

HEALTH EMERGENCY PLAN 2023 - 2025

Health Emergency

An emergency is a situation that poses an immediate risk to life, health, property, or the environment that requires a coordinated response.

Ministry of Health. 2015. National Health Emergency Plan: A framework for the health and disability sector. Wellington: Ministry of Health.

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1. Purpose

The purpose of the Te Whatu Ora –Health New Zealand Te Tai Tokerau (Te Whatu Ora) Health Emergency Plan (TTHEP) is to provide an agreed framework, guiding principles, and the roles and responsibilities to enable a coordinated response to any emergency (actual or potential), which has overwhelmed (or has the potential to overwhelm) local, regional, or national health capacity.

The Te Tai Tokerau District and TTHEP takes an all-hazards approach built around the ‘four R’s’ of emergency management i.e. reduction, readiness, response and recovery. The TTHEP should be read in conjunction with the Northern Region Health Emergency Plan (NRHEP) and the National Health Emergency Plan (NHEP) and provides a consistent local response to a regional or national health emergency situation.

Please note that this current version is an interim plan. This is due to the current health reforms which saw the disestablishment of the 20 former District Health Board’s and their functions into the new Te Whatu Ora - Health New Zealand framework on 1 July 2022.

2. Definitions

Emergency

Means a situation that: (a) 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 of or disruption to an emergency service or a lifeline utility, or actual or imminent attack or warlike act; and (b) causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand; and (c) cannot be dealt with by emergency services, or otherwise requires a significant and coordinated response under this Act. [Section 4, CDEM Act 2002]

Health Emergency

An emergency is a situation that poses an immediate risk to life, health, property, or the environment that requires a coordinated response. (ODESC 2014¹).

Regional Health Emergency

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

3. Legislative Context

The Civil Defence and Emergency Management (CDEM) Act (2002) and National CDEM Plan Order (2015, pt. 5,50(i)) mandate the requirement for Health Emergency Plans (HEP’s) within the health sector to provide health services in the event of any emergency. The Director-General of

¹ Officials’ Committee for Domestic and External Security Coordination. (Refer Appendix 1 – glossary)

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Health, on behalf of the Minister of Health, has overall responsibility for health matters related to emergency management.

Districts lead the planning and response for emergencies at local level, including engagement with community-based providers. The health agency and other specified roles are summarised in the [National Health Emergency Plan \(NHEP\) 2015](#) (pg. 8); These are aligned with the [National Civil Defence Emergency Management Plan Order 2015](#).

Te Whatu Ora has a responsibility to respond under various Acts, regulations and national guidelines including but not limited to the associated legislation referred to in [Appendix 4](#).

4. Comprehensive emergency management

4.1 Guiding Principles

To effectively manage the health-related risks and consequences of significant hazards, the TTHEP aligns with both the NRHEP and the Ministry of Health NHEP Framework. See [The National Principles](#) (page 4)

The comprehensive approach to emergency management used in this plan is illustrated in Table A below. The approach comprises six related components: risks, risk understanding, readiness, reduction, response and recovery.

Risk-based comprehensive emergency management



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Table A: The 4 R's

	Definition:	Goal:	Key Actions in Regional EM's Work-stream:
Equity	Reduction: Identifying and analysing risks and taking steps to eliminate these risks and reducing the likelihood and magnitude of their impact.	Enhance Districts and health service providers' to reduce the health impact and consequences of emergencies or other incidents.	<ul style="list-style-type: none"> • Maintain Risk register • Continual surveillance and reviewing of emerging risks • Assurance Framework
	Readiness: Developing operational systems and capabilities before an emergency happens. These include self-help and response programmes	Implement regional consistency in health sector planning, preparedness and education to ensure a state of readiness for emergencies or other incidents.	<ul style="list-style-type: none"> • Regional training programme • Regional exercise programme • Assurance Framework • Current and appropriate local and regional Response plans
	Response: Actions taken immediately before, during and directly after an emergency, to save lives and property, prevent spread of disease and support community health needs	Enhance Districts and health service providers' capability to respond to health or other incidents.	<ul style="list-style-type: none"> • Regional Coordination Centre (NRHCC) • Agreed Welfare arrangements • Agreed Primary Care systems • Intel to support response
	Recovery: Activities beginning after the impact have been stabilized in the response phase. Extends until community capacity for self-help has been restored.	Enhance Districts and health service providers' capability to recover from health or other incidents.	<ul style="list-style-type: none"> • Debriefs and Lessons Learned built into future response plans • Continuous improvement framework

4.2 Equity Focus

Incorporating an equity focused approach across the four 'R's, including improving equity of access, outcomes and experience for Māori in Te Tai Tokerau and other priority populations including Pasifika peoples is important. The governance structure of current emergency response includes Iwi/Māori-Crown partnership models and Pasifika presence and participation.

4.3 Te Tiriti Principles and Application

Te Tiriti o Waitangi provides the imperative for the Crown and its agents to protect and promote the health of Māori. The Crown has a responsibility to respond to Māori health aspirations and to meet Māori health needs. Māori leadership is a significant enabler for achieving Māori health equity and wellbeing. Engaging and partnering with Māori is key to supporting and reinforcing Te Tiriti obligations and principles.

Whakamaua: Māori Health Action Plan 2020-2025 further outlines its outcomes (Table B below), objectives and priority areas. These areas of priority are inclusive in Emergency Management planning and processes.

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Table B: Whakamaua Outcomes



OUTCOME 1	Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
OUTCOME 2	The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
OUTCOME 3	The health and disability system addresses racism and discrimination in all its forms.
OUTCOME 4	The inclusion and protection of mātauranga Māori throughout the health and disability system.

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

Te Tai Tokerau is exposed to various types of hazards both rural and urban that will require prioritisation for the coordination of health resources. While the health sector hazard-scape differs from the Civil Defence threat assessment, many significant risks are identified in the Northland Civil Defence Emergency Management Group (NCDEMG) Plans, which is a mandatory requirement of the Civil Defence Emergency Management (CDEM) Act.

All departments and services within Te Whatu Ora complete an annual Business Continuity Plan (BCP) to ensure the best possible provision of service through any emergency. It is expected that all Te Whatu Ora contract holders develop, maintain and test their emergency response plans annually either formally through simulation, or as actual events such as extreme weather, and are reviewed post event. Following any emergency event, a review of the agencies emergency systems and processes contributes to the constant upgrading of emergency responses and risk reduction.

5.1 Risk Assessment and Analysis

The TTHEP provides for both immediate, short duration events and extended emergencies, on both small and large scales as relevant to the Te Tai Tokerau population. Risk results when hazards negatively interact, or have the potential to negatively interact, with communities. Risk is therefore the sum of a hazard and the elements of the community that are vulnerable to that hazard.

For example, an earthquake is a hazard but is only a risk if it affects people, buildings etc. i.e. vulnerable elements:

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- Risk = Hazard x vulnerability

Risk can also be considered as the likelihood of harmful consequences arising from the interaction of hazards with the community and the environment.

- Risk = Likelihood x consequences

Risk analysis is an important step in determining how to manage or treat threats. The TTHEP identifies the health-related physical, technological and environmental hazards and risks relevant to the northern region, as well as proactive measures that will reduce the health impacts of an emergency event. See Table C, which states the hazards and current prioritisation to help focus regional resources.

Table C – Risk Profile for Te Tai Tokerau

Hazardscape	Likelihood	Consequence	Risk Rating
Localised Heavy Rain/Flooding	A	3	VH
Severe Widespread Storm	B	4	
Human Pandemic	B	4	
Transport / Supply Chain Disruption	B	3	H
Cyber Attack	B	3	
Electricity Failure	B	3	
Regional / Distal Tsunami	B	3	
Local Tsunami	E	5	
Drought (Agricultural)	B	3	
Drought (Water Supply)	B	2	
Fuel Supply Disruption	C	3	M
Telecommunications Failure	C	2	
Wildfire	C	2	
Distal Volcano	C	2	
Animal Epidemic	C	2	
Plant & Animal Pests	C	2	
Criminal Act / Terrorism	C	2	
Tornado	C	2	
Major Industrial Accident	D	3	
Major Industrial Accident – Marine	D	3	
Hazardous Substance Spill	D	3	
Local Volcano	E	4	
Urban Fire	D	2	
Earthquake	E	3	

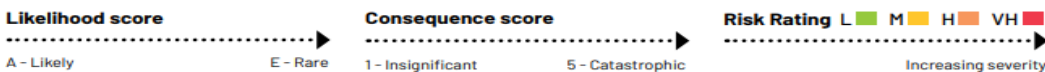


Table C is based on statistical analysis of historic data, however, 2021-2022 has seen unprecedented extreme weather events locally, nationally and internationally. Ongoing planning especially for Te Tai Tokerau should include the potential for these events to continue and/or escalate.

While no Health Risk Profile is available, it is noted that there are consistent health risks or impacts from most of the identified hazards, i.e.

- Death and injury
- Pathogens

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- Illness – short /chronic/long term
- Infectious disease
- Evacuation-related health risks
- Contamination of environment
- Psychosocial impacts
- Economic impacts
- Loss of public confidence

Some Te Tai Tokerau specific examples of impacts on the provision of health services are:

- Extended power outage for more than 2-3 days would impact on the ability of staff to get fuel for vehicles to attend work
- Extended power outage would impact clinically for people who are on home dialysis and those on home ventilation systems for their breathing etc.
- Weather events including flooding and slips tend to be of a temporary nature and generally are resolved within 24 hrs. Weather events may place a strain on Public Health staff resources in terms of managing contaminated water supplies
- Fuel shortages impinging on the ability of generators to run long term
- Significant failure of the Information Support Services Infrastructure. Without the use of electronic technology, some of the processes within health are at risk including admission and discharge, clinical information, tests etc.
- All Te Whatu Ora sites as well as Health Trusts, (Whangaroa and Hokianga) are reliant on Telecom and Vodafone repeater stations functioning 24/7. Failure or ineffectiveness leaves the health sector exposed in many rural and beachside areas
- Transport disruption to Te Tai Tokerau covers the range from inability to provide hospitals with the necessary staff, to provision of community care, to lack of essential supplies
- National Supply Chain crisis
- Drought or significant flooding can affect the economic wellbeing of Te Tai Tokerau residents. In particular, those at most risk clinically are the home dialysis patients as water clarity and supply is essential.

5.2 Risk controls and treatments

Te Whatu Ora liaises closely with National and Regional CDEM to ensure a rapid and appropriate response to any threat to our communities. In order to make sure the Te Whatu Ora facilities are safe and able to provide continuing care through a significant event the following applies:

- Services continually assess risks, both clinical and non-clinical, and use our electronic Risk Management Program, i.e. Datix database
- There is an outreach service that has a plan for each person with home dialysis and the district nurses have plans for those on home oxygen and ventilation systems
- Services have BCP's that are regularly reviewed
- Te Whatu Ora undertook the Safe Hospitals pilot programme with the Ministry of Health for the Whangarei site in 2009-2010 for identification of areas of improvement within emergency preparedness
- Each hospital site has generator capacity that is designed to meet demand
- Staff at each site are trained in Coordinated Incident Management Systems
- There are alternate communication tools including access to satellite phones, and radio

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- telephones at each site
- The bulk storage facility at a Whangārei site holds appropriate amounts of key stores, including pandemic supplies, with access to further supplies in Auckland if required
- The participation in Lifelines Utilities Group. This ensures Te Whatu Ora hospital sites have Priority 1 reconnection times for all essential services.

Te Whatu Ora participates in disaster exercise programmes with multiple agencies in order to ensure risk identification and disaster responses are current.

6. 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.

Readiness involves planning and 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.

The information in this section identifies groups that our District Emergency and Corporate Risk manager engages with; and the processes for ensuring that Te Whatu Ora can rise to meet all requirements during a disaster. It is important that we work collaboratively to optimise our emergency response. The NRHCC can be activated to incidents requiring regional coordination to manage the most effective use of regional and local resources.

6.1 Planning expectations and assumptions

This plan assumes that:

- Individual health districts are able to fulfil their roles and responsibilities to ensure that their service providers fulfil their contractual requirements
- Individual health districts are self-sufficient before response activation
- The Ministry of Health (MoH) and or iHNZ (Interim Health NZ) will provide national coordination, support and leadership
- The Coordinated Incident Management System (CIMS) has been implemented across all emergency services and responding agencies within the region.

6.2 Northern Region Health Coordination

The NRHCC can be activated in a response to incidents requiring regional coordination to manage the most effective use of regional and local resources.

Specific roles and responsibilities include:

- Ensuring a consistent and coordinated health response
- Providing strategic direction
- Activation, management and direction of northern region resources
- Coordination of cross-boundary staffing or resource issues
- Reconfiguration of regional services, where necessary

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- Coordination/monitoring of regional transport arrangements and regional patient referrals/transfers in conjunction with St John NZ
- Regional planning and intelligence gathering in support of hospitals and Public Health Units (PHUs)
- Liaison and communication with the key partners including the MoH
- Regional liaison with the Auckland and Northland CDEM Group Controllers' and other regional agencies
- Oversight of all regional inter-agency and public/media communications with the National Health Coordinator and local Incident Controllers'; and
- Carry out the requirements of the National Health Coordination Centre (NHCC) or National Health Coordinator.

6.3 Northern Region Health Sector Planning

Key considerations

The Districts in the Northern Region have an internal process in place through the Health Emergency Management Committee (HEMC), for planning for specific hazards for example, the regional pandemic planning framework. The districts recognise their dependence on lifeline infrastructures and are required to have plans in place to ensure continuity of services during an emergency event. The development, maintenance and exercising of plans ensures that essential primary, secondary, tertiary, mental health, disability support and public health services will continue to be delivered and prioritised during health or civil defence emergencies. District service providers are required by the Operational Policy Framework (OPF) to develop HEPs.

Vulnerable communities

Vulnerable communities which require special consideration when planning and responding have been identified by Te Whatu Ora. We aim to establish and maintain effective dialogue with these vulnerable communities. In particular, these are:

- Māori
- Pasifika
- Older adults
- Other ethnic communities which English is a second language
- District visitors and dependents
- People with disabilities
- Mental Health
- Remote isolated communities
- Emergency and transitional housing
- International travellers.

Consideration of specific needs, cultural sensitivity issues and the possible impact of emergency planning on traditional Māori protocols (tikanga) are integral aspects of health emergency preparedness planning at all levels. Tikanga is most effectively addressed through active engagement with Māori and the distribution of key messages through a variety of media.

Logistics planning and reserve stocks

See [national guidelines for the management of reserve stocks](#)

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Standard operating procedures and protocols that provide for the transfer of supplies maintained under national programmes such as medications, personal protective equipment and other clinical supplies are coordinated by healthAlliance in the northern health region.

Local Welfare Arrangements

Northland Emergency Management Agency (NEMA) is responsible for the overall coordination of welfare services in an emergency. This is delivered in partnership through the Northland Welfare Coordination Group (NWCG). Welfare arrangements under the National CDEM plan stipulates that Health Districts are the lead for psychosocial coordination within a response at local and regional levels.

The NWCG work together to plan for and respond to emergencies through the development of plans and coordination of response actions in the event of an emergency. When an emergency event occurs, it is crucial for NWCG agencies and others to provide a coordinated approach to responding to the impacts on individuals, whānau and communities.

The following are all the welfare sub functions and the agency responsible at a national and regional level:

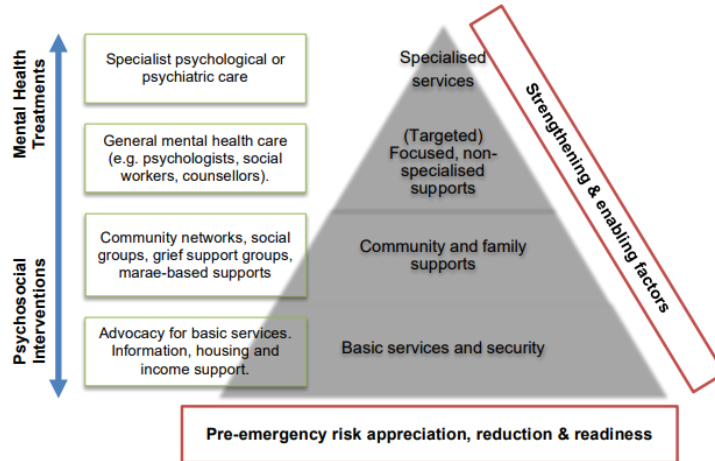
Welfare Service	Agency – National Level	Agency – Regional Level
Registration ADD lead agency	NEMA	CDEM Group
Needs Assessment	NEMA	CDEM Group
Inquiry	NZ Police	NZ Police
Care and Protection Services for Children and young people	Oranga Tamariki- Ministry for Children	Oranga Tamariki – Ministry for Children
Psychosocial Support	Ministry of Health	Health District
Household Goods and Services	NEMA	CDEM Group
Shelter and Accommodation	NEMA– shelter and emergency accommodation	CDEM Group – shelter and emergency accommodation
	MBIE – temporary accommodation	MBIE – temporary accommodation
Financial Assistance	MSD	MSD
Animal Welfare	MPI	MPI

Psychosocial Sub-function

Psychosocial support aims to improve psychosocial wellbeing. Psychosocial support through emergency management is led by Health. Once the TTHEP is activated (actual or virtual), close liaison with community networks, Ministries of Education, Primary Industries, Social Development, Public Health, counselling services, Red Cross, GP’s, Pharmacies, Salvation Army and Victim Support agencies. These groups will be maintained to ensure seamless coordination of services.

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Figure 1 below: Tiered model of psychosocial interventions and mental health treatments.



Recovery Planning and Transition to the Recovery Phase

Recovery activities should begin during the response phase and continue into the medium and long term. Some tasks undertaken during the Recovery phase of the TTHEP will be a continuation of those implemented during the Response phase.

6.4 Regional Emergency Management Groups

Regional Executive Forum (REF)

This is the standing governance group that currently meets weekly to support short term and long term decisions, acting as a forum escalation and decision making for planning and response. The group is made up of district directors, chief medical officer, funding representative and senior leaders, with subject matter experts included where needed.

Health Emergency Management Committee (HEMC) Operational Group

HEMC is accountable to the lead district director for emergency management in the Northern Region. The core purpose of the group is to strengthen resilience to health emergency management for the region. The membership comprises of emergency managers from:

- Regional Emergency Management Service
- 4 Northern Region District Emergency Management Teams, (*must be in attendance by lead for emergency management*), from Te Whatu Ora – Health New Zealand:
 - Te Tai Tokerau
 - Waitematā
- St John Emergency Management Advisor – Northern
- Primary Care Emergency Planner (*not currently in post*)
- AEM Representative
- NRHCC Director for Māori Health
- Health Alliance (hA)
- Health Source (*not currently a member*)
- Northland PHU (*not currently a member*)

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- Counties Manukau
- Te Toka Tumai Auckland
- ARPHS
- Ministry of Health - REMA
- Other attendees for example, technical advisors and other professionals.

Key Emergency Service Groups & Forums

- Northland Civil Defence Emergency Management Group
- Auckland Civil Defence Emergency Management Group
- Northland Coordinating Executive Group (CEGs)
- Auckland Coordinating Executive Group (CEGs)
- Welfare Coordination Groups (WCGs)
- Auckland and Northland CDEM Forums
- Hazardous Substances Technical Liaison Committee

For further details on these committees and groups, see [Appendix 1](#).

6.5 Education and Training

The NHEP requires all regions to sustain a regional health emergency response. The OPF and the NHEP stipulate that it is the responsibility of individual districts to ensure the delivery of emergency management education and training to key personnel.

Exercising and Testing HEPs

Exercising and testing play an important part in readiness activities and must be undertaken regularly to:

- Assess readiness
- Evaluate and test operational capabilities and arrangements
- Identify gaps
- Provide opportunities for practicing roles and responsibilities.

Districts are required to conduct local exercises for testing and operating their HEP. TTHEP and the NRHEP are tested annually during national and regional exercises. A region training and exercise calendar is in place, working cross agency to provide more opportunities to build a resilient workforce. A CIMS training course, specific to the Northern Region, is available from mid-2022. This is to further improve capability of health staff across the region for expected ongoing responses.

6.6 Human Resources

Staffing

The OPF requires personnel likely to be involved in a District Emergency Operations Centre (EOC) to be educated and trained in the CIMS structure and have knowledge of the NZ Health Emergency Management Framework. Te Whatu Ora ensures its number of trained staff is sufficient to maintain a 24/7 response over an extended period of time. Processes for the movement of staff between Districts during an emergency event are documented within Districts. Health and welfare of staff in the response and recovery periods must be considered.

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Volunteers

Many people may offer assistance in times of emergency, including existing volunteers. Some of these people may have no prior experience working in a health and disability organisation or in emergency situations. Districts do not accept spontaneous volunteers and offers of assistance from health professionals will be managed through normal HR and credentialing processes. Other volunteers will be directed to CDEM.

Visitors and Dependents

Large numbers of people may arrive with the casualties from an emergency event. Dependent upon the situation, these people will present additional management issues. Once the TTHEP is activated, messages and welfare provision need to be consistent and delivered throughout the District in liaison with the NEM, CDEM & NWCGs.

7. 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 individuals and the community.

The TTHEP describes how health services will be prioritised, structured and delivered during the response phase of health emergencies or other incidents affecting health services. The response phase includes mobilising and deploying health resources immediately before, during or directly after an emergency event, to save lives, protect property and to aid recovery. This collaboration with other services and agencies ensures, as far as practicable:

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

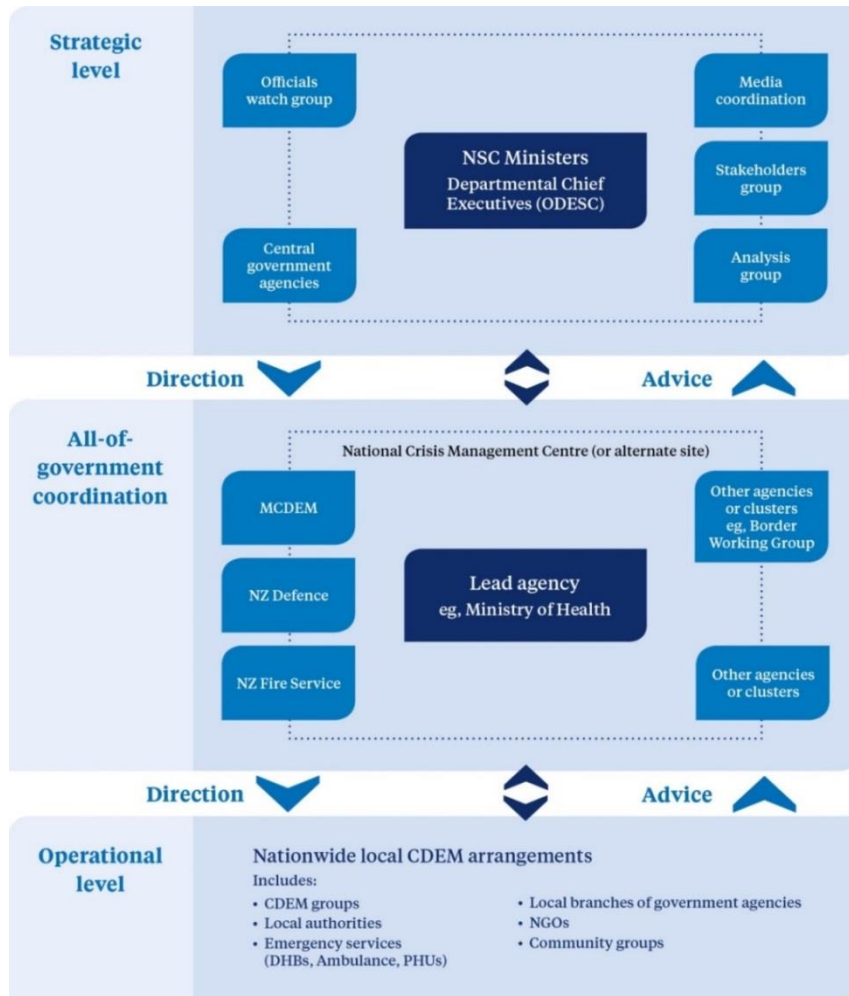
A HEP may be activated at the local, regional or national level when the incident controller, Regional or National coordinator believes that a situation exists that is, or has the potential to overwhelm the resources available to respond to the emergency.

7.1 National Emergency Response Structure

National emergencies are managed by a lead agency, which may be assisted by support agencies. For a civil defence emergency the lead agency is the NEMA shown as Ministry of Civil Defence & Emergency Management (MCDEM) in the diagram below. A range of other government agencies rather than MCDEM may take the lead in an emergency, for example, the Ministry of Health is the lead agency during a pandemic.

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Below illustrates the National emergency management model used when the MoH is the lead agency.



Source: Adapted from Guide to the National Civil Defence Emergency Management Plan, ODESC (2015)

7.2 Northern Region Health Coordination Centre (NRHCC)

The objective of the NRHCC is to facilitate a Northern Region all-of-health approach to support an emergency by providing a centralised facility for gathering and managing information. It provides strategic level oversight, decision making and coordination for any regional response. The NRHCC is located in Bledisloe House, Auckland central. Auckland and Waitemata are responsible for keeping these facilities and related equipment in a constant state of readiness for activation. The NRHCC may be activated at any time irrespective of CDEM declarations.

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As of January 2019, NRHCC has been operational for the COVID-19 response. NRHCC workforce has been regionally resourced outside the Districts to enable it to independently run without impacting services. Specialist knowledge and services feed into the NRHCC structure as needed.

The NRHCC is able to operate for a sustained period under a CIMS structure with trained and competent personnel provided from HEMC member organisations. The Governance Group overseeing the NRHCC is composed of senior managers from the Northern Region. Depending on the nature of the incident, the Regional Incident Controller may co-opt liaison personnel from partner agencies, relevant clinical stakeholders or Technical Advisory Groups.

When activated, the NRHCC works closely with the district EOCs, the Auckland and Northland CDEM Emergency Coordination Centres (ECCs) and the MoH NHCC.

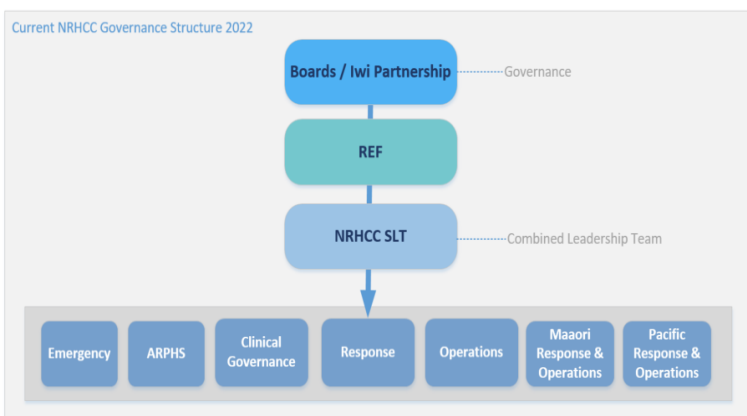
7.3 Coordinated Incident Management System (CIMS)

The Coordinated Incident Management System (CIMS) structure is the model adopted in New Zealand for the coordination of an emergency. It forms the basis of operational response. All emergency services use a CIMS structure to staff their emergency operating centres (EOCs). The health and disability sector’s response during a regional/national health-related emergency is based on the use of the CIMS structure. CIMS is based on three fundamental tenets: Responsive to community needs/Urupare ki ngā hiahia hapori, Flexibility/Ngāwaritanga and Unity of effort/Mahi ngātahi.

The CIMS structure does not affect the normal day to day vertical operation of command within Te Whatu Ora or other health agencies. Normal clinical, managerial and other relationships are maintained within units and agencies involved in a response. The Incident Management Team (IMT) uses the CIMS structure to manage an emergency response in Te Tai Tokerau. Such a response may be required over an extended period of time and for 24 hours a day, seven days a week. To facilitate this each CIMS role within Te Whatu Ora has several staff specifically assigned to it.

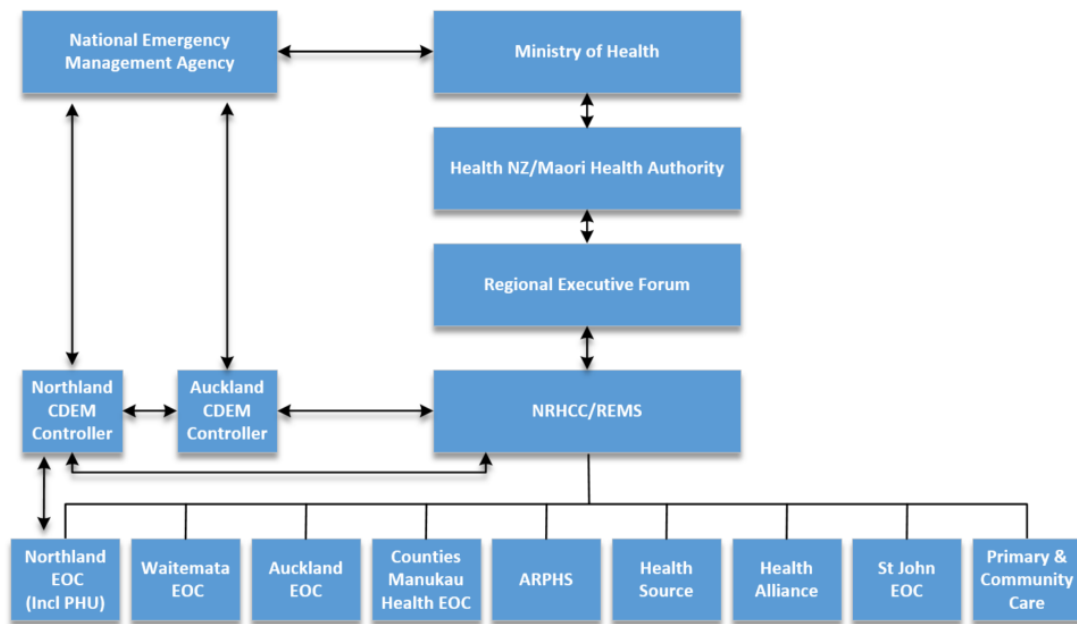
During the activation of a local or regional health emergency response, formal liaison shall be established between Districts/NRHCC (liaison role) and other response agencies when required. This liaison role will communicate and disseminate inter-agency information when a District HEP, the Northern RHEP or the NHEP is/are activated. All formal inter-agency communications will go through established liaison channels.

Current NRHCC Governance Structure (2022) (draft)



number

Northern Health Region Emergency Management Structure



Technical Advisory Groups (TAGs)

Te Whatu Ora ensures the appropriate subject matter experts form part of a response, e.g. Clinical Technical Advisory Group (CTAG).

7.4 Surge Capacity

In response to complex emergencies, Districts may need to safely decant or/and evacuate health facilities to ensure that all patients can continue to access appropriate healthcare.

Three aspects need to be considered when planning for surge capacity:

- Early transfer or discharge of current patients to other areas. (Need for alternative areas to manage patients requiring admission. Cancellation of patient clinics and elective services.)
- Evacuating patients from facilities where services have been lost or severely reduced

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- Deployment of staff from one area to another in order to provide assistance during a response.

Implementation of the measures above will require coordination and consistency across the Te Whatu Ora – Health New Zealand Northern Health Region.

7.5 Single Point of Contact System (SPoC)

The SPoC system is a 24/7 method for the communication and receipt of national warnings and communication of MoH emergency management related information. It is used for alerting Districts and PHUs to an existing or imminent threat or health emergency. The SPoC system is also used to alert the health sector of any messages sent via the Civil Defence National Warning System.

Health organisations must maintain 24/7 systems to acknowledge, distribute and respond to SPoC alerts. The MoH through the NHEP uses the SPoC to deliver:

- Warnings to provide information about the imminent threat or sudden onset of hazard events, e.g. tsunami, pandemic and emerging infectious disease
- Information to assist an emergency response in the aftermath of quick onset events, e.g. earthquake. Such information will indicate the likely magnitude of the event and which areas/Districts are affected.

7.6 Health Sector Alert Code

The MoH has implemented an alert code system to communicate with the New Zealand health sector during an emergency. These Alert Codes (see below) are communicated to the District/PHU SPoCs. The roles and responsibilities associated with each Alert Code at local and regional levels are described in [Appendix 6](#).

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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 Districts.	Yellow
Activation	Major emergency in New Zealand exists that requires immediate activation of health emergency plans. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from unaffected Districts.	Red
Stand-down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	Green

7.7 St John Ambulance Communication Centres & National Operations Effectiveness Centre – Major Incident Notifications

St John Ambulance Communications Centre(s) and the National Operations Effectiveness Centre (NOEC) will notify all relevant agencies, Districts, MoH REMA, Police, Fire and Emergency services and Auckland Emergency Management (CDEM) of a major incident that requires or may require a regional coordinated health response.

The St John notification to partner agencies will be sent via St John Level 1 - 3 major incident paging groups and may request agency SPoC to attend a Teleconference via MS TEAMS. The St John Medical Director may request District SPoC's to confirm their current hospital capacity to receive air/road transported patients/casualties.

All efforts will be taken to prevent overloading of individual hospitals and any St John/District national destination policies will continue to be followed where applicable. These include:

- National Out-of-Hospital STEMI Pathway
- National Out-of-Hospital Major Trauma Destination Policy
- National Out-of-Hospital Acute Stroke Destination Policy
- National Out-of-Hospital Spinal Cord Injury Destination Policy

7.8 Inter-agency and Public/Media communication

Public information management is part of an integrated strategy to provide leadership for the public, the health sector and other agencies in an emergency and complement the response. Managing the media and public interest will be a significant challenge to all agencies. The objectives of public information management include:

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- Providing timely and accurate information (general, advice or instruction) to the public in times of emergency
- Building public confidence to inform and protect the community
- Promoting the effective management and coordination of public information between government agencies, emergency services, CDEM Groups, the media and the public.

The following Table D describes these guidelines and provides examples of messages that might be assigned to each priority category.

Table D: Emergency communications

Message Type	Scheduling	Delivery Method	Example
Critical	IMMEDIATELY Sent 5 minutes after being published on the Medinz dashboard.	All methods (fax, email, and/or SMS)	Hospital ED closed due to flooding, divert patients to other EDs
Urgent	DAILY Released at either 7:30AM or 12PM	Email or SMS (user choice)	HealthPathways: pathway update
Routine	WEEKLY Single collated message at 10AM on Tues mornings	Email (users can opt-out)	HealthPathways: pathway updates
Professional Development	WEEKLY Single collated message at 10AM on Thurs mornings	Email (users can opt-out)	District is hosting an open evening: "Women's Health": on 15/10/21

7.9 Authority for Response Activation

National - NHEP

When the NHEP has been activated the MoH can direct Districts to activate their local and regional responses, this may include activating local Emergency Operation Centres (EOCs) and regional Emergency Coordination Centres (ECCs). If required, the MoH will activate the NHCC.

Coordination of a health emergency at the regional and national level will be affected by two factors:

- The MoH is the lead agency, or providing support to the lead agency
- The size and scope of the health sector response.

The MoH must be notified of any activation of a District HEP or the Northern RHEP. All members of the HEMC should be alerted if a member of this group stands up their EOC or activates their Health Emergency Plan.

Regional - Northern RHEP

Lead District Director has the authority to activate a Northern Health region response. This decision will be communicated immediately to the regional District Directors for ratification. The

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Chair of the HEMC (or nominated delegate) will assess if the activation of the Northern Region Health Coordination Centre (NRHCC) is required and communicate with the requesting District about whether the request is accepted or declined. If accepted, the Chair will confirm the appropriate level (Tier 1, 2 or 3) of regional activation.

The Regional Director of Emergency Management will make a recommendation to the lead District Director, regarding appropriate level (Tier 1, 2 or 3), of regional activation. Noting that in the current environment NRHCC is already activated for COVID-19.

7.10 Activation of the Te Tai Tokerau Health Emergency Plan

The TTHEP can be activated by notification from:

- A District and/or PHU when responding to an incident that requires regional assistance, management and coordination where their resources are overwhelmed; or have the potential to be overwhelmed
- The MoH - when the NHEP is activated requiring Districts to activate their HEP. This may be in response to a national incident or in support to another health region
- The Ambulance Communications Centre - when an incident or potential incident requires or is likely to require a regionally coordinated response from Districts and other service providers
- On the request of Auckland Emergency Management or Auckland CDEM Group.

The first HEMC member receiving notification from the health sector or other source will communicate with HEMC members to alert them of the incident and the possibility of an escalation or immediate activation. All HEMC members must be alerted to the agreed Tier of Activation. Following notification:

- Preliminary readiness message sent or direct consultation with HEMC members for activation of the Northern RHEP
- Online meeting invite sent by the NRHCC controller. A representative of the MoH (usually the REMA) will participate in the zoom meeting
- The first online meeting takes place on the first quarter hour after the alert is received, e.g. alert received at 07:05, the first zoom meeting will be at 07:15
- Critical information and key decisions resulting from this discussion regarding the management of the incident must be formally recorded and disseminated to relevant parties.

The district director (or nominated delegate), in consultation with the HEMC members, will determine the role of HEMC member organisations to support an efficient and timely response. These two decisions will be communicated immediately to the district director for ratification.

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7.11 Activation Tier

Response Tiers	
Tier 1 Response	
An emerging threat which may require further escalation. Local and Regional monitoring and assessment of the situation.	
<ul style="list-style-type: none"> • Incident involving single or multiple District/s • District/s responding at a local level • Communication and interaction taking place between districts • District Incident Management Teams (IMTs) monitor events in the region via teleconferences • Districts maintain a watching brief on incident development • Districts collectively evaluate response activities and resource allocation. 	
Tier 2 Response	
Regionally significant incident (or several incidents) confirmed. The response of individual districts would benefit from being regionally coordinated. Activation of Regional Incident Management Team structure.	
<ul style="list-style-type: none"> • Confirmation of a potential, or actual, emergency situation which may or has impacted one or more Northern Region Districts • Incident/s managed by individual district/s • District EOCs may be activated • Regional communication initiated • Regional and national teleconferencing • Formation of specialised regional groups (e.g. renal, ICU, health of older people) • Districts maintain a watching brief on incident development • Districts evaluate response activities and resource allocation • District consider appointment of Regional Controller • Districts prepare to activate NRHCC as appropriate. 	
Tier 3 Response	
Regionally/nationally significant incident (or several incidents) confirmed requiring support from a regional (and national) coordinated response. Activation of the NRHCC.	
<ul style="list-style-type: none"> • NRHCC fully activated and operational • NRHCC coordinates the regional health response • Regional health resources pooled • Set teleconference times • District EOCs fully activated and operational. 	

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7.12 Response Activation

If activation thresholds are met Districts, PHUs, health service providers and ambulance services will respond by activating procedures and plans e.g. HEP and will coordinate with the designated lead agency.

Response activation will include assessing the need for assistance from Districts, other health regions, MoH, other emergency services and agencies for example, CDEM.

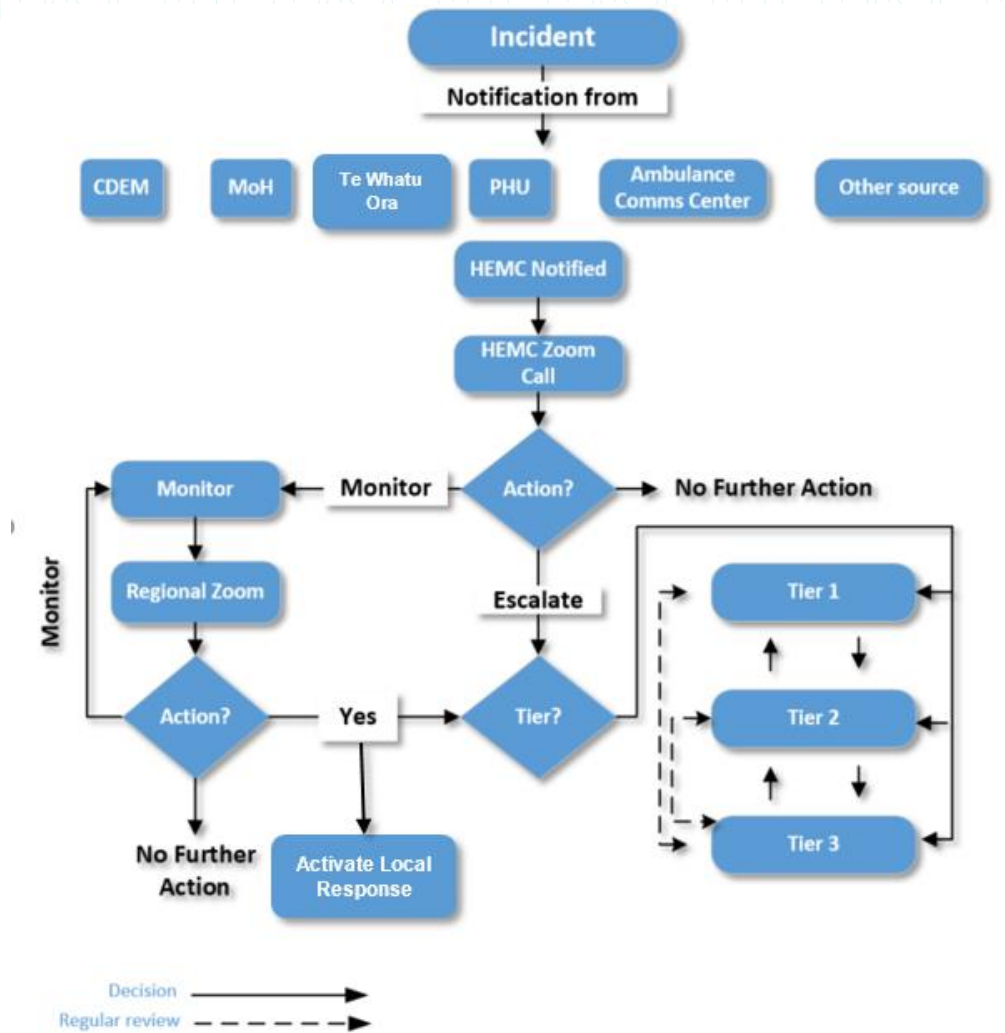
Key triggers for activation of a Northern Health Region response include:

- A significant local, regional or national health emergency
- Notification that assistance is required to managing a local health emergency or other local emergencies affecting health services
- Activation of the NHEP requiring regional coordination
- Other circumstances as deemed necessary by the northern region Health Emergency Management Committee) or the MoH.

Details of response activation procedures and a [flowchart](#) are provided below.

Northern RHEP Activation Flowchart

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7.13 Recovery Planning and Transition to the Recovery Phase

Recovery activities should begin during the response phase and continue into the medium and long term. Some tasks undertaken during the Recovery phase of the TTHEP will be a continuation of those implemented during the Response phase.

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8. Recovery

Planning for recovery is integral to preparing for emergencies and is not simply a post-emergency consideration. Recovery is not about returning to normality. It is more about regeneration; building back smarter, better, more sustainably and with more resilience. Recovery includes those activities that begin after the initial impact has been stabilised and extends until normal business has been restored.

It considers all opportunities to reduce the risks from future emergencies. It may involve a local, regional, national health-related response or it may involve a whole-of-government response involving economic, social and legislative issues.

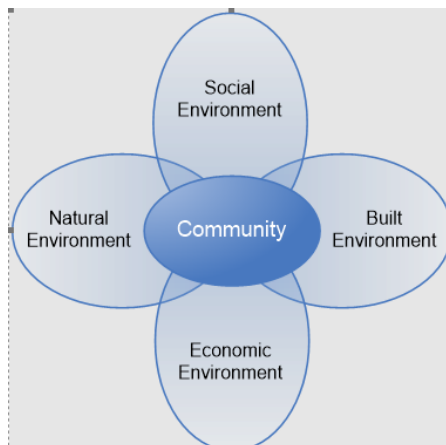
8.1 Recovery Objectives

Recovery is a complex social process and is best achieved when the affected community exercises a high degree of self-determination. The timeframe for recovery may vary from weeks to years, e.g. Christchurch’s inner city area and rebuild has taken years with enduring economical and emotional impact. Recovery objectives include:

- Minimising the escalation of the consequences of the emergency
- Regeneration of the emotional, social and physical well-being of individuals and communities
- Taking opportunities to adapt to meet the future needs of the community; and
- Reducing future exposure to hazards and their associated risks.

As illustrated below, recovery encompasses a multi-faceted approach to supporting the foundations of community recovery. The community and the social, natural, economic and built environments must involve members of the community and be supported by local, regional and national structures.

An integrated whole systems approach to recovery:



Source: *Focus on Recovery: A holistic framework for recovery in New Zealand*, MCDEM (2005)

8.2 Psychosocial Recovery

Recovery encompasses the psychological and social dimensions that are part of the regeneration of a community. The process of psychosocial recovery from emergencies involves easing the physical and psychological difficulties for individuals, families/whānau and communities, as well

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as building and bolstering social and psychological wellbeing. It spans the 4R's of Health Emergency Planning. Te Whatu Ora is the lead agency for Te Tai Tokerau for Psychosocial support and meets regularly with the various welfare groups to plan and prepare in readiness for any emergency.

Psychosocial support aims to improve psychosocial wellbeing, which has three core domains:

1. Support and promote human capacity (strengths and values).
2. Improve social ecology (connections and support, through relationships, social networks and existing support systems of people in their communities).
3. Understand the influence of culture and value systems and their importance alongside individual and social expectations.

Psychosocial wellbeing depends on having resources from these three domains to respond to emergency conditions and events. The challenging circumstances can deplete these resources, resulting in the need for external interventions and help to bolster and build individual and community psychosocial wellbeing.

Refer Psychosocial Guiding Principles (MOH 2016, page 15)

8.3 Recovery Exit Strategy

The end-state of any recovery activity is the transition from recovery to 'business-as-usual'. Therefore, all recovery operations should be planned with the development and preparation of an exit strategy.

8.4 Standing-down

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

Some basic principles that should be followed are:

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

When the MOH is satisfied, it shall issue a Code Green Alert (*refer 7.6 Health Sector Alert Code*) to signify the end of the response period. The time and date of deactivation may be used to determine arrangements implemented by the MOH in the recovery period.

8.5 Debriefing

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

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and national activation. In cases where the MoH is the lead agency this will be a multi-agency debriefing. At local and regional level, when health has been involved in a response, District representatives will attend debriefing conducted by other agencies.

9. Appendices

- **Appendix 1** - Glossary and abbreviations
- **Appendix 2** - Roles and Responsibilities
- **Appendix 3** - St John Organisational Structure
- **Appendix 4** - Legislation
- **Appendix 5** - Profile of the Northern Region
- **Appendix 6** - Roles and Responsibilities by Alert Code

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Appendix 1 - Glossary and abbreviations

AMPLANZ	<i>Ambulance National Major Incident and Emergency Plan. 2005.</i> Detailed operational framework for the New Zealand ambulance sector.
ARPHS	Auckland Regional Public Health Service. http://www.arphs.govt.nz/
BCP	Business Continuity Plan – documented procedures that guide to respond, recover, resume and restore to a pre-defined level of operation following disruption.
CDEM	Civil Defence Emergency Management
CDEM Forums	Auckland and Northland CDEM Forums exchange experiences and present work streams conducted around the 4Rs, as well as raising public awareness.
CDEM Act	Civil Defence Emergency Management Act 2002.
CDEMG	Civil Defence Emergency Management Group, a group established under section 12 of the CDEM Act (2002).
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System. A structure to systematically manage emergency incidents. The organisational structure allows multiple agencies or units involved in an emergency to work together.
Civil (Defence) Emergency	The Civil Defence and Emergency Management Act (2002) defines an emergency as ‘a situation that: <i>Is the result of any happening, whether natural or otherwise, including without limitation, any explosion, earthquake, eruption, tsunami, land movement, flood, storm, tornado, cyclone, serious fire, leakage or spillage of any dangerous gas or substance, technological failure, infestation, plague, epidemic, failure or disruption to an emergency service or lifeline utility, or actual or imminent attack or warlike act and causes or may cause loss of life or injury or illness or distress or in any way endangers the safety of the public or property in New Zealand or any part of New Zealand and cannot be dealt with by the emergency services or otherwise requires a significant and coordinated response under this Act.</i>
DPMC	The Department of the Prime Minister and Cabinet.
Emergency managers	(Also known as emergency coordinators, or emergency service leaders). Tasked with their organisation’s responsibilities under the CDEM Act, this National Health Emergency Plan or the Ministry’s Operational Policy Framework.
ECC	Emergency Coordination Centre, the Coordination Centre for a regional level response is an ECC, led by a Regional Controller.
EOC	Emergency Operations Centre, an established facility where the response to an emergency may be supported or coordinated at a local level.
ESCC	Emergency Services Coordinating Committee, a group coordinated by the NZ Police at District level. Committees provide a forum for emergency services to discuss emergency planning issues.
Hazard	Something that may cause, or contribute substantially to the cause of, an emergency
HEP	Health Emergency Plan, every District is required to develop and maintain a plan for significant incidents and emergencies
Hospital and health service	As defined by the Health and Disability Services Act 1993
IHR	International Health Regulations 2005
iHNZ	Interim Health New Zealand

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IMT	Incident Management Team, a group of personnel carrying out the functions of the CIMS structure
Lead Agency	The agency that has a mandate (through legislation or expertise) to manage a particular emergency
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	In risk management terminology used to refer to the chance of something happening (probability or frequency over a given time)
MHA	Māori Health Authority – Te Aka Whai Ora
MoH	Ministry of Health. http://www.health.govt.nz/
NCDEMG	Northland Civil Defence Emergency Management Group
NGO	Non-Governmental Organisation
NEMA	The National Emergency Management Agency (NEMA) is the Government lead for emergency management. NEMA works with central and local government, communities, iwi, and business to make sure responses to and recoveries from emergencies are effective and integrated. http://www.civildefence.govt.nz/
NHCC	National Health Coordination Centre. A structure to coordinate the national health emergency response (Primary location MoH, Wellington).
NHEP	National Health Emergency Plan. https://www.health.govt.nz/system/files/documents/publications/national-health-emergency-plan-oct15-v2.pdf
NRHCC	Northern Region Health Coordination Centre. A structure to coordinate the northern region health emergency response.
NRHEP	Northern Region Health Emergency Plan. Provides an agreed framework and guiding principles, roles and responsibilities and efficient coordination process for Districts, their PHUs and providers
NZBS	New Zealand Blood Service. http://www.nzblood.co.nz/
ODESC	Officials' Committee for Domestic and External Security Coordination. A committee of government chief executives charged with providing strategic policy advice to ministers. It provides support to DESC and oversees emergency readiness, intelligence and security, terrorism and maritime security. Activation of ODESC is at ministerial request; for example, where a growing risk of a particular threat has been identified.
OPF	Operational Policy Framework. A group of documents that sets out the operational level accountabilities for Districts for each fiscal year. The OPF covers emergency obligations based on the 4Rs.
PHO	Primary Health Organisation. A grouping of primary health care providers; local structures through which Districts implement the Primary Health Care Strategy
PHU	Public Health Unit. Provide health services to populations rather than individuals. Led by a manager and staffed by medical officers of health, public health nurses, health protection officers and others
Primary Care	Care services provided by general practitioners, nurses, pharmacists, dentists, ambulance services, midwives and others in the community setting
Public Health Emergency	An unexpected adverse event that overwhelms the available public health resources or capabilities at a local or regional level. Public Health emergencies may or may not be declared civil defence emergencies. A non-civil defence public health emergency can be declared by a Medical Officer of Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956

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Regional Health Emergency	May arise when the resources of a District, or more than one District, are or have the potential to be overwhelmed and the incident requires regional assistance, management and coordination, either from within the northern region or nationally
REMS	Regional Emergency Management Service. Supports the emergency management deliverables in the four northern districts
Risk	The chance of something happening that will have an impact upon service delivery. The likelihood and consequences of a hazard
SOP	Standard Operating Procedure
Sitrep	Situation report used by emergency services to share information related to an incident
Welfare Coordination Groups (WCGs)	Chaired by the Welfare Manager and comprise government and non-government agencies working together to develop regional arrangements for the coordination of community welfare and recovery in the event of an emergency. Northland is a member of the Northland WCG; the Metro Districts/Te Whatu Ora and ARPHS have one representative each on the Auckland WCG plus Auckland Regional Public Health, Ministry of Health, Auckland Council Environmental Health and St John.
Te Whatu Ora Health NZ	An organisation established under Section 19 of the Public Health and Disability Services Act (2000). Formerly called District Health Boards up until 30 June 2022.
WHO	World Health Organisation http://www.who.int/en/

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Appendix 2 - Roles and Responsibilities

Under the CDEM Act and National CDEM Plan, the Director-General of Health, on behalf of the Minister of Health, has overall responsibility for health matters related to emergency management. Districts lead the planning and response for emergencies at local level, including engagement with community-based providers. Other specified roles are summarised in the [National Health Emergency Plan \(NHEP\) 2015](#) (pg. 8);

These are aligned with the [National Civil Defence Emergency Management Plan Order 2015](#).

Service	Responsibilities
Te Whatu Ora - Health NZ 1 July 2022	Health NZ will manage all health services, including hospital and specialist services, and primary and community care. Primary health, wellbeing and community-based services will be planned and then purchased through four new regional divisions of Health NZ. The NZ Health reform disestablished the 20 existing District Health Boards and merged their functions into Health NZ.
Māori Health Authority	The Māori Health Authority, works in partnership with the Ministry of Health and Health New Zealand, ensuring the health system works well for Māori.
Regional Coordination Centre	The Regional Coordination Centre has the responsibility for the delivery and coordination of a northern region health emergency response, e.g. NRHCC support effective and sustainable emergency management through: <ol style="list-style-type: none"> 1. Providing a faster and more flexible response; ensuring services can be rapidly scaled up and building equity-led regional governance for outbreak services. 2. Enabling quicker escalation and resolution of issues, sharing resources within region and providing enhanced support for smaller localities. 3. Minimising duplication of effort, doing things once per region instead of once per locality and quickly sharing information and best practice across a region.
Te Whatu Ora – Te Tai Tokerau – Te Tai Tokerau (Previously – Northland District Health Board; DHB)	Districts provide hospital and community-based health services (including Public Health Units). Districts are funders and providers of publicly funded services for the populations of specific geographical areas in New Zealand. Refer NHEP Table 1 (Page 9) & 2 (Page 11)

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<p>Note:</p> <ul style="list-style-type: none"> Effective supply chains are critical to reduction and readiness planning, reviews of and updates to supply chain management should be considered as part of the planning process <p>Continuity of care for existing patients includes the development of integrated plans for the evacuation, relocation, or shelter in place of staff and patients due to fire or other hazards</p>	
<p>Secondary Hospitals</p> <p>When the resources of public hospitals are fully committed, private medical facilities may be called upon to assist with surgical operations and other treatment within their capacity to provide.</p>	<p>Secondary Hospitals will:</p> <ul style="list-style-type: none"> Provide the facilities in which the majority of acute treatment for those affected by the incident is undertake Accommodate the majority of recuperative patients during their immediate post operation period Maintain service continuity plans to minimise disruption to services through the loss of staff and the loss or impairment of buildings or utility services Plan for a graduated response, including the evacuation of patients Ensure the emergency plan is integrated locally and regionally and is aligned with public health and other emergency services Manage capacity to accept those needing hospital cares as a result of the incident Participate in an alternate communications network linking key healthcare facilities, including Tertiary Hospitals, and CDEM organisations Have arrangements for access to essential supplies during an emergency Participate in coordinated planning, training, exercising and response arrangements with complementary and neighbouring providers, the Ministry of Health and other key agencies Agree mutual aid agreements with other providers, such as private hospitals Ensure all obligations can be met and there is regular monitoring of staff awareness and training Ensure readiness of resources Provide for incident review and debriefing of staff Private hospitals will plan to admit low acuity patients transferred from public hospitals Private hospitals will be prepared to make facilities available for public hospital patients Private hospitals will be prepared to make medical equipment and supplies available for public hospitals.
<p>Mental Health Services</p> <p>Disastrous events cause psychological stress and may impair the mental health of both those</p>	<p>Mental Health Providers will:</p> <ul style="list-style-type: none"> Develop service continuity plans to minimise disruption to services through the loss of staff or the loss or impairment of buildings or utility services Ensure all obligations can be met and there is regular monitoring of staff awareness and training

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<p>immediately involved and the wider community. Psychosocial support to the wider community is supplied through a diverse range of health and welfare agencies.</p>	<ul style="list-style-type: none"> • Ensure readiness of resources • Make provision for the psychological needs of those patients it has • Provide for incident review and debriefing of staff.
<p>Health and disability service providers</p>	<p>Service providers will:</p> <ul style="list-style-type: none"> • Develop and maintain service continuity plans that minimise disruption to services through the loss of staff, impairment of buildings or utility services • Ensure all obligations can be met and there is regular monitoring of staff awareness and training • Ensure readiness of resources • Work closely with social services departments, agencies and voluntary organisations, especially in relation to social and psychological support • Provide for incident review and debriefing of staff.

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Appendix 3 - St John Organisational Structure



St John National Structure

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Appendix 4 - Legislation

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

International

- [World Health Organisation International Health Regulations 2005](#)

National Plans and Guidelines

- [Guide to the National Civil Defence Emergency Management Plan \(2015\)](#)
- [National Health Emergency Plan; Ministry of Health \(2015\)](#)
- [New Zealand Influenza Pandemic Action Plan; Ministry of Health \(2017\)](#)
- [New Zealand Ambulance Services Ambulance National Major Incident Plan 2011](#)
- [Welfare Services in an Emergency Directors Guideline for CDEM Groups and agencies with responsibilities for welfare services in an emergency \(2015\)](#)
- [National Disaster Resilience Strategy \(2019\)](#)

Regional Documents

- [Northland Civil Defence Emergency Management Plan 2016-2021](#)
- [Auckland Civil Defence and Emergency Management Group Plan 2016-2021](#)

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- [Emergency – Psychosocial response, Welfare Plan](#)
- [Auckland Welfare Coordination in emergencies 2019](#)
- Northland CDEM Group Welfare Plan

Appendix 5 - Profile of the Northern Region

Figure 4: The Northern Health Region



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Appendix 6 - Roles and Responsibilities by Alert Code

Phase/ Alert Code	National Responsibility	Regional Responsibility	Local Responsibility
ALL ALERT PHASES	<ul style="list-style-type: none"> Co-ordinate the health sector operational response at the national level Provide information and advice to the Minister Provide strategic direction on the health and disability sector's response Liaise with other national level agencies Liaise with international agencies Identify and activate national TAG(s) Provide clinical and public health advice on control and management Approve/direct distribution of reserve supplies Provide information to assist response Plan for recovery 	<ul style="list-style-type: none"> Coordinate the northern region health response. Liaise between the MoH, northern region Te Whatu Ora and other agencies Coordinate regional intelligence gathering and regional tasking 	<ul style="list-style-type: none"> Coordinate and manage the health sector response in the Te Whatu Ora district. Liaise with other agencies at the local level and within the region. Provide the NRHCC and the MoH with required information.
INFORMATION /Advisory White	<ul style="list-style-type: none"> Issue code white through SPOC system Monitor situation and continue surveillance Advise Te Whatu Ora District Director, Te Whatu Ora SPOCs and PHU managers of situation and developments Provide media with public information Liaise with Government agencies Liaise with international agencies 	<ul style="list-style-type: none"> Not activated in code White. Monitor situation. 	<ul style="list-style-type: none"> Monitor situation, obtain intelligence reports and advice from the MoH. Advise all staff, services and service providers of the event Liaise with MoH regarding media statements. Review local and regional HEPs Prepare to activate plans. Liaises with other agencies in the region.
STANDBY Yellow	<ul style="list-style-type: none"> Issue code yellow Identify and appoint national IMT Assesses requirement to activate NHCC Determines and communicates strategic actions for response Identifies and activates national TAG(s) 	<ul style="list-style-type: none"> Prepare to or activate the NRHCC Note: In some circumstances a single regional coordination team (actual or virtual) may be activated without the NHEP moving to the Red phase. This 	<ul style="list-style-type: none"> Prepare to activate Te Whatu Ora EOCs Prepare to activate Te Whatu Ora IMTs Prepares to activate regional coordination. Advise and prepare staff, services and service providers.

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Phase/ Alert Code	National Responsibility	Regional Responsibility	Local Responsibility
	<ul style="list-style-type: none"> Advises the health sector of the situation via the SPOC system Liaison with other government agencies Liaison with international agencies. 	<p>may occur when a health related emergency is localised and likely to remain so, or when the MoH considers activation of the NHEP is not required.</p>	<ul style="list-style-type: none"> Manage liaison with local agencies. Monitor situation and liaise with the MoH Prepare to activate CBACs and tele-triage <p>Note: In certain types of emergency PHUs may activate whilst clinical services remain on standby to mount a clinical response.</p>
ACTIVATION Red	<ul style="list-style-type: none"> Issue code red; then communicate via the four regional Emergency Management Advisors Co-ordinates national health response Activate the NHCC as required Monitor situation, revise and communicate strategic actions for response Approve/direct distribution of reserve supplies Consider strategic recovery issues Provide clinical and public health advice Co-ordinate national public information management activities Manage liaison with government agencies Manage liaison with international agencies Implement recovery planning 	<ul style="list-style-type: none"> Activates the Northern Region Health Coordination and identifies a regional Incident Controller. Coordinates the northern region health response. Liaises between the MoH, and northern Te Whatu Ora and other agencies' regional emergency structures. Coordinates intelligence gathering and tasking in the northern region. <p>Consider: appointing a Regional Recovery Manager if the scale of the incident causes it to continue for a prolonged period of time</p>	<ul style="list-style-type: none"> Activate Te Whatu Ora EOCs Activate Te Whatu Ora IMTs Manage Te Whatu Ora primary, secondary and PHU response. Liaise with other agencies at local level. Activate CBACs and tele-triage as necessary. Provide NRHCC with Te Whatu Ora/ community health intelligence. Appoint a recovery Manager
STAND-DOWN Green	<ul style="list-style-type: none"> Issue code green Advise government / international agencies of stand-down Advise media and public Stands down MoH IMT and NHCC Focus activities on national health sector recovery issues Implements recovery plan in conjunction with other agencies Manage national health debrief / review plan 	<ul style="list-style-type: none"> Stands down the NRHCC Participates and/or organise regional debriefings. Review the management of the incident and update the regional relevant plans. 	<ul style="list-style-type: none"> Stands down Te Whatu Ora EOC Stands down Te Whatu Ora IMT Focuses activities on health recovery issues in the Te Whatu Ora district. Facilitates debriefs. Provides Ministry information following debriefs. Updates plans

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