

# 11. Health and disability services

**Summary** The Ministry of Health and all other health sector agencies undertake the planning necessary to provide health and disability 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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## 11.1 Introduction

### Part 5

#### Roles and responsibilities

##### Health and disability services

#### 47 Introduction

- (1) *Health and disability services in New Zealand are delivered by a network of organisations and people, including—*
  - (a) *the Minister of Health, who has overall responsibility for New Zealand's health and disability system; and*
  - (b) *the Ministry of Health, which acts as principal adviser to the Minister of Health and the Government on health and disability policy, and leads and supports the sector to achieve better health for New Zealanders; and*
  - (c) *DHBs, which plan, manage, provide, and purchase services for the population of their district, including primary care, public health services, aged care, and services provided by other non-government health providers; and*
  - (d) *primary health organisations, which provide health care in the community, usually from general practitioners or practice nurses; and*
  - (e) *public health services, which provide environmental health, communicable disease control, and health promotion programmes; and*
  - (f) *ambulance services, which provide pre-hospital care and transport for patients in the community, and inter-hospital transport where patients require referral for specific treatment.*
- (2) *An emergency may combine a sharp rise and variations in demand for health and disability services with the disruption of facilities and infrastructure, during which—*
  - (a) *there may be pressure on hospitals and other health and disability services and facilities:*
  - (b) *communities may experience public health problems, and those who have suffered loss and disruption may require psychological support:*
  - (c) *hospitals, health and disability services, medical equipment, ambulances, and related facilities or equipment may be damaged.*
- (3) *Even where a hazard does not directly affect health and disability services or their infrastructure, disruption to other services (for example, roads, electricity, or water supplies) can have serious consequences for their services or infrastructure.*
- (4) *If staff cannot get to work or lifeline utilities fail, facilities and services may have to be reduced or relocated, or stopped altogether, which may endanger community health and safety.*

#### Note – Plan clause 47(2)

In addition to the demand for and impact on health and disability services outlined in this clause, it is important to note that in the event of a health-led pandemic emergency, many health and disability staff are likely to be absent due to illness, further constraining resources.

### 11.1.1 Structure of the New Zealand health and disability sector

The New Zealand health and disability sector is set out in **Figure 11.1** on the next page. District Health Boards (DHBs) are responsible for providing, or funding the provision of, health and disability services in their districts. The Ministry of Health supports DHBs providing coordination and leadership in Emergency Management and national policy advice, regulation, and funding.

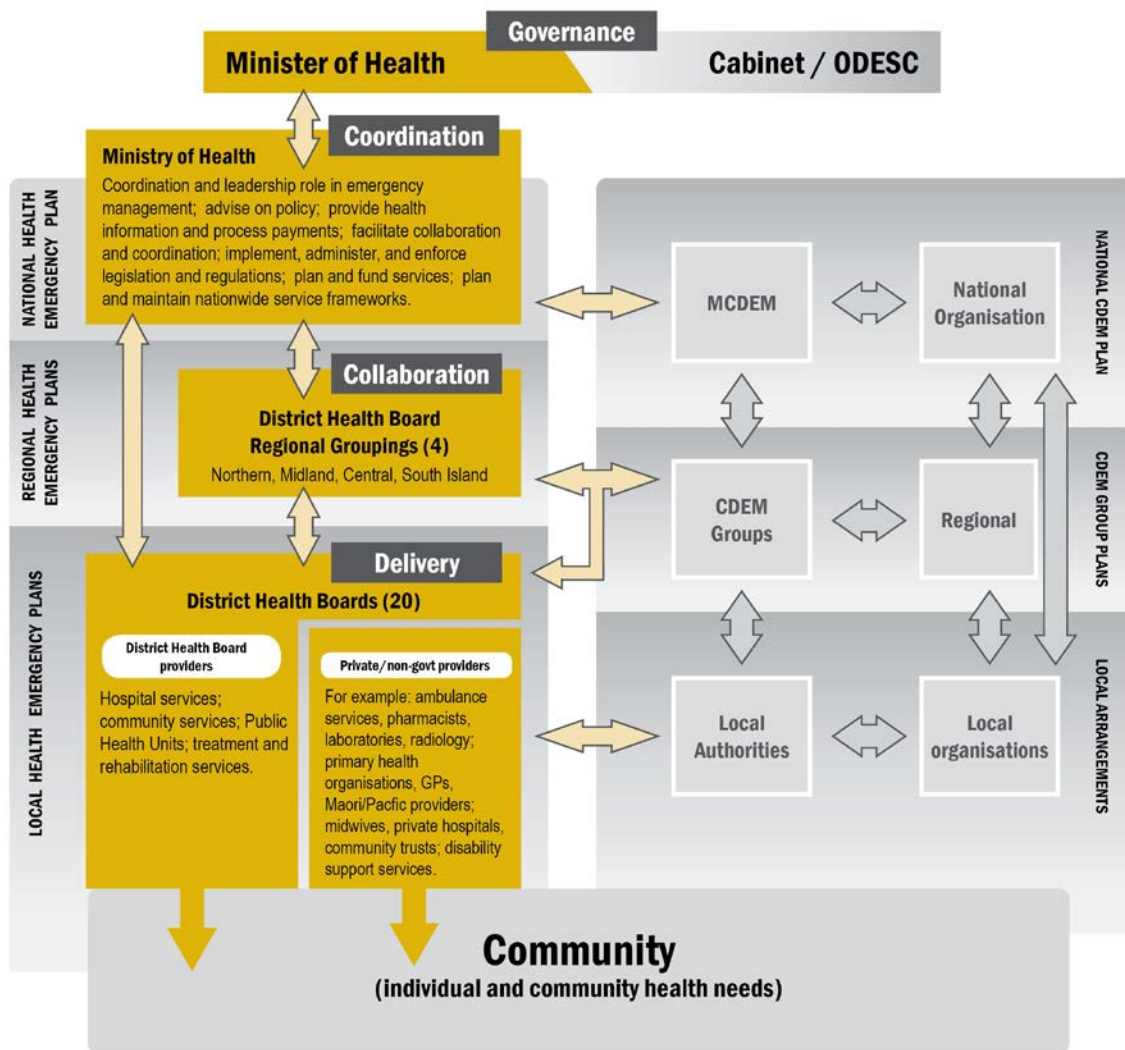


Figure 11.1: Relationships between the New Zealand health and disability sector and CDEM arrangements.

## 11.2 Objective

### 48 Objective

The objective of the health and disability service providers during an emergency is to provide services to minimise the consequences of the emergency for the health of individuals and the community.

## 11.3 Principles

### 49 Principles

The principles underlying the role of health and disability services during emergencies are to—

- (a) maintain an emergency management structure for the health and disability service providers that enables a consistent and effective response to emergencies at the local, regional, and national levels, and that supports, to the greatest extent possible, the protection of the general population, health and disability services workers, and health and disability services clients; and
- (b) provide services that, to the greatest extent possible, meet the needs of patients and clients and their communities during and after an emergency, even when resources are limited, while ensuring that responses do not create or exacerbate inequalities for particularly vulnerable or hard-to-reach populations; and
- (c) ensure that health and disability services are as resilient to the consequences of hazards and risks as is reasonably practicable.

#### Note – Plan clause 49

In addition to the principles outlined above, the health and disability sector also have responsibilities under the emergency services principles in clause 36 of the *National CDEM Plan 2015*. The overarching emergency services principle is to “ensure that planning encompasses the 4Rs and enables an effective response to all emergencies”.

## 11.4 Role of health and disability services during reduction and readiness

### The Director-General of Health and the Ministry of Health

#### 50 Role of health and disability services during reduction and readiness

- (1) *The Director-General of Health, on behalf of the Minister of Health, has overall responsibility for health and disability services in all phases of emergency management.*
- (2) *The Ministry of Health is responsible for—*
  - (a) *policy development; and*
  - (b) *maintaining the National International Health Regulations Focal Points in accordance with the International Health Regulations (2005); and*
  - (c) *national planning for a health-related emergency; and*
  - (d) *developing, maintaining, and exercising the National Health Emergency Plan and its supporting documents; and*
  - (e) *preparing a business continuity plan for the Ministry of Health.*

### DHBs

- (3) *DHBs are responsible for—*
  - (a) *leading and co-ordinating local reduction and readiness planning across health and disability service providers within their districts; and*
  - (b) *developing, maintaining, and exercising health emergency plans for significant incidents and emergencies affecting their districts, and co-operating with neighbouring DHBs in the development of inter-DHB, sub-regional, regional, and national emergency plans and capability as appropriate to decide how services will be delivered in an emergency (acknowledging DHBs' role as both funders and providers of health and disability service providers, including the provision of support directly or indirectly to other affected parts of the country); and*
  - (c) *ensuring that all their plans adequately provide that public, primary, secondary, tertiary, mental, and disability health services require health and disability service providers to have plans and resources in place to ensure that they can respond to an emergency in an integrated and effective manner; and*
  - (d) *ensuring that health and disability services are ready to function to the fullest possible extent during and after an emergency by ensuring—*
    - (i) *the continuity of care for existing patients, the management of increased demand for services (including the provision of surge capacity), and that assistance is provided to enable the recovery of services (including business continuity); and*
    - (ii) *the preparation of plans that are integrated across the sector and that are aligned with the plans of the other emergency services and the regional CDEM Group plan and other response agencies; and*
    - (iii) *that their own planning and responses are integrated with public health planning and responses.*

#### Note – Plan clause 50(3)

Effective supply chains are critical to reduction and readiness planning, reviews of and updates to supply chain management should be considered as part of the planning process. It should be noted that facility supplies are not exclusive to traditional medical supplies (e.g. medications and personal protective equipment), but also include supplies critical to the functioning of a facility (e.g. linen, food, and fuel).

DHBs lead the planning and response for emergencies at local level, including engagement with community-based providers.

#### Note – Plan clause 50(3)(d)(i)

It is important to note that ensuring the continuity of care for existing patients includes the development of integrated plans for the evacuation, relocation, or shelter in place of staff and patients due to fire or other hazards.

#### Public Health Units (PHUs)

- (4) PHUs and the Ministry of Health have a responsibility to—
- (a) develop plans specific to public health emergencies (for example, pandemics); and
  - (b) integrate public health planning and responses; and
  - (c) advise local agencies and lifeline utilities about public health aspects of their business continuity planning.

#### Note – Plan clause 50(4)(a)

In addition to pandemics, public health emergencies can occur as a result of the health implications of other emergencies including, but not limited to, infrastructure damage, flooding, weather events, earthquakes, or vector induced emergencies (e.g. the Ross River virus).

#### Land and Air Ambulance providers

- (5) Land and air ambulance providers are responsible for—
- (a) ensuring the continuity of care for existing patients, the management of increased demand for services (including the provision of surge capacity), and that assistance is provided to enable the recovery of services (including business continuity); and
  - (b) preparing incident and emergency management plans that are integrated across the sector and that are aligned with the plans of relevant DHBs, the plans of other emergency services, and CDEM Group plans; and
  - (c) integrating their own planning and response with public health planning and response; and
  - (d) supporting DHB regional groups and CDEM Groups as required; and
  - (e) contributing to emergency management planning led by the Ministry of Health.

#### Health and disability service providers

- (6) Health and disability service providers are responsible for—
- (a) ensuring the continuity of care for existing patients, the management of increased demand for services (including the provision of surge capacity), and that assistance is provided to enable the recovery of services (including business continuity); and
  - (b) preparing incident and emergency management plans that are integrated across the sector and are aligned with the plans of the relevant DHBs, the plans of other emergency services, and CDEM Group plans; and
  - (c) integrating their own planning and response with public health planning and response; and
  - (d) supporting DHB regional groups and CDEM Groups as required; and
  - (e) contributing to emergency management planning led by the Ministry of Health.

### 11.4.1 National health emergency planning

The national health emergency planning structure includes the National Health Emergency Plan (NHEP), supporting guidance documents, and action plans. It also includes the 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 The Emergency Management Team in conjunction with other teams within the Ministry of Health, including Public Health and Mental Health. These teams engage with international partners, across the New Zealand central and local Government sector, internally within the Ministry of Health, and within the health sector. The team includes Emergency Management Advisors located in each of the four regions (Northern, Midland, Central and South Island) who engage with DHBs, PHUs, and other emergency services.

## 11.4.2 National Health Emergency Plan (NHEP)

The NHEP:

- ♦ creates the strategic framework to guide the health and disability sector in its approach to planning for, responding to and recovering from health-related risks and consequences of significant hazards in New Zealand
- ♦ clarifies how the health and disability sector fits within the context of New Zealand emergency management
- ♦ specifies roles and responsibilities required to be provided for and carried out by health and disability agencies and providers in emergency planning, risk reduction, readiness, response and recovery, and
- ♦ supports government agencies and other organisations, with contextual information on the health and disability sector's emergency management strategic framework and response structure.

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.health.govt.nz](http://www.health.govt.nz).

## 11.4.3 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 the 6 phases of a pandemic:

1. plan for it
2. keep it out
3. stamp it out
4. manage it
5. manage it (post peak), and
6. recover from it.

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

Whilst the NZIPAP focuses on pandemic influenza the approach in the plan could reasonably apply to other respiratory-type pandemics. The Ministry of Health will therefore use it as the customisable foundation for responses to future pandemics.

## 11.5 Role of health and disability services during response and recovery

General

### 51 Role of health services during response and recovery

- (1) *In an emergency, DHBs and other health and disability service providers are expected to activate response and recovery plans to minimise the consequences of the emergency on their populations and to maintain services to the fullest practicable extent.*

The Ministry of Health

- (2) *The Ministry of Health has operational roles, including—*
- (a) *monitoring any developing emergencies; and*
  - (b) *activating the National Health Emergency Plan and National Health Co-ordination Centre as appropriate; and*
  - (c) *co-ordinating and managing the health and disability service providers' response to emergencies that have significant regional or national consequences; and*
  - (d) *acting as lead agency in an all-of-government response to a health emergency, such as an epidemic or a pandemic.*

**Note – Plan clause 51(2)(c)**

The NHEP, and its supporting plans and guidance, provide more details on the roles and responsibilities of the health and disability sector. Specific elements of the plan, such as Single Points of Contact, may be activated and used at any time to coordinate the response of the sector to actual or emerging emergencies.

DHBs

- (3) *DHBs are responsible for —*
- (a) *co-ordinating the local health sector response to emergencies; and*
  - (b) *ensuring appropriate co-ordination of all health and disability service providers and close liaison with CDEM Groups and local authorities; and*
  - (c) *continuing their services and managing any increased demand.*

PHUs

- (4) *PHUs are responsible for—*
- (a) *maintaining their services and managing any increased demand; and*
  - (b) *responding to emergencies involving risk to public health; and*
  - (c) *co-ordinating via local DHB EOCs; and*
  - (d) *liaising with the ECC or the local EOC during an emergency.*

**Note – Plan clause 51(4)**

Medical Officers of Health (situated within PHUs), and any designated officers or other person authorised in that behalf by a medical officer of health have wide-ranging powers as described in sections 70 and 71 of the *Health Act 1956*. They may use these powers by authorisation of the Minister of Health, or if a state of emergency has been declared under the *CDEM Act 2002*.

These powers can only be used to prevent the spread of an infectious disease. They include the ability to:

- ♦ prohibit the use of any land, building or thing and/or have anything destroyed
- ♦ require people, places, buildings, ships, vehicles, aircraft, animals and things to be isolated, quarantined or disinfected
- ♦ forbid people, ships, animals or things to be brought to any (air or sea) port or place in the health district from any port or place that is, or is supposed to be, infected
- ♦ forbid people to leave a place or area until they have been medically examined and found to be free from infectious disease
- ♦ require (by order in a newspaper or broadcast media) any or all of premises within a district to be closed and/or forbid the congregation of people at any place of recreation or amusement
- ♦ requisition any land, building, vehicle or craft necessary for the treatment and care of patients, including transport or accommodation of equipment and staff, or transport of clothing, bedding and temporary accommodation.

Additional information regarding these powers and the roles of a Medical Officer of Health is provided in the NHEP 2015.

#### Note – Plan clause 51(4)(c)

DHBs and PHUs need to be well integrated in their response to public health emergencies.

#### Note – Plan clause 51(4)(d)

Liaison with the CDEM Group Emergency Coordination Centre (ECC) or local Emergency Operations Centre (EOC) should occur in consultation with the relevant DHB during an emergency.

#### Land and Air Ambulance providers

- (5) *Land and air ambulance providers are responsible for—*
- (a) *continuing their services and managing any increased demand; and*
  - (b) *co-ordinating via local DHB EOCs, the Ambulance National Crisis Co-ordination Centre, the National Health Co-ordination Centre, and other ambulance providers.*

#### Note – Plan clause 51(5)

In the event that a CDEM Group ECC, the National Health Coordination Centre (NHCC) or the National Crisis Management Centre (NCMC) is activated, an Ambulance Liaison Officer may be appointed to provide operational advice to the Coordinator or Controller on actual or intended ambulance activities, including priorities. This may include an overview of national capacity via the Ambulance Crisis Coordination Centre.

#### Health and disability service providers

- (6) *Health and disability service providers are responsible for—*
- (a) *continuing their services and managing any increased demand; and*
  - (b) *co-ordinating via local DHB EOCs.*

### 11.5.1 Response arrangements

In the event that a local or CDEM Group ECC or the NCMC is activated, a Health Liaison Officer will be appointed to provide advice to the Local, CDEM Group or National Controller on actual or intended health sector activities including the setting and agreement of health related priorities, and input into the coordinated response.

The health and disability sector will determine whether or not it is necessary to activate internal EOCs to support the local, regional or national response.

### 11.5.2 Activation of health emergency plans

#### DHB and Local Health Emergency Plan

DHB and local Health Emergency Plans (HEPs) provide the framework, functions, roles and responsibilities under which a DHB will operate during an emergency. A health or disability provider can activate their 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 accordingly.

#### Regional Health Emergency Plan

Regional Health Emergency Plans provide functions, roles and responsibilities under which DHBs operate within their regional groups. Affected DHB(s) may activate their regional HEP with the agreement of other DHBs in the region. Each Regional HEP includes the structure of the response at the regional level.

A regional HEP is activated when regional coordination is required to support a single DHB or when multiple DHBs are affected. A Regional Health Emergency Plan may be activated when the NHEP is 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.



## National Health Emergency Plan

The National Health Emergency Plan provides the strategic framework, functions, roles and responsibilities under which the health sector operates during the time of an emergency. The Ministry of Health will initiate the national health emergency response capabilities and processes. The NHCC will be activated as appropriate. This occurs when national coordination is required or when local and regional responses are overwhelmed or have the potential to be overwhelmed.

The role of the NHCC is to provide national coordination of the health sector in an emergency. The structure around the coordination of a health emergency at the national level is dependent 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 coordination required to manage the response.

### 11.5.3 Single point of contact

The Ministry of Health and each DHB and PHU 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 or evident threat, and is tested regularly.

### 11.5.4 Alert codes and advisories

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

The following alert codes outlined in **Table 11.1** have been adopted for use by the health and disability sector at district, regional and national levels.

**Table 11.1:** Health and disability sector alert codes.

Phase	Situation Alert	Code
Information	Notification of a potential emergency that may impact in and/or on New Zealand or specific information important to the health and disability sector. Example: emergence of a new infectious disease with pandemic potential, or early warning of volcanic activity.	White
Standby	Warning of imminent code red alert that will require immediate activation of health emergency plans. Example: imported case of a new and highly infectious disease in New Zealand without local transmission, or initial reports of a major mass casualty incident within one area of New Zealand which may require assistance from unaffected DHBs.	Yellow
Activation	Major emergency in New Zealand exists that require immediate activation of health emergency plans. Example: large-scale epidemic or pandemic or major mass casualty incident requiring assistance from outside the affected region.	Red
Stand-down	Deactivation of emergency response. Example: end of outbreak or epidemic. Recovery activities will continue.	Green

In addition to alert codes, the Ministry of Health also communicates via National Health Advisories. A National Health Advisory is designed to provide advice or information that the health emergency management sector needs to know, but is not expected to require activation.

### 11.5.5 Emergency information management system

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

## 11.6 References and links

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### Other sections of the Guide

- ◆ Section 1, Introduction
- ◆ Section 2, Hazards and risks
- ◆ Section 3, Management of emergencies
- ◆ Section 4, General roles and responsibilities
- ◆ Section 5, Ministry of Civil Defence & Emergency Management (MCDEM)
- ◆ Section 6, Civil Defence Emergency Management Groups (CDEM Groups)
- ◆ Section 8, Emergency services
- ◆ Section 14, Welfare services
- ◆ Section 17, Reduction
- ◆ Section 18, Readiness
- ◆ Section 24, Response
- ◆ Section 26, National Crisis Management Centre
- ◆ Section 28, Public information management
- ◆ Section 31, International assistance to New Zealand
- ◆ Section 32, Recovery

### Other documents

- ◆ Ministry of Health (2015) *National Health Emergency Plan*; ISBN 978-0-478-44887-0 (print) ISBN 978-0-478-44853-5 (internet) ([www.health.govt.nz](http://www.health.govt.nz) – search for 'NHEP')
- ◆ Ministry of Health (2010) *New Zealand Influenza Pandemic Plan: A framework for action*; ISBN 978-0-478-35907-7 (internet) ([www.health.govt.nz](http://www.health.govt.nz) – search for 'influenza pandemic plan')
- ◆ Ambulance New Zealand (2011) *New Zealand Ambulance Major Incident and Emergency Plan (AMPLANZ) 2011* ([www.ambulancenz.co.nz](http://www.ambulancenz.co.nz) – search for 'AMPLANZ')
- ◆ *Health Act 1956*
- ◆ *Health (Infectious and Notifiable Diseases) Regulations 1966*
- ◆ *Public Health and Disability Act 2000*
- ◆ *International Health Regulations 2005*
- ◆ *Epidemic Preparedness Act 2006*
- ◆ World Health Organization website ([www.who.int](http://www.who.int))