

Tairāwhiti Emergency Management

Influenza Pandemic Standard Operating Procedure (SOP)



Be Prepared
Be Aware
Be Ready

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Introduction

Purpose and Scope

The purpose of this Plan is to address the community and Civil Defence Emergency Management Groups (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 Hauora Tairawhiti Influenza Pandemic Plan 2017 and the National Influenza Pandemic Action Plan 2017 (NZIPAP).

This 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.

The 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.

Vision and Objectives

This Plan is an operational plan to:

- Enable a quick Incident Management Team (IMT) response.
- 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 National Emergency Management Agency (NEMA) 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.

Overview of a Pandemic Response

Pandemic: An epidemic that becomes very widespread and affects a whole region, a continent or the world.

Influenza: A contagious viral disease of the respiratory tract.

National Arrangements

An influenza pandemic outbreak in New Zealand that potentially affects the whole of society requires national coordination and decision making. It would be co-ordinated by a whole of government level through the National Security Systems Directorate which coordinates and assists in decision making arrangements which are led and supported by the Ministry of Health (MoH). See *Appendix 4*.

The Officials of Domestic and External Security Co-ordination Committee (ODESC) are responsible for 'making high-level policy decisions on security and intelligence matters.' *National Influenza Pandemic Action Plan 2017*

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 NZIPAP, CDEM powers and functions would be available to manage community impacts.

The current thinking is that in the response phase, NEMA will advise and support 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.

General Principles for Co-ordination

The key principles on which response is to be co-ordinated are defined in the NZIPAP 2017:

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

- *Health Co-ordinator* - accountability for the local pandemic response and for command and control necessary to deliver health response measures under the NZIPAP 2017.
- *Medical Officer of Health* - statutory powers and accountability for the exercise of those powers to the Director-General 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 Health Co-ordinator will prevail as the representative of the agency with overall accountability for implementing the NZIPAP 2017.

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.

CDEM Wider Pandemic Co-ordination Process

Overview

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

- Ensuring support is available to Hauora Tairāwhiti 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 relating to CDEM response.
- 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 NEMA, informed about developments with 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 the six phase national strategy from notification through to Recovery, with emphasis on the transition from one phase to another.

Co-ordination of Team Meetings

An initial briefing meeting will be held with the Incident Management Team (IMT) who will set the direction that response should take. Health as lead agency will schedule and chair the meeting. If the IMT decides to activate the Hauora Tairāwhiti District Pandemic Plan, further meetings will involve the whole of CEG plus others invited to attend (e.g. the Mayor, MSD) 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.

Notification and Activation of CDEM response

When there is a change in the response phases, Hauora Tairāwhiti is responsible for ensuring that all partners are notified.

Ongoing CDEM Co-ordination and Control Processes

Activation of the Emergency Coordination Centre (ECC) 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 ECC 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.

Linkage with Group Plans and SOPs

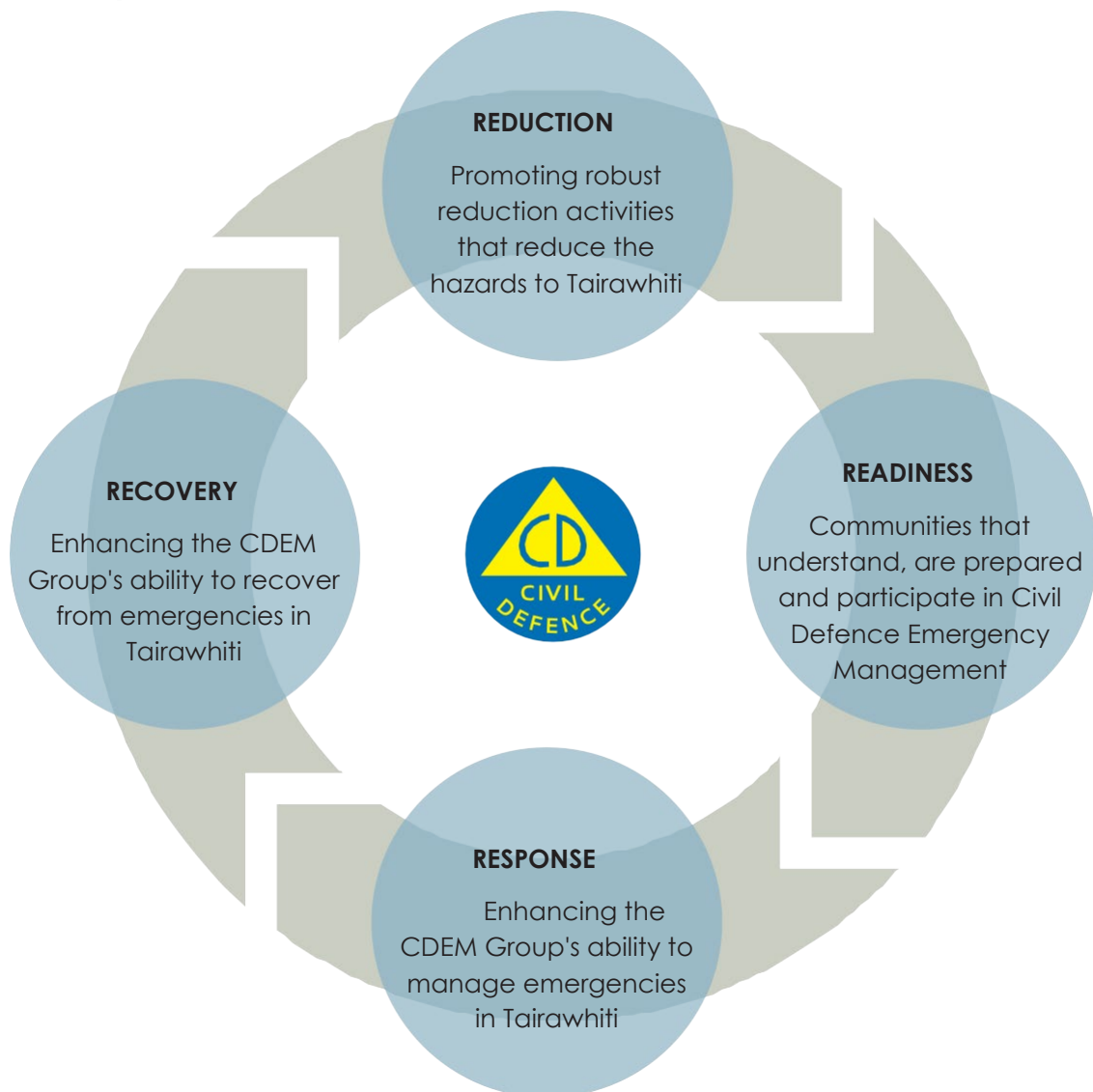
A number of Group Functional Plans and Standard Operating Procedures are considered to complement resources and help give effect to the operational co-ordination and control arrangements outlined in this plan:

- CDEM Group Plan
- Hauora Tairāwhiti Influenza Pandemic Plan 2017
- Adverse Event Plan
- Group Recovery Plan
- Group Welfare 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.

Summary of Actions under the 4R's



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 businesses 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 ECC staff
- The Group Controller
- Incident Management Team
- The Group Recovery Managers
- Welfare Manager
- One elected member with the authority to make a declaration.

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

Area Unit	2006 Census Usually Resident Population Count	Infected	Deaths
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 recommend any response and recovery where necessary.

Medical & Health

Hauora Tairāwhiti 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 Hauora Tairāwhiti plans.

Lifeline Utilities

Hauora Tairāwhiti, EMP and Group Emergency Management Office 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 Incident Management Team 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 Coordinating Group will ensure that communication and liaison is maintained amongst welfare agencies to prepare for, where possible, continuity of their normal services and, where possible, some or all welfare functions as defined in the Tairāwhiti 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 DHB EMP and Group TEMO

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.

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 Pandemic planning will be included as a "standing item" on CEG agenda against which the DHB will report. (CEG will need to meet more regularly).

REDUCTION

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

An agency specific Business Continuity Plan which contains a Pandemic component including reference to the following:

- Reduction measures for staff, including social distancing and supporting HR functions, working from home procedures and policies to manage in the spread of infection.
- Personal Protective Equipment supplies, training and use.
- Specific preparedness relevant to that agency
- An outline of the actions to be taken to address those areas of support agreed to with the TDHB (as outlined in Annex 2).
- Any training or exercises required (including the use of PPE).

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

<https://www.health.govt.nz/>

Ministry of Business, Innovation and Employment

<https://www.mbie.govt.nz/>

New Zealand Government online

<https://www.govt.nz/>

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 Hauora Tairāwhiti.

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.

Emergency Coordination Centres (ECC)

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

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 TDHB 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 NEMA 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 ECC and will be made in consultation between the Medical Officer of Health and the Group Controller with all CEG member organisations informed.

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.)

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'.

Emergency Powers: 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.

Work Stream Liaison

At a central government level 11 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.

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.

RESPONSE

Activation

As indicated in the matrix, attached as Appendix 4, once the Health alert phase changes, 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.

Changes in alert phases are to go to these groups as well, if they are not represented on CEG:

- Welfare Coordinating 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:

- Provide support to implement the requirements of Health as the lead agency.
- Provide each member agency with accurate up to date information and advice to maximise their ability to manage their response.
- 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).

Lead Agency

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

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 NEMA.

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.

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 6.

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

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:

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 John Clarke, Mr Patrick Willock (Alternate)

Functions Group ECC 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.

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 ECC, except on occasion, to be determined by the Incident Co-ordinator, briefings may be held at the hospital:

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 update 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.

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:

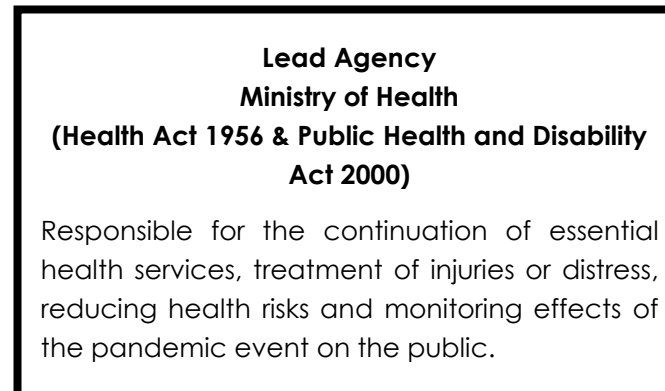
- Welfare and psychological impacts on the community.
- Economic effects.
- “Demographics” and their impact on community functioning.

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 dependent on where the main impact is, if localised and to commence planning for recovery.

Appendix 1: Summary of Powers and Responsibilities:

Human Pandemic:

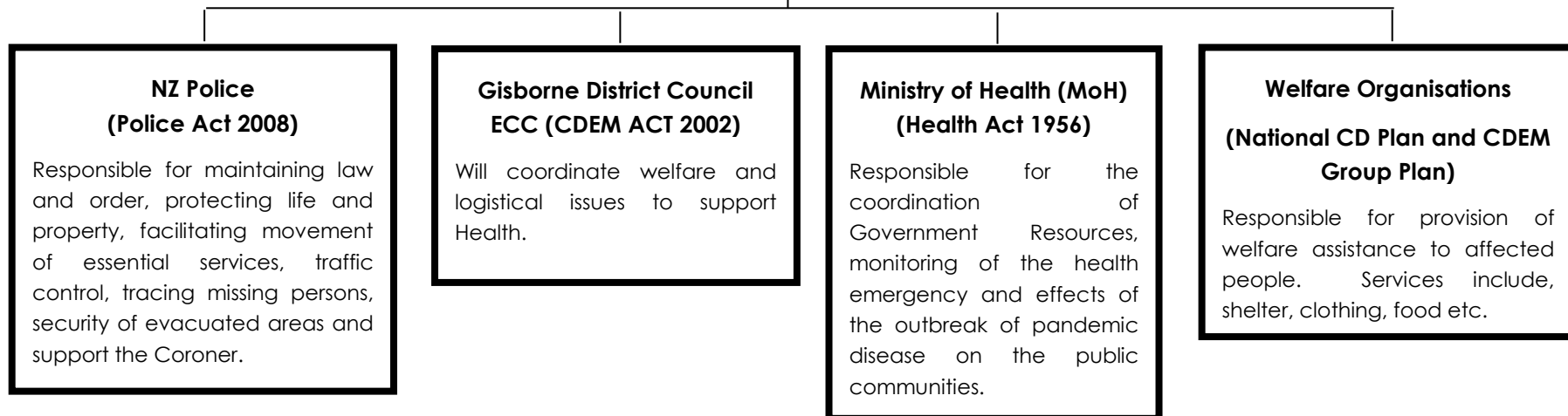
No declaration means "business as usual."
In which case the Lead Agency acts under its' own legislative powers. It is responsible for public warnings, media liaison and all other core activities.



A human pandemic will be managed under the Health Act. The Medical Office of Health has emergency powers to manage the spread of disease (s70-72).

A declared state of local emergency may –

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



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

Appendix 2: Roles and Responsibilities

Ministry of Health

The Ministry of Health is the lead agency for planning for and responding to a pandemic on a national scale. The Ministry of Health's particular responsibilities in the response phase include:

- Activating a national emergency response, including activating and running the National Health Coordination Centre.
- Maintaining standard operating procedures for the National Health Coordination Centre that clearly identify roles and responsibilities consistent with the CIMS organisational strategy identified in the National Health Emergency Plan.
- Ensuring sufficient staff are trained and exercised to participate in the National Health Coordination Centre at short notice, and maintaining a knowledge base on pandemic planning and response.
- Undertaking national intelligence and planning, including liaising with, and reporting to, WHO and other international bodies responsible for providing high-level advice and recommendations to national authorities.
- Convening advisory groups and disseminating clinical and public health advice nationally.
- Providing information and advice to Ministers.
- Liaising nationally with, and advising, other Government agencies.
- Advising the NSS to activate the National Crisis Management Centre if necessary.
- Collating information for dissemination and use in New Zealand with the support of the best expert advice available.
- Providing inter-regional support for health services.
- Overseeing the health and disability sector response nationally to ensure consistency of advice and action across the country in all pandemic phases
- Providing public information, including through public awareness and information campaigns, telephone advice lines and the internet, and links to information such as travel advisories that border control agencies produce.
- Instigating and standing down universal or targeted public health assessments.
- Coordinating services and resources nationally, as required.

District Health Boards

District Health Boards are the lead agencies for planning for and responding to a pandemic on a local and regional level. A DHB's particular responsibilities during the response include:

- Coordinating with the medical officer of health and civil defence emergency management (CDEM) controller in its region.
- Providing appropriate support to public health units, so they can carry out their core functions.
- Implementing its major incident and emergency plan or pandemic plan, as necessary, and contributing to implementation of the applicable regional incident coordination plan.
- Implementing instructions, advice and guidelines issued by the Ministry of Health through the regional coordination team.
- Ensuring hospitals and health services function to the fullest possible extent during and after the emergency, including infection prevention and control and laboratory capacities.
- Ensuring community-based health services are available to meet increased demand for assessments, including the establishment of community-based assessment centres (CBACs) as required.
- Implementing vaccination campaigns.
- Using information produced by the Ministry in communicating with local communities, agencies and providers.
- Communicating with and supporting health and disability providers in its region, including ambulance services, primary care providers, aged care providers, non-governmental organisations and Māori and Pacific providers.
- Liaising with other agencies at a local level, as appropriate (including local government, CDEM agencies, education providers, welfare agencies, border agencies and national health groups with local representation).
- Contributing to the regional coordination team, and implementing regional decisions at a local level.

Public Health Units

Public health units, based in DHBs, are responsible for:

- Developing and implementing plans for public health emergencies
- Maintaining and enhancing surveillance of public health.
- Maintaining and enhancing border health response activities.
- Investigating 'cases' (sick people) and 'contacts' (people who may have been exposed to the virus, but who have not yet developed, or may not develop, symptoms).
- Using control measures (including statutory powers) as necessary.

- Integrating public health planning and response with DHB planning and response.
- Accessing support from DHBs and other agencies to maintain core functions.
- Advising local agencies and lifeline utilities about the public health aspects of their planning and response.
- Investigating, assessing and responding to events involving risks to public health.
- Ensuring advice and action are consistent across the country.

Ambulance Providers

Ambulance providers will be responsible for the continuation of their service and the appropriate management of increased demand during a pandemic. Ambulance providers will also provide representatives for DHB regional groups and CDEM groups, as required.

Environmental Science and Research Ltd

Environmental Science and Research Ltd (ESR) is responsible for coordinating national, real-time notifiable disease surveillance and data analysis, so transmission patterns throughout New Zealand can be monitored.

Environmental Science and Research's laboratory at the National Centre for Biosecurity and Infectious Disease, Wallaceville, Upper Hutt, is the WHO National Influenza Centre and reference laboratory for New Zealand. This laboratory will maintain the capacity to isolate, diagnose and characterise a pandemic influenza virus in a high containment laboratory. In addition, ESR will serve as a key contact to facilitate communication among, and provide scientific advice to, agencies within New Zealand and internationally.

Other Virology Laboratories

There is a network of virology laboratories in New Zealand (including ESR) that will help to coordinate the testing required during a response.

Ongoing Work

The health work stream is responsible for addressing five key areas, each with their own objectives:

- pandemic intelligence
- health and disability sector capability and capacity
- Ministry of Health logistics
- government and sector leadership and coordination
- public information management.

All-of-Government Response

An emergency, such as a pandemic, that potentially affects the whole of society requires *national* coordination and decision-making. Actions will need to be taken to protect and reduce the impact of the emergency on New Zealand as a whole. In such an event, strategic decisions will be made centrally through established processes and systems.

Recent overseas disasters (for example, the tsunami in south-east Asia in December 2004, Hurricane Katrina in August 2005, the earthquake in the Sichuan province of China in 2008, the first wave of influenza A (H1N1) 2009 and the tsunami in Samoa in 2009) and local emergencies (for example, the Canterbury earthquakes 2010/11, Kaikoura Earthquakes 2016 and Port Hills Fire 2017) have demonstrated the need for effective coordination, cooperation and leadership in managing a response. This section outlines current organisational arrangements to ensure coordination, cooperation and leadership are realised in a pandemic emergency. Figure 3 summarises these arrangements.

Each Government agency is responsible for leading the response for the sector it serves and developing relevant materials for that purpose that are based on the direction set and the resources developed by the Ministry of Health.

Appendix 3: Roles and Accountabilities of Local Agencies

At a local level DHBs, in accordance with national policy, involve DHB emergency planners or health coordinators,¹ public health units and, where statutory public health measures are called for, the local medical officer of health in planning for and responding to pandemic influenza.

The Minister of Health can authorise the use of special powers under sections 70–72 of the Health Act 1956 to assist with the management of health or disease-related interventions in response to a pandemic.

While the Ministry of Health is accountable for implementing the NZIPAP, civil defence emergency management structures and resources will be available to support management of the pandemic in the community. Other Government agencies will continue to operate under their own legislation as they meet their responsibilities under the NZPIAP.

If an influenza pandemic occurs, a state of local or national emergency will only be declared under the CDEM Act in extreme circumstances. A declaration is not necessary for civil defence emergency management resources to be made available. The National Civil Defence Emergency Management Plan Order 2015, provides for such arrangements. Further information on civil defence emergency management declarations can be found within this document in Part C, Legislation.

In practice, the Government expects the local health coordinator, local medical officer of health and civil defence emergency management controller to 'sit around the same table', with the following accountabilities and responsibilities.

- The health coordinator is accountable for the local pandemic response and for providing the command and control necessary to deliver health response measures under the NZIPAP.
- The medical officer of health has statutory powers and is accountable for the exercise of those powers to the Director-General of Health.
- The civil defence emergency management controller is accountable for coordinating and directing community and civil defence responses, resources and functions under civil defence emergency management plans.

These three roles should work in partnership, jointly considering decisions and their consequences as far as possible. In terms of health imperatives, the decisions of the health coordinator will prevail because the coordinator is the representative of the lead agency, the Ministry of Health, which has overall accountability for implementing the NZIPAP.

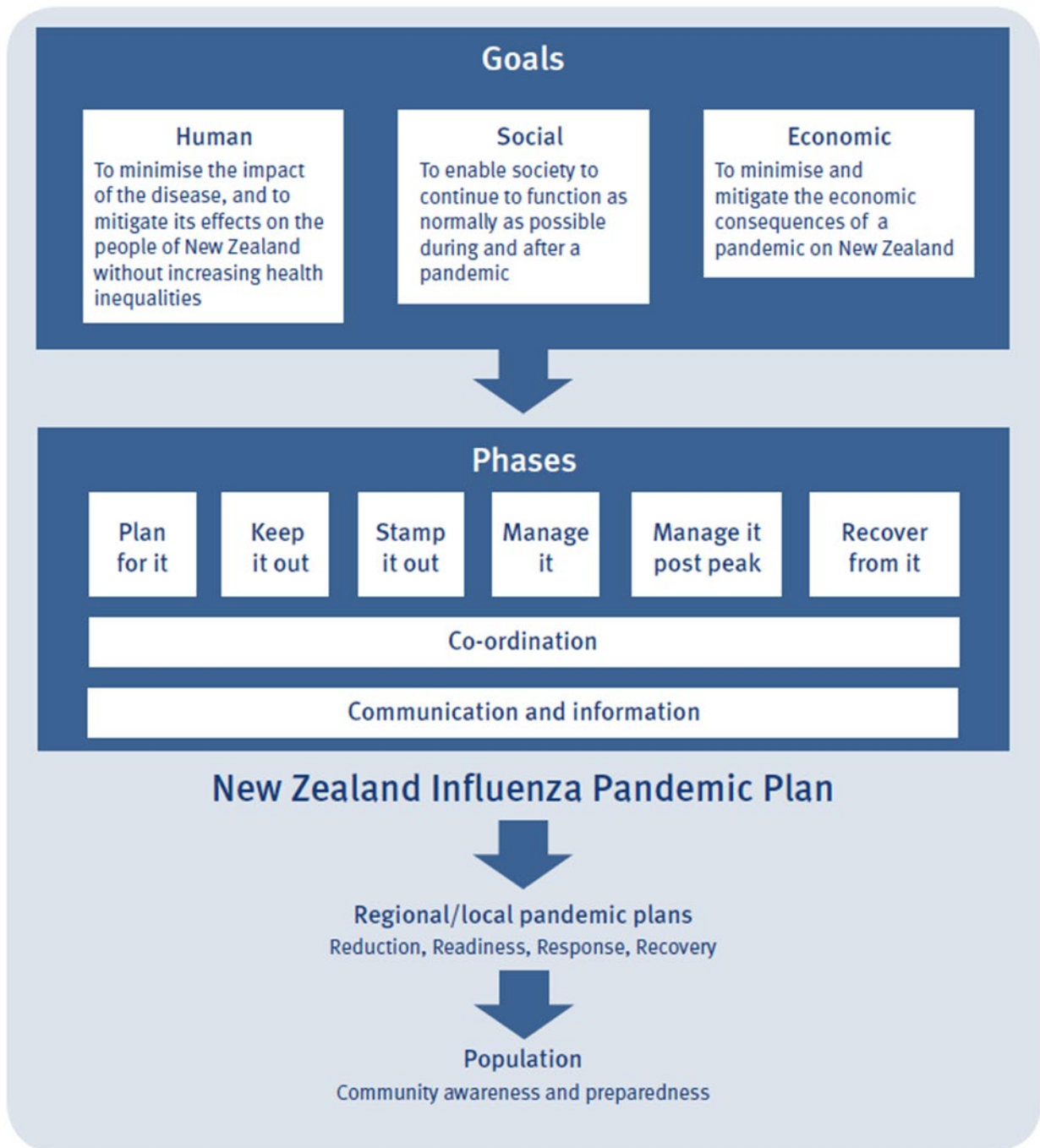
¹ 'Health coordinator' is the generic term this document uses to denote the person with overall accountability for the local or DHB response. Individual DHBs use different terminology for this role (eg, 'DHB incident controller' or 'response coordinator').

It is not necessary for agencies to rely on the provisions in the CDEM Act to mount a response in a timely fashion.

An important consideration in managing pandemic influenza is the use of established organisational structures and accountabilities.

The detail for delivery operations will be determined at the local level to reflect local and regional circumstances, but should conform to the accountabilities outlined above.

Appendix 4: New Zealand Strategic Approach to a Pandemic



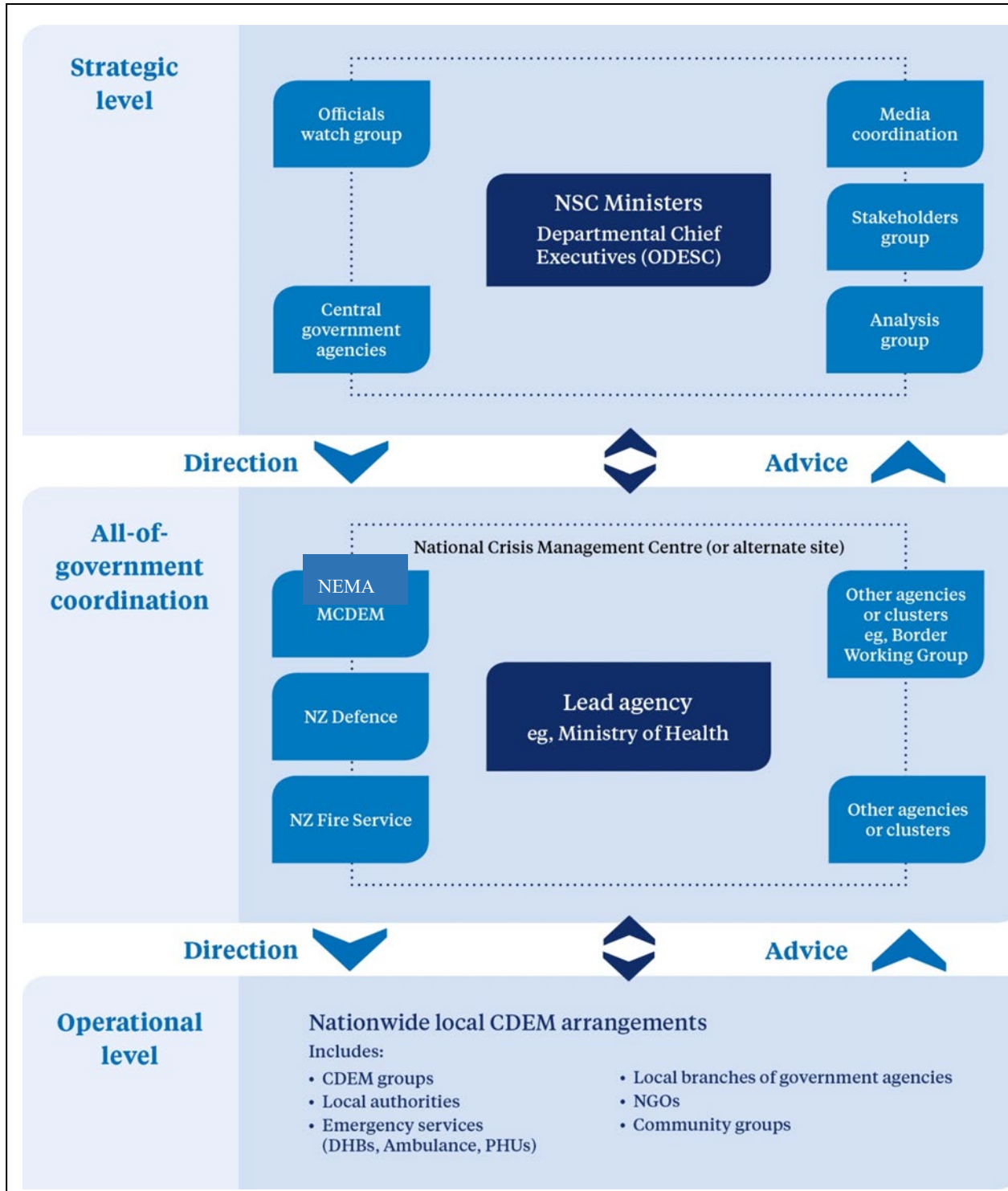
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Appendix 5: Six-phase Strategy of New Zealand Pandemic Planning

Phase	Potential trigger	Specific objectives
Plan For It Planning and preparedness	Level of influenza at normal seasonal levels	Plan and prepare to reduce the health, social and economic impact of a pandemic on New Zealand Deal with disease in animals, if required
Keep It Out Border management	Sustained human-to-human transmission of a novel influenza virus overseas in two or more countries	Prevent, or delay to the greatest extent possible, the arrival of the pandemic virus in New Zealand
Stamp It Out Cluster control	Novel influenza virus or pandemic virus detected in case(s) in New Zealand	Control and/or eliminate any clusters found in New Zealand
Manage It Pandemic management	Multiple clusters at separate locations, or clusters spreading out of control	Reduce the impact of pandemic influenza on New Zealand's population
Manage It: Post-Peak Transition to Recover From It phase, and planning for a resurgence or second wave	New Zealand wave decreasing	Expedite recovery, and prepare for a re-escalation of response
Recover From It Recovery	Population protected by vaccination, or pandemic abated in New Zealand	Expedite the recovery of population health, communities and society where affected by the pandemic, pandemic management measures, or disruption to normal services

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Appendix 6: National Crisis Management Model with Ministry of Health as Lead Agency



Note: CDEM = civil defence emergency management; ODESC = Officials' Committee for Domestic and External Security Coordination.

PANDEMIC RESPONSIBILITY MATRIX

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