West Coast District Health Board

Health Emergency Plan

2018

Document History

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1.6			
2.0			

This plan is approved by:

David Meates
Chief Executive Officer

19 December 2018

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1   Introduction

This West Coast District Health Board (WCDHB) 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 WCDHB 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 WCDHB within three 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, or the WCDHB Chief Executive Officer (CEO) or Canterbury/West Coast 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 the West Coast.
- Define and allocate roles and responsibilities as well as the relationships necessary to implement this plan.
- Incorporate, by reference, supporting WCDHB 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
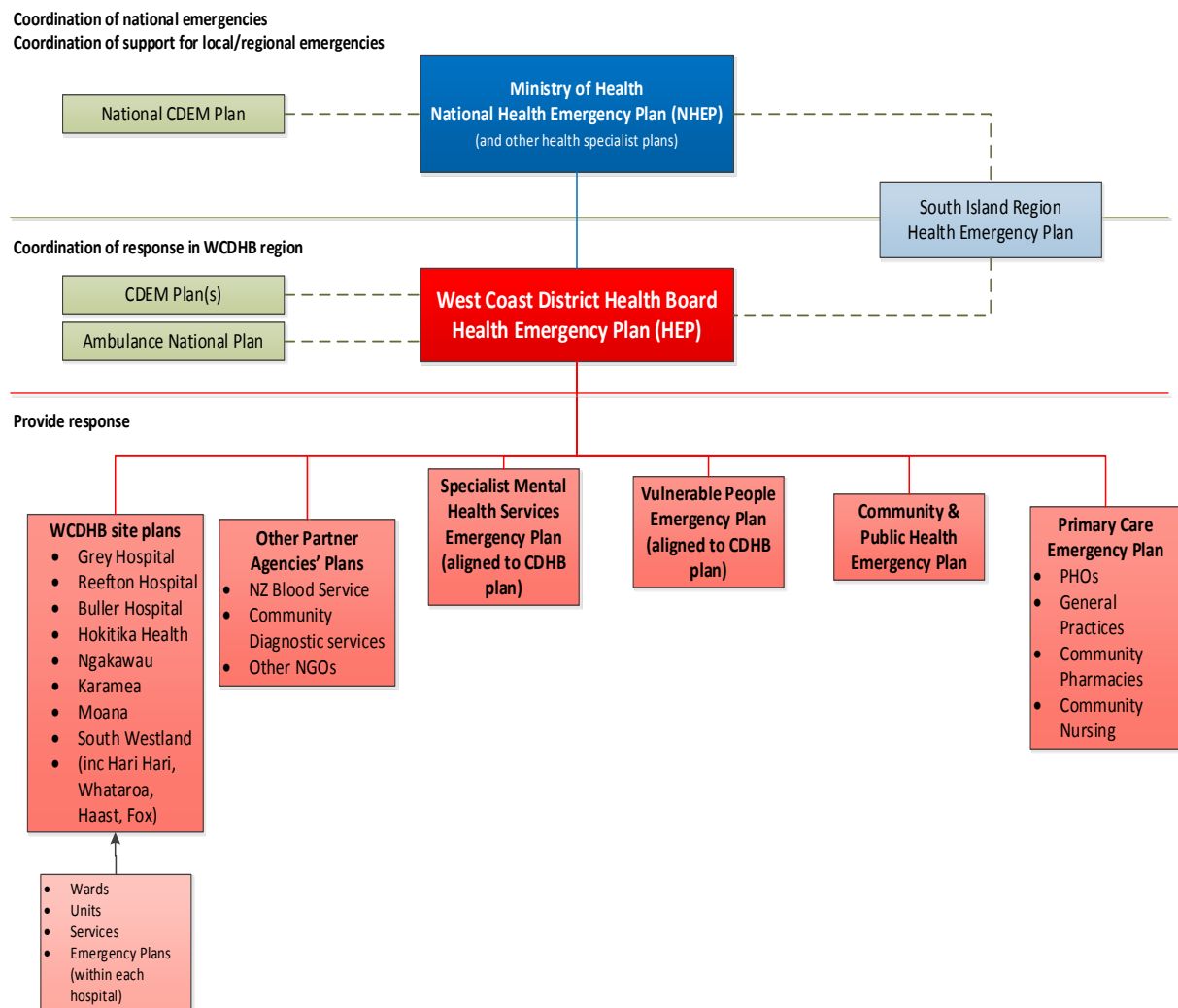   - National and group level CDEM plans

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 hazardscape[1] identified by the West Coast 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 funded health services and providers within the WCDHB health system.
- To provide for WCDHB 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

Coordination of national emergencies
Coordination of support for local/regional emergencies

| National CDEM Plan | - - - | **Ministry of Health**
National Health Emergency Plan (NHEP)
(and other health specialist plans) | - - - | South Island Region
Health Emergency Plan |

Coordination of response in WCDHB region

| CDEM Plan(s) | - - - | **West Coast District Health Board**
Health Emergency Plan (HEP) | - - - |
| Ambulance National Plan | | | |

Provide response

WCDHB site plans
- Grey Hospital
- Reefton Hospital
- Buller Hospital
- Hokitika Health
- Ngakawau
- Karamea
- Moana
- South Westland
- (inc Hari Hari, Whataroa, Haast, Fox)

Other Partner Agencies' Plans
- NZ Blood Service
- Community Diagnostic services
- Other NGOs

Specialist Mental Health Services Emergency Plan (aligned to CDHB plan)

Vulnerable People Emergency Plan (aligned to CDHB plan)

Community & Public Health Emergency Plan

Primary Care Emergency Plan
- PHOs
- General Practices
- Community Pharmacies
- Community Nursing

- Wards
- Units
- Services
- Emergency Plans (within each hospital)

The WCDHB HEP links with the Ministry of Health's National Health Emergency Plan, the South Island Regional Health Emergency Plan, Civil Defence Emergency Management Plan,

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[1] See Glossary.

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.

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   West Coast Regional Demographics

5.1   WCDHB Region of Responsibility

The geographical area of responsibility for West Coast District Health Board extends from Karamea in the north to Jackson's Bay approximately 600kms south, and Otira in the east. To add perspective, driving from Karamea to Haast is the same distance as Palmerston North to Auckland.

The WCDHB has a responsibility for the health and welfare of people on the West Coast of the South Island. The DHB owns and manages three major health facilities and five general practices across the West Coast. See Appendix D: Full range of WCDHB facilities and services.

The DHB also holds and monitors over 40 service contracts with other organisations and individuals who provide health and disability services.

http://www.map-of-newzealand.co.uk/maps/west-coast.gif

5.2   Characteristics of the Region

The estimated enrolled population of the West Coast DHB region in West Coast: 32,151 (2013 census). Nearly 12% of the population are Maori and a higher proportion of people are aged over 65 (18%) compared with the national average (15%).

The West Coast has a lower mean personal annual income compared to the rest of NZ and higher proportions are receiving unemployment or invalid benefits, have no educational qualifications and lack access to a motor vehicle or telephone.

The tourist population is predicted to exceed 1 million annually by 2018 and 1.2 million by 2021 (WC Tourism NZ) with over 60% of tourists visiting Westland District. The West Coast CDEM plan notes that during summer at any one time there can be over 10,000 tourists on the West Coast with 4000 overnight in Franz Joseph which has a residential population of approximately 400. Freedom campers are dispersed all along the coast.

The resident populations are broken down regionally into:

- Buller: 10,473
- Grey: 13.371
- Westland: 8,307.
-

. Significant parts of the West Coast do not have access to phone coverage due to topography and in many other areas coverage can be poor. The only satisfactory cellphone coverage is in the main towns of Westport, Greymouth and Hokitika. Residents are therefore reliant on landline infrastructure to make and receive calls.

Mining, dairy and tourism are the largest industries.

The WCDHB is supported by the CDHB, one of the largest health providers in South Island providing specialist services under contract to the Ministry of Health such as Burns, Major Trauma, Spinal and Stroke pathways (see Appendix D). Executive and clinical services have been shared since 2010.

The CDHB Community and Public Health division is a regional provider and is contracted to provide public health services to WCDHB.

5.3   Territorial Local Authorities (TLAs)

WCDHB 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 West Coast Region.

6   Health Emergency Plan Management Responsibilities

6.1   Chief Executive Officer (CEO)

The CEO is responsible for:

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

6.2   CDHB/ WCDHB Health Emergency Governance Group (HEGG)

The HEGG is a group of senior clinicians and managers from the West Coast and Canterbury health systems led by the Chief Medical Officer and are 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 WCDHB planning and response activity, and approve all plans prior to their implementation.
- To ensure an appropriate review of any plans following an activation to an event
- To allocate funding for WCDHB planning projects and response activities.

6.3   WCDHB 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.

WCDHB would be the lead agency in a West Coast 'whole of health response' which is usually dependent upon the nature of the event. This emphasis 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 such as Ebola, but this may change once a fully coordinated clinical response is required. If a larger scale event occurs (impacting across both DHB's) this may be coordinated through the CDHB/WCDHB emergency coordination centre (ECC).

If Health is designated as the lead agency of a multi-agency response (e.g., in a pandemic or declared health emergency) the WCDHB will be required to assume responsibility for coordinating all aspects of the response, including those of non-health agencies (again larger scale events may be coordinated through the CDHB/WCDHB ECC).

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.

The WCDHB HEP directs 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 to the best of their ability during an emergency.

Emergency is defined as: natural or man-made event that suddenly or significantly:
- o Disrupts the environment of care
- o Disrupts the ability to provide care and treatment to the community
- o 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 West Coast CDEM Group full Hazard Priority Table and specific Health priorities for the wider West Coast region is in Appendix F: West Coast CDEM Hazard Priority Table.

The West Coast has a complex hazardscape with a wide range of hazards. The major and most likely hazards to the region are weather related (flooding, strong winds, tornadoes, wildfires and possible heatwave), seismic events (earthquakes, tsunamis), and infectious diseases.

In essence the consequences of such events are:
- Isolation of a community and its health facility due to damage to roads and bridges.
- Reduced availability of staff, inability to get to, or from usual place of work.
- Damage to or incapacitation of, a health facility or loss or failure of an essential utility (power, water, IT network etc.).
- Significant increase in demand for services (Event specific - mass casualty, pandemic etc.)
-

Psycho-social risks can also develop from such events also from escalating events such as drought and stock disease.

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

7.3 Risk Reduction

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

WCDHB 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 WCDHB facilities will be constructed in compliance to relevant legislation, codes and standards.

All health planning will include:

- Mechanisms for recognition of vulnerable groups (relevant to the event) and engagement with Maori and other relevant communities including Pacific and other culturally and linguistically different (CALD) communities.
- Consideration of the impact of isolation (physical and loss of communication) of communities and response planning.

8   Readiness

Readiness ensures operational systems and capabilities are developed before an emergency occurs. The expectations are that the West Coast whole of health system is ready and able to activate a coordinated, appropriate response and recovery; and all partner agencies such as public and private health providers are ready and able to participate in any system response.

The focus for readiness includes:

- Ensuring that Grey Hospital and all other facilities are capable of responding appropriately to issued warnings (formal, informal, and natural).
- Increasing the staff awareness of hazards, particularly of those hazards that are not as common, and ensure that this awareness is translated into actual planning activities.
- Continued training, exercising, and professional development for all WCDHB staff to further increase the response capacity and capability.
- Enhancing and fostering relationships with key CDEM partners.
- Review of emergency management systems and technology to be compatible with those used by other agencies, Groups and at the national level.

8.1   Plan Reviews

All WCDHB 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 WCDHB CEO or HEGG.

8.2   Training

The HEGG will agree to training required and direct and support managers to identify competent staff that can be trained to fill those positions and roles

Line managers are responsible for ensuring that training records for their staff are maintained. Training details such as attendance and topic content are recorded by the training facilitator.

8.3   Exercising Annually

- All WCDHB facilities and services will exercise their emergency plan annually, with a practical exercise biannually.
- WCDHB will report to the MoH which HEP section/s are to be exercised, and also advise of the exercise dates and times. The Ministry will support WCDHB exercises as appropriate, if requested.
- WCDHB 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.
- WCDHB will also engage in specialist 'Emergo Train' 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

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

Group	Representative
West Coast CDEM Group Coordinating Executive Group (CEG)	CEO or senior executive manager or delegate and Medical Officer of Health
West Coast CDEM Group Response Planning Group (RPG)	West Coast Business Continuity - Emergency Planner and Community & Public Health Emergency Preparedness Coordinator
West Coast Welfare Coordination Group	WCDHB Psycho-social Support Coordinator or delegate and WC Community & Public Health Representative

WCDHB will maintain relationships and regular liaison with West Coast emergency organisations, St John, CDEM (Region and Local), Police, and Fire and Emergency NZ (FENZ).

WCDHB will also participate with and maintain links with the National and South Island Health Emergency Forums.

WCDHB will maintain relationships and regular liaison with other health providers including residential care.

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

The CDHB/WCDHB Manager, Service Continuity is responsible for ensuring maintenance of these relationships.

The relationships listed above are essential to ensure a cooperative and coordinated multi-agency response to any emergency whether CDEM or WCDHB/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 Response Objectives for the DHB are:

- Preservation of life, and

- Prevention of escalation of the emergency, and
- Care of sick, injured, and dependent people (first aid, medical, evacuation facilities, and welfare, and
- Provision of essential services (lifeline utilities, food, shelter, public information, and media), and
- Preservation of governance
- Asset protection, including buildings (including structures, areas, landscapes, archaeological sites, and wahi tapu), and
- Protection of natural and physical resources (to the extent reasonably possible in the circumstances).

The scope, size and duration of a response will depend on the event. It may require immediate establishment of an Emergency Operations Centre (EOC) at Grey Base, a staged response, or a virtual EOC. See EOC Operations Manual for Activation Protocols.

- **Immediate**. An EOC should be activated immediately when:
    - A risk assessment identifies an unacceptable risk that requires immediate action;
    - The emergency situation of any WCDHB 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 WCDHB Operations 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 'white' 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 WCDHB EOC is activated the MoH is to be notified immediately.

Should the extent of the emergency situation require, or is likely to require, additional support, WCDHB may request this from the CDHB, MoH or other South Island DHBs.

In an event requiring a combined WCDHB and CDHB response the WC EOC will report through and receive coordination/support through the Canterbury based ECC.

Such requests will be made through single point of contact for the MoH and DHBs. The means of activation and escalation is outlined in the EOC Operations Manual [link].

9.3   Emergency Operations Centre (EOC)

Location
The WCDHB EOC will be located at Grey Base Hospital board room, 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 the Incident Controller.

EOC Operations Manual
An Operations Manual containing the EOC organisation structure, setup, roles and instructions for the positions activated has been produced and will be maintained. [link – manual yet to be written

EOC Organisational Structure
The WCDHB EOC 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: EOC Structure
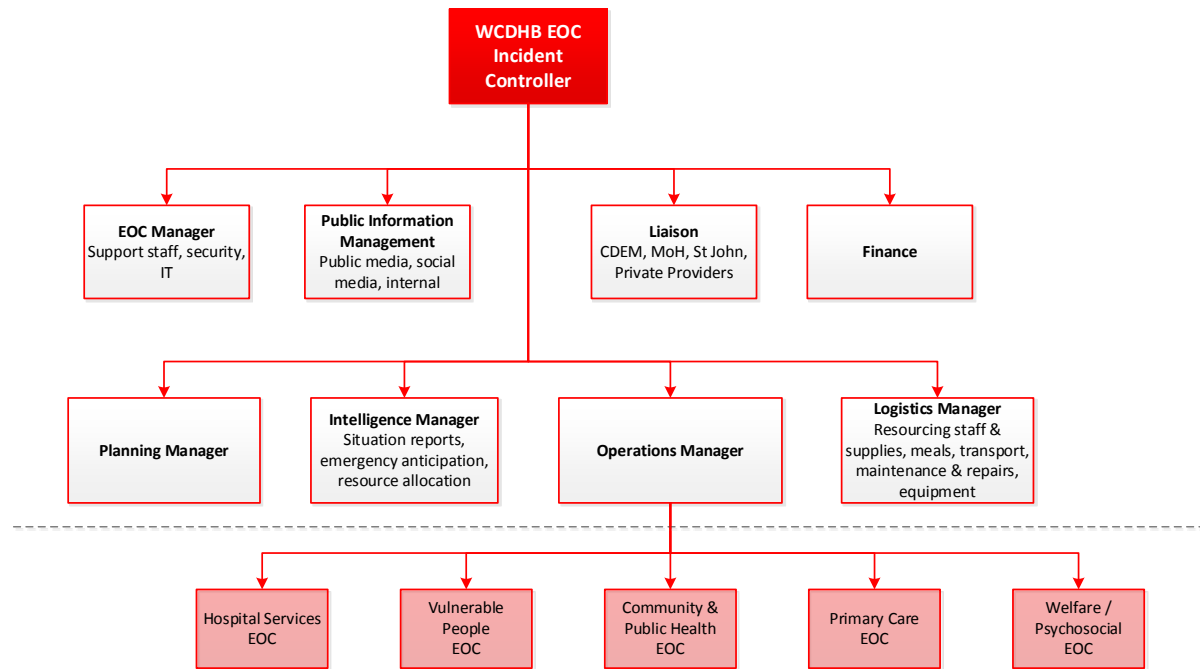
Roles and Responsibilities

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

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

Deactivation - Standing Down the Response

The official WCDHB 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 WCDHB Incident Controller will not order a stand down or deactivation without consulting the lead agency Incident Controller.

10 Recovery

Recovery involves the coordinated efforts and processes used to bring about the short, medium and long-term holistic regeneration of a health community following an emergency. The recovery period may last for any amount of time, from weeks to decades.

Planning for recovery is integral to preparing for emergencies and is not simply a post-emergency consideration.

Recovery extends beyond restoring physical assets and providing welfare services. Successful recovery recognises that both communities and individuals have a wide range of recovery needs, which must be addressed in a coordinated way.

Recovery is not about returning to normality. It is more about regeneration; building back smarter, better, more sustainably and with more resilience.

The DHB recovery objectives are to:
- Minimise the escalation of the consequences of the emergency.
- Regeneration of the emotional, social and physical wellbeing of Individuals and communities.
- Taking opportunities to adapt to meet the future needs of the community.
- Reducing future exposure to hazards and their associated risks.

10.1 Recovery Plan

The WCDHB Recovery and the Business Continuity Plans are available through the WCDHB intranet site: BCP N:\\Business Continuity

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 WCDHB response. Responsibility under the MCDEM Director's Guidelines (DGL 11/15) requires the Ministry of Health nationally and WCDHB 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. The WCDHB psychosocial plan is available through the WCDHB intranet site: Psychosocial plan: N:\\ Emergency Planning files \Emergency Plan\Draft Plans

11 Reporting, Monitoring and Evaluation

11.1 Record Keeping

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

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

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

11.2 Reporting

Detail of what reporting is required in an emergency event is defined in the EOC 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 WCDHB 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 follows 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 HEGG and communicated as necessary to other support partners, including W/CDHB and CDEM EOCs, if activated, 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 Act	Civil Defence Emergency Management Act 2002
CDEM Group	This group is made up of executives of each Territorial Local Authority (TLA) in the greater West Coast 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.
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 DHB. 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. Generally embedded within the health service providers such as DHBs, PHUs, primary health organisations, ambulance providers or primary care. Generally tasked with their organisation's responsibilities under the CDEM Act, the National Health Emergency Plan or the Ministry's Operational Policy Framework (OPF).
EOC	Emergency Operations Centre. An established facility where the operational response to an incident is controlled and provided.
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, typically CIMS 4 trained, tasked with the overall responsibility controlling and coordinating the response to the emergency. Leads the Incident Management Team.
Incident Management Team (IMT)	A team set up following the CIMS doctrine and tasked with leading the organisational response to the emergency requiring management. Can be drawn from within the organisation or from external sources.
IFHS	Integrated Family Health Services (Northern-Buller)
Lifeline utilities	Services or networks that provide the necessities of life, e.g., power and gas, water, sewerage, petrol, roading, transport of essential supplies, radio, television, air transport and shipping.
MCDEM	Ministry of Civil Defence and Emergency Management
MCI	Mass Casualty Incident
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 *Policy Component of the District Health Board Planning Package* 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.
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).

WCDHB Emergency Plan(s)

The WCDHB role is to:

- Provide an integrated response to major emergency events consistent with the expectations of the WCDHB Whole of Health Service Emergency Plan.
- Ensure continuity of care to the fullest possible extent
- Reduce/mitigate the impact of emergency events on continuity of service.
- **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 either the WCDHB-Grey Base EOC or the CDHB Emergency Coordination Centre (ECC).

The WCDHB 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, WCDHB 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 (IT on West Coast) 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 WCDHB facilities and services.)

WCDHB Facilities and Services Emergency Plans

The role of WCDHB 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, WCDHB links with hospital and sister facilities:

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

Other Plans

The WCDHB HEP is linked to and works in conjunction with the following plans:

- West Coast CDEM Group Plan
- West Coast Regional Council CDEM Plan
- St John Ambulance Plan (SI)

The above are the major CDEM Plans for the region. WCDHB 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 for the West Coast 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
West Coast Emergency Management Group Plan	http://www.wcrc.govt.nz/Documents/Other%20Plans%20and%20Strategies/Civil%20Defence%20Group%20Plan%20Oct%202016.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	[link]
St John Ambulance Plan	[link]
Canterbury Primary Response Group (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/bbebfb_f8a03349f3a84d4dad1d8efe5b2ece17.pdf
New Zealand **Spinal Cord Injury** Destination Policy (June 2015)	http://docs.wixstatic.com/ugd/bbebfb_b8766354959846448c427b59d865ee27.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 Orientation Manual	S:\PMHDataLink\Division\EOC Operations\ECC activation documents
EOC Operations Manual	[link]
WCDHB Recovery Plan WCDHB Psychosocial Plans	[link] WCDHB intranet site: Psychosocial plan: N:\\ Emergency Planning files \Emergency Plan\Draft Plans
WCDHB Business Continuity Plans	WCDHB intranet site: BCP N:\\Business Continuity

Appendix D: Full range of WCDHB facilities and services

Buller Region (Northern Integrated Health Services-IFHS inclusive of Reefton region)

- Buller Hospital/Medical Centre
- Coast Medical (Westport)
- Karamea Clinic
- Ngakawau Clinic

Reefton Region

- Reefton Hospital/Medical Centre

Greymouth Region

- Lake Brunner Clinic (Moana/Otira) Clinic
- Grey Base Hospital
- High Street Medical Centre
- Hokitika Health Centre
- Westland Medical Centre

South Westland Region

- Hari Hari Clinic
- Whataroa Clinic
- Franz Josef Clinic
- Fox Clinic
- <mark>Haast Clinic-St John Rooms Haast (current project underway to relocate from Hannh's Clearing)</mark>

WCDHB links with hospital and sister facilities:

- CDHB [http://www.cdhb.health.nz/Pages/default.aspx]

Also:

- Pacific Radiology
- Clerical Services
- Community and Public Health
- Community Dental Service dental clinics
- South Island Alliance [http://www.westcoastdhb.org.nz/links/southIslandAlliance/default.asp]
- Supply
- WCDHB and CDHB Corporate offices
- West Coast Primary Health Organisation [http://www.westcoastpho.org.nz/]

Also see:

West Coast HealthPathways

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

https://wc.healthpathways.org.nz/LoginFiles/Logon.aspx?ReturnUrl=%2f13454.htm

https://wc.hospitalhealthpathways.org.nz/index.htm?13454.htm
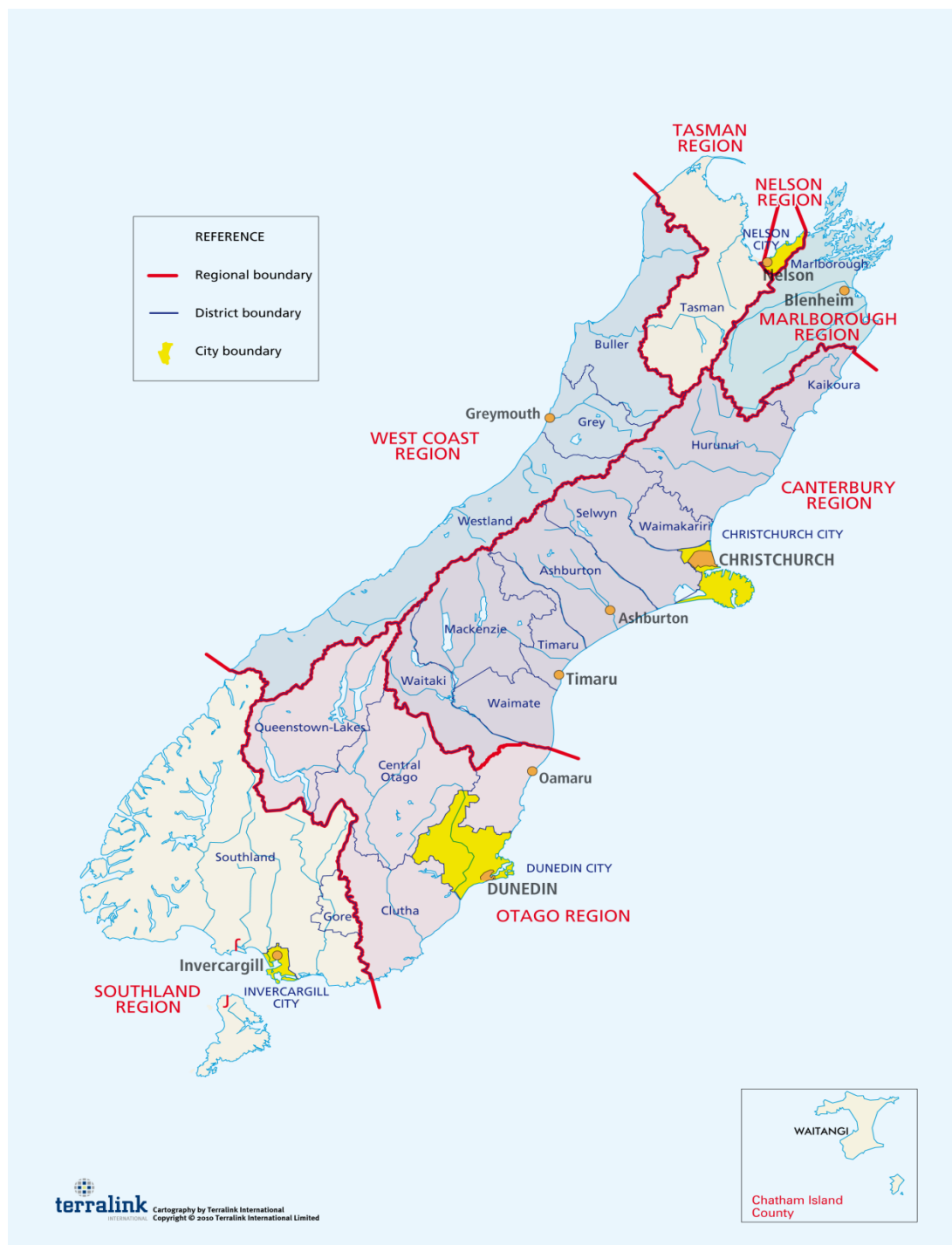
TrendCare Australia

http://www.trendcare.com.au/

Appendix E: Territorial Local Authorities in the South Island

- Buller: 10,473
- Grey: 13.371
- Westland: 8,307

West Coast Region

West Coast (by DHB) population:

- West Coast: 32,151 (2013 census)

Appendix F: West Coast CDEM Hazard Priority Table

High-Priority Hazards	Likelihood	Consequence	Level	WCDHB (Health) Risk
Major Earthquake	Possible	Major/Catastrophic	High/Very High	High-Very High
Human disease pandemic and infectious disease	Likely	Major	Very High	Very High
Flooding (including dam failure)	Likely	Moderate	High	Moderate
Tsunami (local or regional source	Possible	Catastrophic	Very High	High
Severe storm	Possible	Major	Moderate	Moderate
Tornado	Possible	Major	Moderate	Moderate
Electricity failure	Possible	Moderate	Moderate	High
IT failure	Possible	Major	High	High
Disruption to fuel supply	Possible	Moderate	Moderate	High
Telecommunications Failure	Possible	Moderate	Moderate	Moderate
Offshore marine/port incident	Possible	Moderate	Moderate	Moderate
Drought	Possible	Moderate	Moderate	Moderate
Water supply failure	Possible	Moderate	Moderate	High
Medium-Priority Hazards	Likelihood	Consequence	Level	WCDHB Risk
Animal disease epidemic	Possible	Moderate	Moderate	Low
Biological pests and new organisms	Unlikely	Moderate	Moderate	Low
Transport accident	Possible	Moderate	Minor	Low
Fire at the rural/urban interface	Likely	Minor	Moderate	Low
Wastewater failure	Possible	Moderate	Moderate	Moderate
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
Storm surge	Possible	Moderate	Moderate	Low
Land instability, coastal erosion	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	WCDHB Risk
Hazardous substance	Possible	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: WCDHB Risk Assessment

West Coast Region Hazards and the Consequences for Health Services

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
Earthquake	Possible	- Breakdown of basic sanitation due to damaged water and wastewater infrastructure leading to disease outbreaks - 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**
Infectious Disease Pandemic	Likely	- Widespread 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**
Tsunami (Local or	Possible	Breakdown of basic sanitation due to damaged water and wastewater	**High**

	RISK ANALYSIS		
HAZARD	**Likelihood**	**Consequence and Risk for Health Services**	**Risk Rating**
regional)		• infrastructure leading to disease outbreaks • Patients and Staff homes contaminated and uninhabitable • May cause injuries • Requires evacuation of areas likely to be affected and this could include hospitals, General Practices, Community Pharmacies, residential care facilities and people receiving home health support (including dialysis) • 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	
Water & waste water failure	Likely	• Breakdown of basic sanditation due to damaged water and wastewater infrastructure leading to disease outbreaks • 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	• Water and wastewater pumping stations unale to operate leading to sanitation issues • Patients who are electricity dependant needing assistance • 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	• Patient records unavailable to clinicians providing treatment	

HAZARD	RISK ANALYSIS		
	Likelihood	Consequence and Risk for Health Services	Risk Rating
		• Increased risk of patient incidents • Inability to undertake robust diagnosis	
Flooding	Likely	• Staff and patients unable to travel for appointments/ to places of work • Contamination of homes and water supplies	**Moderate** (red)
Telecommunications failure	Unlikely	• Hospital and home care services unable to communicate with patients • 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	**Moderate**
Drought	Possible	• Insufficient drinking water to remain hydrated and provide basic sanitation • 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	• 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	• Setting up temporary morgues (approval from Medical Officer of Health) • 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	**High**

		RISK ANALYSIS	
HAZARD	**Likelihood**	**Consequence and Risk for Health Services**	**Risk Rating**
		• Language and translation difficulties	High
Major rail accident	Possible	• Setting up temporary morgues (approval from Medical Officer of Health) • 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? • Hospital services overloaded and unable to provide planned and routine treatments and surgery • Language and translation difficulties	**High**
Major air accident	Unlikely	• Setting up temporary morgues (approval from Medical Officer of Health) • 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	• 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	• Contamination of open waterways or drinking water supply from a spill • 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	• 70% of human diseases are of animal origin. The increase in intensive farming techniques increases the risk • Risk of suicide(s) and psycho-social issues in affected communities	**Low**

		RISK ANALYSIS	
HAZARD	**Likelihood**	**Consequence and Risk for Health Services**	**Risk Rating**
		• Likely to overwhelm existing support systems	

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	
Advises DHB chief executives, DHB single points of contact and all public health unit managers of the emerging situation and potential developments	Liaises with the Ministry regarding media statements
Provides media with public information and advice, as necessary	Reviews local and regional health emergency plans
	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)	**Local (DHB)**
Issues code green alert	Stands down DHB emergency operations centre
Advises other government and international agencies of stand-down	Stands down DHB incident management team
Advises media and public	Focuses activities on health recovery issues in the DHB region
Stands down Ministry incident management team	Stands down inter-DHB coordination if appropriate
Stands down the National Health Coordination Centre	Facilitates debriefs
Focuses activities on national recovery issues for the health and disability sector	Provides Ministry with information following debriefs
Implements recovery plan in conjunction with other agencies	Updates plans
Supplies national public information on recovery	
Manages national debrief and evaluation of events	
Reviews plans	

Appendix I: Guidelines for WCDHB 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 WCDHB)
>
>   Relationships with
>
>   Links to other WCDHB 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 WCDHB recovery and psychosocial plans

Monitoring and Evaluation

    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, and 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