Pandemic Influenza Plan Annexes Part 1

HAWKE'S BAY
District Health Board
Whakawāteatia

November 2019

Contents

Antiviral and PPE Distribution

DISTRIBUTION OF ANTIVIRAL DRUGS
Plan for pandemic influenza

Preface:

Abbreviations and definitions

CAC	Community Assessment Centre
HB	Hawke's Bay
HBDHB	Hawke's Bay District Health Board
MoH	Ministry of Health
MOH	Medical Officer of Health
NZIPAP	New Zealand Influenza Pandemic Action Plan
PHS	Public Health Service

Introduction:

This plan is developed as part of a number of work streams to enhance Hawke's Bay pandemic preparedness.

Antiviral drugs, for example, Oseltamivir (Tamiflu™), can shorten the course of infection if given early in the disease, and can provide short-term protection against influenza. The Ministry of Health has secured a Tamiflu™ reserve, sufficient to treat 21% of the New Zealand population.

HBDHB holds 300 courses for immediate use for cases and/or contacts.

Scope

This plan includes antiviral medication that the HBDHB holds in stock and the national reserve.

It does not include antiviral medication purchased by individuals privately.

This plan does not cover:

- dosage, side effects, efficacy, drug interactions or other pharmacological aspects of antiviral treatment
- patient information on antivirals

These are to be found in the Pandemic Plan for Community Assessment Centres.

Definitions

Antiviral – an oral medication used to treat or prevent influenza infection.

Related legislation

Medicines (Standing Order) Regulations 2002

Aims and general purpose

To develop a plan for access, storage, transport, prescribing, and monitoring of HBDHB and government stocks of antiviral medication.

Assumptions

The MoH will be responsible for a national distribution strategy.

Antiviral distribution will comply with the national priority groups and indications for use.

The MOH is responsible for Hawke's Bay distribution.

The small HBDHB reserve (300 courses) will be used on first cases and contacts (including health-care workers).

Further supplies will be available from the national reserve held by the MoH.

During the "Control-It" phase, pandemic reserve antiviral medication will be available only from hospitals, CACs, PHS or home-visiting Community Outreach Services. It will not be available from all GPs or from community pharmacies. The reasons for this are:

- the logistics of stock supply, monitoring and control in all GP settings are too difficult
- for infection prevention and control reasons patients or their relatives visiting community pharmacies are discouraged
- providing medication at the point of consultation is efficient and easier for patients
- electronic prescribing is illegal and phoning/faxing through prescriptions to pharmacies is undependable (uncertainty about pharmacy staffing, telecoms failures, extra workload on overburdened CACs)

There will be home-visiting Community Outreach Services to provide medication to cases who are unable to attend CACs but who are ineligible or too numerous to be admitted to hospital.

Patients requiring antivirals will sometimes require other medications such as antibiotics and antipyretics and these should be made available to patients with the antivirals. Pharmac is planning to build up national antibiotic stock of: amoxycillin clavulanate, doxycycline, flucloxacillin, cephazolin and cotrimoxazole. Currently plans for stockpiling antipyretics are unclear.

The MoH will require timely reports from the HBDHB on CAC location, date, assessor, NHI, demographics, priority group, medication provided, purpose of mediation (prophylaxis or treatment). They are likely to want this for antivirals and antibiotics.

The MoH will want the HBDHB to ensure compliance with legislation governing prescribing.

Some Māori will wish to use their marae as places to take their sick. They will expect treatment services to be there and to be able to leave or remain with their sick according to their preference. Not all Māori will take this course – some will stay away from the marae for fear of infection. This will increase transmission as well people mix with infectious people.

Conditions under which the plan comes into force

- When any individual in Hawke's Bay meets the "probable case" criteria.
- When the MOH approves Hawke's Bay distribution of antivirals for an influenza pandemic.

Operational Structure

Relationships with other levels of government

The Ministry of Health will provide/direct:

- Indications for use
- Controls over distribution
- Prioritisation criteria
- Information pamphlets

Communication Plan/Issues:

Types of messages, how they will be distributed

Information	Audience	Method
Who is eligible	Everyone Media	In *NZ Pandemic Action Plan.* • Hawke's Bay 0800 number • HBDHB website • Media
How to obtain	Everyone Media	• Hawke's Bay 0800 number • HBDHB website • Media
Appropriate use	Everyone Media	• Hawke's Bay 0800 number • HBDHB website • Media
How to prescribe and obtain supply	Prescribers and nurses under standing orders	• Information bulletins • Training plan
Consumer medicine information (e.g. pregnancy, drug interactions, precautions, side effects) in English	Recipients of medication	Ministry of Health • *Tamiflu Consumer Medicine Information from Roche* • *HBDHB Public Health Unit Non-seasonal Influenza Policy*
Consumer medicine information in other languages	Recipients of medication	Ministry of Health

Preparedness:

Relationships required

HBDHB hospital clinicians
Primary Health Organisation
General Practitioners/Practice Nurses
Māori and Pacific Island providers
Pharmacists
All other primary care providers
Midwives
Advocacy NGOs
General public

Risk assessment

	Risk	Mitigation
1	The HBDHB supply is exhausted prior to the release of the national reserve. The HBDHB supply may be used up on non-cases (early	Purchase larger supply

	in a pandemic, HB people with symptoms of influenza will quite likely not have influenza).	
2	Wastage of courses because people do not take as directed, or courses prescribed for non-cases (and their contacts) are discontinued.	Reclaim courses from PCR negative cases and their contacts Possibility of 48 hour supply until virus confirmed
3	The supply may be prone to theft.	Security plan
4	The security of professionals holding supplies may be threatened.	Security plan
5	Health care professionals may be unaware of the process for distribution of antivirals laid out in this plan.	Training plan Communication plan
6	Community pharmacists have indicated that they are unable to supply pharmacists to assist with point-of-consultation drug counselling and supply at CACs.	Workforce and training plans will need to identify and train personnel to carry out this function

Operational Procedures:

Roles, relationships and tasks

The MOH will approve the distribution of antivirals and request the release of the national reserve.

The HBDHB pharmacy will:

- **store** antivirals
- **pre-label** the antivirals so that a doctor or nurse can issue courses by writing the name and required dose on the label
- arrange **transport** to the provider who will supply the medication to the patient
- **monitor** stock issued

In the “stamp-it-out” phase antivirals will be **distributed** only from the hospital pharmacy and PHS. In the “manage-it” phase antivirals will be distributed from the hospital pharmacy, CACs and by home-visiting Community Outreach Services.

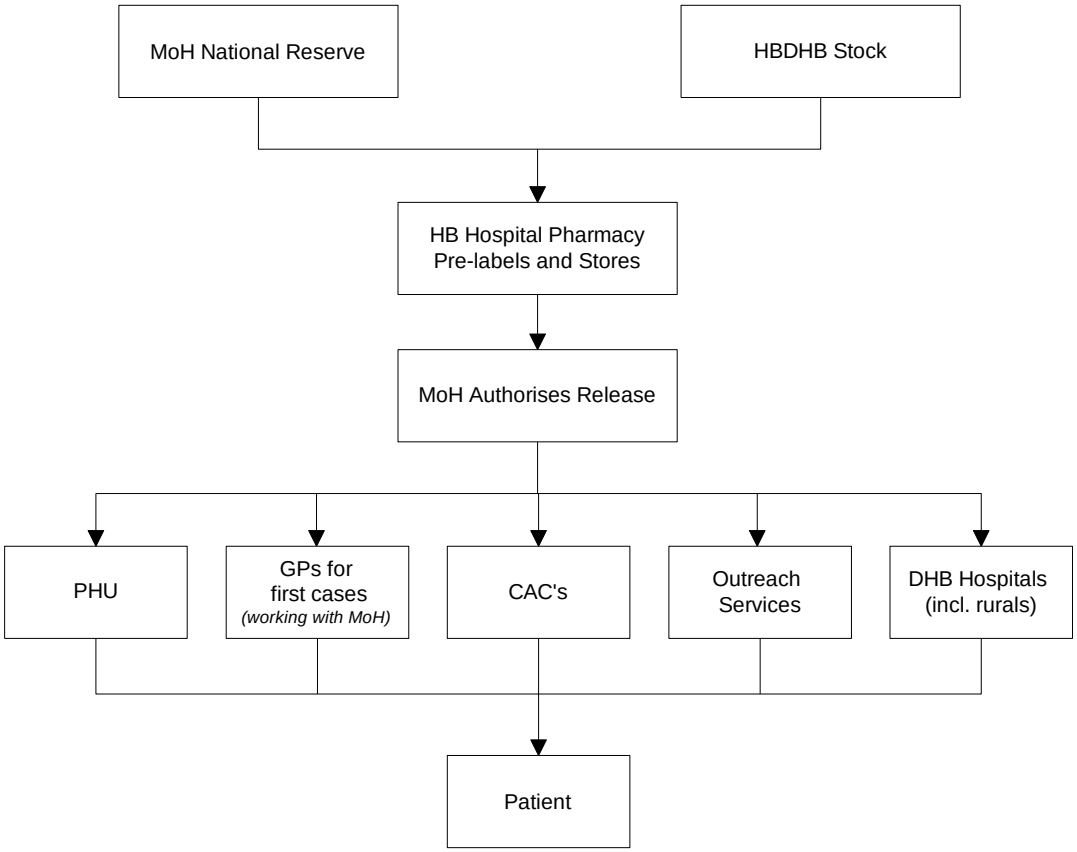
Antivirals will be **prescribed** by doctors or supplied by nurses operating under standing order (see Standing Order for Administration of Antiviral Medication HBDHB/IVTG/047).

Antivirals will be **given** to the patient by:

- hospital staff (for in-patients)
- by GPs or PHS staff or CAC staff or home-visiting community Outreach Services (for out-patients)

Overview of supply of antivirals

Overview of Supply of Antivirals



Action required at different alert phases

Alert Phase	Action
Stamp-it-out	• the treatment of early cases • post-exposure prophylaxis of contacts • possibly pre-exposure prophylaxis of groups at high risk (e.g. contact tracers or people having contact with quarantined people)
Manage-it	• the treatment of cases

Process

"Stamp it out" phase

Access
The MOH will control access but will work with the Incident Controller for the health response under a CIMS structure.

The medication will be used for:

- the treatment of early cases
- post-exposure prophylaxis of contacts
- possibly pre-exposure prophylaxis of health-care workers

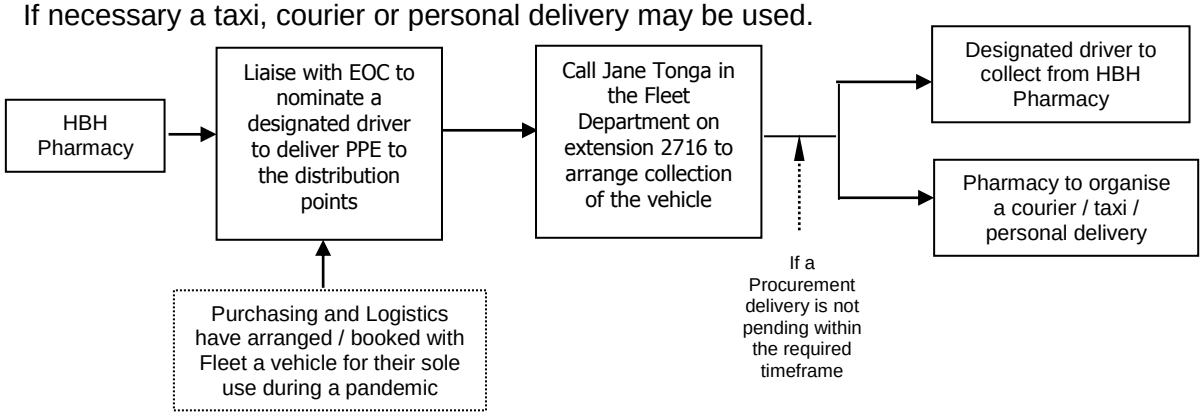
Storage
The medication will be stored at the HB Hospital Pharmacy and the PHS.

Prescription
When a doctor suspects a probable pandemic influenza case, he/she will notify the MOH.
The MOH will contact the on-call pharmacist (available 24/7 through the hospital call centre) indicating that the antiviral pandemic plan is being activated.
The prescriber (or nurse operating under standing orders) will:

- record the information in Appendix 1 Prescription information needed.
- provide advice and instruction on the use of the medication (see Appendices 2 and 3).

The Hospital Pharmacist will issue the prescribed medication and/or supply medication for supply under the standing order.
PHU staff will provide the medication to cases or contacts under standing orders. They will use documentation in the *Non-seasonal Influenza Policy*.

Transport
The MOH will work with the hospital pharmacy to get the medication to the patient, on a case-by-case basis, depending on the patient's location and circumstances. Where possible, transport will be coordinated with the delivery of PPE by Purchasing and Logistics. If necessary a taxi, courier or personal delivery may be used.



Monitoring
The MoH may stipulate minimum monitoring requirements.
The HB Hospital Pharmacy will maintain records of inventory and stock issued.

"Manage it" phase

Access
The MOH will be responsible for application to the MoH for release of the national supply to the HB Hospital Pharmacy.
In this phase the medication will be used only for treatment of cases.

Storage
The supplies will be stored in:

- The hospital pharmacy

- Hospital wards
- Health centres at Wairoa and Central Hawke's Bay
- The CACs
- Bases for home-visiting Community Outreach Services

Prescription
Within the hospital and CACs, doctors will prescribe the medication.
PHS and home-visiting Community Outreach Services staff will provide the medication under standing orders.
The prescriber (or nurse operating under standing orders) will:

- record the information in the patient's health record refer Appendix 1 Prescription information needed
- provide advice and instruction on the use of the medication (see Public Health Unit Non-seasonal Influenza Policy).

Transport
HB hospital pharmacy will deliver stocks to the PHS, CACs, hospital wards and home-visiting Community Outreach Services. Medication will be given directly to patients by staff of these services.

Monitoring
The MoH may stipulate minimum monitoring requirements.
The HB Hospital Pharmacy will maintain records of inventory and stock issued.

Workforce issues
A workforce home-visiting Community Outreach Services needs to be identified and trained.

Reporting
The MoH will identify reporting requirements.

The MoH, MOH and HBDHB is likely to want timely reports from the hospital pharmacy on the amount of stock held and providers to whom it is distributed (e.g. PHS, CAC, home-visiting Community Outreach Services, hospital).

Locations, equipment, operation, staffing
The need for home-visiting Community Outreach Services has been identified in the CAC Plan.

Appendix 1. Prescription information needed

Date of prescription/supply

Drug

- name and strength
- formulation
- dose
- directions
- quantity

Patient

- Name
- Address
- Date of birth if under 13 years

Doctor (or nurse operating under standing order)

- Name
- MCNZ number / NCNZ number
- Signature
- Address

Appendix 2. Patient information on Tamiflu

INFORMATION ON TAMIFLU

How effective is the anti-viral medicine Tamiflu against influenza?

Tamiflu is one of two medicines that are effective against the strains of Influenza A and B.

The WHO have advised all health authorities to stockpile anti-viral medicines to prepare for a pandemic. New Zealand has followed that advice.

Will Tamiflu cure people sick with the pandemic influenza virus?

We don't know for sure.

When people have seasonal influenza, Tamiflu reduces symptoms and may shorten the duration of illness by a day and a half.

If otherwise healthy people who are ill with influenza take it, they are less likely to develop complications of influenza. Those complications are usually treated with antibiotics.

Does Tamiflu prevent people from getting influenza?

Yes it does, but it is not the best means of preventing influenza. Vaccination is the best protection against influenza, which is why people are encouraged to immunise against seasonal influenza every year. Tamiflu will help until a pandemic vaccine arrives.

For more information on Tamiflu, including how it works against influenza, see the datasheet, http://www.medsafe.govt.nz/profs/datasheet/+/Tamiflucapsusp.pdf.

How does Tamiflu work?

It is a medicine that only works against influenza viruses A and B.

It does not work against other viruses or bacteria that can cause illness similar to influenza or that can cause respiratory infection. If taken within 48 hours of becoming ill it stops the virus from bursting out of infected cells, infecting new cells and possibly other people.

Will masks help protect me and my family from the influenza virus?

A surgical mask, if put on someone who is sick, will help reduce the spread of infection, because it will reduce the amount of virus spread by coughs and sneezes.

People who are not sick and who are very close to the person who is coughing and sneezing - closer than 1 metre - may get some protection by covering their own nose and mouth with a mask. Again, this is because the mask will catch some of the virus in the cough and sneeze droplets.

The following people should not take Tamiflu

- People with past hypersensitivity to oseltamivir phosphate or any component of the product.

- Not to be used as treatment children under 1 year of age.
- Not to be given to pregnant women.
- Not to be used as prophylaxis in children under 13 years of age.
- Dose adjustment required for people undergoing haemodialysis or with end stage renal disease, or who are fructose-intolerant (see protocol and consult with Medical Officer of Health).
- Animal studies do not suggest harmful effects to the fetus or breast-fed babies but there are no human data. Tamiflu should therefore be used only if the potential benefit justifies the potential risk.

What about interactions between Tamiflu and other drugs I am taking?

There are no significant interactions known.

Side effects

Most people taking Tamiflu experience no side effects. A small proportion will experience one or more of the following:

Common	**Less commonly**
Nausea 4-10% Vomiting 2-15% Headache Diarrhoea Abdominal pain 2-5% Dyspepsia Conjunctivitis	Eczema Rash Convulsions Arrhythmias Altered consciousness (usually in children or adolescents)

Appendix 3. Consumer medicine information sheet on Tamiflu

Tamiflu CMI
21 February 2005

Roche

Consumer Medicine Information
TAMIFLU®
Oseltamivir
Capsule 75 mg
Powder for reconstitution to 12 mg in 1 mL oral suspension

What is in this leaflet

This leaflet answers some common questions about TAMIFLU capsules and oral suspension.

It does not contain all the available information.

It does not take the place of talking to your doctor or pharmacist.

All medicines have risks and benefits. Your doctor has weighed the risks of you taking TAMIFLU against the benefits expected for you.

If you have any concerns about taking this medicine, ask your doctor or pharmacist.

Keep this leaflet with the medicine.

You may need to read it again.

What TAMIFLU is used for

TAMIFLU contains the active ingredient oseltamivir.

TAMIFLU is used for the treatment of influenza (flu) in adults and children 1 year or older.

TAMIFLU is also used for the prevention of the flu in adults and adolescents 13 years or older.

The flu is an infection caused by the influenza virus. TAMIFLU is not effective against the common cold, throat or chest infections caused by other viruses.

TAMIFLU belongs to a group of medicines called neuraminidase inhibitors. These medicines attack the influenza virus and prevent it from spreading inside your body.

Taking TAMIFLU can prevent you from catching the flu, or if you have already caught the flu, it can make the symptoms less severe and help you recover faster. TAMIFLU will help reduce the chances of you passing the flu on to someone else. You will also be less likely to develop complications of the flu, such as bronchitis, pneumonia, sinusitis (infected sinuses) and earache.

Typical symptoms of influenza include fever, headache, muscle aches, sore throat, cough and extreme tiredness.

Ask your doctor if you have any questions about why TAMIFLU has been prescribed for you.

This medicine is available only with a doctor's prescription.

Before you take TAMIFLU

When you must not take it

Do not take TAMIFLU if:

1. **you have had an allergic reaction to TAMIFLU or any ingredients listed at the end of this leaflet**
2. **the package is torn or shows signs of tampering**
3. **the expiry date printed on the pack has passed.**
   If you take this medicine after the expiry date has passed, it may not work as well.

If you are not sure if you should be taking TAMIFLU, talk to your doctor.

Use in children

Do not give TAMIFLU to children under 1 year of age.

Safety and effectiveness in children under one year of age have not been established.

Before you start to take it

Tell your doctor if:

1. **you are pregnant or plan to become pregnant**
   It is not known whether TAMIFLU is harmful to an unborn baby when taken by a pregnant woman. If there is a need to take TAMIFLU when you are pregnant your doctor will discuss the risks and benefits to you and the unborn baby.
2. **you are breast-feeding or plan to breast-feed**
   It is not known whether TAMIFLU passes into breast milk. Your doctor will discuss the risks and benefits of using TAMIFLU if you are breast-feeding.
3. **you have any other health problems, especially any of the following:**
   - kidney disease
4. **you have a hereditary intolerance to fructose**
   A bottle of 30 g TAMIFLU powder for oral suspension contains 25.713 g of sorbitol. One dose of 45 mg of TAMIFLU oral suspension administered twice daily contains 2.6 g of sorbitol. If you have a hereditary fructose intolerance this is above the recommended daily maximum limit of sorbitol.
5. **you are allergic to any other medicines, foods, dyes or preservatives.**

If you have not told your doctor about any of the above, tell them before you start taking TAMIFLU.

Taking other medicines

Tell your doctor if you are taking any other medicines, including any that you have bought from a pharmacy, supermarket or health food shop.

Some medicines may be affected by TAMIFLU, or may affect how well it works. You may need to use different amounts of your medicine, or you may need to take different medicines. Your doctor will advise you.

Your doctor or pharmacist has more information on medicines to be careful with or avoid while taking TAMIFLU.

How to take TAMIFLU

Follow all directions given to you by your doctor or pharmacist carefully.

They may differ from the information contained in this leaflet.

How much to take

Take TAMIFLU exactly as your doctor has prescribed.

Your doctor will tell you how many TAMIFLU capsules or how much TAMIFLU oral suspension to take each day.

Adults and adolescents that are unable to swallow capsules can take TAMIFLU oral suspension as an alternative.

If you have kidney disease your doctor may prescribe you a lower dose of TAMIFLU.

Treatment of the flu

Start taking TAMIFLU as soon as possible after you have been diagnosed with the flu.

The earlier you start treatment with TAMIFLU, the shorter the duration of your flu.

Adults and adolescents 13 years or older

The usual dose is one TAMIFLU 75 mg capsule twice a day for five days.

Children 1 year or older

The usual dose of TAMIFLU oral suspension for children 1 year or older is:

Body weight	Recommended dose for 5 days
≤ 15 kg	30 mg twice daily
> 15 to 23 kg	45 mg twice daily
> 23 kg to 40 kg	60 mg twice daily
> 40 kg	75 mg twice daily

A dosing syringe marked with 30 mg, 45 mg and 60 mg dosing levels is provided in the pack to administer TAMIFLU oral suspension.

Children weighing more than 40 kg or who are 8 years or older and who are able to swallow capsules, can take one TAMIFLU 75 mg capsule twice daily as an alternative to TAMIFLU oral suspension.

Do not give TAMIFLU to children under 1 year of age.

Safety and effectiveness in children under one year of age have not been established.

Prevention of the flu

Adults and adolescents 13 years or older

The usual dose is one TAMIFLU 75 mg capsule once a day for at least 10 days following close contact with someone who has the flu. You should start taking TAMIFLU within 2 days of the close contact.

When there is an outbreak of the flu in the community one TAMIFLU 75 mg capsule can be taken once a day while protection is required. TAMIFLU has been shown to be safe and effective when taken for up to six weeks.

How to take it

TAMIFLU can be taken with or without food. However, you may find TAMIFLU is easier on your stomach if taken with food.

Capsules

Swallow capsules whole with a glass of water.

Do not break or chew the capsules before swallowing.

Oral suspension

Your pharmacist will usually have made up the TAMIFLU oral suspension for you so that it is ready to use.

Use the dosing syringe provided in the pack to administer the correct dose as instructed by your doctor or pharmacist.

When to take it

TAMIFLU should be started as soon as possible; within the first two days of the onset of the first symptoms of the flu or exposure to someone with the flu.

Taking your medicine at the same time each day will help you remember when to take it.

How long to take it

Continue taking TAMIFLU until your doctor tells you to stop or your course of treatment is complete.

If you forget to take it

If it is almost time for your next dose, skip the dose you missed and take your next dose when you are meant to.

Otherwise, take it as soon as you remember and then go back to taking it as you would normally.

If you are not sure what to do, ask your doctor or pharmacist.

If you have trouble remembering your dose, ask your pharmacist for some hints.

In case of an overdose

Immediately telephone your doctor or National Poisons Information Centre (telephone 0800 POISON or 0800 764 766), or go to an Accident and Emergency Centre if you or anyone else may have taken too much TAMIFLU. Do this even if there are no signs of discomfort or poisoning.

The following are some symptoms of overdose which may or may not occur:

- nausea (feeling like vomiting)
- vomiting

Keep telephone numbers for these places handy.

If you are not sure what to do, contact your doctor or pharmacist.

While you are taking TAMIFLU

Things you must do

Tell all doctors, dentists and pharmacists who are treating you that you are taking TAMIFLU.

Tell your doctor if you become pregnant while taking TAMIFLU.

Tell your doctor if, for any reason, you have not taken your medicine exactly as prescribed.

Otherwise, your doctor may think that it was not effective and change your treatment unnecessarily.

Be sure to keep all of your appointments with your doctor so that your progress can be checked.

Things you must not do

Do not stop taking TAMIFLU or change the dose without first checking with your doctor.

Do not let yourself run out of medicine over the weekend or on holidays.

Do not give TAMIFLU to anyone else even if they have the same condition as you.

Do not use TAMIFLU to treat other complaints unless your doctor says to.

Do not take any other medicines, whether they require a prescription or not, without first telling your doctor or a pharmacist that you are taking TAMIFLU.

Things to be careful of

Be careful driving or operating machinery until you know how TAMIFLU affects you.

However, TAMIFLU is not expected to affect your ability to drive a car or operate machinery.

Side effects

Tell your doctor or pharmacist as soon as possible if you do not feel well while you are taking TAMIFLU.

TAMIFLU helps most people with the flu but it may have unwanted side effects in some people.

All medicines can have side effects. Sometimes they are serious, most of the time they are not. You may need medical treatment if you get some of the side effects.

Ask your doctor or pharmacist to answer any questions you may have.

Tell your doctor if you notice any of the following and they worry you:

- nausea (feeling like vomiting)
- vomiting
- dizziness/spinning sensation (vertigo)
- headache
- stomach pain, indigestion
- diarrhoea
- cough
- bronchitis
- asthma (breathlessness, wheezing, a cough sometimes brought on by exercise and a feeling of tightness in the chest)
- sinusitis (stuffy nose and/or feeling of tension or fullness in the nose, cheeks and behind the eyes, sometimes with a throbbing ache)
- runny nose or nose bleeds
- ear problems or infection
- conjunctivitis (discharge from the eyes with itching and crusty eyelids)
- insomnia (difficulty sleeping)
- fatigue
- aches and pains

These are the more common side effects of TAMIFLU. Mostly these are mild. If nausea and vomiting do occur they will usually do so with the first dose and their effects will generally decrease as you get used to your medicine.

Taking TAMIFLU with food may reduce the potential for some of these side effects.

Tell your doctor immediately or go to your nearest Accident and Emergency Centre, if you notice any of the following:

- sudden signs of allergy such as rash, itching or hives on the skin, swelling of the face, lips, tongue or other parts of the body, shortness of breath, wheezing or trouble breathing.
- yellowing of the skin and/or eyes, itching and dark coloured urine
- chest infection with fever, chills, shortness of breath, cough, phlegm and occasional blood.

These are serious side effects. You may need urgent medical attention. Serious side effects are rare.

This is not a complete list of all possible side effects. Others may occur in some people and there may be some side effects not yet known.

Tell your doctor if you notice anything else that is making you feel unwell, even if it is not on this list.

Ask your doctor or pharmacist if you don't understand anything in this list.

Do not be alarmed by this list of possible side effects. You may not experience any of them.

After taking TAMIFLU

Storage

Capsules

Keep your TAMIFLU capsules in the blister pack until it is time to take them.

If you take the capsules out of the blister pack they may not keep well.

Keep your capsules in a cool dry place where the temperature stays below 30°C.

Do not store your capsules, or any other medicine, in a bathroom or near a sink.

Do not leave your capsules in the car or on window sills.

Heat and dampness can destroy some medicines.

Keep TAMIFLU where young children cannot reach it.

A locked cupboard at least one-and-a-half metres above the ground is a good place to store medicines.

Oral suspension

Store the reconstituted TAMIFLU oral suspension in a refrigerator (2 - 8°C). Discard any unused portion after 10 days.

Disposal

If your doctor tells you to stop taking TAMIFLU, or it has passed its expiry date, ask your pharmacist what to do with any left over medicine.

Product description

Availability

TAMIFLU 75 mg capsules come in blister packs containing 10 capsules.

TAMIFLU 12mg in 1mL oral suspension comes in a bottle pack containing 30g of powder with an oral dispenser. (Your pharmacist will have usually made up the TAMIFLU oral suspension so that it is ready to use).

What TAMIFLU looks like

Capsules

TAMIFLU capsules have a grey opaque body with "ROCHE" printed on it in blue ink and a light yellow opaque cap with "75 mg" printed on it in blue ink.

Oral suspension

TAMIFLU powder for oral suspension is provided in granulate form which is white to light yellow in colour.

Ingredients

Active ingredient – oseltamivir

TAMIFLU 75 mg capsules contain 75 mg oseltamivir

TAMIFLU powder for oral suspension contains 12 mg in 1 mL oseltamivir when made up into the suspension.

Inactive ingredients –

Capsules

TAMIFLU capsules contain: pre-gelatinised starch, polyvidone K30, croscarmellose sodium, talc, sodium stearyl fumarate.

The capsule shell also contains: gelatin, black iron oxide, red iron oxide, yellow iron oxide, titanium dioxide.

The printing ink on the capsule shell also contains: dehydrated alcohol, shellac, n-butyl alcohol, titanium dioxide, FDC Blue 2, SDA-3A alcohol.

TAMIFLU capsules are gluten free and lactose free.

Oral Suspension

TAMIFLU powder for oral suspension contains: sorbitol, titanium dioxide, sodium benzoate, xanthan gum, sodium dihydrogen citrate (monosodium citrate), saccharin sodium, flavour – PERMASEAL 11900-31 tutti frutti.

Distributor

TAMIFLU is distributed by:

Roche Products (New Zealand) Limited
P O Box 12-492
Penrose
AUCKLAND

Telephone: (09) 633 0700
Toll Free: 0800 656 464

This leaflet was prepared on 21 February 2005.

Reference : TAMIFLU Data Sheet, 21 December 2004.

Appendix 4. Standing order for administration of Tamiflu

ABBREVIATIONS

od	once daily
bid	twice daily
HPO	health protection officer
MOH	medical officer of health
PHA	public health agents (see below for explanation of this term)
PHN	public health nurse
PH	Public Health

REASONS FOR THE STANDING ORDER

1. To facilitate the administration of antiviral medication for treatment and prophylaxis of pandemic influenza.

2. To ensure that information given to cases and contacts is consistent and complete.

PERSONS PERMITTED TO SUPPLY AND ADMINISTER ANTIVIRAL MEDICINES

This standing order applies to public health agents (PHA) who will be authorised by the MOH under this standing order during an influenza pandemic. A PHA will be a person with the necessary skills in community health or health protection work to enable them to carry out the provision of medicine and information described in this standing order. PHAs will be PHNs, HPOs and such other persons as the MOH deems appropriate during a pandemic.

It authorises PHAs to supply and administer antiviral medication for treatment and prophylaxis in accordance with this standing order.

SCOPE

This standing order defines the standard of practice which Medical Officers of Health, as the issuers, consider acceptable. It defines the boundaries within which PHAs must practise. The PHA is responsible for practising within these boundaries.

1. The PHA must have been assessed by the Medical Officer of Health (or by PH staff authorised by the MOH) as competent to carry out this standing order.

2. The PHA may operate under this standing order only when deemed to be on duty working within the Hawke's Bay District Health Board Public Health team.

3. This standing order is to be used in conjunction with a PH operational policy ("the policy") which will vary depending on the nature of the epidemic influenza virus.

4. The PHA is accountable for clear documentation and for application of this standing order.

5. This standing order must be dated, signed and reviewed at least annually by the issuers.

6. If a PHA acts entirely within this standing order, then any consequence of the action of the PHA is the responsibility of Hawke's Bay District Health Board.

7. This standing order applies until it is replaced in writing by a new standing order covering the same subject matter.

PERSONS TO WHOM MEDICATION MAY BE SUPPLIED OR ADMINISTERED FOR TREATMENT OR PROPHYLAXIS PURPOSES

Cases or contacts of pandemic influenza as defined by the MOH from time to time for influenza epidemics.

Pre-exposure prophylaxis for health-care workers as authorised by the MOH.

MEDICINES THAT MAY BE SUPPLIED OR ADMINISTERED

Oseltamivir (Tamiflu®)

Source: Medicine Data Sheet on Medsafe website.
http://www.medsafe.govt.nz/profs/Datasheet/t/Tamiflucapsusp.pdf

- 75mg capsule
- Powder for oral suspension 6mg/mL

Pharmaceutical

Active ingredient: oseltamivir phosphate

Hard capsule 75mg and powder for oral suspension
Do not store capsules or powder above 25 ^{0}C
After reconstitution, store the suspension below 25^{0}C. Discard any unused portion 10 days after reconstitution.

Indications

- Treatment of influenza in adults and children ≥ 1 year of age
- Prophylaxis of influenza in adults and children ≥ 1 years of age

Contraindications

- Hypersensitivity to oseltamivir phosphate or any component of the product.
- Not to be used as treatment of children under 1 year of age.
- Not to be used as prophylaxis in children under 1 year of age.
- Tamiflu should only be used during pregnancy if the potential benefit justifies the potential risk to the foetus.
- Lactation. Human and animal data suggest that oseltamivir is secreted in milk in low concentrations. Tamiflu should be used if the potential benefit for the lactating mother justifies the potential risk for the nursing infant.

Precautions

- Dose adjustment required for people undergoing haemodialysis or with end stage renal disease, or who are fructose-intolerant (consult with Medical Officer of Health who will consult the datasheet and discuss with a physician).

- No dose adjustment is required for patients with hepatic dysfunction in the treatment or prophylaxis of influenza.
- Patients, especially children and adolescents, should be closely monitored for signs of abnormal behaviour. Convulsion and delirium like neuropsychiatric events have been reported during Tamiflu administration in patients with influenza, predominantly in children and adolescents.

Interactions

No significant interactions known. Can be given with paracetamol.

Efficacy – treatment

Reduces duration of symptoms by 32 hours in adults and 36 hours in children
Reduces severity of symptoms in 38% of patients
Reduces complications (leading to antibiotic treatment) by 50%
Reduces duration of virus shedding

Efficacy - prophylaxis

Reduces disease rate among household contacts from 12% to 1%

Making up the suspension

Add 55mL (1 cup, supplied) to the bottle of Tamiflu powder, then shake until dissolved.

Tamiflu

If bottles of Tamiflu powder for oral suspension are not available, mix the contents of a capsule with palatable food as described below:

MINISTRY OF HEALTH
MANATŪ HAUORA

Taking Tamiflu: for people who cannot take medication capsules

You have been given a course of Tamiflu because you or someone you are caring for has influenza. Tamiflu can reduce the symptoms of influenza and shorten the course of the illness. The Ministry of Health recommends that you or the person you are caring for take the capsules you have been given. The capsules contain the actual medicine, which is a bitter-tasting white powder.

If you or the person you are caring for can't swallow capsules, you will need to mix the powder inside the capsule with something sweet so that the medicine can be taken. This leaflet explains what to do.

1. You will need

- the contents of one Tamiflu capsule
- a large teaspoon of some strongly flavoured sweet food (the sweeter the better), for example:
  - smooth-textured jam (diabetic jam is fine)
  - fruit syrup (diabetic versions are fine)
  - strongly flavoured runny honey
  - strong sugar syrup (made from table sugar and a small amount of water)
  - golden syrup
  - sweetened condensed milk
  - **don't use chocolate syrup** – the bitter taste of the powder comes through.

2. Prepare the mixture

- Wash and dry your hands.
- Place a large teaspoon of the sweet food into a clean dessertspoon.
- Carefully break open the Tamiflu capsule, and pour the contents into the food.
- Stir thoroughly for at least one minute until all the powder is completely mixed in.

3. Give the medicine

Give the medicine straight away after mixing. If possible, give the medicine at the same time as a meal, or some other food.

For children of **15 kg or less**, give **one third** of the mixture, and throw the rest away.

For children of **15 kg to 40 kg**, give **two-thirds** of the mixture, and throw the rest away.

For anybody **over 40kg**, give **all** the mixture.

Give a strongly flavoured drink afterwards to clear any aftertaste.

Give the full course of medicine

Prepare and give one dose twice each day for five days. It is important to take the full course even if you or the person you are caring for start to feel better.

Developed by the New Zealand Ministry of Health
and approved by Medsafe, the New Zealand Medicines Safety Authority

For more information go to www.moh.govt.nz or www.medsafe.govt.nz

Dosage and method of administration

Tamiflu may be taken with or without food. However, Tamiflu taken with food may enhance tolerability in some patients.

Children should be weighed using scales.

A dosing syringe is provided with the powder for oral suspension.

Age group	Dose		Total amount needed	TREATMENT	PROPHYLAXIS
Adults	1 x 75mg capsule		10 capsules	Twice daily for five days	Once daily for ten days
Adolescents ≥13 years	1 x 75mg capsule		10 capsules		
Children > 40kg who can swallow capsules	1 x 75mg capsule		10 capsules		
Children by suspension	Dose	Volume			
≤15kg	30mg	5mL	1 bottle		
>15 – 23 kg	45mg	7.5mL	2 bottles		
>23 – 40kg	60mg	10mL	2 bottles		
>40kg	75mg	12.5mL	2 bottles		

Treatment with oseltamivir should ideally begin within two days of onset of symptoms of influenza.

Prophylaxis should ideally begin within two days of exposure. The duration of protection lasts for as long as dosing is continued.

A contact who becomes a case should begin a new five-day treatment course.

Information for Client

Supply information on antiviral medication as outlined in the PH operational policy relevant to the epidemic influenza virus being managed. Patients wishing more detailed information should be referred to the Medicine Data Sheet on

http://www.medsafe.govt.nz/profs/Datasheet/t/Tamiflucapsusp.pdf

DOCUMENTATION

Record details of medication supplied as required in the policy.

This enables the PHA to record:

- Name and details of client
- Name of medication
- Formulation, dosage, frequency and amount supplied
- Name and signature of person supplying the medicine

The medication record in the policy must be completed and forwarded by the PHA within 72 hours to the issuing Medical Officer of Health for signing.

COMPETENCY

Level of competency required by a PHA

In order to supply and administer oseltamivir under this standing order, each PHA is required to attain the competencies set out below and be conversant with and adhere to the policy.

Each PHA must be assessed as competent, by the MOH (or by PH staff authorised by the MOH), to carry out this standing order.

Attaining Competency

Full attendance at MOH-approved training of persons for supply and administration of oseltamivir.

Maintaining Competency

PHAs must attend any additional education sessions concerning the supply and administration of antiviral medication as required by the Medical Officer of Health.

PHAs must be aware that guidelines on the use of antiviral medication are likely to change during the course of an influenza outbreak. If guidelines change then PHAs must attend extra training.

DECLARATION

I, the undersigned Medical Officer of Health of the Public Health Service, Hawke's Bay District Health Board:

1. Am satisfied that this standing order provides adequate guidelines for a PHA providing oseltamivir for the treatment or prophylaxis of influenza.

2. Understand that the PHA will practise according to the relevant PH policy.

3. Understand that the PHA accepts full accountability to practise within the standing order and is answerable if acting beyond the scope of this order.

4. Understand that I am responsible for providing advice and support to the PHA; and

5. Hereby issue this standing order.

DISTRIBUTION OF NATIONAL RESERVE EQUIPMENT
Plan for pandemic influenza

Preface:

Abbreviations and definitions

PPE	Personal Protective Equipment
HECC	Health Emergency Coordinating Committee
HBDHB	Hawke's Bay District Health Board
CIMS	Coordinated Incident Management System
MoH	Ministry of Health

Introduction:

This plan is developed as part of a number of work streams to enhance Hawke's Bay pandemic preparedness.

Scope

This plan includes PPE that the HBDHB holds in stock and the national reserve along with additional clinical supplies required.
It does not include PPE purchased by agencies privately.

Definitions

Personal protective equipment includes masks, gowns, gloves and face shields.

Aims and general purpose

To develop a plan for access, storage, transport,and monitoring of HBDHB and government stocks of personal protective equipment and critical clinical supplies.

Assumptions

The MoH will be responsible for activation of the national reserve.
HBDHB is responsible for Hawke's Bay distribution.

Conditions under which the plan comes into force

- When the MoH approves Hawke's Bay distribution of the national reserve for an influenza pandemic.

Communication Plan/Issues:

Types of messages, how they will be distributed

Information	Audience	Method
Appropriate use	Healthcare personnel Emergency services personnel Front line services	• Training plan
How to obtain supply	Managers of service units	• Communication plan

Preparedness:

Relationships required

HBDHB hospital clinicians
Primary Health Organisations
General Practitioners/Practice Nurses
Māori and Pacific Island providers
All other primary care providers
Emergency services personnel

Risk assessment

	Risk	Mitigation
1	The HBDHB supply is exhausted prior to the release of the national reserve. The HBDHB supply may be used up on non-cases (early in a pandemic, HB people with symptoms of influenza will quite likely not have influenza).	Purchase larger supply
2	The supply may be prone to theft.	Security plan
3	The security of professionals holding supplies may be threatened.	Security plan

Operational Procedures:

Roles, relationships and tasks

HBDHB will approve the distribution of the national reserve following notification from the MoH.

Process

Access
The HBDHB Purchasing and Logistics Department will control access but will work with the Incident Controller for the health response under a CIMS structure.

The PPE will be supplied to:

- DHB hospitals and health centres
- Public Health Unit
- General practices
- Residential homes
- Ambulance Service
- Police
- Fire Service

An initial supply will be designated with some supply held in reserve to ensure availability to areas of greatest need.

Storage
The equipment is stored at the HBDHB Warehouse at 700 Omahu Road, Hastings.

Transport
The Purchasing and Logistics Department will work with the hospital pharmacy to get PPE, medication and equipment to the areas requiring it. A vehicle has been allocated from the DHB fleet to enable delivery of supplies with a driver required from the volunteer pool.

Monitoring
The MoH may stipulate minimum monitoring requirements.
The HBDHB Purchasing and Logistics Department will maintain records of inventory and stock issued.

Access
HBDHB will be responsible for application to the MoH for release of the national reserve.

Workforce issues
A workforce will need to be maintained to pack and transport equipment to required areas/agencies.

Reporting
The MoH and HBDHB is likely to want timely reports from the Purchasing and Logistics Department on the amount of stock held and providers to whom it is distributed.

Appendix 1 National Reserve Distribution

Description	Issue Unit	HBH	Wairoa	CHB	PHU	GP's	Resthomes	Amb	Police	Fire	Reserve
Reusable visor frame	Bx-30	20	X	X	X	X	X	4	X	X	7
Eyeshield disposable visor	Bx-50	4	X	X	X	X	X	4	X	X	4
Full face disposable visor	Bx-50	16	20vs	5vs	X	X	X	4	X	X	4.5
PFR95 masks	Bx-35	500	5	5	5	900	80	20	20	4	961
Masks – ear loop	Bx-50	200	5	5	10	1800	160	40	40	12	1658
Exam gloves – small	Bx-100	150	3	1	1	180	X	4	4	4	403
Exam gloves – medium	Bx-100	300	3	3	2	360	X	8	8	8	808
Exam gloves - large	Bx-100	150	3	1	1	180	X	4	4	4	403
Microshield	Ea-1	90	X	X	X	X	X	X	X	X	60
Gowns	Pk-10	1000	5	5	5	180	100	20	10	5	4670
IV giving sets	Set-1	200	X	X	X	X	X	X	X	X	50
IV burettes	Ea-1	192	X	X	X	X	X	X	X	X	96
IV cannula 22G	Bx-50	X	X	X	X	X	X	4	X	X	6
IV cannula 18G	Bx-50	X	X	X	X	X	X	4	X	X	6
IV cannula 20G	Bx-50	X	X	X	X	X	X	4	X	X	6
Vial access cannula	Bx-100	X	X	X	X	X	X	X	X	X	5
Syringes 5cc	Bx-100	15	X	X	X	X	X	4	X	X	11
Syringes 10cc	Bx-100	40	X	X	X	X	X	4	X	X	10
Syringes 30cc	Bx-60	30	X	X	X	X	X	X	X	X	10
Syringes 60cc	Bx-60	6	X	X	X	X	X	X	X	X	2
Needles 22G	Bx-100	30	X	X	X	X	X	X	X	X	40
Needles 25G	Bx-100	10	X	X	X	X	X	X	X	X	20
Clearlink IV access device	Bx-200	4	X	X	X	X	X	X	X	X	2
Injection swabs alcohol	Bx-200	10	X	X	X	X	X	8	X	X	2
Injection swabs chlorhex	Bx-200	50	X	X	X	X	X	X	X	X	30
IV tegaderm	Bx-50	15	X	X	X	X	X	2	X	X	3
Biohazard bags	Pk-50	12	1	1	X	2	2	1	1	1	39
Biohazard bag ties	Pk-100	6	1	1	X	1	1	1	1	1	17
Sharps containers 7.6L	Ea-1	72	X	X	X	X	X	24	X	X	24
Paper towels	Crt-24	1	X	X	X	1	X	X	X	X	X

Description	Issue Unit	HBH	Rurals	PHU	GP's	Resthomes	Amb	Police	Fire	Reserve
IV sodium chloride 0.9% 1mL	Bx-12	60 bx	3 bx	**X**	20 bx	**X**	40 bx	**X**	**X**	67 bx
IV glucose 5% 1000mL	Bx-12	10 bx	**X**	**X**	**X**	**X**	**X**	**X**	**X**	10 bx
IV glucose 4%/0.18% sodium chloride 1L	Bx-12	5 bx	**X**	**X**	**X**	**X**	**X**	**X**	**X**	5 bx
Microshield hand gel 500mL	Bx-12	25 bx	3 bx	1 bx	30 bx	5 bx	4 bx	4 bx	4 bx	4 bx

CDEM Group Sub-Plan Pandemic Hazard Plan 2

HAWKE'S BAY
EMERGENCY MANAGEMENT GROUP

Proposed

PANDEMIC Hazard Plan 2 a sub-plan to the Hawke's Bay CDEM Group PLAN

HAWKE'S BAY
EMERGENCY MANAGEMENT GROUP

1. CONTENTS

1.2 Approval and Distribution

The Hawke's Bay Civil Defence Emergency Management Group (CDEM Group) has approved this plan on [Day Date Month Year] and it becomes operational once distributed.

Through the HB CDEM Co-ordinating Executive Group this plan has been adopted by the organisations below.

Official copies of this procedure are distributed by email to the position holders of the organisations listed below who are responsible for the internal distribution and maintenance of additional copies held by their organisation (see SOP distribution list) and training of staff for their compliance.

Central Hawke's Bay District Council - Emergency Management & Bylaws Officer
Department of Work and Income East Coast Region - Regional Commissioner
Eastern Regional Rural Fire Committee - Secretary
Hastings District Council - Senior Emergency Management Officer
Hawke's Bay District Health Board - Emergency Management Advisor
Hawkes Bay Regional Council – Emergency Management Co-ordinator
Napier City Council - Civil Defence Emergency Management Officer
NZ Police Eastern District – District Superintendent
NZ Fire Service Eastern Fire Region - Fire Region Commander
St John Ambulance - Central Region - Regional Ambulance Operations Manager
Wairoa District Council - Emergency Management Officer
Ministry of Civil Defence & Emergency Management – Emergency Management Advisor [HB]
Civil Defence Emergency Management Group – Group Controller

1.3 Version information and update record

Section number	Title	
1.1	Hawke's Bay CDEM Group SOP Distribution List	V 1.0 (September 2006)
1.2	Table of Contents	V 1.0 (September 2006)
1.3	Approval and Distribution	V 1.0 (September 2006)
1.4	Version information and update record	V 1.0 (September 2006)
2	INTRODUCTION	V 1.0 (September 2006)
3	RESPONSIBILITIES	V 1.0 (September 2006)
4	REDUCTION	V 1.0 (September 2006)
5	READINESS	V 1.0 (September 2006)
6	RESPONSE	V 1.0 (September 2006)
7	RECOVERY	V 1.0 (September 2006)
Annex i	"EXPECTATIONS" AND "RESPONSIBILITY MATRIX"	V 1.0 (September 2006)

HAWKE'S BAY
EMERGENCY MANAGEMENT GROUP

PANDEMIC PLAN

2. Introduction

This Plan addresses community and Civil Defence Emergency Management (CDEM) response in the Hawke's Bay region to a pandemic influenza threat or outbreak, or other notified disease that could cause a pandemic.

This Plan has been prepared for the Hawke's Bay CDEM Group to provide clarity around leadership, representation, coordination and agency roles and responsibilities and confirms the context for co-ordination and control in support of Health agencies in response to any threatened or actual outbreak of pandemic influenza.

It is emphasised that in the context of the potentially prolonged timeframes associated with pandemic and potential triggers, the response phase covers a range of progressive activities that extend beyond those usually associated with an emergency. Due to this context there are issues related to organisations responsibilities and ability to sustain resources and service deliveries.

This Plan outlines a series of actions to be undertaken during the readiness phase of an increased risk associated with any suspected outbreak and those actions to be carried out during the recovery phase.

This Plan has been endorsed by the Hawke's Bay CDEM Coordinating Executive Group (CEG) and has been prepared in consultation with the District Health Board. The latest version of the Plan can be obtained from the CDEM Group Office.

The current situation regarding pandemic is very "fluid" and this Plan will require amendment from time to time to ensure its currency and relevance.

This Plan is a Hazard Plan prepared as a supporting document or sub-plan of the Hawke's Bay CDEM Group Plan and designed to support a Health led event.

This plan should be read in conjunction with the:

- HB CDEM Group Plan
- Hawke's Bay District Health Board Pandemic Influenza Plan
- New Zealand Influenza Pandemic Action Plan

2.1 Purpose

This Plan has been prepared in support of a Health lead response with the following purposes:

- To provide clarity in respect of coordination and control during an event.
- To define the roles and responsibilities of response agencies.
- To reduce the impact on affected communities.
- To provide assurance to the community that the CDEM Group is facilitating preparedness to respond to any outbreak and has the capability to manage such an event when it occurs

2.2 Objectives and Purpose

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

- Minimise the impacts of a pandemic threat or outbreak, on the Hawke's Bay community
- Facilitate the effort of health providers (agencies) in conjunction with the Ministry of Health (MoH) and the Ministry of Civil Defence and Emergency Management (MCDEM) to maintain essential health services during a pandemic, with risk of spread and large-scale illness or deaths minimised.
- Effectively manage in conjunction with HBDHB a response in Hawke's Bay to a pandemic event when one occurs in New Zealand.

This Plan is an operational plan to:

- Identify key personnel and ensure that they are able to quickly make contact and meet,
- Identifies the key strategic, planning and operational issues that will need to be considered leading up to and during a pandemic
- Clarifies how the regional situation and decisions will be communicated,
- Outline how the Hawke's Bay CDEM Group undertake its role during a Health led emergency.

The purpose of the arrangements in this Plan is achieving confidence across the CDEM and Health sectors through clearly defined regional leadership, and coordination of response and recovery activities in Hawke's Bay.

2.3 Planning process

This Plan has been prepared under the umbrella of the Hawke's Bay CDEM Group Plan and in accordance with the New Zealand Local Authority and CDEM Group Pandemic Planning Guide dated March 2006.

The CEG recognises that the planning process for any response will, of necessity be flexible because the exact form and spread of a pandemic cannot be accurately predicted. The HBDHB has undertaken to monitor the international and domestic situation regarding pandemic and work with the Health Emergency Coordinating Committee to ensure that planning is up-to-date and ongoing to match the current situation and threat posed.

2.4 General Principles

The key principles defining the role of CDEM Group agencies during an event is set out in a letter from the Department of Prime Minister and Cabinet to Local Government New Zealand dated 23 December 2005. The relevant extract is as follows:

> In practice Government expects that the Health Coordinator, the local Medical Officer of Health and the CDEM Controller will "sit around the same table" with the following accountabilities:
>
> - *Health Coordinator* – accountability for the regional pandemic response and for command and control necessary to deliver health response measures under the Pandemic Action Plan;
> - *Medical Officer of Health* – statutory powers and accountability for such to the Ministry of Health;
> - *CDEM Controller* – accountability to coordinate and direct community and civil defence emergency management responses, resources and functions under Civil Defence Emergency Management Plans.

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

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

This Plan outlines the functions and coordination being undertaken at a CDEM Group level. Each Local Authority and agency involved in preparing for and responding to any outbreak is responsible for preparing their own agency plan.

The Plans prepared by these agencies and this Plan *support* the Pandemic Plan prepared by the Hawke's Bay District Health Board.

2.5 National Arrangements

Should pandemic outbreak occur in New Zealand, it would be co-ordinated by a whole of government approach with the Ministry of Health (MoH) as the lead agency. A state of national emergency may be declared under the CDEM Act 2002 to support the MoH as the overall lead agency.

The Epidemic Preparedness Act 2006 provides special powers to Medical Officers of Health, with the powers under the Act activated by decision of the Prime Minister.

The Health sector is responsible for implementing the New Zealand Pandemic Action Plan, CDEM Act powers and functions are available to provide support to help manage community impacts.

A CDEM Support Cluster (led by MCDEM) will advise and support MoH and the Domestic and External Security Committee (DESC) at a national level, and will liaise with regional CDEM Groups.

2.6 Operational Structures and Relationships

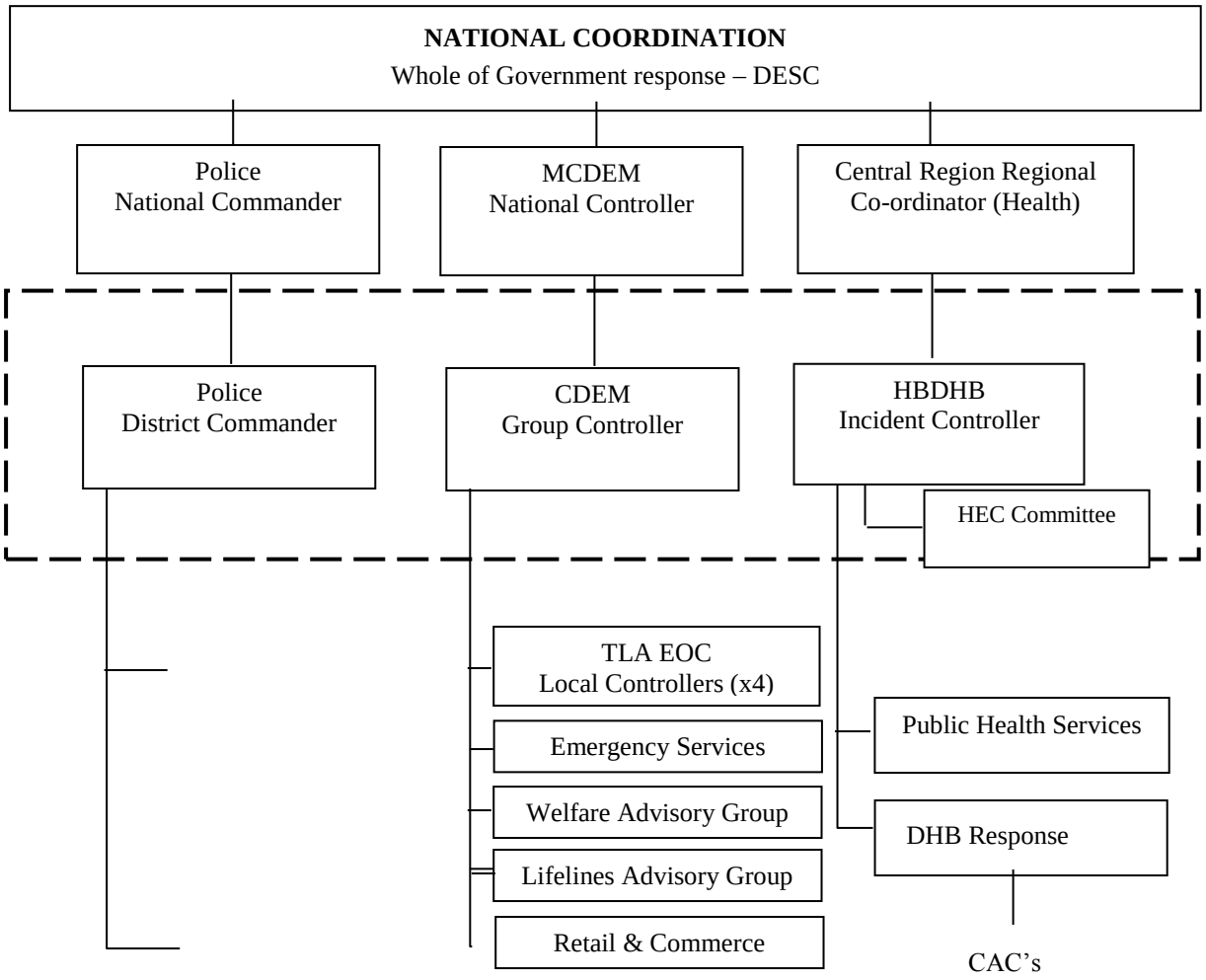


Figure 1. A general outline of Plan relationships and operational structures

3. RESPONSIBILITIES

3.1 District Health Boards

- Provide planning, leadership and strategic advice in preparing for and responding to a pandemic threat or outbreak.
- Provide one point of contact for all matters relating to a pandemic within the CDEMG area.
- Provide liaison with the Ministry of Health.
- Provide ongoing updates to the CDEM Group.
- Communicate with the public pandemic information, and advice on preparing for a pandemic and reducing the risk posed.
- Plays a lead role in training and exercising within the CDEM Group area prior to any event.
- Ensure understanding developed prior to a pandemic threat or event with CDEM Group Controllers regarding liaison and responsibilities during a response.

3.2 Health Response Co-ordinator

- Provide leadership in responding to a pandemic threat as an event.
- Prioritise, direct and coordinate community in response to the event.
- Communicates directly with appropriate response agencies.
- Facilitates wider communication with agencies involved.

3.3 CDEMG Group Controller

- Provides logistical support to the Health Response Coordinator.

To assist in ensuring each agency is aware of the “expectations” of them and their roles during an event, a “responsibility matrix” is attached as Annex i.

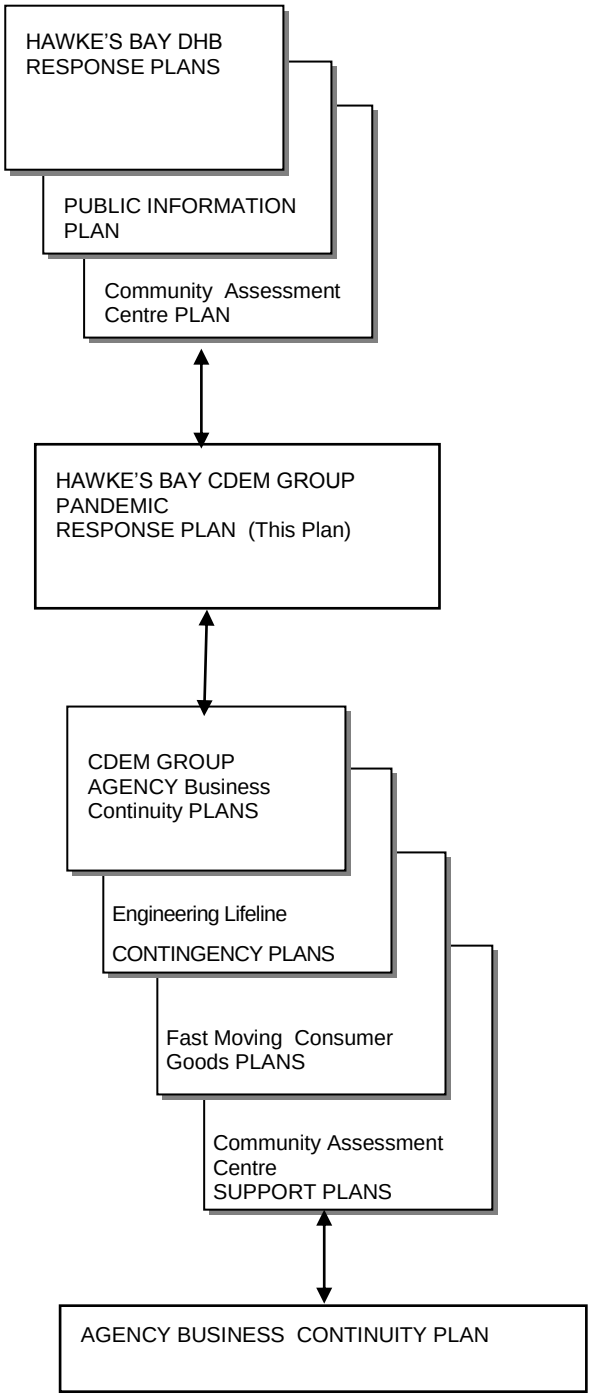


Figure 2. Hawke's Bay CDEM Group Plan Relationship

4 . REDUCTION

To commence planning for any potential pandemic outbreak it is first important to understand the risk and attempt, where possible, to reduce its impact.

To assist in understanding the level of risk posed and to ensure that all CDEM Group agencies are planning from a common basis a number of assumptions need to be agreed to and used by agencies when preparing their organisations plans.

4.1 Assumptions

These assumptions are based on technical and specialist information that is currently available and have been supplied by the Health sector. It must be noted that these assumptions are for planning purposes only and are not predictions of the likely impact.

- 15% of an organisation's workforce will be absent for 8 weeks because of school closures that may require working parents to stay home and look after children.
- 40% of those remaining at work will become ill at some time during the 8 weeks of the pandemic wave.
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill has 7 shifts off work
- For every person in the remaining workforce who gets ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.
- The additional absences follow the workplace attack pattern.
- 2% of workers who become ill will die.

Individual organisations and employers must consider their workforces and their particular circumstances. However, in general, organisations should make contingency plans to operate for the pandemic period with at most 85% of their normal staff available, and between 50% and 65% available for the peak three weeks of the pandemic.

4.2 Reduction Measures

All CDEM Group members should incorporate pandemic considerations in to their Business Continuity Plan (BCP). As part of a BCP organisations must identify the core people and skills to keep the essential parts of their "business" operating. A functional BCP plays a vital role in ensuring a level of capability remains within an organisation during the aftermath of any adverse event. Information on preparing BCPs can be provided by the CDEM Group to key lifeline utility owners, welfare providers and local authorities and a number of websites provide guidance and facts.

Each BCP should outline the key steps to be taken by their organisation's incident controller during any pandemic outbreak. Part of these plans should include reduction measures to be taken in the workplace and should also include steps to be taken to lower the risk of illness among staff and visitors. A number of personal

reduction measures are available for staff and these can be accessed from the Ministry of Health website (www.moh.govt.nz).

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

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

Key personnel required to manage the response to a pandemic under the CDEM Group Plan are:

- The Group Controllers
- The Group Recovery Managers
- Group EOC Team Leaders
- Local Controllers, and
- Key Local EOC staff
- One elected member with the authority to make a declaration
- Senior representatives of emergency services agencies and utility network organisations with the delegated authority to make decisions and advise the Group Controllers on behalf of their organisation.

4.3 Community Risk

Obviously the key focus for the CDEM Group is that of community response and recovery. Projections of pandemic impact on the Hawke's Bay community is currently assessed as being:

	Total Popn	**Consultations**	**Hospitalisations**	**Deaths**
Central Hawke's Bay	14,150	2,405	57	14
Hastings	84,380	14,345	338	84
Napier	62,800	10,676	251	63
Wairoa	4,280	728	17	4
TOTAL Hawke's Bay	**165,610**	**28,154**	**663**	**165**

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

A number of clusters are required for all hazards comprehensive emergency management. Some have been established to advance the CDEM Groups Vision whilst others are yet to be confirmed:

- **Medical & Health.** The Health Emergency Coordinating Committee will ensure that adequate communication is maintained amongst medical and Health providers to prepare for, where possible, continuity of services or establishment of special facilities as set out in the HBDHB plans.

- **Lifeline utilities.** The Lifelines Advisory Group will ensure that adequate communications are maintained amongst lifelines agencies to prepare for, where possible, continuity of services such as power, telephone, gas etc. Reference to the Lifelines report "Facing the Risks" should be made when assessing the risk posed.

- **Emergency Services.** The Emergency Services Co-ordinating Committee will ensure communications are maintained amongst Emergency Service agencies and ensure continuity of services.

- **Fast moving Consumer Goods (FMCG's) retail & commerce.** The CDEM Group will facilitate community continuity which includes maintaining the existing operation of supermarkets, banking, retail fuel sales and pharmacies, as the failure of these services may place excessive demands and expectations on resources, networks and personnel and lead to a breakdown of society.

- **Social and welfare services.** The Welfare Advisory Group will ensure that communication and liaison is maintained amongst welfare agencies to prepare for, where possible, continuity of their normal services and, where possible, some or all welfare functions as defined in the HB CDEM Group Welfare Plan should the need for delivery of any of these functions be confirmed and requested by the Group Controller.

- **Community agencies.** This includes agencies such as educational facilities (that may be closed during events). Liaison will be established with such agencies as required.

Initially there is considerable work associated with confirming and establishing the appropriate contacts and networks to form the cluster arrangements needed for successful CDEM whole of community readiness. Once established these clusters require further resources to ensure appropriate maintenance and mentoring.

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

4.4 Changes in Risk Level

As indicated in the introduction to this Plan, it is acknowledged that the pandemic status is liable to change very quickly. The HBDHB will continue to monitor the status in regard to pandemic risk and will ensure updates are given to all member agencies whenever there is a significant change or increased risk.

Once the alert level rises to yellow Pandemic Planning will be included as a "standing item" on CEG and CDEM Group agendas against which the HBDHB will report. Throughout this period consideration may be given to activating the HB CDEM Group SOP 2 Adverse Events Procedure to ensure appropriate integrated response.

4.5 Reduction – Key Tasks

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

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

   i Reduction measures for staff, including social distancing and supporting HR functions and policies to manage in the spread of infection.

   ii Personal Protective Equipment supplies, training and use.

   iii Specific preparedness relevant to that agency.

   iv An outline of the actions to be taken to address those areas of support agreed to with the DHB (as outlined in Annex A).

   v Any training or exercises required (including the use of PPE).

2. If requested by the District Health Board Territorial Local Authorities will also prepare plans outlining:

   i Their response capability in support of the establishment of Community Assessment Centres.

3. If requested by the HB CDEM Group Territorial Local Authorities will also prepare plans outlining:

   I Their response capability in support of Local plans for the Fast Moving Consumable Goods sector (once functions and roles are clarified).

5. READINESS

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

- Ministry of Health
  - http://www.moh.govt.nz/pandemicinfluenza
- Ministry of Economic Development
  - http://www.med.govt.nz/templates/ContentTopicSummary____14451.aspx
- New Zealand Government online
  - http://www.govt.nz/record?tid=1&treeid=805&recordid=28127

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

The primary document that outlines the response to an outbreak is the Pandemic Plan prepared by Hawke's Bay District Health Board.

5.1 Functions

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

5.1.1 Emergency Management Coordination / Emergency Operations Centres (EOC)

Each Local Authority in the region has trained staff and facilities available to manage and coordinate a multi agency response to emergency events.

The DHB and CDEM EOC's will be activated.

5.1.2 Public Education / Media Management

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

Individual agencies may make public comment on their agencies state of preparedness and, about the CDEMG preparedness, commenting in such a manner that reinforces to the public the key messages of preparedness and the collaborative nature of the planning currently underway. The HBHDB have prepared a communication plan which will provide the basis for specific information that needs to be relayed to the Hawke's Bay community.

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

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

Both the Ministry of Health and MCDEM have planned public education programmes. The CDEM Group advice centres on the core messages as follows:

- People must be prepared.
- People should seek advice from health professionals about precautions they can take (including the MoH website).
- Workplaces and households should increase their preparedness and resilience (storage of food, water, medication etc).
- Emergency management agencies will maintain the capability to manage their core functions throughout a pandemic event.

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

5.1.3 Community Assessment Centres

Part of the Health response planning is to focus on the use of Community Assessment Centres (CAC). These centres will be established during any outbreak to carry out an initial assessment of people that are potentially infected. Local authority logistical support will be required.

Local Authorities requested to assist may assess its capability to do so and advise whether or not it is able to provide such assistance.

5.1.4 Community Continuity

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

Essentially, community continuity is defined as:

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

The extent of involvement in the area of food supplies is, as yet unclear, but it is anticipated that, as a minimum, some liaison and collaborative planning will be required at a local level to ensure the provision of food is carried out should communities be isolated and usual supply routes be affected.

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

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

5.1.7 Coordinated planning and training

Central to the effective and efficient response to any event is the coordinated nature of planning and training undertaken.

As part of the readiness phase all agencies must give consideration to the identification of key response personnel and their training needs. Any training needs are to be communicated to the District Health Board.

The Health Emergency Coordinating Committee have prepared a training plan with appropriate modules. The training modules are designed to be self-teaching but the District Health Board will provide assistance where possible.

6. RESPONSE

6.1 ACTIVATION

As indicated in the matrix, attached as Annex i, once the Health alert status moves from White to Yellow (or Red) a meeting of the CDEM Group and Health Emergency Coordinating Committee is to be convened by the District Health Board.

On any change of status the Health Incident Controller is to advise the Group Duty Manager (HB Regional Council Duty Manager) on 835 9200. The Duty Manager will use the HB CDEM Group Warning Procedure to notify all CEG member organisations and CDEM Group Controllers.

Changes in alert codes are to be conveyed to:

- Welfare Advisory Group members

- Lifelines Advisory Group members
- Recovery Advisory Group members
- CDEM Group Joint Committee members
- Other stakeholders as directed by the CEG

Regular meetings will be held at intervals agreed by the District Health Board and the CDEM Group and attendance will be expanded to include leaders of CDEM Group Sub Committees, Advisory Groups and Clusters.

The purpose of these meetings is to achieve the core function of the CDEM Group "co-ordination":

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

6.2 Lead Agency

As agreed, the Lead Agency for any human pandemic will be Health authorities with other CDEM Group agencies providing support.

6.3 Trigger Points

The Health Emergency Coordinating Committee have agreed a set of trigger points to be applied in Hawke's Bay. The Hawke's Bay trigger points are consistent with the trigger points and scenarios set out in the New Zealand Influenza Pandemic Action Plan.

6.4 Emergency Declaration

A declaration of a State of Emergency under the provisions of the Emergency Management Act 2002 may be made at any time during a pandemic, with any such declaration, being in support of a Health led event. Extensive consultation will take place during the decision-making process and will also include advising MCDEM and ultimately ODESC of central government.

Some key response functions are detailed in the attached matrix. This outlines key tasks to be completed during a pandemic event. Tasks not included in the matrix will be as agreed to by the Health Incident Management Team and the Local / Group Controller and will be as outlined in the CDEM Group Plan.

All response actions by agencies in support of Health authorities will be as outlined in the Hawke's Bay CDEM Group Plan.

6.4 Operational Structure

The operational response structure is set out in the introduction section of this plan, see section 2.6 Operational Structure and Responsibilities.
The HBDHB Incident Controller, CDEM Group Controller and District Police Commander share responsibility for Strategic management, priority setting and resource allocation within Hawke's Bay during a pandemic event.

Local CDEM Controllers and Agency/Organisation Incident Controllers are responsible for achieving the strategic objectives and working within the priorities set by the HBDHB Incident Controller and CDEM Group Controller and retain operational management and control of their resources during a pandemic event.

Section "2.6 Operational Structures and Relationships" of this plan sets out schematically the modified operational structure that will be applied during a pandemic. The HB CDEM Group Plan (8.6) sets out the responsibilities of the lead agency and the role and relationship with of the CDEM Group Controller.

Human pandemic

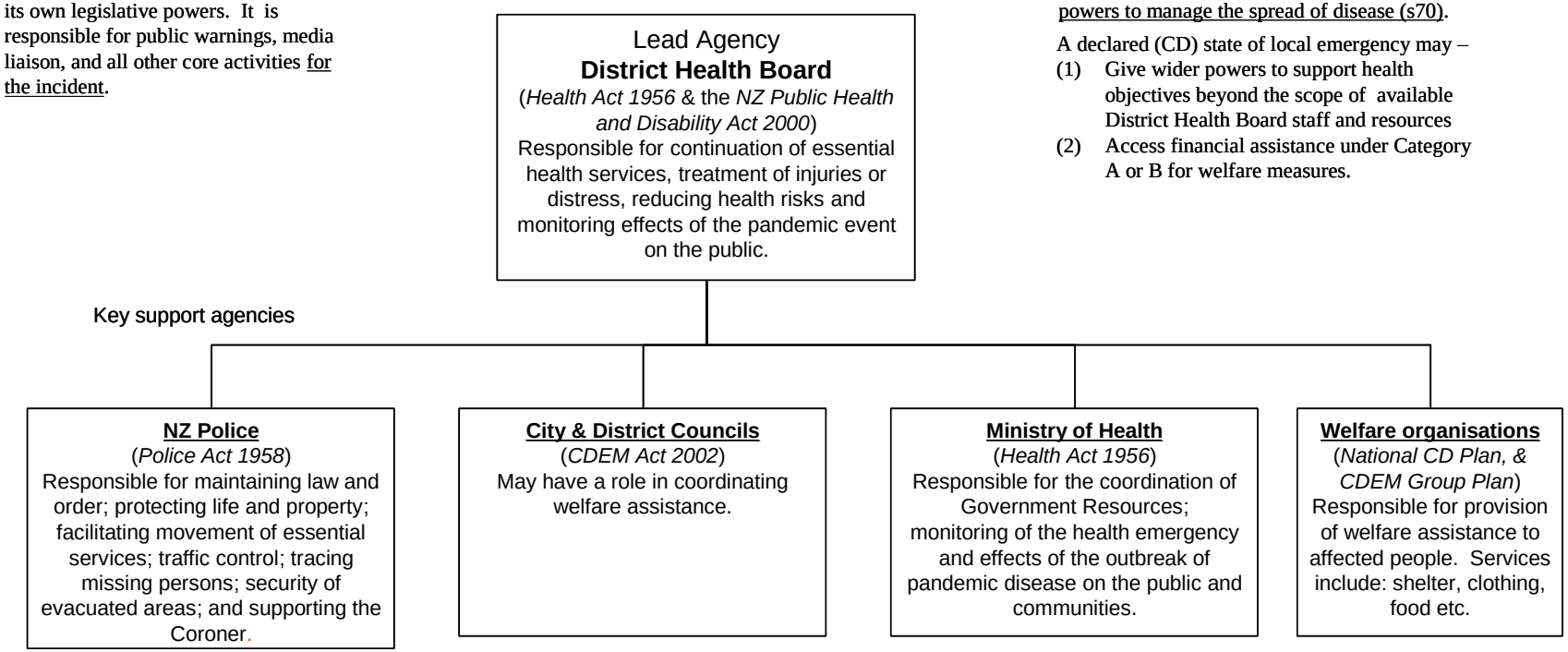
No declaration means "business as usual" In which case the Lead Agency acts under its own legislative powers. It is responsible for public warnings, media liaison, and all other core activities for the incident.

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

A declared (CD) state of local emergency may –

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

(2) Access financial assistance under Category A or B for welfare measures.



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

7. RECOVERY

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

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

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

Due to the uncertain nature of recovery in this context planning has not yet begun on the recovery phase but the Health Response Coordinator and Group Controller should give early consideration to the appointment of a Recovery Manager for the CDEM Group (which may be dependant on where the main impact is, if localised) and to commence planning for recovery.

ANNEX I "EXPECTATIONS" AND "RESPONSIBILITY MATRIX"

Code	Description	Local Actions	Plans to consider activating	DHB Actions	
White (now)	Interpandemic period or human infections overseas, but rare or no human to human spread	HECC to review plans Increased vigilance	Communication plan	• DHB liaison with CDEM and other agencies for pandemic planning. • Chair Health Emergency Coordinating Committee. • Update DHB emergency/pandemic plan including developing Communications Plans at Alert Code White. • Plan for Community Assessment Centres (CAC). • Position CAC equipment. • Conduct exercise of response plans. • Identify DHB staff for Incident. Management Team positions. • Identify Incident Management Team training needs and arrange training as required. • Notify clinical and public health staff of case definitions, clinical advice and control measures. • Review plans for rapid immunisation campaign. • Increased vigilance and surveillance especially with ports of entry into New Zealand. • Review plans for managing a pandemic including quarantine planning.	**All agencies** • Assist DHB in developing joint Communications Plan at Alert Code White. • Conduct ongoing planning for EOC site including communication links. • Interagency cooperation for pandemic planning. • Concurrence on expectations between agencies. • Participate in exercises (lead by DHB). • Complete Business Continuity Plans. **CDEM** • Complete CDEM Pandemic Plan. • Liaison with DHB for planning & participate in Health Emergency Coordinating Committee. • Assist in exercise of response plans. • Establish clusters that will contribute to CEM & IEM planning. **Police** • Update Business Continuity Plan to include pandemic. • Participate in Health Emergency Coordinating Committee. • Confirm Police involvement for DHB sites including planning urgent response. • Participate in exercise of response plans. **Fire Service** • Update Business Continuity Plan to include pandemic. • Participate in Health Emergency Coordinating Committee. • Confirm fire procedures for DHB sites. • Confirm fire requirements and procedures for CAC sites. • Participate in exercise of response plans. **St John** • Update Business Continuity Plan to include pandemic. • Support DHB planning & participate in Health Emergency Coordinating Committee. • Participate in exercise of response plans. **TLAs** • Update Business Continuity Plan to include TA functions & pandemic. • Draft plans for contribution to community continuity and logistics. • Provide relevant advice when requested to Health Emergency Coordinating Committee. • Support DHB planning and participate in exercises of response plans. **Lifelines** • Update Business Continuity Plan to include pandemic influenza.

					• Provide relevant advice when requested to Health Emergency Coordinating Committee. • Participate in exercise of response plans. **Welfare Agencies** • Update Business Continuity Plan to include pandemic. • Participate in Health Emergency Coordinating Committee. • Participate in exercise of response plans.
Yellow	Human infection in NZ (but not in Hawke's Bay) but no human to human spread or rare instances of spread to close contacts. Human infection in Hawke's Bay but no human to human spread or rare instances of spread to close contacts. Increasing transmissibility of virus (substantial pandemic risk) overseas but no cases in NZ	Convene Incident Management team Activate EOC Enhance Surveillance	Hawke's Bay Pandemic plan Communication plan Training plan	• Advise all agencies change in Alert Status • Activate DHB pandemic plan. • HECC meet with CDEM Group. • Place DHB staff on alert. • Manage clinical & public health response. • Increase security at DHB sites. • Prepare for activation of CACs. • Inform agencies of pending CAC activation. • Place CAC staff on alert. • Isolate cases and treat.	**All agencies** • Joint communications plan implemented at Alert Code Yellow. • Confirmation of interagency cooperation and plans for pandemic planning. • Confirmation of expectations between agencies. • Prepare for CIMS activation and establishment of EOC. • Activate interagency communication networks. • Activate internal agency response plans. **CDEM** • Confirm/prepare to activate CDEM pandemic plan. • Participate in Health Emergency Coordinating Committee. • HECC meet with CDEM Group. • Place CDEM staff in support of CAC on alert. • Finalise clusters CEM & IEM plans. **Police** • Confirm and prepare to activate Police Business Continuity Plan. • Participate in Health Emergency Coordinating Committee. • Monitor requirement for increased police presence at DHB sites. • Prepare to provide support to any CAC on establishment. **Fire Service** • Confirm and prepare to activate Fire Service Business Continuity Plan.

	Increasing transmissibility of virus (substantial pandemic risk) overseas. Clusters or multiple cases in NZ (none in Hawke's Bay)	Convene Incident Management team Activate EOC Enhance Surveillance Prepare to activate for code red Prepare to activate CACs Ensure familiarisation of unit / agency specific plans. Commence briefing of staff Establish links with recovery manager	Hawke's Bay Pandemic plan Command and control plan Communication plan Training plan		• Participate in Health Emergency Coordinating Committee. • Fire safety checks of all DHB facilities. • Confirm CAC fire safety – sites and equipment. **St John** • Confirm and prepare to activate Business Continuity Plan. • Participate in Health Emergency Coordinating Committee. • Support DHB site activation on occurrence. **TLAs** • Confirm/prepare to activate local authority Business Continuity Plan. • Confirm plans for contribution to community continuity and logistics. • Provide relevant advice when requested to Health Emergency Coordinating Committee. • Support DHB/CAC site activation on occurrence. **Lifelines** • Confirm and prepare to activate Lifelines Business Continuity Plan. • Provide relevant advice when requested to Health Emergency Coordinating Committee. • Lifelines Co-ordinator attend DPC/CCDEM Group meeting. **Welfare Agencies** • Confirm and prepare to activate Welfare agencies Business Continuity Plans. • Participate in Health Emergency Coordinating Committee. • WAG Chair attend DPC/CDEM Group meeting.
Red	Human case or cases in Hawke's Bay (human to-human transmission limited or localised)	Convene Incident Management team Activate EOCs 24/7 Enhance Surveillance Case management and contact tracing Consider request for Full activation	Command and Control plan Training plan Communication plan Port and Airport plan Antiviral and PPE plan Community Assessment Centres First case plan Quarantine and Isolation plan Closure of public places Management of the dead	• Advise all agencies change in Alert Status • Activate DHB pandemic plan. • Activate IMT & EOC. • Activate workforce contingency plans. • HECC meet with. CDEM Group • Prepare for activation of CACs. • Inform agencies of pending CAC activation. • Activate/Recall DHB staff. • Activate/Recall CAC staff. • Introduce enhanced staff surveillance and	**All agencies** • Joint communications plan at Alert Code Red. • Activation of all business continuity plans – no longer draft status. • Ensure continuation of interagency integration of pandemic plans. • Activation of CIMS structures and EOC. • Provide agency Situation Reports to EOC and national agencies. • Continue interagency/health communication networks. • Ensure Recovery phase of agency plans have final review. **CDEM** • Activate CDEM Pandemic Plan if requested. • Support DHB EOC.

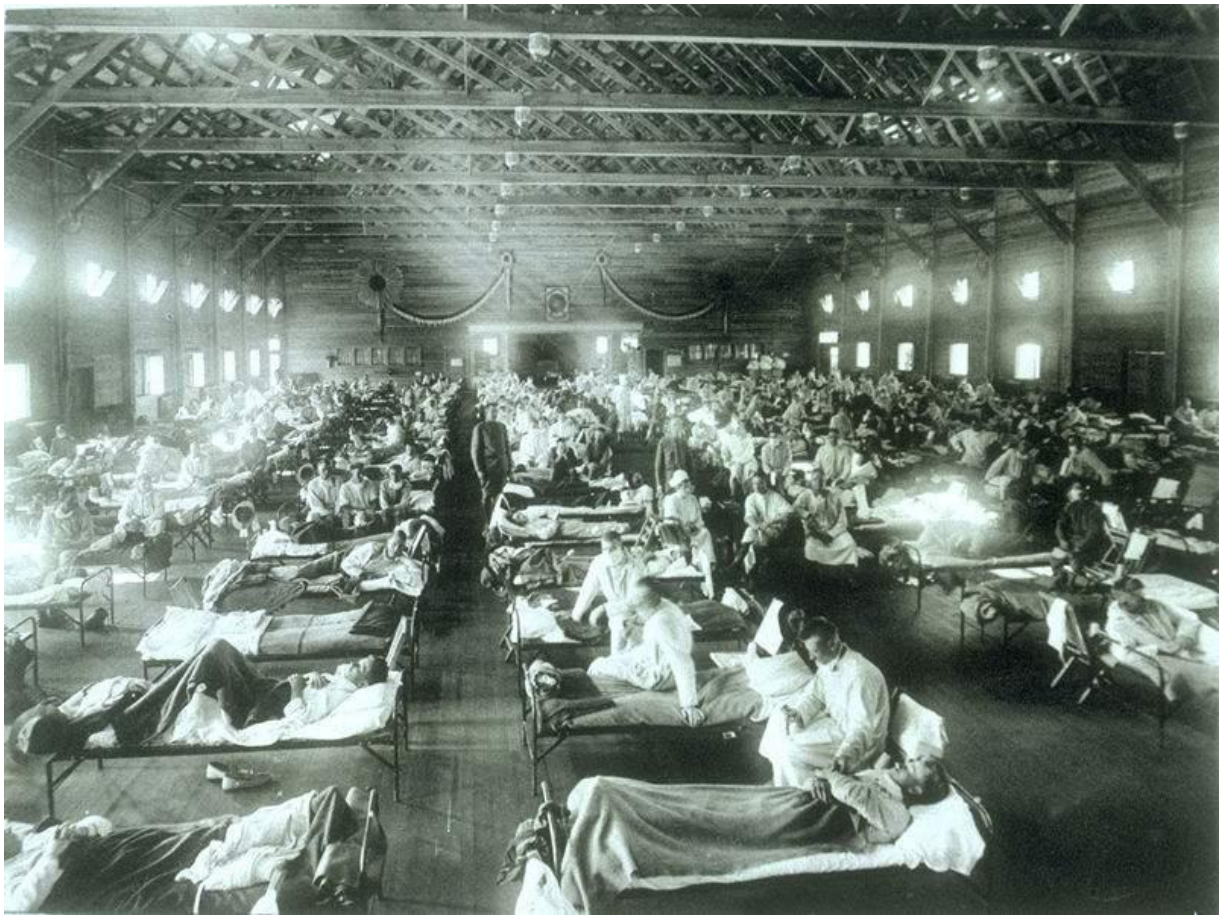
	Increased and substantial transmission of virus within New Zealand (whether or not cases in Hawke's Bay)	Full activation	Activate all plans	sickness reporting and follow up any Influenza-Like-Illnesses. • Isolate cases and treat. • Track all staff contacts and review health status. • Isolate cases and treat. • Increase security at DHB sites. • Provide Incident Controller. ▪ Increase treatment focus of CACs. ▪ Immunise priority populations.	• Provide advisory staff to support DHB & Participate in EOC. • CDEM use of Powers to support Police/Medical Officer of Health. • Assist in activation of Community Continuity plans. **Police** • Activate Police Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Police enhancement of security at DHB sites – potential for urgent response. • Police involvement in traffic control around DHB sites. • Police enhancement of security at CAC sites – potential for urgent response. • Preparation short notice response to law & order issues at DHB or CAC sites. • Provide support for community continuity and logistics. • General police control of law and order. **Fire Service** • Activate Fire Service Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Predeturmine response for fire emergency. **St John** • Activate Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Support DHB/CAC site activation. **TLAs** • Activate local authority Business Continuity Plan. • Provide support for community continuity and logistics. • Participate in EOC – provide Liaison Officer. • If agreed support DHB/CAC site activation. **Lifelines** • Activate Lifelines Business Continuity Plans. • Participate in EOC – provide Liaison Officer. **Welfare Agencies** • Activate Welfare agencies Business Continuity Plan. • Participate in EOC – provide Liaison Officer.
Green	Pandemic over and or population protected by vaccination	Stand down of critical staff Plan for deferred activities Transition to recovery manager	Communication plan	Advise all agencies Alert Status Green. • HECC meet with CDEM Group. • De-Activate DHB pandemic plan. • De-activate Activate IMT & EOC. • De-activation of CACs. • Manage return to normal health services. • Recovery, debriefing and lessons learnt. • Support CDEM Recovery process.	**All agencies** • Joint communications plan at Alert Code Green. • Activation of recovery phase of all pandemic plans. • Ensure continuation of interagency integration of plans. • De-activation of CIMS structure and EOC. • Continue interagency/health communication networks. • Resume normal functions and Business Continuity Plans. **CDEM** • HECC meet with CDEM Group.

					• Participate in Health Emergency Coordinating Committee debriefs. • Activate recovery phase of pandemic plan – Business Continuity Plan. • De-Activate advisory staff supporting at DHB. • Provide support for de-activation of CAC sites. • Co-ordinate Community Continuity & recovery plans. **Police** • Activate recovery phase of Business Continuity Plan. • Participate in Health Emergency Coordinating Committee debriefs. • Preparation of Police short notice response to law and order issues at DHB sites or CAC sites. • General police control of law and order. **Fire Service** • Activate recovery phase of Business Continuity Plan. • Participate in Health Emergency Coordinating Committee debriefs. **St John** • Activate recovery phase of Business Continuity Plan. • Participate in Health Emergency Coordinating Committee debriefs. • Support DHB/CAC site de-activation. **TLAs** • Activate recovery phase of Business Continuity Plan. • Provide relevant advice when requested to Health Emergency Coordinating Committee debriefs. • Support DHB/CAC site de-activation. • **Lifelines** • Activate recovery phase of Business Continuity Plan. • Provide relevant advice when requested to Health Emergency Coordinating Committee debriefs. • **Welfare Agencies** • Activate recovery phase of Business Continuity Plan. • Participate in Health Emergency Coordinating Committee debriefs.

Community Assessment Centre Plan

HAWKE'S BAY
District Health Board
Whakawāteatia

Pandemic Plan for Community Assessment Centres



October 2019

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INTRODUCTION

Influenza pandemics are typically characterised by the rapid spread of a novel type of influenza virus to all areas of the world, resulting in unusually high morbidity and deaths for approximately two to three years. Factors that need to be present for a pandemic to occur include: the emergence of a new viral subtype; the capacity for the virus to spread efficiently from person to person; and being virulent enough to cause disease.

The primary purpose of this plan is to provide the framework and methodology to efficiently respond to an influenza pandemic in the community.

Assumptions

1. An influenza pandemic is inevitable.

2. Outbreaks are expected to occur simultaneously throughout much of New Zealand, preventing shifts in human and material resources that normally occur with other natural disasters.

3. The effect of influenza on individual communities will be relatively prolonged -- weeks to months -- when compared to minutes-to-hours observed in most other natural disasters.

4. The impact of the next pandemic could have a devastating effect on the health and well being of the New Zealand public. CDC estimates that in Hawke's Bay alone, over a course of 2 to 3 months:
   - Up to 62 thousand people will become clinically ill
   - Up to 29 thousand people will require primary health care
   - Up to 700 people will be hospitalized
   - Up to 200 people will die (this is a conservative estimate of the impact)

6. Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of personnel in primary care therefore reconfiguration of service is required to meet the demand.

7. Despite the pandemic event, a level of routine primary care delivery will need to continue while minimising the risk of cross infection from patients with influenza-related illness.

8. Community assessment centres are a strategy to provide for primary care surge capacity and a level infection control and are triggered by Code Red – pandemic imminent.

ROLE OF COMMUNITY ASSESSMENT CENTRES

During an influenza pandemic, the role of Community Assessment Centres (CACs) will be to provide the primary care surge capacity arising from a sudden increase in demand. These centres will be a means of concentrating the initial assessment of people who may have influenza away from individual general practices and hospital emergency departments, the usual first ports of call for people who are unwell.

CACs will be for influenza cases that meet the case definition and for people that are likely to benefit from available clinical intervention. As well, CACs will support the provision of home-based self-care in association with telephone triage and advice.

FUNCTION

The primary functions of a CAC will be to:

(i) provide clinical assessment and advice;
(ii) provide triage and referrals to other primary health or secondary health care (if capacity exists);
(iii) enable health professionals to specialize in influenza and infection control;
(iv) practice and provide advice on infection prevention and control; and
(v) provide secure distribution centres for anti-virals in accordance with Ministry of Health (MoH) guidelines.

CACs will be facilities for the community that:

- are an identified place for the community to seek help and information;
- obviate the need for extensive travel (which might help slow the spread of the pandemic);
- will enable the community and the health workforce to be utilised in an efficient and effective way;
- are responsible for rationing scarce resources in accordance with national policy;
- have the capacity to stream patients into appropriate clinical pathways as available;
- are a means of providing emergency public health interventions close to the community and concentrating on the problem immediately at hand; and
- have local leadership.

A CAC Situation Report (Appendix 14) must be completed every 24 hours and sent to the Emergency Operations Centre at Hawke's Bay Hospital.

ESSENTIAL FEATURES

CACs will be a stand-alone facility set up for example in community centres, general practices or after-hours clinics not being used for the treatment of other conditions (Appendix 1). In choosing a facility the following features will be a priority:

- they are places that people are familiar with and can access easily
- they have easy drive-up access with separate entry and exit
- they are suitable for undertaking the functions noted above
- they have staff facilities such as toilets and hand basins
- there is available sufficient essential support systems such as water, electricity, and heating
- there is the ability to implement infection prevention and control practices
- there is staff, site and material security
- there is secure storage
- there is a means of disposing infectious waste

CACs will have to be planned with the needs of the community in mind.

Active consideration needs to be given to how they could provide services to people who are less mobile, who do not have easy access to transport, or are relatively isolated. There is no one size, or even range of sizes, that fits all. For example, a mobile CAC model may be feasible in some circumstances. CAC's will need to be progressively activated as the pandemic evolves with initial activation occurring at the loss of cluster control in Hawke's Bay, this will be advised by the Medical Officer of Health (MOH).

Social factors should also be acknowledged in planning a CAC location. Factors such as trust, and pre-existing relationships with a service or structure are important. Public health academic T.A. Glass comments "…people will go where they trust health care facilities, especially in a disaster situation."

Ideally, CACs will be open for a minimum of 12 hours a day, dependent upon workforce availability. Full time security will be necessary.

FUNDING

Community assessment centres will be funded by the Ministry of Health. It is critical that services are free to the community.

SUGGESTED SITES

Hastings Health Centre	City Medical
Te Mata Peak Practice	The Doctors Napier
Totara Health Flaxmere	Tamatea Medical Centre
The Doctors Hastings	Taradale Medical Centre
CHB Health Centre	Wairoa Health Centre

See Memorandum of Understanding (Appendix 4). Activation will be authorised by HBDHB incrementally as clusters of influenza cases are notified in Hawke's Bay.

It may be appropriate as the situation progresses to consult with local marae in rural areas regarding the operation of a CAC directly from the marae. This would involve appropriate resourcing and training for those involved.

RESOURCING A COMMUNITY ASSESSMENT CENTRE

HBDHB is responsible for staffing support and training and for the supply of PPE and clinical supplies for the CAC and its Outreach Service along with any other resources required.

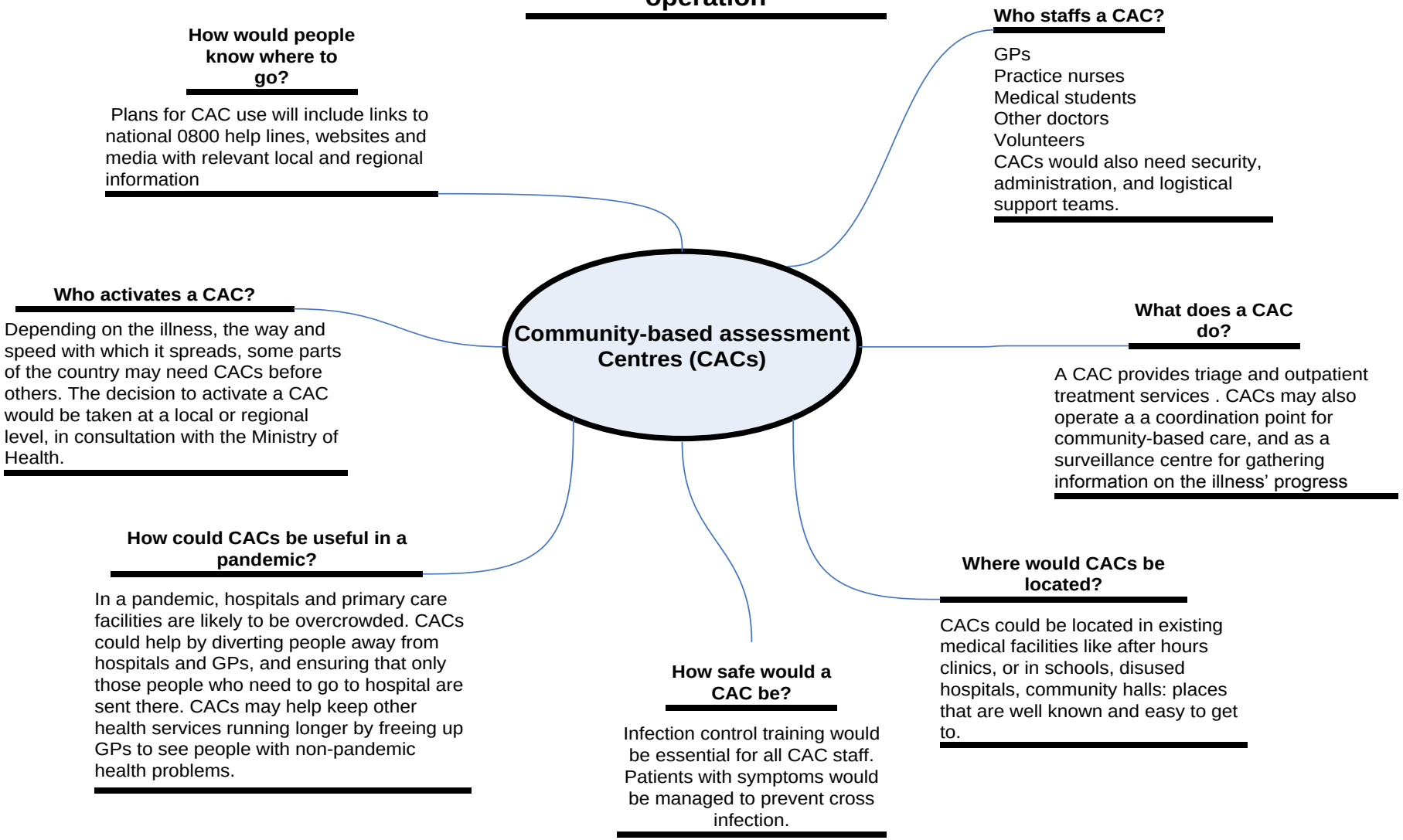
Provision will need to be made for information collection including the ability to record patient details. Facilities to control infection and monitor the health of staff will also be required, as will effective communications to enable telephone triage, or communication with referring and referred institutions.

DHB will be responsible for the safety of all personnel working for them. Police communication centres will be supplied with a current list of high risk facilities to ensure immediate response to any calls for assistance Police will liaise with local security firms in relation to high priority facilities in terms of need, risk and action required.

Set-up Requirements

- Security provision
- PPE (gowns, gloves, surgical masks, PFR95 masks, overshoes, hats, face shields)
- Antivirals and other identified appropriate medication
- Disposable thermometers
- IV administration equipment
- Oxygen masks, tubing and cylinders with regulators
- Resuscitation tray
- Stethoscopes
- Tongue depressors
- Ear speculum
- Nasopharyngeal swabs
- Blood collection equipment
- Antimicrobial hand gel
- Environmental wipes
- Screens for reception areas
- Screens to separate areas
- Swap out fabric furnishings for easy clean surfaces
- Rubbish bins with lids
- Biohazard bin
- Cleaning products
- Plastic bags for personal effects
- Tissues
- Stationery and patient notes
- Clipboards
- Directional signs
- Body bags
- Surgical scrubs

Fig 1: CAC scope and operation



MINISTRY OF HEALTH CASE DEFINITION

Suspected case of Influenza

Person with an influenza like illness of abrupt onset, characterised by:

- History of fever, chills and sweating; or
- Clinically documented temperature >38 C; and
- Cough or sore throat

Probable case of Influenza

Person with an influenza like illness who has a strong epidemiological link to a confirmed case or defined cluster.

Confirmed case

An individual for whom laboratory testing demonstrates one or more of the following:

a. positive viral culture; or

b. positive RT-PCR; or

c. four-fold rise in novel influenza virus specific neutralising antibodies.

RECOGNITION AND MANAGEMENT

In the event of an emerging infectious disease-related emergency all CAC's need to have the following minimum capabilities:

- Contact details for advice about, and referral of, suspect and/or probable patients.
- Access to updated clinical information on the emerging infectious disease including case definition and management and treatment guidelines.
- Appropriate visible signage advising patients and others of any restrictions or required actions.
- Access to appropriate PPE for staff, including receptionists.
- Availability of infection prevention and control review of facilities.
- Availability and accessibility of infection control training.

Utilise triage checklist (Appendix 5) to screen suspected cases. Patients who telephone and are advised to attend a CAC should be asked to bring their current medications with them.

The patient care clinical pathway (Appendix 6) should be followed for all identified possible cases with a clinical record (Appendix 8) completed. Antiviral medicines will be supplied to patients meeting the criteria, some antibiotics and paracetamol may also be supplied directly from the CAC. Prescriptions for other medication will be faxed to the patient's usual pharmacy for home delivery (prescription to be marked "influenza").

Isolation and quarantine requirements will be enforced early in the pandemic under the direction of the Medical Officer of Health (MOH) with information provided to patients and contacts (Appendix 13).

Admission and treatment guidelines will be supplied by HBDHB.

Antiviral medicines will be used in the stamp it out phase for:

- The treatment of early cases
- Post-exposure prophylaxis of contracts
- Possibly pre-exposure prophylaxis of health-care workers

Antiviral medicines will be used in the manage it phase for:

- Patients with severe clinical influenza-like illness.
- Patients with influenza-like illness who are at high risk of influenza-related complications (immunocompromised or suppressed patients, pregnant women, severe or poorly controlled congestive heart failure, severe chronic respiratory disease, severe asthma, patients on renal replacement therapy).
- Patients with influenza-like illness who live or work in high risk institutions (residents of aged residential care facilities [ARRC] or other chronic care facility, people who provide services in relatively closed settings to persons at high-risk).
- Cluster and/or infection control where appropriate on discussion with the MOH.

The MOH will be responsible for application to the MoH for release of the national supply to the HB Hospital Pharmacy.

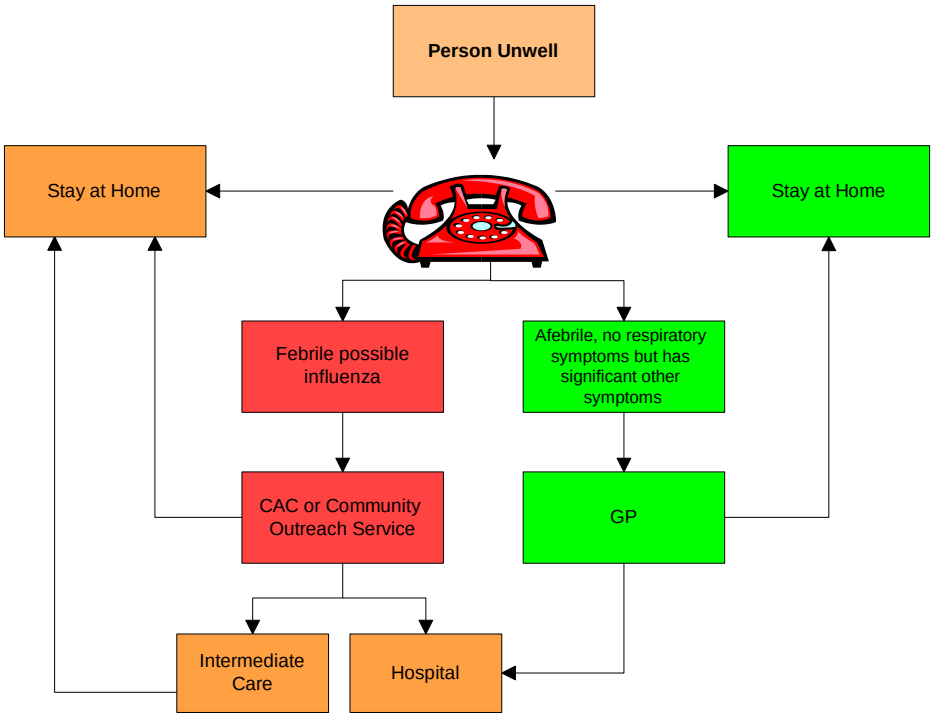
Effective vaccine is unlikely to be available for at least 12-16 weeks at which point the Public Health Service will coordinate a mass immunisation campaign (Appendix 11).

COMMUNITY OUTREACH SERVICE

Patients who are home bound will need to be visited and assessed by a registered nurse following infection prevention and control procedure. Patients will be logged on telephone triage and the call sheet provided to the rostered nurse covering the outreach service. The nurse will operate under the patient care clinical pathway (Appendix 7) and standing orders for supply of antiviral and other medication. The nurse must have direct access to a designated general practitioner at the CAC for advice as required. The local taxi service should be used as transport, serving also as a level of security for the nurse. Any patient requiring assistance at home should be referred to the Welfare Advisory Group by contacting Civil Defence Emergency Management.

Equipment required:

- Sets of PPE (gown, gloves, PFR95 mask, ear loop surgical mask)
- Antimicrobial hand gel
- Disposable thermometers
- Stethescope
- Tongue depressors
- Antiviral, paracetamol and approved antibiotic medication
- Patient notes and minimum dataset forms
- Biohazard bag



For more detailed information see Community Outreach Service Plan (Appendix 15).

COMMUNICATION PLAN

Name	Title	Contact	Availability
DHB			
Sandra Bee	Emergency Management Advisor	878-8109	On-call
Racquel MacDonald	Infection Prevention Control Advisor	878-8109	On-call
Debbie Fritz	Infection Prevention Control Advisor	878-8109	On-call
Public Health Unit			
Dr Nick Jones	Medical Officer of Health	878-8109	On-call
Dr Rachel Eyre	Medical Officer of Health	878-8109	On-call

Useful Websites:

Ministry of Health http://www.moh.govt.nz/pandemicinfluenza

WHO http://www.who.int

CDC http://www.cdc.gov

Notification of probable cases made to Public Health Unit, HBDHB.
Daily reports to Emergency Operations Centre at Hawke's Bay Hospital during Phases 5 and 6, reports to include numbers of probable and confirmed cases, staffing and resource levels and shortfalls of same.

REPORTING SYSTEM

1. Early in the epidemic

Immediate notification of the first suspected cases is crucial. Phone 834 1815 (seven days). Ask to speak to a Medical Officer of Health (MOH). Do not leave a message. Make sure you speak directly to a MOH. Detailed information will be required about each case and the MOH will work closely with the centre to formulate an immediate plan of action, including investigation and management of the case and contacts.

2. When the MOH advises that a Hawke's Bay epidemic is established

At this point the MOH will advise all centres that the reporting requirements are to be reduced to a minimum, Pandemic Minimum Data Set (PMDS), e.g. report date, name, age, gender, ethnicity and suburb or street address. PMDS Forms to be faxed to the DHB's Emergency Operations Centre.

SURVEILLANCE

Surveillance means collecting and reporting data about cases to describe the evolving epidemic to help guide a response. Surveillance will be carried out by the Public Health Unit (PHU).

Surveillance updates will be available for practitioners on the Hawke's Bay District Health Board website: http://hawkesbaydhb.govt.nz/ click "Public Health Alerts".

ISOLATION OF SUSPECTED CASES

The separation routine patients from those suspected of having influenza must be planned. This will be achieved by providing separate entrance/waiting rooms/treatment rooms for patients suspected of having influenza. Designated staff should manage the patients in this area.

Prompt triage will assist in patient placement. Staff directing patients to the appropriate area should use the symptoms checklist (Appendix 5). Providing a surgical mask at the point of entry will minimise contamination of others and the environment.

INFECTION PREVENTION AND CONTROL PRECAUTIONS

Initial precautions

It is recommended that all staff be vaccinated each year against seasonal influenza. While this may not protect against pandemic influenza, it will maintain the general wellness of your team. Create an expectation that sick staff should stay at home.

Initial precautions for people dealing with someone suspected of having pandemic influenza include:

- **Keep your distance**
  One metre is accepted as safe and significantly reduces your exposure
- **Wear a surgical mask and gloves**
  Also offer a mask to any patient and support people
- **Rigorous, frequent hand hygiene**
  Use an antimicrobial hand gel or wash in warm water with soap, dry hands with paper towels
- **Ensure separation of patients with respiratory symptoms from other patients**
- **Ventilation**
  Keep windows open if possible, if air conditioning is used, ensure that designated areas can be isolated from the rest of the facility or turn the air conditioning off

Essential supplies

- Gloves
- Surgical masks
- Disposable thermometers
- Tissues – for both waiting and consulting rooms
- Waste disposal bins and medical waste disposal bags – with lids for infection prevention and control
- Antimicrobial hand gel or soap and water and paper towels for drying

Guidelines for use must be followed (Appendix 9).

DAILY ENVIRONMENTAL CLEANING

Horizontal surfaces should be wiped down with environmental wipes after each suspect patient. Patient care areas and bathrooms must be cleaned at least daily on completion of other routine cleaning.

Protective clothing (mask, gown and gloves) must be worn. Use sodium hypochlorite 100mL in 1L of water (1:10). Clean all horizontal surfaces and all surfaces that are touched by patients and staff. Floors are to wet mopped with clean water and detergent with the mop rinsed thoroughly on completion and inverted to dry. Cleaning cloths should be disposed of in a biohazard bag. All patient equipment unable to be disposed of should be cleaned with environmental wipes followed by sodium hypochlorite 100mL in 1L of water (1:10) and left to dry.

A linen skip and a biohazard bag must be kept in the designated area. Minimal linen should be used and changed after each patient taking care not to shake it. All waste (except sharps) must go into the biohazard bag.

Linen and waste must be emptied daily or when containers are two thirds full. Daily collection of waste is contracted by HBDHB.

INFORMATION

Messages to the public will be distributed centrally by HBDHB following MoH advice, this will assist in managing expectations. HBDHB will also provide public information on local arrangements.

Information pamphlets are available on the MOH website. (www.moh.govt.nz/pandemic). Regular bulletins will be coordinated through the DHB. A hotline number may be made available through the DHB for updated information on 0800 777 790.

LABORATORY AND RADIOLOGY FACILITIES

Laboratory specimens will only be collected in the early stages of the pandemic. See Appendix 11 for specimen collection procedures.

Patients with suspected pandemic influenza should not be sent to a community laboratory for collection of throat or nasopharyngeal swabs.

Specimens should be double-bagged and couriered to the Laboratory at Hawke's Bay Hospital.

Radiology service arrangements will continue as normal arrangements dictate. They will be supported by TRG Imaging for non influenza patients with transport to services the responsibility of the DHB.

SUPPLIES

PPE will be supplied to each centre by HBDHB to manage cases with resupply through the national reserve once activated.

The HBDHB Procurement Department will control access to the national reserve supply.

Essential supplies include: gloves, surgical masks, PFR95 masks, gowns, disposable thermometers, tissues, waste disposal bins with lids, and antimicrobial hand gel or soap and paper towels for drying.

Equipment for collection of multiple specimens (as describe above) for viral culture and PCR.

Supply levels must be checked daily with reordering from the DHB as required.

Each designated CAC should increase their stock of medication held on set-up.

DHB will be responsible for the security of all drugs and medical supplies under their care including the movement of medical supplies to other facilities and the storage of medical supplies at assessment centres.

The MOH will approve the distribution of antivirals and request the release of the national reserve.

The HBDHB pharmacy will:

- **store** antivirals
- **pre-label** the antivirals so that a doctor or nurse can issue courses by writing the name and required dose on the label
- arrange **transport** to the provider who will supply the medication to the patient
- **monitor** stock issued

TEMPORARY ACCOMMODATION

Arrangements for temporary accommodation for staff who are willing to work but do not wish to go home should be made.

Coordination of temporary accommodation, if required, for patients who live alone will be carried out by HBDHB.

TRAINING

A training plan has been prepared by HBDHB to ensure consistent messages for all staff.

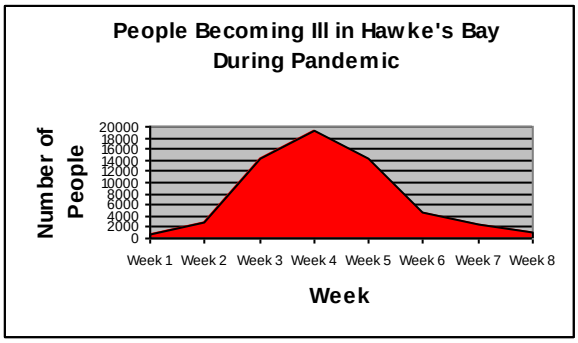
WORKFORCE MANAGEMENT

A CAC will require clear clinical leadership. This leadership will need to be drawn from existing public health, primary and secondary health care services and will utilise all health practitioners. Administrative staff, cleaning staff and security personnel will also be critical to the operation of a CAC (Appendix 2). Trained community volunteers may also be utilised to undertake task-oriented functions under supervision of clinical staff.

Workforce management requires sensible rostering, cover for sickness and absenteeism and attention to staff welfare. Rostering should consider short rotations in influenza care provision and adequate break time with a two hour shift in the isolation area recommended. Workload monitoring is essential.

Discussion with staff in the planning phase is essential to determine who will be most likely to be available, and skills that might be adapted to provide cover.

Workforce planning should consider the need for increased staffing during the peak of the pandemic.



Note: This is one scenario for a pandemic wave based on a Ministry of Health modelling tool which draws on data from the 1918 pandemic using a "standard planning model" of 40% attack rate and 2% case fatality rate. This would result in 66,244 cases and 3,312 deaths in Hawke's Bay.

Reception and recruitment of volunteers will be carried out centrally with placement of volunteers being made according to the information supplied by each agency detailing tasks that may be allocated, skills required and exclusion criteria. Each agency is responsible for area specific orientation of volunteers following generic orientation programme attendance.

Appendix 1

PREFERRED PHYSICAL SITE CHARACTERISTICS

General Location Characteristics

- ☐ Parking capacity
- ☐ Emergency services access and parking
- ☐ Proximity to population centres
- ☐ Pre triage collection point
- ☐ Staged entry to manage crowd
- ☐ Information displays – signage opportunities
- ☐ Ability to cordon the site off allowing room for patients to access – effect on nearby roads/residents/businesses
- ☐ Security
- ☐ Familiarity of site to immediate community
- ☐ Ventilation

Assessment and Treatment Areas

Red line / green line to separate patients:

- ☐ Multiple entries
- ☐ Registration area
- ☐ Waiting area(s)
- ☐ Screens for reception areas
- ☐ Assessment area: triage
- ☐ Transfer and pre-hospital treatment area
- ☐ Patient education/information/counselling area(s)
- ☐ Discharge area
- ☐ Adjunct services: radiology, laboratory

Storage and Administration

- ☐ Secure pharmaceutical supplies area
- ☐ Medical supplies, especially secure stores for PPE
- ☐ Patient records
- ☐ Triage tags/transport and transfer forms
- ☐ Ability to stockpile equipment and supplies

Support Services

- ☐ Medical waste
- ☐ Laundry
- ☐ Catering

Staffing

- ☐ Current staff levels at all required skill levels, including security staff
- ☐ Access to additional staff (consider impact on other services) including volunteer and health support service staff
- ☐ Insurance and personal liability cover for practitioners and volunteers
- ☐ Staff support services, including staff family support

- ☐ Training needs: infection control; triage methods; communication; telephone advice and triage; personal protection.

Physical Requirements (Infection Prevention and Control Only)

Entry

- ☐ Posters: Masks and hand gels outside facility to be put on/used before entering
- ☐ Antimicrobial hand gel dispensers outside facility so that people entering clean their hands before touching the door handle
- ☐ One point of entry for all patients so they do not miss triaging
- ☐ Glass screen at reception to minimise droplet spread

Reception area

- ☐ No toys magazines or newspapers
- ☐ Minimal, washable furniture

Treatment rooms

- ☐ Separate room to minimise exposure/ risk of transmission to others
- ☐ Designated toilet facility with appropriate hand hygiene facilities
- ☐ Sufficient space: wherever possible the practitioner should have sufficient space to be more than one meter away from the patient when not carrying out a physical examination
- ☐ Minimal equipment and supplies in the room
- ☐ Washable surfaces
- ☐ Pedal operated rubbish bins/linen skip
- ☐ Arm operated taps
- ☐ Wall dispensers: for antimicrobial hand wash and gel

Equipment

- ☐ Disposable equipment should be used when ever possible
- ☐ Masks, gloves, gowns, eye protection
- ☐ Antimicrobial hand washes/gels
- ☐ Disposable thermometers
- ☐ Biohazard bags
- ☐ Approved cleaning solutions: hospital grade surface disinfectant or wipes
- ☐ Disposable cloths
- ☐ Tissues

Appendix 2

Human Resource Requirements

General Requirements

These requirements are for all staff, regardless of role.

- Knowledge of infection control: general principles and specific requirements (if any) relating to the pathogen involved
- Ability to cope with highly pressured situations
- Communication skills
- Focus on teamwork
- Adaptability
- Commitment to maintaining confidentiality of patients and fellow staff

Specific Requirements

The following tables set out the skills and types of personnel that are likely to be required to take on specific functions in a CAC environment.

Functions	**Skills/personnel**
Administration	
Site administration/management - staff scheduling, support and welfare, assessing service demands and supply	Management/administration.
Co-ordination of patient care On-site training, orientation and task allocation for staff, volunteers and family members	Medical training, knowledge of basic patient care, triage, infection prevention and control and occupational health and safety, leadership, co-ordination and communication skills.
Receptionist, health records management, information technology resource	Communication skills, public relations, rapid situation assessment, clerical skills, IT systems knowledge and problem solving skills.
Patient care	
Medical triage	Medical training/nurse, ideally with emergency care training.
Medical management	Physician or nurse with physician backup.
Transfers/discharge Infection prevention and control training for family/other carers	Medical training/nurse, ideally with experience in discharge planning and infection prevention and control. Links with community-based care organisations.
Patient assessment and basic treatment	Instructed in nursing care: rehydration, feeding, vital signs monitoring, giving medications.
Infection prevention and control	
Monitoring infection prevention and control practices and safety in the CAC	Nursing skills, preferably with infection prevention and control and teaching experience.

Appendix 2

Transportation	
Patients and staff	Appropriate licence and insurance; infection prevention and control training.
Services	
Maintenance	Plumbing, electrical, air conditioning (not on-site).
Laundry	Off-site provided by contractor.
Cleaning	Cleaning of patient care areas, waste disposal, supply in toilet facilities.
Security	
Public order and personal safety	Crowd and traffic control; controlling entry of patients and protecting staff inside and outside the building.
Social services	
Social service/community care	Counselling, accessing community-based resources/social workers.
Psychology/pastoral care/grief counselling	Social workers, church leaders, psychologists, local service clubs/support groups, victim support services. Links with community-based care organisations for referral and follow-up support.

Different operational zones of the CAC will require different skills sets, noting, however, that all CAC staff members will need infection prevention and control and self-care training.

CAC clinic area	**Service provided**	**Training requirements**
Entry point	Primary assessment	Security Trained non-medical workers
Patient registration	Register incoming patients Vital signs	Trained non-medical staff; receptionists Medical professional (nurse, doctor)
Waiting room(s)	Initial assessment	Nurse, physician
Treatment room(s)	Secondary assessment and treatment plan Provision of oxygen, supportive treatment for patients who arrive in distress	Physician Advanced first aid
Transfer	Waiting area for patients transferred to hospitals	Trained non-medical
Education/discharge	Information for patients and families/carers; follow up resources and links with community-based care	Trained non-medical

Appendix 3

Hawke's Bay estimates of casualties and GP workload assuming a 35% attack rate and 0.5% case fatality rate

Table 1: estimated impact of influenza epidemic in Wairoa District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	17	0	1	3
2	(5)	84	2	4	14
3	(24)	403	9	20	67
4	(32)	537	11	26	90
5	(24)	403	9	20	67
6	(8)	134	3	7	22
7	(4)	67	1	3	11
8	(2)	33	1	2	6
	Total	**1678**	**36**	**83**	**280**

Table 2: estimated impact of influenza epidemic in Napier City

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	101	2	5	2
2	(5)	505	11	25	10
3	(24)	2424	52	119	46
4	(32)	3232	69	158	61
5	(24)	2424	52	119	46
6	(8)	808	17	40	15
7	(4)	404	8	20	8
8	(2)	202	4	10	4
	Total	**10100**	**215**	**496**	**191**

Table 3: estimated impact of influenza epidemic in Hastings District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	127	3	6	2
2	(5)	635	13	31	12
3	(24)	3046	65	149	55
4	(32)	4061	87	199	74
5	(24)	3046	65	149	55
6	(8)	1015	22	50	18
7	(4)	507	11	25	9
8	(2)	254	5	12	5
	Total	**12691**	**271**	**621**	**231**

Table 4: estimated impact of influenza epidemic in Central HB District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	2	0	1	0
2	(5)	7	0	6	1
3	(24)	32	1	28	5
4	(32)	43	1	38	6
5	(24)	32	1	28	5
6	(8)	11	0	9	2
7	(4)	5	0	5	1
8	(2)	3	0	2	0
	Total	**135**	**3**	**117**	**19**

Appendix 3

Table 5: estimated impact of influenza epidemic in Hawke's Bay District

Epidemic Week	(% cases)	Consultations	Hospitalisations	Deaths	Excess Consults per GP
1	(1)	270	6	13	2
2	(5)	1351	29	66	11
3	(24)	6485	138	318	54
4	(32)	8646	184	424	71
5	(24)	6485	138	318	54
6	(8)	2161	46	106	18
7	(4)	1081	23	53	9
8	(2)	540	12	27	4
	Total	**27019**	**576**	**1325**	**223**

Source data:
Wilson, N et al. NZMJ 11 March 2005, Vol 118 No 1211. Based on http://www2a.cdc.gov/od/fluaid/default.htm

Appendix 4

MEMORANDUM OF UNDERSTANDING
COMMUNITY ASSESSMENT CENTRE

Agreement Between Hawkes Bay District Health Board and Hastings Health Centre

A Community Assessment Centre is activated by Hawkes Bay District Health Board during response to a pandemic event and acts to support the regional health response. Activation will be confirmed in writing as per attached appendix.

Hastings Health Centre have agreed to provide a Community Assessment Centre under such circumstances and subject to the terms of this agreement.

This agreement sets out the responsibilities of both parties once the Community Assessment Centre is activated.

1. **As a Community Assessment Centre, Hastings Health Centre will provide:**
   (a) Clinical assessment, treatment and advice for influenza-related illness.

   (b) Supply of antiviral medication and appropriate medication as required.

   (c) Triage and referral to other primary and secondary health care.

2. **Hawkes Bay District Health Board will provide:**
   (a) Medical supplies, including personal protective equipment, as required for response.

   (b) Additional personnel when required as per current HBDHB Pandemic Plan held on the Community Assessment Centre premises.

   (c) Additional resources as reasonably required.

3. **Costs**
   All reasonable costs associated with staffing, supplies and utilities incurred in operating the Community Assessment Centre and associated with the response will be met by Hawkes Bay District Health Board.

Signed	_____	Signed	_____
	Chief Executive Officer **Hawkes Bay District Health Board**		General Manager **Hastings Health Centre**
Date	_____	Date	_____

Appendix 4

Annex 1

Activation of Community Assessment Centres

I, _____ hereby declare the activation of Community Assessment Centres in Hawke's Bay due to a pandemic response Category Red declaration within the region.

Declared by: _____

Designation: _____

Time and Date of Activation: _____

Appendix 5

CHECKLIST – INFLUENZA PANDEMIC STRAIN

Complete the following checklist at first contact with patient, i.e. in triage room or over the telephone.

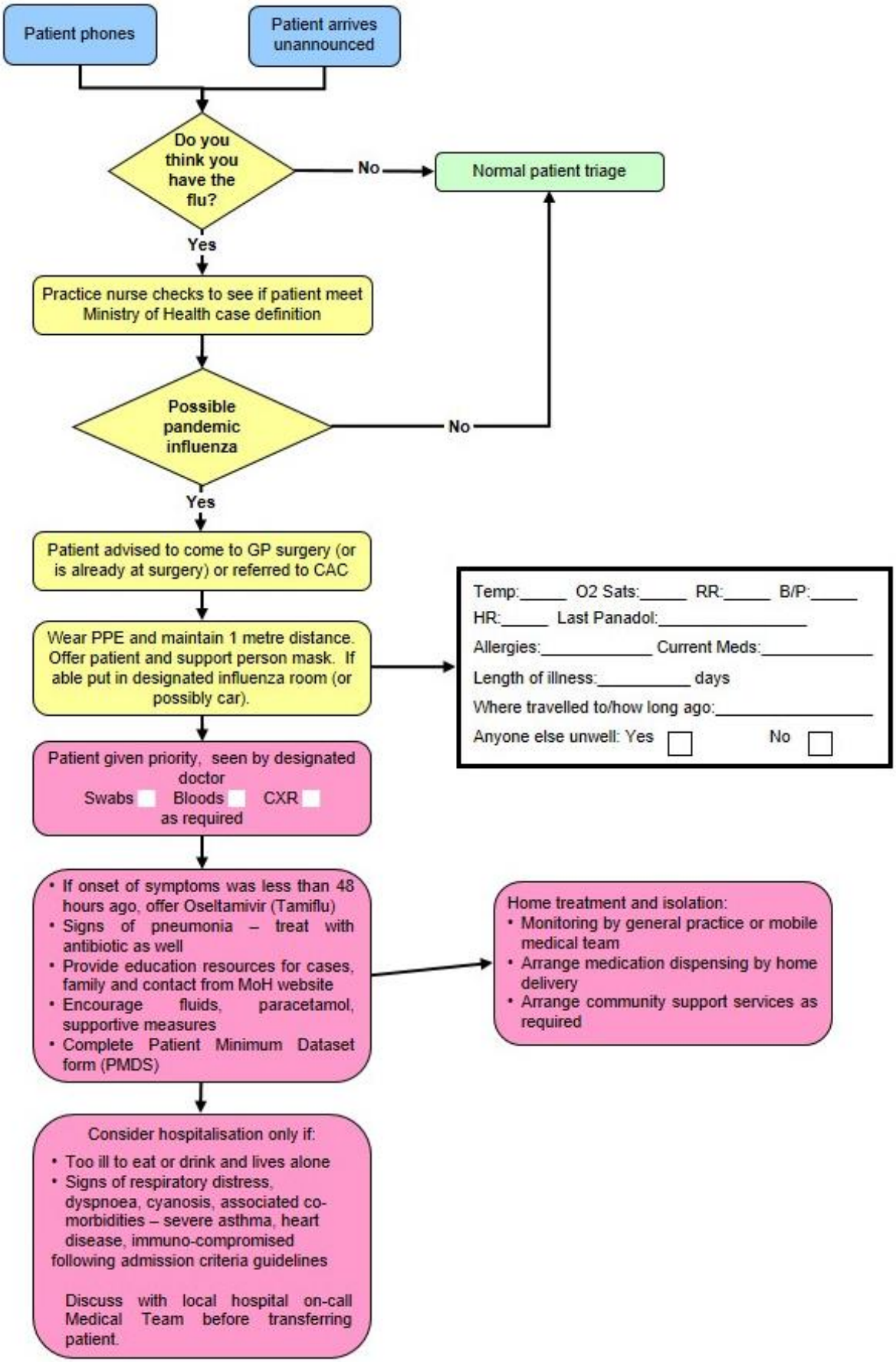
May 2019

		Yes/No
1.	History of fever, chills, myalgia **or** clinically documented fever $\geq 38^0$C	
2.	**PLUS two or more of the following**	
	Headache	
	Malaise	
	Cough	
	Sore throat	

Patients with **both** 1 **and** 2 meet the definition of influenza-like illness.

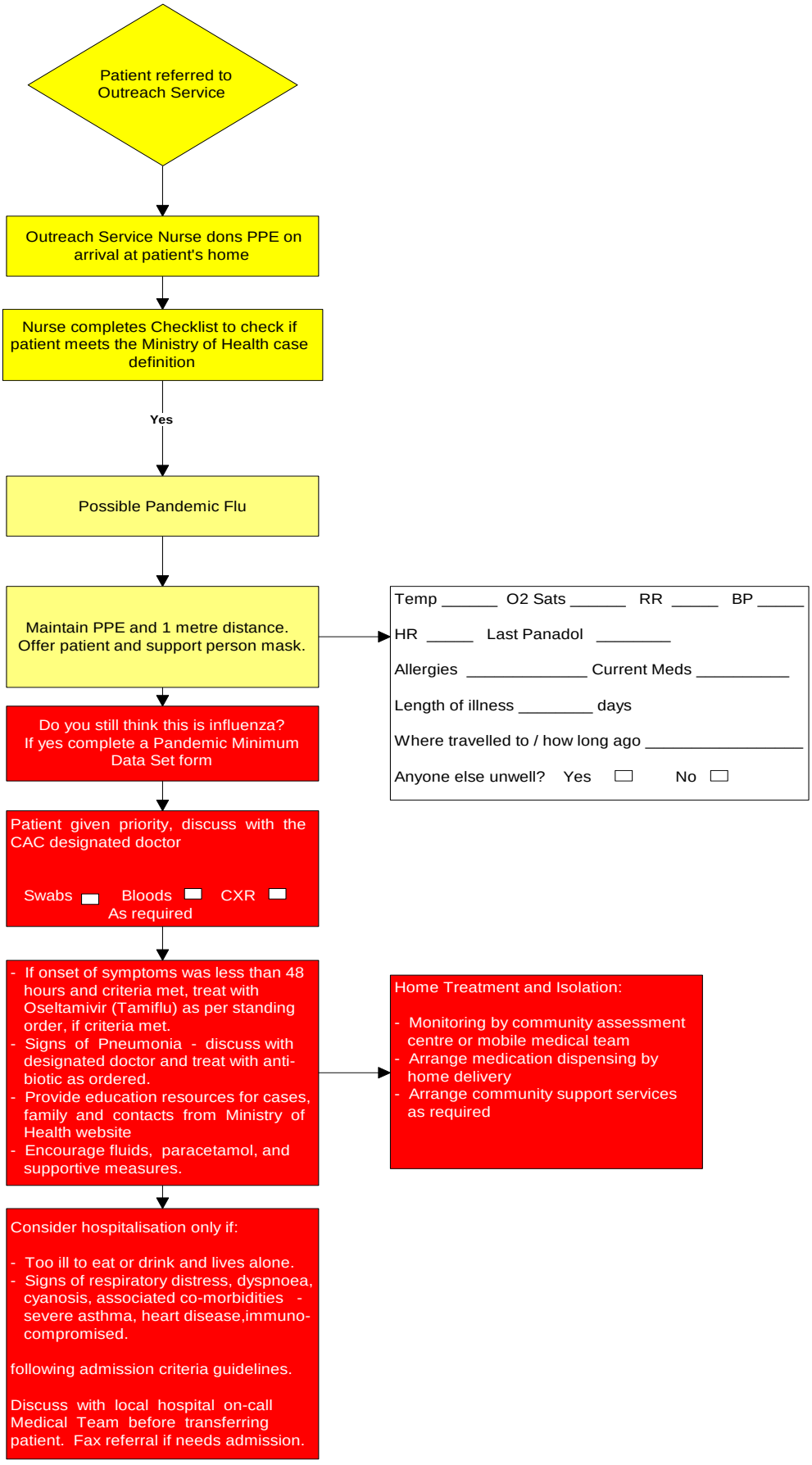
Appendix 6

Primary Health Pandemic Influenza Presentation
Patient Care Clinical Pathway



Appendix 7

Primary Health Pandemic Flu Presentation
Patient Care Clinical Pathway Outreach Service



Appendix 8

HAWKE'S BAY District Health Board Whakawāteatia

Pandemic Minimum Data Set

Name of Practice:	Date:
Clinical Assessor:	Signature:

Name: Given Middle Family	
Address:	
House Number:	
Street:	
Suburb:	
Town:	

Gender: M / F	DOB:		NHI:	
Ethnicity:	European	Maori	Pacific	Other

Please Circle Appropriate Codes

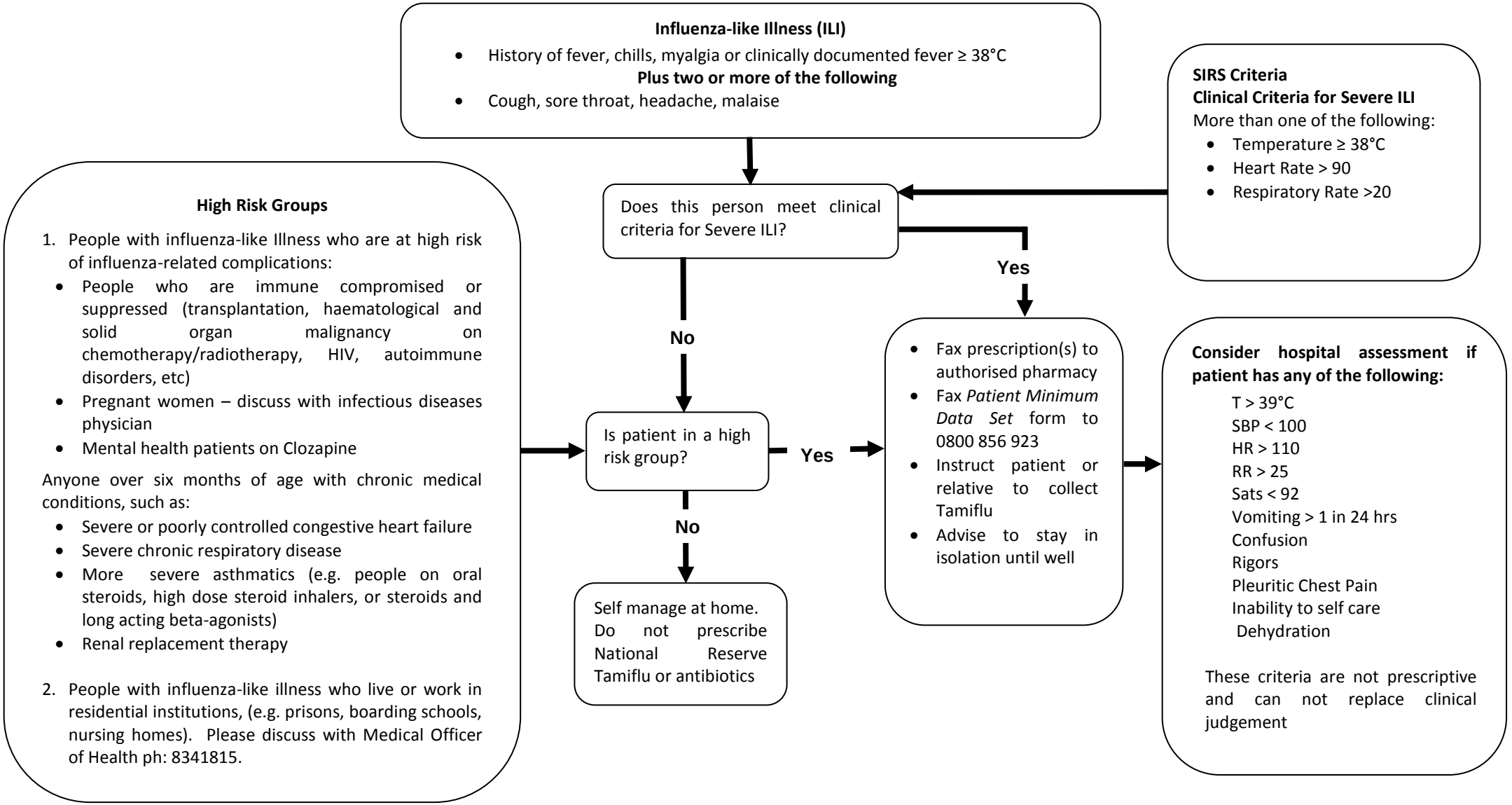
Category Codes	
GEN	General Public
HCN	Health Care Nurse
HCD	Health Care Doctor
HPA	Health Care Ambulance
HCO	Health Care Other Direct Contact
BOR	Border Worker
POL	Police
DEF	NZDF Member
COR	Corrections Worker
FIR	Fire Service Worker
SOC	Civilian Social Support Worker
Treatment Rationale Codes	
ILI	Severe influenza-like illness
HRG	High risk group
HRI	High risk institution – **MUST** be discussed with the Medical Officer of Health

Antiviral Status Codes	
TRT-T	Treatment provided – Tamiflu
TRT-R	Treatment provided – Relenza
OWN-T	Antiviral treatment from own supply - Tamiflu
OWN-R	Antiviral treatment from own supply - Relenza
POP-T	Post exposure prophylaxis with Tamiflu
POP-R	Post exposure prophylaxis with Relenza
Antibiotic Codes	
NIL	No antibiotics provided
TRT	Antibiotic treatment provided – evidence of existing respiratory bacterial infection
PRO	Prophylactic/precautionary antibiotics provided because of unusual vulnerability to bacterial infection (e.g. person with COPD, CHF, asthma or other condition)
Antibiotic Prescribed	
AUG	Augmentin
COT	Co-Trimoxazole
DOX	Doxycycline
FLU	Flucloxacillin

Please fax completed form and copy of prescription to: 0800 856 923

Appendix 9

Management of Patient with Influenza-Like Illness



Appendix 10

DHB_____Location_____Date_____Local code/number
Time_____*Compulsory Information

PATIENT IDENTIFICATION Date of Birth*___/___/___ Age*_____
Family Name*_____Sex* M ☐ F ☐
Given Name*_____Middle Name*_____
Address: No.*_____Street*_____
Suburb*_____City/Town*_____
Phone no.*_____Other phone_____
GP*_____NHI (if known)_____

NEXT OF KIN Name_____
Address_____
Phone_____
Relationship to you_____

DO YOU HAVE: Yes No Details
Lung disease ☐ ☐
Heart disease ☐ ☐
Kidney disease ☐ ☐
Diabetes ☐ ☐
Liver disease ☐ ☐
Other illnesses? ☐ ☐

ARE YOU: Yes No Details
Pregnant ☐ ☐
Disabled ☐ ☐
Living alone ☐ ☐
If living alone have you someone nearby to look after you ☐ ☐
Allergic? ☐ ☐ What to?

MEDICATIONS Please list

OCCUPATION* General public ☐ Dr ☐ Nurse ☐ Other health care ☐ Police ☐ Border worker ☐ Corrections worker ☐ Fire Service ☐ Defence forces ☐ Civilian social support worker ☐

OTHER INFORMATION How many days have you been unwell? _____ days
What are your symptoms? Yes No Details
Uncontrollable shivering ☐ ☐
Drowsiness or confusion ☐ ☐
Severe pain ☐ ☐
Headache ☐ ☐
Shortness of breath ☐ ☐
Vomiting ☐ ☐
Cough ☐ ☐
Red/watery eyes ☐ ☐
Ear ache ☐ ☐
Aching muscles ☐ ☐
Sore throat ☐ ☐
Diarrhoea ☐ ☐
Yellow/bloody/brown sputum ☐ ☐
Sharp chest pain on breathing ☐ ☐
Other symptoms? ☐ ☐

ETHNICITY* European ☐ Maori ☐ Pacific ☐ Asian ☐ Middle Eastern/Latin American/African ☐ Other

	Time										
SYSTOLIC BP	≥200					PULSE	≥130				
	190						120				
	180						110				
	170						100				
	160						90				
	150						80				
	140						70				
	130						60				
	120						50				
	110						≤40				
	100					RESPS	≥30				
	90						25				
	80						20				
	≤70						15				
TEMP °C	≥39						10				
	38.5						≤9				
	38					CONSCIOUS	A				
	37.5						V				
	37.0						P				
	36.5						U				
	36.0					SpO2	≥98				
	35.5						96-98				
	≤35						≤95				
BSL						Pain/10					
MEWS key			1				2			3	

TRIAGE NOTES
Move to CBAC area according to MEWS score | CBAC Area | Initials

CLINICAL NOTES AND TREATMENT

ANTIVIRALS* Yes Treatment given ☐ Post-exposure ☐ Own supply ☐
Dose_____
No Offered & declined ☐ 48 Hrs+ ☐
Failed case definition ☐

ANTIBIOTICS Underlying condition? Yes ☐ No ☐
Given for infection ☐ or prophylaxis ☐
Antibiotic_____
Dose_____

EXIT/PLACEMENT Home (No assistance) ☐ Home (with assistance) ☐
CBAC area 1 or 2 ☐ Hospital ☐ Other ☐ Details_____
Referred to_____

CLINICAL ASSESSOR (Area 3) Print name_____
Signature_____ Discharged time_____
Qualification: RN ☐ DR ☐ Other (Please state)_____

CBAC AREA 1 & 2 INITIAL ASSESSMENT

Local code/number space

Initials

Australasian Triage Score (circle) 1 2 3 Record obs. on front sheet

TREATMENTS All prescriptions must be signed for by Nurse (if standing order) or Prescribing Dr.

Drug/Fluids/Oxygen	Dose	Route	Signature or Standing order	Given by	Time

OTHER INSTRUCTIONS

Initials

EXAMINATION FINDINGS

Initials

POST-TREATMENT FINDINGS

DIAGNOSIS AND OTHER INFORMATION

Initials

DISCHARGE ADVICE/TREATMENT

PRESCRIPTIONS

ANTIBIOTICS*

Underlying condition? Yes☐ No☐

Given for infection ☐ or prophylaxis ☐

Antibiotic_____

Dose_____

ANTIVIRALS*

Yes Treatment given ☐ Post-exposure ☐

Own supply ☐Dose_____

No Offered & declined ☐ 48 Hrs+ ☐ Failed case definition ☐

OTHER MEDICATION PRESCRIBED

Initials

NEEDS REFERRAL TO OTHER SERVICE Referred time_____to_____

Referral accepted?_____

Requires transport to other service? Yes ☐ No ☐ Time transport ordered_____

Time transferred to other service_____By_____

Initials

CLINICAL ASSESSOR (Area 1 or 2) Print name_____Signed_____

Qualification: RN ☐ Dr ☐ Other (Please state)_____Discharge time_____Place_____

CHILD

DHB _____ Location _____ Arrival Date _____
Time _____ * Compulsory Information

Local code/number space

PATIENT IDENTIFICATION Date of birth* ___/___/___ Sex* M ☐ F ☐

Family name* _____

Given name* _____ Middle name* _____

Address: No* _____ Street* _____

Suburb* _____ Town* _____

Phone no.* _____ Other phone* _____

GP* _____ NHI (if known) _____

NEXT OF KIN Name* _____

Address* _____

Phone* _____

Relationship to child* _____

Who is with the child today? _____

Their relationship to the child _____

DOES THE CHILD HAVE:

	Yes	No	Details
Lung disease	☐	☐	
Heart disease	☐	☐	
Kidney disease	☐	☐	
Diabetes	☐	☐	
Liver disease	☐	☐	
Other illnesses?	☐	☐	

IS THE CHILD:

	Yes	No	Details
Disabled	☐	☐	
Allergic?	☐	☐	To what?
Able to be cared for at home?			

OTHER INFORMATION How many days has the child been unwell? ____ days

What are your child's symptoms?	Yes	No	Duration (in days or hours) and other details
Drowsiness or confusion	☐	☐	
Severe pain	☐	☐	
Headache	☐	☐	
Shortness of breath	☐	☐	
Vomiting	☐	☐	
Diarrhoea	☐	☐	
Cough	☐	☐	
Red/watery eyes	☐	☐	
Ear ache	☐	☐	
Aching muscles	☐	☐	
Sore throat	☐	☐	
Yellow/bloody/brown sputum	☐	☐	
Sharp chest pain on breathing	☐	☐	
Other symptoms?	☐	☐	

NUTRITION

	Yes	No	Details
Vomiting after feeds/food	☐	☐	

What colour is the vomit _____

Time last passed urine _____

Weight (estimated) _____

MEDICATION Please list _____

ETHNICITY* European ☐ Maori ☐ Pacific ☐ Asian ☐
Middle Eastern/Latin American/African ☐ Other ☐

Time					
PULSE	>170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
TEMP	39.0				
	38.5				
	38				
	37.5				
	37.0				
	36.5				
BSL					

RESPIRATIONS*	Severe				
	Moderate				
	Mild				
	Very Mild				
	None				
CAP REFILL	≥4 Sec				
	3 Sec				
	2 Sec				
	1 Sec				
	≤0.5 Sec				
CONSCIOUSNESS	A				
	V				
	P				
	U				
SaO2	≥91				
	86-90				
	≤85				
	Urine Output/PV/?				
	Pain/10				

TRIAGE NOTES

Move to CBAC area according to MEWS score.

CBAC Area _____ Initials _____

MEDICAL NOTES AND TREATMENT

ANTIVIRALS

Yes Treatment given ☐ Post-exposure ☐

Own supply ☐ Dose _____

No Offered & declined ☐ 48 Hrs+ ☐

Failed case definition ☐

ANTIBIOTICS*

Underlying condition? Yes ☐ No ☐

Given for: Infection ☐ Prophylaxis ☐

Antibiotic _____ dose _____

EXIT/PLACEMENT CBAC area 1 or 2 ☐ Hospital ☐ Other ☐ _____

Details: _____

Home with: Parent(s) ☐ Relative ☐ Family friend ☐ Other ☐ _____

Who _____ Address _____

Home Phone _____ Cell Phone _____

CLINICAL ASSESSOR (Area 3) Print name _____

Signature _____ Discharged time _____

Qualification: RN ☐ DR ☐ Other (Please state) _____

CRAC AREA 1 & 2 INITIAL ASSESSMENT

Local code/number space (as on front sheet)

Initials

Australasian Triage Score (circle) 1 2 3 Record Obs on front sheet

TREATMENT

Drug/Fluids/Oxygen	Dose	Route	Signature or Standing order	Given by	Time

OTHER INSTRUCTIONS

Initials

EXAMINATION FINDINGS

Initials

POST TREATMENT FINDINGS

DIAGNOSIS AND OTHER INFORMATION

Initials

DISCHARGE ADVICE/TREATMENT

PRESCRIPTIONS

ANTIBIOTICS[1]

Underlying condition? Yes☐ No☐

Given for infection ☐ Prophylaxis ☐

Antibiotic_____

Dose_____

ANTIVIRALS[2]

Yes Treatment given ☐ Post-exposure ☐ Own supply ☐Dose_____

No Offered & declined ☐ 48 Hrs+ ☐ Failed case definition ☐

OTHER MEDICATION PRESCRIBED

Initials

NEEDS REFERRAL TO OTHER SERVICE Referred time_____ to_____

Referral accepted?_____

Requires transport to other centre? Yes ☐ No ☐ Time transport ordered at_____

Time transferred to other centre_____ By_____

Person accompanying_____ Relationship to child_____

Initials

CLINICAL ASSESSOR (Area 1 or 2) Print name_____ Signed_____

Qualification: RN ☐ Dr ☐ Other (Please state)_____ Discharge time_____

Appendix 11

PERSONAL PROTECTIVE EQUIPMENT

Recommendations for PPE use

Personal protection equipment (PPE) includes masks, eye/face shields, gloves, gowns and aprons. Varying levels and types of PPE are required, depending on the level of exposure and the risk of transmission.

Whatever the level of PPE to be used, education and training is necessary to ensure the equipment is used and disposed of correctly, to maintain the equipment's effectiveness.

Estimate for PPE

One patient requires one GP and one Nurse:

PPE required for 1 patient	= 2 masks, 2 pair gloves, 2 gowns
GP sees 4 patients per hour	= 8 pair gloves per hour
	= 96 patients per 24 hours
	= 192 pairs per 24 hours
	= 672 patients per week
	= 1344 pairs gloves per week
Gloves supplied per box	= 100 therefore 26-27 boxes of gloves per week
PFR95 masks ≤4 hours	= 12 per day per one GP and one Nurse (6 each)
	= 84 per week
PFR95 masks supplied per box	= 35 therefore 2.4 boxes per week
Surgical masks for patients	= 672 patients per week
Surgical masks supplied per box	= 50 therefore 13-14 boxes per week
If the gown is to last 4 hours	= 12 per day (as for masks)
	= 84 per week
Gowns supplied per carton	= 50 therefore 2 cartons per week

Gowns - you will need to decide how long your gown should last. In the hospital situation a gown is single use. In the primary care setting you may decide to use one gown for 4-8 hours. This will depend on the contact with patients and the care and contamination of the gown.

Gloves may not be required for all patient contacts. Hand hygiene (antimicrobial hand gel or soap and water wash) will be sufficient in most cases.

NOTE: These numbers are only estimates and may vary during the phases of a pandemic. There are many variables to be considered i.e. patients seen, acuity, potential for contamination of PPE.

Appendix 11

Summary of PPE requirements:

	Entering Room but no close contact (> 1 metre from patient)	Close patient contact (<1 metre from patient)	Aerosol generating procedure being performed (including nose/throat swabs)
PFR95 mask	No	No	Yes
Surgical mask	Yes	Yes	No
Gown, non sterile, long sleeved	No	Yes	Yes
Gloves, non-sterile	Yes	Yes	Yes
Eyewear, protective	No	No	Yes

Using disposable surgical masks, gloves and gowns/aprons

Disposable surgical masks are recommended for first responders and health care/support workers in a health care setting who are at risk from droplet transmission.

Disposable gloves are recommended as a means of reducing the likelihood of influenza transmission when handling objects contaminated with respiratory secretions. Apart from health care settings, the use of gloves is less important than careful hand hygiene. The use of gloves does not replace the need for hand hygiene.

Disposable gowns or splash resistant aprons may also reduce opportunities for transmitting influenza. However, it may not always be practical to use gowns/aprons outside the health care setting.

Checklist for Staff before Entering Designated Areas

The following points must be checked before entering a designated area:

- Cellphones or pagers left outside the area along with pens, stethoscopes and tourniquets
- Shoulder length hair must to clipped or tied back
- Shoes should cover and protect feet from splashes and dropped equipment and should have wipeable surfaces
- A mask must be worn and fit securely
- A gown must be worn and be tied firmly
- Gloves should be worn covering the wrists

Using Personal Protective Equipment

Order for putting on:

- Change into work clothing, shoes should be either designated work shoes or be suitable for disinfection
- Put on gown or apron
- Fit mask ensuring a good seal (can be worn for 4 hours before being replaced unless wet)
- Put on gloves ensuring they are a good fit

Removal:

- Remove gown/apron and gloves (if worn) taking care to minimise contamination of self and clothes

- Using two hands, untie mask strings and lift off forwards taking care not to touch the pouch of the mask

Perform hand hygiene

Notes:

If any of the following occurs the mask must be changed:

- if you touch it
- if it is grossly contaminated
- if it becomes wet for any other reason
- if it becomes hard to breathe through

Masks should be placed in a biohazard bag after removal.

If at any time gloves become contaminated, they must be removed, hand hygiene performed and clean gloves put on.

Appendix 12

USE OF ANTIVIRALS

Influenza viruses develop significant resistance quickly for M2 channel blockers and zanamivir is not available in New Zealand. Therefore only oseltamivir (Tamiflu) will be described in detail.

First line health care workers will be using antivirals from the Governments stockpile, because the antiviral medication will be in short supply when the pandemic strikes. The MoH (directly or through Medical Officers of Health) will be communicating guidelines, protocols, and priorities for its use.

Tamiflu might be used prophylactically for exposed travellers, containment of sporadic clusters, essential services staff and therapeutically for all patients (initially), high-risk patients, essential services staff

Tamiflu is licensed for the treatment of influenza in adults and children ≥ 1 year of age.

Tamiflu is indicated for the prophylaxis of influenza in adults and adolescents ≥ 13 years of age.

Presentation
Tamiflu capsules 75mg blister pack of 10 capsules
Tamiflu powder for oral suspension 12 mg/mL bottle pack with 30g of powder

Dosage and Method of Administration

Tamiflu may be taken with or without food. However, Tamiflu taken with food may enhance tolerability in some patients.

Standard Dosage

Treatment of influenza

Treatment should begin within the first 48 hours of the onset of symptoms of influenza.

Adults and adolescents
The recommended oral dose of Tamiflu capsules in adults and adolescents ≥ 13 years is a 75mg capsule twice daily, for 5 days. Adults and adolescents ≥ 13 years of age that are unable to swallow capsules may receive a dose of 75mg Tamiflu suspension BD for 5 days.

Children
Children > 40 kg or ≥ 8 years who are able to swallow capsules may also receive treatment with a 75mg capsule twice daily as an alternative to the recommended dose of Tamiflu suspension (see below).

The recommended oral dose of Tamiflu suspension for children ≥ 1 year of age is:

Body weight	Recommended dose for 5 days
≤ 15kg	30mg twice daily
> 15-23kg	45mg twice daily
> 23-40kg	60mg twice daily
> 40kg	75mg twice daily

No dose adjustment is necessary for patients with creatinine clearance above 30mL/minute. In patients with creatinine clearance between 10 and 30mL/minute receiving Tamiflu it is recommended that the dose be reduced to 75mg of Tamiflu every other day or 30mg suspension every day. No dosing recommendation is available for patients undergoing routine haemodialysis and continuous peritoneal dialysis with end stage renal disease and for patients with creatinine clearance ≤ 10mL/minute.

No dose adjustment is required for patients with hepatic dysfunction and no dose adjustment is required for elderly patients.

The safety and efficacy of Tamiflu in children under 1 year has not been established. Tamiflu should not be used in children under 1 year of age.

A bottle of 30g Tamiflu powder for oral suspension contains 25.713g of sorbitol. One dose of 45mg oseltamivir administered twice daily delivers 2.6g of sorbitol. For subjects with hereditary fructose intolerance this is above the recommended daily maximum limit of sorbitol.

Prophylaxis of influenza

The recommended oral dose of Tamiflu for prophylaxis of influenza is 75mg once daily for at least 10 days. Therapy should begin within two days of exposure.

Contraindications

Hypersensitivity to oseltamivir phosphate or any component of the product.

Information derived from pharmacology and pharmacokinetic studies of oseltamivir suggest that clinically significant interactions with other medicines are unlikely.

At present, insufficient data are available in pregnant women taking Tamiflu to enable an evaluation of the potential for oseltamivir cause foetal malformations or foetal toxicity. Tamiflu should therefore be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

Appendix 12

Undesirable Effects

Table 1: Most frequent adverse events in studies in naturally acquired influenza

	Treatment		Prophylaxis	
Adverse Event	**Placebo N=1050**	**Oseltamivir 75mg bd N=1057**	**Placebo N=1434**	**Oseltamivir 75mg od N=1480**
Nausea (without vomiting)	71 (6.8%)	113 (10.7%)	56 (3.9%)	104 (7.0%)
Vomiting	32 (3.0%)	85 (8.0%)	15 (1.0%)	31 (2.1%)
Diarrhoea	84 (8.0%)	58 (5.5%)	38 (2.6%)	48 (3.2%)
Bronchitis	52 (5.0%)	39 (3.7%)	17 (1.2%)	11 (0.7%)
Abdominal pain	21 (2.0%)	23 (2.2%)	23 (1.6%)	30 (2.0%)
Dizziness	31 (3.0%)	20 (1.9%)	21 (1.5%)	24 (1.6%)
Headache	16 (1.5%)	17 (1.6%)	251 (17.5%)	298 (20.1%)
Insomnia	10 (1.0%)	11 (1.0%)	14 (1.0%)	18 (1.2%)

Single doses of up to 1000mg of Tamiflu have been well tolerated apart from nausea and/or vomiting

HBDHB holds a number of courses of antivirals for management of a first case and close contacts. The Ministry of Health reserve will be released to DHB's following this and distributed according to a national priority list.

Appendix 13

SPECIMEN COLLECTION

All samples should be sent by the usual Southern Community Laboratories specimen collection service to Hawke's Bay Hospital Laboratory.

Who should be swabbed?

- Swabbing should be reserved for only those patients with influenza-like illness who are in high risk groups or situations.

People on antiviral medication

- Antiviral medication reduces the yield from viral swabs.
- If an adult case has commenced a *twice-daily treatment* course of antiviral medication, do not take swabs. Children excrete a higher viral load. If a child case has been on a *twice-daily treatment* course of antiviral medication for $\geq$48 hours do not take swabs.
- For contacts on *once-daily prophylaxis* with antiviral medication who develop symptoms, a swab is indicated if within 48 hours of commencing antiviral medication.

People not on antiviral medication

- Virus shedding declines with time in untreated patients.
- Do not take swabs from an adult case who has had symptoms for five days or longer.
- Children (especially young children) shed for longer, so untreated children can be swabbed even if they have had symptoms for longer than five days.

Samples required

- Nasopharyngeal swab in viral transport medium

Sample collection

Respiratory specimens should be collected as early as possible in the course of the illness. The likelihood of recovering most viruses and many bacteria diminishes markedly >72 hours after symptom onset. Some respiratory pathogens may be isolated after longer periods.

Equipment:

One pernasal swab with non-wooden shaft and synthetic fibre tip
One green top virology swab with viral transport medium
One pair of scissors
PPE i.e. gloves, gown, PFR95 mask, faceshield, hat
Antimicrobial hand gel

(i) Collection of nasopharyngeal swab

Use a pernasal swab with non-wooden shaft and synthetic fibre tip:
Insert swab into one nostril, parallel to the palate, rotate gently and advance until resistance is felt. (One eye often waters when swab is in the correct position.)
Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate and leave in place for a few seconds, then slowly withdraw using a rotating motion.
Place swab into **green pre-labelled viral transport medium tube.**

Cut off the cap with scissors and discard the cap.
Lay the medium tube to one side.

(ii) <u>If the viral transport medium is liquid</u>
Cut the swab sticks off just below the level of the bottle - so that there is no swab pressure for the viral media lid to pop off.
Ensure lid is firmly closed on viral specimen and taped to prevent leakage of viral media.

Packaging and Transport:

- The laboratory form should clearly indicate that this is a request for "PCR testing for novel influenza infection". Write "copy result to the Medical Officer of Health". Notifying the Medical Officer of Health is not required before sending the swab.
- Ensure the laboratory request form is fully completed with details including the NHI number and that the specimen container contains the patient name and NHI number.
- Specimens should always be double bagged and ensure that the snap lock is sealed on both bags. Place the request form in the pocket of the outside bag.
- Specimens should be transported by Southern Community Laboratories to the Hawkes Bay Hospital Laboratory.

Appendix 14

VACCINE

Vaccine Management should be based on the following assumptions:

1. There will be a minimum of 6 months between a novel virus alert and the availability of vaccine.
2. The entire population will be susceptible and may require two doses of vaccine, one month apart, for adequate protection.
3. The proportion of influenza vaccine to be distributed and administered through the public versus the private sector is unknown. Even so, the amount, if not the proportion, of vaccine that will be distributed through the public sector during a pandemic will be greater than the amount distributed by the public sector in non-pandemic years.
4. There will be a national contract for purchase of vaccine.

Vaccine Administration

Vaccinators are authorised by the Medical Officer of Health pursuant to regulation 44a of the Medicines Regulations. Hawkes Bay has authorised vaccinators available with a database being maintained to record all vaccinations. A list of currently authorised vaccinators is held by the PHS. There are other registered nurses who could be rapidly trained and authorised to vaccinate.

Priority Groups List for Receipt of Vaccine

Because vaccine shortage during an influenza pandemic is likely, the MoH, in conjunction with various advisory committees, is in the process of formulating recommendations for a rank-order list of high priority groups for vaccination. The order of the these groups will be based on a number of factors, including the need to maintain the infrastructure necessary to carrying out the pandemic response plan; to limit mortality among high-risk groups; to reduce morbidity to the general population; and to minimize social disruption and economic losses.

While any Priority Groups List will be subject to change, the list will most likely include the following groups:

- Health-care workers and public health personnel involved in the distribution of vaccine and antiviral agents
- Persons responsible for community safety and security, e.g. police, fire-fighters, military personnel, corrections officers, "first responders" not included in first priority group (e.g. ambulance officers)
- Other highly skilled persons who provide essential community services whose absence would either pose a significant hazard to public safety (e.g. air traffic controllers) or severely disrupt the pandemic response effort (e.g. persons who operate telecommunications or electric utility grids, care givers at residential facilities). [NOTE: Members of this target group are likely to vary widely from region to region, depending on local circumstances.]
- Persons considered to be at increased risk of severe influenza illness and mortality

Vaccination will be coordinated by the Public Health Service at HBDHB.

Information on Quarantine (Home Isolation) for Influenza

You have been asked to stay in isolation because:

1. You have suspected influenza and are infectious to others. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days from the onset of illness if you are not taking Tamiflu.

2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days from the onset of illness if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

We want you to restrict your activities to protect the safety of your family, friends and the community. This information sheet is to tell you what isolation means.

Staying at home.

You must not go to school, work, child care or out in public until cleared by the Public Health Nurse. This means you must not attend shopping centers, movies, parties or any social gatherings at all.

Visitors

You should have no visitors until you come out of isolation. Talk by phone and have things delivered to the door. Sometimes a visitor is essential (for example someone has to come into the house to give you essential home support). The visit should be brief. You and the visitor must both wear a mask. Talk with the visitor outside in the open air if possible and keep at least two metres away from them.

Preventing the spread of infection

Stay in a part of the house where you have minimal contact with other people. Try to keep well people and sick people apart.

Give people who have a fever and/or diarrhoea plenty to drink.

Give Paracetamol for fever. *Do not give Aspirin to children under 12 if they have a fever.*

Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing. Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, then one should be reserved for use by sick people.

Twice a day clean the following: with 1 part household bleach to 10 parts water:

- toilet handle and door handles of toilet, bathroom and rooms of isolated people
- bathroom sink and taps

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection, but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using face masks

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (PFR95) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (PFR95) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.

Appendix 16

CAC SITUATION REPORT

(To be completed every 24 hours)

Organisation: CAC – XXXXX (Location)

Event:

Date:

To: Hawke's Bay District Health Board

Origin	
Person Submitting Report	
Position	
Location	
Contact	
Telephone	
Cellphone	
Email	

#	Item	Remarks
1	**For Period** *Duration of Report*	
2	**Overview of Event**	
3	**Assessment of Impact**	
4	**Critical Issues**	

Appendix 16

5	**Planning and Intelligence Report / Issues**	
6	**Operations Report / Issues**	
7	**Logistics Report / Issues**	
8	**Communications Issues**	
9	**Liaison Issues**	
10	**Other Activity** *such as off-site or by other agencies*	
11	**Factors (e.g. limitations)** *that may limit ability to respond including staff limitations and resources required to continue response effectively if over and above current status*	
12	**Proposed activity for the next period**	
13	**Issues for Debrief**	
14	**Next Report Due**	

Pandemic Plan for Community Outreach Service

October 2019

Introduction

The primary purpose of this plan is to outline the service required to support those individuals who are identified as being homebound (through the Patient Management Pathway, refer Appendix 1).

Identification will occur via hospital, Community Assessment Centre (CAC), or General Practitioner.

Patients will be triaged via phone and the call details logged to the appropriate geographical area. The call sheets will then be given to the Coordinator covering the outreach service and passed on to the team covering that particular area.

The nurse will operate under the Patient Care Clinical Pathway (Appendix 2).

Patients who are homebound will need to be visited and assessed by a registered nurse following infection prevention and control procedure.

This plan will attempt to provide a broad base from which the Community Outreach Service will deliver services.

Function

The identification, diagnosis, assessment, care planning, delivery, and monitoring of a patient's condition within the home setting.

Liaison with medical staff, nursing staff, and other community based agencies will be required, depending on each individual situation and on the needs required by that individual or family.

As outlined in the Patient Care Clinical Pathway (Appendix 2), individuals who require home isolation and treatment will need:

- Monitoring by CAC or by outreach mobile medical team
- Dispensing of medication by home delivery and
- Community support services arranged as required

Workforce Development

Overall leadership will be from the Public Health Service.

- Recruitment of staff - from all health disciplines. May include Iwi Providers, NGO's, and Occupational Health Nurses.

- Training / Education - Resources used will include DHB training CD-rom and relevant staff.

  Training will focus on key principles of:
  1. Infection prevention and control / epidemiology
  2. Ability to manage in high pressure situations
  3. Communication
  4. Adaptability
  5. Confidentiality
  6. Professional safety
  7. Home visiting procedure
  8. Dispensing of medication / Standing Orders

9. Self care

- Mentoring - experienced Public Health staff will work alongside new staff for orientation until confident.

- Rostering - there will be a need for flexibility, with regular breaks. Staff will be encouraged to monitor their own and colleagues health. A buddy-up system will be utilized after hours and during the night.

Work Allocation

Community Outreach Teams

Will be attached to each CAC and consist of:

- A medical practitioner - a General Practitioner or locum GP who has the capacity to be rostered outside of their regular practice.
  This position is responsible for providing medical support and advice to the nursing staff in the outreach teams.
- Registered nurses – Practice Nurses, Public Health Nurses, District Nurses or any other registered nurses or agency nurses ideally with community experience.
- Community support workers - Public Health staff currently working in this position, Health Protection Officers, nursing students and any volunteers with previous health care experience. These individuals will support the Registered Nurses and be responsible for restocking and packing of equipment.
- Clerical Support - phone work, database management, general clerical duties.
- Phone workers - for daily follow up calls to identified clients (may be Registered Nurses or Community Support Workers).

A Coordinator will identify the number of nurses and community support workers required. This will be determined based on need and availability of staff. The requirements will be assessed regularly.

Each mobile team will be allocated a geographical area to manage.

Each team may have four to five registered nurses and two community support workers, but this is flexible and would need to be altered accordingly.

Each nurse would be able to manage approximately 14-20 home visits per shift (based on a maximum of 30 minutes per visit over an 8.5 hour shift). This is allowing 30 minutes for break times.

After hours, it is expected that the field workers will work in pairs to ensure safety.

Operational Procedure for Home Visiting

Home visits will be in response to logged calls for the identified geographical area.

- Initial assessment will be performed by a Registered Nurse (Appendix 5)

Any complicating factors identified during assessment to be referred to the Medical Practitioner for further advice and review.

- Administer antiviral medicines as necessary according to standing orders. Provide Information on Tamiflu sheet (Appendix 6).

- Provide information on Quarantine (Home Isolation) for Influenza (Appendix 7) if required.

- Assess need for welfare support and refer where needed to CDEM Welfare Advisory Group.

- Provide household with details for further follow up contact should the need arise (if condition worsens, or other complications occur).

Resources

Necessary equipment:

- Vehicles (one per visiting nurse or community support worker on shift)
- Mobile phones (one per vehicle)
- List of contact numbers
- Maps, appropriate to geographical areas
- Documentation – Assessment sheet
  Patient notes / progress forms
  Phone follow up sheet
  CDEM welfare referral forms
  Information sheets – Antiviral medicines
  Home Quarantine
  Contact details
  Death Certificates
- Clinical equipment - PPE kits
  Disposable thermometers
  Stethoscopes
  Antiseptic hand gel
  Biohazard bags
- Medication – Antiviral medicines
  Paracetamol

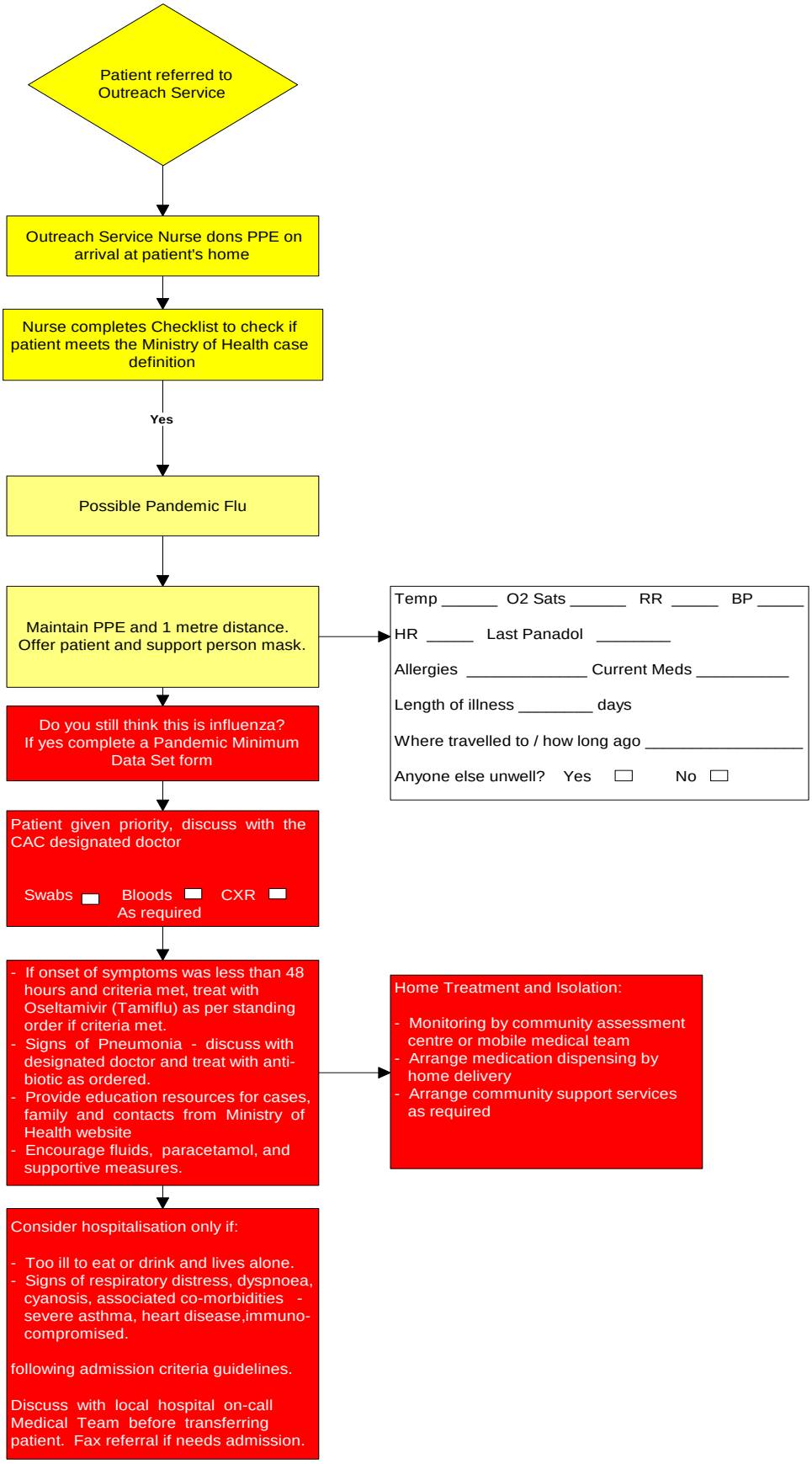
Administration

Clerical support will be required to be responsible for:
- development and maintenance of a database system
- providing copies of all documentation needed by teams
- sending referrals to the appropriate individuals or agencies
- additional duties (as they are identified)

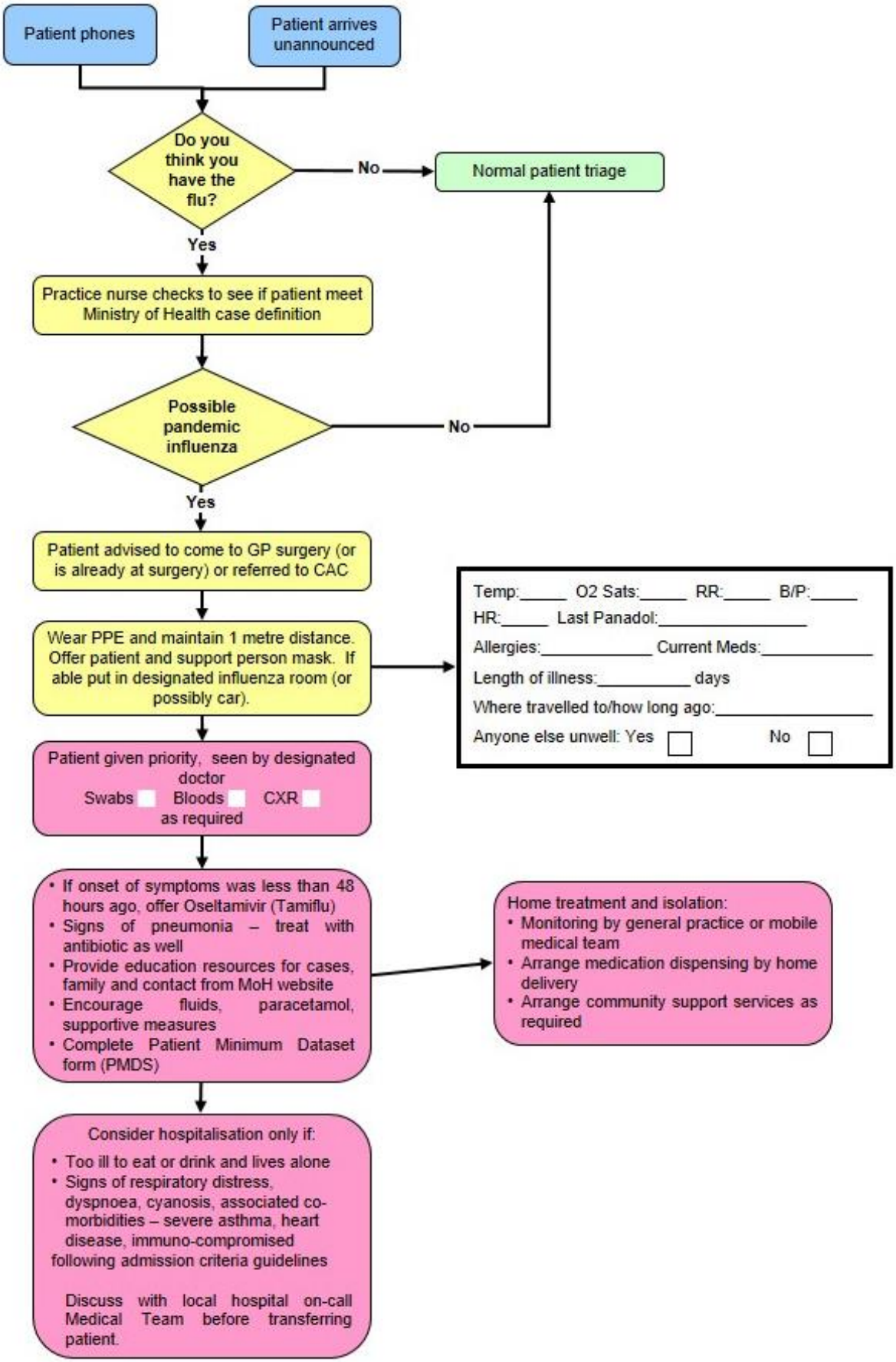
Phone workers (either Registered Nurses or Community Support Workers) will have the responsibility of daily calls to households needing follow up. They may identify that a repeat home visit and assessment is necessary and this will then be referred back to the outreach mobile team.

APPENDIX 1 – Patient Management Pathway

Primary Health Pandemic Flu Presentation
Patient Care Clinical Pathway Outreach Service



APPENDIX 2 – Patient Care Clinical Pathway



HAWKE'S BAY District Health Board Whakawāteatia

Pandemic Minimum Data Set

Name of Practice:	Date:
Clinical Assessor:	Signature:

Name: Given Middle Family	
Address:	
House Number:	
Street:	
Suburb:	
Town:	

Gender: M / F	DOB:		NHI:	
Ethnicity:	European	Maori	Pacific	Other

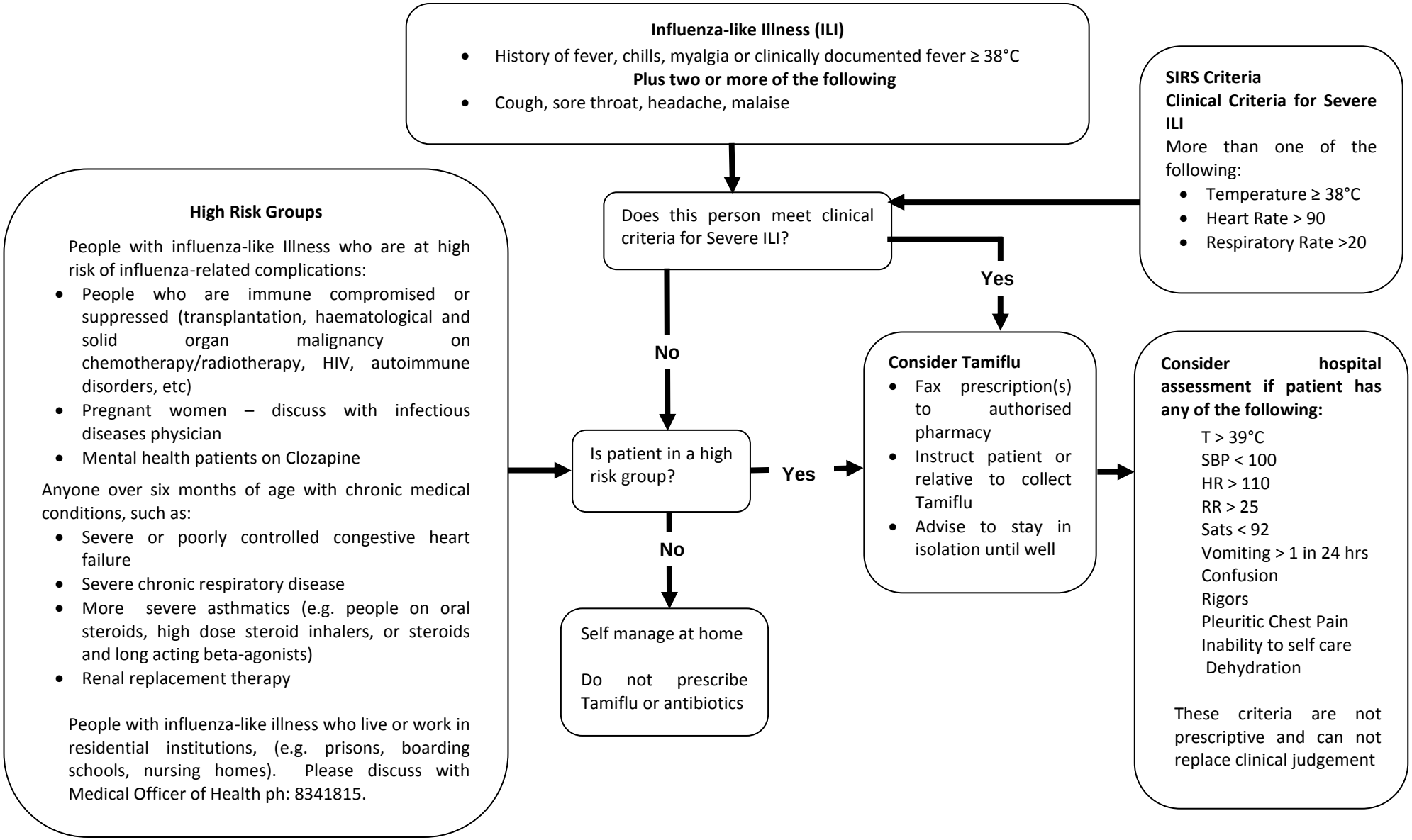
Please Circle Appropriate Codes

Category Codes	
GEN	General Public
HCN	Health Care Nurse
HCD	Health Care Doctor
HPA	Health Care Ambulance
HCO	Health Care Other Direct Contact
BOR	Border Worker
POL	Police
DEF	NZDF Member
COR	Corrections Worker
FIR	Fire Service Worker
SOC	Civilian Social Support Worker
Treatment Rationale Codes	
ILI	Severe influenza-like illness
HRG	High risk group
HRI	High risk institution – **MUST** be discussed with the Medical Officer of Health

Antiviral Status Codes	
TRT-T	Treatment provided – Tamiflu
TRT-R	Treatment provided – Relenza
OWN-T	Antiviral treatment from own supply - Tamiflu
OWN-R	Antiviral treatment from own supply - Relenza
POP-T	Post exposure prophylaxis with Tamiflu
POP-R	Post exposure prophylaxis with Relenza
Antibiotic Codes	
NIL	No antibiotics provided
TRT	Antibiotic treatment provided – evidence of existing respiratory bacterial infection
PRO	Prophylactic/precautionary antibiotics provided because of unusual vulnerability to bacterial infection (e.g. person with COPD, CHF, asthma or other condition)
Antibiotic Prescribed	
AUG	Augmentin
COT	Co-Trimoxazole
DOX	Doxycycline
FLU	Flucloxacillin

Please fax completed form and copy of prescription to: 0800 856 923

APPENDIX 4 – Management of Patient with Influenza-Like Illness



APPENDIX 5 – Pandemic Outreach Service – Nursing Assessment

Current Number of Household Members:	Number in Household Unwell:
Surname:	
First Names:	DOB:
Street Address:	UR No.
Suburb:	
City:	
Phone Numbers: **Home:**_____ **Mobile:**_____ **Contact Number:**_____	Ethnicity: **NZ European** ☐ **Maori** ☐ **Pacific Island** ☐ **Other** ☐
GP:	Language Spoken:

SYMPTOMS

How many days have you been unwell?

Have you had? (Please tick boxes)

1. **Fever or chills** YES □ NO □
2. **Cough** YES □ NO □
3. **Sore throat** YES □ NO □
4. **Aching muscles** YES □ NO □
5. **Headache** YES □ NO □

   Red, watery eyes YES □ NO □

   Diarrhoea YES □ NO □
6. **Earache** YES □ NO □
7. **Vomiting** YES □ NO □
8. **Confusion or drowsiness** YES □ NO □
9. **Shortness of breath** YES □ NO □
10. **Sharp chest pain on breathing** YES □ NO □
11. **Yellow, bloody or brown phlegm (spit)** YES □ NO □
12. **Any other symptoms** ……

……

OTHER INFORMATION

Are you over 65 years old? YES □ NO □

Are you pregnant? YES □ NO □

Do you have?

Chronic lung disease (e.g. asthma, COPD) YES □ NO □

Heart disease YES □ NO □

Kidney disease YES □ NO □

Diabetes YES □ NO □

Liver disease YES □ NO □

Other conditions? YES □ NO □

Details ……

Are you on regular medications? YES □ NO □

Allergic to antibiotics? YES □ NO □

Details ……

Do you live alone? YES □ NO □

Have you family or friends nearby to look after you? YES □ NO □

Do you have a disability? YES □ NO □

Details ……

Tamiflu Prescribed (if onset less than 48 hours and criteria met): **Yes** ☐ **No** ☐	
Information sheets given: **Tamiflu** **Yes** ☐ **No** ☐ **Home Quarantine** **Yes** ☐ **No** ☐	
Welfare Needs:	
Referral to CDEM Welfare Advisory Group: **Yes** ☐ **No** ☐	
Requires follow up: Home ☐ Hospital ☐ **Details:** _____	
Signature:	**Date:**

Date:								
Temperature:								
Pulse:								
Respirations:								
Blood Pressure:								

APPENDIX 6 - Information on Tamiflu

How effective is the anti-viral medicine Tamiflu against influenza?

Tamiflu is one of two medicines that are effective against the strains of Influenza A and B.

The WHO have advised all health authorities to stockpile anti-viral medicines to prepare for a pandemic. New Zealand has followed that advice.

Will Tamiflu cure people sick with the Pandemic Influenza virus?

We don't know for sure.

When people have seasonal influenza, Tamiflu reduces symptoms and may shorten the duration of illness by a day and a half.

If otherwise healthy people who are ill with influenza take it, they are less likely to develop complications of influenza. Those complications are usually treated with antibiotics.

Does Tamiflu prevent people from getting influenza?

Yes it does, but it is not the best means of preventing influenza. Vaccination is the best protection against influenza, which is why people are encouraged to immunise against seasonal influenza every year. Tamiflu will help until a pandemic vaccine arrives.

For more information on Tamiflu, including how it works against influenza, see the datasheet, http://www.medsafe.govt.nz/profs/datasheet/+/Tamiflucapsusp.pdf.

How does Tamiflu work?

It is a medicine that only works against influenza viruses A and B.

It does not work against other viruses or bacteria that can cause illness similar to influenza or that can cause respiratory infection. If taken within 48 hours of becoming ill it stops the virus from bursting out of infected cells, infecting new cells and possibly other people.

Will masks help protect me and my family from the influenza virus?

A surgical mask, if put on someone who is sick, will help reduce the spread of infection, because it will reduce the amount of virus spread by coughs and sneezes.

People who are not sick and who are very close to the person who is coughing and sneezing - closer than 1 metre - may get some protection by covering their own nose and mouth with a mask. Again, this is because the mask will catch some of the virus in the cough and sneeze droplets.

The following people should not take Tamiflu

- People with past hypersensitivity to oseltamivir phosphate or any component of the product
- Not to be used as treatment children under 1 year of age
- Not to be given to pregnant women
- Not to be used as prophylaxis in children under 13 years of age

- Dose adjustment required for people undergoing haemodialysis or with end stage renal disease, or who are fructose-intolerant (see protocol and consult with Medical Officer of Health)
- Animal studies do not suggest harmful effects to the fetus or breast-fed babies but there are no human data. Tamiflu should therefore be used only if the potential benefit justifies the potential risk.

What about interactions between Tamiflu and other drugs I am taking?

There are no significant interactions known.

Side effects

Most people taking Tamiflu experience no side effects. A small proportion will experience one or more of the following:

Common	**Less commonly**
Nausea 4-10% Vomiting 2-15% Headache Diarrhoea Abdominal pain 2-5% Dyspepsia Conjunctivitis	Eczema Rash Convulsions Arrhythmias Altered consciousness (usually in children or adolescents)

APPENDIX 7 – Information on quarantine (home isolation) for influenza

Information on Quarantine (Home Isolation) for Influenza

You have been asked to stay in isolation because:

1. You have suspected influenza and are infectious to others. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days from the onset of illness if you are not taking Tamiflu.

2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days from the onset of illness if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

We want you to restrict your activities to protect the safety of your family, friends and the community. This information sheet is to tell you what isolation means.

Staying at home.

You must not go to school, work, child care or out in public until cleared by the Public Health Nurse. This means you must not attend shopping centers, movies, parties or any social gatherings at all.

Visitors

You should have no visitors until you come out of isolation. Talk by phone and have things delivered to the door. Sometimes a visitor is essential (for example someone has to come into the house to give you essential home support). The visit should be brief. You and the visitor must both wear a mask. Talk with the visitor outside in the open air if possible and keep at least two metres away from them.

Preventing the spread of infection

Stay in a part of the house where you have minimal contact with other people. Try to keep well people and sick people apart.

Give people who have a fever and/or diarrhoea plenty to drink.

Give Paracetamol for fever. *Do not give Aspirin to children under 12 if they have a fever.*

Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing. Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, then one should be reserved for use by sick people.

Twice a day clean the following:

- toilet handle and door handles of toilet, bathroom and rooms of isolated people
- bathroom sink and taps

Use 1 part household bleach to 10 parts water.

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection, but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using face masks

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (PFR95) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (PFR95) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.

APPENDIX 8 – Pandemic Outreach – Progress Notes

Surname:	**DOB:**
First Names:	**UR No.**

Date		**Signed**

APPENDIX 9 – Referral for Welfare Support

WHAKAWATEATIA HAWKE'S BAY District Health Board	**PANDEMIC OUTREACH SERVICE**

Referral To: **Civil Defence Emergency Management Welfare Advisory Group**

Please assess for Welfare Support

Client Details:

Name: .....

Address: .....

.....

Phone numbers: .....

Ethnicity: .....

Language Spoken: .....

Caregiver-Name & Relationship to Client: .....

.....

Reason for Referral:

.....

.....

.....

.....

Whanau/Social Situation:

.....

.....

.....

Number in house: .....

Ages of family members: .....

Name/Details of Referrer: ..... **Date:** .....

.....

APPENDIX 10 – Phone Call Log Sheet

PHONE CALL LOG SHEET- PANDEMIC OUTREACH SERVICE

Date:	Time:
Surname:	
First Names:	DOB:
Street Address:	UR No.
Suburb:	
City:	
Phone Numbers:	Ethnicity:
Home:	**NZ European** ☐
Mobile:	**Maori** ☐
Contact Number:	**Pacific Island** ☐
	Other ☐

Details of Call:

_____

_____

_____

_____

Follow up Required? **Yes** ☐ **No** ☐

If yes, what?

1. Phone call **Date due:** _____ **Time due:** _____

2. Home visit **Within 24 hours** ☐ **Within 48 hours** ☐

Referred to Outreach coordinator for above follow up? **Yes** ☐ **No** ☐

Signature:	Date:	Time:

Area Code:

(will be systems-based across geographical area & relate to Outreach team for that area)

Communication Plan

PANDEMIC INFLUENZA COMMUNICATION PLAN

CONTENTS

1. AIM OF HAWKE'S BAY DISTRICT HEALTH BOARD PANDEMIC INFLUENZA COMMUNICATION PLAN

To guide appropriate public participation in order to reduce morbidity and mortality from pandemic influenza, while at the same time building trust and credibility with partners, stakeholders and the general public.

Potentially every New Zealander has an interest in this issue. This communications plan attempts to identify them in broad groups, noting that some audiences will become important channels for further information dissemination.

Timely, informative and accurate communication during all phases of a pandemic is critical for an effective emergency response operation. Dissemination and sharing of information among public health officials, government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response.

Discrete objectives/audiences/initiatives/key messages will be developed for each of the identified phases.

It is likely there will be widespread circulation of conflicting information, misinformation and rumours. Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.

There will be a great demand for accurate and timely information regarding:

- Circulation of a pandemic strain
- Disease burden
- Disease complications and mortality
- Disease control efforts, including availability and use of vaccines, antivirals and other preventive and treatment measures
- "Do's and Don'ts" for the general public
- Maintenance of essential community services

There will be a special need for information for the general public and our staff about how and why a priority group list for receipt of vaccine was developed.

Public education will be an important part of the immunisation campaign because, as in a mass immunisation with any vaccine, it is likely that following problems will be encountered:

(a) any symptom or illness that closely follows vaccination may be attributed to the vaccine, and
(b) any febrile respiratory illness that later occurs will be viewed as vaccine failure.

Certain groups will be hard to reach, including people whose primary language is not English, people who are hearing and visually impaired.

Demand for information by health care providers will be so great that existing methods for educating health care providers will have to be expanded during the inter-pandemic period.

2. OBJECTIVES OF HAWKE'S BAY DISTRICT HEALTH BOARD INFLUENZA PANDEMIC COMMUNICATION PLAN

- Providing accurate, timely, accessible, consistent and appropriate information to the general public, "partners" and "stakeholders" about pandemic influenza and the ways that people can protect and look after themselves.
- Working closely with the Ministry of Health (MoH) and its media team.
- Raise awareness of potential consequences of an influenza pandemic.
- Ensure Hawke's Bay people have clear information about how to prepare themselves and their families / whanau for a pandemic, and where to get help.
- Work closely with agencies identified in the Hawke's Bay and the Regional Emergency Management Plan using the CIMS structure.
- Work closely in partnership with Māori and Pacific people to ensure information is accessible, understandable and culturally appropriate.
- Actively seek feedback from the general public, "partners" and "stakeholders" and using this to change the messages as required.
- Portray an "organisational body language" which is honest, open and trustworthy.
- Identify and minimise potential communication threats.
- Monitor messages (media, social media, audience, stakeholders and partners) and make adjustments as required.
- Review and evaluate Hawke's Bay District Health Board's Influenza Pandemic Communication Plan.
- Ensure media spokespersons are trained and aware of key messages.
- Minimise public alarm.
- Reiterate existing public health messages such as handwashing, cough etiquette and other messages as determined by the event.
- Ensure that confidence in HBDHB's competence and capability is maintained.

Principles

- The MoH will lead all communications on human health.
- The MoH will adopt the World Health Organisation (WHO) pandemic phases and escalate its response as WHO advises a shift to a higher phase.
- That clear trigger points for moving up a phase are defined and agreed by Government.
- That the MoH will move into a formal CIMS structure at a pre-defined point.
- That the Communications Officer will be supported by a team of communications personnel, sufficient to operate a 24/7 roster when required.
- That resourcing will be available for the production of materials/advertising campaigns etc as we move into higher phases.
- That all Government agencies will take responsibility for devising key messages appropriate to their agency/sector to complement MoH key messages.

The HBDHB Communications Management Plan will be activated by the Incident Management Team.

Responsibilities of the Communications Manager

Below are suggested actions for the Communications Manager and the Incident Management Team staff during the various phases of a pandemic:

- Ensure all information is clear, confirmed and approved by appropriate authority before release to the media or public. Do not release unconfirmed information or speculate on the extent of the emergency, despite repeated urging by reporters to do so.

- Monitor news programs and review news articles and social media for accuracy. Correct serious misinformation whenever possible.

- Establish an Information/Media Centre, in consultation with the Incident Management Team.

- Respond to staff requirement for accurate information using the intranet Our Hub as the main source of factual information and then utilise other information as appropriate such as notice boards and posters.

- Provide public information according to priorities. Ensure the external website Our Health is used as the place to refer the public to for accurate and up-to-date information linking to other key stakeholders such as the MoH as appropriate.

- Ensure that official spokespersons are thoroughly briefed about all aspects of the pandemic.

- Keep the HBDHB Influenza Pandemic Incident Controller informed of all media/social media actions taken or planned.

- Keep Communications Managers in other jurisdictions and at other government levels informed of information released.

- Maintain log and a file of all information.

- Release prevention, control and treatment information, as appropriate.

- Respond promptly to media and public calls.

- Ensure monitoring of social media and make sure relevant posts are responded to.

- Release a public inquiry ("Rumour Control") 0800 telephone line number if appropriate.

- Consider additional methods of distributing emergency instructions.

- Arrange media briefings/press conferences on a regular or as needed basis utilising media contact list.

- Prepare news releases, as required.

- Provide emergency information in foreign languages, as required.

- Release morbidity and mortality figures when obtained.

- Gather all records kept during all phases of the incident and prepare a chronological summary of events, actions taken, inquiries made, and response given. Collect newspaper clippings and TV, video, if available.

NOTE: All news releases are to be handled by the authorised Communications Manager.

If the pandemic was affecting Hawke's Bay only colleagues from neighbouring DHBs would be called to assist. Colleagues at TLAs may also be called if they are available as well as the MoH media team. The third option would be to call on freelance communications staff.

3. STAGES

The World Health Organisation (WHO) has a set of definitions that classify the stages of a pandemic. The New Zealand Influenza Pandemic Action Plan is based on the WHO pandemic stages. Risk communication activities will change depending on whether the pandemic is (1) pre-event: (2) event, or (3) post-event.

1. Pre-event phase

The following are the communication objectives of the Pre-Event phase:

- Being prepared
- Determining key linkages and communication roles and responsibilities
- Identification of the main audience, partners (organisations and agencies that have a direct role in the pandemic health response) and stakeholders (people who have an interest in the pandemic response or are closely related to the main audience)
- Fostering alliances
- Selection of effective delivery methods, with special emphasis on reaching populations that are most likely to be affected by pandemic influenza and its complications
- Spokesperson preparation
- Planning for message content development and message testing (Ministry of Health)

2. Event Phase

The event phase of an emergency/crisis is often characterised by uncertainty, rapid rate of change, and intense media interest. Simplicity, credibility, consistency and speed, count when communicating during this phase.

3. Post-event Phase

The Post-Event phase is a time of retrospection and critical assessment for agencies or organisations responding to a crisis.

The public wants to hear about lessons learned and the steps that will be taken to prevent the situation from recurring. People want to be reassured of their safety, and they are in search of closure. Research has also shown that a community is most responsive to risk avoidance and mitigation education usually directly after a disaster has occurred because they have been sensitised.

The specific activities in the Post-Event stage can be organised into one of three groups:

Maintenance

- Relief/celebration/thanks for getting through the event
- Provide for the well-being and recovery of the crisis communication team
- Analysis of what went wrong/causes of problems
- Conduct public education.

Evaluation

- Monitor messages and events (media, public, partners, stakeholders)
- Debrief crisis communication response team (early)
- Review data on messages, delivery, and effects 0800#
- Develop results/lessons learned and report measures of success

Establishment of a New State of Readiness

- Implement pandemic influenza communication plan changes

4. KEY LINKAGES

- Ministry of Health (which will lead all communications on human health)
- Agencies identified in the Regional Emergency Management Plan using the CIMS structure
- Partners and stakeholders – (it is important that communication pathways are well established during the pre-event phase)

5. CIMS STRUCTURE AND ROLE OF COMMUNICATIONS MANAGER

This Pandemic Influenza Communication Plan is based on the generic Co-ordinated Incident Management System (CIMS).

CIMS provides the model for command, control and coordination of an emergency response. The CIMS structure is particularly useful when several different agencies are required to respond to an emergency situation. It allows increased efficiencies through better coordination of resources and reduces the risk of service overlap and potential confusion at emergencies.

Role of Communications Manager

Manages media and staff inquiries and coordinates the release of information.

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/social media
- Create relevant media releases /social media posts on a regular basis as appropriate
- Prepare script response to telephone enquiries from the public
- Identify potential issues / manage proactively
- Disseminate information at least on a two hourly basis to:
    - ❖ Emergency Medical Units/Community Assessment Centres
    - ❖ Emergency Department Hawke's Bay Hospital
    - ❖ Health Centres
    - ❖ Private Hospitals
    - ❖ 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
- Use media monitoring to monitor and record relevant media/social media
- Advise Incident Controller on communication strategies
- Ensure all information releases are approved by the Incident Controller
- Facilitate release of information
- Record decisions, actions and other activities

6. KEY MESSAGES

Key messages will change during the different pandemic phases. Refer to Communication Action Plan (separate document).

7. COMMUNICATION CHANNELS

Effective public health communication involves exchanging information in a way that allows two-way communication in which both "expert" and "lay" perspectives inform each other.

The two-way communication process (communicating with people rather than at people) helps to establish trust and facilitates a partnership approach ("you may be the experts on influenza but we are the experts on our community!").

Studies have shown that people are more likely to follow public health advice which comes from trusted sources.

Some communication channels are better at reaching the audience and facilitating two-way communication. The following communication channels can be considered depending on the stage of the pandemic, on the characteristics of the audience and depending on the results of communications surveillance.

Each phase will lend itself to a mix-and-match approach of some of the following elements. (Refer to Table One).

8. MAIN AUDIENCE (people who are directly affected by the pandemic influenza)

1. Every person living in Hawke's Bay
2. Communities with pandemic illness
3. Patients and their families
4. Populations who are at high risk from pandemic influenza and disease complications i.e. Maori and Pacific people, elderly, people with chronic illness

Table One. Potential communication channels

Name of Audience: . . . . . .

Communication Channel	Importance to audience	Does it allow a two way communication process?
0800 phone number • Set up local 0800 number • Pre-recorded message for a/hrs – or transfer to Ministry 0800 # • Train operators • Set up referral to Healthline 0800 611 116 • Appoint someone to have responsibility for updating information • Set up a log for calls		
Social media will be highly critical to reach people rapidly, all social media posts should link to an external website where all up-to-date information would be housed		
Press conference called as appropriate, critical during early escalation of an event		
Key stakeholder engagement and advisories such as early and rapid alerts to primary care utilising Health Hawke's Bay PHO as well as Healthscape		
Advertising: radio alerts triggered once decision made that situation fits a certain escalated scenario. This may include all local radio including Kahungunu		
Balloons and flags		
Backgrounder: background briefing usually held in conjunction with major announcement or event, also a one or two page note which provides context briefing for selected reporters		
Mobile billboards (utilize TLA's)		
Briefings including presentation packs for Board members for staff/other groups		
Texting as appropriate but referring to website		
Churches		
Community mailings		
House to house mail drop if appropriate, triggered once decision made that situation fits a certain escalated scenario		
Displays in supermarkets and McDonalds		
Door to door visiting in high risk areas		
Email updates/trees		
Editors' briefing: provides in- depth background to newspaper/radio/editors, on-the-record		
Exhibits and expos		
Face-to-face (health professional to patient)		
Fact sheets and fliers: used for supermarkets, fast-food outlets, petrol stations, libraries, direct mail drops, airports & any other transport networks		

Fax trees		
Frequently asked questions (FAQ's): objective is to anticipate all commonly asked questions and provide consistent answers, may be circulated to journalists and/or reproduced in media/other places		
Healthscape		
Information pamphlets and brochures		
Letter-to-the-editor and guest editorial/column: opportunity to present comments in your words		
Magazine articles		
Media advertising		
Media advisory: a "heads up" to media to draw attention to upcoming event. when it is required to alert the media to an up date to the web site or some event		
Media tour: media are invited to tour a work site, inspect a hospital, meet nurses at airport etc		
Newsletters (including kohanga, preschools and schools)		
Opinion leaders and role models		
Posters, stickers, key rings, fridge magnets and public notices		
Presentations		
Profiles of key spokespeople: this underlines credentials and builds credibility of e.g. Medical Officers of Health		
Public meetings and hui		
Public notice boards e.g. libraries		
Public service broadcasts: available from Radio NZ, TVNZ in national emergencies and may be able to be activated prior to that		
Radio talkbacks (including ethnic-specific radio)		
Small Group or Focus Group Meetings		
Sports clubs, youth clubs and workplaces		
Survivors stories		
Teleconference: the newsmaker is interviewed by a handful of reporters from different cities, often combined with media conferences		
T shirts		
Videos – collecting information on video from the outset, will be used both during and post event		
Website: An efficient way of communicating with the media, other interested parties and the general public. • www.moh.govt.nz/pandemicinfluenza has information for the public and information for health professionals		

9. Māori-specific Communications (MoH and Local)

Work with HBDHB's Māori Health Unit to ensure appropriate messaging.

Delivery of communications tools will be made via:

- Briefings with key Māori health representative in first instance
- Existing networks (NKII, Maori Health Unit, Healthscape marae list, Maori providers)
- Briefings with wider group of Māori representatives and influencers to brief Māori communities
- High-profile Māori to deliver key messages and provide updated information via Māori TV and mainstream TV channels, national and iwi radio stations
- Māori specific fact sheets (FAQs) that include general updates and specific information on community and cultural protocols (MoH to produce), including:
  - travelling to cultural hui – evaluate need, risk and health status before travelling
  - Marae gatherings (hui/hongi/tangi)
  - protocols on Marae (i.e. Māori hui) – how to minimise risk in event of a pandemic e.g. wananga/tangi/hui a iwi
  - food – e.g. do we put food on the table or do people help themselves
  - how to enforce high standards of hygiene to minimise risk when Māori gather
- Messages and information delivered in Te Reo Māori and English
- Social media posts as well as local community papers
- Website updated with Māori-specific information
- 0800 phone line with option for Māori-specific information and updates

10. KEY PARTNERS (organisations and people who have a direct role in the health response)

- General practitioners
- Dentists
- Midwives
- Allied health professionals
- Practice nurses
- Pharmacists
- PHOs
- Iwi health provider
- Royston Hospital
- Pacific health provider
- Medical laboratories
- St John Ambulance
- Plunket
- Other Community and NGO groups which provide health services
- Hospital clinical staff
- Hawke's Bay District Health Board staff – especially Emergency Department staff and Public Health staff, infection control and after-hours duty managers
- Institutions which have a health care component e.g. rest homes, HB Regional Prison
- Occupational health providers
- Undertakers
- Other government agencies in HB (WINZ, DoL)
- Central Region DHB team
- Hawke's Bay Civil Defence Emergency Management Group
- Mayors and key elected local body officials (Wairoa, Napier, Hastings, Central Hawke's Bay)
- Emergency Services
- Ministry of Health
- News media

11. STAKEHOLDERS (people who have an interest in the pandemic response or are closely related to the Main Audience)

- Community leaders
- Maori leaders
- Pacific leaders
- Chamber of Commerce
- Citizens Advice Bureau
- Public libraries
- Preschools and Kohanga Reo
- Schools
- Eastern Institute of Technology
- Lifeline utilities (Power, Water, Gas, Sewage)
- Large businesses (PanPac, Heinz Watties, Richmond PPCS)
- Supermarkets
- Government agencies and NGOs dealing with welfare
- Local Members of Parliament
- Tourism/Hospitality operators eg hotels, motels, camping grounds
- Community support organisations and networks e.g. Age Concern, Grey Power

12. SPOKESPERSONS

Spokespersons with the following characteristics are more likely to be trusted during an emergency:

- Subject matter expertise
- Meaningful responsibility for the emergency response
- Skillful communicator
- Previous media experience and risk communications training

The following people will act as Hawke's Bay District Health Board spokespersons during an influenza pandemic:

Hospital – Executive Director Provider Services (or delegate) / Incident Controller / Chief Medical and Dental Officer
Public Health – Medical Officer of Health
DHB Communications Manager

Media preparation should be an essential component of professional development for all of the Hawke's Bay District Health Board spokespersons. It is important the spokespersons receive risk communications training and have regular media training updates at least annually.

Roles of Spokespersons in an Emergency and Recommendations for Spokespersons (CDC Emergency Risk Communication)

It is the task of the spokesperson to do the following.

- Take your organisation from an "it" to a "we"
- Build trust and credibility for the organization
- Gain support for the public health response

Ultimately, reduce the incidence of illness, injury, and death by getting it right

Recommendations For Spokespersons

Spokespersons should remember the following:

- Do not over reassure
- Acknowledge uncertainty
- Express that a process is in place to learn more
- Give anticipatory guidance
- Be regretful, not defensive
- Acknowledge people's fears
- Acknowledge the shared misery
- Stop trying to allay panic (panic is much less common than we imagine)
- Be relevant

13. RESOURCES REQUIRED

The Communications Manager will require a variety of resources during a pandemic emergency. These resources include computer facilities, space, equipment, supplies, communication channels and previously developed and pre-tested fact sheets. Many of the materials and pamphlets have yet to be produced and distributed by the Ministry of Health.

Additional communications and administration staff will also be required.

14. COMMUNICATION SURVEILLANCE AND POST-EVENT EVALUATION

Understanding the public is critical to effective communication. One of the objectives of the Hawke's Bay District Health Board pandemic communications plan is to actively seek feedback from the general public, "partners" and "stakeholders" and use this to change the messages as required.

During the pandemic it will be important to monitor media/social media messages in Hawke's Bay and carry out "communications surveillance" such as:

a) reviewing articles from print, broadcast and the internet,
b) Dedicated social media monitoring and responding to event,
c) reviewing general public, partner, stakeholder, staff and media enquiries and,
d) using communication channels which allow a two way communication process (e.g. web/internet) feedback from 0800 number, feedback from telephonists and staff

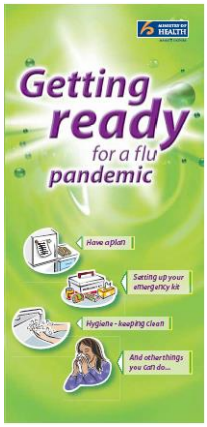
The strengths, weaknesses, opportunities and threats of the Hawke's Bay District Health Board Influenza Pandemic Communications Plan will be assessed with lessons learnt, successes and things that need improvement during the post-pandemic period.

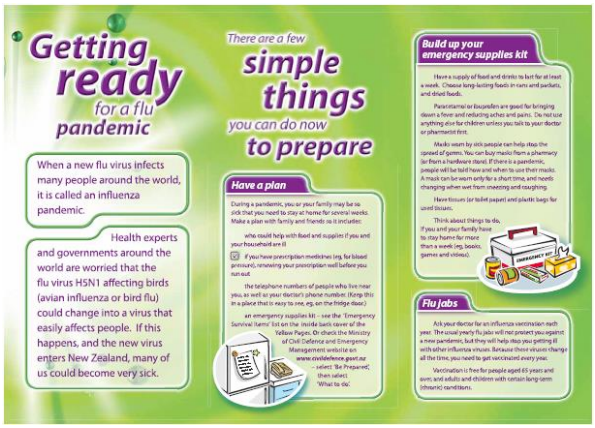
Appendix Health Education Resources/Fact Sheets

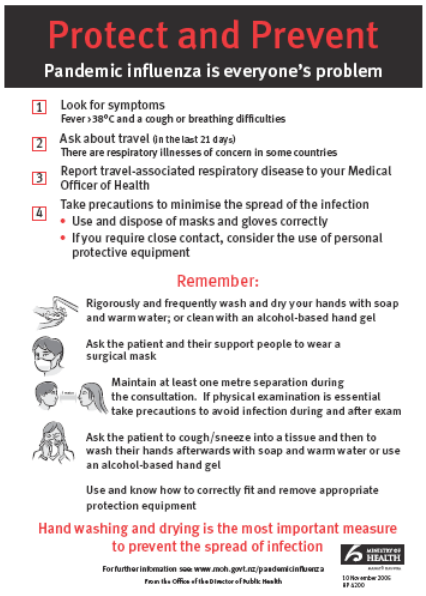
A full range of resources are available on the Ministry of Health website, including brochures, checklists, fact sheets, guidelines, letters, newsletters, and plans.
www.moh.govt.nz/moh.nsf/indexmh/pandemicinfluenza

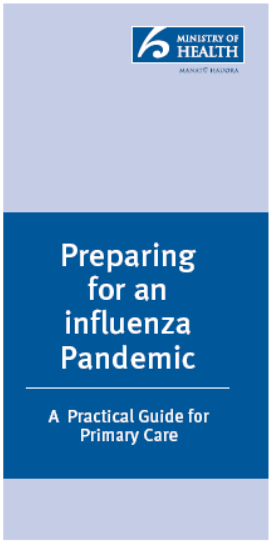
Resources are down-loadable and come in a range of languages:
Amharic (Ethiopian), Arabic, Chinese, Cook Island, Hindi, Korean, Maori, Samoan and Tongan.

*N.B. According to HBDHB's translation service, the two most frequently-translated languages are Arabic and Samoan.









The Royal New Zealand College of General Practitioners

MINISTRY OF HEALTH
MANATŪ HAUORA

Attention: All primary health care staff!

Infection control for primary health care

Potential pandemic influenza

All primary health facilities can take steps now to prepare for the potential outbreak of pandemic influenza in New Zealand.

Here are some simple things you can do now.

Initial precautions

Such a major health event can only be handled by the whole general practice or Accident & Medical (A&M) team and we suggest you involve your team in any planning and preparation. Do not forget the cleaner. Your first suspicion of influenza in your community may come through a phone call. Consider how you will deal with this.

We recommend that all staff be vaccinated each year against seasonal influenza. While this may not protect against pandemic influenza, it will maintain the general wellness of your team. Create an expectation that sick staff should stay at home.

Initial precautions for people dealing with someone suspected of having pandemic influenza include:

- Keep your distance
  One metre is accepted as safe and significantly reduces your exposure
- Wear a surgical mask and gloves
  Also offer a mask to any patient and support people
- Rigorous, frequent hand washing
  Wash in warm water with soap, or use an alcohol-based hand gel. Dry hands with paper towels
- Where possible try to separate patients with respiratory symptoms from other patients
- Ventilation
  Keep windows open if possible.
  Information on air-conditioning is on the Ministry of Health website:
  www.moh.govt.nz/pandemicinfluenza

Each general practice or A&M should promote hand washing and the use of tissues when coughing or sneezing.

- Personal Protective Equipment (PPE)
  These are only necessary when resuscitating patients. We recommend each practice has two kits.
- Include in your plan:
  - How to handle patient care equipment and soiled linen
  - Environmental cleaning and spills management
  - Appropriate waste disposal processes
  - Support for staff to regularly monitor their own health.

Patients should:

- Be isolated if possible. If single rooms are not available, suspected cases may be grouped in one area
- Be encouraged to wear a dry surgical mask
- Be asked to cough/sneeze into a tissue and to dispose of the tissue afterwards, then wash hands in warm water with soap or use an alcohol-based hand gel. Dry hands thoroughly afterwards.

Essential supplies

- Gloves
- Surgical masks
- At least two PPE kits
- Disposable thermometers
- Tissues – for both waiting and consulting rooms
- Waste disposal bins and medical waste disposal bags – with lids for infection control
- Soap or alcohol-based hand gel and paper towels for drying.

For further information:

Website: www.moh.govt.nz/pandemicinfluenza

Medsafe: www.medsafe.govt.nz

Numbers: 0800 IMMUNE (466863) for queries about seasonal influenza
Healthline – 0800 611 116
0800 AVN FLU (286358) for general information on Avian Flu

PPE interim guidelines, on website under information for health professionals.

From the Office of the Director of Public Health

10 November 2005
HP 4199

HBDHB Communication Action Plan (linked to Triggers)

Code: **White**			
HBDHB	**COMMUNICATION**	**ACTIVITIES**	**MINISTRY OF HEALTH COMMUNICATION ACTIVITIES**
Audience	**Key message/s**	**Medium**	**(Summary – for full plan refer to latest version of NZ Influenza Pandemic Action plan)**
DHB Staff, services and service providers (NGOs)	Facts about influenza 'What is it" FAQ about influenza Specifically for primary care: You need to plan and prepare You need to order PPE Clinical/technical info Clinical pathways CACS Info on Tamiflu and vaccine Printable resources (on CD) MoH Posters What to do with non-influenza pts "You have important role to play during a pandemic" "Hospitals may not be able to do much for pandemic influenza patients" "The vast majority of care will be given by family, friends, neighbours" NGO – specific: -pandemic – "not if but when." -be aware…don't panic….but you	Email DHB intranet DHB website Hard copy notices circulated via staff notice-board managers CD containing resources/info relevant to GPs distributed (e.g. downloads from MoH website – how to…put on PPE; e-versions of tv ads to play in waiting rooms; key contacts and useful web addresses) Copies of relevant DHB plans/policies NGO – letter first - briefing and toolkit - meeting to review plans	Continue to work with stakeholders to improve the communication information infrastructure Continue to publish influenza bulletins Continue to provide accurate updates on influenza and the pandemic phase for the public and healthcare workers Routine media monitoring

	do need to be prepared -tell us about your pandemic contingency plans -here's where you can find useful info to assist in your planning -DHB staff can provide assistance		
DHB clinical and public health staff	Case definitions, clinical advice and control measures, clinical pathway	Email Face-face briefings DHB intranet DHB website Including link to MoH website	Inform key stakeholders of emergence of novel virus Inform public of where to go for information 0800 # websites Travel advice Set up 0800# for health professionals Produce resources for primary care Create pandemic intranet for health sector use Initiate background briefings for all health spokespeople Explore culturally appropriate information channels for Maori and Pacific audiences Initiate production of new material for paid media advertising
Media/Public Other community groups – health and disability interest e.g. Age Concern, Grey Power, Arthritis Foundation, CCS	Respond to any media enquiries about the risk Social media monitoring and responding to posts Proactively release information regarding planning activities What can you do to protect you and your family How to stop the spread of influenza Getting ready for a pandemic Reiterate key public health messages e.g. handwashing, cough and sneeze etiquette Accurate info on Tamiflu i.e. may reduce the length/severity of the disease – it won't cure you Promote national 0800 number	Media releases FAQs Media Briefing Via email Updates in public section of board meetings (where media present) Update Pandemic Planning Ad and print overruns as posters	Inform public of what the authorities will do in the event of a pandemic Ongoing revision of key messages to reflect changes Ongoing review of materials for Maori/Pacific/Asian audiences Ongoing review of materials for specialist sector audiences, Agriculture, Education, Border Control, MFAT, Police MCDEM, Welfare, Travel and Tourism, businesses/unions, primary healthcare, older people, disabled people Introduce new materials for people facing public: transport operators, retail industry, hospitality industry

Update contacts database	We're preparing for pandemic – how do you prefer to receive information?	Email trees Fax Phone to gain info	
Board Community leaders Mayors/CEOs of TLAs NKII CEOs of other govt agencies MPs	Regular updates	Via email	
Ministry of Health	Regular updates re: local activity and consult re response to local issues	Phone and email	
Pandemic Stakeholders Group (e.g. Lifelines, HB Prison, Police, Civil Defence, funeral directors, Port, Airport)	As for media/public Forward links to any sector-specific Ministry of Health advisories		
Maori (in English & Maori) Pacific Island	As above, plus culturally appropriate additional information May be advisable to suspend or modify some cultural practices for the duration (e.g. hongi/tangi/kissing on the cheek)		MoH and TPK are working together to engage with established networks for the distribution of key messages to both rural and urban-based Maori A Maori-specific communication plan has been incorporated into the overarching communications plan

Non-residents – e.g. tourists, foreign students/ + orchard/vineyard workers those not eligible for publicly funded health services	General information as per general population		Ministry of Health has prepared information for these groups of the population in a range of appropriate languages Key messages are similar to those for the general population Plus information on border control and travel advice (whether people can return home or not)

Code: **Yellow**			
HBDHB	**COMMUNICATION**	**ACTIVITIES**	**MINISTRY OF HEALTH COMMUNICATION ACTIVITIES**
Audience	**Key message/s**	**Medium**	
GPs/primary care/all other NGO health providers	As for earlier phase (updated if required)		Review and refine, if necessary, communications plan Increase frequency of media updates Implement multi-media campaign fronted by trusted authority figure covering self-care/possible closures/where to go for help/community resources such as home-help etc
DHB clinical and public health staff	As for earlier phase (update if required) Identify and publicise who spokespeople will be for pandemic media communications – inform all staff and stakeholders	Email Staff notice boards Intranet	Regular media conferences Review documents with special reference to border control/tourism and travel sectors Produce health leaflet for incoming travellers Reiteration of key messages + txt messaging campaign

Public/media	Press conference re: first case in HB Develop media pack with facts and advice on what public should and shouldn't do House all material on external Our Health website so it can be used as a place to refer everyone for up-to-date accurate information Reiterate influenza prevention, caring for someone with influenza, when and where to seek medical advice Other messages as per phase one Promote national and local 0800 numbers (Clarify what information to be recorded on local number e.g. location of CACs) + fact sheets - self diagnosis self care how to stay healthy social distancing	Link in with Ministry advertising (newspaper/radio) Social media posts Media releases Radio talkback HBDHB website Flyers/posters in petrol stations/ supermarkets/ fast-food outlets Increase local circulation of ministry of health resources Mail drop to local households/ PO boxes	Increase Interagency communication Ongoing media/social media monitoring Review and if necessary, update pandemic stakeholders contact list Implement multi-media campaign fronted by trusted authority figure covering: Self care/caring for others Staying safe Limiting spread Possible closures/mass gatherings Where to go for help Community resources such as home-help Shopping help etc for a wide range of audiences Possible introduction of video-streaming media conferences/hand hygiene demonstrations etc Regular press conferences (daily) to support media updates if required Review and update foundation documents with special reference to border management/tourism and travel sectors Produce health leaflet for incoming travellers

Māori (in English and Maori) Pacific Island	As above, plus culturally appropriate additional information May be advisable to suspend or modify some cultural practices for the duration (e.g. hongi/tangi/kissing on the cheek)		
Board Community leaders – Mayors/CEOs of TLAs and communications advisors NKII CEOs of other govt agencies In HB MPs	Regular sitreps As per board and public info Invite communications advisors to media conference/s and include on media release Distribution list	Via email	
Ministry of Health	Continue to liaise and update		
Non-residents	General information as per general population + go home if possible Borders may be closed partially or completely for an unknown time		

Code: Red				
HBDHB	**COMMUNICATION**	**ACTIVITIES**		**MINISTRY OF HEALTH COMMUNICATION ACTIVITIES**
Audience	**Key message/s**	**Medium**	**Timing/ Responsibility**	
GPs/primary care/all other NGO health providers Including: Pharmacists Maori health providers Midwives	Update clinical advice as per earlier phases including info on PPE training and antiviral protocols Information on quarantine centres Information on community assessment centres Provide regular surveillance updates to primary care: number of cases/deaths/location/lab confirmed			Continue phase three activities Reiterate media protocols with DHB communications particularly with regard to communication re local cases Coordinate communications to foreign governments media on situation in NZ Provide advice to New Zealanders overseas Review and promulgate new messages reflecting heath action e.g. vaccines, community assessment centres, quarantine centres Review and increase frequency of media conferences updates (1 or 2 x daily) Work with districts to develop key messages Review and if necessary, revise educational materials and guidelines about infection control in the home, schools and workplaces Activate crisis communications team and network Work with public health to develop public education messages Provide regular updates using important health notices, including new/updated case definitions and

				clinical guidelines Implement plans to communicate with all relevant audiences, including the media and employees
DHB clinical and public health staff	Update clinical information Disseminate to appropriate staff members			
Public/media	Provide information re: - telephone triage - CACS - Info on any mobile in-home service - Self diagnosis - Self care - How to stay healthy As per earlier phase, health education and information but with more specific details on: Social distancing Closures – cancellation of public gatherings Telephone triage Facts and figures Keeping yourself healthy Protocols re death in home (what to do – who to call)	Constantly review messages and feedback and tailor messages and medium to suit changing situation		
Board, community leaders (as per Code White)	Regular updates and copies of media releases			

Code: Green				
HBDHB	**COMMUNICATION**	**ACTIVITIES**		**MINISTRY OF HEALTH COMMUNICATION ACTIVITIES**
Audience	**Key message/s**	**Medium**	**Timing/ Responsibility**	
DHB clinical and public health staff GPs/primary care/all other NGO health providers	Advise of changed status			Advise media public Deactivate regional coordination teams Resume normal functions Terminate pandemic media campaigns Initiate recovery information and actions campaign Ongoing consultation with all key agencies Coordinate communications to foreign governments, media on situation in NZ Post stand-down: participate in the ministry-led review of emergency response Debriefing Lessons learned
Public/media Board Community leaders – Mayors/CEOs of TLAs and communications advisors CEOs of other govt agencies in HB MPs				
Ministry of Health				

Deceased Persons Procedures

Deceased Person Procedures: Pandemic

1. Introduction

This Plan serves as a guideline in relation to the manner in which the deceased persons will be subject to post mortem mortuary and funeral processes.

Enabling legislation includes the New Zealand Health Act 1956, the Civil Defence and Emergency Management Act 2002, Coroners Act, Epidemic Preparedness Act 2006, along with the National Civil Defence Plan, the Ministry of Health Influenza Pandemic Action Plan, the Hawkes Bay District Health Board Pandemic Plan and the Eastern District Police Pandemic Influenza Response Plan.

This plan outlines the requirements, functions and procedure that enable the process to operate in the most effective and efficient manner given the context of a Pandemic.

Therefore the aim of the Plan is to:

1. Outline roles, responsibilities and procedures to be adopted.
2. Provide effective and timely co-ordination.
3. Provide a generic framework within which key partners can operate and develop contingency plans appropriate to their role during a Pandemic event.

There is no intention to store the bodies of deceased persons once the Pandemic event concludes (provided certificates of identification, Life Extinct and Cause of Death has been issued).

2. Local Situation

Based on considerable information, both nationally and internationally it is evident a proportion of the population will become ill with influenza should human to human transmission occur and the Hawkes Bay area be affected. A proportion of the population will require out-patient visits, hospitalisation and some will die as a result of influenza related causes.

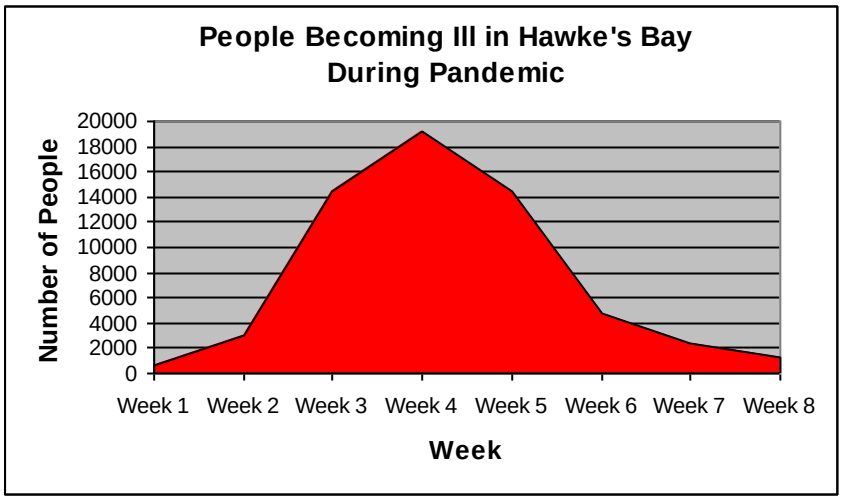
The exact numbers cannot be determined; however this Plan is based on extra ordinary numbers of death requiring standard coronial procedures.

Police will support the Medical Officer of Health and the District Health Board whilst maintaining their reporting and investigation obligations to the Coroners of the Hawke's Bay.

Staff are reminded bodies cease to be infectious (from influenza) after death.

The intention is to avoid storing bodies if possible. The storage of bodies is a District Health Board responsibility. The Police responsibility is to work with the Coroner to ensure identity and cause of death is known.

3. Vulnerability and Risk Analysis of local population



4. Legal and Jurisdictional Responsibilities

Police will operate in support of the Medical Officer of Health and following notification from the Medical Officer of Health that a Pandemic is present in the Hawke's Bay, will prepare for an extra ordinary number of deaths requiring certification, identification and associated funeral process.

5. Trigger Point

This Plan will be implemented when the Medical Officer of Health advises of a Pandemic Influenza death in Hawke's Bay or clusters of Pandemic Influenza cases in any District of New Zealand including Hawke's Bay.

6. Local Emergency Management Resources

6.1. The District Health Board will, during this phase, retain the role of lead agency and Police in support.

Police will meet their statutory obligations to the Coroner pursuant to the provisions of the Coroners Act.

If a deceased person has been identified, certified as deceased and a cause of death established and certified, Police involvement will be significantly reduced. The body will be transported from the place of death by a Funeral Director directly to the grave and interred. Where the Funeral Director has been unable to notify Next of Kin (whänau representative) of the death (preferably prior to removal) Police will assist.

6.2. In the event that a temporary mortuary is required the following will occur:

Temporary mortuary provision will be established by the District Health Board who will also be responsible for providing sufficient body bag supplies with 300 stored at the HBDHB Warehouse and additional requirements met through the Ministry of Health contract.

The District Health Board will be responsible for contacting funeral directors utilising the list held by the Public Health Service and advising of mortuary areas and delivery and uplifting procedures. New Zealand Police must also be contacted.

Personal Protection Equipment (PPE) must be used by all personnel dealing with any patient who has died as a result of the Pandemic.

The body is to be sealed in a bag prior to transfer to a mortuary and transfer is to occur as soon as possible after the death.

Those attending a deceased person who has died from Influenza are to be advised the deceased had Influenza and reminded of the standard precautions that are required in the event of exposure to the body. If in doubt advice should be sought from the Health Protection Officer, Public Health Service, Napier Health Centre - telephone 834 1815, after hours contact 878 8109.

6.3. The manner in which life extinct and cause of death will be certified is dependent upon legislation. At present the following people are duly qualified to verify death and can sign a Verification of Death (VOD) declaration that a person is deceased:

Registered Medical Practitioner
Nurse – Practitioner, Registered, or Enrolled
Registered Midwife
Intensive Care Paramedic
Paramedic
Emergency Medical Technician

7. Cultural

Cultural obligations must be given paramount consideration. To this end, on activation of the temporary mortuary facility, contact will be made with the Maori Health Unit of the DHB. The unit will ensure an individual responsible for cultural liaison will be on site at the facility during its operation. Every effort must be made by the Funeral Director to advise NOK (whänau representative) of the death as soon as possible. If this cannot be achieved, Police will assist at the request of the Funeral Director.

8. Structure of local emergency command system

The Executive Director Provider Services of the District Health Board is the Incident Controller during the response phase and the District Health Board (HB) as the lead agency.

Police will support the DHB along with the Ministry of Civil Defence and Emergency Management and the local Recovery Manager during a Pandemic event.

9. Medical Facilities and Mortuaries

The District Health Board has determined the location, functionality and use of temporary mortuary facilities along with the permanent facility.

Current planning has identified the area behind the Mental Health In-patient Unit at the Hawkes Bay Regional Hospital as being the most practical site for the temporary mortuary. It can be secured, is of sufficient size and is proximate to the hospital and other support infrastructure.

If a temporary mortuary is established it is anticipated bodies will be stored in refrigerated containers (6) located on site. The focus will be on applying correct identification procedures and then moving the body on for either cremation/burial.

Transportation from the scene of a death to the grave or temporary or permanent mortuary facility will be facilitated by funeral directors.

Police will appoint a Mortuary Manager to assist the District Health Board in co-ordinating temporary mortuary facilities if such a facility is established.

There will be a need for security at the premises and this must be 24 hour.

It is the responsibility of the District Health Board to ensure security of the mortuary facilities and may require the hiring of security personnel to ensure this occurs.

Provision will be made by the District Health Board at the temporary mortuary for the secure temporary storage of property and personal effects associated to deceased persons pending uplifting by next of kin.

If Disaster Victim Identification (DVI) procedures are necessary they will be implemented by Police. Police will co-ordinate this function in consultation with the District Health Board. The DVI process will operate under the New Zealand Police Disaster Victim Identification procedures consistent with the Interpol DVI guidelines.

Police will be responsible for preparing sudden death files and liaising with the Coroner regarding Inquests in appropriate cases only. Police will investigate sudden deaths as directed by the Coroner.

10. Funerals, (Public Gatherings), Tangi

The Ministry of Health and/or Medical Officer of Health will provide guidance regarding Public Gatherings during a Pandemic event.

Appendices

1. Community Direction and Control
2. Temporary mortuary facilities setup
3. DVI Post Mortem Structure
4. Burial Sites

Appendix 1

Community Direction and Control

Position	Name/Agency	Telephone
Chief Executive Officer	Craig Climo HBDHB	878 8109
Executive Director Provider Services	John Burns HBDHB	878 8109
Medical Officer of Health	Dr Nicholas Jones HBDHB	878 8109
Medical Officer of Health	Dr Rachel Eyre HBDHB	878 8109
Infectious Diseases Physician	Dr Andrew Burns HBDHB	878 8109
Emergency Management Advisor	Sandra Bee HBDHB	878 8109
Infection Prevention and Control Advisor	Racquel MacDonald HBDHB	878 8109
Population Health Manager	Tim Antric HBDHB	878 8109
Communications Manager	Anna Kirk HBDHB	878 8109
Police	Jeanette Park Area Commander NZ Police	831 0700
Fire	Ken Cooper Area Commander Eastern Fire Region	835 2114
Ambulance Service	Brendon Hutchinson Operations Manager HB Ambulance Service	844 1950
Hawkes Bay Regional Council	General Manager HBRC	835 1961
Hawkes Bay Hospital	Call Centre HBDHB	878 8109
CHB Health Centre	Reception HBDHB	06 858 9090
Wairoa Hospital	Reception HBDHB	06 838 7099
Royston Hospital	Reception	873 1111
Tracey Fitzgibbon	Coroner East Coast	870 3116

Appendix 2

Temporary Mortuary Facility Set-up

Location

This facility will be located at the rear of the Mental Health In-patient Unit at Hawke's Bay Hospital. The hospital mortuary will be available for viewing as required.

See Annex 1 for layout.

Design and Layout

Reception area to handle urgent enquiries and receive
Storage area for supplies and equipment
Tent for body preparation
Refrigerated containers for body storage
Personal effects storage area
Hand washing facilities

Requirements for Preparation

- Tarpaulins to cover external fences
- Sawdust for drainage
- Refrigerated containers and power supply for same
- Tent
- Trolleys with large wheels to transfer bodies
- Gowns, gloves and masks
- Household gloves
- Gumboots, half length
- Body bags
- Refuse containers
- Soap, disinfectants, detergent
- Cleaning cloths and buckets
- Identification tags

Responsibility of HBDHB Facilities Service

- Provision and placing of refrigerated containers and power supply for same (6 containers can be supported by emergency power supply, requires running of a mains cable and a temporary switchboard)
- Painting over any existing logos on containers
- Building of shelving for containers (4 shelves at 55cm in height beginning 10cm off floor, 2m in length), each container to house 8 bays (this work may be contracted out dependent on current workload)
- Numbering of shelves (top shelf for personal effects of three beneath)
- Building of ramp into each container and placement of a board down the centre of the container to allow stretcher movement
- Provision of marquee for body preparation and lighting for same
- Provision and placing of tarpaulins for perimeter fence and sawdust for seepage
- Provision of storm water protection

Responsibility of HBDHB Purchasing Department

- Provision of PPE, gloves, coveralls, large gumboots, body bags, plastic property bags and cable ties, hand sanitizer, wheelie bin refuse containers and cleaning materials
- Provision of 5 tables for the body preparation area
- Replacing of wheels on mortuary trolley to allow ease of movement

Procedures

Persons handling bodies should be advised to observe strict hygiene precautions including:

- Wearing a gown, gloves and a mask (gloves must be changed after each body, gowns may be worn for up to eight hours unless soiled or wet, masks may be worn for up to four hours unless wet)
- Washing hands and forearms with soap and water at the completion of each body
- Washing all surfaces after use with detergent and water followed by sodium hypochlorite 1:10 solution (100mL/1L water)
- Placing rubbish and linen in approved containers for disposal

Body preparation process:

- Body to be received in preparation area and placed in a body bag after clothing removal, body bag to be labeled
- All personal effects to be bagged and labeled
- Body and personal effects to be transferred to a container, body to be placed on a numbered shelf and placement documented
- Personal effects to be numbered corresponding to body number and placed on the top shelf of the bay in which the body is housed

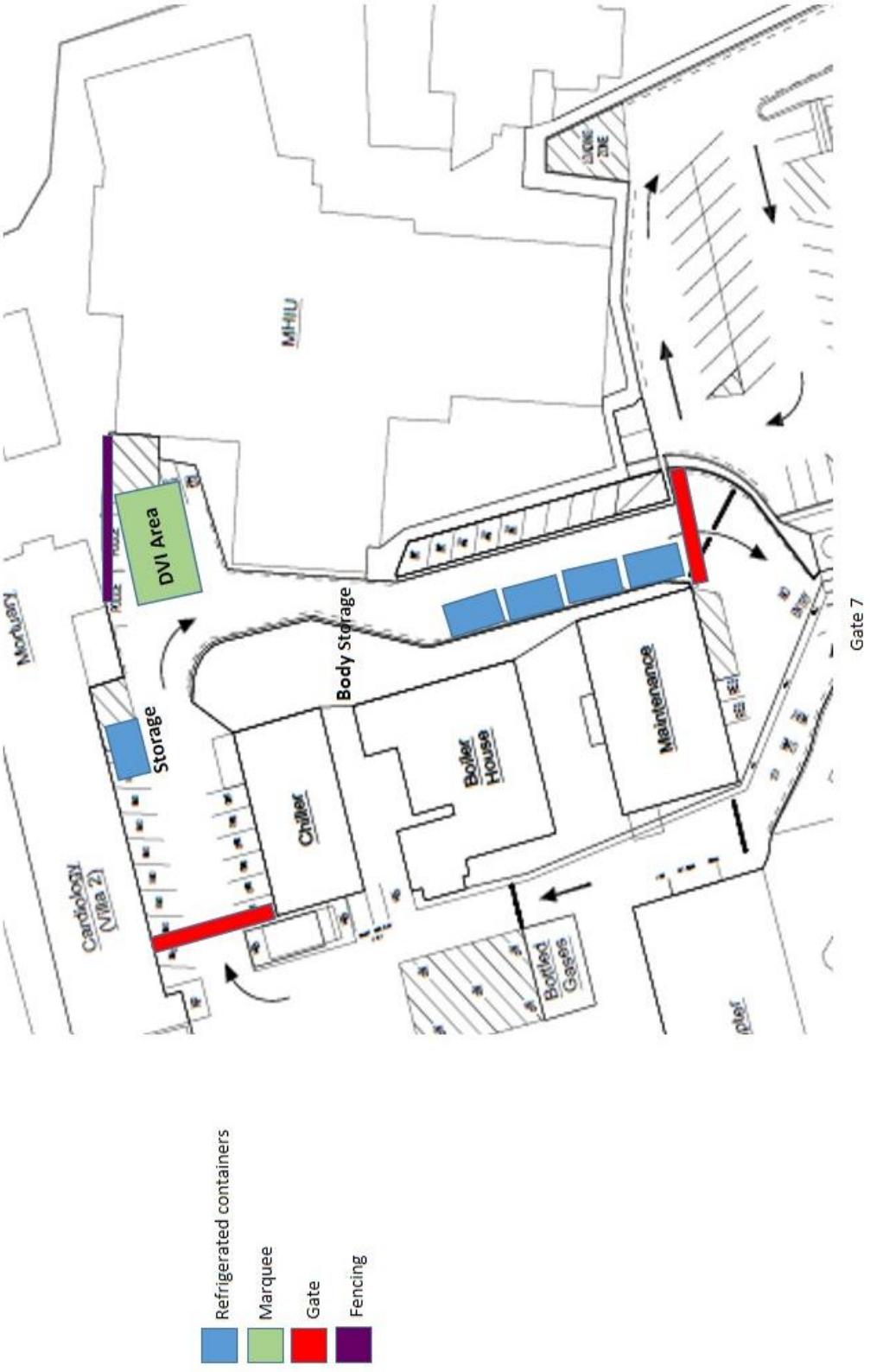
Strict record keeping is required, this is the responsibility of the NZ Police.

Cleaning and Disinfecting of Containers Used

Turn off refrigeration, open doors to allow container to achieve ambient temperature (18^0C) if possible.
Wearing household gloves and a gown, wash and scrub surfaces with warm water and detergent.
In a well ventilated area make up sodium hypochlorite 1:10 solution (100mL/1L water).
Apply solution to all surfaces and leave in contact for a minimum of 10 minutes (preferably up to 30 minutes).
Discard disposable cloths and protective clothing.
Clean brushes and mops in water and detergent, rinse well and allow to dry.
Update container record with cleaning procedure.

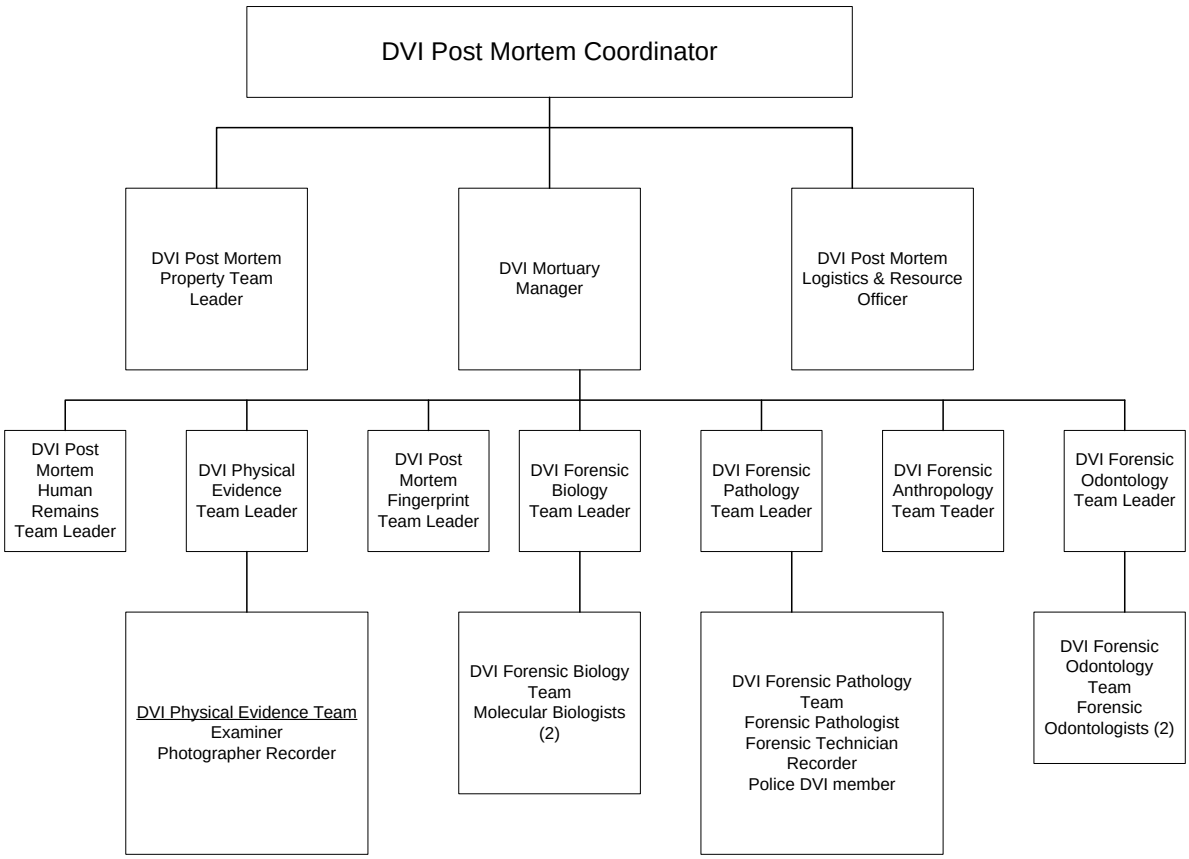
Annex 1

Temporary Mortuary Layout



DVI Post Mortem Structure

Appendix 3



DVI Post Mortem Coordinator

The DVI Post Mortem Coordinator shall be a senior DVI trained police member appointed by and responsible to the DVI Commander for the following functions:

1. Ensuring adequate staffing for DVI post mortem procedures;
2. the appointment of the DVI Post Mortem Human Remains Team Leader
3. ensuring any direction from the Coroner in relation to the examination of the human remains is disseminated to appropriate personnel
4. developing a process for the conduct of all examinations in conjunction with the DVI Post Mortem Team Leaders;
5. monitoring post mortem activities.
6. monitoring the accuracy of all DVI documentation;
7. ensuring that completed DVI documentation is promptly delivered to the DVI Reconciliation Centre;
8. monitoring the occupational health, safety and welfare of all personnel
9. monitoring the occupational health, safety and welfare of all personnel involved with the DVI Post Mortem process in accordance with Section 7, Occupational Health, Safety and Welfare of this manual;

Appendix 4

Burial Sites (possible)

Hastings:	3000 plots + 9000 ash plots available
Wairoa:	177 plots + 19 ash plots
Napier:	2000 plots + 2500 ash plots
CHB:	2796 plots + 168 double plots + unlimited ash plots

Human Resources Frequently Asked Questions

To all employees

This information sheet is designed to answer some **Frequently Asked Questions** with regards to your employment before, during and after an event such as Pandemic Influenza.

During a pandemic we will have to run services and employees will be required to fulfil duties during this period.

The following principles have been considered during the planning and preparation:

- The safety and wellbeing of our employees will be taken into account. We understand that you have important and legitimate personal, family and community responsibilities. Where possible, our planning will take into account these needs.
- A key to the success of the planning and management of a pandemic is excellent communication and flexibility by both employers and employees. Identifying effective communication strategies will be part of the planning process.
- As a good employer we will provide you with access to information and consult with you on matters that affect you, wherever possible.
- We will use good safety, wellbeing and infection prevention and control practices to ensure that our workplace remains a safe place to be during a pandemic.

As usual all employees are required to adhere to organisational policies, procedures, guidelines and protocols during a pandemic.

As none of us have faced an event such as Pandemic Influenza before, it is difficult to know what scenarios we will be faced with and what questions will need to be answered.

If you have concerns or questions that have not been addressed by this information sheet, please discuss them with your Manager/Team Leader.

Frequently Asked Questions

Will Personal Protective Equipment (PPE) be provided to me at work during a pandemic?
Yes, if required, in line with Infection Prevention and Control policies. You should be mindful that unless you have direct contact with infected people there is no need for PPE to be worn. If you have further questions about PPE please contact the Infection Prevention and Control Team at Hawke's Bay Hospital.

What do I do if I am concerned about my workplace being unsafe?
Discuss it with your Manager/Team Leader in the first instance, your safety and wellbeing representative, Occupational Health or Human Resources.

As mentioned earlier, we will be using good health and safety and infection prevention and control practices to ensure a safe work place.

What happens if I need to stay at home to care for my family?
Once again we recognise that you may have personal, family and community responsibilities. If you are concerned about how you will manage these during a pandemic, discuss it with your Manager/Team Leader in the first instance or Human Resources.

If it is not appropriate or possible for you to continue working while caring for your family, options such as sick leave or other paid or unpaid leave will be available in accordance with your employment agreement and organisational policies.

Do I have to come to work during a pandemic?
As our organisation will be providing essential services for our community during a pandemic, you will need to come to work. It is a reasonable expectation that you attend work where practicable steps have been taken to ensure your health and safety while at work during a pandemic.

If you have concerns about your health and safety, raise these with your Manager/Team Leader, and explain the reasons for your concern. If after discussion you are concerned that measures taken are insufficient to manage the risk of infection, you can refuse to work if you believe it is likely to place you in an immediate and significant risk of incurring serious harm.

The Health and Safety at Work Act 2015, obliges you to work together to resolve the matter, and allows you only to continue to refuse to work if you have reasonable grounds to consider it dangerous.

We recommend you communicate with your Manager/Team Leader during a pandemic. In addition if you choose to stop being available to work without discussing this with your employer, you are not meeting your employment obligations and disciplinary action may follow.

What happens if I get asked to work in a different way to what I normally do?
During a pandemic our ability to provide essential services to our community is dependent on the organisation being able to respond flexibly to the different scenarios a pandemic may create.

Through planning we may identify that work needs to be performed differently. If this is perceived to be a viable option, we will consult with you and your representatives in good faith to reach an agreement.

Will my terms and conditions of employment change?
Your terms and conditions of employment will essentially remain the same, however flexibility may be required with regard to the nature of tasks and duties to complete, hours and location of work.

Depending on the scenario that the pandemic presents, alternative arrangements may be available for employees who work flexibly during the pandemic.

Can my employer require me to stay at home?
Yes. Employers have a legislative obligation to make the work place safe for their employees. This may require employees to stay at home if:
- they are sick and present as an identified or potential hazard to the workplace
- the organisation is unable to manage the potential hazard of contracting the pandemic virus

If a situation arises, where we require you to stay at home, we will consult with you and clearly explain the rationale for our instruction.

Can I take annual leave during a pandemic?
Granting annual leave is always dependent on organisational needs. You will need to continue to be mindful that we are required to run services, during a period of time where we may be short staffed.

If you have any immediate concerns, please discuss these with your Manager/Team Leader in the first instance.

Can I take sick leave during a pandemic?
Authorisation for sick leave during this period will be treated as per organisational policies and procedures relating to Sick Leave and your relevant employment agreement. Communication will be a crucial factor during this period so please contact your Manager/Team Leader if you are feeling unwell, or have dependants to care for.

Can I take bereavement during a pandemic?
Yes, authorisation for bereavement leave during this period will be treated as per Hawke's Bay DHB's Bereavement Leave Policy and your relevant employment agreement.

Will I still get paid if I am not required at work?
The decision to require employees to stay at home will not be made lightly. A pandemic scenario is likely to impact on our services and normal business. At this stage we don't know what those impacts are likely to be, however can anticipate that reasons for such a decision being made would include,

- closure of part of our business for a period of time during the pandemic,
- if a staff member is sick and presents as an identified or potential hazard to the workplace; and
- when the employer cannot provide a safe and healthy work environment for employees.

Under normal circumstances wages are payable when an employee is ready and willing to perform work. If the situation arises where we need to look at different ways of doing our work, we will consult with you, and consider options for working differently which may include the use of annual leave, sick leave and leave without pay.

Can my Manager/Team Leader require me to take annual leave during a pandemic?
Yes. Provisions under the Holidays Act 2003 allow employers to instruct employees to take annual leave with at least 14 days notice.

Who can make the decision to close my workplace during a pandemic?
An employer can close a workplace (i.e. require employees not to turn up to work) if it is determined that there is no other way to manage the safety risk of the workplace.

Employers can also be forced to close workplaces under the exercise of authority via the Health Act 1956 or the Civil Defence Emergency Management Act 2002.

For further information about the Influenza Pandemic please refer to the Ministry of Health website www.moh.govt.nz/pandemicinfluenza.

For more information about the planning occurring within Hawke's Bay Health DHB, with regards to the Influenza Pandemic, please contact emergency.response@hbdhb.govt.nz.

Interagency Plan for Management of First Cases

Interagency plan for management of first cases of pandemic influenza

Introduction

This plan is developed as part of a number of workstreams to enhance Hawke's Bay pandemic preparedness

Definitions

Case: someone who is thought by a doctor to meet the case definition for pandemic influenza.

Contact: Anyone who has had:

- Contact with the respiratory secretions of a case in an enclosed space
- Contact with the faeces of a case

Household, work and institutional contacts during the infectious period of the case will almost always be defined as contacts.

Isolation means restricting the activities of cases until they are no longer infectious.

Quarantine means restricting the activities of contacts (people who have been exposed to a case but are still not sick) until the incubation period has expired.

Abbreviations
HECC – Health Emergency Coordinating Committee
EOC – Emergency Operations Centre
MOH - Medical Officer of Health
PHS – Public Health Service
PPE – personal protective equipment

Aims and general purpose
To minimise the spread of pandemic influenza by prompt management of first cases, contacts and clusters.

Assumptions

1. The first case(s) are notified to the MOH before the epidemic has become widespread in Hawke's Bay.
2. Isolation of cases and quarantine of contacts are important early in an epidemic and may help to slow the spread of the disease. Isolation and quarantine will be enforced early in an epidemic.
3. Not all cases will be sick enough to be hospitalised.
4. General practitioners have access to PPE and are trained in its use.

Conditions under which the plan comes into force

This plan should be followed for all early suspected cases of pandemic influenza.

Operational Structure

The HBDHB is the lead agency during a pandemic. All other agencies are support agencies.

The MOH and the staff of the PHS will coordinate all activities related to management of cases and contacts of pandemic influenza.

Communication Plan/Issues

Types of messages, how they will be distributed, obligations on receipt

Cases will be notified to the PHS by health care personnel or the public. It is expected that practitioners will notify by phone early in the epidemic.

Preparedness

Relationships required

PHS	⟷	Doctors (hospital or community)
PHS	⟷	Police (for enforcement)
PHS	⟷	Laboratories
PHS	⟷	St John Ambulance (in case evacuation of cases to hospital is required)
PHS	⟷	Incident Controller (see Command and Control Plan)
PHS	⟷	Educational institutions and those in charge of any other public places or events

Risk assessment
Cases may not seek care from a doctor.

Doctors may not diagnose or notify suspect cases.

Doctors may not collect specimens correctly or arrange their urgent testing.

The training plan may not be implemented in time for all doctors to know how to arrange rapid testing.

Exposed contacts and the unexposed “worried well” may seek advice from health care providers who are not aware of the public health response processes.

There may be unmanageable sudden increase in demand for information from parties in the health sector, the media and the general community.

PHS may be unable to access sufficient support deployed from other parts of the HBDHB and unable to cope with the intensive workload required.

Operational Procedures

Roles, relationships and tasks

Agency	Role and task	Relationships
PHS	Manage the first cases under a CIMS structure.	All parties
Medical	Diagnose and notify cases.	MOH

practitioners		
Hospitals	Manage cases meeting hospital admission criteria (arrange lab testing, recommend and enforce isolation, give advice and support including PPE, provide treatment). Laboratory specimens[1] should be collected by the attending doctor and sent immediately to the Hawke's Bay Hospital Laboratory.[2]	MOH (pre-discharge)
PHS, MOH	Manage cases in the community (arrange lab testing, recommend and enforce isolation, give advice and support including PPE, provide treatment). Laboratory specimens[1] should be collected by the attending doctor and sent by taxi immediately to the Hawke's Bay Hospital Laboratory. (This lab has a contract with Napier and Hastings taxi companies).[2]	Medical practitioners
PHS, MOH	Identify and manage contacts (recommend and enforce quarantine, give advice and support, provide prophylaxis).	Medical practitioners
Police	Respond to MOH request for assistance enforcing isolation or quarantine.	MOH
HBDHB	Coordinate volunteer and social support for people in isolation and quarantine.	MOH, PHS
CDEM	Welfare provision, event management, lifeline utilities	All parties
Community laboratories	Have no role with regard to collecting or testing specimens for influenza. All diagnostic samples are to be taken by the attending medical practitioner and sent to Canterbury.	
Hawke's Bay Hospital Laboratory	URGENTLY arrange processing of diagnostic samples for PCR and serology.	Medical practitioners, MOH

Resources e.g. designated sites, equipment required
Cases requiring hospitalisation will be admitted into isolation in the Isolation Suites in B2 at Hawke's Bay Hospital. The referring community medical practitioner must brief the Emergency Management Advisor before the case arrives.

For management of cases and contacts refer to the HBDHB's *Quarantine and Isolation Plan*.

For supply and use of antivirals refer to the HBDHB's *Antiviral Distribution Plan.*

Workforce issues
Urgent secondment of staff (e.g. nursing or clerical) to assist the PHS from other parts of the DHB would be helpful. This would only be feasible in the early stages of the epidemic ("stamp-it-out" phase) and would only be useful at that stage.

Reporting
Daily report on cases and clusters.

[1] National Laboratory Guidelines for Pandemic Influenza: Collection and Handling of Human Specimens for Laboratory Diagnosis of Influenza with Pandemic Potential.
[2] S74AA of the Epidemic Preparedness Act 2006 states that the lab must advise the MOH of the results as well as the doctor.

Daily count of number of cases in isolation and the number of contacts in quarantine.
This would form part of the daily PHS report to the Planning and Intelligence Manager.

Appendix – laboratory specimens

Collect the following specimens from each patient:

- two nasopharyngeal swabs – using a pernasal swab with non-wooden shaft and synthetic fibre tip
- two throat swabs - use a plastic shafted Dacron swab
- one red top tube containing about 7mL of blood (if required)
- one purple top tube – for full blood count (if required)
- one "Gold" (SST) **or** "Light Green" (PST) topped tube – for routine biochemistry (if required)

The person collecting the specimens must be wearing PPE.

Maori Pandemic Plan Template

Hauora Māori Pandemic Plan Template

Prepared by Te Roopū Huihuinga Hauora Trust

This plan is committed to supporting the nationwide imperative to minimise the spread of a novel Influenza virus, and to minimise the health and safety and business ris that could occur during a pandemic. The Pandemic resources that have been developed by the Hawke's Bay District Health Board (HBDHB) are available to support Hauora Māori providers and Māori community pandemic initiatives at *http://www.hawkesbaydhb.govt.nz/web_content2.asp?ID=100006719*

CONTENTS

BACKGROUND

"I never thought it likely they could be so fine a race of people as I now found them. They generally rose above the middle stature, some were even six feet and upwards, and all their limbs were remarkable for perfect symmetry and great muscular strength. Their countenances … were pleasing and intelligent …"

"Neither soap nor oil was known, but the body was cleansed every evening before the dances started…The Māori diet was so healthy that the teeth needed very little cleaning"

*"So simple a diet accompanied with moderation must be productive of good health, which indeed these people are blessed within a very high degree…I do not remember a single instance of a person distempered in any degree that came under my inspection and among the numbers of them that I have seen naked. I have never seen any eruption on the skin or any signs of one by sores or otherwise. Such health drawn from such sound principles must make physicians almost useless…" (*John Liddiard, 1814)[2].

These early impressions of Māori provide us with a picture of a race that was generally healthy; life expectancy was on a par (if not better) than most other European countries. Māori had well developed economies and systems of trade. Their health protocols (public health systems) were progressive and culturally based. In the early 1800's the Māori population was estimated at 150,000 people.

By the turn of the 19th Century (1896) the Māori population numbers were at their lowest with an estimate of just 42,000 people. Introduction of new diseases alongside tribal and land wars contributed to the decline of the Māori population. When the 1918 influenza pandemic (Spanish flu) hit Aotearoa it proved to be very severe and claimed Māori lives at a death rate of 42.3 deaths per 1000 compared to 5.8 deaths per 1000 for Europeans. During this time there were outstanding efforts by Māori leaders such as Maui Pomare and Peter Buck who, with the help of community leaders and funded wholly by the Māori communities concerned, worked to improve the condition of Māori housing, sanitation and health status of whānau.

Te Puea Herangi, of Tainui, implemented a pandemic plan when her Māori community suffered a small pox epidemic (1913-1914) and many refused to go to Pākehā hospitals. In response to this Te Puea set up a small settlement of nikau huts devoted to nursing the sick and inflicted back to health. Not a single person died and the isolation of the village largely prevented spread of disease. During the 1918 influenza pandemic Te Puea took under her wing some 100 orphans who were the founding members of the community of Tūrangawaewae at Ngaruawāhia. She was also instrumental in establishing marae-based health clinics.

[2] Liddiard, John Nicholas. (1814). Narrative of a voyage to New Zealand: Performed in the years 1814 and 1815 in company with the Rev. Samuel Marsden

Like the Spanish flu, the ill effects of subsequent novel influenza viruses have already claimed lives in Aotearoa. If little or no action is taken, there is a risk of 80% of whānau and communities becoming infected. Therefore, building on the examples of past Māori leaders, Hauora Māori providers and Māori communities must be vigilant and proactive in averting risk to uphold and ensure healthy communities.

INTRODUCTION

Marae committees, hapū and iwi leadership, Hauora Māori providers and the HBDHB Māori Health Service are fundamental in implementing a successful approach to emergency pandemic plans and management of influenza in Māori communities.

Moreover, Hauora Māori providers and the HBDHB Māori Health Service, play an important role in supporting timely and effective access to necessary health services for Māori and in disseminating accurate messages and information to marae and their communities.

Goals to achieve implementation of pandemic plans may include:

- Clear consultation processes undertaken with marae committees, hapū, iwi, Hauora Māori providers by HBDHB CIMS Front Line Services Unit.
- Necessary resources as identified by Māori communities are obtained.
- Access to relevant training and in-service education.
- Acknowledgement of the unique features of whānau, hapū, iwi and Māori communities in each of their respective areas throughout the HBDHB area. This is very important as pandemic plans and reporting systems will need to be adjusted to the suitability of each of these areas.
- Determining and promoting consistent use of key prevention and intervention messages on the marae, in homes and communities in a safe and appropriate way.
- Working together with key organisation stakeholders i.e. marae committees, hapū and iwi leadership, Hauora Māori providers, HBDHB Māori Health Service and HBDHB CIMS Front Line Services Unit in delivering culturally appropriate and safe prevention, intervention and management of influenza outbreaks in the whānau, hapū, iwi, and community.

Key considerations to measure successful implementation may include:

1. Development of a local evaluation framework to measure outcomes of Māori communities' emergency pandemic planning responses

2. Effective communication and consultation processes are demonstrated by all key stakeholder organisations i.e. marae committees, hapū and iwi leadership, Hauora Māori providers, Hawke's Bay DHB Māori Health Service and HBDHB CIMS Front Line Services Unit
3. Access to adequate and necessary training and educational resources has been readily obtained
4. Consistent safe health practices and messages are evident during all marae and Hauora Māori provider hui e.g. pōwhiri, tangihanga, whakangahau, hui-a-iwi
5. Understanding what is needed to address local need and raised awareness about local need is evident
6. Whānau, hapū and iwi and the communities contribute positively and proactively when outbreaks of pandemic influenza occur

KAUPAPA MATUA: MAIN PURPOSE

This plan is a template which Hauora Māori providers, marae committees and Māori community groups can use and adapt to their own local needs.

For Māori a number of areas to reduce risk of transmission of influenza need to be considered and include:

1. Co-ordination of implementation of pandemic plans and regular reporting of pandemic updates in the workplace, communities and homes
2. The workplace responsibilities to kaimahi and those who visit the workplace
3. The carrying out of tikanga processes such as pōwhiri and tangihanga
4. Holding and attending hui out in the community and in homes.
5. The health and safety and business risks that could occur during a pandemic.

This plan is supported by the following pandemic resources that have been developed by the Hawke's Bay District Health Board:

- Pandemic Influenza Plan for Health Services
- Pandemic Influenza Introduction Powerpoint
- Pandemic Planning Manual Training Resource
- Community Assessment Centres
- Pandemic Plan Template for General Practice
- Pandemic Presentation Powerpoint (Ministry of Health)
- Checklist for a pandemic Influenza case
- Patient Minimum Dataset Form
- Family emergency plan

The plan also acknowledges the emergency pandemic plans that are currently in place at local marae (through the work of marae committees, whānau, hapū and iwi); Kohanga Reo (as supported by their National Trust); Kura Kaupapa and Hauora Māori providers. It is hoped that the information contained in this template may strengthen and add value to that which is presently in place.

CO-ORDINATION OF PANDEMIC PLANS AND REPORTING

The Māori pandemic planning coordination role and responsibilities lies with HBDHB Māori Health Service. This service is the current point of contact for assisting and working with Māori communities, Hauora Maori providers, whānau, hapū and iwi.

Key responsibilities of this role include:

- developing a pandemic plan template for Hauora Māori providers and Māori community groups to manage an outbreak of influenza
- ensuring a process is developed for implementation of pandemic plans with significant Māori groups e.g. Hauora Māori providers
- managing communication from Hauora Māori providers, Māori community groups, whānau, hapū and iwi where calls are directed from the HBDHB Coordinated Incident Management Structure (CIMS)
- coordinating activity with key stakeholders in particular Hauora Māori providers and Māori organisations.
- working closely with and keeping the HBDHB Front Line Services Unit informed about concerns and pressures from Hauora Māori providers and Māori organisations
- providing direction and support by interacting with iwi / Māori communities

COORDINATED INCIDENT MANAGEMENT STRUCTURE (CIMS) KEY PERSONNEL

Name	Title	Contact
Sandra Bee	DHB Emergency Management Advisor	027 245 3692
Racquel MacDonald	DHB Infection Prevention and Control Advisor	878 8109

Māori input into the CIMS process is through representation of:

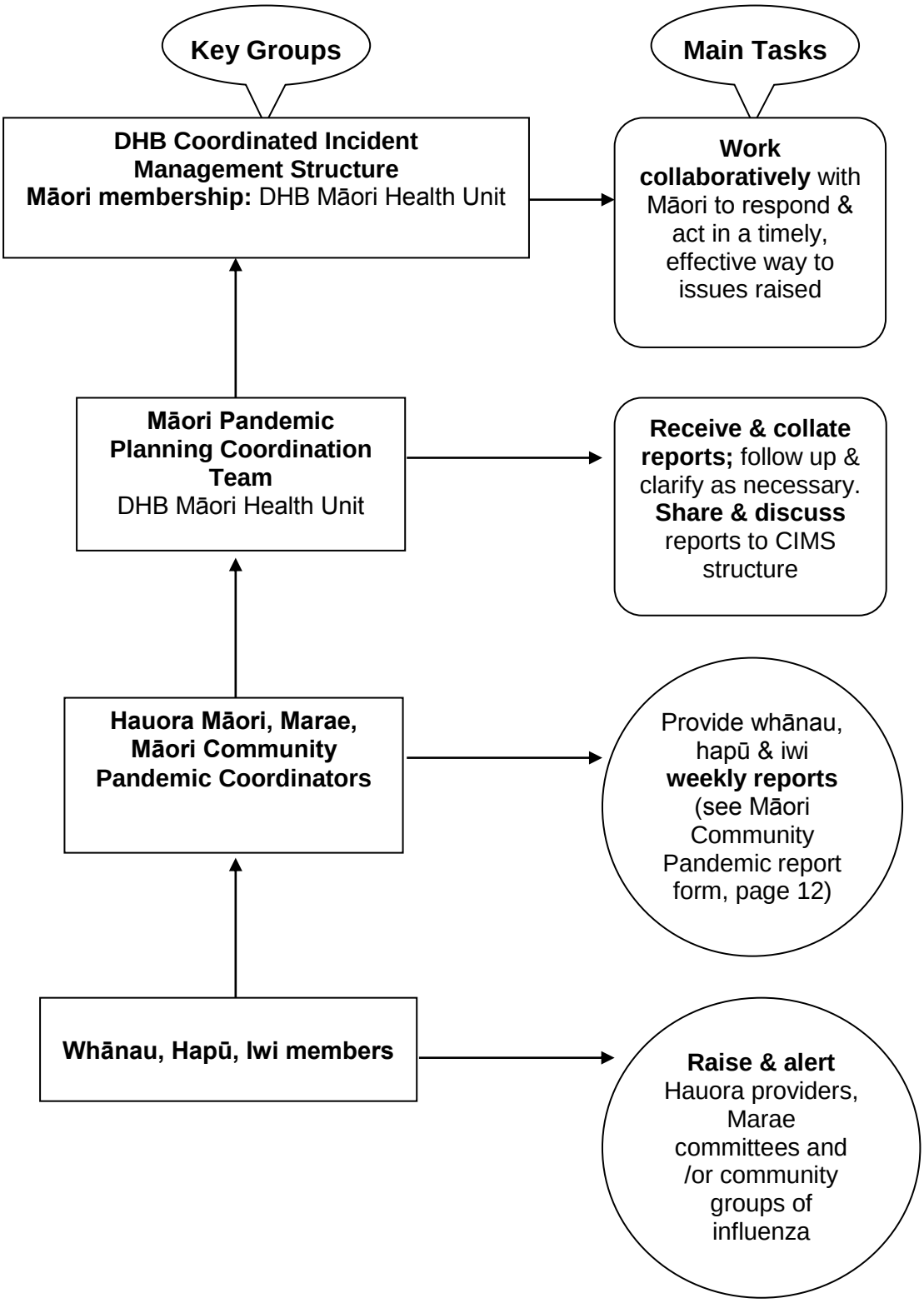
- HBDHB Māori Health Service

The HBDHB Māori Health Service also participates in the HBDHB coordination process and Frontline Services Unit to ensure Māori health interests are protected for the duration of pandemic planning development, implementation and in emergency pandemic Influenza outbreaks.

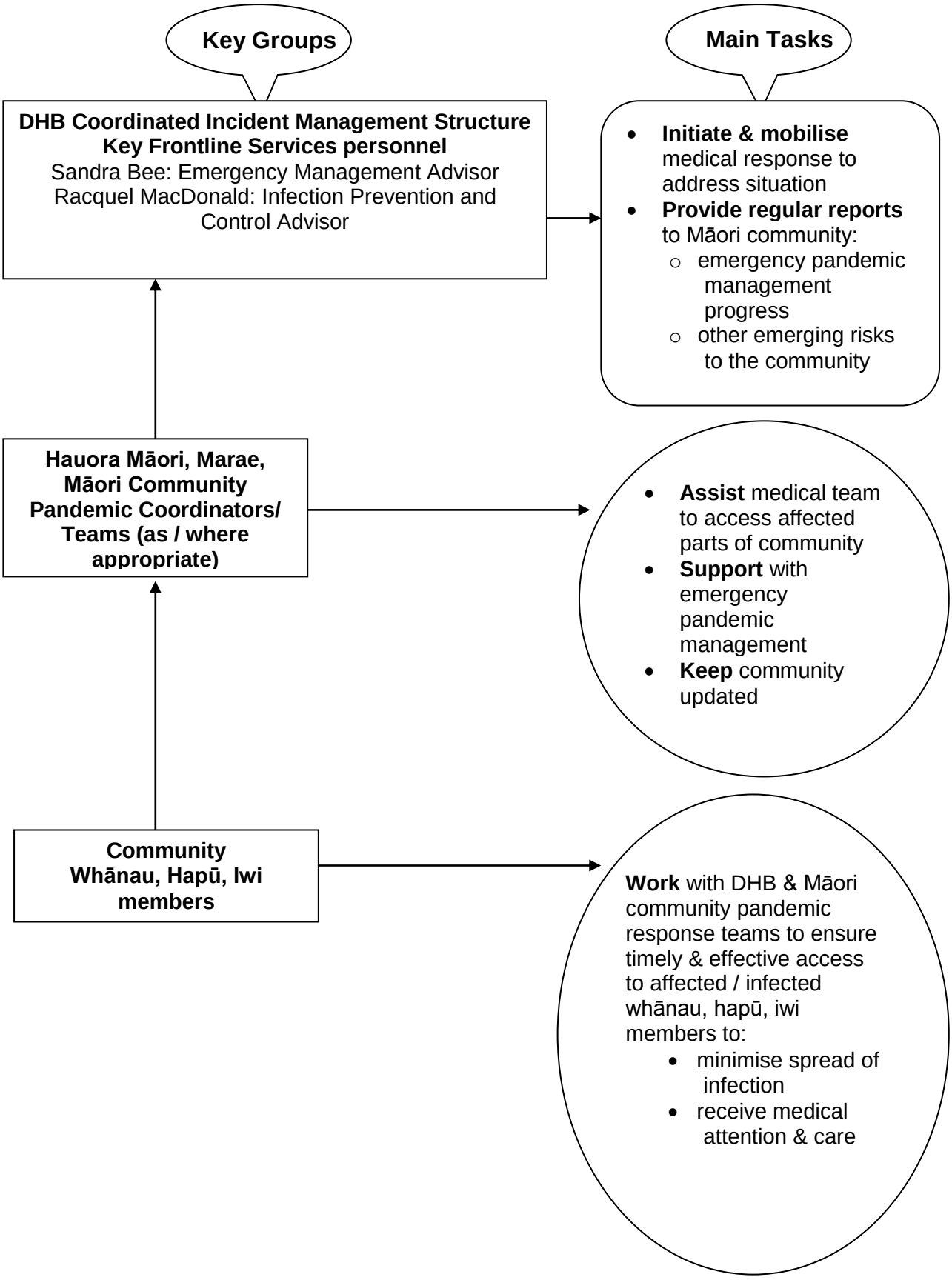
Considerations for Māori readiness and response in a coordinated incident management situation

- That Māori communities via Hauora Maori providers and marae have a designated person to provide weekly updates of pandemic activities to HBDHB Māori Health Service to support accurate reporting to the HBDHB CIMS structure
- That Māori communities undertake an assessment and action plan of how they can set up a Community Assessment Centre to assist large numbers of whānau, hapū and iwi members in rural and remote areas in preparation to contain and manage possible outbreaks of influenza

COMMUNICATION AND REPORTING PROCESS TO CIMS



MĀORI COMMUNITY ACCESS TO MEDICAL SERVICES IN EMERGENCY SITUATION



MĀORI COMMUNITY – BASED ASSESSMENT CENTRE INFORMATION

A Māori Community–based Assessment Centre (CAC), ***if*** needed, will be activated by HBDHB Front Line Services Unit through effective engagement and consultation with the Māori community concerned. This activation phase will be supported by the HBDHB Māori Health Service. Medical staff support for the centre will be through local general practitioners and/or locums with the fall-back position being hospital registered medical officers (RMOs).

WHAT'S NEEDED	GETTING STARTED	HOW TO ACHIEVE IT
A central site that can cater for large numbers of whānau, hapū and iwi members in rural and / or remote areas to provide the primary care surge capacity arising from a sudden increase in demand	Identify marae and other locally based buildings that have adequate facilities to become a CAC	Engage & consult with Hauora Māori providers / marae on possible sites, venues with adequate facilities
Lists of local health organisations and community groups and the skills they offer	Work with HBDHB to prepare promotional information about a CAC and its purpose	With HBDHB Māori Health Service support, meet with organisations and Maori communities to educate on 'creating' a CAC in an emergency pandemic situation
Setting up a Community Assessment Centre (CAC)	Set-up as in CAC Plan	Have organisations and Māori community groups fill in an asset survey re programmes and services, equipment, supplies, communication links and staffing
Reporting - directly to the Frontline Services Unit & Medical Officer of Health	Reporting process as in CAC plan	Pandemic reporting processes put into action
Ensure centre is adequately resourced	Identify resources needed i.e. • Staffing • Personal protective equipment • Antiviral agents and other medication • Clinical supplies • Standardised documentation • Security • Infection control approved furnishings and cleaning supplies	Prioritise and reconfiguration of resources and services to best meet the needs of the community
Community assessment evaluation strategy that demonstrates positive outcomes for Māori	Identify effective Māori community evaluation tools. What works and what does not work	Develop a local evaluation framework that will build and increase Māori evidence-based information

MĀORI COMMUNITY PANDEMIC REPORTING FORM

Name of Community: **Month:** **Hauora Māori Provider:**		
Whānau (identified through numbers to protect privacy) NB: How many are tamariki, rangatahi, pakeke and or kaumātua who may be affected by influenza	**Current status of Influenza impact:** **low = *contained in home*** **medium = *GP assisted*** **high = *hospital input***	**Comments**

MANAGING INFLUENZA IN THE WORKPLACE / ON THE MARAE

This procedure specifies what to do in cases where influenza is present and what the kaimahi and (name of organisation / Marae) will do to minimise the spread of Influenza.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Provide kaimahi / whānau, hapū and iwi members with essential PPE equipment to reduce the risk of transmission either as a caregiver or patient.

PPE includes masks, eye/face shields, gloves, gowns and aprons. Varying levels and types of PPE are required, depending on the level of exposure and the risk of transmission.

Whatever the level of PPE to be used, education and training is necessary to ensure the equipment is used and disposed of correctly, to maintain the equipment's effectiveness.

WHAT TO DO

If you have influenza-like symptoms i.e. cough, sore throat, temperature:

(i) Stay at home until you have no symptoms.

(ii) Phone your doctor if you are not improving or symptoms become worse.

(iii) Try to stay at least one metre away from other people.

(iv) For extended periods of sick leave a Medical Certificate will be requested, which you may need to request via phone contact with your GP rather than making a formal visit to minimise the risk of infecting others.

If you are caring for someone in your home who has influenza:

(i) Once you know the type of influenza your whānau member has then:

a. Contact your manager immediately and inform them of the situation.

b. If the whānau member receives Tamiflu and if after three days the Caregiver has no symptoms of influenza, the Caregiver should be able to return to the work place / marae

(iii) Your manager will discuss with you the options available in terms of working from home and how the leave is to be recognised. If a staff member is working from home, this will be considered a normal working day.

(iv) Organisations/Marae will take a flexible approach in terms of agreeing to temporary arrangements for staff who need to work from home in these circumstances.

Please contact (name of manager / human resource kaimahi/ chairperson) in these circumstances.

If you suspect you or a work colleague has influenza while in the workplace:

(i) Inform the Line Manager.

(ii) The Manager will check for the following symptoms:

a. High fever (or feels feverish and hot)

b. Headache

c. Fatigue and weakness

d. Sore throat, cough, chest discomfort, difficulty breathing

e. Muscle aches and pains

f. Been in contact with someone diagnosed with influenza.

g. If the answer is yes to most of these the Manager will direct the staff member to put on a surgical mask, go home immediately and contact a health professional.

(iii) The Manager will want to know everyone that the Kaimahi has been in contact with and will advise them accordingly.

(iv) The Manager will ensure the staff member's work area is thoroughly cleaned and disinfected.

HAWKE'S BAY DHB CHECKLIST FOR INFLUENZA CASE

Complete the following checklist at first contact with the sick person, i.e. in the office sick bay or over the telephone.

October 2019

		Yes/No
1.	History of fever, chills, myalgia **or** clinically documented fever $\geq 38^0C$	
2.	**PLUS two or more of the following**	
	Headache	
	Malaise	
	Cough	
	Sore throat	

People with both **1** and **2** meet the definition of Influenza-like illness.

HOW TO MINIMISE THE RISK OF SPREAD

Good hand washing

(i) Wash your hands often with soap and running water. Dry your hands thoroughly with paper towels or hot air dryers.

(ii) Alcohol-based hand hygiene products are now widely available in the kitchens and toilets. These are an effective alternative to hand washing.

(iii) Avoid touching your eyes, nose or mouth after coughing or sneezing or removing a mask.

(v) You should always wash your hands:
- a. After using the toilet
- b. Before making or eating food
- c. After handling cats, dogs or other animals
- d. If you have been around someone who is unwell

Good coughing and sneezing habits

(i) Use a tissue to cover your nose and mouth when you cough or sneeze. Ensure a good supply of supplies tissues.

(ii) Place the used tissue in a bin afterwards (do not throw used tissues)

(iii) Wash your hands with soap and water

(iv) Dry your hands well on a paper towel or hot air dryer

(v) People who are coughing or sneezing or have influenza-like symptoms will be advised to go home

Other measures

- Avoid close contact with people who are sick
- Avoid large crowds where possible

The organisation / Marae will:

(i) Provide a supply of tissues

(ii) Provide a covered, lined bin for used paper towels and tissues

(iii) Provide plastic bags to line bins that have a drawstring top

(iv) Ensure the bins are emptied and new liners replaced regularly

(v) Ensure bins are disinfected with household bleach 100mL/1L once or twice weekly depending on use

(vi) Provide hand washing facilities, i.e. running water, hand basin, soap and paper towels, or hand gel

(vii) Educate Kaimahi so that everyone practises good coughing and sneezing habits

(viii) Ensure kaimahi and visitors know and practise good hand washing and drying techniques by posting hygiene notices in appropriate places

(ix) Ensure shared work surfaces frequently touched by hands are disinfected with alcohol wipes or bleach every day e.g. computers, telephones counters, handles, railings etc

(x) Ensure cups, dishes and cutlery are washed with soap and hot water regularly

(xi) Ensure Kaimahi do not share personal items

(xii) Remove all magazines and paper from reception areas and lunch rooms

(xiii) Have a process in place to manage suspected influenza cases, i.e. putting a mask on, isolation area, transport home etc

SICK LEAVE

Kaimahi current entitlements to sick leave with pay will be provided. This entitlement is to encourage Kaimahi to stay home if they are unwell and to minimise any potential financial impact. This needs to be accompanied by a Medical Certificate. As not all influenza cases are being tested for influenza the Medical Certificate need only specify that the staff member is absent due to influenza.

If any additional entitlement is required then normal leave provisions specified in employment agreements and organisational policy will apply. Consideration will also be given to utilising annual leave if the staff member is looking after unwell whānau for an extended period of time. For enquiries regarding leave entitlement contact (manager or HR person).

It is recognised that some cases may fall outside these parameters. In these instances management will take a flexible approach to identify the best way forward to:

(i) ensure the risk of spread is managed effectively;

(ii) support the well-being of the staff member and their whānau; and

(iii) ensure the interests of the organisation / Marae are managed appropriately.

NGĀ MEA TIKANGA

When carrying out tikanga processes that are a normal part of the organisation's / Marae protocols, **all** Kaimahi / Marae committee members / whānau, hapū, iwi members will attend an in-service session on proactive pandemic influenza management and ngā mea tikanga. The following key points are to be considered in regards to:

1. Pōwhiri and Whakatau

Let the manuhiri know prior to attending the organisation / Marae the health safeguards that have been put in place to reduce and minimise the spread of influenza, e.g.

- Do not bring anyone to a hui that has symptoms of influenza i.e. coughing, sneezing, a runny nose, aches, fever, diarrhea, vomiting
- Hariru will be limited
- After the hariru and before partaking of any food, washing the hands is required
- Liquid soap cleansers, hand gel and tissues will be provided

Should anyone attend pōwhiri or whakatau who is deemed to be unwell:

(i) They should be encouraged to go home

(ii) Before leaving the hui:

a. with the person's agreement, contact details including name of GP will be written down for the organisation's / Marae's pandemic register and to co-ordinate any further follow up that may be required

b. a pandemic resource information kit will be given to the person, i.e.

- Pandemic Presentation Flip chart (HBDHB template)
- Checklist for Influenza Case (HBDHB Template)
- Family Emergency Plan (HBDHB template)
- Tissues, soap, hand gel, surgical face masks
- Koha of canned or dried food

(iii) Should s/he require support and need a ride to return to their home, surgical masks will be provided for both the driver and the unwell person (and any others accompanying) who will be travelling in close proximity

(iv) The relevant parts of the inside of the vehicle will be wiped down with disinfectant on return of the vehicle to the office/hui

2. Tangihanga

- First and foremost, under **no** circumstances should anyone who has symptoms of influenza i.e. coughing, sneezing, aches, fever, diarrhoea and vomiting attend tangihanga
- When at the tangihanga, limit your contact with others (no kissing or hugging)
- Wash your hands after hariru and before having kai, keep hand gel, tissues, surgical mask and a plastic bag (for used tissues) in the car as a back up
- Promote and role model safe health practises in a sensitive and non-judgmental way.

COMMUNITY HUI AND HOME VISITS

When organising hui and travelling out in the community and to whānau:

Key points to consider

1. Keep hand gel, tissues, surgical face masks and a plastic bag (for used tissues and masks) in the car

2. Engage with the community and whānau sensitively and effectively; and promote and role model safe health practices in a sensitive and non-judgmental way

3. Give and teach consistent messages i.e.
   (i) Reduce and minimise the spread of influenza
   (ii) Avoid close contact with sick people
   (iii) Cover your nose and mouth with a tissue when you cough or sneeze
   (iv) Wash your hands often with soap and water especially after you cough or sneeze, hand gel is also effective

4. Prepare and provide resource kits with pandemic influenza information and distribute to whānau, i.e.
   (i) Pandemic Presentation Flip chart (HBDHB template)
   (ii) Checklist for Influenza Case (HBDHB Template)
   (iii) Family Emergency Plan (HBDHB template)
   (iv) Fact Sheets and Posters (HBDHB Templates)
   (v) Tissues, soap, antiseptic alcohol sanitized liquid cleanser, surgical face masks
   (vi) Koha of canned or dried food

5. Monthly Follow ups:
   (i) Collect relevant information re: the number of whānau affected by influenza
   (ii) Hand in information to the Manager to send to the Māori Health Service located at HBDHB

Information to highlight in home visits

6. Family preparedness in a pandemic situation
    (i) Become familiar with the pandemic resource kit
    (ii) As a family go through the Family Emergency Plan and write down key contact persons and their phone numbers
    (iii) Put the Family Emergency Plan where it can be seen by all the family and easily located if/when an emergency pandemic situation arises
    (iv) Carefully read Information on Quarantine (Home Isolation) for Influenza (see page 24), ask your Hauora Maori provider to clarify anything you are unsure of
    (v) Have family members practice:
        - Covering their nose and mouth with a tissue when they cough or sneeze, then place the tissue in a lined bin with a cover.
        - Washing their hands often with soap and water especially after they cough or sneeze, hand gel is also effective
        - Teach whānau so that everyone learns good coughing and sneezing habits

7. What to do if someone in the whānau becomes ill
    (i) If you or whānau members are unwell then let you employer know and stay home, get plenty of rest, drink lots of fluid, keep sick whānau members away from other whānau members
    (ii) Follow the guides provided in Information on Quarantine (Home Isolation) for Influenza (see page 24).
    (iii) If you or a whānau member have a high fever and are concerned phone the Helpline 0800 611 116 or your GP

Use your Family Emergency Plan information as a guide to help you know what to do and who to contact**.**

HAWKE'S BAY DISTRICT HEALTH BOARD **FAMILY EMERGENCY PLAN**

<table>
<tr><td colspan="2">Work through the checklist with all members of your household. Keep the Plan close to hand and in a convenient place at home, in your desk drawer at work, or next to the Emergency advice page in your Yellow Pages.</td></tr>
<tr><td>Name:</td><td>Home Phone:</td></tr>
<tr><td colspan="2">Address:</td></tr>
<tr><td>Work Phone (Mum):</td><td>Mobile Phone (Mum):</td></tr>
<tr><td>Work Phone (Dad):</td><td>Mobile Phone (Dad):</td></tr>
<tr><td colspan="2">Community Assessment Centre (CAC) Phone:</td></tr>
<tr><td colspan="2">Location of CAC:</td></tr>
<tr><td>1. In a Pandemic situation we will:
• Remain indoors
• Observe hand hygiene
• Observe cough etiquette.
• Observe one (1) metre separation
• Conserve food and water supplies
• Turn on the Emergency radio
• Be aware of influenza-like symptoms</td><td>2. The person responsible for collecting the children from school in an emergency is:
Contact Phone:</td></tr>
<tr><td>3. If we are required to go to the CAC or GP how do we get there?</td><td>4. Who do we contact if we require more food or other essentials?</td></tr>
<tr><td>5. Who is to look after the children if the Schools' close?</td><td>6. What is the contact number of the local Pharmacy?</td></tr>
<tr><td>7. Our Neighbours</td><td>8. Do we have enough of the following items to last at least 3 weeks?

• Water
• Soap
• Canned or dried food
• Pet supplies
• Baby food/supplies
• Waste disposal bags
• Batteries (radio & torch)
• Essential medicines
• Tissues
• Hand cleansing materials
• Face masks
• Fuel (if winter)</td></tr>
<tr><td>Local Radio Station Frequency:</td><td>Contact Numbers:

Police.

Civil Defence:</td></tr>
</table>

Pandemic Influenza packs are available at: www.thnz.co.nz

Information on Quarantine (Home Isolation) for Influenza

You have been asked to stay in isolation because:

1. You have suspected influenza and are infectious to others. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days after the onset of illness if you are not taking Tamiflu.

2. You may have been exposed to influenza. Isolation in your home should continue for 72 hours after starting Tamiflu or 7 days after the onset of illness if you are not taking Tamiflu.

The period of isolation may be lengthened if somebody else in your household becomes sick with suspected influenza.

We want you to restrict your activities to protect the safety of your family, friends and the community. This information sheet is to tell you what isolation means.

Staying at home.

You must not go to school, work, child care or out in public until cleared by the Public Health Nurse. This means you must not attend shopping centres, movies, parties or any social gatherings at all.

Visitors

You should have no visitors until you come out of isolation. Talk by phone and have things delivered to the door. Sometimes a visitor is essential (for example someone has to come into the house to give you essential home support). The visit should be brief. You and the visitor must both wear a mask. Talk with the visitor outside in the open air if possible and keep at least two metres away from them.

Preventing the spread of infection

Stay in a part of the house where you have minimal contact with other people.
Try to keep well people and sick people apart.
Give people who have a fever and/or diarrhoea plenty to drink.
Give Paracetamol for fever. Do not give Aspirin to children under 12 if they have a fever.
Open doors and windows and ventilate the house as much as possible.

Cover your mouth and nose with a tissue or toilet paper when you are coughing or sneezing. Put the used tissue straight into a rubbish container. Wash and dry your hands afterwards.

Wash and dry your hands after you use the bathroom or toilet. Wash and dry your hands before you prepare food and eat, and when you are looking after sick people.

If you have more than one toilet, one should be reserved for use by sick people.

Twice a day clean the following:

- toilet handle and door handles of toilet, bathroom and rooms of isolated people
- bathroom sink and taps

Use one (1) part household bleach to 10 parts water.

Nobody else should use anything that could be contaminated with your throat or nose secretions or coughing or faeces – e.g. towels, handkerchiefs, eating utensils, food, bed linen, cigarettes, marijuana joints, P pipes, kava bowls.

Sharing bedding, clothing and utensils may spread infection but you do not need to wash a sick person's bedding, clothing and utensils separately from the rest of the family's. If you wash and dry all these things in the usual way they will then be safe for others to use.

Using face masks

The Public Health Nurse will show you how to wear a mask.

- Sick people should wear a surgical mask if anyone is in their room and if they have to leave their room.
- People who are in quarantine but not sick should wear a particulate respirator (PFR95) mask if they are in the same room as a sick person.
- Essential visitors to the house should wear a particulate respirator (PFR95) mask through their visit.

Used masks should be put in the normal household rubbish.

Coming out of isolation

The Public Health Nurse or your doctor will tell you when you are cleared to come out of isolation. At that time you will be non-infectious to others. It will then be safe for you to resume your normal life.

Questions

Your Public Health Nurse will be happy to answer any questions.