



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400
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8 October 2018

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RE Official information request WCDHB 9198(a)

We refer to your email dated 12 September 2018 requesting the following information under the Official Information Act from West Coast DHB as a follow up to our response to you for OIA WCDHB 9198, regarding 1080 operations and the information provided to GPs and Rural Nurse Specialists.

1. Was this information actually made available to health care providers?

Yes, it was, as you were advised in our response to your initial information request made on the 22nd August.

I feel that I have to request some proof that this information was actually shared with health care providers and also which health care providers it was shared with and when.

Copies of the emails with the attached information sent by Dr Brunton on 8th August 2018 to health practitioners in Westland are attached as **Appendix 1**. (We have only included the attachments sent with these emails once).

- Email to Rural Nurse Specialists, South Westland
- Email to Westland Medical Centre, Hokitika
- Email to Charge Nurse Manager and Senior Medical Officer, Grey Hospital Emergency Department.

Please note: We have redacted information in these emails under section 9(2)(a) of the Official Information Act i.e. “....to protect the privacy of natural persons, including those deceased”.

I have been informed by patients who have asked the staff of their medical centres about it that they were not given much assistance or respect. One was actually told that she should go and google it.

If patients have attended medical centres in Westland asking about suspected 1080 poisoning and have either not been assisted with advice or information, or feel that they have not been treated with respect, we would encourage you to support them to bring these complaints to the West Coast DHB which takes all such complaints seriously. Unfortunately, it is not possible to investigate anonymous complaints.

<http://www.westcoastdhb.org.nz/feedback/default.asp> and please find attached as **Appendix 2** the West Coast DHB's Complaints Management Process.

2. More importantly I would like an explanation of why this information is being withheld from the public and the people that it is presumably meant to protect?

This information has not been withheld from the public and has been provided, on request, to other members of the public inquiring about it (as you acknowledge in your letter which refers to it already having been posted on Facebook). It has also been provided to some media outlets in response to their inquiries.

3. How are concerned patients who have been exposed to a known hazardous substance that kills people meant to deal with these concerns when the recommended protocols are concealed from them?

People who are concerned that they may have been exposed to a hazardous substance should consult their usual primary care provider, emergency department or the National Poisons Centre for advice.

4. How are they to avail themselves of appropriate investigations and therapy when the response to their concerns is inadequate and perhaps inappropriate?

As already mentioned above, if you have evidence that the response of health practitioners in Westland to patient concerns has been inadequate or inappropriate then please support the people who have complained to you to bring their specific concerns to the WCDHB which will investigate them. Alternatively, you may wish to support them to make a complaint to the Health and Disability Commissioner.

5. How is concealing essential information from concerned patients supposed to be justified as promoting public health?

The information which Dr Brunton provided to healthcare practitioners was not concealed from anyone (see above comments).

6. How are concerned patients supposed to know that the specific test for 1080 that their Medical Officer of Health publicly stated would cost them hundreds of dollars is now being funded by the health system?

As Dr Brunton stated publicly (and correctly), tests for 1080 in blood or urine are not routinely funded. Because of the levels of community concern in relation to the 1080 drops occurring in South Westland in August, the public health unit requested and had approved funding from Ministry of Health for 1080 testing of people notified with suspected 1080 poisoning. This funding was specific to this particular situation.

7. How will concerned patients know about other investigations that are well known to indicate possible poisoning by 1080 when these tests are not even mentioned in the information that was allegedly provided to some health care professionals? Some of these tests are well documented in the literature produced by Dr Charles Eason and I would have expected that Medical Officers of Health would be familiar with this literature. Perhaps they are not?

There are no other investigations that are specific to possible 1080 poisoning. The toxicological advice provided by Dr Brunton was sourced from the Ministry of Health and the National Poisons Centre.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

s9(2)(a)

From: Cheryl Brunton
Sent: Wednesday, 8 August 2018 3:06 p.m.
To: s9(2)(a)
Cc:
Subject: 1080 information
Attachments: HazSubCaseReportFormWC.docx; HEALTH ALERT 1080 August2018.docx; ManagementSuspected1080Poisoning.docx

Kia ora koutou

Please find attached three documents:

- Heath Alert from me regarding 1080
- Guidance on the management and investigation of suspect 1080 poisoning
- Notification form for reporting hazardous substances disease or injury

I hope these will be helpful to you in dealing with patients who present complaining of exposure to 1080 and/or illness resulting from it.

I understand that you already have information from Grey Hospital Lab about labelling of samples and the request form to use to request testing of blood or urine for 1080. Any questions about specimen handling should be addressed to the lab.

I do realise that this is an anxious time for you as practitioners and members of South Westland communities. Please don't hesitate to call me at CPH's Greymouth office if you have any questions. I will be there tomorrow and Friday and I can be reached through our reception during office hours, or by contacting the on-call HPO after hours.

Regards, Cheryl

Dr Cheryl Brunton
Medical Officer of Health, West Coast

Hazardous Substances Disease and Injury Reporting Case Report Form

Fax to: 03 768 1169. Attention: On-call Health Protection Officer

For queries call the Duty Health Protection Officer at Community and Public Health, West Coast on 03 768 1160

After hours call the Grey Hospital switchboard on 03 769 7400 and ask for the on-call Health Protection Officer

Notifier Details

Date .../.../... Name Assessment Date .../.../...

Practice Phone

Case Demography

Family Name First Name(s)

Date of Birth .../.../... NHI Sex ☐ Male ☐ Female

Parent/Guardian Name(s).....

Address Home Phone

..... Mobile.....

Ethnicity Occupation

Has the patient/guardian been informed of this notification? ☐ Yes ☐ No

Exposure Event

Exposure Route ☐ Ingestion ☐ Inhalation ☐ Skin contact ☐ Eye Contact ☐ Unknown

Exposure onset date: .../.../... Time: Place of Exposure:

Exposure Length ☐ < 24h ☐ 1 day – 1 month ☐ > 1 month ☐ unknown

Occupational exposure? ☐ Yes ☐ No

Is this case linked to other cases?

Hazardous Substance

Chemical name (if known)

Product name Common name

..... Date of sample: .../.../... Time of sample

Assessment

Symptoms and signs.....

Consistent with the substance exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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RELEASED UNDER THE OFFICIAL INFORMATION ACT

HEALTH ALERT – 1080 (Fluoroacetate)

To all primary care health professionals in Westland

August 2018

As many of you will be aware, aerial 1080 drops are controversial and there has been community concern and protest action regarding proposed drops in South Westland this winter. Two aerial drops are being carried out in the vicinity of townships. One, called Mikonui-Karnback-Poerua, is being conducted by Vector Free Marlborough in areas around Ross and Hari Hari. The other, called Hercules-Mt Price, is being conducted by Vector Control Services in areas around Whataroa. All public drinking water supply catchments are excluded from these operations. The public health permissions for these operations also impose exclusions around the townships and dwellings, as well as requirements for testing of public water supplies, amongst other things.

The reason that I am writing to you is that there is a very high level of concern in these communities about possible exposure to 1080. It is possible that some local people may seek medical attention during or after these drops for symptoms which they believe are attributable to 1080 exposure. While 1080 exposure outside the operational area of the drop is extremely unlikely, I am taking the opportunity to remind you of the Ministry of Health's advice on assessing and managing cases of possible 1080 exposure. Although that was issued in respect of a threat to contaminate baby formula in 2015, the advice on clinical management and reporting still applies in this situation. I have attached an adapted version of the Ministry guidance. Please read this carefully. The symptoms of 1080 poisoning by routes other than ingestion, such as inhalation, are similar to those listed in this advice.

All cases of suspected 1080 poisoning must be reported to the Medical Officer of Health. To do this during office hours, please telephone 03 768 1160, and out of hours telephone the Grey Hospital operator and ask for Health Protection Officer on Call. A copy of the notification form is also attached so you can see what information is required.

Testing of blood or urine for 1080 is not usually funded but in cases of suspected 1080 poisoning related to these aerial 1080 operations, this test will be free to the patient provided that the test is clinically justified and the case is notified to the Medical Officer of Health. If your patient is asymptomatic and your assessment is that it is unlikely they have been exposed to 1080 but they are insistent that they have been, please take a blood sample for fluoroacetate testing and report their case anyway (see below). If, after investigation by public health staff, it is concluded that 1080 exposure was highly unlikely, the patient can still elect to pay for the test themselves.

If you need further advice on clinical management of suspected 1080 poisoning, please contact the National Poisons Centre.

Don't hesitate to contact me if you have other questions.



Dr Cheryl Brunton, Medical Officer of Health, West Coast

Fluoroacetate (1080) Poisoning

Fluoroacetate (1080)

- Fluoroacetate is a pesticide used in New Zealand to control possums, rats and stoats.
- It is highly toxic to humans.
- In aerial pest control operations, it is applied in the form of cereal pellets containing 1.5-2.0 grams sodium fluoroacetate per kilogram of bait. These baits are usually applied at rates of 2-4 kg/hectare.
- Fluoroacetate is readily absorbed and its active metabolite, fluorocitrate, acts rapidly to disturb the citric acid (Krebs) cycle. The poison competitively inhibits enzyme activity and oxidative metabolism, leading to accumulation of citrate and lactate, resulting in a metabolic acidosis and electrolyte abnormalities (hypocalcaemia and hypo- or hyperkalaemia).
- Metabolically active tissues, such as cardiac, renal or neural tissue, are critically affected, leading to multi-organ failure, while biochemical imbalances lead to further morbidity.
- Sub lethal doses of fluorocitrate are substantially eliminated from the body within 24 hours of exposure.

Presentation of symptoms

The poison acts rapidly. Depending on the dose ingested or inhaled, symptoms usually occur within 30 minutes of exposure and progress rapidly. Lower doses may take longer (up to three hours) to produce symptoms.

Infants or children

- Symptoms of ingestion are those of an unwell infant or child, and are initially non-specific. Clinicians evaluating a sick child should follow normal assessment and management approaches.
- If the infant or child is asymptomatic at presentation or four hours after the possible exposure to fluoroacetate, and you are confident the child will be adequately observed, it is reasonable to discharge the child home.
- If a child is mildly unwell, has been symptomatic for several hours but is NOT becoming progressively worse, it is extremely unlikely that their illness is due to fluoroacetate poisoning. Other diagnoses need to be considered, investigated and managed accordingly.

The early and late signs of fluoroacetate poisoning are shown below:

Early signs	Irritable or inconsolable
	Rapid shallow breathing
	Abdominal pain
	Vomiting
Late signs	Collapse or unresponsiveness
	Seizures

The child may also be flushed in the cheeks, sweaty, or appear pale and apprehensive, or have glazed eyes and not focusing on anything.

Adults

- Symptoms of ingestion are those of an unwell adult, and are initially non-specific. Clinicians evaluating an unwell adult should follow standard assessment and management clinical pathways.
- If the patient is asymptomatic at presentation or four hours after the possible exposure to fluoroacetate, and you are confident the patient will be adequately observed, it is reasonable to discharge them for 24-hour home observation. It is important the key home care carer/observer is fully briefed about warning symptoms and signs indicating 1080 poisoning and should have a low threshold for seeking ED review on suspicion.
- If an adult is mildly unwell, has been symptomatic for several hours but is **not** becoming progressively worse, it is extremely unlikely that their illness is due to fluoroacetate poisoning. Other diagnoses need to be considered in the differential diagnosis.
- The decision to pursue 1080 testing is subject to the judgement of the treating clinician, however, any samples should be taken within 6 hours of exposure (see below).

The early and late signs of fluoroacetate poisoning are shown below:

Early signs	Apprehension and agitation
	Rapid shallow breathing
	Abdominal pain
	Vomiting
Late signs	Confusion and decreasing level of consciousness
	Coma
	Seizures

Adult patients may also be flushed in the cheeks, sweaty, appear pale, apprehensive, and may appear glazed or unresponsive.

Initial management of suspected fluoroacetate poisoning

- There is no antidote for fluoroacetate poisoning
- If you are concerned that the patient is seriously unwell, call '111' Emergency Services immediately
- Management of suspected poisoning is supportive and requires hospital level care. Prompt referral and transfer is paramount as other potential causes of presentation need to be investigated
- Do not induce vomiting. As fluoroacetate is rapidly absorbed into the body after ingestion, inducing vomiting will not help to decrease toxicity and in fact may cause more harm due to aspiration or choking
- Benefits from activated charcoal are not proven and it is NOT recommended that this be used outside of a hospital setting due to risk of aspiration

Laboratory testing

- There are no laboratory tests specific for 1080 poisoning, apart from the measurement of fluoroacetate in blood or urine.
- You should request any tests based on your clinical assessment of the patient.
- If you suspect fluoroacetate poisoning, please take a blood sample for preference. Ideally, this should be taken within 2-8 hours of the exposure if at all possible, as fluoroacetate is rapidly eliminated from the body after exposure.
- If, by the time you see the patient, the time since exposure is greater than 8 hours, it is still worth taking a sample if the exposure was less than 24 hours ago.

- Blood samples for 1080 testing must be taken into 10-mL vacutainer tubes (green top – sodium heparin). These will be spun down at Grey Hospital Laboratory to provide samples for transport to the Toxicology Laboratory at Landcare where 1080 testing is done. Samples should be kept chilled (3-10°C) before despatching.
- If you are unable to obtain a blood sample, the alternative is to take a urine sample.
- Urine samples should be taken into a clean, disposable cup and transferred to a 70-mL specimen container (pink-topped, non-sterile is suitable). A minimum sample of 40 mL is required as samples may need to be analysed in duplicate to confirm the result. The samples should be kept chilled (~5°C), awaiting transport, and should be frozen (-10°C) if they are to be stored longer than 1 day.
- The test for fluoroacetate is highly sensitive, so it is important to avoid contamination of the urine specimen. Any clothing which may have come into contact with 1080 should be removed, and the patient's hands and any exposed skin washed with soap and water before taking the urine sample.

Important Note

Fluoroacetate testing is not usually funded but in cases of suspected 1080 poisoning, this testing will be free to the patient provided that the test is clinically justified and the case is notified to the Medical Officer of Health.

If you do not believe, based on your patient's history and your clinical assessment of their condition, that they have been exposed to 1080 but they are insistent that they have, please take a blood sample for fluoroacetate testing and report their case anyway (see below). If, after investigation by public health staff, it is concluded that 1080 exposure was highly unlikely, the patient can still elect to pay for the test themselves.

Reporting requirements

- Section 74 of the Health Act 1956 requires medical practitioners to notify Medical Officers of Health of cases of listed notifiable diseases, in this case poisoning arising from chemical contamination of the environment.
- Notification is also mandated under section 143 of the Hazardous Substances and New Organisms Act 1996 which requires hospitals and medical practitioners to notify hazardous substances injuries to Medical Officers of Health.
- Please notify the Medical Officer of Health of suspected or confirmed cases of fluoroacetate (1080) poisoning without delay.
- During office hours you can make the notification by phoning Community and Public Health (West Coast) on 03 768 1160 and asking to speak to the duty Health Protection Officer. After hours, please phone Grey Hospital switchboard and ask the Operator to contact the Health Protection Officer on call.
- Information about hazardous substances disease and injury reporting can also be found on HealthPathways, including a form with the details that are required (copy attached).

The above advice has been adapted from that provided by the Ministry of Health in March 2015 in response to a threat to contaminate infant formula with 1080. It also includes material from the sampling protocols of the Toxicology Laboratory at Landcare Research Ltd, Lincoln.

s9(2)(a)

From: Cheryl Brunton
Sent: Wednesday, 8 August 2018 3:18 p.m.
To: s9(2)(a)
Subject: 1080 information for doctors and nurses at Westland Medical Centre
Attachments: HazSubCaseReportFormWC.docx; HEALTH ALERT 1080 August2018.docx; ManagementSuspected1080Poisoning.docx

Hi s9(2)(a)

Thank you for distributing this email and attachments.

Cheers, Cheryl

Kia ora koutou

Please find attached three documents:

- Heath Alert from me regarding 1080
- Guidance on the management and investigation of suspect 1080 poisoning
- Notification form for reporting hazardous substances disease or injury

I hope these will be helpful to you in dealing with patients who may present complaining of exposure to 1080 and/or illness resulting from it.

I understand that you already have information from Grey Hospital Lab about labelling of samples and the request form to use to request testing of blood or urine for 1080. Any questions about specimen handling should be addressed to the lab.

I realise that there is a high level of anxiety in South Westland communities about the forthcoming 1080 drops. Please don't hesitate to call me at CPH's Greymouth office if you have any questions. I will be there tomorrow and Friday and I can always be reached through our reception during office hours, or by contacting the on-call HPO after hours.

The first of the scheduled drops will take place this Friday 10th August in the area known as Karnback-Poerua which is near Hari Hari. Your practice should receive a separate 24 hour notice of the commencement of the drop from the operator, Vector Free Marlborough, some time later today or early tomorrow.

Regards, Cheryl

Dr Cheryl Brunton
Medical Officer of Health, West Coast

s9(2)(a)

From: Cheryl Brunton
Sent: Wednesday, 8 August 2018 3:24 p.m.
To: s9(2)(a)
Subject: 1080 information for doctors and nurses at Grey Hospital ED
Attachments: HazSubCaseReportFormWC.docx; HEALTH ALERT 1080 August2018.docx; ManagementSuspected1080Poisoning.docx

Hi s9(2)(a)

Please find attached three documents:

- Heath Alert from me regarding 1080
- Guidance on the management and investigation of suspect 1080 poisoning
- Notification form for reporting hazardous substances disease or injury

I hope these will be helpful to you in dealing with patients who may present complaining of exposure to 1080 and/or illness resulting from it. Please share these with ED nursing and medical staff as you see fit.

Grey Hospital Lab are able to provide information about labelling of samples and the request form to use to request testing of blood or urine for 1080.

There is a high level of anxiety in South Westland communities about the forthcoming 1080 drops and it is possible that some residents from there may present at ED, rather than to local health services.

Please don't hesitate to call me at CPH's Greymouth office if you have any questions. I will be there tomorrow and Friday and I can always be reached through our reception during office hours, or by contacting the on-call HPO after hours.

The first of the scheduled drops will take place this Friday 10th August in the area known as Karnback-Poerua which is near Hari Hari. The WCDHB and ED should receive a separate 24 hour notice of the commencement of the drop from the operator, Vector Free Marlborough, some time later today or early tomorrow.

Regards, Cheryl

Dr Cheryl Brunton
Medical Officer of Health, West Coast



Complaints Management Process

The West Coast District Health Board is committed to seek a resolution for consumers or their families/whanau who have concerns or are dissatisfied about services received.

The West Coast District Health Board also recognises their obligations as a health care provider to fulfil the Health and Disability Commissioner (Code of Health and Disability Services Consumer's Rights) Regulations 1996 and the Health Information Privacy Code 1994. These regulations apply to all health and disability support services in New Zealand.

An electronic copy of the Code of Health and Disability Services Consumers' Rights is provided as a link just below:

[The Code of Rights](#)

Questions & Answers:

1. Who will manage my complaint?

Your complaint will be managed by the General Manager at the Hospital or Service you attended.

2. How long will it take to receive a response?

- We will acknowledge your complaint in writing within 5 working days of receipt
- We will endeavour to investigate your complaint within 20 working days from the date of acknowledgment. You will be informed if this will take longer and the reasons this is necessary
- Where investigations are required you will be kept informed in writing at monthly or at agreed intervals until the matter is resolved.

3. What happens if my complaint is not resolved to my satisfaction?

If your complaint is unable to be resolved to your satisfaction, you can:

- Request that the West Coast District Health Board Programme Director review how your complaint was handled.
- Take your concerns to the Health & Disability Commissioner or the Office of the Privacy Commissioner if your complaint involves a Privacy Issue.

You can contact the Health & Disability Commissioner's Office by:

Telephone 0800 11 22 33
Address PO Box 1791 Auckland 1140
Website: www.hdc.org.nz

You can contact the Privacy Commissioner's Office by:

Telephone 0800 803 909
Address PO Box 10-094, Wellington 6143
Website: www.privacycommissioner.govt.nz

If you require independent support to assist you during the complaint process, you may wish to use the free service of the National Advocacy Services South Island. This service may be contacted by:

Telephone 0800 377 766 or (03) 377 7501
Address PO Box 1307 Christchurch
Website: www.advocacy.hdc.org.nz