Tairawhiti District Health

Strategic Response

to an Influenza Pandemic /

Emerging Infectious Disease

February 2010
Contents

1. General Information 3

   Introduction 4
   Influenza 4
   Characteristics 4
   Pandemic Influenza 4
   Expectations and Impact 5
   Preparing for an influenza pandemic 6
   Vaccines 6
   Drug treatment and anti-virals 7
   Steps to reduce the rate of spread 7
   Care in the community 7
   Care of dependants 8
   TDH Influenza Pandemic Plan 8
   Aims and Objectives 9
   Risk Management 10

2. Operational Component 12

   General Principles 12
   Communication 12
   Civil Defence Emergency Management 14

   Plan Activation 15
   1. Information Only (Code white) 15
   2. Standby Phase (Code Yellow) 16
   3. Activation Phase (Code Red) 19
   4. Stand-down Phase (Code Green) 20

3. Appendices

   1. Emergency Childcare resources 23
   2. Body storage 23
   3. Rest Homes 26
   4. Home Care Services 31
   5. Gisborne Hospital Kitchen 34
   6. Service Providers 35
   7. Admission & Discharge Flowchart for Hospital 37
   8. Contacts 38
   9. Communications 40
Sub Plans

1. Gisborne Hospital Emergency Response Plan

2. Public Health Unit Pandemic Response Plan

3. Border Control Plan - Airport

4. Border Control Plan - Port

5. Gisborne CDEM Group Pandemic Operational Plan :
   - not attached, draft form only, to be reviewed by CEG

6. Eastland Infrastructure Ltd Emergency Plan, Pandemic Event
   - available, not attached, covers EIL response to Port, Airport and electricity supply issues during a pandemic
1. General Information

Introduction

Influenza

Influenza pandemic is one of the more likely events to cause a large-scale health emergency in New Zealand. Pandemics occurred four to five times in the 20th century, with the major ones reaching New Zealand (in 1918, 1957 and 1968). Recent estimates put mortality from the 1918 pandemic at between 50 – 100 million worldwide. In this country, the 1918 pandemic is estimated to have infected a third to one half of the entire population, causing approximately 8,000 deaths.

Characteristics

Influenza is a highly contagious viral disease of the respiratory tract. It continues to be a major threat to public health worldwide because of its ability to spread rapidly through populations.

Influenza is a significant and under-recognised cause of mortality in the NZ population. There are approximately 100 deaths per year directly attributable to influenza, but this does not include many cases where influenza contributes to an elderly or chronically ill person’s death.

Influenza is characterised by rapid onset of respiratory and generalised signs and symptoms, including fever, chills, sore throat, headache, dry cough, fatigue and aching. Influenza is easily spread through droplets from an infected person (suspended in the air through coughing or sneezing), being inhaled by another person, or through contact with contaminated objects. The incubation period can range from one to seven days, but is commonly one to three days. Adults are contagious for one to two days before most symptoms start until about day five of the illness. Children may remain infectious for up to seven days.

Pandemic Influenza

Pandemics are characterised by the spread of a novel type of influenza virus to all parts of the world, causing unusually high morbidity and mortality for two to three years. Most people are immunologically naïve to the novel virus and therefore more susceptible to influenza infection. A pandemic can overwhelm the resources of a society due to the exceptional number of those affected.
A pandemic may occur as the result of the emergence of a new viral subtype with the capacity to spread efficiently from person to person, and with sufficient virulence to cause disease.

If an influenza pandemic appears, we could expect the following:

- Given the high level of global traffic, the pandemic virus may spread rapidly, leaving little or no time to prepare.

- Vaccines, antiviral agents and antibiotics to treat secondary infections will be in short supply and will be unequally distributed. It will take several months before any vaccine becomes available.

- Medical facilities will be overwhelmed.

- Widespread illness may result in sudden and potentially significant shortages of personnel to provide essential community services.

- The effect of influenza on individual communities will be relatively prolonged when compared to other natural disasters, as it is expected that outbreaks will reoccur.

Impact on Tairawhiti

A pandemic will be characterised by a high level of absenteeism in the workforce as people fall ill or stay at home to care for sick relatives. Essential services such as Police, Fire Service and St. John need to be maintained during a pandemic. Other services and supplies - including food, water, gas, electricity supplies, educational facilities, postal services and sanitation may also be affected. It is right to assume that normal business activities, regardless of their nature, will suffer during a pandemic.

The Ministry of Health will work with the Prime Minister’s department to minimise social and economic disruption to the greatest extent possible, but all government agencies should factor an incident such as a pandemic in to their emergency planning.

Modelling undertaken by the Ministry of Health (MoH) indicates that 40% of the NZ population will become infected over an 8 week period with a possible case fatality rate of 2%. It is important to note that this modelling is not a
prediction or forecast but is designed to provide a structure around which planning can be carried out for a very large event with severe impacts on all aspects of society. The following table is an indication of the impact a pandemic may have on Tairawhiti:

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illnesses</td>
<td>180</td>
<td>900</td>
<td>4,300</td>
<td>5,800</td>
<td>4,300</td>
<td>1,400</td>
<td>720</td>
<td>360</td>
<td>17,960</td>
</tr>
<tr>
<td>Deaths</td>
<td>4</td>
<td>20</td>
<td>90</td>
<td>120</td>
<td>90</td>
<td>30</td>
<td>10</td>
<td>7</td>
<td>371</td>
</tr>
</tbody>
</table>

Preparing for an influenza pandemic

Contingency planning for an event sometime in the future is often difficult to justify, particularly in the face of limited resources and more urgent problems and priorities. However, there are two main reasons to invest in pandemic preparedness:

1. Preparation will mitigate the direct medical and economic effects of a pandemic, by ensuring that adequate measures will be taken and implemented before the pandemic occurs.

2. Preparing for the next influenza pandemic will provide benefits now, as improvements in infrastructure can have immediate and lasting benefits, and can also mitigate the effect of other epidemics or infectious disease threats.

A major component of pandemic preparedness is to strengthen the capacity to respond to yearly epidemics of influenza. A surveillance network for human and animal influenza and a targeted influenza vaccination programme are the cornerstones of a national influenza policy.

Ensuring an adequate system for alert, response and disaster management, should be the basis of every national pandemic preparedness plan. Depending on the available resources, more specific preparations can be made, such as developing specific contingency plans, stockpiling of antivirals, strengthening risk communications, investing in pandemic vaccine research and promoting domestic production of influenza vaccines.

Vaccines

New Zealand does not have the capacity to manufacture vaccines. The first supplies of vaccine against a novel strain of influenza are unlikely to be
available for at least 4 – 6 months. By this stage it is likely that New Zealand will have suffered the first pandemic wave.

Global demand for a vaccine will be high, so supplies will be limited. Priority groups for immunisation will be identified early, so that when vaccines become available those people can be immunised rapidly and efficiently. The Ministry of Health will provide the government with recommendations on these priority groups.

**Drug treatment and anti-virals**

Many complications from influenza are due to secondary infection with bacterial pathogens. Antibiotics are the preferred treatment for secondary infections, although ineffective in the treatment of uncomplicated influenza.

Anti-viral drugs can shorten the course of infection if given early in the disease, and can provide short term protection against influenza. During a pandemic (like vaccines) these antivirals will be in short supply and recommendations for their use will be nationally-directed.

**Steps to reduce the rate of spread**

While it is unlikely that the spread of influenza can be halted, there are options to slow transmission that should be considered to slow its advance. These will help reduce pressure on health services over a longer time period and increase the opportunity to protect people, should a vaccine become available. Such measures include:

- recommending that sick people stay at home
- advising the public against unnecessary travel
- utilising the powers of medical officers of health to cancel public events
- closing childcare facilities, schools and tertiary education institutions

**Care in the community**

Due to the high rates of infection expected during pandemic influenza, all except the seriously ill will need to be cared for at home. Gisborne and Chelsea Hospitals will prioritise admissions, rationalise services and review
staff rosters however emphasis will be given to out-of-hospital care and to saving hospital beds for only the most severe cases.

Care of dependants

During a pandemic it is likely that there will be a number of dependants ‘orphaned’ by the death or hospitalisation of their prime caregiver(s). This will likely result in children requiring care being present at a hospital or primary care centre.

Negotiations are under way with Tairawhiti Children & Young Persons Service to establish a protocol to quickly deal with such a problem should it arise. See Appendix 2.

Note:

Once a certain level of efficient transmission is reached, no interventions will halt further spread and priorities need to shift to the reduction of morbidity and mortality. Traditional groups at risk from the complications of influenza are persons aged over 65 years, children aged under 1 year and persons of any age with certain underlying chronic health conditions.

The Tairawhiti District Health Influenza Pandemic Plan

The TDH Influenza Pandemic Plan provides a framework for preparation and response by the (TDH) health sector. Planning for influenza pandemics will also strengthen the capacity of the health sector to respond to other adverse events. The planning process is ongoing and the contents of this plan will be updated as required, to reflect advances in the area.

This Plan has been developed within the Ministry of Health national framework and reflects the structure of the New Zealand Influenza Pandemic Action Plan. It is consistent with but separate from the Tairawhiti Major Incident and Emergency Plan.

The responsibility for implementing the Plan lies with TDH, with support from Tairawhiti Civil Defence Emergency Management Group and the Emergency Services
Aims and Objectives

The aim of this Plan is to facilitate a co-ordinated and effective District response in the event of an influenza pandemic. It provides specific advice and actions, and will also assist other agencies to prepare their own contingency arrangements.

The Plan objectives are to:

- provide a plan to ensure rapid, timely and co-ordinated action, including current and authoritative information for health professionals, the public and media at all stages
- specify the roles and responsibilities of Tairawhitit District Health, Gisborne Hospital, the Public health Unit, the Primary Care providers and other key organisations
- reduce the morbidity and mortality from influenza illness
- ensure that essential services are maintained
- minimise the social disruption and economic losses that may be associated with an influenza pandemic
4. **Risk Management**

The following general areas of risk have been identified and have been included in the pandemic planning tasks for 2005/2006

<table>
<thead>
<tr>
<th>Identified Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unknown characteristics of virus</strong></td>
<td></td>
</tr>
<tr>
<td>Not possible to plan &amp; prepare a specific response because the epidemiology of the virus is not identified.</td>
<td>Prepare a response plan which, although general, adequately covers all reasonable contingencies</td>
</tr>
<tr>
<td><strong>Failure of Primary &amp; Secondary Care</strong></td>
<td></td>
</tr>
<tr>
<td>Insufficient staff and resources to continue providing (GP &amp; Pharmacy) services to community</td>
<td>GP Plans - Nil</td>
</tr>
<tr>
<td>Insufficient staff and resources to continue providing secondary services</td>
<td>Pharmacy Plans - being addressed by Pharmacy Group</td>
</tr>
<tr>
<td><strong>Failure of Home Care services</strong></td>
<td></td>
</tr>
<tr>
<td>Providers fail to supply contracted services to Home Care clients</td>
<td>Service Providers (CCS and Turanga Health) have developed a response. See <em>TDH Pandemic Plan, Appendix 4</em>.</td>
</tr>
<tr>
<td><strong>Failure of Community Infrastructure</strong></td>
<td></td>
</tr>
<tr>
<td>Fuel, Food, Water, Electricity, Sanitation Services, Law &amp; Order</td>
<td>Considered at CEG, ESCC and Infrastructure meetings. On-going. To be monitored and managed by Civil Defence.</td>
</tr>
<tr>
<td><strong>Shortage of PPE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Security of PPE</strong></td>
<td></td>
</tr>
<tr>
<td>• Being mitigated to some extent by extra (MoH funded) PPE being held in TDH stores</td>
<td></td>
</tr>
<tr>
<td>• To be addressed by Logistics Manager &amp; Materials Manager as a first response to Code White</td>
<td></td>
</tr>
<tr>
<td><strong>Failure of Hospital Services</strong></td>
<td></td>
</tr>
<tr>
<td>Inadequate admission &amp; discharge protocols; Hospital is overwhelmed due to admission numbers; core business not identified &amp; no plan to sustain it; insufficient staff in key positions with no plan to support or replace them; inadequate training for support &amp; replacement staff; insufficient critical (medical) supplies; insufficient meals provided; Shortages of antibiotics</td>
<td>• Admission and discharge Flowchart developed (App. 7)</td>
</tr>
<tr>
<td>• Core business to be identified by Management Team, HR issues to be addressed by Manager : HR</td>
<td>• Supplies – would order on notice; Midland DHB Materials Managers meet 6-weekly to consider purchase &amp; ‘share’ arrangements (CEO ratified)</td>
</tr>
<tr>
<td>• Kitchen response - see <em>TDH Pandemic Plan, Appendix 5</em>.</td>
<td>• Antibiotics - being addressed by PHARMAC in consultation with DHB CEOs</td>
</tr>
<tr>
<td><strong>Inadequate Communications</strong></td>
<td></td>
</tr>
<tr>
<td>• MoH media releases (already in train)</td>
<td></td>
</tr>
</tbody>
</table>
General confusion even (public) panic, not knowing what the Health response will be, not knowing what their response is supposed to be.

Hospital - staff not knowing what the TDH response will be & how they fit in; not knowing the likely redeployments and requirements of staff; not knowing the risks and mitigations provided

<table>
<thead>
<tr>
<th><strong>Impact of pandemic on (rural) maori -</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disproportionately affected in previous pandemics; have access to sparse (likely-to-be-compromised) resources; issues and protocols such as social gathering, tangi, hongi</td>
</tr>
</tbody>
</table>

- Direct contact with providers (TDH) supplying MoH information and assistance with plans
- Information to staff newsletter *Nerve Centre*
- Communication Plan, developed by Communications Manager, to fully brief staff

- Meet with Runanga (2)
- To be managed by Ngati Porou Hauora and Turanganui PHO
2. Operational Component

“Operational” means the day-to-day activities of putting the Pandemic Plan into practice. Only the key details considered necessary for achieving operational effectiveness (through integration and coordination) have been included in this component.

1. General Principles Underpinning the Operational Component

These have been identified as follows:

- The priorities during a Pandemic which has been declared a Health Emergency will be:
  - to ensure correct diagnosis and appropriate treatment for those affected by the pandemic;
  - to monitor the impact of the pandemic on the health status of the population;
  - to minimise the loss of health status;
  - to minimise the risk of ongoing health concerns;
  - to continue the provision of essential healthcare services;
  - in association with the emergency services, monitor:
    - the effect of the pandemic on essential services; and
    - the economic impact of the pandemic

3. Communication

Effective communication is vital to any action plan and a communications strategy has been developed specifically for responding to an influenza pandemic.

National

During a pandemic the Ministry of Health will manage the communications strategy, with key features including:

- the Ministry of Health maintaining regular contact with District Health Boards via the CEO, the Medical Officer of Health, the Communications Manager and the Emergency Management Planner
- implementing the communications strategy and rapid dissemination of information to the public by the Ministry of Health Communications team
• establishing a pandemic national 0800 phone line to provide information to the public. The Ministry of Health has a phone line available for emergencies that can be put into action within a few hours

• national advertisements to increase awareness of the national response to the pandemic. Information will be placed on the Ministry of Health website (www.moh.govt.nz) and be available through a range of other media

• providing timely surveillance updates and advice to health professionals and the public through the Ministry of Health website www.moh.govt.nz

• regular press conferences to ensure accurate and up-to-date reports of the status of the pandemic

District

During a pandemic, the TDH media strategy will be based on timely and appropriate release of national strategies, but will also include:

• Daily briefings of:
  - TDH clinical, medical and management staff
  - Primary Care providers, PHOs, NGOs, Service Providers
  - CEG, Civil Defence Emergency Management Group, Emergency Services and other supporting partners
  - Media, utilising the TDH Communications Manager

• Possible use of Healthline (0800 611 116), the 24-hour health and information advice line, to guide people to the most appropriate form of care for symptoms of influenza.
Civil Defence Emergency Management

The Gisborne Civil Defence Emergency Management Group will be an integral part of the TDH influenza pandemic response in Tairawhiti. Health (TDH) will be the lead agency in such an event and rest of the CDEM Group will provide support and coordination assistance to TDH in that role.

In general terms, areas of responsibility will be allocated as follows :

- TDH as the Lead Agency will lead and coordinate the initial response to the pandemic for Tairawhiti and will manage the ‘health response’. This includes the Hospital and all issues relating to health in the community.

- The District CDEM EOC will manage and be responsible for the ‘community response’. This includes such areas as monitoring (and managing if necessary) food supplies, fuel supplies, water and waste disposal.

Initial Action & Advice

TDH will receive advice of a pending pandemic as indicated in the following Plan Activation. This advice will immediately be passed to the CDEM Group, CEG, the Emergency Services and Gisborne District Council for the purpose of those organisations advising their own staff and activating their own Pandemic Plans.

A meeting of the Coordinating Executive Group will be called at the earliest available opportunity and all members fully briefed. A regular schedule of briefings will be set to ensure appropriate communications and co-ordination is maintained.

Media Releases

Local media interest will be intense. From the time of receipt of the initial pandemic advice, TDH will be responsible for all initial press releases. As the event unfolds upon Tairawhiti there will likely be demand for press releases relating to those areas for which CDEM is responsible which will require a sharing of this authority with respect to each others areas of responsibility. This will be a matter for discussion between the CD Controller, the Health Incident Controller and the Medical Officer of Health.
Plan Activation

The Plan will be activated in a phased manner in accordance with the Ministry of Health’s Plan as follows:

1. Information Only (Code White)

The Ministry receives advice, most probably from the WHO, of the appearance of a new influenza strain in a human case. This advice is assessed, verified and relayed via e-mail to the designated 21 x DHB single points of contact. TDH has established a cascade system to ensure that if the CEO is absent the advice will be relayed to the Medical Officer of Health, the Manager: Public Health Unit and the Emergency Management Planner.

Response:

The advice is considered by the CEO, MOH, senior management and the Emergency Management Planner, and forwarded to the following (Advice Only) via group e-mail:

- all Department Managers
- medical, infectious disease, respiratory and paediatric specialists
- Civil Defence & Emergency Services via CEG or ESCC
- Primary Care providers, PHOs, Service Providers
- Chelsea Hospital

Responsibilities:

1. CEO - Brief Chairperson, TDH Board
2. Medical Officer of Health - All General Practitioners
3. Emergency Management Planner - All others

See Appendix 9 - Communications
2. **Standby Phase (Code Yellow)**

The Ministry receives advice, most probably from the WHO, of *human transmission of influenza-like illness – emergency confirmed overseas*. This advice is assessed, verified and relayed (in the same manner as Code White) to DHB CEOs, the Medical Officer of Health and the Emergency Management Planner.

**Response:**

1. The advice is considered by the CEO, MOH, senior management and the Emergency Management Planner, and forwarded *via group e-mail* to the following:
   - all Department Managers
   - medical, infectious disease, respiratory and paediatric specialists
   - Civil Defence & Emergency Services via CEG or ESCC
   - Primary Care providers, PHOs, Service Providers
   - Chelsea Hospital

See Appendix 9 - Communications

2. The TDH Emergency Management Group will be convened, the advice from the Ministry will be assessed and an *Action Plan prepared* which will include consideration of the following:

- Implementation of (MoH) advice and guidelines; note epidemiology, case definition and clinical advice
- Trigger points for:
  - Reducing admissions
  - Reducing surgical slates
  - Accelerating discharges
- Maintenance of core clinical capacities
- Location of triage or clinical evaluation centres
- Communication with and support of Primary Care providers
- Identification of non-essential TDH services which could be held in abeyance during stages of the pandemic
• Staff:
  - identifying what staff will be required for core services and what support/backup staff are available
  - changing staff ratios, job duties
• Procuring additional supplies
• Appointment of Incident Controller and Incident Management Team
• Liaison with other agencies
• Infection Control / outbreak control measures
• **Communication Plan** – the : What, to Whom & When - & by Whom

**Responsibilities:**

1. CEO - Brief Chairperson, TDH Board
2. Medical Officer of Health - All General Practitioners
3. Emergency Management Planner - All others

**TDHB Pandemic Alert – Code Yellow**

![Diagram of TDHB Pandemic Alert – Code Yellow]

- ALERT
- EMERGENCY MANAGEMENT GROUP
  - CEO
  - MOH
  - CLINICAL DIRECTORS
  - GROUP MANAGERS
- MEDIA MANAGER
- PREPARE ACTION PLAN
  Implement as appropriate
- ACTIVATE PHU PLAN
- BRIEF:
  - Civil Defence & GDC
  - Emergency Services
  - GPs / PHOs
  - Pharmacies
  - NGOs
  - Chelsea Hospital
3. **Activation Phase (Code Red)**

The Ministry advises of several outbreaks involving the novel influenza virus strain in at least one country or confirmation of an influenza-like illness emergency in NZ. This advice received by the CEO, MOH and Emergency Management Planner (in the same manner as Code White).

**Note**: At this point direct coordination of the Health response is devolved from the MoH to Midland Region: all responses from TDH to the MoH will be via Midland Region. This (Midland) Region coordination process is still being developed.

**Response**:

The TDH Emergency Management Group will be convened and will include the following:

- CEO
- MOH
- all Clinical Directors and Group Managers
- TDH Financial advisor (s)
- Infectious Disease advisor
- Communications Manager
- Emergency Management Planner

The advice from the Ministry will be assessed and the following action taken:

1. DHB Health Emergency Plan activated
2. Emergency Operations Centre activated
3. Incident Controller assumes control of the TDH response in accordance with the approved Action Plan
4. Recovery Manager appointed
Responsibilities:

1. CEO - Brief Chairperson, TDH Board
2. Medical Officer of Health - Brief all General Practitioners
3. Emergency Management Planner - Brief all others, including those not already advised (as above) and non-hospital organisations as required

See Appendix 9 - Communications

**TDHB Pandemic Alert – Code Red**

**Note:**
- Daily briefings, sequential if required i.e.
  - 0730 hrs Clinical staff
  - 0800 hrs CD, CEG, ESCC
  - 0830 hrs Media
  - 1730 daily debrief.
Stand-down Phase (Code Green)

The Ministry advises that Influenza activity has returned to normal inter-pandemic levels and immunity to the new virus is widespread in NZ. This advice received by the CEO, MOH and Emergency Management Planner.

Response :

- Implement Recovery Plan (Recovery Manager):
  - Plan approved by Emergency Management Group
  - Liaise with GDC Recovery Manager to ensure a coordinated approach

- Implement review of TDH Influenza Pandemic Plan (Emergency Management Group) and all aspects of the operational response to the pandemic, including:
  - assessment of the impact of the pandemic (morbidity and mortality rates, hospital admissions etc.)
  - effectiveness of public health measures taken to manage the pandemic
  - pandemic strain vaccine effectiveness
  - effectiveness of antiviral drugs in the pandemic setting
  - socio-economic impact of the pandemic
  - supplies – efficiency and effectiveness of the supply system and of the level and type of store held
  - staff management during the pandemic
  - communications – efficiency and effectiveness of all aspects
Appendix 1

Emergency Childcare Resources

General

The lead agency for services to children and young people is the Department of Child, Youth and Family Services (details below). It is likely that during the course of an influenza (or infectious disease) pandemic TDH may be seeking to place children in to care (children of patients, orphans etc.). If that situation arises, follow this course of action:

1. Contact CYFS
   Lowe St, Gisborne
   
   Manager: Nicola Barrington
   DDI - 986-4189, mobile - 029-986-4189, fax - 863-2136
   Nicola.barrington@cyf.govt.nz

   If she is unavailable or cannot assist, contact:

2. Presbyterian Support, child & family services Tairawhiti
   141 Bright Street, Gisborne
   
   Manager: Leslyn Jackson
   Ph. 868-1399, fax. 868-1396

   • Provide Respite Care (in the home)
   • Provide Foster Care (via CYFS)
   • Provider of ‘orphan’ care services & will pick up children from Hospital
3. **Barnados**  
25 Ormond Rd, Gisborne

Manager : Dianne Saunders  
DDI. 868-3601, Ph. 867-9214  
Fax. 867-8933, Mobile : 027-610-0589  
[Diianne.saunders@barnados.org.nz](mailto:Diianne.saunders@barnados.org.nz)

* Do not provide foster care service
* They provide Respite Care
* They provide Kidstart (early childcare education home-based)
* They provide childcare on Barnados site (part-funded by Min.Ed)
* They provide family support workers

4. **Turanga Social Services**  
Tuatai Marae, Lytton Rd, Gisborne

Manager : Jo Ihimaia  
Ph. 867-8890

TSS have limited child care capacity and are dependent upon CYFS sending cases (and funding) their way.

They mainly deal with victims of sexual abuse or with children exhibiting abnormal sexual behaviours.

In an emergency still worth contacting.
Appendix 2

Body Storage

General

In the event of a natural disaster, an air/road crash or a pandemic resulting in multiple deaths, Tairawhiti is ill-equipped to handle the processing of a large number of bodies in a short space of time:

- TDH has only 1 pathologist
- There are no supporting hospitals or pathology services in the TDH area
- The body storage facilities at the TDH Mortuary are not, in their current (day-to-day) format, set up to handle a mass body influx
- Tairawhiti has only one Funeral Directing service

If the described event was to occur, the following course of action is recommended:

1. Evans Funeral Service  
   171 Ormond Rd, Gisborne  
   Ph. 867-9150  Fax. 868-5312  
   evansfs@clear.net.nz

   EFS will automatically be contacted by the attending Emergency Service (usually the Police) in the disaster/crash scenario. In a pandemic or infectious disease situation they will have received prior warning by TDH Emergency Planning.

   EFS can obtain MDF caskets from a local joiner 24/7 and a request can be made for them to obtain and deliver them to the Hospital Mortuary.

   - Advise Pathologist and Mortuary Services (Laboratory)

   Prepare the Mortuary to receive a large number of bodies and the appropriate number of temporary caskets from EFS
If the situation is pandemic or infectious diseases, use the advance notice to obtain sufficient body bags

- Advise Stores

Request Stores to gather all available body bags within the Hospital (Stores, Wards, ED) and deliver to the Mortuary

Request Stores to arrange immediate delivery of replacement body bags

**Notes** :

1. It is possible to store approximately 50 MDF temporary caskets in a chilled area in the Mortuary.

   - If the event is localised (contained in Tairawhiti) utilise the services of the Midland Region Health Incident Coordinator to arrange additional pathology services to attend TDH (depending on the scale)

2. If the event is regional or nationwide (and no pathology assistance can be brought in to TDH) and the post mortem examination services are clearly going to be beyond TDH resources :

   2.1 Via the Midland Region Health Incident Coordinator, ascertain if it is possible for the bodies in Mortuary storage to be removed to Tauranga or Hamilton (by refrigerated transport) for post mortem

**Note** (1) Refrigerated / frozen food trucks available locally :

- Mainfreight - 867-8509
- Leaderbrand - 867-6231
- Cedenco - 869-0666

**Note** (2) There will be resistance to providing this form of transport for this purpose as the vehicles will not be allowed to be used for their original purposes post-pandemic/major disaster
2.2 If a Certificate as to Cause of Death is issued for the deceased, there is no reason that a normal burial cannot take place, even if the funeral service is somewhat truncated or even dispensed with by family of the deceased.

2.3 If the numbers of deceased who have Cause of Death certified appears likely to overwhelm the system, arrangements can be made for the deceased to be temporarily placed in a local cold storage facility until burial can take place.

2.4 The modeling figures (p.6) released by the MoH on a 40% infection rate and 2% case fatality rate estimate that there could be a total of approximately 370 pandemic-related deaths over an 8 week period (on top of the 'usual' rate of deaths)

If this infection and case fatality rate was to occur, it would very quickly overwhelm local funeral services capacity, even if their own staff were not infected at any stage by the virus (unlikely). If the funeral services were overwhelmed, the Funeral Directors Association of NZ recommend:

- The deceased person is taken from place of death to Evans Funeral Services
- The deceased is placed in an identifiable body pouch
- The deceased is transferred to Taruheru Cemetery for burial

Note: The H1N1 pandemic of 2009 had an infection rate of approximately 15% and a subsequent mortality rate of 0.05%

2.5 This process would allow for disinterment and funeral service/reburial at a later (post-pandemic) stage

3. This ‘non-funeral/large-scale burial’ scenario has still to be worked through and ratified with/by maori, but for rural maori at least it is possible that individual marae may, once Cause of Death has been formally certified, simply hold their own services and bury the deceased in local authorised urupa/cemeteries
REST HOMES
Gisborne

14th July 2009

<table>
<thead>
<tr>
<th>Facility</th>
<th>Hospital</th>
<th>Dementia</th>
<th>Rest Home</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Te Wiremu</td>
<td>29</td>
<td>24</td>
<td>37</td>
<td>90</td>
</tr>
<tr>
<td>Dunblane</td>
<td>34</td>
<td>14</td>
<td>27</td>
<td>75</td>
</tr>
<tr>
<td>Riverview</td>
<td>-</td>
<td>-</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Albert Park</td>
<td>-</td>
<td>-</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Leighton House</td>
<td>-</td>
<td>-</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td>38</td>
<td>192</td>
<td>293</td>
</tr>
</tbody>
</table>

The following is a summary of the Rest Home situation in Gisborne:

- No facilities have any contingency plans for evacuation to go off-site. If that had to occur, it would have to be arranged for them, as would transport.

- Te Wiremu, Dunblane & Albert Park have good fresh water reserves/storage; Riverview and Leighton House have limited emergency supplies.

- In the event of power failure, Leighton House and Te Wiremu have gas cooking & heating – the other facilities do not have either.

- No back-up generator power at any facility. All facilities report a maximum 3hr battery back-up only for emergency lighting.

- All facilities have barely sufficient staff for their day-to-day needs. None have staff reserves to call upon during an emergency.

- All facilities have Emergency Plans, reviewed annually. The Fire Service regularly test and check the fire and evacuation systems at each facility.
Note: All facilities are aware that Gisborne Hospital is not in a position to assist with accommodation in the event of an evacuation. Similarly, in an influenza pandemic or similar infectious diseases emergency they are all aware that the Gisborne Hospital emergency criteria-based admission standards would very likely preclude admission of their clients.

***

Te Wiremu House
621 Aberdeen Rd, Gisborne. Ph. 867-5817, Fax. 867-6934.
e-mail: tewiremu@xtra.co.nz.

Manager: Lynette Stankovic

Emergency Planning:

- 90 beds (total) – 20 hospital, 46 rest, 24 dementia. 16 of the 46 rest home beds can be flexibly used for rest home and/or hospital level patients.

- Small generator to pump water up from the tank and sufficient battery power for 1 - 3 hours emergency lighting

- Gas - for cooking and heating

- Emergency water storage in on-site tanks for drinking purposes only

- Evacuation:
  - On-site locations pre-arranged according to the Emergency Plan
  - Significant assistance required for total evacuation, due to large numbers of non-ambulatory patients
  - No off-site place to evacuate to - would follow Civil Defence and/or Health advice as required.

- Staff – They have sufficient numbers for their day-to-day needs but have very few casual staff on whom they can call

- Emergency Plans - reviewed and approved March 2009; held and maintained by the Manager (sighted by the Emergency Management Planner)

***
Emergency Planning:

- 75 beds (total) – 34 hospital, 27 rest, 14 dementia
- No generator, sufficient battery power for 3 hours emergency lighting
- No gas cooking or heating
- Emergency water storage in on-site tanks
- Evacuation:
  - they have on-site locations pre-arranged according to the emergency
  - they have no off-site place to go to if they had to evacuate their site – they consider that there are no available resources in Gisborne to handle numbers such as they have and would be looking to Health or Civil Defence to assist with temporary accommodation.

- Staff – They have sufficient numbers for their day-to-day needs but have minimal casual staff on whom they can call
- Emergency Plans – very comprehensive & detailed; held & maintained by the Manager; displayed and available throughout complex

***

Riverview
505 Aberdeen Road, Gisborne. Ph. 867-0470, Fax. 867-0467
e-mail: robyn.cheyne@guardianhealthcare.co.nz

Manager: Robyn Cheyne, 027-220-9673

Emergency Planning:

- 40 beds – all rest home beds, nil hospital or dementia
- No generator, sufficient battery power for 30 minutes emergency lighting
• No gas cooking or heating

• No emergency water storage in on-site tanks – 20 litres in plastic container only

• Evacuation:
  - they have on-site locations pre-arranged according to the Emergency
  - they have no off-site place to go to if they had to evacuate their site and no contingency plans for such an exercise.

• Staff – They have sufficient numbers for their day-to-day needs but have no casual staff on whom they can call

• Emergency Plans – adequate, reviewed annually; held & maintained by the Manager. They had one Fire Evacuation earlier this year which was successful.

***

Note: Synergycare is experiencing financial / management difficulties at present and cannot be relied upon to provide even for their own clients in an emergency situation. February 2010.

Albert Park
17 Albert Street, Gisborne. Ph. 867-4476, Fax. 867-0581
e-mail: synergycare@xtra.co.nz
Manager: William Van de Water

Emergency Planning:

• 42 beds – all rest home beds, nil hospital or dementia

• 1 x small generator, limited capacity; otherwise, battery power for 30 minutes emergency lighting

• Emergency water storage on-site – 1 x 2000l tank

• Evacuation:
  - they have on-site locations pre-arranged according to the Emergency
  - they have no off-site place to go to if they had to evacuate their site and no contingency plans for such an event
• Staff – They have sufficient numbers for their day-to-day needs but have no casual staff on whom they can call

• Emergency Plans – adequate, reviewed annually; held & maintained by the Manager.

***

Leighton House
2 Cheeseman Rd, Gisborne. Ph. 867-7697, Fax. 868-6452
e-mail: leightonhouse@xtra.co.nz

Manager: Susan Irwin

Emergency Planning:

• 56 beds – all rest home beds, nil hospital or dementia

• No emergency generator; battery power for 1 hour emergency lighting

• Complex has gas cooking and heating

• Fresh water storage tanks

• Evacuation:
  - they have on-site locations pre-arranged according to the Emergency
  - they have no off-site place to go to if they had to evacuate their site and no contingency plans for such an event

• Staff – They have sufficient numbers for their day-to-day needs but have minimal staff on whom they can call

• Emergency Plans – adequate, reviewed annually; held & maintained by the Manager.
Appendix  4

Home Care Services
Gisborne

1. Community Care Services (CCS), Tairawhiti
7 Ormond Road, Gisborne.  Ph. 867-1249, Fax. 867-1248.
e-mail : Cynthia.malone@ccsdisabilityaction.org.nz

Contact :  Cynthia Malone  -  Manager : Home Care services
After hours  -  868-6345

- CCS have 450 – 480 clients on the Home Care programme at any one time
- A lot receive 1 hour per week, some receive up to 42 hours per week
- Those with next-of-kin would pass to NOK care
- They have about 20 High & Complex needs clients
- Significant numbers of their clients are +75 years old, although they do have many in the 65 – 75 category
- They have a good supply of masks and gloves
- If they (in Administration) started getting sick, they have the facility to run this aspect of their organisation remotely – via laptops from their homes
- On receipt of advice from TDH of a pending pandemic, they would maintain contact with TDH in relation to their service provision.
- If their Home Care service is compromised, this would be reported to TDH who would address this in liaison with the (Gisborne) Civil Defence Emergency Management Group.

Note :  All of the CCS client details are held in a PC database with minimal manual backup.  No onsite generator for electricity backup.  CCS does have several laptop computers with wireless access which they would endeavour to use for this function however the laptop batteries would have to be recharged via Civil Defence or Health.
2. **Turanga Health**  
145 Derby St, Gisborne. Ph. 869-0457, Fax. 869-0769.

**Home Services**:

Contact: Shirley KEOWN - Manager: Nursing Services  
After hours - 027-283-1677

e-mail: Shirley@turangahealth.co.nz  
Turanga@turangahealth.co.nz

- TH have 250 clients on the Home Care programme at any one time
- Some have High & Complex needs
- Significant numbers of their clients are +75 years old, although they do have many in the 65 – 75 category
- They have about 60 staff employed to service the Home Care programme.
- They have 5 Registered Nurses involved in this programme
- On receipt of advice from TDH of a pending pandemic, they would maintain contact with TDH in relation to their service provision.
- If their Home Care service is compromised, this would be reported to TDH who would address this in liaison with the (Gisborne) Civil Defence Emergency Management Group.

**Mental Health Services**:  

Contact: Laura Biddle via Turanga Health

- They have 56 homed-based Mental Health clients
- They operate 2 x half-way homes (mental health) at 238 Lytton Rd and 30 Pickering St., which house 6 clients. These have caregivers 0700 – 2400 & 0800 – 1700 respectively
3. IDEA / IHC
9 Temple St, Gisborne. Ph. 868-4158 Fax. 867-2072.
e-mail: Gisborne.wairoa@idea.org.nz
Fiona.giles@idea.org.nz
Appendix 5

Gisborne Hospital Kitchen

Chef / Kitchen Manager : Dave Holloway - 867-6192
                        Jennifer Hill - 868-9132
Spotless Manager      : Stuart Crawshaw - 021-531-7015

General

- Meals provided to patients : 80 patients per day (x3) = 1,680 per week on average

- Meals provided to staff : 600 meal units provided via café

- Meals-On-Wheels : 50 meals per day on average / 350 meals per week

- Kitchen Supplies : 3 times per week, Mon – Wed – Fri, per truck/transporter

- Staff - Could/would have to handle 30% down
           - Would call on Spotless staff from other centres if required

- Back-up generator works fine (& is regularly run)

- They can stockpile / order ahead if they receive sufficient notice

- They have a : contract with Pak n Save for fresh meat supplies in an emergency; a contract with Gilmours for dry stores

- Could probably continue supplying meals for 10 days by re-designing the menu & rationing
Appendix 6

Service Providers

Notes relevant to specific service providers:

Index

1. Sunshine Services
2. 
3. 

- Sunshine Services
Disraeli St, Gisborne, 867-2905; Manager: Ross Thompson

- On average, 100 pickups per day, sometimes up to 140; on average 500 per week

- They service the full range of primary care, providers and NGOs, with deliveries to/from Hospital, surgeries, the likes of Parkinsons & similar groups.

- They have several clients who are transported from their homes to supermarkets for their food supplies – elderly, disabled, non-licensed drivers etc.

- They have 3 x mini-vans, all wheelchair access

- They have a Tait 2000 radio (for communication with their vans), serviced by Colvins

- During a pandemic:

  - all ‘social’ visits e.g. to Arohaina for recreational purposes, would be cancelled
  - they would anticipate coming under the direction of the Health/CD operation for patient transport purposes
  - although a number of their (volunteer) drivers may be sick, there would be significantly reduced demands on their services (no ‘social’ transporting) and they plan that their service would continue
logical to support this service with other volunteers.

*** A very likely and logical service during a pandemic and a high priority for support from CDEMG for the maintenance of services to (elderly and disabled) people in their homes

----------------------------------------
Appendix 7

GISBORNE HOSPITAL - FLOW CHART FOR ADMISSIONS - INFLUENZA OR INFECTIOUS DISEASE PANDEMIC

BUSINESS AS USUAL (1)

Increase in Admission

LOSE ELECTIVES

BUSINESS AS USUAL (2)

ADJUST ADMISSION & DISCHARGE PROTOCOLS

Further increase in Admission Rates

GISBORNE HOSPITAL FULL

PLUS KNOWN LARGE NUMBERS OF SAME INFECTION IN COMMUNITY

RATIONING OF CARE

CRITERIA-BASED ADMISSION Decision Tree Factors

1ST COME 1ST SERVED BASIS

OVERLOAD SHUTDOWN

DECLINE ADMISSION TO PATIENTS OUTSIDE CRITERIA

PATIENTS TO HOME CARE
# Contacts

The following are quick reference telephone numbers and e-mail contact addresses.

A full list of detailed e-mail contacts, individual and group, are held in:

- the Emergency Management Planner’s PC (Contacts) and are shared with appropriate TDH staff
- EOC Folder (EOC store, MAB Boardroom)

<table>
<thead>
<tr>
<th>Health - 869-0500</th>
<th>Extn.</th>
<th>Mobile</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jim Green CEO</td>
<td>8100</td>
<td>0274-364-229</td>
<td><a href="mailto:Jim.green@tdh.org.nz">Jim.green@tdh.org.nz</a></td>
</tr>
<tr>
<td>Bruce Duncan MOH</td>
<td>8507</td>
<td>021-814-936</td>
<td><a href="mailto:Bruce.duncan@tdh.org.nz">Bruce.duncan@tdh.org.nz</a></td>
</tr>
<tr>
<td>Geoffrey Cramp</td>
<td>8715</td>
<td>027-215-4648</td>
<td><a href="mailto:Geoff.cramp@tdh.org.nz">Geoff.cramp@tdh.org.nz</a></td>
</tr>
<tr>
<td>Helene Carbonatto</td>
<td>8551</td>
<td>027-241-4489</td>
<td><a href="mailto:Helene.carbonatto@tdh.org.nz">Helene.carbonatto@tdh.org.nz</a></td>
</tr>
<tr>
<td>Laurie Biesiek</td>
<td>8072</td>
<td>025-232-4510</td>
<td><a href="mailto:Laurie.biesiek@tdh.org.nz">Laurie.biesiek@tdh.org.nz</a></td>
</tr>
<tr>
<td>Lynsey Bartlett</td>
<td>8237</td>
<td>021-704-345</td>
<td><a href="mailto:Lynsey.bartlett@tdh.org.nz">Lynsey.bartlett@tdh.org.nz</a></td>
</tr>
<tr>
<td>Mike Costello</td>
<td>8578</td>
<td>027-279-2661</td>
<td><a href="mailto:Mike.costello@tdh.org.nz">Mike.costello@tdh.org.nz</a></td>
</tr>
<tr>
<td>Robert Hunter</td>
<td>8240</td>
<td>027-487-4480</td>
<td><a href="mailto:Robert.hunter@tdh.org.nz">Robert.hunter@tdh.org.nz</a></td>
</tr>
<tr>
<td>Tom Scott</td>
<td>8549</td>
<td>0274-371-256</td>
<td><a href="mailto:Tom.scott@tdh.org.nz">Tom.scott@tdh.org.nz</a></td>
</tr>
<tr>
<td>ED</td>
<td>8003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steve Hooper</td>
<td>8706</td>
<td>021-240-7571</td>
<td><a href="mailto:Steve.hooper@tdh.org.nz">Steve.hooper@tdh.org.nz</a></td>
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</table>

| Civil Defence     | 867-2049 |     |                               |
| Jon Davies        | 8780    | 0274-576-652 | Jond@gdc.govt.nz          |
| Richard Steele    | 8435    | 0274-460-450 | Richard@gdc.govt.nz       |

<p>| District Council  | 867-2049 |     |                               |
| Lindsay Mackenzie, CEO |     |     |                               |</p>
<table>
<thead>
<tr>
<th><strong>Eastland Infrastructure</strong></th>
<th><strong>869-0700</strong></th>
<th><strong>e-mail</strong></th>
</tr>
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<tbody>
<tr>
<td>Brent Stewart  GM</td>
<td>021-760-034</td>
<td><a href="mailto:Brent.stewart@eastland.co.nz">Brent.stewart@eastland.co.nz</a></td>
</tr>
<tr>
<td>Rob Mitchell, Port</td>
<td>021-760-403</td>
<td><a href="mailto:Rob.mitchell@eastland.co.nz">Rob.mitchell@eastland.co.nz</a></td>
</tr>
<tr>
<td>Murray Bell, Airport</td>
<td>027-280-5049</td>
<td><a href="mailto:Murray.bell@eastland.co.nz">Murray.bell@eastland.co.nz</a></td>
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<table>
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<tr>
<th><strong>Fire Service</strong></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlie Turei</td>
<td>0274-498-179</td>
<td><a href="mailto:Charlie.turei@fire.org.nz">Charlie.turei@fire.org.nz</a></td>
</tr>
<tr>
<td>Rob Karaitiana</td>
<td></td>
<td><a href="mailto:Robert.karaitiana@fire.org.nz">Robert.karaitiana@fire.org.nz</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police Department</strong></th>
<th><strong>869-0200</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S/Sgt Moera Brown</td>
<td>869-0201</td>
<td><a href="mailto:Moera.brown@police.govt.nz">Moera.brown@police.govt.nz</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Midland Region Contacts</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Prior - EMP Waikato DHB</td>
<td>07-858-7037</td>
<td><a href="mailto:Priorl@waikatodhb.govt.nz">Priorl@waikatodhb.govt.nz</a></td>
</tr>
<tr>
<td>Trevor Ecclestone Waikato DHB</td>
<td>07-838-2569 extn.23339 021-904-542</td>
<td><a href="mailto:eccleste@waikatodhb.govt.nz">eccleste@waikatodhb.govt.nz</a></td>
</tr>
<tr>
<td>Stu Cockburn Waikato DHB</td>
<td>07-839-2569 extn. 23326 021-279-3315</td>
<td><a href="mailto:corburs@waikatodhb.govt.nz">corburs@waikatodhb.govt.nz</a></td>
</tr>
<tr>
<td>Ray Sutton Lakes DHB</td>
<td>07-343-7749 027-464-9130</td>
<td><a href="mailto:Ray.sutton@lakesdhb.govt.nz">Ray.sutton@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>Christine Mutlow Lakes DHB</td>
<td>07-3481199 extn.8472</td>
<td><a href="mailto:Christine.mutlow@lakesdhb.govt.nz">Christine.mutlow@lakesdhb.govt.nz</a></td>
</tr>
<tr>
<td>Jocelyn Stowers BOP DHB</td>
<td>07-579-8068 021-791-355</td>
<td><a href="mailto:Jocelyn.stowers@bopdhb.govt.nz">Jocelyn.stowers@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Martin Buet BOP DHB</td>
<td>07-579-8086 021-227-7417</td>
<td><a href="mailto:Martin.buet@bopdhb.govt.nz">Martin.buet@bopdhb.govt.nz</a></td>
</tr>
<tr>
<td>Mike Broker Taranaki DHB</td>
<td>06-753-7777 extn.8544 027-2244-571</td>
<td><a href="mailto:Mike.broker@tdhb.org.nz">Mike.broker@tdhb.org.nz</a></td>
</tr>
</tbody>
</table>
Appendix 9

Communications

The following groups / organisations are assembled in e-mail groups in the PC of the Emergency Management Planner under Contacts - shared access to these (in his absence) is via Bruce Duncan, Geoff Cramp, Cyrena Bennett, Tom Scott and Lisa Nairne:

All Tairawhiti Schools - Schools Central / Schools Rural
School Principals - Principals
General Practitioners - Practice Managers
Pharmacists - Pharmacists
Gisborne Radiology - Medical Group
Chelsea - Medical Group
Rest Homes - Rest Homes
Emergency Services - ESCC 1 / ESCC 2
CEG / GDC - CEG
Airport / Electricity / Infrastructure - Infrastructure Group
Port - Port
NPH / TROTAK - Runanga
Turanga Health / TPHO - Turanga Health
Business Community - Business
Govt. Depts - Government Depts
NGOs / Service Providers - Service Providers
Tertiary Institutions - Tertiary
Sub Plans

1. 0800 number Activation Plan

2. Gisborne Hospital Emergency Response Plan

3. Public Health Unit Pandemic Response Plan

4. Border Control Plan - Airport

5. Border Control Plan - Port

6. Gisborne CDEM Group Pandemic Operational Plan:
   - not attached, draft form only, to be reviewed by CEG

7. Eastland Infrastructure Ltd Emergency Plan, Pandemic Event
   - available, not attached, covers EIL response to Port, Airport and electricity supply issues during a pandemic
1. **0800 Activation Plan**

1. **Aim**

To provide an 0800 number free phone line service to provide information and advice to the general public in relation to an emerging infectious disease in the event that the National health Line 0800 611 116 is no longer able to cope with the numbers of calls, or there is a clear need for a local service of this nature.

2. **Maintenance of the Plan**

The plan will be included in the TDH Strategic Response to an Influenza Pandemic or Emerging Infectious Disease Plan, managed by the Emergency Management Planner.

** Activation**

3. **Events Requiring Activation**

The Ministry (MoH) have indicated that DHBs may need to activate their 0800 numbers with as little as 48 hours notice. This may eventuate if the National Health Line 0800 611 116 is no longer able to cope with the number of calls they are receiving.

The MoH will notify DHBs that their 0800 numbers are to be activated via WebEOC. There are two options that may be adopted and during the planning stage it would be appropriate for DHBs to plan for either of the following:

1. The MoH diverts calls from the national Health Line - in this case there will be no requirement to advertise the local number.

2. DHB will be required to advertise their local 0800 number to the public.

3. DHB will be required to advertise their local 0800 number to the public.

4. **Preparation for Activation Checklist**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The Incident Management Team (IMT) appoints an 0800 number service manager and Coordinator.</td>
<td>DHB I/C</td>
<td></td>
</tr>
<tr>
<td>2 Financial authority is approved for the establishment of the 0800 number.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Record 0800 number coordinator number in plan contact lists in Appendices.</td>
<td>Plan sponsor</td>
<td></td>
</tr>
<tr>
<td>4 Contact Commercial Support, Karen Mead (8194), with the request to establish an 0800 number to TDH. In her absence, contact 0800 Manager.</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>Harry Barber (8051)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Order 5 x head sets and a plastic storage bin for 0800 number resources to be stored in the EOC.</td>
<td>Logistics</td>
</tr>
<tr>
<td>6</td>
<td>Ensure desks, with computers &amp; email access will be available within the designated time (48 hrs).</td>
<td>Logistics</td>
</tr>
<tr>
<td>7</td>
<td>Develop a desk file to contain all relevant information for the staff who are to answer the phones.</td>
<td>EOC Admin</td>
</tr>
<tr>
<td>8</td>
<td>Designate an area for the Call Centre which requires: phones, desks, space, storage</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>9</td>
<td>Develop a draft roster.</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>10</td>
<td>Update staff with current pandemic information</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>11</td>
<td>Ensure area to be used meets IC &amp; H&amp;S guidelines – social distancing etc</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>12</td>
<td>Ensure there is a record of access details to the call centre venue included in the call staff desk file for staff working after hours and instruct them to notify security when rostered.</td>
<td>EOC Admin</td>
</tr>
<tr>
<td>12</td>
<td>Notify security that staff may be working after hours.</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>13</td>
<td>The technological aspect of this process will be handled by Bruce Humphris, XTEL Communications, Gisborne. Telephone 868-1516.</td>
<td>0800 Manager</td>
</tr>
</tbody>
</table>

4. **Activation Checklist**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IMT notify 0800 number Service Manager date of required activation.</td>
<td>I/C</td>
</tr>
<tr>
<td>2</td>
<td>Notify Manager of the location where the call staff will be located, when the area, desks and computers will be required and request that the staff be notified that they will need to relocate.</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>3</td>
<td>Notify Commercial Support of the location that the 0800 number will have to be directed to - and instruct when to carry out the redirection</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>4</td>
<td>Notify call staffs manager that the service is to be activated and staff will be required</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>5</td>
<td>Notify staff and populate the roster</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>6</td>
<td>Photocopy disk files for the staff who answer the phones</td>
<td>EOC Admin</td>
</tr>
<tr>
<td>7</td>
<td>Collect resources from EOC</td>
<td>0800 Manager</td>
</tr>
<tr>
<td>8</td>
<td>Arrange for the MOH to update call centre staff on the current information and the local situation</td>
<td>0800 Manager</td>
</tr>
</tbody>
</table>
9. Set up the desks with the head sets, desk files, login, caller information, record sheets, contact numbers.  
   0800 Manager

10. Test the system – 0800 Coord call staff from outside line  
    0800 Manager

11. Test reporting processes with EOC  
    0800 Manager

12. Allow time for Call staff to familiarise themselves with the setup and resources prior to activation  
    0800 Manager

13. Ensure staff have access to the building after hours for late shifts. (Security codes etc)  
    0800 Manager

14. Check with EOC Coms that 0800 number advertising has commenced  
    0800 Manager

5. **Call Centre Management**

   The 0800 number Manager will be responsible for the service maintenance for as long as it is required, and ensure that calls are answered in a timely and professional manner, and that information is accurate and helpful for the caller.

   Ongoing maintenance will include:
   - Rostering
   - Supporting staff
   - Liaising with the I/C of the DHB EOC
   - Monitoring numbers of calls & reporting data required by the EOC
   - Ensuring information provided to call staff is current & ensuring staff are providing correct information and have sufficient resources to support them in their role.
   - Resolving any issues that arise from the service

5. **Deactivation**

   The decision to deactivate the call centre may be made by the MoH or the DHB IMT. This is likely to be as a result of falling numbers of calls at a National or local level.

   The 0800 manager will be notified via the DHB IMT.

6. **Deactivation Checklist**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Notify staff, thank them for their support and organise a time to debrief.</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>2 Notify Telephony.</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>3 Notify the manager of site that the location will be available for original staff to return to their site.</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>4 Return resources (desk files, phones, head sets etc) to EOC store</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>5 Facilitate debrief and report findings to the EOC</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>6 Update the plan</td>
<td>0800 Manager</td>
<td></td>
</tr>
<tr>
<td>7 Return the updated to the plan sponsor</td>
<td>0800 Manager</td>
<td></td>
</tr>
</tbody>
</table>
Appendices

1  Activation contact numbers

2  Map of call centre location/set up

3  Call staff desk file including:
   - MOH General notes for call handlers – triage scripts
   - Non Clinical Triage scripts
   - Frequently Asked Questions FAQs
   - Contact numbers
   - Calling record sheet

4  Call Centre staff roster

5  Call Centre advertising template.
2. **Gisborne Hospital**

**Response to Pandemic Influenza or an Emerging Infectious disease**

One of the biggest risks for the health care system is that it will be overwhelmed beyond capacity during a pandemic. The aim is to divert patients from presenting themselves at either the Hospital Emergency Department (ED) or their General Practitioner (GP) for influenza-like-illnesses (ILI) and to a Community Based Assessment Centre. This will allow patients to receive the best possible treatment, education and advice and in parallel to this the skills of medical staffs will be utilised most effectively.

The aim of TDH is to ensure that essential Hospital services continue to run as efficiently as possible and that patients with or suspected to have the pandemic illness are cared for in the most supportive environment that Gisborne Hospital can manage.

To achieve this, and due to the high rates of infection expected during an influenza pandemic, all except the seriously ill will need to be cared for at home. A large portion of medical/nursing care will fall to the primary sector, with general practice and public health playing a large role in assessment and treatment while families provide much of the day to day care.

System capacity issues and/or infection control precautions are likely to mean that some services are reduced in volume or temporarily suspended. The Hospital will need to prioritise admissions, rationalise services and review staff rosters, staff deployment and staff duties.
Key Guidelines for Hospital Departments

- Identify and maintain essential services
- Identify non-essential services and develop processes by which a cessation/reduction of services can take place
- Have patient pathways in place for pandemic influenza patients and those with other conditions
- Have clear processes in place to treat potentially infected people, wherever they present themselves for assessment, that protect staff and patients
- Have clear escalation processes for patients that require hospital care
- Have clear infection control practices adapted for individual units
- Have clear policies and processes for non-essential staff and volunteers, to enable them to work in essential areas when required
- Develop continuity plans that identify how best the necessary staff resources can be maximised to ensure services are maintained
- Stockpile identified supplies that can be used should the supply chain be affected
- Provide situation reports for their organisation/unit during a pandemic
## Key Activities for Hospital Departments

<table>
<thead>
<tr>
<th>All Wards &amp; Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity (as appropriate)</strong></td>
</tr>
<tr>
<td>Daily team meetings to cascade information/assess operational needs</td>
</tr>
<tr>
<td>Contact Duty Manager for additional back-up staff</td>
</tr>
<tr>
<td>Inform Incident Management Team of any further resource requirements</td>
</tr>
<tr>
<td>Cancel non-urgent appointments and visits</td>
</tr>
<tr>
<td>Cease elective surgery</td>
</tr>
<tr>
<td>Implement (with on-going review) appropriate admission criteria &amp; accelerated discharge procedure</td>
</tr>
<tr>
<td>Close non-essential departments / services</td>
</tr>
<tr>
<td>Redeploy staff to essential services</td>
</tr>
<tr>
<td>Maximise bed availability by using identified areas for extra beds</td>
</tr>
<tr>
<td>Maintain levels of essential supplies &amp; equipment</td>
</tr>
<tr>
<td>Apply appropriate infection control measures</td>
</tr>
<tr>
<td>Review any staff who home visit and reallocate tasks. Use telephone assessments if possible</td>
</tr>
<tr>
<td>Security measures reinforced</td>
</tr>
</tbody>
</table>

The Incident Management Team, operating from the Emergency Operations Centre (L.2., M.A.B) will provide on-going management and direction for the duration of the threat.
3. **Public Health Unit Pandemic Response Plan**

**Roles and Responsibilities**

In the event of a pandemic, the PHU in conjunction with the TDH Emergency Management Group will implement its Pandemic Plan.

The public health unit is responsible for the following:

- Maintain an effective surveillance system within Tairawhiti.
- Vaccination programme as directed
- Contact tracing
- Inform the Emergency Management Planner of any local, regional, national and/or international issues relating to pandemic planning.
- Maintain effective communication systems with other health professionals, NGO's and the general public as required by the Emergency Management Group.
- Implementing (PHU) aspects of the TDH Action Plan as directed by the Incident Controller

**Tasks:**

1. **Surveillance**

An effective national surveillance system is an essential component of pandemic preparedness and response. Its aim is to provide timely information to the Ministry of Health, public health services, District Health Boards, health care providers and the general public about levels of influenza activity and circulating strains.

- Locally, the PHU will be required to participate in enhanced surveillance which may include:
  - sentinel practices (influenza-like illness consultations and viral culture testing)
  - notification of clusters or outbreaks
  - laboratory identification
  - deaths due to influenza or pneumonia
  - incidence in rest homes
  - absenteeism in schools and/or large workplaces
- Notify the MOH of suspected cases, unusual outbreaks and Increases in influenza-like illness

February 2010
2. Anti-viral drug and Vaccination programme

- As directed by the Medical Officer of Health, develop contingency plans for storage, distribution and safe administration of pandemic and routine influenza anti-viral drugs and vaccines, based on existing plans for other immunisation programmes. Plans for pandemic anti-viral and vaccine distribution should include:
  - Designation of mass immunisation clinics
  - Strategies to limit distribution to persons in the priority group
  - Drug and vaccine storage capacity
  - Drug and vaccine security during transport, storage and at clinics (theft prevention)

- Consider how to increase vaccination of health-care workers and workers in essential services during the pandemic alert and pandemic periods, whenever pandemic vaccines are available

- Begin issue of anti-viral drugs to priority groups as they become available

- Begin immunisation of priority groups with pandemic vaccine as it becomes available

- Promotion and administration of vaccines. The distribution of the vaccine will be controlled by the Ministry of Health through the MOH according to the Priority Groups List established nationally by the Ministry.
  - Lists of approved vaccinators are available from the PHU Immunisation Coordinator

3. Coordination of information

- Public health staff in conjunction with the TDH media liaison manager and the Ministry of Health will develop and distribute information to at-risk groups and the general public through existing networks and avenues initiated by the Incident Control Team; ensure consistency in fact sheets
On the receipt of a Pandemic Alert and the activation of the Emergency Management Group (EMG) all media releases will be coordinated by the EMG.

4. Equipment and supplies

Ensure the following equipment is available to all staff:

- Back Packs containing isolation clothing (location - HPO on call vehicle, Public Health Nurses – PHU office)

- Isolation clothing – gloves, gowns, overalls, shoe covers, hats, masks, goggles, biohazard rubbish bags

5. General

- Assess the need for additional infection control guidelines for non-medical settings, for instance for specific places where people gather or where there is a high risk of spread of infection (rest homes, Police Station cell block/prison, Health Camp etc.)

- Based on the epidemiology of the pandemic (in consultation with the MOH) consider targeting interventions at groups who are at-risk from severe morbidity / mortality in conjunction with other community services

- Implement and manage the Home Care Team programme as directed by the MOH
4. **Border Control and Quarantine Plan - Gisborne Airport**

**Situation**

Gisborne Airport is not an international airport and does not receive international traffic - apart from 1 x fuel-starved Convair on a delivery voyage in 2003. As such no reception or quarantine facilities are provided or available for passengers in this context.

In the event that the Ministry of Health move to a Code White alert relating to pandemic influenza or infectious disease, this status will immediately be relayed to the Manager: Gisborne Airport to enable their organisation to move to an alert status.

**Response to Quarantine Request**

Generally, it is unlikely that Gisborne Airport will be asked to quarantine an internal flight (re a pandemic threat). However in the unlikely event that Gisborne Airport is requested to quarantine an internal flight carrying passengers who have connected with an international flight, the following course of action is recommended:

- The request is likely to be received from NZ Customs, MAF, Health or Airport Authorities.

- Immediately request that they recall the flight to its point of origin through the Air NZ Operations Centre. Point of origin in this instance is likely to be Auckland or Wellington.

- Immediately contact Gisborne Airport Tower (Ph. 867-1223), speak to the duty Air Traffic Controller and ask that the flight be diverted/returned to its point of origin.

- If the aircraft is fuel-critical it can be authorised to land for re-fuelling purposes only. The doors and pilots windows will remain closed. Communications with the aircraft will be via Control Tower. The aircraft will then return to point of origin for quarantine purposes.
- If the flight has already disembarked and the passengers have intermingled or dispersed, advise the Medical Officer of Health for his attention in accordance with the NZ Influenza Pandemic Action Plan.

**Contacts:**

Gisborne Airport Manager : Murray Bell - 868-7951
After Hours - 868-5708
Mobile - 027-280-5049

Airways Corporation : Control Tower - 867-1223 or 867-1222

Chief Controller
Phil Granger a/h - 868-3755
Mobile - 027-4791-646
5. **Border Control and Quarantine Plan - Port Gisborne**

**Situation**

There are several viruses currently widespread in certain bird and animal populations that are considered to have pandemic potential, as they may mutate into a virus that is contagious between humans.

In the event of an overseas outbreak of pandemic influenza, New Zealand will put a border management programme into place and the NZ Government will at the time make the final decisions about all aspects of border management response.

**Objective**

The objective of pandemic control in the maritime border environment is to prevent the entry of pandemic influenza into the wider community while at the same time ensuring minimal disruption to commerce. The following general principles will guide contingency planning in the maritime environment:

- Risk assessing all shipping prior to berthing at a NZ port;
- Physically clearing all vessels prior to any shore side contact;
- Protecting stevedores and other port workers in accordance with best risk management practice;
- Isolating and treating on board their vessel any crew or passenger suspected of having an H5N1 infection; and
- The guaranteeing of any person needing to come ashore for treatment for suspected H5N1 infection

It should be noted that in the event of a worldwide pandemic outbreak there would likely be a significant disruption to maritime trade caused by illness among port workers and crew. For these reasons the number of arriving vessels may fall significantly.

**Response**

**Border Control** will be managed by the NZ Customs Service (the lead agency). They will be assisted by other agencies such as the Police, MAF, Immigration and the Public Health Service (Medical Officer of Health).

In the event that human-to-human transmission of a pandemic virus is confirmed in another country, advice of this occurrence will be forwarded to the Ministry of Health by the WHO. This advice will be relayed to all
Government departments and agencies (Code White) by MoH and will include guidance on exactly what will be required as first mitigation response.

The **Health response** will be managed by the Medical Officer of Health, Gisborne Hospital. On receipt of the WHO/MoH advice, the Medical Officer of Health will direct the following action to be taken in respect of Port Gisborne:

1. **TDH Emergency Management Planner**:
   1. Advise the on-call Health Protection Officer
   2. Advise Eastland Infrastructure Ltd
   3. Advise Port Gisborne Manager (Rob Mitchell)
   4. Advise Shipping Agent (Kevin Pitcher)
   5. Ensure Port Gisborne Stevedores are advised (Dave Milner)

   The above contact will initially be by e-mail Group (EMP Contacts - Port Group), with follow-up telephone contact as required

6. Establish contact with NZ Customs (details at rear of this Plan)

2. If Port Gisborne is to be closed at this time, this decision will be made at Government level and will be accompanied by the relevant instructions.

3. The decision not to close Port Gisborne at this time will result in heightened awareness, screening and risk assessment of all vessels until further notice:
   - In particular of vessels en route to NZ
   - No vessel will enter port until pratique clearance and does so according to any instructions given
   - Arriving vessels will receive initial primary screening based on MOH advice
   - Any arriving crew or passengers with symptoms of pandemic influenza will immediately be identified and isolated - initially on the vessel at anchor
   - Loading and unloading of vessels will be allowed provided it does not endanger port workers and shore-side personnel (based on precautionary measures and risk assessment criteria)
**Shipping Movement Advice**

The Shipping Agents forward to PHU via email documentation relating to the request for pratique 4 – 5 days prior to ETA. In accordance with international obligations they are required to update this information 12 - 24 hours prior to the vessel’s arrival at the pilot station. **The shipping schedule is available on [www.eastland.co.nz](http://www.eastland.co.nz)**

This documentation includes the Request for Pratique, Advance Notice of Arrival, Crew List, Voyage Memo and (No) Change of Status. The documentation is considered by the on-call HPO who, in the absence of good reason to the contrary, will grant pratique (see below).

**Pratique**

*Any vessel that has been at sea for eight days or longer, has not taken anyone on board in that time and has not reported any illness on board should be granted pratique* (see Border Response Table).

**Note**: The majority of vessels arriving at Port Gisborne direct from overseas have sailed from an Asian port (a minimum of 10 days sailing) however on occasion vessels do visit Australian ports before sailing for Gisborne - take advice on this aspect from the Shipping Agent and Port Manager (there will be at least 48 hours notice).

**Quarantine**

There are no quarantine facilities at Port Gisborne and, apart from the Medical Officer of Health, almost no staff available to staff such a facility (if there was one).

Quarantine (if required) at Port Gisborne will primarily be effected by requiring masters to anchor off-shore and will be managed by the Medical Officer of Health with assistance from NZ Customs and the Shipping Agent.

Any decision to provide shore-based medical treatment for passengers or crew will be made by the Medical Officer of Health.

**Communications**

Communications with visiting vessels will be via radio-telephone, cell phone and/or fax. Contact details for all visiting vessels are held by the Shipping Agent.
Contacts

Eastland Port

Rob Mitchell 868-5129 (b)
867-8084 (fax)
rob.mitchell@eastland.co.nz

Olsen Shipping

Kevin Pitcher 868-0860 (b)
868-7973 (a/h)
868-0861 (fax)
027-496-6468
Kevin@olsenship.co.nz

Inchcape Shipping

Gary Carton DDI +64 6 835 4221
Port Agent – Mobile +64 29 835
Napier 4221

Quadrant Email
Pacific gjc@quadpac.co.nz
Agencies
Limited

Quadrant Email
Pacific gjc@quadpac.co.nz
Agencies
Limited

ISS-MCKAY Ltd iss-mckay.co.nz kevin.pitcher@iss-mckay.co.nz

PO Box 2137 or 169 Wainui
Road

Evan dines www.swireshipping.com ‘edines@swireshipping.co.nz’

Swire Shipping 9 – 11 Hull
Road, Mount Maunganui
3116, New Zealand

Port Gisborne

Rob Mitchell 868-5129
867-8084 (fax)
021-760-403
Rob.mitchell@eastland.co.nz

868-0861 (fax)
Gisborne Stevedoring

Dave Milner 868-8051 (b)
867-1756 (a/h)
868-4145 (fax)

Harbour
(for first-port-of-call yachts & private craft)

Trevor Mullooly 027-294-4773 or 867-9757 (pvte)

NZ Customs (Napier)

Mike Dale 06-835-5799 (b)
Customs Port Manager 029-245-5185
Napier michael.dale@customs.govt.nz

Daniel McGuire 06-835-5799 (b)
Chief Customs Officer 029-450-1019
Napier daniel.mcguire@customs.govt.nz

Eastland Infrastructure Ltd - 869-0700

Health
Tairawhiti District Health - 869-0500

Dr Bruce Duncan extn. 8507
Medical Officer 0274-471-618 Bruce.duncan@tdh.org.nz

Steve Hooper extn. 8706
Emergency Management 021-240-7571 Steve.hooper@tdh.org.nz

O-Call Health Protection Officer - 0274-407-239