

HBDHB CIMS INCIDENT ACTION PLAN

<p>INCIDENT NAME: Havelock North Gastro</p> <p>ACTION PLAN ISSUED BY (Section /Unit): Ken Foote – Incident Controller</p> <p>APPROVED BY (Name): Sharon Mason</p> <p>DATE: 16 August 2016</p> <p>TIME: 1600 hrs</p> <p>PRIORITY: High</p> <p>EOC/ICP Location: HBDHB EOC</p> <p>CONTACT DETAILS:</p>	<p>Situation Summary: (Include relevant output/resource statistics/capabilities/assessments as at report date/time)</p> <p>Operations Water Supply Chlorination of the water supply and boil water notice in place for Havelock North Chlorine is sustaining water supply further testing is required before boil water notice is lifted</p> <p>Schools/ECC's All Havelock North Schools closed for Tuesday 16th and Wednesday 17th, planning underway to prepare for reopening.</p> <p>Planning and Intelligence EpiSurv All current notifications are being entered into EpiSurv.</p> <p>Summary of Planning and Intelligence Anecdotally the pressure within primary and secondary care services has decreased since yesterday.</p> <p>Data</p> <ul style="list-style-type: none"> - Campylobacter results – 62 confirmed – 129 probable – 191 total - 2 ICU Patients, not from Aged Residential Care, 1 to be discharged to ward - 15 patients currently admitted to hospital – nil in paediatrics - 17 admission to hospital in total (Elective lists continuing today. Hospital has available beds and coping well.) - 6 ED presentations today - since Friday 12/08 this brings the total to 81 - 201 people seeking advice today in community pharmacy - 137 people in ARC unwell (51 Mary Doyle, 23 Waiapu House, 55 Summerset, 2 Hillcrest, Duart no reported cases) - 302 calls to Health Line since commencement - 231 GP consultations today, unverified cumulative total is 703 - St Johns 1 call. Fewer than yesterday <p>There are concerns there are secondary cases outside of Havelock North. These are above baseline levels. Contact is being made with each patient (when resource is available) to determine if there is any link to Havelock North.</p> <p>Review of Cause of Outbreak There are three separate reviews of the cause of the outbreak planned; the DHB led review of water, HDC technical environmental factors and DHB epidemiology study.</p>
<p>Plan of Action/Strategy: (Brief summary of what we are doing and/or planning to do locally to achieve the objective)</p> <p>Continue with existing messaging and strategy Managing conflicting messages and community anxiety Enhance surveillance and intelligence collection – modify from initial data to epidemiology based reporting Provide fact sheets and advice as appropriate Continue support to primary care Consideration of impact of secondary infection Waiting for ESR results to come back – decision related to boiled water notice needs to be made Support a community welfare response through HDC Communication of results from deceased patient needs to be discuss and agreed in liaison with coroner Plan for staff relief and relieving Plan for regular briefing of MoH Communication of essential contact numbers Undertake three reviews of cause of outbreak</p>	<p>Incident Objective: (What are we wanting to achieve) To determine the cause and control the outbreak of gastroenteritis in Havelock North Support health service escalation and plan for increasing demand Work in collaboration with Hastings District Council to effectively manage incident and support a community welfare response</p> <p>Plan of Action/Strategy: (Brief summary of what we are doing and/or planning to do locally to achieve the objective)</p> <p>Plan of Action/Strategy: (Summary of what each operational and supporting unit is doing and/or planning to do)</p> <p>Primary Care</p> <ul style="list-style-type: none"> - Maintain liaison with GP's and rest homes - Support HN GP's as necessary - Continue DN support to HN rest homes - Support HN community pharmacies as required
<p>Coordination Issues: Meetings/Briefings: Full CIMS/MT briefing/planning meeting 1000hrs Wednesday 17 August</p> <p>Reports: Health EMIS activated – all Action Plans to be posted Maintain liaison with MoH</p> <p>Other: Central point for all emails etc: emergency.response@hbdhb.govt.nz</p> <p>All documents saved in the Emergency response folder on I drive</p>	

<p>Planning & Intelligence/Public Health</p> <ul style="list-style-type: none"> - Enhance intelligence gathering and surveillance, working on better mapping of cases - Maintain liaison with Healthline - Maintain liaison with MoH, Environmental Health. - Survey developed, planning for telephone interviews tonight - Work jointly with HDC and experts to agree "trigger" criteria for lifting boiled water advice, increasing priority to provide information to public around this. - Bring in addition resources to assist (note induction requirements) - Monitoring of potential secondary cases - Monitoring public enquires – if becoming unmanageable consider diverting to another PHU 	<p>St John</p> <ul style="list-style-type: none"> - Enhance resourcing to meet staff shortages 	
<p>CTAG</p> <ul style="list-style-type: none"> - Maintain EMIS site - Continue advisory and action plan preparation 	<p>Hospital</p> <ul style="list-style-type: none"> - Monitoring of resourcing needs in ED and wards by duty managers - Continuing with elective surgery - Maintain internal communication for staff via integrated ops centre 	
	<p>HDC</p> <ul style="list-style-type: none"> - Maintain chlorination and ongoing focus on rural tanks <p>HDC (Welfare Response)</p> <ul style="list-style-type: none"> - Established EOC at HD Council Emergency Operations Centre Lyndon Rd - Outreach welfare teams have been deployed 10 am today made up of Red Cross and Civil Defence volunteers - To date 200 houses have been visited, 7 required referral to welfare agencies, 1 referred to DHB - Actively door knocking – providing information and pamphlets in the community - Where there is a welfare need they are recording the need and passing onto the correct agency for action - Public health are mapping the affected areas and this will ensure that the welfare resource is deployed to the correct area 	
<p>Administration/Logistics: (Summary of personnel/logistic/resource availability and supply issues)</p> <ul style="list-style-type: none"> - Support HN community pharmacies/general practice/DNs with hydration resources - Supply PPE as necessary - Sourcing public health staff from other DHB's 	<p>Communications Plan: (What internal/external messages are being/are to be communicated)</p> <ul style="list-style-type: none"> - Correct misinformation (if possible with source) and maintain communications through Facebook - HDC and DHB to work on key messages and define communication boundaries - Continue 1130 hours daily media conference - Need to develop a clear narrative around progress of testing and lifting boiled water requirements and when/who/how this information will go out to the public/media 	<p>Command and Control:</p> <p>Key Appointments:</p> <ul style="list-style-type: none"> Incident Controller – Ken Foote Planning & Intelligence Manager – Ashton Kirk Logistics Manager – Peter Kennedy Operations Manager – William Allan DHB On Call Manager – Andy Phillips Primary Care Liaison – Liz Stockley <p>CTAG</p> <ul style="list-style-type: none"> - Andrew Burns - Sandra Bee - Nikki Prendeville - Margaret Drury <p>Medical Officer of Health – Rachel Eyre</p> <p>Contact Details: EOC – HBDHB 873 2166 or extension 7145</p> <p>Changeovers: 1000 Wednesday 17 August 2016</p> <p>Rosters for ongoing management of incident required</p> <p>Murray Mills – Regional Emergency Management Advisor</p>