

HAWKE'S BAY
MAJOR INCIDENT PLAN
FOR HEALTH SERVICES

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HAWKE'S BAY DISTRICT HEALTH BOARD

MAJOR INCIDENT PLAN

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REGIONAL
CIVIL DEFENCE
AND MAJOR INCIDENT PLAN
FOR HEALTH SERVICES

INTRODUCTION

The main purpose of the content of this plan is to meet the requirements of a sudden disaster as opposed to an event, which gives some degree of notice. The emphasis is placed upon large numbers of casualties resulting from a major earthquake or large aircraft crash. Flooding, which is the most likely damaging event that Hawke's Bay can anticipate, is unlikely to cause casualties in any number and will normally give sufficient time to prepare. Epidemic/pandemic events also give time to prepare an escalating response.

Hawke's Bay District Health Board (HBDHB) is the prime facilitator for all health responses and resources within the HB Region during a state of Civil Defence or Public Health Emergency. Co-ordination of health response will be carried out by the Emergency Operations Centre (EOC) located at Hawke's Bay Hospital (HBH). The medical response for the region will be carried out in a system of four tiers utilizing all available resources. HBDHB responsibilities continue to function, notwithstanding a declaration of a civil defence emergency.

Firstly, this plan outlines the actions required of those medical and health institutions, facilities and personnel coming directly under the control of HBDHB, in the event of a disaster. It gives support to those existing national, central region, hospital and ambulance Emergency Control Plans within the area along with the specific plans for response to pandemic and bioterrorism events. Secondly, this plan is designed to meet the requirements of the Civil Defence Emergency Management Act 2002, and to support the current Hawke's Bay Territorial Authorities Civil Defence Plans.

The contents of this plan are to be followed as closely as possible to avoid confusion, but appropriate discretion must also be employed where no specific direction is laid down.

Signed

Chief Executive Officer, Hawke's Bay District Health Board

Dated this _____ day of _____ 2014

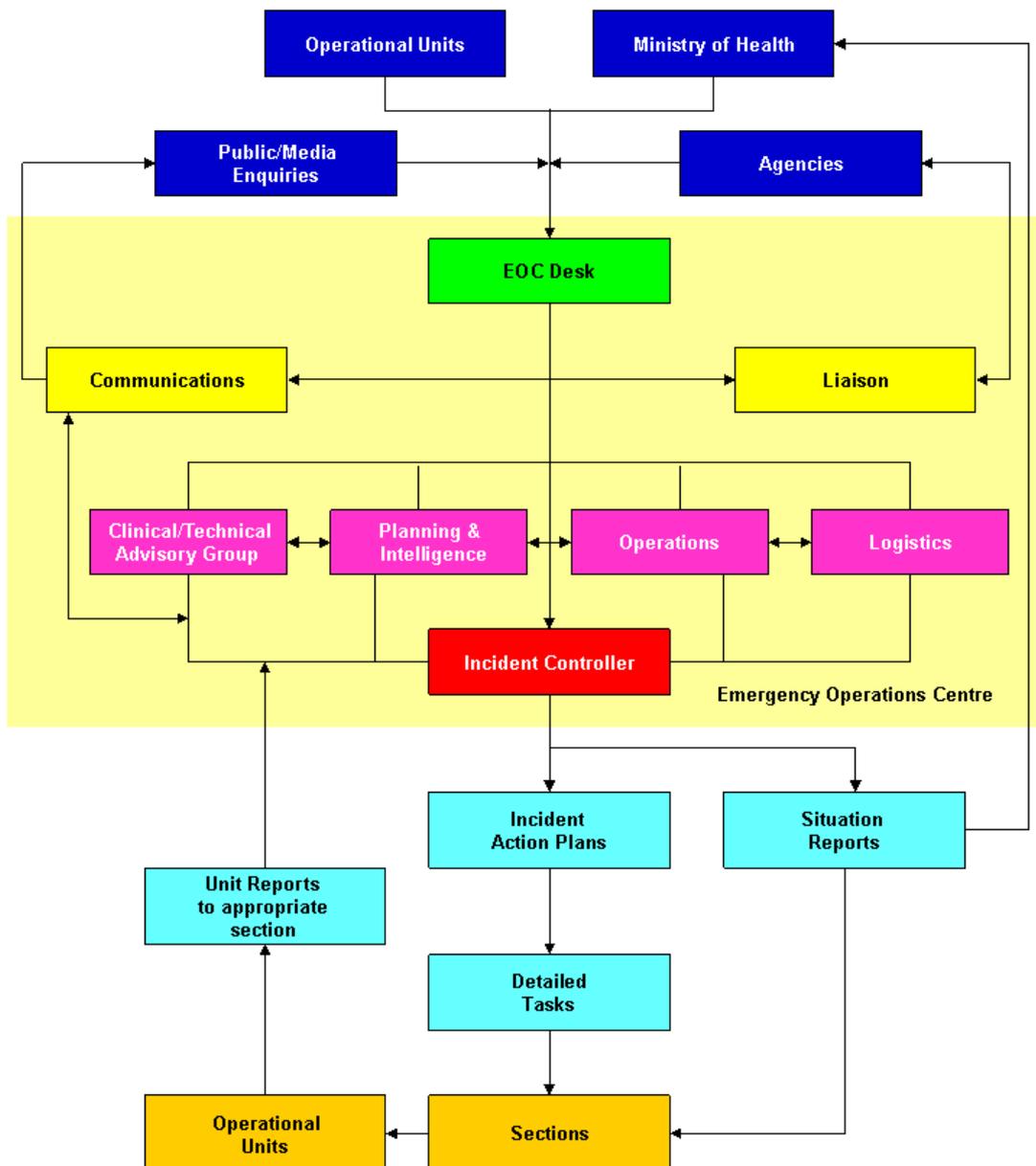
SECTION ONE - OVERVIEW

Effective emergency management follows the principles of reduction, readiness, response and recovery. The fundamental difference between everyday emergency care and care for victims of a multi-casualty incident lies in the amount of strain on available resources.

This plan describes the regional framework for the Hawke's Bay District Health Board response in Civil Defence or Public Health Emergency Declaration. This plan is supported by event specific responses found in the Emergency Procedures Manual and mass casualty response found in the Emergency Control Plan.

PROCESS

The Coordinated Incident Management Structure (CIMS) is utilised to respond to a major incident. Individual roles and responsibilities are outlined along with collective incident management team responsibilities.



SECTION TWO - HBDHB EMERGENCY OPERATIONS CENTRE

RESPONSIBILITIES

The Health Incident Controller (HIC) of HBDHB will meet the requirements of Regional Health Incident Controller for the Hawke's Bay (HB) area.

The Emergency Response Advisor of HBDHB reports directly to the HIC and holds responsibility for:

- (a) Plan development, maintenance and review
- (b) Systems development and implementation
- (c) Establishment of an Incident Management Team (IMT)
- (d) Co-ordination of training and exercises
- (e) Provision of expert Health Service advice and assistance to Civil Defence Emergency Management (CDEM)

INITIAL RESPONSE

Contact should be made with the HBDHB Call Centre who will alert the HIC and the Emergency Response Advisor. Activate, Alert or Stand-by procedures to be initiated as required.

Ministry of Health warnings will be emailed directly to the Emergency Response Advisor as the single point of contact.

CDEM and Ambulance Service warnings are sent to the Emergency Response Advisor via SMS text messaging.

FUNCTION

The primary function of the Emergency Operations Centre (EOC) is to act as a central co-ordinating agency for all matters pertaining to health within the HB area of responsibility during and following a disaster.

To fulfil this function close liaison must be maintained by the HIC with various bodies in the planning, before, during and after recovery from a disaster. The HIC must keep in contact with, not only his/her own immediate areas of concern, e.g. public hospitals/health centres, ambulance service, but also:

- CDEM at regional and local levels
- Emergency Services such as Police, Fire etc
- Private Hospitals
- Communications suppliers
- Any other organisations and outlets which may contribute to the efficient management of the disaster by HBDHB

LOCATION

The centre will be located initially in the Clinical Skills Laboratory Tutorial Room and relocated to the Education Centre at HBH if and when required, the resources necessary are available on site. If this area is uninhabitable, the centre is to be relocated to the West Wing.

COORDINATED INCIDENT MANAGEMENT

Coordinated Incident Management is a system that defines New Zealand's approach to incident management aiming to build a more proactive incident management response that will increase efficiencies through better coordination of resources. The system works both within and across agencies.

Activation Trigger Points

Emergency events differ in their magnitude and their impact. Each event requires a differing or flexible level of response triggered by the potential or actual overwhelming of ability of normal services to cope. Components of the structure and the staffing levels of each unit activated are driven by the nature of the incident.

Key to Level of Activation

Green	5-10 casualties or localised public health event: handled by the unit involved using CIMS as a management tool
Yellow	11-30 casualties or significant threat to public health: unit to discuss with the Emergency Response Advisor and determine additional systems required
Orange	30+ casualties or serious threat to public health: Emergency Response Advisor to discuss with the Health Incident Controller and determine level of activation
Red	Civil defence or public health declaration: full activation of relevant major incident plan

INCIDENT MANAGEMENT TEAM

Health Incident Controller

This individual is the legal and accountable authority of the DHB. Responsible for assessment, direction, control and co-ordination of the organisational response. Also responsible for attending briefings at Regional CDEM HQ when necessary. Maintenance of a close liaison with the Medical Officer of Health is essential.

Clinical / Technical Advisory Group

Responsible for the provision of expert clinical and technical advice and support to the HIC.

Planning and Intelligence Section Manager

This individual is responsible to the HIC for the collection, interpretation and dissemination of information; the forecasting of issues and risks; and the preparation, documentation and dissemination of the Incident Action Plan (IAP). Also responsible for providing hourly reports to the Health Liaison Officer situated at the HB Regional Council.

On activation of the national reserve by the Ministry of Health, the Planning and Intelligence Manager is responsible for the decisions regarding distribution of this reserve except in the case of a pandemic where distribution is prescribed.

Operations Section Manager

This individual is responsible to the HIC for the implementation of the IAP.

Section to be made up of the following units:

- Front Line Services
- Inpatient
- Clinical Support
- Public Health
- Mental Health

Each unit serves a functional role, incorporating Non Government Organisations (NGO), private providers and communities with response capability.

Logistics Section Manager

This individual is responsible to the HIC for the provision and maintenance of facilities, materials, services and resources in support of the IAP and responders. Also responsible for the supply of all material and personnel necessary for the efficient running of the EOC and the well-being of those employed therein.

Section to be made up of the following units:

- Facilities
- Personnel
- Supply
- Information Technology / Telecommunications
- Finance

Recovery Manager

This individual is responsible to the HIC for the setting up and managing the recovery team. It is essential that this role begins planning at the onset of the event.

Communications Officer

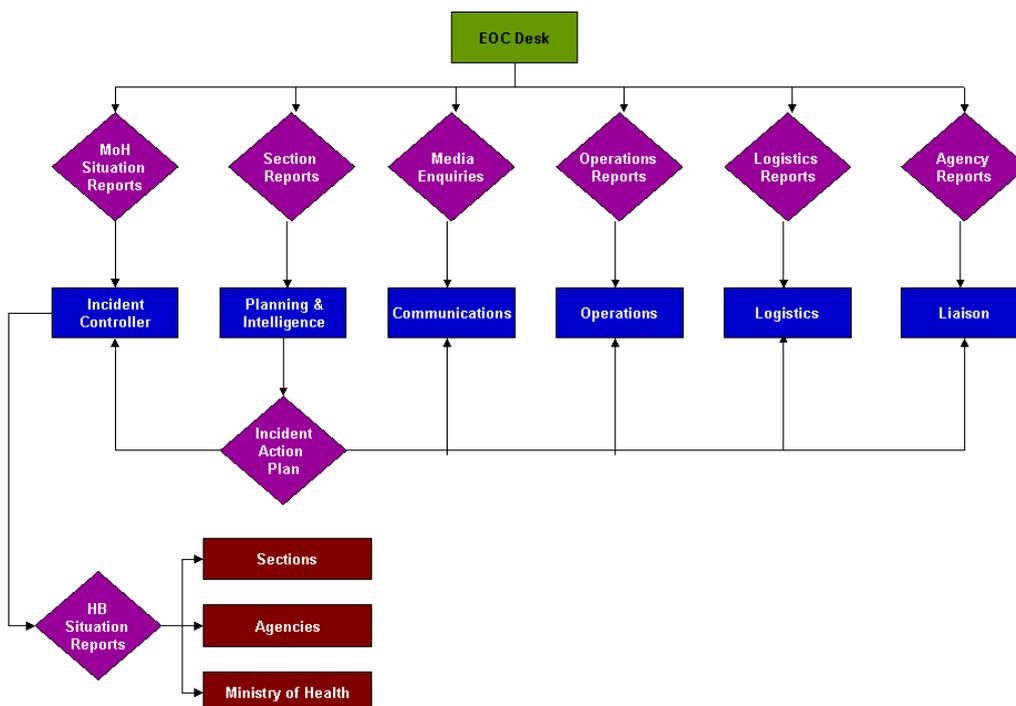
This individual is responsible to the HIC for the co-ordination of the release of information to staff, the media and the public.

Health Liaison Officer

This individual is responsible to the HIC for liaison with CDEM at the HB Regional Council. Required to brief the CDEM Group Controller on the state of health, utilising reports from the Planning and Intelligence Manager, and the HIC on the state of the community, utilising CDEM Group Controller briefing information, on an hourly basis. Also responsible for effective liaison with other agencies.

EOC Manager

This individual is responsible to the HIC for the administrative operation of the EOC.



Damage Assessment Co-ordinator

This individual is responsible for the co-ordination of damage assessment and recovery procedures. To be sited in the Facilities Unit of the Logistics Section.

Casualty Movement Controller

Responsible for contacting other Hospital Health Services to obtain a picture of bed availability and ability to assist as necessary. The Controller will then collect information from HBH and Royston Hospitals and Wairoa and Central Hawke's Bay (CHB) Health Centres regarding casualty numbers, fatalities, damage assessment and bed status. This will be derived from Status Reports being dispatched hourly for the first eight hours and four hourly thereafter. This individual will be responsible for making decisions regarding casualty movement, in consultation with the Ambulance Service Officer also sited at HBH. To be sited in the Front Line Services Unit of the Operations Section.

INCIDENT MANAGEMENT TEAM TASKS

1. To receive initial information from all sites and develop an immediate picture of the impact of the disaster.
2. To co-ordinate available status reports from all institutions to include:
 - (a) life loss or injury
 - (b) damage to property
 - (c) public health considerations/implications
 - (d) current capacity, bed status
 - (e) requirements i.e. assistance required
 - (f) staffing levels present and projected
 - (g) communications and services
3. To liaise with CDEM to develop an overall picture of the impact of the disaster on the community at large.
4. To authorise the activation of emergency medical units as required.
5. Once the above information has been correlated, to decide, in consultation with Control Centres and Emergency Medical Units (EMU's) upon priorities for use of existing resources if resources are in short supply.
6. To disseminate the IAP's and situation reports via the EOC Desk to all operational sections and relevant areas as soon as practicable (at least on a two hourly basis) e.g.
 - (a) EMU
 - (b) Hospital Emergency Department
 - (c) Public Health Unit (PHU)
 - (d) Health Centres
 - (e) Private Hospital
 - (f) Triage Officers

Additional information to include the impact of the disaster on the community, assistance or resources available, action taken on requests and any other relevant information from CDEM.
7. To maintain liaison with all institutions, Emergency Services and CDEM.
8. To action the supply of resources via the Supply Unit as stated in Appendix Seven to Napier's temporary hospital and resources as stated in Appendix Eight to EMU's within four hours of event.
9. To action the supply of resources via the Supply Unit, if requested, as stated in Appendix Nine to HB Regional Prison.
10. To action delivery of additional supplies via Health Support Services when requested by the Supply Unit.

11. To arrange casualty evacuation to other centres as soon as practicable in liaison with the Casualty Movement Controller sited at the EOC.
12. To activate the Mobile Medical Team if required (Appendix Six).
13. To action delivery of temporary mortuary facilities when requested via Halls Refrigerated Transport.
14. To ensure the co-ordination of the burial of the dead, if required, following guidelines held at the PHU.
15. To brief the Central Region DHB EOC and the Ministry of Health on the status of the region and liaise re additional services as necessary.

Supporting Document – Co-ordinated Incident Management at HBDHB, EPM/008, March 2013.

For role descriptions refer to Appendix Four.

CENTRAL REGION ACTIVATION

Activation of the Central Region Plan is initiated by the duty Response Coordinator at Capital and Coast DHB. This is carried out:

- At the request of any DHB in the Central Region.
- On notification of a major incident occurring within the Central Region where it is possible the resources of more than one DHB may be required.
- On notification of a request for assistance for any major incident occurring in another region.
- On receipt of a Yellow (Standby) or Red (Activation) alert from the Ministry of Health.
- The Central Region EOC will be sited at the most appropriate location for the incident with the decision made by the Response Coordinator in consultation with affected DHB's.

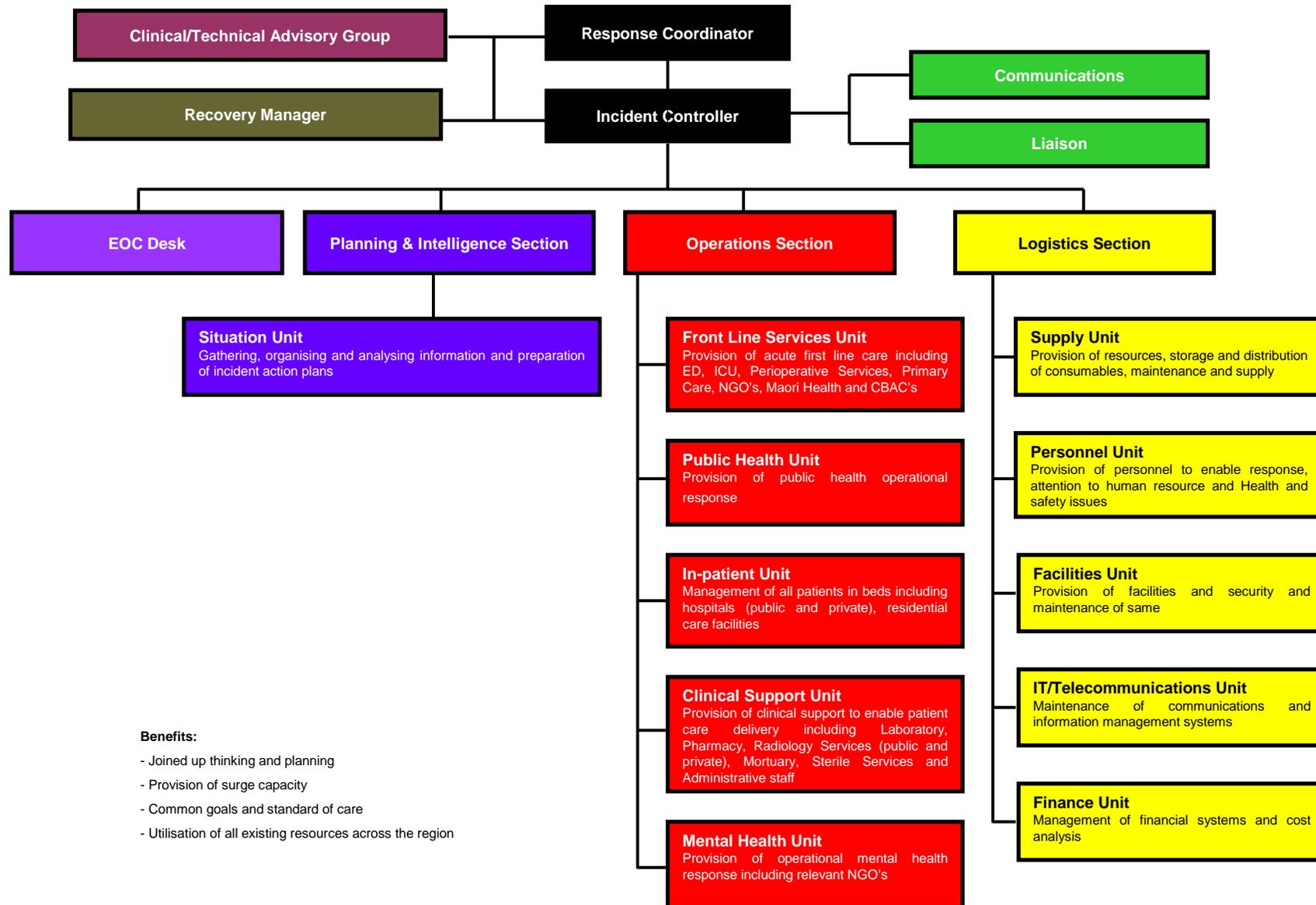
RESPONSIBILITIES OF CENTRAL REGION DHB EMERGENCY MANAGEMENT TEAM

- (a) Provision of additional resources required by HBDHB once normal supply and contractual arrangements have been exhausted.
- (b) Co-ordination of planning and communication between all District Health Boards in the Central Region and the Ministry of Health.
- (c) Provision of a Health Support Unit if requested.

TRAINING

Those emergencies which can be handled effectively by an individual hospital/health centre are normally practised annually outside a CDEM setting. Events which may require unusual responses from a hospital/health centre must be planned for and those plans practised. Although relatively costly, such exercises not only ensure planned emergency activities can be performed effectively by the personnel involved, but also expose any deficiencies in the plan. Such emergency training is the responsibility of the Emergency Response Advisor and is carried out regularly. A case file on each exercise is compiled and filed with the CEO Support Office.

CIMS STRUCTURE FOR HEALTH



Benefits:

- Joined up thinking and planning
- Provision of surge capacity
- Common goals and standard of care
- Utilisation of all existing resources across the region

SECTION THREE – PLANNING AND INTELLIGENCE

PROFILE

Hawke's Bay (HB) is comprised of 938,596 hectares of plains and hill country (5% of New Zealand's land area), serving a population of 148,330 people. The majority of the population are domiciled within Napier and Hastings cities (86.6%).

The region has a number of major rivers within its boundaries, the most significant of which are the Ngaruroro and the Wairoa Rivers.

Major transport routes are State Highways 2, 5 and 50 and the East Coast Rail Link. The Port of Napier and the HB Airport are contained within the boundaries of Napier City.

The region derives its main income from agricultural, horticultural and associated industries.

Hawke's Bay District Health Board (HBDHB) has 2,695 staff in its employ within the region.

THREAT ANALYSIS

Hazardous Substances

The fact that road, rail, sea and air transport converges throughout the region exposes it to the likelihood of a hazardous substance spill resulting from a transportation accident. However, the area affected would generally be small by comparison to the overall size of the region. The eventuality is considered slight.

Heavy Rainfall/Flooding

The initial effect of heavy rainfall is unlikely to cause significant disruption apart from surface flooding and landslips. However, continued heavy rainfall has the potential to cause disruption in affected areas through both flooding and land subsidence resulting in threat to life and/or property. Floods have, and will continue to be, a major threat to the region.

Pandemic

Pandemic influenza is the most likely major incident and its inevitability presents the greatest challenge for health with response required over a 2 to 3 month period during which 37% of the population will become clinically unwell in a scenario where the "outside" cannot be depended upon for assistance.

Earthquake

The region lies within an earthquake zone of relatively high risk and has experienced the effects of major earthquakes in 1863, 1904 and 1931. The processes that caused those quakes are ongoing, therefore earthquake must be considered an ever present probability and one that could have a significant effect on the entire region.

Volcanic Activity

The direct explosive effect of volcanic eruption is unlikely, however, should the wind direction be unfavourable, areas of the region could be influenced by volcanic fallout from eruptions in the Central North Island. Evidence of previous eruptions is present throughout the region in the form of ash layers.

Tsunami

The proximity of some population centres close to the east coast exposes some communities to the potential for Tsunami damage generated by earthquakes in the Pacific. Indications are that this risk is small.

Probabilities of Major Threats:

Flooding 1 in 10 year event
Pandemic 1 in 30 year event
Earthquake 1 in 72 year event
Volcanic Activity 1 in 100 year event
Tsunami 1 in 200 year event

Whilst there are other threats, these are covered within hospital plans.

SITUATION UNIT

The Situation Unit is responsible for:

- Establishing information flows
- Receiving, collating and analysing information
- Preparing Situation Reports
- Preparing Incident Action Plans
- Disseminating the Situation Report at least on a two hourly basis to:
 - EMU
 - Hospital Emergency Department
 - PHU
 - Health Centres
 - Private Hospital
 - Triage Officers

This report to include the impact of the disaster on the community, assistance or resources available, action taken on requests and any other relevant information from CDEM.

SECTION FOUR – OPERATIONS SECTION

INTRODUCTION

INITIAL RESPONSE

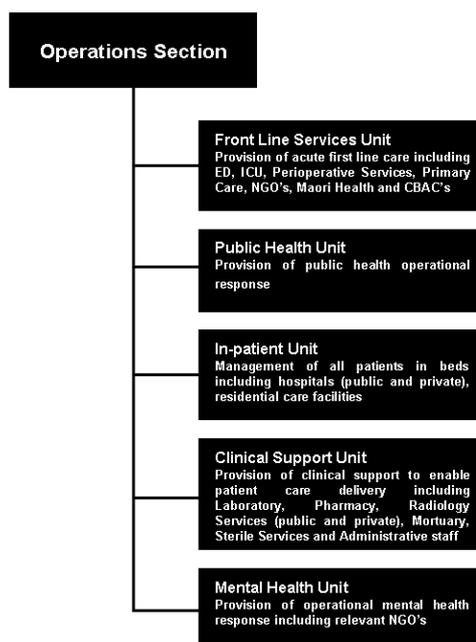
All off duty staff will ensure the safety of their families and properties and then report to the closest hospital/health centre to their current location. Those staff, in public hospitals/health centres, involved in a Category Yellow/Orange Emergency Activation will carry out their duties under the current hospital plan. Personnel not involved directly in the plan should report to the EOC at HBH or the Health Centre Coordinator (Rural Centres) and will be deployed appropriately. Those staff in Napier's temporary hospital will prepare the area to receive injured casualties as outlined in Appendix Five of this plan.

Each of the hospitals/health centres which are controlled by HBDHB has individual but interlocking Emergency Control Plans. These plans include the actions which are required to alleviate the effects of a major emergency or disaster and, therefore, should be followed as closely as possible.

SERVICES

All services are expected to continue to operate within their particular area of expertise, co-ordinating all efforts with the EOC. A Damage Assessment Form should be completed for each area and returned to the EOC as soon as possible after the event.

Each unit will be coordinated by a Unit Manager supported by an Administration Officer.



FRONT LINE SERVICES UNIT

The Front Line Services Unit is responsible for:

- Identifying services to be maintained including business as usual (BAU) priorities and concentrating resources appropriately.
- Managing all patients presenting to first line care including primary care, NGO's, Emergency Department, ICU and the Perioperative Unit.
- Ensuring provision of transport services inter and intra hospital/facility as required and system for tracking same

Ambulance Services

The St John Ambulance Service Central Region is a resource available to HBDHB, with control vested in the Regional Ambulance Operations Manager. Ambulances are based at Wairoa, Napier, Hastings and Waipukurau. Strategic considerations during an emergency may require current systems to be overridden. Any such strategic intra-area deployment will only be with the authority of the Operations Manager and, usually, at the request of HBDHB. HBDHB will advise hospitals, the Ambulance Service, CDEM and any other concerned agencies when it needs to alter the system. Due to the nature of an emergency, it may be prudent for requests for medical help from the public to be directed to CDEM in the first instance, request being forwarded to ambulance service liaison staff.

HBDHB Aircraft Resources

By the very nature of their capabilities, aircraft, both fixed and rotary wing, are playing an increasingly important part in casualty handling. This valuable resource is also deemed a regional resource. Unless directed otherwise by HBDHB or CDEM, current request systems for aircraft response are to remain in place. However, once an emergency expands to a stage where a regional declaration is imminent, approval for aircraft use will be at HBDHB level only in liaison with CDEM.

District Nursing

The district nursing response includes:

- Maintenance of key essential community services.
- Support for discharged patients.

Referrals for community health assessment and/or assistance will be made directly to a nominated Referral Co-ordinator, at Home Health, using the Community Health Referral Form. These referrals will be processed by the teams with priority ranking being assigned to each case. Existing cases will also be given a priority code. (A list of people within the community who may require assistance will be maintained by Home Health).

Emergency Medical Units (EMU's)

To avoid costly duplication of manpower and valuable resources during a declared Civil Defence Emergency, EMU's within the HB region will be established at pre-selected centres as follows:

- (a) Wairoa District (1)
- (b) CHB District (2)
- (c) Napier City (4)
- (d) Hastings District (4)

Doctors will be drawn from local Independent Medical Practitioners together with their nursing staff and any initial medical supplies will be furnished from either those held at surgeries or from the nearest available pharmacy. Additional resources will be supplied via the EOC.

However, the likely scenario immediately following a major earthquake may preclude nominated medical practitioners reaching their appointed places of emergency employment for a variety of reasons. One such likelihood is the number of casualties requiring treatment which may be encountered en route. This may necessitate the establishment of an instant EMU or Casualty Collection Post, where casualties requiring immediate treatment are located. It is vital to remember that if this "emergency within an emergency" situation should arise, then some nominated emergency positions may be left vacant. To alleviate this situation it is imperative that the Civil Defence Welfare Centres be kept advised of any deviation from systems or practices. This is the responsibility of the medical practitioners concerned. A list of proposed locations for Registered Medical Practitioners is kept by the HIC and Regional and Local CDEM Headquarters.

The responsibility for authorizing the activation of an EMU is given to the IMT at HBDHB. Any person may request the activation of an EMU but justification of his/her actions may be subsequently requested.

Proposed Sites:

Napier:

- Taradale Medical Centre (holding facility Taradale Masonic Rest Home)
- The Doctors/City Medical (holding facility St Patrick's Church)
- Central Medical (holding facility Marewa Kindergarten)
- Craig Practice (holding facility Westshore Primary School)

Hastings:

- The Doctors (holding facility Aspyre Fitness)
- Hastings Health Centre (holding facility Dominion Buildings Ltd)
- Havelock North Community Health Centre (holding facility St John Hall)
- The Nelson Street Practice (holding facility Mahora School)

Wairoa:

- Glengarry Rest Home (holding facility North Clyde School)

Central Hawke's Bay:

- Central Hawke's Bay Health Centre (holding facility Fergusson's Motor Lodge)
- The Doctors (holding facility Waipawa Town Hall)

For standard operating procedures see Appendix Six.

Decontamination Process

Decontamination of casualties, when necessary, is to be carried out in the car park area alongside the entrance to the Triage Area of each hospital/health centre. Casualties are to be washed down (portable showers may be obtained from the Fire Service) and contaminated clothing removed, placed in plastic bags and tagged. Until decontamination procedures have been completed contaminated casualties should be separated from non-contaminated casualties.

In the event of contamination with radioactive material, the staff of Nuclear Medicine are to be contacted. They will take control of the decontamination effort.

The Decontamination Area should be staffed by a minimum of two registered nurses, with medical assistance being sought from the Triage Area as necessary. These staff must be trained in the use of and wear Level C PPE.

Transport Services

All transport resources available shall only be used for emergency purposes and will be under the control of the HIC. Any request for additional transport will be made via the EOC to CDEM.

Resources will be utilised to:

- (a) Evacuate patients and staff from an affected area
- (b) Deliver essential resources into an area
- (c) Move personnel and supplies through or around a disaster area
- (d) Move patients from EMU's to other facilities as necessary

IN-PATIENT UNIT

The In-patient Unit is responsible for:

- Managing the care of all patients in beds across the district
- Determining clinical priorities.
- Initiating colour coding of beds e.g. red = hospital, orange = residential, green = motels

Bed Census

Each ward is responsible for providing the In-patient Unit in the Operations Section at the EOC with an updated bed census every four hours for the first 24 hours and eight hourly thereafter.

Casualties are to be reviewed every eight hours with ward placement and/or readiness for discharge being assessed.

Unoccupied Areas

Any unoccupied areas in each hospital/health centre will be utilized by the EOC as necessary.

Private Hospital

Royston Hospital, as the private hospital in the region, is capable of affording assistance. HBDHB is able to use this facility and, in return, will provide additional resources to enable efficient usage. The hospital has an individual Emergency Control Plan which should be followed as closely as possible.

PUBLIC HEALTH UNIT

During a public health or civil defence emergency the public health service will take prompt and effective measures to identify and assess the extent of the public health risks.

The Public Health Unit is responsible for:

- Managing recording and interpretation of disease notification trends
- Managing prevention and control of communicable disease
- Providing support and advice on public health issues

The service is required to:

- Analyse the hazards and threats posed by the situation
- Delineate the area and population affected
- Estimate the risk posed to that population
- Estimate the resources (scale and composition) needed for the initial response

Statutory Duty

The statutory duty of organisations such as Public Health is stated in the Civil Defence Emergency Management Act 2002.

The responsibilities and activities of the personnel and the systems employed by or through the HBDHB are not relinquished by a Declaration of a state of Public Health or Civil Defence Emergency. The control and deployment of resources will be co-ordinated and prioritised by the HBDHB in consultation with the CDEM Group Controller and/or the Ministry of Health.

In addition, during declared regional or national Public Health and Civil Defence Emergencies, sections 70 and 71 of the Health Act 1956 confer particular powers on the Medical Officer of Health for preventing the outbreak or spread of any infectious disease. People authorised by the Medical Officer of Health to take action under these sections are not personally liable for any lawful actions carried out.

Public Health Emergency

A Public Health Emergency is an adverse event that overwhelms available public health resources or capabilities at a local or regional level. Public Health emergencies may, or may not, be declared civil defence emergencies. A public health emergency can be declared by a Medical Officer Health when authorised by the Minister of Health, under the provisions of section 71 of the Health Act 1956. Many incidents that will have significant impact on the health sector will not be declared civil defence emergencies.

On activation of the Major Incident Plan, the Medical Officer of Health and the Director Population Health have joint accountability for the response to the event. Outside normal working hours the on-call Medical Officer of Health has delegated the responsibility for the management of the event.

Once the decision is made to activate the Public Health Emergency Planning and Response Plan, the Public Health Incident Unit will be established and set up an Operations Centre. Generally this will be at the Public Health offices based at Napier Health Centre although in large scale events the unit will be transported to Hawke's Bay Hospital and set up in the West Wing. The PHU will be operating under the Operations Section of the DHB CIMS structure.

Role of Medical Officer of Health

The Medical Officer of Health will:

- Coordinate activities of territorial authorities environmental health personnel in relation to sections 70 and 71 of the Health Act 1956 during a national, regional or public health emergency.
- Ensure that adequate preparations are made prior to any declaration of a civil defence emergency and that an operational Public Health Emergency Planning and Response Plan detailing the action of public health personnel is in place and available to the Civil Defence Group Controller as required.
- Communicate and advise local emergency services (and the Ministry of Health) about their assessment of the emergency situation.
- Communicate with the public on all matters relating to public health.

Standard Operating Procedures

The actual working document for the procedures required for public health measures during an emergency is titled "*Public Health Emergency Planning and Response Plan*". There are sub-plans for Civil Defence, Pandemic Response, Hazardous Substances Response, Chemical and Bio-terrorism Response, Radiation Response and Bio-Security Response.

The plans are held in Public Health and are available on the Public Health shared "H" drive.

MENTAL HEALTH UNIT

The mental health response is initiated by the HIC, housed in the EOC, and is actioned by the Older Persons, Mental Health & Allied Health Services Manager; this individual will undertake the role of Mental Health Co-ordinator.

The Mental Health Unit is responsible for:

- Ensuring maintenance of key essential services
- Ensuring provision of emotional support for the wider community
- Provision of emotional support to casualties their relatives and friends
- Reuniting relatives and casualties at the hospital as soon as possible
- Provision of support for HBDHB staff and other agencies involved in responding to a major incident
- Liaising with the Manager of the Children and Young Persons Service in co-ordination of a response to the needs of the wider community

Case Finding

The Disaster Reconciliation Form and/or Major Incident Enquiry Form is to be used to collect information on all members of the public who arrive at or make contact with the hospitals or EMU's.

Information on all casualties is to be collected at point of entry on Casualty Logs and information on those casualties who have deceased is to be collected on Mortuary Logs. This information is to be later checked against the Major Incident Enquiry Form and entered onto a database for follow-up contact to be made.

Information on victims who may require psychological support can also be obtained from the Police and/or other involved agencies.

Immediate Response Phase (first 72 hours)

The unit convenes immediately to decide ongoing priorities and actions including, but not limited to, the following:

- Ensuring maintenance of key essential services
- Co-ordination of mental health staff
- Managing enquiries
- Distribution of information

Following stand-down of the EOC and the response plan the Mental Health Co-ordinator may designate a person to assume ongoing responsibility for the management of the Intermediate, Recovery and Post Recovery Phases.

Intermediate Phase (72 hours - one month)

Information should be provided to the community outlining normal reactions and advice on where to obtain assistance if required. This should be via media releases and carried out by or in liaison with the Communications Officer. Meetings should be arranged and advertised widely for all community and counselling groups. The overall goal is to ensure a co-ordinated response to victims, providing support and information.

Recovery Phase (weeks – months after incident)

This phase consists of continuing work with those identified in the intermediate phase as suffering psychological disorders as well as assessment and treatment of those presenting some time after the incident.

Supporting document Mental Health Response Plan available on I drive/emergency response/plans.

CLINICAL SUPPORT UNIT

The Clinical Support Unit is responsible for:

- Ensuring provision of diagnostic, therapy and nutrition services
- Maintaining pharmaceutical supplies.
- Management of medication for displaced persons

Linen Services

Linen is to be regarded as an essential commodity. After in-house stocks have been depleted additional resources will be obtained from local suppliers using normal purchasing systems. Requests for supplies which cannot be obtained locally will be made through the Supply Unit in the Logistics Section at the EOC.

Domestic Services

Cleaning and associated services are to be regarded as an essential activity and there will be a substantial increase in the workload during an emergency. Private contractors may, should the situation demand, be co-opted to assist.

Nutrition and Food Services

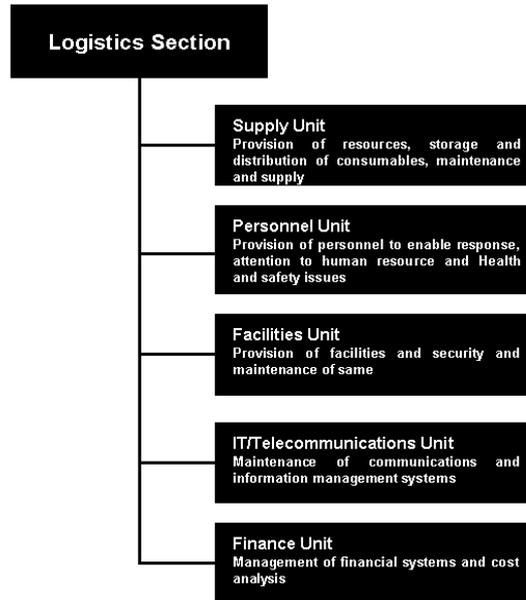
Food and its preparation are to be regarded as an essential commodity. The first priority therefore is to provide continuity of service of its preparation and delivery. Resources should be obtained from local suppliers using normal purchasing systems.

SECTION FIVE – LOGISTICS SECTION

INTRODUCTION

All resources of HBDHB and the private hospital in the region are deemed regional resources. This includes all staff, support equipment, vehicles and institutions.

Each unit will be coordinated by a Unit Manager supported by an Administration Officer.



FACILITIES UNIT

The Facilities Unit is responsible for:

- Coordination of damage assessment
- Assigning priorities for repair, supervising the maintenance and repair of facilities
- Managing the activation of incident facilities e.g. isolation suites, temporary mortuary
- Managing the services required to support facilities e.g. Orderlies, Cleaners, Waste Management, Biomedical Engineering, Fleet Service

Building and Engineering Services will provide a complete and organisation wide assessment and control facility along with recovery and restoration procedures which will help ensure continuity of services for essential areas.

The Facilities Manager will appoint an individual to assume the responsibilities of the Damage Assessment Co-ordinator in co-ordinating damage assessment and recovery procedures, reporting directly to the Facilities Unit in the Logistics Section at the EOC. Staff will assess damage using provided checklists. Priority would be given to the restoration of the following:

Electricity Supply via emergency generators (self contained units diesel powered with eight hours running time) - power supply to critical areas only

Water Supply Central Boilers, Emergency Department, Operating Theatre, Sterile Supply Department, Kitchen

Sewage Patient Areas

Steam Operating Theatre, Sterile Supply Department, Kitchen

Medical Gases Operating Theatre, Emergency Department, Acute Wards (additional supplies to be obtained from BOC Gases (NZ) Ltd)

Refrigeration Blood Bank, Pharmacy, Kitchen, Mortuary

Buildings will be checked and/or repaired to ensure safety with top priority being given to the clearance of entrances and exits and the prevention of fire and hazardous materials risks.

Building maintenance supplies/resources are housed in the services workshops in each hospital/health centre. The Hazardous Substances Register is kept in the Security Office at HBH.

Security

Existing security arrangements in hospital/health centre plans to continue to operate. Keys for buildings and cars are available through on site security officers.

Back-up Facilities

In the event of the hospital/health centre facilities becoming overloaded back-up facilities for casualty overflow have been earmarked.

Napier	-	Eastern Institute of Technology
Hastings	-	Royston Hospital
Wairoa	-	Wairoa College
Waipukurau	-	CHB College

Mortuary Facilities

Temporary mortuary facilities will be provided in the form of cool storage containers delivered by Halls Refrigerated Transport to the designated site. Activation will be made by the NZ Police, the EOC will support the set-up.

Rescue Team

Each public hospital/health centre has trained staff who will search hospital/health centre property for injured casualties, provide basic first aid and evacuate casualties to medical aid where necessary. Team members will report to the hospital/health centre, receive a Damage Assessment Report from the Facilities Unit and then determine priorities for their search. Rescue equipment is housed in the DHB warehouse and each of the rural facilities.

Alternative Accommodation

If hospitals/health centres and other buildings become untenable as the result of a major disaster such as an earthquake, it is most likely that the majority of buildings in the disaster area will also be in a similar condition. The extent of planning for alternative hospital accommodation must be made with this premise in mind. The eventual locations for temporary hospitals can only be determined after the disaster has occurred, although possible suitable locations are as follows:

Napier	-	EIT, McLean Park
Hastings	-	Royston Hospital, HB Racecourse, Nelson Park
Wairoa	-	Wairoa College
Waipukurau	-	CHB College

It will be the task of HBDHB, in consultation with CDEM to decide upon the most suitable premises for the temporary hospitals, dependent upon the condition of existing hospitals in the first instance and alternative accommodation in the second instance.

Evacuation procedures to be followed as for fire; relocation of patients to be carried out using HBDHB vehicles with additional resources being requested from CDEM as necessary.

Conservation of Essential Resources

Careful utilisation of existing supplies/resources is essential.

The conservation of water is particularly important. The following general rules should be followed:

- Do not use sinks, showers/bath tubs, ice machines.
- Do not flush toilets after each use.
- Use paper products where possible for the serving of food/drink.
- Use alcohol based solutions for washing hands.

SUPPLY UNIT

HBDHB is responsible for its own initial procurement, co-ordination and transportation of resources within the region.

Tactical arrangements have been made with Health Support Services (based in Auckland) to provide additional supplies when those supplies contained within the region have been depleted. (See Transport Services below).

The Procurement and Pharmacy Departments will initially prepare supplies and drugs for transport to Napier's temporary hospital, EMU in Napier and Hastings and, if requested, to the HB Regional Prison. Supplies inventories for each facility are housed in the Warehouse and Pharmacy Departments.

The Supply Unit is responsible for:

- Planning for the provision of equipment, supplies and other resources
- Maintenance of resource status
- Determining resources required for Incident Action Plan
- Processing requests for additional resources

Medical and Pharmaceutical Supplies

Initial supplies will be available from hospitals, health centres, surgeries and pharmacies. If and when these stocks are nearing depletion intra-hospital requests should be made directly to the EOC. Requests for supplies required by organisations outside the hospital system should be made to the EOC. Re-supply will, necessarily, be from sources outside the region, tactical arrangements have been made with Health Support Services (based in Auckland). Receipt and management of these supplies will be through usual systems.

Equipment Storage

Emergency plan equipment storage is located in the DHB warehouse on Omahu Road, Hastings.

PERSONNEL UNIT

The Personnel Unit is responsible for:

- Evaluating personnel levels
- Preparing staffing plans
- Ensuring generic induction of additional workforce
- Coordinating the management of volunteers
- Ensuring the provision of staff support
- Providing for the resolution of human resource issues

Health Support Units

Health Support Units are standby units from other DHB's which can be used in any major disaster when resources are incapacitated or require support. These units can take one of several forms:

1. Hospital Support Unit consisting of Medical/Surgical staff, Administration, Supply, Admissions, Records, Nursing and other Support staff
2. Mental Health and Disabilities Support Group
3. Public Health Task Force

If required the HIC will advise the Central Region EOC of the need to utilise a Health Support Unit. CDEM will assume the responsibility of transporting the Unit into Hawke's Bay.

IT/TELECOMMUNICATIONS UNIT

The IT/Telecommunications Unit is responsible for:

- Establishing the EOC Desk
- Maintenance of the Help Desk and Call Centre functions
- Maintaining failover and disaster recovery systems
- Developing and agreeing a priority plan for resuming operations
- Provision of technical advice

Present Communications System

The usual and most effective means of urgent message transmission is through the telephone service. This system is supported by a back-up battery in the first instance and the emergency generator in the second in the event of a power failure. There are also nine portable "bag" cellphones available in the Call Centre for use. In the event of the need to evacuate the Call Centre, the system will be re-housed in the Security Office at HBH.

In the event of a major earthquake the telephone service may be unusable due to either collapse or overload, therefore, until the service can be re-established alternative means of communication will be used.

A CB radio providing a direct link with the CDEM team is housed in the Education Centre at HBH. Usual methods of communication with the Ambulance Service will continue via their radio network.

HBDHB has satellite phones sited in the following locations:

- HBH
- PHU
- Wairoa
- Central Hawke's Bay

and a direct link with the Ministry of Health.

These satellite phones provide an essential link between our facilities and the Ministry of Health. The EOC at HBH can be contacted by dialling 008816 214 33894.

HBDHB also has a radio network with Royston Hospital, Napier's temporary hospital site (The Doctors, Greenmeadows), PHU, Wairoa and CHB Health Centres, the DHB Warehouse, all EMU sites and the Central Region.

FINANCE UNIT

The Finance Unit is responsible for:

- Maintaining an overview of all incident associated costs
- Ensuring all financial authorities and other obligation documents initiated for the incident are correctly prepared and completed
- Ensuring payroll systems are operational
- Continuing to pay suppliers to terms of trade
- Continuing to pay salaries to normal cycle

Payment or reimbursement costs are, in the first instance, the responsibility of the authority placing the order.

All health expenditure during and immediately after a major disaster in the region is vested with the DHB. To achieve control the Chief Financial Officer is responsible to the Chief Executive Officer for:

- (a) budgetary advice on emergency planning, protection and prevention requirements,
- (b) allocation of emergency funding to relevant areas of DHB's responsibility,
- (c) liaising with CDEM and other DHB's to determine areas of financial responsibility, and
- (d) assessing as closely as possible the cost incurred by the DHB during a disaster and funding such unforeseen expenditure.

A unique cost centre has been created to be utilised at the onset of the disaster (2146) – this cost centre includes a full array of account codes that may be used to collate and report costs relating to the event. Account codes can be tailored to suit the nature of the disaster and include full provision for all manner of costs – staff, supplies, charges from outside contractors, other health providers etc. The charging of costs to this cost centre will be the responsibility of the HIC who may sub delegate to any Section Manager as is considered necessary at the time.

SECTION SIX - COMMUNICATIONS

MEDIA RESPONSE

The Communications Officer has responsibility for media liaison. The role of the Communications Officer in this respect is to:

- Provide a focal point for the media
- Establish a reliable and credible source of information
- Work within the framework of the Emergency Media Management Plan
- Co-ordination of the release of information to staff, the media and the public

Responsibilities include:

- Compiling general information regarding the incident cause, size, current situation, resources, losses, assets threatened and other matters of general interest
- Creating relevant media releases on an hourly basis for the first 8 hours and 4 hourly thereafter, information to contain casualty numbers, fatality numbers, damage to facilities, ability to provide health services and any other relevant information
- Preparing standard response to telephone enquiries from the public
- Activating interagency media response to ensure consistent messages to the media
- Monitoring the communication plan by:
 - establishing what is already in the public domain.
 - correcting any inaccuracies.
 - considering worse case scenarios and preparing to handle them if necessary.
 - maintaining full monitoring of media releases.
 - holding regular internal briefings for staff.

External media representatives will be housed in the Community Health Building at HBH, catering to be provided by the Nutrition and Food Service.

Public Response

An 0800 number will be set up to manage public enquiries, 0800 777 790. This line will be manned by Administration personnel. Telephone number to be broadcast via radio stations in liaison with the EOC.

SECTION SEVEN - EMERGENCY SERVICES

AMBULANCE SERVICE

The Ambulance Service will maintain its own command and communications structure.

Ambulance resources will be controlled by the Regional Ambulance Operations Manager but priorities may be set by the CDEM Group Controller. Upon the declaration of a Civil Defence Emergency the Ambulance Service will liaise with the Group Controller.

The Ambulance Service will accept the responsibility for the co-ordination of the movement of casualties as required.

OBJECTIVES

Emergencies where injuries have been sustained:

- To the limits possible survey the affected area and report the number of casualties and extent of injuries.
- Provide assistance to the injured.
- If appropriate, transport patients to the nearest receiving facility.

Emergencies where no injuries have been sustained:

- Take all measures necessary to ensure the least possible disruption to the service usually provided.
- Provide assistance with the evacuation of persons, the provision of communications and any other similar services.

Emergencies in Neighbouring Regions:

- Provide immediate and self sufficient support for the initial care of casualties.
- Arrange relief staff to assist officers working in the disaster area.
- Provide communications, supplies and other logistic support as required.

GENERAL PRINCIPLES

It is accepted that the Ambulance Service is a rapid response unit, and that in the event of a Civil Defence Emergency involving casualties, crews working in or near damaged areas will respond immediately and possibly become overwhelmed by work volume.

Ambulance Services not affected by the emergency will be prepared to respond to the area and provide relief for staff deployed in the early stage and to provide logistic assistance. This level of support would be co-ordinated through CDEM channels.

LIAISON

As soon as the CDEM EOC is staffed, a member of the Ambulance Service will be assigned to the centre with an additional staff member being transported to the health EOC at HBH.

ROLES OF THE SERVICE

The service may carry out a variety of roles, depending on the nature and extent of the emergency.

Initial Assessment of the Scale of the Emergency

This will be undertaken by crews in the area, or responding from stations close to the affected area.

Initial Patient Care

This is the primary role of the Ambulance Service, and is likely to start immediately and escalate quickly as additional crews arrive in the area.

Establishing Aid Stations

Ambulances lend themselves well to this role. They are highly visible and well recognised; have facilities and equipment for the resuscitation of patients; and have communications capability. This is seen as one of the most appropriate roles for the service's fleet in a major emergency.

Casualty Transport

Ambulances could be used in their normal role to evacuate patients to an appropriate medical facility. If transport of a number of patients is required by road over long distances, it may be appropriate to supplement ambulances available with ancillary vehicles i.e. buses, travelling in convoy with at least one ambulance to ensure continued communication and skilled assistance remaining available.

Logistic Support

In emergencies where no injuries have been sustained, the Ambulance Service could be used in other roles. For example, the service is able to provide extensive assistance with communications, and is well equipped to respond rapidly, and offer practical assistance and transport to evacuees who are perhaps cold, wet and distressed.

FIRE SERVICE

This Section is introduced for the information of staff of HBDHB.

Fire Service operations will be co-ordinated from the appropriate Regional Operations Centre and channels of communication will be established by the Fire Service Advisor.

STATUTORY AUTHORITY

Section 28 of the Fire Service Act 1975 confers authority on the Chief Fire Officer or, in his absence, the Officer in Charge (I/C) of a fire incident or other emergency, to direct those under his control to do whatever is necessary within reason, for the protection of life and property.

On the declaration of a Civil Defence Emergency no additional powers or authority are conferred on the fire services. Rather, they continue to operate under the relevant sections of their own Acts.

FUNCTIONS

During a state of Civil Defence Emergency the New Zealand (NZ) Fire Service continues to carry out their normal role of:

- (a) The rescue of trapped persons (USAR national team)
- (b) Fire fighting
- (c) Rendering safe hazardous substances

Whilst the method of operations will not alter, the priorities may.

These could be set by the Local CDEM Controller in consultation with the Area Commander at the Area Operations Centre through the Fire Service Advisor.

In a Regional Civil Defence Emergency, the determination of the boundaries of responsibility and the priorities to be exercised in Fire Services' operations and activities will be the responsibility of the CDEM Group Controller.

HBDHB REQUESTS FOR ASSISTANCE

Non Urgent Requests

The NZ Fire Service will endeavour to provide a Fire Service Advisor/Liaison Officer at both regional and local CDEM EOC. HBDHB liaison staff shall make initial requests for assistance at that level. Further requests should be made to the Co-ordination Centre. This refers to requests that do not require prompt attention.

Urgent Requests

Any assistance of an urgent nature, i.e. requiring prompt attention, should in the first instance be channelled direct to the Fire Service via the 111 system. If contact is unable to be made then the CDEM channel should be used.

Decontamination procedures, if necessary, are to be considered an urgent request. The Fire Service will carry out any decontamination required for both emergency service staff and injured casualties under the supervision of a medical team sent to the site by HBDHB.

POLICE

This Section is introduced for the information of staff of HBDHB.

PRINCIPLES GOVERNING POLICE MEASURES

HBDHB falls within the boundaries of the Eastern Police District which has three police areas namely Hastings-Napier-Gisborne. CHB is a subarea of Hastings, Napier's area includes Taradale and Bay View. Wairoa is included in the Gisborne Police area. The Eastern Police District is managed by a District Commander at Superintendent rank who is based at Napier District Headquarters along with an Operations Manager at the rank of Inspector who is tasked with overseeing emergency management. Each of the three areas has an Area Commander at the rank of Inspector who is supported by one Senior Sergeant who carries the emergency management portfolio for their area.

The responsibility of the Police for Law and Order is in no way transferred or modified by the declaration of a State of National or Civil Defence Emergency.

Police officers, including Civil Defence Police, continue to operate under Police command and in accordance with Police procedures.

The exercise of ordinary Police powers and special powers created by a declaration of a state of National or Civil Defence Emergency shall, subject to any direction given by the Police Operations Commander, be at the discretion of the Police member in charge at the time.

Any measures taken by anyone other than a Police Officer (including Civil Defence Police Officer) for the maintenance of Law and Order are to conform to any directions given by the Police.

POLICE RESPONSIBILITY FOR LAW AND ORDER

Listed in the National Civil Defence Plan 2006 are the following roles for Police:

- (a) Maintenance of Law and Order
- (b) Take all measures in their power and authority to protect life and property and to assist movement of rescue, medical, fire and other essential services
- (c) Assist the Coroner as required by the Coroners Act 1988
- (d) Coordinating movement control over land, including communications and traffic
- (e) Conduct search and rescue

To fulfil these roles, Police may do the following:

- represent as required the Police at NCMC and at CDEM Group EOC's (where resources permit) at other local civil defence organisations; and
- assist with dissemination of warning messages; and
- control access in and out of affected areas; and
- protect property and provide security of evacuated areas; and
- conduct initial evacuations to ensure protection of life; and
- prevent and suppress disorder; and
- trace the missing and notify next of kin; and
- establish a temporary mortuary; and
- support the Coroner as required by the Coroners Act 1988, in close liaison with the Ministry of Justice and health authorities.

POLICE POWERS

The Civil Defence Emergency Management Act 2002 confers certain powers on the Police, these are:

- (a) The evacuation of premises or places
- (b) Entry onto or into premises
- (c) Closing of roads and public places
- (d) Removal of vehicles
- (e) Requisitioning powers

WARNINGS TO THE PUBLIC

Until a state of Civil Defence Emergency is declared, the Police and other public organisations (DHB's, Power Authorities, Regional Councils) are responsible for initiating or issuing warnings to the public; after a declaration, all public warnings are to be co-ordinated through the appropriate CDEM EOC.

HBDHB REQUESTS FOR ASSISTANCE

Non Urgent Requests

HBDHB Officers shall make initial requests for assistance at Local CDEM EOC. Further requests should be made through the Co-ordination Centre.

Urgent Requests

Any assistance of an extremely urgent nature, i.e. life and death situations, requiring Police intervention could in the first instance be channelled direct to the local Police. If contact is unable to be made then the CDEM channel should be used.

Fatalities

Because the likelihood of death is ever present during and after a major emergency, NZ Police involvement is mandatory. Requests for the release of members of the NZ Police for dealing with the dead are to be made to the relevant Police Area Commander via the Local CDEM Authority. Any information dealing with fatalities must be treated with confidentiality and only released by authorized NZ Police personnel.

CIVIL DEFENCE EMERGENCY MANAGEMENT

This Section is introduced for the information of staff of HBDHB.

ROLE OF THE HB CDEM GROUP

Promotion of business continuity plans for all businesses and engineering lifeline utilities that operate in HB.

ROLE OF GROUP CONTROLLER/RECOVERY MANAGER

Liaison with Government agencies to co-ordinate the re-establishment of normality of life after a declared civil defence emergency.

Allocation and prioritisation of resources in the event of a declared Civil Defence Emergency.

Co-ordination of recovery operations following a civil defence emergency.

Information dissemination.

ROLE OF HAWKE'S BAY REGIONAL COUNCIL

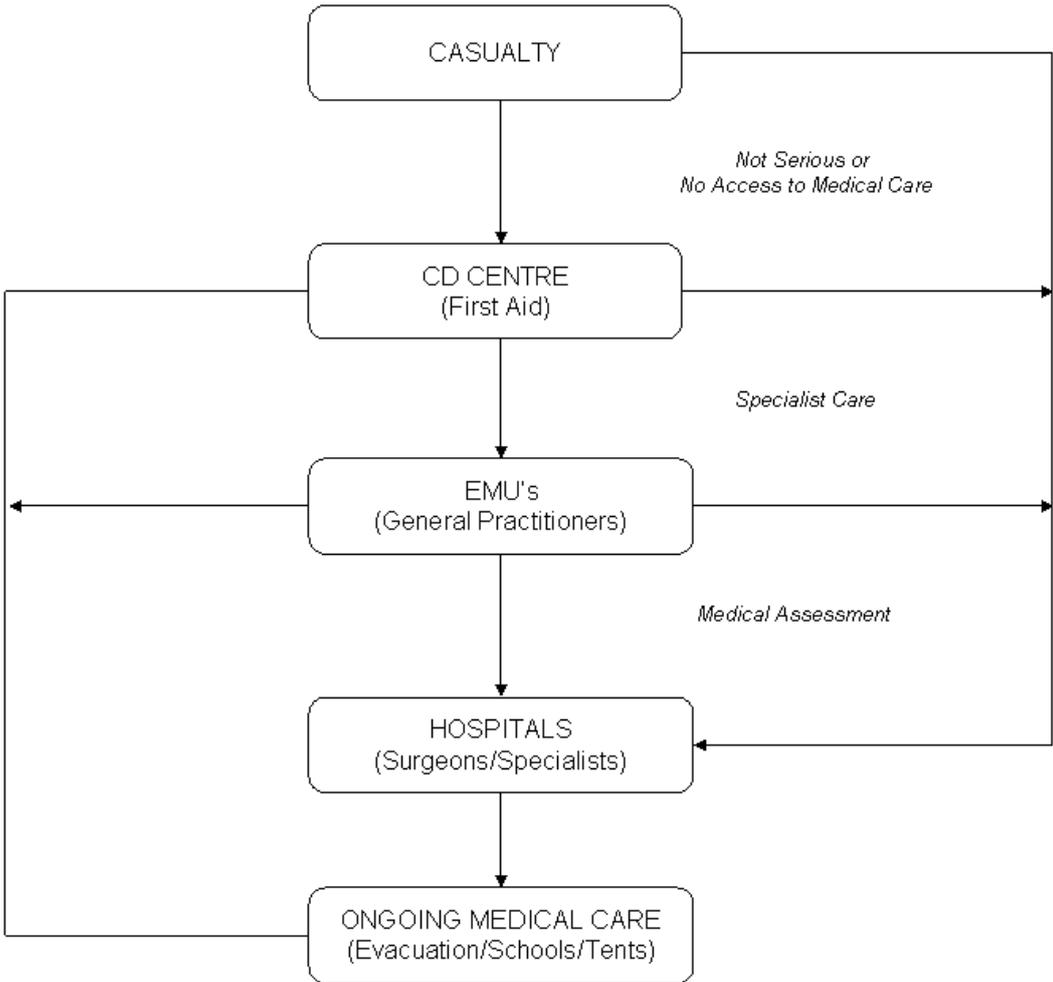
Provision and maintenance of a regional communications network.

PROCUREMENT

The CDEM Group Controller may set priorities for procurement, distribution, and conservation of supplies during a Civil Defence Emergency.

Where items cannot be obtained using the normal systems of procurement, powers of requisitioning as set out in the Civil Defence Emergency Management Act 2002 may be used by the CDEM Group Controller or a member of the Police.

APPENDIX 1 – CASUALTY FLOW



APPENDIX 2 – HOSPITAL FACILITIES

Hawke's Bay Hospital

Communications

External Numbers

Telephone	878-8109
Facsimile	878-1691
EOC	873-2182
0800 number	0800 777 790

Radio

There are St John Radio terminals in the Emergency Department and in the Intensive Care Unit.

Alerting Protocols

External	By ambulance or telephone
Internal	By 7777 or fire alarm

Functions

Normal Operating Capacity

370 beds

Specialist services offered include:

- Medical Services
- General Surgical Services
- Ophthalmology Services
- ENT Services
- Maxillofacial Services
- Urology Services
- Assessment and Rehabilitation
- Paediatric Services
- Maternity Services
- Critical Care
- Neonatal Intensive Care
- Psychiatric Services
- Outpatient Services
- Palliative Care
- Chemotherapy
- Dialysis
- Radiology
- Laboratory
- Blood Bank
- Physiotherapy
- Occupational Therapy

Support Services

Blood Bank

While the demand is extremely variable stock is anticipated to last 8-10 days at usual consumption rates. Re-supply will be through the NZ Blood Service.

Kitchen

Cooking is carried out by steam and electricity. On site food supplies can supply meals for 7 days at normal consumption rates.

Laboratory

Full laboratory services are supplied.

Linen

The laundry service provides linen for all of HBDHB facilities. A reserve of approximately 1 day's consumption is available. Re-supply would be sourced through Gisborne and Palmerston North.

Medical Supplies

Wards have adequate basic medical supplies for 7 days consumption. The main store carries stock on hand that should last 2 weeks at normal consumption rates.

Pharmaceutical Supplies

The pharmacy has adequate stock for approximately 30 days at usual consumption rates. The wards carry about 5-10 days stock at normal consumption rates.

Radiology

The radiology service provides full services including CT and MRI scans, an angiography suite, a doppler ultrasound, a mammography scan and nuclear medicine facilities.

Sterile Supply

Sterilising is carried out by dry heat and by steam autoclave. Autoclaves are sited in Sterile Services and the Operating Theatres.

Central Hawke's Bay Health Centre

Communications

External Numbers

Telephone	06 858-9090
Facsimile	06 858-7200

Radio

There is a St John Radio terminal in the Acute Ward.

Alerting Protocols

External	By ambulance or telephone
Internal	By 7777 or fire alarm

Functions

Normal operating capacity

9 beds

Specialist services offered

- Sub Acute Medical Services
- Radiology
- Physiotherapy
- Occupational Therapy
- Outpatient Clinics

Support Services

Kitchen

The food service is provided by an external contractor.

Medical Supplies

Wards have adequate basic medical supplies for 7 days consumption.

Pharmaceutical Supplies

The pharmacy has adequate stock for approximately 5-10 days at usual consumption rates.

Radiology

Basic services are provided

Wairoa Hospital

Communications

External Numbers

Telephone	06 838-7099
Facsimile	06 838-8451 or 06 838-6117

Radio

There is a St John Radio terminal in the Acute Ward.

Alerting Protocols

External	By ambulance or telephone
Internal	By fire alarm

Functions

Normal operating capacity

15 beds

Specialist services offered

- Medical Services
- Paediatric Services (limited)
- Maternity Services
- Radiology
- Laboratory
- Physiotherapy
- Occupational Therapy
- Outpatient Clinics

Support Services

Kitchen

Cooking is carried out by steam and electricity. On site food supplies can supply meals for 2-3 days at normal consumption rates.

Laboratory

Full laboratory services are provided with limited blood bank facilities available.

Medical Supplies

Wards have adequate basic medical supplies for 7 days consumption.

Pharmaceutical Supplies

The pharmacy has adequate stock for approximately 5-10 days at usual consumption rates.

Radiology

Basic services are provided.

Royston Private Hospital

The hospital is situated at 500 Southland Road, Hastings.

Telephone	873-1111
Facsimile	873-1112

Contact person is the senior nurse on duty.

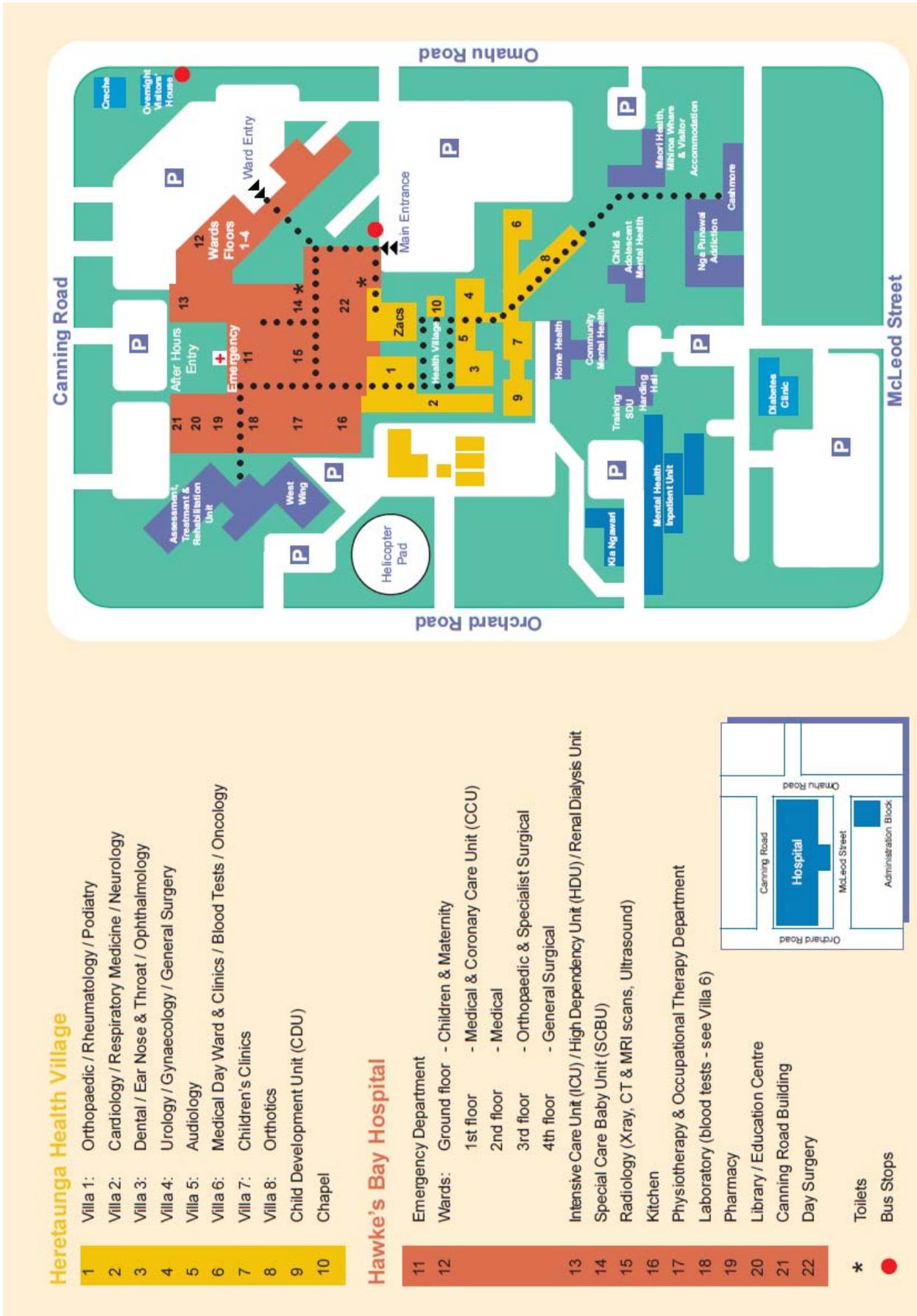
The hospital has three theatres, an endoscopy room, eight recovery beds and 32 beds (including two bed high dependency unit).

The hospital has:

- an autoclave
- laundry facilities
- radiology services
- laboratory services
- a diesel powered electric generator
- minimal water storage facilities (1,350 litres in two tanks)

APPENDIX 3 – FACILITY SITE MAPS

Hawke's Bay Hospital Site



Central Hawke's Bay Health Centre

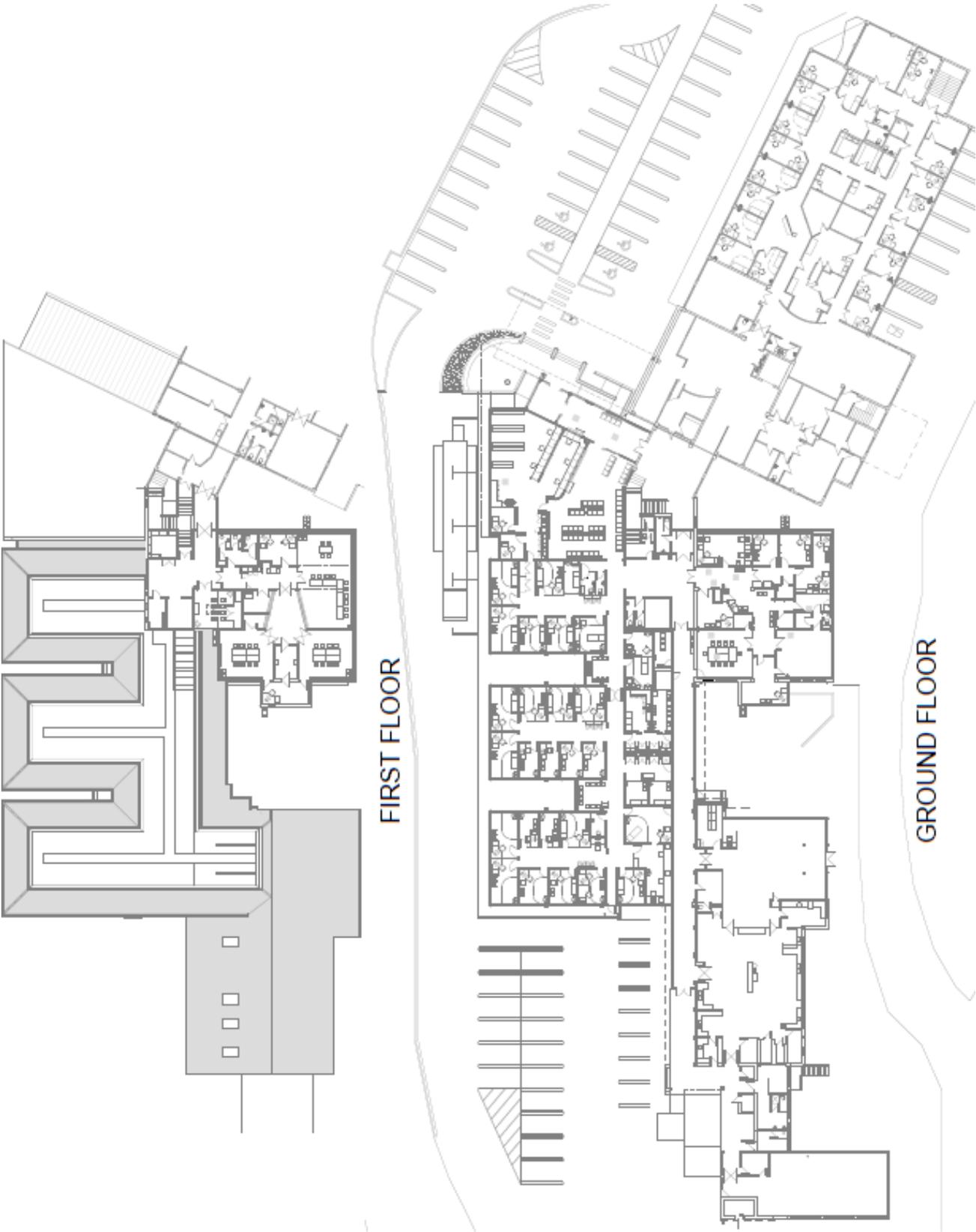


KEY TO MAP

- | | | |
|---------------------------|--------------------------------|------------------------------|
| 1. Ward | 7. General Practitioners Rooms | 12. Staff Cafeteria |
| 3. Resuscitation Room | 8. Ambulance Bay | 13. Kitchen |
| 4. Laboratory | 9. Manager's Office | 14. In/Out Goods |
| 5. Radiology | 10. Health Records | 15. Community Health |
| 6. Out Patient Department | 11. Reception | 16. Physiotherapy Department |



Wairoa Hospital and Health Centre



Napier Health Centre



APPENDIX 4 – EOC ROLE DESCRIPTIONS

HEALTH INCIDENT CONTROLLER

Primary Responsibilities

- Assume command and control of organisation
- Assess the situation
- Establish the EOC
- Appoint, brief and task staff
- Consider appointment of deputy
- Liaise with CDEM to develop an overall picture of the impact of the disaster on the community at large
- Initiate incident action planning cycle with Planning and Intelligence Manager
- Approve the IAP
- Plan future staff requirements and changeovers
- Conduct briefings of IMT
- Manage the IMT
- Prioritise and delegate work as necessary
- Anticipate future demands on team and plan accordingly
- Maintain oversight of progress and problems
- Make decision to relocate facilities if necessary
- Report/liaise with lead and support agencies
- Attend meetings with Incident Controller of Lead Agency
- Brief the CDEM Group Controller on the state of health using hourly reports from the Operations Manager
- Brief the Ministry of Health on the status of the region and liaise re additional services as necessary
- Ensure coordination of media/public information
- Record decisions, actions and other activities
- Debrief following the incident

CLINICAL / TECHNICAL ADVISORY GROUP

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Analyse situation reports
- Participate in IMT meetings providing clinical/technical/emergency response input

PLANNING AND INTELLIGENCE MANAGER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Establish the Planning and Intelligence Section, its facilities and resources
- Appoint, brief and task the Situation Unit Coordinator
- Determine information needs and establish information collection activities to be carried out by the Situation Unit and reporting schedules
- Determine timing of and conduct planning meetings for Incident Controller, Section Managers and the Situation Unit Coordinator
- Manage the analysis and dissemination of situation information about the incident
- Coordinate the development of response goals, objectives and strategies
- Observe deadlines and critical information needs

- Provide periodic forecasting on incident potential to the Incident Controller, likely consequences, risks, issues and decisions required
- Provide advice on alternative strategies to the Incident Controller
- Supervise the preparation of the IAP
- Liaise with clinical / technical experts as required
- Overview incident / resource status and report any significant changes to the Incident Controller and Section Managers
- Plan changeovers
- Implement the demobilisation plan
- Record decisions, actions and other activities on section log

RECOVERY MANAGER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Ensure an understanding of the Incident Controller's concerns and intentions for the continued response
- Appoint, brief and task the team, its facilities and resources
- Determine information needs and establish information collection activities and reporting schedules in collaboration with the Situation Unit
- Determine and prioritise major areas of recovery and assess actual and potential impact
- Establish time frames for activities and resources required
- Consider the need to manage public expectations
- Review recovery with consideration to:
 - Surge capacity
 - Staff relief
 - Non deferrable elective surgery
 - Deferred clinics and other activities
 - Facility building warrant of fitness
 - Other factors which may influence the response
- Develop recovery plan in support of the IAP
- Provide Situation Reports to the Incident Controller
- Report significant events to the Incident Controller
- Provide communications updates to all stakeholders via the Communications Officer
- Liaise with CDEM Group Recovery Manager
- Plan changeovers
- Implement the demobilisation plan
- Record decisions, actions and other activities on section log

OPERATIONS MANAGER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Establish the Operations Section, its facilities and resources
- Appoint, brief and task unit coordinators
- Maintain, coordinate and evaluate activities of the Operations Section
- Preparation a detailed operations plan with unit coordinators
- Participate in regular meetings with the Planning and Intelligence and Logistics Managers to ensure coordination of planning and response
- Maintain communications board – information divided into operational matters, status reports and community
- Complete Situation Reports hourly for the first 8 hours and 4 hourly thereafter

- Provide situation reports to the Incident Controller
- Report significant events to the Incident Controller
- Responsible for safety and welfare of personnel
- Ensure completion of resource requirement analysis and forward to Logistics Manager
- Initiate recommendations for the release of resources
- Record decisions, actions and other activities on section log

LOGISTICS MANAGER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Establish the logistics section, its facilities and resources
- Determine requirements for supporting units, appoint, brief and task unit coordinators
- Conduct planning meetings with unit coordinators
- Identify current status of key resources and estimate future service and support requirements
- Ensure damage assessment is conducted through the appointed Damage Assessment Coordinator
- Process requests for additional resources
- Advise operations section and resources unit of resource availability
- Track costs and offer incident financial advice
- Input to planning section for IAP
- Review and input to the communications plan
- Oversee the demobilisation of logistics section
- Record decisions, actions and other activities on section log

COMMUNICATIONS OFFICER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Establish a point of contact and media centre
- Compile general information regarding the incident cause, size, current situation, resources, losses, assets threatened and other matters of general interest
- Clarify, and confirm information
- Identify stories of interest to the media
- Create relevant media releases on an hourly basis for the first 8 hours and 4 hourly thereafter, information to contain casualty numbers, fatality numbers, damage to facilities, ability to provide health services and any other relevant information
- Prepare standard response to telephone enquiries from the public
- Manage public information line
- Identify potential issues / manage proactively
- Disseminate Situation Reports and IAP at least on a two hourly basis to:
 - Emergency Medical Units
 - Hawke's Bay Hospital Emergency Department
 - PHU
 - Health Centres
 - Royston Hospital
 - Triage Officers

this information to include the impact of the disaster on the community, assistance or resources available, action taken on requests and any other relevant information from Civil Defence Emergency Management.

- Prepare staff updates
- Activate interagency media response to ensure consistent messages to the media
- Arrange for a spokesperson
- Monitor and record news reports (all media)
- Advise Incident Controller on media strategies
- Ensure all information releases are approved by the Incident Controller
- Facilitate release of information
- Record decisions, actions and other activities

LIAISON OFFICER

Primary Responsibilities

- Obtain briefing from the Incident Controller
- Establish role in EOC of lead agency
- Provide lead agency with situation reports from the DHB
- Advise lead agency on health-related issues
- Brief Incident Controller on situation / issues / actions taken
- Identify existing or potential interagency problems
- Provide a point of contact for agencies not directly involved
- Keep IMT informed of pertinent liaison issues
- Record decisions, actions and other activities

CASUALTY MOVEMENT CONTROLLER

Responsible to the Front Line Services Unit in the Operations Section at the EOC at HBH.

- To contact other DHB's to obtain a picture of bed availability and ability to assist as necessary.
- To collect information from HBH and Royston Hospitals, Napier's temporary hospital and Wairoa and CHB Health Centres regarding casualty numbers, fatalities, bed status and damage assessment.
- To make all decisions regarding casualty movement in consultation with Ambulance Service personnel on site.

Essentially this role is one of co-ordination of casualty movement across the district.

MOBILE MEDICAL TEAM

The Mobile Medical Team (MMT) role:

To provide expertise where a patient may need to be anaesthetised and/or resuscitated to allow a surgical procedure or transport to a significant functional surgical facility.

The MMT can be activated by either:

- The Ambulance Service
- Emergency Response Advisor
- Incident Controller (as part of a mass casualty incident or disaster)

Actions

1. Assemble staff

- Discuss requirements with Intensivist on-call at HBH
- Brief staff on the incident
- Ensure staff are appropriately dressed:
 - Theatre scrubs with theatre jackets and fully enclosed shoes

2. Assemble equipment

- Held in the Intensive Care Unit at HBH

3. Establish how the team will be getting to the scene

- Contact the Ambulance Service and establish how the MMT will be getting to the incident
- During a mass casualty incident the Front Line Services Unit will ensure coordination of transport arrangements

At the Scene

Liase with the medical or ambulance staff caring for the patient

- At the scene liaise with the staff in charge of the patient
- Provide medical assistance as appropriate

Post event

- Ensure equipment is restocked (anaesthetic technician responsibility)
- Organise a debrief for all staff involved in the incident
- Prepare a report of the event

APPENDIX 5 – NAPIER’S TEMPORARY HOSPITAL STANDARD OPERATING PROCEDURES

RESPONSE

All off duty staff will ensure the safety of their families and properties and then report to the temporary hospital site.

This will be located at The Doctors, Greenmeadows. The facility will comprise of the following:

- The Doctors, Greenmeadows Practice
- Parkside Lodge
- HB Radiology
- Radius Pharmacy Greenmeadows
- Salvation Army Citadel

CONTROL CENTRE

A Control Centre will be established in the administration offices, the resources necessary are available on site. This centre will be staffed by the senior administration personnel who are able to attend the facility. Information from all areas of the facility should be relayed to this centre which is responsible for liaising with the EOC at HBH.

This centre will be staffed by individuals acting in the following roles:

Co-ordinator

Responsible for the overall running of the Control Centre, i.e. the facility response, and for liaison with the In-patient Unit at HBDHB’s EOC. She/he must complete a Hospital Status Report on an hourly basis for the first eight hours and four hourly thereafter. Reports to be sent to the HBDHB EOC. Responsible for co-ordinating and actioning all supply requests.

Information Co-ordinator

Responsible for the receipt of all incoming information and the distribution of outgoing instructions and information. Casualty and Incident Logs, Disaster Reconciliation Forms, Major Incident Enquiry Forms and Damage Assessment Forms will be received by this individual. Logs to be used for Status Reports, Reconciliation/Enquiry Forms to be dispatched to the Mental Health Team and Damage Assessment Forms to be used to assess maintenance need. All information requests to be processed and actioned by the Information Co-ordinator.

Resource Co-ordinator

Responsible for:

- Co-ordinating staff and volunteers.
- Liaison with members of the public and involved community agencies.
- Dispatching of casualties with minor injuries to the nearest Emergency Medical Unit.
- Arranging transfers of patients to other facilities.

SERVICES

All services are expected to operate within their particular designated area, co-ordinating all efforts with the Control Centre. A Damage Assessment Form should be completed for each area and returned to the Control Centre as soon as possible after the event.

TRIAGE

Triage is a process designed to assess and prioritize patients who are then dispersed to appropriate areas for treatment.

Triage will be carried out in the waiting room of the practice by the most senior medical officer present.

All casualties will have Red Bracelets attached as an initial means of identification and will be triaged into the following categories:

Status 1	critical injuries (unstable / receiving CPR)
Status 2	serious injuries (unstable)
Status 3	moderate injuries (stable)
Status 4	minor injuries (no concern / stable)
Status 0	fatal / NFR

A Triage Nurse will accompany the Triage Officer to apply Red Bracelet identification and document orders.

A clerk will be situated in the Triage Area to document casualty destination.

CASUALTY FLOW

Status 1 and 2	treatment area
Status 3	Parkside Lodge
Status 4	refer to nearest Emergency Medical Unit, Waiting Room, for holding, prior to transport to EMU
Status 0	palliative care - Parkside Lodge deceased - Temporary Mortuary

PATIENT CARE AREAS

Staff will ensure areas are fully prepared to receive casualties with particular attention being paid to:

- Oxygen and suction equipment
- IV equipment
- Adequate analgesia
- Dressing and suturing equipment
- Adequate linen

All requests for additional staff and/or resources should be referred to the Control Centre.

Stable casualties once assessed and treated may be moved to the facility's holding area, i.e. Salvation Army Citadel.

RESOURCES

This appendix details a list of supplies to be sent to the hospital within the first four hours.

All requests for additional resources should be made by the Co-ordinator to the In-patient Unit at the EOC based at HBH.

A mini van will be provided from the EOC to transport Status 4 casualties to the nearest EMU.

A cool storage container will be provided to house deceased casualties, this will be placed on the lawn at Anderson Park, this will be actioned by the EOC.

MEDICAL INFORMATION

Clerical staff are responsible for completing Casualty Logs, detailing Red Bracelet numbers and whereabouts, and for admitting casualties to the facility using Disaster Reconciliation Forms.

SECURITY

Security may well become a problem during a large event. Normal systems should be utilized where possible with assistance available via the HBDHB EOC as necessary.

MENTAL HEALTH RESPONSE

Requests for mental health support for casualties, their families and staff should be made to the Mental Health Unit at the HBDHB EOC.

MEDIA

Media enquiries should be referred to the Control Centre in the first instance with media releases being co-ordinated by the EOC.

SALVATION ARMY CITADEL

This facility may be accessed to provide:

- a holding facility for stable casualties
- an area for support of relatives

RESOURCES

Drugs

Adrenaline 1:1000	25 boxes x 5
Amoxicillin 1gm	10 boxes x 5
Atropine 600mcg	1 box x 50
Augmentin	1.2gm IV 30 boxes x 10, 500mg x 20 PO 10 boxes, syrup 250mg/5mL 5 bottles x 100mL
Buscopan 20mg	2 boxes x 5
Cefazolin 1gm	5 boxes x 5
Ceftriaxone 1gm	140 vials
Cefuroxime 750mg	200 vials
Ciprofloxacin 200mg	2 boxes x 10
Clindamycin 600mg	2 boxes x 10
Codeine 30mg	2 boxes x 100
Cyclizine 50mg	5 boxes x 5
Dexamethasone 8mg	2 boxes x 5
Diazepam 10mg	4 boxes x 5
Diclofenac 50mg	15 boxes x 30
Erythromycin 1gm	20 vials
Fentanyl 100mcg	10 boxes x 10
Flucloxacillin	40 boxes x 5 1gm IV, 2 bottles x 500 500mg PO, 2 bottles syrup 250mg/5mL
Frusemide 20mg	5 boxes x 50
Gentamicin 80mg	35 boxes x 10
Glucose 50% 10mL	5 boxes x 5
Lignocaine 1%	3 boxes x 50
Marcaïn 0.25% / Adrenaline	2 boxes x 5
Marcaïn 0.5% 20mL	2 boxes x 5
Marcaïn 0.5% 10mL	5 boxes x 5
Meropenem 1gm	5 boxes x 10
Metoclopramide 10mg	50 boxes x 10
Metronidazole 500mg	2 boxes x 50 IV
Midazolam 5mg	2 boxes x 10
Morphine 10mg	120 boxes x 5
Naloxone 0.4mg	2 boxes x 5
Paracetamol 500mg PO	66 boxes x 150
Paracetamol 250mg/5mL	12 bottles syrup x 500mL
Paracetamol 1gm IV	6 boxes x 12

Parecoxib 40mg	5 boxes x 5
Pethidine 100mg	10 boxes x 5
Primaxin 500mg	5 vials
Prochlorperazine 12.5mg	1 box x 10
Rocuronium 50mg	2 boxes x 12
Suxamethonium 100mg	2 boxes x 50
Tetanus Vaccine ADT	20 vials
Tramadol 100mg	50 boxes x 5

Supplies

Air Inlets:	25
Airways - Guedal:	size 1 - 5; size 2 - 20; size 3 - 20
Aprons - Disposable:	5 packets x 25
Arm Slings – Triangular:	50
Bandages - Crepe:	5 cm - 30; 7.5 cm - 60; 10 cm - 80; 15 cm –60
Bandages – Gauze Conforming:	10cm – 3 packets x 12
Biohazard Bags:	30 packets x 50
Blood Culture Bottles:	paediatric 70 bottles; anaerobic and aerobic 130 bottles each
Blood Gas Syringes:	120
Blood Pump Sets:	10
Blood Sets:	60
Blood Transfer Device:	40
Blood Tubes:	red – 8 boxes; lavender 4mL 30 boxes; lavender 7mL 4 boxes; green 30 boxes
Buretrol P/C Set:	200
Burns Sheets:	90x66cm - 6; 180x133cm - 3
Catheter – Suprapubic Bonanno:	14g – 3
Catheters – Urinary	12 Fr – 10, 14 Fr – 10, 16 Fr - 10
Catheterization Trays:	100
Cervical Collars:	hard – select 15
Chest Trochars:	FR28 - 5; FR32 – 5
Chlorhexidine + Cetrимide:	5 boxes x 15
Combine Dressings:	20x9cm – 4 boxes x 150
Cotton Wool Swabs:	4 bags x 350
Cup Measure:	disposable, 200mL - 8 tubes
Cutecerin Dressing:	3x3 – 15
CVL Sets 3 Lumen:	7 Fr - 6
Drainage Set Pleural – Atrium:	10
Dressing Packs:	1000
Dressing Strip Elastoplast:	10 packets
Dressing – PICC:	5 packets
Dressing – Melolin:	5x5 cm and 10x10 cm – 3 packets x 100
Dressing – Opsite Spray:	1
Dressing – Primapore:	12 x 8.25 cm – 2 packets; 18 x 8.25 cm – 3 packets
Dressing – Tegaderm:	7 x 8.5 IV – 5 boxes
ECG Monitoring Electrodes:	10 packets x 50
Endotracheal Tubes:	size 7 - 5; 7.5 - 20; 8 - 5; 8.5 - 10
Eye Pads:	2 packets x 125
Gamgee Roll:	500gm - 1
Gauze Swabs:	7.5x7.5cm – 55 packs
Gauze Swabs:	xray thread, 10x10cm - 200 packets x 5
Gloves Sterile:	size 6.5 - 1 box; 7 - 2 boxes; 7.5 – 3 boxes; 8 - 1 box
Gloves Non Sterile:	small - 20 boxes; medium – 70 boxes; large - 25 boxes
Injection Prep Swabs:	40 boxes
Injection Site Clearlink:	700
IV Cannula:	14 gauge - 20; 16 gauge - 50; 18 gauge – 90; 20 gauge - 200; 22 gauge - 150; 24 gauge – 70
IV Safety Cannula:	18 gauge – 30; 20 gauge – 30

IV Pressure Pads:	50 boxes x 100
IV Fluids	- gelofusine: 500mL – 10 boxes x 10
	- dextrose/saline: 1 litre – 9 boxes x 12
	- sodium chloride: 1 litre – 42 boxes x 12
	- hartmanns: 1 litre – 25 boxes x 12
IV Set – Basic:	250
Jelonet:	5x5cm - 3 packets x 50; 10x10cm - 3 packets x 50
Knee Immobiliser Splints:	medium – 2; large - 3
Lubricating Jelly:	sachet – 3 boxes x 150; tube - 30
Masks – Surgical Duckbill:	15 boxes
Nasal Cannula:	120
Needles:	18 gauge – 7 boxes; 20 gauge – 9 boxes; 21 gauge – 1 box; 22 gauge – 12 boxes; 24 gauge – 1 box; 25 gauge – 3 boxes
Needles – Spinal:	22 gauge – 5
Needles – Vacutainer:	21 gauge – 20 boxes; 22 gauge – 20 boxes
Oxygen Connecting Tubing:	200
Oxygen Masks:	adult - 200, paediatric – 10, high concentration - 25
Patient Property Bags:	4 packets x 25
POP Bandages:	50mm - 1 box; 100mm - 2 boxes
POP Slab:	100mm - 1 box; 150mm - 2 boxes
Positive Pressure Access Site:	50
Protective Goggles	25
Razors:	disposable – 1 box x 48
Saline:	10mL – 50 boxes x 50
Scalp Vein Sets	23g – 10, 25g – 10
Scapel Blades:	#15 - 2 boxes; #22 - 1 box
Sharps Boxes:	23 litre – 10
Skin Cleanser – Microshield:	1500mL – 150 bottles
Skin Closures:	3 x 75mm - 2 boxes; 6 x 75mm - 2 boxes
Skin Traction Sets:	adult - 2; child – 2
Soffban:	10 cm – 5 packets x 12; 15 cm – 2 packets x 12
Solu IV Swabsticks:	10 packets x 50
Sterile Water for Injection:	10mL - 40 boxes x 50
Stitch Cutters:	1 packet x 100
Stockinette:	2,3,4,6 inch - 1 box of each
Suction Catheters:	FG12 - 40; FG14 - 350
Suction Handles – Yankeur:	100
Survival Blankets	50
Sutures:	ethilon 3/0, 4/0, 5/0, 6/0 - 5 boxes of each prolene 4/0 - 2 boxes silk 2/0, 3/0 - 3 boxes of each vicryl 3/0 - 4 boxes vicryl 4/0 - 3 boxes of each dermabond - 2 boxes
Swabs – Lap Sterile Taped:	30x30cm – 120 packets x 5
Syringes:	3mL - 5 boxes; 5mL - 15 boxes; 10mL - 20 boxes; 20mL - 10 boxes 30 and 50mL (lock and slip) - 5 boxes of each TB 1cc - 1 box insulin U100 1cc - 1 box
Tape – Leukoplast:	12 mm – 6
Tape – Micropore:	12 mm – 260; 25 mm – 400
Tape – Plastic Sleek:	50 mm – 12
Tourniquet	25 – 5 boxes x 25
Tubular Gauze:	size 01 - 1 box
Urine Drainage Bags:	hourly measure - 20, collecting bags 2L - 320
Urine Specimen Containers:	600
Vial Access Cannula:	600
Vomit Bowls:	30 tubes

Water for Irrigation:
Y Connector:

5 boxes x 10
8-11mm - 3

APPENDIX 6 - EMERGENCY MEDICAL UNIT STANDARD OPERATING PROCEDURES

DEFINITION

An EMU is a Medical Unit which is staffed by a team of doctors, nurses, managers, administration staff and trained volunteers who can give emergency medical care, and any other support staff who may be required. These units are designed and supplied by HBDHB. CDEM is responsible for logistical support.

FUNCTIONS

The principle functions of an EMU are to:

- (a) TRIAGE casualties.
- (b) Provide initial treatment for major and minor conditions.
- (c) Continue treatment as required giving consideration to the possibility of extended involvement due to disrupted hospital and other specialist services.
- (d) Provide palliative treatment for unsalvageable cases.
- (e) Act as an intermediary between casualties and hospitals to ensure specialist staff and facilities are used to the best advantage. The EMU is the first entry point of the HBDHB evacuation chain.

Based upon the current population figures and using the 1931 HB earthquake as a loose calculation base, each EMU will need to manage for 100 dead and 250 casualties.

SPECIFIC EMU AREAS

The specific areas required for the efficient functioning of the EMU and which must be available at the nominated site are:

- (a) Reception and Triage Area
- (b) Major Injury Resuscitation Area
- (c) Minor Treatment Area
- (d) Casualty Holding Area
- (e) Not For Resuscitation (NFR) Casualty Area
- (f) Temporary Mortuary

EMU STAFF

The EMU would, ideally, be staffed by the appointments listed. However, if for any reason the non medical personnel are not available, then the persons in appropriate staff positions within the nearest local CDEM EOC should be approached with a request for assistance.

The following list shows the staff required for each area of concern within the EMU and indicates the agency which is responsible for nominating personnel to fill the positions. The list comprises:

Appointment

EMU Control Officer
Medical Supervisor
Triage Assessor

Source

Manager of Medical Practice
Independent Medical Practitioner
Independent Medical Practitioner

Major Injury Resuscitation Team:

- (a) Doctor Independent Medical Practitioner
- (b) Nurse Practice Nurse
- (c) First Aider The Order of St John

Minor Treatment Team:

- (a) Nurse Practice Nurse
- (b) First Aider The Order of St John
- (c) Non Medical Assistant Public Assistance

Casualty Holding Area Team:

- (a) Doctor Independent Medical Practitioner
- (b) Up to 20 nurses Practice Nurses, Public and District Nursing Services
- (c) Up to 20 First Aiders The Order of St. John
- (d) Orderlies as required Public Assistance
- Ward Orderlies for the NFR Area Public Assistance
- Mortuary Attendants NZ Police

Because the EMU is only likely to be established during a declared Civil Defence Emergency, the Co-ordinating Agency will be the Civil Defence Organization. Any planning and training which is required for the effectiveness and efficiency of the EMU will be co-ordinated by HBDHB with assistance from CDEM.

ACTIVATION

The EMU is developed primarily to respond to an emergency of some magnitude, HBDHB will activate the EMU's.

Should a major earthquake occur, with obvious attendant damage, then individuals should make every attempt to determine the necessity of establishing the EMU. CDEM will ensure the necessary information is broadcast via commercial radio using prepared statements issued by HBDHB and held and co-ordinated by Regional CDEM.

RESPONSE

On receipt of a directive from HBDHB or the controlling CDEM EOC, responsible agencies are to ensure that their representatives are advised of the requirement to attend the EMU. Job descriptions for the individuals involved are listed in Appendix Nine.

Individual preferences will determine the nature of medical kits which would be brought to the EMU, in the first instance, by the Independent Medical Practitioners. However, attention should be given to the inclusion of suitable supplies to cover:

- (a) Airway establishment and maintenance
- (b) Treatment of shock
- (c) Control of haemorrhage
- (d) Relief of pain
- (e) Dressing of wounds
- (f) Immobilization of fractures
- (g) Control of infection

SUPPLY OF MEDICAL REQUIREMENTS

The main source of medical supply during an emergency will be through the EOC direct. The Front Line Services Unit will ensure requests for supplies are effected as indicated in this plan. Lists of supplies required within the first 24 hours are held by HBDHB. In the event that time is critical or supply cannot be met via normal channels, then the EMU Control Officer or the Medical Supervisor may requisition any necessary supplies from whatever source is available.

IDEAL SITE SPECIFICATIONS

The following specifications are based upon the maximum casualty figures which could result from a major earthquake in a built up area. Population figures are about 10,000 per EMU, each EMU could feasibly expect 250 casualties.

Triage

This action of sorting casualties in order of priority is an ongoing process. The most suitable area for patient reception and Triage would be no less than 8 metres x 8 metres.

Major Injury Resuscitation Area

This activity would require a minimum of three screened treatment cubicles each being no less than 4 metres x 4 metres plus manoeuvring space, resulting in an area no less than 12 metres x 8 metres.

Minor Treatment Area

The size of this area will depend upon staff availability, casualty numbers and space. Ideally four cubicles with a chair and small table each would suit. The area required for each cubicle would be 2 metres x 2 metres with a 6 metre x 4 metre waiting area and a 1 metre wide passage way. Total area = 54 sq metres.

Casualty Holding Area

Allowing 8.75 sq metres per bed and multiplying that by the number of likely casualties (250), each EMU will require a Casualty Holding area of about 1000 sq metres ideally. This area should include access to the Triage, Major Injury Resuscitation, NFR and Temporary Mortuary areas.

Not For Resuscitation Casualty Area

Assessed at Triage or the Major Injury Resuscitation area, casualties moved to this area should be supervised by orderlies and would need to be of about 75 sq metres.

Temporary Mortuary

In the absence of any suitable area, a transportable shipping container is a suitable alternative.

JOB DESCRIPTIONS

EMU CONTROL OFFICER

The EMU Control Officer is responsible for the overall efficiency of the EMU. He/she is to ensure:

- (a) The completion of an EMU Status Report on a two hourly basis. Report to be sent to the HBDHB EOC.
- (b) Adequate EMU staff are available, if not, the HIC is to be contacted and advised.
- (c) In consultation with the Medical Supervisor, implement workable duty rosters for the EMU staff.
- (d) Liaison with the Local CDEM EOC is effected to ensure adequate rationing, accommodation, communications, transport etc requirements are established and available.

MEDICAL SUPERVISOR

The Medical Supervisor is responsible for supervising the overall medical and nursing activities of the EMU. He/she is to:

- (a) Liaise with the EMU Control Officer for the acquisition of medical supplies and equipment which are required.
- (b) Assess the medical staffs' capabilities and, with the EMU Control Officer compile a suitable duty roster, initially for 48 hours.
- (c) Adjust resources to cover any shortfalls or bottlenecks.
- (d) Be prepared to act in any medical capacity in the EMU should the need arise.

TRIAGE ASSESSOR

It is preferable that the Triage Assessor has had some experience in this field, but not mandatory, provided adequate guidelines are available. Casualties arriving at the EMU may have already been assessed but the Triage Assessor must be prepared to re-evaluate all casualties on arrival at the EMU. The Triage Assessor's main tasks are:

- (a) To assess and evaluate each casualty as he/she arrives at the EMU and to code as follows:
 - (1) Status 1 Critically injured casualty, possibly under full resuscitation, needing assessment as to viability and possible transfer to hospital.
 - (2) Status 2 Seriously injured casualty needing life sustaining treatment, needs evacuating to hospital.
 - (3) Status 3 Moderately injured casualty who requires treatment and observation at the EMU and possible transfer to hospital.
 - (4) Status 4 Casualties with minor injuries who can be treated at the EMU and discharged.
 - (5) Status 0 Casualties with severe injuries with little or no hope of survival. Non Survivable or NFR casualties.
- (b) To ensure assessed casualties do not remain in the Triage Area but are moved to treatment as rapidly as possible.

Note: The Triage Assessor must not become over involved in casualty treatment.

DOCTOR I/C MAJOR INJURY RESUSCITATION TEAM

The Medical Supervisor will determine the number of staff required for this function based upon advice from the Doctor I/C. The function of the Major Injury Resuscitation Team is to:

- (a) Assess the casualty and either:
 - (1) Treat if within capacity of the EMU.
 - (2) Refer to specialist if practicable. If no specialist is available to the EMU, the Doctor I/C must make a stand alone decision as to treatment.
 - (3) Classify NFR.
- (b) Ensure any documentation is completed and passed to the Medical Supervisor at the conclusion of each shift.
- (c) Ensure team staff members are adequate and personnel are properly supervised.

DOCTOR I/C CASUALTY HOLDING AREA

This is the area in which all casualties, both before and after treatment, are housed. The main function within this ward is to monitor the casualties at all times to determine:

- (a) If further treatment is required and from where.
- (b) If a casualty should be reclassified, i.e. NFR or discharged.
- (c) When and if movement elsewhere is required.

Note: A higher level of casualty documentation is required in this area than in any other section of the EMU. Should the need arise, extra clerical staff may be requested through the Medical Supervisor.

MINOR TREATMENT - NFR - MORTUARY

The activities in these areas require little or no expansion upon information already covered in this document. However, major points are:

- (a) Careful monitoring of all casualties must be ongoing to avoid incorrect category assessments.
- (b) Although casualties have been moved to the NFR area this does not mean that they are already dead.
- (c) The NZ Police are responsible for the dead housed within the temporary mortuary.

RESOURCES

This list of supplies will be sent to the EMU within the first four hours of the event.

Drugs

Adrenaline 1:1000	1 box x 5
Amoxicillin 1gm	1 box x 5
Augmentin	1.2gm IV 4 boxes x 10, 500mg PO 5 boxes x 20, syrup 250mg/5mL 2 bottles
Cefuroxime 750mg	25 vials
Codeine 30mg	1 box x 100
Diclofenac 50mg	2 boxes x 30
Flucloxacillin	1gm IV 5 boxes x 5, 500mg PO 2 bottles x 500, 250mg/5mL 2 bottles x 100mL
Lignocaine 1%	1 box x 50
Marcaïn 0.25% / Adrenaline	1 box x 5
Marcaïn 0.5% 10mL	1 box x 5
Metoclopramide 10mg	5 boxes x 10
Morphine 10mg	10 boxes x 5
Naloxone 0.4mg	1 box x 5
Paracetamol 500mg PO	8 boxes x 150
Paracetamol 250mg/5mL	2 bottles syrup x 500mL
Paracetamol 1gm IV	1 box x 12
Parecoxib 40mg	1 box x 5
Pethidine 100mg	5 boxes x 5
Prochlorperazine 12.5mg	1 box x 10

Supplies

Air Inlets:	5
Airways - Guedal:	size 1 - 2; size 2 - 5; size 3 - 5
Aprons – Disposable:	3 packets x 25
Arm Slings – Triangular:	50
Bandages – Crepe:	5 cm – 25; 7.5 cm – 50; 10 cm – 50; 15 cm – 50
Bandages – Gauze Conforming:	10cm – 2 packets x 12
Biohazard Bags:	5 packets

Blood Sets:	5
Blood Transfer Device:	10
Burette P/C Sets:	25
Burns Sheets:	90x66cm - 5; 180x133cm - 2
Combine Dressings:	20x9cm – 2 boxes x 150
Cotton Wool Swabs:	1 bag x 350
Cup Measure:	disposable, 200mL - 1 tube
Cutecerin:	3x3 - 15
Dressing Packs:	250
Dressing Strip Elastoplast:	6cm – 5 packets
Dressing – Melolin:	5x5 cm and 10x10 cm – 2 packets x 100
Dressing – Primapore:	12x8.25 – 3 packets; 18x8.25 – 2 packets
Dressing – Tegaderm:	7x8.5 IV – 1 box
Eye Pads:	1 packet x 125
Gauze Swabs:	7.5x7.5cm – 2 packs
Gloves Sterile:	size 6.5 – 1 box; 7 – 3 boxes; 7.5 - 3 boxes; 8 – 2 boxes
Gloves Non Sterile:	small – 5 boxes; medium – 10 boxes; large – 5 boxes
Injection Prep Swabs:	2 boxes
Injection Site Clearlink:	50
IV Cannula:	14 gauge – 5; 16 gauge – 10; 18 gauge – 10; 20 gauge – 25; 22 gauge – 25
IV Safety Cannula:	18 gauge – 10; 20 gauge – 10
IV Pressure Pads:	5 boxes
IV Fluids	- gelofusine 500mL - 20
	- dextrose/saline: 1 litre – 1 box x 12
	- sodium chloride: 1 litre – 4 boxes x 12
	- hartmanns: 1 litre – 2 boxes x 12
IV Set – Basic:	10
Jelonet:	5x5cm - 2 packets x 50; 10x10cm - 2 packets x 50
Lubricating Jelly:	tube - 2
Masks – Surgical Duckbill:	1 box
Nasal Cannula:	10
Needles:	21 gauge – 1 box; 22 gauge – 2 boxes; 25 gauge – 1 box
Needles – Vacutainer:	21 gauge – 2 boxes; 22 gauge – 2 boxes
Oxygen Connecting Tubing:	25
Oxygen Masks:	adult - 25, paediatric – 5; high concentration - 5
Patient Property Bags:	2 packets x 25
POP Slab:	100mm - 1 box; 150mm - 1 box
Protective Goggles	5
Saline:	10mL – 5 boxes x 50
Sharps Boxes:	23 litre – 2
Skin Cleaner – Microshield:	1500mL – 10 bottles
Skin Closures:	3 x 75mm - 1 box; 6 x 75mm - 1 box
Soffban:	10 cm – 1 packet x 12; 15 cm – 1 packet x 12
Sterile Water for Injection:	10mL - 5 boxes x 50
Suction Handles – Yankeur:	10
Survival Blankets	10
Sutures:	ethilon 3/0, 4/0, 5/0 - 1 box of each vicryl 3/0 - 1 box
Syringes:	3mL - 2 boxes; 5mL - 2 boxes; 10mL - 2 boxes; 20mL - 1 box
Tape – Leukoplast:	12mm – 5
Tape – Micropore:	12mm – 5; 25mm - 10
Tourniquet	25 – 1 box
Vial Access Cannula:	50
Vomit Bowls:	5 tubes

CONCLUSION

As has been mentioned, the EMU will only need to be established when normal medical facilities cannot cope or are unusable due to damage. This means that extremely primitive medical conditions, and the associated problems, can be expected. However, unless the emergency is of a national scale, the pressure should not be imposed for more than 48 hours. HBDHB is responsible for initiating transfer of patients out of the region as necessary. This will be carried out in co-operation with neighbouring DHB's. Sensible rostering of personnel and careful observation of behaviour patterns will do much to alleviate the strain of the onerous and emotionally disruptive task.

APPENDIX 7 - HB REGIONAL PRISON STANDARD OPERATING PROCEDURES

RESPONSE

The Nurse in Charge is responsible for setting up an EMU within the prison in either the Main Visits Remand or Unit 6 Programmes Room. This will be staffed by the nursing staff and the Medical Officer currently employed by the prison, in the first instance, with additional staff as necessary from Rimutaka, Wanganui and Manawatu Prisons. Initial medical supplies are located in Unit 6 Medical Unit and Main Medical with additional supplies and drugs as listed in this appendix to be supplied from HBDHB if required.

CASUALTY FLOW

Status 1 and 2	Main Visits Room or Programmes Room Unit 6
Status 3 and 4	Gym Main Prison
Status 0	Old Kitchen Unit 5

RESOURCES

Supplied by HBDHB on request to the EOC sited at HBH.

Drugs

Adrenaline 1:1000	1 box x 5
Augmentin	1.2gm IV 2 boxes x 10, 500mg PO 10 boxes x 20
Cefazolin 1gm	2 boxes x 5
Cefuroxime 750mg	20 vials
Codeine 30mg	2 boxes x 100
Diclofenac 50mg	5 boxes x 30 PO
Flucloxacillin	5 boxes x 5 1g IV, 2 bottles x 500 500mg PO
Lignocaine 1%	1 box x 50
Metoclopramide 10mg	5 boxes x 10
Morphine 10mg	20 boxes x 5
Naloxone 0.4mg	1 box x 5
Paracetamol 500mg PO	15 boxes x 150
Paracetamol 1gm IV	2 boxes x 12
Parecoxib 40mg	2 boxes x 5
Pethidine 100mg	20 boxes x 5
Prochlorperazine 12.5mg	1 box x 10
Tetanus Vaccine ADT	20 vials

Supplies

Air Inlets:	5
Airways - Guedal:	size 2 - 5; size 3 - 10
Aprons - Disposable:	5 packets
Arm Slings – Triangular:	50
Bandages - Crepe:	5cm - 10; 7.5cm - 25; 10cm - 50; 15cm - 25
Bandages – Gauze Conforming:	10cm – 5 packets x 12
Biohazard Bags:	1 packet x 50
Blood Sets:	5
Blood Transfer Device:	20
Blood Tubes:	red 1 box; lavender 4mL & 7mL 1 box; green 1 box
Buretrol P/C Sets:	20
Burns Sheets:	90x66cm - 5; 180x133cm - 2
Cervical Collars:	hard – select 3
Combine Dressings:	20x9cm – 2 boxes x 150
Cotton Wool Swabs:	1 bag x 350
Cutecerin:	3x3 – 15
Dressing Packs:	100

Dressing Strip Elastoplast:	3 packets
Dressing – Melolin:	5x5 cm and 10x10 cm – 2 packets x 100
Dressing – Opsite Spray:	1
Dressing – Primapore:	12 x 8.5 cm – 2 packets
Dressing – Tegaderm:	7 x 8.5 IV – 1 box x 100
Eye pads:	1 packet x 125
Gamgee Roll:	500gm - 2
Gauze Swabs:	7.5x7.5cm – 25 packs
Gloves Sterile:	size 6.5 – 1 box; 7 – 1 box; 7.5 – 1 box; 8 – 1 box
Gloves Non Sterile:	small – 2 boxes; medium 2 – boxes; large – 2 boxes
Injection Prep Swabs:	2 boxes
Injection Site Clearlink:	50
IV Cannula:	14 gauge - 10; 16 gauge - 10; 18 gauge – 10; 20 gauge – 25; 22 gauge – 10
IV Safety Cannula:	18 gauge – 20; 20 gauge – 20
IV Pressure Pads:	5 boxes
IV Fluids	- gelofusine: 500mL – 3 boxes x 10
	- dextrose/saline: 1 litre – 1 box x 12
	- sodium chloride: 1 litre – 2 boxes x 12
	- hartmanns: 1 litre – 2 boxes x 12
IV Set – Basic:	10
Jelonet:	5x5cm - 2 packets x 50; 10x10cm - 2 packets x 50
Masks – Surgical Duckbill:	1 box
Nasal Cannula:	25
Needles:	20 gauge - 1 box; 22 gauge - 2 boxes; 25 gauge - 2 boxes
Needles – Vacutainer:	21 gauge – 5 boxes; 22 gauge – 5 boxes
Oxygen Connecting Tubing:	25
Oxygen Masks:	adult – 25, high concentration - 5
Protective Goggles	5
Saline:	10mL – 1 box x 50
Sharps Boxes:	23 litre – 2
Skin Cleaner – Microshield:	1500mL – 25 bottles
Skin Closures:	3 x 75mm - 2 boxes; 6 x 75mm - 2 boxes
Sterile Water for Injection:	10mL - 1 box x 50
Suction Catheters:	FG12 - 5; FG14 - 5
Suction Handles – Yankeur:	5
Survival Blankets	25
Sutures:	ethilon 3/0, 4/0, 5/0, 6/0 - 1 box of each silk 3/0 - 1 box vicryl 3/0 - 2 boxes
Syringes:	3mL - 2 boxes; 5mL - 5 boxes; 10mL - 5 boxes; 20mL - 2 boxes
Tape – Leukoplast:	12mm – 5
Tape – Micropore:	12mm – 5; 25mm - 5
Tourniquet	25 – 1 box
Tubular Gauze:	size 01 - 1 box
Vial Access Cannula:	50
Vomit Bowls:	5 tubes

APPENDIX 8 - RESOURCES

FACILITIES

Napier:

Napier Health Centre
76 Wellesley Road
878 8109

Medlab
7/62 Munroe St
Munroe Court
835 8705

City Medical
Napier Health Centre
Wellesley Rd
835 4999

The Doctors Napier
30 Munroe St
835 4696

Radius Pharmacy Napier
32 Munroe St
834 0884

The Doctors Greenmeadows
524 Kennedy Rd
844 6277

Tamatea Medical Centre
18-20 Durham Ave
843 9048

Taradale Medical Centre
20 Puketapu Rd
844 6831

Hawkes Bay Radiology
522 Kennedy Road
845 3306

Hastings:

Cranford Hospice
cnr Knight and King Sts
878 7047

The Hastings Health Centre
101 Queen Street East
873 8999

Hawkes Bay Radiology
325 Prospect Rd
873 1166

Medlab
101 Queen Street East
878 8311

Royston Hospital
500 Southland Rd
873 1111

The Doctors Hastings
110 Russell St South
876 8445

Radius Pharmacy Hastings
110 Russell St South
878 8123

VEHICLES

Napier/Hastings:

Pool Cars	- 110
Management Cars	- 2
Community Health	- Toyota Hiace Van - Toyota Hilux Ute - Holden Rodeo Ute – Orderlies - Caravans x 7
Maintenance	- Nissan Navara Ute x 2 - Trailers x 2
Stores	- Hino Truck 3 seater - Nissan Forklift

Waipukurau:

Cars	- 7
Trade Vehicles	- Toyota Hilux Ute

Wairoa:

Cars	- 9
Trade Vehicles	- Toyota Hilux Ute

SUNDRY ITEMS

Trailer:

Fleet car park

Tractors x 1:

Fleet car park

Oxy-acetylene cutting equipment:

Plumbers workshop

Ladders - extension and trestle:

Mechanical workshop

Cut off grinder:

Mechanical workshop

Welding equipment:

Plumbers workshop

Chain block hoists:

Mechanical workshop

Pumps x 2 (submersible):

Plumbers workshop

APPENDIX 9 – FORMS

INCIDENT ACTION PLAN

HBDHB CIMS INCIDENT ACTION PLAN

INCIDENT NAME:	Situation Summary: <i>(Brief summary of what has/is happening and what is likely to happen in the future)</i>
ACTION PLAN ISSUED BY <i>(Section /Unit):</i>	
APPROVED BY <i>(Name):</i>	
DATE:	
TIME:	
PRIORITY <i>(high/medium/low):</i>	
EOC/ICP Location:	Incident Objective: <i>(What are we wanting to achieve)</i>
CONTACT DETAILS:	

<p>Plan of Action/Strategy: <i>(Brief summary of what we are doing and/or planning to do locally to achieve the objective)</i></p>	<p>Plan of Action/Detailed Tasks: <i>(Summary of what each operational and supporting unit is doing and/or planning to do)</i></p>	<p>Coordination Issues: Meetings/Briefings:</p> <p>Reports:</p> <p>Other:</p>
<p>Administration/Logistics: <i>(Summary of personnel/logistic/resource availability and supply issues)</i></p>	<p>Communications Plan: <i>(What internal/external messages are being/are to be communicated)</i></p>	<p>Command and Control: Key Appointments:</p> <p>Contact Details:</p> <p>Changeovers:</p>

SITUATION REPORT

Completion of underlined headings is mandatory – others are optional

		<h2>SITUATION REPORT</h2>
<u>Incident:</u>		Assessment <i>(note any critical issues and assumptions made. Attach map or drawing of incident):</i>
<u>Report No.:</u>		
<u>Date:</u> / / <i>(DD/MM/YY)</i>	<u>Time:</u> : : <i>(24hr)</i>	
Prepared by: <i>(Name/Title):</i>		
Incident Controller:		
Contact Details <i>(EOC or alternative):</i>		
Next Report Expected at: <i>(date/time):</i>		
Action Taken:		
Resources: <i>(in place):</i>		Resources: <i>(that may be required):</i>
Factors: <i>(weather and other factors or limitations should be noted):</i>		
Predicted incident development: <i>(note how this situation is anticipated to evolve, including patient numbers):</i>		
Planned Actions: <i>(How do you plan to respond to the predicted incident development)</i>		

To be completed per hospital / facility

Facility Name:		Report No.																																																																					
Hospital EOC Operational?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																				
Contact No's		phone	fax <input type="checkbox"/> e-mail <input type="checkbox"/>																																																																				
INFRASTRUCTURE ASSESSMENT		PERSONNEL ASSESSMENT <small>(tick only where appropriate)</small>																																																																					
No damage: all utilities fully functional: True <input type="checkbox"/> False <input type="checkbox"/> If false: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">Severe</td> <td style="width:10%; text-align: center;">Mod.</td> <td style="width:10%; text-align: center;">Isolated</td> <td style="width:10%; text-align: center;">None</td> </tr> <tr> <td>1. Structural Damage</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Fire</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Flooding</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">Fully Functional</td> <td style="width:10%; text-align: center;">Partially Functional</td> <td style="width:10%; text-align: center;">Not Functional</td> </tr> <tr> <td>4. Power</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Generators</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Water Supply</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Sewage</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>8. Communications</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>9. Gas Supply</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>10. Other Utility (please identify):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> 11. Overall Operational Status is: Fully Functional <input type="checkbox"/> Partially Functional <input type="checkbox"/> Not Functional <input type="checkbox"/>			Severe	Mod.	Isolated	None	1. Structural Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fully Functional	Partially Functional	Not Functional	4. Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Generators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Gas Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other Utility (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. ED Doctors Critical Shortage <input type="checkbox"/> 29. Intensivists <input type="checkbox"/> 30. General Surgeons <input type="checkbox"/> 31. Orthopaedic Surgeons <input type="checkbox"/> 32. Specialist Surgeons <input type="checkbox"/> 33. Operating Theatre Staff <input type="checkbox"/> 34. Physicians <input type="checkbox"/> 35. Registered Nurses (specify type) <input type="checkbox"/> 36. Nurse Aides <input type="checkbox"/> 37. X-ray Staff <input type="checkbox"/> 38. Lab Staff <input type="checkbox"/> 39. Clerical Staff <input type="checkbox"/> 40. Other: <input type="checkbox"/>																	
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Operating Theatres</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>15. Recovery</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>16. Radiology</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>17. Laboratory</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>18. Pharmacy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>19. Decontamination</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>20. Vehicles / Transport</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>21. Mortuary</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>22. 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Blood Products</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>27. Other Service (please identify):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Full	Partial Service	No	12. Emergency Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Satellite ED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Operating Theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Vehicles / Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Mortuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Blood Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Other Service (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Available (Can Admit) Critical Shortage 41. ICU <input type="checkbox"/> 42. Medical <input type="checkbox"/> 43. Surgical <input type="checkbox"/> 44. Maternity <input type="checkbox"/> 45. Burns <input type="checkbox"/> 46. Paediatric <input type="checkbox"/> 47. Other: <input type="checkbox"/>	
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		CASUALTY INFORMATION <small>(in last 24 hours)</small>																																																																					
		48. Patients Treated as Outpatients _____ 49. Patients Admitted _____ 50. Patients Awaiting Treatment _____ 51. Patients Discharged _____ 52. Deaths _____	Totals _____ _____ _____ _____																																																																				
		Can this hospital receive and treat patients with: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> </tr> <tr> <td>• injuries?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>• infectious disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Yes	No	• injuries?	<input type="checkbox"/>	<input type="checkbox"/>	• infectious disease	<input type="checkbox"/>	<input type="checkbox"/>																																																											
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		If so, numbers and types/categories of patients:																																																																					
OTHER INFORMATION <small>(elaborate or comment on any of the above)</small>																																																																							

Date _____

Time _____

DISTRICT FACILITY SITUATION REPORT



DISTRICT FACILITY SITUATION REPORT

HOSPITAL STATUS

<i>Facility</i>	ED	ICU	Wards	Available Beds	Fatalities
Hawke's Bay Hospital					
Napier's Temporary Hospital					
Royston Hospital					
Wairoa Hospital					
CHB Health Centre					

EMU STATUS

<i>Facility</i>	Major Injury	Casualty Holding	Minor Treatment	NFR	Fatalities
Taradale Medical					
The Doctors / City Medical Napier					
Central Medical Napier					
Craig Practice Napier					
The Doctors Hastings					
Hastings Health Hastings					
Community Health Centre Havelock North					
Nelson St Practice Hastings					
Glengarry Rest Home Wairoa					
The Doctors Central HB					

DAMAGE ASSESSMENT

Water Supply	
Electricity	
Gas Supply	
Structural Damage	

RESOURCES REQUIRED

KEY ISSUES

ISSUE	ACTION REQUIRED

INFORMATION REPORT

 <p>HAWKE'S BAY DISTRICT HEALTH BOARD</p>		<h1>INFORMATION REPORT</h1>
Information Report No.:		Prepared by: <i>(Name/Title)</i>
Date: / / <i>(DD/MM/YY)</i>	Time: <i>(24hr):</i>	Incident Controller:
Review Period: until <i>(24hr)</i>		Contact Details: <i>(EOC or alternative)</i>
<u>What and How:</u>		
<u>Where:</u>		
<u>When:</u>		
<u>Who was involved:</u>		
<u>What will be done, if anything:</u>		
<u>Action taken by report recipient:</u>		

REQUEST FOR INFORMATION

		<h1>REQUEST FOR INFORMATION</h1>	
Date		Request Number	
Request By		Organisation	
Request To		Organisation	
Time reply needed by			
	Information required (itemise):	Response:	
1			
2			
3			
4			
5			
6			
7			
8			
Person Making Request		Person Completing Response	
Name:		Name:	
Position/role:		Position/role:	
Signed:		Signed:	

AREA REPORTS

Date _____ Time _____

Area	Staff/Clients Accounted For	Damage Assessment	Ready to Respond	Resources Required
First Floor AB Block				
Second Floor AB Block				
Third Floor AB Block				
Fourth Floor AB Block				
Child Health Unit				
Maternity Unit				
Emergency Department				
Perioperative Unit				
ICU				
SCBU				
AT&R Unit				
Heretaunga Village				
In-patient Mental Health				
Maori Health Unit				
Community Health				
Cashmore				
Buildings and Services				
Nutrition and Food Service				
Sterile Services				
Laboratory				
Radiology				
Pharmacy				
Physical Medicine				
Biomedical Engineering				
Health Records				
Stores Department				
Call Centre				

OTHER DHB STATUS

Date: _____

Time: _____

Organisation				
ED Presentations				
Bed Availability				
ICU Beds Available				
Incident Related Patient Volumes				
Staff Availability				
Other Assistance				

Palmerston North	(06) 356-9169	Wellington	(04) 385-5999
Hutt	(04) 566-6999	Waikato	(07) 839-8899
Auckland	(09) 379-7440	Greenlane	(09) 638-9909

REQUEST FOR ASSISTANCE

Log No.	Date	Time
Requested By		
Request:		
Action Taken:		
Signature of Person Completing Request:		

FACILITY SYSTEM STATUS REPORT

Facility System Status Report		
Report No:		Shift Engineer:
Date:		Time:
System	Operational Status	Comments (if not operational, give reason and estimate time/resources to necessitate repair)
Structural components		
Electrical power – primary		
Electrical power – backup		
Water		
Natural gas		
Oxygen		
Other medical gases		
Diesel for generator		
Air compressor		
Fire prevention/mitigation		
Vacuum (patient use)		
Steam boiler		
Water heater & circulators		
ETO		
Pneumatic tube		
Telephone		
Fax		
Radio equipment		
Paging – public address		
Food preparation equipment		
Laundry service equipment		
Video-television cable		
Non-structural components		
Other		

DAMAGE ASSESSMENT FORM

Date	Time	Location
------	------	----------

Describe damage to/problems with the following

Water Supply:

Electricity:

Gas Supply:

Structural Damage:

Equipment:

Other/Essential Services:

Do any of the problems in your area pose a threat to patient/staff safety?

Signature of Person Completing Assessment:

APPENDIX 10 - GLOSSARY OF ABBREVIATIONS

CDEM	Civil Defence Emergency Management
CHB	Central Hawke's Bay
CIMS	Coordinated Incident Management System
DHB	District Health Board
EMU	Emergency Medical Unit
EOC	Emergency Operations Centre
HB	Hawke's Bay
HBH	Hawke's Bay Hospital
HBDHB	Hawke's Bay District Health Board
HIC	Health Incident Controller
HQ	Headquarters
IAP	Incident Action Plan
IMT	Incident Management Team
NFR	Not For Resuscitation
NGO	Non Government Organisation
NZ	New Zealand
PHU	Public Health Unit

APPENDIX 11 – PLAN DISTRIBUTION LIST

Chief Executive Officer
Chief Operating Officer
Company Secretary
General Manager Human Resources
Information Service Manager
General Manager Maori Health
Chief Financial Officer
Communications Officer
Acute and Medical Service Director
Surgical Service Director
Older Persons & Mental Health Service Director
Women, Children & Youth Service Director
Emergency Response Advisor
Quality and Risk Manager
General Manager Integrated Care Service
Medical Ward, CHB Health Centre
Acute Ward, Wairoa Hospital
City Medical, Napier
Emergency Department, HBH
Home Health, HBH
Infection Control Advisor
Pharmacy Department
Population Health Manager
Procurement Department
Civil Defence HQ - CHB District
Civil Defence HQ - Hastings District
Civil Defence HQ - Napier City
Civil Defence HQ - Wairoa District
Emergency Medical Units (8 copies)
H.B. Ambulance HQ (8 copies)
Hawke's Bay Regional Council
Hawke's Bay Regional Prison
Ministry of Emergency Management
Ministry of Health
NZ Army - 7th Battalion HQ
NZ Fire Service (2 copies)
NZ Police (4 copies)
Royston Hospital
Medical Officers of Health (3 copies)