

HAWKE'S BAY DISTRICT HEALTH BOARD	Manual:	Population Health Policy & Procedure Manual
Population Health, Health Protection	Doc No:	PH / PPM / 8161
Public Health Emergency Response Plan	Date Issued:	July 2015
	Date Reviewed:	
	Approved:	Population Health Programmes Manager
	Signature:	
	Page:	1 of 30

Purpose

To meet the requirements of effective and efficient response to public health emergencies and clearly define transition from a population health/child health response to a Hawke's Bay emergency management response.

Scope

The services covered by this procedure are the Population Health Service and Child Health Team.

That staff have an understanding of their roles in an emergency and can provide an effective and efficient response to public health emergencies.

Roles and Responsibilities

Key roles and responsibilities are outlined in the Appendix Three of the Public Health Emergency Response Plan.

Measurement Criteria

The Public Health Emergency Response Plan is reviewed every three years or if there is a change required after exercising the plan. The intention is to exercise the aspects of the plan on a regular basis.

Definitions

These are outlined in Appendix One of the Public Health Emergency Response Plan.

References

These are outlined in Appendix Two of the Public Health Emergency Response Plan.

Related Documents

These are outlined in Appendix Two of the Public Health Emergency Response Plan.

Keywords

Public Health
Emergency
Emergency Response
CIMS
Plan

For further information please contact the Population Health Programmes Manager

This is a Controlled Document. The electronic version of this document is the most up-to-date and in the case of conflict the electronic version prevails over any printed version. This document is for internal use only and may not be accessed or relied upon by third parties for any purpose whatsoever.



HAWKE'S BAY
District Health Board
Whakawateatia



PUBLIC HEALTH EMERGENCY RESPONSE PLAN

1.0 PURPOSE OF THIS PLAN	8
1.1 Principles	8
2.0 WARNINGS AND/OR MAJOR INCIDENTS.....	8
2.1 Response Procedures	8
2.2 Incident / Emergency Notification Requirements	9
2.3 Assessment of Incident.....	10
2.4 Levels of Response	10
2.5 Transition through Alert Levels and Response Activity	12
2.6 Response Coordination Team Structure - For Level 1 Alert and Level 2 Response Coordination Phases	13
2.7 Structure for Level 3 - Activation.....	14
2.8 Support Staff	14
3.0 EMERGENCY RESPONSE PROCEDURES.....	15
3.1 Information Processing and Document Control.....	15
3.2 Emergency Management Information System (EMIS)	15
3.3 Alternative Communication and Emergency Information Management Methods.....	15
3.4 Internal systems for Recording Messages	16
3.5 Changeover Checklist.....	16
4.0 EMPLOYER OBLIGATIONS.....	16
4.1 Right to Refuse	16
4.2 Mental Health.....	17
4.3 Taking Care of Yourself	17
5.0 WHEN TO DEACTIVATE	18
5.1 Incident Debriefs and Review	18
APPENDIX ONE: GLOSSARY AND ACRONYMS.....	19
APPENDIX TWO: REFERENCE MATERIAL	21

APPENDIX THREE: ROLES AND RESPONSIBILITIES.....22

Public Health Service..... 22

Population Health Incident Coordinator 23

Population Health Planning/Intelligence Officer 25

Population Health Operations Officer 26

Population Health Logistics Officer 27

Population Health Liaison Officer..... 28

Safety Health and Welfare Officer 29

Population Health Administration Staff..... 30

PLAN OVERVIEW AND REVIEW PROCESS

PLAN STATUS	VERSION
Final Draft Plan	

The plan is reviewed three yearly or if there is a change required after exercising the plan.

HISTORY OF DOCUMENT REVIEW AMENDMENT

All amendments are to be reviewed and approved by stakeholders and changes entered in the table below.

VERSION	DATE	CHANGES
1.0		Initial version
1.1		
1.2		
1.3		
1.4		
1.5		
1.6		

RECORD OF AMENDMENTS

Complete this record when any amendments are made.
 Keep file copy.
 Distribute new copies.
 Destroy old copies.

PAGE NUMBER	SECTION	AMENDMENT OUTLINE	DATE OF AMENDMENT

Author	
Review Date	
Approved/Authorised	
Document Reference	

1.0 Purpose of this Plan

The main purpose of this plan is to meet the requirements of effective and efficient response to public health emergencies and clearly define transition from a population health/child health response to a Hawke's Bay DHB emergency management response.

1.1 Principles

The principles on which this plan is based are that in the event of an emergency:

- First look after yourself and your family
- Listen to local radio for updates
- Monitor the DHBs website and social media communication channels for situation updates
- Report to your normal place of work unless otherwise advised via public radio or DHB communications channels
- Wear your HBDHB ID badge at all times
- You may be required to undertake tasks which you normally do not do – this is an emergency so resources may need to be deployed in different ways in order to optimise our response
- Remember that as a public servant you and your actions must comply with the Code of Conduct, DHB House Rules and legislative requirements and subject full disclosure and scrutiny
- During an event business as usual activities need to be assessed and prioritised
- All staff should make themselves familiar with their role and responsibilities when responding to an incident under a CIMS structure.

2.0 Warnings and/or Major Incidents

Warnings are issued when required by agencies with a mandate to advise other agencies and the public of impending and potentially hazardous situations/incidents. The nature of these warnings and/or major incidents includes:

- Adverse weather or weather-related events: Rain, wind, snow, rising river levels, flood, storm surge
- Volcanic unrest, volcanic eruption, lahar
- Tsunami
- Fire danger
- Storm surge
- Land instability
- Road conditions
- Lifeline service failure
- Disease outbreak, increased incidence of disease

Warnings may be received via email, text, pager and/or phone from the generating agency. Response to the warning will vary depending on the nature of the warning, the potential for impact to public health communities and individuals and the speed of occurrence.

2.1 Response Procedures

The response to warnings and major incidents will vary depending on the extent and type of the incident. In general, they can be considered to fall into one of two categories which define the level of response:

- Situations that require alert or response coordination. These may develop over time, and where the implications are gradual rather than immediate. They often require a complex and protracted response.
- Sudden onset events with a clear beginning, an end, and a recovery process. Examples include hazardous substance incidents, storms, and fires.

Major incident events will require activation of [Hawke's Bay Major Incident Plan for Health Services](#). also refer Section 2.4 Level of Response.

2.2 Incident / Emergency Notification Requirements

- All incidents that could activate this plan must be notified even though support from the entire Population Health team may not be required in all cases.
- Depending on the nature of the incident 'Manager' notification may either be to the Population Programmes Manager or Child Health Manager.
- Bracketed references [] below reference to Emergency Response Procedures.

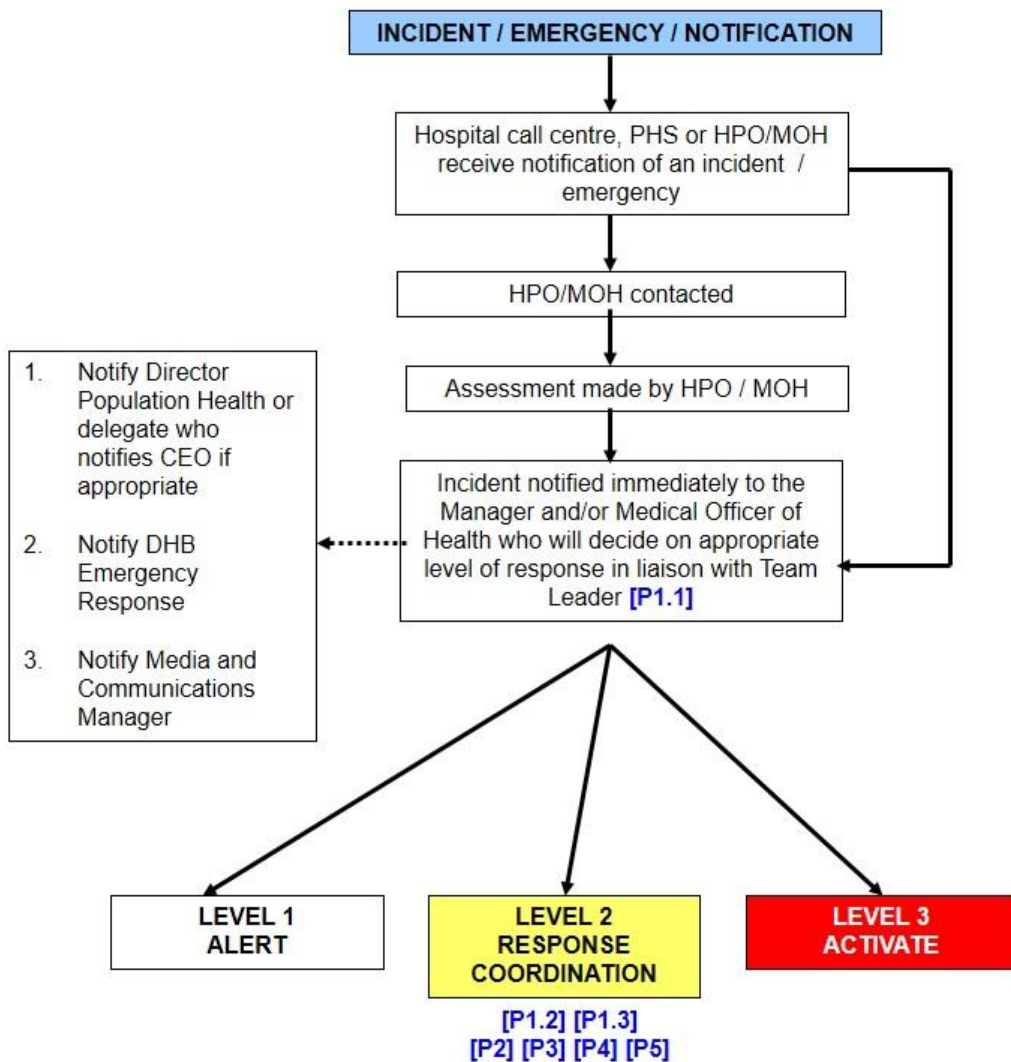


Figure 1: Incident / Emergency Notification Pathway – 24/7

2.3 Assessment of Incident

The on-call Health Protection Officer (HPO), Team Leader, Medical Officer of Health (MOH) and/or the Manager who may receive notification of an incident/emergency should evaluate the information provided and make an initial assessment as to the level of response required.

The following incident definitions are used in conjunction with the procedure [HB Co-ordinated Incident Management – A Scaled Response, HBDHB/EPM/035](#).

During a protracted incident/emergency, the situation should be regularly reviewed and assessed and, where necessary, the level of response and courses of action changed.

The HBDHB Hospital Call Centre may be used to contact key response staff using after-hours contact information. Once contacted by the Call Centre, the response staff initiate team contact as required. There is an expectation that key response staff maintain an up-to-date after hours contact directory which is able to be accessed at all times.

2.4 Levels of Response

The Manager and/or Medical Officer of Health will decide on the appropriate response based on the information received. The options are described in the following table.

Level of Response	What response is required?	Type of event / incident				
LEVEL 1 ALERT	<p>Incident evaluated: considered BAU and able to be managed with existing resource.</p> <p>At the time: report to on-call MOH and DHB Emergency Response</p> <p>Next working day: report to appropriate Team Leader Population Health or Child Health Team.</p> <p>Should incident escalate may require Level 2 Response</p>	<p>Type of scenario: Minor localised incident which can be dealt with by on call health protection or child health resources alone (or in conjunction with other services where necessary).</p> <p>For example: minor hazardous substance spill.</p>				
LEVEL 2 RESPONSE COORDINATION	<p>Incident evaluated: The Population Health or Child Health Team is moved to a higher than usual state of readiness to respond to the incident / emergency.</p> <p>At the time: report to Manager, Emergency Response and MOH.</p> <p>A scaled CIMS response may be implemented.</p>	<p>Type of scenario: Major localised incident likely, response not likely to exceed 72 hours The situation may require more Population Health or Child Health resources and coordination. It may or may not involve other emergency services. For example several cases of notifiable disease or food poisoning, hazardous substance toxic fire.</p>				
		<table border="1"> <thead> <tr> <th>Impact on Hospital and Health Services</th> <th>Response / Activation</th> </tr> </thead> <tbody> <tr> <td>Public health responses exceeds BAU Primary care / community care response at BAU Hospital response at BAU</td> <td>PH ERP/ IMT activated Central Region Public Health Network (CRPHN) emergency response on standby or activated DHB EOC on standby</td> </tr> </tbody> </table>	Impact on Hospital and Health Services	Response / Activation	Public health responses exceeds BAU Primary care / community care response at BAU Hospital response at BAU	PH ERP/ IMT activated Central Region Public Health Network (CRPHN) emergency response on standby or activated DHB EOC on standby
	Impact on Hospital and Health Services	Response / Activation				
Public health responses exceeds BAU Primary care / community care response at BAU Hospital response at BAU	PH ERP/ IMT activated Central Region Public Health Network (CRPHN) emergency response on standby or activated DHB EOC on standby					
DECISION POINT: Incident Coordinator, Director Population Health and Emergency Response Advisor liaison to decide if escalation to Level 3 – ACTIVATION is required						
LEVEL 3 ACTIVATE	<p>Activation of the HBDHB's Major Incident Plan and/or to bring resources to bear to assist with the response.</p> <p>Handover to DHB IMT/EOC: provide latest sitrep, action plan and names of Response Coordination team members.</p>	<p>Major regional/national incident.</p> <p>This situation is more serious and will require full HBDHB response.</p>				
HBDHB Major Incident Plan Activation Levels	Impact on Hospital and Health Services	Response / Activation				
ORANGE	Public Health response exceeds BAU Primary Care / community care response exceeds BAU Hospital response at BAU	PHS IMT activated under operations section of CIMS CRPHN activated or standby DHB IMT / EOC activated				
RED	Public Health response exceeds BAU Primary Care / community care response exceeds BAU Hospital response exceeds BAU	PHS IMT activated under operations section of CIMS CRPHN activated or standby DHB IMT / EOC activated				

2.5 Transition through Alert Levels and Response Activity

For protracted incidents/emergencies, it is vital that staff are appropriately rested so that they perform at peak efficiency. In any event, a person shall not work more than a 12-hour shift if the Emergency Response Centre is to be occupied 24 hours.

Efficient changeovers will ensure that incoming personnel are briefed on their role by existing personnel who will then depart as soon as the replacement assumes the role. Good changeovers will result in control of the direction of the incident being maintained, good morale, efficiency, personnel safety, maintaining performance and unity of purpose.

The key things to remember about changeovers are:

- The Incident Coordinator oversees the changeover
- Changeovers are a major factor in incident management efficiency and effectiveness
- Poor changeovers can threaten the safety of personnel
- Relieved personnel should leave immediately their replacement has assumed their role
- Changeovers must ensure continuity of the control objectives
- Changeovers must be thoroughly planned and managed
- All Incident Management Team members have specific responsibilities to ensure effective changeovers
- Changeovers should be staggered
- Changeovers should be done in daylight
- Feed in-coming shift before the changeover and feed out-going shift after changeover
- Avoid critical times to incident management

2.6 Response Coordination Team Structure - For Level 1 Alert and Level 2 Response Coordination Phases

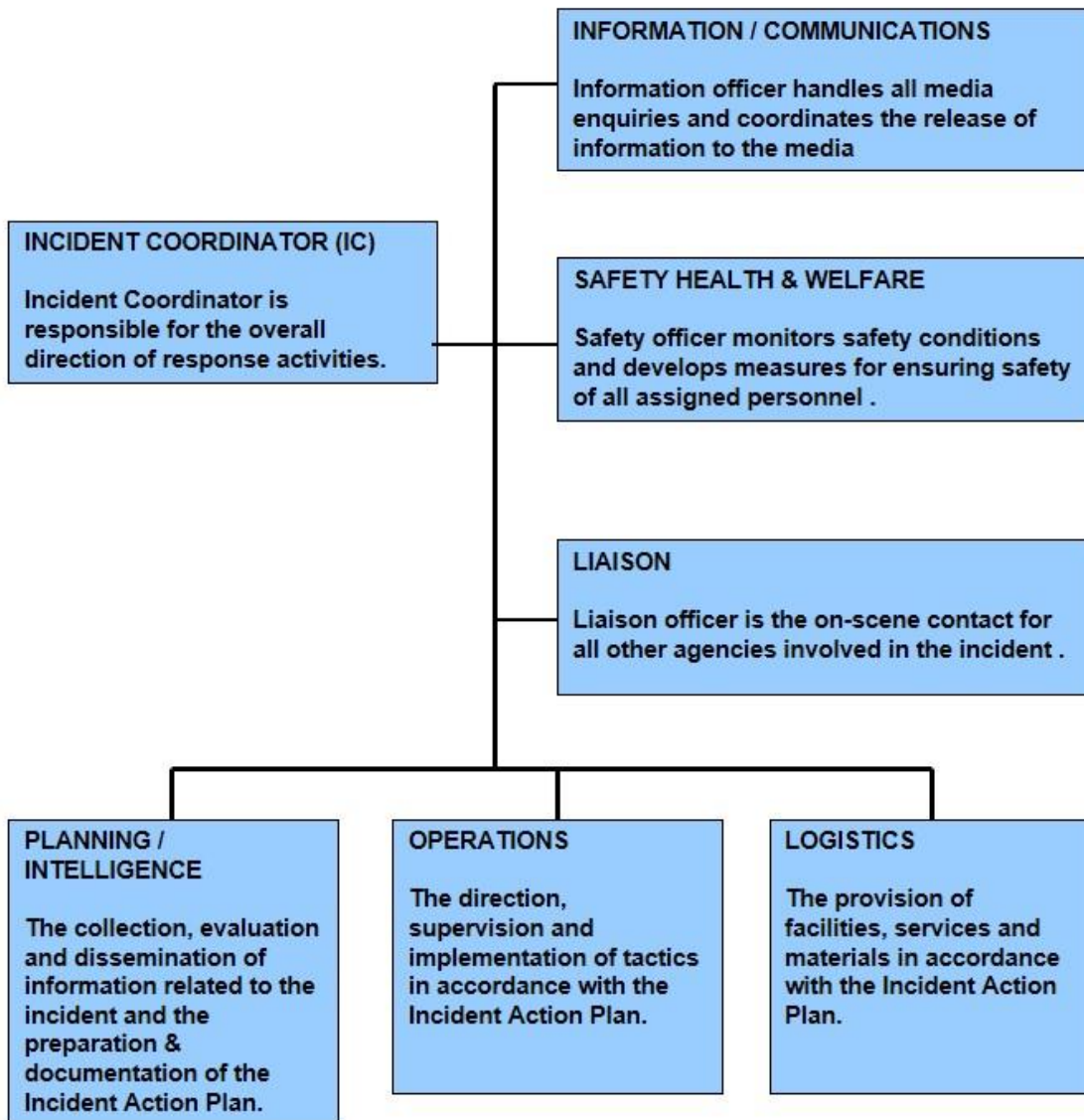


Figure 3: Response Coordination Team Structure

REFER TO APPENDIX THREE FOR DETAILED ROLE AND RESPONSIBILITY DESCRIPTIONS

Please note:

(a) All positions identified may not be activated

Each emergency must be evaluated regarding the specific positions which will need activation in order to address the challenges of the emergency. The emergency's nature, proximity and other factors may mandate all or very few of the positions in the IMT to be staffed. The Incident Coordinator will be responsible to assigning staff to the various positions.

(b) Positions may be filled immediately or later based on needs and staffing

A particular emergency may require that a certain number of positions need to be filled. However, if there are only a few senior Population Health Team/Child Health Team or CIMS 4 trained staff available in the next 12 hours, then each staff member must take up more than one position if required. If this is not acceptable, then the top priority positions must be identified and carried out in the best manner possible.

(c) More than one position may be assigned to an individual

Many senior staff are capable of carrying out more than one function at a time. Situations of a critical nature may require an individual to perform multiple tasks until additional support is obtained. The use of checklists or action cards should facilitate the task of multiple position assignment.

(d) Personnel abilities and experience

The personnel in the IMT must be of sufficient seniority and/or experience that they can redirect the Population Health Team/Child Health Team if necessary to control and/or manage the emergency. Personnel assigned to the following roles must have completed CIMS 4 training: Incident Coordinator, Planning/Intelligence, Operations, Logistics and Liaison.

(e) Period of operation

Prolonged operation of Public Health Service response coordination team for long periods will not be possible given the limited pool of senior/experienced personnel available to fill the positions and allowing for sufficient rest and recovery breaks. Where the length of emergency requires a protracted response, review 2.4 Level of Response and escalate and/or activate Central Region Surge Capacity Agreement.

2.7 Structure for Level 3 - Activation

Once the HBDHB Major Incident Plan is activated roles and responsibilities will be determined by the DHB's Incident Controller.

This may mean that roles/people/functions undertaken in Level 1 and 2 may change in Level 3.

2.8 Support Staff

Response coordination will require the assistance of a number of support personnel. Depending on the nature and scale of the incident/emergency and the availability of personnel, the following support positions may be required:

1. Telephonist/s
2. Record/Communication Officer/s
3. Audit Officer/s
4. Data Entry Operator/s
5. Administrative Support

3.0 Emergency Response Procedures

ER Procedure 1 [P1]: [Meeting Management](#)

ER Procedure 2 [P2]: [Infrastructure and Resources for an ERC](#)

ER Procedure 3 [P3]: [Document Control: Incoming/Outgoing Information](#)

ER Procedure 4 [P4]: [Reference and Resource Materials](#)

ER Procedure 5 [P5]: [Situation Report and Incident Action Plan Templates](#)

3.1 Information Processing and Document Control

It is critical that key information processed in the ERC is formally recorded, that appropriate actions are made quickly and effectively and that critical information is disseminated to other organisations involved in the response.

Population Health staff should be mindful that their actions are open to scrutiny by other agencies, the media and the public at large. The possibility of legal actions after the event must be borne in mind. Whatever method or system is used, the information must be recorded, considered, actioned and disseminated as required.

All actions taken in an emergency are subject to public, professional and political scrutiny. It is important that the events and actions are clearly recorded. The records could prove valuable should an inquiry occur. During events an activity/event log (which can include communications) can be kept.

3.2 Emergency Management Information System (EMIS)

EMIS is the primary tool for the management of information in EOCs within the New Zealand health sector for significant incidents and emergencies at a local, regional and national level.

It is a web-based programme that enables sharing of critical real-time information when collaborating in the readiness, response, recovery and review processes associated with daily activities, events and incidents. It also provides responders with a logging and task-tracking system which they can use to manage their local response to an incident.

Access to EMIS can be obtained through: <http://landing.healthemis.govt.nz>

A guide, Health EMIS How to Guide, is held as part of ER Procedure 3.

3.3 Alternative Communication and Emergency Information Management Methods

There may be periods of time in which a web-based programme is inaccessible. In these instances, an alternative system will be achieved using paper-based templates. Alternative communication links, such as satellite phones and/or radio links, may be used to convey necessary information.

Paper-based templates have been developed for situation reports, intelligence reports and requests for information and action. Dissemination of the completed templates will be via the

Single Point of Contact system using email, fax, satellite or radio.

Use of the templates will ensure that necessary verbal communication is quick and succinct, and that it is supported by an existing record of pertinent information.

3.4 Internal systems for Recording Messages

Document Control Procedures for processing incoming and outgoing messages are detailed in the ER Procedure 3.

3.5 Changeover Checklist

Out-going Team	In-coming Team
Set change-over time	Receive Incident Action Plan
Plan changeover locations	Establish contact with subordinates
Ensure Incident Action Plan is prepared	Manage changeover of subordinates
Attend Operations briefing	Ensure understanding and
Brief subordinate staff	implementation of Incident Action Plan
Brief replacement	Provide sitreps and time for next report
Leave	Plan for next changeover

4.0 Employer Obligations

The health and safety of employees will be pivotal to a successful response by the Population Health team in the event of an emergency. Health and safety includes consideration of physical, mental and social wellbeing during, and after, the emergency and the provision of a safe environment.

Employers are required under the Health and Safety in Employment Act 1992 to take all practical steps to mitigate risk and protect employees, especially those at potentially higher risk such as first responders. All practical steps apply to the general duties that must be carried out by staff in an emergency.

Significant hazards should be managed according to the steps of elimination (when practical), and if elimination is not practical, the isolation of the significant hazard. If isolation is not practical then the employer must minimise the likelihood that the hazard will harm employees and other people on site. This may be provided in the form of personal protective clothing and equipment and decontamination facilities.

During an emergency event, consistent adherence to administrative controls is essential. For example, ideally health worker shifts should be limited to no more than 12 hours; should be rotated between high-medium and low-stress areas; and sufficient relief teams should be provided.

4.1 Right to Refuse

Section 28A of the Health and Safety in Employment Act 1992 says employees have the right to refuse to perform work if they believe it is likely to lead to their suffering serious harm. However, their belief must be on reasonable grounds, and they must have attempted to resolve the matter with their employer before they can continue to refuse. The right to refuse unsafe work does not apply unless the understood risks of the work have increased materially. The

right of a nurse or a health protection officer to refuse is different from that of a carpenter. It is also different for a sworn staff member of the police, fire service or armed forces.

4.2 Mental Health

Health workers and other response workers working in emergency situations are at risk of experiencing significant psychosocial impact especially if they have a high exposure to traumatic stimuli. Most staff will experience some psychosocial reaction, usually within manageable range. Some may exhibit more extreme reactions in the short, medium or long-term. Most staff will be affected in some way by the experience of the emergency event either directly or indirectly. In addition, post-emergency life circumstances will not be as they were before the emergency event.

It is vital that staff seek help, support and information if they feel affected by the emergency. A number of services are available including:

- Your GP or local community health centre
- Employee Assistance Programme
- Debrief by the emergency response advisor

4.3 Taking Care of Yourself

Taking care of yourself will help you to stay focused on the emergency/incident and to maintain the constant vigilance you need for your own safety. Often responders do not recognize the need to take care of themselves and to monitor their own emotional and physical health, especially when recovery efforts stretch into several weeks.

The following guidelines contain simple methods for helping yourself:

- Pace yourself. Response and recovery from an emergency/incident may continue for days or weeks.
- Take frequent rest breaks. Response and recovery operations can take place in extremely dangerous work environments. Mental fatigue over long shifts can place emergency response staff at greatly increased risk for injury.
- Watch out for each other. Co-workers may be intently focused on a particular task and may not notice a hazard nearby or behind.
- Be conscious of those around you. Responders who are exhausted, feeling stressed or even temporarily distracted may place themselves and others at risk.
- Maintain as normal a schedule as possible: regular eating and sleeping are crucial. Adhere to the team schedule and rotation.
- Make sure that you drink plenty of fluids such as water and juices.
- Try to eat a variety of foods and increase your intake of complex carbohydrates (for example, breads and muffins made with whole grains, cereal bars).
- Whenever possible, take breaks away from the work area. Eat and drink in the cleanest area available.
- Recognize and accept what you cannot change - the chain of command, organizational structure, waiting, equipment failures, etc.
- Talk to people when YOU feel like it. You decide when you want to discuss your experience. Talking about an event may be reliving it. Choose your own comfort level.
- If your employer provides you with formal mental health support, use it!
- Give yourself permission to feel rotten: You are in a difficult situation.

- Recurring thoughts, dreams, or flashbacks are normal - do not try to fight them. They will decrease over time.
- Communicate with your loved ones at home as frequently as possible

5.0 When to Deactivate

The Incident Coordinator must deactivate or 'stand-down' the Plan when the crisis situation is no longer considered a threat to public health and/or HBDHB's viability, and operations have resumed to the intended extent of 'normality'.

Plan deactivation would normally occur when:

- The emergency response role has concluded
- The immediate physical health and safety needs of the affected people have been met
- Essential public health services and facilities are re-established and operational
- The immediate health concerns arising from the public have been satisfied
- It is timely to enter the active recovery phase

The lead agency will issue a deactivate / alert to signify the end of the response period.

5.1 Incident Debriefs and Review

Immediately after the Plan has been deactivated Emergency Response will hold a comprehensive 'hot debrief' to report on the emergency/incident and the effectiveness of the Public Health Service's management of it.

Further debriefs should be held within 4-6 weeks after the incident has passed. One debrief should include all the agencies involved to assess the effectiveness of inter-agency co-ordination and management of the emergency/incident.

Following the debriefs, reports must be compiled. These reports will assist in the review of the existing Plan and arrangements in place at the time of the event. This review may identify areas for improvement and the Plan can be subsequently revised. Plan revision is the responsibility of the Manager Population Health Programmes.

APPENDIX ONE: GLOSSARY AND ACRONYMS

Agencies	<ul style="list-style-type: none"> • Government agencies, including public service departments, non-public service departments, Crown entities and Offices of Parliament • Non-governmental agencies • Lifeline utilities
BAU	Business as usual
Business Continuity Plan	Business continuity planning is about ensuring critical business functions can continue after an unexpected event, albeit in a downgraded mode. It is about planning the activities you should undertake to ensure the resumption of your business in an emergency.
Capacity	The content or measure of resources (including supplies, equipment and personnel).
CIMS	Coordinated Incident Management System
EOC	Emergency Operations Centre
Emergency Response Centre (ERC)	An emergency response centre is implemented in response to a major incident (or incidents) which requires higher than normal co-ordination and support of the overall emergency effort. An ERC will usually have established communication, administration and service facilities.
Emergency Services	Means the New Zealand Police, New Zealand Fire Service, National Rural Fire Authority, rural fire authorities, and hospital and health services.
Incident Management Team (IMT)	The group of incident management personnel carrying out the functions of incident controller, operations manager, planning/intelligence manager and logistics manager.
Lead Agency	Means the organisation with current responsibility for managing an emergency.
Major Incident	Any event that: <ul style="list-style-type: none"> • presents a serious threat to the health status of the community; or • results in the presentation to a health care provider of more casualties or patients/clients in number, type or degree than they are staffed or equipped to treat at that time, or • cannot be dealt with by emergency services or otherwise requires a significant and co-ordinated response under the CDEM Act 2002, or • leads to or represents the loss of services which prevent health care facilities from continuing to care for patients/clients.

Major Incident and Emergency Plan	Community-based integrated health plans that have been developed as a result of consultation and collaboration during the planning stages with other emergency services, providers and local agencies. Joint planning will identify local risks and hazards and common strategies to minimise the impact and identify the required response.
MCDEM	The Ministry of Civil Defence and Emergency Management.
MOH	Medical Officer of Health
NHCC	National Health Co-ordination Centre
NHEP	The National Health Emergency Plan which provides guidance for New Zealand Health and Disability Sector for emergency management. It is the 'umbrella' plan incorporating other health emergency-specific plans, e.g. the New Zealand Influenza Pandemic Plan.
PH ERP	Public Health Emergency Response Plan
Public Health Emergency	<p>An 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.</p> <p>A public health emergency can be declared by a MOH when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956.</p> <p>Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies.</p>
PHS	Public Health Service
Recovery	The co-ordinated efforts and processes to effect the immediate, medium- and long-term holistic regeneration of a community following a disaster.
Review	A formal process of updating, amending or re-planning based on evaluation outcomes.

APPENDIX TWO: REFERENCE MATERIAL

Whilst every endeavour has been made to ensure that the links below relate to up to date versions of the documents it is the responsibility of users to ensure that this is the case.

Ministry of Health. 2005. [Environmental Health Manual: Section 10 Emergency Management](#). Wellington: Ministry of Health.

Ministry of Health. 2015. [National Health Emergency Plan: A framework for the health and disability sector](#). Wellington: Ministry of Health.

Ministry of Health. 2005. [National Health Emergency Plan: Guiding principles for emergency management planning in the health and disability sector](#). Wellington: Ministry of Health.

Ministry of Health. 2005. [National Health Emergency Plan: Hazardous substances incident hospital guidelines 2005](#). Wellington: Ministry of Health.

Ministry of Health. 2004. [National Health Emergency Plan: Infectious diseases](#). Wellington: Ministry of Health.

Ministry of Health. 2010. [New Zealand Influenza Pandemic Action Plan A framework for action](#). Wellington: Ministry of Health.

Ministry of Health. 2006 (revision). [Protecting your Health in an Emergency](#). Wellington: Ministry of Health

Official Committee for Domestic and External Security Coordination. April 2014. [The New Zealand Co-ordinated Incident Management System \(CIMS\). 2nd Edition. Safer communities through integrated emergency management](#). Wellington: Department of the Prime Minister and Cabinet.

Hawke's Bay District Health Board. 2013 (revision). [Hawke's Bay Major Incident Plan for Health Services](#) held on Nettie.

Central Region Public Health Clinical Network Partnership Agreement. October 2012. [Surge Capacity Arrangements Between Public Health Units in the Central Region](#)

Hastings District Council Environmental Health Officers, Napier City Council Environmental Health Department, Wairoa District Council Environmental Health Department, Central Hawkes Bay District Council Environmental Health, Hawke's Bay District Health Board Public Health Unit. 7 June 2010. [Guidelines for Responding to a Public Health Emergency or Incident](#).

Hawke's Bay District Health Board, Kennedy Park Top 10 Resort, September 2009. [Quarantine and Isolation Guidelines](#).

Hawke's Bay District Health Boards, [Service Agreement Between, Health Protection, Child Health and Logistics and Purchasing. Emergency PPE Equipment](#).

APPENDIX THREE: ROLES AND RESPONSIBILITIES

Public Health Service

Refer to the current on-call roster for staff allocated to on-call duties. These rosters will also contain the most up-to-date staff contact information. On-call HPOs will carry pagers as the first point of contact: Pager – 026 258 0824

The role tasks of the Response Coordination Team are set out below. It may be that one individual undertake or more of the roles. This will be at the discretion of the Population Health Incident Coordinator. The CIMS boxes, held in the Population Health emergency cupboard, contains role cards, forms and information relating to each of the roles.

Population Health Incident Coordinator

The Incident Coordinator has the primary responsibility for managing a particular incident. This will entail “control/coordination” across organisations as well as “command” within the home organisation. An effective Incident Coordinator must be assertive, decisive, objective, calm, and be a quick thinker to handle all the responsibilities of this role. The Public Health Incident Coordinator also needs to be flexible and realistic about his or her limitations. He/she must be able to delegate positions appropriately as needed for an incident.

Key tasks can be as follows:

Task	Description
Assess the incident	Start to consider: What is the problem? How is this situation likely to develop? What resources will be required?
Assume control	Authority needs to be clearly handed over when assuming this position and all involved need to be aware of this. Clear identification of the Incident Coordinator can reduce confusion as to who is in charge of a particular incident. The Incident Coordinator also needs to establish a focal point for control at the incident.
Appoint staff	Appoint incident staff according to the size and complexity of the incident. Anticipate management requirements and make appointments as early as possible. Do not underestimate the management needs of an incident: better too many than not enough.
Ensure Incident Action Plan is developed	Follow the process outlined in the CIMS Manual. Note that if the Incident Action Plan is prepared by a subordinate, it must be approved by the Incident Coordinator. The objective, strategies and tactics should reflect the policy and aims of the Lead Agency.
Allocate tasks	The Action Plan will identify critical tasks for the incident. Tasks should be assigned with clear expectations, time restraints, and adequate resources. Request status reports, monitor progress, and revise as required.
Liaison needs	Supporting organisations require clear directions on their allocated role and how they fit into the Incident Action Plan. Ensure that they are kept informed as to the latest developments. Potential areas of conflict should be identified and addressed. The Incident Coordinator may appoint a Liaison Officer.
Report to the Lead Agency	The Response Co-ordinator, if appointed, and the Lead Agency will be kept informed through regular reports using the CIMS forms and other information as required. Keep relevant authorities well informed and consult as appropriate. Maintain regular contact with the DHB Emergency Response Advisor.
Conduct briefings	Regular meetings with the Incident Management Team should focus on the critical success factors for the incident and assess effectiveness of the strategies and tactics in place. The Incident Coordinator determines the frequency of each meeting, its location and duration. If appointed, the Planning Officer provides assistance and advice.
Organise changeovers	The period of changeover of personnel is one of the most critical times of the incident and should be organised following the CIMS Manual.
Manage the media at this incident	The Incident Coordinator may be delegated the task of making statements to the media on behalf of the Lead Agency. Ensure that this authority is given and that any statements made are consistent with the overall aims of the effort. The Incident Coordinator may need to appoint an Information Officer.
Maintain safe practices	The Incident Controller is ultimately responsible for the safety of all combating crews, support personnel and the public who may be involved at the incident. The Incident Controller may appoint a Safety Officer.
Maintain a log of activities	Maintain a log of all activities, issues and decisions.

Debrief	Following the stand down stage, the public health incident coordinator should arrange a debriefing meeting with staff and complete reports required.
Potential Appointees	<ul style="list-style-type: none">• Manager Population Health Programmes• Public Health Nurse Manager• Service Managers• CIMS 4 trained staff

Population Health Planning/Intelligence Officer

Planning and Intelligence function includes gathering, evaluating and disseminating information about the incident and the status of resources. In minor events the role will be undertaken by the Population Health Incident Coordinator. Key tasks can be as follows:

Task	Description
Obtain a briefing from the Incident Coordinator	The Planning/Intelligence Officer needs to be aware of the current incident situation and the plan being utilised in the management of the incident. The Planning Officer must also understand the Incident Coordinator's concerns and priorities in order to continue the planning process. Thus, alternative objectives and strategies can be developed for use in line with predicted incident activity.
Process information relating to the current and predicted incident situation	The Planning/Intelligence Officer is responsible for maintaining and updating all information relating to the incident including weather forecasts, situation reports, maps and estimates of losses. He or she will also use knowledge of the current situation to assist in forecasting incident behaviour. Prepare a SitRep.
Conduct planning meetings	Planning meetings form an integral part of the process of incident management. The Planning/Intelligence Officer works with the Incident Coordinator to schedule and conduct planning meetings. The degree of involvement will depend on the scale of the incident. On larger incidents the Planning/Intelligence Officer will conduct preliminary meetings on behalf of the Incident Coordinator, with the recommended options brought to the Incident Coordinator for approval. Smaller incidents would involve the entire Incident Management Team in the Incident Action Planning process.
Disseminate the Incident Action Plan	Following each planning meeting, the Planning/Intelligence Officer prepares and disseminates the Incident Action Plan.
Maintain records about the location and deployment of resources	The Planning/Intelligence Officer will develop an effective system to record what resources are deployed on the incident and what they are doing at any particular time.
Maintain an information service	The Planning Officer is responsible for maintaining an information service to provide up-to-date information relating to incident cause, size, current situation, resources and other matters of general interest. This information service enable personnel at the incident, other agencies, the media and the public to be kept informed of the latest developments.
Liaise with technical specialists	Technical specialists may be employed at large and complex incidents. They assist in the development of plans for combating the incident as well as help predict incident behaviour. The Planning/Intelligence Officer liaises closely with these technical specialists when developing plans and determining strategies for the Incident Coordinator's approval.
Develop alternative control objectives and strategies	The Planning/Intelligence Officer, in consultation with other members of the Incident Management Team, is responsible for developing alternative strategies for the Incident Controller's consideration.
Organise incident demobilisation	The Planning/Intelligence Officer prepares plans for demobilisation at the incident and the return of all resources to their home locations. Demobilisation plans are submitted to the Incident Controller for approval.
Maintain a log of activities	Maintain a log of all activities, issues, and decisions.
Potential Appointees	<ul style="list-style-type: none"> • CIMS 4 trained staff • Appropriate analyst/specialist

Population Health Operations Officer

The Operations Officer co-ordinates activities and has primary responsibility for implementing the Incident Action Plan. Key tasks may be as follows:

Task	Description
Obtain a briefing from the Incident Controller	Familiarise yourself with the “big picture” and your role. Obtain a copy of the Situation Report, Incident Action Plan, Logs, and a summary of the resources available. Get clear direction on initial activities to be undertaken.
Develop tactics in support of the Incident Action Plan	Discuss the situation with immediate subordinates: Obtain plans for the next work period Review operations, considering: Resource availability Situation status Incident behaviour prediction Weather Communications capability Develop plans for each Division and/or Sector Make resource allocations for each Division and Sector
Brief personnel and allocate tasks in accordance with the Incident Action Plan	Identify key personnel appointed to the incident: Conduct a briefing meeting with them using the Incident Action Plan Make sure that they have copies of the plan relevant to their responsibilities Establish reporting arrangements concerning implementation of the plan Provide additional information if requested.
Establish and maintain assembly and staging areas	Identify required location/s, expected resources to be assembled at each area, and anticipated duration of use. Work with Logistics, if appointed, to develop these areas and ensure that they are properly supported.
Manage and supervise operations at the incident	Acquire information on Operations activities: Provide information on changes to Incident Coordinator and Planning (if appointed) Implement any necessary changes within Operations Handle unresolved problems.
Evaluate operations	Assess progress of Operations activities and provide reports to the Incident Coordinator and Planning/Intelligence, outlining progress, incident prognosis, and other relevant information.
Determine need for and request additional resources	If additional resources are required from the Incident Coordinator, provide details of: Type and quantity Time and location needed Officer in charge and communications access.
Initiate recommendations for the release of resources	The Operations manager is responsible for: Evaluating the adequacy of existing Operations resources Estimating current and future resource requirements Designating recommendations for release of resources.
Report Special incidents and accidents	Indicate the nature of even using the format of the Situation Report, specifying additional assistance needed.
Maintain a log of activities	Maintain a log of all activities, issues, and decisions.
Potential Appointees	<ul style="list-style-type: none"> • Team Leader • Senior staff CIMS 4 trained

Population Health Logistics Officer

The Logistics Officer is responsible for providing facilities, services and materials, including personnel, in support of the incident. Key tasks can be as follows:

Task	Description
Obtain a briefing from the Incident Coordinator	The Logistics Officer needs information from the Incident Coordinator about the facilities, services and materials required at an incident. It is necessary to identify: Current status of the incident – Resources that are allocated, available and en-route – Unserviceable resources – Geography and topography of the incident area.
Plan the organisation of Logistics	Logistics responds to the needs specified in the Incident Action Plan. The size of Logistics will vary in accordance with the numbers of personnel and resources working at the incident. At its largest, Logistics may be comprised of the following units : Facilities Unit – preparing and managing locations for work, sleeping, eating and maintenance (furnishing requirements and building security). Personnel Unit – organising additional personnel (e.g. additional staff, clerical, cleaning, orderly). Supply Unit – equipment, resources and consumables, (equipment is listed in this plan and some resources are available from NHC resource room), providing transport for personnel, supplies and food, arranging refuelling, mechanical maintenance and security of equipment and, where necessary, managing traffic. Communications Unit – arranging the installation and maintenance of equipment and providing technical advice (e.g. 0800 telephone number, land lines, DDI number for other health care providers). Finance Unit – organising time records of personnel, accounts for purchases of supplies and hire of equipment, compensation and insurance, and the collection of cost data. Medical Unit – ensuring that ill, injured or stressed personnel receive immediate medical treatment) training. First aid, counselling, shift allocations)
Allocate tasks	After determining the function/structure of the logistics section, the Logistics Officer allocates tasks to appropriate personnel. Those with special experience or abilities should be given tasks appropriate to their particular capabilities. Because personnel and resources are often extended during major incidents, it is important to place key personnel in positions quickly.
Participate in the preparation of the Incident Action Plan	The Logistics Officer participates in the preparation of Incident Action Plans. In particular, Logistics seeks to anticipate Operations' likely requirements for supplies, services, materials and consumables.
Ensure that a Communications Plan is prepared	The Incident Communications Plan identifies: Communications needs Types of equipment required Personnel needed to establish and operate the equipment.
Estimate future service and support requirements	Once the Logistics Officer has gained knowledge about the incident and the servicing and support facilities that are in place at the time, it is possible to plan future logistics requirements. These may be: Structural – putting in place additional logistics elements Managerial – organising an appropriate span of control amongst personnel Physical – ordering additional materials and equipment.
Provide management support	Management support involves the provision of those administrative and communications services required to assist in the management of large and complex incidents. The Logistics Officer assumes responsibility for photocopying, typing and record keeping, as well as the operation of radios and telephones, facsimile machines, computers and similar equipment.
Maintain a log of activities	Maintain a log of all activities, issues, and decisions.
Potential	<ul style="list-style-type: none"> • Administration Coordinators • CIMS 4 trained staff

Population Health Liaison Officer

The Liaison Officer works closely with the Incident Coordinator as the contact for other agencies assigned to the incident. Key tasks can be as follows:

Task	Description
Obtain briefings from the Incident Coordinator	Obtain a copy of the Situation Report, Incident Action Plan, Logs, and a summary of the resources available. Have regular communication with the Incident Coordinator.
Provide a point of contact for other agencies	Identify counterparts from each agency. Provide contact details to other agencies.
Obtain briefings from other agencies	Obtain a copy of the Situation Report, Incident Action Plan, Logs, and a summary of the resources available. Have regular communication with the Incident coordinator.
Identify existing or potential interagency problems	
Identify gaps in information between agencies	Ensure effective communication of all relevant information.
Maintain a log of activities	Maintain a log of all activities, issues, and decisions.
Potential Appointees	<ul style="list-style-type: none"> Senior personnel

Safety Health and Welfare Officer

The Safety Officer works across all organisations to enforce safety measures and may shut down an operation is required to ensure safety.

Task	Description
Obtain briefings from the Incident Coordinator	Obtain a copy of the Situation Report, Incident Action Plan, Logs, and a summary of the resources available. Have regular communication with the Incident Coordinator. Notify Incident Coordinator of potential issues and report directly to the Incident Coordinator.
Establish communication with required personnel	Ensure personnel understand their roles.
Monitor safety conditions and hazards	Develop measures to ensure safety of all personnel. Maintain a log of activities.
Check staff welfare	Ensure staff are well supported, not getting too tired etc.
Potential Appointees	<ul style="list-style-type: none">• DHB Health and Safety personnel

Population Health Administration Staff

The Public Health Logistics Officer is responsible for providing facilities, services and materials including personal, in support of the incident. The Administration staff will fall under the PH Logistics Officer. Administration support may be needed at the initial team meeting.

In large scale events an administration support person may need to be allocated to each of the teams (Planning and Intelligence, Operations and Logistics) the role of administration staff will include the following roles:

Task	Description
General	<ul style="list-style-type: none">• Update electronic/staff notice board with Information as required/• Type up Situation Reports and Incident Action plans, maintain phone message log and distribute as required• Photocopy and distribute to key roles and organisations as required, act as floaters• Filing coding and general record keeping of all documentation.• Faxing and emailing information as required• Set up of emergency operations rooms with equipment ready for briefings and meeting times• Attend briefings• Maintain EMIS