p>Meeting 12th 5pm: Confident sufficient cause to be concerned about HN water supply. Issued Boil Water notice via media release and social media. Informed by school absentee data – 20% of pupils of HN schools, no other schools. Joint media statement HCC/HBDHB – media and facebook. 36k views, 3500 comments, 500 shares. HDC 60k views. Has gathered momentum today. Advisory to Primary Care. Put together by Rachel and Nick – sent to centres that were still open. No need to escalate at that point. Team appointed to monitor. Nick, Sandra, Margaret. Took advice from MoH re boil water notice.</p> <p>Review at 10am this morning: HDC reported chlorination started at 5.30pm ended at 9pm. E-coli rates of 8-16, highest at 23. Flaxmere water clear. HPO report from Water Carrier on 10th - +ve test for e-coli. Results for other tests Tues/Wed. Hastings Health Centre – 6 overnight, 25 during day, Te Mata many calls overnight. Resident at Mary Doyle has died, ED 17 cases. Case interview for all notified cases. Mary Doyle confirmed they knew of water issues last night. Boarding schools to be contacted. Lab results were to be followed up. Acitivation of full EOC. FAQs needed Anna to prepare. Update sent out after 10am. Media conference at 4.30 - HDC and HBDHB, tv and radio. FAQ on web-site and media pack prepared.</p> <p>Incident Action plan updated. Mary Doyle and Waiapu – started lockdown on 9th. 11.30 got first call from HDC, met at 2pm – decision to made to chlorinate water. Tuesday clear test at bore. Friday morning first actual result – test taken Thursday. Duty Manager Thursday increase in gastro symptoms.</p> <p>Until we saw increase in numbers on Friday morning – would have been assuming viral. 10.30 – 11.00 was aware it was Campylobacter. Cross over with Norovirus. Thursday night several cases in ED.</p> <p>Root cause – 3 bores in Brookvale Road. 1 and 2 placed in 1992, never had issues. Brookvale 3 taken out last year. Geological separation between 1 and 2, and 3. Something has changed. Have to assume on-going until we know its not. Chlorine can deal effectively with Campylobacter. Question asked whether the bores could be shut down. Isolated by valving – Hastings system. Would have to pump from Hastings if we close those bores. Bores have had secure status for long time – potentially at risk if opening to HN. Crypto unlikely in system, chlorine not useful if this is the case. Very small risk of anything else. Won't have an answer from water testing until Monday at earliest. Stool samples have been sent to Canterbury. Two patients – do not appear to have crypto. 5 confirmed Campylobacter from Te Mata, another 3 from HHC. Not 100% sure they were tested for Crypto. Keep same message. Maintain chlorine in system indefinitely. Sample at source prior to chlorine. Breach of effluent – Karamu stream during storm - not linked to these bores.</p> <p>St Johns – have been very busy with 111 calls - 7 staff ill. Taupo /Manawatu staff coming in to cover. Message to only ring 111 if really need to. Will leave patients at home whenever possible. 9 ambulances Hastings/Napier and Waipukurau.</p> <p>No new presentations at hospital since 1pm – 18 overnight. 16 from HN, 8 admissions. 1 from Mary Doyle. Haven't been notified to Public Health. Isolating quite easily. Teams up and running. 7 – 86 ages. Staff sickness – some. Covered for cleaning. Have capacity.</p> <p>Primary care – 2 GPs at Te Mata Peak – have logged calls, GP have rung back – mostly keep people at home. HHC – 25/35 since 8am this morning – settled now, have received supplies to hydrate patients. Rest Homes – DN team have gone out to Mary Doyle. 8 very sick. Initiating IV fluid replacement. Sending out supplies. Waiapu no new cases, Hillcrest, Summerset and Duart – no cases.</p> <p>Healthline – have had 27 calls – 55% male, 19 % 0 – 6, 15% in over 65's from 8pm – 1pm today. A lot more than usual. More than happy for ongoing media. Helpful if messages can go to staff first. All other callers were symptomatic. Can they drink the water? Run pipes clean? We can chose questions to go into a report – can be added if we wish.</p> <p>Media – inundated. Press conference at 4.30pm. Once the numbers drop off and say what it is that will help. HDC issued a further water supply press release this afternoon.</p> <p>Incident Objective: <i>(What are we wanting to achieve)</i> To determine the cause and control the outbreak of gastroenteritis in Havelock North. Prepare for and support health services escalation.</p>
<p>Plan of Action/Strategy: <i>(Brief summary of what we are doing and/or planning to do locally to achieve the objective)</i> Maintain existing strategy of chlorination of water supplies in Havelock North and public 'boil water' advice. Continue to monitor impact on health services and provide support as required.</p> <p>Hastings District Council Continue chlorination. Keep boiled water notice going. Keep testing to determine nature and potential source of contamination. EHO have visited every food site. House by house to higher housing – will manually dose their tanks. Addresses to be given for presentations – spatial analysis.</p> <p>Planning & Intelligence use</p>	<p>Plan of Action/Detailed Tasks: <i>(Summary of what each operational and supporting unit is doing and/or planning to do)</i> Operations Additional staff in ED – presentations could go up tonight. Lab staff will stay until they are finished. Will bring in extra if needed. Provide GP support to Havelock North GP. DN team at Mary Doyle. May expand to provide additional support to other ARC facilities and GP if required. Specimens to go to ESR – have arrived in Canterbury.</p> <p>Planning & Intelligence/Public Health Better surveillance system – monitoring numbers etc. Planning and Intelligence role. Central in-box for e-mail: emergency.response@hbdhb.govt.nz Death – follow up of death – specimen taken on 10th, sent to lab but can't be located. Coroner's inquest to go ahead. Where lab specimens are and when results likely to come. Maintain liaison with Healthline.</p> <p>Coordination Issues: Central point for all emails etc: . emergency.response@hbdhb.govt.nz All documents saved to the Emergency Response folder on I drive. EOC established. To be monitored virtually overnight and fully activated only if required.</p>

	<p>May need staff to go into practices to collect information. Provided a one page sheet – have not received any. Planning and Intelligence support to be discussed/agreed.</p> <p>Schools – advisory for Monday. Very little risk of person-to-person transmission.</p> <p>Develop communication to community pharmacy</p> <p>Communications Plan: <i>(What internal/external messages are being/are to be communicated)</i></p> <p>Maintain current messaging</p> <p>Media conference 1630 Saturday</p> <p>Schools advisory and communication to community pharmacy to be coordinated with other messaging</p> <p>Keep boil water advice in place.</p> <p>Emails to emergency.response@hbdhb.govt.nz</p> <p>St Johns resource stretched.</p> <p>Became aware of it late yesterday. Increasing numbers of patients presenting didn't cause problem. Suspicious of water supply because of nature of presentations – chlorination and wide communication. Overnight increasing cases. A lot of absenteeism on Monday.</p> <p>Primary Care, Aged and Residential Care – 8 cases in one facility. 1 person has died at this stage do not know if this is related. 8 admissions to hospital. Nurses to support home. Health system working well. Working closely with Council. Healthline continues to be go-to for information. Don't call 111.</p> <p>All the results we have are campylobacter.</p> <p>Treatment advice – stay home & drink fluids</p>	<p>Next IMT briefing/planning conference Sunday 14 August 2016 1000 hours HBDHB EOC</p> <p>Command and Control:</p> <p>Incident Controller Until 1800 Saturday – Ken Foote 1800 Sat to 1000 Sunday – Sharon Mason From 1000 Sunday – Ken Foote</p> <p>Operations Manager Until 1000 Sunday – Chris McKenna From 1000 Sunday – David Warrington</p> <p>Logistics Manager Aaron Howes</p> <p>Planning & Intelligence Manager Ashton Kirk</p> <p>On-call manager Until 0600 Sunday - Andy Phillips From 0600 Sunday - Wietske Cloo</p> <p>Primary Care Liaison Liz Stockley</p> <p>CTAG Andrew Burns Sandra Bee Margaret Drury</p> <p>Medical Officer of Health Nick Jones</p>
<p>Administration/Logistics: <i>(Summary of personnel/logistic/resource availability and supply issues)</i></p> <p>PPE and clinical equipment supplied as requested to HHC, ED and Ambulance Service.</p>		