**<stakeholder logo>**

**HEALTH EMERGENCY**

**AND**

**BUSINESS CONTINUITY PLAN**

|  |
| --- |
| **DURING AN EMERGENCY:*** **EXPECT NORMAL ROUTINE TO BE DISRUPTED FOR THE DURATION OF THE EMERGENCY.**
* **IF AT WORK, STAY AT WORK UNTIL THE ALL CLEAR IS GIVEN OR OTHERWISE INSTRUCTED.**
* **RESTRICT TELEPHONE USE TO ESSENTIAL COMMUNICATION ONLY.**
* **IF THE DESIGNATED PERSON IS NOT AVAILABLE, THE MOST SENIOR STAFF MEMBER PRESENT AT WORK SHALL ASSUME CONTROL OF THE EMERGENCY**
 |

**BUSINESS CONTINUITY AND EMERGENCY PLAN**

**ORGANISATION:**

**PHO :**

**DHB:**

**ADDRESS:**

**MAILING ADDRESS:**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­TELEPHONE:**

**FAX:**

**E-MAIL ADDRESS:**

**SENIOR DOCTOR:**

**PRACTICE MANAGER:**

**DATE PLAN CREATED:**

**PLAN APPROVED BY:**

**PLAN REVIEW:**

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# INTRODUCTION

In order to manage an emergency and mitigate its immediate and potential effects, health care facilities and services need to have pre-prepared and tested emergency response plans.

There are also a number of legal requirements incumbent on health care services with regard to emergency planning, including (but not limited to) the following:

* + NZ Public Health and Disability Act 2000,
	+ The Health and Safety in Employment Act 1992, and
	+ The National Civil Defence Emergency Plan, which stipulates the following in relation to health services:

**Without limiting their overall responsibilities, health providers must, as appropriate:**

* + - identify risks and hazards; *(see A1)*
		- ensure that all obligations for response capability and actual response are met; *(see B1 self and mutual aid operating protocol)*
		- monitor staff awareness, staff training, and readiness of resources; *(see B6)*
		- ensure that there is an efficient system for rapidly notifying or calling staff in an emergency; *(see B5.1)*
		- ensure that in an emergency there is access to essential supplies; *(see B3, B4)*
		- participate in coordinated planning, training, exercising and response arrangements with complimentary or neighbouring providers and other lead agencies; *(B6)*
		- *Report to their funders on request about readiness for or response to an emergency event*
		- maintain current business continuity plans. *(NZ CDEM Plan, Section 9. Health Services)*

This plan is intended as a guide to the systems and processes *<stakeholder name >*will use to prepare and respond to an emergency situation. It is intended that this plan be flexible enough to cater for a variety of situations and be based on known hazards and risks and available resources.

This plan needs to be coordinated with other local health services, the emergency services and relevant national plans. To assist with the planning process and exercising of plans, make contact with emergency planning advisors from the DHB and CDEM.

Planning for health emergencies uses an ‘all-hazards’ approach based on the four ’Rs’ of emergency management planning:

|  |
| --- |
| **The Four ‘Rs’ of Emergency Management Planning** |
| **Reduction** | Recognition of hazards and risks and mitigation to avoid or minimise the impact prior to the event. |
| **Readiness** | Planning, establishing response systems, training, maintaining readiness to respond. |
| **Response** | Mobilising and activating the Emergency Plan. |
| **Recovery** | Actions to recover from the incident, including moving back to business/service as usual and reviewing and updating the emergency plan, based on what has been learnt from the incident. |

**HEALTH SECTOR ALERT CODE**

Code alerts are sent to XXX from the BOPDHB via the Health Provider Emergency Response Key Stakeholder Group e-mail.

|  |  |
| --- | --- |
| **CODE** | **Example** |
| **Code white – Information Advisory** |  Confirmation of a potential emergency situation that may impact in and/or on New Zealand, eg; a new infectious disease with pandemic potential, early warning of volcanic activity or threat. |
| **Code yellow - Standby** | Warning of imminent Code Red alert, eg; a possible emergency in New Zealand such as an imported case of a new and highly infectious disease in New Zealand without local transmission or initial reports of a major mass casualty event within one area of New Zealand which may require assistance from unaffected DHBs.  |
| **Code Red - Activation** | Major emergency in New Zealand exists requiring immediate activation of Health Emergency Plans, eg a large scale epidemic, or major mass casualty event requiring assistance from outside the affected region.  |
| **Code Green – Stand down/recovery** | Deactivation of the emergency response, eg end of outbreak, epidemic or emergency. Recovery activities will continue. |

# Section A REDUCTION

In the context of emergency management planning, reduction activities are those that will reduce the health impact of emergencies or other events.

## A1 Service/Business Risks

### A1.1 Environmental risks and hazards

*<Edit according to practice circumstances>*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard****Risk** | **Likelihood** | **Consequence/ Impact** | **Mitigation, Reduction and Response Options** |
| Earthquake | Possible | Loss of life, personal injury. Influx of people requiring assistance. Building instability or destruction may need to relocate. Loss of power, water, waste water, coms. Transport disruption, Staff shortage. Staff/clients unable to get to or from the service. Possible tsunami. | * Furniture & equipment secured.
* Memorandum of Understanding (MOU) with XXX & relocation plan Appendix XXX
* Staff trained- drop, cover, hold (see B6)
* Plan for operating with reduced numbers
* Train staff to multi-tasking to cover essential roles
* Emergency resources & equipment stored on site
* Computer files backed up daily/weekly, backup stored off site, off site access secured.
* Paper/manual systems available
* Ability to support staff/clients if they cannot get home
* Manual system for payment
* Adequate insurance to cover relocation cost & interruption to business
* Consider combining with other practices in close proximity
 |
| Volcanic Eruption | Possible | Building destruction, may need to relocate. Ash fall may disrupt transport & supply Chain. Influx of patients with respiratory or skin complaints. Water supply may be affected. Staff shortage due to transport restrictions | * MOU with XXX & relocation plan
* As above plus
* Face masks and eye protection stored.
* May need to conserve water
* Ability to cover vehicles and air conditioning units
* Volcanic Ash Business continuity tips see appendix XX
 |
| Tsunami | Possible | Large numbers of deaths and injuries, Influx of people requiring assistance. Flooding, infrastructure & equipment damage. Loss of power, water, waste water services, transport disruption, staff shortages, staff affected. Fire, contamination  | * Identify if practice is within the inundation zone
* Early alerting systems
* MOU with XXX & relocation plan
* As with earthquake plus
* Staff trained- natural tsunami warning signs, where to seek high ground, what to take.
* Suspend nonessential services, prepare to evacuate or assist.
 |
| Heavy Rain Coastal Storm &/or Flooding | Possible | Damage to property, infrastructure & lifelines (power water, waste water & coms). Public Health hazard due to disruption to sewage system. Damage to roads & bridges. Staff shortage. Staff/clients unable to get to or from the service. | * Early alerting systems
* As with Earthquake
 |
| Pandemic | Possible | Large numbers of people with symptoms, deaths, staff shortages. | See plan. |
| Wild fire | Possible | Loss of life, burns, smoke inhalation, exhaustion. Destruction of homes, facilities, or infrastructures. Pollution to waterways | * As with Tsunami and earthquake above
 |

### A1.2 Facility risks and hazards

*<Edit according to practice circumstances>*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard****Risk** | **Likelihood** | **Consequence/Impact** | **Mitigation, Reduction & Response Options** |
| Electrical Supply Interruption |  | Patient/staff safetyLoss of refrigeration for drugs and vaccines. Loss of IT system/data.Loss of Eftpos service. Disruption to sanitary services. | * Pre-identify critical resources that require electricity
* Storage of torches, dynamo radio and other emergency equipment
* UPS on server – tested regularly
* Move patient consultation to rooms with windows
* Multi plug and extension cord
* Move refrigerated pharmaceutical supplies. (Store Chilly bin and ice packs for transport.)
* Storage of basic phones that do not require power supply
* Computers backed up daily, back up data stored off site.
* Access to laptop and air-card
* Appointment schedule printed off daily
* Hard copies of contact numbers maintained – keep a copy on the flash drive
* Manual system of payment.
* Ability to hire portable toilets
* Use of hand sanitizers
* Prepare a pack for each Dr & Nurse. Templates for manual recording of Patient info, script pads, ACC & radiology forms, carbon paper etc
 |
| Water Supply Interruption |  | Patient Safety | * Small supply of water on site, if required purchase more from supermarket.
* Use of hand sterilizer
* Consider alternative site
 |
| Loss of Sewage |  | Health and safety breaches | * Establish length of interruption
* Arrange for use neighbour toilets
* Supply of strong plastic bags, ties, bleach and gloves
* Limit number of operational toilets
* Position appropriate signage
 |
| Gas Supply Interruption |  | Loss of heating, water heating | * Alternative heating & water heating source
 |
| Telephone supply Interruption |  | Inability to communicate | * Cell phones stored for emergency use
* Car phone chargers available
* Location of nearest Radio Telephones & satellite phones, noted in contingency plans,
* Use a runner to deliver messages
* Use the radio station to deliver messages
 |
| Fire |  | Loss of access to building. Evacuation, Staff/patients may not be able to get to or from work, possible long term impact | * Fire alarms in place
* Fire training/drills for staff
* MOU for alternative site
 |
| Security Breach |  | Staff attacked or held hostage | * Orientation of staff
* Doors locked after hours
* Panic alarms in place
* Isolation of area
* Suspension of clinical services
* Assist with Police investigation
 |
| Bomb Threat |  | Entire practice evacuated and unable to be reoccupied | * Ensure safety of staff and & patients
* Remove all personnel from area
* Inform PHO to warn other Medical Centres
 |
| Steriliser Failure |  | Unable to sterilise instruments | * Review availability of sterile instruments to continue
* Arrange alternative service
* Regular servicing of equipment
 |
| Building structure damage |  | Total or partial evacuation of the building | * MOU as above if total evacuation is needed
* Priority access to building inspector
* Decide if non-affected areas can be used
 |

### A1.3 Business risks and hazards

*<Edit according to practice circumstances>*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard/Risk** | **Likelihood** | **Consequence/Impact** | **Mitigation** |
| Inability to staff at safe levels, due to pandemic. | Low - med | Unable to provide care at safe or contracted levels | * Identify options ahead of time;
* Identify potential volunteers and service groups which might assist;
* Involve PHO/DHB in planning and management decisions;
* Defer non urgent consultations
* Repeat prescriptions done over phone and faxed to pharmacy
 |
| Adverse Publicity |  | Lack of public confidence.Patients moving practice, loss of income  | * Attention from Senior staff
* Maintain good public relations at all times
* Maintain highest possible standards of clinical care to reduce risk
* Only senior management or PHO to talk to media, consult PHO/DHB for assistance.
 |
| Loss of key staff |  | Inefficiencies integrating new staff. Stress on existing workforce | * Employ temporary staff
* Delay non-urgent tasks
 |
| Reduction in MOH funding |  | * Loss of income
* Having to make staff redundant
* Closing practice
 | * Develop good relationship with PHO/ACC
 |
| Significant increase in costsReduction in profit |  | * Loss of income
* Having to make staff redundant
* Closing practice
 | * Monthly financial performance reviews
* Effective contract negotiations
* Maintain up-to-date consumable costs and prices
 |
| Medical MisadventureUnfavourable outcome |  | * Loss of income
* Having to make staff redundant
* Closing practice
 | * GPs hold indemnity cover
* Have appropriate insurance
* Monitor infection / complications
 |
| Nursing MisadventureInappropriate action |  | * Loss of income
* Having to make staff redundant
* Closing practice
 | * Nurses members of NZNO/Nursing Council
* Regular in-house and external training
 |
| Poor standard of clinical careLoss of patients |  | * Loss of income
* Having to make staff redundant
* Closing practice
 | * Employ appropriately qualified staff
* Regular update of policies & protocols
* In-service education
* Regular performance appraisals
 |
| Mass casualty |  | Surge in patient numbers due to hospital rapid discharge & injured people seeking treatment | * Plan for surge numbers
* Ability to call on additional staff
* Emergency supplies available
* Ensure staff breaks are taken
* Extend opening hours if able to staff effectively
 |
| Data Failure |  | Unable to access data including patient and financial recordsNo access to internet. Unable to access patient info NHI, history, medication alerts.Unable to invoice | * Staff utilise manual documentation and payment
* Backup processes in place and checked regularly
* Surge protector on server or UPS.
* Laptop available with software for relocation.
* Contact IT supplier to find when service will be restored.
 |

## A2 Service/Business Continuity

***<stakeholder name>*** will take all possible steps to maintain service delivery or restore essential services as rapidly as possible following an event. This includes arrangements for (as appropriate):

* moving to temporary facilities
	+ includes pre-organised agreements (eg MOUs – see Appendix 1)
	+ Evacuation Plan (See Appendix xxx)
* Identification of essential services, (See B1)
* Identification of essential equipment and supplies (See B3 & B4)
* acquisition of emergency supplies
	+ includes arrangements with usual suppliers
* protection of clinical records, personal information, data
	+ includes offsite backup of critical data at regular intervals
* continuation of payroll services
* sprinkler systems, intruder and smoke alarms
* protection of medical and business equipment
	+ includes identifying/using Uninterrupted Power Supply (UPS), surge protectors, etc
	+ ensure all serial numbers, dates of purchase, costs and maintenance agreements are listed for insurance purposes

Plus:

* Determining the length of time the service can operate on emergency power, if available
* Reporting business status to the DHB (see Status Report C4)
* ensuring staff are aware of emergency procedures and are regularly updated – see B6 – staff training, education and exercises. This may include:
	+ emergency management planning as part of new staff orientation/induction;
	+ use of personal protective equipment (PPE) location, when and how to use it, how to test it, etc;
	+ emergency management exercises – table top, simulated and actual event;
	+ fire drills.
* maintaining an up-to-date contact list for local emergency services, Civil Defence officer and other support services available to assist in an emergency – see B5;
* testing systems and equipment(eg generator/battery testing, UPS checks, smoke alarms, radio, PPE, etc) regularly.

Authority to Act

The XXX will act as the initial Incident Controller to manage a response. As more senior staff arrive this role may be handed over.

The Incident Controller is authorised to;

Activate the emergency plan

Communicate with the DHB single point of contact including;

* advising of activation
* providing situation reports
* requesting/offering resources.

The Single point of contact for xxx to be used for official communication during a major incident is;

|  |  |
| --- | --- |
| Single Point of Contact |  |
| Contact Phone |  |
| Cell Phone |  |
| Alternative Contact |  |
| E-mail |  |
| Fax |  |

# Section B READINESS

Readiness activities are those taken to ensure a state of readiness for health emergencies.

## B1 Service Description

*<Edit according to practice circumstances>*

|  |
| --- |
| **The type of service we provide:** *Describe here the type of service, eg GP services, aged residential care for xx patients, hospital level care etc* |
| **Number of staff: Number of patients:** |
| **The essential services that will be maintained during an emergency:** |
| **Location/building information/hazards nearby:***Address and relevant details about the facility, eg 50M from a river bank, wooden single story building, 20 rooms, complex comprises of Pharmacy GP, lab etc* |
| **Location of Hard Copy of the Emergency & Business Continuity Plan:****Location of the e-copy of the Plan:** |
| **Location of Hazard Register:** |
| **Relocation Site Preferences:** |
| **Memorandum of Understanding (MOU) in place for the above one/two alternative sites?** Yes 🞎 No 🞎If yes complete below *(See Appendix 1 – MOU template)* |
| **Name of Service:** *Name, address and key contact details.* | **MOU covers:** *Details of services to be provided.* |
|  |  |
|  |  |

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## B2 GENERAL CONTINGENCY PLANS

*<Edit according to practice circumstances>*

|  |  |  |
| --- | --- | --- |
| **Incident** | **Contingency** | **Action/Tasks** |
| **Telephone Failure****Likelihood**: Low**Consequence**:Med | Use a runner | * Identify appropriate person to act as runner
* Assess communication requirements
* Ensure runner has communication equipment
* The closest RTs are available at XXX
 |
| Cell phones (if available) | * Will be distributed
 |
| Call in more staff while emergency continues  | * Use staff contact list – see B5.1, use pre-arranged call-trees
 |
| Use local radio to transmit messages to staff/clients | * Runner take a message to the radio station eg XXX is currently responding to an incident, all staff report to xxx
 |
| Planned communication round/process | * Assign a staff member to visit all areas with information updates or requests for information
 |

|  |  |  |
| --- | --- | --- |
| **Incident** | **Contingency** | **Action/Tasks** |
| **Electricity Failure****Likelihood**: Med**Consequence**: High  | Utilise alternate power sourcesUse of manual payment system | * Staff to ensure equipment on an Uninterrupted Power Supply (UPS). Power source have a maintenance and residual power test completed on a regular plan;
* Check that no one is trapped in the lift, erect “out of order” signs.
* Extension cords to run power from collocated buildings if it is available
* Ensure all nonessential equipment is switched off
* Movement of refrigerated/frozen products to alternate site/service
* Provision of chilli bins and ice packs for storage
* Staff assess relocation requirements and notify person in charge
* Use of torches
* If power outage is more than two hours consider moving to an alternative location
* Plug in phones that require no electricity
* Ensure manual forms/machine available
* Utilise alternative sanitary equipment cleaning methods – infection control methods, hand sterilizers
 |
| **Location of power main switch**  |  |
| **Incident** | **Contingency** | **Act Action/Tasks** |
| **Loss of Sewerage Service****Likelihood**:Low**Consequence**: Med | Utilise alternate toilet facilitatesHire portable toiletsDouble bag toilets | * Staff position Out of Order notices – (see appendix XXX)
* Negotiate use of neighbouring service facilities
* Hire portable or chemical toilet
* Access additional bedpan and urinal equipment from neighbouring health services
* Consider double bagging toilets and arrangements for waste removal
* Consider evacuation of affected area
 |
| Relocate service | * Identify pre-arranged relocation facilities and activate Relocation Plan (Appendix XXX)
* Identify essential equipment requirements for relocation ( B3 & 4)
* Ensure all patients have identification
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Patient Call** **System Failure****Likelihood**:Low/Med/High(circle one)**Consequence**:Low/Med/High(Circle one) | Use hand bells | * Supply stored in xxx
 |
| Use metal spoons forks | * Access cutlery from kitchen/dining room
 |
| Move vulnerable patients close to the nursing station | * Assign staff
* Cluster patients together
 |
| Increase nursing vigilance | * Assign staff
* Call in extra staff
 |
| Use visitors/relatives to contact staff as required | * Explain situation to visitors request them to stay in the facility to act as the patient messengers
* Inform these people of communication requirements, ward layout, routine etc
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Lift Failure** | Utilise alternative routes to access lifts and/or utilise stairwells | * Check lifts for trapped people
* Position “Out of order” signage
* Call in lift technician
* Assess alternative routes
* Assess the need for relocation
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Building Damage** | Access to building inspector/engineers to assess damage.MOUs with alternative serviceRelocation Plan | * Check that everyone is safe
* Assess damage
* Cordon off damaged area
* Contact building inspector/engineer (part of the building may be safe)
* Notify management/board/PHO/DHB/Staff/clients
* Activate the evacuation plan (Appendix xxx)
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Loss of Gas** | Alternative heating & water heating | * Heaters located XXX
* Refer to Emergency Procedures Flip Chart for gas leak
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Mass Casualty** | Additional staff to call  | * Notify management/PHO
* Reduce service to essential services so that influx of patients can be managed
* Call in additional staff
* Access additional resources
* Set up communications with PHO, DHB, District Nursing etc
 |
| **Incident**  | **Contingency** | **Action/Tasks** |
| **Hazardous Substance**  | Current Hazardous Substances Manual  | * Refer to the manual located XXX
* Follow steps in the manual
 |
| **Incident** | **Contingency** | **Action/Tasks** |
| **Loss of Water****Likelihood:** **Low** **Consequence: High** | Assess water requirements for service | * Release emergency drinking water supplies
* Activate water conservation strategies
* Access bottled water supplies
 |
|  | Identify alternative hygiene options | * Staff establish alternative wash stations
* Access hand washing gel if available
* Staff position notices identifying water conservation strategies
 |
| **Location of water mains** |
| **Incident** | **Contingency** | **Action/Tasks** |
| **Computer Failure****Likelihood:** **Low****Consequence: High** | Move to manual notes/prescribing | * Access laptop and air card
* Have manual recording sheets available for use in consultation rooms
* Have manual prescribing pads available
* Contact IT contractor as priority to ensure speedy repair of system
 |

|  |
| --- |
| B3 Equipment Essential to Service Delivery |
| *<Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation. Please add or take away equipment and make a note in the column of the equipment’s current location and the quantity needed to transport>* |
| **Essential Equipment Name** | available at alternate locations? Y/N | **If not, Current****Location?** | **Mobile or Fixed?****(include moving instructions)** | **quantity****needed** | **Comment** |
| Stethoscope |  |  |  |  |  |
| Ophthalmoscope |  |  |  |  |  |
| Sphygmomanometer |  |  |  |  |  |
| Spatulae |  |  |  |  |  |
| Reflex hammer |  |  |  |  |  |
| Tuning fork |  |  |  |  |  |
| Thermometer |  |  |  |  |  |
| Measuring tape |  |  |  |  |  |
| Height measure |  |  |  |  |  |
| Weight measure |  |  |  |  |  |
| Urine dipstick |  |  |  |  |  |
| Blood glucose test strips |  |  |  |  |  |
| Pregnancy test kits |  |  |  |  |  |
| Proctoscope |  |  |  |  |  |
| Eye local anaesthetic |  |  |  |  |  |
| Fluorescein |  |  |  |  |  |
| Gloves |  |  |  |  |  |
| Syringes and needles |  |  |  |  |  |
| Lab blood tubes |  |  |  |  |  |
| Suture equipment |  |  |  |  |  |
| Minor surgery instruments |  |  |  |  |  |
| Dressings |  |  |  |  |  |
| Bench-top steriliser |  |  |  |  |  |
| Urinary catheters |  |  |  |  |  |
|  |  |  |  |  |  |
| **Medical Supplies** |
| Analgesia |  |  |  |  |  |
| Antiflams |  |  |  |  |  |
| Ventolin |  |  |  |  |  |
| Local anaesthetic |  |  |  |  |  |
|  |  |  |  |  |  |
| **Paperwork** |
| ACC forms |  |  |  |  |  |
| WINZ forms |  |  |  |  |  |
| Script pads/CD pads |  |  |  |  |  |
| Files to keep paper notes |  |  |  |  |  |
| Pens |  |  |  |  |  |
| Clip boards |  |  |  |  |  |
| Death certificates |  |  |  |  |  |
| **Other Essential Items** |
| Blankets |  |  |  |  |  |
| Snack food eg muesli bars, barley sugars |  |  |  |  |  |
| Bottled water |  |  |  |  |  |
| Multi plug and extension cord |  |  |  |  |  |
| Laptop & Aircard |  |  |  |  |  |
| Dynamo Radio |  |  |  |  |  |
| First aid kit |  |  |  |  |  |

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|  |
| --- |
| B4 Clinical Supplies Essential to Service Delivery |
| *<Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation. Please add or take away equipment and make a note in the column of the equipments’ current location and the quantity needed to transport>* |
| **Item Name / Description** | **Available at alternate location? Y/N** | **If not, where stored** | **Amount Required** | **Name and contact details of supplier** |
| Ribbel Scalpel Blade No 11 100s |  |  |  |  |
| Flouret Eye Strips 100's |  |  |  |  |
| Needles 25 gauge x 5/8-Box 100 |  |  |  |  |
| Terumo Needles - 22 gauge x 1.5" - Box 100 |  |  |  |  |
| Propax Cathetrisation Pack |  |  |  |  |
| Ethilon 4/0 19mm P 45cm Blue (W1620T) |  |  |  |  |
| PDSII 5/0 PC-3 (Z844G) |  |  |  |  |
| Sterile Eye Pad |  |  |  |  |
| ECG Biotab Tab Electrode 21mm S/Gel 50 (0415M |  |  |  |  |
| Infusion Set IV 20 drop per ml |  |  |  |  |
| Microporous Tape - 2.5cm x 10m |  |  |  |  |
| Dressing Retention Tape 2.5cm  |  |  |  |  |
| Eurofarm Eurosuture 3 x75mm (5 Strips per |  |  |  |  |
| Syringe 20ml Luer Slip Conc TS |  |  |  |  |
| Syringe 3ml Luer Lock Terumo |  |  |  |  |
| BD Catheters Insyte 18g x 1.16 |  |  |  |  |
| **Item Name / Description** | **Available at alternate location? Y/N** | **If not, where stored** | **Amount Required** | **Name and contact details of supplier** |
| Needles 21g x 3/4" vein (TS) - with cap |  |  |  |  |
| Needles 23g x 3/4" vein (TS) - with cap |  |  |  |  |
| Needles 25g x 3/4" vein (TS) - with cap |  |  |  |  |
| Interlink Injection Site Luer Lock #2N3379 |  |  |  |  |
| IV Starter Pack |  |  |  |  |
| Alcohol Prep Wipe - medium - box 200. |  |  |  |  |
| Water for injection 10ml-Box50 |  |  |  |  |
| Single Use Blunt End Scissors |  |  |  |  |
| Single use Tweezers/Forceps St |  |  |  |  |
| Saline I.V. Bag 1000ml |  |  |  |  |
| Sodium Chloride 0.9% IV Fluid 500ml Bag |  |  |  |  |
| Triangular Bandage - non woven |  |  |  |  |
| Crepe Bandage 5cm |  |  |  |  |
| Crepe Bandage 7.5cm x 4.5m |  |  |  |  |
| Tongue Depressors - box 100 |  |  |  |  |
| Aeroplast T'sparent - box 100 |  |  |  |  |
| Hygiopad Low Adherent 10cm x 1 |  |  |  |  |
| Adaptic 7.6 x 7.6cm - each |  |  |  |  |
| **Item Name / Description** | **Available at alternate location? Y/N** | **If not, where stored** | **Amount Required** | **Name and contact details of supplier** |
| Sodium Chloride Injection BP 0.9% 10m l - box of 50 |  |  |  |  |
| Elasticated Tubular size C (6 |  |  |  |  |
| Hygiopore Island Dressing 15x |  |  |  |  |
| 5cm x 5cm Non-Sterile Non-Woven Gauze Swabs pack of 100 |  |  |  |  |
| Saline Solution - 15ml ampoul |  |  |  |  |
| Cervical Collar 75mm x 480mm |  |  |  |  |
| Combine Dressing Sterile - 20 x 20 |  |  |  |  |
| Combine Dressing Sterile - 20cm x 10cm |  |  |  |  |
| Y Suction Catheter 10FG with Control 45cm to 25c |  |  |  |  |
| Suction Catheter 14FG 52cm Aero-flo (Green)  |  |  |  |  |
| Super Sani Cloth 160 per canister |  |  |  |  |
| Microshield Antimicrobial 500m |  |  |  |  |
| Elasticated Tubular size G (12 |  |  |  |  |
| Propax Wound Dressing pack with 6 non-woven |  |  |  |  |
| Nebulizer Set Child |  |  |  |  |
| Nebulizer Set Adult |  |  |  |  |
| Oxygen Mask Child & 2m 02 Tubing |  |  |  |  |
| **Item Name / Description** | **Available at alternate location? Y/N** | **If not, where stored** | **Amount Required** | **Name and contact details of supplier** |
| Oxygen Mask Adult & 2m 02 Tubing |  |  |  |  |
| Diagnostic P/FreeP/Gloves- sml |  |  |  |  |
| Diagnostic P/Free Gloves - Med |  |  |  |  |
| Diagnostix P/F Latex L - bx100 |  |  |  |  |
| Underpad Dynarex - pkt 100 |  |  |  |  |
| Vomit or Emesis Container 1500mm Sealable - p |  |  |  |  |
| Multi-stik Urine Tests 5 tests per strip -Box 50 |  |  |  |  |
| Ketostix Strips ( Pk 50) |  |  |  |  |
| Uristix Reagent strip for Urin |  |  |  |  |
| Multistix 10 Ames - box 100 |  |  |  |  |
| Welch Allyn Otoscope Tips - Child 2.75mm - pack |  |  |  |  |
| Welch Allyn Otoscope Tips- Adult (Pk 34) |  |  |  |  |
| Apron /hang 710x1400, 40m pk50 |  |  |  |  |
| Ear Loop Masks Pack 50 |  |  |  |  |
| P2 Face mask- pack 50 ( Duck Bill) |  |  |  |  |
| Virkon Powder Sachet |  |  |  |  |
| Hand sanitizer |  |  |  |  |
| Mini sharps container |  |  |  |  |

##  B5 Contact Lists

|  |
| --- |
| B5.1 Staff Contact Details (these details are treated in a confidential manner) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** | **POSITION** | **ADDRESS** | **HOME PHONE** | **MOBILE** | **TRAVEL TIME TO WORK** |
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**Telephone Call Tree**

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| B5.2 EMERGENCY RESPONSE SUPPORT AGENCIES |
| **Support Agency** | **Address** | **Phone** | **Mobile** |
| **Ambulance (non emergency)** |  |  |  |
| **Fire (non-emergency)** |  |  |  |
| **Police (non-emergency)** |  |  |  |
| **PHO** |  |  |  |
| **Hospital**  |  |  |  |
| **DHB** |  |  |  |
| **Civil Defence** |  |  |  |
| **Medical Officer of Health** |  |  |  |
| **District Nursing**  |  |  |  |
| **Nearest Community Pharmacy** |  |  |  |
| **Nearest GP Service** |  |  |  |
| **Community Lab** |  |  |  |

|  |
| --- |
| B5.3 UTILITY PROVIDERS |
| **Service Provided** | **Company** | **Contact** | **Cell** | **Telephone** | **Account** |
| **Water** |  |  |  |  |  |
| **Electricity** |  |  |  |  |  |
| **Telephone** |  |  |  |  |  |
| **Internet Provider** |  |  |  |  |  |
| **IT Support** |  |  |  |  |  |
| **Gas** |  |  |  |  |  |

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| --- |
| B5.4 SERVICE PROVIDERS |
| **Service Provided** | **Company** | **Contact** | **Cellphone** | **Telephone** | **Account No** |
| **Security** |  |  |  |  |  |
| **Fire Safety Alarm &****Equipment Servicing** |  |  |  |  |  |
| **Cleaning &****Domestic Waste** |  |  |  |  |  |
| **Bank**  |  |  |  |  |  |
| **EFTPOS**  |  |  |  |  |  |
| **Landlord** |  |  |  |  |  |
| **Patient Management System** |  |  |  |  |  |
| **Courier Service** |  |  |  |  |  |
| **Electrician** |  |  |  |  |  |
| **Plumber** |  |  |  |  |  |
| **Generator Hire** |  |  |  |  |  |
| **Insurance (All)** |  |  |  |  |  |
| **Lawyer** |  |  |  |  |  |
| **Accountant** |  |  |  |  |  |
| **Clinical Supplies** |  |  |  |  |  |
| **Other Tenants who use the service**  |  |  |  |  |  |
| **Engineer** |  |  |  |  |  |

## B6 STAFF TRAINING, EDUCATION AND EXERCISES

This section should:

* Outline how staff are orientated to emergency management procedures at the start of employment;
* Outline the programme for regular (annual) updates and refreshers;
* Identify the programme for exercising all, or aspects of, the plan on an annual basis;
* Identify any other relevant emergency management planning activities, eg DHB emergency planning workshops.

### B6.1 STAFF TRAINING TEMPLATE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training**  | **Activity** | **When** | **Provider** | **Invites** |
| Staff induction  | Orientation / educate staff in emergency preparedness, procedures and planOrientate / educate staff to Personal Protective Equipment (PPE) and the resources held on site.Orientate staff to the location of water mains, fuse boxes, etc | On commencing employment | PracticeManager | All staff |
| Staff training | First aidIdentification of hazardsEvacuation exerciseNatural hazardsRegular refresher training/updatesAttend workshops on emergency planning | During annual training programme | Practice Manager | All staff |
| Staff participation in emergency exercises (table top; simulated; actual) | Example of emergency exercise undertakenDocument outcomes and improvements required and plan to achieve theseReview of lessons learned and any procedural changes advised to staffUpdate staff training records.  | DHB annual Exercises | Practice ManagerDHB | Senior staff |
| Review / update the Service’s emergency management plan | Review Date: Person responsible:  |  | Practice Manager |  |
| Other relevant emergency planning activities undertaken | Attendance at DHB emergency planning workshops | As arranged | DHB | All staff |
| Other training | Attendance at stakeholder meetings |  | Practice Manager |  |

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# Section C RESPONSE

## C1 GENERAL EMERGENCY RESPONSE CHECKLIST

Take all necessary action to maintain safety and protect clients, staff and visitors

**DATE:**

**TIME:**

**DETAILS OF PERSON ACTIVATING THE RESPONSE:**

* + Check the safety and wellbeing of staff and clients.
	+ Call 111 if life/safety may be compromised
	+ Assess situation and decide course of action. Use action checklist (C2 -next page).

If required:

* + Activate the emergency plan;
	+ Evacuate the facility using the site/service evacuation plan;
	+ Assess the availability of staff and determine if you can continue to provide a service. This may include relocating services off-site.
	+ In a community emergency, provide support to a community response as able.
	+ Listen to the radio for advice from Civil defence

 Following the immediate response:

* + If necessary conduct a damage assessment of the building, including supplies and utilities. *Note that a Building Inspector has to give permission to re-enter a damaged/affected building after an incident.*
	+ Report actions to relevant parties, eg Civil Defence, DHB, PHO.
	+ Monitor initial and ongoing welfare of staff

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## C2 ACTION CHECKLIST FOR PERSON ACTIVATING THE RESPONSE

|  |  |  |  |
| --- | --- | --- | --- |
| Activity/Role | **Person/Role Responsible** | **Action Complete****Comment** | **Sign and****Time** |
| Check the safety and wellbeing of staff and clients. Have any of their families been directly affected by the event? |  |  |  |
| Assess service and response status;Power, water, (including toilets, gas, structural damage, security of building, records: electronic & paper |  |  |  |
| Are there any ongoing hazards or risks to staff, clients or visitors? (Isolate, eliminate minimise any potential hazards) |  |  |  |
| Assess staff requirements, what are the minimum requirements? |  |  |  |
| Undertake staff call back(see B5.1 – staff contact list) |  |  |  |
| Commence staff register |  |  |  |
| Ensure visitor log and controls are put in place |  |  |  |
| Commence Major Incident Log(see C5 – Major Incident Log Sheet Template)  |  |  |  |
| Check essential equipment, clinical supplies, supplies and utility status(see B3 – essential equipment; B4 – essential clinical supplies, B5 - utilities) |  |  |  |
| Initiate Incident Status Reports(see C4 – Incident Status Report template) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity/Role** | **Person/Role Responsible** | **Action Complete****Comment** | **Sign and****Time** |
| Notifications; Staff, management (may include Board of Directors, Owner, Manager, local hospital, neighbouring service providers, DHB, stakeholders) etc | Person in charge of Service |  |  |
| Implement rapid discharge  |  |  |  |
| Liaise with Civil Defence or emergency services (if a community emergency) |  |  |  |
| If practical / safe collect patient notes, patient medications and essential supplies, if evacuation likely |  |  |  |
| Clearly identify all patients, (See Evacuation Plan appendix 3) |  |  |  |
| Identify resources required for relocation |  |  |  |
| Brief/ update staff as information comes available from the Emergency Operations Centre |  |  |  |
| Monitor and record equipment and supplies status and request further items as required  |  |  |  |
| Rest and rotate staff |  |  |  |
| When incident is being de-escalated begin planning for the recovery stage (see Section D of this plan) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity/Role** | **Person/Role Responsible** | **Action Complete****Comment** | **Sign and****Time** |
| Undertake review of your service and identify your staff, equipment, supplies, cleaning and other service requirements |  |  |  |
| Add any issues Specific to your service |  |  |  |
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## C3 GUIDELINES FOR STAFF

|  |  |
| --- | --- |
| Prior to event | During the event |
| * Be trained and aware of responsibilities.
* Maintain current staff phone list on Unit and ensure Payroll/Staff information is updated
* Ensure staff participate in a minimum of one Emergency Management exercise per year (table top, simulated and actual event)
* Document outcomes and improvements required and plan to achieve these.
* Orientate/educate staff in emergency preparedness.
* Review and update service/business continuity plans annually or more frequently if changes occur to your environment or policy or legislated requirements are identified
* Maintain and review record of location of back-up emergency equipment monthly and as required based on policy and procedures
 | * Assess the emergency and respond accordingly
* Undertake response as per plan or instruction from person in control of the incident in full
* Attend to needs of patients/clients
* Notify Manager of additional staffing requirements or staff availability
* Identify ongoing staff needs and plan future requirements based on assessment of your service and instruction from the person in charge of the incident
* Plan staff meal breaks to ensure they occur 3-4 hourly.
* Plan the utilisation of called in staff as required
* Maintain staff register
* Update all staff changes
* Rest/rotate staff
* Maintain critical supplies as per list in this document
* Keep incident log, including actions taken and
* Bed status
* Staff ratio status
* Critical supplies requirements
* Assess patients able to be discharged as instructed (Rapid Discharge Process)
* If required plan to relocate to identified location with reference to alternate sites already decided.
* Keep staff informed of decisions and progress
* Consider/establish liaison with external services if event escalates or is part of a community emergency.
* Start planning for return to normal service
* Assess ongoing services needs
* Join in with community debriefs if appropriate.
* Complete incident report and review plan.
 |

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## C4 *<stakeholder name>* INCIDENT STATUS REPORT

|  |  |
| --- | --- |
| **Incident:****Report no.:****Date:****Prepared by:****Name and Location:****Time:****Contact details:****Valid until:** | Situation Report |
| **Assessment** (Note any critical issues and assumptions made. Attach map or drawing of incident)**:** |
| **Action taken:** |
| **Resources** (in place)**:** | **Resources** (that may be required)**::** |
| **Factors** (weather and other factors or limitations should be noted)**:** |
| **Predicted incident development** (note how this situation is anticipated to evolve)**:** |
| **Options:** |

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## C5 *<stakeholder name>* major incident log sheet

|  |
| --- |
| **Nature of Incident:** |
| **Organisation:** | **Date:** | **Log Keeper:** |
|  |
| **Time** | **In** | **Out** | **Activity/Event** |
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# Section D RECOVERY

## D1 Recovery Action Planning

The aim of recovery is the resumption of business as usual. The **ALL CLEAR** should be communicated when all parties involved in the management of the incident response agree that the incident is resolved and all risks around it have been mitigated.

xxx will be responsible for coordinating the repair of any building damage and restoration of records and utilities.

The Plan is to provide the following:

**The costs of the response and revenue lost through disruption:**

All expenses incurred from the emergency should be documented. An audit trail will be required to assist with qualifying for any insurance claim or to support any other claims for costs and losses incurred by the facility as a result of the emergency.

**Responsibility: XXX**

**Psychosocial Needs of patients and staff**

Mental health needs of patients and staff are likely to continue for some time after the emergency. <stakeholder name> recognises that patients staff and their families may also be impacted by community-wide emergencies. The organisation will monitor the needs of patients and staff and when necessary will refer them to appropriate support services.

**Responsibility: XXX**

**Debriefing**

A service debrief for the organisation, in which all staff involved have the opportunity to offer their insights and observations of how the incident was managed will be completed, in order to identify aspects which could be improved. Key points that will be considered are;

* Staff involved in a response may not recognise the impact an incident has had on them and should be aware that the effects may emerge at any time during or following an event;
* Senior personnel should actively follow up with involved staff who should be encouraged to utilise the follow up support processes available within the organisation (EAP and other support services).
* Participation in debrief sessions and event reviews are voluntary, however, it is recommended that all staff who participated in a response access these sessions.

Update documentation regarding what has been learned from the incident and what is needed to continue to provide a service.

The organisation will, where appropriate contribute some of what has been learnt during the response, to any wider debriefing process such as those conducted by the BOP DHB or Civil Defence.

**Responsibility: XXX**

**Recovery Action Plan Template:**

|  |  |  |
| --- | --- | --- |
|  | **Activities** |  **Responsibility** |
| Identification of assistance required in the longer term |  |  |
| A transition to business as usual to manage long term recovery activities |  |  |
| Recording and reporting the costs of the response and revenue lost through disruption and assessment of/planning for costs of recovery  |  |  |
| Management of public information and communications |  |  |
| Opportunities for staff and clients to discuss unresolved issues and continue to participate in their recovery |  |  |
| Changes to organisational arrangements including need for subcommittees and contact lists |  |  |
| Learning from the event: debriefing and reviewing |  |  |
| Other |  |  |
| Notes |

# Section E APPENDICES

## Appendix 1 MEMorandum of Understanding Template

**Emergency Management Memorandum of Understanding (‘MOU’) between:**

(***<<<name of service>>>***)

**and**

(***<<<name of service>>>***)

Date signed: Review date:

**PARTIES (Business name)**

1. (First Party)

2. (Second Party)

**AGREEMENT**

1. In the event of an emergency, the Parties agree to support each other, where possible, with the provision of facilities and equipment (support).
2. The parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other’s services/facilities will be between Managers of the facilities named or respective Incident Controllers during an emergency.
4. Support may be provided without charge.
5. Parties will treat each other’s facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
6. The Parties will comply with all relevant law and professional standards when using the other’s facilities and equipment.
7. In the event of a declared Civil Defence emergency the Parties agree to abide by the decisions of the Civil Defence Controller pursuant to the Civil Defence & Emergency Management Act 2002.
8. The Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of Signed on behalf of

The First Party The Second Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

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## Appendix 2 References and Resources

* Ministry of Health ([www.moh.govt.nz](http://www.moh.govt.nz))
	+ NZ Public Health and Disability Act 2000
	+ National Health Emergency Plan: Guiding Principles for Emergency Management Planning in the Health and Disability Sector, 2005
	+ The National Health Emergency Plan ([www.moh.govt.nz/nhep](http://www.moh.govt.nz/nhep))
	+ The New Zealand Influenza Pandemic Action Plan ([www.moh.govt.nz/pandemic](http://www.moh.govt.nz/pandemic))
	+ The National Health Emergency Plan: Hazardous Substances Incident Hospital Guidelines, 2005;
	+ The Health Act 1956
	+ The Law Reform (Epidemic Preparedness) Act
* The MoH Operating Policy Framework (latest version); (available from DHBs)
* Ministry of Civil Defence ([www.MCDEM.govt.nz](http://www.MCDEM.govt.nz))
	+ The Civil Defence & Emergency Management Act 2002
	+ The National Civil Defence Emergency Management Plan, Sections 6 and 9
* The NZ Health and Safety in Employment Act 1992
* AS/NZS 4360:2004 (Risk Management)
* SAA/SNZ HB 228:2001 (Guidelines for Managing Risk in Healthcare)

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## Appendix 3 Relocation Plan

|  |  |
| --- | --- |
| **RISK & IMPACT** | **PROBLEM:**Unable to provide services in the current environment.May be due to:* Infrastructure failure, e.g. power, water, sewage
* Chemical spill
* Biohazard
* Structural damage, e.g. earthquake, storm
* Natural hazard, e.g. flooding, volcanic ash
* Lack of staff
* Bomb threat, intruder, armed robber
 |
| **CONTINGENCY/ REQUIREMENTS** | * **MOU for relocation arrangements with:**
 |
| Name of service:Phone:Contact: | Name of service:Phone:Contact: |
| * **Essential Services that must be maintained during an event include:**
	+ staff, resident and visitor safety
	+ care of the residents: warm clothes, food, fluids, medication, identification, personal cares, reassurance, mobility, access to family
* **Key equipment,** supplies and equipment required at an alternative location include: resident notes, essential supplies for treatment – dressings, incontinent pads etc, medication, mobility equipment, and bedding.
* **Access to vehicles:**
	+ The keys to the organisation’s vehicles are kept -------------------------------------------
	+ The total capacity of each vehicle (passengers, wheelchairs) is -------------------------
	+ Local bus company re availability of buses for hire.

Company name -------------------------------------------------------------Telephone No: ------------------------------------------------* + Number of staff / volunteers own vehicles that may be used -----------------------------

 ----------------------------- ----------------------------- ----------------------------- -----------------------------* **Evacuation order** depending on the situation may be:
	+ **1st:** residents / persons in immediate danger
	+ **2nd:** ambulant patients and visitors
	+ **3rd:** patients requiring some guidance and assistance
	+ **Last:** fully dependent patients
 |

***See Task checklist over the page***

|  |  |  |
| --- | --- | --- |
|  | **TASKS** |  |
|  | Ensure one person is designated as ‘in charge’ during the incident to coordinate the response and ensure tasks are completed | **Name:** |
|  | Check everyone is safe – if needed move people to safety |  |
|  | Designate a holding area for residents to be located while waiting for vehicles and identification bands | **Where:** |
|  | Reorganise staff. Hand out task cards. If after hours delegate existing staff to the roles until additional staff arrive |  |
|  | Use whiteboard to put names beside tasks |  |
|  | Call back staff: report to admin, complete staff register |  |
|  | Ensure a log is kept of actions, decisions and expenditure |  |
|  | Ensure someone is listening to the radio for instruction from Civil Defence |  |
|  | Contact the alternative location management and confirm arrangements including: numbers of residents, level of care, number of staff and expected time of arrival, if bedding is required |  |
|  | Contact the Board, the DHB and Civil Defence to advise that relocation is required, the new location and the expected time of arrival. | **New Location:****ETA:** |
|  | Notify residents’ next of kin of the relocation, the time expected to arrive and the new phone number | **Phone number:** |
|  | Ensure staff, visitors and patients are kept informed about what is going on (whiteboard in entrance) |  |
|  | Ensure staff can ring their families if necessary / able |  |
|  | Arrange for essential equipment and supplies to be relocated |  |
|  | Identify and make a note of needs. May include additional supplies, medication, clothing, bedding, cars, drivers, cleaners, food at the new location. Arrange extra security, assistance with lifting and carrying if required |  |
|  | Notify service providers: insurance, pharmacy, GP services |  |
|  | Arrange signage for the evacuated premises and the new facility |  |
|  | Ensure event debrief / review is carried out |  |
|  | Update plans |  |

## Appendix 4 Volcanic Ash Business Continuity Tips

*Lakes DHB Emergency Management – August 2012*

**Healthcare Facilities and Services**

* Prepare administrative staff for an increase in enquiries about health and respiratory issues.
* You may have to respond to an increase in people experiencing respiratory complaints.
* If appropriate be ready to manage an increase in injuries caused by falls. (Resulting from people trying to clear ash from roofs.)
* Helicopter and ambulance transfers might be curtailed during ash falls. Make preparations to hold more patients.
* Consider requesting GP Practices limit admissions to emergencies only.
* Check that people with disabilities or in need of assistance are being supported. Use the booklet “Disaster Preparedness for People with Disabilities” as a guide. [www.civildefence@govt.nz](http://www.civildefence@govt.nz)

**Staff**

* Prepare for lower staffing levels if ash fall is significant.
* Create internal communication channels for regular updates on data – ash fall geography, ash fall volumes, ash toxicity and clean up progress. Listen to the radio for advice.
* Ensure health staff who work in the community carry a torch and have sufficient face masks, eye protection, suitable footwear and clothing to protect their skin from ash contamination.
* Stay out of restricted zones. Restrict travel
* Prepare for power cuts
* Keep phone calls to a minimum
* Conserve water in containers, baths or sinks

**Entrances**

* Prepare suitable signage for entry points.
* Limit (or stop) public access to the facility to prevent ash contamination throughout the facility.
* Cover the floor area at entrances with tarpaulins or plastic for easy removal of ash from the area.
* Establish cleaning areas and supply cleaning equipment at entry points (staff and public) for brushing/washing ash from footwear and clothes.
* Consider setting up safe area for coats to be left etc.
* Place damp towels at thresholds or places where contaminated air may get into the building.

**Vehicles, Machinery and Equipment**

* Cover vehicles/ machinery with tarpaulins.
* Take steps to limit vehicle usage to reduce likelihood of engine damage.
* (As a guide St John would take their trucks off the road after 4 hours operating for filter changes and general check over - brakes, radiators clogged etc.)
* Protecting generators with 2-4 hourly filter changes if heavy falls or 4-6 hourly if lighter or mostly settled ash.
* Disconnect drainpipes/downspouts from gutters to stop drains clogging. If you use a rainwater collection system for your water supply disconnect the tank.
* Do not use the dishwasher or washing machine (if there is a lot of ash in the water) or exhaust fans or clothes driers

 **Public Health Advice**

* Contact: Duty Health Protection Officer Phone 0800 221 555 or check http://www.toiteorapublichealth.govt.nz/health\_warnings

**Resources available:**

* Check [www.getthru.govt.nz](http://www.getthru.govt.nz) for the latest information and updates.
* Available on internet for more comprehensive advice:

- *Guidelines on Preparedness Before, During and After Ash Fall*

[*http://www.preventionweb.net/english/professional/publications/v.php?id=2011*](http://www.preventionweb.net/english/professional/publications/v.php?id=2011)

*- The Health Hazards of Volcanic Ash – A guide for the public*

[*http://www.civildefence.govt.nz/memwebsite.NSF/Files/volcanic%20preparedness/$file/volc-ash-health.pdf*](http://www.civildefence.govt.nz/memwebsite.NSF/Files/volcanic%20preparedness/%24file/volc-ash-health.pdf)

## Appendix 5 OUT OF ORDER SIGN

##

OUT

OF

ORDER

## Appendix 6 ORGANISATIONAL DEBRIEF

(Staff & responders to incident / event complete)

**Name of incident:** **Date of incident:**

Aims:

* to provide a mechanism for staff to communicate their experiences of the emergency so that lessons can be identified
* to identify strengths and weaknesses of current systems and plans
* to identify future learning areas.

1. What were the worst aspects of the response?

|  |
| --- |
|  |

2. What were the best / most successful aspects of the response?

|  |
| --- |
|  |

3. The most significant thing I have learnt from this event has been:

|  |
| --- |
|  |

4. If I was involved in another emergency response I would:

|  |
| --- |
|  |

5. What role did you undertake?

|  |
| --- |
|  |

6. What processes need to be improved (how)?

|  |
| --- |
|  |