

MAJOR INCIDENT RESPONSE PLAN 2023 - 2025

Major Incident

Any actual or impending event that presents a serious threat to the health and safety of Te Whatu Ora – Health New Zealand Te Tai Tokerau staff and/or the people in their care, or the inability to provide an essential service that forms our core business.

Te Whatu Ora – Health New Zealand Te Tai Tokerau	
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EMERGENCY NUMBERS AND CODES

Te Whatu Ora – Health New Zealand Te Tai Tokerau	
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777 Whangārei
4888 Rural Hospitals
111 After hours
Emergency phone numbers

5777
If reporting on Te Whatu Ora cell
phone

Code Blue
Cardiac and/or Respiratory Arrest
Medical Emergency Call (MET)

Code Orange
Security Incident

Te Whatu Ora – Health New Zealand Te Tai Tokerau

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1. Introduction

This document is for the use of any person or teams responding to a major incident. Each Te Whatu Ora - Health New Zealand Te Tai Tokerau (Te Whatu Ora) hospital site, Kaitaia Hospital, Bay of Islands Hospital, Whangārei Hospital campus, and Dargaville Hospital have their own specific processes dependent on staffing, business structure and geographical location. Each department, unit or site has developed their own business continuity plan and evacuation plan that will enable staff to provide as much service to patients as the situation allows. These are kept in hard copy with each department and on Te Whatu Ora intranet.

Te Whatu Ora services that are provided off the Whangārei Hospital campus will need to adapt the generic Major Incident Response Plan (MIRP) to suit the privately owned premises they inhabit. Key areas for those staff will be; fire protocol, building evacuation, staffing, information system failures and power outages. These areas are generally included in the unit specific Business Continuity Plan.

2. Purpose

The intent of this plan, and its supporting sub-plans and associated documents, is to ensure that New Zealand health and disability services are positioned to effectively meet the health needs of the community during an emergency in an appropriate and sustainable manner. The plan will provide a resource to assist in the response to an emergency, minimise the impacts of the emergency on the health of individuals and the community, facilitate the recovery process and help to build a resilient community and health and disability sector.

3. Definitions

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.

4. Legislation

In Emergency Management each agency with roles and responsibilities under this plan should:

- i. Develop and maintain current emergency management plans that describe how the agency is to carry out its roles and responsibilities, including –
- ii. Each aspect of its activities across the 4 R's; and
- iii. Co-ordination with other agencies

[National Civil Defence Emergency Management Plan Order 2015 \(LI 2015/140\) \(as at 01 July 2022\) 98 Emergency management planning – New Zealand Legislation](#)

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

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5. Causative Agents of Major Incident

Major incidents may occur as a result of:

5.1 Natural Events include:

- Severe weather causing flooding and subsequent road closures
- Heatwaves
- Distant or local earthquakes create a tsunami
- Extended drought resulting in public health issues
- Introduced pestilence such as Foot & Mouth disease
- Pandemic influenza or similar biological event.

5.2 Man-made incidents include:

- Information systems failure
- Extended power outage
- Mass casualty from road traffic accident, marine, aeroplane incident or industrial incident
- Industrial action.

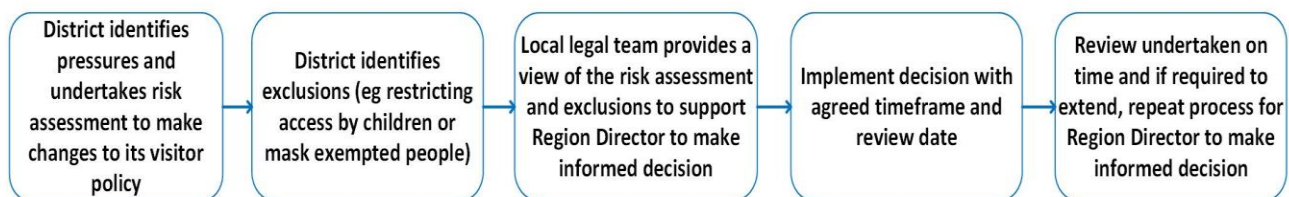
6. Risk Reduction

6.1 Business Continuity Planning (BCP)

BCP and management are essential aspects of sound risk management, and good corporate governance. A well-prepared BCP allows you to have a range of responses in place to be activated as soon as they are needed. All services and departments are required to develop and use one. Te Whatu Ora utilises the AS/NZS 5050:2010 Business Continuity-Managing disruption-related risks.

6.2 Risk Escalation

Process for exclusions



7. Readiness

7.1 Training and Testing

All staff in senior positions within the organisation will be trained in Community Incident Management (CIMS Level 4).

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Testing for emergency preparedness is undertaken to;

- Train staff in emergency response
- Improve the emergency plans
- Allow for inter-agency networking with emergency services
- To meet Te Whatu Ora obligations, as defined in the Operational Policy Framework These indicate a minimum of annual testing of emergency evacuation procedures
- Biannual Emergo training exercise engage in Regional & National Health Emergency Plan exercises as required by the regional group or the ministry.

Exercises that may include Te Whatu Ora staff include;

- Multi-agency exercises with emergency services partners
- National Ministry of Health exercises
- Regional exercises including Te Whatu Ora sites in Auckland
- Local civil defence exercises
- Local Emergency Service exercises
- National Ministry of Civil Defence & Emergency Management exercises
- Individual hospital site exercises
- Key stakeholder exercises.

The degree of participation depends on the focus of the exercise, the agencies involved and the availability of key personnel with Te Whatu Ora.

There are 3 kinds of exercises;

- Table top exercises, including Emergo training
- Functional exercises
- Full-scale field exercises.

There is a consultative review of emergency response procedures after any practice drills and after any actual emergency event.

8. Response

8.1 Roles, responsibilities and functional relationships

The incident may be small enough that one person; usually the duty manager can manage the event. If the incident is significant, and potentially impacts on a wide sector of the community, this plan will be used in conjunction with [Te Whatu Ora Health Emergency Plan 2023-25](#). Copies will be available in the Emergency and Corporate Risk office and on the Te Whatu Ora Intranet.

- If the incident is the development of an infectious disease the clinical charge nurse, infection control nurse or medical officer of health will activate Te Whatu Ora Public Health, [Outbreak Management Policy](#). Te Whatu Ora Outbreak Management Team consists of; Infection Control, Emergency and Corporate Risk manager, medical officer of health, Laboratory, Communications, Pharmacy or duty manager, the general manager on call, Hotel Services cleaners and Security services.

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- The situation regarding an Emerging Infectious Disease (EID) or [Influenza Pandemic Plan](#) is under constant national surveillance and the [National Health Emergency Plan: Infectious Diseases](#) provides direction as does the [Guidance document](#).
- An incident that is large and involving multiple sites or services requires an Emergency Operations Centre (EOC) to be set up at Whangārei Hospital, and one to be set up at the hospital nearest the incident. Where many communities are impacted by a significant event there is an activation of the Civil Defence Emergency Management Group (CDEM), with health being represented on that team. The staff who are closely involved with CDEM are the Emergency and Corporate Risk manager and the medical officer of health
- A further set of circumstances may arise where either Te Whatu Ora or one of Auckland’s three Te Whatu Ora sites may need assistance due to an emergency of a sustained nature, e.g. an extended IS outage. In this case the Emergency and Corporate Risk manager alerts the other three Regional Te Whatu Ora contacts to share information and if required request or provide assistance
- At ward or departmental level, the most senior staff member is responsible for ensuring the ward/unit follows the directions of the Incident Management Team Planning (IMT), ensuring patient safety is a priority. The event may require the department/team to utilise their business continuity plans, evacuation plans and/or mass casualty task cards.

8.2 Surge Capacity

In response to complex emergencies, hospitals/health facilities may need to safely decant and/or 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
- Deployment of staff from one area to another in order to provide assistance during a response.

The ability to cope with a sudden influx of patients will be dependent on multiple variables including time of day, day of the week etc. The IMT will utilise varying resources to determine the best approach on the day, these include:

- Hospital at a Glance (HAAG)
- Trendcare information if available
- Clinical nurse manager group and duty manager
- Clinical Leaders advisory team (comprising of senior clinicians of the day)
- Primary Care Liaison, Integrated Operations Centre

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Suggested Areas for Patient Overflow	No. of Bed Spaces	No. of Beds	Type
Surgical Assessment Unit (SAU)	23	23	Trolley Beds
Outpatients Department		21	8 plinths medical clinic 2 beds Oncology 4 plinths Surgical clinic 4 plinths Ortho clinic 3 plinths O&G clinic
Imaging Department		4	Plinths
Assessment Unit (AU)		16	

9. Activation of the Plan

Under the single point of contact system, both the Ministry of Health and the Ministry of Civil Defence and Emergency Management (MCDEM) text and e-mail alerts of any major incident. These alerts are simultaneously sent to the Emergency and Corporate Risk manager and the duty manager. St John also texts both contacts for major incident notifications. Test texts are done each month.

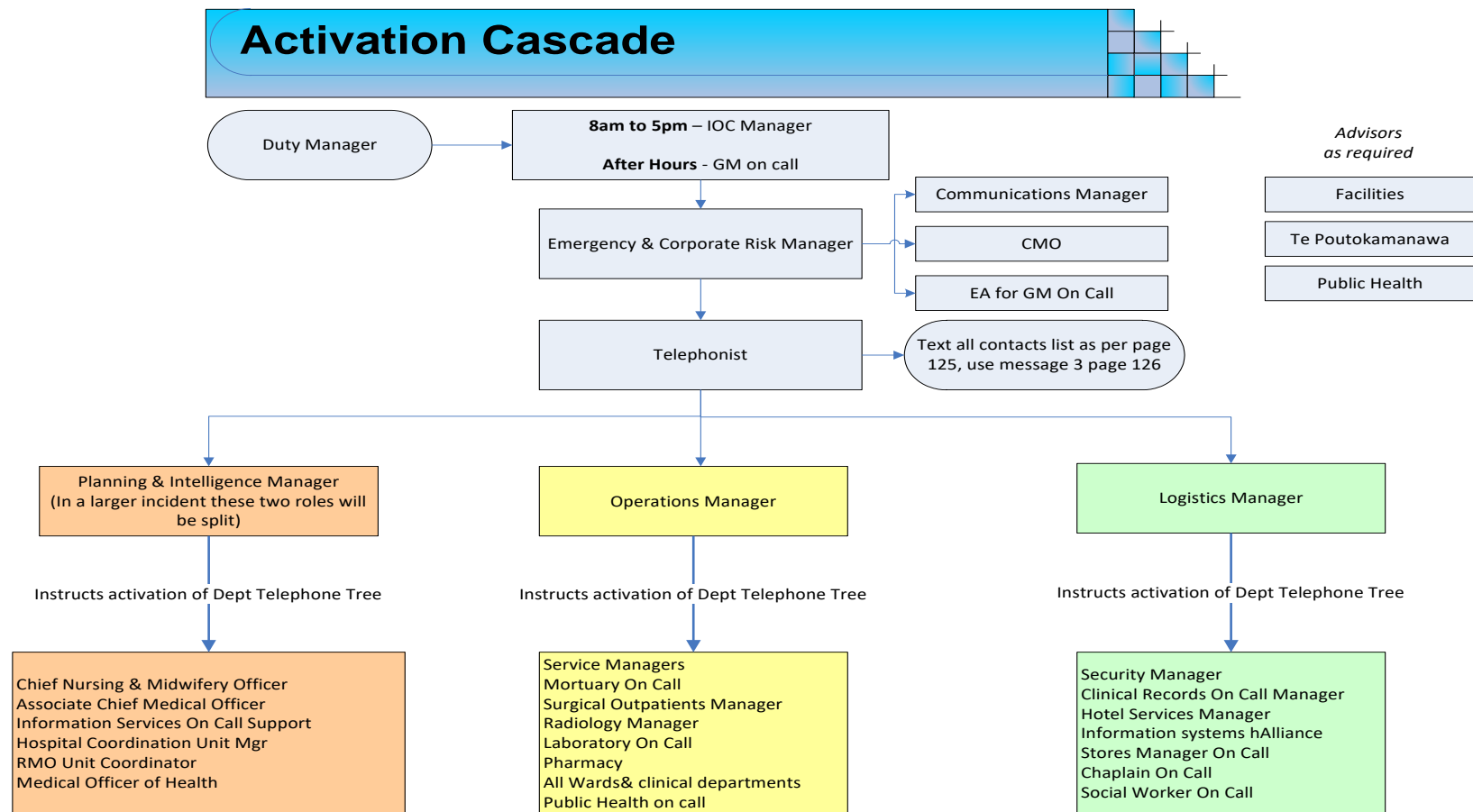
The escalation process is outlined in the matrix on the following pages. Dependent on the content of the message the **duty manager may**:

1. Choose to **manage the incident/event themselves**.
2. **Escalate the incident** as per the matrix. The GM on-call (after hours) will determine if a **full or partial activation of the IMT** is required. (However, there may be situations where the nature of the event demands the immediate activation of the IMT by the duty manager with notification to the on-call GM and Emergency & Corporate Risk manager, as part of the activation.)
3. Where the on-call GM is not contactable, the duty manager will contact the associated service GM.
4. If in doubt, contact the Emergency and Corporate Risk manager.

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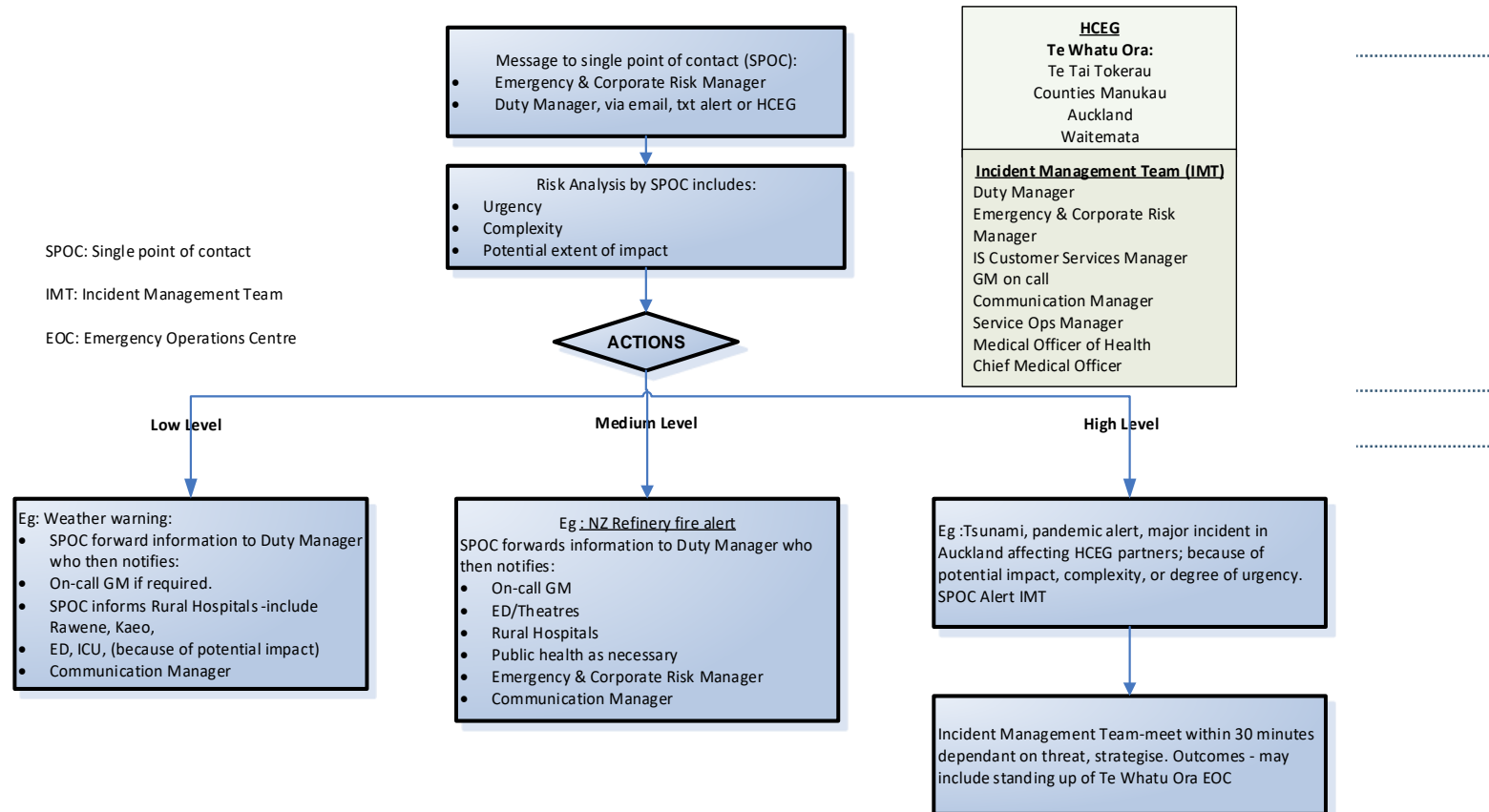
9.1 Major Incident Plan – Activation Cascade



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9.2 Major Incident – External Threat

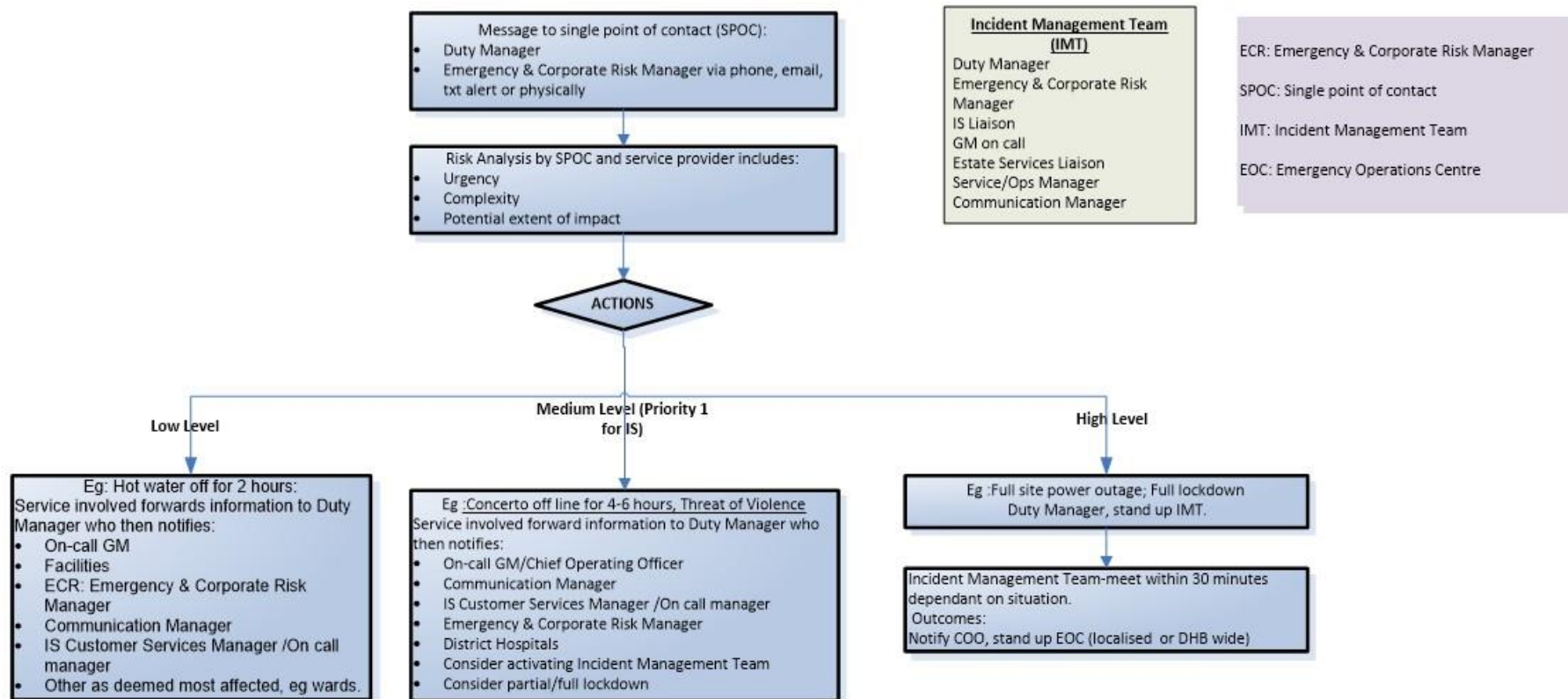
Inclusive: Tsunami, pandemic alert, earthquake, weather warning, flooding, Health Coordination Executive Group (HCEG) partner hospital crisis, large local incident eg, chemical spill or fire at Refinery.



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9.3 Major Incident – Internal Threat

Inclusive: Information Systems malfunction(Alpha, Phones, Jade etc) , Estate Services utility failure,(Power, Water) Imaging (CT, MRI or PACS) outage, threat of violence



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9.4 Escalation Matrix – Internal and External Threat

ESCALATION MATRIX – External Threat

Contact List	Low + Immediate Notification			Medium or Not resolved within 4 hours+			High or Not resolved within one Day		
	Phone	Text	Email	Phone	Text	Email	Phone	Text	Email
Duty Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Manager Service				✓	✓	✓	✓	✓	✓
On-Call General Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical Nurse Managers				✓	✓	✓	✓	✓	✓
Communication Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency & Corporate Risk Mngr	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Officer of Health				✓	✓	✓	✓	✓	✓
Chief Executive Officer							✓	✓	✓

Notes: 1. Updates to be given on same interval as non-resolution ie hourly, or 4 hourly, by the same means
2. Notification on resolution to be provided to all persons already notified, by the same means

ESCALATION MATRIX – Internal Threat

Contact List	Low + Immediate Notification			Medium or Not resolved within 4 hours+			High or Not resolved within one Day		
	Phone	Text	Email	Phone	Text	Email	Phone	Text	Email
Duty Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Manager Service				✓	✓	✓	✓	✓	✓
On-Call General Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical Nurse Managers				✓	✓	✓	✓	✓	✓
Communication Manager	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency & Corporate Risk Mngr	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Officer of Health				✓	✓	✓	✓	✓	✓
Chief Executive Officer				✓	✓	✓	✓	✓	✓

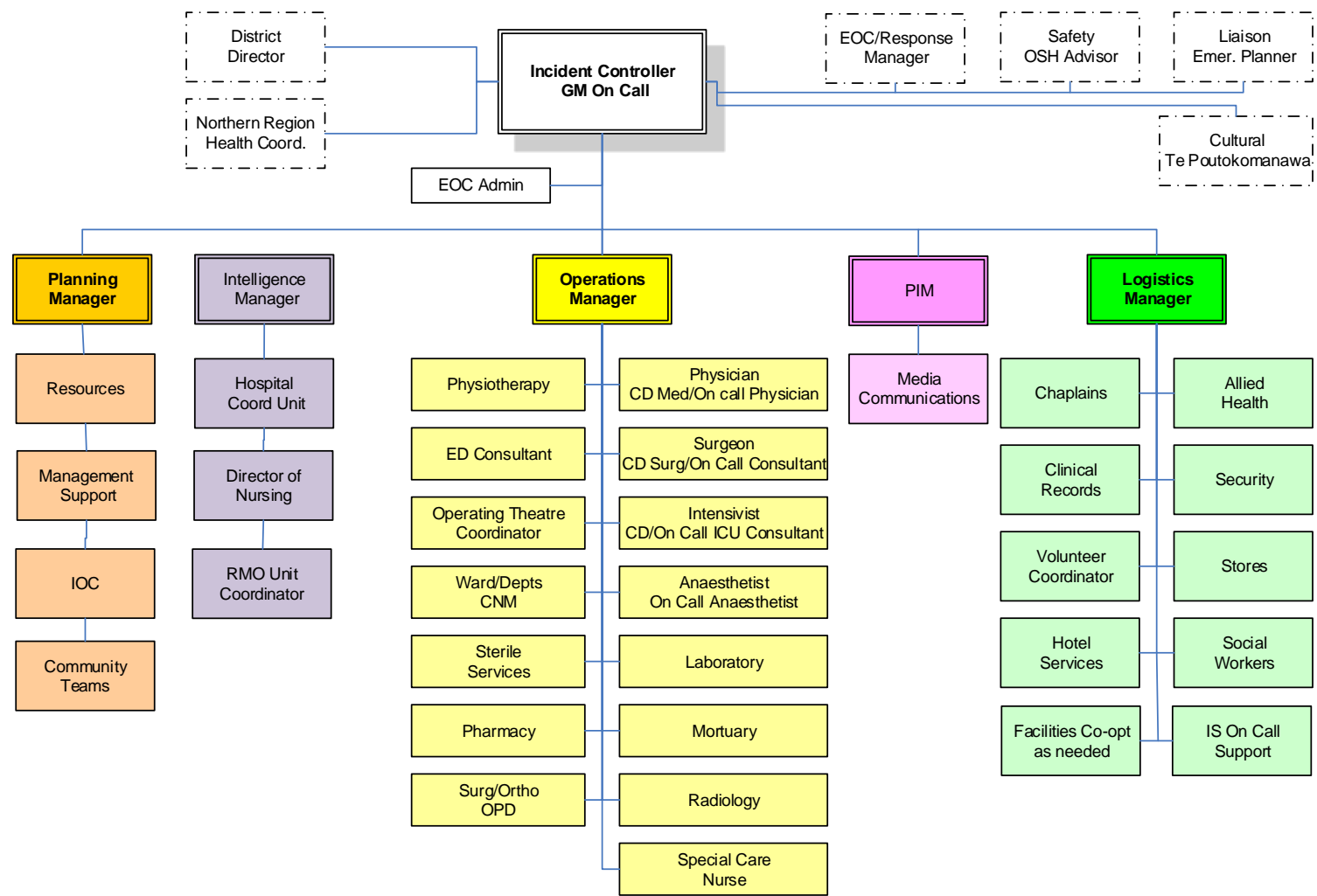
Notes: 1. Updates to be given on same interval as non-resolution ie hourly, or 4 hourly, by the same means
2. Notification on resolution to be provided to all persons already notified, by the same means

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9.5 Te Whatu Ora Coordinated Management System



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9.6 Transfer/Discharge of Patients

The identification of inpatients for whom transfer to another hospital or early discharge is a suitable option is the responsibility of the clinical team that admitted the patient. The nursing teams will make discharge/transfer arrangements with assistance, where appropriate, from allied health teams such as physiotherapy or occupational health. The Integrated Operations Centre manager in liaison with the Ambulance Service (using AMPLANZ) will coordinate the actual movement of these patients. Liaison with the Ambulance Service will be needed to ascertain their capacity for the extra demand on transfers and provide an estimated time for delays.

9.7 Identification of Personnel

Key staff will wear identification vests for the duration of the Incident. All hospital staff must wear their hospital identification badge in order to:

- Be clearly identified as a staff member
- Ensure access to the hospital should they be called in.

9.8 Reporting Lines and Communication

Key staff may be issued with handheld radios to coordinate communication. These are on an open channel and are not suitable for clinical communication, as the radios are not encrypted. All four hospitals that make up Te Whatu Ora have Satellite Phones, which are tested monthly. Each area/department must maintain an up-to-date contact phone list for staff in their department. Each department has a text alert system tested and updated every 6 months.

Note: The CIMS format is a coordination structure. Clinical governance remains with the clinical units.

9.9 Obtaining Additional Personnel to Help

Volunteers

- Districts do not accept spontaneous volunteers. Offers of assistance from health professionals will be managed through normal HR and credentialing processes. Other volunteers will be directed to CDEM
- Each area will have Webtext to notify staff.

Internal Support & Assistance – Staff deployment

Reggie is a new application, which helps to deploy staff to fill shifts or other roles within Te Whatu Ora. Reggie will be used for BAU as well as during surge situations such as Covid-19 outbreaks, mass casualty events, industrial action, or local events like tsunami evacuations. In emergency situations:

- Staff will station themselves in the designated area of deployment
- Coordination will ensure the effective use of the deployed staff
- Documentation of messages received, actions taken and messages sent will be maintained.

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- Communication links to the Emergency Operations Centre will be managed
- Deployed staff will be provided with vest and ID if required
- Staff will undergo a safety briefing.

Operations Centre Administration Support

All general managers' executive assistants are expected to:

- Have undertaken EOC management training provided by Te Whatu Ora
- Attend CIMS4 and EOC training, along with all GM's and senior staff members, which is provided by Te Tai Tokerau Regional Council. Bookings can be made via the Emergency & Corporate Planning administrator
- Be part of a text alert system specific to themselves as a group.

10. Recovery

10.1 Purpose

The process of recovery begins part way through any major event. Once the situation has become manageable within the parameters of the event or incident, thought should be given as to how progress will be made.

Options to consider for recovery include:

- A return to the way things were in their entirety
- A partial return to the old norm
- Development of a new norm, with opportunities for change being recognised as a positive outcome from a testing event.

Dependent on the scale of the event/incident the incident controller may choose to stand up a recovery team with a designated recovery manager, or manage the recovery process with the IMT. Issues that impinge on recovery management include:

- The duration of the incident
- The degree of disruption to business as usual
- The degree of damage sustained, be it infrastructure, electronic systems and/or physical buildings
- The magnitude of the financial implications
- Psychosocial impacts on staff and subsequent ramifications
- Stakeholders demands
- The estimated time for the recovery project
- Legislative and political requirements
- Resources available.

10.2 Response Review

At the conclusion of a major incident or emergency exercise, a response review will be undertaken to:

- a. Review the overall response to the major incident.
- b. Evaluate the management of the incident.

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- c. Validate plans, protocols and procedures.
- d. Identify successes and areas for improvement.
- e. Incorporate the lessons learned into future arrangements.
- f. Assess the interaction between agencies and determine areas for mutual review.

10.3 Procedure

A response review will normally be carried out within 72 hours in the following manner. An independent reviewer will work with the Emergency and Corporate Risk manager to facilitate the response review session with all available staff involved in the event. The areas reviewed include:

- a) Ensuring Notification and Activation processes are timely, appropriate and inclusive.
 - Identify any gaps and opportunities for improvement
 - Ensure communication and response is timely, appropriate and inclusive
 - Deal with all recovery issues, including increased support or resourcing for rectification of backlog of clinics, planned care and organisational services.
- b) Key personnel involved in the management of the incident will review the report and consider –
 - Lessons learnt and agree on an action plan and set time for implementation
 - Equipment needs
 - Training needs for managers and staff
 - Amendment of plans, protocols and procedure
 - Resource implications.

11. Standard Operating Procedures and Fire Management

Specific actions relating to frequently occurring incidents as follows:

(N.B. Staff to alert duty manager regarding failing systems, e.g. Concerto or Webpas)

11.1 Computer Outage

1. Duty manager and team to follow protocol in the Te Whatu Ora Patient Management System Outage Plan (document under review). A copy of this document is held in the duty manager's office, the Emergency & Corporate Risk manager's office, the emergency resource cupboard (2nd floor conference room) and on the intranet under Emergency Management. The actions contained within the plan can be scaled up or down as necessary.
2. Staff will be provided information using various modes of communication dependent on the specific application failure and time of day. These may include:
 - i. The telephonist operated public address system
 - ii. E-Mail
 - iii. Texts
 - iv. Phone calls
 - v. Radio telephones
 - vi. Runners
 - vii. The fire system public address phone.

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3. It is essential that staff refrain from using the electronic systems until the Information Service technicians announce the all clear.
4. All units have business continuity plans, which outline the response specific to the affected area. **These Business Continuity plans must be referred to within each individual service/unit/department.**

11.2 Power Outage

1. Duty managers follow notification flowchart in Major Incident Plan.
2. In most circumstances, emergency power will come on within 30 seconds. Should the generator fail to initiate, staff are to reassure patients, use emergency headlights as required, and check high risk patients, e.g. those with cardiac monitoring etc, and organise alternative monitoring if required.
3. Switch computers off, so that when the power returns the equipment is not damaged. Only turn them back on as directed by Information Services.
4. Information will come from the IMT as soon as it is available. The priority is patient safety.
5. Emergency and Corporate Risk manager liaises with Northpower personnel to get timeframes and extent of the outage if known.
6. A sustained event, i.e. for more than 4 hours, will require an IMT to convene and make contingency plans.
7. Facilities controller to provide updates to the duty manager or IMT at regular intervals.
8. Staff to alert the duty manager immediately if any critical machinery is failing such as lifts, ventilators, incubators etc.
9. Refer to Business Continuity Plans at service and department level.
10. We carry out blackout testing twice a year.
 - Te Whatu Ora has four generators; each generator now has its own tank.
 - One single generator can run the whole site so we have 100% redundancy
 - We now have three UPS running theatre, if one fails the other two can run all theatres for 11 hours.

11.3 Communications Failure

1. Duty manager to determine the extent of the outage, e.g. landline failure, or Mobile system collapse.
2. Duty manager will notify the Emergency and Corporate Risk manager to set up the IMT and healthAlliance technicians. If daylight hours utilise alternative communication systems, at night organise a team of runners. The IMT will determine the communication strategies as per Patient Management System Outage plan. (Hard copy kept in duty manager Office).
3. Radio telephones are available via the Emergency and Corporate Risk manager and/or duty manager for use when mobile phones and landlines are ineffective.
4. If there is a weather event which is predicted to be severe and that may interrupt Communications, the duty manager and/or Emergency and Corporate Risk manager may phone rural hospitals to establish regular check in times with landline, mobile phones or satellite phone connections. This allows for regular situation reports and updates.

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5. If all methods of communication fail and information is urgently needed to be transmitted from Whangārei Hospital, the ED radio telephone can be used to connect with St John communication centre and they will forward the message to the appropriate agency.
6. Satellite phones are available at Whangārei, Dargaville, Bay of Islands and Kaitia Hospitals for communication. The Satellite phones are tested each month between our rural hospitals and the Auckland metro team. The satellite phones do not work well in inclement weather and staff need to be aware of their safety on the rooftop of the hospital when using the satellite phone.

11.4 Fire Plan and Procedures

Fire Safety and Evacuation Orientation Protocol for Te Whatu Ora (Whangārei site)

N.B. The Whangārei Hospital site is NOT all on the same fire circuitry. It is the responsibility of all Te Whatu Ora staff to be aware of the differing Fire Systems in place across the Whangārei Hospital campus to ensure patient and visitor safety.

Main Hospital Building:

- The control panel is based on the lower ground floor
- Sprinklers are plumbed into all parts of the Clinical Services block with the exception of the Server Room on the 4th floor. This room has its own fire retardant gas supply.

Theatres

- The main fire panel is outside theatre suite above the basement car park
- There are 3 remote display units in theatre; one located outside PACU opposite theatre 5, one in the corridor between SAU and reception, and a third is in the outside corridor between the changing rooms
- A strobe light in the lift corridor will warn of fire elsewhere in the hospital
- Theatre clinical areas do not have smoke alarms. Strobe lights activate in the corridor outside the affected theatre, and inside the theatre visual display units provide further information.

Mental Health

- Is a standalone building with its own fire system
- Fire panel is located on exterior wall roadside of building.

Maunu House

- This block does not have standby strobe light system
- This block has alarm activated voice messages
- The staff residence wing has smoke and heat detectors, and sprinklers.

Campus Buildings

- Each building has a separate fire alarm
- The majority of these buildings require evacuation as they do not have sprinkler systems.

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- Staff are responsible for ensuring the safety of members of the public through an alarm.

Fire Training and Testing

- All staff are required to complete Ko Awatea Fire Safety Training
- Wardens undergo specific training provided by a Te Whatu Ora contractor. Regular fire evacuations are scheduled and undertaken across all areas of the campus including Tohorā House, Manaia House, Maunu House, Laundry and Commerce Street, etc.

11.5 Infrastructure Failure

A failure of any infrastructure will have an impact on the provision of service. The degree of impact will be dependent on the type of failure, the duration of the outage, the time of day, or day of the week the failure occurs.

Four documents exist to assist with an infrastructure failure;

1. The checklist for the management of the situation, on next page.
2. An in-depth description of the risks associated with each piece of infrastructure, i.e. water pipes, gas lines, sewage piping etc. This document is held by the duty manager, Facilities manager and the Emergency and Corporate Risk manager in the MIRP folder.
3. The facilities business continuity plan, a copy in the facilities MIRP folder, and with the Emergency and Corporate Risk manager.
4. All individual units have infrastructure failure business continuity plans, including water and power failures.

Infrastructure Failure
<ul style="list-style-type: none"> • Electricity Incident • Sewage Incident • Water Incident (no water, no hot water, contaminated water) • Gas Incident (supply interruption, leak)
Notification
Notification to the telephonist by the person discovering the problem; telephonist to refer issue to the duty manager and the Facilities manager, and the on-call controller if out of hours.
Activation
<p>Facility controller /duty nurse manager assesses situation and if necessary requests escalation to Major Essential Utility Failure response.</p> <p>Communications via duty manager:</p> <ul style="list-style-type: none"> • General manager on call • Emergency and Corporate Risk manager • If an IMT is required, the duty manager may contact IOC manager or call in 2nd duty manager. • CIMS Incident Response structure established

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Operation	
<ul style="list-style-type: none"> Establish EOC and initiate CIMS response as per Establish the EOC Establishment (page 20) Ensure communication of the incident to the widest possible group 	
Electricity Incident	
<ul style="list-style-type: none"> Facility controller to keep the IMT informed regarding the status of the situation and any changes as they occur Advise affected areas to follow the MIRP Power Outage instructions, and to utilise their business continuity plans in regard to a power outage. Distribute radio phones if required Lift service providers notified in electricity outage Deploy extra staff to assist in critical areas as required 	
Total Electricity Outage	
Key areas which require electricity	
ICU	Oncology Unit
SCBU	Laboratory
Theatres and Recovery	Radiology
SAU	Information Services
Delivery Suite	Food Services
Emergency Department	Laundry
Wards 1 , 2 , 3, 4, 12, 14, 15, 16	2 nd floor conference room (EOC)
CCU	Morgue
Dialysis (both areas)	Outpatients Department and Plaster room
Tumanako Unit	CSU
Lifts	Cath Lab
Sewage Incident	
Activation	
Duty manager and facilities controller identify extent of the incident then engage IMT if extensive.	
Notification	
Notify Cleaning Contract holder <ul style="list-style-type: none"> Assess scope of clean up requirement Assign cleaners as a priority Access equipment to dry carpets etc 	
Notify Infection Control service <ul style="list-style-type: none"> Access Personal Protective Equipment (PPE) where required 	
Notify Laundry Contract holder <ul style="list-style-type: none"> Increase in contaminated laundry Increased Laundry bag requirements Replacement of linen supplies Rapid turnaround of curtains and screens required 	

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Operation	
Assess patient relocation requirements <ul style="list-style-type: none"> • Number • Clinical requirements including consumables specific to patient groups • Impact on incoming numbers • Requirement to open closed areas • Staffing impact • Ongoing service impact/s • Ensure any staff in direct contact with effluent are followed up by Health & Safety • Communications to all areas affected. 	
Water Incident (no water, no hot water, contaminated water)	
Duty manager and facilities controller to assess extent of the incident, engage IMT if extensive.	
<ul style="list-style-type: none"> • Wards • ICU/CCU/SCBU/ED • Theatres • Maternity Inpatient Ward and Delivery Suite • Dialysis 	<ul style="list-style-type: none"> • Central Sterilising Unit • Laboratory • Food Services • Laundry • Outpatient Services • Other
Define management plan based on Planning & Intelligence advice Advise staff of restriction management options/guidelines Notify Infection Control service	
Assess patient relocation requirements <ul style="list-style-type: none"> • Number of people • Clinical requirements including consumables specific to patient groups • Impact on incoming numbers • Requirement to open closed areas • Staffing impact • Ongoing service impact/s 	
Steam Incident (may be associated with water supply or electrical incident)	
Duty manager and facilities controller to assess extent of the incident, engage IMT if extensive. <ul style="list-style-type: none"> • Central Sterilising Unit • Food Services • Laundry • Heating • Other 	
Medical Gases	
Risks <ul style="list-style-type: none"> • Main risk is disruption to the supply route as all gas is trucked from Auckland. • Very limited supply held in Whangārei • Patients on Home Oxygen • All inpatient and outpatient services including theatre and delivery suite 	

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The bulk Oxygen tank has 78,800 litres so can last a month at normal usage. Boilers run on gas, however, they have Dual fuel capability so would be switched to diesel fuel for running.

Facilities

Scenario

- (a) Lack of supply of gases due to transport abruption
- (b) Failure of community gas line.

Action:

1. Duty manager to notify Facilities manager or compliance officer. 24/7
2. Responsibility for keeping the Emergency & Corporate Risk manager informed now rests with the facilities manager or compliance officer, whichever one is on-site.
3. Controller sets about getting the situation sorted.
4. Facilities manager to negotiate with Northpower for large generator ASAP.

IMT

Scenario

- (a) Lack of supply of gases due to transport abruption
- (b) Failure of community gas line.

Action:

1. Duty manager to call IMT stat
2. Full briefing on the scope of the outage from Facilities liaison.
3. Further actions will be determined by length of outage.

Issues to consider

Key Stakeholders

- Patient safety
- Staff safety
- Notifications
- Communications
- Security
- Rapid Discharge
- Transfer /St John
- Rural hospitals
- Recovery plans

Buildings

Risks:

- Harm to patients or staff from falling ceilings or equipment in main Whangārei hospital buildings. Same for Maunu House, Tohorā, Tumanako and sub-acute office areas
- Inability to use the building as it would no longer be fit for purpose
- Damage causing building to slumps due to unexpected earth slippage due to significant rain volumes.
- Damage from ongoing building works

All Te Whatu Ora hospital buildings have been seismically surveyed. Most are very old, built in times of lesser building code requirements and are listed, as earthquake prone, i.e. will most likely not fall down completely, however, damage to aged infrastructure will result in most buildings likely to be uninhabitable.

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<p>Facilities</p> <p>Scenario</p> <p>(a) Building partial collapse</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Duty manager to notify Facilities manager or compliance officer. 24/7 2. Responsibility for keeping the Emergency & Corporate Risk manager informed now rests with the facilities manager or compliance officer, whichever one is on-site. 3. Controller sets about getting assessments and ensuring safety of staff. 	<p>IMT</p> <p>Scenario</p> <p>(a). Building partial collapse</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Duty manager to call IMT stat 2. Full briefing on the scope of the outage from Facilities liaison. 3. Activate Mass Casualty Plan 4. Set up EOC with liaison from emergency Services. 		
<p>Issues to consider</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Patient safety Staff safety Notifications Communications Security </td> <td style="width: 50%; border: none;"> Key Stakeholders Rapid Discharge Transfer /St John Rural hospitals Recovery plans </td> </tr> </table>		Patient safety Staff safety Notifications Communications Security	Key Stakeholders Rapid Discharge Transfer /St John Rural hospitals Recovery plans
Patient safety Staff safety Notifications Communications Security	Key Stakeholders Rapid Discharge Transfer /St John Rural hospitals Recovery plans		

12. Relevant Associated Documents

12.1 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](#)

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12.2 International

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

12.3 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 \(2019\)](#)

12.4 Regional Documents

- [Northland Civil Defence Emergency Management Group Plan 2021-2026](#)
- [Auckland Civil Defence and Emergency Management Group Plan 2016-2021](#)
- [Psychosocial Support Plan - Welfare](#)
- [Auckland Welfare Coordination in emergencies 2019](#)
- Te Tai Tokerau CDEM Group Welfare Plan

13. Appendices

Appendix A - Roles and Responsibilities by Alert Code

Appendix B - Emergency Services & External Agencies

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Appendix A - Roles and Responsibilities by Alert Code

Phase/ Alert Code	National Responsibility	Regional Responsibility	Local Responsibility
ALL ALERT PHASES	<ul style="list-style-type: none"> Coordinate 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 area. 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 May activate a national incident on EMIS Advise Te Whatu Ora CEOs, 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 May activate a national incident on EMIS Assesses requirement to activate NHCC 	<ul style="list-style-type: none"> Monitor situation via EMIS. Prepare to or activate the NRHCC Note: In some circumstances a single regional coordination team (actual or virtual) may 	<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"> Determines and communicates strategic actions for response Identifies and activates national TAG(s) Advises the health sector of the situation via the SPOC system Liaison with other government agencies Liaison with international agencies. 	<p>be activated without the NHEP moving to the Red phase. This 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 Region Te Whatu Ora and other agencies' regional emergency structures. Monitor Health EMIS 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 	<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 region. Facilitates debriefs. Provides Ministry information following debriefs.

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Phase/ Alert Code	National Responsibility	Regional Responsibility	Local Responsibility
	<ul style="list-style-type: none"> • Implements recovery plan in conjunction with other agencies • Manage national health debrief / review plans 		<ul style="list-style-type: none"> • Updates plans.

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Appendix B - Emergency Services & External Agencies

A close relationship between Te Whatu Ora, Te Aka Whai Ora and the emergency services is maintained through regular group meetings Emergency Services Coordination Committee and the multi-agency exercises that each agency undertake annually.

NZ Police

The NZ Police will be the controlling agency in the event of a security or public safety incident. Police control victim identification and notification of details to the next of kin if required.

Fire & Emergency New Zealand

Fire & Emergency NZ will be the controlling agency in the event of a fire or hazardous substance incident. The New Zealand Fire Service provides information relating to hazardous substances and a mobile decontamination unit.

St John Ambulance

It is anticipated that the ambulance service will provide the first medical response to casualties at the site of a major incident. Casualty status information will be radioed from the ambulance direct to the Emergency Department. St John has codes for Mass Casualties:

Level 1	= Up to 5 casualties
Level 2	= 6-10 casualties
Level 3	= 11-15 casualties and minimum of 3 ambulances
Level 4	= 16-20 casualties
Level 5	= 20 + casualties

The notification is sent to the duty manager and the Emergency and Corporate Risk manager, and the system is tested monthly.

Civil Defence

A civil defence emergency will be declared when public safety is threatened and the normal emergency services cannot deal with the incident. The regional and local councils establish emergency operations centres, from where they control any civil defence emergency in Te Tai Tokerau. Whangārei Hospital is notified immediately via the Emergency and Corporate Risk manager that a civil defence emergency has been called. Bad weather alerts are emailed and texted to the Emergency and Corporate Risk manager and the duty managers. These are sent to those areas that need to be informed via a group email, DL - Weather Warnings (Te Whatu Ora) WeatherWarn@northlanddhb.org.nz; including ICU, rural hospitals, Hokianga Health and Whangaroa Health Trust.

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 hāpori, Flexibility / Ngāwaritanga and Unity of effort / Mahi ngātahi.

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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.

Special Resource Management

There are some resources/ stocks held within Te Whatu Ora that are under the management of the Ministry of Health and can only be released following certain protocols. For advice or assistance, contact either the Te Whatu Ora Emergency and Corporate Risk manager (027 2013987) or the Ministry of Health Emergency Management Advisor (021 576494).

These resources include Personal Protective Equipment, (masks, gloves, gowns) and equipment including IV giving sets and fluids. Also included are pandemic antibiotics and vaccination supplies. Antidotes for specific poisons are also kept as national stocks in 4 sites across New Zealand, the closest site for Te Tai Tokerau being Auckland. Access is controlled using the Ministry of Health policy 2010: Obtaining antidotes for organophosphate and cyanide poisoning from the national antidote stockpile in an emergency involving multiple casualties. Contact pharmacy via duty manager for information and access.

In the Pharmacy at Whangārei Hospital sodium thiosulphate is held in the emergency cupboard. Hydroxocobalamin are kept in Whangārei and Kaitiaia Emergency Departments in cyno kit for cyanide poisoning. After hours access to the pharmacy is via the duty manager.

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