

Canterbury

District Health Board

Te Poari Hauora o Waitaha

**Canterbury District Health Board
Health Emergency Plan
2017**

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1 Introduction

This Canterbury District Health Board (CDHB) Health Emergency Plan (HEP) has been reviewed and updated to reflect current thinking on emergency management and incorporating lessons learnt from major incidents in the CDHB region of responsibility.

This plan has been developed in consultation with key local planners and emergency managers within the health sector as well as in consultation with civil defence emergency managers.

To maintain its alignment with the National Health Emergency Plan (NHEP) this plan will be reviewed by CDHB within five years of its adoption. The plan will also be reviewed and updated as required following any new developments or substantive changes to the operations or organisation of New Zealand health and disability services, and/or as a result of lessons from a significant emergency affecting the provision of health services within the region or by direction of the Ministry of Health, the CDHB Chief Executive Officer (CEO) or CDHB Health Emergency Governance Group (HEGG).

2 Purpose and Objectives

2.1 Purpose

The purpose of this document is to:

- Provide a common framework for planning, prioritising, structuring and delivering health services during, and recovering from, any emergency affecting the health of the people of Canterbury.
- Define and allocate roles and responsibilities as well as the relationships necessary to implement this plan.
- Incorporate, by reference, supporting CDHB plans/documents and those of health providers that form part of this plan.
- Meet contractual or legal obligations and be consistent with the requirements of:
 - Ministry of Health
 - National Health Emergency Plan (NHEP) 2015
 - Operational Policy Framework 2017-18
 - Civil Defence
 - National Civil Defence Emergency Management Plan 2015, MCDEM Director's Guidelines on Welfare Services in an Emergency (DGL 11/15) and Order in Council
 - National and group level CDEM plans

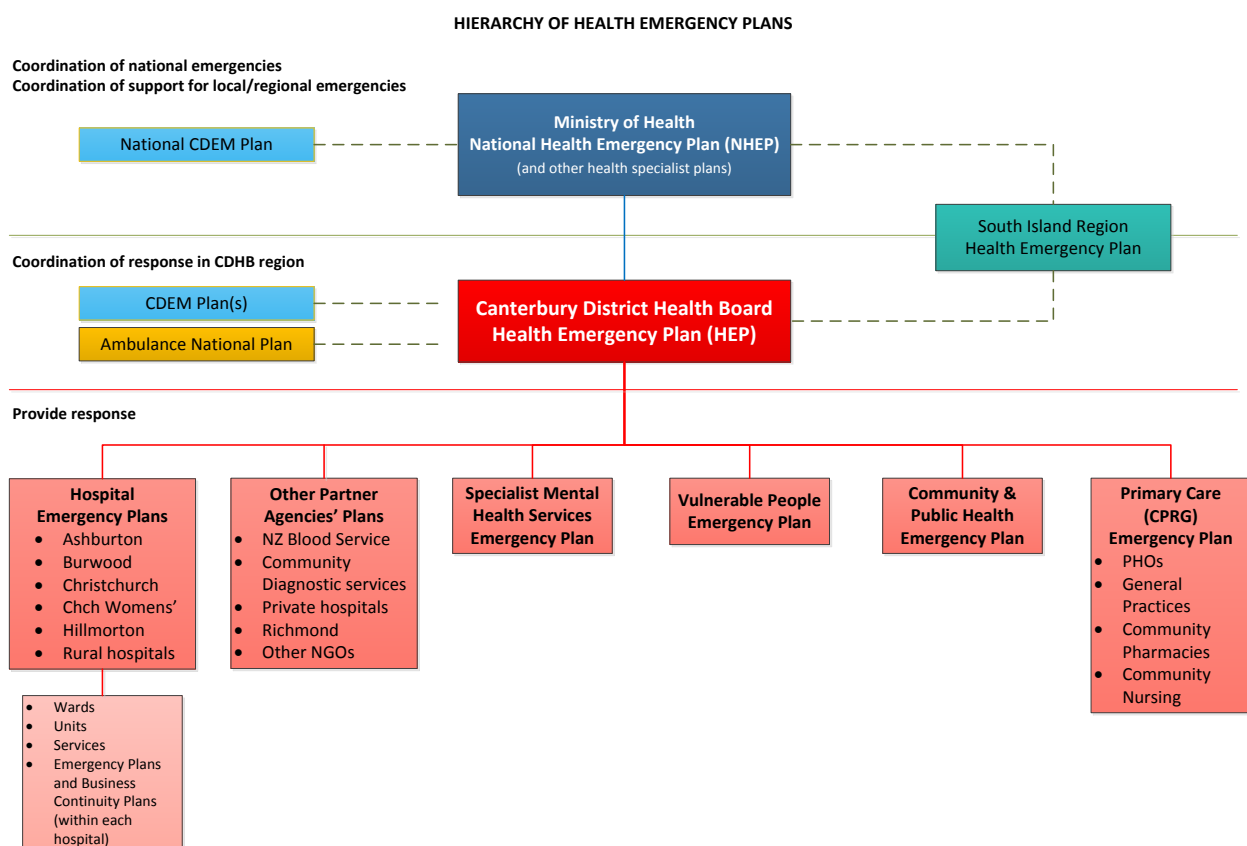
Terminology and acronyms are explained in the Glossary in Appendix A: Glossary.

2.2 Objectives

This plan has the following objectives:

- To ensure a planned, consistent, effective and sustainable response to and recovery from immediate, short duration and extended emergency events at the local, regional, and national level.
- To identify the risks to health services based on the hazardscape¹ identified by the Canterbury Civil Defence and Emergency Management (CDEM) Group.
- To ensure a state of readiness for any emergency that may affect the health of the community.
- To provide a planning framework for all CDHB funded health services and providers within the region.
- To provide for CDHB coordination, direction and support for a health response to short term, large scale or extended emergencies, within the region or nationally.

3 Links to Other Health Plans



The CDHB HEP links with the Ministry of Health's National Health Emergency Plan, the South Island Regional Health Emergency Plan, Civil Defence Emergency Management Plan, St John Ambulance Plan and numerous services' and providers' plans. Greater detail about the connectivity of plans can be found in Appendix B: Connectivity of Health Plans and Appendix C: Links.

¹ See Glossary.

4 Reference Documents and Legislative Requirements

The Civil Defence Emergency Management Act 2002 (and amendments) and National CDEM Plan outlines the roles and responsibilities of key agencies in an emergency. A range of supporting and enabling legislation provides the legislative framework for health emergency management planning. This legislation includes but is not limited to:

- The Health Act 1956
- Medicines Act 1981
- Health (Infectious and Notifiable Diseases) Regulations 1966
- The Health (Quarantine) Regulations 1983
- The Health (Burial) Regulations 1946
- The Public Health and Disability Act 2000
- The Civil Defence Emergency Management Act 2002
- The Health Practitioners Competence Assurance Act 2003
- The International Health Regulations 2005
- The Epidemic Preparedness Act 2006
- The Public Health Bill (proposed)
- Ministry of Health Operational Policy Framework 2017-18

5 Canterbury Regional Demographics

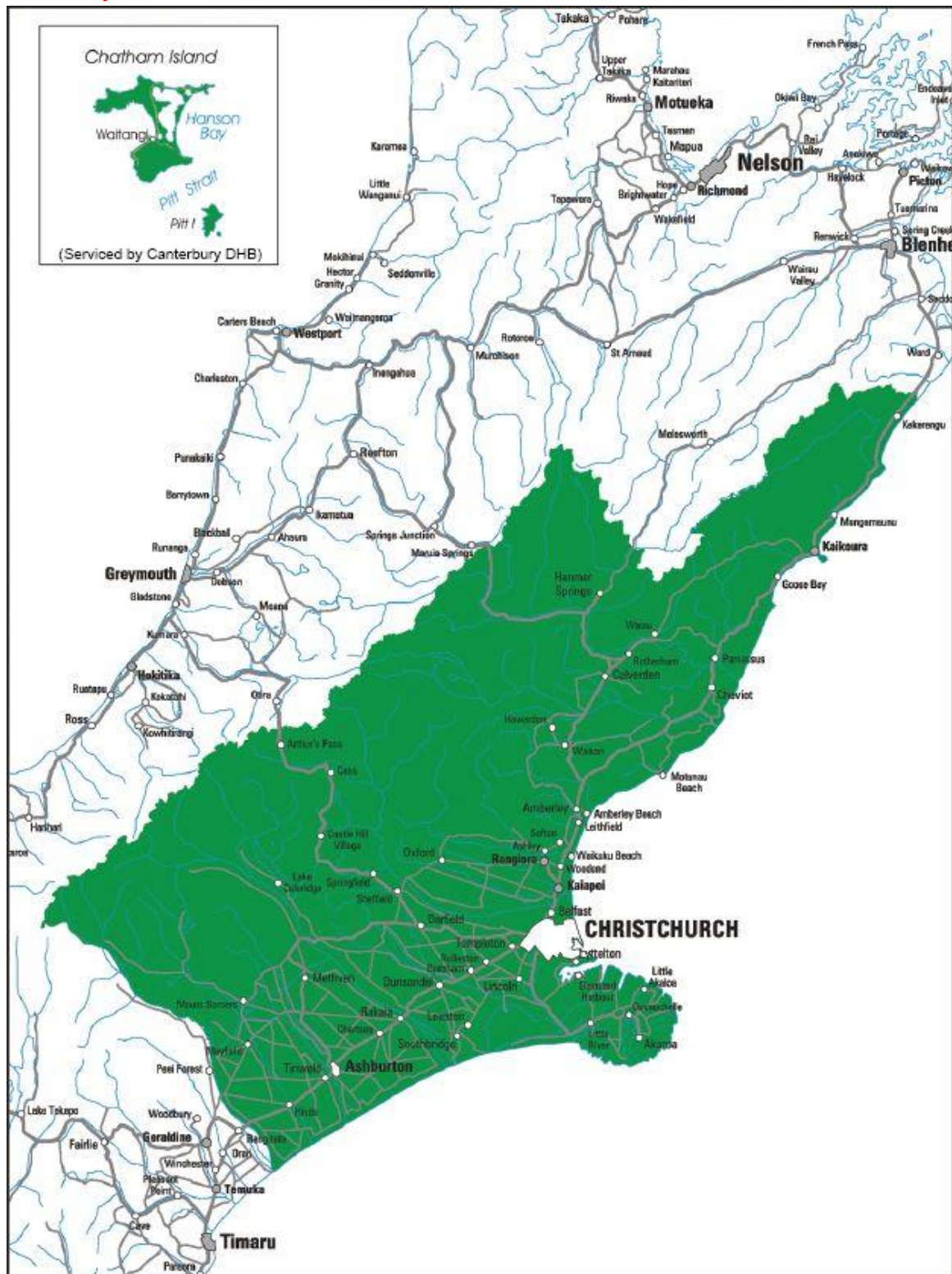
5.1 CDHB Region of Responsibility

The geographical area of responsibility for Canterbury District Health Board extends from the Clarence River, in the north, to the Rangitata River; to the Main Divide in the west and the Chatham Islands in the east.

The CDHB also has an administration role and a responsibility for the health and welfare of people on the West Coast of the South Island. These services include tertiary, public health and psycho-social.

Post 2011 earthquake there has been a development rapidly growing urban areas around the outer reaches of Christchurch. The region also has several smaller potentially isolatable communities on Banks Peninsula, Kaikoura, North Canterbury and Arthur's Pass.

Canterbury



West Coast



Health services for this region are provided from a range of facilities ranging from tertiary to rural to health centres. See Appendix D: Full range of CDHB facilities and services.

5.2 Characteristics of the Region

The estimated population of the Canterbury DHB region in 2017 was 558,830 people. Features of the region:

- Canterbury has 13% of New Zealand's population, is the most populous region in the South Island and the second most populous region in New Zealand (after Auckland).
- Canterbury has 13.2 people per square kilometre of land area – compared to 17.0 people per square kilometre for New Zealand as a whole (June 2015).
- 63% of Canterbury's estimated resident population (30 June 2016) lived in Christchurch City.
- The population of Canterbury is projected to grow by, on average, 1.0% per year between 2013 and 2043, at the same rate of growth as New Zealand's total population.
- One in four people in Canterbury will be aged 65 years or over by 2043. The median age is projected to increase from 39.4 years in 2013 to 43.5 years in 2043 – higher than the median age for New Zealand as a whole (42.7 years in 2043).
- Canterbury has a higher percentage of people who identify as European than New Zealand as a whole, and a smaller percentage of people who identify as Māori, Pacific, Asian, Middle Eastern, Latin American and African (MELAA).
- Māori and Pacific populations in Canterbury have a markedly younger age structure than the total population, due to higher birth rates.

- The most commonly spoken languages in Canterbury other than English are (in order): Māori, French, German, Samoan, Sinitic and Northern Chinese.

Following the Canterbury earthquakes in 2010 and 2011 the region has seen an influx of migrants both nationally and internationally to work on the region's infrastructure and facilities rebuild.

The CDHB is one of the main tertiary hospitals in the South Island and provide specialist services under contract to the Ministry of Health such as Burns, Major Trauma, Spinal and Stroke pathways (see Appendix D).

CDHB provide administration, clinical and tertiary services to the West Coast District Health Board (WCDHB) and tertiary services to the South Canterbury District Health Board (SCDHB). The Community and Public Health division is contracted to provide public health services to WCDHB and SCDHB.

The populations are broken down into:

- Canterbury DHB: 546,300 (2016), 558,830 (2017)
- South Canterbury: 59,500 (2016), 60,040 (2017)
- West Coast: 32,535 (2016), 32,600 (2017)

Many Canterbury and West Coast towns and cities populations increase dramatically due to tourists. Christchurch itself is a gateway to Antarctica, where 3,000 people come and go every summer.

5.3 Territorial Local Authorities (TLAs)

CDHB has an obligation to build and maintain relationships with multiple agencies, including local government (see more on page 14). In rural settings the TLAs play a vital role in emergency management. See Appendix E: Territorial Local Authorities in the Canterbury Region.

6 HEP Management Responsibilities

6.1 Chief Executive Officer (CEO)

The CEO is responsible for:

- Ensuring there is active ongoing development, maintenance and exercising of the CDHB Health Emergency Plan and ECC;
- Ensuring the CDHB HEP is consistent with the MOH National Health Emergency Plan (NHEP); and
- Ensuring the CDHB is in a state of readiness and has the capability to coordinate and provide an effective emergency response.

6.2 Health Emergency Governance Group (HEGG)

The HEGG is a group of senior clinicians from the major components of the health system and managers, led by the Chief Medical Officer, to be responsible to the CEO for the following:

- To identify any emerging threats and agree on strategies to counter those threats.
- To set planning priorities, establish health sector task groups to develop specific contingency plans for a coordinated response to specific threats, and identify the resources required to give effect to those plans.
- To ensure the effectiveness and accountability of all CDHB planning and response activity, and approve all plans prior to their implementation.
- To ensure an appropriate review of any plans and after any response being activated.
- To allocate funding for CDHB planning projects and response activities.

6.3 CDHB as Lead Agency

The lead agency is the agency with the mandate to manage the response to an incident through legislation, under protocols, by agreement or because it has the expertise and experience. The lead agency establishes control to coordinate the response of all agencies involved.

CDHB would be the lead agency in a Canterbury 'whole of health response' which is usually dependent upon the nature of the event. This may change with different phases of an event. For example, Community and Public Health will be the lead agency for the early phases of an infectious disease outbreak, e.g. Ebola, but this may change once a fully coordinated clinical response is required.

If Health is designated the lead agency of a multi-agency response (e.g., in a pandemic or declared health emergency) the CDHB will be required to assume responsibility for coordinating all aspects of the response, including those of non-health agencies.

7 Planning and Risk Reduction

7.1 Context

It is recognised that emergencies and their consequences are not always predictable and are likely to occur with little or no warning. Alternatively, they can be on the horizon for some time and allow space to prepare and plan a coordinated response from multiple agencies.

This plan also directs CDHB facilities, services and supporting health providers to develop emergency and business continuity plans for their facilities and services in order to continue to provide health services during an emergency to the best of their ability.

This plan fits with the national hierarchy of health plans illustrated on page 7.

For the purposes of this plan a **health emergency** is defined as:

- Emergency: natural or man-made event that suddenly or significantly:
 - Disrupts the environment of care
 - Disrupts the ability to provide care and treatment to the community
 - Changes or increases demand for an organisation's services

- Internal: events in the hospital or health facilities that result in the loss of resources used for regular services and/or increase demand for services.
- External: events that occur in the community outside of the hospital or health facilities and services that may increase demand for services and/or affect the ability to carry out regular services.

7.2 Risk Assessment

The Canterbury CDEM Group full Hazard Priority Table and specific Health priorities for the wider Canterbury region (including South Canterbury) is in Appendix F: CDEM Hazard Priority Table.

The major and most likely hazards to the region are weather related (flooding, strong winds, snow and wildfires), seismic events (earthquakes, tsunamis), and infectious diseases. These events can compromise infrastructure (damage roads and bridges, cut off power, water and sewerage), significantly affect the health and well-being of, and isolate, the population.

Psycho-social risks can arise from the above and also from non-casualty type events such as drought and stock disease. Droughts in particular are known to cause a breakdown in psycho-social wellbeing in the farming community.

The detailed CDHB HEP Risk Analysis is detailed in Appendix G: CDHB Risk Assessment.

7.3 Risk Reduction

All CDHB facilities and services will plan, demonstrate and implement work safe practices within their areas of responsibilities. This includes patient safety, chemical handling and storage, communicable disease surveillance and infection control.

CDHB Allied Health and Community & Public Health will plan, demonstrate and provide services protecting the well-being of the community. These will include health advice, assessment of food and water standards, vaccination programmes, GIS mapping capability, and psycho-social support, in association with Specialist Mental Health Services.

All CDHB facilities will be constructed, repaired or maintained to ensure building safety codes and employment legislation are compliant.

Emergency Planning for Maori Community

The Executive Director of Maori and Pacific Health will ensure active engagement with Ngai Tahu as manawhenua (and ngā maata waka, as appropriate) regarding possible impacts of emergency planning on traditional Maori protocols and Treaty of Waitangi obligations.

Emergency Planning for Pacific Community

The Executive Director will also ensure active engagement with Pacific communities.

Emergency Planning for Other Culturally and Linguistically Different Communities

CDHB will appoint a liaison person(s) to ensure consultation and active engagement with the CALD communities regarding possible impacts of health emergency planning and response activities.

8 Readiness

Readiness involves ensuring operational systems and capabilities are developed before an emergency occurs. The expectations are that the Canterbury whole of health system is ready and able to activate a coordinated, appropriate response and recovery; and all partner agencies are ready and able to participate in any system response. This includes both public and private health providers, where appropriate.

8.1 Plan Reviews

All CDHB facility and services plans will be reviewed within three years of their adoption. All plans will also be reviewed and updated as required following any new developments or substantial changes to the operations or organisation of New Zealand health and disability services, and/or as a result of lessons from a significant emergency affecting the provision of health services within the region or by direction of the CDHB Chief Executive Officer (CEO) or CDHB HEGG.

8.2 Training

The HEGG will direct and support Divisional General Managers to identify competent staff members to be trained to fill the positions and roles in their responding organisation management. The HEGG will agree training required and provide guidance to managers.

Managers are responsible for ensuring that training records for their staff are maintained. Training details such as attendance and topic content should be recorded.

8.3 Exercising Annually

All CDHB facilities and services will exercise their emergency plan annually, with a practical exercise biannually.

CDHB will report annually to the MoH of the HEP section or sections to be exercised, and also advise of the exercise dates and times. The Ministry will support CDHB exercises as appropriate, if requested.

CDHB will also engage in regional health and NHEP exercises as requested by the regional group or MoH. These will include tests of the single point of contact communications at various times of the day and night.

CDHB will also engage in specialist 'EmergoTrain' exercises as per contractual agreement. This exercise is administered through a programme by the contract provider.

Records and debrief notes from all exercises are to be kept and any issues identified and actioned.

8.4 Relationships

CDHB is both a statutory emergency service and CDEM partner agency. The CDHB is represented on relevant CDEM committees:

Group	Representative
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Canterbury CDEM Group Coordinating Executive Group (CEG)	CEO or senior executive manager or delegate Medical Officer of Health
Canterbury CDEM Group Response Planning Group (RPG)	CDHB/WCDHB Emergency Manager Christchurch Hospital Emergency Planner Community & Public Health Emergency Preparedness Coordinator
Canterbury Emergency Services Coordination Committee	CDHB/WCDHB Emergency Manager Christchurch Hospital Emergency Planner Community & Public Health Emergency Preparedness Coordinator
Canterbury Welfare Coordination Group	CDHB Psycho-social Support Coordinator or delegate Community & Public Health Representative

CDHB will maintain relationships and regular liaison with Canterbury emergency organisations, St John, private ambulance providers, CDEM (Region and Local), Police, and Fire and Emergency NZ (FENZ).

CDHB will also participate with and maintain links with the National and South Island Health Emergency Forums and the Canterbury Emergency Services Coordination Committee (ESCC).

CDHB will maintain relationships and regular liaison with private hospitals and health providers including residential care.

Relationships with government and non-government organisations such as Christchurch City Council, Red Cross and Salvation Army will be maintained through membership in the Regional CDEM Group.

The CDHB/WCDHB Emergency Manager is responsible for maintaining these relationships and will keep a record of meetings attended and any matters of concern.

The relationships listed above are essential to ensure a cooperative and coordinated multi-agency response to any emergency whether CDEM or CDHB led. Links to other organisation emergency plans can be found in Appendix C: Links.

9 Activation / Response

A response to an event is one which has been identified and prioritised according to agreed criteria. The scope, size and duration of a response will depend on the event. It may require immediate establishment of an Emergency Coordination Centre (ECC), a staged response, or a virtual ECC. See ECC Operations Manual for Activation Protocols.

- **Immediate.** An ECC should be activated immediately when:
 - A risk assessment identifies an unacceptable risk that requires immediate action;

- The emergency situation of any CDHB facility and service is such that coordination is required;
- The health response to the community either directly or in support of CDEM is required;
- At the request of the MoH and/or neighbouring DHB(s).
- **Staged response**
 - Staged activation will take place when a threat to health services is not immediate and there is time to plan actions to be taken.
 - In this case appointments should be made to key roles as outlined in the CDHB ECC manual to enable those appointees to plan any response(s) that may be required.
- **Virtual**
 - A virtual activation could take place when the emergency is not large and can be managed through contacts, allowing those in key roles to work from their own offices but meeting at regular intervals to monitor and manage the response. A point of contact for the event will be appointed if required.

Planning for the recovery must also be undertaken at the activation phase. Recovery activities begin while response activities are in progress. Decisions made during the response phase will have a direct influence on recovery action planning.

9.1 Ministry of Health Alerts

The MoH provides national guidelines around criteria for activation in response to an emergency, for example, if milk powder is suspected of being tainted the Ministry would send out an alert code 'yellow' as a watching brief. If the event had increased in risk, they would have escalated to the next alert level. The colour coded alerts advise DHBs of developing situations that require or may require a planned response and activation.

The Codes are:

White	Advisory
Yellow	Standby
Red	Activate
Green	Stand-down

A full explanation of these codes, how they apply, and MoH and DHB roles is contained in Appendix H: Ministry of Health Alert Codes.

9.2 Escalation of Response

In all cases where the CDHB ECC is activated the MoH is to be notified immediately.

Should the extent of the emergency situation require, or is likely to require, additional support, CDHB may request this from the MoH or other South Island DHBs. Such requests will be made through SPoC for the MoH and DHBs. The means of activation and escalation is outlined in the ECC Operations Manual [\[link\]](#).

9.3 Emergency Coordination Centre (ECC)

Location

The CDHB ECC will be located at the CDHB Corporate site, 32 Oxford Terrace, unless the site is deemed unsafe. Should that site be unavailable or inappropriate because of access or safety issues, or not being able to function due to no generator back up, an alternative site will be selected by either the HEGG or the Incident Controller.

ECC Operations Manual

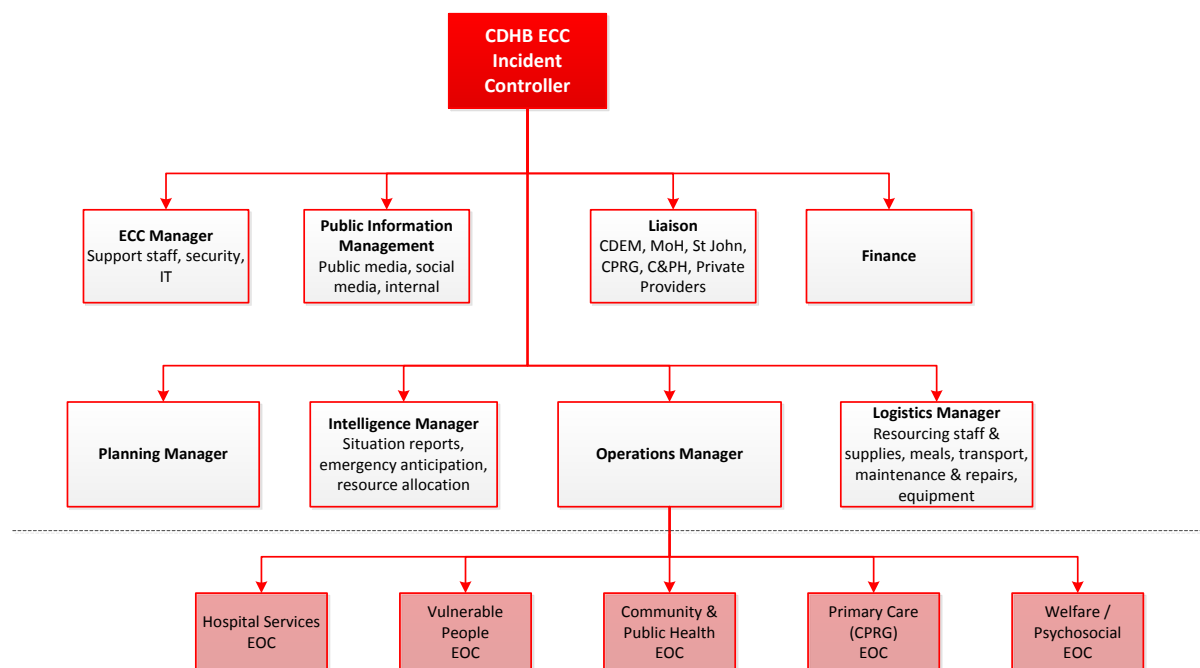
An Operations Manual containing the ECC organisation structure, setup, roles and instructions for the positions activated has been produced and will be maintained. [\[link\]](#)

ECC Organisational Structure

The CDHB ECC organisational structure is based on the New Zealand Coordination Incident Management (CIMS) model.

It is flexible and adaptive in that **only** the positions/roles required for the emergency need to be filled, also positions/roles can be added to meet the needs of any emergency.

Figure 1: ECC Structure



Roles and Responsibilities

Roles, responsibilities and position descriptions are contained in the ECC Manual.

Role cards are also contained in the ECC supplies with guidance material assigned to each position.

Deactivation - Standing Down the Response

The official CDHB stand down or deactivation of the emergency response will be determined by the Incident Controller. It is dependent on a number of variables, including when immediate health and safety needs of the population affected have been met; services are re-established and operational; and the immediate health concerns that arose from the emergency have been resolved. This will initiate the recovery phase.

In a multi-agency response the CDHB Incident Controller will not order a stand down or deactivation without consulting the lead agency Incident Controller.

10 Recovery

Recovery is defined as the coordinated efforts and processes to effect the immediate, medium and long-term holistic regeneration of a community following a disaster.²

10.1 Recovery Plan

The CDHB Recovery Plan and the Business Continuity Plan are available at [\[S:\PMHDataLink\Division\EOC Operations\]](S:\PMHDataLink\Division\EOC Operations).

10.2 Recovery Actions

Recovery action may be split into three categories depending on the emergency:

- Facilities and utility supplies – refer to the facility's Recovery Plan and CDEM Welfare Plan
- Health services
- Ongoing community well-being.

10.3 Psycho-social Recovery

Psycho-social recovery falls under ongoing community welfare and wellbeing and involves more than a CDHB response. Responsibility under the [MCDEM Director's Guidelines](#) (DGL 11/15) requires the Ministry of Health nationally and CDHB regionally to have responsibility for the coordination of psycho-social support for the community. The plan for coordination must include government departments and non-government organisations and link to regional and local CDEM Welfare plans.

11 Reporting, Monitoring and Evaluation

11.1 Record Keeping

The following records will be kept and submitted annually to the CDHB HEGG:

² <http://www.civildefence.govt.nz/assets/Uploads/publications/dgl-04-05-recovery-management.pdf>, P4

- Training
- Exercises
- Meetings attended
- Plan reviews and updates.

A guideline for emergency plans is available (Appendix I: Guidelines for CDHB Facilities' and Services' Emergency Plans).

11.2 Reporting

Detail of what reporting is required in an emergency event is defined in the ECC Operations Manual. Managers are responsible for submitting reports post debrief following actual emergencies, and after full exercises.

11.3 Debriefing

Debriefs provide a forum to address key health and safety issues. A debrief will be conducted after each emergency response and exercises at all levels of CDHB and partner organisations involved in the response.

Debriefs are used to promote post-event learning and recovery for the people who are involved in the emergency event. All debriefs must concentrate on organisational and management issues, not on personal issues. Time should be set aside to debrief the team on emotional/personnel issues so that the group can then focus on organisational issues.

In simple terms, a debrief should focus on:

- What worked well
- What worked but could be improved on
- What didn't work.

Immediate Post-Event ('Hot') Debrief

This debrief is to be held immediately after the incident or after the shift is completed to allow for rapid assessment of the response to date and issues arising.

All staff involved in management of the incident and those who will assume responsibility for the ongoing management should attend.

This 'hot' debrief should be conducted by the Incident Controller, their nominee or the manager of any particular function.

Notes must be recorded and distributed for learning purposes and raised at the 'Cold' debrief that follows.

Internal Organisation ('Cold') Debrief

A 'cold' debrief is typically held within four weeks of the stand down from the incident. All staff involved in management of the incident and/or functions should attend.

Progressive debriefs can be held if the response extends over a length period of time.

For the full cold debrief that follow it is preferable that the debrief is facilitated by a person(s) independent from the actual response.

Reports of the debrief findings and recommendations will be submitted to the CDHB HEGG when completed.

The Multi-Agency Debrief

The multi-agency debrief should be held within six months of the event, whenever more than one agency is involved in the event. It should occur after all agencies have held their own debriefs. It should focus on the effectiveness of the coordination and address multi-agency issues.

Reports should be compiled and disseminated to all participants.

Debriefing Guide

A guide for conducting debriefs can be found on the Ministry of Civil Defence and Emergency Management website [here](#).

Appendices

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Appendix A: Glossary

CALD	Culturally and Linguistically Different communities
CDEM	Civil Defence and Emergency Management
CDEM Group	This group is made up of executives of each Territorial Local Authority (TLA) in the greater Canterbury Region as well representatives of emergency services.
CDHB	Canterbury District Health Board
CEO	Chief Executive Officer
CIMS	Coordinated Incident Management System. A structure to systematically manage emergency incidents which allows multiple agencies or units involved in an emergency to work together.
Community Services	Services provided in the community; may also be called Allied Health.
CPRG	Canterbury Primary Response Group. Group funded by the CDHB responsible for coordinating primary care planning and response activity on behalf of the CDHB and PHOs.
DGL	Director General
DHB	District Health Board. Provides hospital and community-based health services (including public health units). DHBs have legislated obligations as funders and providers of publicly-funded services for the populations of specific geographical areas in New Zealand.
ECC	Emergency Coordination Centre, the strategic governance centre for the two DHBs. An established facility; the location where the response to any emergency is coordinated . An EOC (see below) operates under the control and coordination of the ECC.
ECC Manual	The Emergency Coordination Centre operational manual which details the policies and procedures underpinning the establishment and functioning of the ECC.
Emergency	A health emergency is defined as a natural or man-made event that suddenly or significantly disrupts the environment of care; the ability to provide care and treatment to the community; or changes or increases demand for a health organisation's services.
Emergency Managers (EMs)	Also called emergency coordinators, or emergency service leaders
EOC	Emergency Operations Centre. An established facility where the operational response to an incident is controlled and provided, for instance, Chatham Islands, Kaikoura, Ashburton, Burwood, Hillmorton, Christchurch Hospital, Labs, ISG, Community & Public Health, Christchurch Women's Hospital, Primary Care (Canterbury Primary Response Group).
Epidemic	A disease affecting or tending to affect an atypically large number of individuals within a population, community or region at the same time.
ESCC	Emergency Services Coordination Committee
FENZ	Fire and Emergency New Zealand

Hazardscape	The natural process, events and human actions that may cause harm or disruption to people's lives and livelihoods.
HEGG	Health Emergency Governance Group. A group representing the health providers of the DHB's district, tasked with the oversight of emergency planning to ensure an integrated whole of health system approach.
HEP	Health Emergency Plan
Health EMIS	Health Emergency Management Information System. A web-based incident management and information sharing system provided by MoH.
Health facilities	A building or location where health services are provided. This may also include mobile services.
Hospital and Health Service	As defined by the Health and Disability Services Act 1993.
Incident Controller (IC)	The senior person, CIMS 4 trained, tasked with the overall responsibility controlling and coordinating the response to the emergency. Leads the Incident Management Team.
Lifeline utilities	Services or networks that provide the necessities of life, e.g., power and gas, water, sewerage.
MCDEM	Ministry of Civil Defence and Emergency Management
MoH	Ministry of Health
MOoH	Medical Officer of Health
NHCC	National Health Coordination Centre. The centre that is responsible for coordinating a National Health response It may be required to issue intelligence summaries on non-health matters.
NHEP	National Health Emergency Plan. This plan provides guidance on the enablers of effective health emergency management and describes the roles and responsibilities at all levels across the areas of reduction, readiness, response and recovery. The mechanisms, systems and tools used in the health and disability sector to respond to an emergency event are also described in detail.
OPF	Operational Policy Framework. One of a group of documents collectively known as the <i>Policy Component of the District Health Board Planning Package</i> that sets out the operational level accountabilities for DHBs for each fiscal year. The OPF is executed through Crown Funding Agreements between the Minister of Health and each DHB. The OPF covers emergency obligations based on the '4 R's' (Reduction, Readiness, Response, Recovery).
Pandemic	An epidemic that spreads to the point that it affects a whole region, a continent of the world, and is declared by WHO to be a pandemic.
Partner Agencies	All non-CDHB health providers in Canterbury.
PHOs	Primary Health Organisations. Three PHOs (Christchurch PHO, Pegasus Health, and Rural Canterbury PHO) operate in Canterbury and they are responsible for supporting member practices and contributing to a wider primary care emergency response.

Primary Care	Care/services provided by general practitioners, practice nurses, community pharmacists, dentists, midwives, community nurses, and others in the community.
SCDHB	South Canterbury District Health Board
SIRHEP	South Island Regional Health Emergency Plan
SPOC	Single point of contact
TLA	Territorial Local Authority. These are the second tier of local government under regional councils. Regional councils are responsible for the administration of many environmental and public transport matters, while the territorial authorities administer local roads and reserves, sewerage, building consents, the land use and subdivision aspects of resource management, and other local matters. (Wikipedia, 2017.)
WCDHB	West Coast District Health Board

Appendix B: Connectivity of Health Plans

Ministry of Health (MoH) Emergency Management Plan(s)

The MoH role is to:

- Coordinate the health response to national health emergencies or the health role in other national emergencies.
- Coordinate support for the health response to regional and local emergencies.

This coordination is managed from the National Health Coordination Centre (NHCC).

The following plans have been produced by the MoH to meet specific requirements:

- National Health Emergency Plan
- Individual and Community Recovery Plan
- Multiple Complex Burns Plan
- Mass Casualty Plan
- Primary Care Plan
- Border Health Legislation and Response Plan
- Hazardous Substances Incident Guidelines
- [New Zealand Influenza Pandemic Plan](#)

Links to these plans are contained in [Appendix C](#).

South Island Region Health Emergency Plan (SIRHEP)

The SIRHEP is an agreement between South Island DHBs with the role to provide coordinated mutual aid for affected South Island DHBs through a collaborative and coordinated response to health emergencies in the region.

In addition its purpose is to coordinate mutual aid for other DHB regions during their emergency response(s).

CDHB Emergency Plan(s)

The CDHB role is to **coordinate** the response to any emergency in its region of responsibility or in support of any other region on request. This is managed from the CDHB Emergency Coordination Centre (ECC).

The CDHB HEP sets planning standards to coordinate all functional or operational level emergency plans for health providers in the region.

In addition to an emergency plan, CDHB sites, wards and/or departments will have or are developing a **business continuity plan**; where applicable these contain site relocation/evacuation plans. Community and Public Health have an emergency plan that includes their many responsibilities, e.g. border control. Services such as ISG or Finance also have emergency plans. A pandemic plan, emerging infectious disease plan, major trauma plan, decontamination plan, burns plan and adverse weather plan have also been developed. A separate Coordination of Psycho-social Plan will be developed. (See Appendix D: Full range of CDHB facilities and services.)

CDHB Facilities and Services Emergency Plans

The role of CDHB hospitals and services is to **provide and manage** the response to any emergency in their facility or service and in support of other facilities and services. In addition to departments, wards, and services, CDHB links with hospital and sister facilities:

A guideline for plans for facilities and services is outlined in Appendix I: Guidelines for CDHB Facilities' and Services' Emergency Plans.

Other Plans

The CDHB HEP is linked to and in liaison with the following plans:

- Canterbury CDEM Group Plan
- Christchurch City Council CDEM Plan
- St John Ambulance Plan

The above are the major CDEM Plans for the region. CDHB will also link and liaise with the CDEM plans of the Territorial Local Authorities (TLAs) within the region as well as other health-related providers. See Appendix E: Territorial Local Authorities in the Canterbury Region for more information.

Appendix C: Links

Ministry of Health (MoH) Specialist Plans

The following plans have been produced by the MoH to meet specific requirements:

National Health Emergency Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-framework-health-and-disability-sector
Recovery Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-planning-individual-and-community-recovery-emergency-event
Burns Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-multiple-complex-burn-action-plan
Mass Casualty Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-mass-casualty-action-plan
Primary Care Plan	http://www.health.govt.nz/our-work/emergency-management/emergency-management-disaster-planning-and-business-continuity-primary-care
Border Control Plan	http://www.health.govt.nz/our-work/border-health/border-health-legislation-policy-and-planning/emergency-planning-and-border-responses
Hazardous Substances Plan	http://www.health.govt.nz/publication/national-health-emergency-plan-hazardous-substances-incident-hospital-guidelines
Influenza Action Plan	http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza
National Stroke Plan	https://strokenetwork.org.nz

Links to CDEM Plans

National CDEM Plan Order	http://www.legislation.govt.nz/regulation/public/2015/0140/latest/DLM6486453.html?src=qs%20
Guide to National CDEM Plan	http://www.civildefence.govt.nz/assets/guide-to-the-national-cdem-plan/Guide-to-the-National-CDEM-Plan-2015.pdf
MCDEM Director's Guideline for CDEM Groups and Agencies with Responsibility for Welfare	http://www.civildefence.govt.nz/assets/Welfare-Services-in-an-Emergency/Welfare-Services-in-an-Emergency-Directors-Guideline.pdf
Canterbury Region Group Plan	http://cdemcanterbury.govt.nz/media/34987/canterbury-cdem-group-plan-2014.pdf
Christchurch City Council CDEM Plan	https://www.ccc.govt.nz/assets/Documents/The-Council/Plans-Strategies-Policies-Bylaws/Plans/Long-Term-Plan/ActivityManagementPlanCivilDefenceAndEmergencyManagement-Protection-.pdf

Other Territorial Local Authorities also have CDEM Plans that would be available on their websites.

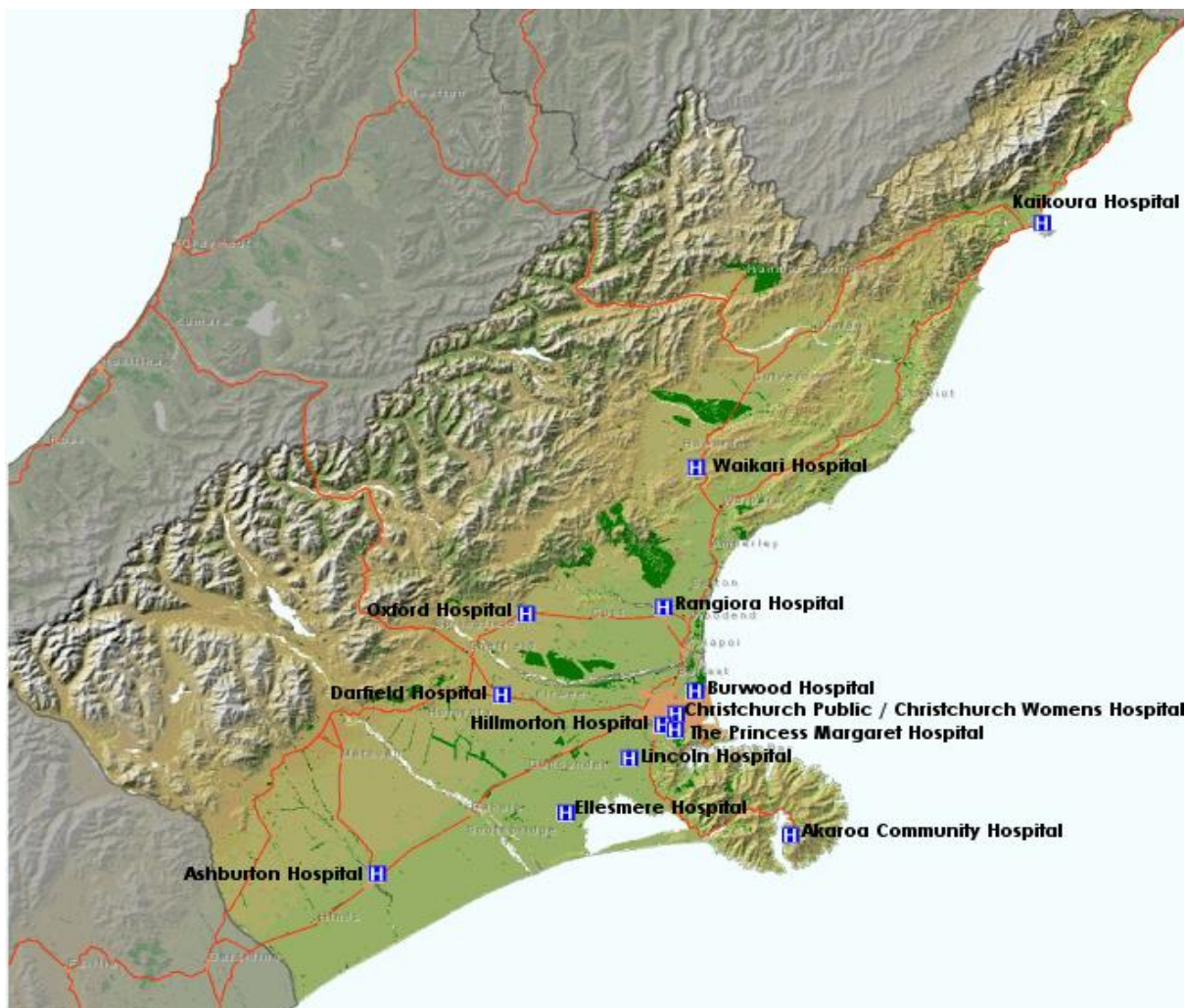
Other Plans

OPF	https://nsfl.health.govt.nz/accountability/operational-policy-framework-0/operational-policy-framework-201718
South Island Regional Health Emergency Plan	[old link] https://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents/South%20Island%20Health%20Services%20Plan%202013-16.pdf
St John Ambulance Plan	[link]
CPRG Plan	http://www.primaryhealthresponse.org.nz/wp-content/uploads/2017/09/CPRG-Emergency-Plan_final-2017-02-21.pdf
New Zealand Out-of-Hospital Major Trauma Destination Policy (Feb 2017)	http://docs.wixstatic.com/ugd/bbebf8a03349f3a84d4dad1d8efe5b2ece17.pdf
New Zealand Spinal Cord Injury Destination Policy (June 2015)	http://docs.wixstatic.com/ugd/bbebf8b8766354959846448c427b59d865ee27.pdf
New Zealand Out-of-Hospital Acute Stroke Destination Policy (August 2017)	https://cdn-flightdec.userfirst.co.nz/uploads/sites/strokenetwork/files/Ambulance_Destination_Policies/New_Zealand_Out-of-Hospital_Acute_Stroke_Policy_South_Island_HQ.pdf
National Burns Pathway	http://www.nationalburnservice.co.nz/pdf/RBS-referral-poster.pdf

Other Documents

ECC Operations Manual	[link]
CDHB Recovery Plan	[link]
CDHB Business Continuity Plan	[link]

Appendix D: Full range of CDHB facilities and services



CDHB links with hospital and sister facilities [\[links\]](#):

- Rural Health Services:
 - Akaroa
 - Ashburton Hospital
 - Chatham Islands Health Centre
 - Darfield Hospital
 - Ellesmere Hospital
 - Kaikoura Health Te Hā o Te Ora
 - Lincoln Maternity Hospital
 - Oxford Hospital
 - Rangiora Health Hub and Hospital
 - Tuarangi Home
 - Waikari Hospital
- Urban Christchurch:
 - Burwood Hospital
 - Christchurch Hospital

- Christchurch Women's Hospital
- Hillmorton Hospital
- The Princess Margaret Hospital

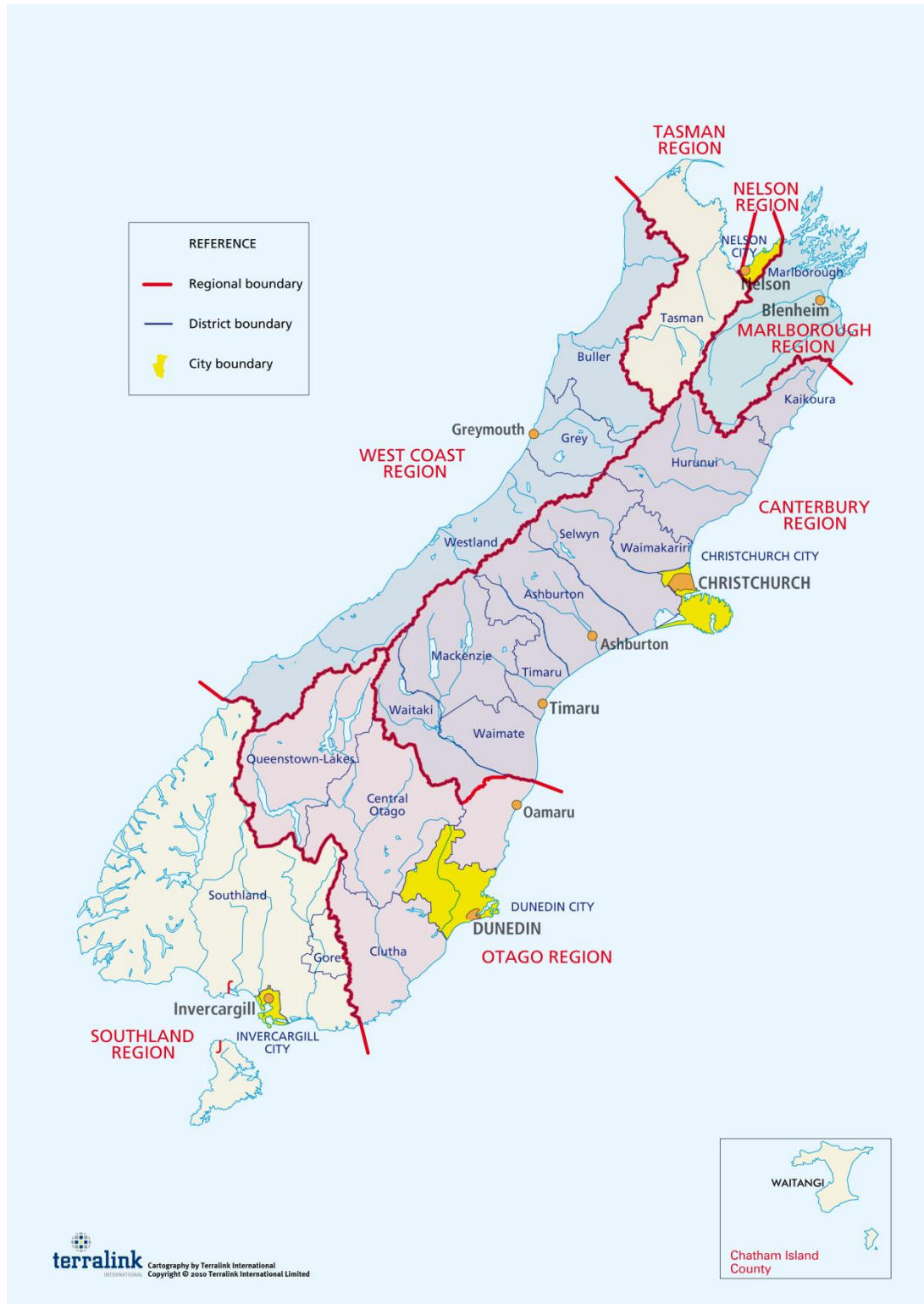
Also:

- Canterbury Radiology
- Clerical Services
- Community and Public Health
- Community Dental Service dental clinics
- Corporate
- Stewart Street facility
- Supply
- Totara House

Also see Canterbury Hospital HealthPathways:

<https://canterbury.hospitalhealthpathways.org.nz/index.htm>.

Appendix E: Territorial Local Authorities in the Canterbury Region



- Ashburton District: 31,041 pop (2013)
- Chatham Island: 650 pop
- Christchurch City District: 341,469 pop

- Hurunui District: 11,529 pop
- Kaikoura District: 3,552 pop
- Mackenzie District: 4,158 pop
- Selwyn District: 44,595 pop
- Timaru District: 43,932 pop
- Waimakariri District: 49,989 pop
- Waimate District: 7,536 pop
- Waitaki District: 20,826 pop

West Coast Region

West Coast (by DHB) population:

- 2013 Census: 32,148

Appendix F: CDEM Hazard Priority Table

High-Priority Hazards	Likelihood	Consequence	Level	CDHB (Health) Risk
Earthquake	Possible	Major/Catastrophic	High/Very High	High-Very High
Tsunami (local or regional source)	Possible	Catastrophic	Very High	High
Human disease pandemic and infectious disease	Likely	Major	Very High	Very High
Flooding (including dam failure)	Likely	Moderate	High	Moderate
Electricity failure	Unlikely	Moderate	Moderate	High
IT failure	Possible	Major	High	High
Disruption to fuel supply	Unlikely Possible	Moderate	Moderate	High
Telecommunications Failure	Unlikely	Moderate	Moderate	Moderate
Offshore marine/port incident	Possible	Moderate	Moderate	Moderate
Drought	Possible	Moderate	Moderate	Moderate
Medium-Priority Hazards	Likelihood	Consequence	Level	CDHB Risk
Animal disease epidemic	Possible	Moderate	Moderate	Low
Biological pests and new organisms	Unlikely	Moderate	Moderate	Low
Fire at the rural/urban interface	Likely	Minor	Moderate	Low
Water supply failure	Possible	Minor	Moderate	High
Wastewater failure	Unlikely	Minor	Low	
Large urban fire	Unlikely	Minor	Low	Low
Heavy snow and ice	Likely	Minor	Moderate	Moderate
High winds	Possible	Minor	Moderate	Low
Electrical storms	Almost certain	Insignificant	Moderate	Very Low
Land instability	Unlikely	Insignificant	Very Low	Very Low
Hail	Possible	Insignificant	Low	Very Low
Volcanic eruption, ash fall or disruption to air travel	Rare	Insignificant	Very Low	Very Low
Low-Priority Hazards	Likelihood	Consequence	Level	CDHB Risk
Hazardous substance	Unlikely	Minor	Low	High
Major road accident	Likely	Minor	Moderate	Very High
Major rail accident	Possible	Minor	Moderate	High
Major air accident	Unlikely	Moderate		High

Appendix G: CDHB Risk Assessment

Canterbury Region Hazards³ and the Consequences for Health Services

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
Earthquake	Possible	<ul style="list-style-type: none"> • Serious injuries and deaths. Increased minor injuries such as broken limbs from falls and collapsed buildings • Patients unable to attend outpatient and surgery appointments • Unable to transport patients to hospital(s) or treatment centres • Staff unable to report to work due to home and/or transport issues • Hospital, health care facilities and pharmacies damaged • Health service capacity would be stretched to deal with large scale event? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Psycho-social issues with those experiencing the earthquake and/or losing family and friends • Medical supplies unable to be distributed to hospitals and pharmacies 	High – Very High
Tsunami (Local or regional)	Possible	<ul style="list-style-type: none"> • May cause injuries • Requires evacuation of areas likely to be affected and this could include GP Practices, Pharmacies, residential care facilities and people receiving home health support • Evacuees likely to leave prescriptions behind • Patients unable to attend outpatient and surgery appointments • Staff unable to report to work due to home and/or transport issues • Psycho-social issues with those whose homes are damaged and/or losing family and friends 	High

³Adapted from *Canterbury Civil Defence and Emergency Management, Group Plan*, adopted June 2014, Page 31.

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
Infectious Disease Pandemic	Likely	<ul style="list-style-type: none"> Wide spread illness that will overload existing health systems; those infected may not be admitted to hospital care due to this overload Staff availability affected by their or their family illness Hospital services overloaded and unable to provide planned and routine treatments and surgery Patients unable to attend outpatient and surgery appointments Medical supplies may be insufficient to meet needs Laboratory and others services unable to cope with work load Psycho-social issues with those infected and/or losing family and friends 	Very High
Water & waste water failure	Likely	<ul style="list-style-type: none"> Hospital services unable to provide planned and routine treatments and surgery Portable supplies of water and toilet facilities would be required raising risk of infection Likely evacuation of dialysis patients to other centres Greater demand for community home care services to monitor patients 	High
Electricity failure	Possible	<ul style="list-style-type: none"> Hospital services unable to provide planned and routine treatments and surgery Likely evacuation of dialysis patients to other centres Greater demand for community home care services to monitor patients Staff required to care for home and family could affect availability 	Moderate – High
IT failure	Possible	<ul style="list-style-type: none"> Patient records unavailable to clinicians providing treatment Increased risk of patient incidents Inability to undertake robust diagnosis 	
Telecommunications failure	Unlikely	<ul style="list-style-type: none"> Hospital and home care services unable to communicate with patients 	Moderate

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
		<ul style="list-style-type: none"> Internal communications disruption with extra staff resources required to link as runners with services Patients unable to be advised of outpatient and surgery appointments Overload of visitors to hospital(s) to check on friends and family 	
Drought	Possible	<ul style="list-style-type: none"> Risk of suicide(s) and psycho-social issues in affected communities Likely to overwhelm existing support systems 	Moderate
Extreme Weather Event (e.g. electrical storm, wind, hail, heavy snow and ice)	Likely	<ul style="list-style-type: none"> Risk of increased infection with those suffering respiratory conditions Patients unable to attend outpatient and surgery appointments Increased injuries such as broken limbs from falls in the conditions Psycho-social issues if property damaged Unable to transport patients to hospital(s) or treatment centres Staff unable to report to work due to home and/or transport issues Medical supplies unable to be distributed to hospitals and pharmacies 	Moderate
Major road accident	Likely	<ul style="list-style-type: none"> Risk of major injuries and death Bus accidents likely to occur in isolated locations presenting casualty transport difficulties Health service capacity would be stretched to deal with large scale event? Hospital services overloaded and unable to provide planned and routine treatments and surgery Language and translation difficulties 	High
Major rail accident	Possible	<ul style="list-style-type: none"> Risk of major injuries and death Likely to occur in isolated locations presenting casualty transport difficulties Health service capacity would be stretched to deal with large scale event? 	High

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
		<ul style="list-style-type: none"> Hospital services overloaded and unable to provide planned and routine treatments and surgery Language and translation difficulties 	
Major air accident	Unlikely	<ul style="list-style-type: none"> Risk of death and injury – crew and passengers, staff and passengers at airport, individuals/communities on ground Health service capacity would be stretched to deal with large scale event? Hospital services overloaded and unable to provide planned and routine treatments and surgery Transport of patients to other centres by air compromised Psycho-social support needed for survivors, bystanders and families Language and translation difficulties 	High
Industrial Action	Possible	<ul style="list-style-type: none"> Insufficient staff for full hospital and health services Hospital services overloaded and unable to provide planned and routine treatments and surgery as well as out- patient appointments 	High
Hazardous Substance	Unlikely	<ul style="list-style-type: none"> Moderate risk of injury from moderately contained leak or spill of toxic gas or hazardous substance affecting people nearby and/or fire rescue staff 	High
Animal Disease Epidemic	Possible	<ul style="list-style-type: none"> Little risk to human health as such Risk of suicide(s) and psycho-social issues in affected communities Likely to overwhelm existing support systems 	Low

Appendix H: Ministry of Health Alert Codes

All alert phases	
National (Ministry)	Local (DHB)
Coordinates the health and disability sector operational response at the national level	Coordinates and manages the health and disability sector's response in its particular area
Provides information and advice to the Minister	Liaises with other agencies at the local level and within the region
Provides strategic direction on the health and disability sector's response	Provides the region and the Ministry with required information
Liaises with other agencies at the national level	Activates inter-DHB response support and coordination as required
Liaises with international agencies	Coordinates input and use of Health EMIS within health services
Identifies and activates national technical advisory group(s) as required	
Provides clinical and public health advice on control and management, where possible	
Approves/directs distribution of national reserve supplies	
Ensures technical advisory groups analyse critical data	
Provides information to assist with response	
Plans for recovery	
Information (code white) (includes advisories)	
National (Ministry)	Local (DHB)
Issues code white alert through SPOC system	Monitors situation and obtains intelligence reports and advice from the Ministry
Monitors situation and continues surveillance	Advises all relevant staff, services and service providers of the event and developing intelligence
May activate a national incident on Health EMIS	Liaises with the Ministry regarding media statements
Advises DHB chief executives, DHB single points of contact and all public health unit managers of the emerging situation and potential developments	Reviews local and regional health emergency plans
Provides media with public information and advice, as necessary	Prepares to activate emergency plans
Liaises with other government agencies at the national level as necessary	Liaises with other emergency management agencies within the region
Liaises with international agencies as necessary	

Standby (code yellow)	
National (Ministry)	Local (DHB)
Issues code yellow alert	Prepares to activate DHB emergency operations centre
Identifies and appoints national incident management team	Identifies need for and appoints DHB incident management team
May activate a national incident on Health EMIS	Prepares to activate regional coordination
Assesses whether activation of the National Health Coordination Centre is required, and activates if necessary	Advises and prepares all staff, services and service providers
Determines and communicates strategic actions for response to the incident	Manages liaison with local agencies
Identifies and activates national technical advisory group(s) as required	Monitors local situation and liaises with the Ministry
Advises the health and disability sector of the situation via the SPOC system	Prepares to activate CBACs and tele-triage as necessary
Manages liaison and communications with other government agencies	Note: In certain types of emergencies (such as a pandemic), public health units may fully deploy while clinical services remain on standby to provide assistance to public health units if required and to mount a clinical response.
Manages liaison with international agencies	
Activation (code red)	
National (Ministry)	Local (DHB)
Issues code red alert; thereafter communicates via Health EMIS and the four regional emergency management advisors	Activates DHB emergency operations centre
Activates a national incident on Health EMIS	Activates DHB incident management team
Coordinates the health response at the national level, as required	Manages DHB primary, secondary and public health service response
Activates the National Health Coordination Centre, as required	Liaises with other agencies at a district level
Monitors the situation, revises and communicates strategic actions for response, as required	Activates CBACs and tele-triage as necessary
Approves/directs distribution of national reserve supplies when required	Provides inter-DHB coordination with DHB/ community health intelligence
Considers strategic recovery issues	Activates inter-DHB response support and coordination as required
Provides clinical and public health advice on control and management, where possible	Notifies health providers of change of alert level
Carries out national public information management activities	Appoints a recovery manager
Manages liaison with other government agencies	
Manages liaison with international agencies	
Implements recovery planning	

Stand-down (code green)

National (Ministry)

Issues code green alert
Advises other government and international agencies of stand-down
Advises media and public
Stands down Ministry incident management team
Stands down the National Health Coordination Centre
Focuses activities on national recovery issues for the health and disability sector
Implements recovery plan in conjunction with other agencies
Supplies national public information on recovery
Manages national debrief and evaluation of events
Reviews plans

Local (DHB)

Stands down DHB emergency operations centre
Stands down DHB incident management team
Focuses activities on health recovery issues in the DHB region
Stands down inter-DHB coordination if appropriate
Facilitates debriefs
Provides Ministry with information following debriefs
Updates plans

Appendix I: Guidelines for CDHB Facilities' and Services' Emergency Plans and Business Continuity Plans

Guideline for Creating an Emergency Plan

Executive Summary

Including authorised by

Table of Contents

Context

Purpose

Objectives

Define roles and responsibilities

Legislative Powers (e.g. Medical Officers of Health)

Services Provided (e.g., Emergency Department, counselling, birthing, etc.)

Region or local geographical responsibilities (if different from CDHB)

Relationships with

Links to other CDHB Plans

Hazard Risk Analysis

Hazards and the risks likely that could affect functions

Risk Reduction

Risk reduction strategies

Business continuity plans

Readiness

Planning, training, exercising and testing

Capacity and capability assessment

Surge capacity planning

Evacuation planning

Alternative locations for functions

Relationship building with internal and external functions/organisations likely to be needed for support – including Maori

Response

Response Management Structure

Emergency Operations Centre (EOC) Location with alternatives

Operations Manual with position descriptions for those filling EOC roles

Activation Procedures

Communication Cascade

Information management and reporting

Recovery

Recovery Arrangements

[Link to CDHB recovery plan](#)

Monitoring and Evaluation

Reporting to CDHB HEGG

Debriefing exercises and emergencies

Staff Wellbeing and Welfare

Glossary

Acronyms and terminology

Appendices

Supporting documents

[Links to other plans](#)

Guideline for Creating a Business Continuity Plan

Planning for business continuity enables units/departments/divisions to understand what needs to be put in place to help them deliver critical functions and objectives.

Each unit must consider:

- What are the unit's objectives/key performance indicators?
- What could prevent the unit from delivering on those objectives? What are the barriers and risks?
- How will the unit continue to achieve its objectives in the event of an interruption?

The BCP should cover three stages:

1. Assessing risks
2. Analysing the impact of an adverse event
3. Documenting the necessary tasks and roles (in order of priority) which will enable to business to recover from the adverse event.

Sample format:

Cover page: name of organisation/unit, author, approval, date, document control information

Table of Contents

Recovery Plan

Roles and responsibilities of key staff who will need to perform functions and make decisions during the recovery stage to BAU

Identify how the service will respond to a business interruption

Technical Recovery Plan

Identify technical or specialist business functions, such as ISG, Payroll, Finance

Document contingency plans

Document recovery plans

Identify alternate recovery plans

Supporting documentation

Document a list of procedures and processes

Ensure relevant documentation to support the BCP is safely stored

Link to the HEP, ECC and/or EOC Emergency Management Plan, as appropriate

Contact information

Detail a list of the unit's employees, contractors and suppliers

Identify key staff required to populate the recovery team and those who will be charged with making decisions during the recovery phase. This will include appropriate delegations

Identify the roles and responsibilities of the recovery team

Record the key resources, infrastructure, tasks and responsibilities required to support the critical business functions in the event of a disruption