



MIDCENTRAL DISTRICT CENTRAL PRIMARY HEALTH ORGANISATION EMERGENCY AND BUSINESS CONTINUITY PLAN

2016-2019

This plan aligns to and is in accordance with the MidCentral District Health Board (MDHB) Health Emergency Plan (HEP 2016-2019), Civil Defence Emergency Management Group Plan Manawatu-Whanganui (2016 to 2021), the Civil Defence Emergency Management Plan Order 2015 and the National Health Emergency Plan 2015. Pandemic Planning and the development of Community Based Assessment Centres (CBAC's) are addressed in separate plans.



Context

The Civil Defence Emergency Management Act 2002 (and amendments) and National CDEM Plan outlines the roles and responsibilities of key government agencies, including the Ministry of Health, in an emergency. A range of supporting and enabling legislation provides the legislative framework for health emergency management planning. This legislation includes but is not limited to the:

Health (Burial) Regulations 1946

Health Act 1956

Health and Safety at Work Act 2015

New Zealand Public Health and Disability Act 2000

Civil Defence Emergency Management Act 2002

Health Practitioners Competence Assurance Act 2003

International Health Regulations 2005

Authorisation

MidCentral District Health Board and Central PHO for MidCentral District Community Health Providers

This plan has been developed to enhance emergency planning and communication between primary and secondary care. Please see separate plans for Pandemic Plan and Community Based Assessment Centre.

This is a plan providing the framework for community health (defined as Community Health Providers and Pharmacy Services) to ensure a co-ordinated emergency response and recovery in an event of a disaster or emergency event with mass casualties.

The plan is complementary to the Business Continuity Plans held by individual Community Health Providers that address emergencies at a site or local level.

The plan follows the commitment to the four R's of Emergency Management, and the national method of Coordinated Incident Management System (CIMS) planning alignment with Civil Defence Emergency Management, and other emergency services.

This plan will be accessible through Central PHO and will be reviewed three yearly or after any emergency or disaster event.

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Acknowledgments

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MDHB Medical Officer of Health
MidCentral District General Practices
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Manawatu-Wanganui Civil Defence Emergency Management Group

HISTORY OF DOCUMENT REVIEW AMENDMENT

All amendments are to be reviewed and approved by the Primary Health Emergency Planning Group and changes entered in the table below.

VERSION	DATE	CHANGES
1.0	30 June 2015	Updated as per initial meeting
2.0	15 January 2016	First review
3.0	19 April 2017	See Accompanying report
4.0	21 July 2017	Ethical Values & Psychosocial Recovery aspects added

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Contents

Context	2
Authorisation	2
Acknowledgments	3
Distribution List	3
Contents	5
Section 1 - Introduction to Health Emergency Planning	7
1. Introduction	7
1.1 Purpose	7
1.2 Geographic Responsibility	7
1.3 Our Key Objectives of Emergency Planning	8
1.4 What is Emergency and Disaster Management?	8
1.5 Civil Defence Emergency	8
1.6 Health Services Emergency	8
1.7 No Notice Events	9
1.8 Rising Tide Events	9
1.9 Mass Casualty Incident	9
1.10 Major Incident	9
1.11 National Civil Defence Emergency Plan (NCDEM Plan) – Key Changes	9
1.12 National Health Emergency Planning	10
1.13 Objectives:	10
1.14 Guiding principles of this plan:	11
1.15 Coordinated Incident Management Systems (CIMS)	12
1.16 The CIMS functions	12
1.17 Hierarchy of Agencies in an Emergency	12
1.18 Emergency Operations Centre (EOC)	14
1.19 MDHB EOC Structure	15
1.20 Activation	15
1.21 Alerting - Single point of Contact (SPOC)	16
1.22 SPOC Emergency Notification Process:	16
1.23 Alert Codes	17
1.24 Activating a Response	17
1.25 Levels of Activation	17
1.26 Available Communication systems	18
Section 2 – Community Health Emergency Plan	20
2.1 Context	20
2.2 Principles	20
2.3 Aims	21
Section 3 – Reduction	22
3. Reduction	22
3.1 Context	22
3.2 Hazards	22
3.3 Facilities	23
3.4 Human Resources	24
3.5 Key steps recommended as Risk Reduction measures: Service delivery	25
3.6 Utilities, Lifelines and Supplies	26
3.7 Public Information Management (PIM) by MOH	26
3.8 Known Vulnerable Communities and Patients/Clients	27
Section 4 – Readiness	28
4. Readiness	28
4.1 Context	28
4.2 Roles of Community Health Providers	28

4.3	Roles of Key Providers and Agencies integral to the Response	29
4.4	Community Health Organisational Coordination and Roles	30
4.5	Incident Management and Functions	31
4.6	Incident Facilities	31
4.7	Business Continuity Planning (BCP)	31
Section 5 – Central PHO		33
5.1	Business Continuity Plan	33
5.2	Central PHO Core Business	33
5.3	Central PHO Population	33
5.4	Risk Analysis- Hazards and their consequences for Central PHO	34
5.5	Central PHO Business Vulnerability Review	35
5.6	Central PHO Key Mitigation Strategies for Identified Risks	36
5.7	Central PHO Facility Risk Review and Mitigation Strategies	37
5.8	Central PHO Protection of Important Documents-	38
5.9	Central PHO Coordinated Incident Management Te	39
5.10	Central PHO: Essential Contact Details General Practices	40
5.11	Central PHO: Essential Contact Details Pharmacies	41
5.12	Central PHO: Essential Contact Details Rest Homes	47
5.13	Central PHO Available Emergency Supplies	49
5.14	Central PHO: Essential Contact Details Medical Suppliers	50
5.15	Central PHO: Essential Contact Details Organisational Suppliers	51
5.16	Contact Details Emergency Response Support Agencies	53
5.17	Manawatu-Whanganui CDEM Group	54
5.18	Emergency Evacuation Procedures: Central PHO, Manawatu	55
5.19	Emergency Evacuation Procedures: Tararua Locality	56
5.20	Emergency Evacuation Procedures: Horowhenua Locality	57
5.21	Emergency Evacuation Procedures: Otaki Locality	58
5.22	Key Documentation for Business Continuity – MoU	59
5.23	Central PHO – Action Cards	61
5.24	Central PHO – Patient Tracking Form	63
5.25	General Emergency Response Checklist	64
5.26	Template: for General Practices: Resources Request	65
5.27	Template: for General Practices: Request for Assistance	66
5.28	Template: Activity Log	67
5.29	Template: General Practices Situation Report	68
5.30	Summary of Building Safety Evaluation Inspection Categories	69
5.31	Business Continuity Recovery Planning	70
Section 6 - Response		71
6.	Response	71
6.1	Principles	71
6.2	Objectives	71
6.3	Ethical values underpinning decision-making	71
6.4	Activation	72
6.5	Communications	73
6.6	Incident Action Plan	73
6.7	Community Health Providers Information	73
Section 7 – Recovery		76
7.	Recovery	76
7.1	Integrated and Holistic Recovery Context	76
7.2	Psychosocial recovery	77
7.3	Debriefing	77
7.4	Debriefing considerations	79
Glossary and abbreviations		80

Section 1 - Introduction to Health Emergency Planning

1. Introduction

1.1 Purpose

Emergency Management is a function that requires collaboration across many agencies including Civil Defence, the Ministry of Health, Local Authorities, District Health Boards, Primary Health Organisations and Primary Health Teams. Any sector response to emergencies that potentially affects health care services must integrally link with primary care services. MidCentral DHB is committed to progressing emergency planning and preparedness across the full spectrum of Health and Disability Services, including Primary and Community Based Services.

For the health sector, careful planning is critical to protecting the public and Healthcare Providers and safe-guarding the Healthcare System. This plan provides a consistent approach to coordination, cooperation and communication across the Community and Health Sector when responding to an incident. It reflects the revised plans of Civil Defence Emergency Group Plans as well as the revised CIMS, 2nd edition, an updated framework that may require coordination at the community incident level or higher.

1.2 Geographic Responsibility

MidCentral DHB's district stretches across the North Island of New Zealand from the West to the East Coast and is distinguished by the Tararua and Ruahine Ranges that traverse the centre of the district.



1.3 Our Key Objectives of Emergency Planning

- To provide a coordinated emergency response from all Community Health Providers and MidCentral DHB organisations involved and ensure efficient communication, common understanding and effective on-going support for the community;
- To provide integrated planning, locally and regionally that is aligned with the MDHB Health Emergency Plan and other emergency plans;
- To provide health care services that, as much as possible, meet the needs of the community during and after an emergency event, when resources are limited;
- To provide continuity of health care for existing patients, the management of increased demand for services, and assistance with the recovery of health care services;
- To ensure the welfare of Community Health Providers affected by the emergency, including those operating during it;
- To recognise the importance of effective monitoring and evaluation of all emergency plans.

1.4 What is Emergency and Disaster Management?

Emergency and Disaster Management is the discipline of applying management, science, technology and planning to deal with extreme events that can:

- dramatically affect society and people;
- cause extensive damage to property and infrastructure, severely disrupting communities.

As a process, emergency and disaster management involves reducing risk, being ready, responding to and recovering from an emergency. Critical functional components include planning, training, simulating exercises, coordinating activities, monitoring and evaluating.

1.5 Civil Defence Emergency

The Civil Defence and Emergency Management Act 2002 defines an 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;
- 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;
- cannot be dealt with by the emergency services or otherwise requires a significant and co-ordinated response under this Act.

1.6 Health Services Emergency

A health services emergency is defined as any event which:

- presents an unexpected serious threat to the health status of the community;
- results in the presentation to a health care provider of more casualties or patients in number, type, or degree than it is staffed or equipped to treat at that time;
- causes loss of health care services that prevent the Community Health Providers from continuing to care for their patients.

1.7 No Notice Events

These events happen suddenly, with little or no warning, and can be either man made or natural and causes result in large numbers of casualties.

1.8 Rising Tide Events

These are slow onset events that produce a surge in numbers over time. These types of events are covered in the MDHB Pandemic Plan.

1.9 Mass Casualty Incident

A mass casualty incident is described as an event that leads to the use of limited resources for multiple casualties. A disaster or emergency event could result in a mass casualty situation. For the purpose of this plan, a mass casualty event occurs when the number of significantly injured patients is in excess of the resources to adequately deal with the incident.

1.10 Major Incident

A major incident can be defined as any incident where the location, number, severity, or type of casualties requires extraordinary resources.

1.11 National Civil Defence Emergency Plan (NCDEM Plan) – Key Changes

CDEM planning in New Zealand is a requirement of the Civil Defence Emergency Management Act 2002 (CDEM Act). The National Civil Defence Emergency Management Plan of 2015 has been reviewed and strengthened as a result of the review. Key changes are:

- Updating terminology;
- Updating references to legislation and agency names;
- Revision of the purpose and scope of the Plan;
- Clarifying unclear aspects of the Plan.

Of particular note, enhancements have been made in the following areas:

Further clarification and refinement of roles and responsibilities of lead and support agencies, including a new appendix identifying lead agencies (drawn from the National Security System) for hazards (drawn from the National Hazardscape Report) and the related legislation by which they are managed;

- a new sub-part outlining the critical role the New Zealand Defence Force has as a support agency in an emergency;

- a new sub-part on building management that not only outlines the roles and responsibilities of the various agencies involved in building management, but also assigns a prominent leadership role to the Ministry of Business, Innovation and Employment within this area;
- a new sub-part on research and science organisations to reflect the current arrangements and critical role these organisations have in civil defence emergency management;
- a revised sub-part on welfare services providing greater clarification of roles and responsibilities and additional welfare services sub-functions; and
- a new sub-part for CDEM logistics to ensure the sufficient deployment and provision of resources in a timely manner to support response and recovery operations.

The National CDEM Plan supports the principle of community engagement at all levels. This plan recognises that local communities have a wealth of knowledge, capability and strengths which are a huge advantage in managing and reducing the impacts of a disaster. Communities are to be engaged across all aspects of civil defence emergency management. Examples include involving communities in planning, carrying out exercises as well as enabling and involving their input during response and recovery.

1.12 National Health Emergency Planning

(Framework for Community Health Emergency Planning)

Central to this approach is identifying and assessing hazards and associated risk. By identifying the hazards to which a community is most vulnerable, specific hazard scenarios and contingency plans can be developed. This approach ensures that emergency plans are adaptable to a variety of emergencies and that, by addressing the hazards that pose the greatest risk, the community will be better prepared for other risks. The approach taken in this plan is firmly based on and extends the '4Rs' of reduction, readiness, response and recovery.

1.13 Objectives:

Reduction:

The objective of risk reduction is to avoid or mitigate adverse consequences before they occur and to realise the sustainable benefits for society of managing risks at acceptable levels. Working with partner organisations and communities, risks are reduced and resilience enhanced. Partnering risk reduction activities in our area can be achieved by lessening the vulnerability of our community services by:

- reducing community exposure and vulnerability to hazards through surveillance and intervention;
- reducing organisational susceptibility to hazards through business continuity management;
- building organisational resilience to the impact of hazards;
- employing response interventions that constrain incidents from escalating to emergencies.

Readiness:

The objective of emergency readiness is to build the capacity and capability of the health and disability sector to respond to emergencies and to assist the recovery of the community and health services from the consequences of those emergencies. It requires public education and community engagement programmes to promote resilient communities. Ongoing readiness activities include:

- planning, training, exercising and testing of arrangements;
- monitoring and evaluating capacity and capability to perform across different emergency situations;
- Establishing and maintaining necessary equipment and operational systems, including addressing any need for interoperability and coordination with interdependent agencies.

Response:

The objective of the health and disability sector is to provide health services during emergencies to minimise the impacts of the emergency on the health of the individual and the community. Response involves those actions taken immediately before, during, or directly after an emergency to save lives and property and to help communities recover. Effective, unified multi-sector and multi-agency responses require:

- readiness to act underpinned by an understanding of risk, deliberate planning and engaged partnerships;
- organisational structures and capabilities that are scalable, flexible and adaptable;
- coordinated control and a clear understanding of roles and responsibilities;
- clear, focused communication and information management and the processes to support it.

Recovery:

Recovery involves the coordinated efforts and processes used to bring about the short-, medium- and long-term holistic regeneration of a community following an emergency. The recovery period may last for any amount of time. Key objectives are:

- minimising the escalation of the consequences of the emergency;
- regenerating the emotional, social and physical wellbeing of individuals and communities;
- taking opportunities to adapt to meet future needs of our community;
- reducing future exposure to hazards and their associated risks.

1.14 Guiding principles of this plan:

- Approach the plan comprehensively by encompassing all hazards and associated risks;
- Maintain an integrated, all-agencies approach;
- Facilitate community input;
- Incorporate hazard risk management based on sound risk management principles;
- Focus on wellness and safety of all health workers and consumers to the greatest extent possible;

- 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
- Emergency responses do not create or exacerbate inequalities;
- Undertake continuous improvement activities through ongoing monitoring and review.

1.15 Coordinated Incident Management Systems (CIMS)

The purpose of CIMS is to achieve effective coordinated incident management across agencies by having common structures and terminology, yet within a framework that is flexible. This system also allows for agencies to develop their own processes, procedures and training for using the framework.

The CIMS structure is New Zealand's model for the systematic management of emergency response. It is designed primarily to improve the management of the response phase to emergency incidents through effective coordination between major emergency services. All emergency services in New Zealand use a CIMS organisational structure to staff their Emergency Operations Centre (EOC).

This plan has been updated to incorporate the 2nd edition of CIMS that builds on the first by incorporating lessons learned from formal reviews and inquiries into Pike River Mine tragedy, Rena disaster and events of the Christchurch Earthquake.

1.16 The CIMS functions

Function	Responsibilities
Control	Coordinates and controls the response
Intelligence	Collects and analyses information and intelligence related to context, impact and consequences; also distributes intelligence outputs
Planning	Leads planning for response activities and resource needs
Operations	Provides detailed direction, coordination, and supervision of response elements on behalf of the Control function
Logistics	Provides personnel, equipment, supplies, facilities, and services to support response activities
Public Information Management	Develops and delivers messages to the public, directly and through the media, and liaises with the community if required
Welfare	Coordinates the delivery of emergency welfare services and resources to affected individuals, families/whānau, and communities

MDHB provides CIMS training and is well supported by a number of experienced CIMS qualified personnel.

1.17 Hierarchy of Agencies in an Emergency

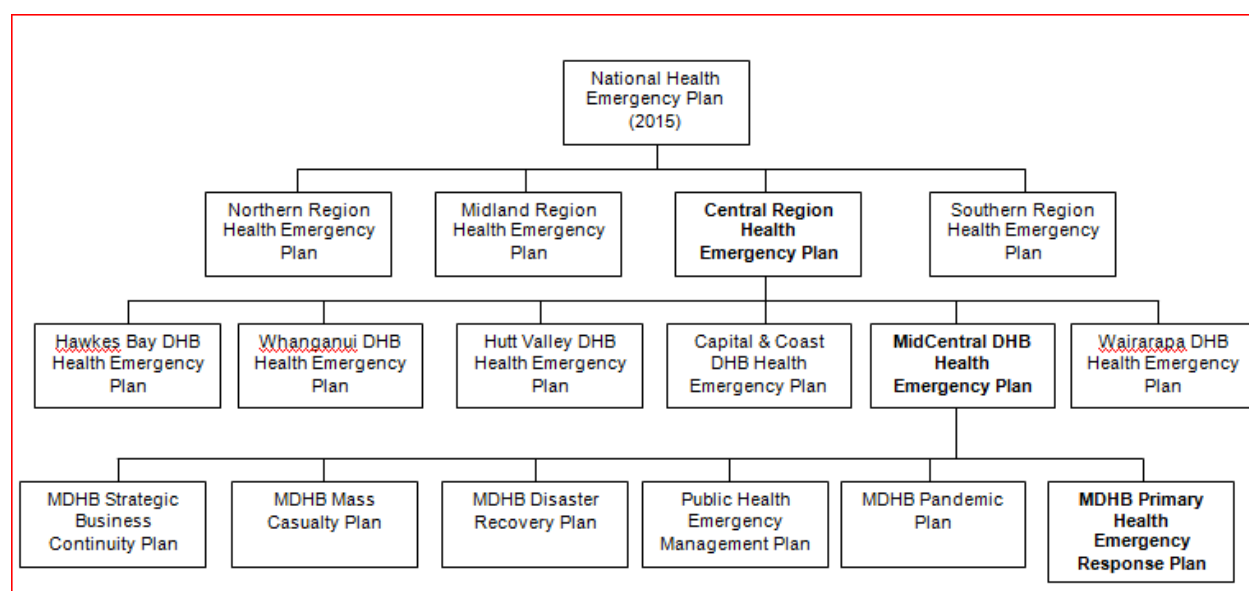
For any national security risk (or major element of such a risk), a lead agency is identified.

The lead agency is the agency with the primary mandate for managing a particular hazard or risk across the “4Rs” of reduction, readiness, response and recovery.

The principal reasons for having nominated lead agencies, and setting clear expectations of them, are to:

- ensure clarity and certainty about responsibilities and leadership at a time of crisis;
- ensure responsibilities for maintaining situational awareness and risk mitigation are assigned properly;
- give early warning and more time for decision-making;
- facilitate prompt response, thereby avoiding compounding damage;
- give clarity on communications lines and the provision of necessary information;
- have designated responsibilities for both proactive and reactive risk management.

The diagram below identifies the hierarchy of Emergency Plans.



Where activities are required at national, regional or local levels, a devolved accountability model is used. For example, the Ministry of Health is the strategic lead for infectious human disease nationally, while District Health Boards are the regional lead. Health and Disability services are usually always involved at some level for no notice disasters. However, health agencies such as Midcentral DHB and / or the Ministry of Health are not the lead agencies for these events.

Health, usually led by the DHBs, will play a co-ordinating and support role, and will facilitate communication and liaison between response agencies. Depending on the scale of a disaster, MDHB will set up its own EOC with accountability for health services. When health providers have significant involvement in emergency events, this usually involves more than one type of provider, i.e. primary and secondary care.

The lead agency will set up an EOC to coordinate the response across all agencies. Lead agencies for single service or single incident emergencies (for example, a road traffic accident) that can be managed at the scene may be the NZ Police, NZ Fire Service or St Johns Ambulance.

However, for disasters that require a coordinated and centralised response, the lead agency is usually the territorial local authority. In a regional event, Horizons Regional Council Emergency Management will activate the Group Emergency Coordination Centre in support of the local situation.

The Territorial Local Authorities (TLA's) include:

- Manawatu District Council;
- Tararua District Council;
- Horowhenua District Council (including Otaki, the North Ward of the Kapiti Coast);
- Palmerston North City Council.

These local authorities have accountability to co-ordinate and direct community and civil defence responses, resources and functions under the Civil Defence Emergency Management Plan.

Under the CDEM Act 2002, they:

- Can declare a state of local emergency;
- Have emergency powers that enable CDEM groups and controllers to:
 - Close/restrict access to roads and public places;
 - Provide rescue, first aid, food, or shelter;
 - Conserve essential supplies;
 - Dispose of dead persons and animals;
 - Provide equipment;
 - Enter premises;
 - Evacuate premises/places;
 - Remove vehicles;
 - Requisition equipment/materials/facilities and assistance.

1.18 Emergency Operations Centre (EOC)

The purpose of the EOC is to provide a central location for an agency's response to an emergency that enables the Incident Controller to direct and co-ordinate the use of personnel, material, information, services and other resources for the overall response effort during and after an emergency.

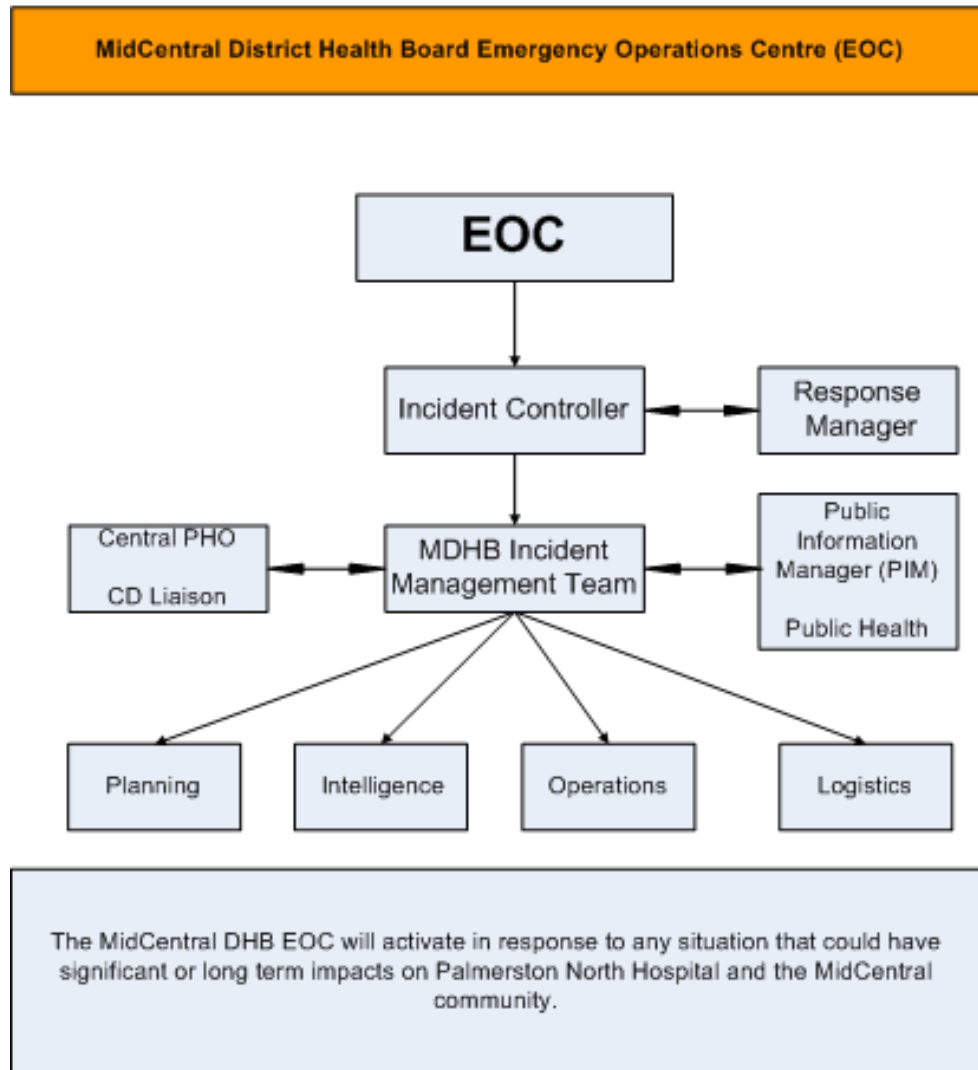
The EOC is activated to perform the following functions during an emergency:

- collect, analyse and disseminate information on the emergency (including the provision of an information service)
- control the overall response effort in co-operation with local emergency services and other agencies
- co-ordinate logistic support, including aid from other organisations
- Keep the Regional Response Coordination Centre, or NHCC (dependent upon scale of emergency) informed of situation.

According to the Manawatu/Wanganui CDEM Group Plan 2016-2021, the group has identified a number of facilities that may operate as fixed Local Emergency Operations Centres:

- Palmerston North: Palmerston North City Council, The Square
- Feilding: Manawatu District Council, Manchester Street
- Dannevirke: Tararua District Council, Denmark Street
- Levin: Horowhenua District Council, Oxford Street
- MDHB: North side of main hospital campus

1.19 MDHB EOC Structure



1.20 Activation

Emergency Plans are activated when usual health care resources are overwhelmed or have the potential to be overwhelmed in a local, regional or national emergency requiring more than the business-as-usual management.

Agencies should respond to an emergency by activating their own plans and by coordinating with the lead agency.

Central PHO can activate Primary Health Emergency Response Plan when they believe primary care facilities are overwhelmed, or have the potential to be overwhelmed. Central PHO should contact MidCentral DHB Emergency Management to report the need for activation. In an emergency or major event Community Health Providers should contact Central PHO.

The MidCentral DHB response to local health emergencies and contributions to the response to a regional or national health emergency, or threat of an emergency, will be made using local,

regional and national HEP structures, processes and communication networks as defined in the MidCentral DHB HEP, the Regional DHB HEP and the National HEP.

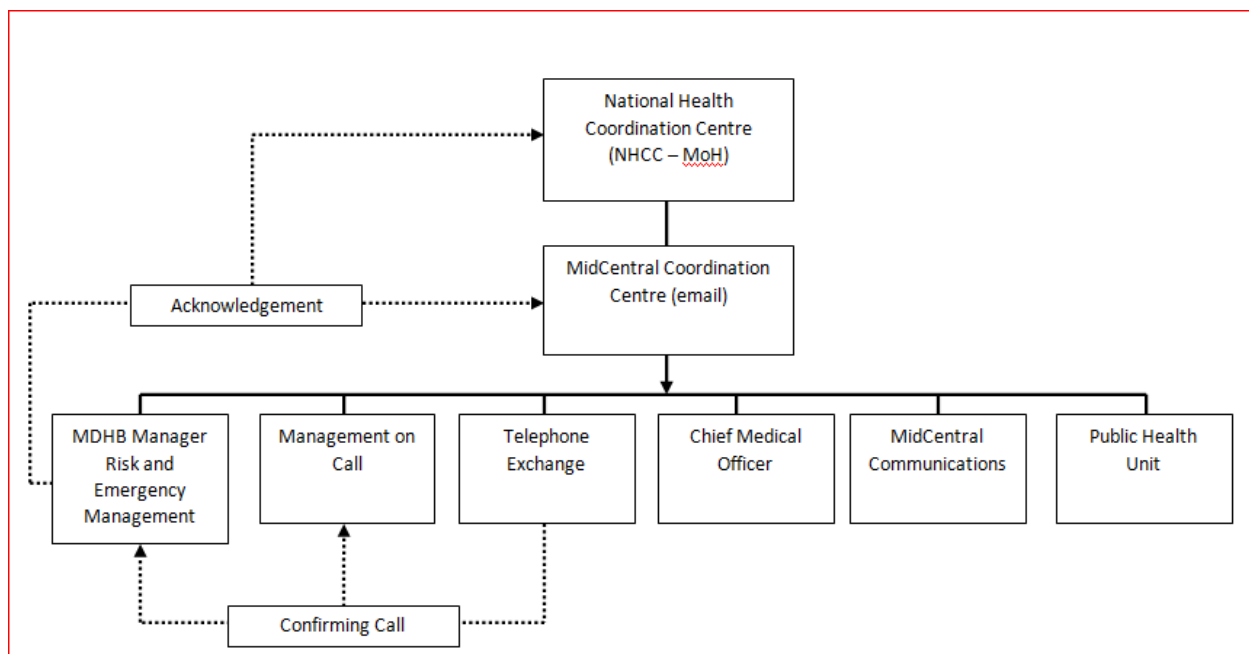
1.21 Alerting - Single point of Contact (SPOC)

The Ministry of Health, DHBs and Public Health Units maintain a single point of contact (SPOC) system that is available on a 24-hour, 7-days-a-week basis. The SPOC system is an integral part of health and disability sector coordination for emergency management.

The purpose of the system is to enable effective and rapid communications between senior Ministry of Health officials, DHBs and public health units at any time, via a dedicated SPOC phone number or through a dedicated SPOC email, to notify each other of a potential or actual emergency with health appreciable implications.

The diagram below identifies the MDHB SPOC Emergency Notification Process. Each contact in the system is intended to function as an access point for each organisation and transmit all emergency related communication within and between organisations.

1.22 SPOC Emergency Notification Process:



1.23 Alert Codes

The Ministry of Health has developed alert codes to provide an easily understood system of high-priority communication leading up to and during emergency response activations. These alert codes are issued from the Ministry via the SPOC system.

Phase	Measures	Code
Information	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity.	White
Standby	Warning of imminent code red alert that will require immediate activation of health emergency plans. Example: imported case of a new and highly infectious disease in New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected DHB's.	Yellow
Activation	Major emergency in New Zealand exists that requires immediate activation of health emergency plans. Example: large scale epidemic pandemic or major mass casualty incident requiring assistance from unaffected DHB's.	Red
Stand - down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	Green

Alert Codes: National Health Emergency Plan 2015

1.24 Activating a Response

Deliberate activation of emergency health response is a critical aspect of an effective emergency response. Due to the potential interruption to normal service delivery, the decision to activate significant aspects of emergency health response and coordination of capabilities should be made by Midcentral District Health Board executive managers or other senior personnel with delegated authority to do so. A key aspect of all responses is to communicate any changes in the level of activation and share information on the hazards, impacts and responses within health services, response partners and recovery organisations.

1.25 Levels of Activation

Circumstances will determine the extent to which the EOC is activated. The stages activated by MidCentral DHB are:

Information Advisory – (an impending Emergency)

Actions: Manager of Emergency Management and Planning needs to alert:

- The Group Manager (On Call) and key EOC staff (Desk managers)
- Operational Services
- The Public Health Unit (PHU)

- Central PHO
- Horizons Regional Council

Standby – (EOC is activated, readied and monitors the situation)

Actions: Manager Emergency Management and Planning or Manager (on call) will:

- Notify the CEO/Group Managers
- Nominate a skeleton EOC staffing level
- Inform Horizons Regional Council
- Seek representation from:
 - Central PHO
 - Public Health Unit

Activation – (The EOC manages and co-ordinates the emergency)

Actions:

All EOC staff report for duty and are briefed on the situation. Shift times for each team are confirmed. The first shift operates in the EOC whilst the second and third relief teams stand down until their shift begins.

Stand Down

Actions:

When the emergency has terminated the Manager Risk and Emergency Planning or Incident Controller will conduct a “hot debrief” as a preliminary review. A formal review will then take any corrective action plans are identified in order to bring about quality improvements. Business as usual resumes.

1.26 Available Communication systems

Health EMIS provides an electronic system to manage information produced during an incident or emergency. This does not replace verbal communications between agencies and service providers. It provides DHBs, public health units and other key health responders such as ambulance services, with a logging and task-tracking system which they can use to manage their local response to an incident. The system complements other business-as-usual information systems.

During an emergency response, health services need to be able to coordinate with agencies and to communicate effectively within their own organisations, as well as with partner health service providers.

MDHB is supported by a suite of ‘Primary’ and ‘Alternate’ communications systems.

Primary communications with MOH, MDHB and PHU

The public telephone network provides the primary means of communication for the EOC.

Primary numbers are:

Phones: (06) 350 8999
 Fax: (06) 350 8531
 Email: mch.eoc@midcentraldhb.co.nz
 Username: mch.eoc

Alternate communications

The alternate means of communicating with MDHB are identified below:

- VHF Radio – Linking Health Centres and General Practice in the region.
- VHF Portable Radio (Hand Held) – Palmerston North Hospital only.
- VHF Radio – Linking MDHB to Horizons Regional Council, local councils and other agencies.
- Fleetwise Radio – Linking PHU and MDHB.
- Satellite Phone(s) - Connecting all 20 DHBs, PHOs and related health agencies.

MDHB radio telephone network has been extended to Central PHO and primary health care sites. The system was installed by local communications company Over and Out. The radios come with battery back-up power supplies as part of the system and provide the ability to communicate for up to a week on battery back-up.

The locations chosen by MDHB for the new radio emergency communication network are:

Central PHO: Health on Main, Palmerston North
Feilding Health Care, Feilding
Horowhenua Health Centre, Levin
Age Residential Care Masonic Village, Levin
MDHB Emergency Operating Centre,
Palmerston North
Pahiatua Medical Services, Pahiatua
Te Waiora, Foxton

City Doctors, Palmerston North
Dannevirke Community Hospital
Kauri HealthCare, Palmerston North
Massey Medical Centre, PN
Otaki Medical Centre, Otaki
The Palms Medical Centre, PN
Whakapai Hauora (Best Care), PN

Section 2 – Community Health Emergency Plan

Community Health Emergency Plan – for Community Based Assessment Centre Planning and Pandemic Planning, please see separate plans.

2.1 Context

The plan recognizes that every Community Health Provider must have a Business Continuity Plan that covers emergency response for that Practice in support of a coordinated response.

This Primary Health Community Emergency Plan provides the framework and focus from which Community Health Providers within the district formulate procedures for use in response to an emergency or disaster event involving mass casualties.

This plan is not intended to replace regular processes, both clinical and administrative already utilised by Community Health Providers. It should be seen as complimentary to those processes. Planning can help manage the critical events and hasten the return to normalcy.

Community Health Providers should plan to be self-sufficient for three days as support from other agencies may not be available. This depends on the complexity of the emergency event.

2.2 Principles

NZS 8134: Health and Disability Sector Standards, prepared by Standards New Zealand with the Ministry of Health, provide four principles as an overview of the different aspects of emergency planning for Community Health Providers. The principles cover:

- Activating and coordinating a response
- Managing a service delivery
- Setting up a safe and appropriate environment
- Organizational management and structure

The principles that are followed in this plan by Central PHO for Community Health Providers are for Central PHO to:

- assist Community Health Providers to respond quickly and effectively to the health care needs of Community Health Providers and patients
- assist Community Health Providers to meet the needs of service providers/patients and the community even with limited resources;
- assist Community Health Providers to reprioritise staff to meet the demand in a safe, efficient and effective manner, given the circumstances;
- link with MDHB and establish efficient and effective governance for all parties involved.

2.3 Aims

The aims of this plan are for Central PHO to:

- maintain Business Support to Community Health Providers;
- provide support to MDHB and to activate Memorandums of Understanding (MOUs) with prearranged facilities for example Urgent Care Centres to treat and support patients;
- provide support to Community Health Providers to maintain patients within the community, to limit or avoid referrals to hospitals where possible;
- provide support to Community Health Providers to prioritise services in emergencies and accept referrals for patients triaged by other providers such as Emergency Departments;
- provide support to Community Health Providers to set up facilities away from hospital sites to assist in triage, treatment, support, diagnosis of patients not obviously seriously ill or injured in a disaster;
- conduct regular ongoing reviews to support improvement that may assist in management of emergency events by Community Health Providers;
- maintain Business viability for Central PHO and Community Health Providers ;
- assist MDHB to establish effective governance for Community Health Providers.

Section 3 – Reduction

3. Reduction

3.1 Context

Risk Reduction strategies start with the identification and analysis of significant hazards. By analyzing these hazards using a matrix based on their likelihood and consequences, it is possible to calculate a value representing the level of risk involved. Risks can then be prioritized. A risk reduction strategy can be developed to eliminate risks or reduce the impact of them. Risk reduction is the process used to identify and manage risks, and it commonly refers to activities that seek to manage risks proactively. Risk reduction matters in this plan will address challenges related to the coordinated community health care emergency response to a disaster event.

Risk reduction strategies for individual practices will be addressed in the practice Business Continuity Plan.

3.2 Hazards

- Consideration of hazards, risks and risk reduction strategies to manage the risks identified in our region are taken from the table below in the Manawatu/Wanganui Civil Defence Emergency Management Group (CDEMG) Plan 2016-2021.

Priority	HAZARD
1.	Severe Earthquake
2.	River Flood
3.	Tsunami
4.	Human Pandemic
5.	Drought
6.	Animal Epidemic
7.	Landslide (Hill Country)
8.	Volcanic Activity (Ruapehu)
9.	Landslide (Manawatu Gorge)
10.	Rural Fire
Moderate Priority Hazard	
Hazardous substances spill	
Severe Winds	
Major Road Accident	
Plant & Animal Pests	
Fuel Supply Failure	
Gas supply failure	
Landslide Urban	
Major air transport accident	

The CDEMG Plan identifies a range of regional hazards that have the potential to affect healthcare services in our region or include a health sector response within our region. These may include the following:

- Stretched medical services;
- Widespread social and psychological disruption and isolation;
- Staff issues;
- Strain on Public Health Unit Resources;
- Reliance on Community Health Providers to undertake initial treatment and triage of injured or affected groups;
- Requests made from the Non-Government Organisation (NGO) sector for hospital staff assistance;
- Medical supplies not readily available (demand exceeds supply);
- Mass casualty events require significant planning both regionally and locally.

Details of how these hazards and risks affect Community Health Providers and how these risks should be addressed is found in Business Continuity Plans held by each Community Health Provider. A role for Community Health Providers is to work with partner organisations and the communities they serve to reduce risks and enhance resilience.

3.3 Facilities

A key component of risk reduction planning is to ensure identification of alternative venues for practices and will be described in Business Continuity Plans.

In the case that Central PHO's current facilities (575 Main Street, Palmerston North) are not available, a separate location has been identified as a potential location for an EOC to be set up: Kauri Healthcare (619 Featherston Street, Palmerston North)

It is anticipated that the general public will seek emergency help from recognised providers within their current locations and within their communities, as long as usual facilities are operational and travel unaffected. These include hospital emergency departments, urgent care centres and local health centres.

The assumptions are that in the acute phase of an emergency and for acute injury, the district community provider locations are most likely to include (but not limited to):

MidCentral District Palmerston North	MidCentral DHB Emergency Department City Doctors The Palms Medical Centre Kauri HealthCare
Tararua Horowhenua Feilding Otaki	Dannevirke Community Hospital Horowhenua Health Centre Feilding Health Centre Otaki Medical Centre

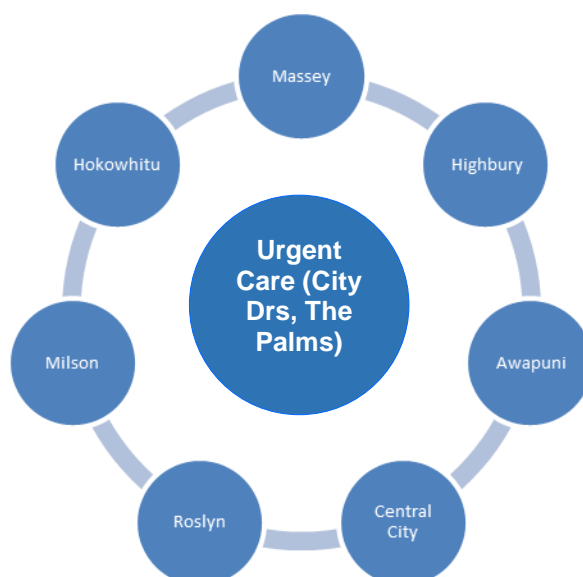
However, if the disaster affects provision of services from these sites, alternative locations may be required. If possible, the alternative locations should:

- be familiar to the public, both name and location;
- be close to other services, such as pharmacy;
- keep patients close to their usual practices where possible;
- be suitable for the function of providing emergency health care, with supporting power and water;
- be accessible with a single point of entry and exit to control flow.

Once the acute phase of the emergency has passed, urgent and prioritised community health services at designated locations may still be required until business as usual practices can be re-established. Depending on the level of disruption, and demand for resources in concentrated locations, models of delivering services may require collaboration and sharing of resources from neighbouring practices and pharmacies to ensure service delivery is targeted in areas of greatest community needs.

Health services as much as is practicable should be maintained in local districts and suburbs.

Suggestions may include hub and spoke models where resources are rationed in a planned way to maximise best use of available facility, staff and taking into account the districts or suburbs affected by the disaster.



A key component of risk reduction planning is to ensure identification of alternative venues for each practice will have been described in Business Continuity Plans.

3.4 Human Resources

This aspect of emergency planning should be addressed in detail in the Business Continuity Plans of Central PHO and Community Health Providers. For this reason, Central PHO has a separate Employee Emergency Plan.

Providing and coordinating adequate numbers of staff to be in the right place at the right time may be a challenge depending on the scale of the disaster. It is easy to assume that current staff commitment, availability and reliability will be evident in a crisis situation. However, it is necessary to recognise that staff priorities must be with their own personal safety and the safety of their families. The personal circumstances of staff must also be considered regarding other family members involved in the response.

The challenges of staffing during an emergency include:

- Obtaining staff who are available to respond with skills to manage the event;
- Obtaining staff with experience in treating the type of injuries that may present, depending on the nature of the hazard and event;
- Having an adequate number of staff in the 'right place, at the right time', for example, too many staff at one location and not enough at another location;
- Having the right 'mix' of staff at any one time;
- Coordinating and rostering staff to meet the needs of the community at the time;
- Obtaining adequate numbers of staff to manage an event when the response is required over a longer period of time;
- Obtaining staff when there is disruption to communication and transport services;
- Identify staff with core clinical skills applicable to managing the event, for example, triage experience;
- Identify medical and nursing practitioners with advanced skills within scope of practice that are relevant to an urgent care or emergency response;
- Identify staff skills and experience that may be required during the transition and recovery stages of an emergency event;
- Identify key staff required to manage and co-ordinate the plan and the response at a facility or practice level;
- Identify key staff required to manage and co-ordinate the plan and the response at a community level;
- Identify training needs of key staff;
- Protect and foster staff teamwork and camaraderie;
- Where possible, roster teams of staff who are accustomed to working together;
- Encourage collaboration between and with neighbouring general practices and pharmacies;
- Develop roster templates that describe the roles of staff that can cover an initial period of three days, for example a triage team consisting of a combination of a senior doctor, nurse, scribe and assistant;
- Consider that staff may be unfamiliar with location and set up;
- Agree strategy for staff communication of rosters and needs, for example, staff call in procedures;
- All staff should be encouraged to develop personal and family emergency plans that prioritise safety and welfare of family but also consider how and when they may be able to assist in an emergency event.

3.5 Key steps recommended as Risk Reduction measures: Service delivery

Gathering data and information is important in planning for and reducing the impact of disasters. All community health providers should maintain effective processes for data/information recording and reporting. They should use these processes across all components of emergency management as baseline data and subsequently to identify and quantify changes in demand and service use.

Encourage collaboration between and with neighbouring general practices and pharmacies, balancing the resources available against the needs of the community as a whole against the needs of a local community and the needs of individual general practices. General Practices are

encouraged to form a memorandum of understanding with other strategically located general practices and pharmacies. Combining strengths will lead to greater resilience.

Maintain current database of all providers (pharmacy, general practices and Urgent Care Clinics) including contact details, staff names and staff capabilities. Central PHO updates this information quarterly as part of the contracts they hold with General Practices. The MidCentral Community Pharmacy Group Executive Officer has this information for pharmacies. The information is on the respective websites:

Central PHO: www.centralpho.org.nz ;

MidCentral Community Pharmacy Group: www.mcpbg.org.nz

Ensure Business Continuity Plans are reviewed regularly and are kept up to date for key locations. Ensure to address infrastructure back up strategies.

Ensure the access of critical patient information in the event of computer failures wherever possible: the use of secure data centres, paper based system backups and/or laptops with adequate batteries.

3.6 Utilities, Lifelines and Supplies

Engineering lifelines are the essential utility systems that serve communities – water supply, transportation (road, rail, sea and air), electricity and gas supply, communication networks (telephone, television, cable and radio) and sewerage or wastewater. Disruption to these services will have a significant impact on general practices' ability to function.

Critical infrastructure protection and back up strategies should be addressed in Business Continuity Plans.

Consider negotiations with utility providers for urgent delivery of generators if no generator on site and for water supply tankers if no supply on site to prioritised locations. Alternatively, consider a memorandum of understanding to co-share facilities with another facility if practical.

3.7 Public Information Management (PIM) by MOH

Effective public information management involves identifying the need for information or advice, appropriate presentation and dissemination, media liaison and monitoring. It should promote effective leadership and decision-making, create strong public confidence, and enable people to understand what is happening and take the appropriate actions to protect themselves.

Achieving these outcomes requires the provision of rapid, honest, frequent and open communication to target audiences. Other considerations are both the nature of the message (taking into account, for example, language and literacy levels) and the best mechanisms for disseminating it, in terms of what will be most effective for its intended audiences.

If public information management is to be effective, all agencies must work collaboratively at all levels, based on pre-established plans, working relationships and understandings of role expectations during an emergency.

The Ministry of Health will manage national media communication in a health emergency, in consultation with other government agencies and DHBs. DHBs, in developing their public

information management plans, will take the Ministry's role into consideration. DHB plans address methods of disseminating and reinforcing local messages for their local populations. The Ministry and DHBs will work within their own and partner agency CIMS-based response coordination roles and structures to coordinate the development and dissemination of public information, in conjunction with the lead agency.

In an emergency the Ministry will place information specific to the health and disability sector on its website. In this way, health providers, other agencies and the general public have direct access to the information. Health providers should make use of and monitor the information on this website during an emergency.

In a health-related emergency the Ministry of Health's official website, www.health.govt.nz is to be used for information of general relevance to other agencies. However, other agencies remain responsible for generating customised information relevant to their sector and disseminating it through appropriate channels for those sectors after consultation with the lead agency.

3.8 Known Vulnerable Communities and Patients/Clients

Identifying communities and patients that may be particularly vulnerable is important. Local and regional authorities have public education strategies to increase awareness and inform the public to take responsibility for themselves, their families, their neighbours and to make plans for survival in their home for three days.

In a major emergency event, general practices may be asked for names of patients that are particularly vulnerable. However, community based-organisations will have service agreements with the District Health Board to provide support to the vulnerable.

Section 4 – Readiness

4. Readiness

4.1 Context

The concept of readiness is setting in place arrangements, operational structures and processes to manage the response to respond effectively to an adverse event.

Ongoing readiness activities include:

- Planning, training, exercising and testing of arrangements (internal/external);
- Monitoring and evaluating capacity and capability to perform across different emergency situations;
- Establishing and maintaining necessary equipment and operational systems, including addressing any need for interoperability and coordination with interdependent agencies;
- Staff awareness and training relating to planning and preparedness as part of the staff induction programme;
- Delivery of Coordinated Incident Management Systems (CIMS) training for key staff within Central PHO and Community Health Providers.

Readiness strategies are found in Business Continuity Plans held by each provider for each business and practice.

Clarity of roles and responsibilities in an emergency response is also central to readiness.

This section details:

- Roles of Community Health Providers;
- Roles of key providers and agencies integral to the response;
- Community Health Organisations Co-ordination and Roles;
- Incident Management and Functions;
- Incident Facilities.

4.2 Roles of Community Health Providers

Roles of Community Health Providers in an emergency event may include but are not limited to the following:

Urgent Care Centres:

- Triage (critical, serious and minor injuries);
- Direction and referral of patients;
- Initial diagnosis and treatment of minor to moderate injuries;
- Establishment of patient identification system;
- Limit or avoid referrals to DHB.

General Practices

- Urgent patients;
- Minor injury, the 'walking wounded';

- Routine health concerns (non-injury);
- Repeat prescriptions.

Specialist Services

- Relocated patients;
- Welfare patients;
- Evacuation Centre patients;
- Assessment and contacting vulnerable patients in affected areas;
- Health screening;
- Maintain the patient in the community setting where able;
- Social and psychological support;
- Provide support for Welfare Centre if necessary.

Pharmacy

- Provision of supplies to medical providers and clinics;
- Medicine dispensing to the public;
- Medical advice to the public;
- Accessing medication history of patients as required;
- Provide medication history of patients to General Practitioners.

Central PHO

- Provide clinical guidance and support while the event occurs;
- Act as a response coordinator when the required response is outside normal 'business as usual' emergency requirements;
- Take an overarching view of the response and provide support to clinical facilities and staff responding to the emergency;
- Act as communication link between Community Health Providers and DHB;
- Provide liaison, logistics and planning functions to support the response;
- Maintain up-to-date contact information for all community care, GP's and pharmacies;
- Coordinate requests for assistance and allocation of resources, using other PHO's, i.e., Whanganui, Hawkes Bay and Wellington;
- Lead and coordinate the health recovery process, assisting the Community Health Providers' transition back to business as usual.

4.3 Roles of Key Providers and Agencies integral to the Response

Emergency Department (ED)

- Triage all presenting patients;
- Category 1,2 and 3 patients are assessed, treated and transferred to hospital departments as a priority;
- Category 4 and 5 patients are triaged to an identified area within the hospital to await further assessment;
- Category 4 and 5 patients may be referred to other providers as appropriate but only after triage has occurred and only when DHB services are overwhelmed.

St John Ambulance

- Ambulance transfers of patients;
- Coordination of emergency events at the scene;
- Notification to Emergency Ambulance Coordination Centre (EACC);
- Notification and triage advice to the Emergency Department;
- Mass casualty support in a major event when unable to access hospital ED services.

MidCentral District Health Board

- Plan for significant events and emergencies;
- Plan for community-based models of care that allow for the best care possible. These can include community-based assessment centres, triage centres and virtual systems;
- Ensure all major issues are covered for essential health services;
- Liaise with all other external agencies and emergency services;
- Manage the release of health public information in conjunction with Civil Defence;
- Provide Public Health advice and services;
- Provide support for the Welfare Advisory Group (WAG) on health related issues;
- Activate Emergency Operations Centre (EOC);
- Report to Ministry of Health on the local situation.

Civil Defence Emergency Management

- Lead Agency for all major disasters as per the CDEM Act 2002;
- Activate EOC's as appropriate;
- Provide liaison for Health EOC;
- Manage public information in liaison with other agencies;
- Perform evacuations, if required;
- Activate and manage Welfare Centres.

4.4 Community Health Organisational Coordination and Roles

Governance

The activation of the Primary Health Community Emergency Plan should not impact on normal day to day management and clinical leadership functions at general practices, pharmacies and health locations. These practices should activate their own Business Continuity Plans and strategies to manage their own businesses involved in the response. This plan does not intend to disrupt or replace the usual practice responsibilities.

However, in an emergency situation that requires more than business-as-usual plans at a facility, consideration of governance, co-ordination and leadership functions for a whole of community health response needs to be considered.

The leadership and co-ordination functions are best undertaken by an organization with resources and people who have significant knowledge of Community Health Providers within the districts affected by the emergency and who are not directly involved in the direct clinical care and response.

Central PHO as the Primary Health Organisation for the district already has roles and structures within the organisation that would suggest it is best placed to be Emergency Response Coordinator and the coordinating board to ensure the best response effort is actioned. Central PHO currently provides services to support and represent interest of the community and provides leadership and

support via the Central PHO Senior Leadership Team. Central PHO will provide clear clinical leadership and expertise as well as administrative support.

Central PHO will co-ordinate the Incident Management Team which will incorporate the MidCentral Community Pharmacy Group.

4.5 Incident Management and Functions

General Practitioners, Urgent Care Centres, Nursing staff and their teams already manage the care of patients using established clinical protocols and guidelines.

The senior clinician in charge at the time of an emergency and in considering the circumstances will decide if a temporary change in protocols will be required in order to provide the best care in the circumstances. In part, this already occurs during triage in Urgent Care Centres.

Appendix 1 to 7 will assist Community Health Providers with the collection of information as well as Central PHO with the analysis and planning of response activities.

4.6 Incident Facilities

Emergency Operations Centre (EOC) Activation

In a mass casualty or disaster event, the MidCentral District Health Board EOC will be activated to support the health services provided by Palmerston North Hospital and the wider MidCentral community.

An Incident Control Point may also be activated by Central PHO at the Central PHO Building, 575 Main Street, Palmerston North or the alternative location in Kauri Health Care, 619 Featherston Street, Palmerston North and a representative from the Central PHO will become part of the MidCentral DHB Incident Management Team (IMT). A DHB Incident Management Team (IMT) will be identified and coordinated from the DHB EOC to facilitate the response.

The EOC will be activated by MDHB Emergency Operations Centre Manager to monitor a potential emergency, to respond to, to or recover from, an emergency situation that is occurring, or has occurred. The EOC will be activated to a level necessary to carry out the task that must be performed. The level of activation may range from a situation monitoring operation with minimal staff, to a limited activation involving selected representatives, to a full activation involving all hospital departments, Central PHO, Community Health Providers, agencies and liaison personnel.

The Ministry of Health will be advised whenever a DHB has activated its EOC.

MidCentral Health Board will be advised whenever Central PHO has activated its EOC.

4.7 Business Continuity Planning (BCP)

Business Continuity Planning is a holistic management process that identifies potential threats to an organisation and their impacts on business operations if they were realised. It provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation and value-creating activities.

All health services are deemed emergency services under the CDEM Act. Each service is required to have a plan to ensure that it is able to function to the fullest possible extent, even though this may be at a reduced level, during and after an emergency. This responsibility extends to services provided through partnerships or other forms of contractual arrangement.

This plan is reliant on all the businesses involved having Business Continuity Plans which will support their resilience and capacity to get back up and running after a major disaster.

Section 5 – Central PHO

5.1 Business Continuity Plan

This plan can be activated by the Central PHO CEO, the designated Emergency Manager, or persons acting in this capacity. The plan should be activated when normal business practice is likely to be seriously affected. Central PHO should advise MidCentral DHB and other interested parties that the Business Continuity Plan has been activated. In an emergency or unplanned event, Central PHO will become the coordinating centre for Primary Health providers in the MidCentral and will be required to report to MidCentral DHB.

This plan does not include pandemic planning as the latter is addressed separately to align with NZ Influenza Pandemic Plan as well as MDHB Pandemic plan and Community Based Assessment Plan.

5.2 Central PHO Core Business

The Central PHO provides Primary Healthcare Services to the MidCentral DHB population. Primary Healthcare Services are managed and delivered in the community through the PHO. Our key roles are to:

- Develop a number of first contact care services as well as primary mental health and long term conditions services to our community- around 157 041 enrolled people
- Develop Primary Healthcare capacity and capability in the MidCentral District
- Support the delivery of high quality Primary Healthcare through our contracted General Practices
- Work with local communities and enrolled populations
- Identify and remove health inequalities
- Offer access to comprehensive services to improve, maintain and restore people's health
- Co-ordinate care across service areas
- Continuously improve quality using good information
- Offer a credible ICT back room services
- Ensure the core operating PMS for Primary Care is effective.

Central PHO has offices in:

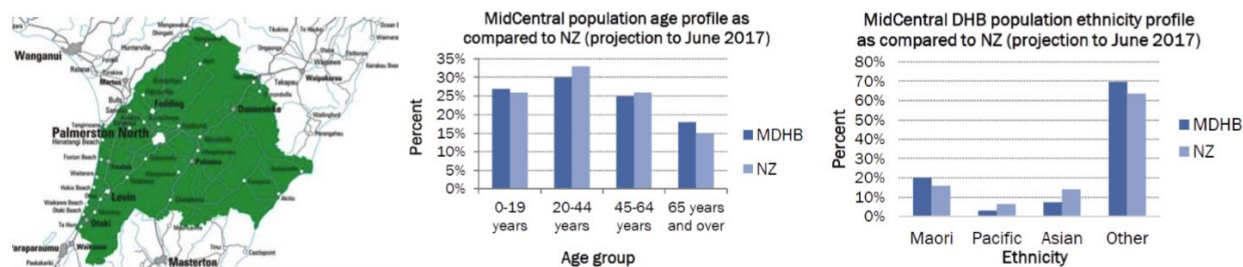
- Otaki
- Levin
- Palmerston North
- Pahiatua

5.3 Central PHO Population

Having a clear understanding of our community and its vulnerabilities, is key when planning for continuous service delivery during and after an emergency situation.

Central PHO covers the MidCentral district population approximately (157,041) and is located across the mid-lower North Island and includes the Otaki ward of the Kapiti Coast district and the

Territorial Local Authority districts of Horowhenua, Palmerston North City, Manawatu and Tararua. The district covers a land area of approximately 8,912 square kilometers.



The MidCentral population has a higher proportion of people living in more deprived neighborhoods when compared to the national average. People living in Horowhenua, Otaki, and Tararua experience the highest levels of deprivation along with people in some parts of Manawatu district like some parts of Feilding, Foxton and some areas of Palmerston North City (including Highbury, Roslyn, Central City, Westbrook and Awapuni North). People experiencing socio-economic disadvantage are also likely to experience health status disadvantage.

The age profile of the MidCentral population is broadly similar to the national average, but with a slightly higher proportion of adults aged over 65 years and a slightly lower proportion of adults in the 20-44 year age group 4. The MidCentral population has a higher proportion of Māori and a lower proportion of Pacific and Asian residents when compared to the national average. In MidCentral approximately 20% of residents are Māori, 3% are Pacific, 7% are Asian and 70% are of other ethnicities. The MidCentral district is one of five refugee resettlement areas in New Zealand and the number of residents with refugee status, particularly in Palmerston North City, is growing.

The MidCentral Māori population is youthful with half of all Māori living in the MidCentral district aged less than 23 years in 2013. The MidCentral population, both Māori and non-Māori, is becoming older and this presents a significant challenge for the future provision of services to improve health and wellbeing.

5.4 Risk Analysis- Hazards and their consequences for Central PHO

Central PHO Business Continuity plan includes assessment and prioritisation of hazards based on the impact they will have on provision of services and on the health of the communities to which the service has a responsibility.

To assess risk, it is necessary to consider all hazards that may occur in an area. For each of those hazards, the probability of occurrence and its consequences need to be estimated. Then the risks should be prioritised and ranked.



5.5 Central PHO Business Vulnerability Review

PRIORITY RATING	HAZARD	LIKELIHOOD	CENTRAL PHO FACILITIES / SERVICES IMPACT
1	Earthquake Scale: Widespread, local to regional	Likely	Damage to facilities and/or critical infrastructure; Transportation disruption to supply chain; Water supplies contaminated and/or reduced; Impact on staff and families (physical, social, homes, transport, etc).
2	Floods Scale: Local to regional	Likely	Damage to facilities and/or critical infrastructure (in low-lying areas); Loss/contamination of essential drugs and supplies; Isolation of services, staff, patients and/or communities; Loss of staff; Water supplies contaminated and/or reduced; Transportation disruption to supply chain.
3	Tsunami Scale: Local to regional	Rare	Damage to facilities and/or critical infrastructure (in low-lying areas); Impact on staff and families (physical, social, homes, transport, etc.); Transportation disruption to supply chain.
4	Human Disease (pandemic) Scale: Local to regional	Likely	Health impacts on staff; Impact on staff and families (physical, social, homes, transport, etc.); Critical services compromised; Limited number of essential drugs & supplies available; Loss of staff; Border control and quarantine.
5	Drought Scale: Regional	Unlikely	Water supplies reduced.
6	Animal and Plant (pest/disease) Scale: Site to area	Unlikely	Isolation of services, staff, patients and/or communities.
7	Landslide Scale: Site to area	Unlikely	Damage to facilities and/or critical infrastructure (in slip zone); Transportation disruption to supply chain.
8	Volcanic Hazard Scale: Local to regional	Unlikely	Damage to facilities and/or critical infrastructure (within eruption and associated quake zones); Impacts on water supplies, air quality, air conditioning and facilities; Loss of staff (self-evacuating); Transportation disruption to supply chain.
9	Rural Fire (wild fire) Scale: Local	Unlikely	Damage to facilities and/or critical infrastructure; Transportation disruption to supply chain.

5.6 Central PHO Key Mitigation Strategies for Identified Risks

HAZARD /RISK	LIKELIHOOD	CONSEQUENCE /IMPACT	MITIGATION /REDUCTION AND RESPONSE OPTIONS
Severe Earthquake	Likely	<p>Total evacuation of building due to structural integrity causing damage to communications, water, sewer and power</p> <p>Staff and visitors injured by falling furniture and equipment</p> <p>Loss of access to main server</p>	<ul style="list-style-type: none"> • MOU with Kauri Health Care if total evacuation needed; • Adequate insurance to cover relocation costs and interruption to business. A hard copy is in the clearly labelled Emergency Cupboard; • Central PHO has evacuation procedures that are practised 6 monthly. See CPHO Employee Emergency Plan. • Seismic restraints have been fitted to heavy objects such as cupboards and filing cabinets. • Initial treatment by available clinically trained personnel. • See Central PHO IT Disaster Recovery Plan • Laptops available for use in an emergency are kept in the Emergency Cupboard.
Drought	Unlikely	Reduced water supplies	<ul style="list-style-type: none"> • Follow water restriction orders as per regional council guidelines.
Animal and plant disease	Unlikely	Isolation of services, patients and/or communities	<ul style="list-style-type: none"> • Coordinate available staff • Consider effectiveness of employees working remotely from home or another Central PHO location. • Approach MDHB for combining employee skills. • Team leaders analyse team skills to utilise staff in different areas within their competencies.
Landslide	Unlikely	Damage to facilities	<ul style="list-style-type: none"> • Implement MOU • Utilise list of suppliers or MDHB resources for assistance to keep delivering services to stakeholders.
Volcanic hazard	Unlikely	Damage to facilities and/or critical infrastructure	<ul style="list-style-type: none"> • Follow the evacuation plan if issued by authorities. • If employees are unable to evacuate, ensure doors and windows are closed and computers and electronic systems are shut down, covered and sealed. Proceed with a manual delivery system as ash is abrasive and can act as a conductor. • Stay indoors until ash stops falling and drink only stored water as described in employee emergency plan. Avoid driving. Listen for

HAZARD /RISK	LIKELIHOOD	CONSEQUENCE /IMPACT	MITIGATION /REDUCTION AND RESPONSE OPTIONS
			updates on the radio. <ul style="list-style-type: none"> • Use the radio network system to communicate with businesses, suppliers and authorities. • Wait for the all clear from authorities.
Fire	Unlikely	Damage to facilities/infrastructure Transportation disruption	<ul style="list-style-type: none"> • Implement MOU • Evacuate using Central PHO evacuation procedures. • Liaise with MDHB and suppliers to find alternative ways to manage supplies. List of pharmacies attached in this plan.

5.7 Central PHO Facility Risk Review and Mitigation Strategies

HAZARD /RISK	LIKELIHOOD	MITIGATION /REDUCTION AND RESPONSE OPTIONS
Electricity outage	Likely	<ul style="list-style-type: none"> • Activate MOU if total evacuation is required; • Encourage Practices to consider a hire agreement with a generator company in their BCP's; • Central PHO has a sophisticated IT Disaster Recovery plan to ensure continuation of service provision as well as ensuring HR provision to employees (see Employee Emergency Plan); • Central PHO radio network communication system ensures that vital communication with practices continue; • Hard copies of essential documents to ensure business continuity, are kept in the clearly labelled emergency cupboard for immediate access
Damaged Facility	Likely	<ul style="list-style-type: none"> • Evacuate; • Activate MOU if total evacuation is required; • Do not return to a damaged facility until deemed safe by the applicable authorities. See Table 1 for Summary of Building Safety Evaluation
Staff Loss/Absences	Likely	<ul style="list-style-type: none"> • See Central PHO Emergency Employee Plan
Loss of Telecommunication	Likely	<ul style="list-style-type: none"> • This section is covered in detail in IT Disaster Recovery Plan

5.8 Central PHO Protection of Important Documents-

Central PHO have a robust series of back up procedures which ensure the protection of financial and legal documents, employee emergency contact list, protection of clinical records, personal information, data and other essential records or information in the event of an emergency. This includes offsite backup of critical data at regular intervals.

Also refer to IT Disaster Recovery Plan and Employee Emergency Plans

Record	How/where is record kept?	Copy held onsite	Copy held offsite	Back up cycle
Patient records (paper and electronic)	Paper records in filing cabinets and Medtech	Yes	Yes-Medtech	Records are scanned within 24 hours.
Business Strategic Plan and Annual Work Programme	Electronic Copies	Yes	No	Hosted by Inspire Net and backed up hourly off site
Employee data	Hard copies held in HR's filing cabinet and electronically on the server. Only HR Team have access to electronic files.	Yes	No	Hosted by Inspire Net and backed up minimum fortnightly after the close off of a pay period.
Employee Emergency Contact List	Each Team Leader is responsible to keep an updated copy of the team's contact details. Hard copies of employees' contact details are kept in the Emergency Cupboard. See Emergency Employee Plan for in-depth plan.	Yes	Yes	The details are updated after every evacuation drill.
Payroll	Payroll stores all payroll data off site. Hard copies are held onsite for 3 months.	Yes	Yes	Pay Global is kept on the cloud. Backup is completed by MYOB, every fortnight.
Financial records	Electronic system stores all invoices and hard copies of invoices are kept in filing cabinets.	Yes	Yes	Finance System is kept on the cloud and hosted by InspireNet. Backup is hourly.
Asset register	Electronic list of assets and invoices kept on finance system and hard copies of invoice kept in cabinets	Yes	Yes	Finance System is kept on the cloud and hosted by InspireNet. Backup is hourly.
Insurance records	Electronic Copy on server and hard copies in cabinet	Yes	Yes	Have hard copies; insurance brokers also have copies
IT Infrastructure	See Disaster Recovery Primary IT plan	Yes	Yes	Hard Copy in Emergency Cupboard

5.9 Central PHO Coordinated Incident Management Team

The Coordinated Incident management Team is fulfilled by members from Central PHO, below is a list of roles and associated descriptions

- **Primary Care Incident Controller: Lyn Daly.** Assess the event; Appoint/brief EOC team; Assume Control; Conduct Regular briefings; Resolve the event; Stand down.
- **Response Manager: Rachel Smith** Supervise activation; obtain brief; coordinate admin support staff; provide support services to EOC; disseminate information; coordinate briefings; maintain log; coordinate stand down
- **Operations Manager: Jo Morris; Nader Fattah;** Participate in ongoing assessments; manage incident response; evaluate operations; determine and request resources; maintain incident logs; coordinate stand down
- **Planning Manager (and Team): Philnie Elvin; Kay Cave; Sharron Smith** Obtain a brief; establish reporting and planning cycle; manage the planning section; maintain an information service
- **Intelligence Manager (and team): Christine Hill, Beth McPherson; Kylie Wenmoth** Obtain brief; plan the intelligence section; manage the intelligence section; maintain a log of activities
- **Logistics Manager: Dana Kunaiti; Nicola Lean; Khrista Scott; Jo Sims** Obtain brief; plan the organization of logistics; report; maintain a log of activities
- **Welfare Manager: Materoa Mar; Rachel Smith; Penny Poutu** Obtain a brief; plan with Welfare Services; contribute to reporting; maintain a log of activities
- **Communication Manager: Nicky Hart; Mike Shapleski** Obtain a brief; Undertake initial actions; manage communications; participate in planning and operations; maintain a log of activities
- **Clinical Coordinator: Paul Cooper; Caroline Clarke; Julie Wells** Obtain a brief; undertake clinical assessment; implement measures to ensure clinical safety; participate in EOC planning and operations; maintain a log of activities
- **Liaison Officer: Leanne Bell; Nancy Taneja** Obtain a brief; liaise with external agencies; contribute to the effective operation of the EOC; maintain a log of all activities
- **EOC Administration Team: Bianca Ravelich; Chelsea MacDonald; Linda Walton; Luke Bailey; Alana Nuku; Hinemoana Durie; Cherry Brown; Candyce Taylor, Eve Williams; Jan Bailey.** EOC administration and support; main point of contact for enquiries; EOC support; document management

5.10 Central PHO: Essential Contact Details General Practices

Practice Name	PMS	Physical Address	Practice Manager	Phone	Fax	Email
Central PHO's details (Compass MidCentral)						
169 Medical Centre	MT32	169 Russell Street	Joanne Tapp	06 357 5785	06 357 4122	looyee169@xtra.co.nz
Kauri HealthCare	MT32	619 Featherston St	Barbara Walker	06 280 4837	06 355 0119	barbara.walker@kaurihealthcare.nz
Broadway Medical Centre	MT32	321 Broadway Avenue	Jan Green	06 358 9484	06 358 9797	cripps.egden@xtra.co.nz
Health Hub Project NZ Ltd	MT32	174 Featherston St	Karen Thompson	06 358 7282	06 358 7285	karen@centralcitymedical.co.nz janine.mccready@centralcitymedical.co.nz
City Doctors	MT32	22 Victoria Avenue	Tania Chamberlain	06 355 3300	06 359 2563	taniac@citydoctors.co.nz
Cook Street Health Centre	MT32	138 Cook Street	Joy Zentveld	06 356 8033	06 356 8045	JZentveld@cshealth.co.nz
Group Medical Chambers	MT32	477 Church Street	Donna Etuale	06 357 8245	06 354 8005	gmc@inspire.net.nz
Highbury Medical Centre	MT32	121 Botanical Road	Mechelle Kohunui	06 357 8786	06 355 0090	highburymed@inspire.net.nz
Hokowhitu Medical Centre	MT32	8 Pahiatua Street	Gail Lambess	06 357 2092	06 357 2675	hokomedical@yahoo.com
Massey Medical Centre	VIP	Level 1, Registry Building, Massey Uni	Samantha Rullan	06 350 5533	06 350 5090	s.rullan@massey.ac.nz
Milson Medical Chambers	MT32	19 Purdie Place	Sue Duff	06 356 9319	06 356 7324	mmc.ad@xtra.co.nz
Orbit Medical	MT32	229 Grey St	Shahla Sakina	06 353 5335	06 353 5334	shahlaskn7@gmail.com
Dr T Parry	VIP	19 Union Street	Rachel Parry	06 356 5099		n/a - communications by post & phone
Radius Medical @ The Palms		445 Fergusson Street	Wayne Hayter / Bob Lissington / Helen Drummond	06 354 7737	06 354 7757	whayter@xtra.co.nz bob.lissington@pn.radiusmedical.co.nz helen.drummond@pn.radiusmedical.co.nz
Sydney Street Health Centre	MT32	4 Sydney Street	Clare van Wijk	06 356 7345	06 355 0399	clare@sydneystheath.co.nz
Riverdale Health and Linton Health Ltd	VIP	86 College Street	Paula Perrin	06 354 9582	06 354 2276	ting.linton@xtra.co.nz
Total Healthcare	MT32	Cnr Vogel & Tyne Street	Megan Apperley	06 356 1107	06 356 1101	totalhealthcare@xtra.co.nz
Victoria Medical Centre	MT32	482 Church Street	Lynda Smee	06 952 5560	06 952 5568	vmc@inspire.net.nz
Village Medical	MT32	362 Albert Street	Flo Gibson	06 355 5362	06 355 5365	flogibson@villagemedical.net.nz
Whakapai Hauora (Best Care)	MT32	140 Maxwells Line	Carole Fernandez	06 353 6385	06 353 1883	carole@rangitaane.iwi.nz
YOSS	MT32	31 Princess St	Trissel Mayor	06 355 5909	06 355 5907	trissel@yoss.org.nz corrie@yoss.org.nz office@yoss.org.nz
West End Medical Centre	MT32	5 Keeling Street	Jane Imrie-Southee	06 358 2485	06 358 2710	westendmed@xtra.co.nz
Feilding Health Care	MT32	7 Duke Street	Adrian Smith	06 323 9696	06 323 9690	adrian.smith@fhc.nz
Levin Practices						
Cambridge St Medical Centre	MT32	127 Cambridge Street	Michelle Ingham	06 367 0423	06 367 0427	michelle@csmedical.nz
Horowhenua Community Practice	MT32	Horowhenua Hospital	Jennifer Spencer	06 368 8065	06 368 9136	health@hcp.co.nz
Masonic Medical Centre	VIP	685 Queen Street East	Hannah Watson	06 368 8068	06 368 8100	manager@levindoctors.co.nz
Tararua Medical Centre	MT32	538 Queen Street	Jan Hooper	06 368 0950	06 368 0140	Manager@TararuaMedicalCentre.nz
Queen Street Surgery	MT32	50 Queen Street	Norma Proctor	06 368 6186	06 368 5186	queenstreetsurgery@xtra.co.nz
Te Waiora Community Health Services	MT32	10 Lady's Mile	Chris Clement	06 363 6030	06 363 5364	chris.clement@tewaiaora.org.nz
Otaki Medical Centre	MT32	2 Aotaki Street	Christine Clements	06 364 8555	06 364 6184	manager@otakimedical.co.nz
Dannevirke						
Barraud Street Health Centre (Tararua Health Group)	MT32	Barraud Street	Tania Last	06 374 8497	06 374 8789	Tania.Last@thg.org.nz
Dr Short Surgery		33 Victoria Avenue	Kirsty Reid	06 374 8892	06 374 8223	micheal@xtra.co.nz
Pahiatua Medical Services (Tararua Health Group)	MT32	Cnr Main & Centre Streets	Josie Savage	06 376 6466	06 376 6429	josie.savage@thg.org.nz

5.11 Central PHO: Essential Contact Details Pharmacies

Horowhenua

Gimblett's Pharmacy

70 Main Street, Foxton

Ph: (06) 363 7080 | Fax: (06) 363 7905

Email: nevg@xtra.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.00am - 4.00pm

Pharmacist: Neville Gimblett

Services: Medicines and advice, prescriptions, professional advice, general healthcare, ECP, Instore beauty therapy service, hearing tests

Horowhenua Health Centre Pharmacy

Liverpool Street, Levin

Ph: (06) 367 3644 | Fax: (06) 367 3645

Email: hhcp@xtra.co.nz

Hours: Mon to Fri 8.30am - 5.30pm

Pharmacist: Debbie Boswell

Services: Medicines and advice, prescriptions, professional advice, ECP, MUR

Levin Mall Pharmacy

Levin Shopping Mall, Levin

Ph: (06) 368 2180 | Fax: (06) 368 0515

Email: levinmallpharmacy@gmail.com

Hours: Mon to Fri 8.30am – 5.30pm | Sat 9.00am – 2.00pm

Pharmacist: Jason Karagiannis

Services: Free off street parking, BP monitoring, hire of crutches, commodes and zimmer frames. Deliveries, Medico packs, bone density scans, hearing tests

Steeds Pharmacy

244 Oxford Street, Levin

Ph: (06) 368 4152 | Fax: (06) 368 4158

Email: steeds@paradise.net.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.00am - 12.30pm

Pharmacist: Craig McGregor

Services: Medicine Packs, Exclusive gifts, Perfumes, Friendly service

Tararua Pharmacy (Levin)

540 Queen Street, Levin

Ph: (06) 368 7922 | Fax: (06) 368 7942

Email: tararuap@xtra.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 10.00am – 12.00pm

Pharmacist: Debbie Boswell

Services: Alex Yung Medicines and advice, prescriptions, professional advice, ECP, MUR

Unichem Levin Pharmacy

209 Oxford Street, Levin

Ph: (06) 368 2560 | Fax: (06) 368 1428

Email: pharmacy@levin.unichem.co.nz

Hours: Mon to Fri 8.30am - 6.00pm | Sat 9.00am - 5.00pm | Sun & Public holidays 10.00am - 4.00pm

Pharmacist: Geoff Ross

Manawatu

Botanical Road Pharmacy

123 Botanical Rd, Takaro, Palmerston North

Ph: (06) 358 1787 | Fax: (06) 359 5094

Email: jcarroll11a@gmail.com

Hours: Mon to Fri 9.00am - 5.30pm

Pharmacist: James Carroll

Services: Prescriptions, Blood pressure screening, Provider for Te Wakahuia Manawatu Trust Primary Health Care team, Provider to Woodville Medicine Depot

Central Pharmacy

176 Featherston Street, Palmerston North

Ph: (06) 358 7283 | Fax: (06) 357 5549

Email: centralpharmacy@inspire.net.nz

Hours: Mon to Fri 9.00am - 5.30pm

Pharmacist: Susan Judd, Murray Adams, Cherry Jin, Margaret Rollinson

Services: Medico compliance packaging, Emergency Contraceptive Pill, compression hosiery, digital passport photographs, customer car park. Prescriptions and prompt professional advice, free delivery within Palmerston North. General healthcare, Cosmetics, Medicine disposal depot & Convenient drive through window

City Health Pharmacy Ltd

22 Victoria Ave, Palmerston North

Ph: (06) 355 5287 | Fax: (06) 358 8287

Email: cityhealth@barhampharmacies.co.nz

Hours: Open every day - Mon to Sun 8.00am - 10.00pm Including all public holidays

Pharmacist: Harsha Patel, Gladys Agatep

Services: Medicines and advice, Dispensing prescriptions, Professional advice, Emergency Contraceptive service, Natural health products, Medicines Use Review services, Medico Compliance Medication Packaging services, Methadone Dispensing services, Health Screening including Blood Pressure checks, Blood Glucose Testing, Iron and Zinc Testing, General Healthcare, Cosmetics and Gifts.

Cook Street Pharmacy

Cnr Cook & College Sts, Palmerston North

Ph: (06) 358 7788 | Fax: (06) 358 7781

Email: pharmacist@cookstpharmacy.co.nz

Hours: Mon to Fri 8.30am - 5.30pm

Pharmacist: Anthony Roberts

Services: Medicines and advice, prescriptions, ECP, Medico packs, Residential care services, domiciliary care services, MUR, Pharmacy Self Care, Diabetes management services, sports nutrition programmes, easy pay scheme

Countdown Pharmacy Rangitikei Street

Cnr Rangitikei & Featherston Streets, Palmerston North

Ph: (06) 359 0859 | Fax: (06) 359 3196

Email: Rangitikei.pharmacy@countdown.co.nz

Hours: Open Every day - Mon to Sun 9.00am - 8.00pm

Feilding Health Pharmacy

7 Duke St, Feilding

Ph: (06) 560 1026 | Fax: (06) 560 1026

Email: pharmacy@fhc.co.nz

Grant Irvine Pharmacy Ltd

168 Albert St, Palmerston North

Ph: (06) 357 8782 | After Hours: (06) 354 5919 | Fax: (06) 354 5919

Email:

Hours: Mon to Fri 9.00am - 6.00pm

Pharmacist: Grant Irvine, Len Patel, Ted Gowdy

Services: Prescriptions, Free delivery & Passport photos

Hokowhitu Pharmacy

360 Albert Street, Palmerston North

Ph: (06) 357 9186 | Fax: (06) 354 7934

Email: hokowhitupharmacy@hotmail.com

Hours: Mon to Fri 9.00am - 5.30pm | Sat 9.00am - 12.30pm (excluding Public Holidays)

Pharmacists: Len Patel, Penny Patel

Services: Community pharmacy - Professional & friendly advice on all prescription medication and general health care. Medico packs dispensing. Pharmacy Self Care cards and advice. Emergency Contraceptive Pill consultation service. Children's Gastroenteritis Rehydration & Advice. Sildenafil consultation & service. Trimethoprim consultation & service for UTI. Free blood pressure checks. Local deliveries. Professional Medicine Advice on wide range of Pharmacy Medicines: coughs / colds; allergy; skincare; pain relief; & natural health products.

Hospital Health Pharmacy

Main Foyer (Customer car park at gate 11) Palmerston North Hospital

Ruahine St, Palmerston North

Ph: (06) 350 8287 | Fax: (06) 350 8288

Email: hb.hospital@barhampharmacies.co.nz

Hours: Mon to Fri 9.00am - 5.30pm Closed for lunch 1.00pm - 1:30pm daily. Closed on weekends.

Pharmacist: Asama-Al-Samarrai

Services: Community pharmacy at the Hospital

Life Pharmacy, The Plaza

Church Street, The Plaza, Palmerston North

Ph: (06) 356 1949 | Fax: (06) 356 8234

Email: theplaza@radiuspharmacy.co.nz

Hours: Mon to Wed & Fri & Sat 9.00am - 5.30pm | Thurs 9.00 am - 9.00 pm | Sun and public holidays 10.00am - 5.00pm

Pharmacist:

Services: Prescriptions, Professional and friendly advice on all medication, Xenical weight management programme, Smoking cessation advice, Emergency contraceptive pill, Medical and compression hosiery, Medico compliance blister packaging, Delivery service, Wellness screening, We also offer an extensive range of cosmetic, skincare and nutritional products

Milson Pharmacy

Milson Village, 79 Milson Line, Palmerston North

Ph: (06) 358 0612 | Fax: (06) 358 6381

Email: milsonpharmacy@gmail.com

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.00am - 12.30pm

Services: Community Pharmacy

Smith's Feilding Health Pharmacy

1 Manchester Square, Feilding

Ph: (06) 323 4121 | Fax: (06) 323 5218

Email: Dispensary: dispsmiths@xtra.co.nz | Shop: shopsmiths@xtra.co.nz | Manager: gary.smith@xtra.co.nz

Hours: Mon & Tue 8.30am - 5.30pm | Wed 8.30am - 6.30pm | Thurs 8.30am - 5.30pm | Fri 8.30am - 6.00pm | Sat 9.00am - 1.00pm

Pharmacist: Clinton Hercock Maria Smith Gary Smith Mark Smith, Fiona Hercock

Services: Prescriptions, General Health Care Advice and General Community Pharmacy. Emergency Contraceptive Pill; Children's Gastroenteritis Rehydration & Advice; Methadone Dispensing in a non-judgmental environment; Medico Packaging (charge applies); Medicine Use Review; Long-Term Conditions Management; Professional Medicine Advice.

Unichem Chemist Shop

27 Linton Street, Palmerston North 4410

Ph: (06) 354 8899 | Fax: (06) 354 8866

Email: unichemchemistshop@xtra.co.nz

Hours: Mon to Fri 9.00am - 7.00pm | Weekends & Public Holidays 9.00am - 6.00pm

Closed Christmas Day, Easter Friday and Sunday and until 1pm Anzac Day

Pharmacist: Alistair Whyte

Services: Dispensing prescriptions, Medicine advice, Emergency Contraception Service, Packaging options memory assistance (e.g. Medico), Child resistant packaging options, Residential care services, Domiciliary care services, Special Needs assistance, Weekly dispensing service, Methadone dispensing, Patient medicine reviews, Pharmacy Self Care, Diabetes management services, Advantage Diabetic Service Centre, Wide range of Pharmacy Medicines: coughs/colds; allergy; skincare; pain relief etc. Natural Health Products, First Aid Sports Medicine, Eye care and contact lenses.

Unichem Kauri Healthcare Pharmacy

619 Featherston Street, Palmerston North 4414

Ph: (06) 354 4084 | Fax: (06) 354 4085

Unichem Pharmacy Awapuni

96 College Street, Awapuni, Palmerston North

Ph: (06) 358 1970 | Fax: (06) 358 039

Email: awapuni@radiuspharmacy.co.nz

Hours: Mon to Fri 9.00am - 6.00pm | Sat 9.00am - 1.00pm

Pharmacist:

Services: Professional and friendly advice on all medication, Xenical weight management programme, Smoking cessation advice, Emergency contraceptive pill, Medical and compression hosiery, Medico compliance blister packaging, Delivery service, Wellness screening, We also offer an extensive range of cosmetic, skincare and nutritional products

Unichem Pharmacy Terrace End

325 Broadway Ave, Palmerston North

Ph: (06) 358 1485 | Fax: (06) 354 4207

Email: terraceend@radiuspharmacy.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.30am - 12.30pm

Pharmacist: Rohan Prasad, Paula Rankin

Services: Professional and friendly advice on all medication, Xenical weight management programme, Smoking cessation advice, Emergency contraceptive pill, Medical and compression hosiery, Medico compliance blister packaging, Delivery service, Wellness screening, We also offer an extensive range of cosmetic, skincare and nutritional products

Unichem Pharmacy The Palms

The Palms Health and Wellness Center

445 Ferguson Street, Palmerston North 4410

Ph: (06) 355 1145 | Fax: (06) 355 1146

Email: thepalms@radiuspharmacy.co.nz

Hours: Mon to Fri 8.00am - 7.00pm. Weekends & Public holidays 9.00am - 6.00pm. Closed only on Christmas Day

Pharmacist:

Services: Professional and friendly advice on all medication, Xenical weight management programme, Smoking cessation advice, Emergency contraceptive pill, Medical and compression hosiery, Medico compliance blister packaging, Delivery service, Wellness screening, We also offer an extensive range of cosmetic, skincare and nutritional products

Unichem Rose's Pharmacy

cnr Albert St & Broadway Ave, Palmerston North

Ph: (06) 354 7673 | Fax: (06) 354 7677

Email: ed@rosespharmacy.co.nz

Hours: Mon to Fri 8.30am - 6.00pm | Sat 9.00am - 1.00pm

Pharmacist: Ed Rose

Services: Prescriptions, General health care advice and General Community Pharmacy

Tatton's Feilding Health Pharmacy

45 Kimbolton Rd, Feilding

Ph: (06) 323 5023 | Fax: (06) 323 9259

Email: unichemtattons@iconz.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.30am - 12.30pm

Pharmacist: Steve Tatton, Pam Tatton

Vautier Pharmacy Downtown Broadway

60 Broadway Avenue, Palmerston North

Ph: (06) 356 6499 | Fax: (06) 356 6299

Email: downtown@vautierpharmacy.co.nz

Hours:

Services: Community Pharmacy

Vautier Pharmacy Pioneer Village

Pioneer Village, 746 Pioneer Highway, Palmerston North

Ph: (06) 357 6577 | Fax: (06) 354 8523

Email: pioneer@vautierpharmacy.co.nz

Hours: Mon to Fri 9.00am - 5.30pm | Sat 9.00am - 1.00pm

Services: Community Pharmacy

Vautier Pharmacy Summerhill Village

Summerhill Village, 198 Ruapehu Drive, Palmerston North

Ph: (06) 355 8173 | Fax: (06) 355 8437

Email: summerhill@vautierpharmacy.co.nz

Hours: Mon to Fri 9.00am - 6.00pm | Sat 9.00am - 1.00pm

Services: Community Pharmacy

Vogel Street Pharmacy Ltd

47 Vogel Street, Palmerston North

Ph: (06) 355 1905 | Fax: (06) 355 1904

Email: vogelstreetpharmacy@gmail.com

Hours: Mon & Tue 8.30am - 5.30pm | Wed 8.30am - 6.30pm | Thurs 8.30am - 5.30pm | Fri 8.30am - 5.30pm | Sat 9.00am - 7.00pm

Pharmacists: Nelson Rodrigues, Paul Choi

Services: Passport photos; Faxes; Blood Pressure checks; Ear piercing; Photocopying; TMP for UTI, Pedialyte oral rehydration therapy

Hamish Barham Pharmacy

80 Main Street, Otaki

Ph: (06) 364 8860 | Fax: (06) 364 5005

Email: otaki@barhampharmacies.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.00am - 12.30pm

Pharmacist: Ian M Barr

Services: Dispensing of medicines, Medication reviews for Otaki PHO patients, Methadone dispensing, Blister packaging of medicines (Medico packs), Measuring for compression hosiery, Emergency contraceptive pill

Tararua

Bollards Pharmacy

123 Main Street, Pahiatua

Ph: (06) 376 8446 | Fax: (06) 376 8442

Email: bollard@xtra.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 9.00am - 12.00pm

Pharmacist: Mary Bollard, Phil Bollard

Services: Prescriptions, Pharmacy Goods, Kodak Digital Photos

Wards Pharmacy

51 High Street, Dannevirke

Ph: (06) 387 8992 | After Hours: (027) 440 0895 | Fax: (06) 374 5897

Email: wards.pharmacy@xtra.co.nz

Hours: Mon to Fri 8.30am - 5.30pm | Sat 10.00am - 12.30pm

Pharmacist: Tom Ward (Proprietor), Alex Graham (Dispensary Manager), Angela Pullen

Services: Dispensing Prescriptions; Methadone Dispensing; Blister Packing; Emergency Contraception; Medicine Use Reviews; Paediatric Gastroenteritis; Compression Hosiery; Pharmacist Only Medicine Sales; Medicine and Health Advice and General Pharmacy Products.

Woodville Medicine Depot

56 Vogel Street, Woodville

Ph: (06) 376 5108 | Fax: (06) 376 4108

Hours: Mon to Fri 9.00am - 12.30pm

Practice Nurse available Tuesday and Thursday. Doctor on site 2pm - 5pm Monday & Wednesday

Services: Daily prescription services provided by Adams Pharmacy, Palmerston North Scripts received before 12.30pm will be ready for delivery by 3.15pm Tuesday, Thursday & Friday 3.45pm Monday & Wednesday

5.12 Central PHO: Essential Contact Details Rest Homes

Central PHO Essential Contact Details Rest Homes						
Organisation Name	Street or Postal Box	City	Contact Name	Phone	Email	Fax
Aroha Life Care	128 Monrad Street, Highbury	Palmerston North		06 358 8093	manager.aroha@ultimatecare.co.nz	06 358 8029
Brightwater Home	69 Brightwater Terrace, Terrace End	Palmerston North	Lee-Anne Morgan	06 356 4190	brightwater@psc.org.nz	06 357 8350
Chiswick Park	69A Maxwells Line, Awapuni	Palmerston North	Jyoti Chandra	06 354 4062	chiswickparkcare@oceaniahealthcare.co.nz	06 354 4063
Cook Street Nursing Care Centre	141 Cook Street, West End	Palmerston North	Philippa Taylor	06 358 8530	csncc@xtra.co.nz	06 358 8518
Julia Wallace Retirement Village	28 Dogwood Way	Palmerston North	Christina Brenton	06 354 9262		06 354 9265
Karina Life Care Rest Home	15 Karina Terrace, Roslyn	Palmerston North	Sue Morley	06 357 6051	manager.karina@hll.org.nz	06 357 6060
Masonic Court	13 Clausen Street, Takaro	Palmerston North	Barbara Mouat	06 358 9399	office@manawatumasonic.co.nz	06 358 4044
Metlife Care	7 Fitchett Street	Palmerston North		06 350 6400		
Olive Tree complex	11-13 Dalwood Grove	Palmerston North	Darryl Pritchard	06 350 3003	Darryl.Pritchard@olivetreeretirement.co.nz	06 350 3001
Palmerston Manor Rest Home	117 Botanical Road, Takaro	Palmerston North	Jyoti Chandra	06 357 5919	palmerstonmanorcare@oceaniahealthcare.co.nz	06 354 0361
Radius Peppertree Care Centre	107 Roberts Line, Kelvin Grove	Palmerston North		06 353 0004	peppertree@radiuscare.net.nz	06 359 0784
Summerset on Summerhill	180 Ruapehu Drive, Fitzherbert	Palmerston North	Sue Gould	06 354 4964	palmerston.manager@summerset.co.nz	
Willard Home	17 Russell Street	Palmerston North	Christine Tester	06 357 6959	willard@psc.org.nz	06 357 6959

Woodlands of Palmerston North	544 Featherston Street, Roslyn	Palmerston North	Judy Coleman	06 356 4619	woodland@xtra.co.nz	
Alexander House Resthome	126 Denbigh Street	Palmerston North	Shelly Lilly	06 323 9326	alexanderhouse@scovan.co.nz	06 323 9238
Coombrae Home	34 North Street	Feilding	Kelsey Smith	06 323 4491	coombrae@psc.org.nz	06 323 4487
Ranfurly Manor Rest Home	38 Nelson Street	Feilding	Darren McKean	06 280 4839	fm@nelsonrcc.co.nz	

Ruawai House Rest Home	34 Ruawai Road	Feilding	Andrea Thompsen	06 323 5483	ruawai.resthome@xtra.co.nz	06 323 5488
Westella Homestead	84 Waugh's road, Taonui	Feilding	Demi Paul	06 323 9095	demi@dalcamp.co.nz	06 323 5473
Wimbleton Villa	204 Manchester Street	Feilding	Johanne	06 323 4637		
Woodfall Lodge Retirement Home and Hospital	2-4 Brown Street	Feilding	Chris Hartell	06 323 8489	woodfall@kaylexcare.co.nz	06 323 2303
Woodlands of Feilding	17 Sherwill Street East	Feilding	Wendy Simmons	06 323 9370	woodland@xtra.co.nz	06 323 6382
Gardenview Rest Home	134 Bath Street	Levin	Emily Christensen	06 368 1070	emily.christensen@bupa.co.nz	
Horowhenua Masonic Village	685 Queen Street East	Levin		06 368 8144		
Levin War Veterans	36-40 Prouse Street and Matai Streets	Levin	Jenny Hogden	06 366 0052	levh@psc.org.nz	06 368 4210

5.13 Central PHO Available Emergency Supplies

Contents of Civil Defence Wheelie Bin, Health on Main

1x Wheelie Bin 240 litre	5x Hacksaw spare blades 24tpi
1x Stretcher	1x Sledge Hammer
1x Blankets	1x Hammer Carpenters
1x Hand Sanitiser 500ml	1x Knife – Utility
4x Emergency Blankets	1x Pliers
1x Bags large, strong plastic roll of 25	1x Axe – Fibre Glass Handle
4x Gloves – Leather	1x Rope General Purpose
4x Safety Glasses	2x Plastic Buckets
4x Hardhat	3x Duct Tape
4x Emergency High Decibel Whistle	1x Tarpaulins
6x Toilet Rolls Single	1x Radio FM/AM (with batteries)
2x Sanitary pads pack of 20	2x Torch LED (with batteries)
1x Latex Gloves	10X Light sticks wrapped
1x Civil Defence Disaster First Aid Kit	1x LED Lantern (with 6v Battery)
1x Wreaking Bar	Dust Masks – Based on number of staff
1x Saw – Multi purpose	Ear Plugs – Based on number of staff
1x Hacksaw 300mm frame	Aqua Tablets – Based on number of staff

The following emergency supplies have been added to the Civil Defence Wheelie Bin. It is checked and updated annually. (Last updated *January 2017*)

1 Rope	2 High visibility vests
2 Packets gloves	2 packets toilet paper
2 Bottles disinfectant	3 Torches
2 Bottles Janola	2 Transistor radios
3 Bottles hand sanitizer	Batteries
1 Dropper Janola dispenser	Bucket
2 Packets Matches	3 Cans baked beans
Bags and string (to tie bags)	1 Pair scissors
2 Analogue phones (kept in the EOC kit)	1 Packet dust masks
1 Dynamo radio/torch/cell phone charger	6 Pairs leather gloves
2 Packet hand towels (one wet wipes and one handy towel)	

5.14 Central PHO: Essential Contact Details Medical Suppliers

SUPPLIER NAME	PHONE	FAX	ESSENTIAL ITEM(S)
MEDICAL			
Medent Medical	(04) 527 7702	(04) 527 7499	Medical Supplies
Ebos	0800 105 501	-	Medical Supplies
BOC Gases	0800 111 333	0800 229 923	O2 Suppliers
Air Liquide	(04) 568 6142 or 0800 156 516	(04) 568 6141	O2 Suppliers
Pharmac	0800 660 050	-	Funded Medicine
Biocare	(09) 367 1067	(09) 367 1065	
USL	0800 658 814	0800 830 660	Medical Supplies
Smith & Nephew	0800 807 663	-	Medical Supplies
Healthcare Logistics	0800 283 684	0800 580 181	Vaccine Suppliers
GSK	0800 808 500	-	Pharmaceuticals
REFUSE COLLECTION			
Budget Waste	(06) 3578378		Bins
Document Destruction Service TMG	(06) 3542240		Destruction Bins
LABORATORY SUPPLIES			
Medlab Central	(06) 357 7800		Lab Services
EQUIPMENT MAINTENANCE			
Medent Barr (Medical Equipment)	(04) 527 7702	(04) 527 7499	
Medical Repair Service	973 1378 (Lionel Willard)	(04) 973 1379	

5.15 Central PHO: Essential Contact Details Organisational Suppliers

Power	Nova Energy PO Box 404 Whakatane Ph: 0800 668 236 Complaints: 0800 668 211 Email: info@novanergy.co.nz Ph: 0800 668 236 Ph: 07 306 2700 (between 7.30-1900 Mon-Fri)
Phones	Connect ShoreTel (VOIP Telephony) Service Requests: 0800 800 815 or support@connectnz.co.nz Fiona Gifford-Moore Business Development Manager Connect NZ Ltd Ph: 04 381 6087 Mobile: 0275 746637(PHONES) Email: fionag@connectnz.co.nz
Cell phone	Two Degrees Account 3312944; Phone 0220435946 PO Box 8355, symonds street, auckland
Waste Management	Budget Waste 31 Matthews Ave, Takaro Palmerston North 4414 Cell: 027 284 5858 Ph: 06 357 8378
Security	Couchman Alarms 26 David Street Palmerston North 4410 Ph: 06 356 4445
Building owner	Warren Laughlin Ake Ake Investments 1305 Rangitikei Line, Rd 5 Palmerston North Ph: 06 355 3955 Cell: 022 227 9647 Email: warrenmcl@xtra.co.nz
Electrician	B&M Electrical 305 Rangitikei Street Palmerston North Ph: 06 356 4912
Plumber	Richard Plumbing 315 Pahiatua Track Palmerston North Ph: 06 353 7492 Fax: 06 353 7692 Cell: 027 658 3800
Windows/Glass	Smith & Smith 312 Rangitikei Street, Palmerston North Phone: 0800 106 667 080048 33 88
IT support	Primary IT Level 4, The Willeston Centre 22 – 28 Willeston Street Wellington 6011 Phone: 04 831 1224 Email: helpdesk@primaryit.co.nz Matthew Leahy, Managing Director Mobile: 021 588 894 Email: matt@primaryit.co.nz Hayden Robinson, Operations Manager Email: hayden@primaryit.co.nz

Contractor	Peter Barnett B&B Construction Ltd 415 No 1 Line, RD5, Longburn, Palmerston North Ph: 06 359 0371 Cell: 027 449 3488 Brendon Barnett - General Manager / Director Cell: 021 131 6517 Email: brendon@bbconstruction.co.nz www.bbconstruction.co.nz
Fire Alarms	B&M Fire 10A Matipo Lane, Takaro, Palmerston North 4410 Ph: 06 355 5437 www.bandm.co.nz/
Sliding Door	Security Installation Services (SIS) 6 Bisley Street, Takaro, Palmerston North 4412 Ph: 06 356 7011 Email: service@sis-ltd.co.nz https://sis-ltd.co.nz/
Air conditioning	Mike La Pouple - NZ Refrigeration Service 122 Princess St, Palmerston North 4410 Ph: 06 354 8060 Fax: 06 354 8061 Cell: 021 668 414 Email: info@nzrsltd.co.nz www.nzrsltd.co.nz
Roof	Lance Berry Roofing Ltd PO Box 51, Rongotea 4865 Ph: 06 324 8887 Cell: 0274 432 450 Fax: 06 324 8057 https://www.roofingmanawatu.co.nz/
Printers	Konica Minolta Colour copier serial code C55 200 408 Black n White copier serial code B75 101 716 0800 733 855
Generator Hire	Generator Central 0275364141 Aggreko 0800 004 907 Generator Hire 289 Rangitikei Street, Palmerston North 06-3589687
Lawyers	Fitzherbert Rowe Levels 7 and 8 65 Rangitikei Street, Palmerston North 4410 Ph: 06 356 2621 Fax: 06 351 4719 Barry Roche (HR, contracts, legal) DDI: 06 351 4711 Email: b.roche@fitzrowe.co.nz Alastair Hall (contracts, legal) DDI: 06 351 4740 Email: a.hall@fitzrowe.co.nz
Accountant	Naylor Lawrence & Associates 196 Broadway Ave PO Box 648, Palmerston North 4440 Ph: 06 357 0640 Fax: 06 358 9105 Email: info@nla.net.nz Melanie Changuion ; Linda Gray-principal Email: melanie.changuion@nla.net.nz
Insurance company	Mark Kenyon - Branch Manager Policy: HO CBP 4801046 Aon New Zealand Corporate Aon House Cnr Ruahine and Main Street, Palmerston North 4440 Ph: 06 355 4819 Fax: 06 355 4896 Cell: 027 248 6728 Email: Mark.kenyon@aon.com http://www.aon.com/default.jsp

5.16 Contact Details Emergency Response Support Agencies

SUPPORT AGENCY	NAME AND ADDRESS	PHONE
Civil Defence	Civic Centre The Square Palmerston North	(06) 356 0000
Fire Service	Western Head Quarters Fairs Road Palmerston North Cook Street Station Manned Station	(06) 356 5222 (06) 357 8025
Horowhenua District Council	126-148 Oxford Street Levin	(06) 366 0999
Horizons Regional Council	11-15 Victoria Avenue Palmerston North	(06) 952 2800 24hr freephone: 0508 800 800
Manawatu District Council	135 Manchester Street Feilding	06 323 0000
Mid Central DHB	Heretaunga Street Palmerston North	(06) 356 9169
Palmerston North City Council	The Square Palmerston North	(06) 356 8199
Police	410 Church Street Palmerston North	(06) 351 3600
Public Health Officer	Palmerston North Hospital Ruahine Street Palmerston North	(06) 350 9110
Red Cross	245 Main Street Palmerston North	(06) 356 8152
St John Ambulance - Non Urgent	Area Office 326 – 332 Church Street, Palmerston North	(06) 355-5051

5.17 Manawatu-Whanganui CDEM Group

Organisation Name	Street	City	Position	Contact Name	Organisation Phone	Organisation Email
Horizons Regional Council	Private Bag 11025	Palmerston North	Emergency Controller	Jed Shirley	06 9522800	ecc.intelligence@horizons.govt.nz
Horizons Regional Council	Private Bag 11025	Palmerston North	Emergency Controller	Craig Grant	06 9522800	ecc.intelligence@horizons.govt.nz
Palmerston North City Council	32 The Square	Palmerston North	Head of Emergency Management	Stewart Davies	06 3568199	stewart.davies@pncc.govt.nz
Palmerston North City Council	32 The Square	Palmerston North	Emergency Management Officer	Jock Robinson	06 3568199	jock.robinson@pncc.govt.nz
Palmerston North City Council	32 The Square	Palmerston North	Emergency Management Officer	Graeme McIntyre	06 3568199	graeme.mcintyre@pncc.govt.nz
Horowhenua District Council	126 -148 Oxford Street	Levin	Emergency Controller	Monique Davidson	06 3660999	moniqued@horowhenua.govt.nz
Horowhenua District Council	126 -148 Oxford Street	Levin	Primary -	Ross Brannigan	06 3660999	cr.ross.brannigan@horowhenua.govt.nz
Rangitikei District Council	46 High Street	Marton	Emergency Controller	Ross McNeil	06 3270099	ross.mcneil@rangitikei.govt.nz
Tararua District Council	26 Gordon Street	Dannevirke	Emergency Controller	Paddi Driver	06 3490515	paddi.driver@tararuadc.govt.nz
Whanganui District Council	101 Guyton Street	Whanganui	Head of Emergency Management	Tim Crowe	06 3490515	tim.crowe@whanganui.govt.nz
Whanganui District Council	101 Guyton Street	Whanganui	Emergency Management Officer	Anthony Edwards	06 3490515	anthony.edwards@whanganui.govt.nz

5.18 Emergency Evacuation Procedures: Central PHO, Manawatu

Central PHO, Palmerston North Locality, Health on Main, 575 Main Street, Palmerston North

IN THE EVENT OF AN EMERGENCY

- Treat every alarm as if it were a “real” emergency
- If you need to report a fire or emergency – the emergency services number is 111
- Listen for the dial tone then ring 111
- Follow your fire warden’s instructions when exiting the building
- Exit quickly through the main entrance or fire emergency doors
- Do not take time to collect personal possessions
- Gather at the appointed assembly areas
- Disabled persons are to be assisted by fire wardens if the latter can do it safely.
Alternatively, the need for assistance with their evacuation requires reporting by the fire wardens to the fire brigade.

ASSEMBLY AREAS:

The assembly location area at Health on Main is:

- In the Palmerston North City Council car park (located between ACC and Health on Main buildings)

FIRE ALARMS/EXTINGUISHERS/HOSES:

There are six alarms in the Health on Main Building:

- Three are located at each entrance way (main doors, one at the rear door and one at the door leading out to Main Street)
- Two located in the hallway at Health on Main (one opposite Karaka Meeting Room and one outside reception area)
- One located in reception

There are two alarms in the Te Tihi O Ruahine Building:

- They are located at the entry/exit doors (two in total)

There are five extinguishers in the Health on Main Building:

- One is located by the Business Services Team, by the light switches.
- Two are located by the Clinical Services Team, one by the light switches and one by the exit door leading out to Main Street.
- One is located in the reception area, behind the plant.
- One is located on the wall outside the staff room

There is one extinguisher in the Te Tihi O Ruahine Building:

- It is located on the wall by the kitchen.
- There are no fire hoses.

5.19 Emergency Evacuation Procedures: Tararua Locality

IN THE EVENT OF AN EMERGENCY

- Treat every alarm as if it were a “real” emergency.
- If you need to report a fire or emergency – the emergency services number is 111.
- Listen for the dial tone then ring 111
- Follow your fire warden’s instructions when exiting the building
- Exit quickly through the main entrance or fire emergency doors
- Do not take time to collect personal possessions
- Gather at the appointed assembly areas
- Disabled persons are to be assisted by fire wardens if the latter can do it safely. Alternatively, the need for assistance with their evacuation requires reporting by the fire wardens to the fire brigade.

ASSEMBLY AREAS:

- The assembly location area at 3 Center Street in Pahiatua is:
 - Pahiatua Medical Centre: on the footpath outside the entrance to Physiotherapy

FIRE ALARMS/EXTINGUISHERS/HOSES:

- There are 2 smoke alarms in the Pahiatua office:
 - Located in the main office above the main door and the far end of the hallway.xxx
- There are 2 extinguishers in the Pahiatua Office:
 - Located in the main office room beside the printer and in the hallway beside the entrance to Paua room.
- There are no fire hoses.

5.20 Emergency Evacuation Procedures: Horowhenua Locality

IN THE EVENT OF AN EMERGENCY

- Treat every alarm as if it were a “real” emergency.
- If a fire can be confirmed – dial 777 and report the situation to the operator.
- Follow your fire warden’s instructions when exiting the building
- Exit quickly through the main entrance or fire emergency doors
- Do not take time to collect personal possessions
- Gather at the appointed assembly areas
- Disabled persons are to be assisted by fire wardens if the latter can do it safely. Alternatively, the need for assistance with their evacuation requires reporting by the fire wardens to the fire brigade.

ASSEMBLY AREAS:

- The assembly location area at 62 Liverpool Street, Levin is:
 - All occupants are to evacuate to the external assembly points in the front or rear car parks.

FIRE ALARMS/EXTINGUISHERS/HOSES:

- There are emergency response buttons in every area of HIFHC.
- There are 6 extinguishers in the Central PHO Horowhenua locality area:
 - A map is displayed at every fire distinguisher point.
- There are no fire hoses.

5.21 Emergency Evacuation Procedures: Otaki Locality

IN THE EVENT OF AN EMERGENCY

- Treat every alarm as if it were a “real” emergency.
- If you need to report a fire or emergency – the emergency services number is 111.
- Listen for the dial tone then ring 111
- Follow your fire warden’s instructions when exiting the building
- Exit quickly through the main entrance or fire emergency doors
- Do not take time to collect personal possessions
- Gather at the appointed assembly areas
- Disabled persons are to be assisted by fire wardens if the latter can do it safely. Alternatively, the need for assistance with their evacuation requires reporting by the fire wardens to the fire brigade.

ASSEMBLY AREAS:

- The assembly location area at 2 Aotaki Street, Otaki is:
 - Medical Centre Car Park

FIRE ALARMS/EXTINGUISHERS/HOSES:

- There are four alarms in or near the Otaki office
 - one in our waiting room
 - three in the adjoining medical centre)
- There are no extinguishers in the Otaki Office, but one just along the corridor in the medical centre
- There are no fire hoses in the PHO end of the building but there is one in the corridor at OMC that reaches the first three PHO offices.

5.22 Key Documentation for Business Continuity – MoU

Date

Central PHO Business Continuity Plan

PARTIES

1. <<First Party>>

2. <<Second Party>>

AGREEMENT

The Parties agree as follows:

1. The Parties have entered into this Agreement to support a collaborative approach to utilising Facilities in the event of a disaster. The Parties agree to work collaboratively to this end and reflect the associated core values of trust, transparency and effective communications.
2. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment and infrastructure enabling parties to continue uninterrupted with its operations.
3. Central PHO will pay xxxxxx the rates/fees/costs in appendix A to this Agreement in the event the PHO needs to make use of Kauri Health's office space/ facilities due to an emergency as outlined in the National Health Emergency Plan "Guiding Principles for Emergency Management Planning in the Health and Disability Sector " document.
4. To use each other's services/facilities agreement will be between Managers of the facilities named or respective Incident Controllers during an emergency.
5. Support may be provided without charge.
6. Central PHO will treat Kauri Health facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
7. To comply with all relevant law and professional standards when using the others facilities and equipment.
8. For in the event of a declared Civil Defence emergency the Parties will abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence Emergency Management Act 2002.8. The Parties will assist each other by the exchange of information about emergency management.
9. This agreement is effective upon the signature of the designated representatives of each institution.
10. This agreement will be valid from the date of the signatures until such time as either party to this agreement requests a review.
11. Modifications may be made to the agreement upon written acceptance by both institutions.

12. Either Party may terminate this Agreement with twelve (12) months written notice.

13. The following staff will be the key contacts for the implementation of this MOU.

Party 1:

Party 2:

14. Any disputes that may arise relating to the interpretation and/or application of this MOU shall be resolved by mutual agreement of the CEOs of the collaborating Parties.

Signed on behalf of Signed on behalf of the First Party

Signature

Signature

Full name

Full name

Position

Position

Signed on behalf of Signed on behalf of the Second Party

Signature

Signature

Full name

Full name

Position

Position

Fees Utilisation of Facilities for purposes of Emergency

Office Space

PHO will pay you \$ (plus GST, if any) per Square metre office/ clinical space occupied during in a case of emergency.

EXPENSES:

PHO will reimburse you for reasonable expenses incurred in the occupation of your premises provided that the expenses are charged at direct and actual cost, and are itemised separately from the per square metre occupation rate payable for the use of office space in the event of an emergency as outlined in the National Health Emergency Plan "Guiding Principles for Emergency Management Planning in the Health and Disability Sector.

5.23 Central PHO – Action Cards

The issuing of these cards by the Incident controller in a face-to-face briefing will be amended/updated by the controller in case of unforeseen circumstances.

Role	Clinical Co-ordinators OR Senior Nurse and Senior Doctor at Site	
Responsible for	<ul style="list-style-type: none"> • Assessment of the Situation • Establish an Urgent Care service • Responsible for clinical activities • Co-ordinates clinical response to the emergency • Allocating clinical staff responsibilities and roles • Setting clinical priorities and action plans • Sharing information 	
Activation	<ul style="list-style-type: none"> • Assess the situation (casualties, facility, staff, communications) • Ensure safety of staff and patients • Refer to Emergency Plan, Action Cards and Business Continuity Plan • Designate triage and treatment areas. • Set up clinical rooms and areas • Lock down building to single point of entry • Ask non urgent patients to leave if appropriate • Start an activity log • Start patient tracking log • Liaise with Incident Controller at site regarding support requirements • Liaise with Senior Medical, Nurses and Reception staff • Brief staff 	
Operational, during the event	<ul style="list-style-type: none"> • Make a list of key issues facing your area • Follow Business Continuity Plan • Regular action planning meeting with key staff • Assess, review, order supplies • Update logbook with key actions, dated, timed and signed. • Briefings, staff handovers 	
Deactivation	<ul style="list-style-type: none"> • Sign Out • Collect log books, situation reports • Keep notes for reviews • Participate in debrief • Implement corrective actions/quality improvements 	
Role	Administrative Coordinator	
Responsible for	<ul style="list-style-type: none"> • Managing administrative and reception functions • Co-ordinates data collection • Compile reports • Compile admission packs • Supplies • Point of contact for families 	
Duties	<ul style="list-style-type: none"> • Provision of paper clinical records if required • Patient logs and data collection • Establish reception functions at point of entry to facility • Attend briefings 	
Activation	<ul style="list-style-type: none"> • Sign attendance register • Receive briefing • Establish a reception area 	

	<ul style="list-style-type: none"> • Set up patient registration • Set up methods for patient tracking • Organise equipment and resources needed • Brief staff 	
Operational, during the event	<ul style="list-style-type: none"> • Regular reassessments • Handover • Patient Registration • Track patient flow • Check supplies • Work area clean • Keep a log book to record notes, actions and communications • Sign in and out of facility at shift changes on attendance register 	
Deactivation	<ul style="list-style-type: none"> • Attend debriefs • Review situation with key staff • Sign Out • Participate in corrective action debriefs and quality improvement activities 	

5.24 Central PHO – Patient Tracking Form

PATIENT TRACKING FORM		
This form is to be completed for each and every patient being treated during all incidents.		
Please fill out personal info upon arrival of the patient.		
Centre:	Treatment provider name:	
Patient First and Last Name if known: NHI if known: Date of Birth if known: Other Identification if available: Pre-determined identifier as instructed by Incident Controller:		
Sex	Male	Female
Actual or Estimated Age of Patient		
Status of Patient		
Trauma or Patient Needs Description		
Actual or Estimated Weight of Patient		
Blood Transfusion Needed?		
Surgery Needed		
Blood Units Utilized (Blood Units Used When Required)		
Summary of Treatment Implemented		
Prognosis (Expected Survival or Condition of Patient)		
Other Details (Include any welfare requirements)		

5.25 General Emergency Response Checklist

Take all necessary action to maintain safety and protect patients, staff and visitors

DATE: _____

TIME: _____

PERSON ACTIVATING THE RESPONSE: _____

- ☐ Call 111 if life/safety may be compromised
- ☐ Assess situation and decide course of action. Use action checklist for person activating the response (C2 - next page).

If required:

- ☐ Contact MDHB and inform them of intention to activate.
- ☐ Activate the business continuity and emergency plan (BCP);
- ☐ Activate the Emergency Operations Centre (EOC) plan
- ☐ Assess status: 1. Full EOC, 2. Partial or 3. Act/monitor situation needs to be activated
- ☐ Evacuate the facility using the site/service evacuation plan;
- ☐ Assess the availability of staff and determine if you can continue to provide a service. This may include relocating services off-site.
- ☐ In a community emergency, provide support to a community response as able.

Following the immediate response:

- ☐ Only re-enter the building after the all clear sign has been given by authorities. If allowed, conduct a damage assessment of the building, including supplies and utilities.
- ☐ Report actions to relevant parties, e.g. Civil Defence, MidCentral DHB.
- ☐ Monitor initial and ongoing welfare of staff

5.26 Template: for General Practices: Resources Request

Template for General Practices: Resource Request	
Coordination Centre:	
Type of report:	
Request Number:	
Incident:	
Importance:	
Date and time (From when to when):	
Purpose:	
Resource details:	
Possible substitutes:	
Delivery address:	
Report arrival to:	
Requested by:	
Request approved by:	
COMPLETED BY RESOURCE PROVIDER:	
<i>Resources approved by:</i>	
<i>Resources Available:</i>	
<i>Request filled by:</i>	
<i>Time of dispatch</i>	
<i>Supplier</i>	
<i>Requesting agency confirms receipt</i>	
<i>Number of resources supplied</i>	
<i>Contact details</i>	
<i>Estimated time of arrival</i>	
<i>Estimated/actual Cost</i>	

5.27 Template: for General Practices: Request for Assistance

REQUEST FOR ASSISTANCE				
From:				
To:			From (Location):	
Date			Time	
Request By: (Name)				
		Request		
		Action Taken		
		Person Completing Form		

5.28 Template: Activity Log

Keep this as record to review during debrief process

SHEET No:

Date/Time: _____	Event: _____
Prepared by: _____	Location: _____
Contact Details: _____	

Time	Event	Action	Signature

5.29 **Template: General Practices Situation Report**

This form should be provided to Central PHO at intervals as agreed upon.

Coordination Centre:	
Type of report:	
Report Number	
Incident:	
Date and time issued:	
Period Covered:	
Summary of incident	
Actions carried out:	
Predicted incident progression:	
Resources in place:	
Resources required: please use Resource Request Form	
Limiting factors:	
Assessment	
Options:	
Intended actions:	
SitRep prepared by:	
SitRep approved by:	
Distribution:	
Next SitRep due at:	

5.30 Summary of Building Safety Evaluation Inspection Categories

Table 1: Summary of Building Safety Evaluation Inspection Categories

Purpose	Timing*	Initiated by	Task	Conducted by	Comment
Overall Damage Survey	Within hours after event	Civil Defence staff, emergency service action plans, territorial authorities action plans	Assess aggregate damage and identify affected areas	Emergency services, Territorial Authority staff, Civil Defence volunteers	No entry of premises, no formal records, emphasis on extent of damage, areas of high impact, identifying rescue tasks, identifying areas of priority for rapid assessment, estimating manpower and skill base needs etc
Level 1 Rapid Assessment (Figure 1)	During a period of a state of emergency declared under the Civil Defence Emergency Management Act	Controller; Building Safety Evaluation Leader	Ascertain level of structural damage to individual buildings and note other hazards; assess building safety and decide appropriate level of occupancy; recommend security and shoring requirements	Structural and civil engineers, architects and other personnel from the building industry <i>volunteer status</i>	Formal system, typically based on exterior inspection only; placards posted on buildings, central record maintained, note made of sites needing further inspections, unsafe areas cordoned off.
Level 2 Rapid Assessment (Figure 2)				Structural engineers, building services and geotechnical engineers <i>volunteer status</i>	Formal system based on inspection of interior and exterior of the building plus reference to available drawings. Calculations not envisaged. May result in revised placards posted on buildings, central record updated, unsafe areas cordoned off, urgent work recommendations <i>Typically for priority inspection of critical facilities (for situations where facilities operators do not have contracted engineers), or where further information that raises concerns is received</i>
Detailed Engineering Evaluation and Remedial Work	Typically longer-term, but may be immediate for critical structures.	Building owners, insurance companies, Territorial Authorities	Ascertain extent of structural damage, establish losses for insurance purposes, and recommend remedial work to restore functionality and compliance with Building Code.	Engineers, architects and loss adjusters <i>contractual agreement</i>	Meets insurance and restoration requirements under the Building Act 2004 <i>These evaluations are likely to involve review of construction documentation, and the preparation of detailed engineering reports</i>

5.31 Business Continuity Recovery Planning

Recovery planning is the process undertaken to restore business as usual during and following an event. This includes the provision of equipment and supplies as defined previously in this Business Continuity Plan as well as the support and follow up process required to ensure employees are able to continue in their duties.

Recovery processes are integral in the planning for the management of an incident. Recovery may be managed either internally or by external personnel, e.g. Red Cross, who may be utilised depending on the size or nature of the incident.

The staff managing the incident from the incident control point direct recovery procedures.

This team considers recovery requirements from the first incident management meeting based on the information from the Business Continuity Plan.

A recovery plan will be developed in consultation with the senior staff managing the service.

Key points for staff to be aware of in relation to recovery are:

- Update documentation regarding what you need to continue to provide your service;
- Use the templates provided in the Business Continuity Plan;
- The ALL CLEAR should be communicated when all parties involved in the management of the incident response agree that the incident is resolved and all risks around it have been mitigated;
- Recovery also includes immediate incident debrief sessions, event review, staff debriefing either in groups or individually as required, media liaison, access to Employee Assistance Programmes and other support services;
- An event report is written and assessment of the Site Emergency Management Response Plan against the actual event and subsequent modification of this is completed as required;
- Track financial impacts.

Key points for staff to be aware of in relation to this part of the recovery process are:

- Participation in debrief sessions and event reviews are essential as staff involved in a response may not recognise the impact an incident has had on them. Such effects may emerge at any time during or following an event;
- Senior personnel should actively follow up with involved staff who should be encouraged to utilise the follow up support processes available within the organisation.

Section 6 - Response

6. Response

This Primary Health Emergency Response Plan and Action cards are the operational components of the plan and target the period immediately before, during and immediately after an emergency event.

6.1 Principles

- Community Health providers will assess the impact of an event on their own staff, facilities and services and activate their Business Continuity Plans when an emergency occurs
- Planning for transition to recovery commences at the same time as the response
- The response will be managed at the simplest level appropriate to the level of the emergency.
- The complexity, rather than size will determine the escalation and structure.

6.2 Objectives

- Resources will be prioritised to provide the best care under the circumstances and in the best interest of the community as a whole.
- The response will use best endeavors based on demand and resources available to manage the response.

6.3 Ethical values underpinning decision-making

Overview

The response by health and disability service providers in a health emergency will require a balancing of individual rights and collective interests. The appropriate balance will depend on the particular emergency. For example, in an infection-related emergency, the community's health and safety may be given a higher priority than individual rights.

'The values and characteristics of good decision-making processes are summarised in Table A1 below. Table A2 outlines the values on which good decisions are based.

Ethical values to inform how decisions are made

Ethical value	Actions associated with the value
Inclusiveness	Include those who will be affected by the decision. Include people from all cultures and communities. Take everyone's contribution seriously. Strive for acceptance of an agreed decision-making process, even by those who might not agree with the particular decision made.

Openness	Let others know what decisions need to be made, how they will be made and on what basis they will be made. Let others know what decisions have been made and why. Let others know what will come next. Be seen to be fair.
Reasonableness	Work with alternative options and ways of thinking. Work with and reflect cultural diversity. Use a fair process to make decisions. Base decisions on shared values and best evidence.
Responsiveness	Be willing to make changes and be innovative. Make changes when relevant information or the context changes. Enable contributions whenever possible from decision-makers and others. Enable others to challenge our decisions and actions.
Responsibleness	Act on our responsibility to others for our decisions and actions. Help others to take responsibility for their decisions and actions.

Ethical values to inform what decisions are made

Ethical value	Actions associated with the value
Minimising harm	Do not harm others. Protect one another from harm. Accept restrictions on our freedom when needed to protect others.
Respect/ manaakitanga	Recognise that every person matters and treat people accordingly. Support others to make decisions on behalf of people who cannot make their own decisions. Restrict freedom as little as possible, but as fairly as possible, if freedom must be restricted for the public good.
Fairness	Give everyone a fair go. Prioritise fairly when there are not enough resources for all to get the services they need. Support others to get what they are entitled to. Minimise inequalities.
Neighbourliness/ whanaungatanga	Help and care for neighbours and friends. Help and care for family, whānau and relations. Work together when there is a need to be met.
Reciprocity	Help one another. Act on any social standing or special responsibilities we may have, such as those associated with professionalism. Agree to extra support for those who have extra responsibilities to care for others.
Unity/kotahitanga	Be committed to getting through the situation together. Show commitment to strengthening individuals and communities.

6.4 Activation

In determining the requirements and threshold to initiate the Primary Health Emergency Response Plan, consideration should be given to the following factors:

- The type of incident;
- The number of casualties;
- The ability to respond using 'normal' procedures, staffing levels, equipment, facilities and services.

The assumption is that the plan may need to be activated if a disaster event occurs involving mass casualties and/or with additional complicating factors during an incident such as disruption to or failure of facilities, human resources, communications and support services. Any practice or group of practices who have exhausted all measures to manage an emergency using their Business Continuity Plans should contact Central PHO who will consider activating this coordinated response plan.

If this Community Health Emergency Plan is activated by Central PHO, the MidCentral DHB should be notified via the DHB Emergency Management, to ensure appropriate support can be provided in a timely manner.

For the purposes of this community health care plan, activation may be prompted by:

- Notification from Local Authorities when they are the lead agency;
- Notification from other Emergency Service Providers, e.g. Fire, Police, St Johns;
- Notification from the DHB;
- Notification from a DHB on activation of their Mass Casualty Plan;
- “Walk In” injured;
- Information from the media, social media, concerned public;
- Determination by Central PHO that the response threshold has been reached, or considered urgent.

6.5 Communications

A communications plan defines the communications arrangements used to pass information between response personnel, to governing bodies and to the public. This can list telephone numbers, email addresses, radio frequencies, etc. This should not be confused with public information management. Central PHO communications plan is detailed in Central PHO’s Business Continuity Plan. Community Health Providers will address this aspect in their individual BCP’s.

6.6 Incident Action Plan

Each incident will need a targeted incident action plan in response of the actual event. An incident action plan will:

- Describe overall operational objectives and strategies;
- Describe critical elements;
- Describe resource needs;
- Detail information flow;
- Ensure continuity of operational control;
- Provide effective use of resources;
- Identify total anticipated resources;
- Include log of activities;
- Include communications.

6.7 Community Health Providers Information

Central PHO uses Health EMIS system to communicate with MidCentral Health District Board. The Central PHO will liaise with Community Health Providers and report to the MDHB Emergency Operations Centre. A VHF radio network is in place to communicate with practices. This system is

tested by Central PHO once a month on the first Wednesday of the month to ensure optimal performance of the network.

Feilding Community

- Feilding Health Centre will activate their Business Continuity Plan when and as possible;
- A VHF radio at Feilding Health Centre communicates directly with MDHB Emergency Operations Centre;
- General Practitioners will provide services at the Centre if possible rather than attend evacuation centers;
- Details of available health support services will be provided by MDHB to The Ministry of Health in a health-related emergency. MDHB will also be responsible for communicating directly with other local emergencies that may be involved in the response;
- St Johns can provide mass casualty support for the Feilding area.

Horowhenua Community

- Details of available health support services will be provided by MDHB to The Ministry of Health in a health-related emergency. MDHB will also be responsible for communicating directly with other local emergencies that may be involved in the response;
- A VHF radio at Horowhenua Health Centre communicates directly with MDHB Emergency Operation Centre;
- St Johns can provide mass casualty support for the Horowhenua area.

Tararua Community

- Dannevirke Community Hospital will activate their Business Continuity Plan as a central point for health service coordination for the Tararua area;
- General Practitioners and Nurse Practitioners will Provide services at their local site, where possible;
- A VHF radio at Dannevirke Community Hospital communicates directly with MDHB Emergency Operations Centre;
- Details of available health support services will be provided by MDHB to The Ministry of Health in a health-related emergency. MDHB will also be responsible for communicating directly with other local emergencies that may be involved in the response;
- St Johns can provide mass casualty support for the Tararua area.

Palmerston North Community

- City Doctors and The Palms will activate their Business Continuity Plan to provide medical services and as locations for ongoing coordination of services;
- Palmerston North Hospital Emergency Department (ED) will offer City Doctors and The Palms as alternatives for non-urgent patients;
- Communication will be carried out via phone or radio communication between City Doctors, The Palms and Central PHO to the MDHB Emergency Operations Centre;
- Details of available health support services will be provided by MDHB to The Ministry of Health in a health-related emergency. MDHB will also be responsible for communicating directly with other local emergencies that may be involved in the response;
- St Johns can provide casualty support for the Palmerston North area.

Otaki Community

- Otaki Medical Centre will activate their Business Continuity Plan as a central point for health service coordination for Otaki;
- Details of available health support services will be provided by MDHB to The Ministry of Health in a health-related emergency. MDHB will also be responsible for communicating directly with other local emergencies that may be involved in the response;

- St Johns can provide casualty support for the Otaki area.

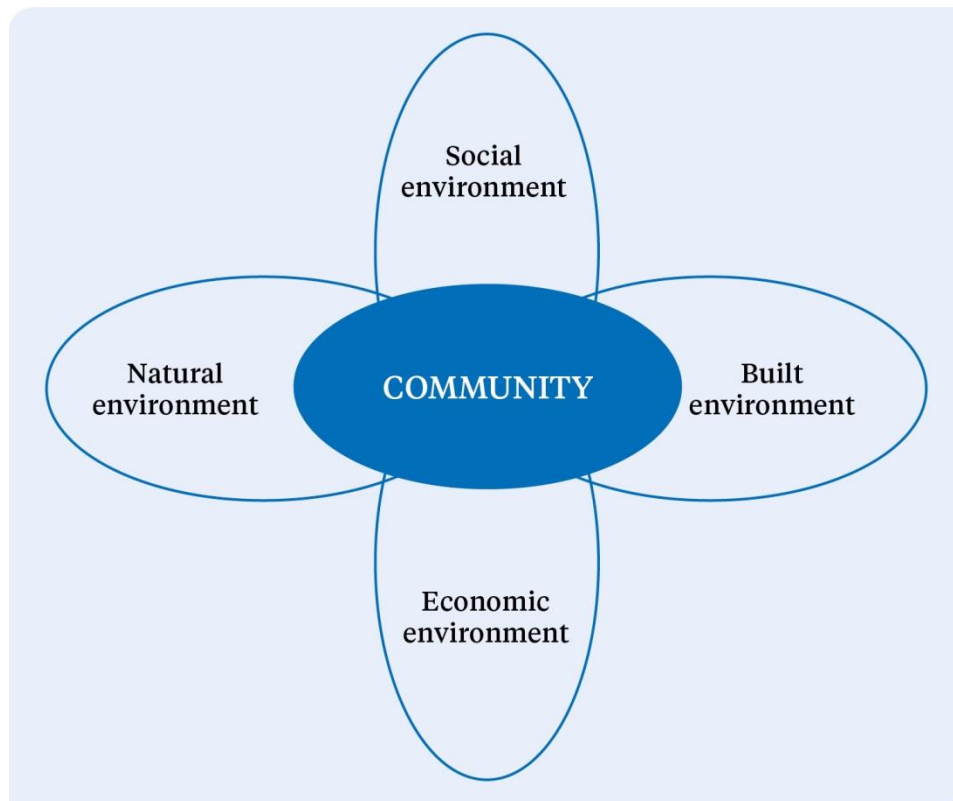
MidCentral DHB Response

The MidCentral DHB Emergency Operations Centre will activate their Business Continuity Plan in response to any major event impacting on the organisation or the community.

Section 7 – Recovery

7. Recovery

7.1 Integrated and Holistic Recovery Context



Recovery involves the coordinated efforts and processes used to bring about the short-, medium-and long-term holistic generation of a community following an emergency. The recovery period may last for any amount of time.

While the delivery of medical, mental and community health services is a key component of social recovery, it is also critical to manage health aspects of environmental impacts and subsequent recovery. A healthy community is essential to economic recovery, and the resources used by public and private health services and the financial contributions they make to local and regional economies are crucial to economic recovery and sustainability.

For many emergency events, recovery is likely to be a coordinated whole of community and multi-agency responsibility. The recovery period begins when the deactivation of an emergency response is announced and is dependent on:

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

Identification of recovery activity should occur as part of the response phase. Factors that affect the return to normal services may include: the extent of damage to facilities and infrastructure, ability to maintain supplies and staff availability. If recovery is a lengthy period, Community Health Providers will need to be ready to re-implement a response phase for any new events.

In relation to Community Health Provider services, planning should focus on early restoration of all essential services. All Community Health Providers should utilise their business continuity plans to restore individual services as soon as possible.

In planning the recovery, the Community Health Care Response Team may need to be expanded to include representatives from other health and support agencies.

Examples may include but not be limited to:

- Mental health
- Counsellors
- Public Health Services
- District Nursing
- Allied Health
- Maori Health providers
- MidCentral DHB or other DHBs
- Welfare agencies
- Local Authority Representatives
- Other Primary Health Providers

7.2 Psychosocial recovery

With the rewriting of the National CDEM Plan and subsequent guidelines, the responsibility for community psychosocial recovery is now vested with the Ministry of Health and the health and disability sector.

The Ministry will provide strategic advice and guidance to the Government, CDEM agencies and health and disability sector through the Office of the Director of Mental Health. The Ministry will represent the health and disability sector on the National Welfare Coordination Group.

It is expected that DHBs will lead the wider local groups responsible for delivery of services that meet the psychosocial needs of a community after an emergency. It is expected DHBs will be represented on welfare coordination groups to provide advice, guidance and lead agency responsibilities for psychosocial recovery.

7.3 Debriefing

Once the recovery phase is underway, a formal debriefing and evaluation process will be completed to recommend corrective measures and quality improvements. The aim of a debriefing is for teams to communicate in an open, honest and collaborative way, so that lessons can be identified and emergency plans modified to reflect these lessons.

Core principles of debriefing should:

- be conducted openly and honestly;
- pursue personal, group or organisational understanding and learning;
- be consistent with professional responsibilities;
- recognise positive outcomes;

- be published and distributed appropriately;
- respect the rights of individuals;
- value equally all those concerned.

Debriefing is subject to the Official Information Act 1982, and privacy principles apply.

“Hot” or immediate post-event debriefing, which is held immediately after the incident response or after the shift is completed. At a minimum, the hot debrief should include discussion on the:

- identification and management of matters that need to be addressed urgently;
- management of any extraordinary measures that may need to remain in place;
- restoration of a response capability;
- process for the ‘cold’ debrief and/or the multi-agency debrief;

“Cold” or internal organization debrief, should be held within four weeks of the incident by those that were involved in the response to the incident. They address organisational issues, focus on strengths and weaknesses and lessons for future learning.

A multi-agency debrief should be held within six weeks of the deactivation of the incident, and should focus on the effectiveness of the involvement of inter-agency coordination. Again, multi-agency issues should be addressed with a focus on strengths and weaknesses as well as future learning.

These reports given to all participants, Community Health Providers and agencies that may benefit from the lessons learnt.

Consideration should also be given to the community’s need for debriefing, depending on the type and scale of the incident. DHB’s, public health units and primary health organisations may be actively involved.

Minutes should be kept at these debriefings, and when appropriate, reports prepared that should include revised action plans and recommendations in a timely manner. Minutes should be distributed to all health providers involved.

Actions or tasks generated from this process should be completed in a reasonable timeframe.

7.4 Debriefing considerations

Reduction and readiness activities	<p>Establish a process for organisational debriefing and for reviewing plans and arrangements after an emergency.</p> <p>Communicate expectations about debriefs with all stakeholders before an emergency.</p> <p>Review plans and arrangements to promote organisational learning.</p>
Response activities	<p>Hold appropriate and timely organisational debriefs during an emergency.</p> <p>Conduct debriefs at different times during the response, e.g., at the end of each shift, at the end of the response, before the transition to recovery.</p> <p>Review plans and arrangements and develop reports and action plans as necessary to address identified lessons and/or gaps.</p> <p>Identify suitable training and exercising following the debriefing process to validate new arrangements.</p>
Recovery activities	<p>Provide organisational debriefing opportunities for all agencies involved.</p> <p>Hold debriefs at different times, e.g., after the transition from response to recovery, throughout the recovery activity and following the exit strategy.</p> <p>Review plans and arrangements and develop reports and action plans.</p> <p>Identify suitable training and exercising to validate new arrangements.</p> <p>Consider the community's need for debriefing.</p> <p>Include community feedback in organisational debriefs to highlight underlying recovery issues.</p>

Glossary and abbreviations

For the purposes of this plan, the following interpretations shall apply.

4Rs	<p>(a) Reduction: identifying risks to human life and property from hazards and taking steps to eliminate these risks if practicable or, if elimination is not practicable, reducing the magnitude of their impact and the likelihood of their occurring.</p> <p>(b) Readiness: developing operational systems and capabilities before an emergency happens, including self-help and response programmes for the general public and specific programmes for emergency services, lifeline utilities and other agencies.</p> <p>(c) Response: actions taken immediately before, during or directly after an emergency to save lives and property, and to help communities recover.</p> <p>(d) Recovery: the coordinated efforts and processes used to bring about the immediate, medium-term and long-term holistic regeneration of a community following an emergency.</p>
CBAC	Community-based assessment centre. CBACs are set up by DHBs during an emergency. They are commonly used in instances of mass evacuations or in an infectious disease outbreak affecting a large number of people.
CDEM	Civil Defence and Emergency Management.
CDEM Act	Civil Defence Emergency Management Act 2002
CIMS	Coordinated Incident Management System. A structure to systematically manage emergency incidents, which allows multiple agencies or units involved in an emergency to work together in emergencies.
DHB	District Health Board. Provides hospital and community-based health services (including public health units). DHBs are funders and providers of publicly funded services for the populations of specific geographical areas in New Zealand.
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 (Officials' Committee for Domestic and External Security Coordination 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 DHBs, 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's Operational Policy Framework.
EOC	Emergency Operations Centre. A local level emergency coordination centre that coordinates the local response and provides support to incident level response activities.

Health EMIS	Health Emergency Management Information System. Health EMIS is an electronic system used by the health sector to manage and share information and coordinate across the 4 Rs, It is the primary tool for managing significant incidents and emergencies at local, DHB, inter-DHB and national levels.
Lifeline utilities	Services or networks that provide the necessities of life, for example, power and gas, water, sewerage, petrol, roading, transporters of essential supplies, fast-moving consumer goods, radio, television, air transport and shipping.
Likelihood	Used in risk management as a general description of probability or frequency.
Logistics	A logistics team is responsible for the provision of facilities, services and materials in an emergency.
Pandemic	An epidemic that spreads to the point that it affects a whole region, a continent or the world.
PHU	Public Health Unit. An agency that provides health services to populations rather than individuals. There are 12 Public Health Units providing environmental health, communicable disease control and health promotion programmes. PHUs are led by a manager and staffed by medical officers of health, public health nurses, communicable disease nurses, health protection officers, health promoters and others.
Primary care	Care/services provided by general practitioners, nurses, pharmacists, dentists, ambulance services, midwives and others in the community.
Provider	For the purposes of clarity within this document only, any health and disability provider; for example, a DHB, primary health organisation, health-related non-government service or ambulance service.
Regional Coordination	<p>New Zealand's 20 DHBs are divided into four regions, Northern, Midland, Central and South Island.</p> <p>Under the National Civil Defence Emergency Management Plan Order 2015 (National CDEM Plan), this National Health Emergency Plan, the Operational Policy Framework (OPF) for DHBs (ongoing), all DHBs and their PHUs are tasked with developing and maintaining Regional Health Emergency Plans (RHEP). These plans apply the structures and processes identified in the National Health Emergency Plan (NHEP) by district and region.</p> <p>RHEPs are required to address the situation where a provider is overwhelmed and cannot deal with the situation without regional (or national) assistance. The RHEP is also designed to assist where another region requests assistance outside of its boundaries.</p>
Risk	The combination of the likelihood and the consequences of a hazard.
SPOC	Single point of contact system. The Ministry of Health and each DHB and public health unit maintain a single point of contact within their organisation that is available on a 24-hour, 7-days-a-week basis. The system is used to facilitate effective and rapid communications in the health sector in readiness for and during emergency responses.

Situation report	<p>A standardised brief of an incident, usually given at regular intervals. It provides a snapshot of the situation and response. It does not provide up-to-date situational awareness. There is a specific template for a situation report in Health EMIS.</p>
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