

Gisborne CDEM Group
Pandemic Operational Plan

Version 2 22 March 2011

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1. Introduction

1.1 Purpose and Scope

This Draft Plan addresses the community and Civil Defence Emergency Management Group (CDEM) response in the Gisborne District to **an emerging infectious disease that could result in a pandemic.**

The principal document for the response to a Pandemic is the TDHB Pandemic Plan.

The Plan provides clarity around leadership and representation, defines roles and responsibilities, and puts co-ordination and control arrangements in support of Health in an operational context.

This Plan also outlines the Reduction, Readiness, Response and Recovery arrangements.

As with any emergencies, once the first cases have been confirmed, there is likely to be a rapid change to alert levels and the response needs to be timely and positive.

This document has been prepared by the Gisborne Emergency Management Office.

1.2 Vision and Objectives

This Plan is an operational plan to:

- Enable the right people to get together quickly,
- Review the situation and make strategic decisions,
- Communicate the situation and decisions,
- Outline how the Gisborne CDEM Group supports the requirements of Health as the lead agency.
- Outline what activities the Gisborne CDEM Group will potentially co-ordinate.

The objectives of the co-ordination arrangements outlined in this Plan are:

- Enable a co-ordinated response to a pandemic threat or outbreak, to minimise community impacts,
- Facilitating the effort of health providers in conjunction with the Ministry of Health (MoH) and the Ministry of Civil Defence and

Emergency Management (MCDEM) to maintain essential health services during a pandemic.

The desired outcome of the arrangements in this Plan is achieving confidence across the CDEM and Health sectors through clearly defined leadership and representation, and co-ordination and control arrangements.

1.3 Structure of the Plan

Section 2 of the Plan provides a brief overview of pandemic response arrangements at national and CDEM Group levels.

Section 3 provides the detail of the operational co-ordination and control processes.

Section 4 outlines the steps and arrangements necessary to complete and implement the Plan.

Section 5 outlines the 4R process

The varying criteria giving rise to the Alert Code progressions are summarised in Appendix 1.

Appendix 2 identifies the responsibilities of the various agencies.

It is noted that this Plan may need to be implemented while still in draft form.

2. Overview of Pandemic Response

2.1 National Arrangements

Should an influenza pandemic outbreak occur in New Zealand, it would be co-ordinated by a whole of government level through the Domestic and External Security Co-ordinator (DESC) arrangements which are led and supported by the Ministry of Health.

The Officials of Domestic and External Security Co-ordination Committee (ODESC) **are** responsible for reporting to government on strategic planning issues & whole of government co-ordination.

A state of national emergency *may* be declared under the CDEM Act 2002 to support the MOH as the overall lead agency. This means that while the Health sector will retain accountability for implementing the New Zealand Influenza Pandemic Action Plan, CDEM powers and functions would be available to manage community impacts.

The current thinking is that in the response phase, MCDEM will advise and support and the Domestic and External Security Group on community issues at a national level, and will liaise with CDEM Groups. Mirroring these national arrangements, the Gisborne CDEM Group would work within Health leadership arrangements.

2.2 General Principles for Co-ordination

The key principles on which response is to be co-ordinated were defined in a letter from the Department of Prime Minister and Cabinet to Local Government New Zealand on 23 December 2005. The relevant extract is as follows:

“In practice Government expects that the Incident Co-ordinator, the local Medical Officer of Health and the CDEM Controller will “sit around the same table” with the following accountabilities:

- *Incident Co-ordinator* – accountability for the regional pandemic response and for command and control necessary to deliver health response measures under the Pandemic Action Plan;
- *Medical Officer of Health* – statutory powers and accountability for such to the Ministry of Health;
- *CDEM Controller* – accountability to co-ordinate and direct community and civil defence responses, resources and functions under Civil Defence Emergency Management Plans.

In this partnership, decisions and their consequences should be jointly considered as far as possible. For health imperatives, the decisions of the Incident Co-ordinator will prevail as the representative of the agency with overall accountability for implementing the New Zealand Influenza Pandemic Action Plan.

An overriding consideration in managing pandemic influenza is to use established organisational structures and accountabilities.”

It is acknowledged that all those identified as having specific roles and responsibilities in this Plan have other primary roles and responsibilities in business as usual situations. **However, it is implicit in pandemic plans that normal business will have to be suspended to varying degrees in the event of a pandemic affecting New Zealand.** This includes appropriate participation in district leadership and representation, and co-ordination and control arrangements.

3. CDEM Wider Pandemic Co-ordination Process

3.1 Overview

The core of the CDEM pandemic co-ordination process can be summarised as:

- Ensuring support is available to Health to implement an effective response to Health in an outbreak.
- Reviewing the regional situation and making strategic decisions:
- Receiving reports from identified agencies on their situation, actions implemented and questions,
- Analysing information received,
- Anticipating community impacts and resource issues,
- Preparing statements for communication to respective stakeholder groups.
- Briefing a progressively wider audience, along with anticipated developments and any key decisions,
- Keeping CDEM Group Partners informed about national developments (including government decisions),
- Keeping government (through MCDEM) informed about developments (including regular SITREPS),
- Conveying national level advice and recommendations (e.g. in relation to the exercising of CDEM powers and functions where applicable).

While Health is responsible for ensuring that all these activities take place support can be provided to ensure they happen.

The scale of regional operations (e.g. timings, frequency) will depend on the pandemic phase, and circumstances at the time. Planning is based on an initial Alert Code Yellow notification through to Recovery, with emphasis on the transition from one phase to another.

3.2 Co-ordination Team Meetings – General

An initial briefing meeting will be held of the ESCC who will set the direction that response should take. Health as lead agency will schedule and chair the meeting. If the meeting decides to activate the District Pandemic Plan further meetings will involve the whole of CEG plus others invited to attend (e.g. WINZ and the Mayor) and unless otherwise specified will meet daily. These meetings will be managed

to an agreed agenda with key people providing reports and updates on action plans.

3.3 Notification and Activation of CDEM response

When there is a change in Alert Code the Health Incident Controller is responsible for ensuring that all partners are notified.

3.4 Ongoing CDEM Co-ordination and Control Processes

Full (scaled) activation of the Group EOC to could result from the need to provide or assist with the following functions:

- Provide welfare support to affected families
- Assist with co-ordination between Health and other agencies
- Provide **resources and facilities** for the Group Controller to exercise delegated powers,
- Provide a means to co-ordinate welfare response activities and prioritise the allocation of resources,
- Provide a control base for national (non Health) resources assigned to the Gisborne District,
- Recovery preparation and implementation.

The practicality of running an EOC operation from Council will be subject to advice and requests from Health. The ongoing CDEM co-ordination and control processes adopted need to be capable of being switched to teleconference mode if and when required.

The civil defence community link could be activated to support response arrangements if there was a declaration or there was a significant need.

3.5 Linkage with Group Plans and SOPs

A number of Group Functional Plans and Standard Operating Procedures are considered to complement resources and help give effect to the operational co-ordination and control arrangements outlined in this plan, and are listed below:

- Tairāwhiti District Health Influenza Plan
- Group EOC Activation and Management SOP
- Adverse Events Plan,
- Recovery Plan.

This plan should be read in conjunction with the Group Plan and where any conflict in interpretation or implementation of other policy or procedures arises, the Group Plan requirements will prevail.

Should a subsequent hazard event (other than pandemic) occur in the Gisborne District or elsewhere that would require a declaration of a state of emergency, existing and established CDEM operational structures will be activated.

4.0 Summary of Actions under the 4R's

4.1 Reduction Measures

All CDEM Group members should incorporate pandemic considerations into their Business Continuity Plan (BCP). As part of BCP planning organisations must identify the core people and skills to keep the essential parts of their “business” operating. A functional BCP plays a vital role in ensuring a level of capability remains within an organisation during the aftermath of any adverse event.

Each BCP should outline the key steps to be taken by their organisation during any pandemic outbreak. Part of these plans should include reduction measures to be taken in the workplace and should also include steps to be taken to lower the risk of illness among staff and visitors. A number of personal reduction measures are available for staff and these can be accessed from the Ministry of Health website (www.moh.govt.nz).

Plans should identify the core skills required to keep essential business running and assess whether there are sufficient back ups for people and skills if there is a high level of absence.

The BCP should identify the core people required to manage the response to pandemic. Once these staff have been identified consideration should be given to minimising the possibility that they become ill.

Key personnel required to manage the response to a pandemic are:

- The Health Incident Controllers
- The Medical Officer of Health
- Public Health Officers
- Key Health EOC staff
- The Group Controllers
- The Group Recovery Managers
- Group Emergency Management Staff
- Group EOC Team Leaders
- One elected member with the authority to make a declaration
- Senior representatives of emergency services agencies and utility network organisations with the delegated authority to make decisions and advise the Group Controllers on behalf of their organisation.

4.1.1 Community Risk

If the outbreak is a global pandemic there is a risk to the residents of the Gisborne District from a pandemic as it is unlikely that the

National Plan will be effective in either 'keeping it out or stamping it out'.

Obviously the key focus for the CDEM Group, if an epidemic occurs here, is that of community response and recovery. Projections of pandemic impacts on the Gisborne community is currently assessed as being (assuming district wide event):

Area Unit	2006 Census Usually Resident Population Count	Infected	Deaths
543301 East Cape	2,703	1081	15
543302 Ruatoria	756	302	9
543303 Tokomaru Bay	444	178	33
543601 Tarndale- Rakauroa	1,650	660	11
543602 Te Karaka	543	217	8
543800 Patutahi	375	150	21
543901 Makaraka	1,041	416	9
543902 Matokitoki	465	186	30
543903 Wainui	1,515	606	38
544001 Wharekaka	1,914	766	42
544002 Tiniroto	2,112	845	12
544003 Manutuke	603	241	17
544004 Tolaga Bay	831	332	85
544200 Mangapapa	4,266	1706	86
544300 Te Hapara	4,281	1712	55
544400 Gisborne Airport	2,742	1097	74
544500 Whataupoko	3,696	1478	62
544600 Gisborne Central	3,117	1247	41
544701 Kaiti North	2,046	818	52
544702 Outer Kaiti	2,610	1044	57
544801 Kaiti South	2,841	1136	46
544802 Tamarau	2,298	919	32
544900 Riverdale	1,614	646	0
Total	44,460	17784	356

Table 1. Ward populations and likely affects. The figures are based on 40% likely to be infected and 2% deaths.

During the 2009 'Swine flu' pandemic the figures were a lot lower with the infection rate being 15% and the death rate 0.01%.

It is important to remember that apart from the infected not available for 'normal duties' there will be for many reasons an extra percentage of absenteeism.

As well as the personal impact on the community there are also a number of key aspects of “community continuity” that must be catered for; these include but are not limited to lifeline utilities, emergency services, fast moving consumer goods (FMCG’s), fuel supplies retail & commerce, social and welfare services, medical & health and community agencies.

A number of issues are required to be addressed for all hazards comprehensive emergency management. These are being dealt with under a variety of mechanisms, listed below but not limited to:

- **CEG.** CEG will be expanded to include other key players and will maintain an overview of planning issues, recommend the adoption of this plan and co-ordinate any response and recovery where necessary.
- **Medical & Health.** The TDHB will ensure that adequate communication is maintained amongst medical and Health providers to prepare for, where possible, continuity of services or establishment of special facilities as set out in the TDHB plans.
- **Lifeline utilities.** The TDHB EMP and Group EMO will ensure that adequate communications are maintained amongst lifelines agencies to prepare for, where possible, continuity of services such as power, telephone, gas etc.
- **Emergency Services.** The Emergency Services Co-ordinating Committee will ensure communications are maintained amongst Emergency Service agencies and ensure continuity of services.
- **Fast moving Consumer Goods (FMCG’s) retail & commerce.** The TDHB EMP and Group EMO will facilitate community continuity planning which includes maintaining the existing operation of supermarkets, banking, retail fuel sales and pharmacies, as the failure of these services may place excessive demands and expectations on resources, networks and personnel and lead to a breakdown of society.
- **Social and welfare services.** The Welfare Advisory Group will ensure that communication and liaison is maintained amongst welfare agencies to prepare for, where possible, continuity of there normal services and , where possible, some or all welfare functions as defined in the CDEM Group Welfare Plan should the need for delivery of any of these functions be confirmed and requested by the Group Controller.
- **Community agencies.** This includes agencies such as educational facilities (that may be closed during events). liaison

will be established with such agencies as required by the TDHB EMP and Group CDEMO.

Economic impact on a regions, even those not directly affected by an event, cannot be underestimated therefore this planning process is designed to add to our communities resilience.

4.1.2 Changes in Risk Level

As indicated in the introduction to this Plan, it is acknowledged that the pandemic status is liable to change very quickly. The TDHB will continue to monitor the status in regard to pandemic risk and will ensure updates are given to all member agencies whenever there is a significant change or increased risk. Once the alert level rises to yellow Pandemic planning will be included as a “standing item” on CEG agenda against which the TDHB will report. (CEG will need to meet more regularly).

4.1.3 Reduction – Key Tasks

All CDEM Group member agencies need to prepare the following Plans:

1. An agency specific Business Continuity Plan which contains a Pandemic component including reference to the following:
 - i Reduction measures for staff, including social distancing and supporting HR functions, working from home procedures and policies to manage in the spread of infection.
 - ii Personal Protective Equipment supplies, training and use.
 - iii Specific preparedness relevant to that agency
 - iv An outline of the actions to be taken to address those areas of support agreed to with the DHB (as outlined in Annex 2).
 - v Any training or exercises required (including the use of PPE).

4.2 **READINESS**

Each organisation has the responsibility to undertake Pandemic Planning to provide clarity to employees and customers. To assist this process a number of websites provide guidance. Sites of particular interest are:

- Ministry of Health
 - <http://www.moh.govt.nz/pandemicinfluenza>
- Ministry of Economic Development
 - http://www.med.govt.nz/templates/ContentTopicSummary_14451.aspx
- New Zealand Government online
 - <http://www.govt.nz/record?tid=1&treeid=805&recordid=28127>

Central to being ready to cope with a pandemic outbreak is the planning process itself and clarity around agency roles. This Plan has been prepared in collaboration with a number of key agencies that will be involved in managing and responding to any outbreak.

The primary document that outlines the response to an outbreak is the Pandemic Plan prepared by Tairāwhiti District Health Board.

4.2.0 **Functions**

Bearing in mind that the CDEM Group is merely a “structure” for existing emergency services and other agencies to work collaboratively together there are several key functions that the CDEM Group will perform in support of a Health lead response to pandemic.

4.2.1 Emergency Management Coordination / Emergency Operations Centres (EOC)

It is proposed that two EOC’s be established one to operate from the Hospital and the Group EOC at Council. The DHB EOC will co-ordinate all health and medical issues, be the central focal point for media releases and co-ordinate tracing and quarantine management.

4.2.2 Public Education / Media Management

During the readiness phase of any pandemic response care must be taken to ensure that consistent and accurate information is supplied to the community. To ensure this consistency, Health agencies are best equipped to make any comment, on behalf of the CDEM Group, in respect of the threat posed and the risk of pandemic influenza.

Individual agencies may make public comment on their agencies state of preparedness and, about the CDEMG preparedness, commenting in such a manner that reinforces to the public the key messages of preparedness and the collaborative nature of the planning currently underway. The THDB are preparing a communication plan which will provide the basis for specific information that needs to be relayed to the Gisborne District community.

It is anticipated that, in the readiness phase of any event, the majority of comment to the public will be from Health sources.

Considerable public interest has been generated in the pandemic threat. Both the level of threat and the risk posed to the public must be managed carefully without generating complacency or hysteria.

Both the Ministry of Health and MCDEM are currently planning public education programmes. The CDEM Group advice will centre on the core messages as follows:

- An outbreak is not imminent but people must be prepared.
- People should seek advice from health professionals about precautions they can take (including the MoH website).
- Workplaces and households should plan to increase their preparedness and resilience (extra food, water, medication etc).
- Emergency management agencies will plan to maintain the capability to manage their core functions throughout a pandemic event.

During an event public information releases will be made via a single EOC and will be made in consultation between the Incident Co-ordinator, Medical Officer of Health and the Group Controller with all CEG member organisations informed.

4.2.3 Community-based Assessment Centres

Part of the Health response planning currently underway is to focus on the use of Community Based Assessment Centres (CBAC). . Currently it is planned only to have one and this will be at **the Alzheimers Centre, Gisborne Hospital.**

(Logistical support may be required from other CDEM partners to manage the facility.)

4.2.4 Community Continuity

Aside from the provision of key utilities such as water and sewage, planning must also be carried out in respect of rubbish collection, burials and foodstuff distribution.

Essentially, community continuity is defined as:

- A functioning Health system
- Local government carrying out its core roles (as mentioned above)
- Local government in their leadership role of Emergency Management
- Working with the retail sector to ensure continuity of FMCG supplies

The extent of involvement in the area of food supplies is, as yet unclear. Currently one meeting has been held with the main players and they wish to be 'kept in the loop'.

4.2.5 Emergency Powers under the Civil Defence and Emergency Management Act 2002

It is anticipated that current and proposed Health legislation would provide a good basis for response to managing a pandemic. However, the CDEM Group "structure" brings with it the ability to declare a state of local emergency. While any declaration could be made during a response to an event, some consideration should be given as part of the planning process to what would trigger a declaration of a state of emergency.

4.2.6 Work stream liaison

At a central government level 13 work streams have undertaken planning for pandemic response. The Gisborne CDEM Group does not propose to reflect all of those work-streams at a Group level but liaison with the key agencies involved in these work-streams should be considered where required.

4.2.7 Coordinated planning

Central to the effective and efficient response to any event is the co-ordinated nature of planning.

While this Plan is an attempt to bring the key issues and agencies together, however to make it work will require there needs to be a commitment by all parties to 'talk' the issues through and share any training/exercise aimed specifically at pandemic.

4.3. RESPONSE

4.3.1 Activation

As indicated in the matrix, attached as Appendix 2, once the Health alert status moves from White to Yellow (or Red) a meeting of the CEG is to be convened by the Incident Controller.

On any change of alert status the Incident Controller is to ensure that all CEG members are informed.

As well as CEG changes in alert codes are to these group as well, if they are not represented on CEG:

- Welfare Advisory Group members
- Lifelines/utility 'owners'
- Recovery Team
- **The Mayor**
- **Other stakeholders as directed by the CEG**

Regular meetings will be held at intervals agreed by the CEG and attendance will be expanded to include leaders of other CDEM partners. There is the potential for CEG to establish a pandemic sub committee to co-ordinate day to day issues.

The purpose of these meetings could be to:

1. Provide support to implement the requirements of Health as the lead agency.
2. Provide each member agency with accurate up to date information and advice to maximise their ability to manage their response.
3. Coordinate and manage the community response
 - Review the district situation and make strategic decisions:
 - Receive reports from identified agencies on their situation, actions implemented and questions,
 - Analyse information received,
 - Anticipating community impacts and resource issues,
 - Preparing communication to respective stakeholder groups.
 - Reporting of the situation and decisions:
 - To brief a progressively wider audience, along with anticipated developments and any key decisions,
 - Keeping CDEM Group Partners informed about national developments (including government decisions),

- Keeping government informed about district developments (including regular status reports),
- Conveying national level advice and recommendations (e.g. in relation to the exercising of CDEM powers and functions where applicable).

4.3.2 Lead Agency

The Lead Agency for any human pandemic will be Health authorities with other CDEM Group agencies providing support.

4.3.3 Emergency Declaration

A declaration of a State of Local Emergency under the provisions of the Civil Defence Emergency Management Act 2002 made at any time during a pandemic, will be made to support a Health lead event. Extensive consultation will take place during the decision-making process and will also include advising MCDEM.

Some key response functions are detailed in the attached matrix. This outlines key tasks to be completed during a pandemic event. Tasks not included in the matrix will be as agreed to by the Health managers and Group Controller.

4.3.4 Operational Structures

There will be no change to existing operational structures, except that media related activities will be centred in the Health EOC.

The principal roles and responsibilities of individual agencies by sector grouping are summarised in Appendix 2.

A generic representation of the key players and groups from local, regional and national levels across Health and CDEM is shown indicatively in Figure 2 below.

Nationally

District
Leadership
&
Co-ordination

Organisations
Involved

Figure 1: Representation of key players and groups in operational response

The key elements of the Health operational structures in summary are:

4.3.5 District Health **Incident Management Team**

- *Provides* leadership of the district health response in an emergency situation (command and control) in close liaison with other providers who manage the operational response for their populations,
- *Comprises* key health personnel prepared to undertake CIMS roles **in support of** the Health **response** and liaise with the other providers who manage the operational response for their populations,
- *Functions* by:
 - Receiving information to analyse and monitor health impact of the pandemic, to assist with planning and intelligence, and resource co-ordination,
 - Co-ordination of resource issues to support the response,
 - Communicating with the MoH, media and public about impacts, key messages and reassurance,
 - Involving the CDEM Group Controller in briefings and decision-making.

The key elements of the CDEM Group pandemic operational structures in summary are:

4.3.6 CDEM Group Controller

- *Provides* accountability to direct and co-ordinate the CDEM response,
- *Comprises* the person(s) with the delegated powers and appointed for the Gisborne District: Mr Jon Davies, Mr John Clarke (Alternate),
- *Functions* Group EOC delivers the Community Welfare work programme through the whole of government to:
 - Liaise/co-ordinate with the Fast Moving Consumer Goods (FMCG) & fuel sector,
 - Liaise/co-ordinate with Health, Infrastructure, Welfare

4.3.7 Operational Support Team

- *Provides* support and advice to the CDEM Group Controller during active response
- *Comprises* the Gisborne CEG
- *Functions* via arrangements outlined in Section 4.

Once the arrangements outlined in this section are activated (i.e. Alert Code Yellow or Red), it will be important to maintain an ongoing regular pattern covering the following aspects, although this arrangement remains flexible and may be adjusted to meet the severity of the outbreak:

- Briefing of CEG members,
- Briefing of CDEM Group members,
- Briefing Welfare Agencies,
- Briefing Lifelines Utilities,
- Media briefings **on non-Health matters**
- Briefing other Stakeholders, as appropriate.

The venue for ongoing CDEM co-ordination and control will be the District EOC, except on occasion, to be determined by the Incident Co-ordinator, briefings may be held at the hospital:

4.3.8 Communications Plan

When there is a change in Alert Code, and due to the potentially prolonged time frames associated with an actual pandemic communication staff will be combined and located at the health EOC if required for support.

An arrangement will be made with key radio stations to have one or two regular broadcasts a day to up date the public on the current situation and general information.

Arrangement already exist with the Radio Network and the Media Centre re their use in emergencies and these will be activated as necessary.

Human pandemic

No declaration means "business as usual"
 In which case the Lead Agency acts under its own legislative powers. It is responsible for public warnings, media liaison, and all other core activities for the incident.

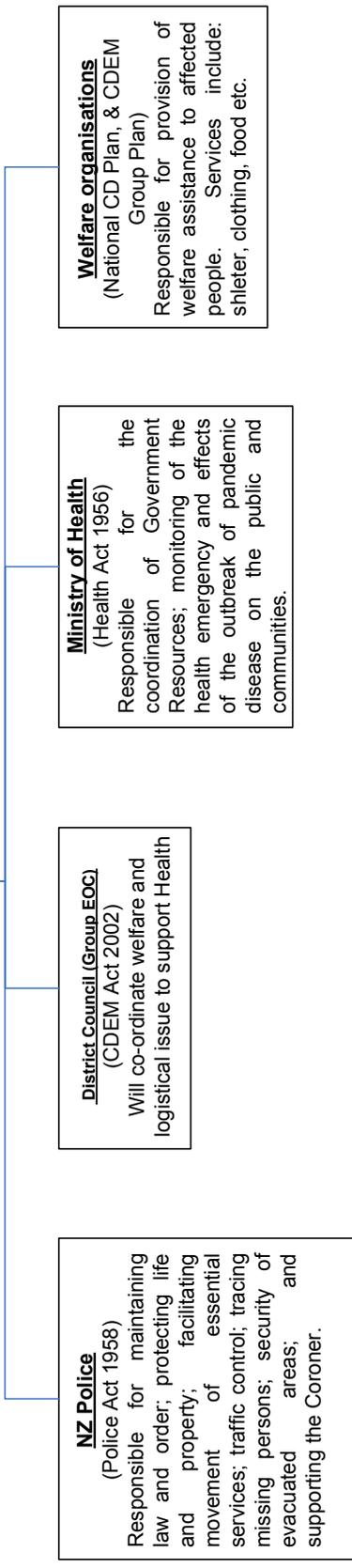
A human pandemic will be managed under the Health Act. The Medical Officer of Health has emergency powers to manage the spread of disease (s70).

A declared (CD) state of local emergency may -

- (1) Give wider powers to support health objectives beyond the scope of available District Health Board staff and resources.

Lead Agency
District Health Board
 (Health Act 1956 & NZ Public Health and Disability Act 2000)
 Responsible for continuation of essential health services, treatment of injuries or distress, reducing health risks and monitoring effects of the pandemic event on the public.

Key support agencies



In a declared (CD) event the statutory authority is the CDEM Act and the Group Controller becomes responsible for co-ordinating the response. The lead agency would still be responsible for the control of the Health response.

Fig 2 Summary of Powers and responsibilities

5.4. RECOVERY

The scale of Recovery required after a pandemic outbreak is very much dependant on the scale of the impact on the community.

If the outbreak is for an extended duration and is devastating in its impact on the population, recovery planning may need to cater for the following:

- Welfare and psychological impacts on the community
- Economic effects
- “Demographics” and their impact on community functioning

Due to the uncertain nature of recovery in this context planning has not yet begun on the recovery phase but the CEG should give early consideration to either the confirmation of the current Recovery Manager or the appointment of a new one. (which may be dependant on where the main impact is, if localised) and to commence planning for recovery.

Appendix 1: Criteria for Pandemic Phases from New Zealand Influenza Pandemic Action Plan 2006

WHO Period*	WHO Phase*	NZ Scenario**	Main Strategy	MOH/DHB Alert Code***
Interpandemic period	Phase 1	Scenario 1.1	Planning	N/A
	Phase 2	Scenario 2.1 Scenario 2.2		WHITE (information/ advisory)
Pandemic alert period	Phase 3	Scenario 3.1	Border management	YELLOW (standby)
		Scenario 3.2		
		Scenario 3.3		
		Scenario 3.4		
	Phase 4	Scenario 4.1		YELLOW/RED depending on district/ region and exact situation
		Scenario 4.2		
Phase 5	Scenario 5.1	Cluster control		
	Scenario 5.2			
Pandemic period	Phase 6	Scenario 6.1	Pandemic management	RED (activation)
		Scenario 6.2		
		Scenario 6.3		
		Scenario 6.4		
Post-pandemic period	Post-pandemic period		Recovery	GREEN (stand down)

Pandemic Alert Period Phase 3 - Scenario 1 - CODE WHITE

International: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

New Zealand Scenario 1: No human or animal cases in New Zealand.

Pandemic Alert Period Phase 3 - Scenario 2 - CODE WHITE

International: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

New Zealand Scenario 2: First case identified in NZ animal; No evidence of consistent human to human transmission (as above)

Pandemic Alert Period Phase 3 - Scenario 3 - CODE YELLOW

International: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

New Zealand Scenario 3: First human case in NZ (confirmed by lab test) from identification at border (within 12-48hrs swab taken). No evidence of consistent human to human transmission (as above) No animal cases in NZ.

Pandemic Alert Period Phase 3 - Scenario 4 - CODE YELLOW

International: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

New Zealand Scenario 4: First human case in NZ; (confirmed by lab test) from community surveillance (within 1-2 weeks of swab taken) No evidence of consistent human to human transmission (as above) No animal cases in NZ.

Pandemic Alert Period Phase 4 - Scenario 1 - CODE RED

International: Human to human transmission; Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggested that the virus is not well adapted to humans. No animal cases in NZ.

New Zealand Scenario 1: Cluster(s) occurring offshore

Pandemic Alert Period Phase 4 - Scenario 2 - CODE RED

International: Human to human transmission; Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggested that the virus is not well adapted to humans.

New Zealand Scenario 2: Single case or small cluster in NZ not related to birds or travel (will probably be picked up by routine surveillance by GP or virology of

hospitalised patients). No animal cases in NZ.

Pandemic Alert Period Phase 5 - Scenario 1 - CODE RED

International: Human to human transmission; Larger cluster(s) but human-to-human spread is still localised, suggested that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

New Zealand Scenario 1: Clusters of cases offshore

Pandemic Alert Period Phase 5 - Scenario 2 - CODE RED

International: Human to human transmission; Larger cluster(s) but human-to-human spread is still localised, suggested that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). No animal cases in NZ.

New Zealand Scenario 2: Clusters of cases onshore

Pandemic Period Phase 6 - Scenario 1 - CODE RED

International and New Zealand: Increased and substantial transmission in the general population. No animal cases in NZ.

Pandemic Period Phase 6 - Scenario 2 - CODE RED

International and New Zealand: Wave decreasing; Detection of next wave. No animal cases in NZ.

Appendix 2: Summary of Operational Roles and Responsibilities

i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
<p>Phase 1 No new influenza virus subtypes have been detected in humans. Virus subtype that has caused human infection may be present in animals overseas. If present in animals, the risk of human infection is considered to be low.</p>	<p>Scenario 1.1 – No animal or human cases in New Zealand.</p>	<ul style="list-style-type: none"> Update DHB emergency/pandemic plan including developing Communications Plans at Alert Code White. Plan for Community Based Assessment Centres (CBAC). DHB liaison with CDEMG and other agencies for pandemic planning. Lead CDEMG Pandemic Planning Conduct exercise of response plans. Identify DHB staff for Incident Management Team positions Identify Incident Management Team training needs and arrange training as required Notify clinical and public health staff of case definitions, clinical advice and control measures. Train staff in emergency management once training gaps are identified Communicate and educate partner agencies on role of CBACs Identify Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<p>All agencies</p> <ul style="list-style-type: none"> Assist DHB in developing joint Public Communications Plan and Operational Communications Plan and activation of plan at Alert Code White. Conduct ongoing planning for Group EOC including communication links. Interagency cooperation for pandemic planning. Concurrence on expectations/responsibilities between agencies. Conduct exercises (led by DHB) Complete Business Continuity Plans <p>CDEMG</p> <ul style="list-style-type: none"> Complete CDEMG Pandemic Response Plan CDEM liaison with DHB for DHB/CBAC planning. Participate in CDEM Pandemic Planning Assist in training for DHB Incident Management Team Assist in exercise of response plans. Draft plans for community logistics (need to define). Assist DHB in identifying CBAC sites and communication and logistical requirements <p>Police</p> <ul style="list-style-type: none"> Participate in CDEMG Pandemic Planning Draft Police pandemic plan – Business Continuity Plan Confirm Police involvement for D including planning for an urgent response. Confirm Police involvement on initial establishment of CBAC. Participate in exercise of response plans. Identify law and order issues, such as security of food suppliers 	
<p>Phase 2 No new influenza virus subtypes have been detected in humans. However a circulating animal influenza virus subtype poses a risk of human disease.</p>	<p>Scenario 2.1 – No animal or human cases in New Zealand.</p>	<ul style="list-style-type: none"> Update DHB emergency/pandemic plan. Plan for CBACs. DHB liaison with CDEMG and other agencies for pandemic planning Lead CDEMG Pandemic Conduct exercise of response plans. Identify DHB staff for Incident Management Team positions and training gaps Notify clinical and public health staff of case definitions, clinical advice and control measures. Train staff in emergency management once training gaps are identified Communicate and educate partner agencies on role of CBAC Identify Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<p>All agencies</p> <ul style="list-style-type: none"> Assist DHB in developing joint Public Communications Plan and Operational Communications Plan and activation of plan at Alert Code White. Conduct ongoing planning for Group EOC including communication links. Interagency cooperation for pandemic planning. Concurrence on expectations/responsibilities between agencies. Conduct exercises (led by DHB) Complete Business Continuity Plans <p>CDEMG</p> <ul style="list-style-type: none"> Complete CDEMG Pandemic Response Plan CDEM liaison with DHB for DHB/CBAC planning. Participate in CDEM Pandemic Planning Assist in training for DHB Incident Management Team Assist in exercise of response plans. Draft plans for community logistics (need to define). Assist DHB in identifying CBAC sites and communication and logistical requirements <p>Police</p> <ul style="list-style-type: none"> Participate in CDEMG Pandemic Planning Draft Police pandemic plan – Business Continuity Plan Confirm Police involvement for D including planning for an urgent response. Confirm Police involvement on initial establishment of CBAC. Participate in exercise of response plans. Identify law and order issues, such as security of food suppliers 	

PANDEMIC RESPONSIBILITY MATRIX

i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
		<p>Scenario 2.2 – No new influenza virus subtypes have been detected in humans. However, infected animals in New Zealand pose a substantial risk of human disease in New Zealand.</p>	<ul style="list-style-type: none"> Update DHB emergency/pandemic plan. Plan for CBACs. Enhance laboratory diagnostic capacity for novel strain. DHB liaison with CDEMG and other agencies for pandemic planning Lead CDEMG Pandemic Planning Conduct exercise of response plans. Identify DHB staff for Incident Management Team positions and training gaps Notify clinical and public health staff of case definitions, clinical advice and control measures. Train staff in emergency management once training gaps are identified Communicate and educate partner agencies on role of CBACs Identify Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<p>Fire Service</p> <ul style="list-style-type: none"> Draft Fire Service pandemic plan - Business Continuity Plan. Participate in CDEMG Pandemic Planning Confirm fire procedures for DHB existing sites. Assist in identifying fire equipment requirements and procedures for CBAC sites. Participate in exercise of response plans. <p>St John</p> <ul style="list-style-type: none"> Draft St John pandemic plan - Business Continuity Plan. Identify services that can be provided to health services in pandemic. Participate in CDEMG Pandemic Planning Participate in exercise of response plans. Support DHB/CBAC planning when national consistency for St Johns resources are confirmed. <p>Council</p> <ul style="list-style-type: none"> Draft local authority Pandemic Response plan Complete Business Continuity Planning for all TA functions. Participate in Pandemic Planning Group Support DHB/CBAC planning at district level. Participate in exercise of response plans. <p>Lifelines</p> <ul style="list-style-type: none"> Facilitate all members to complete Business Continuity Plan. Participate in CDEMG Pandemic Planning Group. Participate in exercise of response plans. <p>Welfare Agencies</p> <ul style="list-style-type: none"> Facilitate all agencies to complete Business Continuity Plan. Participate in CDEMG pandemic Planning Group Participate in exercise of response plans.
<p>Phase 3 Human infection with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p>Scenario 3.1 – No animal or human cases in New Zealand.</p>	<ul style="list-style-type: none"> Review plans for managing a pandemic including quarantine planning. Review plans for rapid immunisation campaign. Plan for CBACs. Increased vigilance and surveillance especially with ports of entry into New Zealand. Public Health services work with airports of first arrival to ensure all reports of illness are reported. DHB liaison with CDEMG and other agencies for ongoing pandemic planning Chair CDEMG Pandemic Planning Group Conduct exercise of response plans. Identify DHB staff for Incident Management Team positions and training needs Notify clinical and public health staff of case definitions, clinical advice and control measures. Train staff in emergency management once training gaps are identified Provide consistency between planning of DHB and MidLand Health Communicate and educate partner agencies on role of CBAC Identify Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		

PANDEMIC RESPONSIBILITY MATRIX

i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
<p>Phase 3 Human infection with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p>Scenario 3.2 – First case identified in New Zealand animal. No evidence of human cases.</p>	<ul style="list-style-type: none"> Review plans for managing a pandemic including quarantine planning. Review plans for rapid immunisation campaign. Plan for CBACs. Increased vigilance and surveillance especially with ports of entry into New Zealand. Primary care providers on enhanced alert for detection and notification of first zoonotic cases. DHB liaison with CDEMG and other agencies for pandemic planning Lead CDEMG Pandemic Planning Conduct exercise of response plans Identify DHB staff for Incident Management Team positions and training gaps Train staff in emergency management once training gaps are identified Provide consistency between planning DHB and MidLand Health Communicate and educate partner agencies on role of CBAC Identify Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<p>All agencies</p> <ul style="list-style-type: none"> Assist DHB in joint Public Communications Plan and Operational Communications Plan at Alert Code Yellow. Confirmation of interagency cooperation and plans for pandemic planning. Prepare for activation and establishment of Group EOC. Activate communications networks (CDEMG/ Health) Activate internal agency response plans <p>CDEMG</p> <ul style="list-style-type: none"> Confirm and prepare to activate CDEMG pandemic plan. Participate in CDEMG Pandemic Planning. Be prepared to establish EOC in support of DHB Support DHB/CBAC site activation on occurrence. Activation of Liaison Prepare to assist in CBAC communications and logistical requirements 	
<p>Scenario 3.3 – First human cases in New Zealand (confirmed by lab test) relating to recent arrival. No evidence of human cases. No animal cases in New Zealand.</p> <ul style="list-style-type: none"> Change Alert Status to Yellow 	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status Activate DHB pandemic plan. Manage DHB clinical and public health response. Prepare to activate district co-ordination teams. Activate tracing procedures Prepare for activation of CBAC. Inform agencies of pending CBAC site activation. Isolate cases and treat. Increase security at DHB sites. Place DHB staff on alert. Place CBAC staff on alert in coordination with Liaison/ Operations Officers. Provide leadership for Public Information and media releases Convene meeting of CEG Ensure direct communications link between DHB Board and MidLand Health for consistency of health services in region Prepare Health Coordinator for CDEMG 	<p>All agencies</p> <ul style="list-style-type: none"> Assist DHB in joint Public Communications Plan and Operational Communications Plan at Alert Code Yellow. Confirmation of interagency cooperation and plans for pandemic planning. Prepare for activation and establishment of Group EOC. Activate communications networks (CDEMG/ Health) Activate internal agency response plans <p>CDEMG</p> <ul style="list-style-type: none"> Confirm and prepare to activate CDEMG pandemic plan. Participate in CDEMG Pandemic Planning. Be prepared to establish EOC in support of DHB Support DHB/CBAC site activation on occurrence. Activation of Liaison Prepare to assist in CBAC communications and logistical requirements 		

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i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
		<p>Scenario 3.4 – First human cases in New Zealand (confirmed by lab test) from community surveillance (within 1-2 weeks of swab taken). No evidence of consistent human-to-human transmission. No animal cases in New Zealand.</p> <ul style="list-style-type: none"> Change Alert Status to Yellow 	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status Activate DHB pandemic plan. Manage DHB clinical and public health response. Prepare to activate regional coordination teams. Prepare for activation of CBACs. Inform agencies of pending CBAC site activation. Isolate cases and treat. Increase security at DHB sites. Place DHB staff on alert. Place CBAC staff on alert in coordination with Liaison/ Operations Officers. Provide leadership for Public Information and media releases Convene meeting of CEG Ensure direct communications link between DHB and Midland Health for consistency of health services in region Prepare Health Coordinator for CDEMG 	<p>Police</p> <ul style="list-style-type: none"> Confirm and prepare to activate Police pandemic plan – Business Continuity Plan. Participate in CDEMG Pandemic Planning Group. Monitor requirement for increased police presence at existing DHB sites. Prepare to provide support to any CBAC on establishment if required. General police control of law and order. <p>Fire Service</p> <ul style="list-style-type: none"> Confirm and prepare to activate Fire Service pandemic plan – Business Continuity Plan. Participate in CDEMG Pandemic Planning Fire safety checks of all DHB facilities. Confirm CBAC fire safety <p>St John</p> <ul style="list-style-type: none"> Confirm and prepare to activate pandemic plan – Business Continuity Plan. Participate in CDEMG Pandemic Planning Support DHB/CBAC site activation on occurrence if required and as confirmed in planning. <p>Lifelines</p> <ul style="list-style-type: none"> Confirm and prepare to activate Lifelines pandemic plan – Business Continuity Plan. Participate in CDEMG Pandemic Planning <p>Welfare Agencies</p> <ul style="list-style-type: none"> Confirm and prepare to activate Welfare agencies pandemic plan – Business Continuity Plan. Participate in CDEMG Pandemic Planning.

PANDEMIC RESPONSIBILITY MATRIX

i	WHO Phase	NZ Scenario	2	3
		DHB Responsibilities		
		CDEMG Agencies		
<p>Phase 4* Human-to-human transmission. Small clusters with limited human-to-human transmission but spread highly localised. Suggested that virus is not well adapted to humans.</p>	<p>Scenario 4.1 – No animal or human cases in New Zealand.</p>	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate district co-ordination team. Prepare for activation of CBAC. Inform agencies of pending CBAC site activation. PCR negative – treat as appropriate. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller for DHB Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<p>All agencies</p> <ul style="list-style-type: none"> Assist DHB in joint Public Communications Plan and Operational Communications Plan at Alert Code Red. Activation of all pandemic plans – no longer draft status. Ensure continuation of interagency integration of pandemic plans. Activation EOC. Continue communications networks (CDEMG/ Health) Ensure Recovery phase of agency plans have final review. <p>CDEMG</p> <ul style="list-style-type: none"> Activate CDEM pandemic response plan. Establish Group EOC in support of DHB. Provide advisory staff to support DHB. Provide support for community logistics. Support DHB in CBAC site activation on occurrence. Liaison in CBAC if available and depending on TLA plans Activate/Set up of Welfare Centres if required <p>Police</p> <ul style="list-style-type: none"> Activate Police pandemic plan – Business Continuity Plan. Participate in Group EOC – provide Liaison Officer. Police enhancement of security at all existing DHB sites if required – potential for requirement of urgent response. Police involvement in traffic control around existing DHB sites if required. Police enhancement of security at initial CBAC sites if required – potential for requirement of urgent response. General police control of law and order. <p>Fire Service</p> <ul style="list-style-type: none"> Activate Fire Service pandemic plan – Business Continuity Plan. Participate in Group EOC – provide Liaison Officer. Response as required <p>St John</p> <ul style="list-style-type: none"> Activate pandemic plan – Business Continuity Plan. Participate in Group EOC – provide Liaison Officer. Support DHB/CBAC services as confirmed in planning. <p>Lifelines</p> <ul style="list-style-type: none"> Activate Lifelines pandemic plan – Business Continuity Plan. 	
		<p>Scenario 4.2 – Single case or small cluster in New Zealand not related to animals or birds (will probably be picked up by routine surveillance by GP or virology of hospitalised patients). No animal cases in New Zealand.</p>	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate district coordination team. Prepare for activation of CBAC. Inform agencies of pending CBAC site activation. Activate workforce contingency plans if impacted by school closures or other issues. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller for DHB Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	

* Alert Code Yellow and Red will change in these phases depending on district/region and exact situation.

PANDEMIC RESPONSIBILITY MATRIX

i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
<p>Phase 5* Human-to-human transmission. Larger clusters but human-to-human spread is localised. Suggested that virus is becoming increasingly better adapted to humans, but not yet be fully transmissible (substantial pandemic risk).</p>	<p>Scenario 5.1 – No animal or human cases in New Zealand.</p>	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coordination team. Prepare for activation of CBACs. Inform agencies of pending CBAC site activation. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 	<ul style="list-style-type: none"> Participate in EOC – provide Liaison Officer. <p>Welfare Agencies</p> <ul style="list-style-type: none"> Activate Welfare agencies pandemic plan – Business Continuity Plan. Participate in EOC – provide Liaison Officer. Activate Welfare Centres 	
	<p>Scenario 5.2 – Large cluster of multiple clusters of cases in New Zealand not relating to animals.</p>	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coordination team. Activation of CBACs. Inform agencies of CBAC site activation. Recall DHB staff. Commence immunisation once available. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Activate additional mortuary facilities. Surveillance of unaffected areas. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Immunise priority populations. Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		

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i	WHO Phase	NZ Scenario	2	DHB Responsibilities	3	CDEMG Agencies
Phase 6* Increased and substantial transmission in general population.		Scenario 6.1 – No animal or human cases in New Zealand.	2	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coord team. Prepare for activation of CBAC. Inform agencies of pending CBAC site activation. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Priority of CBACs antiviral treatment. Activation of mass casualty plans. Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		
		Scenario 6.2 – Clusters of cases in New Zealand no relating to birds.	2	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coord team. Activation of CBAC. Commence immunisation once available. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Activate additional mortuary facilities. Surveillance of unaffected areas. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		

* Alert Code Yellow and Red will change in these phases depending on district/region and exact situation.

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i	WHO Phase	NZ Scenario	2 DHB Responsibilities	3 CDEMG Agencies
	Scenario 6.3 – Increased and substantial transmission in general population.	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coord team. Activation of CBAC and collection of agreed data. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Commence scale down CBACs as required. Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		
Phase 6 Wave decreasing. Detection of next wave.	Scenario 6.4 – Wave decreasing. Detection of next wave.	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Red. Activate DHB pandemic plan – no longer draft status. Activate workforce contingency plans. Activate regional coord team. Prepare for activation of CBAC. Inform agencies of pending CBAC site activation. Recall DHB staff. Recall CBAC staff. Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. Isolate cases and treat. Track all staff contacts and review health status. Isolate cases and treat. Increase security at DHB sites. Provide Incident Controller Commence scale down CBAC as required. Provide Health Coordinator for CDEMG Provide leadership for Public Information and media releases 		

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WHO Phase	NZ Scenario	4 DHB Responsibilities	5 CDEMG Agencies
Post-Pandemic Period – Pandemic over.	Pandemic over and/ or population protected by vaccine.	<ul style="list-style-type: none"> Advise all agencies of change in Alert Status to Green. De-activate district co-ordination team. De-activation of CBAC. Manage return to normal health services. Recovery, debriefing and lessons learnt. Provide leadership for Public Information and media releases 	<ul style="list-style-type: none"> i All agencies Assist DHB in joint Public Communications Plan and Operational Communications Plan at Alert Code Green. Activation of recovery phase of all pandemic plans. De-activation of CIMS structure and EOC. Continue communications networks (CDEMG/ Health) Resume normal functions and Business Continuity Plans <p>CDEMG</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan. Provide recovery advisory staff to support DHB. <p>Police</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan Preparation of Police short notice response to law and order issues at existing DHB sites or CBAC sites. General police control of law and order. <p>Fire Service</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan Response as required <p>St John</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan Support DHB/CBAC site de-activation. Support DHB/CBAC services. <p>Council</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan. <p>Lifelines</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan. <p>Welfare Agencies</p> <ul style="list-style-type: none"> Activate recovery phase of pandemic plan. De-activate Welfare Centres