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[Appendix 1]
[Appendix 2]

National Health Emergency Plan

A framework for the health
and disability sector

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Executive summary

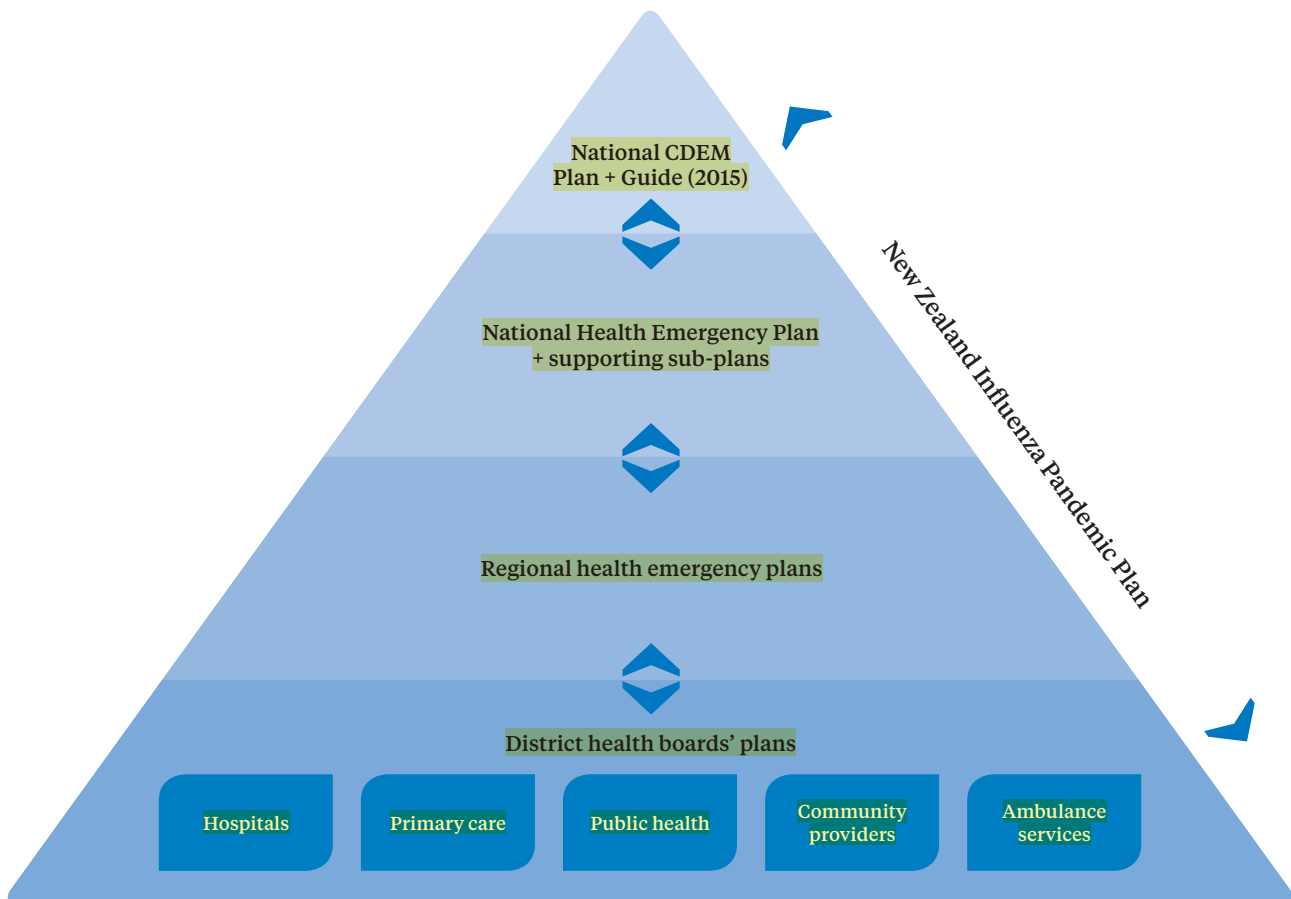
The National Health Emergency Plan marks an important step forward in the continual development of the capability and capacity of health emergency management in New Zealand. The plan builds on the experiences of preparing for, building resilience to, responding to and recovering from a range of hazards in New Zealand and elsewhere, including human disease pandemics, tsunami, terrorist incidents, earthquakes and technological incidents over the past decade.

The plan uses a comprehensive, risk-based approach to emergency management, intended to support all health stakeholders to better understand the risk context they are required to manage and to deliver services in. It strengthens the focus on risk reduction to ensure that all parts of New Zealand's health and disability sector understand they have roles in managing risks to their services and the communities they serve. The plan focuses on those risks described in the *National Hazardscape Report* (ODESC 2007) and outlined in the National CDEM Plan.

The plan describes the context in which health emergency management occurs within New Zealand. It provides guidance on the enablers of effective health emergency management and describes the roles and responsibilities at all levels across the areas of reduction, readiness, response and recovery. The mechanisms, systems and tools used in the health and disability sector to respond to an emergency event are also described in detail.

To support planning activities, the appendices provide additional information and practical guidance for the health and disability sector on specific aspects covered in the National Health Emergency Plan.

Figure 1: Framework for health emergency management documents



Objectives

The objectives of the National Health Emergency Plan are to:

- describe the larger emergency management context within which the Ministry of Health and all New Zealand health and disability services have roles
- clarify the emergency management roles and responsibilities of the Ministry, DHBs, public health units (PHUs), public and private health providers and other key organisations
- generate guidance and advice that support the health and disability sector to:
 - understand the risks it faces
 - work to reduce risks and build resilience within communities and the health and disability sector
 - undertake planning and readiness activities for both business continuity and operational roles in an emergency
- explain how the health and disability sector will function during any emergency, including New Zealand's responsibilities under international agreements and regulations
- explain the Ministry of Health's emergency management system, the expectations for it and capabilities of DHBs and the wider health and disability sector
- define the roles and responsibilities of the health and disability sector in recovery.

Single point of contact system

The Ministry of Health and each DHB and public health unit maintain a single point of contact (SPOC) system that is available on a 24-hour, 7-days-a-week basis. The SPOC system is an integral part of health and disability sector coordination for emergency management, especially for those with a role focused on response. The purpose of the system is to enable effective and rapid communications between senior Ministry of Health officials, DHBs and public health units at any time, via a dedicated SPOC phone number or through a dedicated SPOC email, to notify each other of a potential or actual emergency with health appreciable implications. The SPOC system does not reach out beyond DHBs and public health units.

Although the primary intention for the SPOC system is to initiate coordination in readiness for and during emergency responses, it remains in place at all times. It supplements but does not replace normal day-to-day communication channels and processes.

The Ministry maintains the SPOC contact lists and regularly tests and reviews the integrity of the system. Each organisation on the SPOC system is also expected to regularly test and review internal systems to receive and process communications via the SPOC system. Each contact in the system is intended to function as an access point within each organisation to receive and transmit all emergency-related communication within and between organisations.

Once a code red alert (see Table 3) has been sent and the relevant DHBs have activated their incident management team, the SPOC will continue to operate through the emergency operations centre (EOC). Incident management team arrangements should take this into account.

Alert codes

The Ministry of Health has developed alert codes to provide an easily understood system of high-priority communication leading up to and during emergency response activations. These alert codes are issued from the Ministry via the SPOC system. The alert codes outlined in Table 3 are intended for use in relation to nationally led communication.

It is not necessary for all DHBs to be at equally corresponding levels of alert. The appropriate level will be determined by the impact and the ability for DHB(s) to respond or provide support for the response. (See 'Activating a response'). For example, a single or group of DHBs may be in code red, while the remaining DHBs are in code yellow.

Table 3: Health and disability sector alert codes

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

Roles and responsibilities by alert codes

The role of the Ministry of Health in an emergency is primarily to coordinate health and disability services nationally. The Ministry will also coordinate all international arrangements for the health and disability sector, in partnership with the Ministry of Foreign Affairs and Trade and MCDEM.

The initial response for the management of an emergency is made by the affected local provider, which may be the local DHB, or the inter-DHB regional group if support between DHBs is required. At each phase of an emergency there are specific actions that need to be taken at local, regional and national levels. Appendix 15 summarises key roles and responsibilities at each of these levels during each alert code.

The Ministry of Health's alert codes should be read in conjunction with the five levels of response described in Table 4.

Activating a response

As with most emergency responses, health service responses are predominantly activated near the sites of impact, as communities and services marshal their resource to meet immediate needs, reduce impacts and attempt to coordinate responses. Deliberate activation of emergency health response capabilities and coordination is a critical aspect of an effective emergency response.

Due to the potential interruption to normal service delivery, the decision to activate significant aspects of emergency health response and coordination capabilities should be made by executive managers or other senior personnel with delegated authority to do so.

A key aspect of all responses is to communicate any changes in the level of activation and share information on the hazard, impact and response within health services and with partner response and recovery organisations.