



PANDEMIC
Hazard Plan 2
a sub-plan to the
Hawke's Bay CDEM Group PLAN

1.1 Hawke's Bay CDEM Group SOP Distribution List

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1	Eileen von Dadelszen	Chairman CDEM Group	Hawke's Bay Regional Council
2	Mayor Les Probert	CDEM Group	Wairoa District Council
3	Mayor Barbara Arnott	CDEM Group	Napier City Council
4	Mayor Lawrence Yule	CDEM Group	Hastings District Council
5	Mayor Tim Gilbertson	CDEM Group	Central Hawke's Bay District Council
6 & 7	Andrew Caseley	Group Controller	HB CDEM Group (HBRC)
8 & 9	Lindsay Scott	Alternate Group Controller	HB CDEM Group (Work & Income)
10 & 11	Murray Gilbertson	Alternate Group Controller	HB CDEM Group (Hastings District Council)
12	Mike Adye	Incident Controller HBRC	Hawke's Bay Regional Council
13	Alastair Thompson	Local Controller Napier	Napier City Council
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15	John Freeman	Local Controller Central Hawkes Bay	Central Hawke's Bay District Council
16	Peter Freeman	Local Controller Wairoa	Wairoa District Council
17	Trevor Brown	Agency Copy Fire	Eastern Fire Region (& HSTLC)
18	Waata Shepherd	Agency Copy Police	Police Eastern District (& ESCC)
19	Chris Clarke	Agency Copy Health	HB District Health Board
20	Dr Caroline McElnay	Agency Copy Public Health	HB District Health Board – Public Health
21	Sandra Bee	Agency EOC Copy	HB District Health Board
22	Grant Pennycook	Agency Copy Ambulance	St John Ambulance
23	Lindsay Scott	Agency Copy Work & Income	Work & Income
24	Director	Agency Copy MCDEM	Ministry of CDEM
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32	Paul Drury	Group EOC Planning Manager	HB CDEM Group (HBRC)
33	Colin McLellan	Group EOC Liaison Manager	HB CDEM Group (HBRC)
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35	Noel Evans	Lifelines Co-ordinator	Opus International
-		Lifeline Advisory Group Leaders	E-mail version only
36	Annie Aranui	Chair Welfare Advisory Group	Work & Income
-		WAG Member Lead Agencies	E-mail version only
37	Secretary	Eastern Region Rural Fire Copy	HB Rural Fire Committee
38	Clive Squire	Recovery Manager	HB CDEM Group
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41	Group Co-ordinator	GEOC Copy	HB CDEM Group (HBRC)
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43	SEMO – HDC	GEOC Copy	HB CDEM Group (Hastings District Council)
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45	Mike Adye	Chairman CEG	HB CDEM Group (HBRC)
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47	Librarian	Library	Hawke's Bay Regional Council



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1.3 Approval and Distribution

The Hawke's Bay Civil Defence Emergency Management Group (CDEM Group) has approved this plan on Monday 20 November 2007 and it becomes operational once distributed.

Through the HB CDEM Co-ordinating Executive Group this plan has been adopted by the organisations below.

Official copies of this procedure are distributed by email to the position holders of the organisations listed below who are responsible for the internal distribution and maintenance of additional copies held by their organisation (see SOP distribution list) and training of staff for their compliance.

Central Hawke's Bay District Council - Emergency Management & Bylaws Officer
 Department of Work and Income East Coast Region - Regional Commissioner
 Eastern Regional Rural Fire Committee - Secretary
 Hastings District Council - Senior Emergency Management Officer
 Hawke's Bay District Health Board - Emergency Response Advisor
 Hawkes Bay Regional Council – Emergency Management Co-ordinator
 Napier City Council - Civil Defence Manager
 NZ Police Eastern District – District Superintendent
 NZ Fire Service Eastern Fire Region - Fire Region Commander
 St John Ambulance - Central Region - Regional Ambulance Operations Manager
 Wairoa District Council - Emergency Management Officer
 Ministry of Civil Defence & Emergency Management – Emergency Management Advisor [HB]
 Civil Defence Emergency Management Group – Group Co-ordinator

1.4 Version information and update record

Section number	Title	
1.1	Hawke's Bay CDEM Group SOP Distribution List	V 1.0 (September 2006)
1.2	Table of Contents	V 1.0 (September 2006)
1.3	Approval and Distribution	V 1.0 (September 2006)
1.4	Version information and update record	V 1.0 (September 2006)
2	INTRODUCTION	V 1.0 (September 2006)
3	RESPONSIBILITIES	V 1.0 (September 2006)
4	REDUCTION	V 1.0 (September 2006)
5	READINESS	V 1.0 (September 2006)
6	RESPONSE	V 1.0 (September 2006)
7	RECOVERY	V 1.0 (September 2006)
Annex i	"EXPECTATIONS" AND "RESPONSIBILITY MATRIX"	V 1.0 (September 2006)



PANDEMIC PLAN

2. Introduction

This Plan addresses community and Civil Defence Emergency Management (CDEM) response in the Hawke's Bay region to an avian influenza threat or outbreak, or other notified disease that could cause a pandemic.

This Plan has been prepared for the Hawke's Bay CDEM Group to provide clarity around leadership, representation, coordination and agency roles and responsibilities and confirms the context for co-ordination and control in support of Health agencies in response to any threatened or actual outbreak of pandemic influenza.

It is emphasised that in the context of the potentially prolonged timeframes associated with pandemic and potential triggers, the response phase covers a range of progressive activities that extend beyond those usually associated with an emergency. Due to this context there are issues related to organisations responsibilities and ability to sustain resources and service deliveries.

This Plan outlines a series of actions to be undertaken during the readiness phase of an increased risk associated with any suspected outbreak and those actions to be carried out during the recovery phase.

This Plan has been endorsed by the Hawke's Bay CDEM Coordinating Executive Group (CEG) and has been prepared in consultation with the District Pandemic Committee (a committee facilitated by the District Health Board). The latest version of the Plan can be obtained from the CDEM Group Office.

The current situation regarding pandemic is very "fluid" and this Plan will require amendment from time to time to ensure its currency and relevance.

This Plan is a Hazard Plan prepared as a supporting document or sub-plan of the Hawke's Bay CDEM Group Plan and designed to support a Health led event.

This plan should be read in conjunction with the:

- HB CDEM Group Plan
- Planning documents prepared by the Hawke's Bay District Health Board and District Pandemic Committee
- New Zealand Influenza Pandemic Action Plan

2.1 Purpose

This Plan has been prepared in support of a Health lead response with the following purposes:

- To provide clarity in respect of coordination and control during an event.
- To define the roles and responsibilities of response agencies.
- To reduce the impact on affected communities.
- To provide assurance to the community that the CDEM Group is facilitating preparedness to respond to any outbreak and has the capability to manage such an event when it occurs

2.2 Objectives and Purpose

The objectives of the co-ordination arrangements outlined in this Plan are to:

- Minimise the impacts of a pandemic threat or outbreak, on the Hawke's Bay community
- Facilitate the effort of health providers (agencies) in conjunction with the Ministry of Health (MoH) and the Ministry of Civil Defence and Emergency Management (MCDEM) to maintain essential health services during a pandemic, with risk of spread and large-scale illness or deaths minimised.
- Effectively manage in conjunction with HBDHB a response in Hawke's Bay to a pandemic event when one occurs in New Zealand.

This Plan is an operational plan to:

- Identify key personnel and ensure that they are able to quickly make contact and meet,
- Identifies the key strategic, planning and operational issues that will need to be considered leading up to and during a pandemic
- Clarifies how the regional situation and decisions will be communicated,
- Outline how the Hawke's Bay CDEM Group undertake it's role during a Health lead emergency.

The purpose of the arrangements in this Plan is achieving confidence across the CDEM and Health sectors through clearly defined regional leadership, and coordination of response and recovery activities in Hawke's Bay.

2.3 Planning process

This Plan has been prepared under the umbrella of the Hawke's Bay CDEM Group Plan and in accordance with the New Zealand Local Authority and CDEM Group Pandemic Planning Guide dated March 2006.

The CEG recognises that the planning process for any response will, of necessity be flexible because the exact form and spread of a pandemic cannot be accurately predicted. The HBDHB has undertaken to monitor the international and domestic situation regarding pandemic and work with the District Pandemic Committee to ensure that planning is up-to-date and on going to match the current situation and threat posed.

The District Pandemic Committee consists of:

<u>Group/Organisation</u>	<u>Individual</u>
NZ Police	Michael O'Leary
Ambulance Service	Stephen Smith
Primary Care	Sanja Majstorovic
Welfare Manager	Annie Aranui
Community Pharmacies	Robert Duncan
HB CDEM Group	Nigel Simpson
Hawkes Bay District Health Board	Ray Lind
Hawkes Bay District Health Board	Sandra Bee
Hawkes Bay District Health Board	Barbara McPherson
Medical Officer of Health	Dr Caroline McElnay
Medical Officer of Health	Dr Lester Calder
Hawkes Bay District Health Board	Karalyn van Deursen
Healthcare Services	Dr Ross Freebairn
Healthcare Services	Ken Foote
Healthcare Services	Christine Bent
Maori Health Providers	Maurice Belz
Non Government Organisations	Ashton Kirk
Hawkes Bay District Health Board	Tracy Fricker

Note: The Individuals identified above may change

2.4 General Principles

The key principles defining the role of CDEM Group agencies during an event is set out in a letter from the Department of Prime Minister and Cabinet to Local Government New Zealand dated 23 December 2005. The relevant extract is as follows:

“In practice Government expects that the Health Coordinator, the local Medical Officer of Health and the CDEM Controller will “sit around the same table” with the following accountabilities:

- *Health Coordinator* – accountability for the regional pandemic response and for command and control necessary to deliver health response measures under the Pandemic Action Plan;
- *Medical Officer of Health* – statutory powers and accountability for such to the Ministry of Health;
- *CDEM Controller* – accountability to coordinate and direct community and civil defence emergency management responses, resources and functions under Civil Defence Emergency Management Plans.

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

An overriding consideration in managing pandemic is to use established organisational structures and accountabilities.”

This Plan outlines the functions and coordination being undertaken at a CDEM Group level. Each Local Authority and agency involved in preparing for and responding to any outbreak is responsible for preparing their own agency plan.

The Plans prepared by these agencies and this Plan supports the Pandemic Response Plans prepared by the Hawke’s Bay District Health Board.

2.5 National Arrangements

Should pandemic outbreak occur in New Zealand, it would be co-ordinated by a whole of government approach with the Ministry of Health (MoH) as the lead agency. A state of national emergency may be declared under the CDEM Act 2002 to support the MoH as the overall lead agency.

Government is proposing new legislation called the Law Reform (Epidemic Preparedness) Bill, which will provide special powers to Medical Officers of Health, with the powers under the Act activated by decision of the Prime Minister.

The Health sector is responsible for implementing the New Zealand Pandemic Action Plan, CDEM Act powers and functions are available to provide support to help manage community impacts.

A CDEM Support Cluster (led by MCDEM) will advise and support MoH and the Domestic and External Security Committee (DESC) at a national level, and will liaise with regional CDEM Groups.

2.6 Operational Structures and Relationships

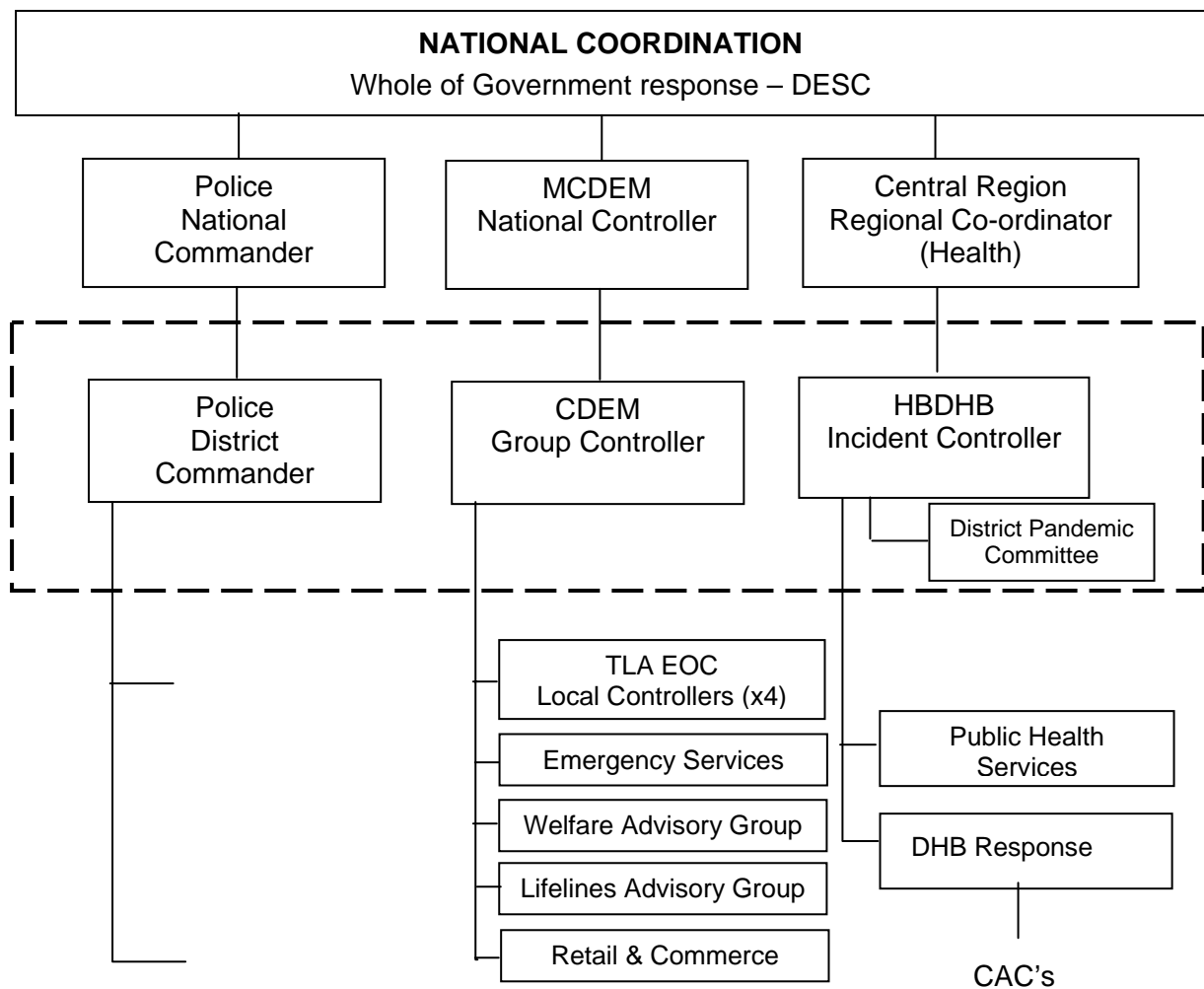


Figure 1. A general outline of Plan relationships and operational structures

3. RESPONSIBILITIES

3.1 District Health Boards

- Provide planning, leadership and strategic advice in preparing for and responding to a pandemic threat or outbreak.
- Provide one point of contact for all Health planners within the CDEMG area.
- Provide liaison with the Ministry of Health.
- Provide ongoing updates to the CDEM Group.
- Communicate with the public pandemic information, and advice on preparing for a pandemic and reducing the risk posed.

3.2 Health Response Co-ordinator

- Provide leadership in responding to a pandemic threat as an event.
- Communicates directly with appropriate response agencies.
- Plays a lead role in training and exercising within the CDEM Group area prior to any event.
- Ensure understanding developed prior to a pandemic threat or event with CDEM Group Controllers regarding liaison and responsibilities during a response.

3.3 CDEMG Group Controller

- Prioritise, direct and coordinate the communities resources other than those specific to the HBDHB, and response to the event.
- Facilitate wider communication with agencies not directly engaged by the Health Response Co-ordinator.
- Provides logistical support to the Response Health Coordinator.

To assist in ensuring each agency is aware of the “expectations” of them and their roles during an event, a “responsibility matrix” is attached as Annex i.

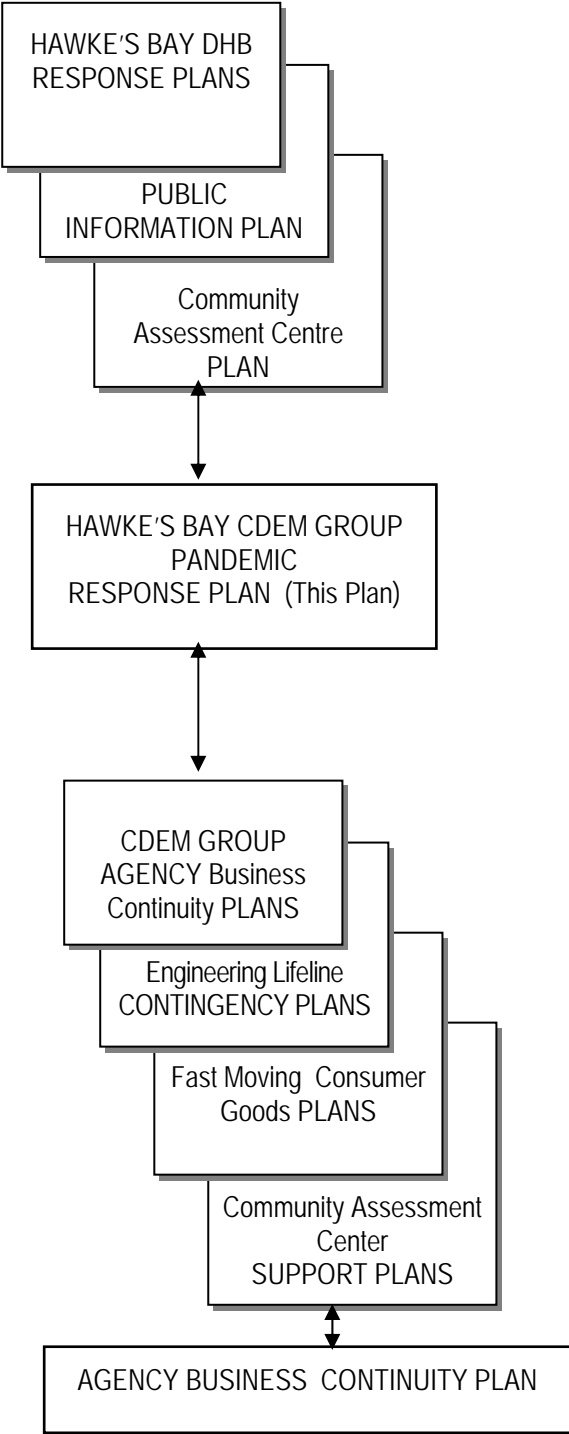


Figure 2. Hawke's Bay CDEM Group Plan Relationship

4 . REDUCTION

To commence planning for any potential pandemic outbreak it is first important to understand the risk and attempt, where possible, to reduce its impact.

To assist in understanding the level of risk posed and to ensure that all CDEM Group agencies are planning from a common basis a number of assumptions need to be agreed to and used by agencies when preparing their organisations plans.

4.1 Assumptions

These assumptions are based on technical and specialist information that is currently available and have been supplied by the Health sector. It must be noted that these assumptions are for planning purposes only and are not predictions of the likely impact.

- 15% of an organisation's workforce will be absent for 8 weeks because of school closures that may require working parents to stay home and look after children.
- 40% of those remaining at work will become ill at some time during the 8 weeks of the pandemic wave.
- The workplace attack wave follows a pattern similar to that expected in the general population.
- Every person who becomes ill has 7 shifts off work
- For every person in the remaining workforce who gets ill, another does not come to work because of the need to look after a spouse or children, or a disinclination to travel or work.
- The additional absences follow the workplace attack pattern.
- 2% of workers who become ill will die.

Individual organisations and employers must consider their workforces and their particular circumstances. However, in general, organisations should make contingency plans to operate for the pandemic period with at most 85% of their normal staff available, and between 50% and 65% available for the peak three weeks of the pandemic.

4.2 Reduction Measures

All CDEM Group members should incorporate pandemic considerations in to their Business Continuity Plan (BCP). As part of a BCP organisations must identify the core people and skills to keep the essential parts of their "business" operating. A functional BCP plays a vital role in ensuring a level of capability remains within an organisation during the aftermath of any adverse event. Information on preparing BCPs can be provided by the CDEM Group to key lifeline utility owners, welfare providers and local authorities and a number of websites provide guidance and facts.

Each BCP should outline the key steps to be taken by their organisation's incident controller during any pandemic outbreak. Part of these plans should include reduction measures to be taken in the workplace and should also include steps to be taken to lower the risk of illness among staff and visitors. A number of personal

reduction measures are available for staff and these can be accessed from the Ministry of Health website (www.moh.govt.nz).

Plans should identify the core skills required to keep essential business running and assess whether there are sufficient back ups for people and skills if there is a high level of absence.

The BCP should identify the core people required to manage the response to pandemic. Once these staff have been identified consideration should be given to minimising the possibility that they become ill.

Key personnel required to manage the response to a pandemic under the CDEM Group Plan are:

- The Group Controllers
- The Group Recovery Managers
- Group EOC Team Leaders
- Local Controllers, and
- Key Local EOC staff
- One elected member with the authority to make a declaration
- Senior representatives of emergency services agencies and utility network organisations with the delegated authority to make decisions and advise the Group Controllers on behalf of their organisation.

4.3 Community Risk

Residents of Hawkes Bay are at risk from pandemic our current population is:

District	Total Pop.	<15		>65	
Central Hawke's Bay	12,800	3,111	24.30%	1,549	12.10%
Hastings	67,400	17,120	25.40%	8,425	12.50%
Napier	53,700	11,976	22.30%	8,162	15.20%
Wairoa	8,900	2,493	28.00%	1,023	11.50%
TOTAL Hawke's Bay	142,800	34,700	24.30%	19,159	13.42%

Note: The figures in the table above are from the 2001 Census and are for normally resident population. Hawke's Bay is the fourth-most urbanised region in New Zealand with 86.6 percent of people living in an urban area.

Obviously the key focus for the CDEM Group is that of community response and recovery. Projections of pandemic impact on the Hawke's Bay community is currently assessed as being:

	Total Pop.	Consultations	Hospitalisations	Deaths
Central Hawke's Bay	12,800	1,678	36	8
Hastings	67,400	12,691	271	63
Napier	53,700	10,100	215	51
Wairoa	8,900	2,415	51	12
TOTAL Hawke's Bay	142,800	26,874	573	134

As well as the personal impact on the community there are also a number of key aspects of “community continuity” that must be catered for; these include but are not limited to lifeline utilities, emergency services, fast moving consumer goods (FMCG’s) retail & commerce, social and welfare services, medical & health and community agencies.

A number of clusters are required for all hazards comprehensive emergency management. Some have been established to advance the CDEM Groups Vision whilst others are yet to be confirmed:

- **Medical & Health.** The District Pandemic Committee will ensure that adequate communication is maintained amongst medical and Health providers to prepare for, where possible, continuity of services or establishment of special facilities as set out in the HBDHB plans.
- **Lifeline utilities.** The Lifelines Advisory Group will ensure that adequate communications are maintained amongst lifelines agencies to prepare for, where possible, continuity of services such as power, telephone, gas etc. Reference to the Lifelines report “Facing the Risks” should be made when assessing the risk posed.
- **Emergency Services.** The Emergency Services Co-ordinating Committee will ensure communications are maintained amongst Emergency Service agencies and ensure continuity of services.
- **Fast moving Consumer Goods (FMCG’s) retail & commerce.** The CDEM Group will facilitate community continuity which includes maintaining the existing operation of supermarkets, banking, retail fuel sales and pharmacies, as the failure of these services may place excessive demands and expectations on resources, networks and personnel and lead to a breakdown of society.
- **Social and welfare services.** The Welfare Advisory Group will ensure that communication and liaison is maintained amongst welfare agencies to prepare for, where possible, continuity of their normal services and , where possible, some or all welfare functions as defined in the HB CDEM Group Welfare Plan should the need for delivery of any of these functions be confirmed and requested by the Group Controller.
- **Community agencies.** This includes agencies such as educational facilities (that may be closed during events). Liaison will be established with such agencies as required.

Initially there is considerable work associated with confirming and establishing the appropriate contacts and networks to form the cluster arrangements needed for successful CDEM whole of community readiness. Once established these clusters require further resources to ensure appropriate maintenance and mentoring.

Economic impact on a regions, even those not directly affected by an event, cannot be underestimated therefore this planning process is designed to add to our communities resilience.

4.4 Changes in Risk Level

As indicated in the introduction to this Plan, it is acknowledged that the pandemic status is liable to change very quickly. The HBDHB will continue to monitor the status in regard to pandemic risk and will ensure updates are given to all member agencies whenever there is a significant change or increased risk.

Once the alert level rises to yellow Pandemic Planning will be included as a “standing item” on CEG and CDEM Group agendas against which the HBDHB will report. Throughout this period consideration may be given to activating the HB CDEM Group SOP 2 Adverse Events Procedure to ensure appropriate integrated response.

4.5 Reduction – Key Tasks

All CDEM Group member agencies need to prepare the following Plans:

1. An agency specific Business Continuity Plan which contains a Pandemic component including reference to the following:
 - i Reduction measures for staff, including social distancing and supporting HR functions and policies to manage in the spread of infection.
 - ii Personal Protective Equipment supplies, training and use.
 - iii Specific preparedness relevant to that agency.
 - iv An outline of the actions to be taken to address those areas of support agreed to with the DHB (as outlined in Annex A).
 - v Any training or exercises required (including the use of PPE).
2. If requested by the District Health Board Territorial Local Authorities will also prepare plans outlining:
 - i Their response capability in support of the establishment of Community Assessment Centres.
3. If requested by the HB CDEM Group Territorial Local Authorities will also prepare plans outlining:
 - I Their response capability in support of Local plans for the Fast Moving Consumable Goods sector (once functions and roles are clarified).

5. READINESS

Each organisation has the responsibility to undertake Pandemic Planning to provide clarity to employees and customers. To assist this process a number of websites provide guidance. Sites of particular interest are:

- Ministry of Health
 - <http://www.moh.govt.nz/pandemicinfluenza>
- Ministry of Economic Development
 - http://www.med.govt.nz/templates/ContentTopicSummary_14451.aspx
- New Zealand Government online
 - <http://www.govt.nz/record?tid=1&treeid=805&recordid=28127>

Central to being ready to cope with a pandemic outbreak is the planning process itself and clarity around agency roles. This Plan has been prepared in collaboration with a number of key agencies that will be involved in managing and responding to any outbreak.

The primary document that outlines the response to an outbreak is the Pandemic Plans prepared by Hawke's Bay District Health Board.

5.1 Functions

Bearing in mind that the CDEM Group is merely a "structure" for existing emergency services, local authorities and other agencies to work collaboratively together there are several key functions that the CDEM Group will perform in support of a Health lead response to pandemic.

5.1.1 Emergency Management Coordination / Emergency Operations Centres (EOC)

Each Local Authority in the region has trained staff and facilities available to manage and coordinate a multi agency response to emergency events.

It is proposed that a single EOC be established combining the resources of the CDEM Group EOC and DHB EOC to maximise the ability to resource the necessary staffing.

5.1.2 Public Education / Media Management

During the readiness phase of any pandemic response care must be taken to ensure that consistent and accurate information is supplied to the community. To ensure this consistency, Health agencies are best equipped to make any comment, on behalf of the CDEM Group, in respect of the threat posed and the risk of pandemic influenza.

Individual agencies may make public comment on their agencies state of preparedness and, about the CDEMG preparedness, commenting in such a manner that reinforces to the public the key messages of preparedness and the collaborative nature of the planning currently underway. The HBHDB are preparing a communication plan which will provide the basis for specific information that needs to be relayed to the Hawke's Bay community.

It is anticipated that, in the readiness phase of any event, the majority of comment to the public will be from Health sources.

Considerable public interest has been generated in the pandemic threat. Both the level of threat and the risk posed to the public must be managed carefully without generating complacency or hysteria.

Both the Ministry of Health and MCDEM are currently planning public education programmes. Until these programmes are released the CDEM Group advice will centre on the core messages as follows:

- An outbreak is not imminent but people must be prepared.
- People should seek advice from health professionals about precautions they can take (including the MoH website).
- Workplaces and households should increase their preparedness and resilience (storage of food, water, medication etc).
- Emergency management agencies will maintain the capability to manage their core functions throughout a pandemic event.

During an event public information releases will be made via a single EOC and will be made in consultation between the Health Co-ordinator, Medical Officer of Health and the Group Controller with all CEG member organisations informed.

5.1.3 Community Assessment Centres

Part of the Health response planning currently underway is to focus on the use of Community Assessment Centres (CAC). These centres will be established during any outbreak to carry out an initial assessment of people that are potentially infected. Health Planners indicate that they will be seeking local authority logistical support to establish them when they are required.

Local Authorities requested to assist may assess its capability to do so and advise whether or not it is able to provide such assistance.

5.1.4 Community Continuity

Aside from the provision of key utilities such as water and sewage, planning must also be carried out by Local Authorities in respect of rubbish collection and burials and foodstuff distribution.

Essentially, community Continuity is defined as:

- Local government carrying out its core roles (as mentioned above)
- Local government in their leadership role of Emergency Management
- Working with the retail sector to ensure continuity of FMCG supplies

The extent of involvement in the area of food supplies is, as yet unclear, but it is anticipated that, as a minimum, some liaison and collaborative planning will be required at a local level to ensure the provision of food is carried out should communities be isolated and usual supply routes be affected.

5.1.5 Emergency Powers under the Civil Defence and Emergency Management Act 2002

It is anticipated that current and proposed Health legislation would provide a good basis for response to managing a pandemic. However, the CDEM Group "structure" brings with it the ability to declare a State of Emergency. While any declaration could be made during a response to an event, some consideration should be given as part of the planning process to what would trigger a declaration of a state of emergency.

5.1.6 Work stream liaison

At a central government level 13 work streams have undertaken planning for pandemic response. The Hawke's Bay CDEM Group does not propose to reflect all of those workstreams at a Group level but liaison with the key agencies involved in these workstreams should be considered where required.

5.1.7 Coordinated planning and training

Central to the effective and efficient response to any event is the coordinated nature of planning and training undertaken.

As part of the readiness phase all agencies must give consideration to the identification of key response personnel and their training needs. Any training needs are to be communicated to the District Health Board.

The District Pandemic Committee are preparing a training plan with appropriate modules and will identify and confirm the training needs of sectors within the Hawke's Bay community. The training modules are designed to be self-teaching but the District Health Board will provide assistance where possible.

6. RESPONSE

6.1 Activation

As indicated in the matrix, attached as Annex i, once the Health alert status moves from White to Yellow (or Red) a meeting of the CDEM Group and District Pandemic Committee is to be convened by the Health Board.

On any change of status the Health Incident Controller is to advise the Group Duty Manager (HB Regional Council Duty Manager) on 835 9200. The Duty Manager will use the HB CDEM Group Warning Procedure to notify all CEG member organisations and CDEM Group Controllers.

Changes in alert codes are to be conveyed to:

- Welfare Advisory Group members
- Lifelines Advisory Group members
- Recovery Advisory Group members
- CDEM Group Joint Committee members
- Other stakeholders as directed by the CEG

Regular meetings will be held at intervals agreed by the District Pandemic Committee and the CDEM Group and attendance will be expanded to include leaders of CDEM Group Sub Committees, Advisory Groups and Clusters.

The purpose of these meetings is to achieve the core function of the CDEM Group “co-ordination”:

1. Provide support to implement the requirements of Health as the lead agency.
2. Provide each member agency with accurate up to date information and advice to maximise their ability to manage their response.
3. Coordinate and manage the community response
 - Review the regional situation and make strategic decisions,
 - Receive reports from identified agencies on their situation, actions implemented and questions,
 - Analyse information received,
 - Anticipating community impacts and resource issues,
 - Preparing communication to respective stakeholder groups.
 - Reporting of the situation and decisions:
 - To brief a progressively wider audience, along with anticipated developments and any key decisions,
 - Keeping CDEM Group Partners informed about national developments (including government decisions),
 - Keeping government informed about regional developments (including regular status reports),
 - Conveying national level advice and recommendations (e.g. in relation to the exercising of CDEM powers and functions where applicable).

6.2 Lead Agency

As agreed, the Lead Agency for any human pandemic will be Health authorities with other CDEM Group agencies providing support.

6.3 Trigger Points

The District Pandemic Committee have agreed a set of trigger points to be applied in Hawke's Bay. The Hawke's Bay trigger points are consistent with the trigger points and scenarios set out in the New Zealand Influenza Pandemic Action Plan.

6.4 Emergency Declaration

A declaration of a State of Emergency under the provisions of the Emergency Management Act 2002 made at any time during a pandemic, with any such declaration, being in support of a Health lead event. Extensive consultation will take place during the decision-making process and will also include advising MCDEM and ultimately ODESC of central government.

Some key response functions are detailed in the attached matrix. This outlines key tasks to be completed during a pandemic event. Tasks not included in the matrix will be as agreed to by the Local / Group Controller and Health managers and will be as outlined in the CDEM Group Plan.

All response actions by agencies in support of Health authorities will be as outlined in the Hawke's Bay CDEM Group Plan.

6.4 Operational Structure

The operational response structure is set out in the introduction section of this plan, see section 2.6 Operational Structure and Responsibilities.

The HBDHB Incident Controller, CDEM Group Controller and District Police Commander share responsibility for Strategic management, priority setting and resource allocation within Hawke's Bay during a pandemic event.

Local CDEM Controllers and Agency/Organisation Incident Controllers are responsible for achieving the strategic objectives and working within the priorities set by the HBDHB Incident Controller and CDEM Group Controller and retain operational management and control of their resources during a pandemic event.

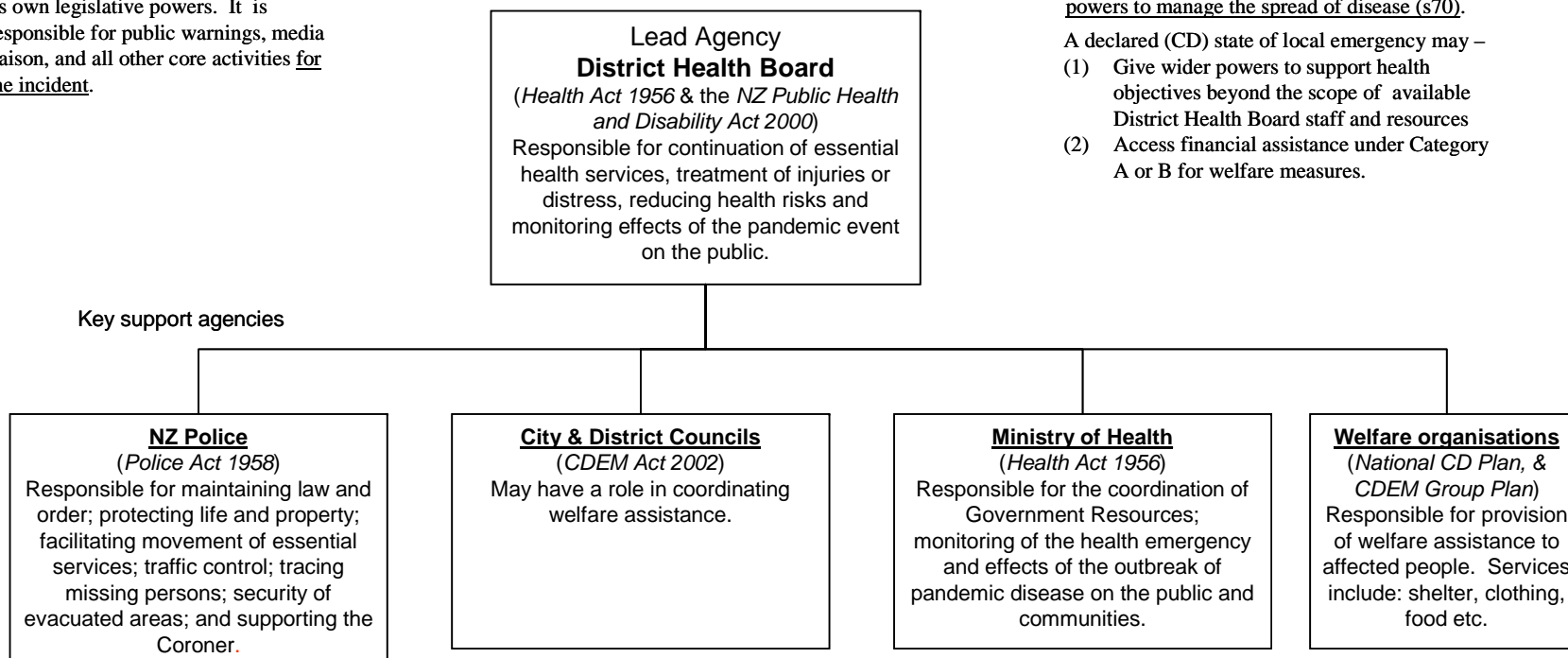
Section “2.6 Operational Structures and Relationships” of this plan sets out schematically the modified operational structure that will be applied during a pandemic. The HB CDEM Group Plan (8.6) sets out the responsibilities of the lead agency and the role and relationship with of the CDEM Group Controller.

Human pandemic

No declaration means “business as usual”
 In which case the Lead Agency acts under its own legislative powers. It is responsible for public warnings, media liaison, and all other core activities for the incident.

A human pandemic will be managed under the Health Act. The Medical Officer of Health has emergency powers to manage the spread of disease (s70).

- A declared (CD) state of local emergency may –
- (1) Give wider powers to support health objectives beyond the scope of available District Health Board staff and resources
 - (2) Access financial assistance under Category A or B for welfare measures.



In a declared (CD) event the statutory authority is the CDEM Act and the Group Controller becomes responsible for managing and coordinating the response. The lead agency would still be responsible for the control of the response, subject to the direction of the Group Controller.

7. RECOVERY

The scale of Recovery required after a pandemic outbreak is very much dependant on the scale of the impact of the event on the community.

If the outbreak is for an extended duration and is devastating in its impact on the population, recovery planning may need to cater for the following:

- Welfare and psychological impacts on the community
- Economic effects
- “Demographics” and their impact on community functioning

Due to the uncertain nature of recovery in this context planning has not yet begun on the recovery phase but the Health Coordinator and Group Controller should give early consideration to the appointment of a Recovery Manager for the CDEM Group (which may be dependant on where the main impact is, if localised) and to commence planning for recovery.

ANNEX i “EXPECTATIONS” AND “RESPONSIBILITY MATRIX”

Code	Description	Local Actions	Plans to consider activating		
White (now)	Interpandemic period or human infections overseas, but rare or no human to human spread	DPC to review plans Increased vigilance	Communication plan	<ul style="list-style-type: none"> • DHB liaison with CDEM and other agencies for pandemic planning. • Chair District Pandemic Committee. • Update DHB emergency/pandemic plan including developing Communications Plans at Alert Code White. • Plan for Community Assessment Centres (CAC). • Position CAC equipment. • Conduct exercise of response plans. • Identify DHB staff for Incident Management Team positions. • Identify Incident Management Team training needs and arrange training as required. • Notify clinical and public health staff of case definitions, clinical advice and control measures. • Review plans for rapid immunisation campaign. • Increased vigilance and surveillance especially with ports of entry into New Zealand. • Review plans for managing a pandemic including quarantine planning. 	<p>All agencies</p> <ul style="list-style-type: none"> • Assist DHB in developing joint Communications Plan at Alert Code White. • Conduct ongoing planning for EOC site including communication links. • Interagency cooperation for pandemic planning. • Concurrence on expectations between agencies. • Participate in exercises (lead by DHB). • Complete Business Continuity Plans. <p>CDEM</p> <ul style="list-style-type: none"> • Complete CDEM Pandemic Plan. • Liaison with DHB for planning & participate in District Pandemic Committee. • Assist in exercise of response plans. • Establish clusters that will contribute to CEM & IEM planning. <p>Police</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include pandemic. • Participate in District Pandemic Committee. • Confirm Police involvement for DHB sites including planning urgent response. • Participate in exercise of response plans. <p>Fire Service</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include pandemic. • Provide relevant advice when requested to District Pandemic Committee. • Confirm fire procedures for DHB sites. • Confirm fire requirements and procedures for CAC sites. • Participate in exercise of response plans. <p>St John</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include pandemic. • Support DHB planning & participate in District Pandemic Committee. • Participate in exercise of response plans. <p>TLAs</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include TA functions & pandemic. • Draft plans for contribution to community continuity and logistics. • Provide relevant advice when requested to District Pandemic Committee. • Support DHB planning and participate in exercises of response plans. <p>Lifelines</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include pandemic influenza. • Provide relevant advice when requested to District Pandemic Committee. • Participate in exercise of response plans. <p>Welfare Agencies</p> <ul style="list-style-type: none"> • Update Business Continuity Plan to include pandemic. • Participate in District Pandemic Committee. • Participate in exercise of response plans.

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Yellow	Human infection in NZ (but not in Hawke's Bay) but no human to human spread or rare instances of spread to close contacts.	Convene Incident Management team Activate EOC Enhance Surveillance	Hawke's Bay Pandemic plan Communication plan Training plan	<ul style="list-style-type: none"> Advise all agencies change in Alert Status Activate DHB pandemic plan. DPC meet with CDEM Group. Place DHB staff on alert. Manage clinical & public health response. Increase security at DHB sites. Prepare for activation of CACs. Inform agencies of pending CAC activation. Place CBAC staff on alert. Isolate cases and treat. 	<p>All agencies</p> <ul style="list-style-type: none"> Joint communications plan implemented at Alert Code Yellow. Confirmation of interagency cooperation and plans for pandemic planning. Confirmation of expectations between agencies. Prepare for CIMS activation and establishment of EOC. Activate interagency communication networks. Activate internal agency response plans. <p>CDEM</p> <ul style="list-style-type: none"> Confirm/prepare to activate CDEM pandemic plan. Participate in District Pandemic Committee. DPC meet with CDEM Group. Place CDEM staff in support of CAC on alert. Finalise clusters CEM & IEM plans. <p>Police</p> <ul style="list-style-type: none"> Confirm and prepare to activate Police Business Continuity Plan. Participate in District Pandemic Committee. Monitor requirement for increased police presence at DHB sites. Prepare to provide support to any CAC on establishment. <p>Fire Service</p> <ul style="list-style-type: none"> Confirm and prepare to activate Fire Service Business Continuity Plan. Provide relevant advice when requested to District Pandemic Committee. Fire safety checks of all DHB facilities. Confirm CAC fire safety – sites and equipment. <p>St John</p> <ul style="list-style-type: none"> Confirm and prepare to activate Business Continuity Plan. Participate in District Pandemic Committee. Support DHB site activation on occurrence. <p>TLAs</p> <ul style="list-style-type: none"> Confirm/prepare to activate local authority Business Continuity Plan. Confirm plans for contribution to community continuity and logistics. Provide relevant advice when requested to District Pandemic Committee. Support DHB/CAC site activation on occurrence. <p>Lifelines</p> <ul style="list-style-type: none"> Confirm and prepare to activate Lifelines Business Continuity Plan. Provide relevant advice when requested to District Pandemic Committee. Lifelines Co-ordinator attend DPC/CCDEM Group meeting. <p>Welfare Agencies</p> <ul style="list-style-type: none"> Confirm and prepare to activate Welfare agencies Business Continuity Plans. Participate in District Pandemic Committee. WAG Chair attend DPC/CDEM Group meeting.
	Human infection in Hawke's Bay but no human to human spread or rare instances of spread to close contacts.				
	Increasing transmissibility of virus (substantial pandemic risk) overseas but no cases in NZ				
	Increasing transmissibility of virus (substantial pandemic risk) overseas. Clusters or multiple cases in NZ (none in Hawke's Bay)	Convene Incident Management team Activate EOC Enhance Surveillance Prepare to activate for code red Prepare to activate CACs Ensure familiarisation of unit / agency specific plans. Commence briefing of staff Establish links with recovery manager	Hawke's Bay Pandemic plan Command and control plan Communication plan Training plan		

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Red	Human case or cases in Hawke's Bay (human to-human transmission limited or localised)	Convene Incident Management team Activate EOCs 24/7 Enhance Surveillance Case management and contact tracing Consider request for Full activation	Command and Control plan Training plan Communication plan Port and Airport plan Antiviral and PPE plan Community Assessment Centres First case plan Quarantine and Isolation plan Closure of public places Management of the dead	<ul style="list-style-type: none"> • Advise all agencies change in Alert Status • Activate DHB pandemic plan. • Activate IMT & EOC. • Activate workforce contingency plans. • DPC meet with CDEM Group • Prepare for activation of CACs. • Inform agencies of pending CAC activation. • Activate/Recall DHB staff. • Activate/Recall CAC staff. • Introduce enhanced staff surveillance and sickness reporting and follow up any Influenza-Like-Illnesses. • Isolate cases and treat. • Track all staff contacts and review health status. • Isolate cases and treat. • Increase security at DHB sites. • Provide Incident Controller. <ul style="list-style-type: none"> ▪ Increase treatment focus of CACs. ▪ Immunise priority populations. 	<p>All agencies</p> <ul style="list-style-type: none"> • Joint communications plan at Alert Code Red. • Activation of all business continuity plans – no longer draft status. • Ensure continuation of interagency integration of pandemic plans. • Activation of CIMS structures and EOC. • Provide agency Situation Reports to EOC and national agencies. • Continue interagency/health communication networks. • Ensure Recovery phase of agency plans have final review. <p>CDEM</p> <ul style="list-style-type: none"> • Activate CDEM Pandemic Plan if requested. • Support DHB EOC. • Provide advisory staff to support DHB & Participate in EOC. • CDEM use of Powers to support Police/Medical Officer of Health. • Assist in activation of Community Continuity plans. <p>Police</p> <ul style="list-style-type: none"> • Activate Police Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Police enhancement of security at DHB sites – potential for urgent response. • Police involvement in traffic control around DHB sites. • Police enhancement of security at CAC sites – potential for urgent response. • Preparation short notice response to law & order issues at DHB or CAC sites. • Provide support for community continuity and logistics. • General police control of law and order. <p>Fire Service</p> <ul style="list-style-type: none"> • Activate Fire Service Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Predetermine response for fire emergency. <p>St John</p> <ul style="list-style-type: none"> • Activate Business Continuity Plan. • Participate in EOC – provide Liaison Officer. • Support DHB/CAC site activation. <p>TLAs</p> <ul style="list-style-type: none"> • Activate local authority Business Continuity Plan. • Provide support for community continuity and logistics. • Participate in EOC – provide Liaison Officer. • If agreed support DHB/CAC site activation. <p>Lifelines</p> <ul style="list-style-type: none"> • Activate Lifelines Business Continuity Plans. • Participate in EOC – provide Liaison Officer. <p>Welfare Agencies</p> <ul style="list-style-type: none"> • Activate Welfare agencies Business Continuity Plan. • Participate in EOC – provide Liaison Officer.
	Increased and substantial transmission of virus within New Zealand (whether or not cases in Hawke's Bay)	Full activation	Activate all plans		

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Green	Pandemic over and or population protected by vaccination	Stand down of critical staff Plan for deferred activities Transition to recovery manager	Communication plan	<p>Advise all agencies Alert Status Green.</p> <ul style="list-style-type: none"> • DPC meet with CDEM Group. • De-Activate DHB pandemic plan. • De-activate Activate IMT & EOC. • De-activation of CACs. • Manage return to normal health services. • Recovery, debriefing and lessons learnt. • Support CDEM Recovery process. 	<ul style="list-style-type: none"> • All agencies • Joint communications plan at Alert Code Green. • Activation of recovery phase of all pandemic plans. • Ensure continuation of interagency integration of plans. • De-activation of CIMS structure and EOC. • Continue interagency/health communication networks. • Resume normal functions and Business Continuity Plans. • CDEM • DPC meet with CDEM Group. • Participate in District Pandemic Committee debriefs. • Activate recovery phase of pandemic plan – Business Continuity Plan. • De-Activate advisory staff supporting at DHB. • Provide support for de-activation of CAC sites. • Co-ordinate Community Continuity & recovery plans. • Police • Activate recovery phase of Business Continuity Plan. • Participate in District Pandemic Committee debriefs. • Preparation of Police short notice response to law and order issues at DHB sites or CAC sites. • General police control of law and order. • Fire Service • Activate recovery phase of Business Continuity Plan. • Provide relevant advice when requested to District Pandemic Committee debriefs. • St John • Activate recovery phase of Business Continuity Plan. • Participate in District Pandemic Committee debriefs. • Support DHB/CAC site de-activation. • TLAs • Activate recovery phase of Business Continuity Plan. • Provide relevant advice when requested to District Pandemic Committee debriefs. • Support DHB/CAC site de-activation. • Lifelines • Activate recovery phase of Business Continuity Plan. • Provide relevant advice when requested to District Pandemic Committee debriefs. • Welfare Agencies • Activate recovery phase of Business Continuity Plan. • Participate in District Pandemic Committee debriefs.
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