Te Whatu Ora
Health New Zealand

Te Toka Tumai Auckland Health Emergency Plan 2022-2025

Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland

Health Emergency Plan 2022-2025

Executive Summary

Emergency preparedness is progressively and continuously moving the public and agencies toward greater resilience. This on-going process involves careful planning, designing response actions, testing and evaluating processes and updating plans. For the health sector, careful planning is critical to protecting the public and healthcare providers and safeguarding the public's investment in the healthcare system. Emergencies occur continually in health, requiring health and emergency services to respond accordingly.

The Te Toka Tumai Auckland (Te Toka Tumai) Health Emergency Plan (the Plan) has been developed as a requirement of the Ministry of Health (MoH) Operational Policy Framework (OPF) which requires every health district to have a Health Emergency Plan (HEP). HEPs provide a consistent approach to coordination, cooperation and communication across the Te Whatu Ora – Health New Zealand (Te Whatu Ora) and Māori Health Authority (Te Aka Whai Ora Māori) health sector when responding to an emergency.

It is recognised that emergencies and their consequences are not always predictable and are likely to occur at any time with little or no warning. They can be caused by a variety of events including severe weather, infectious diseases, industrial accidents, infrastructure failure or by intentional acts. The very nature of an emergency is unpredictable and can vary in scope and impact. When an emergency happens, it can threaten public safety, the environment, the economy, critical infrastructure and the health of the public. In recent times significant events have occurred internationally and nationally that reinforce the need for cooperation and alignment throughout the health sector, emergency services and the communities we serve.

The Plan uses a comprehensive risk-based approach to emergency management that aims to provide a consistent response to a local, regional or national health emergency. The Plan is a strategic document that establishes the link with specific national, regional and local Health Emergency Plans and procedures.

The Plan should be read in conjunction with the National Health Emergency Plan (NHEP), and the interim Northern Region Health Emergency Plan (NRHEP) – interim as awaiting emergency management governance perspective following the health reform of 1 July 2022. The Plan will also be reviewed to reflect any changes following the finalisation the National Emergency Management Agency (NEMA) Regulatory Framework Review ("Trifecta") Programme.

The overarching goal of the HEP is to ensure 'resilient health services' in the Te Toka Tumai area and a sustainable health sector during any potential or significant health or civil emergency.

Approval

This plan is approved by

Name and Title: Michael Shepherd – Interim District Director,

        Te Whatu Ora | Health New Zealand, Te Toka Tumai | Auckland

Signature:

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DOCUMENT HISTORY			
VERSION	**AMENDMENTS**	**AUTHOR**	**DATE**
1	Refresh Te Toka Tumai Auckland Health Emergency Plan 2014-17	Emergency Management Advisor	Aug – Sept 2022
2	Review of final draft	Director of Emergency Management Services and Strategic Planning	Sept 2022
3	Review of final draft	Chief Health Professions Officer	Oct 2022
4	Review of final draft	Te Toka Tumai Senior Leadership Team	Nov 2022

The Plan has been developed with engagement and information sourced from emergency management, national, regional and local (District) HEPs and public health services and key stakeholder legislation and planning documents. There are multiple plans referred to and referenced within this document.

1 (RISK) REDUCTION

1.1 Context

Te Toka Tumai (pre 1 July 2022 - Auckland District Health Board) operates as part of the New Zealand health system and is one of four health districts in the Northern Region. Our overall direction is set by the MoH expectations and aligns with the Health and Disability system outcomes framework and the New Zealand Health Strategy[i].

The Te Toka Tumai Health Emergency Plan (the Plan) is a strategic document which provides the framework, functions, roles and responsibilities the health district will operate under during an emergency when normal resources are overwhelmed or have the potential to be overwhelmed. The concept of being overwhelmed is used throughout the Plan without a detailed definition to allow flexibility in the assessment of a pending, developing or current emergency.

1.2 Document Structure

The document begins by describing the rationale and requirements for the Plan showing its alignment with regional and national health emergency plans. The Civil Defence Emergency Management (CDEM) Act (CDEM Act 2002), outlines the roles and responsibilities of emergency services (including hospital and health services) and specifies the New Zealand integrated approach to CDEM which uses the 4Rs of risk-based comprehensive emergency management, namely - risk **R**eduction (incorporating risk management), business continuity which prepares for **R**eadiness, and **R**esponse and **R**ecovery which encompasses emergency management. The remainder of the document is devoted to describing how Te Toka Tumai is meeting these requirements.

1.3 The 4 R's of Risk-based Comprehensive Emergency Management

The National Health Emergency Plan 2015 (NHEP) framework outlines the roles and responsibilities of health districts when considering the 4Rs. The NHEP defines the 4Rs as:

- **[Risk] Reduction –** Identifying risks to human life and property from hazards and 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 and specific programmes for emergency services, lifeline utilities (lifeline utilities are entities that provide essential infrastructure services to the community such as water, wastewater, transport, energy and telecommunications) and other agencies.

- **Response** – Actions taken immediately before, during or directly after an emergency, to save lives and property, and to help communities recover.

- **Recovery** – Activities beginning after initial impact has been stabilised in the response phase and extending until the capacity for self-help has been restored.

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[i] Auckland District Health Board Annual Plan 2021/22 p6

The diagram below illustrates the 4Rs and the relationship between risk management, business continuity and emergency management at Te Toka Tumai whose services rely on a mature emergency management cycle being maintained. This aligns with the Northern Region HEP (NRHEP) aim[ii] to build the overall resilience of the northern region health sector.

Figure1.1 4Rs Cycle of Risk-based Comprehensive Emergency Management[iii]

1.4 Civil Defence Emergency Management Framework

National civil defence emergency management (CDEM) planning in New Zealand is a requirement of the CDEM Act 2002. The National Emergency Management Agency (NEMA) is the Government lead for emergency management in New Zealand invested to build a safe and resilient Aotearoa New Zealand by empowering communities before, during and after emergencies.

The CDEM Act provides for (among other things):

- Planning for emergencies
- Declaration of a state of local or national emergency:
  - o Local authority mayors (or delegated representatives) or the Civil Defence Minister can declare a state of local emergency
  - o The Civil Defence Minister can declare a state of national emergency
- Emergency powers that enable Civil Defence Emergency Management Groups (CDEMGs) and CDEMG controllers to:
  - o Close/restrict access to roads and public places
  - o Provide rescue, first aid, food, shelter
  - o Conserve essential supplies and regulate traffic
  - o Dispose of dead persons and animals

[ii] Interim Northern Region Health Emergency Plan 2022
[iii] National Health Emergency Plan 2015

- o Provide equipment
- o Enter premises
- o Evacuate premises /places
- o Remove vehicles
- o Requisition equipment/materials/facilities and assistance.

1.5 Definitions

Emergency - Civil Defence Emergency Management Act[iv]:

An emergency is the result of any happening, whether natural or otherwise, which causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand; and cannot be dealt with by emergency services, or otherwise requires a significant and coordinated response.

Regional Health Emergency

The Northern Region Health Emergency Plan 2022 definition[v]:

A regional health emergency may arise when the resources of a health district or more than one health district are or have the potential to be overwhelmed and the incident requires regional assistance, management and coordination, either from within the northern health region or nationally.

A health emergency plan may be activated at the local (health district), regional or national level when a situation exists that is or has the potential to overwhelm the resources available to respond to the emergency.

1.6 Te Toka Tumai HEP - Purpose, Objectives and Principles

1.6.1 Purpose

The CDEM Act 2002 mandates that health districts have a duty to ensure they are able to function to the fullest possible extent (even though this may be at a reduced level during and immediately after an emergency).

The Plan has been developed as a requirement of the MoH OPF for Te Whatu Ora health districts. Under the National Civil Defence Emergency Management Plan 2015 (National CDEM Plan Order 2015). Health districts are required to develop and maintain plans for significant incidents and emergencies. These plans apply the structures and processes identified in the NHEP by health district and region. The Plan incorporates general Te Toka Tumai information; it does not contain service specific plans but refers to them. Major issues are covered for essential primary, secondary, tertiary, mental health, disability support and public health services.

[iv] CDEM Act 2002
[v] Northern Region Health Emergency Plan 2022

1.6.2 Objectives

An emergency can affect access to health services and the health and disability sector's ability to respond to the public's health needs. Te Toka Tumai has a mandated duty[vi] to ensure that during an emergency it can function to the fullest possible extent albeit this may be at a reduced level during and after an emergency[vii] by ensuring:

- The provision of continuity of care for existing patients, the management of increased demand for services, and assistance with the recovery of services; and

- planning, that is integrated locally, regionally and nationally, and is aligned with the plans of the other emergency services and the NRHEP and NHEP; and

- that planning and responses that are integrated with public health planning and responses.

The Plan emphasises the importance of an integrated effort: one of strategic alliances and partnerships, cooperation and collaboration to enable effective planning and response to all hazards that may result in a health sector emergency response. The Plan is version controlled through the Te Toka Tumai Emergency Management Service (EMS).

The Plan is supported by a range of individual health agency processes, procedures and documents. Reference and supporting descriptive material are contained in the Appendices. There are a variety of terms and abbreviations used throughout the plan for an explanation of these refer to the Glossary of Terms at Appendix 1. A list of associated legislation is at Appendix 2.

1.6.3 Principles

The Plan reflects the Te Toka Tumai EMS Policy to effectively manage the health-related risks and consequences of significant hazards whilst incorporating and aligning with the guiding emergency management guiding principles of the NRHEP and the NHEP framework.

To achieve this, the Te Toka Tumai emergency management function aims to encompass:

- **Health Equity:** Establish, maintain, develop and support services that are best able to meet the needs of patients / clients and their communities during and after an emergency, even when resources are limited. Ensure that special provisions are made for vulnerable people and hard-to-reach communities so that emergency responses do not create or exacerbate inequalities. All responses should apply the following principles:

  o Urupare ki ngā hiahia hapori / Responsive to community needs

  Any response should mitigate and manage the consequences of an incident on the affected individuals, families/whānau and communities, including animals. Response personnel must recognise an individual's rights, treat individuals with fairness and dignity and ensure the needs of affected people and animals are identified and met throughout the response and into recovery. Communities must be able to actively participate in a response rather than wait passively for assistance. To allow this to occur, response personnel need to

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[vi] National Civil Defence Emergency Management Plan 2015
[vii] Te Toka Tumai Auckland Emergency Management Policy 2021

effectively communicate with communities to understand integrate and/ or align the community response.

- o Ngāwaritanga / Flexibility

Flexibility allows the Coordinated Incident Management System (CIMS) to be modular and scalable, therefore applicable to incidents that vary widely in terms of scale, hazard or situational characteristics. CIMS is scalable and adaptable to any situation.

- o Mahi ngātahi / Unity of effort

Unity of effort ensures common objectives are met by coordinating response and recovery activities among the functions and organisations involved. Unity of effort allows organisations with specific mandates to support each other while maintaining their own activities.

- **Engaging iwi / Māori:** As Treaty partners to the Crown and members of the wider community, it is essential that whānau, hapū and iwi are involved in response and recovery (as appropriate to the scale of the incident). Iwi / Māori involvement occurs within a framework of traditional knowledge, values and practices, and is often indispensable to effective response and recovery. Iwi / Māori in response and recovery should be based on:

  - o a partnership that is built on mutual respect and shared values, and that follows the Treaty Principles of Participation, Protection and Partnership;

  - o recognition of the capability and capacity of iwi / Māori and marae to support response and recovery; and

  - o collaboration between iwi / Māori and emergency management organisation before, during and after an event, and across all four Rs of emergency management

Engagement with Te Aka Whai Ora Māori and He Kāmaka Waiora (Māori Health Services) personnel at Te Toka Tumai will ensure an inclusive framework providing traditional knowledge, values and practices to benefit incident management to effective response and recovery.

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

- **Integrated all agencies approach:** Develop and maintain effective relationships across the health and disability sector and with partners, to enhance collaborative emergency management planning at all levels (local, regional and national).

- **Integrated approach within Te Toka Tumai:** Integrate emergency management concepts as part of decision making for daily operations, strategic project management and annual planning.

- **Community and stakeholder engagement:** Facilitate community input into and understanding of the full spectrum of the emergency management cycle.

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

- **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 community.

- **Utilise best practice methodologies:** Respond to emergency events using the CIMS framework whilst working alongside the existing organisational structure. Ensure that appropriate human resources required for the Incident Management Team (IMT) roles are identified and trained.

- **Continuous improvement:** Undertake continuous improvement, through on-going monitoring and evaluation, training, exercising, post-operational debrief and review.

1.7 Te Toka Tumai Auckland context

Health district HEPs are required to identify how services will be delivered in a civil defence or health related emergency and acknowledge the role of health districts as both funders and providers of health services. The National CDEM Plan requires health districts to provide adequately for public, primary, secondary, tertiary, mental and disability health services. Health district HEPs must include integrated and regional response arrangements and be aligned with plans of other agencies, for example ambulance, fire, police, local authorities and CDEMGs. In their response to an emergency health districts must use the CIMS, which forms the basis of operational incident response in New Zealand.

The Plan is a strategic document that establishes the link with specific national, regional and local HEPs and procedures. The Plan provides the strategic HEP link to the tactical level Te Toka Tumai Major Incident Plan (MIP) and the operational level Emergency Preparedness and Response Manual (EPARM) to provide a coordinated response across levels within Te Toka Tumai, the relationship between these plans is shown at Figure 1.2.

Auckland City Hospital main entrance
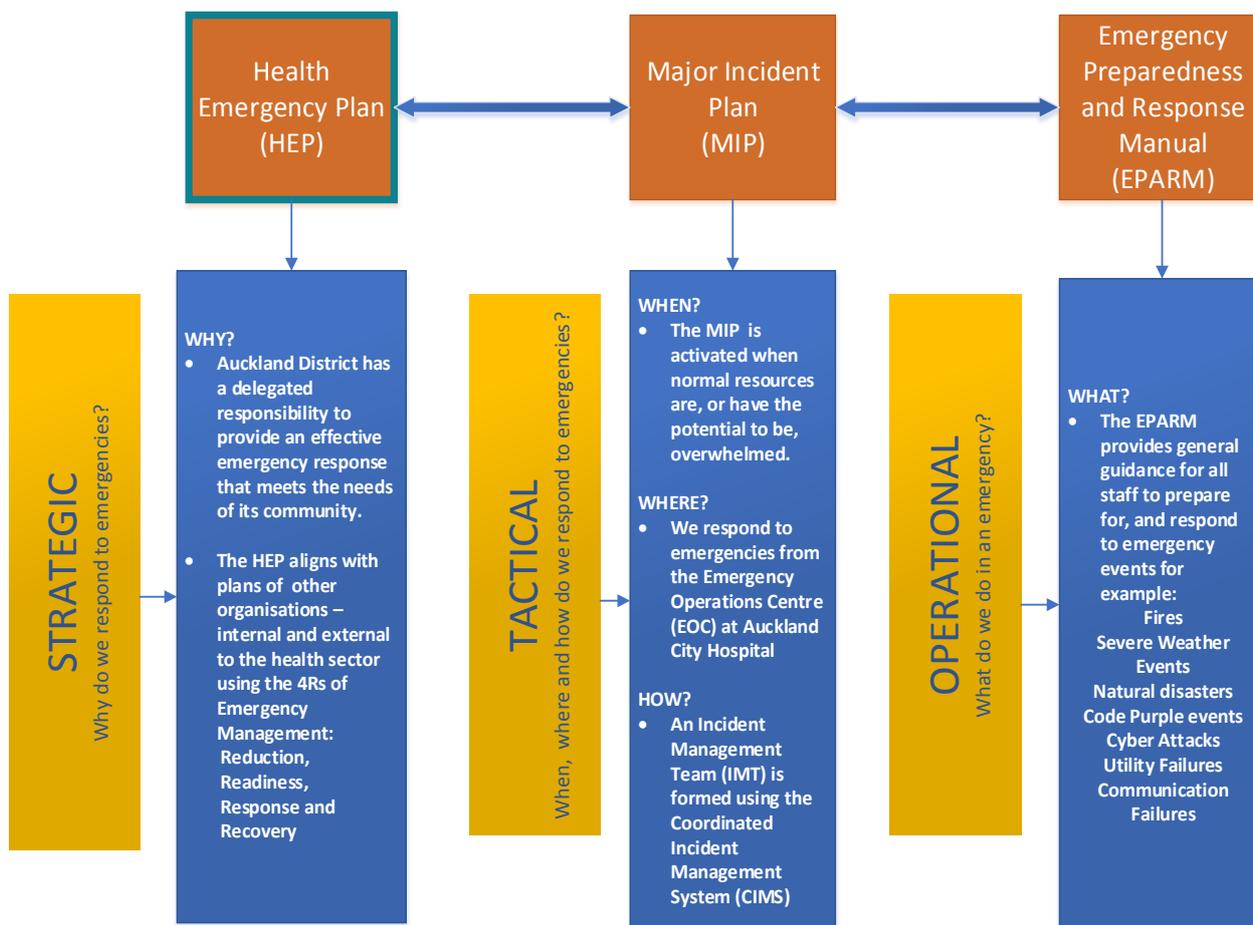
Figure 1.2 The relationship between Te Toka Tumai Auckland Emergency Management plans and their management levels.

1.8 Regional profile

There are four health regions in New Zealand, each of which is required to have a Regional Health Emergency Plan (RHEP). Te Toka Tumai belongs to the northern health region comprising Te Tai Tokerau Northland, Waitematā, Te Toka Tumai Auckland and Counties Manukau health districts.

The northern health region provides services to 1.9 million people[viii], the critical health delivery partners within this geographic area are made up of:

- Te Tai Tokerau Northland District
- Waitematā District
- Te Toka Tumai Auckland District
- Counties Manukau District
- Auckland Regional Public Health Service (ARPHS)

- Northland Public Health Unit (PHU)
- St John
- healthAlliance
- HealthSource
- Primary and Community Care sector

Figure 1.3 The four Districts of the Northern Health Region

1.9 Local profile

Te Toka Tumai serves an estimated 546,000[ix] residents who live in the Auckland isthmus, Waiheke Island and Great Barrier Island, as well as providing specialist healthcare services to patients and whānau from the Northern Region and across New Zealand.

Our population is increasingly diverse and rapidly growing. Te Toka Tumai is committed to Māori, Pacific, and new migrant health. We have an ethnically diverse population. Just over 8% of Auckland residents are Māori, 11% are Pacific, and 35% are Asian (projected to increase to 40% of the total in the next ten years). Around 45% of our population were born overseas, with over 200 languages spoken. Our population is growing and is projected to increase by 8% (43,000 people) over the next ten years. The health needs of a changing community require working partnerships with agencies, organisations, iwi and community leaders, particularly in preparing for and responding to emergencies and localised emergencies.

Te Toka Tumai operates Auckland City Hospital, the largest public teaching hospital and research centre in New Zealand, providing many highly specialised services to the country, whilst Starship Children's Hospital is the leading provider of paediatric health care in New Zealand and the South Pacific.

[ix] Northern Region Long Term Investment Plan 2021/22
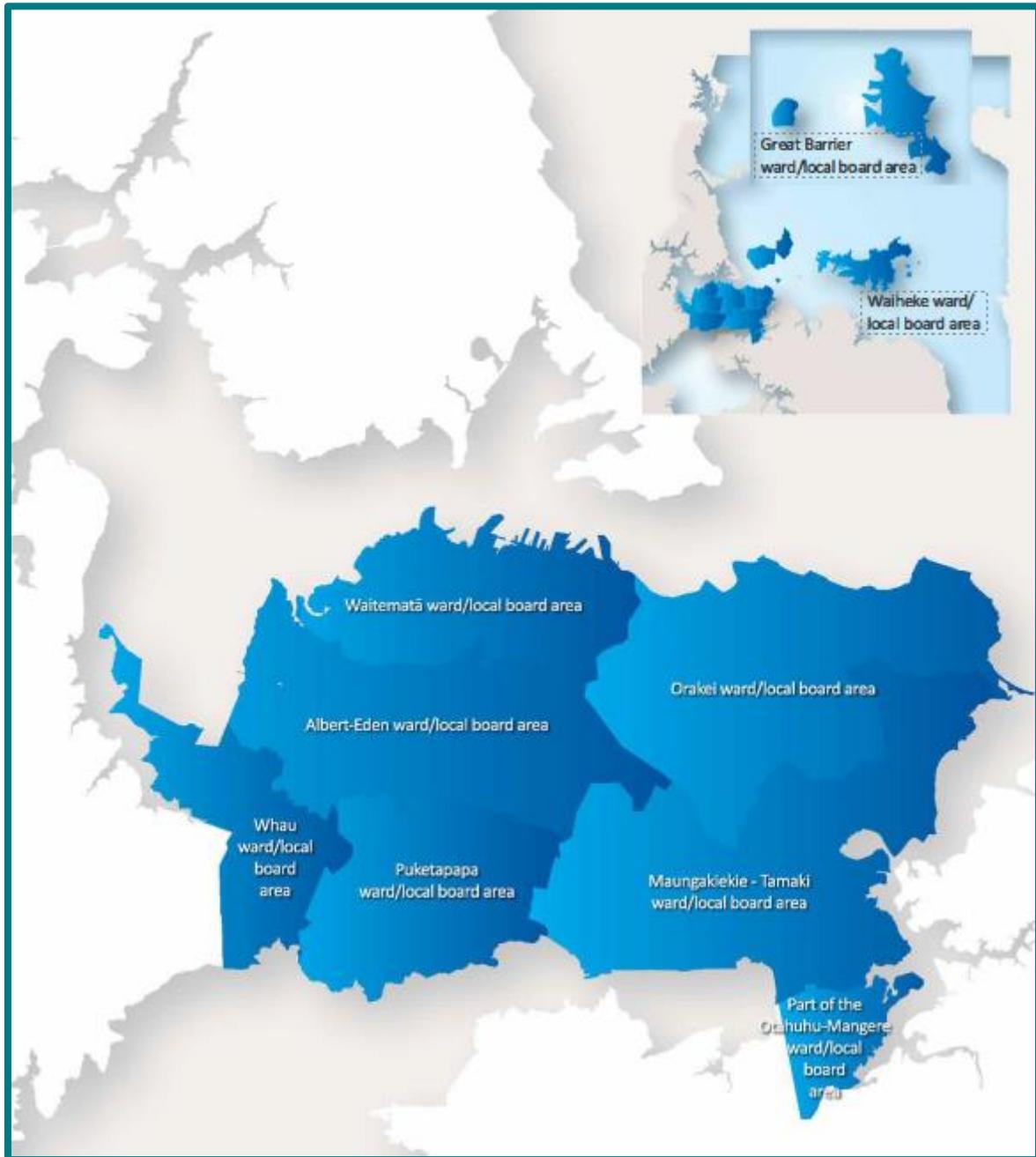
Figure 1.4 Te Toka Tumai local boundaries (inset shows Hauraki Gulf islands)

Services are delivered from Auckland City Hospital, Starship Hospital, Greenlane Clinical Centre and the Buchanan Rehabilitation Centre. Te Toka Tumai is unique in that it provides specialist services not available within other health districts, including organ transplant services, specialist paediatric services, epilepsy services and high-risk obstetrics. We provide some specialist tertiary services for all four of the northern region health districts, including cardiac surgery and specialist cancer services. We also provide community child and adolescent health and disability services, community mental health services and district nursing. Around 12,000 people are employed by Te Toka Tumai[x].

Working collaboratively with others, both across the sector and with other health and social service providers is integral to the success of Te Toka Tumai in meeting the needs of its community in an emergency event.

1.10 Relationships with regional emergency planning groups

The health needs of a changing community require working partnerships with agencies, organisations, iwi and community leaders, particularly in preparing for and responding to disasters and localised emergencies. These partnerships are shown by reference to Te Toka Tumai plans and procedures.

1.10.1 Auckland Civil Defence Emergency Management Group (CDEMG) – Auckland Emergency Management (AEM)

Auckland Council has thirteen wards from Rodney in the north to Franklin in the south and covers the geographical areas of three of the four northern region health districts Waitematā, Te Toka Tumai and Counties Manukau. The Auckland Council emergency management service is known as Auckland Emergency Management (AEM).

The Auckland CDEMG is made up of a number of organisations and agencies that include local government, emergency services (includes health), lifeline utilities and welfare agencies who are all responsible for working in partnership, to lead and implement emergency management having links to local and central government agencies and non-governmental organisations. During an emergency the CDEMG works together to coordinate response and recovery activities.

AEM works in partnership with emergency services and other organisations to ensure effective coordination of CDEM within its area.

The aim of AEM is to:

- Understand Auckland's hazards and the risks they may pose
- Coordinate all planning activities related to hazard and emergency management
- Encourage cooperation and joint action within the region
- Assist our communities in becoming more resilient to hazards and prepared for emergencies.

A mandatory requirement of the CDEM Act is that each of the 16 regional CDEMGs produce a group plan. The broad purpose of the CDEMG Plan is to enable the effective and efficient management of significant hazards and risks that may affect Auckland. It provides for:

- Strengthening relationships between agencies involved in CDEM
- Cooperative planning and action between the various emergency management agencies and the community

- Commitment to delivering more effective civil defence emergency management through risk reduction, readiness, response and recovery.

The vision of the Auckland CDEMG plan 2016-2021 (currently under review) is 'A resilient Auckland' 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. Te Tai Tokerau Northland is part of the Northland CDEMG.
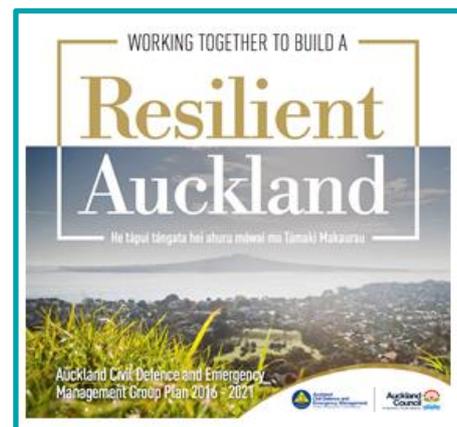
1.10.2 Northern Region Emergency Management Service

The Northern Region Emergency Management Service (NREMS) works with the northern region health districts, ARPHS and St John to coordinate initiatives improving preparedness. Responsible for coordinating emergency management planning activities across the northern region as defined in the NHEP. Working collaboratively NREMS assists in identifying regional requirements to support the coordination of current local and regional emergency management functions to build the overall resilience of the northern region health sector.

1.10.3 Health Emergency Management Committee (HEMC)

The Health Emergency Management Committee (HEMC) is accountable to the lead Director for emergency management in the Te Whatu Ora Northern Region. The purpose of the group is to strengthen the resilience of health emergency management for the region. The Te Toka Tumai EMS has close working relationships with respective agencies in the northern health region who are members of the HEMC. The membership comprises of emergency managers from:

- Regional Emergency Management Service
- 4 Northern Region District Emergency Management Teams:
  - Te Tai Tokerau Northland District
  - Waitematā District
  - Te Toka Tumai Auckland
  - Counties Manukau
- ARPHS

- St John Emergency Management Advisor Northern
- Te Whatu Ora - REMA
- AEM Representative
- NRHCC Director for Māori Health
- Primary Care Emergency Manager
- Health Alliance (hA)
- Health Source
- Northland PHU

- Other invitees for example, technical advisors and other specialist professionals.

1.10.4 Regional Executive Forum (REF)

The governance oversight for emergency management in the northern health region is Regional Executive Forum (REF). The REF is a standing governance group that meets weekly to support short-term and long-term decisions, acting as an escalation and decision-making forum for planning and response. The group consists of District Directors, a Chief Medical Officer, a funding representative and senior leaders, subject matter experts are invited to attend as required.

1.10.5 Auckland Regional Public Health Service (ARPHS)

ARPHS emergency activities include pre-disaster planning, emergency response, regulatory activities and interagency liaison with AEM, Auckland Council Environmental Health Officers, emergency services, lifeline utilities, regional/national health stakeholders and communities to ensure public health aspects of emergency planning are considered and integrated into emergency plans.

Relationships between Te Toka Tumai and ARPHS are well established to ensure a consistent approach to emergency management issues relating to public health. APRHS maintains comprehensive emergency response plans which align with local, regional and national health plans.

1.10.6 St John

St John Communications Centre(s) and the National Operations Effectiveness Centre (NOEC) will notify all relevant agencies (health districts, MoH Regional Emergency Management Advisor (REMA), police, Fire and Emergency New Zealand (FENZ) and AEM) of a major incident that requires or may require a regionally coordinated health response. St John will provide triage, initial treatment and transportation as outlined in their National Ambulance Major Incident and Emergency Plan – AMPLANZ. St John regularly tests their alerting and notification system for of the Northern Region health sector.

1.10.7 Additional Emergency Service Groups & Forums

The provision of a consistent approach to coordination, cooperation and communication across the northern health region health districts and St John is further enhanced through representation on many strategic regional planning groups, for example:

- Welfare Coordination Groups (WCGs) are chaired by the CDEMG Welfare Manager and comprise government and non-government agencies working together to develop regional arrangements for the coordination of community welfare and recovery in the event of an Emergency. Te Tai Tokerau Northland is a member of the Northland WCG.

Te rurukutanga mahi toko i te ora i ngā mate ohotata

Welfare coordination in emergencies

Auckland Welfare Plan February 2019

- Auckland and Northland CDEM Forums are coordinated by the CDEMGs they offer emergency services and community members the opportunity to exchange experiences and to present work streams conducted around the 4Rs, as well as raising public awareness.

- Emergency Services Coordinating Committee (ESCC) is a group coordinated by the police at district level. ESCCs provide a forum for emergency services to discuss emergency planning issues.
- Hazardous Substances Technical Liaison Committees are chaired and managed by FENZ. They provide a mechanism for the hazardous substances industry (enforcement agencies and emergency responders) to share information, plan for, and debrief after incidents or emergencies involving hazardous substances. ARPHS and St John are members.

1.11 Links to national and regional plans

This plan has links to other national, regional and local documents including:

World Health Organisation
WHO Emergency Response Framework

NZ Government
The NZ Government Coordinated Incident Management System (CIMS) 3rd edition

MoH
National Health Emergency Plan
NZ Influenza Pandemic Action Plan

Northern Region
Northern Region Health Emergency Plan

Te Toka Tumai Auckland
Major Incident Plan
Business Continuity Plans
EPARM and Emergency Response Flip Chart

Auckland Regional Public Health Service (ARPHS)
ARPHS Emergency Response Plans
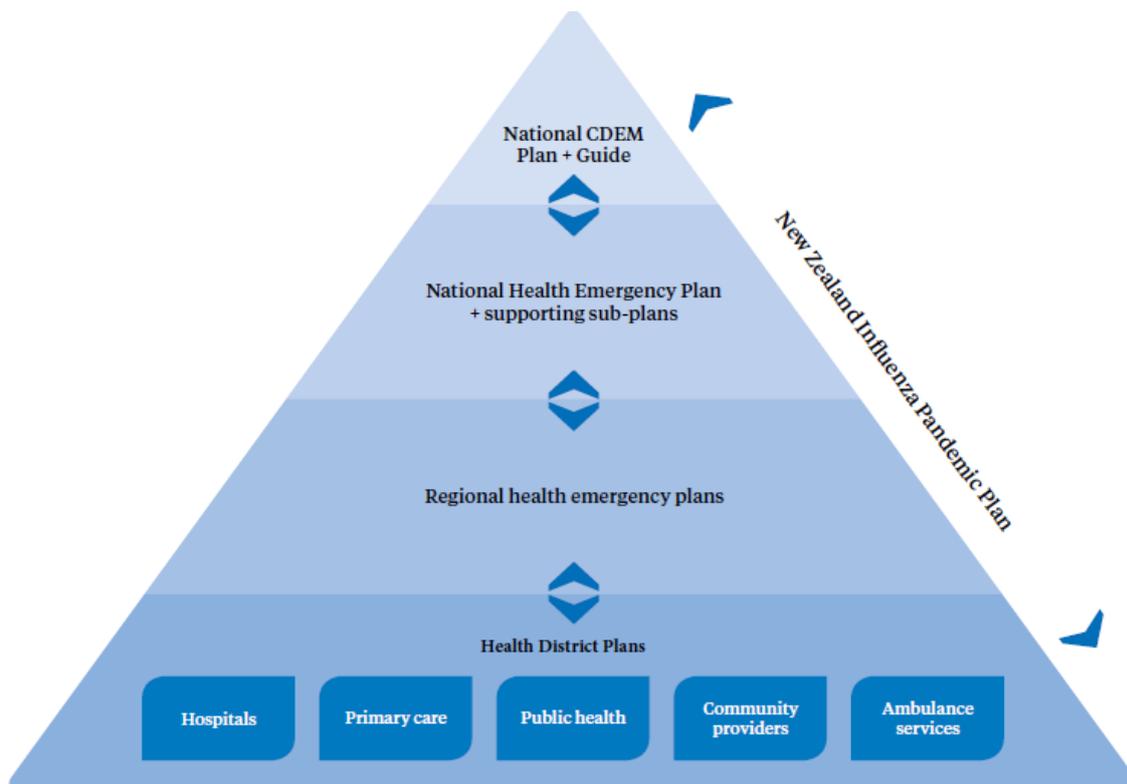
Figure 1.5 Framework for integration and alignment of health emergency management documents[xi]
This will be reviewed following the finalisation, the National Emergency Management Agency (NEMA) Regulatory Framework Review ("Trifecta") Programme.

[xi] Amended from the National Health Emergency Plan 2015

1.12 Risk Reduction - Hazard risk analysis

Risk reduction involves identifying and analysing long-term risks to human life and property from hazards; taking steps to eliminate these risks if practicable, and, if not, reducing the magnitude of their impact and likelihood of occurrence.

The term hazard refers to the CDEM Act (2002) definition: *hazard – something that may cause, or contribute substantially to the cause of, an emergency.*

Generally, distinction can be made between two different types of hazards that have the potential to trigger an emergency, namely *natural (or geophysical)* hazards and *technological* hazards. The severity of an event triggered by a hazard depends on the magnitude and frequency of the hazard event and, the vulnerability of the human population and built/natural environment on which it impacts[xii].

When potential hazards have been identified, the risks that they pose can be assessed. Understanding the risks involved provides a basis for mitigation-planning related activities, therefore risk assessments, along with hazard identification form the cornerstone of risk-reduction.

Risk is the sum of a hazard and the elements of the community that are vulnerable to that hazard see Figure 1.6 below.

HAZARD
e.g. an earthquake

RISK

Elements at risk

VULNERABILITY
e.g. people, buildings

Risk results when hazards negatively interact or have the potential to interact negatively with communities. For example, an earthquake is a hazard but is considered a risk if it affects vulnerable elements such as people and buildings.
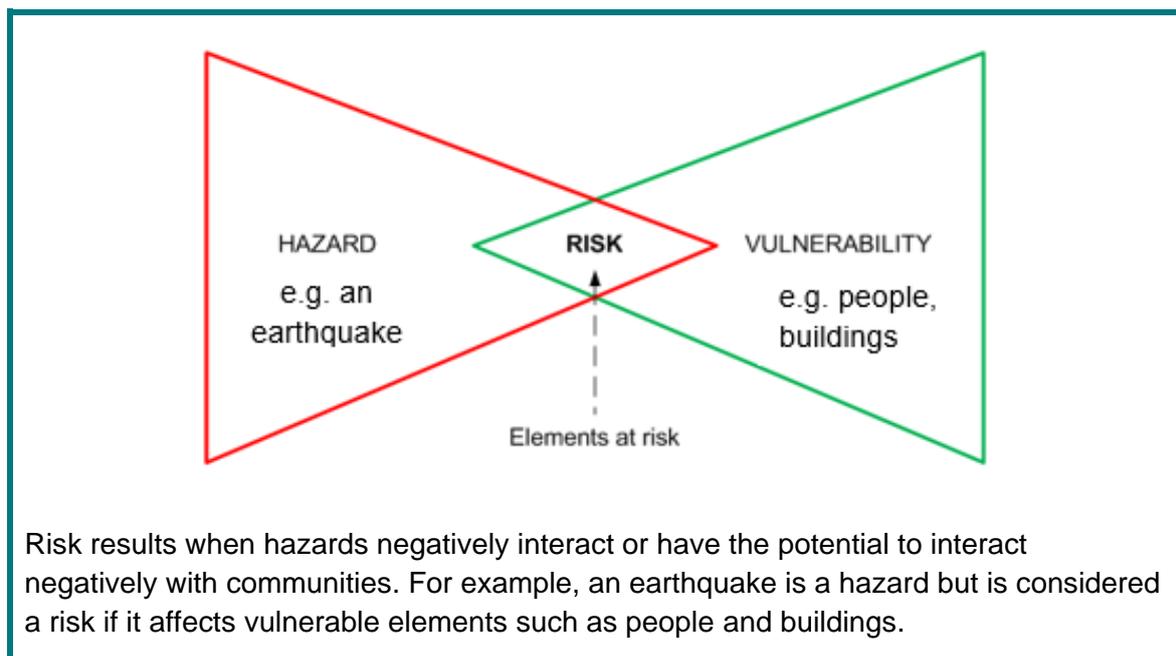
Figure 1.6 Relationship between hazards and vulnerable systems[xii]

1.13 Links to CDEMG and partner agency risk reduction strategies

The northern health region is exposed to various types of hazards both rural and urban that require prioritisation for the coordination of health resources. While the health sector hazardscape is more specialised and differs from the generic CDEMG threat assessment, many significant risks are identified in the Northland and Auckland CDEMG Plans. Risk can also be considered as the likelihood of harmful consequences arising from the interaction of hazards with the community and the environment.

The risk of a hazard is influenced by the type of hazard, exposure, vulnerability and likelihood. Based upon these factors, appropriate hazard management activities to reduce the risk of the hazard across the 4Rs framework can be applied. Not all risks can be mitigated effectively and the risk that remains after treatment is referred to as residual risk. This rating is then used to identify the priorities for the Auckland CDEMG.

Very high priority
Coastal inundation (storm surge)
Flooding (river and catchment)
Infectious human disease pandemics
Severe winds
Super storm
High priority
Coastal erosion (beach and coastal cliff)
Earthquake (includes liquefaction)
Lifeline utility failure: communications
Lifeline utility failure: electricity
Hazardous substances spill
Land instability
Major transport accident (aircraft, rail, road, marine)
Lifeline utility failure: airport, port, rail, roading
Tsunami (distant, regional or local source)
Urban fire
Volcanic eruption (Auckland Volcanic Field or ashfall from distant source)
Wildfire (rural)
Moderate priority
Animal pandemic
Civil unrest
Dam failure (stormwater and other)
Drought (agricultural)
Lifeline utility failure: fuel supply
Lifeline utility failure: water supply
Marine oil spill
Plant and animal pests
Terrorism
Tornado
Low priority
Dam failure (water supply)
Drought (water supply)
Information technology infrastructure risk
Lifeline utility failure: gas
Lifeline utility failure: wastewater
Radiation incident
Space hazards (including solar flares)

Figure 1.7 The hazards in Auckland that have been identified as having a high priority for the Auckland CDEM Group[xiii]

1.14 Assessment and prioritisation of hazards

The term hazard refers to the CDEM Act definition, hazard:

Something that may cause, or contribute substantially to the cause of, an emergency.

Auckland's physical setting and large metropolitan area mean that it is exposed to a wide range of natural and technological (human made) hazards which directly or indirectly impact on the health sector. Many hazards originate from within the Auckland region, but there is also the potential for Auckland to be affected by hazards generated from outside the region. For example, ash from distant volcanic sources such as Mt Ruapehu or Mt Taranaki could have disruptive consequences for the Auckland region.

The NRHEP identifies the health-related physical, technological and environmental hazards and risks relevant to the northern health region, as well as proactive measures that will reduce the health impacts of an emergency event.

Northern Health Region risk assessment as defined in the NRHEP

High
Human disease pandemic
Infrastructure failure (including Cyber-attack)
Outbreaks

The risks identified will have implications for the health sector. These may include the following impacts:

Medium
Terrorism
Lifeline Utility Failure
Coastal hazards (e.g., storm surge erosion)
Flooding
Severe winds
Major transport accidents
Hazardous substance spills
Fire and wildfire

Health Sector High-level Implications

- Mass casualties, death and injury
- Severe pressure upon our emergency and health services, and mortuary services.
- Illness – short /chronic/long term
- Infectious disease
- Potential disruption of utility services and compromise of hospital services
- Evacuation-related health risks
- Medical supplies not readily available (demand exceeds supply).
- Contamination of environment
- Reliance on primary care providers to undertake initial treatment and triage of injured.
- Pathogens
- Public health role increased
- Disruption of patient transportation services
- Usual providers close e.g. pharmacy and GPs
- Hospital decontamination requiring Fire and Emergency NZ assistance
- Psychosocial impacts for example, isolated communities
- Loss of public confidence

A detailed risk and hazardscape review completed by the Health Emergency Management Committee (HEMC) in 2022 provides the hazardscape for Te Toka Tumai and supports the risk assessment and prioritisation of hazards shown below. The NEMA and AEM are completing a further review of the Auckland and Northland region hazardscape and ratings. The outcome of this will impact the review of hazards in the next iteration of the NRHEP.

The northern health region districts are currently experiencing unprecedented growth in demand due to a growing, ageing and changing population. The impacts of climate change will only exacerbate the challenges of meeting the health needs of our catchment populations. A comprehensive climate change assessment has recently been completed by the four districts of the northern health region, which has added further context to understanding risk from a health sector perspective and influencing our prioritisation for readiness activities.

Utilising (HEMC) members' knowledge of current planning and recent events (locally/regional/global), the table at 1.14 states the hazards and the current prioritisation to help focus regional resources.

Risk analysis is an important step in determining how to manage or treat threats. The NRHEP identifies the health-related physical, technological and environmental hazards and risks relevant to the northern health region, as well as proactive measures that will reduce the health impacts of an emergency event. The high and medium hazard priority risks identified by the HEMC members published in the NRHEP requiring the focus of resources.

1.15 Risk reduction strategies

The risk of a hazard is influenced by the type of hazard, exposure, vulnerability and likelihood. Based upon these factors, appropriate hazard management activities to reduce the risk of the hazard across the 4Rs Framework can be applied.

The Plan's all hazard approach links to the Auckland CDEMG Plan risk analysis, other alignments include lifeline utilities (electricity, water, gas) failures via the Auckland CDEMG Lifeline Utilities Group. Procedures for responding to major weather events and natural disasters such as earthquakes and volcanic eruptions are documented in Te Toka Tumai's EPARM.

Health emergencies will be addressed with the generic planning processes and linkages. Emergency activation procedures are contained in specific plans and procedures for example, those that are in place in respect of mass casualty events. The associated risks for Te Toka Tumai in respect of an all hazards approach will continue to be analysed and monitored and plans adapted where necessary as per the process for comprehensive risk assessment.

Plans are being implemented across Te Toka Tumai's provider network to ensure the resilience of healthcare services in the event of a major incident. An illustration of this is the Auckland City Hospital Winter Plan (updated annually), although specifically designed to assist with the issues arising from the increase or decrease in patient levels and services which alter the configuration of beds this plan can be used as generic tool to assist with any emergency.

1.16 Business continuity arrangements

Te Toka Tumai is committed to building resilience, predicated on a risk-based approach (see Figure 1.1), to key disruption exposures from internal or external events. This is achieved through having contingency plans in place that ensure that as a minimum essential services/functions are maintained and restored in a timely fashion, whilst limiting the impact to patients, staff, the wider community, other critical stakeholders and the district's reputation.

Te Toka Tumai requires all business units to be responsible for their business continuity management planning with support from the Business Continuity function of the EMS in the production of their Business Continuity Unit Specific Emergency Plans (BC-USEPs).

To achieve this, the business continuity[xiv] function at Te Toka Tumai aims to encompass:

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

Integrated all agencies approach: Develop and maintain effective relationships across the health and disability sector and with partners, to enhance collaborative business continuity and disaster recovery planning at all levels (local, regional and national).

Integrated approach within Te Toka Tumai: Integrate business continuity management concepts as part of decision making for daily operations, strategic project management and annual planning as well as with other resilience related disciplines including risk and emergency management and IT disaster recovery.

Community and stakeholder engagement: Facilitate community input into and understanding of the full spectrum of the business continuity management cycle.

Health equity: Establish, maintain, develop and support services that are best able to meet the needs of patients / clients and their communities during and after a disruption, even when resources are limited. Ensure that special provisions are made for vulnerable people and hard-to-reach communities so that business continuity responses do not create or exacerbate inequalities.

Major incident management and mitigation measures are embedded within many procedures at Te Toka Tumai. These are integrated into daily work processes which can be utilised in an emergency

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[xiv] Te Toka Tumai Business Continuity Policy 2022

and as such, staff are familiar with their operation for example, the hospital Case Management System (CMS) is an application used for patient registration and triage, it also has the ability to handle an unexpected surge of patients during a major crisis.

1.17 Contribution to community resilience

Te Toka Tumai provides services from its Auckland sites (Auckland City and Starship Hospitals, Greenlane Clinical Centre and Buchanan Rehabilitation Centre) and community health services.

Working collaboratively with others, both across the sector and with other health and social service providers is integral to the success of Te Toka Tumai in meeting the needs of its community in an emergency event. Large population and high growth rates mean challenges to the preparedness for and response to emergencies.

Te Toka Tumai is committed to Māori, Pacific, new migrant health, diversity and inclusion. The health needs of a changing community require working partnerships with agencies, organisations, iwi and community leaders, particularly in preparing for and responding to disasters and localised emergencies; this includes working partnerships both in the health and related sectors such as other emergency services and the Auckland CDEMG.

1.18.1 Primary Care

Primary care services reach people close to their homes and in the settings that work best for them. Primary Health Organisations (PHOs) support the provision of essential primary health care services through general practices to those people enrolled with the PHO. The services provided aim to improve and maintain the health of the enrolled PHO population, ensuring that general practice services connect with other health services to ensure a seamless continuum of care. General practices complete an online tool for emergency management planning as part of their Cornerstone quality accreditation process.

Emergency management is a function that requires collaboration across many agencies including health districts, PHOs, general practice teams and the MoH. Regional health emergency coordination issues are currently managed through the operation of the HEMC. There is awareness that any sector response to emergencies that have the potential to impact hospital services must integrally link with primary care services.

1.18.2 Key stakeholder plan alignment

It is critical that the development of the Plan aligns with the plans existing within and outside the health sector.

Auckland cityscape with Auckland City and Starship Hospitals in the left-hand foreground

2 READINESS

Readiness involves planning and developing operational arrangements before an emergency happens. Including consideration of Response and Recovery. It involves the need to equip, train and exercise for all types of emergencies as identified in the risk analysis. Systems need to be developed, tested, and refined in readiness for an efficient and effective health sector response to a potential emergency.

In adopting pro-active measures that reduce the health impacts of emergencies or other events Te Toka Tumai has aligned with the national CDEM Plan by taking a generic all hazards approach and identifying specific risks to which related plans and procedures have been developed.

2.1 Development of plans

Te Toka Tumai is responsible for the health and well-being of its community. To achieve this aim, it must actively prepare for all events through the production of response plans so that it can continue to deliver services to adequate standards within appropriate timeframes. The development, maintenance and exercising of plans ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered and prioritised during health or civil defence emergencies.

In addition to health districts all service providers are required by the MoH OPF to develop HEPs and have resources in place to ensure their emergency responses are integrated, coordinated and exercised in alignment with the district HEP. These plans identify:

- how the provider will respond to a crisis at any of its facilities or services, who has the coordination role, where they will operate from, and, where relevant, what the roles and responsibilities are of each department.
- a facility plan, which sets out the structure and process of how that facility will respond to any crisis. Key roles are identified as well as personnel who will fill those roles.
- action cards, setting out the duties of those key responders, so that a considered systematic response is assured no matter who is on site and filling the role when a crisis occurs.
- how the service or facility can provide support to a community emergency.

The many health service organisations involved in a response need to cooperate effectively on the day. This requires close collaboration in the planning phase where key individual actions must be identified. Te Toka Tumai recognises the dependence the health sector has on lifeline infrastructures (these entities are also required to have plans in place to ensure continuity of services during an emergency event).

Mass casualty events require significant planning both locally and regionally. These risks are generically addressed across the emergency management planning process at Te Toka Tumai and include actions to ensure a state of readiness for health emergencies.

2.1.1 Major Incident Plan

The Major Incident Plan (MIP) provides a framework to assist Te Toka Tumai's Incident Management Team (IMT) in its management, coordination and control of major incidents. The MIP provides the procedures to deal with major incidents and supplies the tactical link with the strategic level Te Toka Tumai HEP (this document) and the operational level EPARM to provide a coordinated response across levels within Te Toka Tumai. Detail unique to a hazard, is dealt with through specific plans and protocols which are referred to.

The thresholds for activation/escalation will be determined by the level of impact (actual or potential) an emergency has on Te Toka Tumai's ability to meet its obligations to the community, and the length of time the organisation must sustain that level of impact. The MIP's flexibility allows for the level of implementation to vary according to the nature and needs of the emergency. This is shown in graph form at Figure 2.1 which details activation/escalation thresholds. An Incident Management Team (IMT) is convened to the level of activity best suited to the nature of the emergency.

The CDEM Act[iv] (2002) requires that health districts prepare and maintain major incident plans that have a local and regional/national application. Consequently, the MIP incorporates the principles of the CIMS model (see 3.2) adopted by the other emergency services and lifeline organisations.
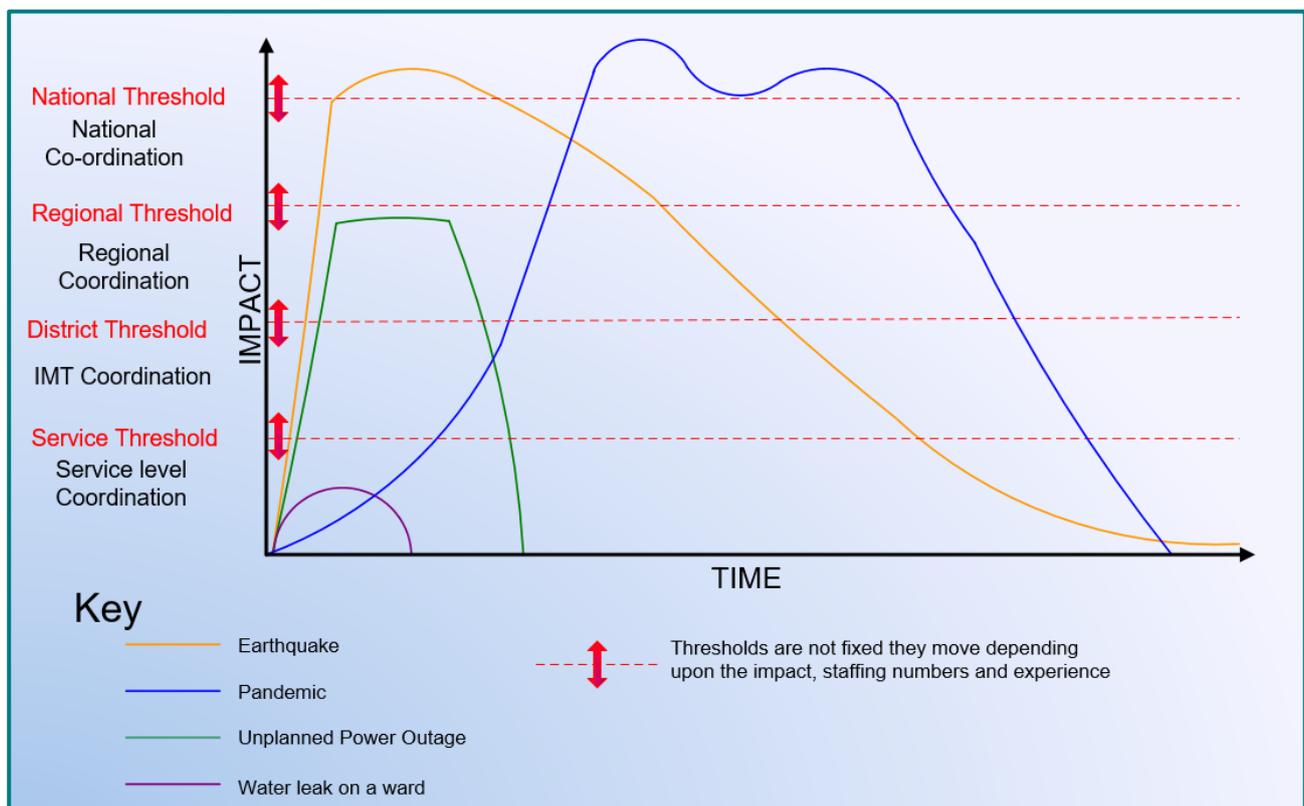

Figure 2.1 Examples of indicative thresholds for activation

2.1.2 Emergency Response Flip Charts

Operational procedures for specific events such as earthquake, fire, and hazardous substance spill are available in Emergency Response Flipcharts throughout Te Toka Tumai premises. The Flip Charts are the operational component of the HEP. The Flip Chart content provides general guidance for all staff in responding to emergencies, detailing initial actions designed to alert key responders and keep staff, patients and visitors safe – *"Get help - stay safe".*

2.1.3 Emergency Preparedness and Response Manual (EPARM)

The EPARM summarises emergency preparedness and response procedures for Te Toka Tumai, it is part of the operational component of the HEP. The EPARM is intended to be read in conjunction with Business Continuity Unit Specific Emergency Plans. It provides guidance associated with the immediate response actions to an emergency.

2.2 Exercising

Te Toka Tumai is fully committed to exercising its emergency preparedness and response procedures and also participates in national MoH and NEMA regional and national exercises. Playing a vital role in identifying gaps, such exercises provide opportunities to test systems and network within the sectors and deliver a wealth of learning in respect of internal and inter-agency collaboration and cooperation.

Participating helps Te Toka Tumai ensure it can identify opportunities and issues for improving organisational resilience and emergency management planning whilst ensuring that participants are familiar with the response plans and their specific role.

Reprioritisation and rapid discharge procedures are in place and regularly tested by exercising and through actual events. Planning around large casualty-causing incidents is on-going as learning from emergency activations influences planning and enhances readiness

2.2.1 Te Toka Tumai participation in the NEMA National Exercise Programme

The NEMA national exercise programme provides a mechanism by which the operational capacity and capability of government agencies – including the health sector, lifeline utilities, Non-Governmental Organisations (NGOs) and CDEMGs can be assessed. Other mechanisms such as debriefs, and reviews also contribute to this understanding.

When undertaking these exercises all participating agencies consider the following:

- What are the capacities and capabilities required and available to manage the event?
- How may the allocation of resources vary over different phases of the event?
- Can issues of capacity and capability be managed and communicated across all stakeholders?
- What risks or gaps exist concerning capacity or capability?

2.3 Capacity and capability monitoring

New Zealand's overall capacity and capability is made up of combined national and local resources that, in some circumstances, may be augmented by international assistance. Central and local government both have roles in terms of providing capacity and capability. Certain situations are clearly the responsibility of central government – MoH, NEMA; while others involve central government working with local government agencies - northern region health districts, Auckland and Northland territorial local authorities. Central government has a significant role in providing resources to support CDEMGs in the management of emergencies.

2.3.1 Core performance indicators

Through participating in local, regional and national exercises the opportunities for improvement are identified. It is essential to monitor the performance of emergency management procedures and key processes. Core performance indicators for assessing capacity and capability include:

- Effective communications are always maintained
- Emergency plans are maintained and exercised
- Work is prioritised effectively
- Response and recovery objectives are achieved without unexpected delay
- Logistics, transport, contract, and supply requirements are addressed
- Resources are used efficiently, and conflicts over deployment are avoided
- Gaps in capacity or capability are identified and resolved
- All functions are sufficiently resourced with appropriately trained staff
- There is clarity among agencies about roles, responsibilities or actions
- The testing and exercising of the plans and the implementation of lessons identified provides for continuous improvement.

2.3.2 Reporting

As appropriate reports will be prepared that comment on:
- The nature and implications of identified deficiencies in capacity and capability
- 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
- Reports should be generated as a result of:
    o Debriefs and reviews following actual emergencies
    o Significant developments likely to affect capacity and capability across the health sector.

2.4 Training

All newly appointed Te Toka Tumai staff participate in an on-boarding programme this includes awareness of emergency management resources available which provide information to assist with their response to emergency events.

All members of the workforce are expected to participate in awareness activities, exercises, and mandatory training to embed emergency management practices in everyday situations so far as reasonably practicable. Development of resources and training for staff to respond to emergency events is on-going.

Knowledge of the emergency management resources that are distributed throughout all Te Toka Tumai buildings (EPARMs and Emergency Response Flip Charts) are integral parts of the staff emergency management awareness and training programmes. All resources including e-learning courses are accessible to staff via the Te Toka Tumai intranet (Hippo) and the Ko Awatea learning platform.

Figure 2.2 Ko Awatea learning platform showing front page of the Emergency Response Procedures course

Staff identified as most likely to be part of the IMT attend a two-day CIMS Level 4 training see 3.2.

2.5 Equipment and operational systems

Te Toka Tumai actively promotes the health and safety of its employees. During emergencies, health and safety considerations will be continually prioritised for mental, social and physical wellbeing of workers, including maintaining a safe work environment. This will be provided by, but not limited to, the following:

- Personal Protective Equipment (PPE) and decontamination equipment
- Supplies for treatment for anyone who may be exposed to infectious diseases, e.g. antibiotics
- Relief staff
- Facilities to ensure their physical and mental wellbeing throughout the response phase
- Any other protective measures required.

2.6 Emergency vaccination protocol

The MoH document New Zealand Influenza Pandemic Plan (2017) NZIPAP provides a model for the management of emerging infectious diseases including influenza. The process of how the vaccine will be delivered, stockpiled, and the management of the vaccination programme will be decided nationally and delivered at regional and district level by organisational IMTs.

2.7 National Reserve Supplies

The national guidelines for the management of reserve stocks can be found at the National Reserve Supplies MoH webpage. If required, National Reserve Supplies will be distributed in accordance with MoH Policies and Guidelines. Standard operating procedures and protocols that provide for the transfer of supplies maintained under national programmes such as medications, PPE and critical clinical supplies are coordinated in the northern health region by healthAlliance.

2.8 Interoperability and surge capacity planning

Te Toka Tumai's Adult Emergency Department (AED) and Children's Emergency Department (CED) produce and maintain emergency plans for mass casualty events which link to St John and other northern region health district plans. These plans consider both no-notice and emerging Mass Casualty Incidents (MCIs). The AED and CED plans include actions related to hospital capacity when bed spaces are limited, guidance on triaging, diagnosing, treating an influx of patients and rapid discharge processes.

These plans are produced to align with other emergency service plans to achieve a level of interoperability between agencies and mutual understanding of response processes.

2.9 Relationship building with partner agencies

Te Toka Tumai works with the MoH, local authorities and other agencies to ensure plans are integrated at local and regional levels. The National CDEM Plan requires health districts to develop and manage a regional plan (NRHEP) for significant incidents and emergencies, to ensure an integrated regional response. Te Toka Tumai liaises with the other health districts in the northern region to ensure they can provide integrated emergency response at the local level. Figure 2.3 shows the relationship between health sector emergency management plans.
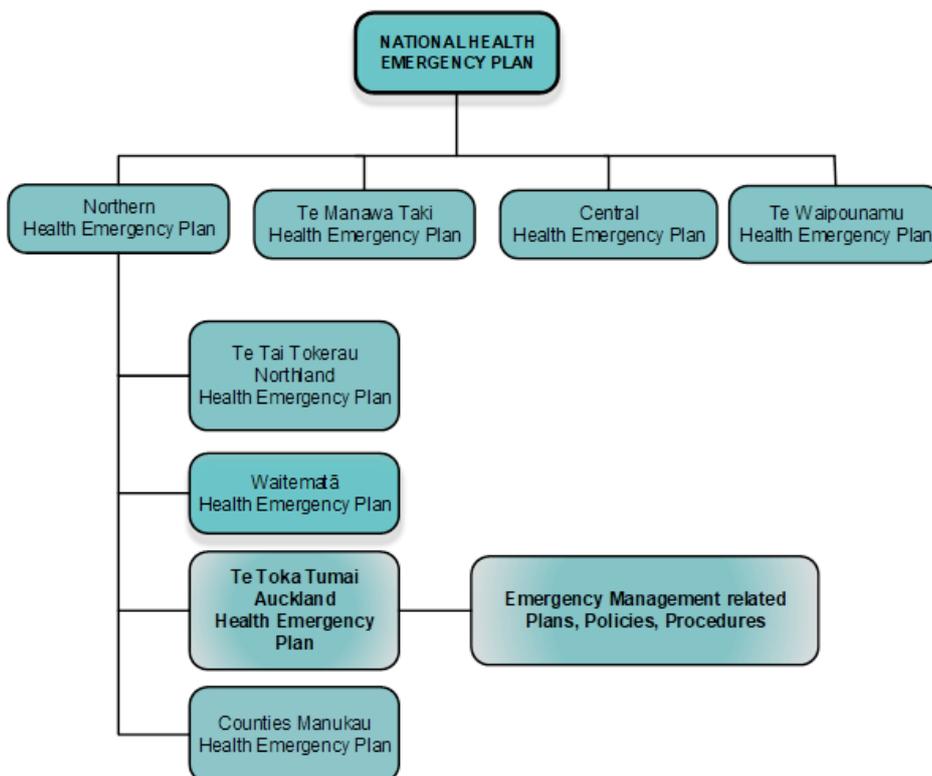

Figure 2.3

Diagram showing the relationship between the Te Toka Tumai Health Emergency Plan and regional and national HEPs

3   RESPONSE

Response involves those actions taken immediately before, during and after an emergency to save lives, such as helping communities to recover. It involves mobilising and deploying health resources immediately, prior to, or during an emergency, in collaboration with other services and agencies, to ensure as far as practicable:

- The continuation of essential health services
- The relief and treatment of people injured or in distress as a result of the emergency
- The avoidance or reduction of on-going public or personal health risks to all those affected by the event.

This section outlines how the Plan is utilised and the thresholds for activation/escalation; followed by the actions taken at local and regional levels. It describes how essential primary, secondary, tertiary, mental health, disability support and public health services will be prioritised, structured and delivered during the response phase.

3.1 Response management arrangements

An event that requires the activation of a local, regional, or national response goes beyond the 'normal' day-to-day management of emergencies within Te Toka Tumai. Such response measures include convening of Incident Management Teams (IMTs) and activation of Emergency Operation Centres (EOCs). These actions occur when normal resources are overwhelmed or have the potential to be overwhelmed.

All service providers can activate a response. Te Toka Tumai's response to local health emergencies and contribution to a regional or national health emergency (or threat of an emergency) will be made using local (health district), regional and national HEP structures, processes and communication networks as defined in the Plan, the NRHEP and NHEP. When the Te Toka Tumai EOC is activated, the MoH will be notified. If the emergency requires or is likely to require additional support, Te Toka Tumai will request this from the MoH or other northern health region districts. These requests will be made using the national Single Point of Contact (SPoC) system see 3.5.2.

3.1.1 Lead Agency

National emergencies are managed by a lead agency, which may be assisted by support agencies. NEMA is the lead agency for a civil defence emergency. NEMA will use the arrangements in National CDEM Plan 2015 to manage the adverse consequences of an event. The lead agency for a civil defence emergency at the local level is a CDEMG. The lead agency is the is the agency mandated through legislation or expertise for managing a particular hazard that results in an emergency[xv]. While some hazards or risks are managed by the lead agency alone, many require the support of other organisations.

[xv] The National Civil Defence Emergency Management Plan Order 2015 describes the lead agency role at the national level. It also lists examples of lead agencies at the national and regional levels in Appendix 1 of the Plan. A complementary resource is the National Security System handbook. The descriptions of lead agency and support agency are subject to legislative change.

The type of emergency, response requirements, and consequences being managed determine which support agencies are involved, these agencies may change as the response changes.

When the lead agency cannot be readily identified, response agencies may adopt a joint 'Unified Control' structure.

Health (MoH) is the lead agency for communicable disease emergencies. The health districts are the regional lead for a pandemic e.g. COVID-19.

Besides government agencies, support agencies may also include entities such as CDEMGs, iwi/Māori, communities/volunteers, private sector organisations such as lifeline utilities, and NGOs.

3.1.2 Major Incident

The criteria used for activating the Plan is when usual resources are overwhelmed or have the potential to be overwhelmed. The concept of being overwhelmed is used throughout the Plan without a detailed definition to allow flexibility in the assessment of a pending, developing or current emergency (CDEM Act definition[iv]).

Using the above criteria and for the purposes of the Plan, a Major Incident for Te Toka Tumai is defined as:

> *"Any actual or impending event that may significantly impact on hospital or Te Toka Tumai Auckland functions[xvi]".*

A major incident may originate from within the district for example, a fire in a ward, flooding in a facility, loss of essential services/facilities. Alternatively, the incident may originate from an external source for example, a natural disaster. Some of these events will be initiated from 'outside' Te Toka Tumai environment and the response may be escalated from the outset to be managed by the CIMS Controller ([see 3.2](#)), for example, national or regional support to other health districts.

3.1.3 Incident Management Team and Emergency Operations Centre

An Incident Management Team (IMT) has oversight of an incident, separate from business as usual (essential services) and utilises the CIMS model to manage an emergency response within Te Toka Tumai. The range of CIMS roles activated as part of the IMT response will be dictated by the size and nature of the emergency event. Role and responsibility cards (task duties) for each CIMS function are in the Te Toka Tumai EOC located in the A+ Trust Room at Auckland City Hospital. This facility is suitably equipped, has been well tested and is continually improved upon after each exercise and incident. The room is used daily for training purposes (dual usage) but is available immediately for activation. If the EOC is compromised, an alternate EOC can be established at the Greenlane Clinical Centre site.

[xvi] Te Toka Tumai Major Incident Plan 2022

3.2 Coordinated Incident Management System (CIMS)

Te Toka Tumai, as an Emergency Service, uses CIMS to coordinate a response. CIMS is the primary reference for incident management in New Zealand.

The purpose of CIMS is effective coordinated management across responding agencies through common structures, functions and terminology within a flexible, modular and scalable framework. CIMS can be used for all emergencies regardless of size, hazard or complexity, refer to the CIMS Manual v3.0 (2019).

The CIMS structure addresses the management of the incident but does not affect the normal day to day vertical operation of command within Te Toka Tumai Auckland and other health agencies. Normal clinical, managerial and other relationships are maintained within units and agencies involved in a response.

3.2.1 CIMS Principles

The principles of CIMS are the fundamental tenets on which incident management is based. All response should apply the following principles see 1.6.3.

- Urupare ki ngā hiahia hapori / Responsive to community needs
- Ngāwaritanga / Flexibility
- Mahi ngātahi / Unity of effort.

3.2.2 Te Toka Tumai response structure and roles

The Te Toka Tumai incident management structure (full IMT) required to respond to a large-scale event e.g. national level using the full CIMS hierarchy is shown at Figure 3.1. This system of command and control should complement existing organisational processes and is not intended to operate in isolation.
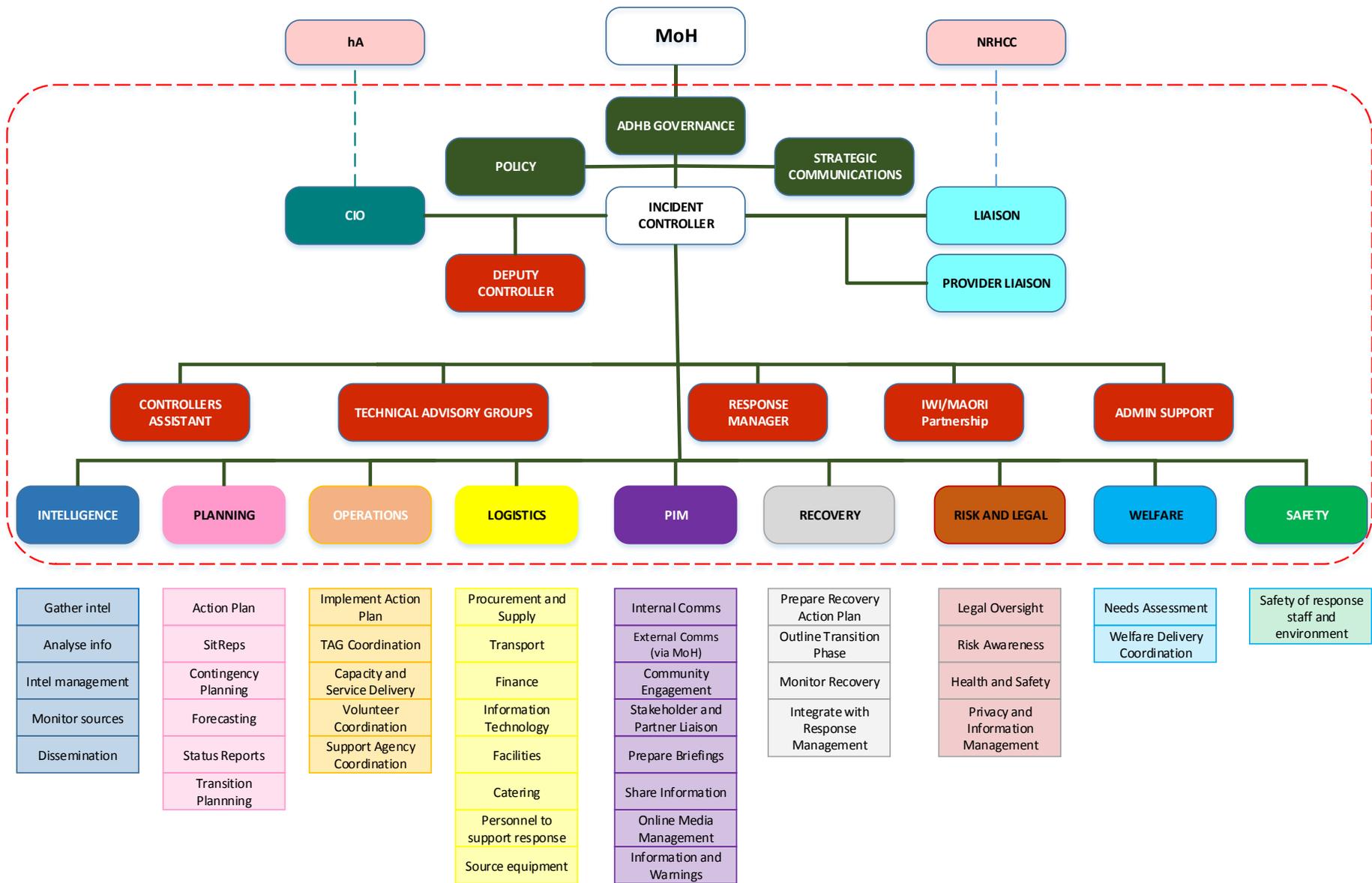
Figure 3.1 Te Toka Tumai Auckland full CIMS hierarchy with CIMS function colours

The CIMS structure is also used as a basis for managing smaller incidents that do not require the activation of a full IMT. It is anticipated that such events will be managed in the Integrated Operations Centre at Auckland City Hospital. An example of a possible CIMS structure for a small-scale event is shown at Figure 3.2
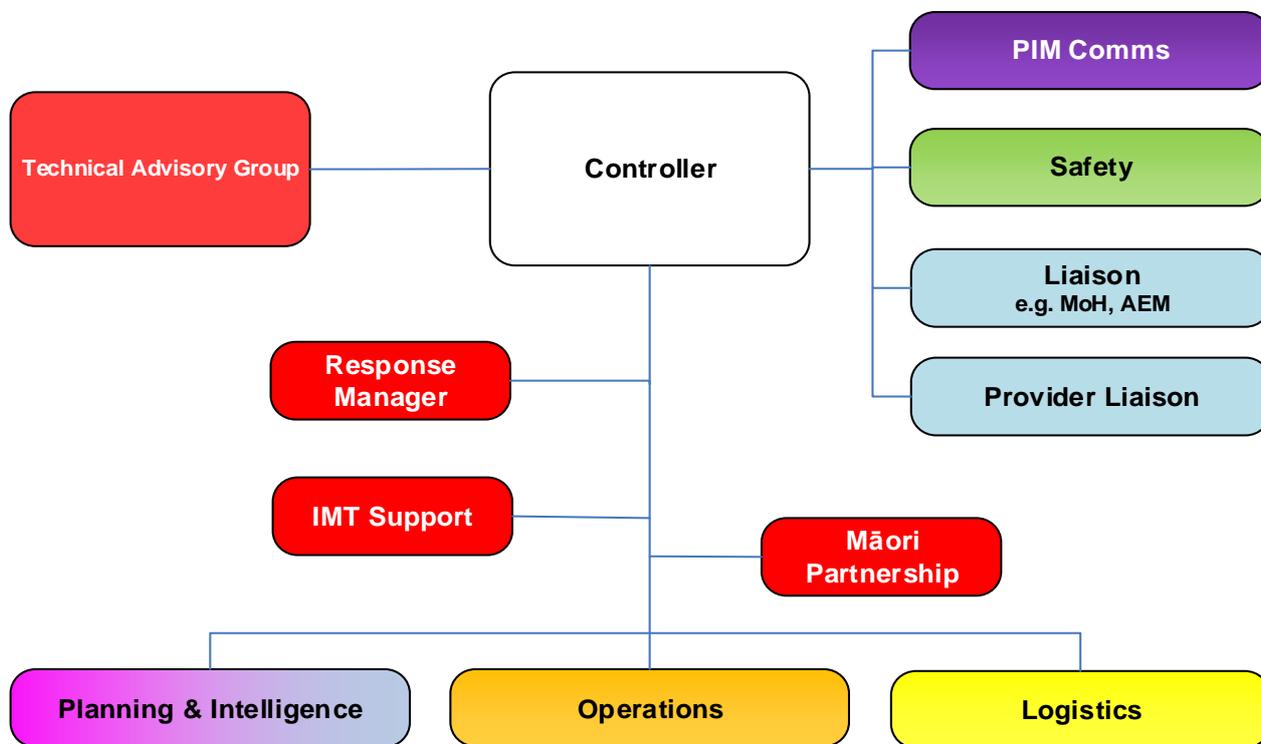
Figure 3.2 Te Toka Tumai Incident Management Structure for local events

Such a CIMS response may be required over an extended period and possibly 24 hours / 7 days per week. To facilitate this each CIMS role within Te Toka Tumai has a minimum of three people allocated to it.

The on-going CIMS Level 4 training programme that provides a pool of appropriately trained people with CIMS roles competencies includes managers across all Te Toka Tumai Directorates.

The IMT should be supported by the set-up of the Emergency Operations Centre (EOC) currently situated in the A+ Trust room of the Clinical Education Centre on Level 5 of Auckland City Hospital (building A32).

Testing Te Toka Tumai's emergency response planning via exercising of response plans

3.3 Response roles, responsibilities and relationships - district, health region, partner agencies

The role of the MoH in an emergency is national coordination of health and disability services. The MoH shall also coordinate any international response for the health and disability sector, in partnership with NEMA and the Ministry of Foreign Affairs and Trade.

The primary response for the management of an emergency lies with the affected local provider, Te Toka Tumai, or the HEMC if the NRHEP is activated. In addition, St John has the capability to alert and notify the northern region health sector, this system is tested regularly.
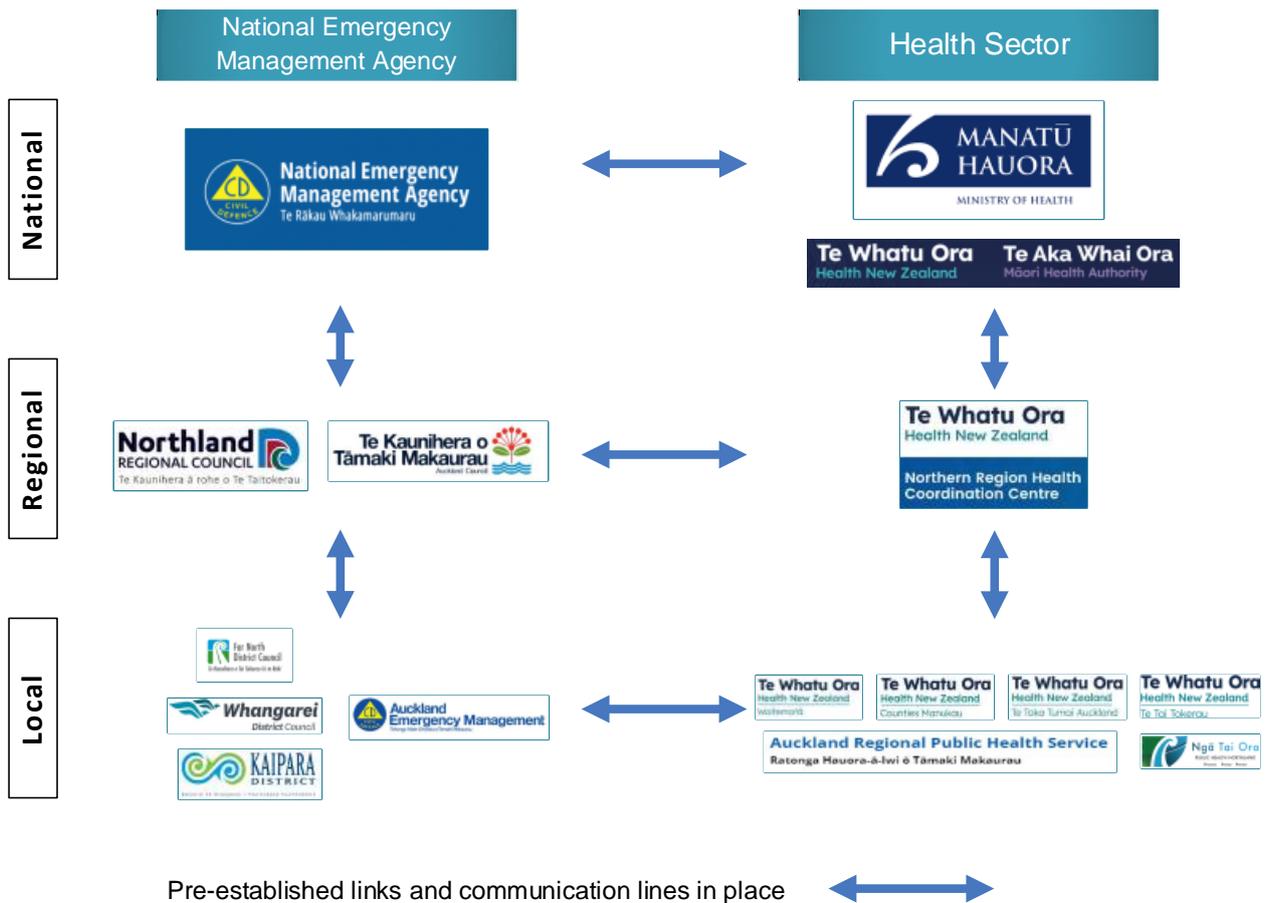
Figure 3.3 Emergency management structure – health sector links

3.4 Response in the northern health region

Te Toka Tumai continues to develop its preparedness and management planning for significant incidents and emergencies, ensuring an integrated regional response. This is achieved through continued liaison with the northern region health districts to provide an integrated emergency response at the local level. In this way Te Toka Tumai works with the MoH, local authorities and other agencies to ensure plans are integrated at a local and regional level.

The NRHEP provides an agreed framework, guiding principles, and the roles and responsibilities to enable a coordinated respond to any emergency (actual or potential) which has overwhelmed (or the potential to overwhelm) local, regional, or national health capacity

The northern health region response can be activated by notification from:

- A health district(s) and/or Public Health Unit (PHU) - when responding to an incident that requires regional assistance, management and coordination where their resources are overwhelmed; or have the potential to be overwhelmed.
- The MoH - when the NHEP is activated requiring health districts to activate their HEP. This may be in response to a national incident or in support to another health region.
- The Ambulance Communications Centre - when an incident or potential incident requires or is likely to require a regionally coordinated response from districts and other service providers.

3.4.1 Te Toka Tumai Response

When Te Toka Tumai responds to a potential or actual large-scale emergency which utilises processes detailed in its HEP this action will be communicated to the MoH. The Ministry will advise Te Toka Tumai of the need to activate their HEP – Alert Code Red.

A service provider can utilise their HEP when they believe they are overwhelmed or have the potential to be overwhelmed. When a service provider activates their HEP, they will communicate to Te Toka Tumai that they have taken this action. Te Toka Tumai will determine the level of response activity required and will activate its HEP processes accordingly.

3.5 Activation and management processes

The MoH has developed alert codes to provide a system of communication for an emergency that is easily recognised within the health sector. These alert codes are issued via the Single Point of Contact (SPoC) system (see SpoC).

3.5.1 Health Sector Alert Codes

The alert codes[iii] outlined at Figure 3.4 have been adopted for use by the health and disability sector at local (health district), regional and national levels. At each phase of an emergency there are specific actions that need to be taken at the local, regional and national level. Appendix 3 summarises the key roles and responsibilities at the local, regional, and national level during each alert code[iii].

Te Toka Tumai exercsies its preparedness

Alert Code	Example Situation
White **Information Phase**	Confirmation of a potential emergency that may impact in and/or on New Zealand e.g. a new infectious disease with pandemic potential, early warning of volcanic activity.
Yellow **Standby Phase**	Warning of imminent Code Red alert e.g. a possible emergency in New Zealand such as an imported case of a new and highly infectious disease in New Zealand without local transmission or initial reports of a major mass casualty event within one area of New Zealand which may require assistance from unaffected health districts.
Red **Activation**	A major emergency exists in New Zealand requiring immediate activation of HEPs e.g. a large-scale epidemic or pandemic or mass casualty incident requiring assistance from outside of the affected region.
Green **Stand down**	Deactivation of the emergency response e.g. end of outbreak, epidemic or emergency. Recovery activities will continue.

Figure 3.4 National Health Sector Alert Codes

3.5.2 Single Point of Contact System (SPoC)

The Single Point of Contact (SPoC) system is a communication method that is used to provide an effective 24 hour, seven days a week process to notify of a potential or actual emergency with health appreciable implications.

The SPoC system ensures effective communications between health districts, their public health units and the MoH. In line with the requirements of the NHEP, the nominated Te Toka Tumai SPoC for any national health-related emergency is the Auckland City Hospital, Site Clinical Nurse Manager.

3.5.3 National Health Coordination Centre (NHCC)

The MoH may activate the NHCC in code yellow or red in order to coordinate the response at a national level. NHCC is responsible for monitoring the situation, revising and communicating strategic actions for response as appropriate and approving/directing distribution of national reserve supplies when required. NHCC also provides clinical and public health advice, carries out national public information management activities and manages liaison with other government agencies. NHCC also provides advice on recovery planning.

3.6 Communications

In an emergency response a formal communication structure is required for use by key health agencies such as health districts and ambulance providers with the MoH so that critical information is captured and acted on quickly and effectively. This structure includes the mechanisms to develop and disseminate critical information, both within the health sector and to other organisations involved in the response.

The key areas that require a formal structure include:

- o Logging information and tracking tasks
- o Requesting information or action and tracking response
- o Developing and disseminating reports on the current situation (Situation Reports)
- o Summarising and communicating key intelligence on the incident.

This structure provides a consistent and agreed formal communication system for critical information. It complements the informal communication mechanisms that are used in a response e.g. phone conversations, briefings. Critical information that results from informal communications must be formally logged using the agreed structure, to stop multiple lines of communication forming and to minimise the risk that information is not captured and acted on.

3.6.1 Communicating with local emergency agencies

Health districts are responsible for communicating directly with other local emergency agencies that may be involved in the response including CDEMGs, ambulance services, police and FENZ. In a mass casualty event, a teleconference involving affected parties will be held as soon as possible to establish the ongoing communication and response framework.

Formal liaison will be established for a local or regional response. This includes the provision for a health liaison representative at the CDEM (AEM) EOC, who will communicate interagency information with the NRHCC and district EOCs. During a health led incident district EOCs should consider accommodating CDEM liaison and liaisons from other agencies, as appropriate.

3.6.2 Satellite phones

A resilient stand-alone base unit satellite phone has been installed in the EOC at Auckland City Hospital, a portable satellite phone is also available. The MoH requires all health districts to maintain satellite phone capability.

3.7 Public Information Management

The Te Toka Tumai Communications staff are integral members of the IMT. They use communication strategies for national, regional or local activation as appropriate. There are communication plans contained within the NHEP, and templates in the Te Toka Tumai MIP.

The Communications Manager provides information appropriate to the various modes of communication including radio, television, newspapers or social media sites. Te Toka Tumai staff are not permitted to share information with the media.

Key stakeholders include:

- Governance – REF, Minister of Health, MoH
- Other health providers i.e. PHOs, Accident and Medical facilities, private providers, GPs, allied health, pharmacists, aged residential care facilities
- Emergency partners i.e. NZ Police, FENZ, St John, AEM, WCG,
- Other cross-sector forum partners i.e., Auckland Council, other government agencies.

3.8 Volunteers

The Site Ambassador Volunteer Service (Blue Coats) has over 400 volunteers working across Auckland City Hospital, Starship Children's Hospital, Te Whetū Tāwera and Greenlane Clinical Centre. They generously give their time, skills and energy to patients and their whānau.

Their dedication and support are a crucial part of the Te Toka Tumai hospital services. There is potential for these and other volunteers to be utilised during an emergency. The CIMS Operation function will monitor and consider use of volunteers.

3.9 Human resources

The Te Toka Tumai Human Resource Service in conjunction with the Patient Management Service and the Quality, Safety and Risk Directorates will manage staff capacity issues and staff health and safety and welfare during emergency events. Service areas are responsible for maintaining continuity plans which outline how they will communicate with staff during an emergency, including methods of staff call back, essential services and resources required in order to maintain critical services.

3.10 Vulnerable communities

Vulnerable communities within the Te Toka Tumai population need special consideration when planning and responding to an emergency event.

3.10.1 Māori

Mana whenua of the Te Toka Tumai and Waitematā is Te Rūnanga o Ngāti Whātua. Te Toka Tumai has a respectful and valued partnership with Ngāti Whātua that continues to evolve. Within this relationship Te Toka Tumai acknowledge the importance of Mātauranga Māori (Māori knowledge systems) and the contribution of a unique world view, providing a long-term vision for the health and wellbeing of our population. The mission of the Kaumātua Kaunihera (council of elders) is to lead and support service delivery within Te Toka Tumai Auckland and Waitematā and is a key resource during emergency responses.

The IMT will engage with the wider Māori community via the He Kāmaka Waiora team which provides cultural advice and services on all matters Māori to the staff of Te Toka Tumai Auckland and Waitematā. He Kāmaka Waiora work with Māori patients and their whānau who need to access the hospital services including coordinating whānau accommodation, providing social and cultural and advocacy services (Pōwhiri and mihi whakatau).

3.10.2 Pasifika

The Pacific Health Support team is a cultural and social support service at Te Toka Tumai, the Family Support Workers - engage with Pacific patients offering 'social and cultural support' to enhance effective communication between Pacific patients and their families ensuring effective, responsive, appropriate healthcare and collaboration with providers and programmes located in primary healthcare settings.

The Te Toka Tumai IMT will engage with the wider Māori and Pasifika community via the He Kāmaka Waiora and Pacific Health Support teams.

3.10.3 Children

In an emergency, children may not be with their primary carer. Large numbers may be in early childhood care centres, schools or other education facilities and therefore may have particular vulnerability. Te Toka Tumai will communicate with the Ministry of Education via the AEM WCG to provide assistance as required.

3.10.4 Migrant, ethnic communities where English is a second language
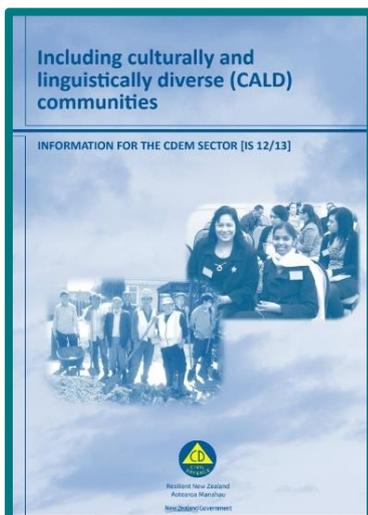
Culturally and linguistically diverse (CALD) communities may be at risk of being overlooked during preparations for and response to civil defence emergencies. The responsibility for addressing this, and Including culturally and linguistically diverse (CALD) communities and generating engagement with CALD communities, lies primarily with local authorities.

Te Toka Tumai works closely with AEM who partners with CALD communities to include them in readiness preparations, harness their strengths, and develop relationships and arrangements that are critical for an effective response to an emergency. This relationship was frequently utilised during the COVID-19 response.

3.10.5 People with disabilities

Providers of disability support services are included in health provider emergency planning. The services are encouraged to work with their clients to assist them to develop their personal emergency plans.

Including people with disabilities builds on the shared experiences of the Canterbury earthquakes. NEMA worked with people with disabilities, disabled person's organisations, the MoH, the Office for Disability Issues and the CDEM sector to develop a disability inclusive approach to preparing for and responding to emergencies.
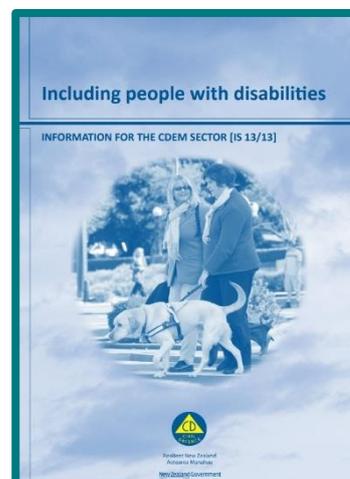
3.10.6 Older Adults and Aged Residential Care

PHOs, community-based services and NGOs are key players in helping Te Toka Tumai achieve the population health outcomes for older adults and the aged residential care sector. In relation to emergency management planning, the opportunities for engagement are continually being developed, for example, service provider engagement via the Planning and Funding provider arm in the development of hub and spoke communication links in the Health of Older People and Disability Support portfolios.

3.11 Auckland Emergency Management, Welfare Coordination Group wide-ranging community resource links

AEM has the overall responsibility for the provision of emergency management in the Auckland region and works in partnership with emergency services and other organisations to ensure the effective delivery of AEM functions.
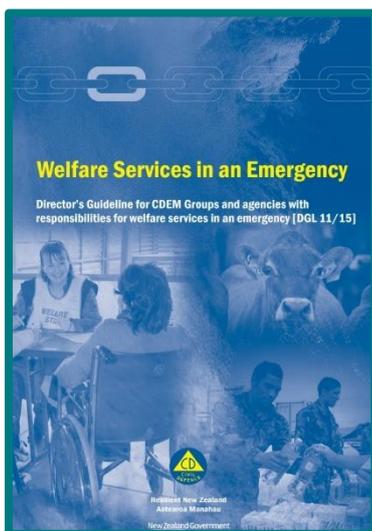
It provides a strategic overview of emergency management and is able to commit the resources of the representative organisation to agreed projects and tasks.

The Te Toka Tumai Emergency Management Service (EMS) liaises with AEM and the provision of Welfare Services in an Emergency through regular meetings with the Auckland Welfare Coordination Group (WGC). During an emergency AEM and its WCG to access community support networks and emergency response resources. These are wide-ranging and include the Red Cross, animal welfare groups and charities e.g. the Society for the Protection of Animals, remote and isolated communities and rural entities e.g. Federated Farmers, NGOs, community volunteer groups, religious and cultural communities.

3.12 Planning for recovery

Recovery activities commence while response activities are in progress. As directed in the NHEP health districts will implement plans for recovery after the initial impact of the emergency has been stabilised. Appointment of a Recovery Manager should occur in the response phase. The responsibility of the Recovery Manager is to ensure that early planning is acted on and a transition phased form response is planned in order to restore essential health and disability services as soon as possible.

3.13 Restoration of Services

A number of factors will affect the speed of recovery, for example:

- critical infrastructure may not be able to be restored for a considerable period
- 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 return to pre-emergency levels of health service provision
- the need to determine the appropriate level of health services to be provided within the affected area.

This will mean that Te Toka Tumai, northern health region districts, other health providers and the MoH may need to maintain an emergency response capability for the initial months of the recovery period.

Wharenui at Point Chevalier Campus

4 RECOVERY

4.1 Recovery management arrangements

Consideration for recovery spans all four phases of emergency management. Recovery activities commence while response activities are still in progress as decisions made during the response phase will have a direct influence on recovery action planning. Recovery includes those activities that begin after the initial impact has been stabilised and extends until the new post-event normality of business has been restored. It considers all opportunities to reduce the risks from future emergencies. It may involve a local, regional, national health-related response or it may involve a whole-of-government response involving economic, social and legislative issues.

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.

4.2 Te Toka Tumai – recovery wider issues

Recovery arrangements include those activities that address the immediate problems of stabilising the affected community and ensure that life support systems are operational. The recovery arrangements in this plan focus on facilitating and coordinating the short- and medium-term emergency recovery activities for affected communities to a point where:

- the immediate health needs of those affected have been met.
- systems have been established or re-established to assist individual and community self-sufficiency.
- essential services have been restored to minimum operating levels.

An integrated whole systems framework is needed to consider the multi-faceted aspects of recovery which, when combined, support the foundations of community sustainability. The framework used by the NEMA in its Recovery Preparedness and Management document encompasses the community and the four environments: social, economic, natural and built as illustrated in Figure 4.1.
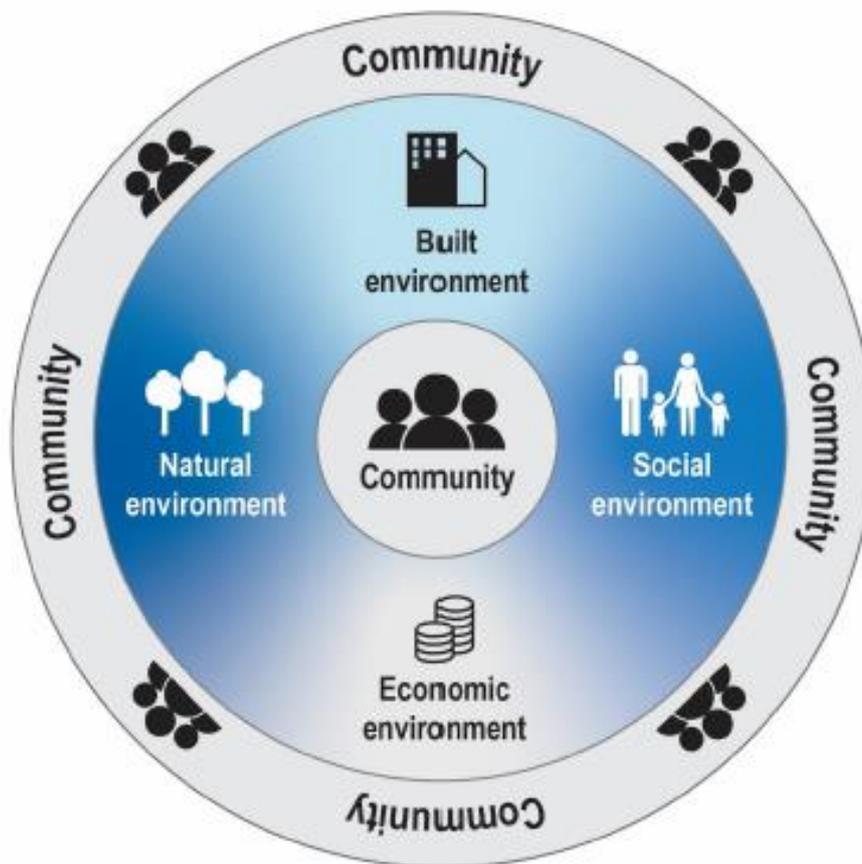
Figure 4.1 The foundations that interact and connect to support a community to function and thrive

Regardless of the scale of recovery, successful recovery for communities is best achieved when the affected communities are empowered and supported to exercise a high degree of involvement in setting priorities and a vision for recovery and leading community-led initiatives.

4.3 Recovery roles, responsibilities and relationships (district, health services, partner agencies)

During the recovery phase established links and procedures which require collaboration and cooperation such as those which incorporate the northern region health districts, other emergency services and the Auckland CDEMG will be further enhanced (see Response Roles).

Te Toka Tumai, other northern region health districts (if affected) and the MoH shall begin implementing plans for recovery after the initial impact of the emergency has been stabilised. Provision for the appointment of a Recovery Manager and an alternative shall occur in the response phase. The Recovery Manager is responsible for ensuring that early planning occurs to ensure that essential health and disability services can be restored as soon as possible, even if at a reduced level. Deployment of plans for recovery will be based on reliable data from impact assessments.

Structures already in place across all areas of Te Toka Tumai health district, especially those which engage with the community for example, the Rapid Community Assessment Team (R-CAT), hospital in the home service and the Telehealth programme instigated during the recovery phase of COVID-19.

4.4 Recovery arrangements

Recovery from emergencies is comprehensive, participatory and inclusive of all peoples and organisations and is founded on having talked about priorities, processes and desired outcomes before emergencies happen[xvii].

The time period for recovery can be lengthy. To align with the requirements of the CDEM Act Recovery (Pt 1, s4) definition of recovery activities the actions that Te Toka Tumai must undertake after an emergency include, without limitation:

- Assessment of the health needs of the affected community
- Coordinating the health resources made available
- Managing the rehabilitation and restoration of the affected community's health care services and health status
- Reassessing measures to reduce hazards and risks.

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 NEMA who becomes the lead government agency for coordinating any necessary government support for recovery. Large scale emergencies require a whole-of-government response.

Following the transition from response to recovery and during the short, medium and long-term. NEMA coordinates the recovery activity of relevant CDEMGs, lifeline utilities (for example, electricity, telecommunications and water), government departments and international aid.

Further information on recovery is outlined in Strategic Planning for Recovery 2017.

Recovery activities will incorporate (as required):

- overseeing the physical reconstruction of facilities
- reviewing key priorities for service provision and restoration
- financial implications, remuneration, and commissioning agreements
- staffing and resources to address the new environment
- socio-economic effect of the incident on staff and the health providers
- VIP visits
- the district's role in funerals, memorials and anniversaries
- staffing levels, welfare and resilience
- ongoing need for assistance from other districts or other agencies
- equipment and re-stocking of supplies
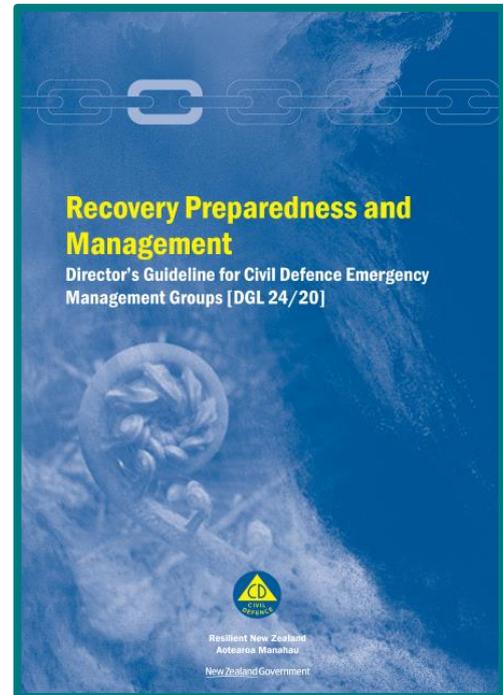
[xvii] NEMA 2020, Recovery Preparedness and Management Director's Guideline [DGL 24/20]

- liaising with and supporting external health providers.

Once into the medium-term, the recovery coordinator may see benefit in identifying long-term needs including:

- mid to long term community support and medical services
- long-term case management
- long-term public health issues – working closely with ARPHS.

Te Toka Tumai Staff Wellbeing resources shown on the Hippo intranet website

4.5 Māori and recovery

Any comprehensive framework for recovery needs to consider both the resilience of Māori and Māori concepts of resilience. This reflects the status of Māori as the indigenous population of New Zealand and the principles of the Treaty of Waitangi / Te Tiriti o Waitangi.

When an emergency occurs, the responsibility of caring for others and Te Ao Tūroa (the natural world) falls to whānau, hapū and iwi with historical ties to the areas impacted by the emergency[xviii].

Māori/iwi capability for recovery includes strong local networks, an understanding of local geography and sites of significance, an ability to identify specific needs and connect with resources, and capacity to offer physical resources such as marae where this is appropriate.

4.6 Psychosocial recovery and support

Recovery encompasses the psychological and social dimensions that are part of the regeneration of a community. Psychosocial recovery is not limited to the recovery phase of an emergency event. Psychosocial recovery in the field of emergency management begins at the level of prevention through risk reduction.

[xviii] National Emergency Management Agency. 2019. National Disaster Resilience Strategy Rautaki ā-Motu Manawaroa Aituā, p21

Framework for Psychosocial Support in Emergencies

2016

Released 2016   health.govt.nz
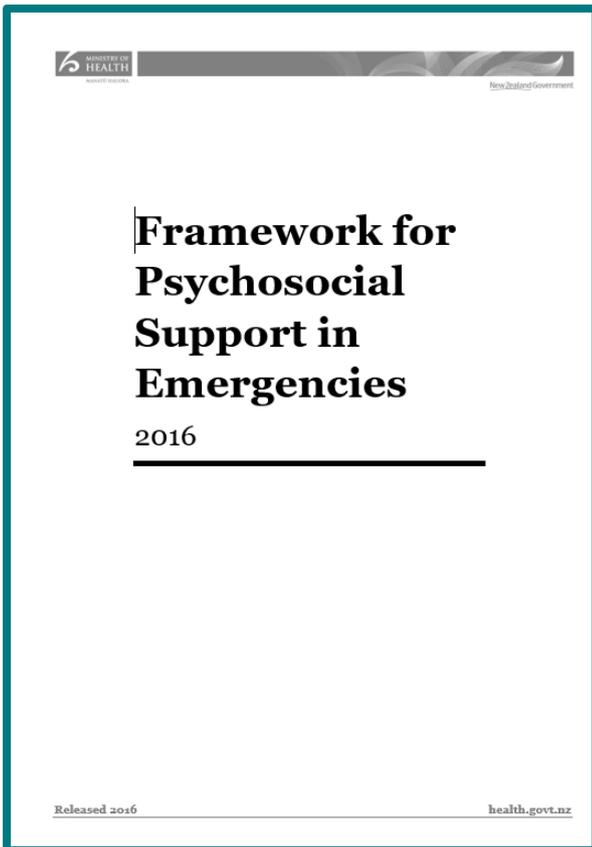
The process of psychosocial recovery from emergencies involves enhancing the emotional, social and physical wellbeing of individuals, families, whānau and communities. Psychosocial recovery is not about returning to normality. It is about positively adapting to a changed reality[xix].

Distress is common and a normal reaction to disruption and uncertainty. It is likely that communities and whānau will experience a range of responses and severity of distress. Most people will recover with support and time.

In the immediate, medium- and long-term recovery following an emergency it is vital to ensure that emotional, spiritual, cultural, psychological and social needs are addressed.

Psychosocial support must be incorporated into response and recovery planning, this provision must include those who may be providing psychosocial support services as well as those who may be receiving them.

Psychosocial recovery planning is inter-sectoral in nature, requiring coordination between agencies at national, regional and local levels, and spans all phases of emergency management, including planning.

The responsibility for community psychosocial recovery is vested with the MoH and the Health and Disability sector. The MoH will provide strategic advice and guidance to the government, NEMA agencies and Health and Disability sector through the directorate Mental Health and Addictions, and Public Health Services.

The MoH will represent the Health and Disability sector on the National WCG. It is expected that health districts will lead with the wider local groups responsible for delivery of services that meet the psychosocial needs of a community after an emergency.

Psychosocial support focuses on ensuring that the mental and social wellbeing needs of whānau and communities are met, and they are supported to recover, adapt and thrive despite challenges and disruption[xx].

Kia Ora tō Wāhi Mahi
Be well *at Te Toka Tumai*

[xix] Ministry of Health. 2016. Framework for Psychosocial Support in Emergencies. Wellington: Ministry of Health. Framework for psychosocial support in emergencies

[xx] COVID-19 Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan 2020

4.6.1 Te Whare Tapa Whā

The Te Toka Tumai wellbeing hub uses the Te Whare Tapa Whā concept with its strong foundations and four equal sides is based on a holistic health and wellness model. The symbol of the wharenui illustrates the four dimensions of Māori well-being.

Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.
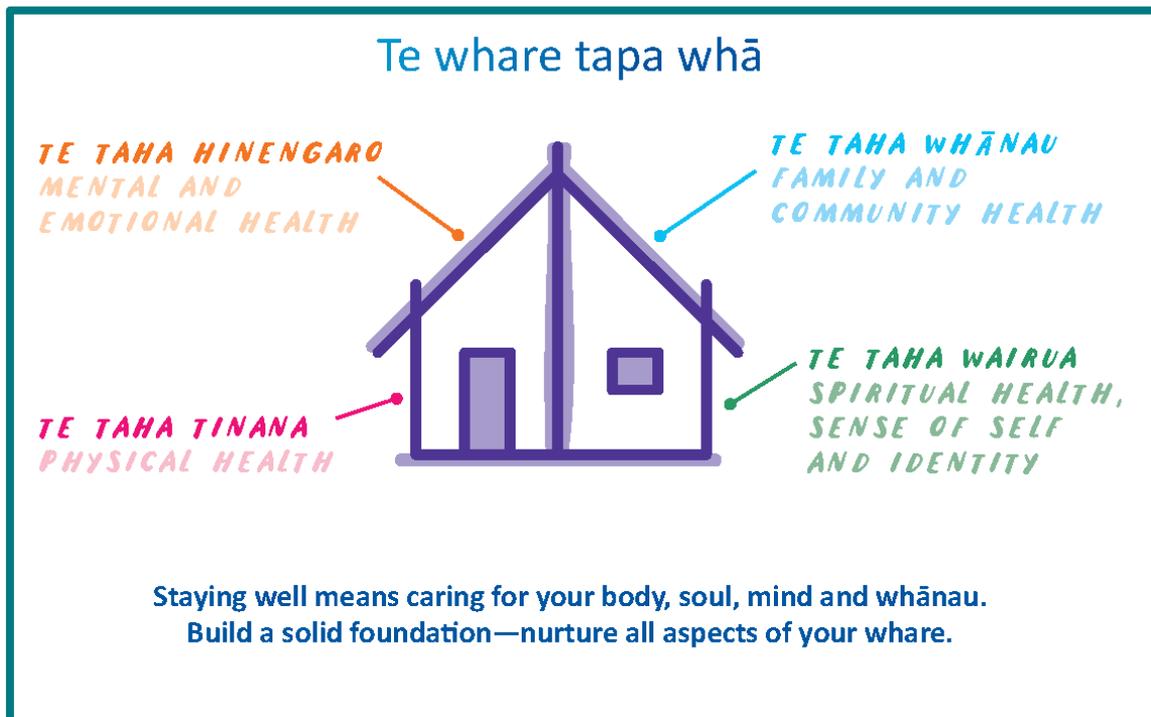
Te Toka Tumai Staff Wellbeing Hub snapshot showing the Te Whare Tapa Whā

4.7 Accepting complexity and change in recovery

Recovery is dynamic, with high degrees of complexity, uncertainty and changeability.

The needs of communities, political dynamics, financial constraints, level of coordination needed and competing demands placed on decision makers from diverse parts of a community will change over time and recovery activities will need to adapt in response to these changes. Te Toka Tumai will need to work closely with its key stakeholders to ensure that services continue to be delivered in a rapidly shifting recovery environment by:

- being flexible when managing and coordinating recovery activities, and
- anticipating, monitoring and responding to change.

Recovery is a process that can last weeks or months but can also often extend for years and possibly decades depending on the significance of the consequences.

Monitoring these changes and addressing the evolving needs of communities over this long-term timeframe is crucial and will likely change business-as-usual planning for example, resumption of elective surgery planning and reinstating reduced or deferred services.

4.8 Standing down the HEP

The date and time of the official stand down or deactivation of an emergency response, will be determined by either the local or regional agency in consultation with the MoH. Deactivation of an emergency response is dependent on a wide range of variables that must be satisfied before the announcement occurs.

Some basic principles that should be followed are that:

- the emergency response role has concluded
- the immediate physical health and safety needs of affected people have been met
- essential health and disability services and facilities have been re-established and are operational
- the immediate public health concerns have been satisfied
- it is timely to enter the active recovery phase.

When the MoH is satisfied, it will issue a code green alert (see figure 3.4) to signify the end of the response period. The time and date of deactivation may be used to determine arrangements implemented by the MoH in the recovery period.

4.9 Evaluation of the emergency response

The MoH and Te Toka Tumai are responsible for conducting debriefings and an internal review of their plans following an emergency event, exercise or activation of the Plan. The aim of the debriefing is for staff to communicate their experiences of an emergency or exercise, so that lessons can be identified, and plans modified to reflect those lessons and best practice. Debriefing is a quality improvement activity that also provides an opportunity for the organisation to:

- thank its staff
- provide positive feedback
- improve performance and the ability to respond to a future event, rather than assign blame.

Debriefings are subject to the Section 9(2)(a) Official Information Act 1982, and privacy principles apply.

Consideration should be given to the community's need for debriefing, which will be dependent on the type and scale of the emergency. districts, PHUs and PHOs may be actively involved.

Details of the organisational model for debriefing can be found on the NEMA website
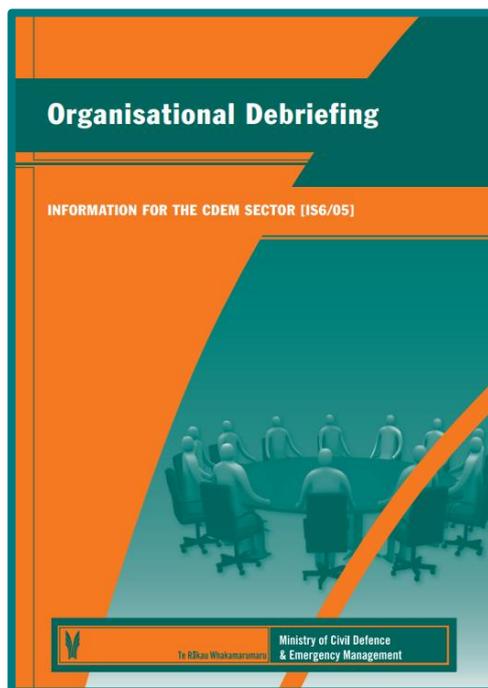
5   Monitoring and evaluation

5.1 Plan duration and amendments

This Plan remains current for three years from the date of approval. The Plan will be subjected to regular review to ensure that outcomes are being achieved; amendments will be made as appropriate. Any amendments to the Plan, other than those to supporting documents, will be notified to all interested parties.

5.2 Plan Maintenance

The Plan is maintained by the Te Toka Tumai Emergency Management Service (EMS).

All managers are responsible for ensuring that their systems, procedures and plans are up-dated, current and relevant to organisational changes. This will include the following:

- The development of Business Continuity - Unit Specific Emergency Plans which align with organisational response plans

- Ensuring a cascade system of staff recall is included in departmental planning.

5.3 Plan monitoring, exercise and review

After each activation and exercise of the Plan a review of emergency management procedures and existing plans and procedures will be conducted based on debriefings and evaluation outcomes in order to clarify roles and responsibilities at all levels during local, regional and national activation.

Monitoring and evaluation will take place as follows:

- The Plan or aspects of the Plan will be tested by real events or exercises

- Following the completion of each event or exercise an evaluation will be undertaken and are as identified requiring improvements will be acted on

- Te Toka Tumai will take part in multi-agency exercises when the opportunity arises

- A self-assessment against the OPF will be carried out as the Plan is produced.

5.4 Success and evaluation

Te Toka Tumai will evaluate success through the following objectives and measures:

Activating and coordinating a response

Te Toka Tumai's ability to respond quickly and effectively to the health care needs of patients/clients following a major incident while ensuring the continuation (even at a reduced level) of community health services.

- During an emergency, Te Toka Tumai will respond by establishing an EOC, which will be adequately equipped
- Emergency contact lists, which are developed and maintained, are used during emergency events
- CIMS 4 training provided to key staff.

Managing service delivery

Te Toka Tumai's ability to provide services that, as much as possible, meet the needs of patients/clients and their community during and after an emergency, even when resources are limited.

- Actively planning and exercising for mass casualty events
- Ensuring IMT PIM function has systems in place to manage enquiries from staff, the community, families and media
- Maintaining good and effective relationships with regional and national partners
- Ensuring availability of PPE and decontamination resources.

Setting up a safe and appropriate environment

Te Toka Tumai aims to provide services that are managed in a safe, efficient and effective manner, given the circumstances of the emergency.

- During and after an emergency, ensuring resources are available to enhance the physical and mental wellbeing of staff.

Organisational management and structure

Te Toka Tumai's ability to establish efficient and effective governance that ensures major incident and emergency management services are planned, coordinated and appropriate to the needs of the population.

- Utilising the CIMS structure for the IMT
- Regularly exercising emergency plans
- Staff training in place.

5.5 Monitoring and evaluation programme - links to the National CDEM Plan

Te Toka Tumai is continually monitoring and evaluating its emergency preparedness and response as required in section 22 of the National CDEM Plan 2015 being operationalised through the Emergency Management Service function.

Though often referred to together, monitoring and evaluation involve distinctly different aims and processes:

Monitoring is a continual process that aims to provide management and stakeholders with early indications of compliance with responsibilities, and progress, or lack thereof, in the achievement of results.

Evaluation is about measuring effectiveness. It compares what is happening against what was intended (goals, objectives, and targets) and interpreting the reasons for any differences.

The main objectives of monitoring and evaluation are to:

- enhance organisational learning
- ensure informed decision-making
- support substantive accountability, and
- build capacity and capability.
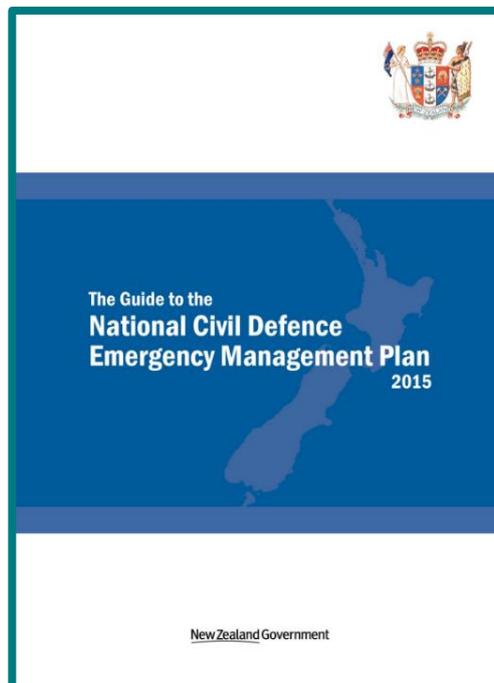
The objectives of monitoring and evaluation has been illustrated throughout the Plan. Taking an all-hazards approach, and providing for immediate, short-duration and extended emergencies on both a small- and large-scale as relevant to the Te Toka Tumai population[xxi].

The Plan has been built around the '4 Rs' of emergency management – reduction, readiness, response and recovery to ensuring that Te Toka Tumai is able to function to the fullest possible extent even if this is at a reduced level during and after an emergency[iv].

[xxi] MoH Operational Policy Framework

6 APPENDICES

6.1 Appendix 1 Glossary

The '4 Rs'	The 4Rs of emergency management are reduction, readiness, response, and recovery. a) **Reduction** Involves identifying and analysing risks to life and property from hazards, taking steps to eliminate those risks if practicable, and, if not, reducing the magnitude of their impact and the likelihood of their occurrence to an acceptable level. b) **Readiness** Involves developing operational systems and capabilities before a civil defence emergency happens, including self-help and response programmes for the general public, and specific programmes for emergency services, lifeline utilities, and other agencies. c) **Response** Involves actions taken immediately before, during, or directly after a civil defence emergency to save lives and property, and to help communities recover. d) **Recovery** Involves the coordinated efforts and processes used to bring about the immediate, medium-term, and long-term holistic regeneration of a community (including workforce) following an emergency.
AEM	Auckland Emergency Management (see CDEMG for further description). http://www.aucklandcivildefence.org.nz/
Agencies	Government agencies (including public service departments, non-public service departments, Crown entities and Offices of Parliament), non-governmental agencies, lifeline utilities and private businesses providing critical infrastructure and logistic services supporting health care services.
Ambulance Communication Centre (ACC)	Ambulance Communication Centres receive 111 health related calls and have specific group paging for notification of incidents.
AMPLANZ	Ambulance National Major Incident and Emergency Plan. AMPLANZ is a detailed operational framework for the New Zealand ambulance sector to provide clear guidance for all Ambulance Services across all parts of the emergency management cycle.
ARPHS	Auckland Regional Public Health Service (See PHU for further description).

	http://www.arphs.govt.nz/
BCP	Business Continuity Plan – documented procedures that provide guidance to respond, recover, resume and restore to a pre-defined level of operation following disruption.
Capability	The effectiveness of cooperation and coordination arrangements across agencies for the delivery of resources in the event of an emergency.
Capacity	The adequacy of resources in terms of quantity and suitability of personnel, equipment, facilities and finances.
CDEM	Civil Defence Emergency Management.
CDEM Act	Civil Defence Emergency Management Act 2002. (CDEM Act 2002),
CDEM Forums	Auckland and Northland CDEM Forums / Planning Groups. These Forums are coordinated by the CDEM Groups in Northland and Auckland they offer emergency services and community members the opportunity to exchange experiences and to present work streams conducted around the 4Rs, as well as raising public awareness.
CDEMG	Civil Defence Emergency Management Group, a group established under section 12 of the CDEM Act (2002). For the northern health region these are the Auckland CDEMG and Northland CDEMG. The CDEM Group is a joint committee of local authorities with the functions, duties and powers to assist their region. The committee is the decision-making body that has overall responsibility for the provision of civil defence and emergency management within the region.
CEG	Coordinating Executive Group - The Northland and Auckland Coordinating Executive Group (CEGs) are comprised of senior council representatives and CDEM Group member organisations. The CEG ensures a strategic overview of CDEM in their region and is responsible to the CDEM Group. The CEG has no operational role; it implements the decisions of the CDEM Group and provides them with strategic advice.
CEO	Chief Executive Officer.
CIMS	Coordinated Incident Management System (CIMS) is the primary reference for incident management in New Zealand. The purpose of CIMS is to achieve effective coordinated incident management across responding agencies for all emergencies regardless of size, hazard or complexity.
Civil (Defence)	The Civil Defence and Emergency Management Act (2002) defines an

Emergency	emergency as 'a situation that:
	Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act and
	• Causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand and
	• Cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act.
Consequences	The outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.
Controller	Controller (using the CIMS structure). A member of an Incident Management Team, with overall responsibility for coordinating emergency response.
DESC	Domestic and External Security Coordination. This is the system used by central government for the management of significant crises or security events where impacts of national significance warrant the coordination of national effort. DESC operates at a strategic level to coordinate whole-of-government planning and prioritising. It brings together information for ministers and assists decision making in Cabinet.
DPMC	The Department of the Prime Minister and Cabinet
Emergency	For the purposes of this plan, an emergency is a situation that poses an immediate risk to life, health, property, or the environment that requires a coordinated response (ODESC 2014). Also see definition of emergency in the CDEM Act 2002
Emergency managers	(Also known as emergency coordinators, or emergency service leaders). Generally, they are embedded within the health service providers such as health districts, PHUs, primary health organisation ambulance providers or primary care. They are usually tasked with their organisation's responsibilities under the CDEM Act, this National Health Emergency Plan or the Ministry of Health Operational Policy Framework.
ECC	Emergency Coordination Centre, the Coordination Centre for a regional level response is an ECC, led by a Regional Controller. The ECC links with the local level EOCs and, when applicable, with their associated national level

	Coordination Centre for example, the AEM facility for natural disaster management across Auckland.
EID	Emerging Infectious Disease.
EM	Emergency Management / Manager.
EMS	Emergency Management Service.
EOC	Emergency Operations Centre, an established facility where the response to an emergency may be supported or coordinated at a local level e.g. health district.
EPARM	Emergency Preparedness and Response Manual (specific to Te Toka Tumai) Operational level emergency management resource.
ESCC	Emergency Services Coordinating Committee, a group coordinated by the NZ Police at district level. Committees provide a forum for emergency services to discuss emergency planning issues.
GP	General Practitioner.
Hazard	Something that may cause, or contribute substantially to the cause of, an emergency.
Hazardous Substances Technical Liaison Committee	These Auckland and Northland Groups are chaired and managed by Fire and Emergency New Zealand (FENZ); they provide a mechanism for the hazardous substances industry (enforcement agencies and emergency responders) to share information, plan for, and debrief after incidents or emergencies involving hazardous substances. PHUs and St John are members.
HEMC	Health Emergency Management Committee is responsible for coordinating emergency management planning activities across the Northern Health Region.
Health Emergency	A health emergency exists when the usual resources of the provider are overwhelmed or have the potential to be overwhelmed.
HEP	Health Emergency Plan, every health district is required to develop and maintain a plan for significant incidents and emergencies.
Hospital and health service	As defined by the Health and Disability Services Act 1993.

IHR	International Health Regulations.
IMT	Incident Management Team, a group of incident management personnel carrying out the functions of the CIMS structure.
Lead Agency	The agency that has a mandate (through legislation or expertise) to manage an emergency.
Liaison Officer	Liaison Officers improve the flow of information by acting as single points of contact between agencies.
Lifeline utilities	Lifeline utilities are entities that provide essential infrastructure services to the community such as water, wastewater, transport, energy and telecommunications. These services support communities, enable business, and underpin the provision of public services. "Lifeline utility" means an entity named or described in Part A, or that carries on a business described in Part B of Schedule 1 of the Civil Defence Emergency Management Act 2002.
Likelihood	In risk management terminology used to refer to the chance of something happening (probability or frequency over a given time).
MHA	Māori Health Authority Te Aka Whai Ora https://www.teakawhaiora.nz/ The Māori Health Authority, works in partnership with the Ministry of Health and Health New Zealand, ensuring the health system works well for Māori.
MIP	Major Incident Plan. A plan that each health district is required to maintain in accordance with their Crown funding agreement.
MoH	Ministry of Health. http://www.health.govt.nz/
NCDEMG	Northland Civil Defence Emergency Management Group (see CDEMG for further description).
NGO	Non-Governmental Organisation.
NEMA	The National Emergency Management Agency is the central government agency responsible for providing leadership, strategic guidance, national coordination, and the facilitation and promotion of various key activities across the 4Rs. It is the lead agency at a National level responsible for coordinating the management of emergencies listed in Appendix 1 of the

	National CDEM Plan 2015. NEMA may act as a support agency by coordinating the CDEM response and/or recovery to any incident managed by another lead agency. NEMA works with central and local government, communities, iwi, and business to make sure responses to and recoveries from emergencies are effective and integrated. NEMA's key functions are steward, operator and assurer of the emergency management system. http://www.civildefence.govt.nz/
NHCC	National Health Coordination Centre, a structure to coordinate the national health emergency response (primary location MoH, 1 The Terrace, Wellington).
NHEP	National Health Emergency Plan. http://www.health.govt.nz/publication/national-health-emergency-plan A Ministry of Health umbrella plan incorporating health emergency-specific action plans (e.g., the National Burns Plan, New Zealand Influenza Pandemic Action Plan). The NHEP provides guidance for the New Zealand health sector response to emergencies.
NRHCC	Northern Region Health Coordination Centre, a structure to coordinate the northern region health emergency response.
NRHEP	Northern Region Health Emergency Plan, a plan that provides an agreed framework and guiding principles, roles and responsibilities and efficient coordination process for districts, their PHUs and providers.
NZBS	New Zealand Blood Service. http://www.nzblood.co.nz/
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 threat has been identified.
OPF	Operational Policy Framework, a group of documents that sets out the operational level accountabilities for health districts for each fiscal year. The OPF covers emergency obligations based on the 4Rs.
PHO	Primary Health Organisation, a grouping of primary health care providers; local structures through which health districts implement the Primary Health Care Strategy.

PHU	Public Health Units provide health services to populations rather than individuals. There are 12 public health services providing environmental health, communicable disease control, and health promotion programmes. Each public health service is administered by a public health unit (PHU), led by a manager and staffed by medical officers of health, public health nurses, health protection officers and others. The Auckland Regional Public Health Service (ARPHS) provides public health services the three health districts located in Auckland.
Primary Care	Care/services provided by general practitioners, nurses, pharmacists, dentists, ambulance services, midwives and others in the community setting.
Public Health Emergency	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 when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956.
Regional Health Emergency	A regional Health Emergency may arise when the resources of a health district, or more than one district, are or have the potential to be overwhelmed and the incident requires regional assistance, management and coordination, either from within the northern region or nationally.
REMS	Regional Emergency Management Service – Regional service to support emergency management deliverables in the four northern health districts
Risk	The chance of something happening that will have an impact upon service delivery. The likelihood and consequences of a hazard.
SOP	Standard Operating Procedure.
Sitrep	A situation report or sitrep is a brief description of an incident, usually given at regular intervals. It is used by emergency and responding services to share information related to an incident.
SPoC	Single Point of Contact, a method used to provide effective 24 hours, seven-days-a-week emergency communication between health districts, their public health units and the Ministry of Health.
Support agency	Any agency (other than the lead agency) that has a role and responsibilities to support the lead agency in readiness for, response to and assist recovery from an emergency
TAG	Technical Advisory Group, advisory groups convened to provide coordinated

	expert technical advice
WCG	Welfare Coordination Groups (WCGs) are chaired by the CDEM Group Welfare Manager and comprise government and non-government agencies working together to develop regional arrangements for the coordination of community welfare and recovery in the event of an Emergency. Te Tai Tokerau Northland is a member of the Northland WCG.
WHO	World Health Organisation http://www.who.int/en/

Starship Children's Hospital

6.2 Appendix 2 Legislation and other relevant documents

International

- World Health Organisation International Health Regulations 2005

New Zealand

- Health (Burial) Regulations 1946
- Health Act 1956
- Health (Infectious and Notifiable Diseases) Regulations 2016
- Medicines Act 1981
- Health (Quarantine) Regulations 1983
- Hazardous Substances and New Organisms Act 1996
- New Zealand Public Health and Disability Act 2000
- Civil Defence Emergency Management Act 2002
- Health Practitioners Competence Assurance Act 2003
- Epidemic Preparedness Act 2006
- National Civil Defence Emergency Management Plan Order 2015
- Civil Defence Emergency Management Amendment Act 2016

National Plans and Guidelines

- COVID-19 Health and Disability System Response Plan 2020
- Guide to the National Civil Defence Emergency Management Plan (2015)
- National Health Emergency Plan; Ministry of Health (2015)
- New Zealand Influenza Pandemic Action Plan; Ministry of Health (2017)
- New Zealand Ambulance Services Ambulance National Major Incident Plan 2011
- Welfare Services in an Emergency Directors Guideline for CDEM Groups and agencies with responsibilities for welfare services in an emergency (2015)
- National Disaster Resilience Strategy (2019)
- Framework for Psychosocial Support in Emergencies 2015
- Organisational Debriefing (2005)

Regional Documents

- Northland Civil Defence Emergency Management Plan 2016-2021
- Auckland Civil Defence and Emergency Management Group Plan 2016-2021
- Auckland Welfare Coordination in emergencies 2019

Local Documents

- Te Toka Tumai Auckland Annual Plan 2021/22
- Te Toka Tumai Major Incident Plan 2022

6.3 Appendix 3 Key roles and responsibilities at the national and local level by MoH alert codes

Regional level roles responsibilities are detailed in the NRHEP.

Te Toka Tumai's response to local health emergencies and response contributions to a regional or national health emergency, or threat of an emergency, will be made using local i.e. district, regional and national HEP structures, processes and communication networks as defined in Te Toka Tumai's s HEP, the Northern Region and National HEPs

All alert phases	
National (Ministry)	**Local (District)**
Coordinates the health and disability sector operational response at the national level	Coordinates and manages the health and disability sector's response in its area
Provides information and advice to the Minister	Liaises with other agencies at the local level and within the region
Provides strategic direction on the health and disability sector's response	Provides the region and the Ministry with required information
Liaises with other agencies at the national level	
Liaises with international agencies	
Identifies and activates national technical advisory group(s) as required	
Provides clinical and public health advice on control and management, where possible	
Approves/directs distribution of national reserve supplies	
Ensures technical advisory groups analyse critical data	
Provides information to assist with response	
Plans for recovery	
Information (code white) (includes advisories)	
National (Ministry)	**Local (District)**
Issues code white alert through SPoC system	Monitors situation and obtains intelligence reports and advice from the Ministry
Monitors situation and continues surveillance	Advises all relevant staff, services and service providers of the event and developing intelligence
May activate a national incident on Health EMIS	
Advises District Director, single points of contact and all public health unit managers of the emerging situation and potential developments	Liaises with the Ministry regarding media statements
	Reviews local and regional health emergency plans
Provides media with public information and advice, as necessary	Prepares to activate emergency plans
Liaises with other government agencies at the national level as necessary	Liaises with other emergency management agencies within the region
Liaises with international agencies as necessary	

Standby (code yellow)	
National (Ministry)	**Local (District)**
Issues code yellow alert	Prepares to activate district emergency operations centre
Identifies and appoints national incident management team	Identifies need for and appoints incident management team
Assesses whether activation of the National Health Coordination Centre is required, and activates if necessary	Prepares to activate regional coordination
Determines and communicates strategic actions for response to the incident	Advises and prepares all staff, services and service providers
Identifies and activates national technical advisory group(s) as required	Manages liaison with local agencies
Advises the health and disability sector of the situation via the SPoC system	Monitors local situation and liaises with the Ministry
Manages liaison and communications with other government agencies	Note: In certain types of emergencies (such as a pandemic), public health units may fully deploy while clinical services remain on standby to aid public health units if required and to mount a clinical response.
Manages liaison with international agencies	

Activation (code red)	
National (Ministry)	**Local (District)**
Issues code red alert; thereafter communicates via Health EMIS and the four regional emergency management advisors	Activates emergency operations centre
Activates a national incident on Health EMIS	Activates incident management team
Coordinates the health response at the national level, as required	Manages primary, secondary and public health service response
Activates the National Health Coordination Centre, as required	Liaises with other agencies at a district level
Monitors the situation, revises and communicates strategic actions for response, as required	Provides inter-district coordination with district / community health intelligence
Approves/directs distribution of national reserve supplies when required	Activates inter-district response support and coordination as required
Considers strategic recovery issues	Notifies health providers of change of alert level
Provides clinical and public health advice on control and management, where possible	Appoints a recovery manager
Carries out national public information management activities	
Manages liaison with other government agencies	
Manages liaison with international agencies	
Implements recovery planning	

Stand-down (code green)	
National (Ministry)	**Local (District)**
Issues code green alert	Stands down emergency operations centre
Advises other government and international agencies of stand-down	Stands down incident management team
Advises media and public	Focuses activities on health recovery issues in the health district region
Stands down Ministry incident management team	Stands down inter-health district coordination if appropriate
Stands down the National Health Coordination Centre	Facilitates debriefs
Focuses activities on national recovery issues for the health and disability sector	Provides Ministry with information following debriefs
Implements recovery plan in conjunction with other agencies	Updates plans
Supplies national public information on recovery	
Manages national debrief and evaluation of events	
Reviews plans	

Entrances to Auckland City Hospital and Starship Hospital Emergency Departments