

New Zealand Local Authority
and CDEM Group

Pandemic Planning Guide

March 2006

INFORMATION FOR THE CDEM SECTOR [IS7/06]



Te Rākau
Whakamarumarū

Ministry of Civil Defence
& Emergency Management



Local Government New Zealand
te pūtahi matakōkiri

New Zealand Local Authority
and CDEM Group

Pandemic Planning Guide
March 2006

Prepared by:
Local Authority Pandemic Planning
Working Party



IS7/06

April 2006

ISBN 0-478-25469-5

Published by the Ministry of Civil Defence & Emergency Management and Local Government New Zealand

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Foreword

This Pandemic Planning Guide for New Zealand local authorities and Civil Defence Emergency Management (CDEM) groups has been prepared by a working party comprising representatives from CDEM groups and the Ministry of Civil Defence Emergency Management (MCDEM).

The purpose of the Guide is to support planning for pandemic influenza, irrespective of the current level of planning.

For agencies whose plans are well advanced it provides reference material and a checklist to see that all points have been addressed.

For those agencies whose planning is less well advanced it provides a framework upon which more detailed planning may be based.

The Guide also provides a tool that may be used to delegate responsibilities and plan and monitor progress as the plan is developed.

We encourage all local authorities and CDEM groups to use the Guide as best meets their needs.

In endorsing this document, we also encourage agencies to use a consistent approach to regional planning for pandemic influenza and encourage engagement with community groups. We believe community preparedness and response capabilities will be vital to successfully combating pandemic influenza should it affect New Zealand.

We wish to acknowledge the joint efforts of staff from CDEM groups and the Ministry for their efforts in producing this Guide.

We are confident that as part of a suite of planning tools, this Guide will not only help our capability to respond to Pandemic Influenza, but that it will also enhance New Zealand's resilience to whatever emergencies impact on us in the future.



John Norton
Director
Ministry of Civil Defence Emergency Management



Basil Morrison
President
Local Government New Zealand

Introduction

World Health Organisation experts are sufficiently concerned at the potential for an influenza pandemic that they have advised countries to prepare action plans. The Ministry of Health is co-ordinating a ‘whole-of-government’ New Zealand Influenza Pandemic Action Plan. The latest version is on its website - www.moh.govt.nz

While there is no current suggestion that pandemic influenza is imminent, it is worth planning for on the basis that, if it were to occur, most, if not all, communities and workplaces would be affected. There would be limited opportunity to bring in extra resources from outside the community.

The consequences of a pandemic would be largely health-related – possibly affecting up to 1.6 million people, with social distancing, significant absenteeism and disruption to normal living activities commonplace throughout New Zealand. Physical assets would remain intact.

If it occurred, pandemic influenza would be unlike any other form of emergency. It would almost certainly start overseas, it would be national in impact and therefore any local-level actions would have important implications for the country as a whole. For this reason, actions at a local level would be determined by the national interest, particularly during the ‘Keep it Out’ and ‘Stamp it Out’ phases.

Nonetheless, in conjunction with district health boards, local government and CDEM groups will have key roles in preparing local communities for a pandemic, and in responding to it should it arrive. It is a widely-held view that the battle will be won or lost in the local communities, and therefore community leadership and preparedness will be vital elements in the response to the pandemic.

New Zealand has a number of distinct advantages in responding to a pandemic in comparison with other nations, including our geography, high level of national planning, well-developed community governance systems and focused emergency response capabilities.

This Guide is intended to help local communities build on these advantages and on the significant amount of emergency management activity undertaken to date.

However, it is important to note that this document does not prescribe a set of actions; it can be used by local government and CDEM groups to help in any further planning required.

It is also important to note that this Guide suggests measures to cover the maximum realistic scenario of widespread pandemic management, but that border management and cluster control phases would have much less impact on most local authorities and CDEM groups, unless the local community, or some part of it, is directly involved in these two phases.

New Zealand local authorities, partner response agencies and the communities they serve are at a distinct organisational advantage to those in most other countries, due to the existence of CDEM groups and coordinating executive groups (CEGs), established under the CDEM Act 2002. CEGs represent a key mechanism for multi-agency reduction, readiness, response and recovery (4-Rs) pandemic planning in each CDEM group area. Local authorities, individually and in partnership with their respective CDEM groups, CEGs and local emergency arrangements, can take significant steps towards managing the risks of pandemic influenza.

Use of the Guide

This Guide has been prepared to support the Civil Defence Emergency Management workstream of the New Zealand Influenza Pandemic Action Plan produced by the Ministry of Health.

It has been produced in a format that allows it to be used in three ways:

1. As a reference document and an exemplar of good practice for pandemic influenza planning.
2. As a checklist for delegating planning responsibilities, and noting either the coordinating agency, or responsible unit for a range of specified activities, or
3. As a guide to planning and monitoring progress towards an effective local government and CDEM group plan in support of the NZ Influenza Pandemic Action Plan.

The Guide uses the 4-Rs approach to emergency management introduced by the CDEM Act 2002:

1. **Reduction** – Effective reduction, readiness, response, and recovery actions depend on first having gained an adequate factual understanding of the risks themselves. In assessing the hazard of pandemic influenza, local authorities should identify the potential consequences on people, facilities, and services throughout New Zealand. Steps can be taken before an epidemic arrives to reduce the magnitude and severity of potential consequences. Risk reduction can lessen demands on response teams during a hazardous event and minimise the impact on the relevant local authority, CDEM group and community.
2. **Readiness** – Readiness for a hazardous event involves identifying individuals who will undertake key functions, developing effective policies and procedures, establishing or enhancing partnerships with other key organisations, validating and exercising plans, obtaining the equipment needed to support response activity and identifying training personnel.
3. **Response** – As the threat of a pandemic unfolds, local authorities may implement a series of protective, response, coordination and recovery actions to support both internal and community objectives. A suitable response will require the co-ordination of local authority services with those of the health-led response, regional CDEM groups, government agencies, local businesses, neighbouring communities, and, above all, members of the general public.
4. **Recovery** – Local authorities should play an important co-ordinating role in a community's recovery from the consequences of a pandemic. Recovery is likely to require the collaboration of a multitude of organisations and communities, including efforts to regenerate local and regional economies in the short, medium, and long term.

Local authority and CDEM group actions under each of these four objectives will serve to manage risks in two standard areas:

For the local authority (Internal) – Business and emergency management planners will prepare plans in relation to each of the objectives, summarised above, on behalf of their local authorities. The purposes of these actions include protection of employees, continuation of services, and management of economic and social impacts on the local authority. This should build on existing business continuity plans. Sections primarily for local authorities are highlighted in yellow (light shading).

For the community (External) – Local authorities also have a role in managing community impacts of an influenza pandemic and the multi-agency approach and relationships required to successfully

manage it. This may involve community support actions to protect and support individual and family residents, institutions, small business, farms and the overall wellbeing and economy of the community. Much of this effort will require co-ordination with entities within the region, through arrangements, organisations, plans and standard operating procedures of the respective CDEM group. Sections primarily for communities are highlighted in blue (dark shading).

Context for the Guide

This Guide for local authorities and CDEM groups is part of support material prepared to help agencies plan for, and fulfil, their responsibilities should pandemic influenza affect New Zealand. For further detail users should be familiar with the latest New Zealand Influenza Pandemic Action Plan, published on the Ministry of Health website - www.moh.govt.nz

The Government's expectations of organisational responsibilities is attached as Appendix One to this Guide.

The Guide is consistent with the overall planning assumptions inherent in the NZ Influenza Pandemic Action Plan:

- Pandemic influenza is worth planning for, as the consequences are potentially severe.
- Pandemic influenza would affect the whole country and therefore requires managing in the national interests
- Planning and responding to an exercise of this scale requires a whole-of-government approach.
- The Ministry of Health is the lead agency for what may be a potentially large health emergency.
- The Ministry of Health will need the support of other central government agencies, local authorities and CDEM groups.
- Much of the battle will be 'won or lost' in local communities.

Therefore this Guide suggests a series of roles, responsibilities and actions for local authorities and CDEM groups to follow, and presents some basic planning processes and supporting information.

Establish Pandemic Planning Group(s)

In managing risks for an event as complex as pandemic influenza, local authorities and CDEM groups should assemble in-house pandemic planning teams and ensure that external, multi-agency **pandemic planning groups** are established to select and implement the actions, policies, and procedures that best represent the interests of the authority, and community. Pandemic planning groups may be divided into two mutually dependent subject areas. One with an internal, local authority and CDEM group organisational focus, and the other with an external, community focus. This Guide is written to reflect these two mutually supportive sets of interests, with information primarily for local authorities highlighted in yellow (light shading), and information primarily for communities highlighted in blue (dark shading).

The external focus will include active engagement with health services (particularly District Health Boards (DHBs)) and other response and recovery organisations referred to in the NZ Influenza Pandemic Action Plan. Existing relationships and groupings established for all-hazards planning, response and recovery, such as the CDEM CEG, local emergency service coordinating committee, welfare advisory groups etc should form the basis of this engagement. If such relationships and arrangements are not adequate at local or CDEM group level, now is the time to upgrade them. The central government influenza planning workstreams may be used a basis for local pandemic planning.

The purposes of pandemic planning groups are to:

- Guide local authority actions in assessing and reducing risks, and preparing for response and recovery (internal).
- Collaborate with health authorities, neighbouring communities, regional representatives, and other stakeholders to develop integrated response and recovery plans (external).
- Involve and inform elected officials and employees of pandemic influenza planning.

Develop a Pandemic Response Plan

Developing a **pandemic response plan** will improve a community's ability to respond and recover, and will reduce human suffering and the economic impact. The plan may simply build on, or be a component of, existing all-hazards CDEM plan/arrangements and business continuity plans, or be a stand-alone specific event contingency plan where existing functional based plans are inadequate.

It is suggested that for each of the 'Response' and 'Recovery' phases and for both the internal actions (highlighted in yellow (light shading)), and external actions (highlighted in blue (dark shading)), that the plan specifies who does what, when it is to be done, and how it will be done.

Each local authority and CDEM group pandemic response plan must be developed in conjunction with the relevant local or regional health organisations, particularly Medical Officers of Health and District Health Board staff/contractors involved in pandemic planning. Wherever possible these plans should be based on existing CDEM group, local authority and partner emergency management plans. The local authority and CDEM group actions outlined in this Guide may also be of use to internal planners in any organisation.

Checklist for relevant agencies

The layout and colour coding of this Guide allows it to be used as a checklist to allocate responsibilities for specific actions, and to monitor and manage planning and progress. In all cases:

- Actions outlined in this Guide should be explicitly assigned to specific individuals or organisations.
- These may be either local authorities/CDEM groups or DHBs, but they must be specified.
- This Guide should be read in conjunction with other documents - eg New Zealand Influenza Pandemic Action Plan, and DHB Pandemic Plan(s) for your area.

Reduction

Core concepts

Reduction requires action before an influenza outbreak occurs to reduce the likelihood and consequences of the event. For pandemic influenza, each local authority should consider a wide range of actions to reduce risks to their organisation.

Understand the Threat – Effective risk management begins with identifying, analysing and evaluating hazards associated with pandemic influenza. It is important for members of the planning group to comprehend the nature of the disease, how it spreads, and consequences to the authority and community - particularly the impact on human resources.

Responsibility to Employees – The first priority for local authorities is the wellbeing of its staff. Primary attention should be afforded to the risks employees face in providing public services, including the potential for contracting the disease in the workplace.

Employee Protection – Actions taken now can help local authority staff avoid, or better cope, with the disease. Where employees come in contact with large numbers of the general public, new measures can provide essential services through alternate reduced-contact means. Staff would also benefit from education on infection prevention and control, and from vaccinations against seasonal influenza.

Impact on Workforce – Workforce interruption may be one of the most significant impacts of pandemic because it affects the provision of essential services and poses a threat to the continuity of local government. Reduction includes anticipating the need for backup staff to fill essential functions vacated due to illness, care of others or inability to travel to work.

Public Services – Because pandemic influenza may directly affect employees; illness may interrupt local authority services such as water supply, wastewater, and environmental protection. Some public buildings may be closed by the Medical Officer of Health or used for health assessment, treatment or welfare services. Such decisions will be made by Medical Officers of Health, so local government and CDEM groups will not be required to identify what may or may not be used.

Supplier Interruption – Some public services delivered by local authorities depend on outside suppliers including transportation, utilities and maintenance/management contractors. Entering into arrangements with alternate suppliers would help reduce risks.

Financial Impacts – A local authority may suffer financial consequences from a community-wide epidemic due to increased expenditure during response, continued expenditure on staff and infrastructure, reduced revenue as services are not delivered/purchased, and as ratepayers may no longer be able to meet rate demands.

Revenue Losses – Local authorities may face an interruption to revenue due to reduced chargeable activity and inability of ratepayers to meet rate demands both during and after an influenza event, representing losses that are not eligible for emergency financial assistance from central government. To enable continued operation, or to at least reduce the impact on the organisation, local authorities should establish contingency funds or credit arrangements to support ongoing expenditure such as salaries and operational overheads.

Tips for Success:

- Develop risk information in co-operation with health officials and partner organisations.
- Review existing business continuity plans
- Review local authority impacts in other jurisdictions (e.g. SARS in Toronto in 2003. Note: SARS and Pandemic Influenza are transmitted in different ways).
- Obtain relevant, realistic and effective infection prevention and control advice from District Health Boards.
- Use Department of Labour and other HR specialists to assist in staff wellbeing planning.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Learn about pandemic influenza <ul style="list-style-type: none"> • Meet with local DHB staff • Obtain local DHB health planning assumptions. • Refer to material on the Ministry of Health website.
					2. Hold awareness sessions <ul style="list-style-type: none"> • Inform elected members and staff of the nature and consequences of a pandemic, and their roles in readiness, response and recovery.
					3. Identify essential services <ul style="list-style-type: none"> • Check that essential Local Government services are addressed by existing CDEM plans (e.g. water, waste water). • Identify essential lifeline utilities delivered by others that your services depend on, such as tele-communications and electricity.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					<p>4. Identify ways to separate staff from public</p> <ul style="list-style-type: none"> • Develop alternative service delivery methods to limit staff contact with public. • Prepare policies allowing tele-commuting and working from home for local authority staff. • Develop “safe meeting” policies – social distancing, use of masks, screens, etc. See Department of Labour website for more information – http://www.dol.govt.nz
					<p>5. Develop infection management plan</p> <ul style="list-style-type: none"> • Develop an infection management plan for local authority facilities. See Ministry of Economic Development website for more information – http://www.med.govt.nz.
					<p>6. Develop hygienic habits, Vaccinate staff</p> <ul style="list-style-type: none"> • Institute good hygiene practices among all employees to develop healthy habits. • Facilitate routine, annual influenza vaccinations of staff.
					<p>7. Duplicate personnel capabilities</p> <ul style="list-style-type: none"> • Ensure all essential positions have at least one alternate, and establish a registry of backup personnel and their skill-sets. • Resolve with employee unions any issues and/or HR policies related to temporarily filling positions vacated by illness or death among staff.
					<p>8. Develop Support Plans for Sick Staff</p> <ul style="list-style-type: none"> • Follow Department of Labour guidelines on staff wellbeing issues. • Advise staff of welfare policies and plans. • Consider support for staff who have to go home sick.
					<p>9. Estimate impact on your employees</p> <ul style="list-style-type: none"> • Identify total number of employees by department. • Estimate number of employees expected to be unavailable due to illness, family commitments, over time by department. • Identify high -risk facilities (e.g., locations of high public contact). • Identify high risk and essential roles.
					<p>10. Identify public buildings that may be closed</p> <ul style="list-style-type: none"> • Establish a list of all public buildings/amenities/facilities/sports grounds etc under your control. • Identify and prioritise public buildings that may be closed, either by directive from Medical Officer of Health to avoid public gatherings, etc, or to provide emergency welfare services.
					<p>11. Assess financial impact on local authority</p> <ul style="list-style-type: none"> • Identify primary sources of income. • Anticipate increased costs associated with sick/special leave, re-staffing to replace chronically ill /lost staff. • Assess potential economic impacts on local authority of pandemic influenza. • Conduct workshops for senior staff on sources of emergency financial assistance.
					<p>12. Develop backup suppliers</p> <ul style="list-style-type: none"> • Identify current suppliers. • Identify impacts if supplies are interrupted. • Identify and develop alternate suppliers, where essential.
					<p>13. Develop contingency funds</p> <ul style="list-style-type: none"> • Set aside a contingency fund or ensure access to credit to manage exceptional expenses amid revenue losses.

Readiness

Core concepts

Employee Protection – Protocols and training should be put in place prior to a pandemic to enhance the safety of the work environment for local authority staff. Note that anti-viral and vaccination usage and prioritisation will be nationally developed and applied.

Business Continuity Plan – Many local authorities have developed business continuity plans in anticipation of threats to information systems and facilities, such as those arising from technology failures, earthquakes, floods, fires or other hazards. These plans should now also provide for the impacts of staff absences and the means to provide core services.

Supplies – Once a pandemic occurs, local authorities may have difficulty in securing essential equipment and supplies. Readiness includes identifying supplies that will be required for local authority response and acquiring essential items ahead of time.

Staff Awareness – Local government staff must be aware of plans for pandemic response within the organisation, including aspects of internal readiness and organisational safety.

Tips for Success:

- Use the Ministry of Economic Development and Department of Labour guidance to assist with in-house business continuity planning and in providing support or advice to local businesses
www.med.govt.nz www.dol.govt.nz
- Work with other CDEM Groups and CEGs to plan exercises and training opportunities.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Develop infection control protocols <ul style="list-style-type: none"> • Develop guidelines for surveillance, hygiene, cleaning, and facility closures. • Identify secure facilities and procedures where essential staff can seek protection from exposure.
					2. Develop Human Resource Policies <ul style="list-style-type: none"> • Develop policies for staff overtime, quarantine and leave during a pandemic.
					3. Validate plans, Train and Exercise <ul style="list-style-type: none"> • Prepare staff for possible pandemic.
					4. Develop Anti-Viral and Vaccination Priorities <ul style="list-style-type: none"> • Using Business Continuity Plans, identify priorities for employees to receive anti-virals and vaccinations should these become available only in limited numbers. • Inform DHB planners of the number of essential personnel.
					5. Plan for Business Continuity <ul style="list-style-type: none"> • Identify essential services and consequential effects if they are disrupted. • Develop methods for overcoming shortfalls in personnel, facilities, supplies, data, and utilities. • Update contact lists for internal and external resources.
					6. Obtain essential supplies <ul style="list-style-type: none"> • Stockpile cleaning solutions, facility maintenance equipment and other supplies that may be in short supply during a pandemic.
					7. Inform staff of Welfare Policies and plans <ul style="list-style-type: none"> • Meet with employees to initially hear concerns and explain risks, infection management measures and HR policies. • Advise staff of welfare policies and support mechanisms available. • Offer advice on home and family preparedness. • Provide regular information updates to staff.
					8. Establish financial management systems for a pandemic event

Response

Core concepts

Existing Plans - The first part of response to any emergency is to implement existing response plans.

Employee Protection - If influenza breaks out in the community, the first response of the local authority will be to protect its employees. This includes monitoring staff health to identify cases of influenza early, and taking steps to reduce the internal spread of the disease.

Staff Immunisation - When an appropriate influenza vaccination is available, and it is assumed one will be approximately six months after the disease first develops, all staff should be offered immunisation.

Facility Closures - If ordered by the Medical Officer of Health, some facilities under the control of the local authority may be closed or restricted to assist in controlling the spread of infection. Closures may require the delivery of services through alternate means.

Continue Public Services - In the face of possible staff shortages, local authorities' response to a pandemic influenza situation should include continuing public services, particularly essential services, to the best of their ability. This may require the re-development of available personnel to roles that they do not normally perform.

Tips for Success:

- Employees are much less likely to come to work if their family members are ill. Work with staff to help them care for family members who may get sick
- Consider alternative ways for staff to work on essential services – for example working remotely.
- Communicate with staff regularly.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Refer to existing response plans <ul style="list-style-type: none"> • Implement according to response plans.
					2. Undertake Internal Surveillance <ul style="list-style-type: none"> • Monitor the health status of employees. • Maintain records on new and cumulative cases among employees and their families.
					3. Implement Infection Control Measures <ul style="list-style-type: none"> • Activate internal infection control teams for local authority offices, especially essential sites. • Advise staff to work from home or to isolate themselves in small teams to avoid exposure as long as possible.
					4. Immunise Staff <ul style="list-style-type: none"> • Immunise local authority staff and volunteers against annual influenza, and if available use anti-virals. • Document previous infection and immunisation of each employee.
					5. Close Local Authority Facilities <ul style="list-style-type: none"> • Close public facilities as ordered by the Medical Officer of Health.
					6. Continue Local Authority Business <ul style="list-style-type: none"> • Enhance and manage stockpiled cleaning solutions and facility maintenance equipment that may be in short supply during a pandemic. • Cross train and prepare staff to be able to be redeployed to essential Council services. • Defer non-essential services (e.g. consents, registrations) – redeploy resources according to plan.
					7. Inform staff <ul style="list-style-type: none"> • Keep staff informed on relevant events and actions throughout the pandemic period. • Make use of: <ul style="list-style-type: none"> - Emergency Coordinators for each business unit/section, telephone trees, email, intranet/internet, safe meetings • Monitor staff welfare.

Recovery

Core concepts

Internal organisational recovery – While a pandemic is ongoing, the local authority will be actively involved in internal business recovery, including the restoration of personnel, data, financial viability and service quality.

Staff welfare – Depending on the mortality rate associated with the illness, the local authority may face deaths among elected members or staff, their families, friends, external colleagues etc. Such losses will inevitably impact on remaining employees who may require support.

Backfilling unwell employees – To recover fully to optimum functioning, the local authority may need to recruit new staff to backfill temporary or permanent positions vacated by those affected by the disease. Some positions may be filled through redistribution of existing staff.

Financial assistance – Central government support for communities following emergencies is normally limited to first response to protect or care for people affected by emergency or for the restoration of local authority infrastructure damaged by the impact of the event. It is anticipated that this support will be available subsequent to a pandemic event.

Organisational debriefing – The conduct of organisational debriefs is common practice following emergency events. A debriefing allows the local authority and partner organisations to collect lessons identified from the experience and provides an opportunity to improve reduction, readiness, response and recovery for future events – in this case, for future pandemic events.

Tips for Success:

- Ensure recovery actions for the local authority are co-ordinated through the Executive or Crisis Management Team.
- Make arrangements now to ensure all key decision-making roles have adequate emergency delegations to enable alternate staff to provide continuity and recovery of service.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Support Affected Staff <ul style="list-style-type: none"> • Provide counselling for staff, where required. • Acknowledge staff fatalities, e.g., ceremonies.
					2. Plan for Vacancies <ul style="list-style-type: none"> • Develop recruitment plan to replace incapacitated employees. • Select temporary staff to immediately fill essential positions while recruitment is underway. • Redistribute internal human resources temporarily, as appropriate.
					3. Recover and Reconstruct Records <ul style="list-style-type: none"> • If required, identify and recover critical records.
					4. Apply for Financial Assistance <ul style="list-style-type: none"> • Apply for appropriate emergency response and recovery reimbursement from MCDEM. • Makes claims on any available insurance.
					5. Evaluate Impacts <ul style="list-style-type: none"> • Review, evaluate and assess impact on the local authority of pandemic response and recovery. • Assess ability to resume normal local authority services. • Report findings to Council/CDEM Group Joint Committee and Recovery Manager(s).

Reduction

Core concepts

Public Health Effects – As stewards for community wellbeing, a pandemic planning group must understand the potential magnitude and importance of an influenza outbreak on the local community. Although impacts will depend on the nature of the influenza virus and conditions at the time, all planning should be based on standard Ministry of Health scenarios and impacts as described in the New Zealand Influenza Pandemic Action Plan on the Ministry of Health website.

Awareness Information – Public information and education is the key to helping the general public. Much of the success in pandemic response and recovery will depend on the actions of individuals, families and community groups. People are empowered when they understand a threat and know how to protect themselves and their families from it.

Working Co-operatively with Health Agencies – Health agencies, led by the Ministry of Health, are responsible for informing the public about the health aspects of a pandemic. Local authorities can help community members reduce the non-health and social disruption consequences of a pandemic. Local authorities should work with health officials in disseminating co-ordinated and consistent pandemic messages through community groups with which the local authority has a relationship.

Interruption of Public Services – Local authority and community services may be interrupted if the workforce or operation of essential infrastructure is affected. Assessing the probability and consequences of such interruptions helps set priorities for reduction and response.

Social Disruption – Pandemic influenza will be socially disruptive over both the short and long term. Closures of such facilities as community buildings and public transport could cause secondary impacts. Community members may be ill themselves, caring for others, avoiding social contact, and may not be able to follow routines of school, work, and leisure activities. Community support networks and relationships will be affected due to a lack of information and fear of the unknown.

Economic Impacts – The 2003 SARS outbreak in Canada demonstrated that the economic impact of an infectious disease could be significant and long-lasting. Businesses will be impacted by a temporary loss of customers due to public fear, loss of supplies due to interruptions, by closures ordered by Health to slow the spread of the disease, and by disrupted international travel and trade. There may also be job losses and redeployment.

Advising Business and Institutions – Because the economic impacts of a pandemic can be wide reaching, including loss of revenue for local authorities, it makes sense to help businesses reduce their pandemic risks. Many of the protective measures considered on the previous page for local authorities would serve equally well for many businesses. It is especially important to identify private facilities that may be closed to control the spread of the disease and discuss with them the rationale for closures and alternative options. Conversely, businesses that provide essential services or resources - particularly food production, distribution and sales - and essential utilities should be encouraged to develop contingency plans that will enable a continuity of supply during a pandemic.

Impact on Food Supply - There is the potential that pandemic influenza will adversely affect food supply operations; including supply chain management, supermarket and food outlet business continuity, and the ability of some people to be able to shop normally (e.g. unwell, unwilling, or no money). The food sector is planning for such eventualities; but it may well require some forms of local community support.

Tips for Success:

- Work with the local chamber of commerce to assess impacts on businesses.
- Work with local lifeline and infrastructure operators regarding their continuity planning for essential services and supplies – including fuel.
- Work with local FMCG sector on food supply continuity issues
- Work with local welfare advisory groups and volunteer organisations for emergency food distribution to people unable to shop.
- The joint business-government working group should include key organisations such as the chamber of commerce and local economic development agency.
- Make the most of effective relationships and groupings where they already exist, or use the opportunity of pandemic planning to enhance or develop such relationships where they do not.
- Work with community leaders to develop plans to meet community needs.
- Consider providing community awareness messages through existing organisations, such as service clubs, schools, business organisations, and non-profit institutions.
- Provide timely, consistent public messages to all members of the community

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					<p>1. Estimate impacts on populations</p> <ul style="list-style-type: none"> Assess impact with Health of influenza on community demographics: <ul style="list-style-type: none"> Total population Number expected to care for themselves at home Number expected outpatients Number seeking hospital care Number of dead Number requiring welfare support.
					<p>2. Assess impacts on loss of essential services</p> <ul style="list-style-type: none"> Assess the impacts of the inability to receive water, electricity, communications, food or use public transport etc. Assess with lifeline utilities the risk of losing each due to pandemic influenza. Identify community elements most likely to be affected by failure to deliver essential utilities. Assess impacts of disruption to normal food supply systems.
					<p>3. Identify community buildings/facilities that may be closed.</p> <ul style="list-style-type: none"> Analyse or survey community to identify facilities that may be closed, e.g. <ul style="list-style-type: none"> Childcare centres & schools Entertainment & sports venues Conference centres, churches Transport (ground, air, sea) Identify facility address and contact information for buildings that may be required to close.
					<p>4. Identify other potential consequences of Pandemic Influenza on people, facilities and services</p> <ul style="list-style-type: none"> Develop and analyse consequences on the wider community of DHB planning scenarios.
					<p>5. Identify economic impacts to the community and on individuals</p> <ul style="list-style-type: none"> Establish a joint business-government working group to estimate potential economic impacts. Use established emergency recovery networks and processes.
					<p>6. Engage in Food Supply Continuity Planning</p> <ul style="list-style-type: none"> Establish contact with local FMCG Sector over potential difficulties. Assess potential requirement for “non-normal” food distribution for those who may not be able to shop.
					<p>7. Advise population</p> <ul style="list-style-type: none"> Work with health officials to provide public messages on: <ul style="list-style-type: none"> Good hygiene and hand-washing Rationale for closures, isolation, quarantine, travel restrictions Immunisation, especially the time required to develop the vaccine Advise individuals and families on the need for home preparedness, including: <ul style="list-style-type: none"> Food, water, and medications Hygiene and how to care for sick family members Inform community members on the important roles of volunteers during a pandemic response and how they can prepare ahead of time, such as taking first aid courses and assisting in the establishment of effective community welfare facilities.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					<p>8. Ensure advice is given to businesses / institutions</p> <ul style="list-style-type: none"> • On the risks of pandemic and likely impacts to the local economy. • On public health measures that may affect businesses, including: <ul style="list-style-type: none"> - The rationale for closures and quarantine - Travel restrictions • On methods to continue operations during a pandemic: <ul style="list-style-type: none"> - Identify essential functions - Separate staff from public - Hold “safe meetings” - Maintain operations with loss of 25 to 50% of staff and supplies - Cross-training of staff - Alternate sources of suppliers - Set aside a contingency fund, or have access to credit - Check insurance provision • Plan staff welfare and support measures.
					<p>9. Inform stakeholders about community risks</p> <ul style="list-style-type: none"> • Convey risk information to stakeholders and community leaders.

Readiness

Core concepts

Prepare for community response – In this context, readiness anticipates actions by the local authority and CDEM group to support the community at large, including individuals, families, institutions, businesses, and partner response organisations.

Health measures – While DHBs have been required to identify facilities for alternative care arrangements such as community-based assessment centres, there is a chance that health officials may seek some guidance from the local authority or CDEM group. Health providers will arrange for medically trained personnel, but the local authority may be expected to provide non-medical support, facilities and co-ordination to support health objectives.

Emergency response organisations – In addition to supporting health objectives, there are statutory responsibilities and community expectations that local authorities and CDEM groups will provide support, co-ordination and community leadership in all multi-agency responses to major threats.

Prolonged EOC activation – Pandemic waves may occur over an extended period of six to twelve weeks. Therefore, EOCs may be required to support and co-ordinate local responses and assist with regional and national responses over a longer period than is usually envisaged.

Outside help may not be available – A pandemic may impact across local authority boundaries, which may result in expectations of mutual assistance MOUs being activated between or within CDEM group areas.

Tips for Success:

- Discuss with the health organisation the management of volunteers during pandemic response, distinguishing supporters for health facilities from community volunteers.
- Discuss local food supply continuity issues with the food and grocery sector, and the local welfare advisory group.
- Undertake joint training and exercise programmes.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Identify community facilities to support health efforts <ul style="list-style-type: none"> • Identify and prioritise essential services • Review and confirm availability of community facilities for health measures including, where deemed necessary, assessment or treatment centres, and welfare (accommodation and/or catering) centres for displaced people.
					2. Work with volunteer organisations <ul style="list-style-type: none"> • Meet community volunteer organisation leaders to identify potential roles and resources. • Train emergency welfare volunteers in roles likely to be required during pandemic response, such as monitoring homeward-bound residents, staffing welfare centres etc. • Meet with DHB or local health providers to confirm arrangements for co-ordination of local health and community responses.
					3. Recruit and train response personnel. <ul style="list-style-type: none"> • Determine options for EOC configuration and operation for a pandemic. • Train EOC/ECC staff for required response to Pandemic Influenza. • Exercise EOC/ECC with partners, i.e. regional/local health providers, emergency services, welfare organisations.
					4. Communicate with general public. <ul style="list-style-type: none"> • Describe what the local authority is doing to prepare for pandemic influenza. • Communicate a likely scenario and the value of health interventions, such as infection control at work, closure of public facilities. • Advise public to stockpile groceries, water and medications. • Ensure health agency information strategy includes local authorities and CDEM Group EMOs.
					5. Help businesses <ul style="list-style-type: none"> • Meet with Chamber of Commerce and business leaders regarding the need for mutual support among businesses. • Inform and support vulnerable private facilities. • Meet with private sector providers of essential services, including grocery retail and wholesale, fuel and transport providers.
					6. Plans to Supplement FMCG Supplies <ul style="list-style-type: none"> • Work with FMCG sector, Welfare agencies, and volunteer organisations on grocery and fuel continuity plans.

Response

Core concepts

Multi-agency cooperation – Effective community response to a pandemic will need co-operation between agencies and adequate capacity within agencies. Communities will benefit from taking a multi-agency approach to bring synergies and focus to community wide pandemic planning and response activities.

Role of local authority and CDEM groups – Local authorities may be requested to support health providers in delivering health and welfare services to the community during health-related emergencies. Local authorities are required to coordinate, and direct where necessary, the responses on behalf of the community for non-health objectives, in support of health objectives. Local and CDEM group emergency operations centres (EOCs) would be activated in accordance with standing CDEM group plans and local CDEM arrangements. The management of the deceased, other than coronial inquiries, is a local authority function.

Role of District Health Board – The Medical Officer of Health may request local authority support to health-led response activities. There should be regular information sharing and collective planning between health response organisations and the respective local authority EOC, and other response organisations operating in partnership.

Coordination of public information – It is critically important that the development and release of public information and education material is co-ordinated at all operational levels. Information should flow easily between health services and emergency management organisations, and reach the general public in a consistent and timely manner. A lack of accurate and consistent information will cause confusion and public resentment, and will erode confidence in both health services and the local authority.

Volunteers – Volunteers, particularly those working in the community during a pandemic, will require effective support and co-ordination. They will also require assurance that their health is of the utmost concern to the local authority and CDEM group, and that all reasonable steps are being taken to safeguard it. Concerns over health may limit the actions and numbers of volunteers.

Tips for Success:

- People who have had the disease and recovered will be immune from further attacks from the same virus. They would be able to safely deal with those who have influenza without taking any special precautions, and could form a useful pool of volunteers.
- Coordination between health services and local authorities is outlined in the Coordination Guideline, attached as an Appendix.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Support the Health Service <ul style="list-style-type: none"> • If requested by the Medical Officer of Health, assist in identifying and resourcing non- traditional health services and volunteers.
					2. Plan information sharing templates and processes with other partners <ul style="list-style-type: none"> • Initiation of information sharing could commence in the very early stages of an event to support and allow for future escalation. • Start with effective pre-event interaction between MoH, and DHB Controllers to set common reporting and information management objectives, and information sharing protocols, processes and templates.
					3. Provide Security and Enforcement. <ul style="list-style-type: none"> • Assist Police in the provision of security to essential services – i.e. medical facilities, food retail/wholesale facilities, and fuel supplies. • Enforce/assist the closure/restriction of public facilities, quarantine and isolation.
					4. Control Movement. <ul style="list-style-type: none"> • If required under the direction of Health, and in co-ordination with Police, use powers of CDEM Controller to manage the movement of people and resources in and out of the community.
					5. Implement Emergency Welfare Plan <ul style="list-style-type: none"> • Activate CDEM Welfare Plan using predetermined resources and coordination procedures. • Call for and train emergency volunteers.

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					6. Support Non-Medical Home Care <ul style="list-style-type: none"> Provide and co-ordinate house-to-house welfare services, including food, medicines, educational material and event newsletters etc.
					7. Activate Plan for Managing Deceased <ul style="list-style-type: none"> In conjunction with Police, support local funeral directors with burial plots, cremation, and safe storage of deceased.
					8. Co-ordinate Community Logistics <ul style="list-style-type: none"> Actively encourage maintenance of businesses activities, particularly those related to health, welfare, food (FMCG), fuel, essential infrastructure and other commerce deemed necessary for effective response and recovery. Coordinate the use of appropriately trained volunteers if necessary.
					9. Keep Public Informed <ul style="list-style-type: none"> In conjunction with health providers, provide regular public information, via news media, call centres, website, newsletters etc.

Recovery

Core concepts

National leadership of recovery – Consistent with the planning and response phases under the NZ Influenza Pandemic Action Plan, the recovery phase will be led by central government in line with national interests, but delivered by a combination of national and community activities.

Recovery between waves – Health officials warn that pandemic illness may occur in two or more waves, arriving between three and 12 months apart. The entire pandemic event may possibly persist for a long time before the Minister of Health, on advice from the World Health Organisation, declares it over. Under such circumstances, local authorities may be required to undertake aspects of recovery during and between each outbreak wave.

Recovery of social environment – Society may be emotionally traumatised by a significant pandemic. The potentially significant numbers of grieving families and households where the principal income-earner is deceased or displaced from work will require both social and financial support. A multi-agency recovery task group will be needed to co-ordinate social and economic support and recovery for the community. The recovery task group plays an instrumental role in identifying and meeting the needs of families, individuals and small businesses.

Recovery of economic environment – Community businesses closed by order of the Medical Officer of Health or impaired by a lack of customers or resources over an extended period of time are expected to suffer substantial losses and may be forced to downsize, relocate, or permanently close. These consequences have implications for the future sustainability of aspects of communities and for the future viability of local authority activities and funding bases. The community will look to the local authority for additional leadership and support in response to these consequences.

Tips for Success:

- Refer to: Recovery Management, Director's Guidelines for CDEM Groups [DGL 4/05] and the Guide to the National CDEM Plan – Part 25 (Recovery), both available through the Ministry of CDEM website at www.mcdem.govt.nz

Responsible Unit	Target Date	Completed	In Progress	Not Started	
					1. Designate Recovery Managers <ul style="list-style-type: none"> Appoint a Recovery Manager and alternates. Establish or revise local/CDEM Group “relief funds” now. Establish and resource a Recovery Office.
					2. Establish Recovery Task Force <ul style="list-style-type: none"> Identify and engage with Recovery Task Force members – senior representatives of lead recovery organisations. Prepare terms of reference. Any existing all-hazards Recovery Task Force/Committee should form the basis for a Pandemic Recovery Task Force.
					3. Identify and Support Recovery Clients <ul style="list-style-type: none"> Provide co-ordinated support services for persons impacted by pandemic through Recovery Office and “one-stop-shops”. Engage in an “outreach” effort, including media broadcasts to reach those affected. Establish a call-centre and website for disseminating recovery information.
					4. Identify and Promote Recovery Resources <ul style="list-style-type: none"> Identify local and out-of-community services by service type. Identify and prioritise community needs. Estimate the resource needs and time period required for recovery.
					5. Support Transition to Community Services <ul style="list-style-type: none"> Identify methods prior to pandemic for enhancing community services that will likely be needed during recovery, e.g. food banks, emergency accommodation, social support and counselling, and orphan services.
					6. Support Local Commerce <ul style="list-style-type: none"> Meet with representatives of local businesses prior to and during pandemic to ensure essential operations are maintained. Promote “buy local” campaigns and policies in recovery to help local businesses

Appendix

Coordination Guidelines for Operational Roles and Accountabilities for DHBs and CDEM groups for Pandemic Influenza

The New Zealand response to pandemic influenza will be managed under the New Zealand Influenza Pandemic Action Plan, first released in November 2005, which is publicly available on the Ministry of Health website - www.moh.govt.nz (to be regularly updated).

This plan outlines how the Government expects the response to a pandemic would be co-ordinated in New Zealand. The key point to emphasise is that a pandemic outbreak would be co-ordinated at a whole-of-government level through Domestic and External Security Co-ordination (DESC) arrangements, which are led and supported by the Department of Prime Minister and Cabinet.

Under these arrangements, the Officials' Domestic and External Security Co-ordination Committee (ODESC) is responsible for reporting to the Government on strategic pandemic issues and whole-of-government co-ordination. The lead agency, the Ministry of Health, is responsible for the operational management of the pandemic and for reporting to the Minister of Health.

This Appendix outlines the accountabilities between the health sector (as the lead agency) and the CDEM sector at the operational level, should a CDEM declaration become necessary to deal with civil defence aspects of a pandemic outbreak in the community.

It is expected that any CDEM declaration necessary for the pandemic response will also be managed through the DESC processes.

The accountability for planning for, and responding to, human pandemic influenza will be *led by the Ministry of Health under the New Zealand Influenza Pandemic Action Plan*; either the Ministry of Health or District Health Boards as appropriate for the task. Where DHBs are leading the response, this will involve both DHB emergency planners and/or incident controllers, and, where statutory public health measures are called for, the local Medical Officer of Health.

Should it become necessary, the Minister of Health can authorise the use of special powers under sections 70-71 of the Health Act 1956 to assist with management of health or disease-related interventions in response to the pandemic.

If the influenza pandemic were to occur in New Zealand, a state of local or national emergency may be declared under the Civil Defence Emergency Management Act 2002 *to support the Ministry of Health in its lead role*. The National Civil Defence Emergency Management Plan Order 2005, section 9(6), provides for such arrangements.

This means that while Health will retain accountability for implementing the Pandemic Action Plan, CDEM structures and resources would be available to provide support to help manage subsequent community impacts. Similarly, other government agencies will continue to operate under their legislation in delivering their responsibilities under the Action Plan.

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

- *Health Co-ordinator* – accountability for the regional pandemic response and for the 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* – under the powers conferred by the Civil Defence Emergency Management Act 2002, accountability to co-ordinate and direct community responses, resources and functions under Civil Defence Emergency Management Plans.

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

An overriding consideration in managing pandemic influenza is to use established organisational structures and accountabilities. The detail for regional delivery operations will best be determined at the regional level, but should conform to the accountabilities outlined in this Appendix.

Further guidelines may be issued for additional explanation as appropriate.

Acknowledgements:

This guideline borrows, both in content and style, from:

Managing Pandemic Influenza – A Guide for BC Local Governments. British Columbia Ministry of Health, Canada, September 2005.

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