9. Health services

Summary
The Ministry of Health and all other health sector agencies undertake the planning necessary to provide health services in the event of any emergency. This includes minimising the effects of and planning for management of human infectious disease pandemics.

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9.1 General

Health services

28 General

(1) A civil defence emergency may combine a sharp rise and variations in demand for health services with the disruption of facilities and infrastructure. There may be pressure on hospitals and other health services and facilities. Communities may experience public health problems while those who have suffered loss and disruption may require psychological support. Hospitals, medical equipment, ambulances, and the like may be damaged.

(2) Even where the hazard does not directly affect health or health infrastructure, disruption to other services like roads, power, or water can have serious consequences. If staff cannot get to work or utilities fail, facilities and services may have to be reduced or relocated, or stopped altogether. This can endanger community health and safety.

(3) The health sector has specific functions in civil defence emergencies, among them—
(a) co-ordinating a national, regional, and local health service response to emergencies; and
(b) disseminating health warning messages; and
(c) supporting police in their obligations relating to the dead; and
(d) supporting welfare activity; and
(e) supporting CDEM Groups.

(4) Without limiting their overall responsibilities, health providers must, as appropriate,—
(a) identify risks and hazards; and
(b) ensure that all obligations for response capability and actual response are met; and
(c) monitor staff awareness, staff training, and readiness of resources; and
(d) ensure that there is an efficient system for rapidly notifying or calling up staff in an emergency; and
(e) ensure that in an emergency there is access to essential supplies; and
(f) participate in co-ordinated planning, training, exercising, and response arrangements with complementary or neighbouring providers and other lead agencies; and
(g) participate in an alternative communications network that links principal healthcare facilities with civil defence organisations; and
(h) liaise with the appropriate controllers and co-ordinators in an emergency; and
(i) report to their funders on request about readiness for or response to an emergency; and
(j) maintain current business continuity plans.

(5) The Director-General of Health, on behalf of the Minister of Health, has overall responsibility for health matters in all phases of emergency management. The health sector (including ambulance services) will plan to meet the purpose of the Act by—
(a) reducing the consequences of emergencies on facilities, services, and supplies; and
(b) continuing the care of existing patients and providing normal services to the fullest possible extent; and
(c) mobilising or reassigning resources to reflect fluctuations and variations in demand; and
(d) planning for health service delivery from alternative facilities and the use of alternative sources of supply; and
(e) giving training in emergency roles and responsibilities to the providers of health services; and
(f) providing for the care and welfare of providers of health services during and after an emergency; and
(g) co-operating with other agencies during an emergency, through the use of alternative methods of communication if necessary; and
(h) supporting national and CDEM Group responses, including representing, as required, health matters at NCMC, and at CDEM Group EOCs and (where resources permit) at other local civil defence organisations.

(6) The arrangements may include plans, contracts, or agreements that outline the conditions governing the use of staff or equipment to meet an urgent need.

Note – Plan clause 28(1)
In addition to the demand for health services outlined in this clause it is important to note that in the event of a health-led pandemic emergency, many health staff are likely to be absent due to illness, further constraining resources.

9.2 Ministry of Health

29 Ministry of Health

(1) The responsibilities of the Ministry of Health include policy development and national planning. These include planning for a health-related emergency through the National Health Emergency Plan.

(2) The Ministry of Health—
(a) is responsible for initiating and co-ordinating any national emergency response from the health sector; and
(b) monitors various functions relating to health and disability including emergency planning and response (monitoring will be done by various means, including the district annual planning process and certification audits carried out by designated audit agencies); and
(c) develops memoranda of understanding and other agreements or guidelines with various government agencies (these include interventions in a national health-related emergency); and
(d) is charged with ensuring that New Zealand meets its international obligations and complies with international health regulations.

(3) The Director-General of Health will co-ordinate the preparation or provision of emergency health services that require integration at the national level. Without limiting his or her overall responsibilities, the Director-General will—
(a) through funding and monitoring arrangements, ensure that all funding parties, including DHBs, are aware of and comply with their responsibilities in all phases of emergency management; and
(b) negotiate limits to the financial risks faced by funders and health providers; and
(c) prepare or update national guidelines on specialised health matters as he or she deems appropriate; and
(d) identify national and international health resources and establish a means of rapid contact with and mobilisation of those resources when required; and
(e) prepare a business continuity plan for the Ministry of Health.
(4) For public health services, the Director-General will ensure that—
   (a) the scope of, nature of, and responses to public health risks in emergencies are analysed at the national level; and
   (b) advice is given to help the analysis of risks; and
   (c) specifications and guidelines for emergencies are prepared as required and complied with.

9.3 District health boards

30 District Health Boards (DHBs)

(1) Every DHB is required to develop and maintain a plan for significant incidents and emergencies.

(2) The DHB plans identify how services will be delivered in a civil defence or related emergency, and acknowledge the role of DHBs as both funders and providers of health services.

(3) DHBs must—
   (a) ensure that all their plans provide adequately for—
      (i) public, primary, secondary, tertiary, mental, and disability health services; and
      (ii) an integrated regional and national response; and
      (iii) co-ordination with plans of other agencies (for example, ambulance, civil defence, fire services, and police); and
      (iv) use of the CIMS; and
   (b) contribute to the development, implementation, and revision of regional plans for health emergencies; and
   (c) contribute to the development, implementation, and revision of Ministry of Health national plans; and
   (d) respond to a regional or national health emergency, or to the threat of one; and
   (e) when necessary, liaise with the CDEM Group or local EOC in a significant emergency; and
   (f) ensure that new service agreements contain contractual commitments from providers for an appropriate plan in relation to the services they provide; and
   (g) require health providers to have plans and resources in place to ensure they can respond to emergencies in an integrated and effective manner; and
   (h) ensure that hospitals and health services are ready to function to the fullest possible extent during and after an emergency by ensuring—
      (i) the provision of continuity of care for existing patients, the management of increased demand for services, and assistance with the recovery of services; and
      (ii) the preparation of an incident and emergency management plan that is integrated locally and regionally, and is aligned with the plans of the other emergency services and the regional group plan; and
      (iii) their own planning and responses are integrated with public health planning and responses.

Note – Plan clause 30(h)
In addition to points (i) – (iii) outlined above, hospitals and health services should also ensure evacuation plans are prepared for health care facilities.
31 Public health

Public health units of DHBs and of the Ministry of Health have a responsibility to—

(a) develop plans specific to public health emergencies, such as a pandemic; and
(b) integrate public health planning and responses with DHB planning and responses; and
(c) advise local agencies and lifeline utilities about public health aspects of their business continuity planning; and
(d) respond to emergencies involving risk to public health; and
(e) liaise with the CDEM Group or local EOC during a significant emergency.

Note – Plan clause 31(a)
In addition to pandemic, plans should be developed for outbreaks of any infectious disease, whether local, such as the consequence of damaged infrastructure and overcrowding of evacuated persons, or more widespread, such as a pandemic.

Note – Plan clause 31(e)
Liaison with the CDEM Group or local EOC should occur in consultation with the relevant DHB during a significant emergency.

32 Ambulance

Ambulance providers are required to—

(a) continue their services and manage any increased demand; and
(b) prepare an incident and emergency plan that is integrated with that of the DHB regional group; and
(c) be represented on DHB regional groups and CDEM Groups as required; and
(d) contribute to emergency planning led by the Director-General of Health.

In the event that a Group Emergency Operations Centre (EOC), the National Health Co-ordination Centre (NHCC) or the National Crisis Management Centre (NCMC) is activated an ambulance liaison officer may be appointed to provide operational advice to the Controller on actual or intended ambulance provider sector activities including priorities. This may include an overview of national capacity via the Emergency Ambulance Communications Centres. This may be in addition to a health liaison officer or through a local-level agreement (memorandum of understanding between Ambulance and DHB) where the health liaison officer may be responsible for Ambulance.
9.6 Structure of the New Zealand health and disability sector

The New Zealand health and disability sector is set out in Figure 9.1. District health boards (DHBs) are responsible for providing, or funding the provision of, health and disability services in their districts. DHBs are supported by the Ministry of Health, which monitors the performance of agencies and provides national policy advice, regulation and funding.

Figure 9.1: Relationships between the New Zealand Health and Disability sector and CDEM arrangements.

9.7 National health emergency planning

National health emergency planning includes the National Health Emergency Plan and New Zealand Influenza Pandemic Action Plan (developed and maintained by the Ministry of Health); Regional Health Emergency Plans (for each regional grouping of DHBs); and Health Emergency Plans (for each DHB). At each level, plans describe the roles and responsibilities of the health sector, and how it works with other agencies.

National health emergency planning is facilitated by an emergency management unit within the Ministry of Health, including Emergency Management Advisors located in each of the four regions (Northern, Midland, Central and Southern).

9.7.1 National Health Emergency Plan

The National Health Emergency Plan (NHEP):

- outlines the structure of emergency management in New Zealand and how the health and disability sector fits within it, and provides a high-level description of responsibilities held by local and regional groupings compared to those held at the national level.
national level by the Ministry of Health;
• provides the health and disability sector with guidance and strategic direction on its
approach to planning for and responding to health emergencies in New Zealand;
• provides other organisations and government agencies with contextual information
on emergency management in the health sector and the structure the health and
disability sector uses in response to an emergency.

The NHEP is supported by a number of guidance and action plans which are scenario
specific. The range of these guides and action plans will be evaluated on a regular
basis to align with reviews of the NHEP. The NHEP and related documents can be found
at www.moh.govt.nz/emergencymanagement

9.7.2 New Zealand Influenza Pandemic Action Plan

The New Zealand Influenza Pandemic Action Plan (NZIPAP) is an all-of-government
plan maintained by the Ministry of Health and intended for anyone involved in planning
for, or responding to an influenza pandemic. It also provides general information on
pandemics, and government planning for pandemics for New Zealand as a whole.

The NZIPAP is based on a five-stage sequential strategy to:
• plan for it
• keep it out
• stamp it out
• manage it
• recover from it

The NZIPAP covers the series of key functions that give effect to the five-stage strategy.
These functions are multi-agency in nature, although they maintain a health focus in
line with the nature of pandemic response.

9.8 Operational arrangements

In the event that a local or Group EOC or the NCMC is activated, a health liaison officer
will be appointed to provide advice to the Local, Group or National Controller on actual
or intended health sector activities including the setting and agreement of health-
related priorities, and input into the co-ordinated response.

The health sector will determine whether or not it is necessary to activate internal EOCs
to support the local or national response (DHB EOC, Regional Health Co-ordination
Centre or the National Health Co-ordination Centre).

9.8.1 Activation of health emergency plans

A provider can activate their Health Emergency Plan (HEP) when they believe they are
overwhelmed or have the potential to be overwhelmed. When a provider activates their
HEP they shall communicate this to their local DHB. It is likely that all local providers
will simultaneously activate their HEPs if, for example, a major earthquake occurred. At
this point the DHB will determine the level of activity required and will activate its HEP
accordingly.
An affected DHB may activate its regional HEP with the agreement of other DHBs in its region. Each regional HEP includes the structure of the response at the regional level. DHBs in each region shall have a process for activating their HEPs.

A regional HEP is always activated if the NHEP is activated. It shall also be activated if the emergency is such that it involves the whole region, or if a local DHB is overwhelmed and not able to manage a local response.

The Ministry of Health will activate the NHEP when local or regional responses are overwhelmed or have the potential to be overwhelmed. At this point the Ministry of Health will also assess whether the NHCC needs to be activated. The role of the NHCC is to provide national co-ordination of the health sector in an emergency.

The structure of co-ordination of a health emergency at the national level is dependant on two factors:

- whether the Ministry of Health is the lead agency involved, or providing support to the lead agency; and
- the size and scope of the health sector and inter-agency co-ordination required to manage the response.

### 9.8.2 Alert codes

The Ministry of Health has developed alert codes to provide an easily understood system of communication for an emergency. These alert codes are issued via the single point of contact system.

The following alert codes outlined in Table 9.1 have been adopted for use by the health and disability sector at district, regional and national levels. Other government agencies may choose to align their response to a health emergency to this structure; however this is not a requirement.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Example situation</th>
<th>Alert code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>Confirmation of a potential emergency situation that may impact in or on New Zealand in the future. For example a new infectious disease with pandemic potential, or early warning of possible volcanic activity.</td>
<td>White</td>
</tr>
<tr>
<td>Standby</td>
<td>Warning of imminent Code Red alert. For example an imported case of a new and highly infectious disease discovered in New Zealand, or initial reports of a major mass casualty event within one area of New Zealand which may require assistance from unaffected DHBs</td>
<td>Yellow</td>
</tr>
<tr>
<td>Activation</td>
<td>Major emergency in New Zealand exists which requires immediate activation of HEPs. For example a large-scale epidemic or pandemic, or major mass casualty event requiring assistance from outside the affected region</td>
<td>Red</td>
</tr>
<tr>
<td>Stand-down</td>
<td>Deactivation of the emergency response. For example end of outbreak, epidemic or emergency. Recovery activities will continue.</td>
<td>Green</td>
</tr>
</tbody>
</table>

*Table 9.1: Health sector alert codes*
9.8.3 Single point of contact

The Ministry of Health and each DHB and public health service maintain a single point of contact that is available on a 24-hour, 7-days-a-week basis. The system enables effective and rapid communications between the Ministry of Health and other health sector agencies in the event of an emerging threat, and is tested regularly.

9.8.4 Emergency information management system

The health sector has a web-based emergency information management system, which is the primary tool for the management of significant incidents and emergencies at a local, regional and national level.

9.9 References and links

**Other documents**
- *New Zealand Ambulance Services Ambulance National Major Incident Plan*
- Health Act 1956.
- International Health Regulations 2005.
- World Health Organization (www.who.int).