Oceania

DEVELOPMENT OF DISASTER MANAGEMENT IN NEW ZEALAND

Health Perspective

Presentation to cover

Emergency planning in New Zealand

Range of plans

Planning formats

Health linkages

Examples

Questions

Oceania

UN General Assembly
Resolution 46/182 (1991)

Acknowledges that Governments have primary
Responsibility for organising humanitarian
assistance following a major emergency.

The authority for all health issues should remain with the government
body responsible for health provision in the affected country.

New Zealand Emergency Management

New Zealand
267,710 sq kms
(Larger than UK slightly smaller than Italy and Japan)
Population 4 million

Indonesia
1,919,317 sq kms **X 7**
253.3 mil Population. **X 63**

3-4 hours flying time

Graeme McColl

As at 10 December 14,442 >2.0 Earthquakes since 4 September 2010

Stages of Response

Levels of Planning

National

➢ National Government. Strategic, sets out legislation, requirements and format as well as how Nationally coordinated and linked.

Regional

➢ Regional Groupings. Strategic, identifies risks, coordination, chain of control.

Local

➢ City or town area. Coordinates responses with greater role responsibility than higher level plans

Incident

➢ Emergency Services on scene planning, roles and duties defined.

Community

➢ General Public community groups, families, business owners

National Civil Defence and Emergency Mangement Plan

Purpose of plan

The purpose of this plan is to—

   (a) state the hazards and risks to be managed at the national level; and

   (b) provide for the civil defence emergency management arrangements to meet those hazards and risks.

Objectives of plan

(1) The first objective of this plan is to provide for effective management of states of national emergency or civil defence emergencies of national significance through a planned and co-ordinated whole-of-government response.

(2) The second objective of this plan is to provide for effective recovery from states of national emergency and civil defence emergencies of national significance through a planned and co-ordinated whole-of-government response.

(3) The third objective of this plan is to provide for effective management of national support in states of local emergency through a planned and co-ordinated whole-of-government response.

Stages of Health Response

Ministry of Health

District Health Boards

Hospitals and Public Health

Hospital Wards and Services

Community Clinic and Private Providers

Levels of Planning

Ministry of Health

> National. Strategic, sets out format, requirements as well as how Nationally coordinated and linked. Has specialised plans as separate documents.

DHBS

> Covers planning for region of responsibiliy. Strategic, identifies risks, coordination, chain of control. Provides instructions on response roles.

Local

> Hospitals & Public Health. Coordinates responses with greater role responsibility and instr uctionsthan higher level plans.

Incident

> Hospital wards and services. On scene response planning, roles and duties defined.

Community

> Private and Community providers. Business continuity, roles and linkages.

Ministry of Health

National Health Emergency Plan

➢ Guiding Principles for Emergency Management Planning in the Health and Disability Sector

This document is structured around four guiding principles modelled on the NZS 8134:2001 Health and Disability Sector Standards prepared by Standards New Zealand with the Ministry of Health. These principles aim to provide an overview of the different aspects of emergency planning for providers.

➢ The principles cover:

➢ activating and co-ordinating a response

➢ managing service delivery

➢ setting up a safe and appropriate environment

➢ organisational management and structure.

Minstry of Health Plans

National Health Emergency Plan

- **Reserve Supplies Management Plan**

- **Individual and Community Recovery Plan**

- **Mass Casualty Plan**

- **Complex Burn Action Plan**

- **Infectious Disease Action Plan**

- **Hazardous Substances Action Plan.**

National Mass Casualty Plan:Purpose

The purpose of this plan is to:

- minimise the impact of an MCI on the health and disability sector
- provide national arrangements to support the health sector in an MCI when there is a potential for parts of the health sector to be overwhelmed
- provide **strategic** guidance to the health sector when planning and implementing the NHEP in the event of an MCI occurring
- outline the **roles and responsibilities** of the national, regional and local health agencies
- provide national arrangements to support the health sector when a part considers it is overwhelmed
- prioritise and coordinate the distribution of resources, including transportation and/or casualties, to ensure optimal health care for all.

This plan outlines an agreed sequence of events that will be implemented nationally, regionally and locally in the event of an MCI. It also provides a framework to guide health and disability organisations when developing their own plans.
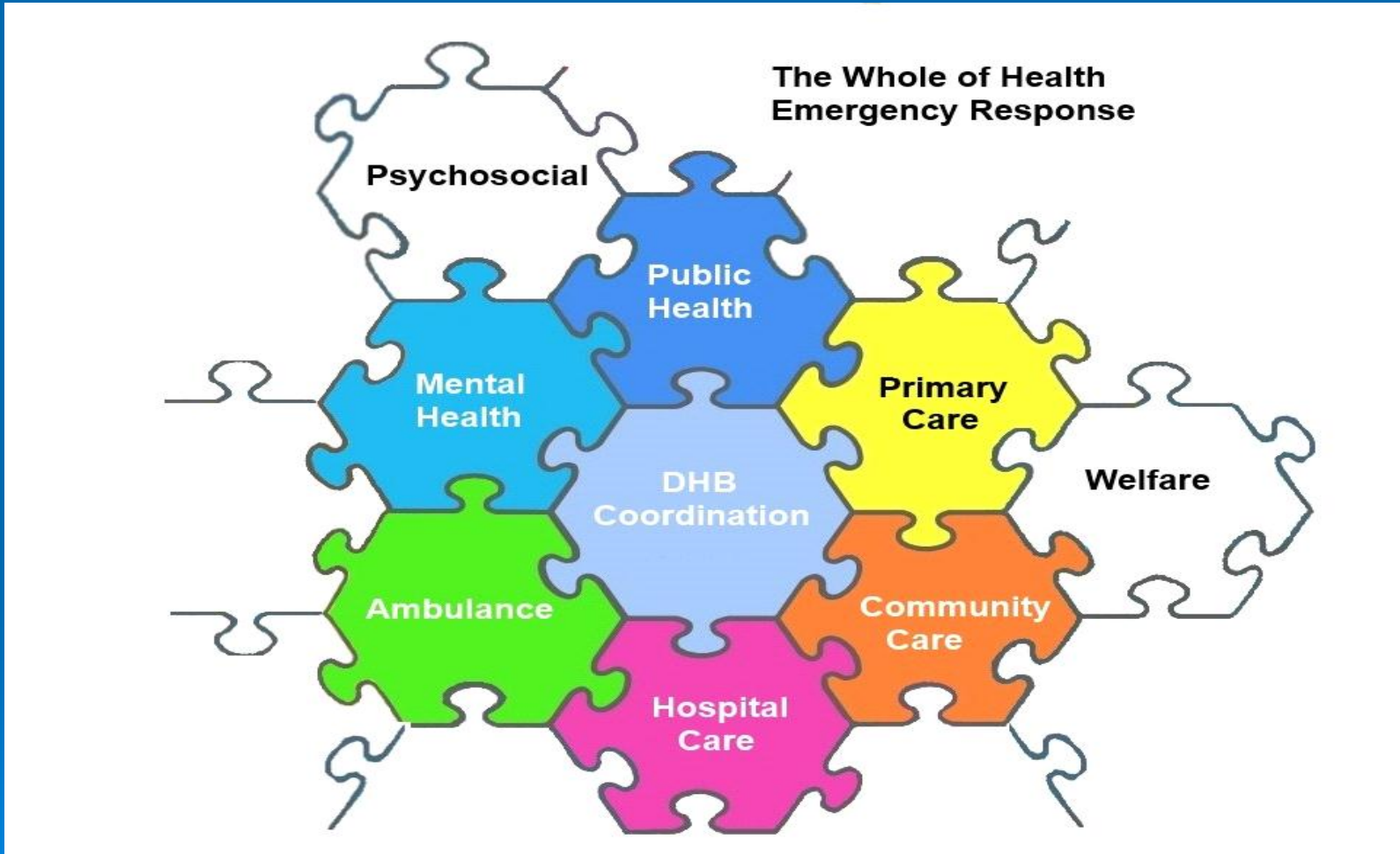
Canterbury Health System Emergency Plan

The Whole of Health Emergency Response

Psychosocial · Public Health · Primary Care · Mental Health · DHB Coordination · Welfare · Ambulance · Hospital Care · Community Care

<u>Principles</u>

This document is intend to facilitate the effective coordination of a whole of health response to emergency situations.   It is not intended to replace the existing authority or responsibility of partner agencies in an emergency.

All response activity in the event of an emergency needs to be predictable, appropriate and sustainable.

Any response should:

be managed at the lowest practicable level, using existing organisational structures, and service delivery, as far as possible,

and be conducted with the minimum of interference.

Objectives

This plan has the following objectives:

to enable a consistent, effective and sustainable **response** to and **recovery** from immediate, short duration and extended emergency events at the **local, regional, and national** level

to take an all hazards approach which aligns with the hazardscape identified by the Canterbury Civil Defence and Emergency Management Group

to ensure a *state of **readiness*** for all emergencies that may affect the health of the community

<u>Objectives</u>; Continued

to provide a framework for DHB funded ambulance, primary, secondary, tertiary, mental health, disability support, aged residential care and public health services to be **<u>prioritised, structured</u>** and delivered during all emergencies that may affect the health of the community,

to **maintain or restore** the health status of the population of the Canterbury District Health Board's area of responsibility, following a major emergency event

Control required

➤ A group of private health providers from another DHB's area set up an un-requested service in the badly affected eastern suburbs of Christchurch and refused to cooperate with existing health providers.

➤ The Australian Government offered to send an Australian Medical Assistance Team and facilities to assist. This was cleared with the CDHB Incident Controller (I/C) and approved as a backup to the rather fragile hospital facilities at that time.

➤ New Zealand Ministry of Foreign Affairs and Trade (NZMFAT) received an offer through diplomatic circles of a team of trauma counsellors.

Planning format:

➤ 1994/5 Number of people killed in rural area when viewing platform collapsed.

➤ Review found Control and Coordination between responding agencies was lacking.

➤ Coordinated Incident Management System was developed and became manditory for Emergency Management planning and responding.
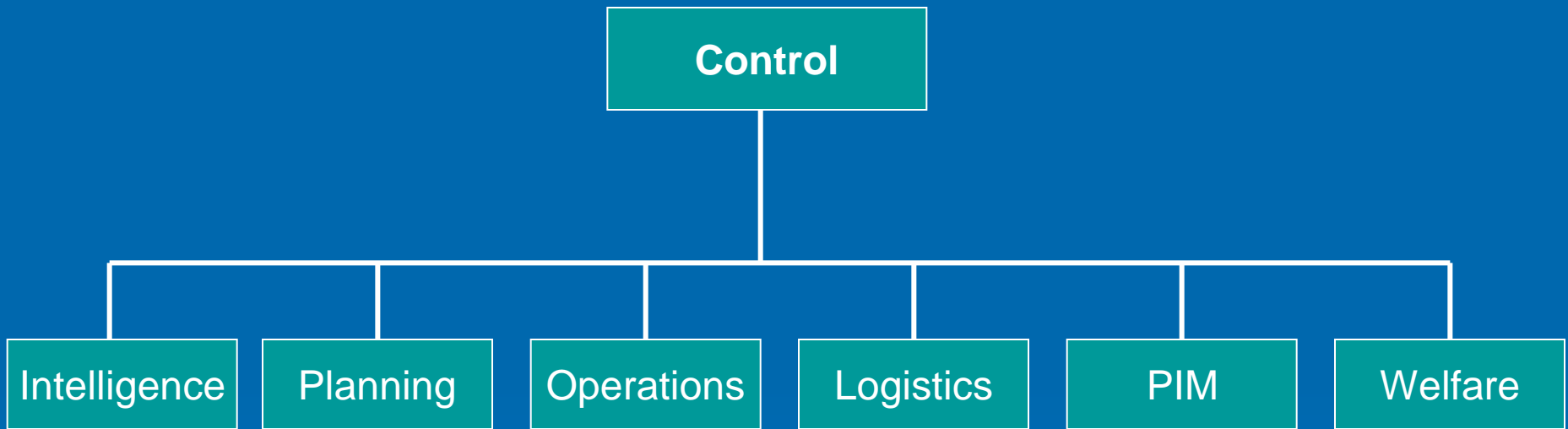
System developed and agreed to by

- Police
- Fire
- Ambulance
- Health
- Civil Defence and Emergency Management
- Defence
- Customs
- Government Departments
- Local Government

Coordinated Incident Management System (CIMS)

New Zealand Emergency Management

Function	Responsibilities
Control	Coordinates and controls the response
Intelligence	Collects and analyses information and intelligence related to context, impact and consequences; also distributes intelligence outputs
Planning	Leads planning for response activities and resource needs
Operations	Provides detailed direction, coordination, and supervision of response elements on behalf of the Control function
Logistics	Provides personnel, equipment, supplies, facilities, and services to support response activities
Public Information	Develops and delivers messages to the public, directly and through the media, and liaises with the community if required
Welfare	Coordinates the delivery of emergency welfare services

Control = 1 Controller.

How, who decides?

Statute (Law)

Police Act
Coroners Act
Crimes Act
Transport Act
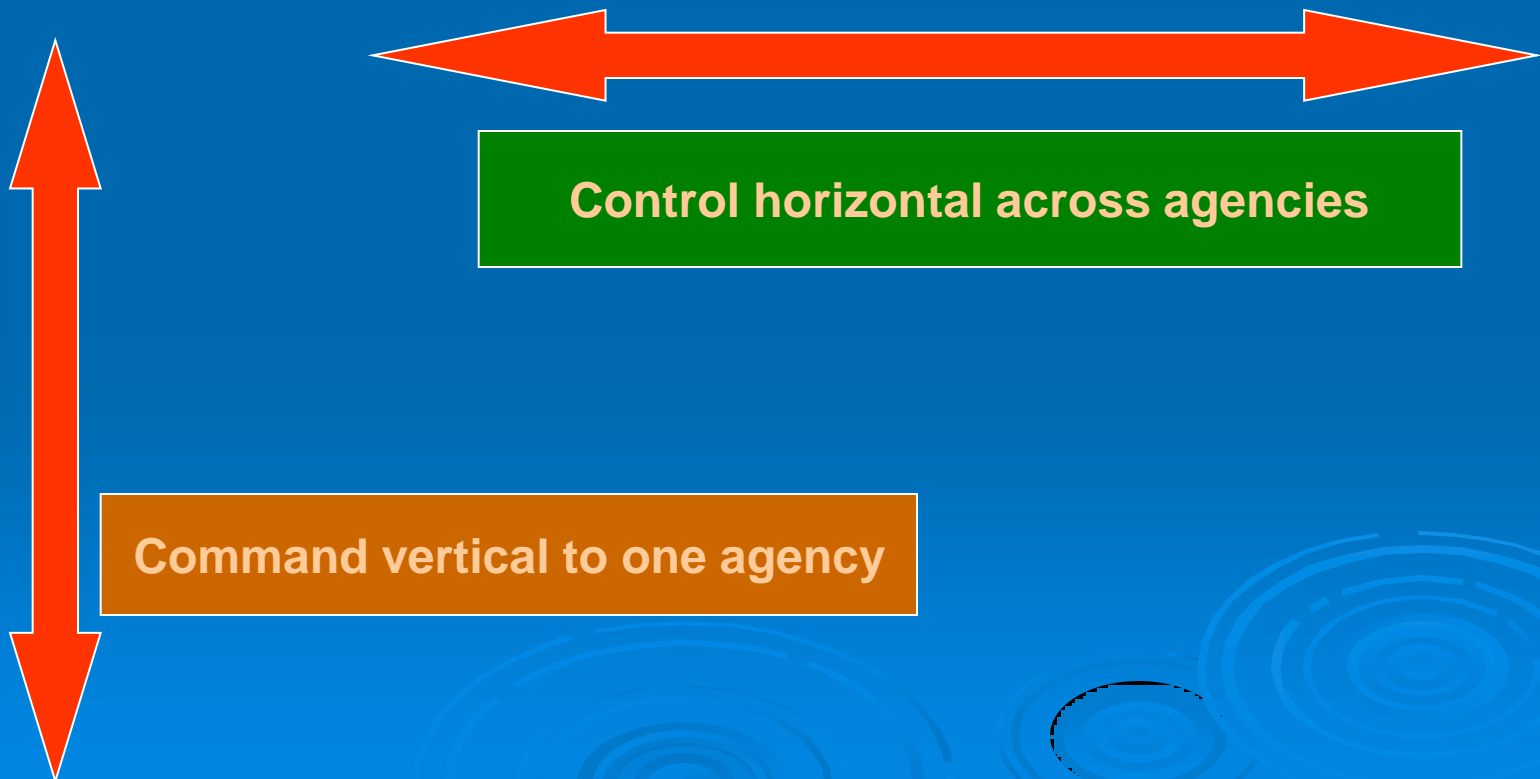
Fire Services Act
Rural Fire Act

Health Act

Civil Defence &
Emergency
Management Act.

Coordination

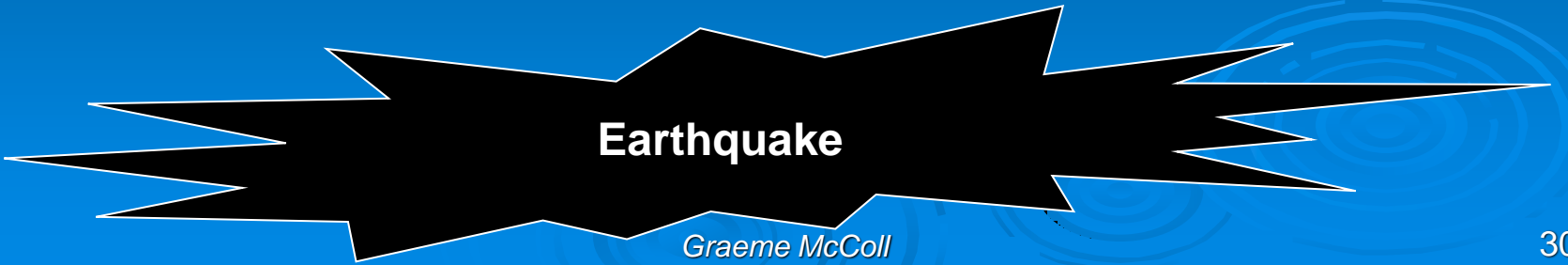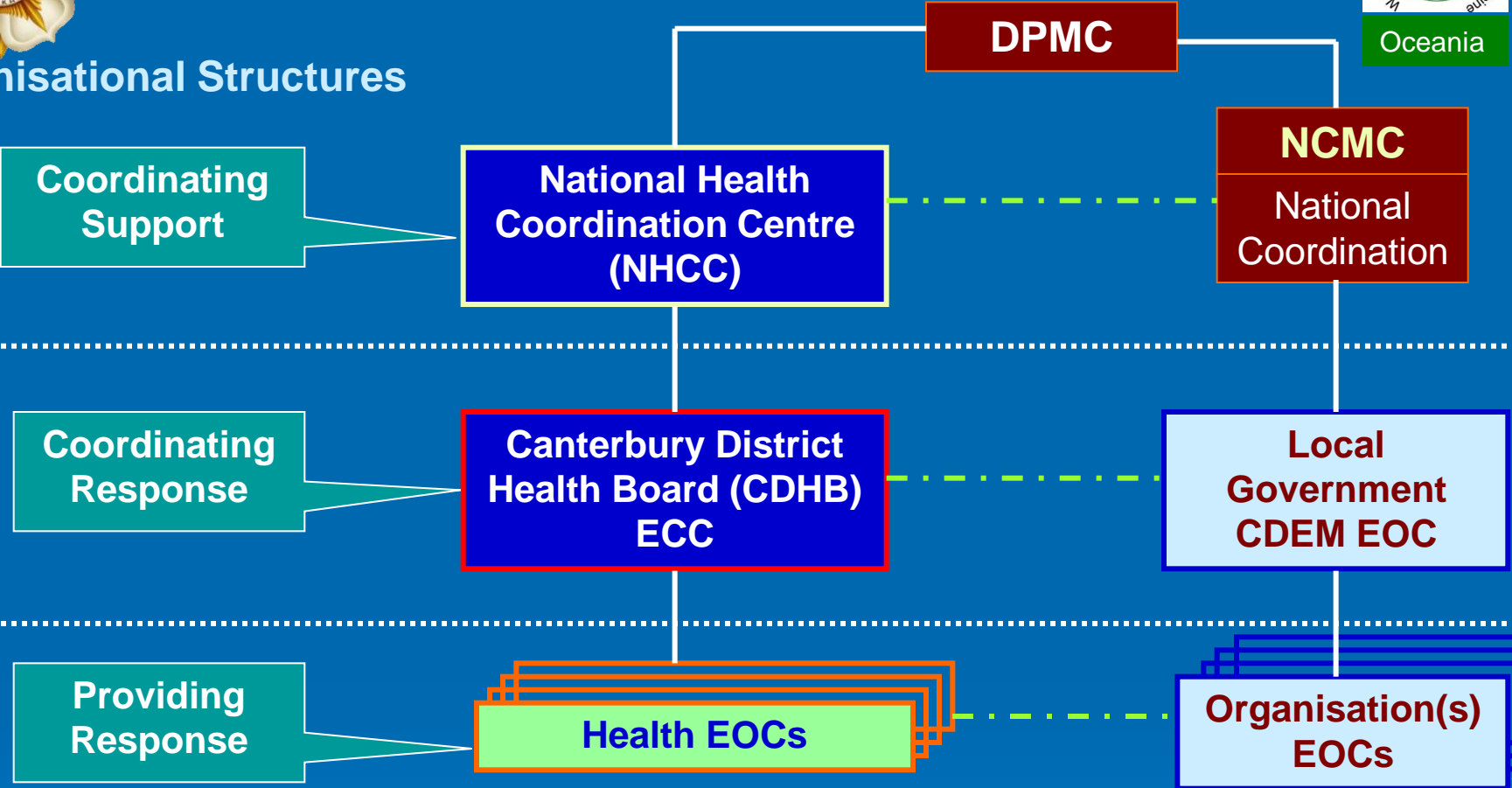is assisted by defined Control and Command arrangements.

Control horizontal across agencies

Command vertical to one agency

When to use CIMS

- **fire**
- **food safety incidents**
- **hazardous substance incidents**
- **marine mammal strandings**
- **mass maritime arrivals**
- **multiple or mass casualties**
- **natural hazard incidents**
- **communicable disease outbreaks and pandemics**
- **planned events (for example, celebrations, parades, concerts, official visits)**
- **public disorder**
- **public health and medical emergencies**
- **search and rescue**

New Zealand Emergency Management

Organisational Structures

DPMC

NCMC
National Coordination

Coordinating Support → **National Health Coordination Centre (NHCC)**

Coordinating Response → **Canterbury District Health Board (CDHB) ECC**

Local Government CDEM EOC

Providing Response → **Health EOCs**

Organisation(s) EOCs

Earthquake

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New Zealand Emergency Management

Oceania

Health System Structure

Christchurch Earthquake

MOH (NHCC) — **NCMC**

DHB I/C — **MoH Liaison**

ECC Management — **Communications**

Ambulance Liaison — **CDEM Liaison**

Planning & Intel — **Operations** — **Logistics**
- Maintenance
- Repairs

Vulnerable People
- Placement — Relatives.
- Transfers — Home Support
- Repatriation — Assessments

Public Health
- Water
- Surveillance
- Public Advice

Primary Health
- GP Clinics
- Pharmacy
- Com Nursing

Hospital Services
- PMH — Public
- Hillmorton — Women's
- Rural — Burwood
- Private

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Hospital & Service Managers identify staffing & resource requirements and patient movement required.

CDHB ECC Agree, Approve & Deploy

NHCC Request & Select

Remaining DHBs Call for volunteers to match skill sets required & resources available including beds available.

Clinician to Clinician, Engineer to Engineer discussions

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Lessons learnt in emergency management:

Must have:

- An agreed plan (essential)
- Those with roles in response involved in writing plan
- Training
- Exercising
- Review after exercises and actual events
- Meetings to discuss plan (With colloborating agencies)
- Active networks

Never say it will never happen here!

Trained Response Teams:

Based on USA Disaster Medical Assistance Teams

NZMAT

AUSMAT

Urban Search and Rescue (USAR)

Resilience

Prior to Event

Post Event

Recovery

Stages

Repairs
   Temporary
   Permanent

Rebuild

A series of

'New Normals'

Aim to Enhance what was there before

Briefing

QUESTIONS?

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Mission

The World Association for Disaster and Emergency Medicine is a multidisciplinary professional association whose mission is the global improvement of prehospital and emergency health care, public health, and disaster health and preparedness.

Vision

WADEM will be a leading international organization recognized for working with partners to disseminate scientific evidence and best practices in prehospital and emergency health care, public health, and disaster health and preparedness and provide academic and evidence-based input into the development/review of relevant policies and educational programs.

Organisation

- Professional association with 600 members worldwide
  - Multidisciplinary (doctors, nurses, disaster researchers, emergency managers, first responders, and students)
  - Members span the globe representing more than 55 countries.
- Executive Committee *(appointed by Board of Directors for two-year terms)*
- Board of Directors *(elected by membership every two years through online election)*
- Professional Interest Sections, Committees, and Regional Chapters

Prehospital and Disaster Medicine

- WADEM's peer-reviewed journal, scientific journal
- Published bimonthly (*February, April, June, August, October, December*) by Cambridge University Press (CUP)
- Currently in its **29th volume** of publication
- Distributed in more than 55 countries and available in over 6,000 institutions
- Volumes 1-28 have been digitally archived
- Current Editor-in-Chief - Dr. Sam Stratton, MD, MPH (University of California - Los Angeles)