

**HBDHB CIMS INCIDENT ACTION PLAN**

<p><b>INCIDENT NAME:</b> Havelock North Gastro</p> <p><b>ACTION PLAN ISSUED BY (Section /Unit):</b> Sharon Mason – Incident Controller</p> <p><b>APPROVED BY (Name):</b></p> <p><b>DATE: 14 August 2016</b></p> <p><b>TIME: 1600 hrs</b></p> <p><b>PRIORITY: High</b></p> <p><b>EOC/ICP Location: HBDHB EOC</b></p> <p><b>CONTACT DETAILS:</b></p>	<p><b>Situation Summary:</b> <i>(Include relevant output/resource statistics/capabilities/assessments as at report date/time)</i></p> <p><b>Operations</b> <b>Water Supply</b> Chlorination of the water supply and Boil water notice in place for Havelock North Queries around when the water carrier transgression occurred and was notified to the HBDHB. This occurred on the 11<sup>th</sup> August at 10am.</p> <p><b>Schools/ECC's</b> Attended a joint meeting with Ministry of Education, HDC and ourselves. The following points are noted:</p> <ul style="list-style-type: none"> <li>MoE &amp; HBDHB both agree that joint communication to schools is best. An advisory has been sent to the schools.</li> <li>MoE concerned about the impact of ill teachers on schools having adequate staff to cope. Impact not just on Havelock Nth schools as many teachers live in Havelock Nth and travel to Hastings, CHB &amp; Napier to teach.</li> <li>Schools are required to remain open although MoE will give dispensation to schools who simply don't have enough well teachers to operate – individual BOTs are able to make the call about shutting the school.</li> <li>MoE concerned about the 26 ECECs in Havelock Nth – Hastings District Council will share water tankers between schools and larger ECECs not able to boil enough water. MoE will send communication to all Hastings home based ECECs centres as Havelock preschools often attend Hastings home based educators.</li> </ul> <p><b>Planning and Intelligence</b> <b>EpiSurv</b> All current notifications have been entered into EpiSurv. Analyst coming in at 2:30pm to the DHB EOC to assist with analysis of data on EpiSurv and mapping. Surveillance plan is developed and templates being prepared to be sent to the various organisations/agencies Collected data from Totara Health Flaxmere, Dr's Hastings in person and this is being collated. Te Mata Peak Practice and the Hastings Health Centre is sending in their data.</p> <p><b>Data</b></p> <ul style="list-style-type: none"> <li>- 2 ICU Patients</li> <li>- 2 CCU Patients</li> <li>- 12 Patients Admitted</li> <li>- 40 Emergency Dept presentations – Data subject to further analysis</li> <li>- 183 GP Presentation so far (40 at Hastings Health Centre today) – Data subject to further analysis</li> <li>- 80 walk ins to Pharmacies today for gastro related illness</li> <li>- 62 Aged Residential Care (District Nurses at Summerset &amp; Mary Doyle)</li> <li>- 60 calls to Health Line since 8 pm yesterday (10am data this morning)</li> </ul>
<p><b>Incident Objective: (What are we wanting to achieve)</b> To determine the cause and control the outbreak of gastroenteritis in Havelock North Support health service escalation and plan for increasing demand</p>	<p><b>Plan of Action/Strategy: (Brief summary of what we are doing and/or planning to do locally to achieve the objective)</b></p> <p>Continue with existing messaging and strategy. Enhance surveillance and intelligence collection Provide fact sheets and advice as appropriate Continue support to Primary care and plan for impact on hospital Working assumption – things will get worse before they get better – possibly fewer but sicker people</p>
<p><b>Planning &amp; Intelligence/Public Health</b></p> <ul style="list-style-type: none"> <li>- Enhance intelligence gathering and surveillance</li> <li>- Maintain liaison with Healthline</li> <li>- Maintain liaison with MoH Environmental Health.</li> <li>- Meet with ESR to discuss survey</li> <li>- Work jointly with HDC and experts to agree "trigger" criteria for lifting boiled water advice</li> <li>- Bring in addition resources to assist (note induction requirements)</li> </ul>	<p><b>Plan of Action/Strategy: (Brief summary of what we are doing and/or planning to do)</b></p> <p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>- Maintain liaison with GP and rest homes</li> <li>- Support HN GP as necessary</li> <li>- Continue DN support to HN rest homes</li> <li>- Distribute advisory/fact sheets and general update Monday morning</li> <li>- Support HN community pharmacies as required</li> <li>- Continue sampling for testing</li> </ul> <p><b>St John</b></p> <ul style="list-style-type: none"> <li>- Enhance resourcing to meet staff shortages and potential increase in demand</li> </ul>
<p><b>Coordination Issues:</b> Meetings/Briefings: <b>Full CIMS/IMT briefing/planning meeting</b> <b>1000hrs Monday 15 August</b></p> <p><b>Reports:</b> Health EMIS activated – All Action Plans to be posted Maintain liaison with MoH</p> <p><b>Other:</b> Central point for all emails etc: <a href="mailto:emergency.response@hbdhb.govt.nz">emergency.response@hbdhb.govt.nz</a></p> <p>All documents saved in the Emergency response folder on I drive</p>	<p><b>Plan of Action/Strategy: (Brief summary of what we are doing and/or planning to do)</b></p> <p>Continue with existing messaging and strategy. Enhance surveillance and intelligence collection Provide fact sheets and advice as appropriate Continue support to Primary care and plan for impact on hospital Working assumption – things will get worse before they get better – possibly fewer but sicker people</p>

<p><b>CTAG</b></p> <ul style="list-style-type: none"> <li>- Consider fact sheet/advisory for paediatrics and mid wives</li> <li>- Information for community pharmacies</li> </ul>	<p><b>Hospital</b></p> <ul style="list-style-type: none"> <li>- Maintain additional resourcing in ED</li> <li>- Develop plan for hospital for Monday – taking into account staff absence and potential demand.</li> <li>- Consider cancellation of electives</li> </ul>	
	<p><b>HDC</b></p> <ul style="list-style-type: none"> <li>- Maintain chlorination and ongoing focus on rural tanks</li> <li>- Provide water to schools and early childhood centres from Monday</li> <li>- Liaise with Ministry of Education re: advisory to schools on Monday</li> </ul>	
<p><b>Administration/Logistics:</b> (Summary of personnel/logistic/resource availability and supply issues)</p> <ul style="list-style-type: none"> <li>- Provide advice on likely staff absences/shortages for DHB hospital and community staff for Monday</li> <li>- Support HN community pharmacies/general practice/DNs with hydration resources</li> <li>- Supply PPE as necessary</li> </ul>	<p><b>Communications Plan:</b> (What internal/external messages are being/are to be communicated)</p> <ul style="list-style-type: none"> <li>- Maintain current messaging</li> <li>- Live TV 1 feed 6pm tonight</li> <li>- Correct misinformation and maintain communications through Facebook</li> <li>- HDC developing full page public notice for Monday</li> </ul>	<p><b>Command and Control:</b></p> <p>Key Appointments:</p> <ul style="list-style-type: none"> <li>Incident Controller – Sharon Mason</li> <li>Planning &amp; Intelligence Manager – Ashton Kirk</li> <li>Logistics manager – Aaron Howes</li> <li>Operations Manager – Chris McKenna</li> <li>DHB On Call Manager – Wietske Cloo</li> <li>Primary Care Liaison – Liz Stockley</li> </ul> <p>CTAG</p> <ul style="list-style-type: none"> <li>- Andrew Burns</li> <li>- Sandra Bee</li> <li>- Margaret Drury</li> </ul> <p>Medical Officer of Health – Rachel Eyre</p> <p>Contact Details: EOC – HBDHB Extn # 7145</p> <p>Changeovers: 1000 Monday 15 August 2016</p> <p>Rosters for ongoing management of incident required</p>